



# UNIT COSTS OF HEALTH & SOCIAL CARE

2007

---

COMPILED BY **Lesley Curtis**

---

PSSRU



# **Unit Costs of Health and Social Care 2007**

*compiled by Lesley Curtis*

© University of Kent, 2007

Published by:  
Personal Social Services Research Unit  
Cornwallis Building  
The University of Kent  
Canterbury  
Kent CT2 7NF  
Telephone: 01227 827773  
Fax: 01227 827038  
Email: [pssru@kent.ac.uk](mailto:pssru@kent.ac.uk)

PSSRU website: [www.pssru.ac.uk](http://www.pssru.ac.uk)

The PSSRU also has branches at:

London School of Economics and Political Science  
Department of Social Policy and Administration  
Houghton Street  
London WC2A 2AE  
Telephone: 0207 955 6238

The University of Manchester  
Faculty of Medicine, Dentistry and Nursing  
First Floor, Dover Street Building  
Oxford Road  
Manchester M13 9PL  
Telephone: 0161 275 5250

If you would like additional copies of this report, please contact the PSSRU librarian in Canterbury (telephone 01227 827773).

This work was undertaken by the PSSRU which receives support from the Department of Health. The views expressed in this publication are those of the authors and not necessarily of the Department of Health.

ISSN: 1368-230X  
ISBN: 978-1-902671-53-6

# Contents

Foreword . . . . .	vii
Editorial . . . . .	1
Lesley Curtis	
The costs of telecare: from pilots to mainstream implementation . . . . .	9
James Barlow, Steffen Bayer, Richard Curry and Jane Hendy	
The HealthBASKET Project: documenting the benefit basket and evaluating service costs in Europe . . . . .	15
Anne Mason	
Recording professional activities to aid economic evaluations of health and social care services . . . . .	19
Sarah Byford and Matthew Fiander	
<b>I. SERVICES</b>	
<b>1. Services for older people</b>	
1.1 Private nursing homes for older people . . . . .	27
1.2 Private residential care for older people . . . . .	28
1.3 Voluntary residential care for older people . . . . .	29
1.4 Local authority residential care for older people . . . . .	30
1.5 Nursing-Led Inpatient Unit (NLIU) for intermediate care . . . . .	31
1.6 Local authority day care for older people . . . . .	32
1.7 Voluntary day care for older people . . . . .	33
1.8 Local authority sheltered housing for older people . . . . .	34
1.9 Housing association sheltered housing for older people . . . . .	35
1.10 Local authority very sheltered housing for older people . . . . .	36
1.11 Housing association very sheltered housing for older people . . . . .	37
1.12 Community care package: very low cost . . . . .	38
1.13 Community care package: low cost . . . . .	39
1.14 Community care package: median cost . . . . .	40
1.15 Community care package: high cost . . . . .	41
1.16 Community care package: very high cost . . . . .	42

<b>2.</b>	<b>Services for people with mental health problems</b>	
2.1	Local authority residential care (staffed hostel) for people with mental health problems . . . . .	45
2.2	Local authority residential care (group home) for people with mental health problems . . . . .	46
2.3	Voluntary sector residential care (staffed hostel) for people with mental health problems . . . . .	47
2.4	Voluntary sector residential care (on call staff) for people with mental health problems . . . . .	48
2.5	Private sector residential care (staffed hostel) for people with mental health problems . . . . .	49
2.6	Acute NHS hospital services for people with mental health problems . . . . .	50
2.7	Long-stay NHS hospital services for people with mental health problems . . . . .	51
2.8	NHS psychiatric intensive care unit (PICU) . . . . .	52
2.9	NHS Trust day care for people with mental health problems . . . . .	53
2.10	Local authority social services day care for people with mental health problems . . . . .	54
2.11	Voluntary/non profit-organisations providing day care for people with mental health problems . . . . .	55
2.12	Sheltered work schemes . . . . .	56
2.13	Cognitive Behaviour Therapy (CBT) . . . . .	57
<b>3.</b>	<b>Services for people who misuse drugs/alcohol</b>	
3.1	Voluntary sector residential rehabilitation for people who misuse drugs/alcohol . . . . .	61
3.2	NHS inpatient treatment for people who misuse drugs/alcohol . . . . .	62
3.3	Cost of maintaining a drugs misuser on a methadone treatment programme . . . . .	63
3.4	Alcohol health worker, A&E . . . . .	64
<b>4.</b>	<b>Services for people with learning disabilities</b>	
4.1	Group homes for people with learning disabilities . . . . .	67
4.2	Village communities . . . . .	68
4.3	NHS residential campus provision . . . . .	69
4.4	Supported living schemes . . . . .	70
4.5	Local authority day care for people with learning disabilities . . . . .	71
4.6	Voluntary sector activity-based respite care for people with learning disabilities . . . . .	72
<b>5.</b>	<b>Services for younger adults with physical and sensory impairments</b>	
5.1	High dependency care home for younger adults with physical and sensory impairments . . . . .	75
5.2	Residential home for younger adults with physical and sensory impairments . . . . .	76
5.3	Special needs flats for younger adults with physical and sensory impairments . . . . .	77
5.4	Rehabilitation day centre for younger adults with brain injury . . . . .	78
<b>6.</b>	<b>Services for children and their families</b>	
6.1	Community home for children — local authority . . . . .	81
6.2	Community home for children — non-statutory sector . . . . .	82
6.3	Local authority foster care for children . . . . .	83
6.4	Social services support for Children in Need . . . . .	84
6.5	The costs of community-based care of technology-dependent children . . . . .	86
6.5.1	Technology dependent children: Case A . . . . .	87
6.5.2	Technology dependent children: Case B . . . . .	88
6.5.3	Technology dependent children: Case C . . . . .	89

6.6	Services for children in care. . . . .	90
6.6.1	Children in care: low cost — with no evidence of additional support needs . . . . .	91
6.6.2	Children in care: median cost — children with emotional or behavioural difficulties . . . . .	92
6.6.3	Children in care: high cost — children with emotional or behavioural difficulties and offending behaviour . . . . .	93
6.6.4	Children in care: very high cost — children with disabilities, emotional or behavioural difficulties plus offending behaviour . . . . .	94
6.7	Comparative costs of providing sexually abused children with individual and group psychotherapy . . . . .	95
<b>7.</b>	<b>Hospital and other services</b>	
7.1	Hospital costs . . . . .	99
7.2	Paramedic and emergency ambulance services . . . . .	100
7.3	NHS wheelchairs . . . . .	101
7.4	Local authority equipment and adaptations . . . . .	102
7.5	Training costs of health service professionals . . . . .	103
7.6	Rapid Response Service . . . . .	104
7.7	Community Rehabilitation Unit . . . . .	105
7.8	Hospital-based rehabilitation care scheme . . . . .	106
7.9	Intermediate care based in residential homes . . . . .	107
<b>II.</b>	<b>COMMUNITY-BASED HEALTH CARE STAFF</b>	
<b>8.</b>	<b>Scientific and professional</b>	
8.1	Community physiotherapist. . . . .	111
8.2	NHS community occupational therapist . . . . .	113
8.3	Community speech and language therapist . . . . .	114
8.4	Community chiropodist . . . . .	115
8.5	Clinical psychologist . . . . .	116
8.6	Community pharmacist. . . . .	117
<b>9.</b>	<b>Nurses and doctors</b>	
9.1	Community nurse (includes district nursing sister, district nurse) . . . . .	121
9.2	Nurse (mental health) . . . . .	122
9.3	Health visitor . . . . .	123
9.4	Nurse specialist (community) . . . . .	124
9.5	Clinical support worker nursing (community) . . . . .	125
9.6	Nurse (GP practice) . . . . .	126
9.7	Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist) . . . . .	127
9.8a	General practitioner — cost elements . . . . .	128
9.8b	General practitioner — unit costs . . . . .	129
9.8c	General practitioner — commentary . . . . .	130
<b>III.</b>	<b>COMMUNITY-BASED SOCIAL CARE</b>	
<b>10.</b>	<b>Social care staff</b>	
10.1	Social work team leader. . . . .	133
10.2	Social worker (adult) . . . . .	134
10.3	Social worker (children) . . . . .	135
10.4	Social work assistant . . . . .	136
10.5	Approved social worker – mental health. . . . .	137

10.6	Home care worker . . . . .	138
10.7	Community occupational therapist (local authority) . . . . .	139
10.8	Intensive case management for older people . . . . .	140
10.9	Family support worker . . . . .	141

## **11. Health and social care teams**

11.1	NHS community multidisciplinary mental health team key worker for elderly people with mental health problems . . . . .	145
11.2	Community mental health team for adults with mental health problems . . . . .	146
11.3	Crisis Resolution Teams for adults with mental health problems . . . . .	147
11.4	Assertive Outreach Teams for adults with mental health problems . . . . .	148
11.5	Early Intervention Teams for adults with mental health problems . . . . .	149
11.6	Generic single disciplinary CAMHS teams . . . . .	150
11.7	Generic multi-disciplinary CAMHS teams . . . . .	151
11.8	Dedicated CAMHS teams . . . . .	152
11.9	Targeted CAMHS teams . . . . .	153
11.10	Counselling services in primary medical care . . . . .	154

## **IV. HOSPITAL-BASED HEALTH CARE STAFF**

### **12. Scientific and professional**

12.1	Hospital physiotherapist . . . . .	157
12.2	Hospital occupational therapist . . . . .	158
12.3	Hospital speech and language therapist . . . . .	159
12.4	Dietitian . . . . .	160
12.5	Radiographer . . . . .	161
12.6	Hospital pharmacist . . . . .	162
12.7	Clinical support worker higher level nursing (hospital) . . . . .	163

### **13. Nurses**

13.1	Nurse team manager (includes ward managers, sisters and clinical managers) . . .	167
13.2	Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse) . . . . .	168
13.3	Nurse, day ward (includes staff nurse, registered nurse, registered practitioner) . .	169
13.4	Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner) . . . . .	170
13.5	Clinical support worker (hospital) . . . . .	171

### **14. Doctors**

14.1	Foundation house officer 1 . . . . .	178
14.2	Foundation house officer 2 . . . . .	179
14.3	Specialty registrar . . . . .	180
14.4	Consultant: medical . . . . .	181
14.5	Consultant: surgical . . . . .	182
14.6	Consultant: psychiatric . . . . .	183

## **V. SOURCES OF INFORMATION**

Inflation indices . . . . .	187
Glossary . . . . .	191
References . . . . .	194
Index of References . . . . .	203
Index of Services . . . . .	207



## Foreword

This is the fifteenth volume in a series of reports from a Department of Health-funded programme of work based at the Personal Social Services Research Unit at the University of Kent. The costs reported always reflect, to a greater or lesser degree, work in progress, as the intention is to refine and improve estimates wherever possible, drawing on a wide variety of sources. The aim is to provide as detailed and comprehensive information as possible and to improve unit cost estimates over time, drawing on material as it becomes available, including ongoing and specially commissioned research and quoting sources and assumptions so users can adapt the information for their own purposes.

In putting the report together, there are a large number of individuals who have provided direct input in the form of data, permission to use material and background information and advice.

Grateful thanks are extended especially to Ann Netten who has been an invaluable source of support in the preparation of this report. I would also like to extend a special thanks to Glen Harrison and Nick Brawn for taking expert charge of the design and typesetting.

Thanks are also due to James Barlow, Barbara Barrett, Rosalyn Bass, Steffen Bayer, Jennifer Beecham, Gill Bellord, Sarah Byford, Richard Curry, Keith Derbyshire, Alexa Fernandez, Matthew Fiander, Nick Grangel, Jennifer Heigham and Jane Hendy. Thanks also to Martin Knapp, David Lloyd, Anne Mason, David McDaid, Neil Parkinson, Tony Rees, Stephen Richards, Richard Robinson, Katharine Robbins, Tim Roast, Rob Shaw, David Stevens, Rob Stones, Andy Sutherland, Marian Taylor, Ryan Thompson, David Wall, Helen Weatherly and Raphael Wittenberg.

If you are aware of other sources of information which can be used to improve our estimates, notice errors or have any other comments, please contact Lesley Curtis, telephone 01227 827193.

Many figures in this report have been rounded and therefore occasionally it may appear that the totals do not add up.

This report may be downloaded from our website: <http://www.pssru.ac.uk>



# Editorial<sup>1</sup>

*Lesley Curtis*

## Introduction

This series of volumes draws together information about the unit costs of health and social care services. The components and calculations are presented in a detailed and transparent format so that users can adapt the costs to suit local or specific circumstances, or draw on particular pieces of information when more appropriate data are not easily available.

This editorial starts by describing how the publication has evolved over the years, outlining its boundaries and providing examples of the kind of cost information we include. It then briefly describes the contents of this volume, introduces the short articles that commonly start each of these volumes, and outlines the improvements in our estimations for this year.

## The background

The *Unit Costs* volumes have their origins in an initiative to improve information about the unit costs of community care services. In 1994, the Department of Health commissioned the Personal Social Services Research Unit (PSSRU) and Centre for Health Economics (CHE) to draw together the best available evidence about unit costs. A working group, which included members of the Department of Health, PSSRU, CHE and the Centre for the Economics of Mental Health (CEMH), was set up to advise and steer the work. This working group continues to meet each year to discuss relevant issues and identify new material for the publication.

The overarching aim is to collate information from routinely-collected data, literature and ongoing research so that the most up-to-date information on nationally applicable unit costs can be calculated for health and social care services. The findings are published annually in the *Unit Costs of Health and Social Care*. In each successive year we improve the quality and expand the range of cost information provided, building on previous estimates and drawing on new sources that reflect developing services and increasing demand.

---

<sup>1</sup> Very special thanks are due to Jennifer Beecham and Ann Netten for their invaluable help and advice regarding this Editorial.

## Approaches to estimating costs

The number of people needing to use or construct costs information has grown enormously in recent years, as have the purposes for which unit costs are required. These include estimating service prices, costing the effect of demographic changes or new policies, examining the technical efficiency of services over time, and evaluating the cost-effectiveness of interventions.

There are a number of different ways to approach estimation of unit costs. In these volumes, our starting point is the concept of opportunity costs. This recognises that the cost of using resources in a particular service or mode of care is not necessarily equal to the money spent or price paid, but is the benefit forgone (the opportunity lost) by losing its best alternative use.

Almost all of the costs in the *Unit Costs* volumes have been estimated using financial information to reflect the closest approximation of the long-run marginal opportunity costs of the service. For most purposes, long-term marginal opportunity costs are regarded as the optimum value to obtain. Marginal costs are the resource implications of small changes in levels of service provision. Long-run estimates allow for resources that are fixed in the short term, such as capital (buildings and equipment).

We aim to estimate the average cost of a service which will include these longer-term elements. The total cost is the sum of all expenditures (the sum of all opportunity costs) during a specified period, usually a year. The average unit cost is simply this total cost divided by the number of units produced or delivered over the same period. The 'top-down' approach divides the total expenditure, often taken from routinely available expenditure data, by the number of units delivered. The 'bottom-up' approach is used as far as possible in these volumes. This means that each of the elements making up a 'service' is considered separately – staffing, use of buildings etc. – and then their costs are added together to more closely approximate the long-run marginal cost. This approach requires a good understanding of the service as well as careful consideration of working patterns and of what is actually delivered.

Any unit cost estimate will depend fundamentally on the purpose of the costing exercise. Even within a particular purpose there will be reasons why the actual cost may vary from the estimated cost. Thus the unit costs presented in these volumes needs to be used with some caution; the schemata include details of the assumptions made and information about ranges to help readers understand our calculations.

## What is included?

As far as possible a detailed breakdown of each service's costs is provided in the *Unit Costs* volumes enabling others to create their own costs. We also direct readers to other sources where these are available. Each schema is presented in a format which allows users to manipulate the data to suit their own cost needs, or perhaps to use just one or two pieces of data to complete their own calculations.

Given the range of services available to people and the increasing demand for cost and cost-effectiveness information, we need to keep the publication to a manageable length. It is essential, therefore, to be selective and to have clear boundaries of what is appropriate to include. The publication is already limited in terms of location (national boundaries) so the

costs data relate to England. While we cannot show variations between all local areas within England, or even for the regions, at the bottom of each schema we have noted a 'multiplier' so that the average cost can be easily converted to identify London or non-London prices.

As the title implies this publication is also limited in terms of scope (the boundaries of health and social care). However, within health and social care we also need to be clear about what we include and what is more sensibly provided elsewhere.

Health care provision includes services provided both in primary and secondary care. Primary care plays a central role in supporting the local community through family doctors (GPs), district nurses and midwives and other clinical, therapeutic and technical professions such as physiotherapists, pharmacists and psychologists. Secondary care includes acute and specialist services, treating conditions which normally cannot be dealt within primary care services or which are brought in as an emergency. Over the years, the *Unit Costs* volumes have included costs for a wide variety of professionals working both in the community and in hospitals and more professionals have been added as new information has become available. Costs are also updated as a result of new policies, such as the recent *Agenda for Change* (NHS Employers, 2005). For each of these professionals we aim to provide various unit costs (for example, the cost per working hour) but we do not attempt to identify the costs associated with the specific treatments given.

Health and social care are closely linked and policy has long emphasised the importance of these organisations working in partnership. The term 'social care' covers a wide range of services, which can be provided by local authorities or independent sector organisations. There are *Unit Costs* schemata for most of these services, covering support provided within the user's home, in day centres or by way of residential or nursing care. We also include supports such as meals on wheels, personal carers and fostering services. Criminal and youth justice services (such as secure accommodation) are not included.

Health and social care provision is experiencing a period of rapid modernisation that aims to improve the experience of people using the services. National policies such as the *NHS Plan* (Department of Health, 2000), the *NHS Improvement Plan* (Department of Health, 2004) and *Our Health, Our Care, Our Say* (Department of Health, 2006) emphasise the importance of patient choice. They have provided the impetus for the introduction of self-directed care such as Direct Payments and Individual Budgets. These allow people needing care services to have control over the content and delivery of the services they receive.

These policies mean there is increasing interest in the *cost of care packages*. For most of this publication we treat unit costs as the cost of providing a particular service or professional. For self-directed care the unit of analysis should be the individual and the combination of services they use, rather than a single service. We include cost information for community care packages for older people, for technology dependent children and for children in care. Each care package schema reports service inputs identified in specific research studies and combines these with unit costs drawn from this publication or estimated as part of the research. Information on accommodation and living costs is included so a comprehensive picture is provided of the costs of supporting individuals with specific characteristics.

## Structure of the Volumes

The *Unit Cost* volumes are generally organised into five broad sections. The first section presents the costs of services used by specific client groups. Then come sections on the

various health and social care professionals, divided into community-based and hospital-based staff. The final section includes useful sources of information such as inflation indices and references.

## **Section I**

This section is divided into seven sub-sections, six of which cover services used by a particular client group; older people, people with mental health problems, people who misuse drugs or alcohol, people with learning disabilities, disabled people, and children and their families. Commonly, the schemata cover various residential or day support services, although some client group specific professionals and care packages are included. The increasing mixed economy of care has made cross-sectoral comparisons particularly interesting, so where possible there is cost information on private (for-profit) and voluntary sector provision as well as local authority services.

In each schema, a cost per week or per day is calculated. Where data are available information on the average length of stay is included allowing, for example, calculation of the cost of typical episodes. For some services we can distinguish costs for the different *types of stay*: long-stay, temporary (often respite) and acute episodes. For some services we include information on the typical level and costs for use of 'external services', that is those provided outside the facility of interest. Thus the 'bottom up' approach employed here gives considerable flexibility and allows readers to build up the cost picture required for their purposes. For all client groups, we also aim to provide costs for new and innovative services and interventions. Of course, where services are in the early stages of implementation, the costs - or indeed the services - may not be typical and they may be replaced in later *Unit Costs* volumes.

The final chapter in this first section presents costs for a range of hospital-based services. There are numerous procedures and treatments undertaken in hospital either as inpatients or outpatients. Costs for some of these are included in this chapter (schema 7.1) and more information can be found in the *National Schedule of Reference Costs* (NSRC, NHS Employers, 2007), which has been compiled annually since 1998. The Reference Costs itemise unit costs for healthcare resource groups that absorb nearly 90 per cent of hospital and community health service expenditure under broad categories such as accident and emergency services, critical care, radiotherapy and chemotherapy etc. This chapter of *Unit Costs* also includes information on the costs of wheelchairs and other equipment, rehabilitation and intermediate care.

Historically the Department of Health, which funds the work underpinning these volumes, was responsible for the social care needs of children and families. This responsibility shifted to the DFES (Department for Education and Skills) and now resides with the DCSF (Department for Children, Schools and Families). The sub-section on children's services is currently under review and may not be included in future volumes.

## **Sections II, III & IV**

These sections present costs for professionals who can provide support for all client groups. The schemata are divided according to whether staff are health or social care professionals and whether they are hospital- or community-based. As in Section I, each schema shows the costs associated with salaries, direct and indirect overheads and capital. The final row shows the unit costs. We aim to provide a cost per working hour for each professional, the cost of face-to-face contacts, and the cost per hour for patient-related time. For community- and

hospital-based health care staff, we base the salary on the mid-point of the ranges shown in the *Agenda for Change, NHS Terms and Conditions of Service Handbook* (NHS Employers, 2005). For community-based social care staff, average salaries for each professional are taken from the a survey carried out by the Local Authority Workforce Intelligence Group (Local Authority Workforce Intelligence Group, 2007).

We also identify the costs of the various health and social care teams working with adults and children with mental health problems. These teams are commonly multidisciplinary, consisting of both health and social care professionals. An average weighted 'team salary' is calculated using the proportion of whole time equivalent staff from each professional group working in that type of team. The data on team composition are taken from the mapping exercises for *Child and Adolescent Mental Health Services* ([www.childhealthmapping.org.uk](http://www.childhealthmapping.org.uk)) and *Adult Mental Health Services* ([www.dur.ac.uk/service.mapping/amh/index.php](http://www.dur.ac.uk/service.mapping/amh/index.php)). Any additional information available from research is included in the notes. The mapping data usually allows us to calculate three unit costs; the annual cost of the team, the cost per working hour, and the cost per case per year.

### *Direct and indirect time*

Our basic unit cost for health and social care professionals is the cost per working hour. However, for many purposes, in both research and commissioning, other 'units' are more useful, perhaps for an hour of patient contact or for all patient-related activity. For these calculations we need to allocate time spent on other activities to patient contact (or patient-related) time. We have developed 'multipliers' that can be applied to the basic hourly cost and these are presented in many of the schema. The aim is to ensure that we reflect an appropriate allocation of time so, for example, travel time is allocated only to home visits and not to clinic contacts. Of course, some professional time is spent generating outputs that are not related to patient care (teaching, for example) and the costs of this time should not be allocated to patient care. However, we rarely have a complete breakdown of how professionals spend their time so an assumption is made that unless we have clear evidence to the contrary, all working time relates directly or indirectly to patient care. Thus, for example, time spent on study days, at conferences or on general administrative tasks are all assumed to be directed towards ensuring good quality patient care. The editorial in *Unit Costs of Health and Social Care 2005* describes our approach to direct and indirect time allocation in more detail (Curtis & Netten, 2005).

### **Section V**

In Section V we have placed several items of information used in our calculations or which supplement them. This section contains information on a number of inflation indices, including the Personal Social Services and Hospital and Community Health Services inflation indices which can be used to adjust unit costs for other years. We have also included a full list of the *Agenda for Change Pay Scales* which are used to estimate salaries in the schemata for health professionals. An index of references, a list of other sources of cost related information and a glossary can also be found in this section.

## **This volume: articles and improvements**

### **Articles**

Almost all the *Unit Costs* volumes have included three or four short articles that are closely linked to estimation of unit costs. In past years, for example, these articles have covered the cost of intermediate care and social work processes for children, the development of health accounts, and the PSS pay and prices index. This year we have included three articles.

Developments in information and communication technology are changing the way support for some people is provided in their own homes. The article by James Barlow, Stefen Bayer, Richard Curry and Jane Hendy of the Tanaka Business School at Imperial College London, discusses the costs which will need to be identified and addressed by those implementing telecare schemes (pages 9-13).

As the editorial in the 2006 *Unit Costs* volume described, cross-national cost comparisons are becoming increasingly common, generating demand for information on the costs of care and treatment in different countries. The HealthBASKET Project was funded under the European Commission's 6th Framework programme. Anne Mason describes and discusses the methodology used to identify and cost health treatments in several European countries (pages 15-18).

Accurate data on the level of support provided for clients are central to the estimation of care packages. Sarah Byford and Matthew Fiander describe a systematic and prospective method of collecting detailed information on professional input into the care of people with severe mental health problems (pages 19-24).

### **Improvements**

This year, work has been undertaken to improve the accuracy of the investment cost of training health service professionals. The work has included new analyses to update the information on working lives and the costs of pre-registration courses, incorporating data from the new NHS consultants' contract, and a closer look at the implications of new arrangements for medical training.

#### *Expected working lives*

To improve the accuracy of our cost estimates for qualifying in certain professions, we first need to annuitise the investment in a way that reflects the expected return over time. But over what period should this expected return be measured? An important element is the number and distribution of years that health service professionals would use their training – their 'expected working life'. To estimate the expected annual cost of training in previous volumes, data on working lives were taken from the 1991 Census, the 1998 Labour Force Survey and the 2002 Pharmaceutical Census. We have been able to incorporate new data sources in the analyses for this year's *Unit Costs* volume from the 2001 Census and the 2005 Pharmaceutical Census. Details of the approach have been described in the 1999 volume of *Unit Costs* (Netten & Knight, 1999).

These new analyses showed that the overall expected working lives of doctors and pharmacists have remained unchanged at 26 and 28 years respectively. The working life of a nurse, however, has reduced slightly from 19 to 18.5 years. This has resulted in a slight



increase in the annual cost of nurse training (2.5 per cent) as the training cost has been annuitised over fewer years.

### *Pre-registration training*

In estimating the costs of pre-registration courses for health and social care professionals, we need to consider the costs of tuition, the net cost or value of any clinical placement, and living expenses over the duration of the course. In previous *Unit Costs* volumes, we have based the living expenses for all professional groups on a study of student finances undertaken in the mid-1990s (Callender & Kempson, 1996). This year, the information has been taken from a more recent study (Canterbury College, 2005) which calculated that in 2003/04, students spent £7,635 per year on living expenses. The Retail Price Index has been used to adjust these figures to current prices.

### *Post-graduate medical training*

With the implementation of *Modernising Medical Careers* a new training system is being developed (NHS, 2007). This was discussed briefly in the editorial last year. The move to this new system is in its final stages, so we have been able to clarify what the transition will involve and identify the implications for our cost estimates. This is described in detail on page 175 in sub-section 14.

### *Consultant contract*

In the schema relating to consultants we have also included details from the new contract for NHS consultants in England (National Audit Office, 2007). Evidence suggests that despite the new arrangements, many consultants continue to work longer than the 45 hours per week for which, on average, they are contracted and paid. This extra unpaid work relies on the goodwill of consultants and also depends on the attitude of their employers. According to the Royal College of Physicians, 42 per cent of consultants report working more than 60 hours a week and a further 23 per cent more than 50 hours per week (British Medical Association, 2002) The average working week for those with an NHS component to their contract (including part-time doctors) was 59 hours.

### *Keeping the information up-to date*

An important component of the calculation of salary-related costs for health and social care professionals is the amount employers contribute to national insurance and superannuation. Last year we carried out a survey of 20 local authorities in order to see what percentage of salaries these employers pay towards superannuation. For that year, 2005/06, it was 14.9 per cent. This year, we contacted the same local authorities and found that the rate has increased to 15.9 per cent, resulting in a small overall increase in the costs reported in this volume.

In previous volumes information about the prices of independent home care was based on a study carried out in 1999 and up-rated for each subsequent year. The home care market has changed a lot in the last 5 years so these data may no longer be representative of today's providers. In this year's volume, the cost of independently provided home care is included in the schema for a home care worker. The data are taken from the Personal Social Services expenditure data (PSS EX1; Department of Health, 2007).

Clearly services change and develop over time. Likewise the roles and titles of staff may change, perhaps to meet national or local policy requirements. To ensure the information in the *Unit Costs* volumes remains as up-to-date as possible, we review the volume's contents regularly. If a service or professional role is still available but the costs are out-of-date, current salary information and inflators are employed to adjust the costs to the present year. However, if a schema is ten or more years old, no recent data have been found, and the service is no longer relevant, we delete the schema from the publication until new research or other data are available. The schema describing community care packages for people with mental health problems fall into this category. These schemata were previously found in chapter 2 and were first published in 1998 and showed the costs of a number of care packages for people who had left long-stay psychiatric hospitals. Given the enormous changes to mental health care in over the last 10 years, these packages are now less likely to represent current scenarios. We hope to be able to replace these with more recent data in future volumes.

The main purpose of this editorial has been to describe the content of these volumes. Over the years our aim has been to draw together data from a wide variety of sources and to update them as far as possible to reflect current unit costs. The presentation is designed to allow users to adapt the information to reflect the circumstances in which they are using the data. We would be very interested to hear about other sources and approaches made to adapting our cost estimates so we can pass these on to other users.

## References

- British Medical Association (2002) *Caring for the NHS, Consultant Contract: Framework*, British Medical Association, London, <http://www.bma.org.uk/ap.nsf/content/new+consultant+contract>.
- Callender, C. & Kempson, E. (1996) *Student Finances. Income, Expenditure and Take-up of Student Loans*, Policy Studies Institute, London.
- Canterbury College (2005) *National Union of Students*, Canterbury College, Canterbury, <http://www.cant-col.ac.uk/studying-with-us/student-information/student-information-centre/finance/aimhigher.pdf>.
- Curtis, L. & Netten, A. (2005) Editorial, in L. Curtis and A. Netten (eds) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Department of Health (2000) *The NHS Plan: A Plan for Investment, A Plan for Reform*, The Stationery Office, London.
- Department of Health (2004) *The NHS Improvement Plan, Putting People at the Heart of Public Services*, The Stationery Office, London.
- Department of Health (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services*, CM6737, January 2006, Department of Health, London.
- Department of Health (2007) *PSS EX1 Return on Expenditure and Unit Costs*, Department of Health, London, [http://www.dh.gov.uk/en/PublicationsAndStatistics/Statistics/StatisticsCollection/DH\\_4082008](http://www.dh.gov.uk/en/PublicationsAndStatistics/Statistics/StatisticsCollection/DH_4082008).
- Local Authority Workforce Intelligence Group (2007) *Adults' Social Care Workforce Survey*, 2006, Local Authority Workforce Intelligence Group, London.
- Local Authority Workforce Intelligence Group (2007) *Children, Young People and Families Social Care Workforce Survey 2006*, Local Authority Workforce Intelligence Group, London.
- National Audit Office (2007) *Pay Modernisation: A New Contract for NHS Consultants In England, Report by the Comptroller and Auditor General (HC 335 Session 2006-2007) 19 April 2007*, National Audit Office, London.
- Netten, A. & Curtis, L. (2005) Editorial: Adapting and adjusting unit cost information, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. & Knight, J. (1999) Annuitising the human capital investment costs of health service professionals, *Health Economics*, 8, 245-255.
- NHS (2007) *Modernising Medical Careers*, Department of Health, London, [www.mmc.nhs.uk](http://www.mmc.nhs.uk).
- NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- NHS Employers (2007) *National Schedule of Reference Costs*, NHS Employers, London, [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884).

# The costs of telecare: from pilots to mainstream implementation

*James Barlow, Steffen Bayer, Richard Curry and Jane Hendy<sup>1</sup>*

## Introduction

Telecare is the use of information and communications technology to provide health and social care directly to the end-user - a patient or someone in need of care and support (Audit Commission, 2005; Barlow et al., 2007). Some forms of telecare involve the use of the internet or telephone to provide better information and support, for example to patients with a particular health condition. Another type of telecare focuses on monitoring an individual's vital signs or their activities of daily living through the use of sensors. This allows a response to an immediate need such as a fall or a sudden change in an individual's vital signs to be triggered or longer term evidence of a change in their condition to be gathered. In this way the risks associated with care outside formal care institutions can be better managed.

Calls for telecare have been made in numerous government and other official documents since the late 1990s and the Department of Health has made over £100m available to support new telecare services through the Preventative Technologies Grant, the Whole System Demonstrators and other initiatives. Telecare is also increasingly embedded in key health policies relating to managing long term conditions and providing people with greater choice over their care pathways, as well as in targets to reduce inappropriate hospital admissions and facilitate earlier discharge.

A recent systematic literature review found almost 9,000 papers (as at January 2006) in scientific journals reporting on outcomes of telecare trials (Barlow et al., 2007; cf. CSIP 2006; Paré et al., 2007; Bensink et al., 2006). These show that while there is some evidence for the benefits of telecare on care outcomes and quality of life, the amount of robust cost-benefit evidence is limited. This is partly due to the small size of most trials, and their characteristics as pilot projects (where additional resources are often made available to ensure their success). Another factor is the complexity of telecare. As both a technology and service innovation telecare can impact across many different parts of the health and social care system, as well as initiating whole system change.

---

<sup>1</sup> Tanaka Business School, Imperial College London.

Numerous pilot projects have been conducted across the UK. These are useful in providing an indication of where the costs of a telecare service lie, but care has to be taken in extrapolating this to the costs of a mainstream service. This is because pilot projects have been targeted at a range of different populations, from generally frail, elderly people to people with specific conditions such as chronic obstructive pulmonary disease (COPD). There has therefore been considerable variety in implementation routes, making direct comparison difficult.

