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Personal Social Services Research Unit, Canterbury, Kent, 243 pp. ISBN
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PSSRU

Unit Costs of
Health & Social
Care 2012

Compiled by Lesley Curtis

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Published by:

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This is an independent report commissioned and funded by the Policy Research Programme in the Department of Health with a small amount of additional resources from the Department for Education funded Childhood Wellbeing Research Centre. The views expressed are not necessarily those of the Department.

ISSN: 1368-230X

ISBN: 978-1-902671-82-6

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Preface

Lesley Curtis

As in previous years, this section is devoted to introducing new information included in this year's publication and to discussing any aspects of work which have had an impact on the unit costs calculations. This preface introduces our guest editorial and three short articles which discuss methodological issues to consider when estimating costs. New schema are highlighted as are any revisions made to the unit costs in the light of improvements to routine data sources.

In the preface to the previous volume, we also took the opportunity to review the aims of the publication and to reflect on how it has expanded in response to government policy. In this 20th edition, and to gain some measure of its value we present some areas in which the volume is used, as identified by readers contacting the Personal Social Services Research Unit (PSSRU) and web searches. We would like to encourage readers to continue commenting on how the unit costs estimates are useful to them either by e-mailing L.A.Curtis@kent.ac.uk or by filling in our new feedback form which can be found on the PSSRU website on <http://www.pssru.ac.uk/project-pages/unit-costs/feedback.php/>. This can influence what we include in future volumes and draw our attention to new work.

Policy appraisal

Impact Assessments are a key process and provide a consistent policy appraisal cycle to help policy makers fully think through the reasons for government intervention (<http://www.bis.gov.uk/assets/biscore/better-regulation/docs/i/11-1111-impact-assessment-guidance.pdf/>). When weighing up the various options, the costs of services are an important consideration. Recent impact assessments which have drawn on the unit costs estimates are the White Paper, *Caring for our Future* (Department of Health, 2012), and the Adult Social Care Law Reform (Law Commission, 2011). Other work drawing on the *Unit Costs of Health and Social Care* estimates are PSSRU's long term care financing models which have subsequently been used to inform decision making by the Royal Commission (Royal Commission on Long Term Care, 1999; Snell et al, 2011) and the Dilnot Commission (Dilnot 2011).

Developing an evidence base

In the UK, one of the bodies that informs evidence-based practice is NICE (National Institute for Health and Clinical Excellence) which sets guidelines based on research findings that have been subject to scrutiny. Considerable weight is placed on the relative cost effectiveness of therapies in making judgements about recommending one treatment over another. The Unit Costs publication is recommended for use in the *Assessing Costs Impact Methods Guide* as a source of unit costs data. http://www.nice.org.uk/media/99A/F8/Costing_Manual_update_050811.pdf/.

Research and development

We are aware that many researchers are using our cost estimates and it would be impossible to provide a full citation list. To assess the impact of the unit costs publication, we searched on the Web of Science database; the publication has been cited in 68% of economic evaluations which have taken place in England and which were published between 2008 and 2012. There is also evidence to suggest that the publication has been cited in 25% of all European economic evaluations. We also know that the publication is downloaded, either in part or fully, more than 600 times in an average month, but more than 1000 times during the first month of publication.

Cost of illness studies

To make informed choices about which health problems to address, it is important to know the economic burden imposed by the various health problems. A *cost of illness* study provides a monetary estimate for the burden of diseases. Several examples of these studies which have drawn on the Unit Costs publication are available on the National Audit Office's website: <http://www.nao.org.uk/>.

Justifying and discussing choices

Feedback from local and health authorities suggests that our unit cost estimates are used to help them understand the cost implications of policy options and choices. They also provide a benchmark for prices. Understanding how costs compare, what drives spending levels (and unit costs) and how these relate to service quality is critical. The Social Care Institute for Excellence (SCIE) has drawn on the unit cost estimates in the context of its practice development role within the social care sector. Work in one local authority involved assisting the intellectual disabilities residential support manager to assess whether their in-house service provides value for money. The unit cost estimates were compared with the authority's unit costs to help decide whether, in view of the outcomes achieved, in-house provision appears to be cost effective. Another example involved a voluntary sector provider of young carers' services who wanted to consider whether replacing qualified with unqualified social workers would achieve the required savings. They didn't proceed because it was thought potential savings from lower unit costs would be outweighed by compromises to quality and likely outcomes.

In the House of Lords, the unit costs estimates have been quoted on several occasions in discussions about available services. One example of this is when Her Majesty's Government was asked for a breakdown of the costs of placing children in the care of a local authority.

<http://www.publications.parliament.uk/pa/ld201011/ldhansrd/text/111103w0001.htm#11110390000447/>

Generating cost profiles

Feedback from users suggests that cost profiles of patients are being generated by applying the unit costs estimates to patient encounters. This enables future predictions to be made of costly patients so that they can be targeted for monitoring.

What's new in the publication this year?

Guest editorial

This year, a guest editorial has been provided by Susan Griffin and Simon Walker from the Centre for Health Economics at York University entitled "Appropriate Perspectives for Health Care Decisions: principles and implications for policy." This quite technical article discusses current methods employed to evaluate the cost-effectiveness of technologies and the benefits of recommending a broad societal perspective. This would allow impacts on other areas of the public sector and the wider economy to be formally incorporated into analyses and decisions.

Articles

In last year's Unit Costs volume, the importance of ensuring that all staff time is appropriately allocated was discussed in the preface, as was the difficulty in obtaining studies which provide this information. As a result of the continuing demand for this information, our first article by Nadia Brookes and Ann Netten discusses a method of collecting time-use data. Time diaries were used in *The Unit Costs in Criminal Justice* (UCCJ) project commissioned by the Ministry of Justice between 2007 and 2010. The article provides a detailed description of the costing activity and lessons learned during the exercise. It is hoped that a similar version of this time diary can be used to collect time-use data for health professionals to inform future volumes.

Improving Access to Psychological Therapies is an NHS programme (IAPT, <http://www.iapt.nhs.uk/>) rolling out services across England offering interventions for people with depression and anxiety disorders. In our second article, Eva Bonin (from PSSRU at the London School of Economics) provides the costs of delivering cognitive behavioural therapy in a workshop format and also discusses the challenges of costing complex multi-site interventions.

The third article by Rita Faria and colleagues on *a review of the approaches and monetary value of informal care* is the latest in our intermittent series on informal care, the first of which was written by Jennifer Francis and David McDaid and published in the 2009 edition of the *Unit Costs of Health and Social Care*. The article describes the advantages and disadvantages of four key methods of costing informal care.

New unit costs

Public Health interventions

In last year's volume, we selected interventions for inclusion that may reduce long-term workplace absence, help manage high-risk drinking and reduce harm caused by smoking. This year we have added new information from the Liverpool Public Health Observatory Series on the costs of Well-Man services and a Health Action Area community programme (see 7.9) <http://www.liv.ac.uk/PublicHealth/obs/index.htm/>

Behavioural Activation

Behavioural Activation Therapy has emerged as an effective treatment for depression in recent years. Spates et al (2006) and David Ekers & colleagues (2011) found that behavioural activation carried out by non-specialists appears effective. Schema 2.6 provides the costs of this intervention.

Common Assessment Framework

A core element of government policy for child and family services is the notion of multi-agency collaboration to meet the needs of children, and in particular the use of a basic common assessment tool to provide information swiftly and consistently when making referrals. This year, the Centre for Child and Family Research have provided examples of case studies relating to the Common Assessment Framework introduced in local education authorities between April 2006 and December 2008 and discussed initially in the *Every Child Matters Green Paper* (Department for Education, 2003). Three examples have been drawn from a report by Lisa Holmes and colleagues (2012) (See 8.7.1-8.7.3) which show the costs incurred from when the needs of the child have been identified to case closure.

Care packages for children in need and children in care

Using data from the Cost Calculator (Ward et al, 2008), previous editions have included the costs of care packages for looked after children. Between 2007 and 2008, two complementary mapping exercises were undertaken to inform the development of the Cost Calculator and the replacement Children In Need Census (Holmes et al, 2010). These studies explored the range and types of children in need services, and the availability of child level data for those services. As a result, this year we have been able to include care packages for children in need (8.5.1-8.5.4) and have also been able to update the care packages for children in care (8.4.1-8.4.4).

Services for young people with complex needs when transferring to adulthood.

Given policy interest in the transition of children to adulthood (Department of Health and Department for Education and Skills, 2003), information has been drawn from Soper & colleagues (2010) who have reported the costs incurred for young people with complex needs when transferring to adult services. The three examples are examples of high, medium and low cost services (8.6.1-8.6.3).

Decision making panels

Following on from the Holmes article in last year's Unit Costs volume on the cost and capacity implications of implementing the Laming (2009) recommendations, this year we have included the costs of implementing the Local Safeguarding Children's Boards, introduced as a result of the Laming recommendations. Schema 6.16 provides the costs relating to the infrastructure, activities such as travel to and from meetings, preparation for meetings and provision of feedback to their agency.

Specialised rehabilitation services

As a result of the Carter Review (Department of Health, 2006), the Department of Health has revised its Specialised Services National Definition Set (SSNDS). The third edition *No 7 Brain Injury and Complex Rehabilitation* identifies three main levels of service: Specialised (tertiary) rehabilitation services, Level 2 local specialist rehabilitation services and Level 3 non-specialist rehabilitation services. This year, following collaboration with Professor Lynne Turner Stokes and Diana Jackson at Kings College, London, we have included the costs of these three neuro-rehabilitation services (7.10.1 – 7.10.3).

Adoption

In view of the recent announcement that adoption is one of the government's top priorities (<http://www.education.gov.uk/childrenandyoungpeople/families/adoption/a00205069/action-plan-for-adoption-tackling-delay/>) and the report *An Action Plan for Adoption, Tackling Delay* (Department for Education, 2012), this year we have drawn together from various studies, information on the costs of adoption (see table 6.12). This schema provides the costs incurred during the various processes involved in adopting a child, from family finding to post-adoption support for families.

Hospice at home.

Last year, as a result of the Government's manifesto commitment in 2006 to improve palliative care services (Cochrane et al, 2007) we included the costs of packages of care for certain illness trajectories for children in need of palliative care. This year, we draw on the 'My Choices' study (Noyes et al, 2010) undertaken by a Bangor University team. Given that most parents of children with palliative care needs requested an option to choose home as a place for end-of-life care, we have provided a summary of the proposed **additional** costs associated with providing end-of life-care at home. These are found in table 6.9.

Improvements to routine information

Salaries

As a result of the Agenda for Change Pay reform (National Audit Office, 2008), the salaries of community and hospital based health care staff are estimated using the NHS Staff Earnings Estimates published by the Health and Social Care Information Centre (HSCIC) on a quarterly basis. This system has nine pay bands. The NHS professions in the Unit Costs publication have been matched to nationally evaluated profiles and the mid-points of salary bands used to obtain a unit cost. Readers of the publication can then substitute the salary for a lower or higher spinal point as necessary.

During 2010/2011, the HSCIC consulted users on changes to the way earnings information for NHS Hospital and Community Health Services (HCHS) staff in England is processed, defined and presented. These changes are intended to provide a better understanding of what NHS staff earn and produce a greater disaggregation of occupation categories in line with the National Health Service Occupation Code Manual. The greater disaggregation means that we can now more accurately reflect labour costs within the NHS. Further information on the consultation can be found in the following document: http://www.ic.nhs.uk/webfiles/Work%20with%20us/consultations/NHS_Staff_earnings_consultation/NHS_Staff_Earnings_Consultation_FINAL.pdf/ and more information on how this consultation will be used is available at: http://www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP76_Productivity_of_the_English_NHS.pdf/.

This year we have explored the possibility of using this new salary data for our unit cost estimates but have concluded that further disaggregation is needed on the spread of bands contained within each salary provided for most professionals. We have therefore continued to base our unit costs on the mid-point salaries mapped to each generic profile during the Agenda for Change evaluation exercise. We have however also included in the note within the schema the salary for the profession as a whole, which allows readers to substitute the mid-point salary if it is more appropriate for their purpose. Where there is no ambiguity about salary bands, for example for consultant salaries (see 15.5-15.7) we have based the unit costs on the salaries provided for this occupation using the new information provided by the HSCIC.

The link to the National Health Service Occupation Code Manual is: <http://www.ic.nhs.uk/pubs/gpearnex1011/>. More information on salary estimates can be obtained from the Workforce Analysis Team at the Information Centre, telephone number: 0113 25 47040.

Working hours

In previous editions of the *Unit Costs for Health and Social Care* publication, we have calculated the number of working hours for each professional by subtracting annual and statutory leave days from week days per annum (260 days). Further subtractions have then been made for sickness (based on the national average) and training days assumed for each

professional. The costs for each professional have then been divided by working hours to obtain a unit cost per working hour.

This year, we have changed the method of calculating the number of working days in accordance with guidance from the workforce team at the Department of Health. For all NHS professionals, the starting point has been 225 working days (total weekdays minus annual leave and statutory holidays) as per Cabinet Office guidance (The Information Centre, 2012). Sickness days have been calculated by multiplying the percentage sickness absence days reported for each NHS staff group (The Information Centre, 2012) by the number of (Cabinet Office recommended) working days (225) and statutory holidays (8) (total of 233 days). The number of working days for this publication for each professional has then been calculated by subtracting from the number of working days (225) (Cabinet Office guidance), sickness absence days and the number of assumed study/training days recommended by professional bodies. This is then multiplied by the number of working hours per day (7.5 hours) (National Audit Office, 2009) to provide total working hours per year. In chapter 15 where guidance is provided on the number of working hours per day for hospital doctors, this number has been used instead of 7.5 working hours per day.

Inflators

It is important that our estimates reflect the current year of publication. Where information for services has been drawn from studies and no routine information is available to update the costs, our practice is to use inflators. The method of calculating the PSS inflators can be found in the 2005 edition of this publication (page 17) and further information on this inflator and others used in this publication can be found in chapter 16 of this volume.

For both the HCHS inflators and the PSS inflators, where estimates for the most recent year are not available, projections are made by the Department of Health or by PSSRU and agreed by the Department of Health. This year, the Department of Health have reported that the discrepancy between last year's forecast of the PSS pay inflators for all sectors and client groups (local authority and independent, child and adult services) was very different from the actual outcome. This was driven primarily by evidence from the *Annual Survey of Hours and Earnings* (ASHE) supplied by the Office of National Statistics, that pay remained relatively static in cash terms and negative in real terms (after accounting for inflation) during 2010/11 (see: <http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings/2011-provisional-results--soc-2010-/stb---ashe-results-2011--soc-2010-.html/>). In addition, Her Majesty's Treasury (HMT) has revised estimates for all years from 2004/05 and this is evidenced in the revenue index (Gross Domestic Product deflator), a component of the Personal Social Services pay and prices inflator (see table 16.3).

As a consequence of these revisions to the Personal Social Services (PSS) inflators, in this year's edition of the *Unit Costs of Health and Social Care* publication, many of our estimates are lower than in previous years.

General practitioner schema

In collaboration with the Department of Health, this year we have revised our method of calculating the GP unit costs (schema 10.8.a, 10.8.b and 10.8.c) and have used the *GP Earnings and Expenses* report instead of information from the *Investment in General Practice* report. See <http://www.ic.nhs.uk/pubs/gpearnex1011/>. This report provides a detailed study of salaried GPs in the UK which has enabled us to estimate costs more accurately and use the headings in other schema. The Executive Summary of the *Investment in General Practice* report identifies the differences between these two reports. See http://www.ic.nhs.uk/webfiles/publications/007_Primary_Care/General_Practice/investmentgp0611/Investment_in_General_Practice_2010_11.pdf/. Also, instead of using the *UK General Practice Workload Survey* for information on working time, we have drawn our information from a more recent survey carried out by the National Primary Care Research and Development Centre, which found that in 2011 GPs worked an average of 41.4 hours per week compared to the 44.4 hours reported in the Workload Survey.

Training costs

This year, we have drawn on work carried out by Bollington and John (2012) and the Department of Health which looked at pharmacy training workload and the capacity of NHS hospital pharmacy services in Wales. This information has been used to estimate the clinical placement costs for trainee hospital pharmacists and takes into account the number of hours of

supervisory time required to train the pharmacist and also an estimate of the benefits received from the trainee during the placement year (see 13.6).

Acknowledgements

Finally, in putting this volume together, there are many people to thank who have helped directly by providing data, permission to use material, background information and advice. We would also like to thank all those who have e-mailed or telephoned with information about new studies which has helped ensure we are providing the most up-to-date information. Grateful thanks are extended particularly to Jennifer Beecham who has been an invaluable source of support in preparing this volume, and to Amanda Burns, Jane Dennett and Ed Ludlow for administrative and technical support.

Others who have assisted this year are: Lynne Bollington, Eva Bonin, Nadia Brookes, Sarah Byford, Adriana Castelli, Karl Claxton, Isabella Craig, James Crosbie, Rhiannon Edwards, Rita Faria, Susan Griffin, Lisa Holmes, Bernard Horan, David Keighley, Armin Kirthi-Singha, Matthew Langdon, Ross Leach, Samantha McDermid, Ann Netten, Steve Palmer, Laura Powell and Jane Noyes. Also thanks are due to Lynne Turner-Stokes, Mark Sculpher, Nalyni Shanmugathan, David Stevens, Marian Taylor, Matt Walker, Helen Weatherly, Simon Walker and Raphael Wittenberg.

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Guest editorial

Appropriate perspectives for health care decisions

Simon Walker,¹ Susan Griffin, Karl Claxton, Steve Palmer, Mark Sculpher

Introduction

In many countries cost-effectiveness must also be considered before allowing access to new and more expensive drugs, a so called “fourth hurdle” (Taylor et al, 2004). However, there is little consensus over the perspective that these cost-effectiveness analyses should take. For example, in the UK the National Institute for Health and Clinical Effectiveness (NICE) uses cost-effectiveness analysis to compare the health benefits expected to be gained by using a technology with the health that is likely to be forgone as a result of additional costs falling on the health care budget which displace other activities that improve health. This approach to informing decisions will be appropriate if the objective is to improve health, the measure of health is adequate and the budget for health care can be reasonably regarded as fixed. However, some health care technologies impact on costs in other areas of the public sector and the wider economy or have benefits that extend beyond health outcomes. Other countries therefore recommend a broader “societal” perspective, where these wider effects are formally incorporated into the analyses and decisions (Neumann, 2009). The problem for policy is whether a societal perspective can be reconciled with budgets legitimately set by government, particularly if transfers between sectors are not possible. Even if transfers are possible, it poses the question of how the trade-offs between health, consumption and other social arguments ought to be made.

We aimed to develop a conceptual framework to assess the implications of alternative policies on perspectives for decisions in health care and then to apply this to a series of case studies (Claxton et al, 2010). We set out to (i) undertake a review of UK and international policy relating to the choice of perspective for health care decisions; (ii) develop a formal conceptual framework which clearly distinguishes questions of value and fact when evaluating the implications of suggested policies; (iii) undertake a series of case studies to identify the key issues associated with incorporating alternative perspectives; and (iv) to identify the key issues when considering the policy responses to the problem of appropriate perspective.

Literature review

A review of current UK policy and of policies adopted in other countries revealed considerable variation in the type of perspective claimed, a lack of clarity in what constitutes a societal perspective and little or no consideration of the impact of fixed budget constraints (HM Treasury, 2003; Neumann, 2009; Tarn and Smith, 2004). The justification for the type of perspective adopted was also limited, commonly resting on literature which ignores the implications of fixed budget constraints. This lack of clarity and ambiguous terminology was also reflected in the published cost-effectiveness literature, with many studies claiming to take a societal perspective when in fact their analysis was restricted to the health care system.

A conceptual framework

A conceptual framework was developed that could be used to explore the implications of using alternative perspectives to evaluate health care policies in the presence of fixed budget constraints. The framework allowed the comparison of the net health gained in a budget constrained health care sector (the health gained from the new policy less the health displaced elsewhere as a result of any additional costs displacing other health generating activities) with the net consumption costs or benefits falling on the wider economy. This is equivalent to giving some weight to costs or benefits outside the health care system where the weight is defined by the rate society is willing to trade-off health with other benefits. This relationship is usually referred to as a social welfare function (Gravelle and Rees, 2004). Here we consider a simple two sector economy, health and consumption; however, the analysis can also be widened to consider other budget constrained sectors (e.g. education, see Claxton et al, 2010, pp 40-42). Equation 1 represents the benefits of a new health care technology in monetary terms, whilst Equation 2 represents the benefits of a new health care technology measured in

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terms of health. We consider both to be representations of the “true” social welfare function, where we assume that only effects on health and consumption are of concern and that the rate at which society is willing to trade-off health and consumption is known and acceptable.

$$1) \quad v_h \left(\Delta h - \frac{\Delta c_h}{k_h} \right) - \Delta c_c$$

Or alternatively:

$$2) \quad \left(\Delta h - \frac{\Delta c_h}{k_h} \right) - \frac{\Delta c_c}{v_h}$$

The impact of a new health care technology is measured in terms of Δh , which is the change in health as a result of the new technology in units of health, typically quality adjusted life-years (QALYs), Δc_h , which is the change in health care costs as a result of the new technology, and Δc_c , which represents the change in consumption or private expenditure costs. The social value of health relative to other goods that individuals may consume is given by v_h , which is the willingness to give up consumption for a unit of health. The fixed budget for the health sector is reflected in k_h , which is the cost-effectiveness threshold for health care (i.e. the cost at which a unit of health is foregone at the margin as additional costs to the health care sector displace other health generating activities). We assume that $v_h > k_h$, which implies that the health care system is not overfunded and that individuals would be willing to spend more than the health service would to receive particular treatments.

The first bracket in each equation represents the health gain to the health care system: the health gain from the new technology (Δh) less the health displaced elsewhere as a result of any additional costs of the new technology displacing other health care technologies ($\frac{\Delta c_h}{k_h}$). Equation 1 converts this in to the common numeraire of consumption by weighting it by the willingness to give up consumption for health (v_h) then taking away the net consumption costs (Δc_c). Equation 2 uses the common numeraire of a unit of health and converts consumption costs into health terms. The net consumption costs here are not simply as a result of the consumption impact of the new technology, but also as a result of the consumption impact of any health care technologies which are displaced. Both equations can be seen as a representation of some “true” underlying social welfare function and the true consequences of current budget constraints, although we return later to questions about the interpretation and legitimacy of the value of v_h .

Policies considered

Three alternative policies for economic evaluation of health care were then characterised to reflect arguments espoused in the literature.

- Ignoring the wider costs outside the health sector (as NICE does for technological appraisal policy in the UK), which gives zero weight to benefits and costs outside the health care sector, that is ignoring Δc_c in equations 1 and 2;
- Treating any wider costs as if they fall on the budget constraint (therefore assuming the opportunity cost of all costs is the same as that of those costs falling on the health care budget), which weights benefits and costs falling outside the health care sector equal to those falling within the health sector, that is using k_h in the place of v_h ;
- Ignoring the budget constraint entirely (where the differential opportunity costs of resources as a result of fixed budget constraints are ignored), effectively giving a weight greater than one to costs and benefits outside the health care sector, that is using v_h in the place of k_h .

Marginal and non-marginal changes

These policies were then compared to the “true” function to examine the extent of bias of each policy in two situations (Claxton et al, 2010).

- First, where the impact of new technologies on the NHS budget is only marginal (i.e. only the least valuable existing technologies are displaced and therefore the opportunity cost of resources, as measured by the cost-effectiveness threshold k_h does not change);
- Second, where the impact on the NHS budget is non-marginal (i.e. more and more valuable health care technologies are displaced to fund a new more expensive technology, therefore the opportunity cost of resources is not constant, and the cost-effectiveness threshold will fall).

In the case of marginal changes, each of the three proposed policies creates bias in different directions depending on particular circumstances (e.g. whether the technology has positive or negative consumption costs). No single policy is unequivocally superior to the other two, and in each case the bias could lead to false positive decisions, where a technology that should be rejected is wrongly approved, or false negative decisions, where a technology that should be approved is wrongly rejected (see Claxton et al, 2010, table III, p 24).

As the additional health care costs of new technologies tend to be positive, the repeated application of the decision rules to a sequence of decisions will ultimately have non-marginal effects, i.e. more and more valuable health care will be displaced and the opportunity cost of resources rises and the cost-effectiveness threshold will fall. This raises a number of issues. First, even when using the “true” function, a failure to account for non-marginal effects will lead to biased assessments of cost-effectiveness in favour of new technologies, leading to an unambiguous increase in false positive decisions. Secondly, the informational requirements to fully account for non-marginal effects cannot generally be achieved. Arriving at an estimate of the cost-effectiveness threshold for a point in the past has proved challenging (Martin et al, 2008, 2009) therefore even using the “true” function is likely to prove unfeasible. Finally, even if the effects could be accounted for (i.e. that we knew how the cost-effectiveness threshold changed) there is still a reallocation of resources between health and consumption, which may not be considered desirable. For example, funds which were originally allocated to health care to produce health were now used to produce consumption benefits.

One policy option would be to use the “true” function, but to ignore non-marginal effects. However, this will always have a positive bias in favour of new technologies, and this bias will be greater when non-marginal effects are believed to be large relative to the external (non-health) effects. An alternative would be to ignore any consumption benefits (Policy i) but to treat any consumption costs as if they fall on the NHS budget (Policy ii) which might mitigate this problem; the negative bias in each case tending to offset the positive bias from failing to account for the change in the cost-effectiveness threshold (see Claxton et al, 2010, Table IV, p 35).

Case studies

As part of the project, four case studies were examined using the “true” function to demonstrate that whether a technology offers external benefits or imposes costs will depend on the nature of the technology (e.g. where it primarily affects mortality or quality of life), the type of disease (e.g. acute or chronic), and the type of patient population (e.g. age, gender and employment status) (see Claxton et al, 2010, pp 52-65). In general, findings suggest that there tends to be net consumption benefits to the wider economy associated with effective health care. However, reduced mortality in older patients is associated with net consumption costs. This raises issues about equity as the inclusion of wider effects would seem to favour health care technologies used for younger patients.

The analyses also indicated that some key questions of how to value productivity and financial consequences to patients would need to be resolved if a wider (non-health care) perspective were considered. Estimates of the consumption benefits and costs displaced as a result of treatments being displaced, and not just the health gain from these treatments, would also be required. Robust estimates would require additional analyses as an integral part of the cost-effectiveness appraisal process. In turn, clear guidance would be required to ensure a consistent approach across economic evaluations.

Implications for policy

The question of what is the appropriate perspective for decisions is not simply a technical one, it also poses fundamental questions about social value and the role that economic analysis ought to play in social choice. There are two sets of questions which need to be considered; questions of value and questions of fact.

Questions of value

Taking account of effects outside the health care sector requires some means of valuing health gained and forgone within the health care sector relative to the costs and benefits falling on the wider economy. The rate at which society is willing to trade social arguments, including health and consumption, is commonly referred to as a social welfare function. However, a key question is whether it is possible or desirable to specify such a function that would rank all possible social states for decisions across all sectors. If a complete specification of all social arguments is not possible or if any particular welfare

function does not carry a broad consensus or obvious legitimacy, then attempts to formalise these trade-offs may be undesirable. The resulting prescriptions may well conflict with other objectives of social policy and may lead to socially divisive changes to the health care system; perhaps as illustrated with the case studies, favouring treatments for younger people.

Questions of fact

Extending the perspective beyond the health care sector would also pose a series of empirical questions. First, an estimate of the cost-effectiveness threshold for the health care system is required (Culyer et al, 2007). Second, an agreed estimate of the consumption value of health (the amount of consumption we are willing to give up for health) would also be required. Third, robust estimates of the costs of care not borne by the health care system and the external effects on the wider economy would be needed, requiring robust methods for measuring and valuing them. Finally, it would also be necessary to estimate the wider benefits of the health care technologies which will be displaced by new more expensive treatments: it is not sufficient just to estimate the health which will be displaced (i.e. the cost-effectiveness threshold). Failure to account for the wider benefits displaced could lead to more false positive decisions, where treatments are wrongly approved for use.

Conclusions

Taking account of effects of health care technologies on other areas of the public sector and the wider economy raises both questions of value and fact which cannot be easily answered. Under no circumstances will ignoring the opportunity cost of health care resources as a result of the health care budget constraint be an appropriate response. Taking account of wider effects poses fundamental questions about social value, and without a broad consensus or legitimacy about the way we are willing to trade off the various outcomes, the resulting decisions may lead to undesirable and socially divisive changes to the health care system.

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Using time diaries to contribute to economic evaluation of criminal justice interventions

Nadia Brookes and Ann Netten

Introduction

The Unit Costs in Criminal Justice (UCCJ) project was commissioned by the Ministry of Justice. The project aimed to generate new information on the cost of offender management activities that could be used, in combination with evidence on the impact of interventions on re-offending, to determine cost-effectiveness and value for money. This article describes a prospective method of collecting detailed information about professional input into the case management of young offenders as part of the UCCJ.

Why focus on staff activity

There are two approaches to estimating costs. The bottom-up approach identifies all the resources associated with an activity and adds them up, whilst the top-down approach uses aggregate often budgetary data and divides it by the number of units produced. The UCCJ adopted the bottom-up approach wherever possible and a key aspect of this is information about the time use of staff and accurate recording of the type of activity being measured. If time spent on a particular case or individual is monitored, unit cost estimates should reflect that time also needs to be spent on non-specific case activities such as team meetings and general administration. If face-to-contacts are recorded it is important to ensure that, in addition, allowance is made for other case-related activities such as liaison with other agencies and writing up case notes.

One of the Ministry of Justice offender cohort studies (the Juvenile Cohort Study) tracked a sample of young people subject to selected community sentences managed by local authority Youth Offending Teams (YOTs). The YOT identifies the needs of young offenders and investigates the specific problems that cause them to offend, to try to prevent them from committing crimes. Information on the activities of YOT staff became increasingly important as an initial investigation of working practices identified that the majority of interventions were delivered by YOT staff themselves. Therefore, principal research input and priority was given to costing YOT practitioner time. Information recorded on case management systems would only have provided a partial picture of activity and time not directly attributable to cases would not have been captured. This led to the development of a time diary data collection exercise for this group of staff.

The time diary

The aim of the time diary exercise was to collect information about the activity of staff working directly with young offenders. A time diary data collection sheet was devised using the *National Standards for Youth Justice Services* (Youth Justice Board, 2004) as a starting point. These standards identified areas of work including community sentences, the YOT member responsible for particular activities and also stipulated the frequency of contact required for young people within the youth justice system. A small pilot exercise was conducted using draft documentation and feedback requested from the staff who participated.

The final version of the time diary is shown at the end of this article. There were two A4 pages to collect information on: basic demographics; information about staff role and experience; and total hours spent on different activities over a one week period. There were seven areas of work identified and two additional questions about the number of assessments completed during the time diary week and involvement with group work.

For most areas of work the number of hours spent was recorded against five categories of activity:

- Contact with young people – office-based face-to-face meetings, home-based face-to-face meetings, telephone contact
- Contact with parents/carers without the young person – face-to-face meetings and telephone contact
- Liaison with others – referrals to other agencies, contacts with other agencies
- Administration – preparation of reports, letters, updating the case management system
- Travel

Participating staff were asked to record and submit their total hours (Monday to Sunday inclusive, 24 hours per day) worked on behalf of the YOT for one allocated week. The aim was to have all participating YOTs conduct the exercise during the same week but there was some flexibility if a valid reason was given for selecting an alternative. They were to include all hours worked even if officially on annual leave and record all work whether on or off site. Partially completed sheets due to sickness or annual leave were still returned but a note was made of this in the 'any activities not covered above' section of the time diary sheet. Staff were asked to round up or down to the nearest half an hour when reporting the weekly totals and were informed that there were likely to be categories of activity that did not apply to them.

A member of each participating YOT was identified as a local contact and invited to attend a briefing meeting about the time diary exercise (six meetings were arranged in five locations across England and Wales). If the YOT was a multi-site service it was recommended that a contact was nominated for each local office. A time diary pack was assembled for each staff member that included: a briefing note about the exercise with information on the benefits for individual staff of participating in the exercise; the time diary sheet; guidance notes for completion; an activity allocation aide (to assist where staff may be unsure how to categorise activities); and a postage paid envelope for return. Paper copies were sent to each YOT office for the local contact to distribute and electronic copies were available (return by email was offered but this meant relinquishing anonymity). The research team were available to answer any queries by telephone and email during the allocated week and posters were provided to remind staff about the exercise and who to contact.

Costing activities

The data from the time diary sheets were entered onto SPSS and ratio of direct to indirect time calculated for a Case Manager/YOT practitioner and other types of YOT worker (Specialist Support Worker and Project Worker). The final unit costs required for each category of worker were: cost per hour; cost per hour case-related work; and cost per hour face-to-face contact.

Annual costs of YOT practitioners were based on the *Local Government Earnings Survey, England and Wales 2008* (Local Government Association Analysis and Research, 2009) salary information including employers National Insurance and superannuation contributions and overheads. The cost per hour for a YOT staff member was estimated as follows:

Salary + on-costs + overheads/total hours working time per year (excluding annual leave, sickness and training/study leave)

To arrive at a multiplier to use with the basic hourly cost, total hours equal to 100 per cent were divided by the percentage of time spent on case-related work and on face-to-face contact by staff. Activity related to cases included: face-to-face contact with young people; contact with parents/carers; liaison with other agencies; administration; and travel.

The example below does not use actual data from the exercise but is for illustrative purposes only.

Case-related work $100/70 = 1.43$

$1.43 \times \text{cost per hour} = \text{cost per hour of case-related work}$

Face-to-face work $100/35 = 2.86$

$2.86 \times \text{cost per hour} = \text{cost per hour of face-to-face work}$

Lessons learned

There are limitations to the use of a time diary as it still relies on self-report by practitioners who may over or under estimate the time spent on different activities. However, it was considered the most appropriate method to collect prospective information, particularly as using contact information from the case management systems would only provide a partial picture. The data above suggests total costs would have been underestimated by quite a large margin. Other studies have used alternative methods but largely this has been to gather retrospective information through for example activity forms, interviews, meetings, workshops and structured questionnaires (see, for example, Ward et al, 2004). The main drawback to these methods is that they rely on recall and therefore may result in a reduction in accuracy.

It could be suggested that a one week period is not enough to capture all staff activity. The rationale for selecting one week was that if a large enough sample returned time diary sheets this should ensure that at a national level estimates were as representative as possible whilst at the same time not over-burdening staff. Keeping the amount of information requested to a minimum was of primary importance in encouraging participation.

Conclusion

Prospective recording of the activities of youth offending team staff was feasible even at a time of major change within the youth justice system (particularly the introduction of a new youth community sentencing structure). The level of detail obtained through the time diary would not have been achieved using case management systems alone. Although the time diary devised was specific to this particular group of professionals the approach could be adapted for other staff groups and provides another option for collecting activity information in a neglected and sensitive area of research.

Acknowledgements

The authors would like to acknowledge the contribution of Emily Knapp (PSSRU, University of Kent) in providing research assistance with the time diary exercise and Barbara Barrett (Centre for the Economics of Mental and Physical Health, Institute of Psychiatry) for valuable input into the pilot phase. The researchers would also like to thank the participating Youth Offending Teams and the Youth Justice Board for their co-operation. This work was funded by the Ministry of Justice. The views expressed in this article are those of the authors and are not necessarily shared by the Ministry of Justice, nor do they represent Government policy.

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Youth Offending Team (YOT) Time Diary Sheet

Unit Costs in Criminal Justice

All information provided will be entirely confidential. No individual will be identified separately for any purpose during this project.

About you

Name of YOT					
Sex	male <input type="checkbox"/>	female <input type="checkbox"/>			
Age group	20-29 <input type="checkbox"/>	30-39 <input type="checkbox"/>	40-49 <input type="checkbox"/>	50-59 <input type="checkbox"/>	60-69 <input type="checkbox"/>

Your role and experience

Job title		
How long have you been in your current post?	years	months
How long have you worked in youth justice?	years	months
What are your contracted hours per week?	Hours	
Please indicate your contract type	permanent <input type="checkbox"/> fixed-term <input type="checkbox"/> seconded <input type="checkbox"/> agency <input type="checkbox"/>	
Please indicate your qualifications and experience (tick more than one if necessary)	Social work <input type="checkbox"/> Nursing <input type="checkbox"/> Teaching <input type="checkbox"/> Youth work <input type="checkbox"/> Probation <input type="checkbox"/> Professional Certificate in Effective Practice (Youth Justice) <input type="checkbox"/> Foundation Degree <input type="checkbox"/> Youth Justice Gateway Programme <input type="checkbox"/> Other relevant qualifications or experience (please specify) <input type="checkbox"/>	
How many young people are you the primary case manager for?		
Please indicate the number of these cases which fall into each category	Community orders	
	Final Warnings	
	Long-term sentences (in custody)	
	Detention & Training Order (in custody)	
	ISSP	
	Other (please specify):	

Activity		
Time diary period	From ___ / ___ / ___ to ___ / ___ / ___	
Court ordered intervention work	Contact with young people	
	Contact with parents/carers without young person	
	Liaison with others	
	Administration	
	Travel	
Final Warnings	Contact with young people	
	Contact with parents/carers without young person	
	Liaison with others	
Prevention work (not Final Warnings)	Contact with young people	
	Contact with parents/carers without young person	
	Liaison with others	
	Administration	
	Travel	
Remand management	Contact with young people	
	Contact with parents/carers without young person	
	Liaison with others	
	Administration	
	Travel	
Work in courts (pre-sentence)		
Restorative justice (not part of an order)	Contact with young people	
	Contact with parents/carers without young person	
	Liaison with others	
	Administration	
	Travel	
Other activity not related to specific cases	Contact with young people	
	Contact with parents/carers without young person	
	Liaison with others	
	Administration	
	Travel	
Supervision by line manager & YOT staff meetings		
Any activities not covered above (please specify):		
	TOTAL HOURS FOR THE WEEK	
How many ASSETS have you undertaken during the time diary period?		
Do you run group-based interventions (please circle correct answer)?		Yes/No

Costing multi-site, group-based CBT workshops

Eva-Maria Bonin and Jennifer Beecham

Psychoeducational workshops in the context of IAPT

The purpose of the Increasing Access to Psychological Therapies programme (IAPT, <http://www.iapt.nhs.uk/>) is to improve access to treatments for depression and other psychological problems, such as cognitive behavioural therapy (CBT).

Unfortunately, the roll-out of these services across the country is limited by a lack of trained therapists, so the ambitious goals of IAPT may not be achieved (Centre for Economic Performance's Mental Health Policy Group, 2012).

One possible solution to this problem is being tested in eight London boroughs by a research team based at the Institute of Psychiatry (IoP) and the results so far are encouraging. CBT is being delivered in a workshop format for up to 30 people at a time by a small team of therapists. The workshops have a non-diagnostic label, such as "improving self-confidence" rather than "depression" to attract people who would otherwise be reluctant to seek help. They take place at weekends to allow working people to attend and consist of an introductory talk, the day-long workshops and a booster session several weeks later. In a recent randomised controlled trial (Horrell et al, 2012), comparing workshop participants to a waiting list control group, the workshops produced better results in terms of reducing depression after 3 months than some other primary care interventions or self-help can achieve. The workshop participants experienced an improvement on the Beck Depression (BDI; Beck et al, 1961), over and above the improvement in the control group. Details about the workshops are shown in Box 1.

Box 1: Psychoeducational workshops for improving self-confidence

Psychoeducational workshops for improving self-confidence

- ❖ **Recruitment:** Self-referral or GP referral
- ❖ **Capacity:** 30 people
- ❖ **Location:** Community setting
- ❖ **Duration:** One full day (weekend)
- ❖ **Methods:** Didactic sessions, group exercises, role playing
- ❖ **Content:** CBT techniques – "Overcoming Low Self-Esteem" (Fennel, 1999)
 - *Information:* Development of low-self-confidence and depression
 - *Cognitive components:* Identifying and challenging negative thoughts
 - *Behavioural methods:* Problem solving, assertiveness
 - *Action planning:* Setting personalised goals

Challenges in estimating the cost of the workshop intervention

Alongside the clinical trial, researchers at PSSRU assessed the cost-effectiveness of the workshops, which required an accurate estimate of the cost of the intervention. There are several challenges associated with costing interventions as part of a clinical trial, and the complexity of the costing task necessarily grows with the complexity of the intervention.

The first challenge is disentangling activities carried out as part of the intervention itself and those that are a part of the research exercise; only the cost of the former should be considered. Figure 1 shows the flow of participants from the early stages of recruitment to the follow-up research assessments, alongside the elements of the intervention cost. A detailed description of the intervention and the resources involved at every stage were provided by the clinical research team, differentiated by location where possible. In calculating the intervention cost, we applied the principles of economic costing as used in this volume and included the costs of advertising, overheads, materials, staff time, travel costs and volunteer time. The follow-up assessment was considered research-only and is not included in the intervention cost.

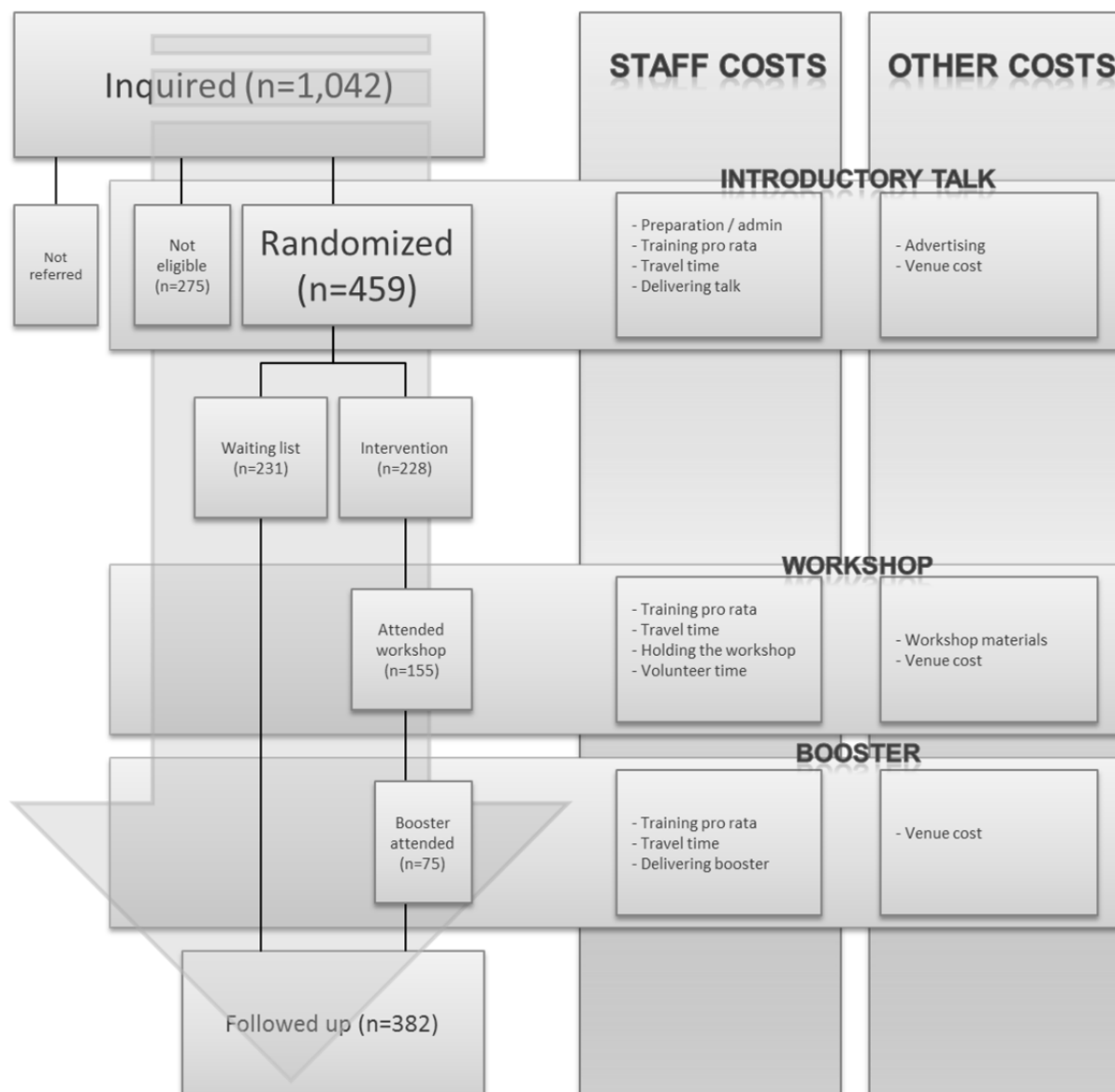


Figure 1: Consort diagram and elements of the intervention cost

Two features of the self-confidence workshops add further complexity to the costing task.

The intervention was delivered in eight different locations, and some costs, such as the fee paid to hire the community venue, varied widely. While the average venue cost per workshop session was £196, it ranged from £120 to £277. Retaining as much between-location variability is desirable because it enables analysis of location-specific cost-effectiveness, i.e. answers the question whether an intervention works better in one place compared to another (Sculpher et al, 2004).

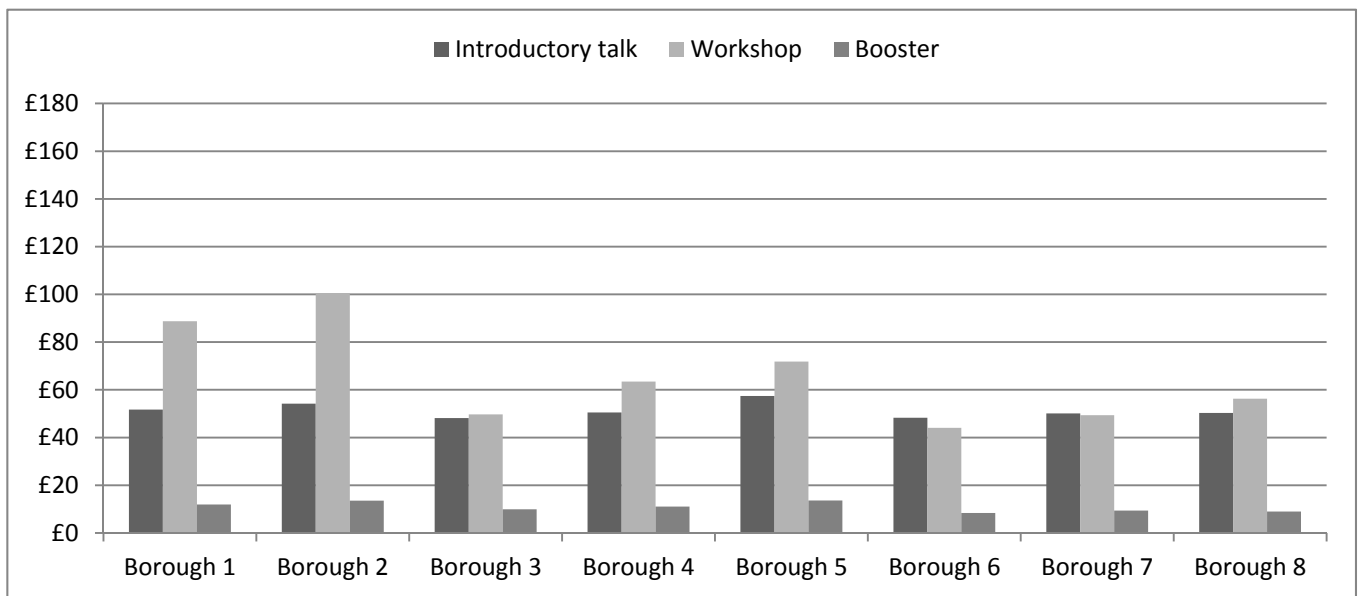
As Barrett and Byford (2008) have discussed in a previous edition of this volume, costs can be allocated based on the number of people *assigned* to a group session or based on the number of people *attending* that group session. In the first case, everyone allocated to the intervention group would be assigned the same intervention cost, regardless of whether they actually attended (Scenario 1). In the second case, those who did not attend would be assigned an intervention cost of zero and those who did attend would be assigned a cost that is larger than in Scenario 1 if attendance levels are below 100% (Scenario 2).

The cost of CBT workshops

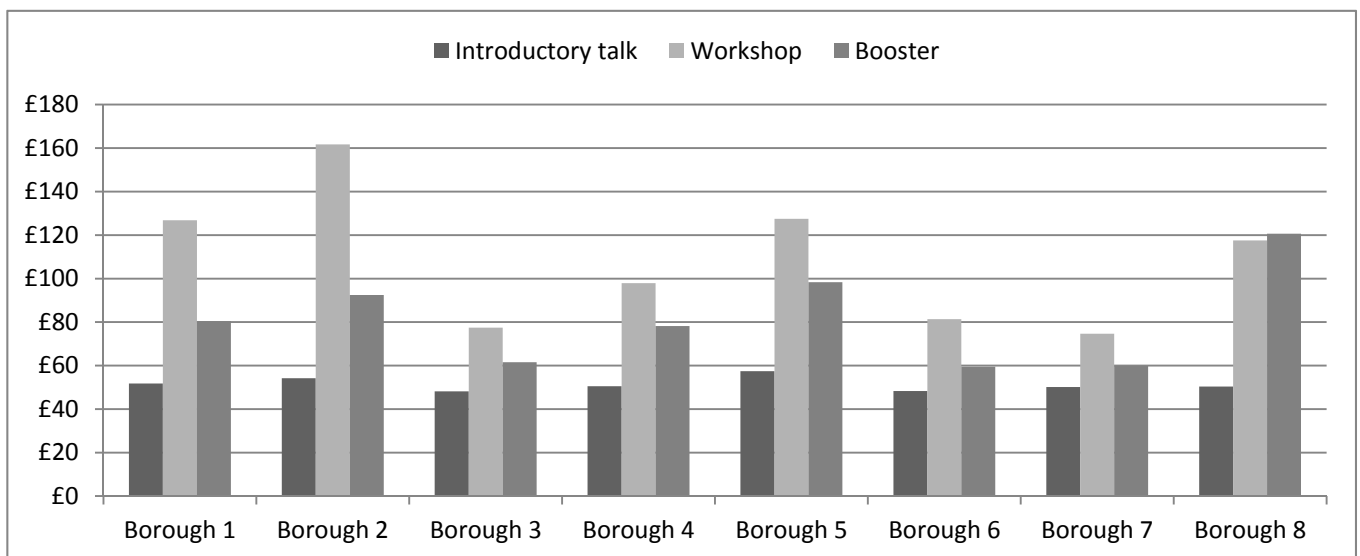
Figure 2 illustrates how this decision affects the resulting unit cost. For our sample, Scenario 1 results in an average intervention cost of £125 per person (s.d. £20) and the intervention cost is the same for each person in any one location, i.e. there are eight different costs for the intervention. In Scenario 2, the intervention cost is calculated based on the number participants actually attending the sessions. The average cost for the sample is higher at £161 and varies more (s.d. £76). This is because now the total cost of running the workshops is distributed among fewer people – only those who attended the workshops (about 68% of those randomised to the intervention group plus those who attended but were not eligible to participate in the trial) – and because costs now vary between people in the same location based on their attendance as well as between locations.

Figure 2: Intervention cost by location, 2 scenarios

Scenario 1: Intervention unit cost based on the number of people allocated to each session



Scenario 2: Intervention unit cost based on the number of people attending each session

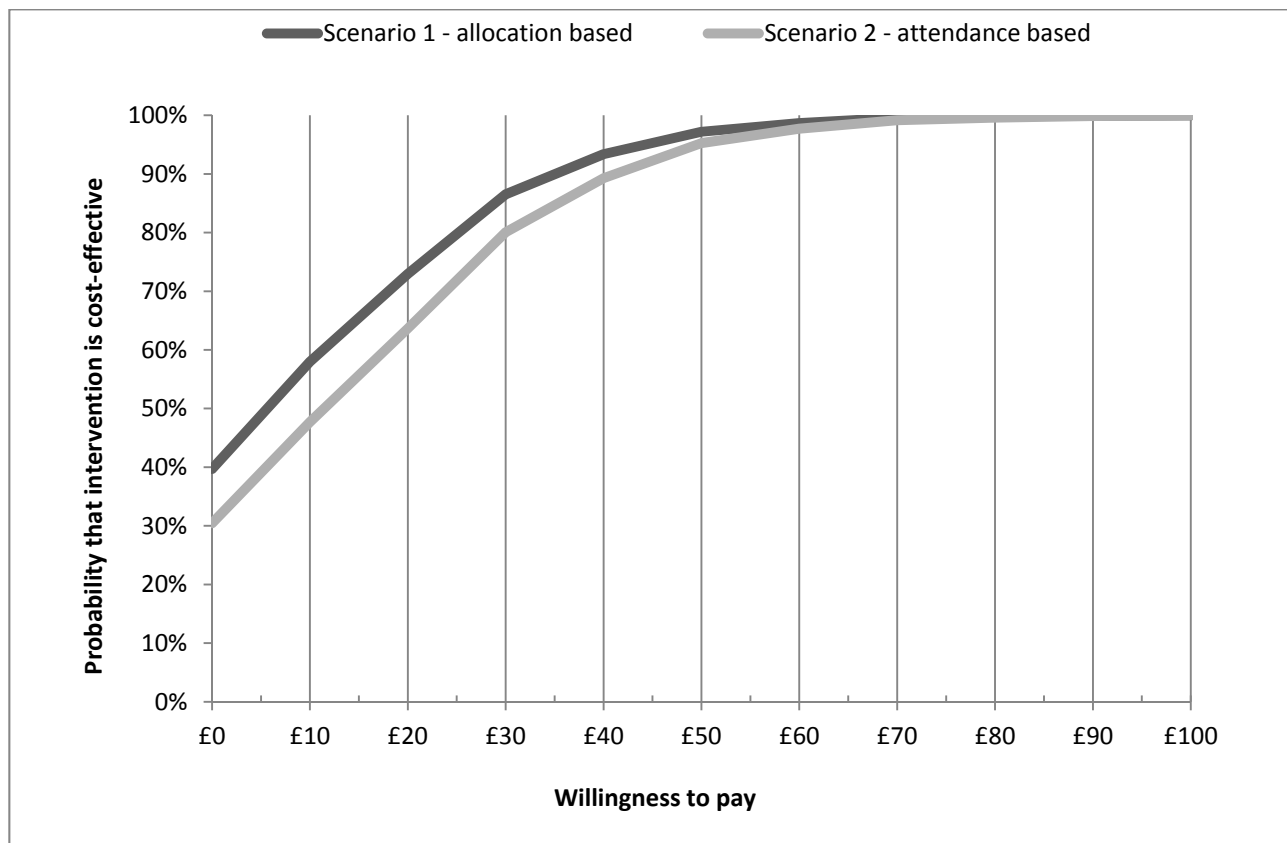


Choice of costing approach affects cost-effectiveness results

But are these distinctions really that important? Apart from affecting the unit cost and its variance, the choice between the two costing approaches also affects the results of the cost-effectiveness analysis. This is illustrated in Figure 3. It shows two cost-effectiveness acceptability curves (CEACs; van Hout et al, 1994) taken from the full economic evaluation of the self-confidence workshops which included the cost of public and voluntary sector services in addition to the intervention cost.

They show the probability that the intervention is considered cost-effective for various levels of willingness to pay (WTP), or, put more simply, set against a value placed on improved outcomes in terms of money. An accessible introduction to CEACs is provided by Fenwick and Byford (2005), but the important point here is that in Scenario 1 (allocation based unit cost), the probability that the intervention is considered cost-effective is higher compared to Scenario 2 (attendance based unit cost) at lower values for WTP. In other words, Scenario 1 generates stronger evidence of cost-effectiveness than Scenario 2.

Figure 3: Cost-effectiveness acceptability curves, 2 scenarios



Concluding thoughts

The costing of complex interventions poses many challenges, and these are (literally) multiplied when it comes to costing multi-site interventions. Best practice prescribes that between-location variability in unit costs should be retained wherever possible, but no such recommendations currently exists for the approach taken in costing group interventions.

While arguments can be presented in support of either an allocation-based or an attendance-based approach, our analysis illustrates that the choice between the two is not trivial. In addition to affecting the “headline number”, the average intervention cost, there are implications for cost-effectiveness as well. The allocation-based approach may indicate a stronger case for cost-effectiveness than the attendance-based approach, particularly with high rates of attrition. In this case, the attendance-based approach will provide a more conservative estimate of cost-effectiveness and may more accurately reflect the level of resources received by each participant. And in a group scenario, where the therapeutic effect often depends on the interaction between participants, low levels of attendance may lead to both higher costs per attendee and less improvement in outcomes.

The benefit created by other participants is not usually reflected in the intervention cost because participant time is valued at zero. There are examples in the literature where the time cost of patients has been included in the economic analysis (for example: Reed et al, 2010), and an important step in the development of consistent costing methods for group-based intervention would be to investigate how this affects cost-effectiveness results, and how synergistic effects arising from higher attendance rates can be captured.

This article presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-1207-15154). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

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A review of approaches to measure and monetarily value informal care

Rita Faria, Helen Weatherly and Bernard van den Berg

Acknowledgements

This work was funded under the Economic Evaluation Policy Research Unit (EPRU) which receives funding from the Department of Health Policy Research Programme. EPRU is a collaboration between researchers from two institutions (Centre for Health Economics, University of York and School of Health and Related Studies, University of Sheffield). The views expressed in this article are those of the authors and not necessarily those of the Department of Health. The authors wish to thank our reviewers, in particular Raphael Wittenberg for his very helpful comments.

Introduction

In 2011, more than 6 million of the UK population provided unpaid informal care with an estimated value to society of £119 billion (Buckner and Yeandle, 2011; The NHS Information Centre & Social Care Team, 2010). In spite of significant value, there is no consensus on how to measure and value informal care time (Francis and McDaid, 2009; van den Berg et al, 2004; Goodrich et al, 2012). Challenges in costing informal care include difficulties in clearly defining informal care, but are mostly due to issues in measuring and valuing time spent care-giving (Van den Berg et al, 2004). This article reviews the methods used for measuring and valuing informal care-giver time in monetary terms. It describes the characteristics of informal care and explores the methods used for measuring time spent on informal care, followed by a review of monetary approaches to valuing time spent on care-giving. Other methods have been developed to evaluate the impact of care-giving on well-being or health-related quality life and an overview can be found in van den Berg et al (2004).

The characteristics of informal care

Informal care refers to the care provided to individuals who would have difficulties managing without this help, by relatives, friends or volunteers who are unpaid although they may receive some nominal payment or state benefits (Jackson et al, 2011; Princess Royal Trust for Carers, 2010; Wright, 1987). In economic terms informal care can be defined as a non-market or quasi-market commodity consisting of heterogeneous tasks produced by unpaid carer-givers or care-givers who receive some nominal payment or state benefits and provided by one or more relatives, friends or volunteers (van den Berg et al, 2004).

Table 1 reports on the type of help given to the main person cared for, according to whether that person lived in the care-giver's household. The results originate from the carer-givers module of the General Household Survey 2000 for Great Britain (Maher & Green, 2002). Although a wide range of activities were specified in the survey, in practice an even wider range of activities were undertaken by carers: 71% of care-givers reported giving other practical help that was not specified. This highlights the diversity of tasks involved in care-giving and the challenges involved in accurately recording all informal care activity and this has implications for valuing the care provided. The interpersonal dynamics between care recipients and care-givers can add an additional challenge. Around 32% of care-givers in the UK share the same household as the care recipient (Maher & Green, 2002). It may be difficult to distinguish informal care activities from 'usual' household activities, which should not be included as care-giving (van den Berg et al, 2004). Measurement challenges are exacerbated if more than one care-giver helps the care recipient. In a study looking at the informal care provided to stroke survivors in Australia, 66% of care recipients had more than one care-giver (Dewey et al, 2002). Had the care provided by the secondary care-giver(s) not been included, the overall value of informal care would have been underestimated.

Table 1 Types of help given to main person cared for, by whether that person lived in the care-givers' household, Great Britain, 2000 (adapted from Maher & Green, 2002)

Help given	Carers with main person cared for		Total care population (%)
	In the same household (%)	In another household (%)	
Personal care (eg washing)	51	15	26
Giving medication	44	11	22
Physical help (eg with walking)	57	25	35
Paperwork or financial matters	41	38	39
Other practical help	69	73	71
Keeping company	49	58	55
Taking out	49	53	52
Keeping an eye on person cared for	62	59	60
Weighted base (thousands) = 100%	2,164	4,537	6,701

Measurement of informal care

Four key methods (or instruments) are available for collecting time-use data: diary, recall, experience sampling, and direct observation (Gershuny, 2011). These methods potentially suffer from recall bias and joint production (Juster et al, 1991, 2003). Recall bias arises because individuals tend to have poor or selective memory about the activities that they have undertaken in previous time periods. This can be minimised by reducing the recall time. Joint production occurs because individuals can perform more than one activity simultaneously. If the time spent on performing two activities simultaneously is apportioned to each activity in full, the hours over one day will add up to more than 24 hours, and the time spent in each of these activities will be overestimated. Joint production of tasks can be dealt with by defining a new activity composed of the two jointly produced activities, or by considering one of the activities as primary and the other(s) as secondary (Juster et al, 1991).

Time diary

The gold standard for the collection of time data is the time diary method (Juster et al, 1991). An example of a general time diary can be found in Gershuny (2011), and an application to informal care, used by van den Berg et al (2006), is reproduced below (Figure 1). The diary method involves asking individuals to note down the time spent on care-giving activities as the day progresses, over a set period of time. Time diaries are time consuming to complete, which can create difficulties in recruiting study participants and can impact on the time spent care-giving (van den Berg et al, 2006).

Figure 1 An example of a time diary (van den Berg & Spauwen, 2006)

Day morning	Page 2		Normal care													Personal care			Organisational																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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Q1017	Q1018	Q1019	Q1020	Q1021	Q1022	Q1023	Q1024	Q1025	Q1026	Q1027	Q1028	Q1029	Q1030	Q1031	Q1032	Q1033	Q1034	Q1035	Q1036	Q1037	Q1038	Q1039	Q1040	Q1041	Q1042	Q1043	Q1044	Q1045	Q1046	Q1047	Q1048	Q1049	Q1050	Q1051	Q1052	Q1053	Q1054	Q1055	Q1056	Q1057	Q1058	Q1059	Q1060	Q1061	Q1062	Q1063	Q1064	Q1065	Q1066	Q1067	Q1068	Q1069	Q1070	Q1071	Q1072	Q1073	Q1074	Q1075	Q1076	Q1077	Q1078	Q1079	Q1080	Q1081	Q1082	Q1083	Q1084	Q1085	Q1086	Q1087	Q1088	Q1089	Q1090	Q1091	Q1092	Q1093	Q1094	Q1095	Q1096	Q1097	Q1098	Q1099	Q1100	Q1101	Q1102	Q1103	Q1104	Q1105	Q1106	Q1107	Q1108	Q1109	Q1110	Q1111	Q1112	Q1113	Q1114	Q1115	Q1116	Q1117	Q1118	Q1119	Q1120	Q1121	Q1122	Q1123	Q1124	Q1125	Q1126	Q1127	Q1128	Q1129	Q1130	Q1131	Q1132	Q1133	Q1134	Q1135	Q1136	Q1137	Q1138	Q1139	Q1140	Q1141	Q1142	Q1143	Q1144	Q1145	Q1146	Q1147	Q1148	Q1149	Q1150	Q1151	Q1152	Q1153	Q1154	Q1155	Q1156	Q1157	Q1158	Q1159	Q1160	Q1161	Q1162	Q1163	Q1164	Q1165	Q1166	Q1167	Q1168	Q1169	Q1170	Q1171	Q1172	Q1173	Q1174	Q1175	Q1176	Q1177	Q1178	Q1179	Q1180	Q1181	Q1182	Q1183	Q1184	Q1185	Q1186	Q1187	Q1188	Q1189	Q1190	Q1191	Q1192	Q1193	Q1194	Q1195	Q1196	Q1197	Q1198	Q1199	Q1200	Q1201	Q1202	Q1203	Q1204	Q1205	Q1206	Q1207	Q1208	Q1209	Q1210	Q1211	Q1212	Q1213	Q1214	Q1215	Q1216	Q1217	Q1218	Q1219	Q1220	Q1221	Q1222	Q1223	Q1224	Q1225	Q1226	Q1227	Q1228	Q1229	Q1230	Q1231	Q1232	Q1233	Q1234	Q1235	Q1236	Q1237	Q1238	Q1239	Q1240	Q1241	Q1242	Q1243	Q1244	Q1245	Q1246	Q1247	Q1248	Q1249	Q1250	Q1251	Q1252	Q1253	Q1254	Q1255	Q1256	Q1257	Q1258	Q1259	Q1260	Q1261	Q1262	Q1263	Q1264	Q1265	Q1266	Q1267	Q1268	Q1269	Q1270	Q1271	Q1272	Q1273	Q1274	Q1275	Q1276	Q1277	Q1278	Q1279	Q1280	Q1281	Q1282	Q1283	Q1284	Q1285	Q1286	Q1287	Q1288	Q1289	Q1290	Q1291	Q1292	Q1293	Q1294	Q1295	Q1296	Q1297	Q1298	Q1299	Q1300	Q1301	Q1302	Q1303	Q1304	Q1305	Q1306	Q1307	Q1308	Q1309	Q1310	Q1311	Q1312	Q1313	Q1314	Q1315	Q1316	Q1317	Q1318	Q1319	Q1320	Q1321	Q1322

Recall (or stylized or questionnaire) method

The recall method involves asking individuals to report the frequency and/or amount of time spent on a particular activity in a typical day or for a period of time in the past. Examples of instruments used for measuring informal care are the Caregivers Activity Time Survey (Clipp et al, 1996), the Caregiver Activity Survey (Davis et al, 1997), and the recall questionnaire used by van den Berg et al (2006) reproduced below (Figure 2). The recall method is used frequently because it is less time consuming and relatively inexpensive to administer. However, it suffers from a number of limitations. It is particularly sensitive to reporting or recall bias, which typically results in individuals overestimating the time spent on the activities (Juster et al, 1991, 2003; van den Berg et al, 2006; Gershuny, 2011). This occurs less often in the time diary method because individuals report their activities as the day progresses. In addition, it assumes that individuals consider joint production of tasks in their answers, and allocate time between the two tasks performed simultaneously.

Figure 2 An example of a recall questionnaire (van den Berg et al, 2006)

We would like to know how much time you spent on giving informal care to your care recipient. Please, consider the past week!

1: Last week did you spent time on the activities below in your care recipient's house? If you did, please, indicate how much time you spent on the activities.

	<i>Minutes per day</i>	<i>or</i>	<i>Hours per week</i>
a. Preparing food and drinks?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
b. Cleaning the house?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
c. Washing, ironing and sewing?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
d. Taking care of and playing with your own children?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
e. Shopping?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
f. Maintenance work, odd jobs, gardening?	→ <input type="text"/>	<i>or</i>	<input type="text"/>

2: Last week did you spent time on assisting your care recipient with the activities below? If you did, please, indicate how much time you spent on the activities.

	<i>Minutes per day</i>	<i>or</i>	<i>Hours per week</i>
a. Personal care (dressing/undressing, washing, combing, shaving)?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
b. Moving around in the house or going to the toilet?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
c. Eating and drinking?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
d. Moving or travelling outside the house (aid with walking or wheelchair)?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
e. Making trips and visiting family or friends?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
f. Health care contacts (like visiting a doctor)?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
g. Organising help, aids, house adaptations or taking care of financial matters like insurance?	→ <input type="text"/>	<i>or</i>	<input type="text"/>
h. Social support?	→ <input type="text"/>	<i>or</i>	<input type="text"/>

Experience sampling (or beeper or buzzer) method

This method involves individuals carrying an electronic device programmed to prompt them to register their activity at random intervals over a pre-specified time period (Gershuny, 2011; Juster et al, 1991). To our knowledge the experience sampling method has not been used to collect information on informal care, however it has been used in other applications (Hektner et al, 2006; Kimhy et al, 2006). This method is less prone to error than the recall method as the data is collected at the time the activity takes place (Gershuny, 2011; Juster et al, 1991, 2003). However, the need to respond to an electronic beeper can be perceived as burdensome to some individuals, which can result in failure to respond to the beep (Schneider, 2009). This method does not record information on the sequence or the duration of the activities (Schneider, 2009).

Direct observation

Direct observation (also termed 'outsider method') consists of having observers recording care-givers activities. This method is rarely used since it is particularly time consuming and costly for researchers, and can be intrusive for individuals (Juster et al, 1991). To our knowledge, this method has not been used in informal care.

Monetary valuation of informal care

The key issue in the monetary valuation of informal care time is that there is no market for informal care so there are no market prices available for informal care-giving. Therefore, a method is required to estimate a monetary value or a price. Economic methods are available to value goods and services such as informal care, where market prices are not available. As reported in Table 2, these methods can be categorised as revealed preference or stated preference, depending on whether values are obtained indirectly from preferences revealed in other markets (revealed preference) or reported directly (stated preference).

Table 2 Monetary valuation methods for informal care

Type of Method	Methods
<p><u>Revealed Preference</u> Uses observational data from decisions taken by individuals regarding goods or services assumed equivalent to informal care. In general, revealed preference methods use wages or income data to derive monetary values.</p>	<ul style="list-style-type: none"> • Opportunity cost • Proxy good • Well-being
<p><u>Stated Preference</u> Obtains the individual's valuation of a particular service, either by directly asking individuals to state a money value through contingent valuation or by asking individuals to make trade-offs between different characteristics of the service, using price or cost as one characteristic, in a conjoint analysis or discrete choice experiment.</p>	<ul style="list-style-type: none"> • Contingent valuation • Conjoint analysis

Stated preference methods can account for all the costs and benefits associated with providing informal care. However, the methods rely on statements of preference, and not on actual choices, thus may not reflect the individual's actual behaviour and are therefore criticised by mainstream economists. Stated preference methods are likely to be affected by response bias due to strategic behaviour especially if respondents believe their answers could influence policy. Revealed preference methods can be insensitive to different care options available at different times. For example, a care-giver may prefer to move the care recipient to a nursing home if the amount of care required increases significantly and this data may not be collected as part of the questionnaire. In addition, revealed preference methods do not take into account whether the care-giver derives personal enjoyment from care-giving, which may reduce the monetary compensation required, or whether there are long-term consequences from spending time care-giving, such as when a young person provides care to the extent that it adversely affects their education.

The next section summarises the methods available to value informal care time. These two methods are described below and Table 3 reports examples of monetary valuation of informal care in the empirical literature. See Goodrich et al (2012) for a systematic review on economic evaluations which included informal care in the analysis.

Table 3 Empirical examples of monetary valuation methods for informal care

Method	Reference	Application	Unit cost per hour (price year if stated/country)
Opportunity cost	Dewey et al (2002)	One third of the average weekly wage.	A\$5.86 (1997/Australia)
	Patel et al (2004)	Minimum wage.	£4.10 (2001/UK)
	Smith & Frick (2008)	Average hourly income for all employed county residents.	\$17.34 (2004/US)
	Wilson et al (2008)	Average gross hourly wage rate for both genders.	£13.11 (2004/UK)
Proxy good	Ruchlin & Morris (1981)	Hourly rate per type of activity.	Supervision - \$1.15. Meals - \$1.15. Home-making - \$9.20. Daily checking - \$0.19. Transportation - \$2.30 (1977/US)
	Dewey et al (2002)	Hourly rate per type of activity.	Community and domestic services - A\$11.20. Personal care – A\$13.45. All care by secondary care-givers – A\$11.20. (1997/Australia)
	Gaugler et al (2003)	Hourly rate for home care services.	\$2.93 (1993/US)
	Gitlin et al (2010)	Hourly rate for home health aid.	\$10.14 (2006/US)
Well-being	van den Berg & Ferrer-i-Carbonell (2007)	Extra compensation necessary to maintain the same level of well-being after providing an additional hour of care.	€8-9 (2001/Netherlands)
Contingent valuation	Gustavsson et al (2010)	Care-givers' monthly willingness to pay (WTP) for an 1 hour per day of reduction in informal care.	UK - £105. Spain - £121. Sweden - £59. US - £144. (various countries)
	van den Berg et al (2005); Exel & Koopmanschap (2005)	Care-givers' mean willingness to accept to provide an additional hour of care.	€9.52 (2001/Netherlands)
	van den Berg et al (2005)	Care recipients' WTP for an additional hour of informal care per week and their and willingness to accept (WTA) for a reduction in 1 hour of the informal care received. Care-givers' WTA to provide an additional hour and WTP to provide one less hour of care.	Rheumatoid arthritis: Care recipients: WTP €7.84, WTA €8.22 Care-givers: WTP €7.80; WTA €9.52 Heterogeneous sample: Care recipients: WTP €6.72; WTA €8.62 Care-givers: WTP €8.61; WTA €10.52 (2001/Netherlands)
Conjoint Analysis / Discrete Choice Experiment*	van den Berg et al (2005), van Exel & Koopmanschap (2005)	Extra compensation required to provide one additional hour of informal care.	Extra compensation - €1.00, which implies the 7th hour of care requires €7 of compensation, the 8th hour €8, and thereafter. (2001/Netherlands)
	van den Berg et al (2008)	Extra compensation per hour required to provide 21 hours instead of 7 hours of informal care per week.	€12.36 (2001/Netherlands)
	Mentzakis et al (2011)	Care-givers' willingness to accept to provide an additional hour of care of a number of tasks.	Personal care: £0.12-£2.29. Supervision: £0.07-£0.81. Household tasks - £0.25-1.04 (?/UK)

1: Revealed preferences

Opportunity cost method

This method values informal care as the income forgone by the care-giver due to the time spent care-giving. Typically care-giver time is valued as a wage rate. The appropriate nominal wage rate for a care-giver of working age might be their previous wage rate (Francis et al, 2009). For those with no previous employment experience, the average or median wage of similar individuals employed in the labour market might be used; however, it is less straightforward for care time provided by those who have retired, older people or children and young people (van den Berg et al, 2004). In addition, it might not be appropriate to apply the wage rate for paid work if part of the time spent care-giving is leisure time forgone. Therefore, the opportunity cost method is less straightforward to use than it might appear at first glance.

Proxy good method

The proxy good (or replacement cost method) uses the market price of a close substitute to value the good or service (van den Berg et al, 2004). For informal care, the relevant market substitute depends on the specific care-giving activities undertaken: help feeding would require a health care assistant, for example, whereas help taking medication may require a nurse. Since these 'formal care' substitutes are paid different wage rates, different activities are valued at different prices. The proxy good method is better than the opportunity cost method at dealing with the different activities involved in informal care, but requires detailed data on the time spent on each activity (van den Berg et al, 2006). Using this method assumes that the informal care is equivalent to formal care in terms of quality and efficiency (McDaid, 2001).

Well-being method (van den Berg & Ferrer-i-Carbonell, 2007)

The well-being method was described for the first time by van den Berg et al (2007) for the valuation of informal care. This method follows two steps: first, the care-givers' well-being is defined as a function of income and of the amount of care provided; second, estimation of the income required to maintain the care-givers' well-being if an additional hour of care is provided, which is taken as the value of providing an additional hour of informal care. The well-being method uses data from care-givers themselves, rather than substitute markets, and gives a total value of informal care, which includes time forgone and other aspects of care such as psychological impact but potentially also accounting for the positive utility of care-giving.

2: Stated preferences

Contingent valuation

Contingent valuation can be used to estimate care-givers' and care recipients' willingness to pay and willingness to accept informal care (Gustavsson et al, 2010; van den Berg et al, 2005; van den Berg et al, 2005), as exemplified in Table 4, which shows the contingent valuation questions asked for the van den Berg et al study (2005). Contingent valuation responses may be affected by the way in which the questions are framed and due to strategic behaviour (Donaldson et al, 2006). Open-ended or closed-ended questions might be used to elicit opinion. Open-ended questions can be difficult for individuals to answer, and can result in imprecise estimates due to large variation between respondents. Closed-ended questions can be biased due to anchoring, since the starting point used can predispose individuals towards a particular value. Furthermore, contingent valuation questions can pose significant cognitive burden on respondents (van den Berg et al, 2005).

Table 4 An example of contingent valuation questions used in informal care (van den Berg et al., 2005)

Care-giver	Willingness to accept	Suppose your patient needs per week 1 hour extra care and the government compensates you for this. What is the minimum amount of money you would want to receive from the government net of taxes to provide this additional hour of care? (1) <i>fx</i> Euro, (2) less than <i>fx</i> Euro, that is. . . ., (3) more than <i>fx</i> Euro, that is. . .
	Willingness to pay	Suppose there is a possibility for you to provide per week 1 hour less informal care. Someone else will replace you, so the total amount of care for the patient remains the same. What is the maximum amount of money you would want to pay in order that someone else takes over this hour of care? (1) <i>fx</i> Euro, (2) less than <i>fx</i> Euro, that is. . . ., (3) more than <i>fx</i> Euro, that is. . .
Care recipient	Willingness to accept	Suppose you receive per week 1 hour less informal care and the government compensates you for this. What is the minimum amount of money you would want to receive from the government net of taxes for this hour less informal care? (1) <i>fx</i> Euro, (2) less than <i>fx</i> Euro, that is. . . ., (3) more than <i>fx</i> Euro, that is. . .
	Willingness to pay	Suppose you need an additional hour of informal care per week and you have to pay for this hour yourself. What is the maximum amount of money you would want to pay for this extra hour of informal care? (1) <i>fx</i> Euro, (2) less than <i>fx</i> Euro, that is. . . ., (3) more than <i>fx</i> Euro, that is. . .

Conjoint analysis (or discrete choice experiments)

Conjoint analysis uses survey methods to estimate the relative importance of different attributes of an intervention and to estimate whether a particular attribute is important (Ryan et al, 2006). If price or cost is included as a characteristic, the exchange rate of the price indicates the willingness to pay (or accept, depending on how the questions are framed) for the service (Ryan, 2004). Discrete choice experiments (DCE) are a type of conjoint analysis, and for simplicity are considered as the same method here. Figure 3 shows an example of a choice set of characteristics used in a DCE (Mentzakis et al, 2011). Conjoint analysis methods avoid asking individuals directly for their preferences for service provision and are able to collect information on the trade-offs individuals make between characteristics (Mentzakis et al, 2011; van den Berg et al, 2005). However, it can be cognitively burdensome on respondents to collect such detailed information.

Figure 3 An example of a choice set of characteristics used for a discrete choice experiment (Mentzakis et al, 2011)

Stage 1	Situation A	Situation B
Personal Care (hours per week)	30	0
Supervising (hours per week)	15	15
Household Tasks (hours per week)	0	30
Formal Care (hours per week)	15	30
Monetary Compensation (per hour)	£17	£10
I would prefer to be involved in situation: (please tick only one box)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stage 2	I would still provide care, by myself.	I would no longer provide care and would let him/her take over.
If someone of your choice could entirely take over the situation you ticked above, what would you do?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Implications

The value of informal care can be estimated using existing methods. The choice of method depends on the research question, the data available and the type of research. A challenge for monetary valuation methods is that the values obtained are dependent on the individual’s income, as greater ability to pay will drive up their willingness to pay for a service and possibly willingness to accept to provide informal care. In addition, the value of the caring activity undertaken may differ by task, by life stage of the care-giver and by context. This could be captured in all monetary valuation methods except the opportunity cost method. Future research regarding this heterogeneity is recommended. Another area for future research would be to further explore the link between definition, measurement and monetary valuation. Not every care-giver might define the same tasks as providing informal care, which may affect both the measurement and the sensitivity of monetary valuation methods. The definition, measurement and valuation of informal care is important as it affects the value placed on care-giving.

This article provided a general overview of the methods used for measuring and valuing informal care-giver time in monetary terms, including key assumptions and limitations of the methods. Informal care-givers provide a vital service within the community and this review illustrates that there are many methods available to quantify the economic value of this essential service.

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I. SERVICES

1. Services for older people

- 1.1 Private sector nursing homes for older people
- 1.2 Private sector residential care for older people
- 1.3 Local authority residential care for older people
- 1.4 Local authority day care for older people
- 1.5 Extra care housing
- 1.6 Community rehabilitation unit
- 1.7 Intermediate care based in residential homes

1.1 Private sector nursing homes for older people

Using PSS EX1 2010/11¹ returns updated by the PSS Pay & Prices inflator, the median cost per person for supporting older people in a nursing care home was £524 per week (unchanged from last year), with an interquartile range of £463 to £602. The mean cost was £544 per week. The standard NHS nursing care contribution is £108.70 and the higher level NHS nursing care contribution is £149.60.² When we add the standard NHS nursing care contribution to PSS expenditure, the total expected mean cost is £653 and the median cost is £633.

Costs and unit estimation	2011/2012 value	Notes
A. Fees	£736 per week	The direct unit cost of private sector nursing homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector nursing homes, it is reasonable to assume that the fee will approximate the societal cost of the service. ³ A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey. ⁴
External services B. Community nursing C. GP services D. Other external services		No current studies indicate how external services are used by nursing home residents. See previous editions of this volume for sources of information.
E. Personal living expenses	£22.60 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £22.60. ⁵ This has been used as a proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a nursing home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
London multiplier	1.16 x A	Fees in London nursing homes were 16 per cent higher than the national average. ⁴
Unit costs available 2011/2012		
£736 establishment cost per permanent resident week (A); £758 establishment cost plus personal living expenses per permanent resident week		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Department of Health (2011) *Advice Note on Nursing Care Bands*, Department of Health, London.

³ Kavanagh, S., Schneider, J., Knapp, M., Beecham, J. & Netten, A. (1992) *Elderly people with cognitive impairment: costing possible changes in the balance of care*, PSSRU Discussion Paper 817/2, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Laing & Buisson (2011) *Care of Elderly People: UK Market Survey 2011/2012*, Laing & Buisson, London.

⁵ Disability Alliance (2011) *Disability Rights Handbook, 36th Edition, April 2011-April 2012. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

1.2 Private sector residential care for older people

Using PSS EX1 2010/11¹ returns updated by the PSS Pay & Prices inflator, the median cost per person for supporting older people in a residential care home provided by other organisations was £538 per week and the mean cost was £533 per week.

Costs and unit estimation	2011/2012 value	Notes
A. Fees	£522 per week	The direct unit cost of private care homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector residential homes, it is reasonable to assume that the fee will approximate the societal cost of the service. ² A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey. ³
External service B. Community nursing C. GP services D. Other external services		No current studies indicate how external services are used by residential care home residents. See previous editions of this volume for sources of information.
E. Personal living expenses	£22.60 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £22.60. ⁴ This has been used as a proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
London multiplier	1.30 x A	Fees in London residential homes were 30 per cent higher than the national average. ³
Unit costs available 2011/2012		
£522 establishment cost per permanent resident week (A); £545 establishment cost plus personal living expenses per permanent resident week (A and E).		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Kavanagh, S., Schneider, J., Knapp, M., Beecham, J. & Netten, A. (1992) *Elderly people with cognitive impairment: costing possible changes in the balance of care*, PSSRU Discussion Paper 817/2, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Laing & Buisson (2012) *Care of Elderly People: UK Market Survey 2011/2012*, Laing & Buisson, London.

⁴ Disability Alliance (2011) *Disability Rights Handbook, 36th Edition, April 2011-April 2012. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

1.3 Local authority residential care for older people

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for local authority expenditure costs, which have been updated using the PSS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£75 per week	Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£11.70 per week	Based on Department for Communities and Local Government statistics. ³ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital costs.		Capital costs not relating to buildings and oncosts are included in the local authority expenditure costs so no additional cost has been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£920 per week	The median estimate is taken from PSS EX1 2010/11 updated using the PSS Pay & Prices Index. ¹ Capital charges relating to buildings and oncosts have been deducted. The mean cost is £836 per week (interquartile range £721 - £1,213).
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 total expenditure figures so no additional overheads have been added.
External services		
F. Community nursing		
G. GP services		
H. Other external services		No current studies indicate how external services are used by residential care home residents. See previous editions of this volume for sources of information.
I. Personal living expenses	£22.60 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £22.60. ⁴ This has been used as a proxy for personal consumption.
Use of facility by client	52.18 weeks p.a.	
Occupancy	89%	Based on information reported by Laing & Buisson. ⁵
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
London multiplier	1.89 x (D)	Based on PSS EX1 2010/11 data. ¹
Unit costs available 2011/2012		
£1,007 establishment cost per permanent resident week (includes A to E); £1,030 establishment cost plus personal living expenses per permanent resident week (includes A to D and I).		

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¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

³ Personal communication with the Department for Communities and Local Government, 2011.

⁴ Disability Alliance (2011) *Disability Rights Handbook, 36th Edition, April 2011-April 2012. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

⁵ Laing & Buisson (2010) *Councils set to shunt social care costs to the NHS and service users as cuts take effect*, Laing & Buisson, <http://www.laingbuisson.co.uk/LinkClick.aspx?fileticket=7NgbssCOgKA%3D&tabid=558&mid=1888>.

1.4 Local authority day care for older people

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure costs, which have been uprated using the PSS Pay & Prices inflator. In order to provide a cost per day care session, this table assumes that clients attend day care, on average, for three sessions per week. Inevitably, some service users will attend more often and others less often depending on individual circumstances.

Costs and unit estimation	2011/2012 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£4.30 per session	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). These allow for 33.4 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.70 per session	Based on Department for Communities and Local Government statistics. ³ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures so no additional cost has been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£35 per session	The median cost is taken from PSS EX1 2010/11 uprated using the PSS Pay & Prices index. The median and mean costs per client per week are £106 and £105 respectively. Capital charges relating to buildings have been deducted. Assuming older people attend 3 sessions per week, the median and mean cost per session is £35.
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 total expenditure figures so no additional overheads have been added.
Use of facility by client		Assumes clients attend 3 sessions of day care per week.
Occupancy		Based on a study carried out by PSSRU on day care services for older people with dementia, the occupancy rate was 87%. ⁴
London multiplier	1.43 x A; 2.73 x B; 1.51 x (D)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2011/2012		
£40 per session (includes A to D).		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

³ Personal communication with the Department for Communities and Local Government, 2011.

⁴ Reilly, S., Venables, D., Challis, D., Hughes, J. & Abendstern, M. (2004) *Day Care Services for Older People with dementia in the North West of England*, Personal Social Services Research Unit, University of Kent, Canterbury. <http://www.pssru.ac.uk/pdf/MCpdfs/Daycare1.pdf>

1.5 Extra care housing for older people

This is based on an evaluation of extra care housing which followed the development of 19 new-build extra care housing schemes located across England.¹

Extra care housing is primarily for older people, and the accommodation is (almost always) self-contained. Care can be delivered flexibly, usually by a team of staff on the premises for 24 hours a day. Domestic care and communal facilities are available. For more information, see the Bäumker & Netten article in the 2011 edition of this report.

All costs have been updated from 2008 to current prices using the appropriate inflators. The mean cost of living in extra care housing was estimated at £428 per resident per week, with a standard deviation of £187 and a range of £182 to £1,289. The median cost was £376 per resident per week.

Costs and unit estimation	2011/2012 value	Notes
A. Capital costs		
Building and land costs	£97 per resident per week	Based on detailed valuations for the buildings and the land provided by the housing associations operating the extra care schemes. For properties constructed before 2008, capital values were obtained from the BCIS, and downrated using the All-In Tender Price Index. Included is the cost of land, works including site development and landscaping, equipment and furniture, professional fees (architects, design and surveyors' fees). ¹
B. Housing management and support costs		
Housing management	£ 55 per resident per week	Information taken from the annual income and expenditure accounts for each individual scheme after at least one full operational year. Average running costs were calculated by dividing the adjusted total running cost by the number of units in the scheme. The cost includes management staff costs (salary and on-costs including national insurance and pension contributions, and office supplies), property maintenance and repairs, grounds maintenance and landscaping, cleaning of communal areas, utilities, and appropriate central establishment costs (excluding capital financing).
Support costs	£ 10 per resident per week	
C. Personal living expenses	£ 90 per resident per week	As significant variability existed in the approaches to meal provision in the schemes, items related to catering costs were removed from the financial accounts and the cost of food and other consumables was estimated using the Family Expenditure Survey (2011), tables 27 and 32. ²
D. Health and social service costs		
Health services	£70 per resident per week	Health care estimates ranged from £0-£660.
Social services	£106 per resident per week.	Social care estimates ranged from £0-£645.
Use of facility by client	52.18 weeks per annum	
Unit costs available 2011/2012		
£162 accommodation, housing management and support costs; £252 accommodation, housing management, support and living expenses; £428 total cost.		

¹ Darton, R., Bäumker, T., Callaghan, L. & Netten, A. (2011). *The PSSRU Evaluation of the extra care housing Initiative: Technical Report*. Personal Social Services Research Unit, University of Kent, Canterbury.

² Office for National Statistics (2011) *Family Spending 2011 edition*, Office for National Statistics, London, available at <http://www.ons.gov.uk/ons/rel/family-spending/family-spending-2011-edition/index.html>.

³ Curtis, L. (2008) *Unit Costs of Health and Social Care 2008*, Personal Social Services Research Unit, University of Kent, Canterbury.

1.6 Community rehabilitation unit

This table is based on a joint project between Kent County Council, Ashford Borough Council, Age Concern and Ashford Primary Care Trust (Curtis, 2005).¹ Home Bridge provides recuperative care in seven purpose-built self-contained units for older people who need a period of recuperation following an illness, fall or where people have had increasing problems managing daily living. It provides intensive therapy and support to rebuild mobility and confidence so they can return back home. Originally estimated in 2005, costs have been updated using the appropriate inflators.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary and oncosts	£75,907 per year	The team comprises a scheme manager (20 %), a part time care manager (80 %) and support workers. Employers' national insurance is included plus 18 % of salary for employers' contribution to superannuation.
B. Direct overheads Administrative costs Management costs	£29,263 per year £4,879 per year £18,364 per year	This includes maintenance, running costs, repair/renewal of fixtures/fittings. Building expenses and equipment costs. Includes Project Manager (0.05), CART coordinator, social services team leader (0.08 %) and Agency fees.
C. Indirect overheads	£11,847 per year	To cover the finance function.
D. Capital: - building costs - land costs	£23,086 per year £10,613 per year	Based on actual cost of the 7 units, a lounge (shared by sheltered housing) and an office and updated using the Tender Price Index for Public Sector Building (non-housing). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Occupancy	71%	On average, 5 (5 places) units of the 7 (7 places) are occupied at any one time.
Case load	32 per year	The annual case load for January 2004 to January 2005 was 32 clients.
Average length of stay	33 nights	
Hours and length of service	7 days a week (to include weekends and bank holidays)	The service is available 7 days a week with support workers working 10.5 hours daily (3,832 per year). The scheme manager is available from Monday to Friday 7 am to 3 pm and in case of emergency there is cover during evenings, nights and weekends via the call centre.
Patient-related hours Typical episode Low cost episode High cost episode	 7 hours per week 5 hours per week 10 hours per week	All clients receive an initial assessment when referred to Home Bridge, usually in hospital. They are assessed on arrival by a community care manager, who continues to monitor them throughout their stay and discharges them at the end of their stay. 50 per cent of clients stay on average 29 nights and receive 41 hours of contact with a support worker per week. 25 per cent of clients stay 10 days and receive an additional 10 hours with a support worker each week. 25 per cent of clients stay on average 64 days and receive 137 hours with support workers.
Cost of hospital assessment and admission to Homebridge	£316	Between 3-5 hours of a hospital care manager's time who prepares the discharge from hospital and arranges the referral to Home Bridge. A further 3 hours is required by the social services duty desk to make the admission arrangements at Home Bridge. This is based on the salary of a social work assistant.
Cost of discharge from Homebridge	£466	This is carried out by a community care manager and takes 8.5 hours. It involves 7.5 hours face-to-face contact time for liaison with patient, professionals, families and services and also 1 hour administration.
Cost of Health Services provided by the Community Assessment and Rehabilitation Team (CART)	£363	On average, 7 hours of therapy or nursing care was provided by the CART team.
Unit costs available 2011/2012		
Full unit costs (all activities): Per person (actual occupancy) £34,792 per year, £667 weekly (includes A to D); Per person (full occupancy) £24,851 per year, £477 weekly. Cost per episode: £2,749 (typical episode), £1,809 (low-cost episode); £5,571 (high-cost episode).		

¹ Curtis, L. (2005) The costs of recuperative care housing, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

1.7 Intermediate care based in residential homes

This information is based on PSSRU research carried out with the Social Work and Social Care Section at the Institute of Psychiatry.¹ It provides the costs of comparative intermediate care schemes based in residential homes. The average weekly cost per client across the four schemes is £603, and the average annual cost per client is £3,443. All costs have been updated to present values using the appropriate PSS inflators. The National Evaluation of the Costs and Outcomes of Intermediate Care for Older People² should also be downloaded for comparative costs.

	Social care only			Social and health care
	Scheme A provides a therapeutic programme of recuperative care with 16 recuperative beds. Care staff include care workers, a senior night carer and rehabilitation workers.	Scheme B is provided by the local authority for people with dementia. A fee is paid by the local authority for care staff.	Scheme C is a short-stay residential home for people having difficulty managing at home, or who have been recently discharged from hospital or are considering entry to a residential care home. A fee is paid by the local authority for care staff.	Scheme D is run by the local authority in conjunction with the primary care trust and provides 6 weeks of support and rehabilitation to older people who have the potential to return to their own home after a stay in hospital. Staff include a care manager, therapists, a visiting medical officer and promoting independence assistants.
Wages/salary	£220,898	£151,473	£104,425	£163,522
Oncosts Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation	£47,493	£32,567	£22,451	£35,157
Direct overheads Includes salaries of supervisory staff, running costs and supplies	£250,712	£53,849	£49,497	£28,172
Indirect overheads Management fees (incl. premises' costs) Capital/premises Total costs ³	£162,706 £35,903 £717,712	£43,079 £280,968	£176,373	£9,295 £236,146
Caseload	196	51	64	67
Average length of stay	34 days	54 days	46 days	32 days
No. of beds	16	10	8	8
Weekly costs per resident	£860	£539	£423	£588
Average annual cost per client	£3,662	£5,509	£2,756	£3,525
Cost of typical client episode	£4,178	£4,157	£2,748	£2,689

¹ Baumann, M., Evans, S., Perkins, M., Curtis, L., Netten, A., Fernandez, J.L. & Huxley, P. (2007) Organisation and features of hospital, intermediate care and social services in English sites with low rates of delayed discharge, *Health & Social Care in the Community*, 2007 Jul;15(4): 295-305.

² Barton, P., Bryan, S., Glasby, J., Hewitt, G., Jagger, C., Kaambwa, B., Martin, G., Nancarrow, S., Parker, H., Parker, S., Regen, E. & Wilson, A. (2006) *A National Evaluation of the Costs and Outcomes of Intermediate Care for Older People. Executive Summary*, Intermediate Care National Evaluation Team (ICNET), University of Birmingham and University of Leicester.

³ Where the fee for providing the scheme was provided, 80 % was estimated by the service provider as the amount for care staff salaries. The remainder was allocated to overheads.

2. Services for people with mental health problems

- 2.1 NHS reference costs for mental health services
- 2.2 Local authority care homes for people with mental health problems
- 2.3 Private sector care homes for people with mental health problems
- 2.4 Local authority social services day care for people with mental health problems
- 2.5 Private sector day care for people with mental health problems
- 2.6 Cognitive behaviour therapy (CBT)
- 2.7 Behavioural activation delivered by the non-specialist
- 2.8 Counselling services in primary medical care
- 2.9 Individual placement and support
- 2.10 Deprivation of liberty safeguards in England: implementation costs
- 2.11 Mindfulness based cognitive therapy - group based intervention
- 2.12 Interventions for mental health promotion and mental illness prevention

2.1 NHS reference costs for mental health services

We have drawn on the *NHS Trust and Primary Care Trusts combined* to report from the NHS Reference Costs of selected mental health services.¹ All costs have been updated to 2011/12 prices using the HCHS Pay and Prices inflators. The costs of selected mental health care services for children can be found in schema 6.1.

	Mean	Lower quartile	Upper quartile
MENTAL HEALTH SERVICES			
Inpatient attendances (cost per bed day)			
Intensive care — adult	£654	£559	£743
Acute care — adult	£330	£300	£365
Rehabilitation — adult	£288	£237	£325
Elderly	£338	£292	£372
Weighted average of all adult mental health inpatient bed days.	£338	£299	£376
Specialist inpatient services (cost per bed day)			
Eating disorder (adults)	£488	£441	£536
Mother and baby units	£194	£177	£222
Day care facilities (cost per day — regular attendances)			
Weighted average of all attendances (adults excluding elderly)	£100	£65	£133
Weighted average of all attendances (elderly)	£165	£99	£202
Outpatient attendances, consultant services (follow-up face-to-face attendance)			
Drug and alcohol services — adult	£94	£69	£122
Other services — adult	£170	£128	£193
Elderly	£160	£106	£193
Weighted average of all adult outpatient attendances	£146	£108	£170
Community setting, consultant services (face-to-face contact)			
	£131	£114	£144
Weighted average of all contacts	£135	£100	£172

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

2.2 Local authority care homes for people with mental health problems

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure costs, which have been updated using the PSS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
Capital costs		
A. Buildings and oncosts	£86 per resident week	Based on the new-build and land requirements for homes for people with mental health problems. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Total local authority expenditure (minus capital)	£697 per resident week	The median revenue weekly cost estimate (£697) for supporting adults in own provision residential care (includes full cost paying and preserved rights residents). Capital costs relating to buildings and land have been deducted. The mean cost per client per week is reported as being £1,096. Councils reporting costs of over £2,000 per client week have not been included in this estimate.
C. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Other costs		
D. Personal living expenses	£22.60 per week	The DWP personal allowance for people in residential care or a nursing home is £22.60. ³ This has been used as a proxy for personal consumption.
E. External services		No information is available.
Use of facility by client	365.25 days per year	
Occupancy	100%	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier	1.23 x (A to B)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2011/2012		
£783 per resident week establishment costs (includes A to B); £805 per resident week (includes A to D).		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

³ Disability Alliance (2011) *Disability Rights Handbook, 36th Edition, April 2011-April 2012. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

2.3 Private sector care homes for people with mental health problems

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for local authority expenditure costs, which have been updated using the PSS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
Capital costs		
A. Buildings and oncosts	£86 per resident week	Based on the new-build and land requirements for homes for people with mental health problems. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Total local authority expenditure (minus capital)	£614 per resident week	The median cost estimate for supporting adults in residential care provided by others (includes full cost paying and preserved rights residents). Capital charges relating to building and oncosts have been deducted. The mean cost per client per week is £635.
C. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Other costs		
D. Personal living expenses	£22.60 per week	The DWP allowance is used as a proxy for personal consumption. ³
E. Service use		No information available on service use.
Use of facility by client	365.25 days per year	
Occupancy	100%	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier	1.19 x (A to B)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2011/2012		
£700 per resident week establishment costs (includes A to B); £723 per resident week (includes A to D).		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

³ Disability Alliance (2011) *Disability Rights Handbook, 36th Edition, April 2011-April 2012. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

2.4 Local authority social services day care for people with mental health problems

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for local authority expenditure costs, which have been updated using the PSS Pay & Prices inflator. Councils reporting costs of more than £500 per client week have been excluded from these estimates. In order to provide a cost per day care session, it is assumed that clients attend day care on average for three sessions per week as this is recommended as part of a total recovery programme.²

Costs and unit estimation	2011/2012 value	Notes
Capital costs		
A. Buildings and oncosts	£4.30 per session	Based on the new-build and land requirements for day care facilities (which do not distinguish by client group). These allow for 33.4 square metres per person. ³ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.70 per session	Based on information provided by the Department for Communities and Local Government, 2011. ⁴ Land costs have been discounted at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures so no additional cost has been added for other items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£32 per session	This is the median cost per session (£32) for own provision day care for people with mental health problems. Capital charges relating to buildings have been deducted. The mean cost per client session is £28.
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Occupancy	87%	Based on a study carried out by PSSRU. ⁵
London multiplier	1.43 x A; 2.73 x B; 2.39 x D	Relative London costs are drawn from the same source as the base data.
Unit costs available 2011/2012		
£37 per user session (includes A to D).		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Salford City Council (2011) *Mental Health*, Salford City Council, www.salford.gov.uk/mh-partnership.htm

³ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁴ Personal communication with the Department for Communities and Local Government, 2011.

⁵ Reilly, S., Venables, D., Challis, D., Hughes, J. & Abendstern, M. (2004) *Day Care Services for Older People with dementia in the North West of England*, Personal Social Services Research Unit, University of Kent, Canterbury. www.pssru.ac.uk/pdf/MCpdfs/Daycare1.pdf.

2.5 Private sector day care for people with mental health problems

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for local authority expenditure costs, which have been updated using the PSS Pay & Prices inflator. In order to provide a cost per day care session, it is assumed that clients attend day care on average for three sessions per week as this is recommended as part of a total recovery programme.²

Costs and unit estimation	2011/2012 value	Notes
Capital costs		
A. Buildings and oncosts	£4.30 per session	Based on the new- build and land requirements for day care facilities, which do not distinguish by client group. These allow for 33.4 square metres per person. ³ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.70 per session	Based on information provided by the Department for Communities and Local Government, 2011. ⁴ Land costs have been discounted at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings are included in the local authority expenditure figures so no additional cost has been added for other items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£27 per session	The median cost per session for day care (£27) provided by other organisations. Capital charges relating to buildings have been deducted. The mean cost per client session is £21.
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Occupancy	87%	Based on study carried out by PSSRU. ⁵
London multiplier	1.43 x A; 2.73 x B 2.39 x D	Relative London costs are drawn from the same source as the base data.
Unit costs available 2011/2012		
£32 per user session (includes A to E).		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Salford City Council (2011) *Mental Health*, Salford City Council, www.salford.gov.uk/mentalhealth.htm.

³ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁴ Personal communication with the Department for Communities and Local Government, 2011.

⁵ Reilly, S., Venables, D., Challis, D., Hughes, J., & Abendstern, M. (2004) *Day Care Services for Older People with dementia in the North West of England*, Personal Social Services Research Unit, University of Kent, Canterbury. www.pssru.ac.uk/pdf/MCpdfs/Daycare1.pdf.

2.6 Behavioural activation delivered by the non-specialist

Behavioural activation provides a simple, effective treatment for depression. It is delivered over 12 one-hour sessions by two mental health nurses on post-qualification pay bands with no previous formal therapy training. They received 5 days training in behavioural activation and 1 hour clinical supervision fortnightly from the principal investigator.¹ Sessions are usually attended by 10 people. Costs are based on Agenda for Change band 7, the grade normally used for this service. However if we base the costs on Agenda for Change band 5, the cost per session per person is £10 (£12 with qualifications) and for 12 sessions £124 (£146 with qualifications).¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£77,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 (2 qualified mental health nurses) of the April-June 2012 NHS Staff Earnings estimates.
B. Salary oncosts	£19,677 per year	Employers' national insurance is included plus 14 per cent of salary for contribution to superannuation.
C. Qualifications	£19,559 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ This is for 2 mental health nurses
D. Training for behavioural activation	£624 per year	Training costs were calculated by facilitators' hourly rate for the duration of the training (35 hours) divided by the number of participants attending (n=10) (£194.7 per therapist). Supervision costs were based on 1 hour fortnightly contact for 40 weeks (£2,856 per therapist). 12 session behavioural protocol (£219.96 per therapist). These costs have been annuitized over the working life of the nurse.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£18,823 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£40,911 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,632 per year	Based on the new-build and land requirements of NHS facilities (2 offices) but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per annum 37.5 hours per week	Unit costs are based on 1,572 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷
Ratio of direct to indirect time		Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 grade G nurses, 45 per cent of time was spent on direct clinical work, 13 per cent on consultation and liaison, 8 per cent on training and education, 4 per cent on research and evaluation, 23 per cent on admin and management, 7 per cent on other work. Seventeen per cent was spent on tier 1 work and this was assumed to be spread across all types of activity for the purpose of the analysis.
Face-to-face contacts	1:0.89	
Patient related work	1:0.33	
Duration of contact		One-hour sessions included direct treatment time of 40-50 minutes and administration.
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
Cost per hour £103 (£116); Cost per hour face-to-face contact £195 (£219); Cost per hour of patient related work £137 (£154); Cost per session per hour £137 (£154) (allowing for 45 minutes of face to face time and 15 minutes of patient related time); Cost per session per person £15 (£17); Cost per 12 sessions per person £181 (£202)		

¹ Ekers, D., Godfrey, C., Gilbody, S., Parrott, S., Richards, D., Hammond, D. & Hayes, A. (2011) Cost utility of behavioural activation delivered by the non-specialist, *British Journal of Psychology*, 199, 510-511, doi:10.1192/bjp.bp.110.090266

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2012).

⁴ The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

2.7 Counselling services in primary medical care

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing (British Association for Counselling and Psychotherapy, 2011).¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£37,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the April-June 2012 NHS Staff Earnings estimates. ² See Section V for information on mean salaries.
B. Salary oncosts	£9,532 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads		Taken from NHS (England) Summarised Accounts. ³
Management, administrative and estates staff	£9,141 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£19,866 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£3,282 per year	Based on new-build and land requirements for a practice nurse non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ⁴
E. Travel		No information available.
Ratio of direct to indirect time on client contact	1:0.30	A study of nine practices found that the mean number of sessions was 7 (median 6). ⁵ Seventy-seven per cent of the time was spent on face-to-face contact, and 23 per cent of the time on other work.
Consultations	55 minutes	Average length of surgery consultation. ⁶
Working time	42.7 weeks per year 37.5 hours per week	Unit costs are based on 1,602 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷ Each practice in the study employed counsellors for between 6 and 49 hours per week.
Unit costs available 2011/2012		
£50 per hour (includes A to D); £65 per hour of client contact (A to D); £59 per consultation.		

¹ British Association for Counselling and Psychotherapy (2011) *BACP definition of Counselling*, BACP. www.bacp.co.uk/.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

⁴ Personal communication with the Department for Communities and Local Government, 2012.

⁵ Simpson, S., Corney, R., Fitzgerald, P. & Beecham, J. (2000) *A Randomised Controlled Trial to Evaluate the Efficacy and Cost-Effectiveness of Counselling with Patients with Chronic Depression*, Report to the NHS Health Technology Assessment Programme, Vol. 4, No. 36.

⁶ Crossroads Counselling Practice (2012) see: <http://www.crossroadscounsellingpractice.com.au/index.php/questions>.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

2.8 Individual placement and support

Provided by Justine Schneider and Sheila Durie

Description of IPS

People with severe mental health problems face particular barriers to employment, both in relation to their impairments¹ and as a result of stigma and prejudice.² To overcome these, an approach known as Individual Placement and Support (IPS) has been developed³ and has strong evidence to support it.^{4,5} There are 25 criteria for 'fidelity' of IPS to the standards of best practice. The management ratio and the caseload sizes used here are within the bounds of 'good to exemplary' scores; most of the other fidelity criteria have little or no direct impact on service costs. Caseload capacity is determined both by size, and by turnover. There is evidence from the US that each place on a caseload serves about 1.8 clients over a year so a caseload of 20 has a throughput of 38 individuals per year on average. Although caseload size is used here to estimate a range of unit costs for IPS, turnover has not been factored in because it is likely to vary according to the skills of the post-holder.