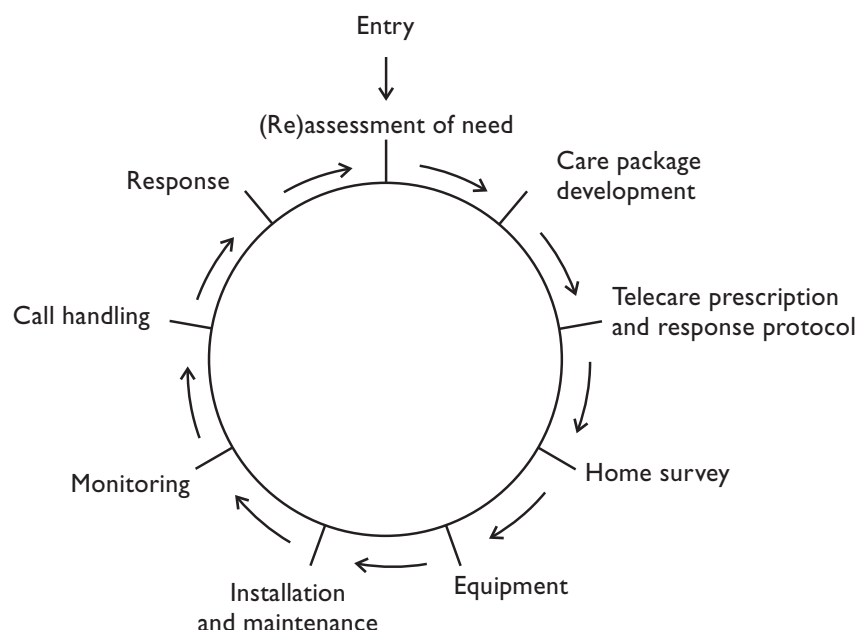
The moves to mainstream telecare make it increasingly important to understand its economic impact. This paper discusses the costs which will need to be identified and addressed by those implementing telecare schemes and those wishing to evaluate their costs and benefits.

## The complexity of telecare services

Telecare is underpinned by a technical and organisational infrastructure. The former includes the telecommunications network and a data collection, storage, and retrieval system at the call centre. Data from telecare sensors are collected at the call centre, stored, and presented to the call handler by the data storage system. The organisational infrastructure comprises the call centre, call handlers, call centre protocols, the supply and maintenance of the equipment and the existing care service providers.

Telecare should be seen as a complex multi-faceted service which does not stand alone and needs to be integrated within health, social care and housing services (Barlow et al., 2003). Providing a telecare service involves a series of steps, from client referral and assessment, equipment installation, monitoring and response in the event of changes in care needs, to review and reassessment of client needs (figure 1). Each step represents a discrete activity, where information is passed between different organisations and companies, and cost is incurred. Coordinating these stakeholders and finding an appropriate model for recovering and sharing the costs makes the mainstream implementation of telecare far more challenging than setting up a pilot project.

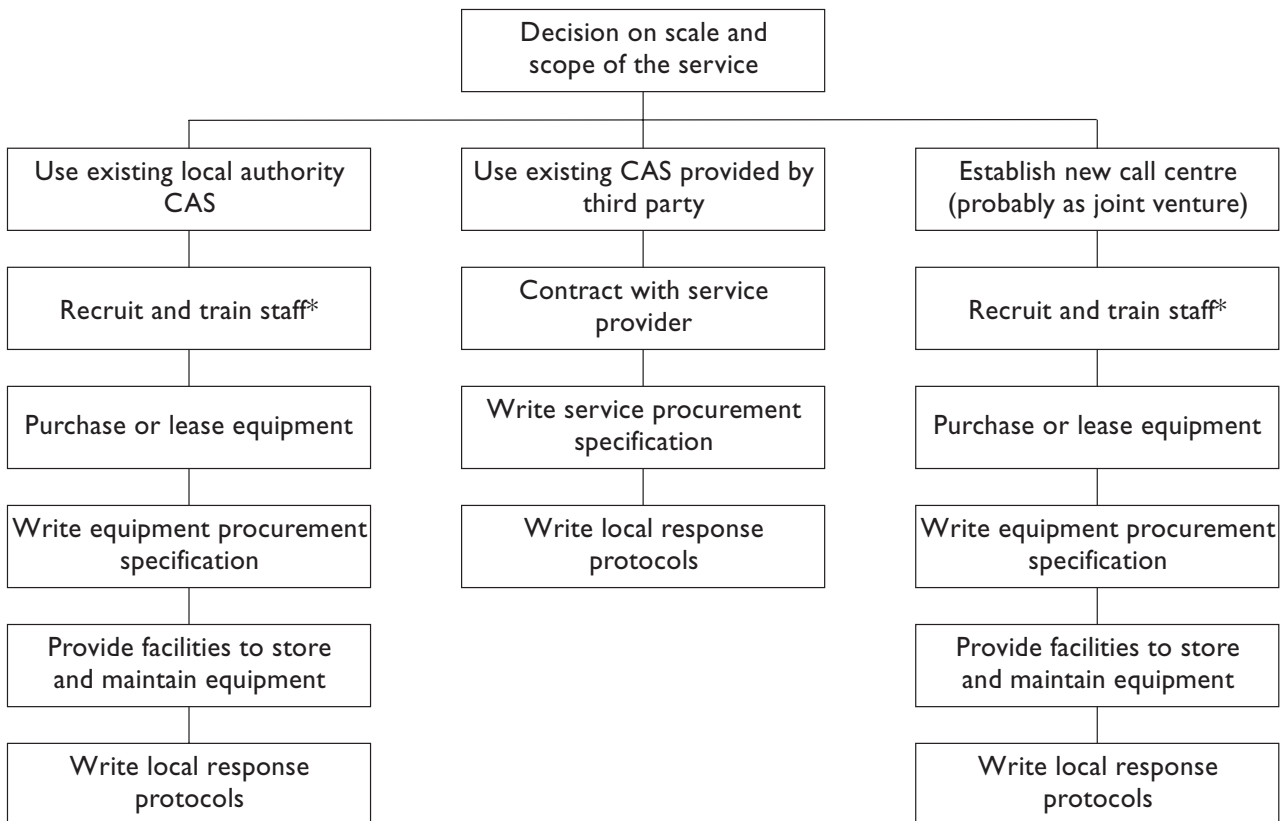
**Figure 1. A telecare service model**



The cost of establishing and operating a telecare service depends on the number and type of people to be supported as well as on the type of service supplied. It also depends on whether an existing infrastructure (e.g. a community alarm system) provides a basis for the telecare service. A further factor is the procurement model (buying or leasing equipment vs. the procurement of a service from a third party).

These choices are shown in figure 2, with some of the steps that follow from them. Options for local authorities may be limited, and previous decisions may have to be revisited in the light of subsequent cost consequences. Decisions at this early stage will impact on capital expenditure, cash flow and total costs. Building a new service from scratch without basing it on an existing community alarm system will be more expensive but may have advantages in regards to the scalability of the solution if further expansion of the service in the future is desired. The choice between in-house and third party solutions for the call centre will not only impact capital and running costs, but also the degree of control and the necessary administrative overhead remaining with the local authority.

**Figure 2. Options in setting up and operating a telecare service**



\* Staff can include call handlers or operators, home surveyors, equipment installers, and equipment maintenance staff. In a small-scale service some of these roles could be combined.

## Telecare equipment and monitoring costs

Existing telecare schemes provide an indication of equipment and monitoring costs for typical installations, but the data should be treated with caution; costs are frequently not recorded, suppliers sometimes subsidise training and installation costs, and service, technology and client group specifications vary. The experimental nature of pilot or trial schemes also makes the generalisability of costing difficult. Broadly, existing schemes suggest that health monitoring is likely to cost more than a basic home safety and security package. While telecare equipment for a basic home safety and security package costs £350-450, the basic cost for home health monitoring equipment is between £700-900. In addition to initial outlay, monitoring costs in the region of £5-10 per week will be incurred. A combined health monitoring and safety and security system may be considerably cheaper than two separate packages, as both technical components and monitoring activity can be shared, although this depends on what equipment is already being provided.

While firm data on telecare installation and operational costs might be limited, an important lesson from pilots and trials is that indirect costs can be substantial. Indirect costs include training existing care staff on how to develop a care package that includes the appropriate use of telecare. Training resources are critical to the speed of uptake of telecare and the success of the implementation. Raising public awareness of telecare is also important for successful telecare implementation. Creating a local demonstration facility may be one way of providing a setting for training and raising awareness. At present many of these costs are absorbed into existing budgets or subsidised by equipment suppliers, but as telecare expands in scale and scope they need to be factored into the service budget.

There is no standard local authority charging policy for telecare. According to the Care Services Improvement Partnership, published charges vary from nil to £9 per week (CSIP, 2007). Many local authorities implementing schemes funded by the Preventative Technologies Grant decided not to charge whilst focusing on increasing numbers of users and sorting out technical and service problems. In the longer term, one way of ensuring that telecare becomes sustainable is to make it self-financing, and charging users for the service might be an option - most people subscribing to a community alarm system currently pay a weekly or monthly charge. One important consideration, however, is whether telecare is classed as a medical intervention, with an expectation by the public that it would therefore usually be free at the point of need, or a social care intervention which would usually be means tested.

## Trials and mainstream implementation

The conceptual and practical leap from pilot to mainstream telecare service is considerable. When assessing the costs and benefits of telecare, care should be taken when comparing services aimed at different client groups. Pilot projects are usually time limited and involve extra effort and motivation to ensure their success. Moreover, they can be subject to initial teething problems and may disrupt existing work routines.

Static cost-benefit studies based on trials, in which the effect of implemented changes is compared with the current system of service delivery, can be helpful in exposing potential impacts of telecare. However, this approach does not capture the dynamic effects of telecare implementation on the wider care system. These more subtle impacts, on clinical outcomes and care processes and costs, may only materialise in the longer term. Simulation modelling by Bayer et al. (2007) demonstrates how delays involved in transforming the health and

social care system with telecare may mean that its effects on reducing the demand for institutional care by elderly people may not be apparent in the short term.

## Conclusions

As telecare gathers momentum clear details of its costs will be needed to convince policy makers and service commissioners that it is an investment worth making. At present only approximate estimates are available. The options for implementing telecare are diverse and dependent on local circumstances. Existing knowledge drawing on lessons from pilot projects and trials provides a foundation on which to develop a better understanding of telecare costs. The new schemes triggered by the Preventative Technologies Grant and the Whole System Demonstrators in England, and their equivalents in Wales and Scotland, will help build on this foundation with further data. And the development of simulation modelling work will also provide a clearer understanding of more complex impacts of telecare implementation on the whole care system over time.

## Acknowledgements

The research on which this paper is based was partly funded by the Engineering and Physical Science Research Council through its EQUAL programme. It also draws on research funded by the EPSRC's Built Environment Innovation Centre.

## References

- Audit Commission (2004) *Implementing Telecare: Strategic Guidelines for Policy Makers, Commissioners and Providers. Public Sector National Report*, Audit Commission, London.
- Barlow, J., Bayer, S. & Curry, R. (2003) The design of pilot telecare projects and their integration into mainstream service delivery, *Journal of Telemedicine and Telecare*, 9, S1, 1-3.
- Barlow, J., Singh, D., Bayer, S. & Curry, R. (2007) A systematic review of the benefits of home telecare for frail elderly people and those with long-term conditions, *Journal of Telemedicine and Telecare*, 13, 172-179.
- Bayer, S., Barlow, J. & Curry, R. (2007) Assessing the impact of a care innovation: telecare, *System Dynamics Review*, 23, 61-80.
- Bensink, M., Hailey, D. & Wootton, R. (2006) A systematic review of successes and failures in home telehealth, *Journal of Telemedicine and Telecare*, 12, S3, 8-16.
- Care Services Improvement Partnership (CSIP) (2006) *Building an Evidence Base for Successful Telecare Implementation*, Updated report of the Evidence Working Group of the Telecare Policy Collaborative chaired by James Barlow, November 2006, Care Services Improvement Partnership, London, <http://icn.csip.org.uk/telecare/index.cfm?pid=541&catalogueContentID=1110>.
- Care Services Improvement Partnership (CSIP) (2007) *Telecare eNewsletter*, May, Care Services Improvement Partnership, London, <http://icn.csip.org.uk/telecare/index.cfm?pid=162>.
- Paré, G., Jaana, M. & Sicotte, C. (2007) Systematic review of home telemonitoring for chronic diseases: the evidence base, *Journal of the American Medical Informatics Association*, 14, 3, 269-277.





# The HealthBASKET Project: documenting the benefit basket and evaluating service costs in Europe

Anne Mason<sup>1</sup>

## Introduction

Valid international comparisons are amongst the most powerful devices for securing health system improvement. To inform rational decision-making, national and EU policy-makers need reliable comparisons about available health services, how these are defined, what their costs are and which prices they will have to pay for them.

Funded under the European Commission's 6th Framework programme, HealthBASKET was a three-year project that sought to identify which data are required to engage in meaningful international cost comparisons and to lay the basis for the development of methodological guidelines for future cross-border cost-auditing systems. Issues of access and quality of care were outside the project scope. The research began in April 2005 and involved partners from nine European countries that covered both National Health Service (NHS) (Denmark, England, Italy and Spain) and Social Health Insurance (SHI) systems (France, Germany, Hungary, the Netherlands and Poland).

## What is a 'benefit basket'?

A distinction needs to be drawn between the 'benefit basket' (the general content of the coverage, which may vary in its precision and detail) and the 'benefit catalogue' (the list of the detailed services, activities and goods (possibly with sub-specifications) included in the coverage). Benefit baskets may be defined in terms of 'negative lists'. For example, the Drug Tariff in England contains lists of drugs that may not be prescribed on the NHS under any circumstances ('black list' drugs) or that may be prescribed only under special circumstances ('grey list' drugs). However, the NHS has no 'positive list' for drugs: instead, entitlement to the drugs that are not black- or grey-listed is implicit, inferred from their absence from the 'negative' lists.

---

<sup>1</sup> Centre for Health Economics, University of York.

## What methods did HealthBASKET use?

The research was undertaken in four phases:

- **Phase 1** involved the definition of services: each partner described how their own country defines the services provided within the system, analysing the structure and contents of benefit ‘catalogues’ (or ‘baskets’) as well as the process of defining these catalogues. Informed by this analysis and other relevant classifications, options for building a European taxonomy of benefits to enable a common language for cost comparisons were explored.
- **Phase 2** reviewed the methodologies used to assess costs and prices of individual services in the nine partner healthcare systems. In addition, a literature review identified ‘best practices’ for analysing micro-level costs when making international comparisons.
- In **Phase 3**, all partners participated in an empirical micro-costing study using a selection of ten ‘case-vignettes’ that covered inpatient and outpatient settings (Box 1 summarises these vignettes). For each vignette, partners sought to collect data on resource use, cost and price (reimbursement) from (ideally) at least five providers. A preliminary analysis of possible reasons for variations within and between countries was undertaken (see below, Dissemination).
- **Phase 4** summarised the main findings from the whole project and formulated recommendations for policy and further research.

### Box 1: Overview of the ten vignettes costed the HealthBASKET project

Vignette 1	appendectomy; male aged 14-25; inpatient; emergency
Vignette 2	normal delivery; female aged 25-34; inpatient; elective
Vignette 3	hip replacement; female aged 65-75; inpatient; elective
Vignette 4	cataract; male aged 70-75; outpatient; elective
Vignette 5	stroke; female aged 60-70; inpatient; emergency
Vignette 6	acute myocardial infarction; male aged 50-60; inpatient; emergency
Vignette 7	cough; male aged ~2; outpatient; emergency
Vignette 8	colonoscopy; male aged 55-70; outpatient; elective
Vignette 9	tooth filling; child aged ~12; outpatient; emergency
Vignette 10	physiotherapy; male aged 25-35; outpatient; elective

A series of workshops provided opportunities to discuss issues with the project Advisory Board, which included representatives from associations of hospitals (HOPE) and ambulatory care physicians. A final conference, held in Berlin in February 2007, brought together policy-makers, academics, provider organisations and representatives from key European organisations including the European Observatory on Health Care Systems, the OECD and the World Bank.

## What were the key findings from HealthBASKET?

**Phase 1** found that all countries had fragmented benefit catalogues — no country had a single document defining entitlement. Decision making processes and approaches to benefit definition varied widely. Generally, in NHS systems the benefit catalogue was defined by obligations on government organisations while in SHI systems, insurance entitlements determined the catalogue. The degree of explicitness varied between countries in both NHS and SHI systems: for example, Poland had the most explicit catalogue of the SHI system countries and Germany’s catalogue was the least clear. Overall, there was a trend to greater

explicitness, with increasing (though still limited) use of evidence on costs and benefits to inform eligibility criteria.

**Phase 2** found that most countries have installed performance-based remuneration schemes for in- and outpatient services, but these are often lacking for long-term care or rehabilitation. There was a clear trend towards the use of micro-costing data (especially for inpatient services) to determine remuneration. However, the quality of data delivered by providers remains problematic, with many countries having accounting and reporting systems that are neither nationally uniform nor mandatory.

Emerging findings from **Phase 3** suggest that there are significant between-country differences in mean cost for all vignettes. Visual inspection of the 95 per cent confidence intervals for each country showed that for the inpatient vignettes, Denmark, England France and Germany and Italy were consistently either at or above the mean, whereas Hungary, Poland and Spain were consistently at or below the mean. Length of inpatient stay was a significant factor associated with differences in cost between hospitals only in the stroke vignette. The vignette approach appeared to be both feasible and low cost: vignettes were readily transferred between health systems, and the exercise delivered valuable information beyond costs. However, differences in the treatment of overheads and capital costs are a cause for concern and limit the comparability of findings. The optimal choice of methodology for currency conversion also remains unresolved.

## Recommendations and Conclusions

HealthBASKET documented, and helped to develop an understanding of, the very large variations in treatments and costs within and between countries. International comparison is a powerful instrument for improvement, but there is a need for consistent costing rules to facilitate comparison, and currency conversion remains an unresolved issue. However, a standardised 'European' accounting methodology conflicts with the principle of 'subsidiarity', which advocates the devolution of decision making wherever possible. Further work could integrate quality issues, assessing both the processes and outcomes of health care. The vignette methodology could be validated across a broader range of conditions. Finally, a uniform taxonomy ('European Classification of Health Services') to explore and describe differences — but not to standardise the baskets — is urgently needed for both practical and scientific purposes.

## Dissemination

Country reports and presentations from the workshops and conference are available on the project website: <http://www.ehma.org/projects/default.asp?NCID=112>.

Articles describing country-level benefit baskets for inpatient care were published in the *European Journal of Health Economics*, December 2005, suppl. 1, 6.

Articles on the methods used to assess costs and prices for inpatient care were published in a special issue of *Health Care Management Science*, August 2006, 9, 3.

Articles synthesising findings for a selection of the case vignettes are to be published in a special issue of *Health Economics* (expected late 2007/early 2008).

## **Acknowledgements**

HealthBASKET is a part of the Specific Targeted Research or innovation project in the European Commission's 6th Framework programme (Grant: SP21-CT-2004-501588). The author would like to thank Professor Peter C. Smith for helpful comments.

# Recording professional activities to aid economic evaluations of health and social care services

*Sarah Byford and Matthew Fiander<sup>1</sup>*

## Introduction

An important component of a large number of complex health and social care services is the professional responsible for the co-ordination and/or provision of packages of care. Whilst the focus of activities and the balance between service co-ordination and provision may vary, care managers, care co-ordinators, key workers and social workers all perform similar case management roles. The services they provide are highly variable, being dependent upon the needs of each individual, which presents challenges for the accurate costing of such professionals in economic evaluation.

Various methods can be used to record the amount of time professionals spend on different activities or different clients. Record searches are a commonly used method. For example, a study of non-infant adoptions collected data for the calculation of the unit costs of the adoption process from social services department case files (Selwyn et al., 2004). Professional self-report is also common, with professionals being asked to retrospectively estimate the amount of time they spend on a particular client, client group or activity over a specified period of time. One example is the Volunteer Activity Form used in an evaluation of Home-Start, a service which offers volunteer support to families under stress where there is at least one child under 5 years of age (McAuley et al., 2004). The activity form recorded information on the type, frequency and duration of support offered to families, and the volunteers were asked to complete the form at the end of the first, sixth and twelfth month of contact with a family, covering retrospective one-month periods. Alternatively, questionnaires can be given to service users. A good example is a study by Beecham and colleagues (2007) which used a family questionnaire to collect information on face-to-face and telephone contact with a key worker service for disabled children and their families. The questionnaire was completed over a retrospective three-month period. Expert opinion is a further possibility. One recent study used expert focus groups to estimate the amount of time social workers spend on various activities related to the support of children in Local Authority care (Ward et al., 2004).

---

<sup>1</sup> Centre for the Economics of Mental Health, Institute of Psychiatry, London.

These methods of data collection involve varying degrees of burden (respondent and research burden) and accuracy. Record searches remove respondent burden but add to the research burden of a study; they do not rely on retrospective recall but can be hindered by illegible entries, missing records and inaccurate or incomplete reporting (Mauskopf et al., 1996). Retrospective questionnaires, whether completed by service users or professionals, reduce the burden on researchers (and thus the financial burden of the research) but increase the respondent burden and are reliant on accurate recall (Johnston et al., 1999). Expert opinion and focus groups reduce the research and respondent burden but are based on estimates and opinions rather than concrete evidence.

The main alternative is prospective recording by professionals. However, concerns are often raised about the additional burden this may place on the staff involved. This paper describes a systematic and prospective method of collecting detailed information on professional input into the care of people with severe mental health problems, which was designed to be brief and simple to complete.

## The study

The UK700 Case Management Trial evaluated the effectiveness and cost-effectiveness of intensive case-management (case load 10 to 15 patients per case manager) compared to standard case-management (case load 30 to 35 patients per case manager), for patients age 18-65 years with severe psychotic illness (Creed et al., 1999; Burns et al., 1999). This randomised, controlled trial took place in four centres in the UK and recruited 708 patients who were each followed-up for two years. Detailed information on the activities of the mental health professionals involved in the care of study participants was important for two main reasons: to evaluate the process of care (Burns et al., 2000) and to provide information on the time case managers spent with each participant for costing purposes (Byford et al., 2000). Given the scale of the trial, and the importance of the data, record searches and retrospective estimations were not feasible options. Instead, a pragmatic and brief method of prospectively recording the quantity and content of case management activities was developed — the event record.

## The event record

The UK700 event record was based on an activity collection form used in a previous study of case management services (Ford et al., 1993), but was substantially modified. The final version is shown in Figures 1 (front) and 2 (back).

To enhance portability and likelihood of completion, the event record was A5 in size and designed to fit in a standard filofax, making it easy to carry around and to complete on the move. It contained only 11 items, including name of patient, name of case manager, date of event, whether or not the event took place out of hours ('Out of hours'), whether the event was a scheduled care plan intervention or an unscheduled crisis intervention ('Care plan or crisis') and whether or not a depot was administered ('Depot administered'). Other variables included the following:

- *Location of the activity*

The three 'place' categories were: 1) Service setting — any health or social service setting whether statutory or voluntary (e.g. ward, out-patients department, GP surgery, community group, day centre, drop-in facility); 2) Patient's home or neighbourhood — at or inside the patient's home or accommodation, within the patient's block (if flats) or on

Figure 1 Event record form (front and back)

EVENT RECORD	
Name of patient	.....
Completed by	.....
Date of event	.....
Time spent (excluding travel) in minutes	<input type="text"/> <input type="text"/> <input type="text"/>
Travelling time <u>to visit only</u> in minutes	<input type="text"/> <input type="text"/> <input type="text"/>
PLACE <input type="checkbox"/>	EVENT TYPE <input type="checkbox"/>
OUT OF HOURS <input type="checkbox"/>	CARE PLAN OR CRISIS <input type="checkbox"/>
DEPOT ADMINISTERED <input type="checkbox"/>	
Housing <input type="checkbox"/>	Carers and significant others <input type="checkbox"/>
Occupation and leisure <input type="checkbox"/>	Engagement <input type="checkbox"/>
Finance <input type="checkbox"/>	Physical health <input type="checkbox"/>
Daily living skills <input type="checkbox"/>	Specific mental health intervention/assessment <input type="checkbox"/>
Criminal justice system <input type="checkbox"/>	Medication <input type="checkbox"/>
	Case conference <input type="checkbox"/>
Multicentre Intensive Case Management Study 6/95	

SCORING	
<b>PLACE</b>	
1 = Service setting (team base, OP, etc.)	
2 = Client's home or neighbourhood	
3 = Other	
<b>EVENT TYPE</b>	
1 = Direct contact with client	
2 = Indirect contact with client (e.g. telephone)	
3 = Direct or indirect contact with carer	
4 = Contact with other agencies/care co-ordination	
5 = Contact not made	
<b>OUT OF HOURS</b>	
1 = YES	
0 = NO	
<b>CARE PLAN OR CRISIS</b>	
1 = Event is a scheduled care plan intervention	
2 = Event is unscheduled crisis intervention	
<b>DEPOT ADMINISTERED</b>	
1 = YES	
2 = NO	
<b>FOCUS OF EVENT</b>	
1 = Primary focus i.e. <u>The</u> major concern	
2 = Secondary focus i.e. Up to <u>one</u> substantial secondary concern	
Multicentre Intensive Case Management Study	

the street or estate outside; and 3) Other — anywhere not covered above, e.g. a cafe, leisure centre, shopping centre, prison, police station, etc.

- *Event type*

Five categories of activities were recorded: 1) Direct (face-to-face) contact with the patient of any duration; 2) Indirect (telephone) contact with the patient if contact exceeded 15 minutes; 3) Direct and indirect contact with a patient's carer — face-to-face or telephone contact exceeding 15 minutes; 4) Contact with other agencies and co-ordination of care — face-to-face contact, telephone contact, meetings, reviews and liaison with staff of other agencies concerning the patient were included if they exceeded 15 minutes; and 5) Attempted face-to-face contact — an unsuccessful attempt, of any duration, to make face-to-face contact with the patient.

All direct and attempted face-to-face contact with patients' was recorded, regardless of duration. Asking staff to account for all their working hours would not have been

acceptable to staff and would have reduced the reliability of the data. It was therefore decided that activities categorised as ‘telephone contact’, ‘carer contact’ or ‘care co-ordination’ should only be recorded when it exceeded 15 minutes.

- *Focus of event*

A number of categories for describing the focus of case management activities were generated using a three round, conventional Delphi approach (Linstone & Turoff, 1975). Eight intensive case managers participated in the process which aimed to adequately and accurately describe their clinical work practices. Full details are provided in Fiander & Burns (2000). Eleven categories were generated: housing, finance, daily living skills, criminal justice system, occupation and leisure, engagement, physical health, caregivers and significant others, specific mental health intervention or assessment, medication, and case conference. Each category was broken down into relevant sub-categories and accompanied by explanatory notes. Staff were required to identify the main purpose of the event, referred to as its ‘focus’. They were also permitted to identify one or more secondary focuses but this was not a requirement.

- *Time spent and travelling time*

Time spent on the activity and travel time (if applicable) were recorded separately on the event record and formed the basis of the costing exercise. Time was recorded to the nearest five minutes.

## Methods used to maximise successful completion of event records

All staff were trained in the use of the event records, and provided with detailed written guidelines. They met frequently with MF to solve problems and monitor performance. Event record forms were distributed to team bases and a supply of event record forms placed in a plastic folder in each of the study patients’ clinical notes. A collection point was established in each team base from which completed forms were collected at least monthly. The data were entered into SPSS Data Entry II, usually within a month of collection, and omissions and obvious errors investigated in writing at this time. The completeness of the event record data was verified by audits of the clinical and social work notes of all study participants. Audits took place at approximately yearly intervals to identify direct and attempted face-to-face patient contacts not recorded on event records. Staff were sent lists of missing data and asked to complete an event record for each missing event.

Data cleaning was thorough, with each variable being subjected to frequency tests and any incorrect, missing or unusual entries investigated, first with reference to the paper event record and where necessary by referring to the staff member who had completed the record. Once data cleaning had been completed, any remaining missing data for the variables based on continuous data (i.e. time) were imputed from the average for that type of event performed with a particular patient or, where this was impossible (e.g. because the patient received no other care activity of that type), from the average for that type of event performed with all patients in the patient’s treatment group. The time was rounded to the nearest five minutes according to the data-recording protocol. Although missing categorical data could not be imputed its incidence was low.

## Costing of case management activities

All contacts and attempts at contact with trial participants (Event types 1 to 5) were included in the economic evaluation. For each case manager, a cost per minute was



calculated from the mid-point of the relevant salary scale (including employers national insurance and superannuation contributions, London weighting where appropriate and overhead costs) and applied to the total number of minutes (including travel time) spent on activities relating to each individual trial participant, as recorded on the event records.

To take into consideration time spent on non-patient specific activities, such as supervision and training, case manager costs were inflated using estimates for non-event to event recorded time based on time diary exercises, audits of event recording activity and published inflation ratios for similar professionals. For more detailed information on the economic methods of the UK700 trial, see Byford et al. (2000).

## Limitations

No method of collecting activity data, particularly on the scale of the UK700 trial, is without its limitations. Event recording is undoubtedly time consuming and requires the support and commitment of the staff involved. Staff must be trained, the event recording process must be monitored, and auditing to check on accuracy is recommended.

The event recording method described here did not include all activity relating to trial participants, excluding brief telephone contacts, carer contacts and care co-ordination tasks (of less than 15 minutes duration). This decision was taken to avoid over-burdening the case managers and to ensure they did not feel that they had to account for every minute of their working day, which could have reduced their willingness to complete the event records.

Travel time was only recorded one-way. Whilst this may have underestimated the total time involved in a proportion of activities, this method was chosen to avoid double-counting in situations where a case manager travels from one activity to another. Requiring respondents to provide travel time estimates for two-way journeys in some situations (i.e. where they travel to the activity and then straight back to their community base) and one-way journeys in others (i.e. where they travel to see one client and then travel directly to see another client), would have greatly increased the complexity of the reporting and the likelihood of error.

Finally, it is possible that the level of recording in the UK700 trial varied between the intensive and standard case managers. Intensive staff may have identified more with the study and may have felt the need to ensure that their difference from standard practice was demonstrated. It is equally possible, however, that standard case managers may have felt the need to demonstrate the quality of their work, in the face of 'competition' from intensive staff.

## Conclusion

Prospective recording of the activities of case managers in the UK700 trial proved feasible, despite the large numbers of staff and patients involved, the geographical distribution of the four centres and the two-year follow-up period. The level of detail achieved with event recording would not have been possible using retrospective case note searches or staff self-report. Whilst the 'focus of event' category used in the process evaluation may not be applicable to all health and social care professionals, the categories of particular interest to the economic evaluation could easily be replicated for use in future studies.

## References

- 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.
- Burns, T., Fiander, M., Kent, A., Ukoumunne, O.C., Byford, S., Fahy, T. & Raj Kumar, K. (2000) Effects of case load size on the process of care of patients with severe psychotic illness. Report from the UK700 trial, *British Journal of Psychiatry*, 177, 427-433.
- Burns, T., Creed, F., Fahy, T., Thompson, S., Tyrer, P. & White, I. (1999) Intensive versus standard case management for severe psychotic illness: a randomised trial, *The Lancet*, 353, 2185-2189.
- Byford, S., Fiander, M., Torgerson, D.J., Barber, J.A., Thompson, S.G., Burns, T., van Horne, E., Gilvarry, C. & Creed, F. (2000) Cost-effectiveness of intensive v. standard case management for severe psychotic illness: UK700 case management trial, *British Journal of Psychiatry*, 176, 537-543.
- Creed, F., Burns, T., Butler, T., Byford, S., Murray, R., Thompson, S. & Tyrer, P. (1999) Comparison of intensive and standard case management for patients with psychosis: rationale of the trial, *British Journal of Psychiatry*, 174, 74-78.
- Fiander, M. & Burns, T. (2000) A Delphi approach to describing service models of community mental health practice, *Psychiatric Services*, 51, 656-658.
- Johnston, K., Buxton, M.J., Jones, D.R. & Fitzpatrick, R. (1999) Assessing the costs of health care technologies in clinical trials, *Health Technology Assessment*, 3, 6.
- Mauskopf, J., Schulman, K., Bell, L. & Glick, H. (1996) A strategy for collecting pharmacoeconomic data during phase II/III clinical trials, *Pharmacoeconomics*, 9, 264-277.
- McAuley, C., Knapp, M., Beecham, J., McCurry, N. & Slead, M. (2004) *Young Families Under Stress. Outcomes and Costs of Home-Start support*, Joseph Rowntree Foundation, York.
- Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2004) Costs of adoption, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2004*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Ward, H., Holmes, L. & Soper, J. (2004) The development of unit costs for social work processes, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2004*, Personal Social Services Research Unit, University of Canterbury.

# **I. SERVICES**

## **1. Services for older people**

- 1.1 Private nursing homes for older people
- 1.2 Private residential care for older people
- 1.3 Voluntary residential care for older people
- 1.4 Local authority residential care for older people
- 1.5 Nursing-Led Inpatient Unit (NLIU) for intermediate care
- 1.6 Local authority day care for older people
- 1.7 Voluntary day care for older people
- 1.8 Local authority sheltered housing for older people
- 1.9 Housing association sheltered housing for older people
- 1.10 Local authority very sheltered housing for older people
- 1.11 Housing association very sheltered housing for older people
- 1.12 Community care package: very low cost
- 1.13 Community care package: low cost
- 1.14 Community care package: median cost
- 1.15 Community care package: high cost
- 1.16 Community care package: very high cost



## 1.1 Private nursing homes for older people

Using PSS EX1 2005/06<sup>1</sup> returns uprated using the PSS Pay and Prices inflator, median costs per person for supporting older people in a nursing care home place were £449 per week and mean costs were £455 per week. Twenty-five per cent of local authorities had average gross costs of £397 or less and 25 per cent of £522 or more. It has not been possible to exclude capital charges on the revenue account. From 2003/04, the nursing cost element was paid for by the NHS ('free nursing care') and excluded from the expenditure on PSS EX1. The average NHS contribution for nursing care in nursing homes is estimated to be £94. When we add this to PSS expenditure, the total expected mean cost is £549 and the total expected median cost is £543.

Costs and unit estimation	2006/2007 value	Notes
A. Fees	£648 per week	The direct unit cost of independent nursing homes is assumed to be the fee. The method of estimating the unit cost of a private care home is taken from Kavanagh et al. <sup>2</sup> Where a market is fairly competitive, such as the market for private nursing homes, it is reasonable to assume that the fee will be approximate to the social cost of the service. A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey. <sup>3</sup>
<i>External services</i> B. Community nursing C. GP services D. Other external services	£0.80 per week £29 per week Not known	Reflects the level of service receipt found in a 1996 PSSRU survey of 137 nursing homes. <sup>4</sup> In the home with the highest level of nursing input, the average weekly cost was £15 (1996/1997 prices). A study found that residents in private nursing homes consulted GPs for an average 6.01 minutes per week. <sup>5</sup> Since it is not possible to distinguish between surgery consultations and home visits, it is assumed here that the visit was to the home. If these were surgery consultations, the cost would be £17.50 per week.
E. Personal living expenses	£9.20 per week	A study of expenditure in private and voluntary residential homes found that residents spent £6 per week on average (1992/1993 prices) on non-fee expenditure. <sup>6</sup> This has been uprated by the Retail Price Index. The DWP personal allowance for people in residential care or a nursing home is £19.60. This has been used as a proxy for personal consumption in the past but is probably an over-estimate.
Short-term care	0.967 x A	Based on weekly prices for short-term residents in 88 nursing homes reported in the 1996 survey. In nursing homes as in residential care, short-term residents were less dependent. The lower price may be associated with this factor.
Dependency		Overall, the relationship with dependency in the PSSRU survey was very flat, with the weekly fee for an individual with a Barthel score of four or less costing 0.03 per cent more than average.
London multiplier	1.14 x A	Fees in London nursing homes were 14 per cent higher than the national average. <sup>3</sup>
<b>Unit costs available 2006/2007</b>		
£648 establishment costs per permanent resident week (A); £627 establishment costs per short-term resident week (A); £687 care package costs per permanent resident week (includes A to E); £664 care package costs per short-term resident week (includes A to E).		