Necessary conditions for IPS to operate

Successful operation of IPS requires work-oriented mental health services, through cross-sector engagement and partnership working. The specialist skills of IPS staff and managers provide direct interventions with service users and employers to place people in work and support them as required. Responsibility for the maintenance of work-oriented mental health is shared more widely across professionals in the field.

Variations in the costs presented

The IPS approach requires employment specialists to be integrated into the mental health team. However there is a wide range of levels at which the specialists are currently appointed. Therefore in Table 2.8.1, we offer costs for four grades of staff, two with professional qualifications (e.g. psychology, occupational therapy) and two with no particular qualifications. These different levels of pay, combined with a range of caseload sizes, yield a range of unit costs, as shown in Table 2.8.2. To the salary costs are added the usual overheads, plus a cost for a team leader, who according to IPS wisdom should not supervise more than 10 staff and should be available to provide practical support. A small marketing budget is included here, but annual costs for training were not available. We were advised by experienced IPS services that no other costs are commonly incurred. The unit cost per year shown in Table 2.8.2 ranges from £1,902 to £7,188, depending on caseload size and salary level of the worker. This does not take account of turnover in clients who are unlikely to remain in the service for a full year.

Comparative costs of day care

Unit costs of IPS may be compared to the costs of private sector day care. In Table 2.5 of this volume, the cost of private sector day care was £32 per session outside of London. Table 2.8.3 shows the number of day care sessions at this cost which would correspond to each level of IPS costs from Table 2.8.2. This ranges from 34 sessions – less than one day per week, to 131 sessions, or just under three days per week. Whereas day care is often allocated in perpetuity, IPS is geared to finding a person paid work, and therefore the amount consumed by a given individual is likely to decrease over time. Moreover, there is some evidence that those individuals who attain work gain self-esteem⁶ and reduce their reliance on mental health services, though not necessarily on social security benefits.⁷

¹ McGurk, S. & Mueser, K. (2004) Cognitive functioning, symptoms and work in supported employment; A review and heuristic model, *Schizophrenia Research*, 70, 147-174.

² Thornicroft, G. (2006) *Shunned: Discrimination Against People With Mental Illness*, Oxford University Press, Oxford.

³ Department of Health (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance*, CSIP for Department of Work and Pensions and Department of Health.

⁴ Bond, G.R., Drake, R.E. & Becker, D.R. (2008) An update on randomized controlled trials of evidence based supported employment, *Psychiatric Rehabilitation Journal*, 31, 280-289.

⁵ Burns, T., Catty, J., Becker, T., Drake, R., Fioritti, A., Knapp, M., Lauber, C., Rossler, W., Tomov, T., van Busschbach, J., White, S. & Wiersma, D. (2007) The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial, *The Lancet*, 370, 1146-1152.

⁶ Sesami Research and Practice Partnership (2007) The SESAMI evaluation of employment support in the UK: Background and baseline data, *Journal of Mental Health*, 16, 3, 375-388.

⁷ Schneider, J., Boyce, M., Johnson, R., Secker, J., Grove, B. & Floyd, M. (2009) Impact of supported employment on service costs and income of people, *Journal of Mental Health*, 18, 6, 533-542.

2.8.1 Cost components

	Unqualified	Unqualified	Qualified	Qualified
	Band 3	Band 4	Band 5	Band 6
Salary	£18,700	£21,100	£22,700	£30,500
Salary oncosts	£4,223	£4,890	£5,335	£7,503
Overheads – staff	£4,427	£5,020	£5,414	£7,340
Overheads – other	£9,621	£10,909	£11,767	£15,951
Capital	£2,305	£2,305	£2,305	£2,305
Team leader	£7,224	£7,224	£7,224	£7,224
Marketing budget	£1,056	£1,056	£1,056	£1,056
Total	£47,556	£52,504	£55,801	£71,879

2.8.2 Unit costs per person per year

	Unqualified	Unqualified	Qualified	Qualified
Caseload size	Band 3	Band 4	Band 5	Band 6
10 people	£4,756	£5,250	£5,580	£7,188
15 people	£3,170	£3,500	£3,720	£4,792
20 people	£2,378	£2,625	£2,790	£3,594
25 people	£1,902	£2,100	£2,232	£2,875

2.8.3 Equivalent cost in day care days

	Unqualified	Unqualified	Qualified	Qualified
Caseload size	Band 3	Band 4	Band 5	Band 6
10 people	£113	£125	£133	£171
15 people	£75	£83	£89	£114
20 people	£57	£63	£66	£86
25 people	£45	£50	£53	£68

2.9 Deprivation of liberty safeguards in England: implementation costs

In 2009, the government provided additional funding of £10 million for local authorities and £2.2 million for the National Health Service (NHS) for the implementation of deprivation of liberty safeguards (DoLS), which was fully implemented on 1 April 2009 in England and Wales. This amends a breach of the European Convention on Human Rights and provides for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

In 2009, a study was carried out to estimate the costs likely to be incurred with the implementation of the DoLS in England, and data on resource utilisation were collected from professionals conducting the six formal assessments required.¹ These are: age assessment, mental health assessment, mental capacity assessment, best-interest assessment, eligibility assessment and no refusal assessment, the latter of which establishes whether authorisation of deprivation of liberty would conflict with other authorities (for example, power of attorney) for decision making for that individual.

A total of 40 interviews were planned to include professionals conducting the six DoLS assessments, the secretarial staff in DoLS offices and the independent mental capacity advocates. Each professional provided the average time taken for an individual DoLS assessment or for combined assessments, when more than one of the six DoLS assessments were conducted together. Average travelling time and distance were also provided. Total assessment time for each individual (including travelling time) was multiplied by the unit cost for that professional and a travelling allowance.

The average cost for a single DoLS assessment across the five DoLS offices was £1,357. The standard deviation around the estimated cost of a single DoLS assessment was £406, and the 95 per cent confidence interval was £522 to £2,114. All costs have been updated to 2011/2012 prices using the appropriate inflators.

Costs for a single deprivation of liberty safeguards (DoLS) assessment.

All assessments include travel time	DoLS office 1	DoLS office 2	DoLS office 3	DoLS office 4	DoLS office 5	Average of the five offices
Assessments by mental health assessor	£484	£220	£564	£280	£240	£358
Assessments by best-interest assessor	£680	£408	£286	£994	£554	£584
Secretarial costs	£317	£178	£125	£571	£300	£298
Independent mental capacity advocates assessments	£110	£84	£60	£57	£71	£76
Court protection costs	£41	£41	£41	£41	£41	£41
Total costs	£1,632	£931	£1,076	£1,943	£1,206	£1,357

¹ Shah, A., Pennington, M., Heginbotham, C. & Donaldson, C. (2011) Deprivation of Liberty Safeguards in England: Implementation costs, *British Journal of Psychiatry*, 199,232-238, doi: 10.1192/bjp.bp.110.089474.

2.10 Mindfulness based cognitive therapy - group based intervention

Mindfulness-based cognitive therapy (MBCT) is a manualised, group-based skills training programme designed to enable patients to learn skills that prevent the recurrence of depression. It is derived from mindfulness-based stress reduction, a programme with proven efficacy in ameliorating distress in people suffering chronic disease.

In order to provide the unit costs of this service, we have drawn on information provided by Kuyken et al (2008)¹ which was based on data from three mindfulness-based cognitive therapy therapists who took part in the study. There were 12 individuals in each group.

Costs and unit estimation	Unit cost 2011/2012	Notes
A. Wages/salary	£37,800 per year	Based on the mean basic salary for Agenda for Change Band 7 of the April-June 2012 NHS Staff Earnings estimates for qualified Allied Health Professionals. ² See section V for further information on median salaries.
B. Salary oncosts	£9,532 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No information available
D. Overheads		Taken from NHS (England) Summarised Accounts. ³
Management, administration and estates staff	£9,140 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£19,865 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,682 per year	Based on the new-build requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{4,5}
Working time	42.7 weeks per annum 37.5 hours per week	Unit costs are based on 1,602 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Face-to-face time	1:0.67	Based on data from the three MBCT therapists who took part in the study.
Length of sessions	2 hours	Therapy sessions lasted two hours.
Unit costs available 2011/2012		
£49 per hour, £82 per direct contact hour, £165 per session, £14 per service user.		

¹ Kuyken, W., Byford, S., Taylor, R.S., Watkins, E., Holden, E., White, K., Barrett, B., Byng, R., Evans, A Mullan, E. & Teasdale, J.D. (2008) Mindfulness-based cognitive therapy to prevent relapse in recurrent depression, *Journal of Consulting and Clinical Psychology*, 76, 966-978.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

⁴ Building Cost Information Service (2012) *Surveys of Tender Prices*, March, Royal Institute of Chartered Surveyors, London.

⁵ Personal communication with the Department for Communities and Local Government, 2011.

⁶ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

2.11 Interventions for mental health promotion and mental illness prevention

Information has been drawn from Knapp et al (2011)¹ and provides a summary of the key findings of a study exploring the economic case for mental health promotion and prevention, based on a detailed analysis of costs and benefits for fifteen different interventions. All costs have been updated using the appropriate inflators.

The full report can be downloaded at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126085/.

Health visiting and reducing post natal depression

Context: Moderate-to-severe post natal depression affects around one in eight women in the early months following childbirth. The National Institute for Health and Clinical Excellence (NICE) recommends the screening of post-natal depression as part of routine care, and the use of psychosocial interventions and psychological therapy for women depending on the severity of depressive symptoms.

Intervention: Health visitors are well placed to identify mothers suffering from post natal depression and to provide preventative screening and early interventions. A number of UK trials of health visitor interventions have found positive effects: women were more likely to recover fully after three months; targeted ante-natal intervention with high-risk groups was shown to reduce the average time mothers spent in a depressed state; and a combination of screening and psychologically informed sessions with health visitors was clinically effective 6 and 12 months after childbirth.

Cost: The biggest direct costs of the intervention were associated with training (estimated at £1,426 per health visitor), plus the additional time spent by health visitors providing screening and counselling for mothers.

Parenting interventions for the prevention of persistent conduct disorders

Context: Conduct disorders are the most common childhood psychiatric disorders, with a UK prevalence of 4.9 per cent for children aged 5-10 years. The condition leads to adulthood antisocial personality disorder in about 50 per cent of cases, and is associated with a wide range of adverse long-term outcomes, particularly delinquency and criminality. The costs to society are high, with average potential savings from early intervention previously estimated at £150,000 per case.

Intervention: Parenting programmes can be targeted at parents of children with, or at risk of, developing conduct disorder, and are designed to improve parenting styles and parent-child relationships. Reviews have found parent training to have positive effects on children's behaviour, and that benefits remain one year later. Longer-term studies show sustained effects but lack control groups; cost-effectiveness data are limited, but in one trial, health and social services costs were found to reduce over time.

Cost: The median cost of an 8-12 week group-based parenting programme is estimated at £970 per family, while that of individual interventions is £2,117. Assuming 80 per cent of people receive group-based interventions and 20 per cent individual interventions, in line with NICE guidance, the average cost of the intervention can be estimated at £1,199 per family.

School-based social and emotional learning programmes to prevent conduct problems in childhood.

Context: Conduct problems in childhood cover a range of oppositional or anti-social forms of behaviour, such as disobedience, lying, fighting and stealing, and are associated with a range of poor outcomes, including increased risk of criminal activity, fewer school qualifications, parenthood at a young age, unemployment, divorce or separation, substance abuse, and psychiatric disorders, many of which lead to increased costs across several agencies.

Intervention: School-based Social and Emotional Learning (SEL) programmes help children and young people to recognise and manage emotions, and to set and achieve positive goals. International evidence shows that SEL participants

¹ Knapp, M., McDaid, D. & Parsonage, M. (2011) *Mental health promotion and mental illness prevention: The economic case*, Department of Health, London. www.lse.ac.uk/LSEHealthAndSocialCare/pdf/MHPP%20The%20Economic%20Case.pdf.

demonstrate significantly improved social and emotional skills, attitudes, behaviour and academic performance.

Cost: The costs of a representative intervention, including teacher training, programme co-ordinator and materials, were estimated at £134 per child per year at current prices.

School-based interventions to reduce bullying

Context: Being bullied at school has adverse effects on both psychological well-being and educational attainment. There is evidence from longitudinal data that this has a negative long-term impact on employability and earnings; on average, lifetime earnings of a victim of bullying are reduced by around £50,000. According to an Ofsted survey,¹ 39 per cent of children reported being bullied in the previous 12 months.

Intervention: Anti-bullying programmes show mixed results. One high-quality evaluation of a school-based anti-bullying intervention found a 21-22 per cent reduction in the proportion of children victimised.

Cost: Information is limited on the cost of anti-bullying programmes, but one study estimates this at £16 per pupil per year at current prices.

Early detection for psychosis

Context: It is estimated that each year in England more than 15,000 people exhibit early symptoms before the onset of full psychosis. Progression of the disease is associated with higher costs to public services (including health, social care and criminal justice), lost employment, and greatly diminished quality of life for the individual and their family.

Intervention: Early detection services aim to identify the early symptoms of psychosis, reduce the risk of transition to full psychosis, and shorten the duration of untreated psychosis for those who develop it. Such services include cognitive behavioural therapy, psychotropic medication, and contact with psychiatrists. This contrasts with treatment as usual which typically consists of GP and counsellor contacts.

Cost: One year of an early detection intervention has been estimated to cost £2,948 per patient, compared with £743 for standard care (2009 prices).

Early intervention for psychosis

Context: Psychosis related to schizophrenia is associated with higher costs to public services (including health, social care and criminal justice), lost employment, and greatly diminished quality of life for the individual with the illness and their family.

Intervention: Early intervention teams aim to reduce relapse and readmission rates for patients who have suffered a first episode of psychosis, and to improve their chances of returning to employment, education or training, and more generally their future quality of life. This intervention involves a multidisciplinary team that could include a range of professionals (psychiatrists, psychologists, occupational therapists, community support workers, social workers, vocational workers).

Cost: The annual direct cost per patient of this type of service, plus other community psychiatric services and inpatient care, has been estimated at £11,620 at current prices. The first year of the early intervention team's input is estimated to cost £2,427 per patient.

Screening and brief intervention in primary care for alcohol misuse

Context: It is estimated that 6.6 million adults in England currently consume alcohol at hazardous levels, and 2.3 million at harmful levels.

Intervention: An inexpensive intervention in primary care combines universal screening by GPs of all patients, followed by a 5-minute advice session for those who screen positive.

¹ Ofsted (2008) *Children on Bullying*, Ofsted, <http://www.ofsted.gov.uk/resources/children-bullying/>

Cost: The total cost of the intervention averaged over all those screened was £17.70 at current prices.

Workplace screening for depression and anxiety disorders

Context: Labour Force Survey data suggest that 11.4 million working days were lost in Britain in 2008/09 due to work-related stress, depression or anxiety. This equates to 27.3 days lost per affected worker.

Intervention: Workplace-based enhanced depression care consists of employees completing a screening questionnaire, followed by care management for those found to be suffering from, or at risk of developing, depression and/or anxiety disorders. Those at risk of depression or anxiety disorders are offered a course of cognitive behavioural therapy (CBT) delivered in six sessions over 12 weeks.

Cost: It is estimated that £31 covers the cost of facilitating the completion of the screening questionnaire, follow-up assessment to confirm depression, and care management costs. For those identified as being at risk, the cost of six sessions of face-to-face CBT is £244.

Promoting well-being in the workplace

Context: Deteriorating well-being in the workplace is potentially costly for businesses as it may increase absenteeism and presenteeism (lost productivity while at work), and in the longer term potentially leads to premature withdrawal from the labour market.

Intervention: There are a wide range of approaches: flexible working arrangements; career progression opportunities; ergonomics and environment; stress audits; and improved recognition of risk factors for poor mental health by line managers. A multi-component health promotion intervention consists of personalised health and well-being information and advice; a health risk appraisal questionnaire; access to a tailored health improvement web portal; wellness literature, and seminars and workshops focused on identified wellness issues.

Cost: The cost of a multi-component intervention is estimated at £81 per employee per year at current prices.

Debt and mental health

Context: Only about half of all people with debt problems seek advice, and without intervention almost two-thirds of people with unmanageable debt problems will still face such problems 12 months later. Research has demonstrated a link between debt and mental health. On average, the lost employment costs of each case of poor mental health are £12,157 per annum, while the annual costs of health and social service use are £1,604.

Intervention: Current evidence suggests that there is potential for debt advice interventions to alleviate financial debt, and hence reduce mental health problems resulting from debt. For the general population, contact with face-to-face advice services is associated with a 5 per cent likelihood of debt becoming manageable, while telephone services achieve 47 per cent.

Cost: The costs of this type of intervention vary significantly, depending on whether it is through face-to-face, telephone or internet-based services. The Department for Business, Innovation and Skills suggests expenditure of £255 per client for face-face-debt advice; telephone and internet-based services are cheaper.

Population-level suicide awareness training and intervention

Context: The economic impacts of suicide are profound, although comparatively few studies have sought to quantify these costs. This is in part because a proportion of individuals who survive suicide attempts are likely to make further attempts, in some cases fatal.

Intervention: There is evidence that suicide prevention education for GPs can have an impact as a population-level intervention to prevent suicide. With greater identification of those at risk, individuals can receive cognitive behavioural therapy (CBT), followed by ongoing pharmaceutical and psychological support to help manage underlying depressive disorders.

Cost: A course of CBT in the first year is around £425 per person. Further ongoing pharmaceutical and psychological therapy is estimated to cost £1,257 a year. The cost of suicide prevention training for GPs, based on the Applied Suicide Intervention Skills Training (ASIST) course, is £213.

Bridge safety measures for suicide prevention

Context: Jumping from height accounts for around 3 per cent of completed suicides.

Intervention and cost: Following the installation of a safety barrier in 1998, at a cost of £319,030 at current prices, the number of suicides reduced from an average of 8.2 per annum in the five years before the barrier, to 4 per annum in the five years after it was installed.

Collaborative care for depression in individuals with Type II diabetes

Context: Depression is commonly associated with chronic physical health problems. US data indicate that 13 per cent of all new cases of Type II diabetes will also have clinical depression. These patterns are important as evidence shows that co-morbid depression exacerbates the complications and adverse consequences of diabetes, in part because patients may more poorly manage their diabetes. This has substantial economic consequences.

Intervention: 'Collaborative care', including GP advice and care, the use of antidepressants and cognitive behavioural therapy (CBT) for some patients, can be delivered in a primary care setting to individuals with co-morbid diabetes.

Cost: It is estimated that the total cost of six months of collaborative care is £725, compared with £368 for usual care.

Tackling medically unexplained symptoms

Context: Somatoform conditions present physical symptoms for which there is no identifiable physical cause. These medically unexplained symptoms are thought to be triggered or exacerbated by mental and emotional factors, such as psychosocial stress, depression or anxiety. The financial costs to public services and society are considerable.

Intervention: Cognitive behavioural therapy (CBT) has been found to be an effective intervention for tackling somatoform conditions and their underlying psychological causes.

Cost: A course of CBT may last for 10 sessions at £43 per session. Costs associated with the need to raise the awareness of GPs to the potential role of CBT treatment for somatoform conditions, either through e-learning or face-to-face training, are also included.

Befriending of older adults

Context: Befriending initiatives, often delivered by volunteers, provide an 'upstream' intervention that is potentially of value both to the person being befriended and the 'befriender'.

Intervention: The intervention is not usually structured and nor does it have formally-defined goals. Instead, an informal, natural relationship develops between the participants, who will usually have been matched for interests and preferences. This relationship facilitates improved mental health, reduced loneliness and greater social inclusion.

Cost: The contact is generally for an hour per week or fortnight. The cost to public services of 12 hours of befriending contact is estimated at £87, based on the lower end of the cost range for befriending interventions.

3. Services for people who misuse drugs or alcohol

3.1 Residential rehabilitation for people who misuse drugs or alcohol

3.2 Inpatient detoxification for people who misuse drugs or alcohol

3.3 Specialist prescribing

3.4 Alcohol health worker, Accident & Emergency Department

Services for people who misuse drugs or alcohol

Statistics produced by the National Drug Treatment Monitoring System (NDTMS), presented in the National Treatment Agency's (NTA) Annual Report 2008/09,¹ revealed the prevalence of people who misuse drugs or alcohol.

The information presented in Tables 3.1 to 3.3 was provided by the National Treatment Agency² and present the unit costs of three principle treatment interventions: (a) residential rehabilitation, (b) inpatient detoxification and (c) specialist prescribing. These interventions are described fully in *Business Definition for Adult Drug Treatment Providers* (National Treatment Agency, 2010).³

National average costs for the interventions were calculated. These excluded instances where the provider data fell in the top and bottom 5 per cent of unit costs for service users in treatment **OR** days in treatment, and the top and bottom 10 per cent of unit costs for service users in treatment **AND** days in treatment.

¹ National Treatment Agency for Substance Misuse (2009) *Annual Report, 2008/09*. www.nta.nhs.uk/uploads/nta_annual_report_08-09_2.pdf, Accessed 14 September 2010.

² Personal communication with the National Treatment Agency (2010).

³ National Treatment Agency for Substance Misuse (2010) *NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers*, <http://www.nta.nhs.uk/core-data-set.aspx/>

3.1 Residential rehabilitation for people who misuse drugs or alcohol

Residential rehabilitation consists of a range of treatment delivery models or programmes to address drug and alcohol misuse, including abstinence orientated drug interventions within the context of residential accommodation. Other examples include inpatient treatment for the pharmacological management of substance misuse, and therapeutic residential services designed to address adolescent substance misuse. Of the 210,815 individuals receiving structured drug treatment in 2008/09,¹ 4,711 were in residential rehabilitation. The real figure is likely to be higher as only about two-thirds of residential providers sent data to the National Drug Treatment Monitoring System in 2008/09.

Information has been drawn from a sample of 34 residential rehabilitation programmes to produce a unit cost per resident week of £661 at 2011/2012 prices uprated from 2007/08. The Gross Domestic Product (GDP) index has been used, as suggested by the NTA. It was not possible to provide details of costs for this service due to the method of data collection.

¹ National Treatment Agency for Substance Misuse (2009) *Annual Report, 2008/09*, http://www.nta.nhs.uk/uploads/nta_annual_report_08-09_2.pdf, accessed 14 September 2010.

3.2 Inpatient detoxification for people who misuse drugs or alcohol

An Inpatient Unit (IPU) provides care to service users with substance-related problems (medical, psychological or social) that are so severe that they require medical, psychiatric and psychological care. The key feature of an IPU is the provision of these services with 24-hour cover, 7 days per week, from a multidisciplinary clinical team who have had specialist training in managing addictive behaviours.

Treatment in an inpatient setting may involve one or more of the following interventions: (a) assessment, (b) stabilisation and (c) assisted withdrawal (detoxification). A combination of all three may be provided, or one followed by another.

The three main settings for inpatient treatment are: (a) general hospital psychiatric units, (b) specialist drug misuse inpatient units in hospitals and (c) residential rehabilitation units (usually as a precursor to the rehabilitation programme). See *Business Definition for Adult Drug Treatment Providers*¹ for more detailed information on this intervention.

Based on information provided by the National Treatment Agency in 2010, the average cost for inpatient detoxification (NHS and voluntary organisations) is £147 per patient day, which is equivalent to £1,029 per patient week. All costs have been updated to 2011/12 prices using the Gross Domestic Product (GDP) index, as suggested by NTA.

Costs and unit estimation	2011/2012 value	Notes
A. Direct pay	£88 per patient day	Salaries plus oncosts for care staff.
B. Direct overheads	£16 per patient day	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration (for example, telephones and information technology).
C. Indirect costs and overheads	£47 per patient day	Includes capital charges, expenditure on refurbishment, property and buildings, housekeeping, catering, portering, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2011/2012		
£150 per patient day or £1,054 per patient week		

¹ National Treatment Agency for Substance Misuse (2010) *NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers*, <http://www.nta.nhs.uk/core-data-set.aspx>.

3.3 Specialist prescribing

Specialist prescribing is community prescribing for drug misuse in a specialist drug service setting, normally staffed by a multidisciplinary substance misuse team. Specialist prescribing interventions normally include comprehensive assessments of drug treatment need and the provision of a full range of prescribing treatments in the context of care-planned drug treatment. The specialist team should also provide or provide access to, a range of other care-planned healthcare interventions including psychosocial interventions, a wide range of harm reduction interventions, Blood Borne Virus (BBV) prevention and vaccination, and abstinence-oriented interventions.

The teams include specialist doctors who are usually consultant addiction psychiatrists 'with a Certificate of Completion of Training (CCT) in psychiatry, with endorsement in substance misuse working exclusively to provide a full range of services to substance misusers'. See *Business Definition for Adult Drug Treatment Providers*¹ for more detailed information on this intervention.

Based on information provided by the National Treatment Agency,² the average cost for specialist prescribing is £53 per patient week. All costs have been updated from 2007/08 using the Gross Domestic Product (GDP) index, as suggested by the NTA.

Using reference costs 2010/2011,³ the mean cost per client contact in a NHS and PCT combined drugs and alcohol mental health team was £120 per face-to-face contact and £52 per non face-to-face contact. These costs have been updated using the Hospital and Community Health Services (HCHS) inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Direct pay	£25 per patient week	Salaries plus oncosts for care staff.
B. Direct overheads	£18 per patient week	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration (for example, telephones and information technology).
C. Indirect costs and overheads	£10 per patient week	Includes capital charges, capital on refurbishment, property and buildings, housekeeping, catering, portorage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2011/2012		
£53 per patient week		

¹ National Treatment Agency for Substance Misuse (2010) *NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers*, www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf.

² Personal communication with the National Treatment Agency (2010).

³ Department of Health (2011) *NHS Reference Costs 2009-2010*,

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459

3.4 Alcohol health worker, Accident & Emergency

Alcohol health workers (AHWs) are experienced mental health nurses who have undertaken specific training in counselling people who misuse alcohol. AHWs interact with people in a non-confrontational and patient-centred way and during an assessment may offer feedback about safe levels of drinking and suggest a range of strategies aimed at reducing levels of consumption.

Information for this table is based on a study carried out by the Centre for the Economics of Mental Health at the Institute of Psychiatry, London.¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the April-June 2012 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300. ² See section V for further information on mean salaries.
B. Salary oncosts	£8,087 per year	Employers' national insurance contribution is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See the preface for more information on qualifications and also schema 7.4 for details. It has been assumed that this health worker requires the same qualifications as a staff nurse/ward manager.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates Staff	£7,857 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,077 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared office space for administration, and recreational and changing facilities. ^{6,7} Treatment space has not been included.
Working time	41.9 weeks per annum 37.5 hours per week	Unit costs are based on 1,572 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time on: clinic contacts	1:0.22	Based on a survey of AHWs in a London A&E department, ¹ 82 per cent of time is spent on face-to-face contact and 18 per cent on onward referral.
Length of contact	55 minutes	Per clinic contact. Based on survey of AHWs in London A&E department. ¹
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£43 (£49) per hour; £48 (£55) per clinic consultation		

¹ Barrett, B., Byford, S., Crawford, M.J., Patton, R., Drummond, C., Henry, J.A. & Touquet, R. (2006) Cost-effectiveness of screening and referral to an alcohol health worker in alcohol misusing patients attending an accident and emergency department: a decision-making approach, *Drug and Alcohol Dependence*, 81, 1, 47-54.

² The Information Centre (2011) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE), 2012.

⁵ The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

⁶ Personal communication with the Department for Communities and Local Government, 2012.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

4. Services for people with intellectual disabilities

- 4.1 Group homes for people with intellectual disabilities
- 4.2 Fully staffed living settings
- 4.3 Semi-independent living settings
- 4.4 Local authority day care for people with intellectual disabilities

4.1 Group homes for people with intellectual disabilities

The costs of group homes are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ The sample comprises residents living in fully-staffed and semi-independent living settings (53 service users). These costs have been updated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al, 2007, chapter 3), which provides further details on service provision for people with intellectual disabilities.^{2,3}

Costs and unit estimation	2011/2012 value	Notes
A. Capital costs	£67 per week	Capital costs for buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ¹
Revenue costs		
B. Staffing (direct and non-direct staffing)	£708 per week	Calculated using facility-specific accounts information. ¹
C. On-site administration	£22 per week	
D. Agency overheads	£126 per week	
Other costs		
E. Personal living expenses for items such as food, utilities, personal care and leisure	£264 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single). ⁴
External services		
F. Hospital	£10 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI) ⁵ with 35 residents in group homes interviewed. ¹
G. Community	£19 per week	
H. Day services	£208 per week	
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	The sample of service users used to derive the schema were of mild to moderate intellectual disability and therefore relate to those with higher levels of ability (ABS>145). ⁶ For lower levels of ability a multiplier of 1.60 could be applied (lower levels of ability: 1.60 x (B to H)). ⁶
Unit costs available 2011/2012		
£924 establishment cost per resident week (includes A to D), £1,425 care package costs (includes A to H).		

¹ Felce, D., Perry, J., Romeo, R., Robertson, J., Meek, A., Emerson, E. & Knapp, M. (2008) Outcomes and costs of community living semi-independent living and fully staffed group homes, *American Journal on Mental Retardation*, 113, 2, 87-101.

² Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.

³ Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study, Country Report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.

⁴ Department for Work and Pensions (2011) Benefits uprating, http://gmwrag.files.wordpress.com/2010/12/benefit_rates_2011_2012.pdf.

⁵ Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.

⁶ Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.2 Fully-staffed living settings

The costs of fully-staffed living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ All costs have been uprated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al, 2007, chapter 3), which provides further details on service provision for people with intellectual disabilities.^{2,3}

Costs and unit estimation	2011/2012 value	Notes
A. Capital costs	£77 per week	Capital costs for buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Revenue costs B. Staffing (direct and non-direct staffing) C. On-site administration D. Agency overheads	£948 per week £29 per week £153 per week	Calculated using facility-specific accounts information. ¹
Other costs E. Personal living expenses for items such as food, utilities, personal care and leisure	£264 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single). ⁴
External services F. Hospital G. Community H. Day services	£8 per week £18 per week £236 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI), ⁵ with 35 residents in fully-staffed living settings interviewed. Costs for day services were estimated using accounts information, where available. ¹ Unit costs for all other services were taken from this volume.
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS). ⁶ Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able (145 was selected to allow relatively even distribution between groups.) All participants in the study were mild to moderate intellectual disability.
Unit costs available 2011/2012		
£1,208 establishment costs per resident week (includes A to D); £1,734 care package costs (includes A to H).		

¹ Felce, D., Perry, J., Romeo, R., Robertson, J., Meek, A., Emerson, E. & Knapp, M. (2008) Outcomes and costs of community living semi-independent living and fully staffed group homes, *American Journal on Mental Retardation*, 113, 2, 87-101.

² Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.

³ Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study, Country Report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.

⁴ Department for Work and Pensions (2011) Benefits uprating, http://gmwrag.files.wordpress.com/2010/12/benefit_rates_2011_2012.pdf.

⁵ Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.

⁶ Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.3 Semi-independent living settings

The costs of semi-independent living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ The sample comprised 35 service users who were resident in semi-independent living settings. These settings were partially staffed, having no paid support for at least 28 hours per week when service users were awake at home. These settings did not have any regular night-time support or sleep-over presence. All costs have been uprated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al, 2007, chapter 3) which provides further details on service provision for people with intellectual disabilities.^{2,3}

Costs and unit estimation	2011/2012 value	Notes
A. Capital costs	£52 per week	Capital costs for buildings and land were calculated using market valuations of property. They have been annuitised over 60 years at a discount rate of 3.5 per cent.
Revenue costs B. Staffing (direct and non-direct staffing) C. On-site administration D. Agency overheads	£259 per week £10 per week £64 per week	Calculated using facility-specific accounts information. ¹
Other costs E. Personal living expenses for items such as food, utilities, personal care and leisure	£264 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single). ⁴
External services F. Hospital G. Community H. Day services	£10 per week £15 per week £130 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI), ⁵ with 35 residents in semi-independent living settings interviewed. Costs for day services were estimated using accounts information, where available. ¹ Unit costs for all other services were taken from this volume.
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS). ⁶ Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able. (145 were selected to allow relatively even distribution between groups). All participants in the study had mild to moderate intellectual disability.
Unit costs available 2011/2012		
£385 establishment costs per resident week (includes A to D); £804 care package costs (includes A to H).		

¹ Felce, D., Perry, J., Romeo, R., Robertson, J., Meek, A., Emerson, E. & Knapp, M. (2008) Outcomes and costs of community living semi-independent living and fully staffed group homes, *American Journal on Mental Retardation*, 113, 2, 87-101.

² Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.

³ Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study, Country Report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.

⁴ Department for Work and Pensions (2011) Benefits uprating, http://gmwrag.files.wordpress.com/2010/12/benefit_rates_2011_2012.pdf.

⁵ Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.

⁶ Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.4 Local authority day care for people with intellectual disabilities

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for revenue costs, which have been updated using the PSS Pay & Prices inflator. The median cost was £308 per client week and the mean cost was £305 per client week (including capital costs). These data do not report on how many sessions clients attended each week.

Costs and unit estimation	2011/2012 value	Notes
Capital costs (A, B & C)		Based on the new-build and land requirements for local authority day care facilities (which do not distinguish by client group). These allow for 33.4 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
A. Buildings and oncosts	£3.70 per day	
B. Land	£0.60 per day	Based on Department for Communities and Local Government statistics. ³ Land costs have been discounted at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings and oncosts are included in the revenue costs so no additional cost has been added for other capital such as equipment and durables.
Revenue costs		
D. Salary and other revenue costs	£60 per day	Assuming people with intellectual disabilities attend day care five days a week, the median and mean costs per day were £60 and £58 respectively. Capital charges on the revenue account which relate to buildings have been deducted.
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Use of facility by client		Assumes attendance of 5 sessions a week.
Occupancy		No current information is available.
London multiplier	1.20 x (A to B); 1.31 x (D to E)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2011/2012		
£64 per day (includes A to D).		

¹ The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

³ Personal communication with the Department for Communities and Local Government, 2012.

5. Services for younger adults with physical and sensory impairments

5.1 High-dependency care home for younger adults with physical and sensory impairments

5.2 Residential home for younger adults with physical and sensory impairments

5.3 Special needs flats for younger adults with physical and sensory impairments

5.4 Rehabilitation day centre for younger adults with brain injury

5.1 High-dependency care home for younger adults with physical and sensory impairments

This table is based on information received from John Grooms in 2002 detailing the costs of providing a high-dependency residential centre.¹ This registered nursing home provides 17 nursing places and one residential care place, for people with severe physical disabilities (commonly multiple sclerosis and brain injury) who are aged between 18 and 65 on admission. All of the residents use wheelchairs and many have communication problems. The emphasis is to enable people to develop their individuality and lifestyle in an environment that is acceptable to them as their long-term home. Each resident occupies an open-plan flatlet with en suite facilities and a simple food preparation area. The objective is to provide a living environment that offers privacy and reasonable space in which to live to those who do not have the option of community living because of the severity of their condition. Costs have been updated to 2011/2012 prices using the PSS inflators.

Costs and unit estimation	2011/2012 value	Notes
Capital Costs (A, B, C & D)		
A. Buildings	£205.80 per week	Capital costs for buildings and land were calculated using data which reflect Housing Corporation accessibility and build standards. Costs have been inflated using the BCIS/ABI House Rebuilding index. ² The value of the building was annuitised over a 60-year period and discounted at 3.5 per cent.
B. Land costs	£27.20 per week	Land costs have been discounted at 3.5 per cent over 60 years. ³
C. Equipment/durables:		
- wheelchairs	£8.90 per week	Cost of powered chair, see schema 7.2.
- furnishings/fittings	£8.30 per week	Depreciation on furniture/fittings, calculated using facility-specific accounts.
D. Vehicles	£5.70 per week	
Revenue costs		
E. Salary costs	£837 per week	Costs of direct management, administrative, maintenance, medical and care staff. Calculated using facility-specific accounts information.
F. Training	£16 per week	Calculated using facility-specific accounts.
G. Maintenance	£20 per week	Includes repairs and contracts and cyclical maintenance.
H. Medical costs	£12 per week	Calculated using facility-specific accounts.
I. Other revenue costs	£189 per week	Includes insurance, travel, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, premises costs, cost of provisions, household, linen and laundry costs.
J. Overheads	£50 per week	Charges incurred for support from the linked national organisation.
K. External services		No information available.
Use of facility by resident	52.18 weeks per annum	
Number of residents	18	17 nursing home places and 1 residential home place.
Unit costs available 2011/2012		
£1,381 per resident week.		

¹ Information provided by David Newnham, Director of Services and Development at John Grooms in 2005.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

³ Personal communication with the Department for Communities and Local Government, 2012.

5.2 Residential home for younger adults with physical and sensory impairments

This table is based on information received from John Grooms and is based on one residential home for younger adults with physical and sensory impairments.¹ The home has 20 places for people aged between 18 and 65 on admission. It does not specialise in providing a service for any particular type of disability, but many of the residents are people with cerebral palsy or brain injury. The residents occupy individual open-plan flatlets offering en suite and food preparation facilities. Many residents prepare their own meals, and activities of daily living skills are developed with the goal of enabling residents to live independently in the community. The aim is for about 50 per cent of residents to follow this route while the remainder will remain for long-term care. The rate of 'move on' is slow, with one or two people leaving to live in the community per year. Dependency of residents is increasing, presenting greater obstacles for them in gaining independent living skills and reducing the likelihood of their living independently in the community. Costs have been inflated to 2011/2012 prices using the PSS Pay and Prices inflators.

Using PSS EX1 2010/11 uprated using the PSS Pay & Prices inflator, the mean cost of local authority residential care for adults with a physical disability or sensory impairment is £1,351 and the median cost is £937.² The mean cost of residential care provided by others for adults with a physical disability or sensory impairment is £872 and the median cost is £866.²

Costs and unit estimation	2011/2012 value	Notes
Capital costs (A, B, C & D)		Capital costs for building and land were based on the actual cost of the building and uprated using the BCIS/ABI House Rebuilding index. The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
A. Buildings	£85 per week	
B. Land costs	£13 per week	Based on an approximate measurement of 0.35 acres provided by John Grooms. Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables: - wheelchairs - furnishings/fittings	£8.90 per week £7.00 per week	Cost of powered chair, see schema 7.2. Depreciation on furniture/fittings, calculated using facility-specific accounts.
D. Vehicles	£2.00 per week	Calculated using facility-specific accounts.
Revenue costs		
E. Salary costs	£511 per week	Costs of direct management, administrative, maintenance, medical and care staff. Calculated using facility-specific accounts.
F. Training	£8.30 per week	Calculated using facility-specific accounts.
G. Maintenance	£30 per week	Includes repairs and contracts and cyclical maintenance.
H. Other revenue costs	£72 per week	Includes insurance, travel, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, medical, premises and household and laundry costs. Calculated using facility-specific accounts information.
I. Overheads	£24 per week	Charges incurred for support from the linked national organisation.
J. External services		No information available.
Use of facility by resident	52.18 weeks per annum	
Number of residents	20 places	
Unit costs available 2011/2012		
£762 per resident week.		

¹ Information provided by David Newnham, Director of Services and Development for John Grooms, London.

² The Information Centre (2010) *PSS EX1 2010/11*, The Information Centre, Leeds.

5.3 Special needs flats for younger adults with physical and sensory impairments

This table is based on information received from John Grooms in 2002 detailing the costs of providing a 24-hour on-site care service for five people with disabilities.¹ The service consists of three single flats, a double flat and office space which is also used at night to accommodate a sleeping-in member of staff. The service provides at least one person on duty both day and night, with two cross-over periods during the day when two people are on duty. The care provided may include personal care, domestic tasks (including meal preparation), and assistance in maintaining social contacts, monitoring well-being and teaching/encouraging daily living and social skills. Residents live as independently as possible, making use of external health and social care services as identified below. Costs have been inflated to 2011/2012 prices.

Costs and unit estimation	2011/2012 value	Notes
Capital costs (A, B & C)		
A. Buildings	£140 per week	Capital costs for buildings were calculated using data which reflect Housing Corporation accessibility and build standards. The cost has been updated using the BCIS/ABI House Rebuilding index. ² The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£21 per week	The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables: - wheelchairs - furnishings/fittings	£8.90 per week £8.60 per week	Cost of powered chair, see schema 7.2. Depreciation on furniture/fittings.
Revenue costs		
D. Salary costs	£414 per week	Costs of direct management and care staff. Calculated using facility-specific accounts information.
E. Travel	£0.90 per week	Calculated using facility specific accounts.
F. Training	£2.10 per week	Includes insurance, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, premises and cost of provisions.
G. Other revenue costs	£16 per week	
H. Overheads	£9.00 per week	Charges incurred for support from the linked national organisation.
Personal living expenses		Based on information taken from <i>the disabled people's costs of living</i> ³
I. Basic living costs	£209 per week	Basic living costs include food and drinks, clothing and footwear, health, and miscellaneous costs such as personal care and insurances. It is assumed that housing, fuel and power costs are covered by the fee.
J. Other living costs	£134 per week	This includes recreation, culture and education costs.
K. External services		
Resident A	£209 per week	Resident A attends a day centre workshop 3 days per week, funded by social services. In addition, has volunteer support.
Resident B	£241 per week	Resident B is attended by the district nurse each night and during the day on two occasions each week. Four additional hours' care per day provided by scheme's care staff.
Resident C	£464 per week	Residents C is independent and rarely has personal care input unless unwell. From time to time requests help with domestic tasks from LA social services.
Resident D	£7.10 per week	Resident D is independent and has no external input.
Use of facility by client	52.18 weeks per annum	
Number of clients	5	
Unit costs available 2011/2012		
£611 per week's accommodation and on-site support (includes A to G); £796 per week all service and accommodation costs (includes A to G & K); £1014 per week accommodation, support services and basic living (equivalent to care home costs) (A to I & K); £1,148 comprehensive package cost including external services and all living expenses (includes A to K).		

¹ Information provided by David Newnham, Director of Services and Development for John Grooms, London.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

³ Smith, N., Middleton, S., Ashton-Brooks, K., Cox, L. & Dobson, B. with Reith, L. (2004) *Disabled People's Costs of Living. More Than You Would Think*, Joseph Rowntree Foundation, York.

5.4 Rehabilitation day centre for younger adults with brain injury

This table is based on information received from John Grooms in 2002, detailing the costs of providing a day rehabilitation centre for people with acquired brain injury,¹ including those with traumatic brain injury and younger people who have had strokes. The facility provides up to 30 places per day, with a current case load of approximately 160 people. The centre operates on an outpatient basis and offers a full and intensive rehabilitation programme. The service model relies on strong partnerships with health and social services, as well as Addenbrooke Hospital, who provide specialist traumatic brain injury services. The service enables people with brain injury to remain in their own homes and to receive specialist intensive rehabilitation, rather than being referred to specialist residential rehabilitation in other areas of the country. The service has enabled the development of multi-disciplinary teamwork with a focus on the treatment of people with brain injury in a non-health care setting. Costs have been inflated to 2011/2012 prices.

Costs and unit estimation	2011/2012 value	Notes
Capital costs (A, B, C & D)		
A. Buildings	£13 per day	The capital costs for the buildings and land were based on the actual costs of buildings in 2001/2002 and uprated using the BCIS/ABI House Rebuilding index. ² The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£1.30 per day	Based on 1,053 square metres. Data provided by John Grooms and annuitised at a discount rate of 3.5 per cent over 60 years.
C. Equipment/durables: - furnishings/fittings	£2.00 per day	Depreciation on furniture/fittings calculated using facility-specific accounts.
D. Capital costs for transport		
Revenue costs		
E. Salary costs	£52 per day	Costs of direct management, administrative, maintenance and medical. Calculated using facility-specific accounts information.
F. Travel	£1.40 per day	Calculated using facility-specific accounts.
G. Training	£0.40 per day	Calculated using facility-specific accounts.
H. Maintenance	£2.60 per day	Includes repairs and contracts and cyclical maintenance.
I. Other revenue costs	£14 per day	Includes insurance, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement & household expenses and premises costs.
J. Overheads	£5.00 per day	Charges incurred for support from the linked national organisation.
Use of facility by client	253 days per year	The centre is closed at weekends and during public holidays.
Number of clients	30 places	160 clients attend the centre.
Unit costs available 2011/2012		
£91 per place per day.		

¹ Information provided by David Newnham, Director of Services and Development for John Grooms, London.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

6. Services for children and their families

- 6.1 NHS reference costs for children's health services
- 6.2 Care home for children—local authority
- 6.3 Care home for children—non-statutory sector
- 6.4 Local authority foster care for children
- 6.5 Social services support for children in need
- 6.6 Comparative costs of providing sexually abused children with individual and group psychotherapy
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- 6.9 Multi-Systemic Therapy (MST)
- 6.10 Adoption
- 6.11 Multidimensional treatment foster care
- 6.12 Decision making panels
- 6.13 Short break provision for disabled children and their families
- 6.14 Local safeguarding children's boards
- 6.15 Incredible Years Parenting Programme

6.1 NHS reference costs for children's health services

We have drawn on the *NHS Trust and Primary Care Trusts combined* to report from the NHS Reference Costs of selected children's health services.¹ All costs have been updated to 2011/2012 levels using the HCHS Pay & Prices inflator.

	Lower quartile	Upper quartile	National average
COMMUNITY SERVICES			
Therapy services			
Physiotherapy group (one-to-one)	£30 (£52)	£160 (£89)	£93 (£77)
Occupational therapy group (one-to-one)	£84 (£76)	£175 (£148)	£155 (£118)
Speech therapy services group (one-to-one) ²	£48 (£63)	£101 (£101)	£78 (£84)
Other community services (includes child public health, safeguarding, statutory work for education and social services and other services, but excludes TFC 291 and other vaccination programmes)			
Weighted average of face-to-face contact	£196	£351	£290
Weighted average of non-face-to-face contact	£113	£198	£186
Community and outreach nursing			
School-based children's health services - group (one-to-one)	£25 (£22)	£42 (£46)	£38 (£36)
Vaccination programmes			
School-based children's health services	£18	£30	£28
Community nursing services — general	£41	£106	£82
OUTPATIENT ATTENDANCES			
Weighted average for all paediatric services	n/a	n/a	£187
MENTAL HEALTH			
Day care facilities — regular attendances	£216	£314	£284
Specialist inpatient services (weighted average of eating disorder, and mother and baby units)	£550	£784	£663
Consultant services — outpatient, weighted average of drugs and alcohol, and other services — follow-up face-to-face	£207	£266	£261
Child and adolescent medium secure services	£980	£1,340	£1,130

¹ Department of Health (2011) *NHS Reference Costs 2010-2011*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

² Law, J., Zeng, B., Lindsay, G. & Beecham, J. (2012) Cost-effectiveness of interventions for children with speech, language and communication needs (SLCN): a review using the Drummond and Jefferson (1996) 'Referee's Checklist', *International Journal of Language and Communication Disorders*, 47, 5, 477-486.

6.2 Care home for children – local authority

This table presents the costs per resident week for a local authority care home for children. Establishment costs are £2,999 per resident week. All costs have been uprated using the PSS Pay & Prices index. See *DfES Children's Services: Children's Homes and Fostering*, for more information on the market in children's care homes¹ and for information on secure children's homes, see Mooney et al (2012).²

Costs and unit estimation	2011/2012 value per resident week	Notes
Capital costs (A & B)		
A. Buildings	£116	Based on the new-build and land requirements for local authority children's homes. These allow for 59.95 m ² per person. ³ Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£13	Based on statistics provided by the Department for Communities and Local Government. ⁴ Land costs have been annuitised at 3.5 per cent over 60 years.
C. Total local authority expenditure (minus capital)	£2,870	Mean costs for children looked after in own provision children's homes are based on Section 251 ⁵ of the Department for Education's Financial Data collection for outturn 2010/11 and activity data taken from the Department for Education's statistical release for children looked after in England. ⁶ The cost for a week in an own provision residential care home for children was £2,870. This was calculated by dividing net current expenditure (£345,524,233) ⁶ for residential care for children (own provision), by the number of own provision days of care for residential care homes (R1) and children's homes and hostels (K2) (820,364) for both own provision (Local Authority) (PR1) and other Local Authority provision (PR2). ⁷ Local authorities reporting costs of more than £2,000 per day have been excluded. The mean and median cost per day was £410 and £405 when uprated using the PSS Pay and Prices inflator. Capital charges for buildings have been deducted.
D. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in Section 251 revenue cost figures so no additional overheads have been added.
E. Other costs		No current information available on the costs of external services received. See previous editions of this publication for sources of information.
Use of facility by client	52.18 weeks	
Occupancy		No current information available. See previous editions of this volume for sources of information.
London multiplier	1.06 x A; 2.73 x B	Relative London costs are drawn from the same source as the base data for each cost element. ^{4,5}
Unit costs available 2011/2012		
£2,999 establishment costs per resident week (includes A to C).		

¹ Department for Education (2006) *DfES Children's Services: Children's Homes and Fostering*, PricewaterhouseCoopers, London.

² Mooney, A., Statham, J., Knight, A. & Holmes, L. (2012) *Understanding the Market for Secure Children's Homes, Summary report, A rapid response study for the Department for Education*. Childhood Wellbeing Research Centre, Loughborough.

³ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁴ Personal communication with the Department for Communities and Local Government, 2011.

⁵ Department for Education (2012) Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2010-11, Department for Education, London.

www.education.gov.uk/schools/adminandfinance/financialmanagement/schoolsrevenuefunding/section251/archive/b0068383/section-251-data-archive/outturn-data---detailed-level-2008-09-onwards.

⁶ Department for Education (2011) Children looked after in England including adoption and care leavers, year ending 31 March 2011, SSDA903. Data provided by DfE, see <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012md.pdf>

6.3 Care home for children – non-statutory sector

This table presents the costs per resident week for a non-statutory care home for children. See *DfES Children's Services: Children's Homes and Fostering*, for information on the market in children's care homes.¹ Mean costs for children looked after in non-statutory care homes for children are based on Section 251² of the Department for Education's Financial Data collection for outturn 2010/11 and activity data taken from the Department for Education's statistical release for children looked after in England.³

Costs and unit estimation	2011/2012 value Per resident week	Notes
Capital costs (A & B)		
A. Buildings	£116	Based on the new-build and land requirements for local authority children's homes. These allow for 59.95 m ² per person. ⁴ Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£13	Based on Department for Communities and Local Government statistics. ⁵ Land costs have been annuitised at 3.5 per cent over 60 years.
C. Total expenditure (minus capital)	£3,838	Mean costs for children looked after in non-statutory (private and voluntary) children's homes are based on Section 251 ² of the Department for Education's Financial Data collection for outturn 2010/11 and activity data taken from the Department of Education's statistical release for children looked after in England. ³ The cost for a week in a non-statutory residential care home for children was £3,838. This was calculated by dividing net current expenditure for private sector and voluntary residential care homes for children (£617,440,508) ² by the number of private (PR4) and voluntary/third sector provision (PR5) days of care for residential care homes (R1) and children's homes and hostels (K2) (1,111,209). ³ Local authorities reporting costs of more than £2,000 per day have been excluded. The cost per day was £548 when uprated using the PSS Pay and Prices inflator and when capital was deducted. The median cost per day was £545. For private sector care homes, the mean and median cost per day was £566 and £544 respectively.
D. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in Section 251 expenditure figures so no additional overheads have been added.
E. Other costs		No current information available on the costs of external services received. See previous editions of this publication for sources of information.
External services		
Use of facility by client	52.18 weeks	
Occupancy		No current information available. See previous editions of this volume for sources of information.
London multiplier	1.06 x A; 2.73 x B; 0.84 x (C)	Relative London costs are drawn from the same source as the base data for each cost element. ^{4,5}
Unit costs available 2011/2012		
£3,967 establishment costs per resident week (includes A to C).		

¹ Department for Education (2006) *DfES Children's Services: Children's Homes and Fostering*, PricewaterhouseCoopers, London.
<https://www.education.gov.uk/publications/RSG/publicationDetail/Page1/RW74>.

² Department for Education (2012) *Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2010-11*, Department for Education, London.
www.education.gov.uk/schools/adminandfinance/financialmanagement/schoolsrevenuefunding/section251/archive/b0068383/section-251-data-archive/outturn-data---detailed-level-2008-09-onwards.

³ Department for Education (2011) Children looked after in England including adoption and care leavers, year ending 31 March 2011, SSDA903. Data provided by DfE, see <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012md.pdf>

⁴ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁵ Personal communication with the Department for Communities and Local Government, 2012.

6.4 Local authority foster care for children

This schema provides the cost of local authority foster care for children. For information on multidimensional treatment foster care, see schema 6.13 of this volume. See Holmes & Soper (2010)¹ and Department for Education (2006)² for more information on the costs of foster care.

Costs and unit estimation	2011/2012 value	Notes
A. Boarding out allowances and administration	£408 per child per week	Using Section 251 ³ and dividing total net expenditure for own provision foster care of £703,555,548 by the total number of days of care (12,269,635), ⁴ the cost per day for 2010/11 was £57 (£401 per week). When uprated using the PSS Pay and Prices inflator, this was £408 per child per week. Using Section 251 ² and dividing total net expenditure for all foster care (includes own provision, private, other public and voluntary foster care) of £1,274,214,039 ³ by the total number of activity days (17,329,252), ³ the cost per day for all provision foster care for 2010/11 was £74 (£515 per week). When uprated using the Personal Social Services PSS Pay and Prices inflator, this was £523 per week.
B. Social services (including cost of social worker and support)	£229 per child per week	The majority of children looked after are in foster placements and the mean cost of social services support from fieldwork teams and centres (costed staff/centre time) has been estimated from the Children in Need (CiN) Census 2005 ⁵ and uprated to current levels using the PSS Pay and Prices Inflators.
C. Other services, including education		No current information available on the costs of other external services received. See previous editions of this publication for sources of information.
Service use by client	52.18 weeks per year	
London multiplier		No multiplier available for London costs.
Unit costs available 2011/2012		
£637 per child per week (includes A to B).		