- 1 Department of Health (2006) *PSS EX1 2005/06*, Department of Health, London, [www.ic.nhs.uk/PSS/returns/2006](http://www.ic.nhs.uk/PSS/returns/2006).
- 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 (2007) *Care of Elderly People: UK Market Report 2007*, Laing & Buisson, London.
- 4 Netten, A., Bebbington, A., Darton, R., Forder, J. & Miles, K. (1998) Cross-sectional survey of residential and nursing homes for elderly people, PSSRU Discussion Paper 1423, Personal Social Services Research Unit, University of Kent, Canterbury.
- 5 Kavanagh, S. & Knapp, M. (1998) The impact on general practitioners of the changing balance of care for elderly people living in institutions, *British Medical Journal*, 317, August, 322-327.
- 6 Clare, R. & West, P. (1993) A survey of expenditure in residential nursing homes, *Economic Trends*, 481, 120-125.

## 1.2 Private residential care for older people

Costs and unit estimation	2006/2007 value	Notes
A. Fees	£449 per week	The direct unit cost of private care homes is assumed to be the fee. The method of estimating the unit cost of a private care home is taken from Kavanagh et al. <sup>1</sup> Where a market is fairly competitive, such as the market for private residential homes, it is reasonable to assume that the fee will be approximate to the social cost of the service. A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey. <sup>2</sup>
<i>External services</i> B. Community nursing	£6.70 per week	Reflects the level of service receipt found in a 1996 survey of 123 residential homes. <sup>3</sup>
C. GP services	£18.50 per week	A study found that residents in private residential homes consulted GPs for an average 3.85 minutes per week. <sup>4</sup> Since it is not possible to distinguish between surgery consultations and home visits, it is assumed here that the visit was to the home. If these were surgery consultations, the cost would be £11.20 per week.
D. Other external services	Not known	
E. Personal living expenses	£9.20 per week	A study of expenditure in private and voluntary residential homes found that residents spent £6 per week on average (1992/1993 prices) on non-fee expenditure. <sup>5</sup> This has been updated by the Retail Price Index. The DWP personal allowance for people in residential care is £19.20 and is sometimes used as a proxy for personal consumption. This is probably an over-estimate.
Short-term care	1.059 x A	Based on weekly prices for short-term residents in 44 independent residential homes reported in the 1996 survey.
Dependency		Overall, the relationship with dependency in the PSSRU survey was very flat, with the weekly fee for an individual with a Barthel score of four or less costing 0.04 per cent more than average.
London multiplier	1.14 x A	Fees in London residential homes were 14 per cent higher than the national average. <sup>2</sup>
<b>Unit costs available 2006/2007</b>		
£449 establishment costs per permanent resident week (A); £475 establishment costs per short-term resident week (A); £483 care package costs per permanent resident week (includes A to E); £511 care package costs per short-term resident week (includes A to E).		

1 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.

2 Laing & Buisson (2007) *Care of Elderly People: UK Market Report 2007*, Laing & Buisson, London.

3 Netten, A., Bebbington, A., Darton, R., Forder, J. & Miles, K. (1998) Cross-sectional survey of residential and nursing homes for elderly people, PSSRU Discussion Paper 1423, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Kavanagh, S. & Knapp, M. (1998) The impact on general practitioners of the changing balance of care for elderly people living in institutions, *British Medical Journal*, 317, August, 322-327.

5 Clare, R. & West, P. (1993) A survey of expenditure in residential nursing homes, *Economic Trends*, 481, 120-125.

### 1.3 Voluntary residential care for older people

Costs and unit estimation	2006/2007 value	Notes
A. Fees	£443 per week	Based on the Laing and Buisson market survey <sup>1</sup> and the relationship between private and voluntary sector prices reported in the 1996 PSSRU survey. <sup>2</sup>
<i>External services</i> B. Community nursing	£8.90 per week	The weekly cost reflects average level of community nurse service receipt in the 1996 survey which had information about nursing for 110 voluntary homes. In the home with the highest level of nursing input average weekly cost was £65 (1996/1997 prices). A study found that residents in private residential homes consulted GPs for an average 3.85 minutes per week. <sup>3</sup> Since it is not possible to distinguish between surgery consultations and home visits, it is assumed here that the visit was to the home. If these were surgery consultations, the cost would be £11.20 per week.
C. GP services	£18.50 per week	
D. Other external services		
E. Personal living expenses	£9.20 per week	A study of expenditure in private and voluntary residential homes found that residents spent £6 per week on average (1992/1993 prices) on non-fee expenditure. <sup>4</sup> This has been updated using the RPI Index. The DWP personal allowance for people in a residential care or a nursing home is sometimes used as a proxy for personal consumption. This is probably an over-estimate.
Short-term care	1.059 x A	Based on weekly prices for short-term residents in 44 independent residential homes reported in the 1996 survey.
Dependency	1.019 x A	Based on an analysis of factors affecting prices in 1996 survey. The relationship with price is statistically significant but very flat, with prices only increasing marginally with levels of dependency. The multiplier reflects the price charged for people with a Barthel score of 4 or less.
London multiplier	1.14 x A	Fees in London residential homes were 14 per cent higher than the UK average. <sup>1</sup>
<b>Unit costs available 2006/2007</b>		
£443 establishment costs per permanent resident week (A); £469 establishment costs per short-term resident week (A); £480 care package costs per permanent resident week (includes A to E); £509 care package costs per short-term resident week (includes A to E).		

1 Laing & Buisson (2007) *Care of Elderly People: UK Market Report 2007*, Laing & Buisson, London.

2 Netten, A., Bebbington, A., Darton, R., Forder, J. & Miles, K. (1998) Cross-sectional survey of residential and nursing homes for elderly people, PSSRU Discussion Paper 1423, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Kavanagh, S. & Knapp, M. (1998) The impact on general practitioners of the changing balance of care for elderly people living in institutions, *British Medical Journal*, 317, August, 322-327.

4 Clare, R. & West, P. (1993) A survey of expenditure in residential nursing homes, *Economic Trends*, 481, 120-125.

## 1.4 Local authority residential care for older people

This schema uses PSS EX1 revenue costs. Prior to 2003, it was based on a PSSRU survey of homes conducted in 1996,<sup>1</sup> for which costs and activity data were based on a nationally representative sample of 161 homes. Costs from this survey have been uprated using the PSS pay and prices inflator. The average revenue cost was £444 per week and at current prices, the standard deviation was £126. Ten per cent of homes had average gross costs of £631 or more and 10 per cent of £323 or less. Median costs were £429 per week.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs (A, B &amp; C)</b>		
A. Buildings and oncosts	£52 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. <sup>2</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£18.50 per week	Based on Department for Communities and Local Government statistics. Land costs have been annuitised 3.5 per cent over 60 years. <sup>3</sup>
C. Equipment and durables	£7.00 per week	Equipment and durables estimated at 10 per cent of capital cost. <sup>4</sup>
D. Revenue costs	£716 per week	The median revenue cost estimate is taken from PSS EX1 2005/06 uprated using the PSS Pay and Prices Index. <sup>5</sup> Capital charges on the revenue account have been deducted (£39). Twenty-five per cent of local authorities had average gross costs of £578 or less and 25 per cent of £957 or more. Mean costs were £654 per week.
E. Agency overheads	£36 per week	An Audit Commission report found that overheads associated with residential care <sup>6</sup> amounted to 5 per cent of revenue costs.
<b>External services</b>		
F. Community nursing	£10.00 per week	The weekly cost reflects average level of community nurse service receipt in the 1996 survey, which had information about nursing for 110 homes. In the home with the highest level of nursing input, the average weekly cost was £69 (1996/1997 prices). A study found that people in private residential homes consulted GPs for an average 3.45 minutes per week. <sup>7</sup> Since it is not possible to distinguish between surgery consultations and home visits, it is assumed here that the visit was to the surgery. If the GP visited the resident at the home, the cost would be £17.20 per week.
G. GP services	£10.30 per week	
H. Other external services	Not known	
I. Personal living expenses	£9.20 per week	A study of expenditure in private and voluntary residential homes found that residents spent £6 per week on average (1992/1993 prices) on non-fee expenditure. <sup>8</sup> This figure has been uprated by the RPI Index.
Use of facility by client	52.18 wks p.a.	
Occupancy	91%	See <sup>9</sup> and <sup>10</sup> .
Short-term care	1.047 x (D to E)	Based on an analysis of factors affecting prices in the 1996 survey. Costs rise significantly only when more than 17 per cent of residents are short-stay.
High dependency	1.064 x (D to E)	Based on an analysis of factors affecting prices in the 1996 survey.
London multiplier	1.035 x (D to E)	Based on PSS EX1 2005/06 data. <sup>5</sup>
<b>Unit costs available 2006/2007</b>		
£829 establishment costs per permanent resident week (includes A to E); £868 establishment costs per short-term resident week (includes A to E); £858 care package costs per permanent resident week (includes A to I); £899 care package costs per short-term resident week (includes A to I).		

1 Netten, A., Bebbington, A., Darton, R., Forder, J. & Miles, K. (1998) Cross-sectional survey of residential and nursing homes for elderly people, PSSRU Discussion Paper 1423, Personal Social Services Research Unit, University of Kent, Canterbury.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2007).

4 Knapp, M., Beecham, J. & Allen, C. (1989) The methodology for costing community and hospital services used by clients of the Care in the Community demonstration programme, PSSRU Discussion Paper 647, Personal Social Services Research Unit, University of Kent, Canterbury.

5 Department of Health (2006) *PSS EX1 2005/06*, Department of Health, London.

6 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

7 Kavanagh, S. & Knapp, M. (1998) The impact on general practitioners of the changing balance of care for elderly people living in institutions, *British Medical Journal*, 317, August, 322-327.

8 Clare, R. & West, P. (1993) A survey of expenditure in residential nursing homes, *Economic Trends*, 481, 120-125.

9 Laing, W. (2002) *Calculating a Fair Price for Care*, The Policy Press, Bristol.

10 Netten, A., Bebbington, A., Darton, R., Forder, J. & Miles, K. (1998) Cross-sectional survey of residential and nursing homes for elderly people, PSSRU Discussion Paper 1423, Personal Social Services Research Unit, University of Kent, Canterbury.



## 1.5 Nursing-Led Inpatient Unit (NLIU) for intermediate care

The Nursing-Led Inpatient Unit (NLIU) aims to promote recovery and substitute for a period of care in the acute wards, prior to discharge to the community. The data presented below are based on a randomised controlled trial which compared outcomes of care on a nursing-led inpatient unit with the system of consultant-managed care on a range of acute hospital wards.<sup>1</sup> The subjects were 175 patients — 89 patients randomly allocated to care on the unit (nursing-led care with no routine medical intervention) and 86 to usual hospital care. The study identified 1997/1998 costs which have been updated.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs</i>		
A. Buildings and oncosts	£6.50	1997/1998 capital costs uprated 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.
<i>Revenue costs</i>		
B. Salary and oncosts	£96	Costs of nursing and special nursing staff. Based on a top down costing approach using actual expenditure on salaries and costs in the relevant wards. 1997/1998 costs uprated using the HCCHS Pay Index.
C. Other direct care costs		
Medical	£47	1997/1998 costs uprated using the HCCHS Pay and Prices Index.
Other	£8.60	Includes diagnostics and ward round uprated using the HCCHS Pay and Prices Index.
D. Direct overheads	£44	Includes catering, domestics, energy, security, administration, laundry and supplies. 1997/1998 costs inflated by the HCCHS Pay and Prices Index.
E. Indirect overheads	£17	Includes the estates, central administration and corporate function. 1997/1998 prices inflated by the HCCHS Pay and Prices Index.
Average ward size	25 places	
Use of facility by client	365.25 days per year	
Occupancy	94%	Occupancy figures are drawn from the same source as the base data.
<b>Unit costs available 2006/2007</b>		
£220 per inpatient day (includes A to E).		

1 Griffiths, P., Harris, R., Richardson, G., Hallett, N., Heard, S. & Wilson-Barnett, J. (2001) Substitution of a nursing-led inpatient unit for acute services: randomised controlled trial of outcomes and cost of nursing-led intermediate care, *Age and Ageing*, 30, 483-488.

## 1.6 Local authority day care for older people

Prior to 1998 the cost given was per place per day. Since 1998 the cost has been per session. A session is defined as either a morning, an afternoon or an evening at the day care facility.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
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. <sup>1</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.40 per session	Based on Office of Deputy Prime Minister statistics. <sup>2</sup> Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment and durables		No information available.
<i>Revenue costs</i>		
D. Salary and other revenue costs	£26 per session	The median revenue cost estimate is taken from PSS EX1 2005/06 uprated using the PSS Pay and Prices Index. <sup>3</sup> Capital charges on the revenue account have been deducted (£1.70). Data were adjusted to exclude expenditure on services purchased from the independent sector. Reported unit costs contain a wide variation and clearly refer to very different types of care. Twenty five per cent of authorities had average costs of £20 per session or less, and 25 per cent £35 per session or more. Mean costs were £24 per session.
E. Capital charges		
F. Agency overheads		Social Services Management and Support services (SSMSS) overhead costs are included in PSS EX1 so no additional agency overheads have been included in unit costs below.
Use of facility by client	500 sessions per annum	Assumes two sessions, 250 days per year. Used to estimate per session capital costs.
Occupancy	76%	Department of Health statistics, 1997. <sup>4</sup> More recent figures are not available.
London multiplier	1.10 x A; 2.52 x B; 1.39 x (D to F)	Relative London costs are drawn from the same source as the base data for each cost element. Based on PSS EX1 2005/06 data. <sup>3</sup>
<b>Unit costs available 2006/2007</b>		
£31 per session (includes A to F).		

1 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2007).

3 Department of Health (2006) *PSS EX1 2005/06*, Department of Health, London, [www.ic.nhs.uk/PSS/returns/2006](http://www.ic.nhs.uk/PSS/returns/2006).

4 Department of Health (1997) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics*, Table 3.3, Government Statistical Service, London.

## 1.7 Voluntary day care for older people

The costs of voluntary day care for elderly people are based on the results of a survey of Age Concern conducted in 1999/2000. Information was received from 10 Centres and the figures have been inflated by PSS Pay and Prices index. At 2006/2007 prices, costs ranged from £20 to £46 per client day with an mean and median cost of £31.

Three of the Age Concern Centres responding to the survey accommodated elderly people with dementia resulting in costs 15 per cent higher than the average. This is largely due to the higher staff/client ratios. A rural centre also reported a high unit cost with its total vehicle and transport costs accounting for 25 per cent of the total cost. The cost per client day for Age Concern Centres offering standard day care (excluding the rural Centre and those with specialised needs) was 40 per cent less than the average.

Using PSS EXI 2005/2006<sup>1</sup> uprated using the PSS Pay and Prices inflator, the mean cost per session for independently provided day care were £18, equivalent to £37 per client day and the median cost was £19, equivalent to £38 per client day. Authorities showing costs in excess of £100 have been excluded.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A &amp; B)</i>		
A. Premises	£3.80 per client day	These costs ranged from £2.40 to £5.10 with a mean cost of £3.80 per day. Many of these costs are very low due to the fact that the venue for many Age Concern Centres is the local village hall. Premises costs based on rental paid as purpose built centres are very rare.
B. Vehicle	£3.30 per client day	Of the 10 Centres, 3 had their own minibus/es and costs ranged from £1.40 per client day to £6.00 per client day. Vehicle costs were high for a rural centre which opens only 2 days per week.
<i>Revenue costs</i>		
C. Salaries	£16.80 per client day	Costs ranged from £8 to £39. Those Centres with the highest costs were those accommodating Elderly Mental Ill clients where the staff ratios are often 1:4. The median cost was £13.80.
D. Volunteer costs	£0.40 per client day	Seven of the centres reported incurring volunteer expenses.
E. Other staff costs	£1.20 per client day	This includes staff recruitment and training, courses and conferences, travel expenses and redundancy payments.
F. Transport	£3.10 per client day	This includes taxi expenses, fuel and oil, vehicle repairs, insurance and contract hire. Costs ranged from £1.10 to £6.10 with a median cost of £2.80.
G. Meals	£1.70 per client day	Seven Centres provided meals.
H. Overheads	£2.40 per client day	Seven Centres provided information on overheads which ranged from £1.10 to £5.10.
I. Other revenue costs	£3.20 per client day	Costs includes management and administration, maintenance charges, heat, light and water, telephone, stationery and postage, insurance, sundry expenses and bank charges. Costs ranged from £1.00 to £8.00 per client day and the median cost was £2.10.
Use of facility by client	50.3 weeks 4.9 days per week	The majority of Centres open 50 weeks of the year. The median number of days per week was 5 with one Centre opening 2 days per week.
Occupancy	84%	Occupancy figures are drawn from the same source as the base data.
<b>Unit costs available 2006/2007</b>		
The average cost of the 10 Centres was £32 per client day. A Centre incurring all costs A-I would cost £36 per client day.		

1 Department of Health (2006) PSS EX1 2005/06, Department of Health, London, [www.ic.nhs.uk/PSS/returns/2006](http://www.ic.nhs.uk/PSS/returns/2006).

## 1.8 Local authority sheltered housing for older people

The costs of accommodation and services are based on the results of a study by Ernst & Young in 1993 commissioned by the Department of the Environment.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs</i> A. Notional rent	£92 per person per week	Capital costs excluded the cost of warden and staff accommodation but were based on the costs of actual schemes in the study divided by the number of people in the schemes to establish a cost per person. This figure reflects the types of housing stock and proportions of single and multiple occupancy dwellings. This was converted to notional rents per year using a 3.5 per cent discount rate over 60 years and uprated using the BCIS/ABI House Rebuilding Cost Index. <sup>2</sup>
<i>Revenue costs</i> B. Salary and other revenue costs	£29 per person per week	Annual gross running costs were adjusted to ensure they reflected the costs incurred by residents over the age of 60. Inflated using the PSS Pay and Prices Index.
C. Agency overheads		No information available.
<i>Personal living expenses</i> D. Basic living costs E. Other living costs	£83 per person per week £9.50 per person per week	Based on Family Expenditure Survey (2001/2002) <sup>3</sup> estimates of household expenditure of a single person retired mainly dependent on state pension inflated to 2006/2007 using the Retail Price Index. Basic living costs are those covered by care home fees (for example fuel, food and household goods). Other living costs are those covered by personal expenses (for example leisure goods and alcohol). The average weekly expenditure per person in all expenditure groups with the exception of household goods and services and leisure services has decreased slightly or remained the same as last year.
F. Other health and social services costs	£30 per person per week	Average cost of service use was based on the Ernst & Young survey of residents and unit costs supplied by the DH and the PSSRU. <sup>1</sup>
Use of facility by client	52.18 weeks per year	
Occupancy		No information available.
High dependency	1.52 x F	Data presented allowed a comparison in local authority schemes between the average level of costs of health and social services and the costs of highly dependent residents. Highly dependent residents were those who fell into the Clackmannan D/E category (short interval needs).
London multiplier		No information available.
<b>Unit costs available 2006/2007</b>		
£120 per week sheltered housing costs (includes A to B); £151 per week service and accommodation (includes A to B and F); £234 (includes all costs borne by care homes (A to D and F); £243 comprehensive package costs (A to F).		

1 Ernst & Young (1993) *The Cost of Specialised Housing and The Cost of Maintaining an Elderly Person at Home*, Reports to the Department of the Environment, Ernst & Young, London.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available at <http://www.statistics.gov.uk>.

## 1.9 Housing association sheltered housing for older people

The costs of accommodation and services are based on the results of a study by Ernst & Young in 1993 commissioned by the Department of the Environment.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs</i> A. Notional rent	£101 per person per week	Capital costs excluded the cost of warden and staff accommodation but were based on the costs of actual schemes in the study divided by the number of people in the schemes to establish a cost per person. This figure reflects the types of housing stock and proportions of single and multiple occupancy dwellings. This was converted to notional rents per year using a 3.5 per cent discount rate over 60 years and updated using the BCIS/ABI House Rebuilding Cost Index. <sup>2</sup>
<i>Revenue costs</i> B. Salary and other revenue costs	£38 per person per week	Annual gross running costs were adjusted to ensure they reflected the costs incurred by residents over the age of 60. Costs have been inflated to 2006/2007 using the PSS Pay and Prices Index.
C. Agency overheads		No information available.
<i>Personal living expenses</i> D. Basic living costs E. Other living costs	£83 per person per week £9.50 per person per week	Based on Family Expenditure Survey (2001/2002) <sup>3</sup> estimates of household expenditure of a single person retired mainly dependent on state pension inflated to 2006/2007 using the Retail Price Index. Basic living costs are those covered by care home fees (for example fuel, food and household goods). Other living costs are those covered by personal expenses (for example leisure goods and alcohol). The average weekly expenditure per person in all expenditure groups with the exception of household goods and services and leisure services has decreased slightly or remained the same as last year.
F. Other health and social services costs	£16 per person per week	Average cost of service use was based on the Ernst & Young survey of residents and unit costs supplied by the DH and the PSSRU. Gross resource costs of services are reported here.
Use of facility by client	52.18 weeks per year	
Occupancy		No information available.
London multiplier		No information available.
<b>Unit costs available 2006/2007</b>		
£140 per week sheltered housing costs (includes A to B); £156 per week service and accommodation (includes A to B and F); £239 (includes all costs borne by care homes (A to D and F)); £248 comprehensive package costs (A to F).		

1 Ernst & Young (1993) *The Cost of Specialised Housing and The Cost of Maintaining an Elderly Person at Home*, Reports to the Department of the Environment, Ernst & Young, London.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available at <http://www.statistics.gov.uk>.

## 1.10 Local authority very sheltered housing for older people

The costs of accommodation and services are based on the results of a study by Ernst & Young in 1993 commissioned by the Department of the Environment.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs</i> A. Notional rent	£101 per person per week	Capital costs excluded the cost of warden and staff accommodation but were based on the costs of actual schemes in the study divided by the number of people in the schemes to establish cost per person. This figure reflects the types of housing stock and proportions of single and multiple occupancy dwellings. This was converted to notional rents per year using a 3.5 per cent discount rate over 60 years and uprated using the BCIS/ABI House Rebuilding Cost Index. <sup>2</sup>
<i>Revenue costs</i> B. Salary and other revenue costs	£86 per person per week	Annual gross running costs were adjusted to ensure they reflected the costs incurred by residents over the age of 60. Costs have been inflated to 2006/2007 using the PSS Pay and Prices Index.
C. Agency overheads		No information available.
<i>Personal living expenses</i> D. Basic living costs E. Other living costs	£83 per person per week £9.50 per person per week	Based on Family Expenditure Survey (2001/2002) <sup>3</sup> estimates of household expenditure of a single person retired mainly dependent on state pension inflated to 2006/2007 using the Retail Price Index. Basic living costs are those covered by care home fees (for example fuel, food and household goods). Other living costs are those covered by personal expenses (for example leisure goods and alcohol). The average weekly expenditure per person in all expenditure groups with the exception of household goods and services and leisure services has decreased slightly or remained the same as last year.
F. Other health and social services costs	£32 per person per week	Average cost of service use was based on a survey of residents and unit costs supplied by the DH and the PSSRU. Gross resource costs of services are reported here.
Use of facility by client	52.18 weeks per annum	
Occupancy		No information available.
High dependency	1.24 x F	Data presented allowed a comparison in local authority schemes between the average level of costs of health and social services and the costs of highly dependent residents. Highly dependent residents were those who fell into the Clackmannan D/E category (short interval needs).
London multiplier		No information available.
<b>Unit costs available 2006/2007</b>		
£187 per week sheltered housing costs (includes A to B); £219 per week service and accommodation (includes A to B and F); £302 (includes all costs borne by care homes (A to D and F)); £311 comprehensive package costs (A to F).		

1 Ernst & Young (1993) *The Cost of Specialised Housing and The Cost of Maintaining an Elderly Person at Home*, Reports to the Department of the Environment, Ernst & Young, London.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National statistics, London, available at <http://www.statistics.gov.uk>.

## 1.11 Housing association very sheltered housing for older people

The costs of accommodation and services are based on the results of a study by Ernst & Young in 1993 commissioned by the Department of the Environment.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs</i> A. Notional rent	£91 per person per week	Capital costs excluded the cost of warden and staff accommodation but were based on the costs of actual schemes in the study divided by the number of people in the schemes to establish a cost per person. This figure reflects the types of housing stock and proportions of single and multiple occupancy dwellings. This was converted to notional rents per year using a 3.5 per cent discount rate over 60 years and uprated using the BCIS/ABI House Rebuilding Cost Index. <sup>2</sup>
<i>Revenue costs</i> B. Salary and other revenue costs	£249 per person per week	Annual gross running costs were adjusted to ensure they reflected the costs incurred by residents over the age of 60. Costs have been inflated to 2006/2007 using the PSS Pay and Prices Index.
C. Agency overheads		No information available.
<i>Personal living expenses</i> D. Basic living costs E. Other living costs	£83 per person per week £9.50 per person per week	Based on Family Expenditure Survey (2001/2002) <sup>3</sup> estimates of household expenditure of a single person retired mainly dependent on state pension inflated to 2006/2007 using the Retail Price Index. Basic living costs are those covered by care home fees (for example fuel, food and household goods). Other living costs are those covered by personal expenses (for example leisure goods and alcohol). The average weekly expenditure per person in all expenditure groups with the exception of household goods and services and leisure services has decreased slightly or remained the same as last year.
F. Other health and social services costs	£46 per person per week	Average cost of service use was based on the Ernst & Young survey of residents and unit costs supplied by the DH and the PSSRU. Gross resource costs of services are reported here.
Use of facility by client	52.18 weeks per annum	
Occupancy		No information available.
London multiplier		No information available.
<b>Unit costs available 2006/2007</b>		
£339 per week sheltered housing costs (includes A to B); £386 per week service and accommodation (includes A to B and F); £469 (includes all costs borne by care homes (A to D and F)); £478 comprehensive package costs (A to F).		

1 Ernst & Young (1993) *The Cost of Specialised Housing and The Cost of Maintaining an Elderly Person at Home*, Reports to the Department of the Environment, Ernst & Young, London.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available at <http://www.statistics.gov.uk>.

## 1.12 Community care package: very low cost

The care package costs described in this schema are an example of a case where the costs to the public purse on health and social care support are in the lowest decile in a 2005 home care sample of 365 cases.<sup>1</sup> 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 £47 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were only included where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated with the appropriate inflators.

<b>Type of case</b>			
Mrs A was an 83 year old widow who lived alone in sheltered accommodation (excluding housing support) but received help from two people, with most help coming from another family member.			
<b>Functional ability</b>			
Mrs A. had problems with three activities of daily living: stairs, getting around outside, and bathing. Her problems stemmed from a previous stroke.			
Services	Average weekly cost	Level of service	Description
<b>Social care</b>			
Home care	£19		One hour per week of local authority organised home care.
Meals on Wheels	£25.40		Seven meals per week.
<b>Health care</b>			
GP	£6.90	11.4 minutes	Visits estimated at once every eight weeks based on the General Practitioner Workload Survey, July 2007. <sup>2</sup>
Accommodation	£176.11		Based on the weekly cost of sheltered accommodation. <sup>3</sup>
Living expenses	£110		Taken from the Family Expenditure Survey (2001/2002, uprated to 2006/2007 price levels). <sup>4</sup> Based on one adult retired household, mainly dependent on state pensions.
<b>Total weekly cost of health and social care package</b>	£51 £337		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 Laing & Buisson (2006) *Extra Care Housing UK Market Report, Net Rent and Total Weekly Charges for Registered Social Landlords (RSLs' Supported Housing, 2004/05)*, Laing & Buisson, London.

4 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available at <http://www.statistics.gov.uk>.



### 1.13 Community care package: low cost

The care package costs described in this schema are an example of a case where the costs to the public purse on health and social care support are in bottom quartile in a 2005 home care sample of 365 cases.<sup>1</sup> 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 £88 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were only included where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

<b>Type of case</b>			
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.			
<b>Functional ability</b>			
Mrs B. had problems with three activities of daily living: stairs, getting around outside and bathing. Her problems stemmed from arthritic conditions and cardiovascular disease.			
Services	Average weekly cost	Level of service	Description
<b>Social care</b>			
Home care	£74	4 hours per week	Based on 4 hours of local authority organised home care.
Private home care	£34	3 hours per week	Based on 3 hours of independently provided home care.
<b>Health care</b>			
Community nurse	£5.90	11.4 mminutes	Community nurse visits once a month. Visits estimated at once every eight weeks based on the General Practitioner Workload Survey, July 2007. <sup>2</sup>
GP	£6.90		
Accommodation	£65.40		The national average weekly gross rent for a two bedroom house in the social housing sector including £4.50 service charge. <sup>3</sup>
Living expenses	£110		Taken from the Family Expenditure Survey (2001/2002, uprated to 2006/2007 price levels). <sup>4</sup> Based on one person retired household, mainly dependent on state pensions.
<b>Total weekly cost of health and social care package</b>	£121		Excludes accommodation and living expenses and independently provided home care.
	£297		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 (2007) *Social Landlord, Rents in 2007, January 2007*, The Cambridge Centre for Housing and Planning Research, University of Cambridge, [www.dataspring.org.uk](http://www.dataspring.org.uk).

4 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available at <http://www.statistics.gov.uk>.

## 1.14 Community care package: median cost

The care package costs described in this schema illustrate the median public expenditure costs of £160 per week on health and social care support in a 2005 home care sample of 365 cases.<sup>1</sup> 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. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were only included where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

<b>Type of case</b> Mrs D. was an 80 year old widow living with two other relatives.			
<b>Functional ability</b> Mrs D. had problems with four activities of daily living: stairs, getting around outside, dressing and bathing.			
<b>Services</b>	<b>Average weekly cost</b>	<b>Level of service</b>	<b>Description</b>
<b>Social care</b> Home care	£186	10 hours per week	Based on the cost of local authority organised home care.
<b>Health care</b> GP	£6.90	11.4 minutes	Visits estimated at once every eight weeks based on the General Practitioner Workload Survey, July 2007. <sup>2</sup>
Accommodation	£77		Shared two bedroom house/bungalow with two other relatives. Privately rented. Based on the average (private) rental income in England in 2007 and adjusted to take account of shared situation. <sup>3</sup>
Living expenses	£214		Living expenses taken from the Family Expenditure Survey (2001/2002, uprated to 2006/2007 price levels). <sup>4</sup> Based on one man one woman retired households mainly dependent on state pensions and adjusted to allow for two other relatives.
<b>Total weekly cost of health and social care package</b>	£193 £483		Excludes accommodation and living expenses. Includes 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.

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

3 Times Online (2007) It's going rental, [http://property.timesonline.co.uk/tol/life\\_and\\_style/property/article2445446.ece](http://property.timesonline.co.uk/tol/life_and_style/property/article2445446.ece).

4 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available from: <http://www.statistics.gov.uk>.

## 1.15 Community care package: high cost

The care package costs described in this schema are an example of a case where the costs to the public purse on health and social care support are in the top quartile in a 2005 home care sample of 365 cases.

<sup>1</sup> 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 £266 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were only included where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

<b>Type of case</b>			
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.			
<b>Functional ability</b>			
Mr D. had problems with seven activities of daily living: 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
<b>Social care</b>			
Home care	£186		10 hours per week. Based on local authority organised home care.
Day care	£30.60		Attended a day centre about once a week.
Private home care	£274		Based on 24 hours of independently provided home care.
<b>Health care</b>			
Community nurse	£24		Once a week visit from a community nurse.
OT	£22		A couple of visits from the OT during the previous month.
GP	£6.90	11.4 minutes	Visits estimated at once every eight weeks based on the General Practitioner Workload Survey, July 2007. <sup>2</sup>
Accommodation	£92		Owner occupied two bedroom house shared with two others. Based on the annuitised value of a detached house and shared between three people. Taken from the Halifax Price Index, 2nd quarter 2007.
Living expenses	£214		Living expenses taken from the Family Expenditure Survey (2001/2002, uprated to 2006/2007 price levels). <sup>3</sup> Based on one man and one woman retired household, not mainly dependent on state pensions.
<b>Total weekly cost of health and social care package</b>	£269		Excludes accommodation and living expenses and privately purchased home care.
	£849		Total package 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 (2008) 2006/07 UK General Practice Workload Survey, Primary Care Statistics, The Information Centre, Leeds.

3 Office for National Statistics (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available from: <http://www.statistics.gov.uk>.

## 1.16 Community care package: very high cost

The care package costs described in this schema are an example of a case where the costs to the public purse on health and social care support are in the top decile in a 2005 home care sample of 365 cases.<sup>1</sup> 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 £366 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were only included where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

<b>Type of case</b>			
Mrs E was a 82 year old who was married and lived with her husband and another relative in her own home. Her husband provided most support.			
<b>Functional ability</b>			
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.			
<b>Services</b>	<b>Average weekly costs</b>	<b>Level of service</b>	<b>Description</b>
<b>Social services</b>			
Home care	£558		30 hours per week of local authority organised home care.
<b>Health care</b>			
Community nurse	£24		Once a week visit from a community nurse.
GP	£6.90	11.4 minutes	Visits estimated at once every eight weeks based on the General Practitioner Workload Survey, July 2007. <sup>2</sup>
Accommodation	£53		Owner occupied two bedroom house shared with her husband and another relative. Based on the annuitised value of a terraced house and shared between three people. Taken from the Halifax Price Index, 2nd quarter 2007.
Living expenses	£214		Living expenses taken from the Family Expenditure Survey (2001/2002, uprated to 2006/2007 price levels). <sup>3</sup> Based on one man and one woman retired households, mainly dependent on state pension.
<b>Total weekly cost of health and social care package</b>	£588 £855		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 (2002) *Family Expenditure Survey Database, 2000/2001*, Office for National Statistics, London, available from: <http://www.statistics.gov.uk>.