¹ Holmes, L. & Soper, J. (2010) *Update to The Cost of Foster Care*, Loughborough University, Loughborough.

http://www.fostering.net/sites/www.fostering.net/files/public/resources/reports/update_cost_foster_care.pdf.

² Department for Education (2006) *DfES Children's Services: Children's Homes and Fostering*, PricewaterhouseCoopers, London.

<https://www.education.gov.uk/publications/RSG/publicationDetail/Page1/RW74>.

³ Department for Education (2012) *Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2010-11*, Department for Education, London.

www.education.gov.uk/schools/adminandfinance/financialmanagement/schoolsrevenuefunding/section251/archive/b0068383/section-251-data-archive/outturn-data---detailed-level-2008-09-onwards.

⁴ Department for Education (2011) *Children looked after in England including adoption and care leavers, year ending 31 March 2011, SSDA903*. Data provided by DfE, see <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012md.pdf>.

⁵ Department for Education and Skills (2005) *Children in Need in England: Results of a Survey of Activity and Expenditure as Reported by Local Authority Social Services' Children and Families Teams for a Survey Week in February 2005*, Department for Education and Skills, London.

6.5 Social services support for Children in Need

Until 2005, the Children in Need Census was a biennial survey which collected information on the numbers and characteristics of children in need: that is, children receiving social services support. The unit costs of these services were also published for a survey week in February 2005 which included 234,700 children.¹ Since 2008/09, the Children in Need Census has been annual, but has contained slightly different information. In 2008/09, although financial information was collected, rather than being for a sample week as in previous censuses, the collection covered six months. Further differences between these two surveys are discussed in Mahon (2008).²

In this schema, therefore, we present information collected in 2005 which is based on services received by each child seen during a survey week in February. These costs have been updated to 2011/2012 costs using the PSS Pay and Prices inflators. At 2011/2012 prices, the average weekly cost for looked-after children was £789, while for children supported in their families or independently, the cost was £161, with an average cost per Child In Need of £333.

Three types of expenditure are captured.

- 1) The costs of field and centre staff time carrying out social services activities with, or on behalf of, identified children in need and their families.
- 2) The costs of providing care and accommodation for children looked after (and similar regular, ongoing expenditure that can be treated in the same way).
- 3) One off or ad hoc payments and purchases for children in need or their families.

6.5.1 Social services' costs per child per week by region

Location	Children supported in families or independently		Children looked after		Total	
	Total no. of children	Average cost per child	Total no. of children	Average cost per child	Total no. of children	Average cost per child
All shire counties	60,265	£143	22,875	£732	83,140	£303
All unitary authorities	35,235	£143	12,115	£841	47,350	£320
All metropolitan districts	40,760	£154	18,685	£698	59,445	£326
All London authorities	32,490	£223	12,230	£938	44,720	£418
England	168,750	£160	65,900	£778	234,650	£332

¹ For further information on this survey <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012md.pdf>

² Mahon, J. (2008) *Towards the New Children in Need Census*, York Consulting, <https://www.education.gov.uk/publications/eOrderingDownload/DCSF-RBW039.pdf> accessed 15 September 2010.

6.5.2 Social services costs per child per week by need category

Need category ¹	Children supported in families or independently		Children looked after	
	Total no. of children	Mean cost per child	Total no. of children	Mean cost per child
Abuse/neglect	50,900	£160	36,000	£744
Disability	21,100	£183	8,700	£744
Parental illness or disability	8,400	£160	3,200	£698
Family in acute stress	20,000	£137	4,100	£972
Family dysfunction	23,400	£149	6,400	£881
Socially unacceptable behaviour	12,200	£183	1,800	£1,373
Low income	3,900	£172	270	£755
Absent parenting	5,500	£229	4,400	£686
Cases other than children in need	8,000	£149	460	£663
Cases not stated	15,400	£149	660	£538

6.5.3 Average cost (£ per week) per child receiving a service

	<i>Children supported in families or independently</i>	<i>Children looked after</i>	<i>Total</i>
	<i>Mean cost per child</i>	<i>Mean cost per child</i>	<i>Mean cost per child</i>
<i>Costs for staff/centre time</i>	£132	£229	£160
<i>Ongoing costs</i>	£23	£543	£166
<i>One-off costs</i>	£6	£11	£5
<i>Total costs</i>	£161	£783	£331

6.5.4 Average amounts spent on children receiving a service (£ per week)

	<i>Children supported in families or independently</i>		<i>Children looked after</i>		<i>Total</i>	
	<i>Mean hours per child</i>	<i>Mean cost per child</i>	<i>Mean hours per child</i>	<i>Mean cost per child</i>	<i>Mean hours per child</i>	<i>Mean cost per child</i>
Asylum seeking children	1.5	£252	2.4	£686	1.8	£406
Disabled children	2.5	£183	3.0	£812	2.7	£400
Autistic children	2.6	£189	2.8	£944	2.7	£480
All children	2.3	£160	3.5	£778	2.7	£332

¹ As specified in Department for Education and Skills (2005) Children in Need in England: Results of a Survey of Activity and Expenditure as Reported by Local Authority Social Services' Children and Families Teams for a Survey Week in February 2005, Department for Education and Skills, London.

6.8 Key worker services for disabled children and their families

Key workers provide a single point of contact for disabled children and their families, supporting them and facilitating access to other services. Both key workers and the families supported see the key worker role as providing information and advice, identifying and addressing needs, accessing and co-ordinating services for the family, providing emotional support, and acting as an advocate. The National Service Framework for Children, Young People and Maternity Services (Department of Health & Department for Education and Skills, 2004)¹ recommends provision of key workers to help families obtain the services they require. Research has shown that key worker services appear to generate good outcomes for families, and provision is encouraged through central government policy.

In 2004/05, research was carried out in seven service sites providing key worker services in order to explore the effectiveness of different models and also to calculate costs (Greco et al, 2005; Beecham et al, 2007).^{2,3} In total, 205 families returned questionnaires of which there were 189 valid responses. Predominately, key workers included in the study came from four professional backgrounds: health visiting, nursing, teaching and social work. However, parents, paediatricians, dieticians, speech therapists, occupational therapists, physiotherapists and early years workers also acted as key workers. The children supported by these seven key worker services had a range of diagnoses of which autistic spectrum disorders, cerebral palsy and developmental delay were the most common. Most children had more than one condition.

The table below shows that the average cost per working hour for the seven services was £35, ranging from £24 to £43. This has been calculated by dividing the total cost by the total number of hours for which staff members undertook key-working activities. The unit cost is therefore, weighted for the staff-mix on each service. Over a three-month period, the average and mean cost of contact, taking into account telephone calls and the costs of visits, were £154 and £89 respectively. All costs have been uprated to reflect 2011/2012 prices.

Assuming this level of contact to be constant over 12 months, annual average contact costs would be £712. Using information provided by 11 key workers reporting time use, the contact to other activity ratio is 1:2.6 (for each hour spent in contact with the family, two and a half hours are spent on activities such as travel, liaison, meetings etc.). At 2011/2012 prices, the total cost of all participating schemes was £2,289,926 and this total caseload was 1,237, giving an average annual cost per family across the schemes of £1,851.

Use and costs of key worker services in three months prior to survey					
Service	Cost per working hour (£)	Mean number of visits (range)	Mean number of telephone calls (range)	Mean cost of visits and telephone calls (£)	Median cost of visits and telephone calls (£)
A	£26	2.9 (0-8)	6.7 (1-16)	£146	£127
B	£43	2.7 (0-24)	5.0 (0-60)	£188	£92
C	£37	3.6 (0-10)	5.4 (1-80)	£192	£143
D	£39	1.9 (0-12)	2.5 (0-12)	£110	£61
E	£39	2.8 (0-20)	4.6 (0-50)	£187	£116
F	£33	4.4 (0-12)	2.5 (0-12)	£113	£76
G	£24	1.4 (0-6)	2.1 (0-6)	£40	£24
Total/average	£35	2.8 (0-24)	4.4 (0-60)	£154	£89

¹ Department of Health & Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*, Department of Health & Department for Education and Skills, London.

² Greco, V., Sloper, P., Webb, R. & Beecham, J. (2005) *An Exploration of Different Models of Multi-Agency Partnerships in Key Worker Services for Disabled Children: Effectiveness and Costs*, Social Policy Research Unit, University of York.

³ Beecham, J., Sloper, P., Greco, V. & Webb, R. (2007) The costs of key worker support for disabled children and their families, *Child: Care, Health and Development* (Online Early Articles), doi: 10.1111/j.1365-2214.2007.00740.x.

6.9 End-of-life care at home for children

Information for this schema has been provided by Rhiannon Edwards and Jane Noyes at Bangor University and was taken from the My Choices Project Report¹ which provided a summary of the proposed **additional costs** associated with providing palliative care at home (assuming care is provided for one week, twenty-four hours per day).

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£285,144 per year	Based on the salaries for 5.5 community nurses (Band 6), 1 specialist palliative care nurse (Band 7), 0.2 medical equipment technician (Band 6), 0.5 clinical psychologist (Band 7) and 15 Band 7 nurses, each working 100 hours per annum.
B. Salary oncosts	£71,306 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads		
Staff costs	£21,383 per year	Includes IT and administrative support, 0.5 WTE Band 7 and 0.5 WTE Band 5 respectively.
D. Travel costs	£23,454 per year	No travel costs available but the assumption is that they are equivalent to those reported in the Rapid Response Schema, table 7.5.
Working time	24 hours per day, 52.18 weeks	Unit costs based on 168 hours per week and 58.18 weeks per year.
Unit costs available 2011/2012		
Cost per week £7,690; cost per hour £46 (if working 24/7).		

¹ Noyes, J., Hain, R., Tudor Edwards, R., Spencer, L., Bennett, V., Hobson, L., & Thompson, A. (2010) *MyChoices Project Report*, Bangor University, CRC Cymru, Cardiff University School of Medicine, N Warwickshire PCT, Royal College of Paediatrics and Child Health, Public Health Wales NHS Trust, Bath and NE Somerset PCT, <http://www.bangor.ac.uk/healthcaresciences/research/My%20Choices%20Project%20Report%20-%202022-09-2011.pdf>

6.10 Multi-systemic therapy (MST)

This schema is based on a costing which was undertaken for a randomised controlled trial of interventions for adolescents aged 11-17 years at risk of continuing criminal activity.¹

Costs and unit estimation	Unit cost 2011/2012	Notes
A. Salary plus oncosts	£46,707 per year	Based on the salary of a chartered counselling psychologist. Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
B. Overheads		Taken from NHS (England) Summarised Accounts. ²
Management, administration and estates staff.	£9,021 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£19,604 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,316 per year	Based on the new-build and land requirements of NHS facilities and adjusted to reflect shared used of both treatment and non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.7 weeks per annum 37.5 hours per week	Unit costs are based on 1,602 hours per annum: 225 working days minus sickness absence and training/study days as reported for NHS staff groups. ³
Face-to-face time	1:1.40	The direct: indirect ratio was based on a survey of the three MST therapists who took part in the trial.
Length of sessions	60 minutes	Therapy sessions lasted 60 minutes.
Unit costs available 2011/2012		
£48 per hour; £116 per therapy session.		

¹ Butler, S., Baruch, G., Hickey, N. & Fonagy, P. (published online November 2011). A randomized controlled trial of Multi systemic therapy and statutory therapeutic intervention for young offenders, *Journal of the American Academy of Child and Adolescent Psychiatry*.

² The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

³ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

6.11 Cognitive behaviour therapy (CBT)

This table is based on costs estimated for a randomised controlled trial of interventions for adolescents with depression. The setting was two Child and Mental Health Services (CAMHS) teams in secondary care where CBT was delivered.¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£43,833 per year	Based on full-time equivalent basic salary of the April-June 2012 NHS Staff Earnings estimates ² for a specialty doctor (midpoint), clinical psychologist (band 8 median) and mental health nurse (band 5 median). An average has been taken of these salaries.
B. Oncosts	£11,182 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No information available.
D. Overheads		Taken from NHS (England) Summarised Accounts. ³
Management, administrative and estates staff	£10,625 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£23,091 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training		Information not available for all care staff.
F. Capital overheads	£3,411 per year	Based on the new-build and land requirements of an NHS office and shared facilities, capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ^{4,5} Based on the assumption that there is one office per team.
Working time	43.4 weeks per year, 37.5 hours per week	Unit costs are based on 1,626 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Ratio of direct to indirect time on face-to-face contact	1:1	Fifty per cent of time is spent on face-to-face contact and 50 per cent on other activities.
Length of contact	55 minutes	Average duration of CBT session.
Unit costs available 2011/2012		
£57 per hour; £113 per hour face-to-face contact; £104 cost of CBT session.		

¹ Goodyer, I.M., Harrington, R., Breen, S., Dubicka, B., Leech, A., Rothwell, J., White, L., Ford, C., Kelvin, R., Wilkinson, P., Barrett, B., Byford, S. & Roberts, C. (2007) A randomised controlled trial of SSRIs with and without cognitive behavioural therapy in adolescents with major depression, *British Medical Journal*, doi: 10.1136/bmj.39224.494340.55.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

⁴ Personal communication with the Department for Communities and Local Government, 2012.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

6.12 Adoption

There is currently no published information that provides an overview of the full costs of adoption, although several studies have explored the costs of adoption processes. Most of these studies were commissioned by the Department for Education (DfE) as part of the Adoption Research Initiative (ARI), to explore issues relating to the implementation of the Adoption and Children Act 2002 in England and Wales. For more information, see <http://www.adoptionresearchinitiative.org.uk/>.

This schema draws together information on various stages of the adoption process, from the fees to post adoption support for families. It also includes information from a routine source, Section 251 of the Department of Education's financial data collection. All costs have been updated using appropriate inflators.

Local Authority expenditure – Section 251

In the Section 251 financial accounts, adoption services include 'adoption allowances paid and other staff and overhead costs associated with adoption including the costs of social workers seeking new and supporting existing adoptive parents'.¹ Based on the outturn accounts for 2010/11² and activity data taken from the Department of Education's statistical release for children looked after in England,³ the average cost per day for own provision adoption services was £233. This was calculated by dividing total expenditure (£198,713,857) for own provision adoption services by the total number of days of care for both own provision (PR1) and other Local Authority provision (PR2) (854,114). At 2011/2012 prices, the cost per day for own provision adoption services is £237. The average cost per day across all adoption services (including the private and voluntary sector) at 2011/2012 prices is £246. This was calculated by dividing total expenditure (£231,087,531) by total number of days of care (929,194) and uprating by the PSS pay and prices index.

Interagency fees

Local authorities (LAs) and voluntary adoption agencies (VAAs) arrange adoptions in England. LAs place children for adoption with their own approved prospective adopters (an 'internal placement') or with approved prospective adopters provided by another local authority or by a VAA (an 'external placement'). VAAs also place a very small number of children relinquished into their care for adoption. Where an external placement is made, an inter-agency fee is charged. This fee enables an agency that has recruited and approved the prospective adopters to recoup their costs. Current fees (2012) are shown in Table 1 below (http://www.baaf.org.uk/webfm_send/2562/).

Table 1 – interagency fees

Local authorities	Costs for 2011/2012
Fees for one child	£13,138
Fees for two children	150% of the above fee
Fees for three or more children	200% of the above fee
Voluntary adoption agencies	
Fees for one child	£27,000 comprising £18,000 on placement, and £9,000 when the adoption order is made or 12 months from start of placement, whichever is sooner.
Ongoing support	£750 per month.

As part of the Adoption Research Initiative the DfE funded a study to establish whether the inter-agency fee was a good reflection of the expenditure incurred by LAs and VAAs in placing a child or sibling group (Selwyn et al, 2009, 2011).⁴ Financial accounts for 2007-08 from ten LAs and 17 VAAs were analysed and the average cost per adoptive placement was estimated as £37,200 for a VAA, and £35,000 for LAs, when expenditure on inter-agency fees had been excluded. The inter-agency fee in 2009 was £24,080 for a VAA, or around three-quarters of the estimated cost per placement in a typical VAA; a shortfall of around £10,000 per placement. 'Accounts submitted to the Charity Commission 2007-08 suggest VAAs contribute about £3.5 million to adoption services from the own income received from donations, legacies and investments' (Selwyn, 2011, p427).⁴

¹ www.education.gov.uk/childrenandyoungpeople/strategy/financeandfunding/section251/a00191786/outturn-guidance/.

² Department for Education (2012) *Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2010-11*, Department for Education, London.

www.education.gov.uk/schools/adminandfinance/financialmanagement/schoolsrevenuefunding/section251/archive/b0068383/section-251-data-archive/outturn-data---detailed-level-2008-09-onwards.

³ Department for Education (2011) *Children looked after in England including adoption and care leavers, year ending 31 March 2011, SSDA903*. Data provided by DfE, see <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012md.pdf>

⁴ Selwyn, J., Sempik, J., Thurston, P. & Wijedasa, D. (2009) *Adoption and the Inter-Agency Fee*, Centre for Child and Family Research, <http://www.bristol.ac.uk/sps/research/projects/current/rk6582a/rk6582afinalreport.pdf>. See also Selwyn, J & Sempik, J. (2011) Recruiting adoptive families: the costs of family finding and the failure of the inter-agency fee, *British Journal of Social Work*, 41, 415-431.

Family finding

Linking and matching in adoption is the process of identifying an adoptive family which might best be able to meet the needs of a specific child who is waiting for an adoptive placement. More specifically, linking refers to the process of investigating the suitability of one or more prospective adoptive families who might meet the needs of a certain child or sibling group, based on their prospective adopter reports. Matching refers to the process whereby a Local Authority decides which prospective adoptive family is the most suitable to adopt a particular child. This family will be identified as a 'match' for the child or sibling group at the Adoption Panel but the large variation in the way adoption panels are implemented means these costs are difficult to estimate.

Information has been drawn from a survey of adoption agencies (Dance et al, 2008)¹ and Table 3 shows how much social worker time was spent on the relevant activities in order to produce the assessment form for a prospective adoptive family. The number of hours spent on each activity was broadly in line with other research (Selwyn et al, 2006).² Many other activities are undertaken as part of the adoption process, including completing the various legal procedures, writing reports for adoption panel meetings, and preparing and introducing children and adoptive families. Each of these activities will involve considerable amounts of social work time and input from other professions, thereby adding to the costs shown here.³ The average cost to the adoption agency of these four sub-processes amounts to £6,344. Costs for participating teams were estimated during the study and have been updated from 2007/08 prices using the PSS pay and prices inflator.

Table 3 Cost estimation of adoption activities

		Costs 2011/2012
Child assessment	55 social work hours (over four months)	£2,622
Adopter's assessment	64 social work hours (over six months)	£2,308
Preparing child's profile	6 social work hours	£154
Family finding process – talking to children, families and professionals as part of the linking process	16 social work hours	£1,259
Total	141 social work hours	£6,344

Helping birth families

A study undertaken by Neil & colleagues (2010)⁴ and commissioned by the DfE aimed to estimate the cost of providing support services to birth relatives over 12 months. Seventy-three birth relatives were interviewed and 57 (78%) were re-interviewed approximately 15 months later. Case workers completed diaries to record time spent on each of the various services provided to birth relatives and other agencies provided information about the number and type of services provided for each person in the interview sample over one year. For each type of support, a unit cost was taken from the 2007 volume of the *Unit Costs of Health and Social Care*. The unit costs were combined with each person's use of support services to calculate the total costs of support. Costs have been updated using the PSS pay and prices inflator.

Birth relatives were reported to have used 8.35 support services (range 0 to 70) over the 12 month study period at an average cost of £560 (range £0 to £4,997). Services included a telephone line for out of hours support, drop-in sessions, duty sessions, following referrals by telephone, providing venues for meetings, and liaison with other service providers. All other services were excluded from the cost estimates. The research was completed before the current consultation on the review of contact arrangements <http://www.education.gov.uk/childrenandyoungpeople/families/adoption/a00212027/>.

Post adoption support for adoptive parents

A legal framework for the provision of adoption support is set out in the Adoption and Children Act 2002 and the Adoption Support Services Regulations 2005 (Department of Health, 2005).⁵ Families have a right to an assessment of their support needs and, may be entitled to (means tested) financial support, access to support groups, support for contact with birth relatives, and therapeutic services that support the relationship between children and their adoptive parents, including training to meet the child's needs, respite care and assistance in cases of disruption.

¹ Dance, C., Ouwejan, D., Beecham, J. & Farmer, E. (2008) *Adoption agency linking and matching practice in adoption in England and Wales, Survey Findings*, Department for Education, Research brief DCSF-RBX-16-08.

<https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-RBX-16-08>.

² Selwyn, J., Sturgess, W., Quinton, D. and Baxter, C. (2006) *Costs and outcomes of non-infant adoptions*, BAAF, London.

³ Dance, C., Ouwejan, D., Beecham, J. and Farmer, E. (2010) *Linking and Matching: A survey of adoption agency practice in England and Wales*, BAAF, London.

⁴ Neil, E., Cossar, J., Lorgelly, P. & Young, J. (2010) *Helping birth families: a study of service provision, costs and outcomes*.

<http://www.adoptionresearchinitiative.org.uk/study5.html>. See also Consultation on the review of contact arrangements for children in care and adopted children and on the placement of sibling groups for adoption,

<http://www.education.gov.uk/childrenandyoungpeople/families/adoption/a00212027>

⁵ Department of Health (2005) *The Adoption Support Services (Local Authorities) (England) Regulations 2005*, in HMSO (ed.), Statutory Instrument No. 691, London.

Bonin et al (forthcoming)⁶ provide the costs of services over a six month period through data collected from 19 adoptive parents six months after a child (average age 23 months) had been placed with them. Table 4 shows that the total mean public sector cost for support services was £3,008 (uprated from 2007/08 prices), rising to £7,210 if financial support is included.

Table 4 Services received by adoptive parents

Service or support	Mean costs (sd)	Range (lower)	Range (upper)
Adoption support & social care	£2,370	£838	£6,381
Health care	£514	£0	£1,985
Education support	£11	£0	£ 116
Specialist services	£113	£0	£1,308
Total cost of services	£3,008	£1,037	£6,636
Financial support	£4,202	£0	£22,526
Total cost (services and financial support)	£7,210	£1,397	£23,563

Financial support includes Adoption Allowances (n=6 families), settling-in grants (n=7), reimbursed expenses at the introductory period (n=8), and benefits and tax credits. In a more recent study, 61 adoptive parents caring for 94 children were interviewed; 88% were reimbursed for expenses during introductions, 70% had received a settling-in grant, and 26% received an Adoption Allowance (Selwyn et al, 2009).⁷

Another study funded through the Adoption Research Initiative reported costs of £3,285 (uprated from 2006/07 prices using the PSS pay and prices inflator) for adopters of children with severe behavioural difficulties, estimated over an average of 12 months (Sharac et al, 2011).⁸ However, social work was at the heart of adoption support accounting for nearly half (44%) of costs. Use of education support (20% of total costs), health care (13%) and other services such as day care and home help (23%) were also recorded.

⁶ Bonin, E.M., Beecham, J., Dance, C., Farmer, E. (2012) *Support for adoption: the first six months*, forthcoming.

⁷ Selwyn, J., Sempik, J., Wijedasa, D. & Thurston, P. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol.

⁸ Sharac, J., McCrone, P., Rushton, A. & Monck E. (2011) Enhancing adoptive parenting: a cost-effectiveness analysis, *Child and Adolescent Mental Health*, 16, 2, 110-115. See also <http://www.adoptionresearchinitiative.org.uk/study6.html>

6.13 Multidimensional treatment foster care

Multidimensional treatment foster care (MTFC) is a programme of intervention designed for young people who display emotional and behavioural difficulties. It is based on social learning and attachment theories, and provides intensive support in a family setting. A multidisciplinary team of professionals work with foster carers to change behaviour through the promotion of positive role models. Placements are intensive and tailored to the child's specific needs, with 24-hour support to carers. The specialised team of professionals is responsible for the planning and delivery of the programme, and each practitioner has a clearly defined role. The core team consists of a programme supervisor, individual therapist, birth family therapist, skills worker, administrator, foster carer recruiter and education worker; additional staff may be appointed in some local authorities (see table 6.4 for information on local authority foster care for children).

Research was carried out by the Centre for Child and Family Research, Loughborough University to calculate the costs of multidimensional treatment foster care¹ and to analyse how these costs compare with those of other types of provision for young people with similar needs. This research built on a previous study to explore the costs and outcomes of services provided to looked-after children, and the calculation of unit costs of eight social care processes.² The process costs shown below align with those in the tables for children in care (8.4.1-8.4.4), in particular the high-cost children. Costs per hour have been calculated using Curtis (2007)³ and include overheads and capital costs. For each process the salary and overhead costs have been multiplied by the time spent by the practitioners involved to calculate the unit costs. The costs tabulated below for providing and maintaining the placement account for over 90 per cent of the costs of a care episode, but exclude the set-up costs. Costs have been updated from 2006/2007 to 2011/2012 prices using the PSS Pay and Prices Inflaters.

6.13.1 Costs of eight social care processes for MTFC

Process number	MTFC cost per child (2011/2012 prices)
Process one: decision to place and finding first MTFC placement	£9,595
Process two: care planning	£240
Process three: maintaining the placement (per month)	£7,256
Process four: leaving care/accommodation	£415
Process five: finding subsequent MTFC placement	£8,917
Process six: review	£678
Process seven: legal process	£4,186
Process eight: transition to leaving care services	£1,845

6.13.2 Process costs for other types of provision for young people

Process number	LA foster care in LA area (2011/2012 prices)	Agency/foster care in LA area (2011/2012 prices)	Agency residential in LA area (2011/2012 prices)
Process one	£1,200	£1,704	£1,513
Process two	£240	£240	£240
Process three	£3,760	£5,438	£10,426
Process four	£415	£415	£415
Process five	£538	£1,073	£1,094
Process six	£815	£815	£815
Process seven	£4,186	£4,186	£4,186
Process eight	£1,845	£1,845	£1,845

¹ Holmes, L., Westlake, D. & Ward, H. (2008) *Calculating and Comparing the Costs of Multidimensional Treatment Foster Care*, Report to the Department for Children, Schools and Families, Loughborough Centre for Child and Family Research, Loughborough University.

² Ward, H., Holmes, L. & Soper, J. (2008) *Costs and Consequences of Placing Children in Care*, Jessica Kingsley Publishers, London.

³ Curtis, L. (2007) *Unit Costs of Health and Social Care 2007*, Personal Social Services Research Unit, University of Kent, Canterbury.

6.14 Decision making panels

A number of studies carried out by the Centre for Child and Family Research, at Loughborough University have explored the costs of decision making panels across Children's Services, these include the Common Assessment Framework (CAF)¹, short break services for disabled children and their families,² and joint commissioning for children with additional needs.³ The joint commissioning panels were held to discuss both looked after children and children in need cases. Information was gathered from practitioners, managers and administrative staff on the time taken to complete activities prior to, during and after panel meetings. The costs of the Common Assessment Framework and short breaks panels are based on data provided by two local authorities. The joint commissioning panel is based on information gathered in one local authority. The activity times for each personnel type involved in the three panels are shown in the table below.

Activity times for CAF, short breaks for disabled children and their families and joint commissioning for children with additional needs panels by personnel type

Panel	Activity times				
	Panel member	Social Worker	Principle manager	Administrator	Lead Professional
CAF Panel	1 hour 10 minutes	N/A	N/A		5 hours
Short Breaks Panel	3 hours 20 minutes	1 hour 45 minutes	N/A	4 hours 40 minutes	N/A
Joint commissioning Panel	1 hour 45 minutes	2 hours	1 hour 45 minutes	3 hours 20 minutes	N/A

Unit costs are calculated by multiplying the number of hours carried out for each process by each type of personnel, by the relevant unit costs per hour. Unit costs per hour are based on average salaries for each staff type using national salary scales including salary oncosts (National insurance and superannuation). Direct, indirect and capital overheads are applied as outlined in the *Unit Costs of Health and Social Care* (2011).

Personnel type	Unit cost per hour (£)
Panel member (senior manager)	£46
Family Support Worker	£29
Social worker	£39
Team manager	£46
Admin	£28

The cost of the CAF panel is based on twelve panel members, discussing eight cases per meeting. The cost of the short breaks panel is based on five panel members, discussing four cases per meeting. The cost of the joint commissioning panel is based on four panel members, discussing eight cases per meeting.

Cost per case for CAF, short breaks and joint commissioning panels

Panel	Costs per case considered £					Total cost per case (£)
	Panel member	Social Worker	Principle manager	Administrator	Lead Professional	
CAF Panel	82.20				137.30	219.50
Short Breaks Panel	112.30	62.30		132.60		307.20
Joint commissioning Panel	41.30	70.00	82.60	94.40		288.30

¹ Holmes, L., McDermid, S., Padley, M. & Soper, J. (2012) *Exploration of the costs and impact of the Common Assessment Framework*, Department for Education, London.

² Holmes, L., McDermid, S. & Sempik, J. (2010) *The costs of short break provision*, Department for Children, Schools and Families, London.

³ Holmes, L. and Jones, A. (forthcoming) *Unit costs of decision making for looked after children and children in need*. Loughborough: Centre for Child and Family Research, Loughborough University.

6.15 Short break provision for disabled children and their families

The Centre for Child and Family Research were commissioned by the former Department for Children Schools and Families (now the Department for Education) to calculate the costs incurred by children's services departments of providing short-break provision for disabled children and their families.¹ The research sought to estimate the average cost of a range of different types short-break services, along with the costs of the routes by which families are able to access short break provision and the ongoing activity undertaken to support the child and family once in receipt of those services. The study used a bottom-up costing methodology,² which uses social care activity time data as the basis for building up unit costs. See Holmes & McDermid in Curtis (2010) for detailed information on the methods employed.³

The services

Short breaks can be delivered in the form of overnight stays, day, evening and weekend activities, and can take place in the child's own home, the home of an approved carer, or a residential or community setting.⁴ A range of services and their costs were identified in this study.

Service type	Unit	Average cost 2011/12 value		Range 2011/12 value
		Mean cost	Median cost	
Residential	Per child per night (24 hour period)	£268	£294	£71 - £413
Family-based overnight	Per child per night (24 hour period)	£174	£150	£143 - £230
Day care	Per child per session (8 hours)	£133	£124	£101 - £209
Home support	Per family per hour	£22	£22	£18 - £26
Home sitting	Per family per hour	£19	£19	£11 - £27
General groups	per session	£339	£387	£99 - £626
Afterschool clubs	per session	£285	£277	£244 - £337
Weekend clubs	per session	£317	£318	£302- £330
Activity holidays	Per child per break	£1,307	£844	£115 ^a – £3,770 ^b

^a Short break of two days

^b Short break of seven days

¹ Holmes, L., McDermid, S. & Sempik, J. (2009) *The costs of short break provision: report to the Department for Children, Schools and Families*. Loughborough: Centre for Child and Family Research, Loughborough University.

² Beecham, J.(2000) *Unit Costs – Not Exactly Child's Play: A Guide to Estimating Unit Costs for Children's Social Care*. University of Kent: Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit; Ward, H., Holmes, L. & Soper, J. (2008). *Costs and consequences of placing children in care*, Jessica Kingsley, London.

³ Holmes, L. & McDermid, S. (2010) The costs of short break provision, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2011*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Department for Children Schools and Families (2008) *Aiming high for disabled children: short breaks implementation guidance*, Department for Children, Schools and Families, London.

The social care processes

The study also calculated the costs of social care activity associated with providing short-break services to disabled children and their families. This included the routes by which families were able to access short-break provision, and any ongoing activity undertaken to support the child and family once in receipt of short-break services.

Process	Out of London cost 2010/11 value	London cost 2010/11 value
Referral and assessment processes		
Local Core Offer eligibility models ¹	Not available	£12 ^a
Common Assessment Framework	£190 ^a	Not available
Initial Assessment	£342 ^a	£313 ^a
Core Assessment	£514 ^a	£723 ^a
Resource Panels for short break services ²	£97 ^a	£53 ^a
Ongoing support		
Ongoing support	£78 ^b	£101 ^b
Reviews	£197 ^a	£266 ^a

^a per process per child

^b per month per child

¹ 'Local core offer eligibility model' refers to an access route whereby a local authority offers the provision of a standardised package of short break services to a specific population of disabled children and young people, who meet an identified set of eligibility criteria.

² Two of the three participating authorities used panels in deciding how resources may be most usefully deployed to support families. The out of London authority held panels once a fortnight and the London authority held their panel monthly.

6.16 Local Safeguarding Children's Boards

Research carried out by the Centre for Child and Family Research examined the cost of local safeguarding children's boards (LSCBs) as part of a wider study commissioned by the Department for Children, Schools and Families to explore the effectiveness of the Boards in meeting their objectives¹.

To understand the costs of the LSCB meetings, information was gathered from practitioners, managers and administrative staff on the time taken to complete activities prior to, during and after LSCB meetings. Board Members were asked to complete a time use event record to indicate the time they spent on different LSCB activities in the month preceding the LSCB meeting. Activities included: travel to and from meetings, preparation for meetings and provision of feedback to their agency. Data was collected in relation to the main LSCB meetings and subgroup meetings. The activity times are outlined in the table below.

Average time spent by Board Members on LSCB meetings

Activity	Average Time Spent (per meeting in hours*)
Travel	0.89
Preparation for meetings	3.07
Feedback to own agency	1.33
Total	5.29 hours

*Figures do not include the time spent in the meeting.

Unit costs are calculated by multiplying the number of hours carried out for each activity by each type of personnel by the relevant unit costs per hour. Unit costs per hour are based on average salaries for each staff type using national salary scales and applying oncosts and overheads as presented in the *Unit Costs of Health and Social Care 2011*.

Six local authority areas contributed to the study. The structure and activities of the LSCBs in these six areas varied considerably. The costs for each of the areas and the overall average cost is shown below updated to 2011/12 using the appropriate inflators.

The costs of Local Safeguarding Children's Boards

LSCB	Infrastructure (staffing, including Chair) per annum	Estimated costs of Board Member attendance at LSCB meetings		Cost of subgroups
		Estimated Cost Per Meeting	Estimated Cost Per Annum	
Area One	£131,465	£11,283	£67,699	£65,592
Area Two	£102,468	£7,053	£42,317	£21,503
Area Three	£296,268	£17,092	£205,101	£144,023
Area Four	£95,102*	£15,742	£62,970	£78,304
Area Five	£111,492	£9,368	£56,211	Data not available
Area Six	£193,035	£16,361	£65,444	Data not available
Average cost	£154,971	£12,817	£83,291	£77,356

*Figures do not include the time spent in the meeting.

¹ France, A., Munro, E., and Waring, A. (2010) *The Evaluation of Arrangements for Effective Operation of the New Local Safeguarding Children Boards in England - Final Report*, Department for Education, London.

6.17 Incredible Years parenting programme

The Incredible Years series includes three interlocking training programmes for parents, children and teachers.¹ The parenting programmes are targeted on 0-12 years and the child and teacher programmes are for children aged 3–8 years. The schema below shows costs for the Webster-Stratton Incredible Years basic parenting programme which were collected in 2003/04 and have been updated using the hospital and community health services inflators (HCHS). The costs have been calculated using weekly diaries completed by leaders of four groups and the cost information supplied by the Incredible Years Welsh Office. The figures include costs of weekly attendance at supervision for group leaders. This was required because these leaders were participating in a randomised controlled trial and were relatively inexperienced and were not certified leaders. Generally, supervision for inexperienced leaders would be recommended on a termly basis, with encouragement to work for leader certification. Further details of the study are available from Edwards et al (2007).²

Set-up costs are not itemised in the table below. These include producing the programme kits and also the training of two leaders, and their travel and supervision time. The total cost for these activities was £4,588 and the total time taken was 53 hours.

Costs and unit estimation	2011/2012 value	Notes
A. Capital costs premises	£3,700	Capital costs were 25 per cent of total costs.
B. salaries and oncosts	£7,526	Direct salary and oncosts for running the group included the recruitment costs (£1,049), supervision costs (£4,449) and group running costs (£1,865). The activities included: - 2 group leaders to recruit parents including travel time - 2 leaders to run the group - salary in group session preparation time for 2 leaders - supervision time for 2 leaders including travel - trainer costs to deliver supervision
C. Overheads	£2,198	Telephone costs (£47), mileage costs (£750), clerical support costs (£100) and transport and creche costs (£1,300).
Venue costs and refreshments	£1,331	Venue costs and refreshments.
Working time Length of programme	379.25 hours	375.25 hours spent by 2 leaders to run the programme.
Unit costs available 2011/2012		
Based on 8 parents per group: total costs per child (including set-up costs) £1,844 (£2,418); Based on 12 parents per group: total cost per child (including set-up costs) £1,230 (£1,612).		

¹ Webster-Stratton, C. & Hancock, L. (1998) Training for parents of young children with conduct problems: content, methods and therapeutic processes, in C.E Schaefer & J.M. Briesmeister (eds) *Handbook of Parent Training*, John Wiley, New York. Vol. 9, September.

² Edwards, R.T., Céilleachair, A., Bywater, T., Hughes, D.A. & Hutchings, J. (2007) Parenting programme for parents of children at risk of developing conduct disorder: cost and effectiveness analysis, *British Medical Journal*, 334, 682-688.

6.18 Comparative costs of providing sexually abused children with individual and group psychotherapy

As part of the Children in Need research initiative, Paul McCrone and colleagues (2005) compared the costs of individual and group psychotherapy for children who have been sexually abused.¹ Subjects were recruited to two clinics in London and randomly allocated to the two treatments. Girls between the ages of six and 14 who, within the previous two years, had disclosed sexual abuse and had symptoms of emotional or behavioural disturbance that warranted treatment were eligible for inclusion. The girls who consented to participate in the study were randomly allocated either to individual (n=35) or group psychotherapy (n=36). The individual treatment comprised up to 30 sessions of focused psychoanalytical psychotherapy. Individual therapists received supervision from a senior child psychotherapist in pairs after every other session. The group treatment consisted of up to 18 sessions with about five girls of similar ages, and incorporated psychotherapeutic and psycho-educational components. Various professionals provided therapy, including child psychiatrists, psychotherapists, nurse practitioners and specialist, occupational therapists and social workers. The girls were assessed at baseline, and followed up at one and two years after treatment had commenced.

Research found that these therapies have similar outcomes and, although this is a single small study and further work is required to strengthen the evidence-base before change in practice is undertaken, results of the study suggest that group therapy is more cost-effective than individual therapy. The mean cost of group therapy uprated to 2011/2012 levels was £2,993, and the total mean cost of individual therapy uprated to 2011/2012 levels was £4,892.

Service use data extracted from case notes and therapists' files were combined with unit costs representing the long-run marginal opportunity costs of the professionals involved in providing the service. Some of these were obtained from *Unit Costs of Health and Social Care 1999*² while others were estimated from (national) pay scales and any additional elements were based on similar services reported in that publication. These unit costs consist of salary, employer superannuation and national insurance contributions, overheads and capital costs. Costs shown in the tables have been up-rated to 2011/2012 levels using the appropriate indices.

¹ McCrone, P., Weeramanthri, T., Knapp, M., Rushton, A., Trowell, J., Miles, G. & Kolvin, I. (2005) Cost-effectiveness of individual versus group psychotherapy for sexually abused girls, *Child and Adolescent Mental Health*, 10, 26-31. For further information contact Prof Paul McCrone, Centre for the Economics of Mental Health, Box PO24, Health Services Research Department, Institute of Psychiatry, De Crespigny Park, London SE5 8AF.

² Netten, A., Dennett, J. & Knight, J. (1999) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.

6.18.1 Group therapy

Intervention	Sample size (n=36)	Provider	Duration (minutes)
Introductory meeting			
Mean (sd) no. of meetings	1 (0)	Consultant psychiatrist	16
Mean (sd) cost, £	£74 (£15)	Senior social worker	16
Initial assessment			
Mean (sd) no. of assessments	1 (0)	Research psychologist	120
		Consultant psychiatrist/senior registrar	90
Mean (sd) cost, £	£615 (£46)	Senior social worker	105
Therapy provided to girls			
Mean (sd) no. of sessions	13.3 (4)	Various professionals providing 18 sessions	75
Mean (sd) cost, £	£598 (£216)		
Carers' support			
Mean (sd) no. of sessions	10.1 (5.3)	Social worker providing 10 sessions	50
Mean (sd) cost, £	£555 (£395)		
Supervision of girls' therapists			
Mean (sd) number of sessions	13.3 (4.0)	Senior social worker/consultant psychiatrist providing 18 sessions	75
Mean (sd) cost, £	£470 (£158)		
Supervision of carers' workers			
Mean (sd) number of sessions	3.4 (1.8)	Senior social worker providing monthly sessions	60
Mean (sd) cost, £	£227 (£161)		
Follow-up assessments			
one year follow-up	1.5 (0.7)	Research psychologist	30
Mean (sd) number of assessments	£454 (£245)	Consultant psychiatrist/senior registrar	45
		Senior social worker	45
Mean (sd) cost £		All providing 1 session each	
Mean (sd) total cost, £	£2,993 (£1,236)		

6.18.2 Individual therapy

Intervention	Sample size (n=35)	Provider	Duration (minutes)
Introductory meeting			
Mean (sd) no. of meetings	1 (0)	Consultant psychiatrist	16
Mean (sd) cost, £	£71 (£17)	Senior social worker	16
Initial assessment			
Mean (sd) no. of assessments	1 (0)	Research psychologist	120
Mean (sd) cost, £	£605 (£48)	Consultant psychiatrist/senior registrar	90
		Senior social worker	105
Therapy provided to girls			
Mean (sd) no. of sessions	26 (8.1)	Various professionals providing 30 sessions	75
Mean (sd) cost, £	£1,450 (£539)		
Carers' support			
Mean (sd) no. of sessions	14.2 (9.3)	Social worker providing 15 sessions	50
Mean (sd) cost, £	£1,414 (£964)		
Supervision of girls' therapists			
Mean (sd) number of sessions	13.0 (4.1)	Senior child psychotherapist providing 15 sessions	60
Mean (sd) cost, £	£536 (£168)		
Supervision of carers' workers			
Mean (sd) number of sessions	4.7 (3.1)	Senior social worker providing monthly sessions	60
Mean (sd) cost, £	£400 (£296)		
Follow-up assessments			
One year follow-up	1.4 (0.7)	Research psychologist	30
Mean (sd) no. of assessments	£415 (£255)	Consultant psychiatrist/senior registrar	45
Mean (sd) cost £		Senior social worker	45
		All providing 1 session each	
Mean (sd) total cost, £	£4,891 (£2,287)		

7. Hospital and other services

7.1 NHS reference costs for hospital services

7.2 NHS wheelchairs

7.3 Local authority equipment and adaptations

7.4 Training costs of health service professionals

7.5 Rapid Response Service

7.6 Hospital-based rehabilitation care scheme

7.7 Expert Patients Programme

7.8 Re-ablement service

7.9 Public health interventions

7.10 Rehabilitation services

7.1 NHS reference costs for hospital services

We have drawn on the *NHS Trust and Primary Care Trusts combined* to report from the NHS Reference Costs of selected adult health services.¹ All costs have been updated to 2010/11 levels using the HCHS Pay & Prices inflator.

	National average	Lower quartile	Upper quartile
Elective/non elective Health Care Resource Group (HRG) data (average cost per episode)			
Elective inpatient stays	£3,191	£2,259	£3,775
Non-elective inpatient stays (long stays)	£2,461	£1,771	£2,865
Non-elective inpatient stays (short stays)	£586	£386	£688
Day cases HRG data			
Weighted average of all stays	£680	£460	£837
Outpatient procedures			
Weighted average of all outpatient procedures	£139	£101	£163
PALLIATIVE CARE			
Specialist Inpatient palliative care (adults only)	£405	£265	£476
Hospital specialist palliative care support (inpatient adults)	£114	£63	£121
Outpatient medical specialist palliative care attendance (adults 19 years and over)	£65	Not available	Not available
Outpatient non-medical specialist palliative care attendance (19 years and over)	£157	Not available	Not available
A&E SERVICES (Weighted average of attendances)^a			
Accident and emergency treatments leading to admitted (not admitted)	£146 (£112)	£114 (£93)	£171 (£130)
Minor injury services leading to admitted (not admitted)	£66 (£63)	£51 (£47)	£77 (£71)
Walk in services leading to admitted (not admitted)	£32 (£41)	£28 (£31)	£34 (£46)
Non 24 hour A&E/Casualty Dept	£93 (£91)	£89 (£47)	£101 (£119)
PARAMEDIC SERVICES			
Emergency transfers	£263	£248	£277
Average of all paramedic services (categories A, B & C)	£230	£209	£250

^a See <http://www.performance.doh.gov.uk/hospitalactivity/nhsweb/qmaefg.htm/> for the definition of admitted/not admitted.

7.2 NHS wheelchairs

Information about wheelchair costs is based on the results of a study of six sites supplying wheelchairs (excluding wheelchairs for children).¹ The study information was supplemented with national data not available from the sites. Three main types are identified: those propelled by an attendant or self-propelled; a lighter type of chair especially designed for active users and powered wheelchairs. (Active users are difficult to define, but generally refers to individuals who are permanently restricted to a wheelchair but are otherwise well and have high mobility needs). The costs have allowed for the cost of modifications in the estimated capital value, but this is a very approximate mid-range figure so specific information should be used wherever possible. All costs have been updated using the HCHS prices inflator.

Although no further studies have been carried out on wheelchairs, current price information suggests that powered wheelchairs range from £700-£3,000 and self or attendant propelled wheelchairs range from £100-£650.

Type of chair	Total value 2011/2012	Annual cost 2011/2012	Notes
Capital costs			
Self or attendant propelled	£261	£58	Capital value has been annuitised over five years at a discount rate of 3.5 per cent to allow for the expected life of a new chair. In practice, 50 per cent of wheelchairs supplied have been reconditioned, not having been worn out by the time their first users ceased to need them.
Active user	£652	£144	
Powered	£1,304	£289	
Revenue costs			
Maintenance			Revenue costs exclude therapists' time but include the staff costs of maintenance. The costs include all costs for pressure relief. The cost of reconditioning has not been included in the cost of maintenance.
- non-powered		£28	
- powered		£111	
Agency overheads			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2011/2012			
£86 per self or attendant propelled chair per year; £172 per active user per chair per year; £400 per powered chair per year.			

¹ Personal communication with Richard Murray, National Health Service Management Executive, 1995.

7.3 Local authority equipment and adaptations

Information about the capital cost of installing equipment and making adaptations to property is based on a benchmark study of the cost of aids and adaptations undertaken for the Department of the Environment by Ernst & Young.¹ The intention was to provide illustrative rather than statistically representative costs of installation. Forty local authorities provided information. Major variations were reported, probably reflecting differences in the scale of work undertaken. The median rather than the mean cost was used by Ernst & Young to overcome the spread of reported costs. All costs have been inflated from 1992 prices using the BCIS/ABI House Rebuilding Cost index.² Although this information is rather dated, the BCIS Access Audit Price Guide, 2002 suggested that 2002 prices were in line with updated costs. See <http://www.national-catalogue.org/smartassist/nationalcatalogue/national-tariff/tces/view-tariff/choose-area/full/> for equipment tariffs.

The period over which equipment and adaptations should be annuitised is open to debate. Ideally it should be annuitised over the useful life of the aid or adaptation. In many cases this is linked to the length of time the person using the appliance is expected to remain at home. Where it is expected that the house would be occupied by someone else who would also make use of the adaptation, a longer period would be appropriate. Clearly, this is difficult to do in practice. Many housing authorities have problems making sure that heavily adapted dwellings are occupied by people who can make use of the adaptations. According to government guidelines on the discount rate, this table shows the items annuitised over 10 years at 3.5 per cent.

Equipment or adaptation	Mean total cost	Median total cost	Range of costs		Median annual equipment cost 3.5% discount
			Minimum	Maximum	
Additional heating	£436	£403`	£147	£5,017	£48
Electrical modifications	£445	£521	£59	£3,971	£63
Joinery work (external door)	£515	£612	£266	£1,265	£74
Entry phones	£365	£495	£218	£3,102	£59
Individual alarm systems	£387	£453	£214	£973	£54
Grab rail	£95	£53	£4	£429	£6
Hoist	£950	£2,651	£389	£8,260	£319
Low level bath	£539	£676	£365	£1,481	£81
New bath/shower room	£7,903	£15,142	£3,890	£35,008	£1,820
Redesign bathroom	£1,446	£3,388	£486	£7,780	£407
Redesign kitchen	£2,920	£4,015	£713	£6,806	£483
Relocation of bath or shower	£1,076	£2,057	£183	£10,850	£247
Relocation of toilet	£878	£1,754	£174	£4,181	£211
Shower over bath	£961	£893	£214	£2,451	£107
Shower replacing bath	£2,625	£2,473	£480	£4,460	£297
Graduated floor shower	£2,434	£3,006	£1,313	£6,847	£361
Stair lift	£2,654	£3,347	£2,334	£7,481	£402
Simple concrete ramp	£656	£390	£68	£2,810	£47

¹ Ernst & Young (1994) *Benchmark Study of the Costs of Aids and Adaptations*, Report No. 4, Report to the Department of the Environment, London.

² Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

7.4 Training costs of health service professionals

This schema provides a breakdown of the training costs incurred using standard estimation approaches.¹ The investment costs of education should be included when evaluating the cost-effectiveness of different approaches to using health service staff so that all the costs implicit in changing the professional mix are considered. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training rather than trusts. In 2011, the costs were recalculated in liaison with the Department of Health and the Higher Education Funding Council for England (HEFCE).²

The components of the cost of training health service professionals are, for pre-registration and post-graduate training; the costs of tuition; infrastructure costs (such as libraries); costs or benefits from clinical placement activities; and lost production costs during the period of training where staff are away from their posts. Although further training is available to all professionals to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

This table shows details of the total investment incurred during the working life of the professional after allowing for the distribution of the costs over time. The final column shows the expected annual cost.

	Pre-registration			Post-graduate training	Totals	
	Tuition £	Living expenses/ lost production costs £	Clinical placement £	Tuition and replacement costs £	Total investment £	Expected annual cost at 3.5% £
Scientific and professional						
Physiotherapist	24,442	37,418	Not known	NA	61,859	5,087
Occupational therapist	24,442	37,418	Not known	NA	61,859	5,070
Speech and language therapist	24,442	37,418	Not known	NA	61,859	5,251
Dietician	24,442	37,418	Not known	NA	61,859	5,260
Radiographer	29,287	37,418	Not known	NA	66,705	5,436
Hospital pharmacist	36,549	49,056	38,608	NA	124,214	9,788
Community pharmacist	36,549	49,056	27,436	NA	113,041	8,908
Nurses						
Nursing degree	23,151	49,890	0 ³	NA	73,041	9,700
Doctors						
Foundation officer 1	57,433	60,301	151,792	NA	269,527	20,189
Foundation officer 2	57,433	60,301	151,792	24,637	294,164,	22,458
Registrar group	57,433	60,301	151,792	73,924	343,451	26,996
Associate specialist	57,433	60,301	151,792	113,951	383,477	30,682
GP	57,433	60,301	151,792	228,962	498,489	41,272
Consultants	57,433	60,301	151,792	275,182	564,112	45,528
Social workers						
Social work degree	14,522	37,418	£6,817	NA	58,756	21,863

¹ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

² Provided by the Department of Health and the Higher Education Funding Council for England (HEFCE) 2011.

³ Currently the benefits obtained from the placements are assumed to be equivalent to the costs of providing the placement.

7.5 Rapid Response Service

This schema is based on a Rapid Response Service located at Folkestone Hospital which serves the Shepway Primary Care Trust Area. It is designed to provide the local community with an alternative to hospital admission or long-term care where appropriate. The information is based on a description of the service in 2002/2003.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£165,375 per year	Based on median Agenda for Change (AfC) salaries. Includes a team of two nurses (Band 5), five clinical support assistants (Band 2), and two nurse managers (Band 7) (0.75 wte) ¹
B. Salary oncosts	£38,411 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	Not known	
D. Training	Not known	In-house training is provided. The health care assistants often study to NVQ level. No costs are available.
E. Overheads		Taken from NHS (England) Summarised Accounts. ²
Management, administration and estates staff.	£39,358	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£85,534	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
F. Capital overheads	£2,383 per year	Based on the new-build and land requirements of NHS facilities. ^{3,4} One office houses all the staff and 'hot-desking' is used. It is estimated that the office measures 25 square metres. Capital has been annuitised at 3.5 per cent.
G. Equipment costs	£1,485 per year	The service shares equipment with another so the total cost has been divided equally and annuitised over five years to allow for the expected life of the equipment. Equipment includes facsimile machines, computers etc. Prices have been updated from 2002/2003 using the retail price index.
H. Travel	£23,454 per year	Based on information provided by the Trust.
Caseload	7 per week	The average annual caseload is 364 patients.
Hours and length of service	7 days a week (to include weekends and bank holidays) 8.00 am – 9.00 pm (24 hours if required), 365 days per year	The service would provide an intensive package of care, if necessary, over a 24-hour period to meet care needs, and support carers experiencing difficulty due to illness. It would be available for 72 hours and reviewed daily, with the possibility of an extension, up to a maximum of 5 days in exceptional circumstances.
Patient contact hours	9,646 per annum 5 contact hours	Based on information about typical episodes delivered to patients in one year.
Low-cost episode	43 patient contact hours	A low-cost episode comprises, on average, a total of 5 contact hours.
High-cost episode	43 patient contact hours	A high-cost episode comprises, on average, a total of 43 patient contact hours.
Unit costs available 2011/2012		
£37 per delivered hour (excludes cost for enhanced payments, cost of assessments, discharge and travel costs); high-cost episode £1,587; low-cost episode £185; Average cost per case £978.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

³ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁴ Personal communication with the Department for Communities and Local Government, 2012.