## **2. Services for people with mental health problems**

- 2.1 Local authority residential care (staffed hostel) for people with mental health problems
- 2.2 Local authority residential care (group home) for people with mental health problems
- 2.3 Voluntary sector residential care (staffed hostel) for people with mental health problems
- 2.4 Voluntary sector residential care (on call staff) for people with mental health problems
- 2.5 Private sector residential care (staffed hostel) for people with mental health problems
- 2.6 Acute NHS hospital services for people with mental health problems
- 2.7 Long-stay NHS hospital services for people with mental health problems
- 2.8 NHS psychiatric intensive care unit (PICU)
- 2.9 NHS Trust day care for people with mental health problems
- 2.10 Local authority social services day care for people with mental health problems
- 2.11 Voluntary/non-profit organisations providing day care for people with mental health problems
- 2.12 Sheltered work schemes
- 2.13 Cognitive Behaviour Therapy (CBT)



## 2.1 Local authority residential care (staffed hostel) for people with mental health problems

Based on a study of 20 staffed hostels from eight mental health services.<sup>1</sup>

Personal Social Services Expenditure (PSS EX1) 2006/07 reported median costs of £771 and mean costs at £656 per resident week for adults aged 18-64 with mental health needs (including full cost paying and preserved rights residents). These costs were uprated using the PSS Pay and Prices Index. Capital costs were £34.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs</i> A. Buildings and oncosts	£28 per resident week	The market value of the buildings was obtained from a recent valuation or, where this was not available, the mid-point of the property's Council Tax Band was employed as a proxy for the current market value. Costs have been uprated using the Tender Price Index for Public Sector Building (non housing). The value of buildings was annuitised over a 60-year period discounted at 3.5 per cent.
<i>Revenue costs</i> B. Salary costs C. Other revenue costs D. Agency overheads	£346 per resident week £67 per resident week £19 per resident week	Costs of direct management and care staff, the latter including nursing and social work inputs. Costs have been uprated using the PSS Pay Index. Catering and domestic costs are included as far as possible since the staffing element of catering or domestic services was often not separately identified in the returns. Other revenue costs include energy, utilities, transport, renewals and replacements, cleaning, laundry, TV licence, registration fees and insurance. The capital and revenue costs together represent the total weekly cost of accommodation (or establishment costs). Over and above this accommodation cost, additions have been made to estimate 'care package' costs. These additions include personal consumption or living expenses (E), and the use that clients typically make of hospital and community health and social services (F). Costs have been uprated using the PSS Pay and Prices Index. Indirect management, such as central administration, was categorised under the heading of agency overheads along with personnel, accounting and finance functions. Costs have been uprated using the PSS Pay and Prices Index.
<i>Other costs</i> E. Personal living expenses	£19.60 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£83 per resident week	Service use is the mean receipt per client of a 'reduced list' of services including inpatient days and outpatient attendances in a psychiatric or general hospital, day centre or sheltered workshop attendances, and contact with a GP, community psychiatric nurse, social worker or community psychiatrist. Costs have been uprated using the PSS Pay and Prices Index.
Use of facility by client	365.25 days per year	
Occupancy	85%	Occupancy figures are drawn from the same source as the base data.
London multiplier	1.25 x (A to D) + F	Relative London costs are drawn from the same source as the base data for each cost element.
<b>Unit costs available 2006/2007</b>		
£459 per resident week establishment costs (includes A to D); £561 per resident week care package costs (includes A to F).		

<sup>1</sup> Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.

## 2.2 Local authority residential care (group home) for people with mental health problems

Based on a study of 23 group homes from eight mental health services.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs</b> A. Buildings and oncosts	£32 per resident week	The market value of the buildings was obtained from a recent valuation or, where this was not available, the mid-point of the property's Council Tax Band was employed as a proxy for the current market value. Costs have been uprated using the Tender Price Index for Public Sector Building (non housing). The value of buildings was annuitised over a 60-year period discounted at 3.5 per cent.
<b>Revenue Costs</b> B. Salary Costs	£10 per resident week	Costs of direct management and care staff, the latter including nursing and social work inputs. Services in a group home are provided more on an ad hoc or regular-visit basis rather than on a 24-hour basis as is the case in a hospital. Costs have been uprated using the PSS Pay Index.
C. Other revenue costs	£43 per resident week	Catering and domestic costs are included as far as possible since the staffing element of catering or domestic services was often not separately identified in the returns. Other revenue costs include energy, utilities, transport, renewals and replacements, cleaning, laundry, TV licence, registration fees and insurance. The capital and revenue costs together represent the total weekly cost of accommodation (or establishment costs). Over and above this accommodation cost, additions have been made to estimate 'care package' costs. These additions include personal consumption or living expenses (E), and the use that clients typically make of hospital and community health and social services (F). Costs have been uprated using the PSS Pay and Prices Index.
D. Agency overheads	£3 per resident week	Indirect management, such as central administration, was categorised under the heading of agency overheads along with personnel, accounting and finance functions. Costs have been uprated using the PSS Pay and Prices Index.
<b>Other costs</b> E. Personal living expenses	£19.60 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£128 per resident week	Service use is the mean receipt per client of a 'reduced list' of services including inpatient days and outpatient attendances in a psychiatric or general hospital, day centre or sheltered workshop attendances, and contact with a GP, community psychiatric nurse, social worker or community psychiatrist. Costs have been uprated using the PSS Pay and Prices Index.
Use of facility by client	365.25 days per year	
Occupancy	85%	Occupancy figures are drawn from the same source as the base data.
London multiplier	1.20 x (A to D) + F	Relative London costs are drawn from the same source as the base data for each cost element.
<b>Unit costs available 2006/2007</b>		
£88 per resident week establishment costs (includes A to D); £235 per resident week care package costs (includes A to F).		

<sup>1</sup> Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.



## 2.3 Voluntary sector residential care (staffed hostel) for people with mental health problems

Based on a sample of 31 staffed hostels.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs</b> A. Buildings and oncosts	£29 per resident week	The market value of the buildings was obtained from a recent valuation or, where this was not available, the mid-point of the property's Council Tax Band was employed as a proxy for the current market value. Costs have been uprated using the Tender Price Index for Public Sector Building (non housing). The value of buildings was annuitised over a 60-year period discounted at 3.5 per cent.
<b>Revenue costs</b> B. Salary costs C. Other revenue costs D. Agency overheads	£250 per resident week £92 per resident week £34 per resident week	Salary costs represent the costs of direct management and care staff, the latter including nursing and social work inputs. Costs have been uprated using the PSS Pay Index. Catering and domestic costs are included as far as possible since the staffing element of catering or domestic services was often not separately identified in the returns. Other revenue costs include energy, utilities, transport, renewals and replacements, cleaning, laundry, TV licence, registration fees and insurance. The capital and revenue costs together represent the total weekly cost of accommodation (or establishment costs). Over and above this accommodation cost, additions have been made to estimate 'care package' costs. These additions include personal consumption or living expenses (E), and the use that clients typically make of hospital and community health and social services (F). Costs have been uprated using the PSS Pay and Prices Index. Indirect management, such as central administration, were categorised under the heading of agency overheads along with personnel, accounting and finance functions. Costs have been uprated using the PSS Pay and Prices Index.
<b>Other costs</b> E. Personal living expenses	£19.60 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£68 per resident week	Service use is the mean receipt per client of a 'reduced list' of services including inpatient days and outpatient attendances in a psychiatric or general hospital, day centre or sheltered workshop attendances, and contact with a GP, community psychiatric nurse, social worker or community psychiatrist. Costs have been uprated using the PSS Pay and Prices Index.
Use of facility by client	365.25 days per year	
Occupancy	90%	Occupancy figures are drawn from the same source as the base data.
London multiplier	1.46 x (A to D) + F	Relative London costs are drawn from the same source as the base data for each cost element.
<b>Unit costs available 2006/2007</b>		
£405 per resident week establishment costs (includes A to D); £493 per resident week care package costs (includes A to F).		

<sup>1</sup> Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.

## 2.4 Voluntary sector residential care (on call staff) for people with mental health problems

Based on a sample of 33 group homes.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs</b> A. Buildings and oncosts	£33 per resident week	The market value of the buildings was obtained from a recent valuation or, where this was not available, the mid-point of the property's Council Tax Band was employed as a proxy for the current market value. Costs have been uprated using the Tender Price Index for Public Sector Building (non housing). The value of buildings was annuitised over a 60-year period discounted at 3.5 per cent.
<b>Revenue costs</b> B. Salary costs  C. Other revenue costs   D. Agency overheads	£100 per resident week  £55 per resident week   £23 per resident week	Costs of direct management and care staff, the latter including nursing and social work inputs. Costs have been uprated using the PSS Pay Index.  Catering and domestic costs are included as far as possible since the staffing element of catering or domestic services was often not separately identified in the returns. Other revenue costs include energy, utilities, transport, renewals and replacements, cleaning, laundry, TV licence, registration fees and insurance. The capital and revenue costs together represent the total weekly cost of accommodation (or establishment costs). Over and above this accommodation cost, additions have been made to estimate 'care package' costs. These additions include personal consumption or living expenses (E), and the use that clients typically make of hospital and community health and social services (F). Costs have been uprated using the PSS Pay and Prices Index.  Indirect management, such as central administration, was categorised under the heading of agency overheads along with personnel, accounting and finance functions. Costs have been uprated using the PSS Pay and Prices Index.
<b>Other costs</b> E. Personal living expenses	£19.60 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£90 per resident week	Service use cost is the mean receipt per client of a 'reduced list' of services including inpatient days and outpatient attendances in a psychiatric or general hospital, day centre or sheltered workshop attendances, and contact with a GP, community psychiatric nurse, social worker or community psychiatrist. Costs have been uprated using the PSS Pay and Prices Index.
Use of facility by client	365.25 days per year	
Occupancy	95%	Occupancy figures are drawn from the same source as the base data.
London multiplier	1.11 x (A to D) + F	Relative London costs are drawn from the same source as the base data for each cost element.
<b>Unit costs available 2006/2007</b>		
£211 per resident week establishment costs (includes A to D); £320 per resident week care package costs (includes A to F).		

<sup>1</sup> Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.

## 2.5 Private sector residential care (staffed hostel) for people with mental health problems

Based on a sample of 33 hostels.<sup>1</sup> A hostel often accommodates 20 or more people and are managed either by local authority social services departments or voluntary agencies.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs</b> A. Buildings and oncosts	£32 per resident week	The market value of the buildings was obtained from a recent valuation or, where this was not available, the mid-point of the property's Council Tax Band was employed as a proxy for the current market value. Costs have been uprated using the Tender Price Index for Public Sector Building (non housing). The value of buildings was annuitised over a 60-year period discounted at 3.5 per cent.
<b>Revenue costs</b> B. Salary costs	£149 per resident week	Costs of direct management and care staff, the latter including nursing and social work inputs. Indirect management, such as central administration, was categorised under the heading of agency overheads along with personnel, accounting and finance functions. Costs have been uprated using the HCHS pay index.
C. Other revenue costs	£97 per resident week	Catering and domestic costs are included as far as possible since the staffing element of catering or domestic services was often not separately identified in the returns. Other revenue costs include energy, utilities, transport, renewals and replacements, cleaning, laundry, TV licence, registration fees and insurance. The capital and revenue costs together represent the total weekly cost of accommodation (or establishment costs). Over and above this accommodation cost, additions have been made to estimate 'care package' costs. These additions include personal consumption or living expenses (E), and the use that clients typically make of hospital and community health and social services (F). Costs have been uprated using the PSS pay and prices index.
D. Agency overheads	£12 per resident week	Indirect management, such as central administration, was categorised under the heading of agency overheads along with personnel, accounting and finance functions. Costs have been uprated using the PSS pay and prices index.
<b>Other costs</b> E. Personal living expenses	£19.60 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£79 per resident week	Service use cost is the mean receipt per client of a 'reduced list' of services including inpatient days and outpatient attendances in a psychiatric or general hospital, day centre or sheltered workshop attendances, and contact with a GP, community psychiatric nurse, social worker or community psychiatrist. Costs have been uprated using the HCHS pay and prices index.
Use of facility by client	365.25 days per annum	
Occupancy	85%	Occupancy figures are drawn from the same source as the base data.
London multiplier		No estimate is available for privately managed staffed hostels in London.
<b>Unit costs available 2006/2007</b>		
£290 per resident week establishment costs (includes A to D); £388 per resident week care package costs (includes A to F).		

<sup>1</sup> Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.

## 2.6 Acute NHS hospital services for people with mental health problems

Based on a sample of 25 acute psychiatric wards covered in a survey of residential care in eight district health authorities.<sup>1</sup> All costs are based on 1995/1996 figures, uprated using the appropriate HCHS inflators. The costs are based on acute wards and so are not representative of the daily unit cost of general psychiatric hospital care.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
A. Buildings and oncosts	£11 per bed per day	Based on the new build and land requirements for a bed in a psychiatric hospital ward. <sup>2</sup> Occupancy rates have been taken into account. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£2.30 per bed per day	Based on information provided by the Department for Communities and Local Government, discounted at 3.5 per cent over 60 years. <sup>3</sup>
C. Equipment and durables		No information available.
<i>Revenue costs</i>		
D. Salary, supplies and services costs	£151 per day	Revenue costs were obtained from hospital accounts and were broken down into salaries, supplies and services and agency overheads. Salary costs include medical and clinical support services. Where this input could not be identified at ward level, a multiplier of 1.33 was calculated on the basis of nursing (75 per cent) to medical and clinical support (25 per cent) ratios in those wards where full information was available.
E. Agency overheads	£49 per day	
Use of facility by client	365.25 days per year	
Occupancy	95%	Occupancy in London was estimated to be 102 per cent. Occupancy figures are drawn from the same source as the base data.
London multiplier	1.06 x A; 2.52 x B; 1.11 x D; 1.15 x E	Relative London costs are drawn from the same source as the base data for each cost element. If the interest is just in effects due to technology and price effects, the multiplier to be used for salaries, supplies and service costs is 1.19. <sup>4</sup> The increase on previous years in the inflator for land is due to a revision of price trends by the Department for Communities and Local Government.
<b>Unit costs available 2006/2007</b>		
£213 per inpatient day (includes A to E).		

1 Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2007).

4 Chisholm, D., Knapp, M. & Astin, J. (1996) Mental health residential care: is there a London differential?, in A. Netten & J. Dennett (eds) *Unit Costs of Health and Social Care 1996*, Personal Social Services Research Unit, University of Kent, Canterbury.

## 2.7 Long-stay NHS hospital services for people with mental health problems

Based on a sample of 19 long-stay psychiatric wards covered in a survey of residential care in eight district health authorities.<sup>1</sup> All costs are based on 1995/1996 figures, uprated using the appropriate HCHS inflators. The costs are based on long-stay inpatient psychiatric care wards and so are not as representative of the daily unit cost of general psychiatric hospital care. In such a case, the unit cost estimates derived from the reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)) would be more appropriate.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs (A, B &amp; C)</b>		
A. Buildings and oncosts	£23 per bed per day	Estimates are based on the new build and land requirements for a bed in a psychiatric hospital ward. <sup>2</sup> Occupancy rates have been taken into account. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£2.70 per bed per day	Based on information provided by the Department for Communities and Local Government, discounted at 3.5 per cent over 60 years. <sup>3</sup>
C. Equipment and durables		No information available.
<b>Revenue costs</b>		
D. Salary, supplies and services costs	£104 per day	Revenue costs were obtained from hospital accounts and were broken down into salaries, supplies and services and agency overheads. Salary costs include medical and clinical support services. Where this input could not be identified at ward level, a multiplier of 1.33 was calculated on the basis of nursing (75 per cent) to medical and clinical support (25 per cent) ratios in those wards where full information was available.
E. Agency overheads	£56 per day	The capital and revenue costs together represent the total weekly cost of accommodation (or establishment costs). Over and above this accommodation cost, additions have been made to estimate 'care package' costs. These additions include personal consumption or living expenses, and the use that clients typically make of hospital and community health and social services.
<b>Other costs</b>		
F. Personal living expenses	£95 per week (£13.60 per day)	Once patients have given up their private accommodation, their full package of costs can be estimated by including other services received and personal expenditure. See new rules which came into force from April 2006 on benefits of long-stay hospital patients <sup>4</sup> .
Use of facility by client	365.25 days per year	
Occupancy	83%	Occupancy in London was estimated to be 93 per cent. Occupancy figures are drawn from the same source as the base data.
London multiplier	1.06x A; 2.52 x B; 1.32 x D; 1.11 x E	Relative London costs are drawn from the same source as the base data for each cost element. If the interest is just in effects due to technology and price effects, the multiplier to be used for salaries, supplies and service costs is 1.19 (see <i>Unit Costs of Health and Social Care 1996</i> , pp.19-22). <sup>5</sup>
<b>Unit costs available 2006/2007</b>		
£199 per inpatient day (includes A to F).		

1 Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2007).

4 Disability Alliance (2006) *Disability Rights Handbook 31st Edition April 2006-April 2007. A Guide to Benefits and Services for All Disabled People, Their Families, Carers and Advisors*, Disability Alliance, London.

5 Netten, A. & Dennett, J. (1996) *Unit Costs of Health and Social Care 1996*, Personal Social Services Research Unit, University of Kent, Canterbury.

## 2.8 NHS psychiatric intensive care unit (PICU)

This schema is based on a study of a PICU in Withington Hospital, Manchester in 1993.<sup>1</sup>

Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for Local Psychiatric Intensive Care Units for 2006 was £498 with the minimum range for 25 per cent of the services being £432 or less and the maximum range for 25 per cent of the services being £603 or more. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs (A, B &amp; C)</b>		
A. Buildings and oncosts	£35 per patient day	Annuitised value of an NHS psychiatric ward over a 60-year period discounted at 3.5 per cent, taking into account occupancy rates. <sup>2</sup>
B. Land	£4.00 per patient day	Based on information provided by the Department for Communities and Local Government, discounted at 3.5 per cent over 60 years. <sup>3</sup>
C. Equipment and durables		No information available.
<b>Revenue costs</b>		
D. Salary costs	£376 per patient day	Staff costs have been inflated to current levels using the HCHS pay index, drug costs were inflated using the HCHS prices index and all other costs were inflated using the combined index. The revenue costs include calls on other wards to deal with violent incidents. Variable costs were distinguished from fixed costs in the study. These comprised just 7 per cent of total cost (excluding capital) and were dominated by the cost of special nursing.
E. Supplies and services – drugs	£26 per patient day	
– other	£2.30 per patient day	
F. Overheads	£103 per patient day	
<b>Other costs</b>		
G. Patient injury	£4.00 per patient day	This was the cost of treating one patient who incurred major injuries as a result of an aggressive incident (inflated using the HCHS pay and prices index).
Use of facility by client	12.3 days	Average length of stay.
Occupancy	55%	Occupancy during study period.
High dependency		Highly disturbed and violent patients.
London multiplier	1.06 × A; 2.52 × B	Costs were based on one unit in Manchester.
<b>Unit costs available 2006/2007</b>		
£550 per patient day (includes A to G); £6,761 per average stay.		

1 Hyde, C. & Harrower-Wilson, C. (1995) Resource consumption in psychiatric intensive care: the cost of aggression, *Psychiatric Bulletin*, 19, 73-76.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2007).

## 2.9 NHS Trust day care for people with mental health problems

A session is defined as either a morning, afternoon or evening at the day care facility.

Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for NHS day care for people with mental health problems for 2006 was £109 with a minimum range for 25 per cent of the services being £87 or less and the maximum range for 25 per cent of the services being £140 or more.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
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. <sup>1</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.40 per session	Based on information provided by the Department for Communities and Local Government. <sup>2</sup> Land costs have been discounted at 8 per cent over 60 years. Since the revenue costs given below now include capital costs, this has not been included in the unit costs figures quoted below.
C. Equipment and durables		No information available.
D. Revenue costs	£24 per session	Mean cost based on a survey conducted in the South Thames NHS region of day settings for adults with mental health problems. In total sufficient data were obtained to estimate the revenue costs for 122 settings. <sup>3</sup> These results have been updated using the PSS pay and prices index. Most of the NHS Trust settings taking part were orientated towards providing treatment and consequently 95 per cent of these settings had costs between £19-£29 at current prices.
E. Agency overheads	£1.20 per session	Following the Audit Commission report about overheads associated with residential care, <sup>4</sup> agency overheads have been assumed to be 5 per cent of revenue costs.
Occupancy	76%	Department of Health statistics, 1998. <sup>5</sup> More recent data are not available.
London multiplier	1.06 × A; 2.52 × B; 1.02 × D.	D has been based on PSS EX1. <sup>6</sup>
<b>Unit costs available 2006/2007</b>		
£31 per user session (includes A to E); £62 per day (excluding evenings).		

1 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2007).

3 Beecham, J., Schneider, J. & Knapp, M. (1998) *Survey of Day Activity Settings for People with Mental Health Problems*, Report to the Department of Health, PSSRU Discussion Paper 1457, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

5 Department of Health (1998) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics*, Government Statistical Service, London.

6 Department of Health (2006) *PSS EX1 2005/2006*, Department of Health, London.

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

A session is defined as either a morning, afternoon or evening at the day care facility.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
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. <sup>1</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.40 per session	Based on information provided by the Department for Communities and Local Government. <sup>2</sup> Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment and durables		No information available.
D. Revenue costs	£14 per session	Mean cost based on a survey conducted in the South Thames NHS region of day settings for adults with mental health problems. <sup>3</sup> In total sufficient data were obtained to estimate the revenue costs for 122 settings. These results have been uprated using the PSS Pay and Prices Index. Ninety-five per cent of the Social Service departments had costs between £11-£17 at current prices with a median cost of £14 per session. In comparison to day care provided by the NHS Trusts, only 3.2 per cent of settings managed by the Local Authority Social Service Departments were orientated towards providing treatment whereas over a third provided social support.  PSS EX1 2005/06 gross costs uprated using the PSS Pay and Prices Index reported median costs at £34 and mean costs at £31 per session. <sup>4</sup> Capital costs charged to the revenue account have been deducted (£1.70). Three authorities reporting costs of more than £500 were excluded.
E. Agency overheads	£0.80 per session	Following the Audit Commission report about overheads associated with residential care, agency overheads have been assumed to be 5 per cent of revenue costs. <sup>5</sup>
Occupancy	76%	Department of Health statistics, 1998. <sup>6</sup> No later statistics are available.
London multiplier	1.06 × A 2.52 × B 1.00 × D	D is based on PSS EX1 statistics.
<b>Unit costs available 2006/2007</b>		
£20 per user session (includes A to E); £41 per day (excluding evenings).		

- 1 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.
- 2 Based on personal communication with the Department for Communities and Local Government (2007).
- 3 Beecham, J., Schneider, J. & Knapp, M. (1998) *Survey of Day Activity Settings for People with Mental Health Problems*, Report to the Department of Health, PSSRU Discussion Paper 1457, Personal Social Services Research Unit, University of Kent, Canterbury.
- 4 Department of Health (2006) *PSS EX1 2005/06*, Department of Health, London.
- 5 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.
- 6 Department of Health (1998) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics*, Government Statistical Service, London.



## 2.11 Voluntary/non profit-organisations providing day care for people with mental health problems

A session is defined as either a morning, afternoon or evening at the day care facility.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
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. <sup>1</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Although a capital value has been given, in practice premises costs are often based on rental paid and purpose built centres are rare.
B. Land	£1.40 per session	Based on information provided by the Department for Communities and Local Government. <sup>2</sup> Land costs have been discounted at 8 per cent over 60 years.
C. Equipment and durables		No information available.
D. Revenue costs	£14 per session	A survey was conducted in the South Thames NHS region of day settings for adults with mental health problems. <sup>3</sup> In total sufficient data were obtained to estimate the revenue costs for 122 settings. These results have been uprated using the PSS Pay and Prices index. Ninety five per cent of the settings managed by voluntary/non-profit organisations had costs between £10-£18 at current prices with a median cost per session of £14. Sixty per cent of voluntary/non profit-organisations providing day care for people with mental health problems provide work-related activities and none of them provide treatment.
E. Agency overheads	£0.70 per session	Following the Audit Commission report about overheads associated with residential care, agency overheads have been assumed to be 5 per cent of revenue costs. <sup>4</sup>
Occupancy	76%	Department of Health statistics, 1998. <sup>5</sup>
London multiplier	1.06 × A; 2.52 × B. 1.02 × D.	The multiplier for revenue costs has been based on PSS EX1 2005/2006 statistics. <sup>6</sup>
<b>Unit costs available 2006/2007</b>		
£20 per user session (includes A to E); £41 per day (excluding evenings).		

1 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2007).

3 Beecham, J., Schneider, J. & Knapp, M. (1998) *Survey of Day Activity Settings for People with Mental Health Problems*, Report to the Department of Health, PSSRU Discussion Paper 1457, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

5 Department of Health (1998) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics*, Government Statistical Service, London.

6 Department of Health (2006) *PSS EX1 2005/06*, Department of Health, London.

## 2.12 Sheltered work schemes

Opportunities for employment among people with disabilities are changing rapidly.<sup>1,2</sup> The research upon which these costs is based was conducted in specialist settings for people with mental health problems, now several years ago. It is clearly important to ensure that the models that were operating during the research are relevant to any setting to be costed. The models and costs upon which this schema is based are described in Hallam and Schneider (1999).<sup>3</sup> The methodology for costing these work schemes is given in Netten and Dennett (1996, pp 28-31), and can be adapted to innovative settings.<sup>4</sup>

The figures in the table below are averages for the seven schemes and are based on 1994/1995 figures, uprated using the PSS Pay and Prices Index.

The costs do not take into account variations in different departments within each scheme due to staffing levels, attendance rates or productivity. Cost per hour ranged from £2.30 to £11.40 at current prices with the full-time placements working out least expensive per hour. There is also wide variation in the cost per placement per year with net costs ranging from £4,030 to £10,811 per annum.

Costs and unit estimation	2006/2007 value	Notes
A. Total annual expenditure	£9,713	Average gross expenditure for the seven work schemes ranged from £6,504 to £13,635.
B. Total annual income	£2,077	Average gross expenditure minus average net expenditure. Income ranged from £392 to £4,184.
Number of places	46	The number of places provided per week in 1994-1995 ranged from 21 to 60.
Hours worked per week	25	Based on the mean number in each work scheme. The number of hours worked per week ranged from 16 to 35.
Number of weeks worked	47.2	Based on the mean number in each work scheme. The number of weeks worked per year ranged from 29 to 52.
Number of workers at any one time	37	The number of workers on the schemes at one time differs from the number of places because of shift working on three of the schemes.
<b>Unit costs available 2006/2007</b>		
£8.10 gross cost per hour; £6.40 net cost per hour.		

1 Schneider, J. (1998a) Work interventions in mental health care: Arguments in favour, and a review of the evidence, *Journal of Mental Health* 7, 81-94.

2 Schneider, J. (1998b) Models of specialist employment for people with mental health problems, *Health and Social Care in the Community*, 6, 2, 120-129.

3 Hallam, A. & Schneider, J. (1999) Sheltered work schemes for people with mental health problems: service use and costs, *Journal of Mental Health*, 8, 2, 163-178.

4 Netten, A. & Dennett, J. (1996) *Unit Costs of Health and Social Care 1996*, Personal Social Services Research Unit, University of Kent, Canterbury.

## 2.13 Cognitive Behaviour Therapy (CBT)

This schema is based on a costing which was undertaken 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.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£36,653 per year	Based on Agenda for Change (AfC) pay scales, 2006. <sup>2</sup> Average salary based on Agenda for Change 2006 payscales for a Specialist Registrar (midpoint), Clinical Psychologist (band 7 midpoint) and Mental Health Nurse (band 5 midpoint).
B. Oncosts	£10,263 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Information not available for all care staff.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing Training		Information not available for all care staff.
F. Capital Overheads	£3,084 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. <sup>4,5</sup> Based on the assumption that there is one office per team.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 6 study/training days, and 9 days sickness leave. Weighted to reflect team composition. Based on a total of 1575 hours per year.
Ratio of direct to indirect time : face to face contact	1:1	50 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.
<b>Unit costs available 2006/2007</b>		
£34 per hour; £67 per hour face to face contact; £62 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, *Health Technology Assessment*, in press.

2 NHS Employers (2006) *Pay Circular (AforC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

5 Based on personal communication with the Department for Communities and Local Government (2007).



### **3. Services for people who misuse drugs/alcohol**

- 3.1 Voluntary sector residential rehabilitation for people who misuse drugs/alcohol
- 3.2 NHS inpatient treatment for people who misuse drugs/alcohol
- 3.3 Cost of maintaining a drugs misuser on a methadone treatment programme
- 3.4 Alcohol health worker, A&E



### 3.1 Voluntary sector residential rehabilitation for people who misuse drugs/alcohol

Based on information received for 1994/1995 from eleven voluntary rehabilitation units across England, as part of an economic evaluation conducted by the Centre for the Economics of Mental Health of treatment services for the misuse of drugs (the National Treatment Outcome Research Study: NTORS).<sup>1</sup> At current prices unit costs varied across the eleven residential rehabilitation units, ranging from a minimum of £423 per resident week to a maximum of £1,537 per resident week. Costs have been inflated to 2006/2007 prices.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
A. Buildings	£21 per resident week	Based on property valuation information received for 1994/1995, inflated 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.
B. Land		
C. Equipment and durables	£0.20 per resident week	1994/95 costs inflated using the PSS Prices Index.
<i>Revenue costs</i>		
D. Salary costs	£427 per resident week	1994/95 costs inflated using the PSS Pay Index.
E. Other revenue costs	£255 per resident week	1994/95 costs inflated using the PSS Prices Index.
F. Agency overheads	£52 per resident week	1994/95 costs inflated using the PSS Pay and Prices Index.
Use of facility by client	52.18 weeks per year	
Occupancy	77%	Occupancy figures are drawn from the same source as the base data.
<b>Unit costs available 2006/2007</b>		
£755 per resident week (includes A to F).		

<sup>1</sup> Centre for the Economics of Mental Health (1999) *The National Treatment Outcome Research Study (NTORS)*, Centre for the Economics of Mental Health, Institute of Psychiatry, King's College, London. For further information contact Andrew Healey, PSSRU, London School of Economics and Political Science, Houghton Street, London, WC2A 2AE, email: A.T.Healey@lse.ac.uk, tel: 020 7955 6234.

### 3.2 NHS inpatient treatment for people who misuse drugs/alcohol

Based on information received for 1994/1995 from four NHS inpatient units located across England, as part of an economic evaluation conducted by the Centre for the Economics of Mental Health of treatment services for the misuse of drugs (the National Treatment Outcome Research Study: NTORS).<sup>1</sup> The least expensive service was estimated to cost £106 per patient day, while the most expensive was £290 per patient day (1994/95 prices uprated to 2006/2007).

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
A. Buildings	£23 per patient day	Based on the new build and land requirements for a bed in a psychiatric hospital ward. <sup>2</sup> Occupancy rates have been taken into account. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£2.60 per patient day	Based on Office of Deputy Prime Minister statistics. <sup>3</sup> Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment and durables	£0.90 per patient day	1994/1995 costs inflated using the HCHS prices index.
<i>Revenue costs (D, E &amp; F)</i>		
D. Salary costs	£122 per patient day	1994/1995 costs inflated using the HCHS pay index
E. Other revenue costs	£14 per patient day	1994/1995 costs inflated using the HCHS prices index
F. Agency overheads	£51 per patient day	1994/1995 costs inflated using the HCHS pay and prices index
Use of facility by client	365.25 days per year	
Occupancy	84%	Occupancy figures are drawn from the same source as the base data
<b>Unit costs available 2006/2007</b>		
£213 per patient day (includes A to F).		

1 Centre for the Economics of Mental Health (1999) *The National Treatment Outcome Research Study (NTORS)*, Centre for the Economics of Mental Health, Institute of Psychiatry, King's College, London. For further information contact Andrew Healey, PSSRU, London School of Economics and Political Science, Houghton Street, London, WC2A 2AE, email: A.T.Healey@lse.ac.uk, tel: 020 7955 6234.

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2007).



### 3.3 Cost of maintaining a drugs misuser on a methadone treatment programme

Based on information received for 15 methadone programmes located across England, as part of an economic evaluation conducted by the Centre for the Economics of Mental Health of treatment services for the misuse of drugs (National Treatment Outcome Research Study: NTORS).<sup>1</sup>

The majority of the methadone programmes in the sample were provided by NHS community drug teams. These are either based on a hospital site or literally in the community. Drug users go to the relevant site perhaps on a daily basis, (although arrangements vary from service to service) either to pick up their methadone prescription (dispensed at a community pharmacist) or to receive their dose under supervision on site. They may also consult visiting health professionals (e.g. a visiting GP about health problems, or psychiatrist/CPN about psychiatric problems), visiting probation officers and social workers and site staff. Some services also provide counselling/therapy to deal with addiction. Some of the methadone programmes were run by community drug teams, but the methadone may have actually been prescribed at a GP surgery. A small number of programmes (one or two at most) were provided entirely from a primary care site.

All data were generated from NHS Trust financial accounts and where necessary prescribing cost data for specific programmes were provided by the Prescription Pricing Authority in Newcastle-Upon-Tyne.

Unit costs varied across the programmes, ranging from a minimum of £9 per week to a maximum of £129 per week (1995/96 prices updated to 2006/2007).

Costs and unit estimation	2006/2007 value	Notes
A. Capital and revenue costs	£31 per patient week	The following costs are included: buildings and land, equipment and durables, staff costs (including site staff and external support staff), supplies and services, and site and agency overheads. 1995/1996 prices inflated by the HCCHS pay and prices index. Capital costs have been discounted at 3.5 per cent over 60 years.
B. Methadone costs	£24 per patient week	Includes the cost of prescriptions, any pharmacist dispensing fees, and any toxicology tests. 1995/1996 prices inflated by the HCCHS pay and prices index.
<b>Unit costs available 2006/2007</b>		
£55 per patient week (includes A and B).		

<sup>1</sup> Centre for the Economics of Mental Health (1999) *The National Treatment Outcome Research Study (NTORS)*, Centre for the Economics of Mental Health, Institute of Psychiatry, King's College, London. For further information contact Andrew Healey, PSSRU, London School of Economics and Political Science, Houghton Street, London, WC2A 2AE, email: A.T.Healey@lse.ac.uk, tel: 020 7955 6234.