7.6 Hospital-based rehabilitation care scheme

This PCT-run rehabilitation unit, based in a hospital in Kent, is supervised by a nurse consultant. The information was collected in 2005/06 just after a quick redesign and costs reflect current prices. The unit is managed by a modern matron, but has a strong multi-professional team. The unit is divided into three sections. The first is the 'assessment area', where patients go for between 24-72 hours on admission to have their health care needs closely observed and identified. They then go to the 'progression area', which is for patients who need moderate to high nursing support and where they provide a rehabilitation programme. Finally, patients move to the 'independent area' before returning home. In total there are 38 beds in the unit.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£922,407 per year	Based on salaries for a team of a modern matron (Band 8), 3 nurse team managers (Band 7), 7 (wte 5.34) nurse specialists (Band 6), 8 (wte 6.31) nurses (band 5), 21 (wte 17.09) higher-level clinical support workers (band 4), 4 (wte 3.2) clinical support workers (band 3) and a support physiotherapist (Band 3). ¹
B. Salary oncosts	£229,414 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	Not known	
D. Overheads		Taken from NHS (England) Summarised Accounts. ²
Management, administration and estates staff.	£222,457 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£483,451 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£89,364 per year	Includes capital overheads relating to the building and equipment which have been annuitized using the appropriate discount rate.
Hours and duration of service	7 days a week (to include weekends and bank holidays) 8.00 am - 9.00 pm (24 hours if required), 365 days per year.	If necessary, the service provides an intensive package of care over 24-hours.
Average duration of stay	14 days	Patients can stay up to six weeks, but average duration is 14 days.
Caseload per worker	30 per month	The total annual caseload was 358.
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
Weekly service costs per bed £985; Average annual cost per patient £5,439; Cost of a typical client episode £1,965.		

¹ The Information Centre (2011) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

7.7 Expert Patients Programme

Self-care support in England is provided through a broad initiative called the Expert Patients Programme. The programme focuses on five core self-management skills: problem-solving, decision-making, resource utilisation, developing effective partnerships with healthcare providers and taking action. It offers a toolkit of fundamental techniques that patients can use to improve their quality of life. It also enables patients who live with a long-term condition to develop their communication skills, manage their emotions, manage daily activities, interact with the healthcare system, find health resources, plan for the future, understand exercising and healthy eating, and manage fatigue, sleep, pain, anger and depression (Department of Health, 2001).^{1,2} Courses led by trainers who themselves have a chronic condition, were held for an optimum number of 16 people over six weekly sessions. The groups were led by two lay trainers or volunteers.

The information for this schema is based on research carried out by the University of York.^{3,4} The cost per participant is £289. These costs are based on 2005 data and have been updated using the appropriate inflators.

Costs and unit estimation	2011/2012 value	Notes
A. Staff salaries (including oncosts) and expenses	£4,423,081	Includes EPP trainers and coordinators.
B. Overheads:		
Publicity material	£472,359	Includes awareness raising, staff magazine, manuals, course books, website, intranet.
Office expenditure	£242,340	Includes IT and other office expenditure.
Assessment	£9,563	Assessment to ensure quality of trainers and programme.
C. Other overheads:	£414,813	Includes EPP staff days, venues (volunteers and staff).
Rental	£427,860	Rental of premises for EPP sessions.
D. Travel	£26,181	Volunteer travel expenses.
Number of participants	20,000	Participants were a range of people living with long-term conditions.
Length of programme	6 weeks	EPP courses take place over six weeks (2½ hours a week) and are led by people who have experience of living with a long-term condition.
Unit costs available 2011/2012		
Cost per participant £298.		

¹ Department of Health (2001) *The Expert Patient: A New Approach to Chronic Disease Management in the 21st Century*, The Stationery Office, London.

² Expert Patients Programme Community Interest Company, EPP Price Guide 2008/2009, London.

³ Richardson, G., Gravelle, H., Weatherly, H. & Richie, G. (2005) Cost-effectiveness of interventions to support self-care: a systematic review, *International Journal of Technology Assessment in Health Care*, 21, 4, 423-432.

⁴ Richardson, G., Kennedy, A., Reeves, D., Bower, P., Lee, V., Middleton, E., Gardner, C., Gately, C. & Rogers, A. (2008) Cost-effectiveness of the Expert Patients Programme (EPP) for patients with chronic conditions, *Journal of Epidemiology and Community Health*, 62, 361-367.

7.8 Re-ablement service

Adult social care services are increasingly establishing re-ablement services as part of their range of home care provision, sometimes alone, sometimes jointly with NHS partners. Typically, home care re-ablement is a short-term intervention, often provided to the user free of charge, and aims to maximise independent living skills. Information on the costs of re-ablement have been collected as part of an evaluation at the Personal Social Services Research Unit at the University of Kent, in collaboration with the Social Policy Research Unit, University of York (Glendinning et al, 2010).¹ The schema below provides the average costs across four re-ablement services participating in the evaluation.² All the services were based out of London and one service had occupational therapists (OTs) working closely with the team. Cost data were provided for 2008/09 and have been updated using the PSS inflators.

Costs per service user for the four sites ranged from £1,661 to £2,256 at 2011/2012 prices.

Costs and unit estimation	2011/2012 value	Notes
A. Salary plus oncosts	£2,395,032	Based on total salary costs ranging from £583,025 to £4,776,907 for re-ablement workers. Salary cost accounted for between 61 and 62 per cent of total costs. One site included OTs as well as re-ablement workers.
B. Direct overheads Administrative and management	£883,217	Administrative and management costs accounted for between 2 and 25 per cent of the total for the four sites.
Office and training costs	£47,565	The costs of uniforms and training costs are included here. These accounted for one per cent of the total.
C. Indirect overheads	£165,915	Indirect overheads include general management and support services such as finance and human resource departments. These were 4 per cent of total costs and ranged from 0.5 to 9 per cent.
D. Capital overheads Building and land costs	£6,558	Information supplied by the local authority and annuitised over 60 years at a discount rate of 3.5 per cent.
Equipment costs	£2,651	Based on information supplied by the local authority and costed following government guidelines (see schemas 7.2 and 7.3 of this volume).
E. Travel	£431,658	Average travel costs for the four local authorities were 10 per cent of total costs and ranged from 1 to 12 per cent.
Patient contact hours	49 hours	Average duration of episode for the four sites was 49 hours. Average episodes ranged from 35 to 55 hours.
Ratio of direct to indirect time on: Face-to-face contacts	1:0.94	Fifty-two per cent of time was spent in contact with service users. This was based on the average number of working hours of (179,174) and average of 92,566 contact hours.
Number of service users	1,886	The average number of service users for the four sites was 1,886 per annum ranging between 429 and 3,500 service users.
Unit costs available 2011/2012		
£22 per hour; £42 per hour of contact; £2,085 average cost per service user.		

¹ Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. & Forder, J. (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

² Although five sites participated in the evaluation, one of the sites had very different costs and did not provide complete information. The costs for this site have therefore been omitted. The costs contained in this table are considered to be typical of a re-ablement service.

7.9 Public health interventions

These costs are drawn from two reports: *Prioritising investments in public health* (Matrix Evidence and Bazian, 2008),¹ commissioned by the Department of Health, and *A review of the cost-effectiveness of individual level behaviour change interventions* commissioned by the Health and Well-Being Alliance group (North West Public Health Observatory, 2011).² Here we present the costs of interventions for which the economic evidence originated in the UK. Further information can be found on Public Health Interventions in the Cost Effectiveness Database (PHICED) <http://www.yhpho.org.uk/PHICED/>. All costs have been taken directly from the reports and updated to 2011/2012 prices using the appropriate inflators. Further information on the specific research studies can be found in the reports named above.

Intervention: Reducing long term absence in the workplace.

The NICE public health guidance on Management of Long-term Sickness and Incapacity for Work provides cost information for three types of intervention: physical activity and education (10 sessions of physiotherapy or physical activity and 10 sessions of Cognitive Behaviour Therapy, workplace intervention (usual care, workplace assessment and work modifications and communication between occupational physician and GP to reach a consensus on return to work) and physical activity and education along with a workplace visit (sessions as before plus half a day of line manager's time).

Intervention	Workplace intervention	Physiotherapy/physical activity	Cognitive behaviour therapy	Workplace visit	Total
Physical activity and education		£174	£662		£836
Workplace intervention	£563				£563
Physical activity education and workplace visit		£174	£662	£50	£886

Alcohol intervention

Intervention: Brief interventions have proven to be effective and have become increasingly valuable for the management of individuals with increasing and high-risk drinking, filling the gap between primary prevention efforts and more intensive treatment for persons with serious alcohol use disorders. The cost of delivering ten minutes brief advice for alcohol ranges from £8 for a practice nurse to £34 for a GP (see tables 10.6 and 10.8c of this publication).

Reducing the incidence of sexually transmitted infections (STIs) and teenage pregnancy

Intervention: Individual risk counselling, defined here as one-to-one interventions, delivered by a counsellor to at risk groups with the aim of reducing incidence of STIs or risky behaviour. Individual risk counselling can be delivered through clinics (genitourinary medicine, abortion, or drug and alcohol misuse clinics), community health services, GPs and other community and non-healthcare settings. The review suggested that counselling interventions cost between £82 and £182 per person.

Reducing smoking and the harms from smoking

Intervention: Media supported campaign: The review suggested that there is strong evidence that mass media campaigns for both young and adult population cost between £0.30 and £1.80 per person. Estimates of cost are higher when the unit receiving the intervention is defined as those potentially exposed to the campaign (£23-£44).

Intervention: Drug therapies for smoking cessation. This can include nicotine replacement therapy (NRT) (such as nicotine patches and gum), nicotine receptor partial antagonists (such as varenicline), opioid antagonists (such as naltrexone), clonidine, lobeline, or antidepressants (such as bupropion). There is evidence that drug therapy (bupropion, nicotine replacement therapy and varenicline) has a moderate effect on smoking cessation, particularly in people motivated to quit. There is economic evidence from the UK on the cost of NRT (£46-£158 per person) bupropion (£87-£92 per person), and combinations of NRT and bupropion (£173-£179 per person).

Intervention: A ten minute opportunistic brief advice session for smoking is £34 for a GP and £8 for a practice nurse (see Tables 10.6 and 10.8c of this publication).

¹ Matrix Evidence & Bazian (2008) *Prioritising Investments in Public Health*, Department of Health, London.

² North West Public Health Observatory (2011) *A Review of the Cost-effectiveness of Individual Level Behaviour Change Interventions*, Health and Wellbeing Alliance, Manchester. www.champspublichealth.com/writedir/0c65health_choices%20-%20FINAL.pdf

Well man services

Information has been drawn from the Liverpool Public Health Observatory Series³ and provides the costs of 18 well man pilots in Scotland funded between June 2004-March 2006, aimed to :

- Promote healthier lifestyles and attitudes among men;
- Provide men with an opportunity to undertake a health assessment and to obtain advice and support on health and lifestyle issues;
- Effectively engage all men and in particular, those who were hardest to reach as a consequence of social exclusion or discrimination. They were also intended to identify what worked in promoting and sustaining health awareness and improvement in men.

Staff variation was the main factor in different session costs and attendance rate was the main factor in cost per health assessment, particularly at drop-in services in community venues, where attendance was unpredictable. The costs did not include those incurred by patients.

Cost comparison of delivery modes – well man service pilots

Location	Cost per session		Cost per assessment	
	Number	Range	Number	Range
Health Clinics	9	£201-£889	9	£46-£302
Workplaces	2	£221-£234	3	£29-£110
Community venues (including pharmacies)	6	£107-£455	4	£67-£1,188

Health Action Area – community programme

Within the Wirral health Action Area (20% most deprived LSOAs or 35% of the population) specialist lifestyle advisor staff are co-located with Health Trainers and community health development staff. These teams work with individuals and groups and provide (or commission) a community programme of lifestyle activities including mental wellbeing. They work closely with employability programmes such as the Condition Management Programme and Wirral Working 4 Health. The teams are based in a variety of community venues including a Children's Centre and they also work closely with a wide network of other partner agencies particularly where there is a common interest e.g. in accessing particular groups such as men over 50 or homeless people. This is a model of wellness which takes a network approach within a particular neighbourhood potentially involving all aspects of the wellbeing of an individual or family through joint working rather than a discrete wellness service.

An evaluation of the community programme showed that the average cost per client is £35. Further information is available from Rebecca.mellor@wirral.nhs.uk.

³ Winters, L., Armitage, M., Stansfield, J. Scott-Samuel & Farrar, A. (2010) *Wellness Services – Evidence based review and examples of good practice*, Final Report, Liverpool Public Health Observatory.

7.10 Rehabilitation services

7.10.1 Tertiary 'specialised' rehabilitation services (Level 1)

These are high cost/low volume services, which provide for patients with highly complex rehabilitation needs that are beyond the scope of their local and district specialist services. These are normally provided in coordinated service networks planned over a regional population of 1-3 million through collaborative (specialised) commissioning arrangements.¹ The data below provides the annual cost per occupied bed and has been drawn from research carried out in 8 sites by Turner-Stokes & colleagues (2011).² Data was provided for 2009/2010 and has been updated using the HCHS inflators. The information has been calculated from budget statements and accounting costs. These averages include costs from a range of different service models, which are separated out in later versions of the Specialised Services National Definition Sets. The wide range in bed-day costs also reflects diversity in staffing/resource provision to meet differing case-load complexity which is factored into commissioning currencies using a costing model based on the Rehabilitation Complexity Scale.³

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary and oncosts	£122,650	Staff include (for every 20 beds): 2.5 WTE consultants accredited in rehabilitation medicine and/or neuropsychiatry, 2.5 WTE training grades doctors and 1.5 WTE Trust Grade doctor, 30 nurses, 6 physiotherapists and 6 occupational therapists, 3 speech and language therapists, 2.5 Clinical psychologists, 2 Social Workers/discharge coordinators and 0.75 WTE dieticians, 3 technical/clerical assistants, 1 service manager.
B. Direct overheads Non pay patient costs	£11,089	Includes the cost of diagnostic & clinical services, drugs/pharmacy, medical and therapy supplies, travel/transport, interpreters, equipment hire, clinical specialist support and the cost of minor procedures.
Ward costs	£16,292	Includes the cost of cleaning, portering, catering, laundry, provisions utilities, maintenance, replacement of bedding & rates.
Provision of equipment and facilities	£1,366	Includes the cost of wheelchairs, mobility and exercise equipment, electronic assistive technology, hydrotherapy and other therapy.
Rehabilitation Unit Office/Administrative costs	£2,689	Includes the cost of office consumables, computer hardware, computer software, IT support, telephones, filing, data and records.
Office (staff) costs	£1,868	Includes administrators and office management.
C. Indirect Costs	£21,660	Includes general capital depreciation (departmental and central resources). Also includes central costs relating to HR, Trust management, payroll, Finance and Estates.
D. Overheads	£18,975	Includes units contribution to Public Dividend Capital, interest charges and other costs not included above that are specific to unique factors associated with the rehabilitation service.
Number of beds per unit	26	Median number of beds per unit. Numbers ranged from 15-54.
Occupancy	90%	Average occupancy across the 8 units. Occupancy ranged from 70-99%.
Unit costs available 2011/2012		
Total annual costs per occupied bed £189,880;4 total daily cost per occupied bed £523 (range £425-£602).		

¹ Turner-Stokes, L. (2010) *Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs*, British Society of Rehabilitation Medicine http://www.bsrm.co.uk/ClinicalGuidance/Levels_of_specialisation_in_rehabilitation_services5.pdf.

² Turner-Stokes, L., Bill, A. & Dredge, R. (2011) A cost analysis of specialist inpatient neurorehabilitation services in the UK, *Clinical Rehabilitation*, October 5, 0269215511417469. <http://cre.sagepub.com/content/26/3/256>.

³ Turner-Stokes, L., Sutch, S. & Dredge, R. (2012) Healthcare tariffs for specialist inpatient neurorehabilitation services: rationale and development of a UK casemix and costing methodology. *Clinical Rehabilitation* Mar 26(3):264-79. doi: 10.1177/0269215511417467. <http://cre.sagepub.com/content/26/3/264>.

⁴ NB missing data for one of the sites, therefore the averages do not add up to the total costs.

7.10.2 Local (district) specialist rehabilitation services (Level 2)

These are typically planned over a district-level population of 250-500,000 and are led or supported by a consultant trained and accredited in rehabilitation medicine, working both in hospital and the community setting. The specialist multidisciplinary rehabilitation team provides advice and support for local general rehabilitation teams.¹ The data below provides the annual cost per occupied bed and has been drawn from research carried out in 7 sites by Turner-Stokes & colleagues (2011).² Data was provided for 2009/2010 and has been updated using the HCHS inflators. The information has been calculated from budget statements and accounting costs. These averages include costs from a range of different service models. The wide range in bed-day costs reflects diversity in staffing/resource provision to meet differing case-load complexity which is factored into commissioning currencies using a costing model based on the Rehabilitation Complexity Scale.³

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary and oncosts	£96,696	Staff include (for every 20 beds): 1.5 WTE consultants accredited in rehabilitation medicine and/or neuropsychiatry, 2 WTE training grades doctors and 1.5 WTE Trust Grade doctor, 28 nurses, 4 physiotherapists and 4 occupational therapists, 2 WTE speech and language therapists, 2 WTE Clinical psychologists, 1.5 Social Workers/discharge coordinators and 0.5 WTE dieticians, 2 technical/clerical assistant, 0.5 service manager.
B. Direct overheads Non pay patient costs	£10,301	Includes the cost of diagnostic & clinical services, drugs/pharmacy, medical and therapy supplies, travel/transport, interpreters, equipment hire, clinical specialist support and the cost of minor procedures.
Ward costs	£14,279	Includes the cost of cleaning, portering, catering, laundry, provisions utilities, maintenance, replacement of bedding & rates.
Provision of equipment and facilities	£1,099	Includes the cost of wheelchairs, mobility and exercise equipment, electronic assistive technology, hydrotherapy and other therapy.
Rehabilitation Unit Office/Administrative costs	£2,344	Includes the cost of office consumables, computer hardware, computer software, IT support, telephones, filing, data and records.
Office (staff) costs	£1,473	Includes administrators and office management.
C. Indirect Costs	£12,237	Includes general capital depreciation (departmental and central resources). Also includes central costs relating to HR, Trust management, payroll, Finance and Estates.
D. Overheads	£12,358	Includes units contribution to Public Dividend Capital, interest charges and other costs not included above that are specific to unique costs factors associated with the rehabilitation service.
Number of beds per unit	20	Median number of beds per unit. Numbers ranged from 12-30.
Occupancy	96%	Average occupancy across the 7 units. Occupancy ranged from 84-100%.
Unit costs available 2011/2012		
Total annual cost per bed £150,785; average cost per occupied bed day £413 (range £309-£508).		

¹ Turner-Stokes, L. (2010) *Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs*, British Society of Rehabilitation Medicine http://www.bsrm.co.uk/ClinicalGuidance/Levels_of_specialisation_in_rehabilitation_services5.pdf.

² Turner-Stokes, L., Bill, A. & Dredge, R. (2011) A cost analysis of specialist inpatient neurorehabilitation services in the UK, *Clinical Rehabilitation*, October 5, 0269215511417469. <http://cre.sagepub.com/content/26/3/256>.

³ Turner-Stokes, L., Sutch, S. & Dredge, R. (2012) Healthcare tariffs for specialist inpatient neurorehabilitation services: rationale and development of a UK casemix and costing methodology, *Clinical Rehabilitation*, Mar 26, 3, 264-79. doi: 10.1177/0269215511417467. <http://cre.sagepub.com/content/26/3/264>.

7.10.3 Specialist children's rehabilitation services

These are high cost/low volume services, which provide for children with highly complex rehabilitation needs that are beyond the scope of their local and district specialist services.¹ The data below provides the annual cost per occupied bed and has been drawn from research carried out in 2 sites by Turner-Stokes & colleagues (2011)² Data was provided for 2009/2010 and has been updated using the HCHS inflators. The information has been calculated from budget statements and accounting costs.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary and oncosts	£293,938	Staff include (for every 20 beds): 2.5 WTE consultants accredited in rehabilitation medicine and/or neuropsychiatry, 2.5 WTE training grades doctors and 1.5 WTE Trust Grade doctor, 60 nurses, 6 physiotherapists and 4 occupational therapists, 2 play therapists, 3 speech and language therapists, 2.5 Clinical psychologists, 2 Social Workers/discharge coordinators and 0.75 WTE dieticians, 3 technical/clerical assistants, 1 service manager.
B. Direct overheads Non pay patient costs	£17,756	Includes the cost of diagnostic & clinical services, drugs/pharmacy, medical and therapy supplies, travel/transport, interpreters, equipment hire, clinical specialist support and the cost of minor procedures.
Ward costs	£16,052	Includes the cost of cleaning, portering, catering, laundry, provisions utilities, maintenance, replacement of bedding & rates.
Provision of equipment and facilities	£9,154	Includes the cost of wheelchairs, mobility and exercise equipment, electronic assistive technology, hydrotherapy and other therapy.
Rehabilitation Unit Office/Administrative costs	£2,891	Includes the cost of office consumables, computer hardware, computer software, IT support, telephones, filing, data and records.
Office (staff) costs	£4,476	Includes administrators and office management.
C. Indirect Costs	£65,170	Includes general capital depreciation (departmental and central resources). Also includes central costs relating to HR, Trust management, payroll, Finance and Estates.
D. Overheads	£2,123	Includes units contribution to Public Dividend Capital, interest charges and other costs not included above that are specific to unique factors associated with the rehabilitation service.
Number of beds per unit	9	Median number of beds per unit. Numbers ranged from 5-13.
Occupancy	76%	Average occupancy across the 2 units. Occupancy ranged from 73-78%.
Unit costs available 2011/2012		
Total annual cost per bed £411,559; average cost per occupied bed day £1,128 (range £1,045-£1,210).		

¹ Turner-Stokes, L. (2010) *Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs*, British Society of Rehabilitation Medicine. http://www.bsrn.co.uk/ClinicalGuidance/Levels_of_specialisation_in_rehabilitation_services5.pdf.

² Turner-Stokes, L., Bill, A. & Dredge, R. (2011) A cost analysis of specialist inpatient neurorehabilitation services in the UK, *Clinical Rehabilitation*, October 5, 0269215511417469. <http://cre.sagepub.com/content/26/3/256>.

8. Care packages

8.1 Community care packages for older people

8.2 Social care support for older people, people with intellectual disabilities, people with mental health problems and people with physical disabilities

8.3 The cost of autism

8.4 Services for children in care

8.5 Services for children in need

8.6 Transition services for children with complex needs when transferring to adulthood

8.7 Common Assessment Framework

8.8 Young adults with acquired brain injury in the UK

8.9 Palliative care for children and young people

8.1 Community care packages for older people

8.1.1 Community care package for older people: very low cost

The care package described in this schema is an example of a case where the costs to the public purse for health and social care support were in the lowest decile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 10 per cent of cases incurred gross public community care costs of less than £50 per week. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in 8.7. All costs have been updated with the appropriate inflators.

Typical case Mrs A was an 83 year old widow who lived alone in sheltered accommodation but received help from two people, with most help coming from another family member.			
Functional ability Mrs A. had problems with three activities of daily living: using the stairs, getting around outside, and bathing. Her problems stemmed from a previous stroke.			
Services	Average weekly cost (2011/2012)	Level of service	Description
Social care Home care	£34	1 hour	Taken from PSS EX1 2010/11, ² the average cost for one hour of local authority home care costs £34 (See table 11.5 of this volume).
Meals on wheels	£46		Taken from PSS EX1 2010/11, ² the average cost per meal on wheels was £6.00 for the Local Authority and £4.00 for the independent sector.
Health care GP	£9.10	11.7 minutes	Surgery visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ³
Accommodation	£162		Based on the weekly cost of extra care housing. See table 1.5.
Living expenses	£161.10		Taken from the Family Expenditure Survey (2011). ⁴ Based on one retired adult household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£89 £412		Excludes accommodation and living expenses. All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for Older People*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

³ The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.

⁴ Office for National Statistics (2011) *Family Spending 2011 edition*, Office for National Statistics, London, available at <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2011-edition/index.html>.

8.1.2 Community care package for older people: low cost

The care package described in this schema is an example of a case where the costs to the public purse for health and social care support were in the bottom quartile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 25 per cent of cases incurred gross public community care costs of less than £95 per week. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in 8.7. All costs have been updated using the appropriate inflators.

Typical case Mrs B was a 79 year old widow who lived alone but received help from two people, most help being provided by a family member.			
Functional ability Mrs B had problems with three activities of daily living: using the stairs, getting around outside and bathing. Her problems stemmed from arthritic conditions and cardiovascular disease.			
Services	Average weekly cost	Level of service	Description
Social care Home care	£136	4 hours per week	Based on 4 hours of local authority-organised home care (See table 11.5 of this volume).
Private home care	£45	3 hours per week	Based on 3 hours of independently provided home care (See table 11.5 of this volume).
Health care Community nurse	£4.20	20 minutes	Community nurse visits once a month (see table 10.1 of this volume).
GP	£23	23.4 minutes	Home visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£83		The national average weekly gross rent for a two bedroom house in the social housing sector. ³
Living expenses	£161.10		Taken from the Family Expenditure Survey (2011, table 3.9E). ⁴ Based on one retired person household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£185 £452		Excludes accommodation and living expenses. All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for Older People*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.

³ Dataspring (2011) *Review of Residential Rent and Service Charge*, The Cambridge Centre for Housing and Planning Research, University of Cambridge.

⁴ Office for National Statistics (2011) *Family Spending 2011 edition*, Office for National Statistics, London, available at <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2011-edition/index.html>.

8.1.3 Community care package for older people: median cost

The care package described in this schema illustrates the median public sector costs per week for health and social care support in a 2005 home care sample of 365 cases.¹ In this sample there were 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in 8.7. All costs have been updated using the appropriate inflators.

Typical case Mrs D was an 80 year old widow living with two other relatives.			
Functional ability Mrs D had problems with four activities of daily living: using the stairs, getting around outside, dressing and bathing.			
Services	Average weekly cost	Level of service	Description
Social care Home care	£340	10 hours per week	Based on the cost of local authority-organised home care (See table 11.5 of this volume).
Health care GP	£9.10	11.7 minutes	Surgery visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£171		Privately rented shared three-bedroom house/bungalow. Based on the average (private) rental income in England in September 2012 and adjusted to take account of shared situation. ³
Living expenses	£161.10		Living expenses taken from the Family Expenditure Survey (2011, table 3.9E). ⁴ Based on one-person retired household mainly dependent on state pensions.
Total weekly cost of health and social care package	£349 £681		Excludes accommodation and living expenses. All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) Analysis to support the development of the Relative Needs Formula for Older People, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² The Information Centre (2007) 2006/07 UK General Practice Workload Survey, Primary Care Statistics, The Information Centre, Leeds.

³ Rentright, Average price for England, www.rentright.co.uk/00_00_00_3_00_rrpi.aspx

⁴ Office for National Statistics (2011) Family Spending, 2011, Office for National Statistics, London, available at <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2011-edition/index.html>.

8.1.4 Community care package for older people: high cost

The care package described in this schema is an example of where the costs to the public purse for health and social care support were in the top quartile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 25 per cent of cases incurred gross public community care costs of over £283 per week. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in 8.7. All costs have been uprated using the appropriate inflators.

Typical case Mr D was a 79 year old widower who owned his own home and lived with two other friends. One of these friends provided him with help.			
Functional ability Mr D had problems with seven activities of daily living: using the stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing and bathing. His problems stemmed from arthritic conditions and a previous stroke.			
Services	Average weekly cost	Level of service	Description
Social care			
Home care	£340		10 hours per week. Based on local authority-organised home care (See schema 11.5 of this volume).
Day care	£41		Attended a day centre about once a week. (See schema 1.4 of this volume).
Private home care	£356		Based on PSS EX1 2010/11 uprated using the PSS Pay & Prices Inflator. Cost of 24 hours of independently provided home care (See schema 11.5 of this volume).
Health care			
Community nurse	£17	20 mins	Once a week visit from a community nurse (see schema 10.1 of this volume).
OT	£59		Two visits were made by the OT (see schema 9.2 of this volume).
GP	£9.10	11.7 mins	Visits (surgery) estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£52		Based on the annuitised value of a detached house and shared between three people. Taken from the Halifax Price Index, 2nd quarter 2012 and uprated using the BCIS/ABI House Building Price Index.
Living expenses	£214.20		Living expenses taken from the Family Expenditure Survey (2011, table 3.5). ³ Based on one man and one woman retired household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£822 £1,088		Excludes accommodation and living expenses and privately purchased home care. All costs

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for Older People*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.

³ Office for National Statistics (2011) *Family Spending 2011 edition*, Office for National Statistics, London, available at <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2011-edition/index.html>.

8.1.5 Community care package for older people: very high cost

The care package costs described in this schema are an example of a case where the costs to the public purse for health and social care support were in the top decile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 10 per cent of cases incurred gross public community care costs of over £390 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in 8.7. All costs have been uprated using the appropriate inflators.

Typical case Mrs E was an 82 year old woman who was married and lived with her husband and another relative in her own home. Her husband provided most support.			
Functional ability Mrs E suffered from dementia and needed help with nine activities of daily living: stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing, bathing, washing and feeding.			
Services	Average weekly costs	Level of service	Description
Social services Home care	£1,020		30 hours per week of local authority-organised home care (See schema 11.5 of this volume).
Health care Community nurse	£17	20 mins	Once a week visit from a community nurse (see schema 10.1 of this volume).
GP	£9.10	11.7mins	Visits (surgery) estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£96		Based on the annuitised value of a terraced house and shared between three people. Taken from the Halifax Price Index, 2nd quarter 2012 and uprated using the BCIS/ABI Housebuilding Price Index.
Living expenses	£214.20		Living expenses taken from the Family Expenditure Survey (2011, table 3.5). ³ Based on one-man retired household, not mainly dependent on state pension.
Total weekly cost of health and social care package	£1,046 £1,356		Excludes accommodation and living expenses. All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for Older People*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.

³ Office for National Statistics (2011) *Family Spending 2011 edition*, Office for National Statistics, London, available at <http://www.ons.gov.uk/ons/rel/family-spending/family-spending/family-spending-2011-edition/index.html>.

8.2 Social care support for older people, people with intellectual disabilities, people with mental health problems and people with physical disabilities

The care packages described in the following schema (8.2.1-8.2.4) are drawn from the National Evaluation of the Individual Budgets Pilot Projects (IBSEN).¹ This study collected information on the social care service use of 1001 people representing four client groups: older people, people with intellectual disabilities, people with mental health problems and people with physical disabilities. For the study, the service users' needs were categorised as critical, substantial or moderate and information was collected on a pre-specified set of services; the type of accommodation in which they usually lived, the number of hours of home care and day care received each week and the social security benefits they received. The services were costed using information contained in this volume where possible (see details below) otherwise they have been taken from the Personal Social Services Expenditure return (PSS EX1) (2010/2011)² and uprated using the PSS pay and prices inflator. As the study database did not specify whether the services had been provided by the local authority or private organisations, we have used the weighted average price.

Home care: The cost per hour for a home care worker is £23 (face-to-face) (see table 11.5). As the PSS EX1 return does not distinguish between client groups for home care, the cost of home care for adults and older people has been used for all client groups. This cost is likely to be an under estimate for certain client groups.

Day care: For day care, assumptions have to be made about the number of times service users attend per week as the PSS EX1 expenditure return provides the average weekly cost for day care. It has therefore been assumed that older people, people with mental health problems and people with physical disabilities attend on average three days per week, and that people with intellectual disabilities attend five days per week. Based on these assumptions, the average cost per client session for older people and people with mental health problems (local authority and independent provision) is £30.² For people with intellectual disabilities the cost is £64 per session² and for people with physical disabilities, the cost of a day care session is £70.²

Benefit receipt: All benefit receipt was costed using information taken from the Department for Work and Pensions (DWP)³ and summed to provide a total for each service user. Benefits included long term incapacity benefit (£94.25 per week), severe disability benefit (£58.20 per week), disability (mobility) benefit (£54.05 per week), disability care allowance (£51.85 per week), attendance allowance, (lower/higher rate, £51.85/£77.45 per week), carer's allowance (£58.45 per week) and housing benefit (£71 per week).

Accommodation: Information was available on whether the service user lived in a registered care home, sheltered accommodation, supported living, flats, private accommodation or rented accommodation, whether the service user lived alone or in shared accommodation and how many bedrooms were in the accommodation. The data do not state whether the service user lived in accommodation provided by the local authority or private organisations. We have taken the lower cost assumption that the accommodation was provided by a private sector organisation. For each client group, the appropriate cost was taken from this volume or other national sources such as Rentright (<http://www.rent-right.co.uk/>), a website which provides the average rental costs for England for each month, or the Halifax Price Index which provides average prices for privately owned accommodation in England. Sometimes judgements were made about the type of accommodation according to the level of need of the service user. For example, for people with physical disabilities, where a care home was specified, it was assumed that this was a high dependency care home (see table 5.1). Similarly, when a 'flat' was specified and the level of need was 'critical' or 'substantial', the cost of special needs flats were applied (see table 5.3). When the accommodation type was 'supported living', when the level of need was 'critical', it was assumed that this also was a care home, otherwise the cost of 'extra care housing' was used. Costs for residential care and supported living for all client groups were taken from the relevant sections of this volume.

¹ Glendinning, C., Challis, D., Fernandez, J., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. and Wilberforce, M. (2008) Evaluation of the Individual Budgets Pilot Programme: Final Report, Social Policy Research Unit, University of York, York.

² The Information Centre (2012) *PSS EX1 2010/11*, The Information Centre, Leeds.

³ Department for Work and Pensions (2012) *Social Security Benefit Upating*, <http://www.dwp.gov.uk/docs/benefitrates2012.pdf>

8.2.1 Social care support for older people

Two hundred and eighty one people in the IBSEN study were over 65 (28% of the whole sample), with 39 having critical needs, 171 having substantial needs and 71 moderate needs. The average total cost for the whole sample was £273 per week with 10 per cent incurring costs of less than £117 and 10 per cent more than £523.			
Service/need group	Average weekly costs 2011/2012	Number of users	Description
Home care			
Critical	£285	18 users	Forty-two per cent of the sample of older people reported the use of home care. The average weekly cost for critical users was £285 compared to £151 for those with moderate needs. The average weekly cost for all 118 service users was £169 (9 hours per week).
Substantial	£148	74 users	
Moderate	£151	26 users	
Total average	£169	118 users	
Day care			
Critical:	£103	4 users	Twelve per cent of the older participants reported the use of day care. The average weekly cost for all 35 users was £68 per week.
Substantial	£66	24 users	
Moderate	£53	7 users	
Total average	£68	35 users	
Benefits			
Critical	£123	15 users	Thirty-seven per cent reported receiving benefits. In total, the cost of benefits received by critical service users was £123 compared to £95 for moderate service users. The total average weekly cost for all 105 users was £93.
Substantial	£85	66 users	
Moderate	£95	24 users	
Total average	£93	105 users	
Accommodation			
Critical	£169	39 users	The cost of accommodation for those with moderate needs was 6 per higher than those with critical needs. The average weekly cost for accommodation was £158.
Substantial	£139	171 users	
Moderate	£179	71 users	
Total average	£158	281 users	
Total Costs			
Critical	£363	39 users	The average weekly cost for all service users was £273. Support costs for critical service users were 32 per cent higher than costs for moderate service users.
Substantial	£251	171 users	
Moderate	£276	71 users	
Total average	£273	281 users	

8.2.2 Social care support for people with intellectual disabilities

Two hundred and sixty people in the IBSEN study had intellectual disabilities (26% of the whole sample), with 76 having critical needs, 159 substantial needs and 25 moderate needs. The average cost for this sample was £313 per week with 10 per cent incurring costs of less than £190 and 10 per cent more than £1,305.			
Service/need group	Average weekly costs 2011/2012	Number of users	Description
Home care Critical Substantial Moderate Total average	£378 £371 £263 £371	28 users 47 users 2 users 77 users	Forty-six per cent of the sample of people with intellectual disabilities reported the use of home care. Of those, the average weekly cost for critical users was £378 compared to £263 for those with moderate needs. The average weekly cost for all 77 service users was £371.
Day care Critical Substantial Moderate Total average	£324 £48 £34 £54	18 users 51 users 3 user 72 users	Twenty-eight per cent of the whole sample of people with intellectual disabilities reported the use of day care. The average weekly cost was £54 across the 72 users.
Benefits Critical Substantial Moderate Total average	£140 £138 £146 £139	68 users 119 users 12 users 199 users	Seventy-seven per cent reported receiving benefits. In total, the value of benefits received by critical service users was £140 compared to £146 for moderate service users. The total average weekly cost for all 199 users was £139.
Accommodation Critical Substantial: Moderate Total average	£188 £162 £67 £161	76 users 159 users 25 users 260 users	The cost of accommodation for those with critical needs was £188 compared to the cost of those with moderate needs of £67. The average weekly cost for the whole sample of people with intellectual disabilities was £161.
Total Costs Critical Substantial Moderate Total average	£387 £301 £165 £313	76 users 159 users 25 users 260 users	The average weekly cost for all service users was £313. Support costs for critical users were 135 per cent higher than costs for moderate service users.

8.2.3 Social care support for people with mental health problems

One hundred and forty three people in the IBSEN study had mental health problems (14% of the whole sample), with 22 having critical needs, 96 having substantial needs and 25 moderate needs. The average cost for these 143 people was £446 per week with 10 per cent incurring costs of less than £194 and 10 per cent incurring costs of more than £503 per week.

Service/need group	Average weekly costs 2011/2012	Number of users	Description
Home care			
Critical	£99	4 users	Seven per cent of people with mental health problems were receiving home care. The average weekly cost for critical users was £99 compared to £75 for moderate users. The average weekly cost for all 10 service users was £169.
Substantial	£243	5 users	
Moderate	£75	1 user	
Total average	£169	10 users	
Day care			
Critical	£65	5 users	Fourteen per cent of people with mental health problems were receiving day care. The average weekly cost was £67 across all users of day care.
Substantial	£68	13 users	
Moderate	£62	2 users	
Total average	£67	20 users	
Benefits			
Critical	£144	17 users	Seventy-seven per cent service users were receiving benefits. In total, the value of benefits received by critical service users was £144 compared to £111 for moderate service users. The total average weekly cost for all 110 users was £145.
Substantial	£156	73 users	
Moderate	£111	20 users	
Total average	£145	110 users	
Accommodation			
Critical	£195	22 users	The cost of accommodation for those with critical needs was £195 compared to the cost of those with moderate needs of £167. The average weekly cost across all users was £196.
Substantial	£207	96 users	
Moderate	£167	25 users	
Total average	£196	143 users	
Total Costs			
Critical	£320	22 users	The average weekly cost for all service users was £446. Critical service users had costs of £320 compared to moderate service users whose weekly costs were £261.
Substantial	£523	96 users	
Moderate	£261	25 users	
Total average	£446	143 users	

8.2.4 Social care support for people with physical disabilities

Three hundred and seventeen people in the IBSEN study had physical disabilities (32% of the whole sample), with 52 having critical needs, 245 having substantial needs and 20 moderate needs. The average cost for this group was £670 per week, with 10 per cent of service users incurring costs of less than £281 and 10 per cent more than £1,143.			
Service/need group	Average weekly costs 2011/2012	Number of users	Description
Home care Critical Substantial Moderate Total average	£364 £269 £120 £277	31 users 136 users 9 user 176 users	Fifty-six per cent of the total sample of people with physical disabilities received home care. The average weekly cost for users with critical needs was £364 compared to £120 for those with moderate needs. The average weekly cost for all users of home care (176 people) was £277.
Day care Critical Substantial Moderate Total average	£151 £159 £235 £161	8 users 27 users 2 users 37 users	Twelve per cent of the people with physical disabilities were receiving day care. The value of day care received by moderate users was 56 per cent higher than critical users. The average weekly cost was £161 for all 37 users of day care.
Benefits Critical Substantial Moderate Total average	£129 £175 £165 £175	72 users 230 users 17 users 297 users	Ninety-four per cent of service users were receiving benefits. In total, the cost of benefits received by critical service users was £129 per week compared to £165 for moderate service users. The total average weekly cost for all 297 service users was £175.
Accommodation Critical Substantial Moderate Total average	£746 £235 £235 £319	52 users 245 users 20 users 317 users	The average weekly cost of accommodation for those with critical needs was £746 compared to £234 for those with moderate needs. The average weekly cost was £319.
Total Costs Critical Substantial Moderate Total average	£1,194 £571 £458 £670	52 users 245 users 20 users 317 users	The average weekly care package cost for all service users was £670 per week. Critical service users had costs of £1,194 compared to moderate service users whose weekly costs were £458.

8.3 The cost of autism

There is growing evidence on the economic burden of autism spectrum disorders (ASD). Autism has life-time consequences with a range of impacts on the health, economic well-being, social integration and quality of life of individuals with the disorder, their families and potentially the rest of society. Many of those impacts can be expressed as economic costs.

Interventions and services currently used to treat or support children and adults with ASD include services provided by medical practitioners, nurses, dieticians, psychologists, speech and language therapists, teachers and various providers of complementary and alternative medicine, such as music therapy, aromatherapy, homeopathic remedies, naturopathic remedies, manipulative body therapies and spiritual healing. These treatments, services and supports all impose costs either to the state or to a voluntary sector organisation or to the families of people with ASD who have to pay for them from their own pockets.

Here we present cost information taken from two research studies, the first of which focuses on pre-school children and provides the service and wider societal costs in the UK (Barrett et al, 2010).¹ It looked at the services received by 152 pre-school children with autism, reported family out-of-pocket expenses and productivity losses, and explored the relationship between family characteristics and costs.

Service use data were collected using a modified version of the Child and Adolescent Service Use Schedule (CA-SUS) to collect data on the use of specialist accommodation such as foster and respite care, education or day care facilities attended, all medication prescribed for the individual child, all hospital contacts, and all community health, education and social care services, including non-statutory provision. School based services were not recorded separately to avoid double-counting the costs of those services included in the overall cost of the education facility and because parents may not always be aware of their use. In addition, parents were asked to report details of time off work due to their child's illness, and expenditure on any specialist equipment or other extraordinary costs, such as home adaptations, conference or training attendance and overseas travel that were a direct result of their child's autism. Information from this study is found in 8.3.1.

The second study provides the annual costs for children and adults with low-functioning and high-functioning ASD (i.e. with and without an intellectual disability). The research carried out by Knapp et al (2007, 2009)^{2,3} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom drawing on previous research, national surveys, expert advice and supplemented with using data on 146 children and 91 adults. In the sample of children with autism, ages ranged from 3 to 17, with a mean of 10.28 years (standard deviation 3.17) and a median age of 10. The purpose of the study was to examine the service, family and other economic consequences of autism in the UK for children and adults with ASD. See Tables 8.3.2 to 8.3.4 for costs from this study.

¹ Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT group (2012) *Service and Wider Societal Costs of Very Young Children with Autism*, the *Journal of Autism and Developmental Disorders*, 42,5,797-804.

² Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

³ Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.3.1 Children with autism (pre-school)

Information for this schema has been taken from Barrett et al (2012).¹ All costs presented were for 2006/2007 and have therefore been updated to 2011/2012 using the appropriate inflators.

This table reports the service and wider societal costs for the six months prior to interview for pre-school children with autism. The mean total service costs were £2,825, equivalent to £471 per month and over £5,650 per year. Almost half the costs (44 per cent) were for education and childcare, 41 per cent were for community health and social services, and 12 per cent for hospital services. Total costs varied substantially between the children in the study (range £345 to £7,289 over six months). Box 1 below presents case studies of low- and high-cost cases.

On average, families spent an additional £275 as a result of their child's illness over the six months prior to interview (range £0 to £4,059). Fifty-one per cent of families reported taking some time off work due to their child's illness over the six months, associated with productivity losses of £299 per family. Total costs including all services, family costs and productivity losses were estimated over £3,399 over six months, equivalent to over £567 per month.

Total costs per child for the six months prior to interview (£, n=152)

	Mean	SD	Total service cost %	Total cost %
Accommodation	£16	£206	0.58	0.49
Hospital-based health services	£344	£504	12.19	10.13
Community health and social services	£1,160	£972	41.06	34.12
Medication	£18	£90	0.64	0.53
Voluntary sector services	£33	£89	1.16	0.96
Education and child care	£1,254	£897	44.37	36.88
Total service costs	£2,825	£1,357	100.00	83.11
Out-of-pocket expenses	£275	£583		8.09
Productivity losses	£299	£654		8.80
Total costs	£3,399	£1,817		100.00

Box 1 Case studies of low and high cost cases

High cost — £7,289 over six months

Child H attends a mainstream nursery part-time and a specialist playgroup one day a week. He spent three nights in hospital following a grommet operation, and had two outpatient appointments with the ear, nose and throat specialist before and after the operation. Child H had monthly visits to his GP, regular contact with the practice nurse and his health visitor, and weekly contacts with a speech and language therapist at the local health centre. In addition, he had contact with a community paediatrician and a portage worker.

Low cost — £345 over six months

Child I does not attend any formal education or childcare, spending all his time at home with his mother. He had one visit to a paediatrician at the local hospital, but did not have any other hospital contacts or use any services in the community.

¹ Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT consortium (2012) Service and wider societal costs of very young children with autism, *Journal of Autism and Developmental Disorders*, 42,5,797-804.

8.3.2 Children with low-functioning autism (ages 0 –17)

The research carried out by Knapp et al (2007, 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children.

The table below summarises the average cost per child with low-functioning ASD, whether living with their families or living in a residential or foster care placement. Costs are organised under a number of different service and support headings. Family expenses were also included and, where appropriate, costs were imputed for the lost employment of parents. The table distinguishes children in three different age groups. The annual costs for children with low-functioning ASD who live in residential or foster placements are estimated to be £18,039 (if aged 0-3), £45,226 (aged 4-11) and £69,699 (aged 12-17). For the two older age groups, the largest contributors to these totals are the care placements themselves, and special education. The authors noted that, given the availability of data, residential special school costs may have been underestimated.

Costs for children with low-functioning ASD who live with families are much lower: £4,839 (if aged 0-3), £31,061 (aged 4-11) and £45,110 (aged 12-17). For the two older age groups the largest contributors to these totals are special education, and health and social care services (including hospital and respite care).

Average annual cost per child with low-functioning ASD

	Living in residential or foster care placement			Living in private households with family		
	Ages 0-3	Ages 4-11	Ages 12-17	Ages 0-3	Ages 4-11	Ages 12-17
Residential/foster care placement	£17,387	£25,037	£35,585	-	-	-
Hospital services	-	961	£1,769	-	£961	£1,769
Other health and social services	£652	£7,699	£446	£652	£7,699	£446
Respite care	-	-	-	-	£3,150	£4,106
Special education	-	£10,189	£30,772	-	£10,189	£30,772
Education support	-	£1,320	£1,111	-	£1,320	£1,111
Treatments	-	£20	£17	-	£20	£17
Help from voluntary organisations	-	-	-	-	£940	£107
Benefits	-	-	-	£4,187	£4,458	£4,458
Lost employment (parents)	-	-	-	-	£2,325	£2,325
Total annual cost (excluding benefits)	£18,039	£45,226	£69,699	£652	£26,603	£40,652
Total annual cost (including benefits)	£18,039	£45,226	£69,699	£4,839	£31,061	£45,110

Note: Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents, which is why two totals are provided above.

¹ Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

² Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.3.3 Children with high-functioning autism (ages 0–17)

The research carried out by Knapp et al (2007, 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom.

As in schema 8.3.2, the table below distinguishes costs under a number of different service and support headings. The study assumed that all children with high-functioning ASD live with their parents. Average costs range from £1,876 to £24,029 per annum.

Average annual cost per child with high functioning ASD

	Living in private household with family		
	Ages 0-3	Ages 4-11	Ages 12-17
Hospital services	-	£866	£866
Other health and social services	£1,353	£1,353	£1,353
Respite care	-	£7,256	£7,256
Special education	-	£13,018	£13,018
Education support	-	£607	£607
Treatments	-	£165	£165
Help from voluntary organisations	-	-	-
Benefits	£523	£523	£523
Lost employment (parents)	-	£241	£241
Total annual cost (excluding benefits)	£1,353	£23,506	£23,506
Total annual cost (including benefits)	£1,876	£24,029	£24,029

Note 1. Note that the costs for children aged 4-11 and aged 12-17 are the same.

Note 2. Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents, which is why two totals are provided above.

¹ Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

² Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.3.4 Adults with autism

The research carried out by Knapp et al (2007, 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom. The estimated annual costs for adults with high-and low-functioning ASD are presented below. Imputed costs for lost employment are included for both the individuals with ASD and for parents, where these are appropriate. Costs are arranged by place of residence.

For an adult with high-functioning ASD, it is estimated that the annual cost of living in a private household (with or without family) is £37,194. A sizeable part of this (£22,051) is the imputed cost of lost employment for the individual with ASD (and hence also lost productivity to the economy). Part of that (not separately identified here) would be lost tax revenue to the Exchequer.

Costs for high-functioning adults in supported living settings or care homes are much higher (£95,105 and £98,127 per annum respectively) and the proportion attributable to lost employment is lower. The largest cost element in each case is for accommodation, and includes the costs of staff employed in those settings or supporting the residents.

For low-functioning adults, the mean annual costs (excluding benefits but including lost employment) rise with increased support in the accommodation for those living in private households from £47,959 to £110,104 for those in hospital care.

Average annual cost per adult with ASD

	Adults with high-functioning ASD			Adults with low-functioning ASD			
	Private household	Supporting People	Residential care	Private household	Supporting People	Residential care	Hospital
Accommodation	£1,658	£65,783	£68,806	-	£65,783	£68,806	-
Hospital services	£866	£866	£866	£97	£167	£38	£84,126
Other health and social services	£542	£542	£542	£788	£522	£645	-
Respite care	-	-	-	£1,712	-	-	-
Day services	£2,481	£2,481	£2,481	£4,182	£4,038	£924	-
Adult education	£3,217	£3,217	£3,217	£1,599	£948	£3,696	-
Employment support	-	-	-	£562	£1,218	-	-
Treatments	£165	£165	£165	£69	£69	£69	-
Family expenses	£2,108	-	-	£2,426	-	-	-
Lost employment (parents)	£4,106	-	-	£4,106	-	-	-
Subtotal	£15,142	£73,053	£76,076	£15,541	£72,746	£74,178	£84,126
Lost employment (person with ASD)	£22,051	£22,051	£22,051	£24,947	£24,947	£24,947	£24,947
Total (excluding benefits)	£37,194	£95,105	£98,127	£40,488	£97,693	£99,125	£109,073
Benefits	-	-	-	£7,471	£4,815	£4,815	£1,031
Total (including benefits)	£37,194	£95,105	£98,127	£47,959	£102,507	£103,940	£110,104

¹ Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

² Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.4 Services for children in care

The following tables present illustrative costs of children in care reflecting a range of circumstances. Information from practitioners and managers, gathered in the course of developing unit costs for social work processes, indicated that some needs — or combinations of them — are likely to have an impact on the cost of placements: disabilities; emotional or behavioural difficulties; and offending behaviour.¹ Unaccompanied asylum-seeking children comprise a further group whose circumstances, rather than their attributes, engender a different pattern of costs. In any population of looked-after children, there will be some children who have none of these additional support needs. Authorities with a higher proportion of children without additional needs will incur lower average costs per looked-after child. However, in reality their overall expenditure on children's services may be greater, for such authorities may place a higher proportion of their whole population of children in need away from home than do those with better developed family support services.

The study by Ward and colleagues identified different combinations of additional support needs. There were five simple groups of children who display none or one of the attributes expected to affect costs, and six complex groups of children who display two or more additional support needs. In the sample of 478 children, 129 (27 per cent) showed no evidence of additional support needs, 215 (45 per cent) displayed one; 124 (26 per cent) children displayed combinations of two; and a very small group of children (2 per cent) displayed combinations of three or more.

The care package costs for children described in the tables (8.4.1 – 8.4.4) illustrate an example of the support received by a child in some of these groups, taken from the study sample. Costs relate to time periods stated in each table.

¹ Ward, H., Holmes, L. & Soper, J. (2008) *Costs and Consequences of Placing Children in Care*, Jessica Kingsley Publishers, London.

8.4.1 Children in care: low-cost — with no evidence of additional support needs

Child A is a boy aged fourteen with no evidence of additional support needs. The table shows the total cost incurred by social services and other agencies from February 2005 to October 2006, uprated using the PSS Pay & Prices inflator. Child A became looked after at the age of six, as the result of neglect. A care order was obtained in 2002. Since then he has been placed with the same local authority foster carers, a placement that had lasted eight years by the start of the study. In June 2006, his case was transferred to the leaving care team. Reviews were held at six-monthly intervals and his care plan was updated every six months. He attended six-monthly dental appointments and an annual looked-after child medical. During the time period shown above, this young person attended weekly, hour-long physiotherapy sessions as a result of a neck injury. He completed his statutory schooling in summer 2008 and obtained seven GCSEs. He then progressed to further education to start an A level course.

Child A had a relatively inexpensive placement with local authority foster carers. He incurred some educational costs, in that he attended school, and some health care costs, but there was no exceptional expenditure. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£240 x 3	£720	£172 x 3	£517
Maintaining the placement	£795 x 87 weeks minus £9,695 ¹	£59,470	£55 x 3	£165
Review	£815 x 3 + £19 ²	£2,464		
Legal	£8 ³ x 87 weeks	£691	£12.30 ⁴ x 87 weeks	£1,075
Transition to leaving care	£1,845	£1,845		
Cost of services				
Mainstream schooling			£28 ⁵ per day	£7,843
FE college			£26 ⁴ per day	£817
Dentist			£8.90 ⁶ x 3	£27
Looked after child medical			£36 ⁷	£36
Physiotherapy (home visit)			£82 x 87 weeks ⁸	£7,096
Total cost over 9 months		£65,190		£17,574

¹ Cost includes payment made for the placement and all activity to support the placement. There is a reduction in cost as a result of reduced activity once the placement has lasted for more than one year.

² An additional cost is incurred for the first 16+ review.

³ The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

⁴ Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

⁵ Based on the cost of a secondary school place. Calculated by dividing total secondary school expenditure by the total number of pupils on the roll, and by the total number of days of pupil contact (190). Department for Education (2011) Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2010-11, Department for Education, London and table 1A 'All Schools: pupils with statements of special educational needs'.

⁶ Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

⁷ Based on the unit cost of a surgery consultation with a general practitioner (see Schema 10.8b).

⁸ Department of Health (2011) *NHS Reference Costs 2009-2010*,

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459

8.4.2 Children in care: median cost — children with emotional or behavioural difficulties

Between February 2005 and April 2006, Child B was placed with local authority foster carers (within the area of the authority). She then changed to another placement with local authority foster carers within the area of the authority. A care order was obtained for this young person when she first became looked after. During the time frame three review meetings were held and her care plan was also updated on three occasions. Child B attended mainstream school and from December 2005 until June 2006 where she received support from a personal teaching assistant for four hours a week. This young person attended six monthly dental appointments and also her annual looked after child medical. Child B also received speech therapy until July 2006. Following a self-harm incident she was taken to the accident and emergency department and was referred to a clinical psychologist and began weekly sessions in September 2006.				
Costs to social services are relatively low, largely because she was placed with local authority foster carers within authority throughout the study period, and not considered difficult to place. There were relatively high costs to other agencies, designed to meet both her health and educational needs. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.				
Process	Cost to LA		Cost to others	
	Unit costs	Total	Unit costs	Total
Care planning	£240 x 3	£720	£172 x 3	£517
Maintaining the placement	£696 x 87 weeks minus £5,238	£55,314		
Finding subsequent placement	£310	£310		
Review	£815 x 3	£2,445	£55 x 3	£162
Legal	£10 ¹ x 87 weeks	£843	£12.30 ² x 87	£1,075
Cost of services				
Mainstream schooling			£28 ³ per day	£8,559
Dentist			£8.90 ⁴ x 3	£26
Looked after child medical			£36 ⁵	£36
Speech therapy			£86 x 60 weeks	£5,142
Clinical psychologist			£136 x 52 weeks	£7,068
Hospital accident and emergency visit (admitted)			£141 ⁶	£141
Personal teaching assistant			£45 ⁵ (4 hours per week for 25 weeks)	£4,484
Total cost over 14 months		£59,632		£27,210

¹ The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

² Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

³ Based on the cost of a secondary school place. Calculated by dividing total secondary school expenditure by the total number of pupils on the roll, and by the total number of days of pupil contact (190). Department for Education (2011) *Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2010-11*, Department for Education, London and table 1A 'All Schools: pupils with statements of special educational needs'.

⁴ Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

⁵ Based on the unit cost of a surgery consultation with a general practitioner (see Schema 10.8b)

⁶ Department of Health (2011) *NHS Reference Costs 2010-2011*,

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

8.4.3 Children in care: high cost — children with emotional or behavioural difficulties and offending behaviour

Child C was aged fifteen at the start of the study. He first became looked after at the age of eleven, when his parents needed respite. Prior to the start of the study he was placed in secure accommodation on five separate occasions. He had also been placed in various residential homes, schools and foster placements, many of which had broken down. As a consequence, he had been classified as 'difficult to place'. During the study period (74 weeks), Child C experienced ten different placements. He also refused all statutory medical and dental appointments; furthermore, he refused any mental health support. Child C did not complete his statutory schooling, as a result of numerous exclusions and non-attendance. Prior to the start of the study he had a history of offending: this continued throughout the study, with him committing ten further offences. He ceased being looked after in summer 2007 when he refused to return to any placement provided by the local authority.

The costs to social services were relatively high, both because of a number of out-of-authority, residential placements provided by independent sector agencies and due to nine changes of placement. There were substantial costs to other agencies (Youth Offending Team and the Police) as a result of his offending behaviour. No additional health care costs were incurred for this young man because of his refusal to engage in the services offered to him. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£240 x 2	£480	£172 x 2	£344
Maintaining the placement	£293,741 ¹	£293,741	£55 x 74 weeks ²	£4,075
Ceased being looked after	£415	£415		
Find subsequent placements	£10,139 ³	£10,139		
Review	£618.54 +£1,233	£1,851	£200 x 2	£401
Cost of services⁴				
YOT involvement/criminal costs			£1,110 ⁵ x 74 weeks	£82,140
Total cost over 18.5 months		£306,626		£86,960

¹ This cost includes the payment made for the placement and all activity to support the placements. There is an increase in cost in the first three months of a placement due to increased social worker activity.

² Child C ceased being looked after in July 2011, therefore the time period being costed is 74 weeks.

³ Child C experienced nine changes of placement during the timeframe of the study.

⁴ There are no additional education costs because these are included in the costs of the placements in process three.

⁵ Liddle, M. (1998) *Wasted Lives: Counting the Cost of Juvenile Offending*, National Association for the Care and Resettlement of Offenders (NACRO), London.

8.4.4 Children in care: very high cost — children with disabilities, emotional or behavioural difficulties plus offending behaviour

Child D experienced nine different placements from February 2006 to October 2007. Initially he was placed in an independent sector agency residential unit with education facilities. In March 2006, he was placed with independent sector foster carers, again out-of-area. He then experienced three further placements, all out of the independent sector area authority and all provided by independent sector organisations: another residential unit, then another foster placement, then a third residential placement. In September 2006 he was placed overnight in a secure unit within the authority. He then had three independent sector placements; foster carers, a residential unit, and a specialised one-bedded residential unit in December 2006. This placement was also out of the area of the authority. Review meetings were held six monthly and his care plan was also updated every six months. This young person attended the education provision in two different residential units up until summer 2006, when he was permanently excluded. He then started sessions with a home tutor in October 2006. During the given time period, he attended six-monthly dental appointments and his looked after child medical. He also attended weekly sessions with a clinical psychologist from October 2006 onwards. In September 2006, he was accused of a criminal offence; the police were involved, but he was not convicted.

These costs are markedly higher than for the majority of other children in the sample. Child D had become difficult to place; and increasing amounts of social work time had to be spent on finding the rare placements that were prepared to accept him. The costs of changing placements were calculated at over £1,000 per move. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£240	£240	£172 x 3	£517
Maintaining the placement	£543,942 ¹	£543,942		
Finding subsequent placements	£10,820	£10,820	£94 x 8	£769
Review	£993 x 3	£2,978	£399 x 3	£1,197
Legal	£5.14 ² x 87 weeks	£447	£6 ³ x 87 weeks	£539
Transition to leaving care	£1,844	£1,844		
Cost of services				
Home tuition			£45 ⁴ per hour x 188	£8,439
Permanent exclusion			No current costs ⁵	
Dentist			9 ⁵ x 3	£27
Looked after child medical			£36 ⁶	£36
Clinical psychologist			£136 per hour for 52 weeks	£7,068
Police costs for criminal offence (police statement and interview)			£324 ⁷	£324
Total cost over 20 months		£560,271		£18,916

¹ The cost includes the payment made for the placements and all activity to support the placements. There is an increase in cost in the first three months of a placement due to increased social worker activity.

² The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

³ Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

⁴ Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

⁵ See Prince's Trust (2007) *The Cost of Exclusion*, Prince's Trust, London. <http://www.princes-trust.org.uk/PDF/Princes%20Trust%20Research%20Cost%20of%20Exclusion%20apr07.pdf>

⁶ Based on the unit cost of a surgery consultation with a general practitioner (see Schema 10.8b).

⁷ Bedfordshire Police, (2012) 2012/13 Fees and charges Handbook. http://www.bedfordshire.police.uk/PDF/bedfordshire_fees_and_charges.pdf

8.5 Services for children in need

The care package costs for children described in the tables (8.5.1 – 8.5.4) illustrate examples of the support received by Children in Need reflecting a range of circumstances. These costs have been drawn from a study undertaken by the Centre for Child and Family Research (CCFR) at Loughborough University in which the costs of key social care processes carried out for children in need have been calculated in four local authorities, including initial and core assessments, Children in Need reviews, along with ongoing social care activity to support families.¹ The study used a bottom-up costing methodology,² which uses social care activity time data as the basis for building up unit costs. The unit costs per hour are based on average salaries for each staff type using national salary scales and applying oncosts and overheads as presented in the *Unit Costs of Health and Social Care 2011*.

The costs provided were for 2008/09 and have been updated using the appropriate inflators.

8.5.1 Child A - No additional needs

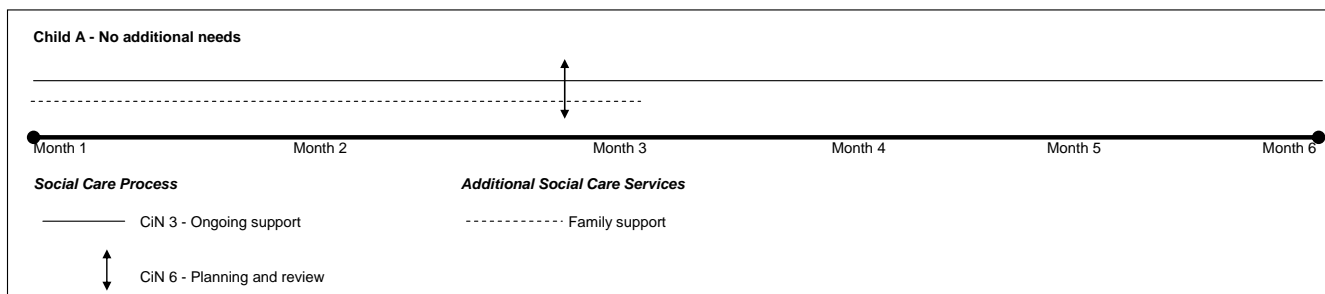
Child A – No additional needs: out of London costs

Child A, a boy aged 11 at the start of the study, was referred to social care in August 2007. Support was offered to his family, who had been assessed as being in need due to ‘family dysfunction’. Child A lived with his mother and had no siblings.

Concerns had been raised about the relationship between Child A and his mother, in particular the ability of Child A’s mother to deal with his tantrums and use appropriate levels of discipline.

In addition to the ongoing case management provided by the allocated social worker, a family support worker from the social care team had been allocated to the case to undertake some work around discipline and behaviour. A weekly visit was made by the family support worker. This work ceased in December 2008, three months into the data collection period. One Child in Need Review was carried out during the study time period.

Timeline for Child A



Total costs for Child A during the six month data collection period¹

Social care activity costs (out of London costs)			
Process	Frequency	Unit cost (£)	Sub-total (£)
CiN 3 – ongoing support	6 months	£110	£663
CiN 6 – planning and review		£230	£230
Cost of social care case management activity			£893
Additional services costs costs (out of London costs)			
Family support	Once a week for 10 weeks ^a	£35	£348
Cost of service provision			£348
Total cost incurred by children’s social care for Child A during the 6-month period			£1,240

¹ There was no evidence of additional support services being provided by other agencies during the study timeframe.

¹ Department for Children Schools and Families (2008) *Aiming high for disabled children: short breaks implementation guidance*, Department for Children, Schools and Families, London.

² Beecham, J.(2000) *Unit Costs – Not Exactly Child’s Play: A Guide to Estimating Unit Costs for Children’s Social Care*, University of Kent, Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit; Ward, H., Holmes, L. & Soper, J. (2008) *Costs and Consequences of Placing Children in Care*, Jessica Kingsley, London.

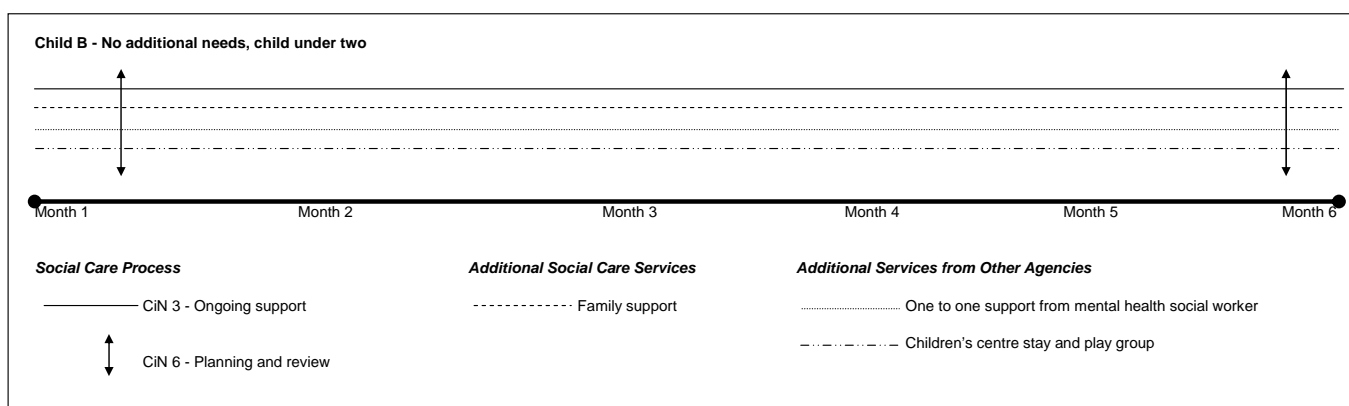
8.5.2 Child B – No additional needs, aged six and under

Child B – No additional needs, aged six and under: London costs

Child B was referred to social care in June 2008, aged 14 months, due to concerns about her mother's mental health. Although both parents lived at home, Child B's mother was struggling to fulfil her caring duties because of her anxiety and depression. These difficulties were also putting a strain on the parents' relationship. Consequently, Child B was assessed as being in need under Section 17 of the Children Act 1989. The primary need code was recorded as 'family in acute distress' and no additional needs were identified.

During the study time period, the family were in receipt of a number of additional support services. Weekly one-to-one home visits were provided by a mental health social worker from multi-agency early intervention service. A mental health support worker was funded by the Primary Care Trust to address and support Child B's mother. Additional one-to-one support was offered to Child B's mother for an hour each week by the local authority family support team. The family also attended weekly group sessions at the local children's centre. There were two Child in Need Reviews during the data collection period.

Timeline for Child B



Total costs for Child B during the six month data collection period¹

Social care activity costs (London costs)			
Process	Frequency	Unit cost (£)	Sub-total (£)
CiN 3 – ongoing support	6 months	£238	£1,431
CiN 6 – planning and review	2	£268	£556
Cost of social care case management activity			£1,987
Additional services costs (London costs)			
Social care services			
Family support	Once a week for 21 weeks ¹	£44	£922
Cost of service care provision			£922
Services from other agencies			
Children's centre stay and play group provided by Local authority, not social care	Once a week for 21 weeks ²	£15	£325
One-to-one support from mental health social worker provided by the PCT	Once a week for 21 weeks ³	£118	£2,476
Cost of service provision from other providers			£2,801
Total cost incurred by children's social care for Child B during the 6-month period			£2,909
Total cost incurred for Child B during the 6-month period			£5,710

¹ Unit cost based on a one hour visit and 40 minutes travel time.

² Tidmarsh, J. & Schneider, J. (2005) Typical costs of Sure Start Local Programmes in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Curtis, L. (2008) *Unit Costs of Health and Social Care 2008*, Personal Social Services Research Unit, University of Kent, Kent.

8.5.3 Child C – emotional or behavioural difficulties

Child C – Boy with emotional or behavioural difficulties: Out of London costs

Child C was age 14 at the time of the data collection and had been receiving support as a child in need since September 2008, as his family was 'in acute distress'.

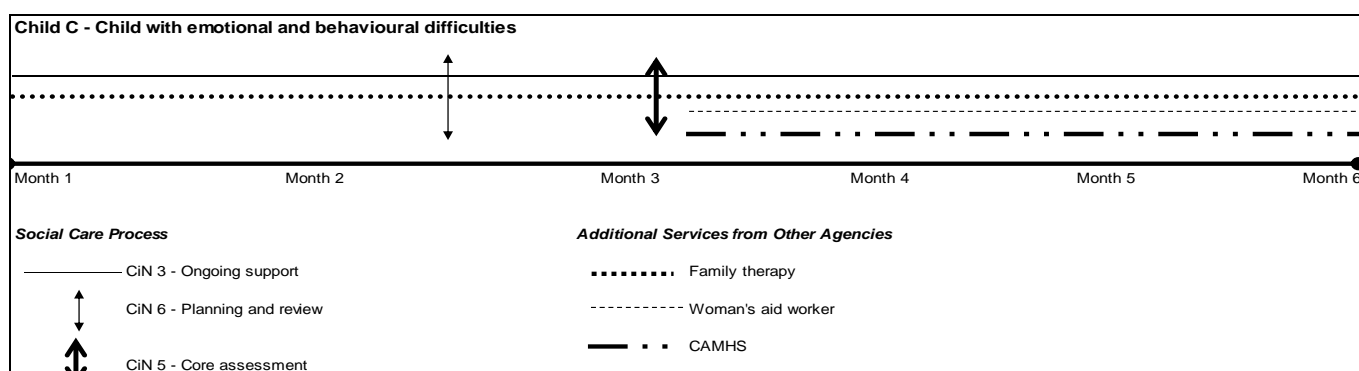
Child C's mother had been subject to domestic abuse by her partner and, although he no longer lived in the family home, their relationship had continued to be chaotic. The family had been receiving family therapy, provided by a voluntary agency, twice a month, to help another sibling with obsessive compulsive disorder.

The family's circumstances were reviewed at a Child in Need Review in November 2008. At this review meeting Child C's teacher noted that he had also exhibited symptoms of low self-esteem. His school attendance has been low and his teacher was concerned that this may be as a result of his anxieties around socialising with his peers.

The review meeting concluded that the family's situation had not improved and because of the additional concerns raised by the teacher and social worker, a Core Assessment was recommended. This was carried out in December 2008.

Subsequently, Child C was referred to CAMHS for weekly sessions and his mother was offered woman's aid support.

Timeline for Child C



Total costs for Child C during the six month data collection period¹

Social care activity costs (out of London costs)			
Process	Frequency	Unit cost (£)	Sub-total (£)
CiN 3 – ongoing support	6 months	£206	£1,237
CiN 6 – planning and review		£230	£230
CiN 5 – core assessment		£606	£606
Cost of social care case management activity			£2,072
Additional services from other agencies (out of London costs)			
Family therapy provided by voluntary agency	Twice a month for 6 months ²	£105	£1,106
Woman's aid provided by voluntary agency	Weekly for 3 months ³	£66	£693
CAMHS provided by Primary Care Trust	Weekly for 3 months ⁴	£66	£692
Cost of service provision from other providers			£2,491
Total cost incurred by children's social care for Child B during the 6-month period			£2,072
Total cost incurred for Child B during the 6-month period			£4,563

¹ There was no evidence of additional support services being provided by social care during the study timeframe.

² Barlow, J. Jarrett, P. Mockford, C. McIntosh, Davis, H. Stewart-Brown, S. (2006) *The role of home visiting in improving parenting and health in families at risk of abuse and neglect: Results of a multicentre randomised controlled trial and economic evaluation*, Arch Dis Child.

³ McIntosh, E. & Barlow, J. (2006). The costs of an intensive home visiting intervention for vulnerable families, in A. Netten & L. Curtis (eds) *Unit Costs of Health and Social Care 2006*, PSSRU, University of Kent, Canterbury.

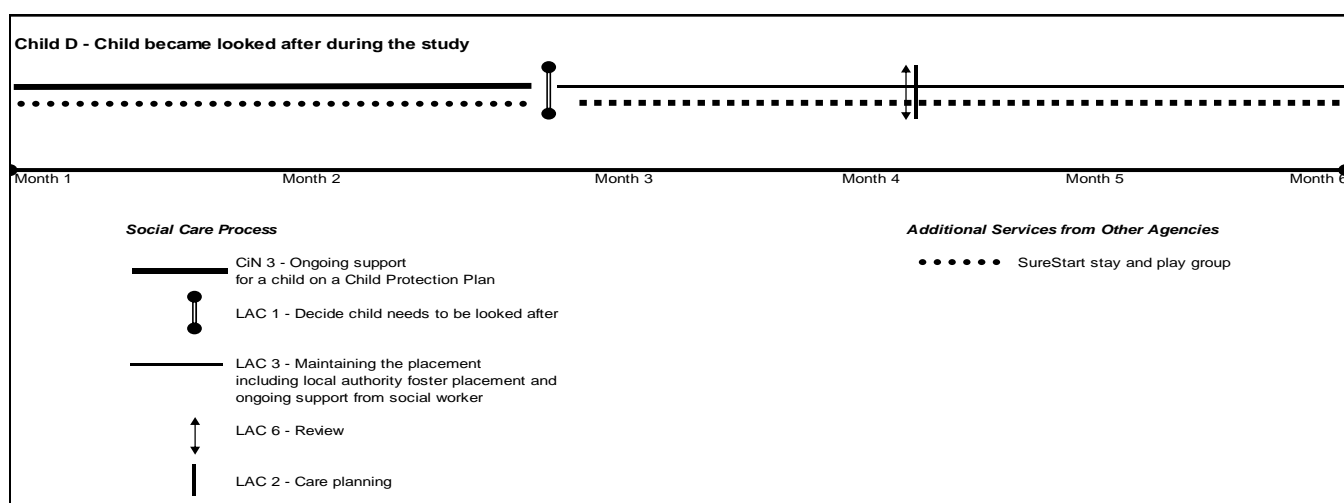
⁴ Curtis, L. (2008) *Unit Costs of Health and Social Care*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.5.4 Child D became looked after during the data collection

Child D was first referred to social care in August 2007 and had been receiving support as part of a Child Protection Plan. Her parents were identified as regular drug users and this was felt to be impacting on their ability to care appropriately for her needs. In particular, her mother's chaotic lifestyle and regular drug use meant that she frequently failed to get Child D ready for school. The home environment was felt to be unsuitable for young children. Child D was five and a half at the start of the data collection. Child D lived with her mother, and had regular contact with her father who also misused drugs. Both parents were reluctant to engage with additional services, although Child D's father would occasionally attend a stay-and-play group at the local Sure Start children's centre with his daughter.

In early December 2008 the social worker was contacted by a child care worker at the children's centre who reported that Child D presented with bruises, allegedly caused by her mother's new partner. Along with concerns regarding the lack of improvements since the implementation of a Child Protection Plan, further investigation was instigated and the decision was taken for Child D to be placed in local authority foster care. A review was held 28 days after the child was placed and the Care Plan updated following that review. Child D remained on a Child Protection Plan whilst being looked after.

Timeline for Child D



Total costs for Child D during the six month data collection period¹

Social care activity costs (London costs)			
Process	Frequency	Unit cost (£)	Sub-total (£)
Child in Need processes			
CiN 3 – ongoing support	Two and a half months	£238	£596
Looked-after children processes²			
LAC1 – Decide child needs to be looked after		£1,102	£1,102
LAC3 – Maintaining the placement ³	Three and a half months		
LAC2 – Care planning		£217	£217
LAC6 - Review			£677
Cost of social care case management activity			£2,592
Additional services from other agencies (London costs)			
Sure Start stay and play group provided by Local authority (not social care) ⁴	Attended twice during the data collection period	£14	£29
Cost of service provision from other providers			£29
Total cost incurred by children's social care for Child D during the 6-month period			£2,592
Total cost incurred for Child B during the 6-month period			£2,621

1 There was no evidence of additional support services being provided by social care during the study timeframe.

2 Ward, H., Holmes, L. & Soper, J. (2008) *Costs and Consequences of Placing Children in Care*, Jessica Kingsley Publishers, London.

3 The costs of maintaining the placement also include the weekly fees and allowance of the child's placement.

4 Tidmarsh, J. & Schneider, J. (2005) Typical costs of Sure Start Local Programmes in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.6. Transition services for children with complex needs when transferring to adulthood

This schema has been based on a study carried out by Sloper et al (2010)¹ which provides the costs of five transition services. Three of the five transition services have been selected for inclusion here and represent low, median and high cost services (based on cost per case per annum).

8.6.1 Transition services for children: medium cost

Relaunched in June 2007, the service was fully staffed for the first time just before the research interviews were undertaken. It has no case holding responsibilities or budget but works to co-ordinate transition for young people with very complex needs.

The team supports 184 people, giving average costs per working hour (including steering group) of £55 (£58) and cost per case per annum of £907 and £959 respectively. Time use: direct contact (7%), meetings with family (12%), liaison (45%) & report writing or assessments (36%).

Staff Member	Wte on transition	£ per annum
Team manager/business support	2.0 wte	81,911
Social worker/social work assistant	1.5 wte	79,110
Other support and supervision	<0.1	5,887
Total for staff		£166,908
Steering Group	Total hours per annum	
Managers: Children's services	56	2,696
Managers: Adult services	42	2,036
Managers: Health	32	1,776
Managers: Education/Training	60	2,928
Total for Steering Group		9,436
TOTAL COST		£176,344

¹ Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N. & Cusworth, L. (2010) *Models of Multi-agency Services for Transition to Adult Services for Disabled Young People and Those with Complex Health Needs: Impact and costs*, Social Policy Research Unit, University of York & Personal Social Services Research Unit, University of Kent, Canterbury.

8.6.2 Transition services for children: low cost

This service is based in a small unitary authority in which the transition service was launched in June 2005. The co-ordinator works closely with other personnel in social services, health and education (including special schools) to ensure a smooth transition for disabled young people who have complex needs. The local voluntary sector organisation undertakes personal care planning and is in regular contact with the transition co-ordinator. This transition service has a complex 'cost picture' involving many people and agencies and although much of the work planning transition support has been included, the cost of transition support has probably not been included.

The team supports 203 young people of whom 79 have complex needs and 124 have moderate intellectual disabilities. The cost per working hour for the team (including strategic management group) was £24 (£28) and cost per case per annum £433 (£500). Time use: direct contact (40%), assessments and reports (10%), liaison (20%), travel (10%) and meetings (20%).

Staff Member	Wte on transition	£ per annum
Transition co-ordinator	1.0	46,901
Transition co-ordinator supervision	0.02	1,056
Some of the Virtual team members		
Social workers in children's team	0.35	15,990
Practice manager's in children's teams	0.05	2,812
Social workers in adult team	0.28	13,131
Connexions advisor	0.03	1,799
Adult operational director	0.05	3,533
Divisional manager	<0.01	614
Total		£85,835
Strategic Management Group (meets monthly)		
Total hours per annum		
Managers: Children's Services	99	3,651
Managers: Adult Services	77	3,803
Managers: Education/Training	22	1,120
Area managers: Connexions	22	873
Managers: Health	88	4,021
Sub total for Strategic Management Group		£13,468
Transition sub-groups		
Total hours per annum		
(2 meet monthly, 1 meets each term)		
Child services managers	143.5	5,571
Adult services managers	116	4,621
Health services managers	215.6	8,140
Education services managers	235	986
Connexions	22	878
Voluntary organisations' personnel	44	1,136
Sub total for Transition sub-groups		21,322
TOTAL COST		£120,635

8.6.3 Transition services for children: high cost

This transition team is located in an education department within an integrated disabled children's service. The team was set up in November 2007 and the research interviews were undertaken in October 2008. There had been problems getting staff in place and many interviewees were involved in statutory duties as well and felt they had only just got to the point where transition work could begin.

The team supports 76 young people, giving average costs per working hour (including steering group) of £41 (£42) and cost per case per annum £3,790 (£3,862). Time use: face to face contact (12%), telephone contact (17%). Assessments and writing reports (28%), meetings with people and families (11%) and liaison away from meetings (12%). Travel (12% and general administration (10%).

Staff Member	Wte on transition	£ per annum
Children's services		
Manager transition team/administrator	0.50	22,074
Social workers/key workers	0.75	33,371
Nurse (cyp)/Trainee psychologist	0.70 ¹	34,018
Connexions TPAs	1.00 ²	39,173
Adult Services		
Manager adult team	0.60	35,715
Social worker (adult)	0.80	38,664
Nurse (adult)	0.80	39,875
Senior practitioner	0.75	44,646
Supervision (various managers, not included above)	0.08	5,166
Sub total for children's services		£292,702
	Total hours per annum	
Steering Group and sub-groups		
Managers: Children's Services	33	1,626
Managers: Adult Services	14	732
Managers: Education/Training	12	576
Services Managers: LA	42	921
Connexions	22.5	1,720
Sub total for Steering Group		5,576
TOTAL Cost		£298,278

8.7 Common Assessment Framework (CAF)

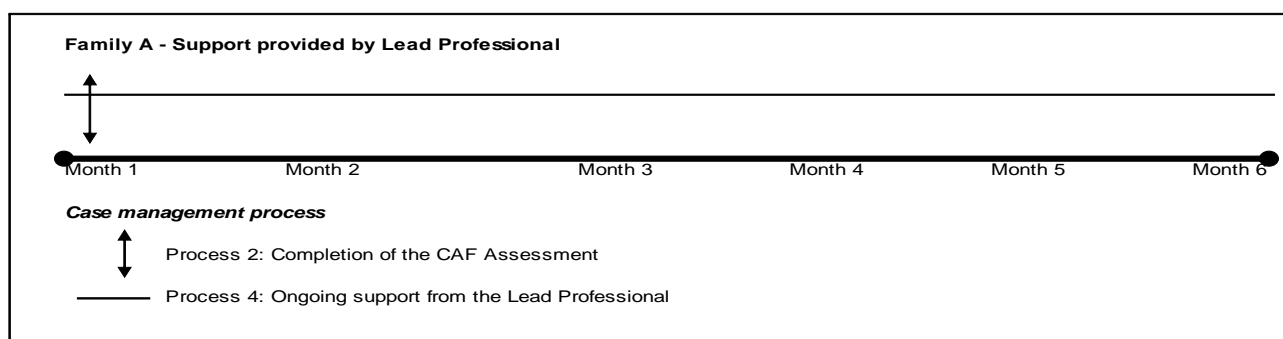
The Common Assessment Framework (CAF) is a standardised approach for the assessment of children and their families, to facilitate the early identification of additional needs and to promote a coordinated service response. CAF is underpinned by an integrated approach to support and has been designed for use by all professionals working with children and families with additional needs, but who do not meet the threshold for more intensive interventions such as those associated with children's social care or safeguarding.¹ Information for schemas 8.7.1-8.7.3 have been provided by Lisa Holmes and Samantha McDermid from the Centre for Child and Family Research and have been drawn from Holmes et al (2012).¹

The study used a bottom-up costing methodology,² which uses social care activity time data as the basis for building up unit costs. The unit costs per hour are based on average salaries for each staff type using national salary scales and applying oncosts and overheads as presented in the *Unit Costs of Health and Social Care 2011*.

8.7.1 Family A: support from a lead professional (LP)

Family A live in London and consists of Jennifer, who has two sons Ryan and Jack aged 8 and 4 respectively. Jennifer and the boys' father had recently separated. Jennifer contacted CAMHS after discovering that Ryan had been self-harming. CAMHS informed Jennifer that they had a six-month waiting list for assessments but referred their case onto 'Family Help', a voluntary organisation that supports vulnerable children and families. The service manager completed a CAF although a pre-CAF checklist was not completed. A family support worker from Family Help was allocated to support their case and was identified as the Lead Professional for the child and family. Following the completion of the CAF assessment the support worker visited the child and family on a fortnightly basis. Team Around the Child (TAC) meetings were not held, and the support worker continued to support the child and family until a CAMHS assessment was offered. The child and family were not in receipt of other additional services at this time. Jennifer reported that the support they had received from Family Help had been extremely useful and that Ryan's self-harming behaviour had reduced. Jennifer reported that she thought that the CAF had helped her family.

Timeline for Family A



Total costs for Family A during a six month period³

Social care activity costs (London costs)			
Process	Frequency	Unit cost (£)	Sub-total (£)
Process 2: CAF assessment completed by service manager		£335	£335
Process 4: Ongoing support from the family support worker	Fortnightly visits for 6 months ⁴	£51	£614
Total cost of CAF support for Family A during the 6-month period			£949

¹ Holmes, L., McDermid, S., Padley, M. & Soper, J. (2012) Exploration of the costs and impact of the Common Assessment Framework (Research Report DFE-RR210), Department for Education, London.

² Beecham, J. (2000) Unit Costs – Not Exactly Child's Play: A Guide to Estimating Unit Costs for Children's Social Care. University of Kent: Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit; Ward, H., Holmes, L. & Soper, J. (2008) Costs and Consequences of Placing Children in Care, Jessica Kingsley, London.

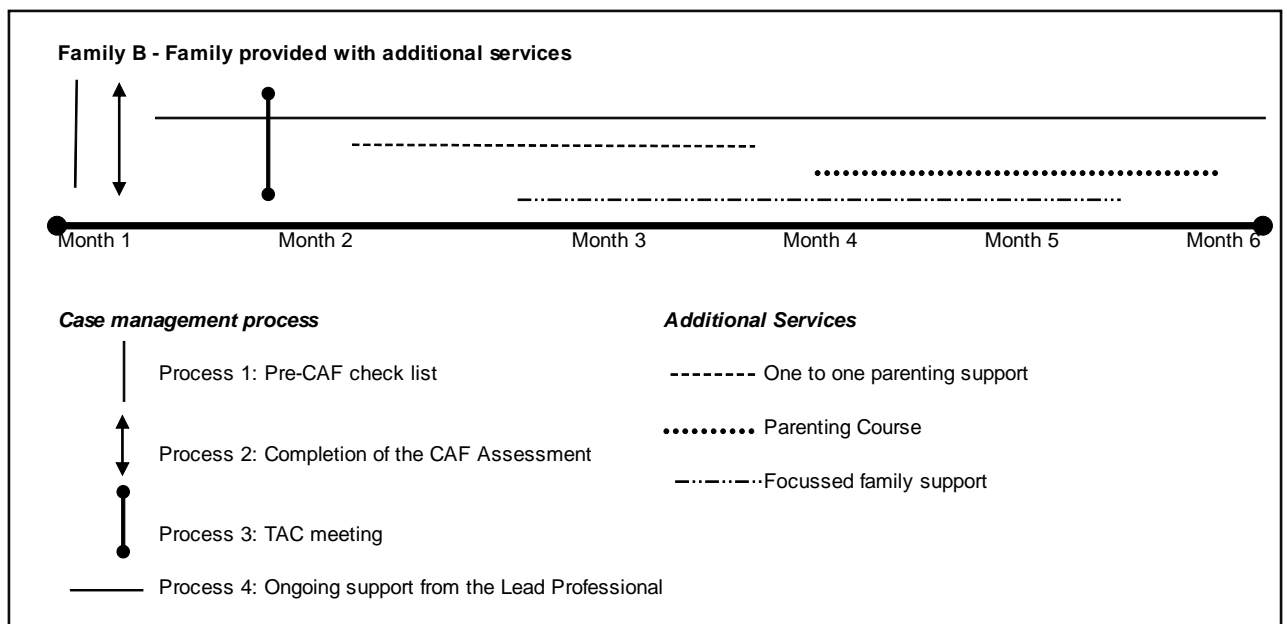
³ Costs have been rounded to the nearest pound.

⁴ Holmes, L. & McDermid, S. (2012) *Understanding Costs and Outcomes in Child Welfare Services: A Comprehensive Costing Approach to Managing Your Resources*, Jessica Kingsley Publishers, London. (This suggests that the average time for a home visit is 1 hour 40 minutes (including travel time)).

8.7.2 Family B: support from a range of services

Mother, Michelle lives with her daughter Sophie, aged 13. Michelle suffers with anxiety and depression and finds it very difficult to leave the house. Concerns were raised by Sophie’s school about her behaviour and a reduction in attendance; subsequently they referred the child and family to a voluntary organisation, ‘Family Help’ after completing a pre-CAF checklist. A worker from Family Help completed a CAF assessment and considered that Michelle and her daughter would benefit from additional support, both to improve Sophie’s behaviour and to support Michelle with her mental health difficulties and parenting.. A family support worker was identified as the Lead Professional (LP). One Team Around the Child (TAC) meeting was held, which Michelle attended, along with the support worker and the school education welfare officer. Michelle received one-to-one parenting support, once a week for 8 weeks and then attended a parenting course, for 8 weeks. Sophie received one-to-one support in school from a learning mentor. The LP continued to coordinate the support and provided a 12-week focused piece of family support, visiting Michelle and Sophie on a weekly basis. Michelle reported that the LP had been extremely supportive and thought that the other services provided as a result of the CAF had helped her and Sophie. Michelle reported that she would have liked more of the intensive parenting support offered by the LP. However, Michelle did report that Sophie’s behaviour in school had improved.

Timeline for Family B



Total costs for Family B during the six month period¹

Social care activity costs (out of London costs)			
Process	Frequency	Unit cost (£)	Sub-total (£)
Process 1: Pre-CAF checklist completed by education welfare officer	Once	£17	£17
Process 2: Completion of the CAF assessment by family support worker	Once	£171	£171
Process 3: TAC meeting attended by family support worker	Once	£198	£225
Process 3: TAC meeting attended by education welfare officer	Once	£27	£27
Process 4: Ongoing support of lead professional by family support worker	Five and a half months	£162	£892
Cost of case management activity			£1,332
Additional services (out of London costs)			
Parenting course	Once a week for 8 weeks ²	£48	£331
One-to-one parenting support	Once a week for 8 weeks	£50	£410
Focussed Family Support	Once a week for 12 weeks	£50	£604
Total cost of additional support			£1,345
Total cost of CAF support incurred for Family B during the 6-month period			£2,650

¹ Costs have been rounded to the nearest pound.

² Tidmarsh, J. & Schneider, J. (2005) Typical costs of Sure Start Local Programmes, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.7.3 Family C: CAF as a step up to social care

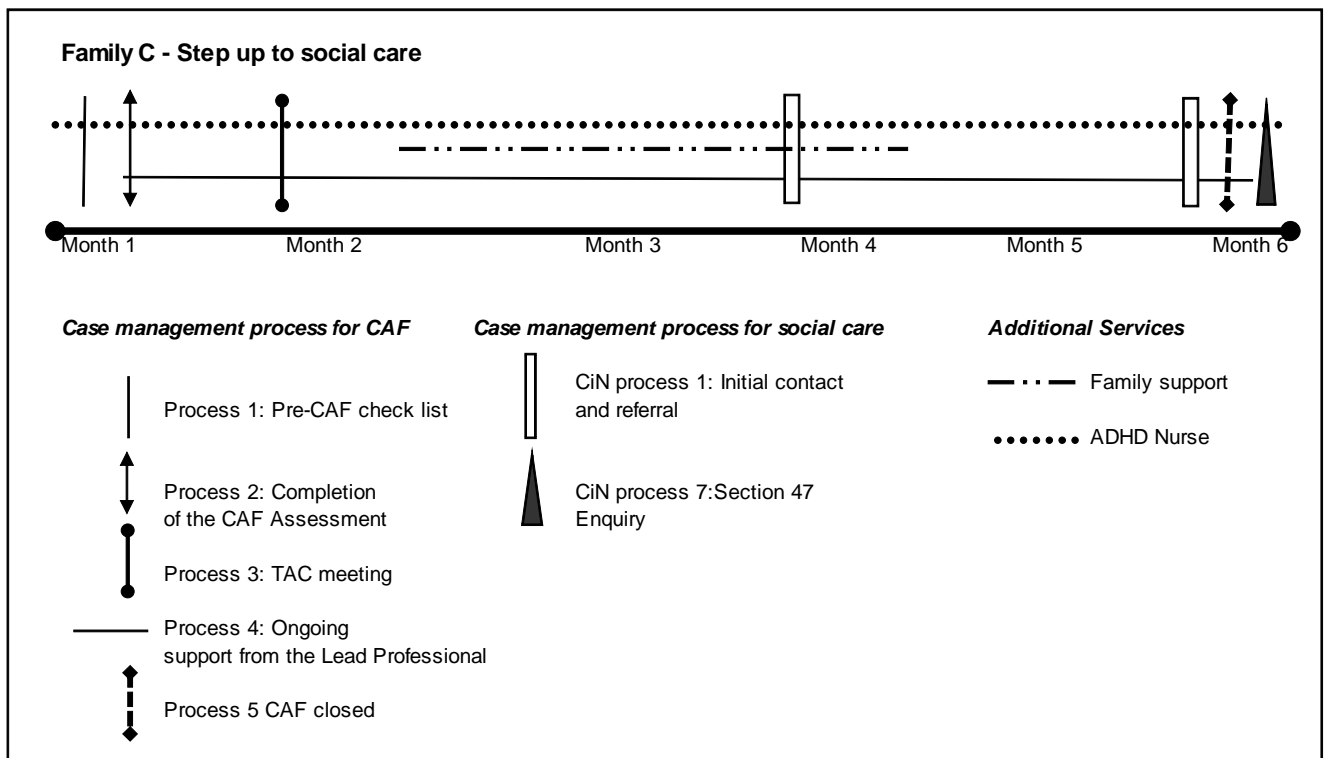
Kyle, aged 13 lives with his mother, Louise and four year old brother, Robert. A CAF was initiated in January 2011 by the school due to concerns about Kyle’s deteriorating behaviour at home and school. Kyle has long standing mental health difficulties, anxieties about new situations and had difficulties making friends. Louise also had mental health difficulties and there were concerns about her capacity to maintain the children’s food and drink intake. There were also some concerns about Louise’s offending behaviour.

The CAF was undertaken by the school learning mentor and a Team Around the Child (TAC) meeting was convened. The TAC was attended by the learning mentor, an educational psychologist, and a family support worker from Children’s Services. Prior to the initial TAC meeting Kyle was permanently excluded from school after his behaviour become untenable and he was placed at another school at the end of March 2011. A referral was also made to the children’s social care emergency duty team by a hospital doctor following concerns about Louise’s mental health. The social care team were aware that a CAF was in process and therefore no further action was taken.

A number of services were initiated to support the child and family; ADHD support was provided to both Kyle and Louise. They saw the ADHD nurse on a monthly basis. A family support worker was also identified to address some of Kyle’s behavioural difficulties. The family support worker visited the family once a week for 8 weeks.

Despite some improvements, the family suffered a number of setbacks and the family were referred to children’s social care in July 2011. The CAF case was closed, and a Child Protection Plan was initiated.

Timeline for Family C



Total costs for Family C during the six month period¹

Social care activity costs (out of London costs): CAF			
Process	Frequency	Unit cost (£)	Sub-total (£)
Process 1: Pre-CAF checklist completed by learning mentor	Once	£13	£13
Process 2: Completion of the CAF assessment by learning mentor	Once	£161	£161
Process 3: TAC meeting attended by learning mentor	Once	£209	£274
Educational psychologist		£40	
Family support worker		£25	
Process 4: Ongoing support of lead professional by learning mentor	Five months	£154	£768
Process 5: Case closure			£88
Cost of case management activity for CAF			£1,304
Social care activity costs (out of London): social care			
CiN process 1: initial contact and referral with no further action		£217	£217
CiN process 1: initial contact and referral		£195	£195
CiN process 7: Section 47 enquiry		£535	£535
Total cost of care management activity for social care			£947
Additional services (out of London costs)			
ADHD nurse	Once a month for 6 months ²	£44	£273
Family support worker ³	Once a week for 8 weeks ^c	£41	£334
Total cost of additional services			£606
Total cost of CAF support incurred for Family C during the 6-month period			£1,910
Total cost of support for Family C during the 6-month period			£2,857

¹ Costs have been rounded to the nearest pound.

² Holmes, L. & McDermid, S. (2012) *Understanding Costs and Outcomes in Child Welfare Services: A Comprehensive Costing Approach to Managing Your Resources*, Jessica Kingsley Publishers, London.

³ Curtis, L. (2011) *Unit Costs of Health and Social Care*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.8 Young adults with acquired brain injury in the UK

Acquired brain injury (ABI) is 'a non-degenerative injury to the brain occurring since birth', including both open and closed head injuries. ABI includes a range of diagnoses or causes, including strokes or tumours. Head injury through trauma is a common cause among young adults. ABI is not thought to affect life expectancy after the initial acute phase, so the prevalence of long-term brain damage is high at 100-150 per 100,000 population, implying a total of 60,000-90,000 people in the UK (<http://www.rhn.org.uk>).

A study carried out by the Personal Social Services Research Unit was undertaken to identify the health and social care services used by young adults aged 18-25 years with acquired brain injury (ABI) and the associated costs.¹ The study identified the annual incidence of ABI in this age group, and then tracked the young adults' likely progress through four support-related stages: trauma, stabilisation, rehabilitation and return to the community. By identifying the numbers using different treatment locations and services at each stage, a picture of service use and costs could be built up over a notional 12-month period following injury. All costs have been updated to 2011/2012 prices using the HCHS Pay and Prices Inflation. Four broad groups of young people with ABI were identified by their location and the community care stage.

Group 1 comprises the largest proportion of those sustaining brain injuries and includes those who attend A&E with ABI or spend short periods in a hospital ward and then return home. A small proportion, perhaps just one in five, will have follow-up appointments arranged at an outpatient clinic or with their GP. This group will generally have had a mild head injury and no longer-term disability, although 20% of this group may continue to have residual symptoms six months after injury.

Group 1: Average cost per person = £301 per annum.

People in Group 2 are also likely to have returned to their own homes within a year, but are more seriously disabled and rely on personal care support provided by spouses, parents or other informal carers. This group may include those who are discharged home from longer-term residential rehabilitation (34 % of patients discharged), from acute brain injury units (25%) and from neurosurgery units (23%). It is likely that at least 40 per cent of them will require at least part-time support or supervision from informal carers.

Group 2: Average costs per person = £21,482 per annum.

The third group of young adults with ABI are those whose pathway towards the end of a year will see them living in supported accommodation with formal (paid) personal carers. Some will have been discharged straight from hospital and some will have stayed in a rehabilitation facility prior to their move to supported living. One in four of these young adults will need overnight supervision, and three in four will need at least part-time supervision during the day. The number of young adults may be quite high, but some will move on to more independent living. Others will need this type of support for many years to come. For cost estimates, it has been assumed this group will live in community-based housing with low staffing levels during the day and 'sleeping-in' staff at night. In addition to personal care, they are also likely to use outpatient clinics and community-based therapists. Personal care costs (estimated at an average of 8 hours overnight 'sleeping-in' and 6 hours during the day) would amount to £538 per week. Use of community-based therapy and health care services would add another £625 by the end of the notional 12 month period.

Group 3: Average cost per person = £41,186 per annum.

The fourth group includes young adults who are likely to be among the most severely disabled. Although some will be supported at home, it is estimated that 310 will be resident in nursing homes for young adults, specialist ABI residential units, in longer-stay hospital wards or in mental health units. They are likely to have been the most severely injured. Some of the principal independent providers contacted for this research reported current prices for residential placements of up to £3,129 per week, often jointly funded by health and social services. Nursing homes and 'young disability units' are likely to be less costly. However, nursing home care may not be appropriate for people with severe ABI-related disability as there tend to be few qualified staff and low input from local community-based teams or specialist doctors.

Group 4: Average cost per person = £42,438 per annum.

¹ Beecham, J., Perkins, M., Snell, T. & Knapp, M. (2009) Treatment paths and costs for young adults with acquired brain injury in the United Kingdom, *Brain Injury*, 23, 1. 30-38.

8.9 Palliative care for children and young people

The Government's manifesto commitment to improve palliative care services in 2006 (Cochrane et al, 2007)¹ resulted in an independent review of children's palliative care services which was commissioned by the Secretary of State for Health (Craft and Killen, 2007).² This independent review was based on findings from a wide consultation with stakeholders, including children and young people and their families, commissioners and providers of services, along with commissioned research from Department of Health and the York Health Economics Consortium.

Information for this schema has been drawn from the work carried out by the York Health Economics Consortium (Lowson et al, 2007)³ which provides examples of illness trajectories and the resulting costs for children in need of palliative care. All costs have been updated using the appropriate inflators to provide current prices. See Lowson et al (2007) for more information on the cost benefits of using community care instead of hospital services.

8.9.1 Short illness trajectory: cancer

This generic pathway was developed for a child with cancer from data provided by Sargent Cancer Care for Children and Cancer and Leukaemia in Childhood (CLIC Sargent). It was triangulated with information collected during focus groups which included two parents, both of whose children had died, one from a form of leukaemia, the second from bone cancer.

A child with cancer	Cost per annum
During one year	
<ul style="list-style-type: none"> • Three inpatient stays 	£7,278
<ul style="list-style-type: none"> • One ward attendance per month 	£686
<ul style="list-style-type: none"> • One day care episode per fortnight 	£4,015
<ul style="list-style-type: none"> • One home visit per week, including intensive bereavement support 	£8,624
Subtotal health	£20,603
It was assumed that the child died at home with intensive community support	
It was assumed that there was no uptake of respite care	
It was assumed that there were no costs accruing to education and social services	
Financial burden on family	
<ul style="list-style-type: none"> • One family member gives up paid employment 	£14,539
<ul style="list-style-type: none"> • Significant financial cost to family 	£7,250

¹ Cochrane, H., Liyanage, S. Nantambi, R. (2007) *Palliative Care Statistics for Children and Young Adults*, Department of Health, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_074701

² Craft, A. & Killen, S. (2007) *Palliative Care Services for Children and Young People in England*, Department of Health, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074459

³ Lowson, K., Lowson, P. & Duffy, S. (2007) *Independent Review of Palliative Care Services for Children and Young People: Economic Study*, Final Report, York Health Economics Consortium, Department of Health Independent Review Team, London.

8.9.2 Longer life illness trajectories: cardiac care

This pathway has been developed from a typical patient being treated by a community-based team. The information was provided by parents at a focus group.

A child with a cardiac condition aged 15 months	cost per annum
During one year	
<ul style="list-style-type: none"> • Inpatient stay of 5 days in local hospital for respiratory infection • Inpatient stay of 4 weeks in paediatric cardiac unit including 1 week in PICU • Inpatient stay of 6 days in local hospital for viral infection • Inpatient stay of 6 weeks in paediatric cardiac unit including 2 weeks in PICU • One outpatient visit per month to local team • One home visit per week by community team • One telephone contact per week 	£2,426 £49,264 £2,426 £76,718 £2,059 £8,624 £357
Subtotal health	£141,873
<ul style="list-style-type: none"> • The child attends a pre-school special needs nursery • Uses wheelchair and has home equipment 	£3,683 £6,276
Assumptions re. respite care (based on focus groups and published evidence):	
<ul style="list-style-type: none"> • 15 days per annum at hospice • 6 hours per week at home 	£15,784 £8,316
Respite and social care costs	£175,932
Financial burden on family	
<ul style="list-style-type: none"> • Family in receipt of carer allowance • One family member gives up paid employment • Significant financial cost to family 	£14,539 £7,250

8.9.3 Longer life illness trajectories: cystic fibrosis

This pathway has been developed from a typical patient being treated by a community-based team. The information was provided by parents at a focus group.

A child with cystic fibrosis aged 5 years	cost per annum
During one year:	
<ul style="list-style-type: none"> • Two inpatient stays in local hospital for receipt of intravenous antibiotics • One outpatient visit per month to local team comprising consultant paediatrician and consultant respiratory paediatrician • Four visits per year to speech and language therapist • One home visit per fortnight by community team • One telephone contact per week 	£8,157 £8,235 £1,748 £403 £4,312 £357
Subtotal health	23,212
<ul style="list-style-type: none"> • The child attends mainstream school with support • Uses wheelchair and has home equipment. 	£6,524 £6,276
Respite care (based on focus groups and published evidence):	
<ul style="list-style-type: none"> • 15 days per annum at hospice • 6 hours per week at home 	£15,784 £8,316
Total health, respite and social care costs	£36,900
Financial burden on family	
<ul style="list-style-type: none"> • One family member gives up paid employment • Significant financial cost to family 	£14,539 £7,250

8.9.4 Longer life illness trajectories: child with multiple disabilities

This pathway has been developed from a typical patient being treated by a community-based team. The information was provided by parents at a focus group.