### 3.4 Alcohol health worker, A&E

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.

Costs and unit estimation	Cost	Notes
A. Wages/salary	£26,720 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 6 according to the National Profile for Nurses. <sup>1,2</sup> It does not include any lump sum and it is assumed that no unsociable hours are worked. <sup>3</sup>
B. Salary oncosts	£5,737 per year	Employers' national insurance contribution plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,848 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>4</sup> It has been assumed that this health worker requires the same qualifications as a staff nurse/ward manager. See further details on training for health professionals.
D. Overheads	£2,904 per year	Indirect overheads only. <sup>5</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£2,413 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. <sup>6/7</sup> Treatment space has not been included.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave days. <sup>2</sup> Assumes 5 study/training days and 10 days sickness leave. Unit costs based on 1560 working hours.
Ratio of direct to indirect time on: clinic contacts	1:0.22	Assuming 82 per cent of time 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 AHW in London A&E department. <sup>3</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£24 (£28) per hour; £30 (34) per clinic consultation		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

2 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

3 Barrett, B., Byford, S., Crawford, M.J., Patton, R., Drummond, C., Henry, J.A. & Touquet, R. (2004) 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 (unpublished), Centre for the Economics of Mental Health, Institute of Psychiatry, 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 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vol 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

6 Building Cost Information Service (2007) *Surveys of Tender Prices*, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

7 Based on personal communication with the Department for Communities and Local Government (2007).

## **4. Services for people with learning disabilities**

- 4.1 Group homes for people with learning disabilities
- 4.2 Village communities
- 4.3 NHS residential campus provision
- 4.4 Supported living schemes
- 4.5 Local authority day care for people with learning disabilities
- 4.6 Voluntary sector activity-based respite care for people with learning disabilities



## 4.1 Group homes for people with learning disabilities

The costs of group homes are based on the results of a study commissioned by the Department of Health and conducted by Emerson et al. in 1998.<sup>1,2</sup> The sample comprises services provided by nine independent and public sector organisations in the UK (218 service users).

Costs and unit estimation	2006/2007 value	Notes
A. Capital costs	£52 per week	Capital costs of buildings and land were calculated using market valuations of property and/or construction costs. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Equipment and durables amounting to 10 per cent of capital cost were added. <sup>3</sup> Annual costs of vehicle replacement were estimated based on the methodology devised by the Automobile Association. <sup>4</sup>
Revenue costs		
B. Salary costs	£829 per week	Calculated using facility-specific accounts information.
C. Other revenue costs	£84 per week	
D. Agency overheads	£110 per week	Calculated using facility-specific accounts information, or by adding 5 per cent of revenue costs, following an Audit Commission report about overheads associated with residential care. <sup>5</sup>
External services		Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). <sup>6</sup> Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
E. Hospital	£10.20 per week	
F. Community	£34 per week	
G. Day services	£170 per week	
H. Personal living expenses	£66 per week	Individual client living expenses (based on CSRI information).
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). <sup>7</sup> 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.)
<b>Unit costs available 2006/2007</b>		
£1,075 establishment costs per resident week (includes A to D); £1,356 care package costs (includes A to H).		

1 Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, K. & Netten, A. (1999) *Quality and Costs of Residential Supports for People with Learning Disabilities: A Comparative Analysis of Quality and Costs in Village Communities, Residential Campuses and Dispersed Housing Schemes*, Hester Adrian Research Centre, University of Manchester, Manchester.

2 Hallam, A. & Emerson, E. (1999) Costs of residential supports for people with learning disabilities, in A. Netten, J. Dennett & J. Knight (eds) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Knapp, M., Beecham, J. & Allen, C. (1989) The methodology for costing community and hospital services used by clients of the Care in the Community demonstration programme, PSSRU Discussion Paper 647, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Automobile Association Technical Services, Basingstoke, Hampshire.

5 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

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

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

## 4.2 Village communities

The costs of village communities are based on the results of a study commissioned by the Department of Health and conducted by Emerson et al. in 1998.<sup>1,2</sup> The sample comprises three village communities, all managed by voluntary organisations, in the UK (86 service users).

Costs and unit estimation	2006/2007 value	Notes
A. Capital costs	£55 per week	Capital costs of buildings and land were calculated using market valuations of property and/or construction costs. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Equipment and durables amounting to 10 per cent of capital cost were added. <sup>3</sup> Annual costs of vehicle replacement were estimated based on the methodology devised by the Automobile Association. <sup>4</sup>
<i>Revenue costs</i> B. Direct staffing C. Direct non-staffing	£471 per week £66 per week	Calculated using facility-specific accounts information. Costs relate to staffing within the individual setting/house.
D. On-site administration	£143 per week	Calculated using facility-specific accounts information. Cost relates to staffing and non-staffing expenditure across the whole site (such as management and maintenance, social areas and grounds).
E. Agency overheads	£60 per week	Calculated using facility-specific accounts information, or by adding 5 per cent of revenue costs, following an Audit Commission report about overheads associated with residential care. <sup>5</sup>
<i>External services</i> F. Hospital G. Community H. Day services	£7.30 per week £23 per week £170 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). <sup>6</sup> Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
I. Personal living expenses	£23 per week	Individual client living expenses (based on CSRI information).
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). <sup>7</sup> 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).
<b>Unit costs available 2006/2007</b>		
£796 establishment costs per resident week (includes A to E); £1,019 care package costs (includes A to I).		

1 Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, K. & Netten, A. (1999) *Quality and Costs of Residential Supports for People with Learning Disabilities: A Comparative Analysis of Quality and Costs in Village Communities, Residential Campuses and Dispersed Housing Schemes*, Hester Adrian Research Centre, University of Manchester, Manchester.

2 Hallam, A. & Emerson, E. (1999) Costs of residential supports for people with learning disabilities, in A. Netten, J. Dennett & J. Knight (eds) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Knapp, M., Beecham, J. & Allen, C. (1989) The methodology for costing community and hospital services used by clients of the Care in the Community demonstration programme, PSSRU Discussion Paper 647, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Automobile Association Technical Services, Basingstoke, Hampshire.

5 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

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

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

### 4.3 NHS residential campus provision

The costs of NHS residential campus provision are based on the results of a study commissioned by the Department of Health and conducted by Emerson et al. in 1998.<sup>1,2</sup> The sample comprises five residential campus facilities in the UK (133 service users).

Costs and unit estimation	2006/2007 value	Notes
A. Capital costs	£49 per week	Capital costs of buildings and land were calculated using market valuations of property and/or construction costs. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Equipment and durables amounting to 10 per cent of capital cost were added. <sup>3</sup> Annual costs of vehicle replacement were estimated based on the methodology devised by the Automobile Association. <sup>4</sup>
<i>Revenue costs</i>		
B. Direct staffing	£924 per week	Calculated using facility-specific accounts information. Costs relate to staffing within the individual setting/house.
C. Direct non-staffing	£99 per week	
D. On-site administration	£131 per week	Calculated using facility-specific accounts information. Cost relates to staffing and non-staffing expenditure across the whole site (such as management and maintenance, social areas and grounds).
E. Agency overheads	£103 per week	Calculated using facility-specific accounts information, or by adding 5 per cent of revenue costs, following an Audit Commission report about overheads associated with residential care. <sup>5</sup>
<i>External services</i>		Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). <sup>6</sup> Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
F. Hospital	£4.40 per week	
G. Community	£20 per week	
H. Day services	£96 per week	
I. Personal living expenses	£28 per week	Individual client living expenses (based on CSRI information).
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). <sup>7</sup> 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.)
<b>Unit costs available 2006/2007</b>		
£1,306 establishment costs per resident week (includes A to E); £1,455 care package costs (includes A to I).		

1 Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, K. & Netten, A. (1999) *Quality and Costs of Residential Supports for People with Learning Disabilities: A Comparative Analysis of Quality and Costs in Village Communities, Residential Campuses and Dispersed Housing Schemes*, Hester Adrian Research Centre, University of Manchester, Manchester.

2 Hallam, A. & Emerson, E. (1999) Costs of residential supports for people with learning disabilities, in A. Netten, J. Dennett & J. Knight (eds) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Knapp, M., Beecham, J. & Allen, C. (1989) The methodology for costing community and hospital services used by clients of the Care in the Community demonstration programme, PSSRU Discussion Paper 647, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Automobile Association Technical Services, Basingstoke, Hampshire.

5 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

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

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

## 4.4 Supported living schemes

The costs of supported living schemes are based on the results of a study commissioned by the Department of Health and conducted by Emerson et al. in 1998.<sup>1,2</sup> The sample comprises services provided by six independent and public sector organisations in the UK (63 service users).

Costs and unit estimation	2006/2007 value	Notes
A. Capital costs	£54 per week	Capital costs of buildings and land were calculated using market valuations of property and/or construction costs. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Equipment and durables amounting to 10 per cent of capital cost were added. <sup>3</sup> Annual costs of vehicle replacement were estimated based on the methodology devised by the Automobile Association. <sup>4</sup>
Revenue costs B. Salary costs C. Other revenue costs	£949 per week £54 per week	Calculated using facility-specific accounts information.
D. Agency overheads	£171 per week	Calculated using facility-specific accounts information, or by adding 5 per cent of revenue costs, following an Audit Commission report about overheads associated with residential care. <sup>5</sup>
External services E. Hospital F. Community G. Day services	£7.30 per week £32 per week £60 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). <sup>6</sup> Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
H. Personal living expenses	£131 per week	Individual client living expenses (based on CSRI information).
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). <sup>7</sup> 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.)
<b>Unit costs available 2006/2007</b>		
£1,228 establishment costs per resident week (includes A to D); £1,457 care package costs (includes A to H).		

1 Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, K. & Netten, A. (1999) *Quality and Costs of Residential Supports for People with Learning Disabilities: A Comparative Analysis of Quality and Costs in Village Communities, Residential Campuses and Dispersed Housing Schemes*, Hester Adrian Research Centre, University of Manchester, Manchester.

2 Hallam, A. & Emerson, E. (1999) Costs of residential supports for people with learning disabilities, in A. Netten, J. Dennett & J. Knight (eds) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Knapp, M., Beecham, J. & Allen, C. (1989) The methodology for costing community and hospital services used by clients of the Care in the Community demonstration programme, PSSRU Discussion Paper 647, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Automobile Association Technical Services, Basingstoke, Hampshire.

5 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

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

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



## 4.5 Local authority day care for people with learning disabilities

Prior to 1998 the cost given was per place per day. Since 1998 the cost has been per session. A session is defined as either a morning, an afternoon or an evening at the day care facility.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital costs (A, B &amp; C)</i>		
A. Buildings and oncosts	£4.20 per session	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. <sup>1</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.30 per session	Based on Department for Communities and Local Government statistics. <sup>2</sup> Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment and durables		No information available.
<i>Revenue costs</i>		
D. Salary and other revenue costs	£36 per client per session	PSS EX1 2005/06 median costs uprated using the PSS Pay and Prices Index. <sup>3</sup> Data were adjusted to exclude expenditure on services purchased from the independent sector. Capital charges on the revenue account have been deducted (£2.50). Twenty five per cent of authorities had average gross costs of £11 per session or less and 25 per cent £47 per session or more. Mean costs were £33 per session.
E. Capital charges		
F. Agency overheads		A study by the Audit Commission indicated that 5 per cent of the costs of residential care was attributable to managing agency overheads. <sup>4</sup> Social Services Management and Support Services (SSMSS) overhead costs are included in PSS EX1 2005/06 so no additional agency overheads have been included in unit costs below. <sup>3</sup>
<i>G. Other costs</i>		
Use of facility by client	500 sessions per year	
Occupancy	78%	Department of Health statistics, 1997. <sup>5</sup> No later statistics available.
London multiplier	1.06 × A; 2.52 × B; 1.30 × (D to G)	Relative London costs are drawn from the same source as the base data for each cost element. See editorial for explanation of land costs.
<b>Unit costs available 2006/2007</b>		
£37 per session (includes A to E).		

1 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2007).

3 Department of Health (2006) *PSS EX1 2005/06*, Department of Health, London.

4 Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.

5 Department of Health (1997) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics*, Table 3, Government Statistical Service, London.

## 4.6 Voluntary sector activity-based respite care for people with learning disabilities

The schema illustrates a specific activity-based respite service for people with learning disabilities and their carers. The information was drawn from a study of innovative approaches to providing respite care.<sup>1/2</sup> Although each of the schemes in the study was very individual, this service typified the pattern of costs associated with such schemes. It should be noted, however, that this scheme did not provide an exclusively one-to-one staff to user ratio during outings and activities. Those schemes that did tended to have higher hourly unit costs. There is little information about the costs of homes that specialise in short-term residential care.

Costs and unit estimation	2006/2007 value	Notes
A. Coordinator wages/salary	£24,535 per year	1994/1995 costs inflated by the PSS Pay Index.
B. Salary oncosts	£1,794 per year	Employers' national insurance.
C. Worker/volunteer costs of sessions	£21,351 per year	1994/1995 costs inflated by the PSS Pay Index.
D. Expenses associated with sessions	£7,120 per year	1994/1995 costs inflated by the PSS Pay and Prices Index.
E. Training	£2,391 per year	1994/1995 costs inflated by the PSS Pay and Prices Index.
F. Capital costs of equipment and transport	£2,484 per year	Discounted at 3.5 per cent over 10 years. 1994/1995 costs inflated by the retail prices index.
G. <i>Direct overheads</i>		
Revenue	£10,296 per year	Includes management, telephone, secretarial support, stationery, etc. 1994/1995 costs inflated by the PSS Pay and Prices Index.
Capital		1994/1995 costs inflated by the PSS Prices Index.
- office space	£381 per year	Discounted at 3.5 per cent over 60 years.
- office equipment	£362 per year	Discounted at 3.5 per cent over five years.
H. Indirect overheads	£3,445 per year	Includes the personnel and finance functions. 1994/95 costs inflated by the PSS Pay and Prices Index.
Number of users	29	
Number of users with challenging behaviours/multiple disabilities	6	Varying degrees of challenging behaviours. All receive one-to-one support.
Number of client sessions per year	920	Type of session varies. Twenty-six per cent (235) of sessions are one-to-one.
Length of sessions	4.35 hours	Average length of session.
<b>Unit costs available 2006/2007</b>		
£81 per client session; £19 per client hour (includes A to H).		

1 Netten, A. (1994) Costing innovative schemes offering breaks for people with learning disabilities and their carers, PSSRU Discussion Paper 1100, Personal Social Services Research Unit, University of Kent, Canterbury.

2 Netten, A. (1995) Costing breaks and opportunities, in K. Stalker (ed.) *Breaks and Opportunities: Developments in Short Term Care*, Jessica Kingsley, London.

## **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 schema is based on information received from John Grooms in 2002 detailing the costs involved in providing a high dependency residential centre.<sup>1</sup> It is a registered nursing home providing 17 nursing places and one residential care place, for people with severe physical disabilities aged between 18 and 65 on admission. Multiple sclerosis and brain injury predominate among the conditions that are dealt with. All of the residents use wheelchairs and many have communications 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 care in the community because of the severity of their condition. Costs have been inflated to 2006/2007 prices.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital Costs (A, B, C &amp; D)</b>		
A. Buildings	£169 per week	Capital costs of buildings and land were calculated using costs which reflect Housing Corporation accessibility and build standards. Costs have been inflated using the BCIS/ABI House Rebuilding Index. <sup>2</sup> The value of the building was annuitised over a 60-year period and discounted at 3.5 per cent.
B. Land costs	£44 per week	Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment/durables Wheelchairs Furnishings/fittings	£8.00 per week £7.50 per week	Cost of powered chair. Costs have been inflated using the PSS Prices Index. Depreciation on furniture/fittings. Calculated using facility specific accounts. Costs have been inflated using the PSS Prices Index
D. Vehicles	£5.10 per week	
<b>Revenue costs</b>		
E. Salary costs	£759 per week	Costs of direct management, administrative, maintenance, medical and care staff. Calculated using facility specific accounts information. Costs have been inflated using the PSS Pay Index.
F. Training	£14 per week	Prices uprated using the PSS Prices Index.
G. Maintenance	£17 per week	Includes repairs and contracts and cyclical maintenance. Inflated using the PSS Pay and Prices Index.
H. Medical costs	£11 per week	
I. Other revenue costs	£171 per week	Includes insurance, travel, staff adverts, uniforms, print & stationery, telephone, postage, equipment replacement, household expenses, premises costs, cost of provisions, household, linen & laundry costs. Costs have been inflated using the PSS Prices Index.
J. Overheads	£45 per week	Charges incurred by 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.
<b>Unit costs available 2006/2007</b>		
£1,250 per resident week.		

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

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

## 5.2 Residential home for younger adults with physical and sensory impairments

This schema is based on information received from John Grooms in 2002 detailing the costs involved in providing a registered residential home.<sup>1</sup> 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 and 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 2006/2007 prices.

Using PSS EX1 2005/06 updated using the PSS Pay and Prices Inflator, mean costs of local authority residential care for adults with a physical disability or sensory impairment were £846 and median costs were £672.<sup>2</sup> Capital costs of £75 have been excluded. Mean costs of residential care provided by others for adults with a physical disability or sensory impairment were £682 and median costs were £673.

Costs and unit estimation	2006/2007 value	Notes
<i>Capital Costs (A, B, C &amp; D)</i>		
A. Buildings	£78 per week	Capital costs of building and land were based on actual cost of building and updated using the BCIS/ABI House Rebuilding Index. Costs have been inflated using the BCIS/ABI House Rebuilding Index. <sup>3</sup> The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£21 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	£8.00 per week £6.20 per week	Cost of powered chair. Costs inflated using the PSS Prices Index. Depreciation on furniture/fittings. Calculated using facility specific accounts. Prices inflated using the PSS Prices Index.
D. Vehicles	£1.80 per week	
<i>Revenue costs</i>		
E. Salary costs	£464 per week	Costs of direct management, administrative, maintenance, medical and care staff. Calculated using facility specific accounts information. Costs inflated using the PSS Pay Index.
F. Training	£7.00 per week	Costs inflated using the PSS Prices Index.
G. Maintenance	£27 per week	Includes repairs and contracts and cyclical maintenance. Costs inflated using the PSS Prices Index.
H. Other revenue costs	£64 per week	Includes insurance, travel, staff adverts, uniforms, print & stationery, telephone, postage, equipment replacement, household expenses, medical, premises and household and laundry costs. Calculated using facility specific accounts information. Costs inflated using the PSS Prices Index.
I. Overheads	£22 per week	Charges incurred by national organisation.
J. External services		No information available.
Use of facility by resident	52.18 weeks per annum	
Number of residents	20 places	
<b>Unit costs available 2006/2007</b>		
£700 per resident week.		

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

2 Department of Health (2006) PSS EX1 2005/06, Department of Health, London.

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

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

This schema is based on information received from John Grooms in 2002 detailing the costs involved in providing a 24 hour on site care service for five people with disabilities.<sup>1</sup> The service consists of three single flats, a double flat and office space which is used also 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) 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 2006/2007 prices.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital Costs (A, B &amp; C)</b>		
A. Buildings	£122 per week	Capital costs of buildings were calculated using costs which reflect Housing Corporation accessibility and build standards. Costs have been uprated using the BCIS/ABI House Rebuilding Index. <sup>2</sup> The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£34 per week	Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables		
Wheelchairs	£8.00 per week	Cost of powered chair. Costs uprated using the PSS Prices Index.
Furnishings/fittings	£7.70 per week	Depreciation on furniture/fittings.
<b>Revenue costs</b>		
D. Salary costs	£375 per week	Costs of direct management and care staff. Calculated using facility specific accounts information. Prices uprated using the PSS Prices Index.
E. Travel	£0.80 per week	Prices uprated using the PSS Prices Index.
F. Training	£1.90 per week	Prices uprated using the PSS Prices Index.
G. Other revenue costs	£14 per week	Includes insurance, staff adverts, uniforms, print and stationery, telephone, postage, equipment replacement, household expenses, premises and cost of provisions. Calculated using facility specific accounts information. Prices uprated using the PSS Prices Index.
H. Overheads	£7.80 per week	Charges incurred by national organisation.
<b>Personal Living Expenses</b>		
I. Basic living costs	£100 per week	Based on Family Expenditure Survey (2001/2002) estimates of household expenditure of a one person non-retired household in the lowest income group inflated to 2006/2007 using the Retail Price Index. <sup>3</sup> Basic living costs are those covered by care home fees (for example fuel, food and household goods). Other living costs are those covered by personal expenses (for example leisure goods and alcohol).
J. Other living costs	£48 per week	
<b>K. External services</b>		
Resident A	£189 per week	Resident A attends a Day Centre Workshop 3 days per week, funded by Social Services. In addition has volunteer input.
Resident B	£218 per week	Resident B is attended by the District Nurse each night and during the day on two occasions each week. 4 additional hours care per day provided by scheme's care staff.
	£410 per week	
Residents C&D	£6.40 per week	Residents C&D are independent and rarely have personal care input unless unwell. From time to time request help with domestic tasks from LA Social Services.
Resident E		Resident E is independent and has no external input.
Use of facility by client	52.18 weeks per annum	
Number of clients	5	
<b>Unit costs available 2006/2007</b>		
£563 per week's accommodation and on site support (includes A to G); £729 per week all service and accommodation costs (includes A to G and K); £838 per week accommodation, support services and basic living (equivalent to care home costs) (A to I and K); £886 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 (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2002) *Family Expenditure Survey Database (2000-01)*, Office for National Statistics, London, <http://www.statistics.gov.uk>

## 5.4 Rehabilitation day centre for younger adults with brain injury

This schema is based on information received from John Grooms in 2002 detailing the costs involved in providing a day rehabilitation centre for people with acquired brain injury.<sup>1</sup> This includes predominately traumatic brain injury and younger people who have had strokes. The facility provides up to 30 places per day, with a current caseload 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, and local hospitals and GPs. 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 2006/2007 prices.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital Costs (A, B, C &amp; D)</b>		
A. Buildings	£11 per day	Capital costs of building and land were based on actual cost of building three years ago and uprated using the BCIS/ABI House Rebuilding Index. <sup>2</sup> The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£2.10 per day	Based on actual statistics of 1,053 square metres provided by John Grooms and annuitised at a discount rate of 3.5 per cent over 60 years.
C. Equipment/durables Furnishings/fittings	£1.40 per day	Depreciation on furniture/fittings. Calculated using facility specific accounts.
D. Capital costs of transport		
<b>Revenue costs</b>		
E. Salary costs	£47 per day	Costs of direct management, administrative, maintenance, medical and staff uprated using the PSS Pay Index. Calculated using facility specific accounts information.
F. Travel	£1.30 per day	Costs uprated using the PSS Prices Index.
G. Training	£0.40 per day	Costs uprated using the PSS Prices Index.
H. Maintenance	£2.40 per day	Costs uprated using the PSS Prices Index.
I. Other revenue costs	£12 per day	Costs uprated using the PSS Prices Index. Includes repairs and contracts and cyclical maintenance. Includes insurance, staff adverts, uniforms, print and stationery, telephone, postage, equipment replacement & household expenses and premises costs. Costs uprated using the PSS Prices Index.
J. Overheads	£4.60 per day	Charges incurred by 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.
<b>Unit costs available 2006/2007</b>		
£83 per place per day; £4,070 per year per client registered at the centre.		

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

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.



## **6. Services for children and their families**

- 6.1 Community home for children — local authority
- 6.2 Community home for children — non-statutory sector
- 6.3 Local authority foster care for children
- 6.4 Social services support for Children in Need
- 6.5 The costs of community-based care of technology-dependent children
  - 6.5.1 Technology dependent children: Case A
  - 6.5.2 Technology dependent children: Case B
  - 6.5.3 Technology dependent children: Case C
- 6.6 Services for children in care
  - 6.6.1 Children in care: low cost — with no evidence of additional support needs
  - 6.6.2 Children in care: median cost — children with emotional or behavioural difficulties
  - 6.6.3 Children in care: high cost — children with emotional or behavioural difficulties and offending behaviour
  - 6.6.4 Children in care: very high cost — children with disabilities, emotional or behavioural difficulties plus offending behaviour
- 6.7 Comparative costs of providing sexually abused children with individual and group psychotherapy



## 6.1 Community home for children — local authority

The Costs and Effectiveness of Services for Children in Need study 'Leadership and Resources in Children's Homes' estimated the average cost for a sample of 30 Local Authority residential homes in England, per resident per week to be £1,838 excluding the cost of in-house education provision and £1,853 including the cost of in-house education.<sup>1</sup> Based on the actual occupancy level, the cost was £1,857 including in-house education and £1,841 excluding education. Based on maximum occupancy level, the cost would be £1,503 including education and £1,488 excluding education. Using a combination of research and publicly available data, establishment costs per week were £2,505 per resident week and costs including external services were £2,712. All costs have been updated using the PSS Pay and Prices index.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs (A,B &amp;C)</b>		
A. Buildings	£79 per resident week	Based on the new build and land requirements for local authority children's homes. These allow for 59.95 square metres per person. <sup>2</sup> Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£21 per resident week	Based on statistics provided by the Department for Communities and Local Government. <sup>3</sup> Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment		No information available.
<b>Revenue costs</b>		
D. Salary and other revenue costs	£2,460 per resident week	Median gross costs for children looked after in own provision children's homes are based on PSS EX1 returns for 2005/2006 updated using the PSS Pay and Prices Index. <sup>4</sup> Data has been adjusted to include respite and short term placements. Capital charges on the revenue account have been deducted (£92). Twenty five per cent of authorities reported costs of £1,144 or less; and 25 per cent £2,895 or more per week. The mean was £2,334. In the 'Leadership and Resources in Children's Homes' study staff costs accounted for 65 per cent of the total cost of homes on average.
E. Agency overheads		Agency overheads are excluded from this schema. However the 'Leadership and Resources in Children's Homes' study imputed these costs at 10.6 per cent of total annual revenue costs.
<b>F. Other costs</b>		
External Services	£5	Service use data taken from the 'Leadership and Resources in Children's Homes' study and likely to be an underestimate as information on key services only was requested.
Health Services	£14	Costs of hospital services were taken from Trust Financial returns (CIPFA, 2001) and updated to 2006/2007 prices using the HCHS Pay and Prices Index. <sup>5</sup>
Social Services	£2	Support provided by field social workers, leaving care workers and family support workers. Unit costs were taken from Netten et al, (2001) and updated to 2006/2007 prices using the PSS Pay and Prices Index. <sup>6</sup>
Youth justice sector	£157	Costs for police contacts and youth custody were estimated using information contained in Finn et al. (2000) and updated to 2006/2007 prices using the PSS Pay and Prices Index. <sup>7</sup>
Education sector (excluding in-house education).		Costs estimated according to the location of the home using information contained in CIPFA (2001). <sup>5</sup> Home tuition costs were estimated using methodology reported by Berridge et al. (2002). <sup>8</sup> The mid-point of the pay scale for qualified teachers was used, including employers' National Insurance and Superannuation contributions. A percentage (65 per cent) was added to cover 'other institutional' expenditure and LEA overheads.
Use of facility by client	52.18 weeks per annum	
Occupancy	84%	Taken from the 'Leadership and Resources in Children's Homes' study. Based on the occupancy rate for all Community Children's Homes.
London multiplier	1.06 x A; 2.52 x B; 1.01 x (D)	Relative London costs are drawn from the same source as the base data for each cost element.
<b>Unit costs available 2006/2007</b>		
£2,560 establishment costs per resident week (includes A to E); £2,738 care package costs per resident week (includes A to D and F).		

1 Hicks, L., Gibbs, I., Byford, S. & Weatherly, H. (2002) *Leadership and Resources in Children's Homes, Final Report to the Department of Health, Social Work Research and Development Unit, University of York.*

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2007). [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls)

4 Department of Health (2007) *PSS EX1 2006/07*, Department of Health, London.

5 Chartered Institute of Public Finance and Accountancy (CIPFA) (2001) *Personal Social Services Statistics 1999-2000 Actuals*, Statistical Information Service, Chartered Institute of Public Finance and Accountancy, London.

6 Netten, A., Rees, T. & Harrison, G. (2001) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.

7 Finn, W., Hyslop, J. & Truman, C. (2000) *Mental Health, Multiple Needs and the Police*, Revolving Doors Agency, London.

8 Berridge, D., Beecham, J., Brodie, I. et al (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, Report to the Department of Health, University of Luton.

## 6.2 Community home for children — non-statutory sector

The Costs and Effectiveness of Services for Children in Need study 'Leadership and Resources in Children's Homes' estimated the average cost of a sample of community homes in the non-statutory sector in England, per resident per week to be £1,795 excluding the cost of in-house education provision and £2,068 including the cost of in-house education.<sup>1</sup> Based on the actual occupancy level, the cost was £2,075 including in-house education and £1,841 excluding education. Based on maximum occupancy level, the cost would be £1,540 including education and £1,386 excluding education. Using a combination of research and publicly available data, as detailed in this schema, establishment costs per week were £2,527 per resident week and costs including external services were £2,615.

Costs and unit estimation	2006/2007 value	Notes
<b>Capital costs (A,B &amp;C)</b>		
A. Buildings	£79 per resident week	Based on the new build and land requirements for local authority children's homes. These allow for 59.95 square metres per person. <sup>2</sup> Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£21 per resident week	Based on Department for Communities and Local Government statistics. <sup>3</sup> Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment		No information available.
<b>Revenue costs</b>		
D. Salary and other revenue costs	£2,370 per resident week	Median gross costs for children looked after in homes provided by others are based on PSS EX1 returns for 2005/2006 uprated using the PSS Pay and Prices Index. <sup>4</sup> Data has been adjusted to include respite and short term placements. Twenty five per cent of authorities reported costs of £1,930 or less; and 25 per cent £2,935 or more per week. The mean was £2,396. In the 'Leadership and Resources in Children's Homes' study, staff costs accounted for 64 per cent of the total cost of homes on average.
E. Agency overheads		Agency overheads have been excluded from this schema. However the 'Leadership and Resources in Children's Homes' study imputed these costs at 6.4 per cent of total annual revenue costs.
<b>F. Other costs</b>		
<i>External Services</i>		Taken from the 'Leadership and Resources in Children's Homes' study and likely to be an underestimate as information on key services only was requested.
Health Services	£34	Unit costs of hospital services were taken from Trust Financial returns (CIPFA, 2001) and uprated to 2006/2007 prices using the HCHS Pay and Prices Index. <sup>5</sup>
Social Services	£7	Support provided by field social workers, leaving care workers and family support workers. Unit costs were taken from Netten et al. (2001) and uprated to 2006/2007 using the PSS Pay and Prices Index. <sup>6</sup>
Youth justice sector	£4	Costs for police contacts and youth custody were estimated using information contained in Finn et al. (2000) and uprated to 2006/2007 prices using the PSS Pay and Prices Index. <sup>7</sup>
Education sector (excluding in-house education).	£31	Costs estimated according to the location of the home using information contained in CIPFA (2000) and uprated to 2006/2007 prices using the PSS Pay and Prices Index. <sup>5</sup> Home tuition costs were estimated using methodology reported by Berridge et al. (2002). <sup>8</sup> The mid-point of the pay scale for qualified teachers was used, including employers' National Insurance and Superannuation contributions. A percentage (65 per cent) was added to cover 'other institutional' expenditure and LEA overheads.
Private sector costs	£2	
Use of facility by client	52.18 weeks per annum	
Occupancy	84%	Taken from the 'Leadership and Resources in Children's Homes' study. Based on the occupancy rate for all Community Children's Homes.
London multiplier	1.06 x A; 2.52 x B; 0.84 x (D)	Relative London costs are drawn from the same source as the base data for each cost element.
<b>Unit costs available 2006/2007</b>		
£2,471 establishment costs per resident week (includes A to E); £2,548 care package costs per resident week (includes A to D and F).		

1 Hicks, L., Gibbs, I., Byford, S. & Weatherly, H. (2002) *Leadership and Resources in Children's Homes, Final Report to the Department of Health, Social Work Research and Development Unit, University of York.*

2 Building Cost Information Service (2007) *Surveys of Tender Prices*, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2007).

4 PSS EX1 2005/06, Department of Health.

5 Chartered Institute of Public Finance and Accountancy (CIPFA) (2001) *Personal Social Services Statistics 1999-2000 Actuals*, Statistical Information Service, Chartered Institute of Public Finance and Accountancy, London.

6 Netten, A., Rees, T. & Harrison, G. (2001) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.

7 Finn, W., Hyslop, J. & Truman, C. (2000) *Mental health, Multiple Needs and the Police*, Revolving Doors Agency, London.

8 Provisional cost based on the cost of mainstream schooling taken from Berridge, D. et al (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

### 6.3 Local authority foster care for children

Costs and unit estimation	2006/2007 value	Notes
A. Boarding out allowances and administration	£313 per child per week	Median costs using PSS EX1 for 2005/06 uprated using the PSS pay and prices index. <sup>1</sup> The lower quartile is £269 and the upper quartile is £373. This year we have included those in respite, short term placements and those placed for adoption.
B. Care		No information available.
C. Social Services (including cost of Social Worker and support)	£157 per child per week	The majority of children looked after are in foster placements and the mean cost of support from fieldwork teams and centres has been uprated from analyses of Children in Need (CiN) Census 2000. <sup>2</sup>
D. Other services, including education	£50 per child per week	The study by Beecham and Knapp found that other services including health, education and law and order (estimated on the same basis as services to those in community homes) added a further 16 per cent to the cost. <sup>3</sup>
Service use by client	52.18 weeks per year	
London multiplier	1.22	Based on PSS EX1 data for 2005/06. <sup>1</sup> Costs in London were considerably higher and this is likely to be partly as a result of having a larger market with Independent Fostering Agencies available.
<b>Unit costs available 2006/2007</b>		
£521 per child per week (includes A to D).		

1 Department of Health (2006) *PSS EX1 2005/06*, Department of Health, London.

2 Beecham, J., Rowlands, J., Barker, M., Lyon, J., Stafford, M. & Lunt, R. (2001) Child care costs in social services, in A. Netten, T. Rees & G. Harrison (eds) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Beecham, J. & Knapp, M. (1995) The costs of child care assessment, in R. Sinclair, L. Garnett & D. Berridge (eds) *Social Work and Assessment with Adolescents*, National Children's Bureau, London.

## 6.4 Social services support for Children in Need

The Children in Need survey is an annual collection by local authorities for the Department of Health designed to link needs, services and costs of children's social services. In 2005 local authorities returned information on each service received by each child seen during a survey week during February 2005. For further information see <http://www.dfes.gov.uk>.

We present data on the weekly costs of supporting children based on this survey. 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.

See guidance notes at <http://www.dfes.gov.uk/datastats1/guidelines/children/returns.shtml>. for full details of definitions.

The information presented here is based on 234,700 children who were known at the start of the week, received any service or payment during survey week and whose costs for each service they received are within a normal range. The figures presented are averages (the average cost per child) and have been updated to 2006/2007 prices using the PSS Pay and Prices inflator. For children looked after, the average weekly cost was £728 per week (£680 updated to 2006/2007 prices) while for children supported in their families or independently it was £150 per week (£140 updated to 2006/2007 prices), leading to an average cost per Child In Need of £310 per week (£290 updated to 2006/2007 prices).

In previous years, we have based our work on a Department of Health funded research project *Child Care Costs: Variations and Unit Costs*, where median costs were reported.<sup>1</sup> These figures have been taken directly from a Department for Education and Skills, Children In Need in England survey of activity and expenditure.<sup>2</sup> Costs are mean costs as reported directly by local authorities.

*Table 1 Social services costs per child per week by region*

Location	Children supported in families or independently		Children looked after		Total	
	Total no. children	Average cost per child £	Total no. children	Average cost per child £	Total no. children	Average cost per child £
All shire counties	60,265	134	22,875	685	83,140	284
All unitary authorities	35,235	134	12,115	787	47,350	300
All metropolitan districts	40,760	144	18,685	653	59,445	305
All London authorities	32,490	209	12,230	878	44,720	391
England	168,750	150	65,900	728	234,700	310

1 Beecham, J. & Bebbington, A. (2004) Child care costs: variation and unit costs, PSSRU Discussion Paper 2021/2 (not publicly available), Personal Social Services Research Unit, University of Kent, Canterbury.

2 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.

Table 2 Social services costs per child per week by need category

Need Category <sup>1</sup>	Children supported in families or independently		Children looked after	
	Total no. children	Mean cost per child £	Total no. children	Mean cost per child £
Abuse/neglect	50,900	150	36,000	696
Disability	21,100	171	8,700	696
Parental illness or disability	8,400	150	3,200	653
Family in acute stress	20,000	128	4,100	910
Family dysfunction	23,400	139	6,400	824
Socially unacceptable behaviour	12,200	171	1,800	1,285
Low income	3,900	161	270	706
Absent parenting	5,500	214	4,400	642
Cases other than children in need	8,000	118	460	621
Cases not stated	15,400	139	660	503

Table 3 Average cost (£ per week) per child receiving a service

Type of placement	Children supported in families or independently	Children looked after	Total
	Mean cost per child £	Mean cost per child £	Mean cost per child £
Costed staff/centre time	123	214	150
Ongoing costs	21	508	155
One-off costs	5	11	5
Total costs	150	728	310

Table 4 Average amounts spent on children receiving a service (£ per week)

Type of placement	Children supported in families or independently		Children looked after		Total	
	Mean hours per child	Mean cost per child £	Mean hours per child	Mean cost per child £	Mean hours per child	Median cost per child £
Asylum seeking children	1.5	235	2.4	642	1.8	380
Disabled children	2.5	171	3.0	760	2.7	375
Autistic children	2.6	177	2.8	883	2.7	450
All children	2.3	150	3.5	728	2.7	310

<sup>1</sup> 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.

## 6.5 The costs of community-based care of technology-dependent children

A study led by Caroline Glendinning and Susan Kirk investigated the costs of supporting a group of children dependent on medical technology which enables them to survive.<sup>1,2</sup> The definition of technology dependence crucially affects estimates of the numbers of such children and for the purpose of the study was defined as: dependence on technological device to sustain life or optimise health and the need for substantial and complex nursing care for substantial parts of the day and/or night. Exemplar case studies of three technology dependent children were constructed in order to demonstrate the costs of caring for a technology dependent child at home. These case studies were designed to illustrate the wide range of medical, nursing and other needs of technology dependent children. They are not precise descriptions of any three particular families. Instead of drawing on 'real life' cases, they are designed to illustrate the wide range of medical, nursing and other needs of technology dependent children.

The following aspects of care were costed:

- One-off capital/start-up costs (mainly the purchase of equipment)
- Recurrent costs of equipment and consumables
- Recurrent staffing costs
- Recurrent statutory social security benefits
- Additional costs borne by families themselves (partially offset by social security benefits)

The costs summarised below have been derived from a number of sources. The costs of specialist equipment and associated consumables, home care services and enteral feeding were supplied by staff at two specialist regional hospitals. Information on the costs of community health and local authority services were originally obtained from Netten et al. (1998).<sup>3</sup> Details of professional salary costs were obtained from the 1999 report of the relevant pay review bodies. These costs have been uprated to reflect the present day costs. Costs borne by families themselves which were similar to those incurred in the care of a severely disabled child were obtained from a study which used budget standard methods to estimate the costs of childhood disability (Dobson and Middleton, 1998).<sup>4</sup> The costs of other extra consumer items needed by families themselves were obtained from mainstream High Street suppliers. The annual costs of supporting technology-dependent children are presented.

Another study entitled Resource use and service costs for ventilator-dependent children and young people in the UK by Jane Noyes, Christine Godfrey and Jennifer Beecham, can be found at <http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1365-2524.2006.00639.x>. This presents the resource use and costs involved in supporting ventilator-dependent children and young people at home compared with those in hospital.

1 Glendinning, C., Kirk, S., Guiffreda, A. & Lawton, D. (2001) Technology-dependent children in the community: definitions, numbers and costs, *Child Care Health and Development*, 27, 4, 321-334.

2 Glendinning, C., Kirk, S., with Guiffreda, A. & Lawton, D. (1999) *The Community-Based Care of Technology-Dependent Children in the UK: Definitions, Numbers and Costs*. Research Report Commissioned by the Social Care Group, Department of Health, National Primary Care Research and Development Centre, University of Manchester.

3 Netten, A., Dennett, J. & Knight, J. (1998) *Unit Costs of Health and Social Care 1998*, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Dobson, B. & Middleton, S. (1998) *Paying to Care: The Cost of Childhood Disability*, Joseph Rowntree Foundation, York.



### 6.5.1 Technology dependent children: Case A

Type of case		
<p>Case study A was a 6 year old girl with a congenital neuromuscular condition who needed continuous ventilatory support and was fed by a gastrostomy; she was also incontinent. Her divorced mother gave up work as a secretary to care for her and they lived in local authority housing which was adapted to provide a downstairs bedroom and bathroom. They had no car, so used taxis or pay friends to take A out. She attended a special school and received home visits from an outreach nurse from the specialist regional hospital 10 miles away, monthly visits from the local paediatric nursing team and physiotherapy once a week. A's mother had round the clock help from a team of specially trained home carers (who also care for A at school); some home help for housework and to take A's sibling to school; and quarterly visits from a social worker. She also received counselling and medication to help cope with the stress of caring for A. She had extra phone bills and the costs of refreshments for the home carers, over and above those normally associated with a severely disabled child.</p>		
Items	Average cost per annum	Description of items
Equipment non recurrent costs	£10,578	Includes housing adaptation, bed, wheelchair, two ventilators, electricity generator, pulse oximeters, two suction machines, one humidifier. Costs for all cases ranged from £7,990 to £14,082 per annum. Costs have been annuitised over a lifetime of 4-6 years at a discount rate of 3.5 per cent. Housing adaptation costs were annuitised over a lifetime of 10-15 years.
Equipment recurrent costs	£15,394	Includes clinical waste removal service, consumables, servicing ventilator, pulse oximeters, servicing suction machines and humidifier and gastrostomy feeding.
Annual staffing costs	£128,007	Based on a health care assistant, qualified nursing supervision, community nursing input, specialist outreach nurses, GP involvement, social worker involvement home help type input, community and hospital paediatricians, community children's nurse, community physiotherapist, OT and social worker and teacher. Costs for all cases ranged from £121,400 to £134,614 per annum.
Consequences of health costs to mother	£761	Includes prescription for anti-depressants, counselling from psychologists and GP appointments. Costs for all cases ranged from £592 to £896.
Social security benefits	£14,497	Includes income support and premium for lone parent, child allowance, disabled child premium, highest care DLA, highest care mobility DLA.
Education	£3,220	Includes transport to the school by taxi and community therapist input. Costs for all cases ranged from £2,873 and £3,569.
Family costs	£15,269	Includes increased electricity bills, laundry and clothing, incontinence and consumables, travel costs, home carers, telephone calls to hospitals, purchase of mobile phone and loss of earnings. Costs for all cases ranged from £14,388 to £16,151 per annum.
<b>Unit Costs Available 2006/2007</b>		
£187,726 total cost; £157,200 service costs; £172,457 costs to state agencies;		

## 6.5.2 Technology dependent children: Case B

### Type of case

Case study B was 4 months old. She suffered severe anoxia at birth, has a tracheostomy and was fed through a naso-jejunal tube. She was likely to be severely disabled. Her parents owned their house 50 miles from the regional specialist hospital. They had no personal transport. B's father switched from full to part-time work to help with her care. They had quarterly visits from a specialist outreach nurse from the hospital and monthly visits from the local district nurse, health visitor, occupational and physiotherapists and Portage workers. A weekly service removed clinical waste from the house. Trained home carers provided a break for B's parents three nights a week. A social worker was involved in multi-disciplinary planning/review meetings about B. B's parents used taxis or paid relatives' petrol costs instead of public transport, purchased a mobile phone and spent extra on phone calls to hospital.

Items	Average cost per annum	Description of items
Equipment non recurrent costs	£227	Includes suction machines and one humidifier. Costs for all cases ranged from £194 to £278 per annum. Costs have been annuitised over a lifetime of 4-6 years at a discount rate of 3.5 per cent.
Equipment recurrent costs	£4,831	Includes clinical waste removal service, consumables, servicing suction machines and humidifier.
Annual staffing costs	£24,025	This includes a home carer support, a specialist outreach nurse, GP involvement, social worker involvement, district nurse, health visitor, community therapist, OT, physiotherapist, portage worker, paediatricians, and district nurse. Costs for all cases ranged from £23,681 to £24,373.
Social security benefits	£5,509	Invalidity care allowance and highest care DLA.
Family costs	£6,862	Costs for all cases ranged from £5,680 to £8,046.
<b>Unit Costs Available 2006/2007</b>		
£41,455 total costs; £29,083 service costs; £34,593 costs to state agencies.		

### 6.5.3 Technology dependent children: Case C

#### Type of case

Case study C was an 11-year old boy with renal failure. He received continuous cycling peritoneal dialysis every night and overnight feeding through a gastrostomy. He lived with his younger sibling in an owner-occupied house, which has had some minor adaptations to improve hygiene and storage facilities. His father worked full time; his mother cut her hours and lost promotion opportunities because of C's care. They owned their own car. C lived 20 miles from the specialist hospital, which he attended regularly for outpatient monitoring; both parents therefore needed extra time off work and incurred associated travel costs. C was visited at home each month by a specialist outreach nurse and also had annual visits from the dietician and social worker based at the hospital. C attends mainstream school, but requires no extra support there. However, his parents have bought mobile phones/pagers in case of an emergency.

Items	Average cost per annum	Description of items
Equipment non recurrent costs	£1,252	Includes dialysis machine. Costs for all cases ranged from £1,068 to £1,528 per annum. Costs have been annuitised over a lifetime of 4-6 years at a discount rate of 3.5 per cent.
Equipment recurrent costs	£43,853	Includes clinical waste removal service, consumables, gastrostomy feeding and associated drug therapy. Costs for all cases ranged from £43,741 to £43,965 per annum.
Annual staffing costs	£893	Includes a specialist outreach nurse, hospital dietician involvement, hospital social worker involvement and GP involvement. Costs for all cases ranged from £852 to £936.
Social security benefits	£3,145	Includes highest care DLA.
Family costs	£4,169	Includes increased electricity bills, laundry and clothing, travel costs, home carers, telephone calls to hospitals and loss of earnings. Costs for all cases ranged from £3,477 to £4,860 per annum.
<b>Unit Costs Available 2006/2007</b>		
total costs £53,312; £45,998 service costs; £49,143 costs to state agencies.		

## 6.6 Services for children in care

The following schemata 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 the prevalence of children within the care population who display the following attributes — or combinations of them — is likely to have an impact on the cost of placements: disabilities; emotional or behavioural difficulties; and offending behaviour.<sup>1</sup> 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, some will display none of these additional support needs and it is expected that those authorities with a higher proportion of these children in care or accommodation will incur lower 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 exceptional needs 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 schemata illustrate an example of a child in some of these groups, taken from the study sample. Costs relate to time periods stated in the individual schemata.

---

<sup>1</sup> Ward, H., Holmes, L., Soper, J. & Olsen, R. (2004) *Costs and Consequences of Different Types of Child Care Provision*, Centre for Child and Family Research, Loughborough University.

### 6.6.1 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. These costs show the total cost incurred by social services and other agencies from February 2000 to October 2001 updated using the PSS Pay and Prices inflator. He first became looked after at the age of six, as the result of neglect. 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 2001, 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. A care order was obtained in 1992. He completed his statutory schooling in summer 2001 and obtained seven GCSEs. He attended mainstream school until Summer 2000. 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 superseded by Agenda for Change reforms.

Process	Cost to LA	Total £	Cost to others	Total £
Care Planning	£119 x 3	357	£147 x 3	440
Maintaining the placement	£482 x 87 weeks minus £5,945 <sup>1</sup>	35,989	£47 x 3	141
Review	£404 x 3 + £11 <sup>2</sup>	1,223		
Legal	£4.70 <sup>3</sup> x 87 weeks	409	£8.70 <sup>4</sup> x 87 weeks	757
Transition to leaving care	£1,153	1,153		
<b>Cost of services</b>				
Mainstream schooling			£22 <sup>5</sup> per day	6,304
FE College			£22 <sup>6</sup> per day	696
Dentist			£7.40 <sup>5</sup> x 3	22
Looked after child medical			£34 <sup>7</sup>	34
Physiotherapy			£50 x 87 weeks	4,387
<b>Total</b>		<b>£39,131</b>		<b>£12,782</b>

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, K. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Bristol University, Bristol.

5 Berridge, D. et al. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

6 Provisional cost based on the cost of mainstream schooling taken from Berridge, D. et al (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 9.8b)

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

At the start of the time period until April 2001, 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 in March 1995. During the time frame three review meetings were held and her care plan was also updated on three occasions. Child B attended mainstream school during the time period. From December 2000 until June 2001 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 received speech therapy until July 2001. Following a self-harm incident she was taken to the accident and emergency department. As a result of this incident she was referred to a clinical psychologist and began weekly sessions in September 2000.

Costs to social services are relatively low, largely because she was placed with local authority foster carers within the area of the authority throughout the study period. Although she did experience a change of placement the costs of this change were relatively low because she was not classified as 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 superseded by Agenda for Change reforms.

Process	Cost to LA		Cost to others	
	Unit costs	Total £	Unit costs	Total £
Care Planning	£119 x 3	358	£147 x 3	440
Maintaining the placement	£430 x 87 weeks minus £4,442 plus £284 <sup>1</sup>	33,252		
Finding subsequent placement	£203	203		
Review	£405 x 3	1,215	£47 x 3	141
Legal	£5.70 <sup>2</sup> x 87 weeks	496	£10.50 <sup>3</sup> x 87 weeks	917
<b>Cost of services</b>				
Mainstream Schooling			£22 <sup>4</sup> per day	7,012
Dentist			£7.40 <sup>4</sup> x 3	22
Looked after child medical			£34 <sup>5</sup>	34
Speech therapy			£47 x 60 weeks	2,819
Clinical psychologist			£79 x 52 weeks	4,112
Hospital accident and emergency visit			£95	95
Personal teaching assistant			£38 <sup>4</sup> (4 hrs per week for 25 weeks)	3,781
<b>Total</b>		<b>£35,524</b>		<b>£19,375</b>

1 Cost includes the payment made for the placements and all activity to support the placements. There is a reduction in cost as a result of reduced activity for the first placement which has lasted for more than one year. There is an increase in cost in the first three months of the second 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, K. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Bristol University, Bristol.

4 Berridge, D. et al. (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 9.8b)

### 6.6.3 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 relief. 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 Child C experienced ten different placements. He also refused all statutory medicals 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 2001 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 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. Additional health care costs were not 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 superseded by Agenda for Change reforms.

Process	Cost to LA	Total £	Cost to others	Total £
Care Planning	£119 x 2	223	£142 x 2	284
Maintaining the placement	£231,757 plus £1,041 <sup>1</sup>	232,798	£47 x 74 weeks <sup>2</sup>	3,477
Ceased being looked after	£261	261		
Find subsequent placements	£7,706 <sup>3</sup>	7,706		
Review	£405 + £807	1,212	£171 x 2	341
<b>Cost of services<sup>4</sup></b>				
YOT involvement/ criminal costs			£964 <sup>5</sup> x 74 weeks	71,324
<b>Total</b>		£242,200		£75,426

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 2001, 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 Costs taken from Liddle, M. (1998) *Wasted Lives: Counting the Cost of Juvenile Offending*, National Association for the Care and Resettlement of Offenders, London.

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

Child D experienced nine different placements from February 2000 to October 2001. Initially he was placed in an agency residential unit with education facilities out of the area of the authority. In March 2000, he was placed with agency foster carers, again out of the area of the authority. He then experienced three further placements, all out of the area of the authority and all provided by agencies: another residential unit, then another foster placement, then a third residential placement. In September he was placed overnight in a secure unit within the area of the authority. He was then placed with agency foster carers followed by a further agency residential unit before moving to a specialised one bedded, agency, residential unit in December 2000. 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 2000, when he was permanently excluded. He then started sessions with a home tutor in October 2000. 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 2000 onwards. In September 2000, he committed 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. The greatest amount of expenditure came from the series of placements in agency residential and foster homes; monthly charges for which ranged from between £3,302 and £10,504; all were out of the area of the authority, and therefore required high levels of social work time to support them. 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 superseded by Agenda for Change reforms.

Process	Cost to LA	Total £	Cost to others	Total £
Care Planning	£60 x 3	179	£147 x 3	440
Maintaining the placement	£443,078 plus £1,137 <sup>1</sup>	444,215		
Finding subsequent placements	£9,941	9,941	£80 x 8 <sup>2</sup>	642
Review	£808 x 3	2,424	£346 x 3	1,038
Legal	£3.0 <sup>3</sup> x 87 weeks	259	£5.40 <sup>4</sup> x 87 weeks	469
Transition to leaving care	£1,153	1,153		
<b>Cost of services</b>				
Home tuition			£38 <sup>5</sup> per hour	7,186
Permanent exclusion			£128 <sup>6</sup>	128
Dentist			7.40 <sup>5</sup> x 3	22
Looked after child medical			£34 <sup>7</sup>	34
Clinical psychologist			£79 per hour for 52 weeks	4,112
Police costs for criminal offence			£198 <sup>8</sup>	198
<b>Total</b>		£458,171		£14,270

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 Child D experienced eight changes of placement during the timeframe of the study.

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, K. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Bristol University, Bristol.

5 Berridge, D. et al. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

6 Parsons, C. & Castle, F. (1998) The cost of school exclusion in England, *International Journal of Inclusive Education*, 2, 4, 277-294.

7 Based on the unit cost of a surgery consultation with a general practitioner (see Schema 9.8b).

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



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

As part of the Children in Need research initiative, a study by Paul McCrone et al. published in *Child and Adolescent Mental Health* in 2005 compared the costs of individual and group psychotherapy for children who have been sexually abused.<sup>1</sup> 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.

Recent 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 readily undertaken, results of the study suggest that group therapy is more cost-effective than individual therapy. Total mean costs of group therapy updated to 2006/2007 levels were found to be £2,639 and total mean costs of individual therapy updated to 2006/2007 levels were found to be £4,313.

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*<sup>2</sup> 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 2006/2007 levels using the appropriate indices.

### 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, £s	£65 (£13)	Senior social worker	16
Initial assessment		Research psychologist	120
Mean (sd) no. of assessments	1 (0)	Consultant psychiatrist/senior registrar	90
Mean (sd) cost, £s	£542 (£40)	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, £	£528 (£190)		

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 Dr Paul McCrone, Centre for the Economics of Mental Health, Box PO24, Health Services Research Department, Institute of Psychiatry, De Crespigny Park, London SE5 8AF (p.mccrone@iop.kcl.ac.uk).

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.

Intervention	Sample size (n=36)	Provider	Duration (minutes)
Carers' support			
Mean (sd) no. of sessions	10.1 (5.3)	Social worker providing 10 sessions	50
Mean (sd) cost, £s	£490 (£348)		
Supervision of girls' therapists			
Mean (sd) number of sessions	13.3 (4.0)	Senior social worker/cons. psychiatrist providing 18 sessions	75
Mean (sd) cost, £	£414 (£140)		
Supervision of carers' workers			
Mean (sd) number of sessions	3.4 (1.8)	Senior Social worker providing monthly sessions	60
Mean (sd) cost, £s	£200 (£142)		
Follow-up assessments			
one year follow-up	1.5 (0.7)	Research psychologist	30
Mean (sd) number of assessments	£399 (£216)	Consultant psychiatrist/senior registrar	45
Mean (sd) cost £s		Senior social worker	45
		All providing 1 session each	
Mean (sd) total cost, £	£2,640 (£1,091)		

## 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, £s	£63 (£15)	Senior social worker	16
Initial Assessment			
Mean (sd) no. of assessments	1 (0)	Research psychologist	120
Mean (sd) cost, £s	£533 (£43)	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, £	£1,278 (£475)		
Carers' support			
Mean (sd) no. of sessions	14.2 (9.3)	Social worker providing 15 sessions	50
Mean (sd) cost, £s	£1,247 (£850)		
Supervision of girls' therapists			
Mean (sd) number of sessions	13.0 (4.1)	Senior child psychotherapist providing 15 sessions	60
Mean (sd) cost, £	£473 (£148)		
Supervision of carers' workers			
Mean (sd) number of sessions	4.7 (3.1)	Senior social worker providing monthly sessions	60
Mean (sd) cost, £s	£353 (£261)		
Follow-up assessments			
One year follow-up	1.4 (0.7)	Research psychologist	30
Mean (sd) number of assessments	£366 (£225)	Consultant psychiatrist/senior registrar	45
Mean (sd) cost £s		Senior social worker	45
		All providing 1 session each	
Mean (sd) total cost, £	£4,313 (2,017)		

## **7. Hospital and other services**

- 7.1 Hospital costs
- 7.2 Paramedic and emergency ambulance services
- 7.3 NHS wheelchairs
- 7.4 Local authority equipment and adaptations
- 7.5 Training costs of health service professionals
- 7.6 Rapid Response Service
- 7.7 Community Rehabilitation Unit
- 7.8 Hospital-based rehabilitation care scheme
- 7.9 Intermediate care based in residential homes



## 7.1 Hospital costs

We have drawn on reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)) and report on NHS Trust and Primary Care Trusts combined. Any data showing an increase or decrease on the previous year of greater than 20 per cent has been omitted and any data for which there are fewer than 10 submissions has been omitted due to its potential unreliability. All costs have been updated to 2006/07 levels using the HCHS Pay and Prices inflator.

	Lower quartile	Upper quartile	National average
	£	£	£
<b>Inpatient rehabilitation services (cost per bed day)</b>			
Stroke	198	311	247
Elderly patients	174	246	205
Other patients	200	302	235
Weighted average of all patient rehabilitation stays excluding patients with brain injuries	186	272	223
<b>Elective/non elective episodes (cost per finished consultant episode)</b>			
Weighted average of all inpatient elective episodes	1,520	2,978	2,439
Weighted average of all inpatient non elective episodes	927	2,032	1,502
<b>Outpatient attendances (cost per follow-up attendance)</b>			
Paediatrics - face to face	118	194	157
Geriatrics - face to face	114	190	154
Weighted average of all follow up attendances (adult)	65	101	85
Weighted average of all follow up attendances (children)	65	106	92
Weighted average of all follow up attendances (adult and children)	84	157	124
<b>Day care services (cost per attendance)</b>			
Stroke	137	174	147
Elderly patients	97	184	142
Other patients	85	178	119
Weighted average of all day care attendances	95	182	137
<b>A&amp;E SERVICES</b>			
High cost investigation (referred/discharged)	95	126	111
Lower cost investigation (referred/discharged)	72	94	84
Non 24-hour A&E Department/Casualty Department	28	49	35
Walk-In Centres, follow-up attendances	19	33	27
<b>MENTAL HEALTH SERVICES</b>			
<b>Inpatient attendances (cost per bed day)</b>			
Intensive care — adult	457	618	500
Acute care — adult	233	282	254
Rehabilitation — adult	211	286	251
Children	442	572	518
Elderly	223	270	241
Weighted average of all mental health inpatient bed days.	235	392	259
Eating disorder services	318	429	366
Mother and baby units	452	593	538
Local psychiatric intensive care units	504	630	568
Low-level secure services	340	438	385
Medium-level secure services	400	488	446
<b>Outpatient attendances (cost per follow-up attendance)</b>			
Drug and alcohol services — adult	84	170	107
Other services — adult	111	167	140
Elderly	115	172	140
Weighted average of all adult outpatient attendances	104	169	131
Weighted average of all child outpatient attendances	201	298	237
Eating disorder services — adult	314	468	383
<b>Community-based services (cost per follow-up attendance)</b>			
Drug and alcohol services — adult (Average over two years)	93	240	100
Other services — adult	96	136	127
Elderly	87	137	108
Weighted average of all adult community follow-up attendances	90	143	118
Weighted average of all children community follow-up attendances	211	273	246
Eating disorder services — adult	90	232	139

## 7.2 Paramedic and emergency ambulance services

The costing is based on one Ambulance Trust which provided information about expenditure, value of capital, salary levels and activity for 1994/1995. Prices have been uprated by HCHS inflators. Information is provided about three types of service: paramedic units; emergency ambulance services; and patient transport services. In practice, all emergency ambulance services provided by the Trust are now paramedic units but, as separate costs were required for a currently unpublished study, separate costings have been provided here. Unit costs are provided for successfully completed journeys, allowing for the costs of so-called 'abortive' journeys.

Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the average cost for an emergency transfer in an urban setting was £185 and in a rural setting £228 in 2006.

	Paramedic unit (PU)	Emergency ambulance (EA)	Patient transport service (PTS)	Notes
Overheads and management	£138	£138	£138	Accounts were used to identify expenditure on management and administrative costs, operational costs (e.g. vehicle running costs) and overheads (including heating and lighting, training, building maintenance and so on). Both these and capital costs of buildings and land were assumed to be invariant with respect to type of ambulance journey.
Buildings and land	£2.50	£2.50	£2.50	Capital costs associated with the buildings and land invested in the ambulance service were estimated by discounting their capital value over 60 years at 3.5 per cent.
Ambulances and equipment	£18	£16	£15	Paramedic Units (PU) and Emergency Ambulances (EA) use exactly the same type of vehicle with similar equipment on board. The ambulances cost £47,297 new and standard equipment including defibrillators costs £11,824 per vehicle. Vehicles and the equipment are expected to last five years. The only additional equipment carried by PUs is the 'paramedic case' which costs £1,774 and is replaced annually. PTSs use a different type of ambulance which costs £31,926 and is expected to last seven years. Discounting at 3.5 per cent the annual cost of a PU is £14,749; an EA is £13,095 and a PTS £5,220. The average number of journeys per emergency ambulance was 1,152 and the average number of journeys per transport ambulance 520.
Crew salaries and wages	£144	£140	£108	A crucial distinguishing characteristic of the different services is the type of crew. A PU carries one paramedic (average salary £31,926 pa) and one technician (average salary £29,945). An EA is crewed by two technicians and a PTS by two care assistants (average salary £16,354). Once national insurance and pension payments are included the average annual crew cost is £67,077 for a PU; £69,173 for an EA; and £36,632 for a PTS. The average number of journeys per EA and PU crew is 480 per year, PTS crews provides an average of 339 journeys per PTS crew.
Total	£303	£296	£263	
Cost per minute	£6.80	£6.70	n.a.	Based on the average length of an emergency journey: 44.4 minutes.
Average cost per patient journey	£337 <sup>1</sup>	£257	£53	A successful vehicle journey is equivalent to transporting a single patient for A&E services. PUs averaged 49.5 minutes per journey and EAs 38.6 minutes per journey. An average of five patients per vehicle journey was assumed for PTS.

1 Allowing for different lengths of time to complete journey.

### 7.3 NHS wheelchairs

Information about wheelchair costs is based on the results of a study of six sites supplying wheelchairs (excluding wheelchairs for children).<sup>1</sup> Prices have been uprated from 1994/1995 levels using the HCHS prices inflator. 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 the term generally refers to individuals who are permanently restricted to a wheelchair but are otherwise well and have high mobility needs). The range of purchase costs is very high for the latter two types, ranging from £173 to £925 for active user chairs and £983 to £1,735 for powered chairs (1994/95 prices uprated to current values). 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.

Type of chair	Total value 2006/2007	Annual cost 2006/2007	Notes
<i>Capital costs</i>			
Self or attendant propelled	£239	£55	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. The cost of reconditioning has not been included in the cost of maintenance: this should be included in the initial capital valuation when detailed information is known.
Active user	£598	£136	
Powered	£1,195	£271	
<i>Revenue costs</i>			
Maintenance			Revenue costs exclude therapists' time but include the staff costs of maintenance. The costs include all costs for pressure relief.
- non-powered		£25	
- powered		£98	
<i>Agency overheads</i>			No estimate of management overhead costs is available. They are likely to be minimal.
<b>Unit costs available 2006/2007</b>			
£80 per self or attendant propelled chair per year; £161 per active user per chair per year; £370 per powered chair per year.			

<sup>1</sup> Personal communication with Richard Murray, National Health Service Management Executive, 1995.

## 7.4 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.<sup>1</sup> 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.<sup>2</sup> Although this information is rather dated, information contained in the BCIS Access Audit Price Guide, 2002 suggested that the uprated figures are in line with current building costs.<sup>3</sup>

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. In the 1997 report, the annual median value was discounted over 10 years at 6 per cent but in previous editions of this report, as there is a competitive market in providing these aids and adaptations, it was argued that 8 per cent was a more appropriate discount rate. Due 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	Median	Range		Median annual equipment cost
			Minimum	Maximum	3.5% discount
Additional heating	£405	£374	£136	£4,655	£45
Electrical modifications	£413	£483	£54	£3,684	£58
Joinery work (external door)	£478	£568	£247	£1,173	£68
Entry phones	£338	£459	£202	£2,877	£55
Individual alarm systems	£359	£420	£199	£903	£50
Grab rail	£88	£49	£3	£398	£6
Hoist	£881	2,459	£361	£7,663	£296
Low level bath	£500	£628	£338	£1,374	£75
New bath/shower room	£7,331	£14,047	£3,609	£32,477	£1,688
Redesign bathroom	£1,342	£3,143	£451	£7,218	£378
Redesign kitchen	£2,709	£3,724	£662	£6,315	£448
Relocation of bath or shower	£998	£1,908	£170	£10,066	£229
Relocation of toilet	£815	£1,628	£162	£3,879	£196
Shower over bath	£891	£828	£199	£2,274	£100
Shower replacing bath	£2,435	£2,294	£446	£4,138	£276
Graduated floor shower	£2,258	£2,789	£1,218	£6,352	£335
Stairlift	£2,463	£3,105	£2,165	£6,940	£373
Simple concrete ramp	£609	£362	£63	£2,607	£44

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 (2007) *Survey of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Building Cost Information Service (2002) *Access Audit Price Guide*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.



## 7.5 Training costs of health service professionals

This schema provides a breakdown of the training costs incurred.<sup>1</sup> The components of the cost of training health service professionals are 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 taken away from their posts in order to train.

For pre-registration courses, we need to consider the costs of tuition, the net cost or value of clinical placement and living expenses over the duration of the course.

This table shows the total investment after allowing for the distribution of the costs over time to give the total investment incurred during the working life of the health service professional, and also the expected annual cost to reflect the distribution of the returns on the investment over time.

The investment costs of education should always be included when evaluating the cost-effectiveness of different approaches to using health service staff as it is important to include all the costs implicit in changing the professional mix. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training rather than trusts, so those costing exercises which are concerned with narrowly defined costs to the provider organisation would not want to incorporate these investment costs.

	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%
<b>Scientific and Professional</b>						
Physiotherapist	28,788	23,246	0	0	52,034	4,257
Occupational Therapist	26,737	23,246	0	0	49,983	4,096
Speech and Language Therapist	20,736	30,477	0	0	51,213	4,302
Dietician	21,140	30,477	0	0	51,617	4,387
Radiographer	39,833	23,246	0	0	63,080	5,139
Pharmacist	30,260	40,083	6,992	6,474	80,983	6,405
<b>Nurses</b>						
Ward Managers/Staff Nurses	29,656	24,177	-11,099	0	49,289	4,165
Nurse Specialist (Community)	29,656	24,177	-11,099	15,252	64,541	5,848
Health Visitor	29,656	24,177	-11,099	15,252	64,541	5,967
Nurse (Mental Health)	29,788	24,177	-10,559	15,252	65,213	5,550
Nurse (GP practice)	29,656	24,177	-11,099	15,252	64,541	5,373
<b>Doctors</b>						
Foundation Officer 1/Pre-registration	60,282	38,332	153,770	0	245,570	19,222
House Officer						
Foundation Officer 2	60,282	38,332	153,770	18,524	265,007	20,693
Senior House Officer	60,282	38,332	153,770	22,122	291,661	21,021
Specialty Registrar	60,282	38,332	153,770	96,646	299,096	23,671
GP	60,282	38,332	153,770	59,057	311,441	25,910
Consultants	60,282	38,332	153,770	96,646	348,606	28,454

The figure for clinical placement for nurses is shown as a negative number because the input during the placement represents a benefit to the service provider offering the placement.

<sup>1</sup> Netten, A., Knight, 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.