An older child with complex and multiple needs: Child has renal problems and seizures, with visual impairment and intellectual difficulties. The child and family is in contact with five specialities:paediatric endocrinology, paediatric gastroenterology, neurosurgery, ophthalmology, child psychiatry.	Cost per annum
In one year: <ul style="list-style-type: none"> • One inpatient stay in tertiary centre for neurosurgery • One inpatient stays for dental extraction • One outpatient visit per week for blood tests • One outpatient visit per month for specialist reviews • Two CT scans • Two MRI scans • Three EEGs • Four visits per year to clinical psychologist • Four visits per year to speech and language therapist • One face-to-face visit per month by community team • One home visit per fortnight by community team • One telephone contact per fortnight with community team Subtotal health	£15,879 £1,146 £8,921 £2,059 £295 £769 £340 £1,748 £403 £1,990 £3,980 £178 £37,708
<ul style="list-style-type: none"> • The child attends a school for children with special educational needs • Uses wheelchair and has home equipment 	£3,504 £6,276
Respite care (based on focus groups and published evidence) <ul style="list-style-type: none"> • 15 days per annum at hospice • 6 hours per week at home 	£15,784 £8,316
Total health, respite and social care costs	£71,588
Financial burden on family <ul style="list-style-type: none"> • Family in receipt of carer allowance • One family member gives up paid employment • Significant financial cost to family 	£14,539 £7,250

II. COMMUNITY-BASED HEALTH CARE STAFF

9. Scientific and professional

- 9.1 Community physiotherapist
- 9.2 NHS community occupational therapist
- 9.3 Community speech and language therapist
- 9.4 Community chiropodist/podiatrist
- 9.5 Clinical psychologist
- 9.6 Community pharmacist

9.1 Community physiotherapist

Using data from the NHS Reference Costs,¹ the mean average cost for a one-to-one contact in physiotherapy services for 2011/2012 was £47, with an interquartile range of £37 to £53. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the April-June 2012 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods were £24,100. ² See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all physiotherapists is £32,200.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,087 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,305 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
Duration of contact		No current information available on the length of contact. See previous editions of this volume for sources.
London multiplier	1.20 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{6,7,10}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{6,7,10}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£30 (£33) per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*,

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *NHS Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.2 NHS community occupational therapist

Using data from the NHS Reference Costs,¹ the mean average cost for a one-to-one contact of occupational therapy services for 2011/2012 was £69 with an interquartile range of £44 to £78. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the April-June 2012 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods were £24,100. ² See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all occupational therapists is £31,500.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£ 5,070 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,305 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
Duration of contacts		No information available on duration of contacts. See previous editions of this volume for sources of information.
London multiplier	1.20 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{6,7,10}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{6,7,10}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£30 (£33) per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, Department of Health (2012) *NHS Reference Costs 2010-2011*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.3 Community speech and language therapist

Using data from the NHS Reference Costs,¹ the mean average cost for a one-to-one contact of speech and language therapy services for 2011/2012 was £74, with an interquartile range of £52 to £87. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the April-June 2012 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods were £24,100. ² See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all speech and language therapists is £33,800.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,198 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads		<p>Taken from NHS (England) Summarised Accounts.⁵</p> <p>Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.</p> <p>Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.</p>
E. Capital overheads	£2,305 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
Duration of contacts		No information available on the duration of contacts. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{6,7,10}
Non-London multiplier	0.97 x (A to B)	Allows for the higher costs associated with working in London. ^{6,7,10}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£30 (£33) per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, Department of Health (2012) *NHS Reference Costs 2010-2011*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.4 Community chiropodist/podiatrist

Using data from the NHS Reference Costs,¹ the mean average cost for a contact in chiropody/podiatry services for 2011/2012 was £41 with an interquartile range of £33 to £45. Costs have been updated using the HCHS Pay & Prices Inflatior.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the April-June 2012 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £24,100. ² A specialist chiropodist/podiatrist is on Band 6. See NHS Workforce Summary for more information. ³ See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all community chiropodists is £33,700.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,305 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁷
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{5,6,9}
Unit costs available 2011/2012		
£30 per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, Department of Health (2012) *NHS Reference Costs 2010-2011*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ The Information Centre (2008) *Workforce Summary - Chiropody and Podiatry, October 2008* - England only, NHS Workforce Review Team, The Information Centre, Leeds.

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.5 Clinical psychologist

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£46,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 8a (for qualified Allied Health Professionals) of the April-June 2012 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £46,600. ¹ See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all clinical psychologists is £45,600.
B. Salary oncosts	£11,979 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads		Taken from NHS (England) Summarised Accounts. ²
Management, administration and estates staff	£11,313 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£24,587 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{3,4} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁵
Working time	42.7 weeks per annum 37.5 hours per week	Unit costs are based on 1,602 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Ratios of: face-to-face contact to all activity	1:1.25	Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 principal clinical psychologists, 44.5 per cent of time was spent on direct clinical work. ⁷
London multiplier	1.19 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{3,4,8}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{3,4,8}
Unit costs available 2011/2012		
£60 per hour; £136 per hour of client contact (includes A to E).		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

³ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁴ Personal communication with the Department for Communities and Local Government, 2011.

⁵ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁶ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁷ Department of Health (2002) *National Child and Adolescent Mental Health Service Mapping Data*, Department of Health, London.

⁸ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.6 Community pharmacist

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£38,000 per year	Taken from the Cost of Service Inquiry Report (COSI) ¹ and confirmed with the Pharmaceutical Services Negotiating Committee (PSNC). ²
B. Salary oncosts	£9,588 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Pre-registration training	£8,908 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads Management, administration and estates staff Non-staff	£9,190 per year £19,974 per year	Taken from NHS (England) Summarised Accounts. ⁵ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,366 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time on: direct clinical activities patient-related activities	1:1.50 1:0.25	Ratios are estimated on the basis that 40 per cent of time is spent on direct clinical activities (includes advice to patients and travel), 40 per cent of time on dispensary service activities and 20 per cent of time on non-clinical activities. ¹⁰
London multiplier	1.19 x (A to B) 1.31 x E	Allows for the higher costs associated with working in London. ^{6,7,11}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{6,7,11}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£50(£56) per hour; £125 (£139) per hour of direct clinical activities; £63 (£69) per hour of patient-related activities.		

¹ PricewaterhouseCoopers LLP (2011) *Cost of Service Inquiry for Community Pharmacy*, Department of Health & Pharmaceutical Services Negotiating Committee, London. www.dh.gov.uk/en/Healthcare/Primarycare/Communitypharmacy/Communitypharmacycontractualframework/DH_128128

² Personal communication with the Pharmaceutical Services Negotiating Committee (2011).

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ Personal communication with the Greater Manchester Workforce Development Corporation (2003).

¹¹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10. Nurses and doctors

10.1 Community nurse (includes district nursing sister, district nurse)

10.2 Nurse (mental health)

10.3 Health visitor

10.4 Nurse specialist (community)

10.5 Clinical support worker nursing (community)

10.6 Nurse (GP practice)

10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)

10.8a General practitioner—cost elements

10.8b General practitioner—unit costs

10.8c General practitioner—commentary

10.1 Community nurse (includes district nursing sister, district nurse)

Using data from the NHS Reference Costs,¹ the mean average cost for a face-to-face contact in district nursing services for 2011/2012 was £39, with an interquartile range of £33 to £43. Costs have been updated using the HCCH Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300. ² See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all community nurses is £31,900.
B. Salary oncosts	£8,087 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£7,858 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,077 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	42.7 weeks per annum 37.5 hours per week	Unit costs are based on 1,603 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time on: home visits patient-related work	1:0.45 1:0.20	A study reported that a district nurse visits (including travel) accounted for 69 per cent of total time with 83 per cent of time spent on patient-related tasks and 17 per cent on non-patient related tasks. ¹⁰ Based on the McKinsey report, ¹¹ the median number of visits per day carried out by district nurses was 5.6 in 2008. No information is available on the duration of a visit.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{6,7,12}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{6,7,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£42 (£48) per hour; £61 (£70) per hour of home visiting (including travel); £51 (£58) per hour of patient-related work		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, Department of Health (2012) *NHS Reference Costs 2010-2011*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131140.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ County Durham and Tees Valley (2005) *Workload, Capacity and Skill Mix in Sedgfield Locality Teams*, Final Report, Sedgfield Integrated Teams. http://www.dhcarenetworks.org.uk/library/Resources/ICN/Workload,%20Capacity%20and%20Skill%20Mix%20Sedgfield%20Integrated%20teams_Final%20Report.pdf

¹¹ The Department of Health (2010) *Achieving World Class Productivity in the NHS, 2009/10-2013/14: The McKinsey Report*, Department of Health, London.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.2 Nurse (mental health)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£26,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £29,100. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£6,419 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£6,377 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,858 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁷
Working time	41.9 weeks per annum 37.5 hours per week	Unit costs are based on 1,573 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time on: face-to-face contacts patient-related work	1:0.89 1:0.33	Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 grade G nurses, 45 per cent of time was spent on direct clinical work, 13 per cent on consultation and liaison, 8 per cent on training and education, 4 per cent on research and evaluation, 23 per cent on admin and management, 7 per cent on other work. Seventeen per cent was spent on tier 1 work and this was assumed to be spread across all types of activity for the purpose of the analysis. ⁹
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{5,6,10}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{5,6,10}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£35 (£40) per hour; £67 (£76) per hour of face-to-face contact; £47 (£53) per hour of patient-related work.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs-careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Department of Health (2002) *National Child and Adolescent Mental Health Service Mapping Data*, Department of Health, London.

¹⁰ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.3 Health visitor

Using data from the NHS Reference Costs,¹ the mean average cost for a face-to-face contact in health visiting services for 2011/2012 was £44, with an interquartile range of £33 to £54. Costs have been updated using the HCCH Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300. ² See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all health visitors is £34,600.
B. Salary oncosts	£8,087 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£7,858 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,077 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	42 weeks per annum 37.5 hours per week	Unit costs are based on 1,575 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time on:		No time use information is currently available for health visitors. However, assuming that a health visitor carries out the same number of home visits as a district nurse, a study reported that a district nurse visits (including travel) accounted for 69 per cent of total time with 83 per cent of time spent on patient related tasks and 17 per cent on non-patient related tasks. ¹⁰
Home visits	1:0.45	Based on the McKinsey report, ¹¹ the median number of visits per day carried out by district nurses was 5.6 in 2008. No information is available on the duration of a visit.
Patient-related work	1:0.20	
London multiplier	1.20 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{6,7,12}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{6,7,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£43 (£49) per hour; £63 (£71) per hour of home visiting; £62 (£59) per hour of patient-related work.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*,

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ County Durham and Tees Valley (2005) *Workload, Capacity and Skill Mix in Sedgefield Locality Teams*, Final Report, Sedgefield Integrated Teams. www.dhcarenetworks.org.uk/_library/Resources/ICN/Workload,%20Capacity%20and%20Skill%20Mix%20Sedgefield%20integrated%20teams_Final%20report.pdf.

¹¹ The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.4 Nurse specialist (community)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£8,087 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£7,786 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,052 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁷
Working time	41.95 weeks per annum 37.5 hours per week	Unit costs are based on 1,572 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time		No current information available. See previous editions of this volume for sources of information.
Duration of contact		No current information available.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{5,6,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£43 (£49) per hour.		

¹ The Information Centre (2012) *NHS Staff Earnings September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.5 Clinical support worker nursing (community)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£16,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the April-June 2012 NHS Staff Earnings estimates for unqualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £18,500. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£3,639 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
D. Overheads		Taken from NHS (England) Summarised Accounts. ²
Management, administration and estates staff	£3,908 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£8,494 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£934 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{3,4} It is assumed that an auxiliary nurse uses one-sixth of the treatment space used by a district nurse. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁵
Working time	42.4 weeks per annum 37.5 hours per week	Unit costs are based on 1,590 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Ratio of direct to indirect time on:		No time use information is currently available for clinical support workers. Assuming that a clinical support worker carries out the same number of home visits as a district nurse, a study reported that a district nurse visits (including travel) accounted for 69 per cent of total time with 83 per cent of time spent on patient related tasks and 17 per cent on non-patient related tasks. ⁷ Based on the McKinsey report, ⁸ the median number of visits per day carried out by district nurses was 5.6 in 2008. No information is available on the duration of a visit.
Home visits	1:0.45	
Patient-related work	1:0.20	
London multiplier	1.19 x (A to B), 1.41 x E	Allows for the higher costs associated with working in London. ^{3,4,9}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. ^{3,4,9}
Unit costs available 2011/2012		
£21 per hour; £31 per hour of home visiting; £25 per hour of patient-related work.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

³ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁴ Personal communication with the Department for Communities and Local Government, 2011.

⁵ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁶ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁷ County Durham and Tees Valley (2005) *Workload, Capacity and Skill Mix in Sedgefield Locality Teams*, Final Report, Sedgefield Integrated Teams. www.dhcarenetworks.org.uk/_library/Resources/ICN/Workload,%20Capacity%20and%20Skill%20Mix%20Sedgefield%20integrated%20teams_Final%20report.pdf.

⁸ The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London.

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.6 Nurse (GP practice)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£26,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff earnings estimates for qualified nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £29,100. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£6,419 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		
Management and administration	£6,377 per year	No information available on management and administrative overheads for practice nurses. The same level of support has been assumed for practice nurses as for other NHS staff (19.31 per cent of direct care salary costs).
Office, general business and premises (including advertising and promotion)	£11,815 per year	No information available on overheads for a practice nurse. All information on office and general business expenses is drawn from the GP earnings and expenses report. ⁴ Office & general business, premises and other expenses calculated as the ratio of practice nurse salary costs to all GP employees salary costs.
E. Capital overheads		
Buildings	£3,282 per year	Calculated as the ratio of GP practice nurse salary costs to net remuneration of GP salary and based on new-build and land requirements for a GP practitioner's suite and annuitised over 60 years at a discount rate of 3.5 per cent. ^{5,6}
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁷
Working time	42 weeks per annum 37.5 hours per week	Unit costs are based on 1,575 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time on: face-to-face contacts	1:0.30	Based on proportion of time spent on surgery consultations (67.9%), phone consultations (5.2%), clinics (2.5%) and home and care home visits (1.2%). Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Taken from the 2006/07 UK General Practice Workload Survey. ⁹
Duration of contact	15.5 minutes	Per surgery consultation. Based on the 2006/07 UK General Practice Survey. ¹⁰
Patient contacts	60 per week	Average number of consultations per week. ¹⁰
London multiplier	1.19 x (A to B) 1.50 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6,10}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£35 (£41) per hour; £45 (£53) per hour of face-to-face contact.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Information Centre (2012) *GP Earnings and Expenses 2009/2010*, The Information Centre, Leeds. www.ic.nhs.uk/a-z-of-statistics

⁵ Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.

¹⁰ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£38,900 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £40,200. ² See Section V for information on mean salaries.
B. Salary oncosts	£9,838 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£9,413 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,456 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,574 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.9 weeks per annum 37.5 hours per week	Unit costs are based on 1,572 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Length of consultation: surgery home telephone	15 minutes 25 minutes 6 minutes	Information provided by 27 nurse practitioners working in primary care contacted about duration of consultations. Venning et al (2000) found that nurse practitioners spent a mean of 11.57 minutes face-to-face with patients (SD 5.79 mins) and an additional 1.33 minutes per patient in getting prescriptions signed. ⁹
Ratio of direct to indirect time on: face-to-face contacts patient contact (incl. telephone)	1:0.71 1:0.55	Information provided by 27 nurse practitioners on time use. ¹⁰ Surgery consultations 58 per cent, home visits 0.4 per cent and telephone consultations 6.4 per cent. Getting prescriptions signed 1.4 per cent. Travel time to home visits was negligible (0.1 %). Another study found that 60 per cent of a nurse practitioner/clinical nurse specialist's time was spent on clinical activities. ¹¹ Another study on the role of nurse specialists in epilepsy found that clinical activities accounted for 40 per cent of the time. ¹²
London multiplier	1.19 x (A to B) 1.50 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,13}
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7,13}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£52 (£58) per hour; £89 (£100) per hour in surgery; £81 (£91) per hour of client contact cost; £22 (£25) per surgery consultation.		

¹ A term for nurse practitioners specifically has not been developed due to the great variation in the use of the term NP. Personal correspondence with the RCN NP Adviser has suggested that the best match is the Advance Nurse profile (Band 7).

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Venning, P., Durie, A., Roland, M., Roberts, C. & Leese, B. (2000) Randomised controlled trial comparing cost effectiveness of general practitioners and nurse practitioners in primary care, *British Medical Journal*, 320, 1048-1053.

¹⁰ Curtis, L.A. & Netten, A.P. (2007) The costs of training a nurse practitioner in primary care: the importance of allowing for the cost of education and training when making decisions about changing the professional, *Journal of Nursing Management*, 15, 4, 449-457.

¹¹ Ball, J. (2005) *Maxi Nurses. Advanced and Specialist Nursing Roles, Results from a Survey of RCN Members in Advanced and Specialist Nursing Roles*, Royal College of Nursing, London.

¹² Higgins, S., Lanfear, J. & Goodwin, M. (2006) Qualifying the role of nurse specialists in epilepsy: data from diaries and interviews, *British Journal of Neuroscience Nursing*, 2, 5, 239-245.

¹³ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.8a General practitioner — cost elements

Costs and unit estimation	2011/2012 value	Notes (for further clarification see Commentary)
A. Net remuneration	£107,700 per year	Average income before tax for GPMS contractor GPs for England. ¹
B. Practice expenses:		
Direct care staff	£20,957 per year	Each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.43 FTE practice nurse (includes salary and oncosts). ²
Administrative and clerical staff	£29,250 per year	Each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 1 FTE administrative and clerical staff ^{1,2} (includes salary and oncosts). Based on information taken from the GP earnings and expenses report. ^{1,2}
Office & general business	£9,323 per year	
Premises	£12,411 per year	All office & general business, premises and other expenses including advertising, promotion and entertainment are based on expenditure taken from the GP earnings and expenses report. ¹ Each GP employs 2.47 members of staff (including practice nurses, other patient care staff plus administrators and clerical staff). ^{1,2}
Other: includes advertising, promotion and entertainment	£16,805 per year	Office & general business, premises and other expenses calculated as the ratio of GP salary costs to all GP employees salary costs.
Car and travel	£1,400 per year	Based on information taken from the GP earnings and expenses report. ^{1,2}
C. Qualifications	£41,272 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). See the preface for more information on qualifications and also schema 7.4 for details.
D. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁴
E. Capital costs: – Premises	£13,287 per year	Based on new-build and land requirements for a GP practitioner suite. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ^{5,6}
Working time	43.5 weeks per year 41.4 hours per week	Based on information taken from the 6 th National GP Worklife Survey. ⁷ Respondents to this 2010 survey reported working an average of 41.4 hours per week and a mean number of 7.5 sessions. Twenty one per cent of respondents (218/1,053) reported undertaking out-of-hours work (median number of hours=4). Unit costs based on 1,801 hours per annum.
Ratio of direct to indirect time: <i>Face to face time (excludes travel time).</i>	1:0.57	Based on information taken from the 2006/07 UK General Practice Workload Survey, ⁸ the proportion of time spent on surgery consultations was 44.5%. Telephone consultations and clinic consultations formed 6.3% of a GPs time and home and care home visits including travel time absorbed 8.6%. Patient direct to indirect contact ratios allocate all non-contact time to all contact time.
Out of surgery visits (home visits and clinics) (includes travel time)	1:0.99	Multipliers allocate travel time to out-of-surgery visits. Based on information taken from the GP Work life Survey ⁷ almost 66% of time is devoted to direct patient care.
Consultations: surgery clinic telephone home visit	11.7 minutes 17.2 minutes 7.1 minutes 11.4 minutes	Based on the 2006/07 UK General Practice Workload Survey, ⁸ the time spent on a home visit includes only time spent in the patient's home. We assume an average of 12 minutes travel time per visit. This travel time has been allowed for in the estimation of the ratio of direct to indirect time spent on home visits. See commentary 10.8c.
Unit costs for 2011/2012 are given in schema 10.8b		

¹ The Information Centre (2012) *GP Earnings and Expenses 2010/2011*, The Information Centre, Leeds. <http://www.ic.nhs.uk/pubs/gpearx1011>.

² The Information Centre (2012) *General Practice Staff 2011*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the London Deanery, 2006.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government and the Valuation Office, 2012.

⁷ Hann, M., Santos, R., Sutton, M., Gravelle, H. & Sibbald, B. (2011) *Sixth National GP Worklife Survey: Final Report*, NPCRDC, Manchester.

⁸ The Information Centre (2007) *2006/07 General Practice Workload Survey*, The Information Centre, Leeds. http://www.dhsspsni.gov.uk/gp_workload_survey_2006_07.pdf.

10.8b General practitioner — unit costs

Unit cost 2011/2012	Including direct care staff costs		Excluding direct care staff costs	
	With qualification costs	Without qualification costs	With qualification costs	Without qualification costs
Annual (including travel)	£254,865	£213,593	£233,908	£192,635
Annual (excluding travel)	£253,465	£212,193	£232,508	£191,235
Per hour of GMS activity ¹	£141	£118	£129	£106
Per hour of patient contact ¹	£221	£185	£203	£167
Per minute of patient contact ¹	£3.70	£3.10	£3.40	£2.80
Per hour of patient contact (out of surgery i.e. clinics and home visits) ²	£282	£236	£258	£213
Per out of surgery visit minute ²	£4.70	£3.90	£4.30	£3.50
Per patient contact lasting 11.7 minutes ¹	£43	£36	£40	£33
Per patient contact lasting 17.2 minutes ¹	£63	£53	£58	48
Per telephone consultation lasting 7.1 minutes ¹	£26	£22	£24	£20
Per out of surgery visit lasting 23.4 minutes ²	£110	£92	£101	£83
Prescription costs per consultation (net ingredient cost)	£46.20 ³			
Prescription costs per consultation (actual cost)	£42.70 ³			

¹ Excludes travel.

² Includes travel.

³ Personal communication with the Prescribing and Primary Care Group at the IC (2012) and information on consultations: taken from Hippisley-Cox, J., Fenty, J. & Heaps, M. (2007) *Trends in Consultation Rates in General Practice 1995 to 2006: Analysis of the QResearch Database*, Final Report to the Information Centre and Department of Health, The Information Centre, Leeds.

10.8c General practitioner — commentary

General note about GP expenditure. The General Medical Service contract (GMS)¹ introduced in 2003, was designed to improve the way that Primary Care services are funded, and to allow practices greater flexibility to determine the range of services they wish to provide, including opting out of additional services and out-of-hours care.

Allowing for whole-time equivalence (wte). The NHS Information Centre has estimated that the number of FTE practitioners (excluding GP registrars and GP retainers) has increased from 31,356 in 2010 to 31,391 in 2011.² FTE practice staff included 13,573 practice nurses, 6,765 direct patient care staff, 54,719 administrative and clerical and 2,512 other staff.² Assuming that administrative and clerical staff are shared equally between GP practitioners and direct patient care staff (including practice nurses), each FTE practitioner employs 1.06 FTE administrative and clerical staff (54,719/51,694).

Direct care staff. On average in 2011, each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.43 FTE practice nurse staff (13,593/31,391). All direct care staff have been costed at the same level as a band 5 GP practice nurse (see schema 10.5).

Qualifications. The equivalent annual cost of pre-registration and post-graduate medical education. The investment in training has been annuitised over the expected working life of the doctor.³ Post-graduate education costs calculated using information provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).⁴ This includes the cost of the two-year foundation programme, two years on a General Practice Vocational Training Scheme (GP-VTS) and a further year as a general practice registrar.⁵

Prescription costs. Prescription costs per consultation are £46.20 (net ingredient cost (NIC)) and £42.70 (actual cost). NIC is the basic cost of the drug, while the actual cost is the NIC less the assumed average discount plus the container allowance (and plus on-cost for appliance contractors). The prescription cost per consultation has been calculated by first dividing the number of consultations per GP by the number of prescriptions per GP (29,762/5,785) to give the number of prescriptions per GP consultation (5.14) and multiplying this by the actual cost per GP prescription (£8.31)⁶ and the NIC per GP prescription (£8.99).⁶ The number of consultations for all GPs was 181,600,000 in 2007^{7,8} and the number of prescriptions per GP was 29,762 in 2011.^{9,10} The total actual cost of GP prescriptions was £7,767,166,153 in 2011 and NIC of GP prescriptions was £8,398,952,346.⁶

Activity. The 2006/07 UK General Practice Workload Survey provides an overview of the entire workload and skill-mix of general practices in the UK in 2006/07. Staff in a representative sample of 329 practices across the UK completed diary sheets for one week in September or December. As the survey was targeted at work in the practice, it excludes work done elsewhere, as well as any work identified as out-of-hours (OOH) not relating to the GMS/PMS/PCTMS practice contract.

¹ NHS Employers (2003) *General Medical Services Contract*, NHS Employers, London.

² The Information Centre (2012) *General Practice Staff 2011*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, London.

⁶ Personal communication with the Prescribing and Primary Care Group at the IC (2012).

⁷ Hippisley-Cox, J., Fenty, J. & Heaps, M. (2007) *Trends in Consultation Rates in General Practice 1995 to 2006: Analysis of the QResearch Database*. Final Report to the Information Centre and Department of Health, The Information Centre, Leeds.

⁸ No further work on the number of GP consultations since 2007/08.

⁹ Personal correspondence with the Information Centre, 2009.

¹⁰ Personal correspondence with Prescribing Support and Primary Care Services, 2010, Health and Social Care Information Centre (HSCIC).

III. COMMUNITY-BASED SOCIAL CARE

11. Social care staff

11.1 Social work team leader/senior practitioner/senior social worker

11.2 Social worker (adult)

11.3 Social worker (children)

11.4 Social work assistant

11.5 Approved social worker

11.6 Home care worker

11.7 Community occupational therapist (local authority)

11.8 Home care manager

11.9 Family support worker

11.1 Social work team leader/senior practitioner/senior social worker

	2011/2012 value	Notes
A. Salary	£38,553 per year	Information taken from the Local Government Earnings Survey 2012 ¹ showed that the mean basic salary for a social worker was £30,441. The mean gross salary was £31,788. (The information provided does not distinguish between the salary of an adult or of a children's social worker).
B. Salary oncosts	£11,284 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation. ²
C. Qualifications	£21,863 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information is drawn from research carried out by Curtis et al (2011). ⁴
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. ⁵ No costs are available.
E. Overheads		
Direct overheads	£14,453 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£7,974 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
F. Capital overheads	£2,004 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. See Green Book: National Agreement on Pay and Conditions of Service for information. ⁹
Working time	40.9 weeks per annum 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.6 days sickness leave have been assumed based on average of all social work sectors for 2010/2011. ^{9,10} Unit costs are based on 1,513 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact	1:0.39 1:2.45	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (25%), case-related recording (23%), case-related work in own agency (10%) and case-related inter-agency work (14%). ¹¹ Face-to-face contact is not a good indicator of input to clients.
Domiciliary v. office/clinic visit		It is not possible to estimate a cost per visit as there is no information available on the number or duration of visits.
London multiplier	1.10 x A 1.49 x E	Allows for the higher costs associated with London compared to the national average cost. ^{1,8,9}
Non-London multiplier	0.96 x A 0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,8,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£49 (£63) per hour; £68 (£88) per hour of client-related work; £169 (£219) per hour of face-to-face contact (includes A to E).		

¹ Local Government Association Analysis and Research (2012) *Local Government Earnings Survey 2011/2012*, Local Government Association, London.

² Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Curtis, L., Moriarty, J. & Netten, A. (2011) The costs of qualifying a social worker, *British Journal of Social Work*, doi: 10.1093/bjsw/bcr113. <http://bjsw.oxfordjournals.org/content/early/2011/08/22/bjsw.bcr113.short?rss=1>.

⁵ The British Association of Social Workers (2011) *Social Work Careers*, The British Association of Social Workers. www.basw.co.uk/social-work-careers/

⁶ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ Local Government Employers (2012) *Green book: National Agreement on Pay and Conditions of Service*, Local Government Association, London. <http://www.lge.gov.uk/lge/core/page.do?pagelid=119175>.

¹⁰ Local Government Association (2012) *Local Government Workforce Survey 2010/11*, http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupId=10171.

¹¹ Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.2 Social worker (adult services)

	2011/2012 value	Notes
A. Salary	£30,620 per year	Information taken from the Local Government Earnings Survey 2012 ¹ showed that the mean basic salary for a social worker was £30,441. The mean gross salary was £31,788. (The information provided does not distinguish between the salary of an adult or of a children's social worker).
B. Salary oncosts	£8,761 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation. ²
C. Qualifications	£21,863 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information is drawn from research carried out by Curtis et al (2011). ⁴
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. ⁵ No costs are available.
E. Overheads		
Direct overheads	£11,421 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£6,301 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
F. Capital overheads	£2,004 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. See Green Book: National Agreement on Pay and Conditions of Service for information. ⁹
Working time	40.9 weeks per annum 37 hours per week	Includes 29 days annual leave and 8 statutory leave days ^{8,9} Ten days for study/training and 8.6 days sickness leave have been assumed based on average of all social work sectors for 2010/2011 ¹⁰ . Unit costs are based on 1,513 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact	1:0.39 1:3.00	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (25%), case-related recording (23%), case-related work in own agency (10%) and case-related inter-agency work (14%) ¹¹ . Face-to-face contact is not a good indicator of input to clients.
Domiciliary v. office/clinic visit		It is not possible to estimate a cost per visit as there is no information available on the number or duration of visits.
London multiplier	1.10 x A 1.49 x E	Allows for the higher costs associated with London compared to the national average cost. ^{1,7,8}
Non-London multiplier	0.96 x A 0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,7,8}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£39 (£54) per hour; £54 (£74) per hour of client-related work; £156 (£214) per hour of face-to-face contact (includes A to E).		

¹ Local Government Association Analysis and Research (2012) *Local Government Earnings Survey 2011/2012*, Local Government Association, London.

² Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Curtis, L. Moriarty, J. & Netten, A. (2011) The costs of qualifying a social worker, *British Journal of Social Work*, doi: 10.1093/bjsw/bcr113. <http://bjsw.oxfordjournals.org/content/early/2011/08/22/bjsw.bcr113.short?rss=1>.

⁵ The British Association of Social Workers (2011) *Social Work Careers*, The British Association of Social Workers. www.basw.co.uk/social-work-careers/

⁶ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ Local Government Employers (2012) *Green book: National Agreement on Pay and Conditions of Service*, Local Government Association, London.

<http://www.lge.gov.uk/lge/core/page.do?pageId=119175>.

¹⁰ Local Government Association (2012) *Local Government Workforce Survey 2010/11*,

http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupId=10171.

¹¹ Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.3 Social worker (children's services)

Costs and unit estimation	2011/2012 value	Notes
A. Salary	£30,620 per year	Information taken from the Local Government Earnings Survey 2012 ¹ showed that the mean basic salary for a social worker was £30,441. The mean gross salary was £31,788. (Information provided does not distinguish between the salary of an adult and children's social worker).
B. Salary oncosts	£8,761 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation. ²
C. Qualifications	£21,863 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information is drawn from research carried out by Curtis et al (2011). ⁴
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. ⁵ No costs are available.
E. Overheads		
Direct overheads	£11,421 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£6,301 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
F. Capital overheads	£2,004 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. See Green Book: National Agreement on Pay and Conditions of Service for information. ⁹
Working time	40.9 weeks per annum 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. ^{10,10} Ten days for study/training and 8.6 days sickness leave have been assumed based on average of all social work sectors for 2010/2011. Unit costs are based on 1513 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact	1:0.39 1:2.85	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (26%), case-related recording (23%), case-related work in own agency (12%) and case-related inter-agency work (12%). ¹¹ Face-to-face contact is not a good indicator of input to clients. In a study commissioned by the Department of Health, it was found that 66 per cent of a children's social worker's time was spent on client-related activities. ¹²
London multiplier	1.46 x E	Allows for the higher costs associated with London compared to the national average cost. ^{1,7,8}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,7,8}
Unit costs available 2011/2012 (the costs with qualifications costs are given in brackets)		
£39 (£54) per hour; £54 (£74) per hour of client-related work; £150 (£206) per hour of face-to-face contact (includes A to E).		

¹ Local Government Association Analysis and Research (2012) *Local Government Earnings Survey 2011/2012*, Local Government Association, London.

² Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Curtis, L. Moriarty, J. & Netten, A. (2011) The costs of qualifying a social worker, *British Journal of Social Work*, doi: 10.1093/bjsw/bcr113. <http://bjsw.oxfordjournals.org/content/early/2011/08/22/bjsw.bcr113.short?rss=1>.

⁵ The British Association of Social Workers (2011) *Social Work Careers*, The British Association of Social Workers. www.basw.co.uk/social-work-careers/

⁶ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ Local Government Employers (2012) *Green book: National Agreement on Pay and Conditions of Service*, Local Government Association, London. <http://www.lge.gov.uk/lge/core/page.do?pageId=119175>.

¹⁰ Local Government Association (2012) *Local Government Workforce Survey 2010/11*, http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupId=10171.

¹¹ Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

¹² Department of Health (2001) *The Children in Need Census 2001—National Analyses*, www.dh.gov.uk/qualityprotects/work_pro/analysis1.htm.

11.4 Social work assistant

Costs and unit estimation	2011/2012 value	Notes
A. Salary	£22,077 per year	Information taken from the Local Government Earnings Survey 2012 ¹ showed that the mean basic salary for a social work assistant was £22,077. The mean gross salary was £23,037.
B. Salary oncosts	£6,045 per year	Employers' national insurance is included plus 18 per cent of salary for contribution to superannuation. ²
C. Overheads		
Direct overheads	£8,155 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£4,499 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ³
D. Capital overheads	£2,004 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
E. Travel		No information available on average mileage covered per visit. See Green Book: National Agreement on Pay and Conditions of Service for information. ⁶
Working time	40.7 weeks per annum 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.6 days sickness leave have been assumed based on average of all social work sectors for 2010/2011. ⁷ Unit costs are based on 1,506 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact		No current information is available about the proportion of social work assistant time spent on client-related outputs. See previous editions of this volume for sources of information.
London multiplier	1.16 x A 1.49 x D	Allows for the higher costs associated with London compared to the national average cost. ^{1,4,5}
Non-London multiplier	0.96 x D	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,4,5}
Unit costs available 2011/2012		
£28 per hour.		

¹ Local Government Association Analysis and Research (2012) *Local Government Earnings Survey 2011/2012*, Local Government Association, London.

² Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons.

³ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁴ Personal communication with the Department for Communities and Local Government, 2011.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Local Government Employers (2012) *Green book: National Agreement on Pay and Conditions of Service*, Local Government Association, London.

<http://www.lge.gov.uk/lge/core/page.do?pagelid=119175>.

⁷ Local Government Association (2012) *Local Government Workforce Survey 2010/11*,

http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupId=10171.

11.5 Home care worker

This schema provides information on the costs of a home care worker. Salary information is taken from the National Minimum Dataset for Social Care (Skills for Care, 2012).¹ Based on PSS EX1 2010/2011,² the mean hourly cost of all home care including LA-funded and independent provision was £18, the mean hourly cost of LA homecare was £34 and the mean hourly cost was £15 for independent sector provision. See Jones (2005) for findings on the costs of independently provided home care³ and Mickelborough (2011)⁴ for more information on the domiciliary care market.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£13,250 per year	The median annual salary for a public and independent sector care worker in June 2012 was £13,250 (£6.69 per hour). A senior home care worker would earn £16,972 per year (£7.17 per hour). ¹
B. Salary oncosts	£3,238 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation. ⁵
C. Overheads		
Direct overheads	£4,781 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. ⁶
Indirect overheads	£2,638 per hour	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
D. Travel		No information available on average mileage covered per visit. See Green Book: National Agreement on Pay and Conditions of Service for information. ⁷
Working time	41.9 weeks per annum 37 hours per week	Includes 29 days annual leave, 8 days statutory leave, 8.6 days of sickness and 5 days for training. ^{7,8} The median number of hours worked by home care workers in 2008 (1,301). ⁹
Ratios of direct to indirect time on: Face-to-face	1:0.25	No current information available on the proportion of time spent with clients. It is likely however that if 19 per cent of a home care workers' time is spent travelling (see duration of visit below), ¹⁰ the proportion of total time spent with clients is approximately 80 per cent.
Duration of visit		Just over half of local authority funded visits lasted 30 minutes. Sixteen per cent of visits were 15 minutes and 19 per cent of a home care workers' time was spent travelling. ¹⁰
Service use	7 hours per week (369 hours per year)	On average, individual service users received 369 hours of homecare in 2010/11 (7 hours per week). ¹⁰
Price multipliers for unsocial hours ⁴	1.00 1.086 1.035 1.093 1.036 1.031 1.039	Daytime weekly Daytime weekend) Night-time weekday) for an independent sector homecare hour Night-time weekend) provided for private purchasers Daytime weekend) Night-time weekday) for an independent sector homecare hour Night-time weekend) provided for social services
Unit costs available 2011/2012		
<p>Based on the price multipliers for the independent sector provided for private purchasers: £18 per weekday hour; (£20 per daytime weekend, £19 per night-time weekday, £20 per night-time weekend).</p> <p>Face to face: £23 per hour weekday; (£25 per daytime weekend, £24 per night-time weekday, £25 per night-time weekend).</p> <p>Based on the price multipliers for the independent sector provided for social services : £18 per weekday hour; (£19 per daytime weekend, £19 per night-time weekday, £19 per night-time weekend).</p> <p>Face to face: £23 per hour weekday; (£24 per daytime weekend, £24 per night-time weekday, £24 per night-time weekend).</p>		

¹ Skills for Care (2012) *The National Minimum Dataset for Social Care (NMDS-SC) and Data Protection: Guidance for Employers*, Skills for Care. www.nmds-sc-online.org.uk/help/Article.aspx?id=22.

² The Information Centre (2011) *PSS EX1 2011/12*, The Information Centre, Leeds.

³ Jones, K. (2005) The cost of providing home care, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Mickelborough, P. (2011) *Domiciliary care, UK Market Report*, Laing & Buisson, London.

⁵ Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.

⁶ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Local Government Employers (2012) *Green book: National Agreement on Pay and Conditions of Service*, Local Government Association, London. <http://www.lge.gov.uk/lge/core/page.do?pagelid=119175>.

⁸ Local Government Association (2012) *Local Government Workforce Survey 2010/11*, http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupid=10171

⁹ The Information Centre (2010) *Community Care Statistics 2008, Home Care Services for Adults, England*, The Information Centre, Leeds.

¹⁰ United Kingdom Home Care Association (UKHCA) (2012) *An overview of the UK domiciliary care sector*, Home Care Association Limited.

11.6 Community occupational therapist (local authority)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£31,565 per year	Information taken from the Local Government Earnings Survey 2012 ¹ showed that the mean basic salary for an occupational therapist was £31,565. The mean gross salary was £32,340.
B. Salary oncosts	£9,061 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation. ²
C. Qualifications	£5,070 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		
Direct overheads	£11,781 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. ⁵
Indirect overheads	£6,500 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁵
E. Capital overheads	£2,004 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Working time	40.9 weeks per annum 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.6 days sickness leave have been assumed based on average of all social work sectors for 2009/2010. ^{8,9} Unit costs are based on 1,513 hours per annum.
Ratio of direct to indirect time on: client contact		No current information is available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
London multiplier	1.09 x A 1.57 x E	Allows for the higher costs associated with London compared to the national average cost. ^{1,6,7}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,6,7}
Unit costs available 2011/2012 (costs including training given in brackets)		
£40 (£44) per hour.		

¹ Local Government Association Analysis and Research (2012) *Local Government Earnings Survey 2011/2012*, Local Government Association, London.

² Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ Local Government Employers (2012) Green book: National Agreement on Pay and Conditions of Service, Local Government Association, London. <http://www.lge.gov.uk/lge/core/page.do?pageId=119175>.

⁹ Local Government Association (2012) *Local Government Workforce Survey 2010/11*, http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupId=10171

11.7 Home care manager

Salary information in this schema is taken from the National Minimum Dataset for Social Care (NMDS-SC)¹ and has been based on the salary of a Registered Manager.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£28,560 per year	Median salary for a home care manager has been taken from the National Minimum Dataset for Social Care (NMDS-SC). ¹
B. Salary oncosts	£8106 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation. ²
C. Qualifications		No information available.
D. Overheads:		
Direct	£10,633 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect	£5,867 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ³
E. Capital overheads	£2,004 per year	Based on the new-build and land requirements of a local office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. See Green Book: National Agreement on Pay and Conditions of Service for information. ⁶
Working time	40.8 weeks per annum 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.6 days sickness leave have been assumed based on average of all social work sectors for 2009/2010. ⁷ Unit costs are based on 1,508 hours per annum.
Ratios of direct to indirect time on: client-related work face to-face contact	1:0.56 1:3.17	Ratios are used to estimate the full cost of direct and indirect time required to deliver each output. The study found that care managers spent 24 per cent of their time in direct contact with the service user and carer and an additional 40 per cent on client-related activities. Twenty-five per cent of time was spent on non-client-related administrative tasks such as dealing with telephone enquiries, lunch/breaks and training. 11.1 per cent was spent on travelling to service users, carers and meetings. ⁸
Frequency of visits	9 per week	Average number of visits per week per worker. ⁹
Duration of visits	45 minutes	Average duration of visits. ⁹
Caseload per worker	14	Number of cases per care manager. ⁹
London multiplier	1.25 x A 1.49 x E	Allows for the higher costs associated with London compared to the national average cost. ^{4,5}
Non-London multiplier	0.97 x E	Relative London costs are drawn from the same source as the base data for each cost element. ^{4,5}
Unit costs available 2011/2012		
£37 per hour; £57 per hour of client-related work; £153 per hour of face-to-face contact.		

¹ Skills for Care (2012) *The National Minimum Dataset for Social Care (NMDS-SC) and Data Protection: Guidance for Employers*, Skills for Care. www.nmds-sc-online.org.uk/help/Article.aspx?id=22.

² Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.

³ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁴ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁵ Personal communication with the Department for Communities and Local Government, 2011.

⁶ Local Government Employers (2012) *Green book: National Agreement on Pay and Conditions of Service*, Local Government Association, London. <http://www.lge.gov.uk/lge/core/page.do?pagelid=119175>.

⁷ Local Government Association (2012) *Local Government Workforce Survey 2010/11*, http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupid=10171

⁸ Weinberg, A., Williamson, J., Challis, D. & Hughes, J. (2003) What do care managers do? A study of working practice in older people's services, *British Journal of Social Work*, 33, 901–919.

11.8 Family support worker

Family support workers provide emotional and practical help and advice to families who are experiencing long- or short-term difficulties. Information has been drawn from a study on family support workers who work with carers of people with schizophrenia.¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,918 per year	Information taken from the Local Government Earnings Survey 2008 showed that the mean salary for a family support worker was £21,296. ² As no new salary estimates are available, this has been inflated to reflect the pay increments for social workers reported in the Local Government Earnings Surveys 2009, 2010 and 2011. ²
B. Salary oncosts	£6,312 per year	Employers' national insurance is included plus employers' contribution to superannuation (18%). ³
C. Training		No information available.
D. Overheads		
Direct Overheads	£8,477 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. ⁴
Indirect Overheads	£4,677 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁴
Working time	41.8 weeks per annum 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Five days for study/training and 9.2 days sickness leave have been assumed based on average of all social work sectors for 2009/2010. ^{5,6} Unit costs are based on 1545 hours per annum.
Ratios of direct to indirect time on: client related work	1:0.7	Direct contact with clients, including practical support, emotional support and time spent in support groups, occupied 59 per cent of their time. The rest of the time was spent on liaison with other agencies (13%), travelling (14%), staff development (5%) and administration and other (9%). ¹
London multiplier	1.16 x A	Allows for the higher costs associated with London compared to the national average cost.
Unit costs available 2011/2012 (costs including training given in brackets)		
£29 per hour; £49 per hour of client related work.		

¹ Davies, A., Huxley, P., Tarrier, N. & Lyne, D. (2000) *Family Support Workers of Carers of People with Schizophrenia*, University of Manchester and Making Space.

² Local Government Association Analysis and Research (2008) *Local Government Earnings Survey 2007, 2008, 2009, 2010 and 2011*, Local Government Analysis and Research, London.

³ Thurley, D. (2011) *Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.

⁴ Based on information taken from Selwyn et al (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁵ Local Government Employers (2012) Green book: National Agreement on Pay and Conditions of Service, Local Government Association, London. <http://www.lge.gov.uk/lge/core/page.do?pagelid=119175>.

⁶ Local Government Association (2012) *Local Government Workforce Survey 2010/11*, http://www.local.gov.uk/c/document_library/get_file?uuid=a100da49-248e-4c32-b0e6-207588d7e840&groupId=10171

12. Health and social care teams

- 12.1 NHS community mental health team (CMHT) for older people with mental health problems
- 12.2 Community mental health team for adults with mental health problems
- 12.3 Crisis resolution team for adults with mental health problems
- 12.4 Assertive outreach team for adults with mental health problems
- 12.5 Early intervention team for adults with mental health problems
- 12.6 Generic single disciplinary CAMHS team
- 12.7 Generic multi-disciplinary CAMHS team
- 12.8 Dedicated CAMHS team
- 12.9 Targeted CAMHS team

12.1 NHS community mental health team (CMHT) for older people with mental health problems

Based on information taken from the Older People's Mental Health Mapping framework,^{1,2,3} the mean average cost for all community mental health teams for older people with mental health problems in 2011/2012 was £128 per face-to-face contact. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£33,974 per year	Based on median salaries for Agenda for Change (AFC) bands. ⁴ Weighted to reflect input of community nurses (43 %), social workers/approved social workers (12 %), consultants (6 %) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT (OP) worker salary. ¹
B. Salary oncosts	£8,460 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£8,196 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,811 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.2 weeks per annum 37.5 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratios of direct to indirect time		No current information on time use is available. See previous editions of this volume for sources of information.
Frequency of visits	8	Average number of visits per week per worker.
Duration of visits	60 minutes	Average duration of visits.
Caseload per CMHT	32 cases per care staff	Based on mental health combined mapping data. ¹ In 2008/09 there was an average of 389 cases per service and 32 cases per year per generic CMHT.
London multiplier	1.19 x (A to B) 1.45 x E	Allows for higher costs associated with working in London. ^{6,7,9}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for lower costs associated with working outside London. ^{6,7,9}
Unit costs available 2011/2012		
£45 per hour per team member; £70,756 annual cost of team member; £2,211 average cost per case.		

¹ Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, <http://www.mhcombinedmap.org/reports/aspx>.

² Lingard, J. & Milne, A. (2004) Commissioned by the Children, Older People & Social Care Policy Directorate, Integrating Older People's Mental Health Services, Community Mental Health Teams for Older People, <http://www.its-services.co.uk/silo/files/integrating-opmh-services.pdf>

³ Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

⁴ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.2 Community mental health team for adults with mental health problems

Composed of professionals from a wide range of disciplines, community mental health teams (CMHTs) are intended to provide an effective local mental health service that prioritises those whose problems are severe and long-term.¹ Information has been taken from the mental health combined mapping website² and is based on data received from 787 service providers. There were, on average, 15 care staff per team. NHS Reference Costs³ report that the mean average cost per face-to-face contact with a community mental health team for adults with mental health problems was £139. Costs have been updated using the HCHS Pay & Prices Inflation.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£28,748 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁴ Weighted to reflect input of community nurses (31 %), social workers/approved social workers (18 %), consultants (6 %) OTs and physiotherapists (5 %), carer support (5 %) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT worker salary. ²
B. Salary oncosts	£7,436 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Information not available for all care staff.
D Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£6,988 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,187 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.2 wks per annum 37.5 hrs per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time		No current information on time use is available. See previous editions of this volume for sources of information.
Caseload per CMHT	24 cases per CMHT	Based on mental health combined mapping data. ¹ In 2008/09, there was an average of 404 cases per service and 24 cases per year per generic CMHT.
London multiplier	1.19 x (A to B) 1.45 x E	Allows for higher costs associated with working in London. ^{6,7,9}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{6,7,9}
Unit costs available 2011/2012		
£38 per hour per team member; £60,675 annual cost of team member; £2,528 average cost per case.		

¹ Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

² Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, <http://www.mhcombinedmap.org/reports/aspx>.

³ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

⁴ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.3 Crisis resolution team for adults with mental health problems

Crisis resolution is an alternative to inpatient hospital care for service users with serious mental illness, offering flexible, home-based care 24 hours a day, seven days a week. Information has been taken from the mental health combined mapping website¹ and is based on data received from 270 service providers. There were, on average, 17 care staff per team. NHS Reference Costs² report that the mean average cost for a crisis resolution team for 2011 was £184 per team contact, with an interquartile range of £140 to £213. Costs have been updated using the HCHS Pay & Prices Inflation. See the 2008/09 National Survey of Investment in Adult Mental Health Services and McCrone et al (2008) for more information on Crisis Resolution Teams.^{3,4}

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£28,008 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁵ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic crisis resolution worker salary. Teams included medical staff, nurses, psychologists, social workers, social care and other therapists. ¹
B. Salary oncosts	£7,296 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Training		No costs available. Crisis resolution work involves a major re-orientation for staff who have been accustomed to working in different ways.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁶
Management, administration and estates staff	£6,818 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£14,818 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{7,8} Costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working hours of team members	42.2 weeks per annum 37.5 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Service hours	24 hours per day 7 days per week	In general, the team should operate seven days a week, 24 hours per day throughout the year. This can be done if two shifts a day are scheduled for mornings and afternoons. ¹⁰
Duration of episode	27 days	The National Survey reported that 27 days was the average duration of episode. The mean longest time that teams stay involved is 75.6 days. ¹¹
Caseload	36 cases per service 2 cases per care staff	Based on mental health combined mapping data ¹ average caseloads for 2008/09 were 36 cases per service and 2 cases per year per crisis resolution team member.
London multiplier	1.19 x (A to B) 1.39 x E	Allows for higher costs associated with working in London. ^{7,8,12}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{7,8,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£38 per hour per team member; £59,256 annual cost of team member; £29,628 average cost per case.		

¹ Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, <http://www.mhcombinedmap.org/reports/asp>.

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459

³ McCrone, P., Dhanasiri, S., Patel, A., Knapp, M., Lawton-Smith, S. (2008) *Paying the Price, The cost of mental health care in England to 2026, King's Fund*, London.

⁴ Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

⁵ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

⁶ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ The Sainsbury Centre for Mental Health (2010) *Mental Health Topics, Crisis Resolution*, www.centreformentalhealth.org.uk/pdfs/crisis_resolution_mh_topics.pdf.

¹¹ Onyett, S., Linde, K., Glover, G. et al (2007) *Crisis Resolution and Inpatient Mental Health Care in England*, University of Durham.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.4 Assertive outreach team for adults with mental health problems

Assertive outreach teams provide intensive support for people with severe mental illness who are 'difficult to engage' in more traditional services.¹ Information has been taken from the mental health combined mapping website² and is based on data received from 248 service providers. See the 2008/09 National Survey of Investment in Adult Mental Health Services and McCrone et al (2008) for more information on this service.^{3,4} NHS Reference Costs⁵ report the mean average cost for an assertive outreach team contact for 2011 was £127. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£26,602 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁶ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic Assertive Outreach Team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers. ²
B. Salary oncosts	£6,895 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads		Taken from NHS (England) Summarised Accounts. ⁷
Management, administration and estates staff	£6,470 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£14,060 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{8,9} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Ratio of direct contact to total contact time: face-to-face contacts	1:0.48	Of the assertive outreach team contacts, 68 per cent were face-to-face with the patient, 13 per cent were by telephone, 11 per cent of all attempts at contact were unsuccessful and a further 6 per cent involved contact with the carer (face-to-face or by phone). Of the face-to-face contacts with patients, 63 per cent took place in the patient's home or neighbourhood, 27 per cent in service settings and 10 per cent in other settings. ¹⁰
Working hours of team members	42.15 weeks per annum 37.5 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹¹
Service hours	24 hours per day	Working hours of most services are flexible, although 24-hour services are rare.
Duration of contact	30 minutes	Median duration of contact. Assertive outreach staff expect to see their clients frequently and to stay in contact, however difficult that may be. Typically studies have shown that at least 95 per cent of clients are still in contact with services even after 18 months. ¹⁰
Caseload	72 cases per service 7 cases per care staff	Based on mental health combined mapping data, ² average caseloads for 2008/09 were 72 cases per service and 7 cases per year per assertive outreach team member.
London multiplier	1.19 x (A to B) 1.39 x E	Allows for the higher costs associated with working in London. ^{8,9,12}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{8,9,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£36 per hour per team member; £53 per hour of patient contact; £55,343 annual cost of team member; £8,049 average cost per case.		

¹ Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Assertive Outreach*, Sainsbury Centre for Mental Health (updated 2003), London.

² Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, <http://old.nimhe.csip.org.uk/amendments/>

³ Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

⁴ McCrone, P., Dhanasiri, S., Patel, A., Knapp, M., Lawton-Smith, S. (2008) *Paying the Price, The cost of mental health care in England to 2026, King's Fund*, London.

⁵ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

⁶ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

⁷ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁸ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁹ Personal communication with the Department for Communities and Local Government, 2012

¹⁰ Wright, C., Burns, T., Billings, J., Muijen, M., Priebe, S., Ryrie, I., Watts, J. & White, I. (2003) Assertive outreach teams in London: models of operation, *British Journal of Psychiatry*, 183, 2, 132-138.

¹¹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs.gov.uk/careers/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.5 Early intervention team for adults with mental health problems

Early intervention is a service for young people aged 14-35 during the first three years of a psychotic illness. They provide a range of services, including anti-psychotic medications and psycho-social interventions, tailored to the needs of young people with a view to facilitating recovery.¹ Staff and caseload information for this schema has been taken from the mental health combined mapping website² and is based on data received from 150 service providers. NHS Reference Costs³ report the mean average cost for an early intervention team contact for 2011 was £177, with an interquartile range of £148-£194. See the 2008/09 National Survey of Investment in Adult Mental Health Services⁴ and McCrone et al (2008) for more information on Early Intervention Teams.⁵

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£28,401 per year	Based on median salaries for Agenda for Change (AFC) bands. ⁶ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic assertive outreach team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers. ² Loss of earnings based on the minimum wage has been assumed for volunteers. ⁷
B. Salary oncosts	£7,521 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Training		Sainsbury Centre for Mental Health runs a part-time post-graduate certificate (EIP) over a one-year period which includes 20 days of teaching. ⁸
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁹
Management, administration and estates staff	£6,938 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,077 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{10,11} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time per staff member	42.2 weeks per year 37.5 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹²
Service hours		Teams tend to operate 9.00 a.m. – 5.00 p.m. but some flexibility is planned.
Case load	98 cases per service 9 cases per care staff	Based on mental health combined mapping data. ² Caseload data for 2008/09 were 98 cases per service and 9 cases per early intervention team member.
Ratio of direct to indirect time		No information available
London multiplier	1.19 x (A to B) 1.39 x E	Allows for higher costs associated with working in London. ^{9,10,13}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{9,10,13}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£38 per hour; £60,253 annual cost of team member; £6,695 cost per case.		