## 7.6 Rapid Response Service

This schema is based on information received from the Royal Victoria Hospital. The Rapid Response service serves the Shepway Primary Care Trust Areas and is designed to provide the local community with an alternative to hospital admission/long term care where appropriate. The information is based on 2002/2003 costs and uprated using the appropriate inflators. A comparative scheme providing health and social care to patients in their own homes has produced total costs of £634,000, costs for a delivered hour of £57 excluding qualifications and £62 including qualifications. The average cost per delivered hour of the two schemes is £38 and £41 including qualifications.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£135,432 per year	Based on the mid-point of Agenda for Change (AfC) salaries. Includes a team of two nurses (Band 5), five clinical support assistants (Band 2), two Nurse Managers (Band 7) (0.75).
B. Salary oncosts	£31,157 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£11,452 per year	The equivalent annual cost of pre-registration after the total investment cost has been annuitised over the expected working life. See schema 7.5 for more details on training costs for health professionals.
D. Training	Not known	In house training is provided. This includes OT, physiotherapy, ECGs, blood glucose, chiropody, vena puncture etc. The health care assistants often study to NVQ level. No costs are available for this.
E. Direct overheads	£3,804 per year £26,574 per year	Includes mobile phones, Uniform replacement for B grades nurses, stationery, thermometers, energy. 2002/2003 costs uprated by the retail price index. Includes Administrative staff (Band 2), Manager (based on Band 8) (0.25). 2002/2003 costs uprated by the HCHS Pay Inflator.
F. Indirect overheads	£22,031 per year	Includes the personnel and finance functions. 2002/03 costs uprated by the HCHS Pay and Prices Inflator.
G. Capital overheads	£2,357 per year	Based on the new build and land requirements of NHS facilities. <sup>1/2</sup> One office houses all the staff and 'hotdesking' is used. It is estimated that the office measures around 25 square metres. Capital has been annuitised at 3.5 per cent.
H. Equipment costs	£1,243 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. This includes facsimile machines, computers etc. 2002/2003 prices uprated using the retail price index.
I. Travel	£19,638 per year	
Caseload	7 per week	The yearly caseload is on average 364 patients.
Hours and length of service	7 days a week (to include weekends and bank holiays) 8.00 am – 9.00 pm (24 hrs 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 extension, up to a maximum of 5 days in exceptional circumstances.
Patient contact hours	9,646 per annum	Based on information about typical episodes delivered to patients.
Low cost episode	3 visits at 30 minutes for 3 days.	A low cost episode comprises 10 visits and includes initial assessment and travel costs.
High cost episode	43 patient contact hours over three days.	A high cost episode comprises 10 visits, on average a total of 43 patient contact hours (of which 11 are paid at the enhanced rate of £9.62 per hour), and the cost of an assessment and travel.
Length of assessment/ discharge	1 hour 1 hour	The assessment is carried out by either an E or G grade nurse. The discharge is carried out by a G grade care manager.
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£20 (£21) cost per delivered hour (excludes cost for enhanced payments, cost of assessments, discharge and travel costs); cost of assessment £43 (includes travel), cost of discharge £58 (includes travel), travel per visit £4.80. £175 (£180) per low cost episode (includes assessment and travel costs); £944 (£995) per high cost episode (includes assessment, travel and unsocial hours).		

1 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

2 Based on personal communication with the Department for Communities and Local Government (2007) [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls)

## 7.7 Community Rehabilitation Unit

This schema is based on a joint project between Kent County Council, Ashford Borough Council, Age Concern and Ashford Primary Care Trust. Homebridge 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. Homebridge provides intensive therapy and support to rebuild mobility and confidence so they can return back home. A costing undertaken of another community rehabilitation unit for people requiring a period of rehabilitation after an episode in hospital has produced weekly costs of £587 per patient and a typical client episode of £3,814.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£ 62,807 per year	This is based on a team of the Scheme Manager (20%), the number of hours allocated to HomeBridge by a part time Care Manager (80%) and a team of support workers who are provided by a Private Domicilliary Agency at a rate of £10.50.
B. Salary oncosts	£13,506 per year	Employers' national insurance plus 15.9 per cent of salary for employers' contribution to superannuation.
C. Direct overheads: Administrative and management costs	£22,539 per year £3,971 per year £16,512 per year	This includes maintenance, running costs, repair/renewal of fixtures/fittings. Building expenses and equipment costs. Includes Project Manager (0.05), CART coordinator (£1055), Social Services Team Leader (0.08%) and Agency fees.
D. Indirect overheads	£ 10,733 per year	To cover the finance function.
E. Capital Building costs Land costs	£ 22,525 per year £10,917 per year	Based on actual cost of the 7 units and a lounge (shared by sheltered housing) and an office in 2004, and uprated using the Tender Price Index for Public Sector Building (non housing). Land costs were an estimate based on its alternate build value. Capital costs have been annuitised over 60 years at a discount rate of 3.5%.
Occupancy	71%	On average 5 units of the 7 are occupied at any one time.
Case load	32 per year	The yearly 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 also back up cover during evenings, nights and weekends via the call centre.
Patient related hours		All clients receive an initial assessment when referred to Homebridge usually at 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.
Typical episode	10 hours per week	50 per cent of clients stay on average 29 nights and receive 41 hours of contact with a support worker per week plus the above.
Low cost episode	7 hours per week	25 per cent of clients stay 10 days and receive 10 hours with a support worker a week plus the above
High cost episode	15 hours per week	25 per cent of clients stay on average 64 days and receive 137 hours with support workers plus the above.
Cost of hospital assessment and admission to Homebridge	£150	This takes between 3-5 hours of a Hospital Care Manager's time who prepares the discharge from hospital and arranges the referral to Homebridge. A further 3 hours is required by the Social Services Duty Desk to make the admission arrangements at Homebridge. This is based on the salary of a Care Manager's Assistant.
Cost of discharge from Homebridge	£236	This is carried out by a Community Care Manager and takes 8.5 hours. It involves 7.5 hours of face-to-face contact time for liaison with patient, professionals, families and services and also 1 hour administration.
Cost of Health services Community Assessment and Rehabilitation Team	£188 per client per stay	On average 7 hours of therapy or nursing care was provided by the CART team costing £170 (face-to-face time). 50% of clients received on average 5 hours costing £129, 25% of clients received on average 18 hours costing £518 and 25% received 1 hour costing £24.
<b>Unit costs available 2006/2007</b>		
Full unit costs (all activities): Per unit £32,704 per year, £627 weekly (includes A to E); Per unit (full occupancy) £23,360 per year, £448 weekly. Costs per activity: assessment and referral £150 per client; discharge £236 per client, ambulance transport from hospital £37 per client; £4.00 per session at day care, £3.20 per meal on wheels. Cost per episode: £1,448 cost of typical episode, £728 low cost episode; £3,412 high cost episode.		

## 7.8 Hospital-based rehabilitation care scheme

This rehabilitation unit is supervised by a nurse consultant and has undergone a service redesign to meet the changing needs of the community. It is managed by a modern matron, but has a strong multi-professional team approach. The unit is divided into three sections consisting of 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 where they undertake a rehabilitation programme and then to the 'independent area' when they are progressing well before returning home. In total there are 38 beds. These are 2006/07 salary costs and other costs are uprated to present values by using the appropriate HCHS inflators.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£731,565 per year	Information provided by the PCT and converted to allow for Agenda for Change. <sup>1</sup> Based on a team of a modern matron (Band 8, range D), 3 nurse team managers (Band 7), 7 nurse specialists (Band 6), (WTE 5.34), 8 nurses (Band 5) (WTE 6.31), 21 higher level clinical support workers (WTE 17.09), 4 clinical support workers (WTE 3.2) and a support physiotherapist (Band 3).
B. Salary oncosts	£160,944 per year	Estimated national insurance and superannuation contribution. Based on employers' national insurance and 14% of salary for employers' contribution to superannuation.
C. Qualifications	£70,139 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life <sup>2</sup> See schema 7.5 for more information on training costs of health professionals.
<b>D. Overheads:</b>		
Direct overheads	£89,878 per year	Includes drugs, dressings, medical equipment, uniforms, laundry allowance, travel and subsistence.
	£70,885 per year	Cost for maintenance etc.
Indirect overheads	£154,017 per year	Includes Finance, Human resources, Board and Facilities.
E. Capital overheads	£76,684 per year	Those capital overheads relating specifically to the unit.
Other capital charges	£16,870 per year	Capital proportioned out to all units.
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 extension, up to a maximum of 5 days in exceptional circumstances.
Average length of stay	14 days	Information received from the PCT. Patients can stay up to six weeks, but average length of stay is 14 days.
Caseload per worker	30 per month	Based on information received from the PCT. The total for 7 months was 209 (PSSRU estimate is 358 for 12 months).
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
Weekly service costs per bed £605 (£773), Average annual cost per patient £4,083 (£4,279), Cost of a typical client episode £1,475 (£1,546).		

1 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

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.

## 7.9 Intermediate care based in residential homes

This information is based on PSSRU research carried out jointly in 2005 with the Social Work and Social Care Section at the Institute of Psychiatry as part of a larger study on the impact of reimbursement. It provides the costs of comparative intermediate care schemes based in residential homes. The average weekly cost per client of the four schemes is £546 and the average annual cost per client is £3,503. All costs have been uprated to present values using the appropriate PSS inflators.

	Social care only			Social and health care
	Scheme A: This service provides therapeutic programme of recuperative care. There are 16 recuperative beds. Care staff include care workers, senior night carer and rehabilitation workers.	Scheme B: This service is provided by the local authority for people with dementia. Fee paid by the local authority for care staff.	Scheme C: This 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. Fee paid by the local authority for care staff.	Scheme D: This service is run by the local authority in conjunction with 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 care manager, therapists, visiting medical officer and promoting independence assistants.
Wages/salary	£199,911	£137,082	£94,503	£147,986
<b>Oncosts</b> Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation	£42,981	£29,473	£20,318	£31,817
<b>Direct overheads</b> Includes salaries of supervisory staff, running costs and supplies	£226,892	£48,733	£44,794	£25,495
<b>Indirect overheads</b> Management fees (includes cost of premises) Capital/Premises Total costs <sup>1</sup>	£147,248 £33,367 £650,399	£40,036 £255,323	£159,616	£8,638 £213,937
Caseload	196	51	64	67
Average length of stay	34	54	45.5	32
No. of beds	16	10	8	7.7
Weekly costs per resident	£780	£490	£383	£533
Average annual cost per client	£3,318	£5,006	£2,494	£3,193
Cost of typical client episode	£3,786	£3,777	£2,487	£2,436

<sup>1</sup> Where the fee for providing the scheme was provided, 80 per cent was estimated by the service provider as the amount for care staff salaries. The remainder was allocated to overheads.



## **II. COMMUNITY-BASED HEALTH CARE STAFF**

### **8. Scientific and professional**

- 8.1 Community physiotherapist
- 8.2 NHS community occupational therapist
- 8.3 Community speech and language therapist
- 8.4 Community chiropodist
- 8.5 Clinical psychologist
- 8.6 Community pharmacist





## 8.1 Community physiotherapist

Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for a one to one contact in physiotherapy services for 2006 was £38 with the minimum range for 25 per cent of services being £30 and the maximum £61. Costs have been uprated using the HCHS pay and prices inflator. The mean average cost for a one to one contact for a child for 2006 was £56 with the minimum range for 25 per cent of services being £36 and the maximum £76.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries Band 5 of the April 2006 pay scale according to the National Profile for Physiotherapy. More specialist grades range from AfC band 6 to 8B for a Physiotherapist Specialist to Consultant. <sup>1</sup> Within the new pay structure all leads and allowances will be replaced by higher basic pay for the majority of staff. <sup>1</sup>
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,257 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for more details.
D. Overheads	£4,214 per year	Comprises £2,904 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. <sup>3</sup>
E. Capital overheads	£2,752 per year	Based on the new build and land requirements of NHS facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>4,5</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.60 per visit	Based on expenditure provided by a community trust.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>7</sup> Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on:		
face-to-face contacts	1:0.67	Assuming 50 per cent in patient's own home; 10 per cent in clinics; 20 per cent on non-contact time; and 20 per cent on travel. Information derived from consultation with NHS Trusts.
clinic contacts	1:0.33	
home visits	1:0.73	
Length of contacts	30 minutes 60 minutes	Per clinic contact. Per home visit. Based on discussions with Trusts.
Average for episode	5.2 hours	Williams estimates of an example episode for an older person on short rehabilitation. <sup>7</sup>
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>4,5,8</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>4,5,8</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£21 (£24) per hour; £35 (£40) per hour of client contact; £28 (£32) per hour in clinic; £37 (£42) per hour of home visiting; £39 (£44) per home visit; £14 (£16) per clinic visit (includes A to E). Example episode £184 (£208).		

- 1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.
- 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 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vol 2, Methodology*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2007).
- 6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 7 Williams, J. (1991) *Calculating Staffing Levels in Physiotherapy Services*, Pampas, Rotherham.
- 8 Based on personal communication with the Department of Health (2007).

## 8.2 NHS community occupational therapist

Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for a one to one contact of Occupational Therapy services for 2006 was £62 with the minimum range for 25 per cent of the services being £49 and the maximum £110. Costs have been updated using the HCHS pay and prices inflator. The mean average cost for a one to one contact for a child for 2006 was £99 with the minimum range for 25 per cent of services being £62 and the maximum £145.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries Band 5 of the April 2006 pay scale according to the National Profile for Occupational Therapy. More specialist grades range from AfC band 6 to 8B for a Occupational Therapist Specialist to Consultant. <sup>1</sup> Within the new pay structure all leads and allowances will be replaced by higher basic pay for the majority of staff.
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,096 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. See schema 7.5 for more details.
D. Overheads	£4,214 per year	Comprises £2,904 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. <sup>2</sup>
E. Capital overheads	£2,752 per year	Based on the new build and land requirements of NHS facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.60 per visit	Based on expenditure provided by a community trust.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>5</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>6</sup> Unit costs based on 1560 hours per annum.
<i>Ratio of direct to indirect time on:</i>		
face-to-face contacts	1:0.67	Assuming 50 per cent in patient's own home; 10 per cent in clinics; 20 per cent on non-clinical activity time; and 20 per cent on travel. Information derived from consultation with NHS Trusts.
clinic contacts	1:0.33	
home visits	1:0.73	
Length of contacts	30 minutes 60 minutes 5.2 hours	Per clinic contact. Per home visit. Per care episode. Based on discussions with Trusts.
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>3,4,7</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>3,4,7</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£21 (£24) per hour; £36 (£40) per hour of client contact; £29 (£32) per hour in clinic; £37 (£41) per hour of home visiting; £40 (£44) per home visit; £14 (£16) per clinic visit (includes A to E). £186 (£207) per care episode.		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

5 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

6 Data provided by the Department of Health, Health Authority Personnel Division.

7 Based on personal communication with the Department of Health (2007).

### 8.3 Community speech and language therapist

Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for a one to one contact of speech and language therapy services for 2006 was £71 with the minimum range for 25 per cent of the services being £56 and the maximum £101. Costs have been updated using the HCHS pay and prices inflator. The mean average cost for a contact for a child for 2006 was £74 with the minimum range for 25 per cent of services being £61 and the maximum £101.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 5 of the April 2006 pay scale according to the National Profile for Speech and Language Therapists. More specialist grades range from AfC band 6 to 8C for a Specialist Speech and Language Therapist to Consultant. <sup>1</sup> Within the new pay structure all leads and allowances will be replaced by higher basic pay for the majority of staff.
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,302 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for more details.
D. Overheads	£4,214 per year	Comprises £2,904 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. <sup>3</sup>
E. Capital overheads	£2,752 per year	Based on the new build and land requirements of NHS facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>4,5</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.60 per visit	Based on expenditure provided by a community trust.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>7</sup> Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on:		
patient contacts	1:0.67	Assuming 50 per cent of time in patient's own home, 10 per cent in clinics, 20 per cent on non-clinical activity and 20 per cent on travel. Information derived from consultation with NHS Trusts.
clinic contacts	1:0.33	
home visits	1:0.73	
Length of contacts	30 minutes 60 minutes	Per clinic contact. Per home visit. Based on discussions with Trusts.
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>4,5,8</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the higher costs associated with working in London. <sup>4,5,8</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£21 (£24) per hour; £35 (£40) per hour of client contact; £28 (£32) per hour in clinic; £37 (£42) per hour of home visiting; £39 (£44) per home visit; £14 (£16) per clinic visit (includes A to E).		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

4 Building Cost Information Service (2006) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2006).

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Department of Health Advance Letter (SP) 5/91, Appendix F.

8 Based on personal communication with the Department of Health (2007).

## 8.4 Community chiropodist

Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for a contact in chiropody services for 2006 was £24 with the minimum range for 25 per cent of services being £20 and the maximum £30. Costs have been inflated using the HCHS Pay and Prices Inflater.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£18,039 per year	Based on the mid-point of Agenda for Change (AfC) salaries Band 4 of the April 2005 pay scale according to the National Profile for Generic Therapy. Consultant grades for Generic Therapy range from 8bcd-9 on the AfC payscales. <sup>1</sup> Within the new pay structure all leads and allowances will be replaced by higher basic pay for the majority of staff.
B. Salary oncosts	£3,715 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads	£3,992 per year	Comprises £2,904 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. <sup>2</sup>
E. Capital overheads	£2,752 per year	Based on the new build and land requirements of NHS facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>5</sup>
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>7</sup> Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: client contact		No information available. Costs are based on the number of visits per week.
Average number of visits per week	40 75	Domiciliary visits. Clinic visits. Information provided by an NHS Trust.
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>3,4,8</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>3,4,8</sup>
<b>Unit costs available 2006/2007</b>		
£18 per hour; £16 per home visit; £9 per clinic visit (includes A to E).		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

5 Netten, A. (1992) *Some cost implications of caring for people: interim report*, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Data provided by the Department of Health, Health Authority Personnel Division.

8 Based on personal communication with the Department of Health (2007).

## 8.5 Clinical psychologist

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£32,458 per year	Based on the mid-point of Agenda for Change (AfC) salaries Band 7 of the April 2006 pay scale according to the National Profile for Clinical Psychologists, Counsellors & Psychotherapists. <sup>1</sup>
B. Salary oncosts	£7,074 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads	£4,880 per year	Comprises £2,904 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. <sup>2</sup>
E. Capital overheads	£2,384 per year	Based on the new build and land requirements of NHS facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten <sup>5</sup> and inflated using the Retail Price Index.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>7</sup> Unit costs based on 1560 hours per annum.
Ratios of: professional outputs to support activities	1:0.3	Five types of 'chargeable service' have been distinguished: clinical work with patients; clinical consultancy and project work; service organisation and development; teaching and supervision; and research and service evaluation. <sup>8</sup> Mental health psychologists spend 40 per cent of their time on client contact. The relationship between the five types of chargeable service and other 'supporting activities' is similar for both types of psychologist. The multiplier used in the schema to reflect this variety of outputs is based on mental health psychologists.
Face to face contact to all activity	1:04	Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 Principal Clinical Psychologists, 44.5% of time was spent on direct clinical work, 13.2% on consultation and liaison, 7.2% on training and education, 5.5% on research and evaluation, 23.3% on admin and management, 16.3% on other work and 13.9% on tier 1 work. <sup>9</sup> Tier 1 work was assumed to be spread across all types of activity and for the purpose of this analysis 50% of time is apportioned to direct contacts and 50% to client related work.
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>3,4,10</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>3,4,10</sup>
<b>Unit costs available 2006/2007</b>		
£30 per hour; £67 per hour of client contact; £39 per professional chargeable hour (includes A to E). Travel £1.30 per visit.		

- 1 NHS Employers (2006) *Pay Circular (AforC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement.*, NHS Employers, London.
- 2 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *A Ready Reckoner for Staff Costs in the NHS, Volume 2, Methodology, Personal Social Services Research Unit*, University of Kent, Canterbury.
- 3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.
- 4 Based on personal communication with the Department for Communities and Local Government (2007).
- 5 Netten, A. (1992) Some cost implications of caring for people: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.
- 6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 7 Data provided by the Department of Health, Health Authority Personnel Division.
- 8 Cape, J., Pilling, S. & Barker, C. (1993) Measurement and costing of psychology services, *Clinical Psychology Forum*, October.
- 9 Department of Health (2002) National Child and Adolescent Mental Health Service Mapping Data.
- 10 Based on personal communication with the Department of Health (2007).

## 8.6 Community pharmacist

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£42,253 per year	Based on information in <i>Tomorrow's Pharmacist 2001</i> (Careers — Where do you start?), mid-point of range (excluding senior management positions). <sup>1</sup> Salaries in community pharmacy start at around £28,168 and can go up to £56,337 or £70,421 in senior management positions. Salaries have been uprated using the HCHS pay inflator.
B. Salary oncosts	£9,662 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Pre-registration training  Post graduate training	£5,869 per year	The equivalent annual cost of pre-registration education. The investment costs of a four year masters degree plus one year pre-registration training. The total investment cost has been annuitised over the expected working life. <sup>2,3</sup> The investment costs of education should always be included when evaluating the cost-effectiveness of different approaches to using health service staff as it is important to include all the costs implicit in changing the professional mix. The investment costs for pre-registration are borne partly by the HEFCE and by practitioners provided by the NHS. Community employers cover the cost for the pre-registration training year with some help from the Department of Health. A postgraduate diploma is available for community pharmacists but this would be taken in their own time and there is no available data on the proportion of pharmacists who undergo this. See schema 12.6 on Hospital Pharmacists for this cost.
D. Overheads	£5,500 per year	Comprises £2,904 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. <sup>4</sup>
E. Capital overheads	£3,785 per year	Based on the new build and land requirements of a pharmacy, plus additional space for shared facilities. <sup>5,6</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>7</sup>
Working time	41 weeks per annum 40 hours per week	Includes 29 days annual leave and 8 statutory leave days. Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1664 hours per annum.
<i>Ratio of direct to indirect time on:</i> 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.
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>5,6,8</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>5,6,8</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£37 (£40) per hour (includes travel), £92 (£101) per hour of direct clinical activities (includes travel to visits), £45 (£50) per patient related activities.		

1 Livingston, S. (2001) Careers — where do you start?, *Tomorrow's Pharmacist 2001*, <http://www.pjonline.com/students/tp2001/careers.html>.

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 Research carried out by the Royal Pharmaceutical Society of Great Britain.

4 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *A Ready Reckoner for Staff Costs in the NHS, Volume 2, Methodology*,

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007).

7 Netten, A. (1992) Some cost implications of caring for people: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.

8 Based on personal communication with the Department of Health (2007).

## **9. Nurses and doctors**

- 9.1 Community nurse (includes district nursing sister, district nurse)
- 9.2 Nurse (mental health)
- 9.3 Health visitor
- 9.4 Nurse specialist (community)
- 9.5 Clinical support worker nursing (community)
- 9.6 Nurse (GP practice)
- 9.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)
- 9.8a General practitioner — cost elements
- 9.8b General practitioner — unit costs
- 9.8c General practitioner — commentary





## 9.1 Community nurse (includes district nursing sister, district nurse)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£26,720 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 6 according to the National Profile for Nurses. <sup>1,2</sup> The sum does not include any lump sum allowances or pay enhancements for unsocial hours worked.
B. Salary oncosts	£5,737 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,848 per year	The equivalent annual cost of pre-registration and post-registration education after the total investment cost has been annuitised over the expected working life. <sup>3</sup> See schema 7.5 for more information on training costs of health professionals.
D. Overheads	£6,150 per year	Comprises £2,904 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. <sup>4</sup>
E. Capital overheads	£2,384 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. <sup>5,6</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>7</sup>
Working time	42 weeks per annum 37.5 hours per week	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts clinic contacts home visits	1:1.08 1:0.58 1:1.21	Dunnell and Dobbs estimated that the proportion of working time spent in different locations/activities was as follows: patient's own home 38 per cent; clinics 6 per cent; hospitals 2 per cent; other face-to-face settings 2 per cent; travel 24 per cent; non-clinical activity 28 per cent. <sup>8</sup> Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Clinic and home visit multipliers allocate travel time just to home visits.
Length of contact	20 minutes	Per home visit. Based on discussions with a group of NHS Trusts.
London multiplier	1.18 × (A to D) 1.37 × E	Allows for the higher costs associated with working in London. <sup>5,6,9</sup>
Non-London multiplier	1.00 × (A to D) 0.96 × E	Allows for the lower costs associated with working outside London. <sup>5,6,9</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£26 (£30) per hour; £55 (£63) per hour spent with a patient; £42 (£48) per hour in clinic; £58 (£67) per hour spent on home visits (includes A to E); £21 (£24) per home visit (includes A to F).		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

2 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

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

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007), [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls).

7 Netten, A. (1992) Some cost implications of Caring for People: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.

8 Dunnell, K. & Dobbs, J. (1982) *Nurses Working in the Community*, OPCS, HMSO.

9 Based on personal communication with the Department of Health (2007)..

## 9.2 Nurse (mental health)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 5 according to the National Profile for Nurses. <sup>1,2</sup> The sum does not include any lump sum allowances or pay enhancements for unsocial hours worked.
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,550 per year	The equivalent annual cost of pre-registration and post-registration education after the total investment cost has been annuitised over the expected working life. <sup>3</sup> See schema 7.5 for more information on training costs of health professionals.
D. Overheads	£5,524 per year	Comprises £2,904 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. <sup>4</sup>
E. Capital overheads	£2,384 per year	Based on the new build and land requirements of community health facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>5,6</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>7</sup>
Working time	42 weeks per annum 37.5 hours per week	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts client related	1:0.89 1:0.33	Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 G grade nurses, 45% of time was spent on direct clinical work, 13% on consultation and liaison, 8% on training and education, 4% on research and evaluation, 23% on admin and management, 7% on other work and 17% on tier 1 work. <sup>8</sup> Tier 1 work was assumed to be spread across all types of activity and for the purpose of this analysis 50% of time is apportioned to direct contacts and 50% to client related work.
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>5,6,9</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>5,6,9</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£22 (£25) per hour; £41 (£48) per hour of face to face contact; £29 (£34) per hour of client related work.		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

2 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

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

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007), [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls)

7 Netten, A. (1992) *Some cost implications of Caring for People: interim report*, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.

8 Department of Health (2002) *National Child and Adolescent Mental Health Service Mapping Data*.

9 Based on personal communication with the Department of Health (2007).

### 9.3 Health visitor

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£26,720 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 6 according to the National Profile for Nurses. <sup>1,2</sup> The sum does not include any lump sum allowances or pay enhancements for unsocial hours worked.
B. Salary oncosts	£5,737 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,967 per year	The equivalent annual cost of pre-registration and post-registration education after the total investment cost has been annuitised over the expected working life. <sup>3</sup> See schema 7.5 for more information on training costs of health professionals.
D. Overheads	£6,150 per year	Comprises £2,904 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. <sup>4</sup>
E. Capital overheads	£2,384 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. <sup>5,6</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>7</sup>
Working time	42 weeks per annum 37.5 hours per week	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts clinic contacts home visits	1:1.86 1:1.40 1:2.47	Dunnell and Dobbs estimated that the proportion of working time spent in different locations/activities was as follows: patient's own home 15 per cent; clinics 12 per cent; other face-to-face settings 8 per cent; travel 16 per cent; non-clinical activity 49 per cent. <sup>8</sup> Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Clinic and home visit multipliers allocate travel time just to home visits.
Length of contact	20 minutes	Per home visit. Based on discussions with a group of NHS Trusts.
London multiplier	1.18 × (A to D) 1.37 × E	Allows for the higher costs associated with working in London. <sup>5,6,9</sup>
Non-London multiplier	1.00 × (A to D) 0.96 × E	Allows for the lower costs associated with working outside London. <sup>5,6,9</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£26 (£30) per hour; £75 (£86) per hour of client contact; £63 (£72) per hour of clinic contact; £91 (£104) per hour spent on home visits (includes A to E); £32 (£36) per home visit (includes A to F).		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

2 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

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

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007), [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls)

7 Netten, A. (1992) Some cost implications of Caring for People: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.

8 Dunnell, K. & Dobbs, J. (1982) *Nurses Working in the Community*, OPCS, HMSO.

9 Based on personal communication with the Department of Health (2007).

## 9.4 Nurse specialist (community)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£26,720 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 6 according to the National Profile for Nurses. <sup>1,2</sup> The sum does not include any lump sum allowances or pay enhancements for unsocial hours worked.
B. Salary oncosts	£5,737 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,848 per year	Based on the training costs of a district nurse. See schema 7.5 for more information on training costs of health professionals.
D. Overheads: direct and indirect	£6,150 per year	Comprises £2,904 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. <sup>3</sup>
E. Capital overheads	£2,413 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. <sup>4,5</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Based on community health service travel costs. <sup>6</sup>
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1.5	Based on findings by Renton et al. for a NHS community nurse specialist for HIV/AIDS. <sup>7</sup>
Length of contact		
London multiplier	1.18 × (A to D) 1.37 × E	Allows for the higher costs associated with working in London. <sup>4,5,8</sup>
Non-London multiplier	1.00 × (A to D) 0.96 × E	Allows for the lower costs associated with working outside London. <sup>4,5,8</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£26 (£30) per hour; £66 (£74) per hour of client contact (includes A to E). Travel £1.30 per visit.		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

2 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007), [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls).

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

7 Renton, A., Petrou, S. & Whitaker, L. (1995) *Utilisation, Needs and Costs of Community Services for People with HIV Infection: A London-based Prospective Study*, Department of Health, London.

8 Based on personal communication with the Department of Health (2007).

## 9.5 Clinical support worker nursing (community)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£13,642 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 2 according to the National Profile for Nurses. <sup>1,2</sup> The sum does not include any lump sum allowances or pay enhancements for unsocial hours worked.
B. Salary oncosts	£2,690 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£0	No professional qualifications assumed.
D. Overheads	£3,720 per year	Comprises £2,904 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. <sup>3</sup>
E. Capital overheads	£975 per year	Based on the new build and land requirements of community health facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>4,5</sup> 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	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>6</sup>
Working time	44 weeks per annum 37.5 hours per week	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 10 days sickness leave, but no study/training days. Unit costs based on 1597 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts clinic contacts home visits	1:0.61 1:0.27 1:0.64	Dunnell and Dobbs estimated that the proportion of working time spent in different locations/activities was as follows: patient's own home 58 per cent; clinics 2 per cent; other face-to-face settings 2 per cent; travel 21 per cent; non-clinical activity 17 per cent. <sup>7</sup> Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Clinic and home visit multipliers allocate travel time just to home visits.
Length of contact	20 minutes	Per home visit. Based on discussions with a group of NHS Trusts.
London multiplier	1.18 x (A to D) 1.37 x E	Allows for the higher costs associated with working in London. <sup>4,5,8</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>4,5,8</sup>
<b>Unit costs available 2006/2007</b>		
£13 per hour; £21 per hour spent with a patient; £17 per hour in clinic contacts; £22 per hour spent on home visits; £8 per home visit (includes A to F).		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

2 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 Netten, A. (1992) Some cost implications of Caring for People: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.

7 Dunnell, K. & Dobbs, J. (1982) *Nurses Working in the Community*, OPCS, HMSO.

8 Based on personal communication with the Department of Health (2007).

## 9.6 Nurse (GP practice)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 5 according to the National Profile for Nurses. <sup>1,2</sup> The sum does not include any allowances for unsocial hours worked.
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,373 per year	Equivalent annual cost of pre-registration and post-registration education after the total investment cost has been annuitised over the expected working life. <sup>3</sup> See schema 7.5 for more information on training costs of health professionals.
D. Overheads	£5,524 per year	Comprises £2,904 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. <sup>4</sup>
E. Capital overheads	£3,833 per year	Based on new build and land requirements of community health facilities, but adjusted to reflect shared used of both treatment and non-treatment space. <sup>5,6</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£0.70 per visit	Atkin and Hirst assumed an average journey of two miles and costed travel at 22.3 pence per mile (1992/1993 prices), inflated using the retail price index. <sup>7</sup> Travel costs were found to be lower than those incurred by district nurses as they only visit within an area defined by the practice.
Working time	42 weeks per annum 37.5 hours per week	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts clinic contacts home visits	1:0.18 1:0.12 1:0.45	Assumed time use: 15 per cent patient's own home; 60 per cent clinics/surgeries; 5 per cent hospital; 5 per cent other face-to-face settings; 5 per cent travel; and 10 per cent non-clinical activity. Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Clinic and home visit multipliers allocate travel time just to home visits. Based on discussions with health service professionals.
Length of contact	27 minutes 15.5 minutes	Per home visit. Based on a one week survey of 4 Sheffield practices. <sup>8</sup> Per surgery consultation. Based on the 2006/07 UK General Practice Survey. <sup>9</sup>
Client contacts	98 per week 109 per week	Number of consultations per week. Number of procedures per week. <sup>10</sup>
London multiplier	1.18 x (A to D) 1.50 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>11</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>10</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£23 (£26) per hour; £27 (£30) per hour of client contact; £25 (£29) per hour in clinic; £8 (£9) per consultation; £8 (£10) per procedure; £33 (£37) per hour of home visits (includes A to E); £12 (£17) per home visit (includes A to F).		

- 1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2005.php>.
- 2 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 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 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vol 2, Methodology*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.
- 6 Based on personal communication with the Department for Communities and Local Government (2007), [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls)
- 7 Atkin, K. & Hirst, M. (1994) *Costing Practice Nurses: Implications for Primary Health Care*, Social Policy Research Unit, University of York.
- 8 Centre for Innovation in Primary Care (1999) *Consultations in General Practice — What do they cost?*, Centre for Innovation in Primary Care, Sheffield.
- 9 The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, Primary Care Statistics, The Information Centre, Leeds.
- 10 Jeffreys, L.A., Clark, A. & Koperski, M. (1995) Practice nurses' workload and consultation patterns, *British Journal of General Practice*, 45, August, 415-418.
- 11 Based on personal communication with the Department of Health (2007).

## 9.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£31,906 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 7 according to the National Profile for Nurses. <sup>2,3,4</sup>
B. Salary oncosts	£6,946 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,129 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>5</sup> Pre-registration training includes general nurse's training plus further education to honours or masters degree level. If post graduate training was undertaken (including the Nurse Prescribing Course), there would be an additional annuitised cost of £3,182.
D. Overheads	£6,789 per year	Comprises £2,904 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. <sup>6</sup>
E. Capital overheads	£3,833 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. <sup>7,8</sup> 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	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. Includes 29 days annual leave and 8 statutory leave days. <sup>3</sup> Assumes 5 study/training days and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Length of consultation: surgery home telephone	15 minutes 25 minutes 6 minutes	Information provided by 27 nurse practitioners working in primary care contacted about length of consultations. Venning et al. 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. <sup>9</sup>
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. 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 per cent). Another study found that 60 per cent of a nurse practitioner/Clinical Nurse Specialist's time was spent on clinical activities. <sup>10</sup> Another study on the role of nurse specialists in epilepsy found that clinical activities accounted for 40% of the time. <sup>11</sup>
London multiplier	1.18 x (A to D) 1.45 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>12</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>7,8</sup>
Non-London multiplier	1.00 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>10</sup> Building Cost Information Service and Department for Communities and Local Government, Transport and the Regions. <sup>7,8</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
Cost per hour £32 (£38), cost per hour in surgery £55 (£65), cost per hour of client contact £49 (£58), cost per surgery consultation £12 (£14).		