¹ Sainsbury Centre for Mental Health (2003) *A Window of Opportunity: A Practical Guide for Developing Early Intervention in Psychosis Services*, Briefing 23, Sainsbury Centre for Mental Health, London.

² Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, <http://www.mhcombinedmap.org/reports.aspx>.

³ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

⁴ Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

⁵ McCrone, P., Dhanasiri, S., Patel, A., Knapp, M., Lawton-Smith, S. (2008) *Paying the Price, The cost of mental health care in England to 2026, King's Fund*, London.

⁶ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

⁷ Directgov (2011) *The National Minimum Wage Rates*, www.direct.gov.uk/en/Employment/Employees/TheNationalMinimumWage/DG_10027201.

⁸ Sainsbury Centre for Mental Health (2004) *Post-graduate Certificate in Early Intervention for Psychosis*, Sainsbury Centre for Mental Health, London.

⁹ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

¹⁰ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

¹¹ Personal communication with the Department for Communities and Local Government, 2011.

¹² Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs-careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹³ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.6 Generic single-disciplinary CAMHS team

These teams provide services for children and young people with particular problems requiring particular types of intervention and within a defined geographical area.¹ Staff, caseload and cost information has been taken from the Child and Adolescent Mental Health Service (CAMHS)^{2,3} mapping database, and is based on returns from 2,094 teams of which 60 teams were generic single-disciplinary teams. The staff in these teams are almost exclusively clinical psychologists, educational psychologists and other therapists. The exceptions are teams of primary mental health workers which focus on psychological therapies. There are on average 4.13 wte per team (excluding administrative staff and managers). Costs have been updated to 2011/2012 price levels using the appropriate inflators.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary plus oncosts	£39,538 per year	Average salary for single generic team member based on National Child and Adolescent Mental Health Service cost data. ^{2,3}
B. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£7,636 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,595 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42.2 weeks per year 37.5 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷
Ratio of direct to indirect time on: patient-related work face-to-face contact	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. ² Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), administration and management (23%), consultation and liaison (13%) and clinical (49%).
Duration of episode		26 per cent of cases lasted 4 weeks or less, 25 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 15 per cent for more than 52 weeks.
Caseload per team	60 cases per team	Based on 60 teams and a caseload of 3,604. ²
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. ^{5,6,8}
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London. ^{5,6,8}
Unit costs available 2011/2012		
£42 per hour per team member; £68 per hour per patient-related activity; £86 per hour per team member face-to-face contact; £4,549 average cost per case.		

¹ YoungMinds (2001) *Guidance for Primary Care Trusts, Child and Adolescent Mental Health: its Importance and how to commission a comprehensive service, Appendix 3: Key Components, Professionals and Functions of Tiered Child and Adolescent Mental Health Services*, Child and Adolescent Mental Health Services, www.youngminds.org.uk/pctguidance/app3.php.

² Child and Adolescent Mental Health Service mapping (2009) Durham University & Department of Health.

³ The CAMHS team cost data are no longer being collected so information for this schema has been updated this year.

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁸ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.7 Generic multi-disciplinary CAMHS team

Staff mix, time use, caseload and cost information for this schema has been taken from the Child and Adolescent Mental Health Service (CAMHS)^{1,2} mapping database, and is based on returns from 2,094 teams of which 421 teams were generic multi-disciplinary. Generic teams provide the backbone of specialist CAMHS provision, ensuring a range of therapeutic interventions were available to children, young people and families locally. Multidisciplinary generic teams, as the name implies, were largely staffed by a range of mental health professionals. The average size of multidisciplinary teams was 10.9 wte (excluding administrative staff and managers). Costs have been updated to 2011/2012 price levels using the appropriate inflators.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary plus oncosts	£52,628 per year	Average salary plus oncosts for a generic multi-disciplinary team member based on National Child and Adolescent Mental Health Service cost data. The teams (excluding administrative and unqualified staff) included nurses (22 %), doctors (18 %), social workers (9 %), clinical psychologists (15 %), child psychotherapists (5 %), occupational therapists (2 %), mental health workers (10 %), family therapists (5 %), educational psychologists (1 %) and other qualified therapists and care staff (13 %). ^{1,2}
B. Overheads		Taken from NHS (England) Summarised Accounts. ³
Management, administration and estates staff	£10,164 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£22,089 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42.15 weeks per year 45.73 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Ratio of direct to indirect time on: patient-related work face-to-face contact	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. ¹ Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Duration of episode (all CAMHS teams)		19 per cent of cases lasted for 4 weeks or less, 21 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 17 per cent for 52 weeks or less and 25 per cent for more than 52 weeks.
Caseload per team	191 cases per team	Based on 421 teams and 80,386 cases. ¹
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. ^{4,5,7}
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London. ^{4,5,7}
Unit costs available 2011/2012		
£55 per hour per team member; £90 cost per hour per team member for patient-related activities; £114 cost per hour per team member for face-to-face contact; £4,976 average cost per case.		

¹ Child and Adolescent Mental Health Service mapping (2009) Durham University & Department of Health.

² The CAMHS Mapping data are no longer being collected so information for this schema has been updated this year.

³ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁴ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁵ Personal communication with the Department for Communities and Local Government, 2011.

⁶ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁷ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.8 Dedicated CAMHS team

Dedicated CAMHS workers are fully trained child and adolescent mental health professionals who are out-posted in teams that are not specialist CAMHS teams but have a wider function, such as a youth offending team or a generic social work children's team. The information for this schema is based on National Child and Adolescent Mental Health Service (CAMHS) mapping staff-related and cost information from 2,094 teams of which 133 were dedicated teams.^{1,2} On average there are 2.2 wte per team (excluding administrative staff and managers). Costs have been updated to 2011/2012 price levels using the appropriate inflators.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary plus oncosts	£38,061 per year	Average salary plus oncosts for a team member working in a dedicated team based on National Child and Adolescent Mental Health Service Mapping data and on the 128 dedicated teams. ^{1,2} The teams included nurses (27%), doctors (3%), clinical psychologists (16%), educational psychologists (3%), social workers (6%) child psychotherapists (2%), mental health workers (28%) and other therapists and care staff (15%).
B. Overheads		Taken from NHS (England) Summarised Accounts. ³
Management, administration and estates staff	£7,351 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,975 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42.1 weeks per year 37.7 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Ratio of direct to indirect time on: patient-related work face-to-face contact	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. ¹ Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Length of episode		30 per cent of cases lasted for 4 weeks or less, 30 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 11 per cent for 52 weeks or less and 10 per cent for more than 52 weeks.
Caseload	35 cases per team	Based on 133 teams and 4,596 cases. ¹
London multiplier	1.19 x A	Allows for higher costs associated with working in London. ^{4,5,7}
Non-London multiplier	0.97 x A	Allows for lower costs associated with working outside London. ^{4,5,7}
Unit costs available 2011/2012		
£40 per hour per team member; £66 per hour of patient-related activity, £83 per hour of face-to-face contact, £4,004 average cost per case.		

¹ Child and Adolescent Mental Health Service (CAMHS) Mapping (2009) Durham University & Department of Health.

² The CAMHS Mapping data are no longer being collected so information for this schema has been updated this year.

³ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁴ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁵ Personal communication with the Department for Communities and Local Government, 2011.

⁶ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁷ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.9 Targeted CAMHS team

These teams provide services for children and young people with particular problems or for those requiring particular types of therapeutic interventions. The information for this schema is based on National Child and Adolescent Mental Health Service (CAMHS) mapping data and returns from 2,094 teams of which 335 were dedicated teams.^{1,2} On average there are 4.2 wte per team (excluding administrative staff and managers). Costs have been updated to 2011/2012 price levels using the appropriate inflators.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary plus oncosts	£41,320 per year	Average salary for a team based on National Child and Adolescent Mental Health Service Mapping data. ^{1,2} Teams included nurses (20%), doctors (6%), social workers (15%), clinical psychologists (22%), educational psychologists (1%), child psychotherapists (3%), family therapists (4%) and other therapists and care staff (29%). ¹
B. Overheads		Taken from NHS (England) Summarised Accounts. ³
Management, administration and estates staff	£7,980 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,343 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,316 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.9 hours per week	Unit costs are based on 1,580 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Ratio of direct to indirect time on: patient-related work face-to-face contact	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Duration of episode		22 per cent of cases lasted for 4 weeks or less, 24 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 20 per cent for more than 52 weeks.
Caseload	47 cases per team	Based on 335 teams and 15,653 cases. ¹
London multiplier	1.19 x A	Allows for higher costs associated with working in London. ^{4,5,7}
Non-London multiplier	0.97 x A	Allows for lower costs associated with working in London. ^{4,5,7}
Unit costs available 2011/2012		
£44 per hour per team member; £71 cost per hour per team member for patient-related activities; £90 cost per hour per team member for face-to-face contact; £6,162 average cost per case.		

¹ Child and Adolescent Mental Health Service (CAMHS) mapping (2009) Durham University & Department of Health.

² The CAMHS Mapping data are no longer being collected so information for this schema has been updated this year.

³ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁴ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁵ Personal communication with the Department for Communities and Local Government, 2011.

⁶ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁷ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

IV. HOSPITAL-BASED HEALTH CARE STAFF

13. Hospital based scientific and professional staff

13.1 Physiotherapist

13.2 Occupational therapist

13.3 Speech and language therapist

13.4 Dietitian

13.5 Radiographer

13.6 Pharmacist

13.7 Allied health professional support worker

13.1 Hospital physiotherapist

Using data from the NHS Reference Costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up physiotherapy attendance in 2011/12 was £34 with an interquartile range of £28 to £38. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,600. ² More specialist grades range from AfC band 6 to 8C for a physiotherapist specialist to consultant. See Section V for information on mean salaries. The Electronic Staff Records (ESR) system shows that the mean basic salary for all physiotherapists is £32,200.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,087 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,689 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time		No current information available.
Duration of contacts	32.9 minutes 23.3 minutes 13.1 minutes	Surgery consultation. Clinic consultations. Telephone consultations. All based on information taken from the 2006/07 General Practice Workload Survey. ¹⁰
London multiplier	1.19 x (A to B) 1.46 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,11}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7,11}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£31 (£34) per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.

¹¹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.2 Hospital occupational therapist

Using data from the NHS Reference Costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up occupational therapy attendance in 2011/12 was £53, with an interquartile range of £30 to £64. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,600. ² More specialist grades range from AfC band 6 to 8B for an Occupational Therapist Specialist to Consultant (see Section V for salary information). ³ The Electronic Staff Records (ESR) system shows that the mean basic salary for all occupational therapists is £31,500.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,070 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ⁴ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁵ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁶
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,689 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁹
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹⁰
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,11}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8,11}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£31 (£34) per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁶ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

¹⁰ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹¹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.3 Hospital speech and language therapist

Using data from the NHS Reference Costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up speech and language therapy attendance in 2011/12 was £66, with an interquartile range of £35 to £79. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,600. ² More specialist grades range from AfC band 6 to 8C for a specialist speech and language therapist to consultant (see Section V for salary information). ³ The Electronic Staff Records (ESR) system shows that the mean basic salary for all speech and language therapists is £33,800.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,198 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ⁴ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁵ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁶
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,396 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁹
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹⁰
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,11}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8,11}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£31 (£34) per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁶ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

¹⁰ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹¹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.4 Hospital dietitian

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,600. ¹ The Electronic Staff Records (ESR) system shows that the mean basic salary for all dietitians is £32,200.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,260 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,655 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect share use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁷
Working time	42.76 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£30 (£34) per hour.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.5 Hospital radiographer

Using data from the NHS Reference Costs,¹ the mean average cost for a radiotherapy inpatient was £512 and for a regular day or night case was £166. An outpatient contact was £113. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings for Qualified Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,600. ² More specialist grades range from AfC band 6 to 8C for a radiographer specialist to consultant. The Electronic Staff Records (ESR) system shows that the mean basic salary for all Diagnostic and Therapeutic Radiologists is £32,800.
B. Salary oncosts	£5,335 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,436 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£5,414 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,766 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£7,088 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.8 weeks per annum 37.5 hours per week	Unit costs are based on 1,604 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£33 (£36) per hour.		

¹ Department of Health (2012) *NHS Reference Costs 2010-2011*, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.6 Hospital pharmacist

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£30,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the April-June 2012 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £33,200. ¹ More specialist grades range from AfC band 7 to 8D for a pharmacist specialist to consultant. The Electronic Staff Records (ESR) system shows that the mean basic salary for all pharmacists is £41,000.
B. Salary oncosts	£7,503 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,788 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ The cost of the clinical placement for pharmacists has been provided by Dr Lynne Bollington. See Bollington & John (2012) ⁴ for more information. These costs exclude external training courses that supplement work-based learning and may cover specific components of the General Pharmaceutical Council's performance standards and/or examination syllabus. See schema 7.4 for more details on training.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£7,339 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,950 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,165 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁸
Working time	43 weeks per annum 37.5 hours per week	Unit costs are based on 1,611 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹
Ratio of direct to indirect time on: direct clinical patient time patient-related activities	1:1 1:0.43	Ratios are estimated on the basis that 50 per cent of time is spent on direct clinical patient activities, 20 per cent of time on dispensary activities and 30 per cent on non-clinical activity. ¹⁰
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,11}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6,11}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£41 (£47) per hour; £82 (£94) per cost of direct clinical patient time (includes travel); £59 (£67) per cost of patient-related activities.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ Bollington, L.C. & John, D.N. (2012) *Pharmacy education and training in the hospital service in Wales: Identifying demand and developing capacity*. STS Publishing, Cardiff. ISBN: 978 0 948917 46 2.

⁵ The Audit Commission (2012) *Summarised Accounts 2011-2012*, NHS, London.

⁶ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁷ Personal communication with the Department for Communities and Local Government, 2011.

⁸ NHS Employers (2012), Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ Personal communication with the Greater Manchester Workforce Development Corporation (2003).

¹¹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.7 Allied health professional support worker

Allied health professional support workers provide vital assistance to healthcare professionals in diagnosing, treating and caring for patients. They work in a variety of settings depending on their role, such as in patient's homes, a GP clinic or in a hospital department.¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£16,100 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the April-June 2012 NHS Staff Earnings estimates for unqualified allied health professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £17,300. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all health care support workers is £16,300.
B. Salary oncosts	£3,500 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£0	Training costs are assumed to be zero, although many take NVQ courses.
D. Overheads		Taken from NHS (England) Summarised Accounts. ³
Management, administration and estates staff	£3,785 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£8,226 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,073 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 37.4 to 58.3 pence per mile up to 3,500 miles, and from 17.8 to 22.6 pence per mile over 3,500 miles. ⁶
Working time	43 weeks per annum 37.5 hours per week	Unit costs are based on 1,612 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷
Ratio of direct to indirect time		No current information available.
London multiplier	1.34 x E	Allows for the higher costs associated with London compared to the national average cost. ^{4,5}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{4,5}
Unit costs available 2011/2012		
£22 per hour.		

¹ NHS Careers (2011) *Clinical Support staff*, National Health Service, London. www.nhscareers.nhs.uk/details/Default.aspx?Id=1871.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁴ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁵ Personal communication with the Department for Communities and Local Government, 2011.

⁶ NHS Employers (2012) Current mileage allowances, <http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-MileageAllowances.aspx>.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits*, National Health Service, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

14. Hospital-based nurses

14.1 Nurse team manager (includes ward managers, sisters and clinical managers)

14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)

14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)

14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)

14.5 Clinical support worker

14.1 Nurse team manager (includes ward manager, sister and clinical manager)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£38,900 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods was £40,200. ¹ It does not include any lump-sum allowances and it is assumed that no unsocial hours are worked. See Section V for information on mean salaries.
B. Salary oncosts	£9,838 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£9,413 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,456 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,383 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per annum 37.5 hours per week	Unit costs are based on 1573 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009, ⁸ hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{5,6,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£52 (£58) per hour; £127 (£141) per hour of patient contact.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁸ The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London. www.nhshistory.net/mckinsey%20report.pdf

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£8,087 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£7,858 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,077 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,383 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per annum 37.5 hours per week	Unit costs are based on 1,573 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009, ⁸ hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{5,6,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£43 (£50) per hour; £105 (£121) per hour of patient contact.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁸ The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London. www.nhshistory.net/mckinsey%20report.pdf

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£26,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £29,100. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£6,419 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£6,377 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,858 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£1,457 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per annum 37.5 hours per week	Unit costs are based on 1,573 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009, ⁸ hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.34 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{5,6,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£35 (£41) per hour; £85 (£100) per hour of patient contact.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁸ The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London. www.nhshistory.net/mckinsey%20report.pdf

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£26,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the April-June 2012 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £29,100. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£6,419 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,700 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁴
Management, administration and estates staff	£6,377 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,858 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,411 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per annum 37.5 hours per week	Unit costs are based on 1573 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009, ⁸ hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.34 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{5,6,9}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£35 (£41) per hour; £85 (£100) per hour of patient contact.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁵ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁶ Personal communication with the Department for Communities and Local Government, 2011.

⁷ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁸ The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London. www.nhshistory.net/mckinsey%20report.pdf

⁹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.5 Clinical support worker (hospital)

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£16,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the April-June 2012 NHS Staff Earnings estimates for unqualified nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £18,500. ¹ See Section V for information on mean salaries.
B. Salary oncosts	£3,639 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No professional qualifications assumed.
D. Overheads		Taken from NHS (England) Summarised Accounts. ²
Management, administration and estates staff	£3,908 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£8,494 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£1,457 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{3,4} Treatment space has not been included. It is assumed that auxiliary nurses use one-sixth of an office. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.3 weeks per annum 37.5 hours per week	Unit costs are based on 1,593 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁵
Ratio of direct to indirect time		No current information available. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.35 x D	Allows for the higher costs associated with working in London. ^{3,4,6}
Non-London multiplier	0.96 x D	Allows for the lower costs associated with working outside London. ^{3,4,6}
Unit costs available 2011/2012		
£21 per hour.		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

³ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁴ Personal communication with the Department for Communities and Local Government, 2011.

⁵ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

⁶ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15. Hospital based doctors

15.1 Foundation house officer 1

15.2 Foundation house officer 2

15.3 Registrar group

15.4 Associate specialist

15.5 Consultant: medical

15.6 Consultant: surgical

15.7 Consultant: psychiatric

15.1 Foundation house officer 1

The Foundation Programme is a two-year, general post-graduate medical training programme which is compulsory for all newly-qualified medical practitioners in the UK. The Foundation Programme forms the bridge between medical school and specialist/general practice training.¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£32,300 per year	Taken from the April-June 2012 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £22,600. ² See Section V for information on median salaries.
B. Salary oncosts	£8,003 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£20,189 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details. For hospital doctors, post-graduate study consists of a two-year Foundation Programme. ⁵ During the first year, trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the first year.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁶
Management, administration and estates staff	£7,784 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,916 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁷
F. Capital overheads	£3,411 per year	Based on the new-build and land requirements of NHS facilities. ^{8,9} Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	44.6 weeks per annum 48 hours per week	Unit costs are based on 2,141 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹⁰ Under the European Working Time Directive (EWTD), the majority of foundation officers (Year 1) are now working up to 48 hours per week, 19.7 per cent are working up to 56 hours and 11.3 per cent are working 40 hours. ¹¹
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London. ^{8,9,12}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London. ^{8,9,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£33 (£43) per hour (48 hour week); £28 (£36) per hour (56 hour week); £40 (£51) per hour (40 hour week). (Includes A to F).		

¹ National Health Service (2011) The Foundation Programme, www.foundationprogramme.nhs.uk/pages/home.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

⁶ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁷ Personal communication with the London Deanery, 2006.

⁸ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁹ Based on Personal communication with the Department for Communities and Local Government, 2011.

¹⁰ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits*, National Health Service, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹¹ Provided by the Department of Health, 2009.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.2 Foundation house officer 2

The Foundation Programme is a two-year, general post-graduate medical training programme which is compulsory for all newly-qualified medical practitioners in the UK. The Foundation Programme forms the bridge between medical school and specialist/general practice training¹

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£41,100 per year	Taken from the April-June 2012 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £29,100 ² See Section V for information on median salaries.
B. Salary oncosts	£10,450 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£22,458 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details. For hospital doctors, post-graduate study consists of a two-year Foundation Programme. ⁵ During the first year, trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the first year.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁶
Management, administration and estates staff	£9,956 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£21,636 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library post-graduate centres. ⁷
F. Capital overheads	£3,411 per year	Based on the new-build and land requirements of NHS facilities. ^{8,9}
Working time	44.6 weeks per annum 48 hours per week	Unit costs are based on 2,141 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹⁰ Under the European Working Time Directive (EWTd), the majority of foundation officers (Year 2) are now working up to 48 hours per week. 22.3 per cent are working up to 56 hours and 13 per cent are working 40 hours. ¹¹
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London. ^{8,9,12}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London. ^{8,9,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£42 (£52) per hour (48 hour week). £36 (£45) per hour (56 hour week). £50 (£62) per hour (40 hour week). (Includes A to F).		

¹ National Health Service (2011) The Foundation Programme, www.foundationprogramme.nhs.uk/pages/home.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

⁶ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁷ Personal communication with the London Deanery, 2006.

⁸ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁹ Personal communication with the Department for Communities and Local Government, 2011.

¹⁰ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits*, National Health Service, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹¹ Provided by the Department of Health, 2009.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.3 Registrar group

In terms of staff numbers, the largest group of doctors is the registrar group (registrars, senior registrars, specialist registrars (SpRs) and specialty registrars (STRs).

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£55,600 per year	Taken from the April-June 2012 NHS Staff Earnings estimates for medical staff groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £37,800. ¹ See Section V for information on median salaries.
B. Salary oncosts	£14,481 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£26,996 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ² Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ³ See schema 7.4 for more details. Specialty registrar training involves three years' full-time post-graduate training with at least two of the years in a specialty training programme. ^{4,5}
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁶
Management, administration and estates staff	£13,535 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£29,414 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁷
F. Capital overheads	£3,411 per year	Based on the new-build and land requirements of NHS facilities. ^{8,9} Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.5 weeks per annum 48 hours per week	Unit costs are based on 2,041 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹⁰ Under the European Working Time Directive (EWTd), the majority of specialist registrars are now working up to 48 hours per week. 34 per cent are working up to 56 hours and 3.9 per cent are working 40 hours. ¹¹
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London. ^{8,9,12}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London. ^{8,9,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£58 (71) per hour (48 hour week); £50 (£61) per hour (56 hour week); £70 (£86) per hour (40 hour week). (Includes A to F).		

¹ The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁴ National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

⁵ NHS Employers (2008) *Terms and Conditions of Service for Specialty Doctors – England (2008)*, NHS Employers, London.

⁶ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁷ Personal communication with the London Deanery, 2006.

⁸ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁹ Personal communication with the Department for Communities and Local Government, 2011.

¹⁰ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits*, National Health Service, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹¹ Provided by the Department of Health, 2009.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.4 Associate specialist

An associate specialist is a doctor who has trained and gained experience in a medical or surgical speciality but has not become a consultant. These doctors usually work independently but will be attached to a clinical team led by a consultant in their speciality. Some of them are listed on the GMC's specialist register and are eligible to take on a consultant post. The reasons why they do not include: a wish to concentrate on clinical work and to avoid the administrative pressures of a consultant post; a desire to have a better work/life balance; and, in some cases, a lack of opportunity to access higher training posts. They do, however, take part in the full range of clinical work, including teaching junior doctors.^{1,2,3}

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£91,400 per year	Taken from the April-June 2012 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £78,200. ⁴ See Section V for information on median salaries.
B. Salary oncosts	£24,433 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£30,682 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ⁵ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁶ See schema 7.4 for more details. Associate Specialist training involves at least four years' full-time post-graduate training, at least two of which will be in a specialty training programme. ⁷
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁸
Management, administration and estates staff	£22,371 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£48,618 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁹
F. Capital overheads	£3,411 per year	Based on the new-build and land requirements of NHS facilities. ^{10,11} Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.5 weeks per annum 40 hours per week	Unit costs are based on 1,701 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ¹² The new associate specialist full time contract is based on 10 Programmed Activities (40 hours). ¹³
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London. ^{10,11,14}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London. ^{10,11,14}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£113 (£131) per contract hour.		

¹ British Medical Association (2008) *Staff and Associate Specialists Committee Newsletter*, www.bma.org.uk/news/branch_newsletters/staff_associates_newsletter/sascnewsletter1008.jsp

² British Medical Association (2008) *Your Contract, Your Decision*, BMA Staff and Associate Specialists Group, www.bma.org.uk/images/SASContractSummary_tcm41-157757.pdf.

³ British Medical Association (2009) *Glossary of Doctors*, www.bma.org.uk/patients_public/whos_who_healthcare/glossdoctors.jsp

⁴ The Information Centre (2011) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

⁵ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁶ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁷ National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

⁸ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁹ Personal communication with the London Deanery, 2006.

¹⁰ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

¹¹ Personal communication with the Department for Communities and Local Government, 2011.

¹² Contracted hours are taken from NHS Careers (2012) *Pay and Benefits*, National Health Service, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹³ NHS Employers (2011) *Specialty and Associate Specialist contracts*, British Medical Association, London.

<http://www.nhsemployers.org/Aboutus/Publications/Documents/FAQs-Specialty-and-Associate-Specialist-Contracts.pdf>

¹⁴ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.5 Consultant: medical

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£115,300 per year	The Electronic Staff Records (ESR) system shows that the mean full-time equivalent total earnings for a medical consultant was £115,300 in April-June 2012. ¹ This includes basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments, including redundancy pay or payment of notice periods. The mean basic salary was £87,600. ² See Section V for information on median salaries.
B. Salary oncosts	£31,077 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£45,528 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details. Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£28,270 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£61,438 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁶
F. Capital overheads	£4,106 per year	Based on the new-build and land requirements of NHS facilities. ^{7,8} Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.5 weeks per annum 43.3 hours per week	Unit costs are based on 1,839 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹ The 'new' contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.3 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ¹⁰
Ratio of direct to indirect time on: patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,11}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8,11}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£132 (£157) per contract hour.		

¹ The Information Centre (2012) *Electronic Records System estimates September 2012*, The Information Centre, Leeds.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Personal communication with the London Deanery, 2006.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Based on personal communication with the Department for Communities and Local Government, 2011.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.

¹¹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.6 Consultant: surgical

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£128,800 per year	The Electronic Staff Records (ESR) system shows that the mean full-time equivalent total earnings for a medical consultant was £128,000 in April-June 2012. ¹ This includes basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments, including redundancy pay or payment of notice periods. The mean basic salary was £92,000. ² See Section V for information on median salaries.
B. Salary oncosts	£34,830 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£45,528 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details. Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£31,602 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£68,680 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁶
F. Capital overheads	£4,106 per year	Based on the new-build and land requirements of NHS facilities. ^{7,8} Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.5 weeks per annum 43.3 hours per week	Unit costs are based on 1,839 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹ The 'new' contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.3 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ¹⁰
Ratio of direct to indirect time on/in: patient-related activity operating theatre		No current information available on patient-related activity. See previous editions of this publication for sources of information.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,11}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8,11}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£147 (£172) per contract hour.		

¹ The Information Centre (2012) *Electronic Records System estimates September 2012*, The Information Centre, Leeds.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Personal communication with the London Deanery, 2006.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.

¹¹ Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.7 Consultant: psychiatric

Costs and unit estimation	2011/2012 value	Notes
A. Wages/salary	£107,900 per year	The Electronic Staff Records (ESR) system shows that the mean full-time equivalent total earnings for a psychiatric consultant was £107,900 in April-June 2012. ¹ This includes basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments, including redundancy pay or payment of notice periods. The mean basic salary was £87,800. ² See Section V for information on median salaries.
B. Salary oncosts	£29,020 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£45,528 per year	Qualification costs have been calculated using the method described in Netten et al (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See schema 7.4 for more details. Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.
D. Overheads		Taken from NHS (England) Summarised Accounts. ⁵
Management, administration and estates staff	£26,444 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£57,469 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,459 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁶
F. Capital overheads	£4,106 per year	Based on the new-build and land requirements of NHS facilities. ^{7,8} Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.5 weeks per annum 43.3 hours per week	Unit costs are based on 1,839 hours per annum: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁹ The 'new' contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.3 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ¹⁰
Ratio of direct to indirect time on: face-to-face contacts	1:1.58	Information taken from a study carried out by the Institute of Psychiatry based on a response rate of 41.3 per cent of a sample of 500 consultants. ¹¹ The proportion of working time spent on face-to-face settings including contact with patients, carrying out assessments and contact with family members was 34 per cent. Other patient-related activities added a further 9.5 per cent for meetings with patients or family. Time spent teaching has been disregarded and non-contact time has been treated as an overhead on time spent in patient contact.
patient-related activity	1:0.95	
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost ^{7,8,12}
Non-London multiplier	0.97 x (A to E) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8,12}
Unit costs available 2011/2012 (costs including qualifications given in brackets)		
£124 (£148) per contract hour; £319 (£383) per face to face contact; £241 (£289) per patient related hour (includes A to F).		

¹ The Information Centre (2012) *Electronic Records System estimates September 2012*, The Information Centre, Leeds.

² The Information Centre (2012) *NHS Staff Earnings Estimates September 2012*, The Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

⁵ The Audit Commission (2011) *Summarised Accounts 2010-2011*, NHS, London.

⁶ Personal communication with the London Deanery, 2006.

⁷ Building Cost Information Service (2012) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

⁸ Personal communication with the Department for Communities and Local Government, 2011.

⁹ Contracted hours are taken from NHS Careers (2012) *Pay and Benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/>. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in The Information Centre (2012) *Sickness Absence Rates in the NHS: January-March 2012 and Annual Summary 2009-10 to 2011-12*, The Information Centre, Leeds.

¹⁰ The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.

¹¹ Royal College of Psychiatrists (2003) *Workload and Working Patterns in Consultant Psychiatrists*, College Research Unit, Royal College of Psychiatrists, London.

¹² Department of Health estimate (2011) based on the Market Forces Factor (MFF).

V. SOURCES OF INFORMATION

16. Inflation indices
17. NHS Staff Earning Estimates
18. Glossary
19. References
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16. Inflation indices

16.1 The BCIS house rebuilding cost index and the retail price index

BCIS calculates the House Rebuilding Cost index for the Association of British Insurers (ABI). The index is based on an average of house types and cannot therefore reflect changes in all rates from the house rebuilding cost tables as regional trends, labour and materials contents differ.¹ The retail price index is a measure of inflation published monthly by the Office for National Statistics. It measures the change in the cost of a basket of retail goods and services.²

Year	BCIS/ABI		Retail Price	
	Rebuilding Cost index (1988=100)	% increase	index (1986/87= 100)	% increase
2000	154.6	3.8	167.7	2.1
2001	165.7	7.2	171.3	2.1
2002	176.6	6.6	175.1	2.2
2003	183.8	4.1	180.0	2.8
2004	191.3	4.1	184.0	2.2
2005	206.1	7.7	188.2	2.3
2006	219.8	6.7	193.7	2.9
2007	228.7	4.0	199.9	3.2
2008	243.5	6.5	208.5	4.3
2009	236.9	-2.7	212.6	2.0
2010	239.5	1.1	222.7	4.8
2011	252.0	5.2	234.5	5.3

NB. Updates of the BCIS/ABI index are not available this year.

16.2 The Hospital & Community Health Services (HCHS) index

Hospital and community health services (HCHS) pay and price inflation is a weighted average of two separate inflation indices: the pay cost index (PCI) and the health service cost index (HSCI). The PCI measures pay inflation in the HCHS. The PCI is itself a weighted average of increases in unit staff costs for each of the staff groups within the HCHS sector. Pay cost inflation tends to be higher than pay settlement inflation because of an element of pay drift within each staff group. Pay drift is the tendency for there to be a gradual shift up the incremental scales, and is additional to settlement inflation. The estimate of pay inflator for the current year is based on information supplied by the Department of Health and on pay awards of NHS staff. The HSCI is calculated monthly to measure the price change for each of 40 sub-indices of goods and services purchased by the HCHS. The sub-indices are weighted together according to the proportion of total expenditure which they represent to give the overall HSCI value. The pay cost index and the health service cost index are weighted together according to the proportion of HCHS expenditure on each. This provides an HCHS combined pay and prices inflation figure.³

Year	Hospital & Community Health Services (HCHS)		
	Pay & Prices index (1987/8=100)	Annual percentage increases	
		Prices ⁴	Pay ⁴
2000/01	196.5	-0.3	7.2
2001/02	206.5	0.1	8.3
2002/03	213.7	0.9	5.0
2003/04	224.8	1.5	7.3
2004/05	232.3	1.0	4.5
2005/06	240.9	1.9	4.7
2006/07	249.8	3.0	4.1
2007/08	257.0	1.8	3.5
2008/09	267.0	5.2	3.0
2009/10	268.6	-1.3	1.8
2010/11	276.7	2.8	3.1
2011/12	285.7	4.1	2.6

¹ Building Cost Information Service (2012) *Indices and Forecasts*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames. www.bcis.co.uk/site/scripts/documents_info.aspx?categoryID=2&documentID=27.

² Source www.statistics.gov.uk.

³ Provided by the Department of Health, 2011.

⁴ Provided by the Department of Health, 2011.

16.3 Gross domestic product (GDP) deflator and the tender price index for public sector buildings

For non-staff revenue, Her Majesty's Treasury's (HMT) GDP deflator is a measure of general inflation in the domestic economy. HMT produces the GDP deflator from data provided by the ONS and extends the series to future years by applying forecasts of the inflation rate. The BCIS PUBSEC Tender Price index (PUBSEC) is used by the Office for National Statistics (ONS) to deflate capital expenditure in health and social care.

Year	Personal Social Services Prices/Gross Domestic Product Deflator ¹ Annual percentage increase	Tender Price index for Public Sector Building (non-housing) (PUBSEC) ²	
		Index (1995=100)	% increase
2004/05	2.96	156	7.23
2005/06	2.29	166	6.42
2006/07	2.69	170	2.71
2007/08	2.49	187	9.84
2008/09	2.73	191	2.27
2009/10	1.50	172	-10.33
2010/11	2.84	169	-1.75
2011/12	2.38	176	4.15

16.4 The PSS annual percentage increases for adult services (all sectors)

The PSS Pay annual percentage increases are calculated using data on rates of hourly pay change for each occupation group in the PSS sector from the Annual Survey of Hours and Earnings (ASHE), published by Office for National Statistics (ONS).³

The following occupation groups are used for analysis: managers, social workers, nurses, occupational therapists, community, care workers, childcare. In addition two support groups were identified: admin/office and ancillary staff. As it was not possible to collect detailed data on all staff working in these groups, it was assumed that their pay increases were in line with the average for England. These pay changes were weighted by the proportion of PSS staff in each group and the different pay levels of each group i.e. that occupation group's share of the total PSS paybill. Pay changes for 2010/11 are projected using an average of the deflated pay changes in the past three years. This assumes that pay increases next year will be in line with the previous trend.

The PSS Pay & Prices (including capital) is calculated by taking the weighted sum of three indices: pay index, capital index and non-staff revenue index and the PSS Pay & Prices (excluding capital) is calculated by taking the weighted sum of two indices: pay index and non-staff revenue index.

Year	PSS all sectors, adults only ¹		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.9	4.2	4.1
2004/05	3.8	4.3	3.9
2005/06	3.2	3.7	3.4
2006/07	4.8	4.5	5.1
2007/08	3.0	3.9	3.0
2008/09	2.5	2.4	2.4
2009/10	2.1	0.2	2.2
2010/11	0.2	-0.1	-0.2
2011/12	1.6 (E)	2.0 (E)	1.5

¹ Provided by the Department of Health, 2012.

² Provided by the Department of Health, 2012.

³ This work contains statistical data from ONS which is Crown copyright and reproduced with the permission of the controller of HMSO and Queen's Printer for Scotland. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis.

16.5 The PSS annual percentage increases for adult local authority services

Year	PSS local authority, adults only ¹		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.8	3.9	3.9
2004/05	4.2	4.3	4.3
2005/06	3.5	3.7	3.6
2006/07	4.6	4.5	4.7
2007/08	3.2	3.5	3.2
2008/09	2.4	2.4	2.3
2009/10	1.8	1.3	1.9
2010/11	0.4	0.4	0.3
2011/12	1.6 (E)	1.7 (E)	1.5

16.6 The PSS annual percentage increases for adult and children's services (all sectors)

Year	PSS all sectors, adults and children ¹		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.9	4.2	4.1
2004/05	3.8	4.3	4.0
2005/06	3.2	3.6	3.4
2006/07	4.7	4.5	5.0
2007/08	2.8	3.7	3.0
2008/09	2.2	2.4	2.4
2009/10	2.1	0.6	2.2
2010/11	0.2	-0.1	-0.1
2011/12	1.6 (E)	1.9 (E)	1.5

16.7 The PSS annual percentage increases for local authority adult and children's services

Year	PSS local authority, adults and children ¹		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.6	3.9	3.8
2004/05	4.3	4.6	4.5
2005/06	3.4	3.6	3.5
2006/07	4.4	4.4	4.6
2007/08	2.9	3.3	3.0
2008/09	2.2	2.4	2.3
2009/10	1.8	1.4	1.9
2010/11	0.2	0.5	0.4
2011/12	1.6 (E)	1.7 (E)	1.6

¹ Provided by the Department of Health, 2011.

17. NHS Staff Earning Estimates

17.1 Basic pay and earnings for unqualified and qualified nurses

	Mean basic salary per full-time equivalent ¹	Mean total earnings per fulltime equivalent ²	Median full-time equivalent basic salary ³	Median full-time equivalent total earnings	Average worked FTE in sample ⁴
Unqualified nurses					
Band 1	-	-	-	-	-
Band 2	£16,100	£19,900	£16,600	£19,300	28,031
Band 3	£18,400	£22,300	£19,100	£21,600	24,157
Qualified nurses					
Band 4	£20,900	£23,000	£21,200	£21,800	6,688
Band 5	£25,600	£30,400	£26,600	£29,700	139,597
Band 6	£31,500	£35,700	£32,600	£34,500	89,682
Band 7	£37,900	£41,200	£38,900	£40,200	48,619
Band 8a	£44,800	£47,900	£45,300	£46,600	9,544
Band 8b	£53,400	£57,000	£54,500	£55,900	2,800
Band 8c	£63,200	£67,400	£65,300	£67,100	947
Band 8d	£75,800	£85,200	£77,100	£79,400	234
Band 9					

Source: Information Centre for Health and Social Care (2012) *NHS Staff Earnings estimates, April to June*. Processed using data taken from the Electronic Staff Record Data Warehouse, as at September 2012.

17.2 Basic pay for unqualified and qualified allied health professionals (AHPs)

This group includes qualified scientific, therapeutic and technical staff within: chiropody/podiatry, dietetics, occupational therapy, orthoptics/optics, physiotherapy, radiography, art, music and drama therapy, speech and language therapy.

	Mean basic salary per full-time equivalent ¹	Mean total earnings per fulltime equivalent ²	Median full-time equivalent basic salary ³	Median full-time equivalent total earnings	Average worked FTE in sample ⁴
Unqualified AHPs					
Band 1		-	-	-	-
Band 2	£15,900	£17,100	£16,100	£17,300	2,311
Band 3	£18,100	£19,200	£18,700	£19,100	4,666
Qualified AHPs					
Band 4	£20,700	£21,600	£21,100	£21,300	2,270
Band 5	£23,300	£25,900	£22,700	£24,600	10,993
Band 6	£30,200	£32,900	£30,500	£33,200	22,370
Band 7	£37,800	£40,300	£40,200	£40,200	17,112
Band 8a	£45,300	£47,900	£46,600	£46,600	4,428
Band 8b	£54,200	£58,300	£55,900	£55,900	1,303
Band 8c	£65,000	£67,700	£67,100	£67,100	328
Band 8d	-	-	-	-	-
Band 9	-	-	-	-	-

Source: Information Centre for Health and Social Care (2012) *NHS Staff Earnings estimates, April to June*. Processed using data taken from the Electronic Staff Record Data Warehouse, as at September 2012.

¹ Mean basic salary is calculated by dividing the total amount of basic pay earned by staff in the group by the total worked FTE for those staff.

² This includes basic salary, plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods.

³ The median is calculated by ranking individuals FTE basic pay, and taking the midpoint. It is considered a more robust indicator of 'typical' pay than the mean.

⁴ This is the total FTE for all payments made in the quarterly period, divided by 3 to give a monthly average.

17.3 Basic pay and earnings for medical staff groups

	Mean basic salary per full-time equivalent ¹	Mean total earnings per full-time equivalent ²	Median full-time equivalent basic salary ³	Median full-time equivalent total earnings	Average worked FTE in sample ⁴
Foundation year 1/House Officer	£22,600	£32,300	£22,400	£31,500	6,106
Foundation year 2/Senior House Officer	£29,100	£41,100	£27,800	£41,700	7,412
Registrar group	£37,800	£55,600	£37,400	£53,400	33,423
Consultants (old contract)	£84,400	£101,700	£80,200	£92,500	941
Consultants (new contract)	£89,800	£117,000	£89,400	£108,300	35,285
Associate specialist (old contract)	£83,400	£90,800	£75,200	£80,100	538
Associate specialist (new contract)	£79,700	£91,400	£77,200	£82,400	2,578
Staff grade	£64,200	£70,900	£58,500	£62,800	430
Specialty doctors	£58,000	£68,800	£58,300	£63,100	5015

Source: Information Centre for Health and Social Care (2012) *NHS Staff Earnings estimates, April to June*. Processed using data taken from the Electronic Staff Record Data Warehouse, as at September 2012.

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General notes

- Inspection of data suggests that discretionary point payments are sometimes included with basic pay for consultants.
- These figures represent payments made using the Electronic Staff Record to NHS Staff who are directly paid by NHS organisations. It does not include, for example, elements of pay for clinical staff which are paid to the individual by universities, or other non-NHS organisations providing NHS care.
- Figures rounded to the nearest £100.
- Figures based on data from all NHS organisations who are using ESR (two Foundation Trusts have not taken up ESR).

¹ Mean basic salary is calculated by dividing the total amount of basic pay earned by staff in the group by the total worked FTE for those staff.

² This includes basic salary, plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods.

³ The median is calculated by ranking individuals FTE basic pay, and taking the midpoint. It is considered a more robust indicator of 'typical' pay than the mean.

⁴ This is the total FTE for all payments made in the quarterly period, divided by 3 to give a monthly average.

18. Glossary

Agency overheads Overhead costs borne by managing agency.

Annuity Converting a capital investment (such as the cost of a building) into the annual equivalent cost for the period over which the investment is expected to last.

Child and Adolescent Mental Health Services (CAMHS) is a name for NHS-provided services for children in the mental health arena in the UK. In the UK they are often organised around a tier system. Tier 3 services are typically multidisciplinary in nature and the staff come from a range of professional backgrounds.

Capital overheads Buildings, fixtures and fittings employed in the production of a service.

Care package costs Total cost of all services received by a patient per week.

Cost function analysis Statistical analysis using a multivariate technique 'designed to simultaneously tease out the many influences on cost'.

Department for Work and Pensions (DWP) is the largest government department in the United Kingdom, created on June 8, 2001 from the merger of the employment part of the Department for Education and Employment and the Department of Social Security and headed by the Secretary of State for Work and Pensions, a Cabinet position.

Direct overheads Day-to-day support for a service, such as immediate line management, telephone, heating and stationery.

Discounting Adjusting costs using the time preference rate spread over a period of time in order to reflect their value at a base year.

Durables Items such as furniture and fittings.

Indirect overheads Ongoing managing agency costs such as personnel, specialist support teams and financial management.

Long-term The period during which fixed costs such as capital can be varied.

Marginal cost The cost of an additional unit of a service.

Oncosts Essential associated costs such as on employer's national insurance contributions .

Opportunity cost The value of the alternative use of the assets tied up in the production of the service.

Per average stay Cost per person of a typical stay in a residential facility or hospital.

Per client hour Cost of providing the service for one hour of patient attendance. The costs of time not spent with clients are allocated to the time spent with clients.

Per clinic visit Cost of one client attending a clinic. This allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients in any setting.

Per consultation Cost per attendance in a clinic or surgery. This also allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients.

Per example episode Cost of a typical episode of care, comprising several hours of a professional's time.

Per home visit Cost of one visit to a client at home. This includes the cost of time spent travelling for the visit. Time spent on non-clinical activity and allocates this to the total time spent with clients in any setting.

Per hour in clinic Cost of one hour spent by a professional in a clinic. Time spent on non-clinical activity is allocated this to the total time spent with clients in any setting.

Per hour of client contact Cost of one hour of professional time spent attending to clients. This also allows for the costs of time not spent with clients and allocates the costs of this time to the time spent with clients.

Per hour of client-related work Hourly cost of time spent on activities directly related to the client. This is not necessarily time spent in face-to-face contact with the client.

Per hour of direct outputs (teams) Cost of one hour of team activity which results in a measurable activity by any member(s) of the team.

Per hour of face-to-face contact Hourly cost of time spent in face-to-face contact with clients. This also allows for the costs of time not spent with clients and allocates the costs of this time to the time spent with clients.

Per hour of home visiting Cost of one hour spent by a professional undertaking visits to clients at home. This includes the cost of time spent travelling. It also allows for overall time spent on non-clinical activity and allocates this to the total time spent with clients in any setting.

Per hour of patient-related work or per patient-related hour Hourly cost of time spent on activities directly related to the patient. This is not necessarily time spent in face-to-face contact with the patient.

Per hour on duty Hourly cost of time spent by a hospital doctor when on duty. This includes time spent on-call when not actually working.

Per hour worked Hourly cost of time spent by a hospital doctor when working. This may be during the normal working day or during a period of on-call duty.

Per inpatient day Cost per person of one day in hospital.

Per patient day Cost per person of receiving a service for one day.

Per permanent resident week Total weekly cost of supporting a permanent resident of a residential facility.

Per place per day (nursery) Cost of one child attending a nursery for one day.

Per procedure Cost of a procedure undertaken in a clinic or surgery. This includes the cost of time spent on non-clinical activity and the total time spent with clients.

Per professional chargeable hour Hourly cost of services provided when paid for by the client.

Per resident week Cost per person per week spent in a residential facility.

Per session (day care) Cost per person of each morning or afternoon attendance in a day care facility.

Per session per client Cost per person of one session.

Per short-term resident week Total weekly cost of supporting a temporary resident of a residential facility.

Price base The year to which cost information refers.

Ratio of direct to indirect time spent on client-related work/direct outputs/face-to-face contact/clinic contacts/home visits The relationship between the time spent on direct activities (such as face-to-face contact) and time spent on other activities. For example, if the ratio of face-to-face contact to other activities is 1:1.5, each hour spent with a client requires 2.5 paid hours.

Overheads

NHS overheads

Management and other non-care staff overheads include administration and estates staff.

Non-staff overheads include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.

Local authority overheads

Direct overheads include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.

Indirect overheads include general management and support services such as finance and human resource departments

Schema Framework and contents of cost synopsis for each service.

Short-term The period during which durable assets cannot be immediately added to or removed from the existing stock of resources.

SSMSS Social Services Management and Support Services: Overhead costs incurred by a local authority as defined by CIPFA guidelines. These include indirect overheads such as finance and personnel functions.

Time preference rate The rate at which future costs or benefits are valued in comparison to current or base years costs or benefits.

19. References

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21. List of useful sources

Audit Commission: <http://www.audit-commission.gov.uk/Pages/default.aspx/>

Building Cost Information Service: <http://www.bcis.co.uk/site/index.aspx/>

BCIS is the UK's leading provider of cost and price information for construction and property occupancy.

Care Quality Commission: <http://www.cqc.org.uk/> The Care Quality Commission is the new health and social care regulator for England and replaces the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission which all ceased to exist on 31 March 2009.

Centre for Child and Family Research: <http://www.lboro.ac.uk/research/ccfr/>

Centre for Health Related Studies:

http://www.bangor.ac.uk/research/rae_egs/groups_by_school.php.en?SchoolID=0770&SchName=School%20of%20Healthcare%20Sciences/

Chartered Institute of Public Finance and Accountancy (CIPFA): <http://www.cipfa.org/>

The CIPFA Statistical Information Service (SIS) was established as a partnership between individual authorities and CIPFA. SIS has been undertaking detailed annual surveys of local authority operations for more than a century, and the 'CIPFA Statistics' still remain the only impartial and comprehensive account of the extent and achievements of each individual Council. Surveys are conducted in the following areas: education, environmental services, environmental health, housing, leisure, planning, public protection, social services, transport.

Daycare Costs Survey 2011, <http://www.daycaretrust.org.uk/pages/childcare-costs-surveys.html/>

Department for Education: <http://www.education.gov.uk>

Department for Work and Pensions: <http://www.dwp.gov.uk/>

Family Resource Survey: <http://research.dwp.gov.uk/asd/frs/>

Federation of Ophthalmic & Dispensing Opticians: <http://www.fodo.com/>

Health and Social Care Information Centre (HSCIC): <http://www.ic.nhs.uk/>

The Information Centre for health and social care (IC) is a Special Health Authority set up on 1 April 2005 to take over most DH statistical collection and dissemination and some functions of the former NHS Information Authority. This includes information on Personal Social Services Expenditure.

Hospital Episode Statistics (HES): <http://www.hesonline.nhs.uk/>

This is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals. The HES database is a record-level database of hospital admissions and is currently populated by taking an annual snapshot of a sub-set of the data submitted by NHS Trusts to the NHS-Wide Clearing Service (NWCS). Quarterly information is also collected. A separate database table is held for each financial year, containing approximately 11 million admitted patient records from all NHS Trusts in England.

Joseph Rowntree Foundation: <http://www.jrf.org.uk/>

This website provides information on housing and care.

Laing & Buisson: <http://www.laingbuisson.co.uk/>

Laing & Buisson, an independent company, provides authoritative data, statistics, analysis and market intelligence on the UK health.

Livability: <http://www.livability.org.uk/>

London School of Economics, Personal Social Services Research Unit: www.lse.ac.uk/collections/PSSRU/

National Council for Palliative Care: <http://www.ncpc.org.uk/>

National Institute for Health and Clinical Excellence: <http://www.nice.org.uk/>

National Prescribing Centre: <http://www.npc.co.uk/>

Personal Social Services Expenditure Data (PSS EX1 data): <http://www.ic.nhs.uk/statistics-and-data-collections/>

PSSRU at LSE, London School of Economics and Political Science:
<http://www2.lse.ac.uk/LSEHealthAndSocialCare/Home.aspx/>

Pub Med: <http://www.pubmedcentral.nih.gov/>

Reference Costs:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459/

This website gives details on how and on what NHS expenditure was used. The Reference Costs/ Reference Costs Index publication is the richest source of financial data on the NHS ever produced. As in previous years, its main purpose is to provide a basis for comparison within (and outside) the NHS between organisations, and down to the level of individual treatments.

Social Care Institute for Excellence: <http://www.scie.org.uk/>

Social Care Online: <http://www.scie-socialcareonline.org.uk/>

Social Policy Research Unit, University of York: <http://www.york.ac.uk/inst/spru/>

YoungMinds: <http://www.youngminds.org.uk/>

YoungMinds is a national charity committed to improving the mental health of all children and young people.

22. List of items from previous volumes excluded from this volume

Articles

2001

Child care costs in social services
Independent sector home care providers in England
Unit costs for multi-country economic evaluations

2002

A nurse practitioner service for nursing and residential care
The costs of child and adolescent psychiatric inpatient units
The new PSS EX1 return on expenditure and unit costs
Mapping mental health services in England
Developing health accounts for the United Kingdom

2003

The costs of intermediate care schemes
The Rapid Response Services
Reference costs

2004

The costs of adoption
The costs of undertaking core assessments
The development of unit costs for social work processes
Estimating the unit costs for Home-Start support

2005

The cost of providing home care
Personal social services pay and prices index
Typical costs of Sure Start local programme services

2006

Guest Editorial – Conducting and interpreting multi-national economic evaluations: the measurement of costs
The costs of an intensive home visiting programme for vulnerable families
Direct payments rates in England
Training costs of person centred planning
The baker's dozen: unit costs and funding

2007

The costs of telecare: from pilots to mainstream implementation
The Health BASKET Project: documenting the benefit basket and evaluating service costs in Europe
Recording professional activities to aid economic evaluations of health and social care services

2008

Guest editorial – National Schedule of Reference Costs data: community care services
The challenges of estimating the unit cost of group based therapies
Costs and users of Individual Budgets

2009

Guest editorial – Economics and Cochrane and Campbell methods: the role of unit costs
Estimating unit costs for Direct Payments Support Organisations
The National Dementia Strategy: potential costs and impacts
SCIE's work on economics and the importance of informal care

2010

The costs of short-break provision
The impact of the POPP programme on changes in individual service use
The Screen and Treat programme: a response to the London bombings
Expected lifetime costs of social care for people aged 65 and over in England

2011

The costs of extra care housing

Shared Lives – model for care and support

Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations

Schema**2006**

Adolescent support worker

Educational social work team member

Behavioural support service team member

Learning support service team member

2007

All children's service withdrawn, but reinstated in 2010

2008

Paramedic and emergency ambulance services

2009

Cost of maintaining a drugs misuser on a methadone treatment programme

Unpaid care

2010

Voluntary residential care for older people

Nursing-Led Inpatient Unit (NLIU) for intermediate care

Local authority sheltered housing for older people

Housing association sheltered housing for older people

Local authority very sheltered housing for older people

Housing association very sheltered housing for older people

Local authority residential care (staffed hostel) for people with mental health problems

Local authority residential care (group home) for people with mental health problems

Voluntary sector residential care (staffed hostel) for people with mental health problems

Private sector residential care (staffed hostel) for people with mental health problems

Acute NHS hospital services for people with mental health problems

NHS long-stay hospital services for people with mental health problems

Voluntary/non-profit organisations providing day care for people with mental health problems

Sheltered work schemes for people with mental health problems

Village communities for people with learning disabilities

The costs of community-based care of technology-dependent children

2011

Approved social worker