- 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 This is assumed to be the salary band Nurse Practitioners would have moved to according to the Royal College of Nursing. Royal College of Nursing (2003) *Practice Nurses and Nurse Practitioners, Recommended Pay, Terms and Conditions 2003-2004*, Royal College of Nursing, London.
- 3 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.
- 4 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 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 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS*, Vol 2, *Methodology*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 7 Building Cost Information Service (2007) *Surveys of Tender Prices*, Quarter 1, BCIS, Royal Institution of Chartered Surveyors, London.
- 8 Based on personal communication with the Department for Communities and Local Government (2007), [http://www.communities.gov.uk/pub/152/Table563\\_id1156152.xls](http://www.communities.gov.uk/pub/152/Table563_id1156152.xls)
- 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 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.
- 11 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.
- 12 Based on personal communication with the Department of Health (2007).

## 9.8a General practitioner — cost elements

Costs and unit estimation	2006/2007 value	Notes (for further clarification see Commentary)
A. Net remuneration	£113,600 per year	Average net profit after expenses in 2005/06 for England. <sup>1</sup> See commentary 9.8c. No estimates for 2006/07 are available.
<b>B. Practice expenses</b>		
- Out of hours	£12,269 per year	Amount allocated for out of hours care.
Direct care staff	£22,757 per year	On average in 2006 each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.64 FTE practice staff.
Travel	£4,598 per year	Estimated using the car allowance for GP registrars and is unchanged since last year. <sup>2</sup> This is based on AA information about the full cost of owning and running a car and allows for 10,000 miles. Average cost per visit is £5. Travel costs are included in the annual and weekly cost but excluded from costs per minute and just added to cost of a home visit.
Other	£13,019 per year	Other practice expenses are estimated on the basis of final expenditure figures from the DH for 2005/06. <sup>3</sup> Practice expenses exclude all expenditure on drugs. See commentary 9.8c.
C. Qualifications	£25,910 per year	The equivalent annual cost of pre-registration and postgraduate medical education. See commentary 9.8c. Calculated using information provided by the London Deanery. <sup>4</sup>
D. Ongoing training	£2,155 per year	Calculated using budgeting information provided by the Medical Education Funding Unit of the NHS Executive relating to allocation of Medical and Dental Levy (MADEL) funds. Uprated using the HCCHS pay and prices inflator and uprated using the HCCHS pay and prices inflator.
<b>E. Capital costs</b>		
- Premises	£8,519 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.
- Equipment	£2,777 per year	Taken from final expenditure figures from the DH <sup>3</sup> and adjusted to allow for equipment allocated to direct care staff. Expenditure on computer equipment is used as a proxy for annuitised capital. See commentary 9.8c.
F. Overheads	£7,210 per year	Based on final expenditure figures from the DH for 2005/06. <sup>3</sup> Overheads include PCO administered funds, demand management and recruitment and retention. See commentary 9.8c.
Working time	43.5 wks p.a. 44.4 hrs p.w.	Derived from the 2006/07 UK General Practice Workload Survey. <sup>5</sup> Number of hours for a full time GP Partner. Allows for time spent per year on annual leave, sick leave and study leave.
<b>Ratio of direct to indirect time:</b>		
surgery/clinic/phone consultations	1:0.57	Based on proportion of time spent on surgery consultations (44.5 per cent), phone consultations (6.3 per cent), clinics (6.3 per cent) and home and care home visits including travel time (8.6 per cent). Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Surgery and home visit multipliers allocate travel time just to home visits. Taken from the 2006/07 UK General Practice Workload Survey. <sup>5</sup>
home visits	1:1.61	
<b>Consultations:</b>		
Surgery	11.7 minutes	Based on the 2006/07 UK General Practice Workload Survey, <sup>5</sup> the time spent on a home visit just includes time spent in the patients home. On average 12 minutes has been assumed for travelling 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 9.8c.
Clinic	17.2 minutes	
Telephone	7.1 minutes	
Home visit	11.4 minutes	

Unit costs for 2006/2007 are given in table 9.8b

1 The Information Centre (2007) *UK Study Highlights Family Doctors' Earnings*, The Information Centre, Leeds, <http://www.ic.nhs.uk/news-and-media/press-releases/october-2007/uk-study-highlights-family-doctors-earnings>.

2 Information provided by Department of Health (2007).

3 Department of Health, 2005-06 England PFR Annual Accounts, Summary Year-end, 2007.

4 Personal communication with the London Deanery (2006).

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



## 9.8b General practitioner — unit costs

Unit cost 2006/2007	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)	£212,814	£186,903	£190,057	£164,146
<sup>1</sup> Per hour of GMS activity	£111	£97	£99	£86
<sup>1</sup> Per hour of patient contact	£174	£153	£156	£134
<sup>1</sup> Per surgery/clinic minute	£2.90	£2.50	£2.60	£2.20
<sup>1</sup> Per home visit minute	£4.80	£4.30	£4.30	£3.70
<sup>1</sup> Per surgery consultation lasting 11.7 minutes	£34	£30	£30	£26
<sup>1</sup> Per clinic consultation lasting 17.2 minutes	£50	£44	£45	£38
<sup>1</sup> Per telephone consultation lasting 7.1 minutes	£21	£18	£18	£16
Per home visit lasting 23.4 minutes (includes travel time) <sup>2</sup>	£55	£48	£49	£42
Prescription costs per consultation	£44			

Note: These costs are for 2005/06 as it has not been possible to agree an inflator to provide estimated costs for 2006/07. Normal practice is to inflate remuneration costs using the HCHS pay inflator which was 5.5% for 2006/07 and other costs using where appropriate either the HCHS prices inflator (3%) or HCHS pay and prices inflator (5%).

<sup>1</sup> In order to provide consistent unit costs, these costs exclude travel costs.

<sup>2</sup> Allows for 12 minute travel time. Previous estimates included prescription costs. These have now been excluded to provide consistency with other consultation costs.

## 9.8c General practitioner — commentary

**General note about GP expenditure.** The new General Medical Service contract (nGMS) was designed to improve the way that Primary Care services were 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 have estimated that the number of FTE practitioners (excluding GP registrars and GP retainers) has increased to 30,931 in 2006.<sup>1</sup> The estimated number of full time equivalents (FTE) Practitioners has increased at a slower rate than head count numbers, reflecting increased part time working.

**Allowing for expenditure not associated with GP activity.** We have excluded expenditure related to dispensing and medication.

**Direct care staff.**<sup>2</sup> On average in 2006 each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.64 FTE practice staff. All direct care staff have been costed at the same level as a band 5 GP practice nurse.

**Other practice expenses.** These are based on payments made for enhancing services such as the Primary Care Modernisation Fund and Childhood Immunisation. It also includes other payments for improved quality such as Chronic Disease Management Allowances and Sustained Quality Allowances.

**Prescription costs.** Average prescription costs per consultation are £44. These are based on information about annual numbers of consultations per GP, estimated by using the number of GPs for 2006 and the annual number of consultations per GP (5,809 in 2006),<sup>2</sup> number of prescriptions per GP (23,775 in 2006)<sup>3</sup> and the average total cost per prescription (£10.78 at 2006 prices).<sup>4</sup> The cost per item has continued to fall from £10.92 in 2005 to £10.78 in 2006 because of the reduction in price of many drugs since the introduction of the new PPRS agreement in February 2005 and the new prices for generics from April 2005. The number of prescriptions per consultation (4.09) has risen since 2006 and reflects the reduction in the number of consultations made by GPs and the increase in repeat prescriptions arising from initial consultations.

**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.<sup>5</sup> Post graduate education calculated using information provided by the London Deanery.<sup>6</sup> 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<sup>7</sup>. Costs consist of an amount for the generic curriculum, the postgraduate centres infrastructure costs, study leave and the costs of course organisers, admin support, trainers workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library postgraduate centres. See schema 7.5 for further details on training for health professionals.

**Computer equipment.** Ideally, this should include an annuitised figure reflecting the level of computer equipment in GP surgeries. However the figure presented in the schema represents the yearly amount allocated to IT expenditure during 2005/06. This has been taken from the final expenditure figures from the Department of Health. PCO's rather than practices now fund the purchase, maintenance, upgrading, running and training costs of computer systems.

**Overheads.** This includes expenditure on centrally managed administration such as recruitment and retention, demand management and expenditure relating to GP allowances such as locum allowances and retainer scheme payments.

**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 and is the first under the new contract. 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. In order to convert the annual hours worked into weeks the average number of hours worked on GMS duties was used. On this basis wte GMPs work 43.5 weeks a year for 44.4 hours per week.

1 The Information Centre (2007) *General and Personal Medical Services in England: 1996-2006, Bulletin IC/2007/03*, The Information Centre, Leeds.

2 Hippisley-Cox, J., Fenty, J. and 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.

3 Department of Health Prescribing Analysis and Cost (PACT) System Data, 2006.

4 Prescribing Support Unit, Health and Social Care Information Centre (HSCIC).

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 London Deanery.

7 NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, London.

### **III. COMMUNITY-BASED SOCIAL CARE**

#### **10. Social care staff**

- 10.1 Social work team leader
- 10.2 Social worker (adult)
- 10.3 Social worker (children)
- 10.4 Social work assistant
- 10.5 Approved social worker – mental health
- 10.6 Local authority home care worker
- 10.7 Community occupational therapist (local authority)
- 10.8 Intensive case management for older people
- 10.9 Family support worker



## 10.1 Social work team leader

Costs and unit estimation	2006/2007 value	Notes
A. Salary	£34,446 per year	Information taken from the Adult, Children and Young People Local Authority Social Care Workforce Survey 2006 showed that the midpoint between the average minimum salary and the average maximum salary for a team leader working in adult services was £34,446 with a range of £32,251 to £36,641. The midpoint between the average minimum salary and the average maximum salary for a team leader working in children's services was £35,366 with a range of £33,386 to £37,347. The average minimum salaries outside London ranged from £30,236 to £34,578 and the average maximum salaries ranged from £34,356 to £39,242. London salaries ranged from £35,128 to £40,643. <sup>1</sup>
B. Salary oncosts	£8,224 per year	Employers' national insurance plus 15.9 per cent of salary for contribution to superannuation.
C. Qualifications		
D. Overheads	£6,400 per year	Fifteen per cent of salary costs for management and administrative overheads. <sup>2</sup>
E. Capital overheads	£2,413 per year	Based on the new build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available about travel costs for social work team leaders.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>5</sup> Ten days sickness leave and 10 days for study/training have been assumed. Unit costs are based on 1522 hours per annum.
Ratios of direct to indirect time on: client-related work	1:0.30	Team leaders provide a number of outputs other than direct client-related work (such as support and training). They do, however, usually carry a caseload and carry out assessments. Drawing on a study by the National Institute for Social Work, it is assumed that when team leaders are involved in such activities, the relationship between client-related and non-client-related time is the same as that for social workers. <sup>6</sup>
Domiciliary v. office/clinic visit		It is not possible to estimate a cost per visit as there is no information available on the number of visits or the typical length of time spent with a client.
London multiplier	1.46 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
Non-London multiplier	0.96 x E	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
<b>Unit costs available 2006/2007</b>		
£34 per hour; £44 per hour of client-related work (includes A to E).		

1 Local Authority Workforce Intelligence Group (2007) *Adults' Social Care Workforce Survey, 2006*, Local Authority Workforce Intelligence Group, London..

2 Knapp, M., Bryson, D. & Lewis, J. (1984) *The comprehensive costing of child care: the Suffolk cohort study*, PSSRU Discussion Paper 355, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal correspondence with the Department for Communities and Local Government (2007).

5 Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.

6 Levin, E. & Webb, S. (1997) *Social Work and Community Care. Changing Roles and Tasks*, Draft final report to the Department of Health.

## 10.2 Social worker (adult)

Costs and unit estimation	2006/2007 value	Notes
A. Salary	£26,473 per year	Information taken from the Adult, Children and Young People Local Authority Social Care Workforce Survey 2006 showed that the midpoint between the average minimum salary and the average maximum salary for a social worker in adult services was £26,473 with a range of £22,449 to £30,496. The midpoint between the average minimum salary and the average maximum salary for a social worker in children's services was £26,748 with a range of £22,513 to £30,983. The average minimum salaries outside London ranged from £20,084 to £22,931 and the average maximum salaries ranged from £28,311 to £29,902. <sup>1</sup>
B. Salary oncosts	£6,183 per year	Employers' national insurance plus 15.9 per cent of salary for employers' contribution to superannuation.
C. Qualifications		
D. Overheads	£4,898 per year	Fifteen per cent of salary costs for management and administrative overheads. <sup>2</sup>
E. Capital overheads	£2,413 per year	Based on the new build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. <sup>3,4</sup> Capital costs have been annuitised over 60 year at a discount rate of 3.5 per cent.
F. Travel		No information is readily available about travel costs for social workers.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>5</sup> Ten days sickness leave and 10 days for study/training have been assumed. Unit costs are based on 1522 hours per annum.
<i>Ratios of direct to indirect time on:</i> client-related work direct outputs face-to-face contact	1:0.30 1:0.85 1:4.00	Ratios are estimated on the basis that 77 per cent of time is spent on client-related work, 54 per cent on direct outputs for clients, and 20 per cent on face-to-face contact. <sup>6,7,8,9</sup> 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 of visits or the typical length of time spent with a client.
London multiplier	1.46 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
Non-London multiplier	0.96 x E	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
<b>Unit costs available 2006/2007</b>		
£26 per hour; £34 per hour of client-related work; £126 per hour of face-to-face contact (includes A to E).		

- 1 Local Authority Workforce Intelligence Group (2007) *Adults' Social Care Workforce Survey, 2006*, Local Authority Workforce Intelligence Group, London.
- 2 Knapp, M., Bryson, D. & Lewis, J. (1984) The comprehensive costing of child care: the Suffolk cohort study, PSSRU Discussion Paper 355, Personal Social Services Research Unit, University of Kent, Canterbury.
- 3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.
- 4 Based on personal communication with the Department for Communities and Local Government (2007).
- 5 Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
- 6 Tibbitt, J. & Martin, P. (1991) *The Allocation of 'Administration and Casework' Between Client Groups in Scottish Departments of Social Work*, CRU Papers, Scottish Office, Edinburgh.
- 7 von Abendorff, R., Challis, D. & Netten, A. (1995) Case managers, key workers and multidisciplinary teams, PSSRU Discussion Paper 1038, Personal Social Services Research Unit, University of Kent, Canterbury.
- 8 Levin, E. & Webb, S. (1997) *Social Work and Community Care. Changing Roles and Tasks*, Final report to the Department of Health.
- 9 Netten, A. (1997) Costs of social work input to assessment and care package organisation, in A. Netten & J. Dennett (eds) *Unit Costs of Health and Social Care 1997*, Personal Social Services Research Unit, University of Kent, Canterbury.

### 10.3 Social worker (children)

Costs and unit estimation	2006/2007 value	Notes
A. Salary	£26,748 per year	Information taken from the Adult, Children and Young People Local Authority Social Care Workforce Survey 2006 showed that the midpoint between the average minimum salary and the average maximum salary for a social worker in children's services was £26,748 with a range of £22,513 to £23,394. The average minimum salaries outside London ranged from £20,018 to £23,394 and the average maximum salaries ranged from £28,931 to £30,939. <sup>1</sup>
B. Salary oncosts	£6,252 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		
D. Overheads	£4,950 per year	Fifteen per cent of salary costs for management and administrative overheads. <sup>2</sup>
E. Capital overheads	£2,413 per year	Based on the new build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information is readily available about travel costs for social workers.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>5</sup> Ten days sickness leave and 10 days for study/training have been assumed. Unit costs are based on 1522 hours per annum.
Client-related work <i>Ratio of direct to indirect time on:</i> Home visits	1:1.5	In a study of the determinants of expenditure on children's personal social services, Carr-Hill et al. found that the annual input per child was 2,973 minutes, or about 50 hours in 1998 and that 40 per cent of social work time directly associated with clients was on home visits. <sup>6</sup> Travel time was included where appropriate.
Client related work	1:0.5	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, allowing an hour spent on client-related activities to be costed. <sup>7</sup> This is not the same as the cost per hour spent with a client.
London multiplier	1.46 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
Non-London multiplier	0.96 x E	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
<b>Unit costs available 2006/2007</b>		
£26 per hour; £39 per hour of client-related work; £65 per hour's home visit.		

1 Local Authority Workforce Intelligence Group (2006) Adult, Children and Young People Local Authority Social Care Workforce Survey 2006, Local Authority Workforce Intelligence Group, London.

2 Knapp, M., Bryson, D. & Lewis, J. (1984) The comprehensive costing of child care: the Suffolk cohort study, PSSRU Discussion Paper 355, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal correspondence with the Department for Communities and Local Government (2007).

5 Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.

6 Roy, A., Carr-Hill, R., Nigel, R. & Smith, P.C. (1999) The determinants of expenditure on children's personal social services, *British Journal of Social Work*, 29, 679-706.

7 Department of Health (2001) The Children in Need Census 2001 — National Analyses, [www.dh.gov.uk/qualityprotects/work\\_pro/analysis1.htm](http://www.dh.gov.uk/qualityprotects/work_pro/analysis1.htm).

## 10.4 Social work assistant

Costs and unit estimation	2006/2007 value	Notes
A. Salary	£19,374 per year	Information taken from the Adult, Children and Young People Local Authority Social Care Workforce Survey 2006 showed that the midpoint between the average minimum salary and the average maximum salary for a social work assistant working in adult services was £19,374 with a minimum of £17,593 and a maximum of £21,155. For a social work assistant in children's services, the midpoint between the average minimum and average maximum was £19,925 with a minimum of £18,233 and a maximum of £21,616. The average minimum salaries outside London ranged from £15,812 to £17,718 and the average maximum salaries ranged from £18,965 to £22,045. London salaries ranged from £21,223 to £24,399. <sup>1</sup>
B. Salary oncosts	£4,394 per year	Employers' national insurance plus 15.9 per cent of salary for contribution to superannuation.
C. Overheads	£3,565 per year	Fifteen per cent of salary costs for management and administrative overheads. <sup>2</sup>
D. Capital overheads	£2,413 per year	Based on the new build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
E. Travel		No information is readily available about travel costs for social work assistants.
Working time	43 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>5</sup> Ten days sickness leave and 5 days for study/training have been assumed. Unit costs are based on 1560 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact	1:0.18 1:2.69	Ratios are used to estimate the full cost of direct and indirect time required to deliver each output. No information is available about the proportion of social work assistant time spent on client-related outputs so for the purpose here it is assumed that 85 per cent of time was spent on such activity. Direct face-to-face contact is not a good indicator of input to clients, but it is often the only information available. A study by the National Institute for Social Work included 52 social work assistants who spent 27 per cent of their time in face-to-face contact. <sup>6</sup> Work by Netten gives more information. <sup>7</sup>
London multiplier	1.57 x D	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
Non-London multiplier	0.96 x D	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
<b>Unit costs available 2006/2007</b>		
£19 per hour; £23 per hour of client-related work; £70 per hour of face-to-face contact (includes A to E).		

1 Local Authority Workforce Intelligence Group (2006) Adult, Children and Young People Local Authority Social Care Workforce Survey 2006, Local Authority Workforce Intelligence Group, London.

2 Knapp, M., Bryson, D. & Lewis, J. (1984) The comprehensive costing of child care: the Suffolk cohort study, PSSRU Discussion Paper 355, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

5 Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.

6 Levin, E. & Webb, S. (1997) *Social Work and Community Care. Changing Roles and Tasks*, Draft final report to Department of Health.

7 Netten, A. (1997) Costs of social work input to assessment and care package organisation, in A. Netten & J. Dennett (eds) *Unit Costs of Health and Social Care 1997*, Personal Social Services Research Unit, University of Kent, Canterbury.



## 10.5 Approved social worker – mental health

An Approved Social Worker (ASW) is a social worker with responsibility for assessing someone's needs, care and treatment under the Mental Health Act 1983 (MHA). The ASW's plays a key role in deciding whether someone with mental health problems can be cared for in the community, or whether they should be admitted to hospital.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
A. Salary	£32,968 per year	Information based on a survey carried out by the Department of Health of 30 authorities showed that the average salary for an approved social worker was £32,968 based on the April 2006 pay scales. Wage levels reflect the average level of wages paid in 27 authorities. <sup>2</sup> This information has been updated using the PSS Pay Inflatior.
B. Salary oncosts	£6,252 per year	Employers' national insurance plus 15.9 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Must have a relevant first degree, a recognised qualification in social work plus two years relevant post-qualifying experience in social work. An ASW undertakes specialist postgraduate training, which includes mental health law, and will also have a detailed knowledge of the local mental health services. No costs available. The fees for a Masters degree in Applied Mental Health are £2,500.
D. Overheads	£6,118 per year	Fifteen per cent of salary costs for management and administrative overheads. <sup>3</sup>
E. Capital overheads	£2,413 per year	Based on the new build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. <sup>4,5</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information is readily available about travel costs for social workers.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Twelve days sickness leave and 10 days for study/training have been assumed. <sup>7</sup> Unit costs are based on 1522 hours per annum.
Client-related work <i>Ratio of direct to indirect time on:</i> Face-to-face	1:1.56	Information taken from a study carried out of 237 mental health social workers (of which 162 were Approved Social Workers). Data were collected using a semi-structured questionnaire and diary to produce information on working patterns. It was found that during a week, the average hours spent on undertaking assessments for ASWs was 5.6 hours, in meetings 6.2 hours, writing/administration 12.1 hours, on call 12 hours. <sup>7</sup>
London multiplier	1.20 x A 1.57 x E	Based on the same source as the salary data. <sup>2</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	0.93 x A 0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>2</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007</b>		
£31 per hour; £80 per hour of face to face contact		

1 [http://www.mind.org.uk/Information/Booklets/Other/Getting the best from your ASW.htm](http://www.mind.org.uk/Information/Booklets/Other/Getting%20the%20best%20from%20your%20ASW.htm)

2 Personal communication with the Department of Health (2006).

3 Knapp, M., Bryson, D. & Lewis, J. (1984) The comprehensive costing of child care: the Suffolk cohort study, PSSRU Discussion Paper 355, Personal Social Services Research Unit, University of Kent, Canterbury.

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.

7 Evans, S., Huxley, P., et al (2005) The impact of 'statutory duties' on mental health social workers in the UK, *Health & Social Care in the Community*, 3, 2, 145-154.

## 10.6 Home care worker

The information is based on data collected from a bench marking club of 14 local authorities, all located in the Midlands. The original data were for 1998/1999 and have been updated to 2006/2007 prices. Based on PSS EX1 2005/2006, the mean hourly cost of all home care including LA funded home care and independent provision was £15. This can be compared with the mean hourly cost of LA home care of £21 and a mean hourly cost of £12 for the independent provision. See Jones (2005) for findings about the costs of independently provided home care.<sup>1</sup>

Cost and unit estimation	2006/2007 value	Notes
A. Wages/salary	£7.61 per hour	Information taken from the Adults' Social Care Workforce Survey 2006 showed that the midpoint between the average minimum and the average maximum salary was £7.61. The average minimum salaries outside London ranged from £6.47 to £9.13 and the average salary maximum salaries ranged from £6.67 to £8.64. Salaries in London ranged from £9.13 to £10.15. In order to estimate annual costs it was assumed that this is paid to full-time workers for 52.18 weeks per year. <sup>2</sup>
B. Salary oncosts	£1.80 per hour	Employers' national insurance plus 15.9 per cent of salary for employers' contribution to superannuation.
C. Direct overheads	£2.20 per hour	Direct overheads include administration, management, office costs, insurance, training and premises. For those authorities for which the information was available, these costs comprised about 15 per cent of total hourly costs on average in the 14 authorities. <sup>3</sup> Total hourly costs include unsocial hours payments. Cost have been inflated using the PSS Pay and Prices inflators.
D. Indirect overheads	£1.00 per hour	Indirect overheads include general management and support services such as finance departments and human resource departments. For those authorities for which the information was available, these costs comprised about 8 per cent of total hourly costs on average. Total hourly costs include unsocial hours payments.
E. Travel	£0.60 per visit	Cost of travel per visit was estimated from information provided by the authorities about expenditure on travel and number of visits.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave, 8 days statutory leave, 15 days of sickness (higher in the Midlands study than had previously been assumed, <sup>3</sup> ) and 5 days for training. A few of the authorities also allowed time off for training. Unit Costs are based on 1522 working hours.
Ratios of direct to indirect time on contact:	1:0.16	On the basis of information provided about the number of working hours paid for and the number of contact hours with clients, 86 per cent of time was spent in direct contact on average, ranging between 72 and 99 per cent of time.
Length of visit	45 minutes	Average length of visits based on information about number of contact hours and number of visits, ranged between 33 minutes and an hour.
Typical home care package	8.8 hours per week	Average number of local authority home help contact hours received per household per week. <sup>4</sup> Based on a study of community care packages, it has been estimated that 6.6 hours are worked weekdays between 9 a.m. and 5 p.m., 0.16 hours weekdays after 5 p.m., and 0.55 hours each on Saturday and Sunday. <sup>5</sup> The authorities in the Benchmark Club visited clients 6.34 times per week on average. Increasing this pro rata to reflect the increase in the number of hours of 8.8 (11.1 in the independent sector) which are being received since the time of the study (previously 7.6 hours) raises the number of visits to 11.
Unsocial hours multipliers	1.2 1.5 2.0 1.3	Weekdays 8 p.m to 10 p.m Saturday Sundays and bank holidays Evenings
<b>Unit costs available 2006/2007</b>		
£16 per weekday hour (£19 per hour weekday evenings; £24 per hour Saturdays; £32 per hour Sundays); £19 per hour face-to-face weekday contact (£22 per hour weekday evenings; £28 per hour Saturdays; £37 per hour Sundays) (Includes A to D). £158 typical home care package if all hours are provided by the LA. Based on 1957 hours per year, the cost per weekday hour would be £13.		

1 Jones, K. (2005) The cost of providing home care, in L.Curtis and A.Netten (eds) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

2 Local Authority Workforce Intelligence Group (2007) *Adults' Social Care Workforce Survey 2006*, Local Authority Workforce Intelligence Group, London.

3 Based on data collected from a benchmarking club of 14 local authorities located in the Midlands in 1998/1999.

4 The Information Centre (2007) *Community Care Statistics 2006, Home Care Services for Adults, England*, The Information Centre, Leeds.

5 Bauld, L., Chesterman, J., Davies, B., Judge, K. & Mangalore, R. (2000) *Caring for Older People: An Assessment of Community Care in the 1990s*, Ashgate, Aldershot.

## 10.7 Community occupational therapist (local authority)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£26,835 per year	Information taken from the Adult, Children and Young People Local Authority Social Care Workforce Survey 2006 showed that the midpoint between the average minimum and the average maximum salary was £26,835. The average minimum salaries outside London ranged from £19,785 to £24,414 and the average maximum salaries ranged from £27,701 to £30,886. London salaries ranged from £27,068 to £33,344. <sup>1</sup>
B. Salary oncosts	£5,950 per year	Employers' national insurance plus 15.9 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,122 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> The investment costs of education should always be included, however, when evaluating the cost-effectiveness of different approaches to using health service staff as it is important to include all the costs implicit in changing the professional mix. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training rather than trusts, so those costing exercises which are concerned with narrowly defined costs to the provider organisation would not want to incorporate these investment costs.
D. Overheads	£4,966 per year	Fifteen per cent of salary costs to reflect revenue overheads. <sup>3</sup> Additional costs associated with the purchase and supply of aids have not been allowed for here. Information about the capital cost of aids and adaptations can be found in schema 7.4.
E. Capital overheads	£2,413 per year	Based on the new build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. <sup>4,5</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>6</sup>
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>7</sup> Ten days sickness leave and 5 days for study/training have been assumed. Based on 1560 working hours per annum.
Ratio of direct to indirect time on: client contact	1:0.96	There is considerable variation in patterns of work and this should be taken into consideration whenever possible. This figure is based on the proportion of time spent by NHS occupational therapists in client contact. <sup>8</sup> No information is available about local authority occupational therapists.
Length of visit	40 minutes	Taken from Netten. <sup>6</sup>
London multiplier	1.57 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,4,5</sup>
Non-London multiplier	0.97 x E	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,4,5</sup>
<b>Unit costs available 2006/2007 (costs including training given in brackets)</b>		
£26 (£29) per hour; £51 (£56) per hour of client contact (includes A to E); £35 (£39) per home visit (includes A to F).		

- 1 Local Authority Workforce Intelligence Group (2006) *Adult, Children and Young People Local Authority Social Care Workforce Survey 2006*, Local Authority Workforce Intelligence Group, London.
- 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 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vol 2, Methodology*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 4 Building Cost Information Service (2006) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2007).
- 6 Netten, A. (1992) Some cost implications of Caring for People: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.
- 7 Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
- 8 Government Statistical Service (1994) Summary Information Form KT27, Physiotherapy Services, Table 7, 1994, England and Wales.

## 10.8 Intensive case management for older people

Information in this schema is based on the Adult, Children and Young People Local Authority Social Care Workforce Survey, 2006.<sup>1</sup> The information on use of time reflects an experimental intensive case management scheme working with long-term cases.<sup>2</sup> The team referred cases to the case managers, who were not involved in screening or duty work. All clients were suffering from dementia.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£28,897 per year	Information taken from the Adults' Social Care Workforce Survey 2006 showed that the midpoint between the average minimum and the average maximum salary for a Home Care Manager was £28,897 with a range of £26,939-£30,854. The average minimum salaries outside London ranged from £23,141 to £31,688 and the average maximum salaries ranged from £27,350 to £32,327. London salaries ranged from £28,498 to £35,628. <sup>1</sup>
B. Salary oncosts	£6,794 per year	Employers' national insurance plus 15.9 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No information available.
D. Overheads: direct and indirect	£5,710 per year	Based on health authority overheads of 16 per cent since the case managers were based in a health authority multidisciplinary mental health team.
E. Capital overheads	£2,413 per year	Based on the new build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Based on community health service travel costs and inflated using the Retail Price Index.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>5</sup> Assumes 5 study/training days, and 10 days sickness leave. Based on 1560 working 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. <sup>6</sup> 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.
Frequency of visits	9	Average number of visits per week per worker.
Length of visits	45 minutes	Average length of visits overall in teams.
Caseload per worker	14	Number of cases per care manager. Limited turnover.
London multiplier	1.65 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
Non-London multiplier	0.97 x E	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. <sup>1,3,4</sup>
<b>Unit costs available 2006/2007</b>		
£28 per hour; £44 per hour of client-related work; £117 per hour of face-to-face contact; £73 per case per week (includes A to E); £37 per home visit (includes A to F).		

1 Local Authority Workforce Intelligence Group (2006) *Adults' Social Care Workforce Survey 2006*.

2 von Abendorff, R., Challis, D. & Netten, A. (1995) Case managers, key workers and multidisciplinary teams, PSSRU Discussion Paper 1038, Personal Social Services Research Unit, University of Kent, Canterbury.

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

5 Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.

6 Weinberg, A., Williamson, J., Challis, D. & Hughes, J. (2003) What do Care Managers do? - A study of Working Practice in Older Peoples' Services, *British Journal of Social Work*, 33, 901-919.

## 10.9 Family support worker

A study was conducted on family support workers working with carers of people with schizophrenia to investigate the outcomes of a training scheme on costs.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£19,944 per year	Information taken from the Children, Young People and Families Social Care Workforce Survey 2006 showed that the midpoint between the average minimum salary and the average maximum salary for a family support worker was £19,944 with a range of £18,165 to £21,722. The average minimum salaries outside London ranged from £16,168 to £17,984 and the average maximum salaries ranged from £18,993 to £23,644. London salaries ranged from £21,324 to £24,377. <sup>2</sup>
B. Salary oncosts	£4,537 per year	Includes employers' national insurance plus employers' contribution to superannuation (15.9 per cent).
C. Training	£2,159 per year	1996/1997 costs inflated by the PSS Pay and Prices Index. The training consisted of 12 day sessions attended by 14 FSWs. <sup>3</sup> The costs included the payments to trainers and their expenses, accommodation in which the training took place and lunches. Allowance was made for the opportunity cost of the FSW's time which otherwise could have been spent delivering the service. The total cost was £44,100 or £4,100 per trainee. It was assumed that two years was the expected length of time over which the training package would deliver. Half the staff left during the second year so the total number of 'trained years' that were delivered from the course was 21. This initial investment was annuitised over two years and allowed for drop outs to reach an annual cost of £2,159.
D. Overheads	£7,640 per year	1996/1997 costs inflated by the PSS Pay and Prices Index. Office, travel, clerical support and supervision costs were categorised under the general heading of overheads.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>4</sup> Assumes 5 days sick leave per annum. Based on 1597 working 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 per cent), travelling (14 per cent), staff development (5 per cent) and administration and other (9 per cent).
London multiplier		These are non-London costs. No London multiplier is available.
<b>Unit costs available 2006/2007 (costs including training given in brackets)</b>		
£20 (£21) for a basic hour; £34 (£36) 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 Authority Workforce Intelligence Group (2007) *Children, Young People and Families Social Care Workforce Survey 2006*, Local Authority Workforce Intelligence Group, London.

3 Netten, A. (1999) *Family support workers: costs of services and informal care*, PSSRU Discussion Paper 1634, Personal Social Services Research Unit, University of Kent, Canterbury.

4 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.



## **11. Health and social care teams**

- 11.1 NHS community multidisciplinary mental health team key worker for elderly people with mental health problems
- 11.2 Community mental health team for adults with mental health problems
- 11.3 Crisis Resolution Teams for adults with mental health problems
- 11.4 Assertive Outreach Teams for adults with mental health problems
- 11.5 Early Intervention Teams for adults with mental health problems
- 11.6 Generic single disciplinary CAMHS teams
- 11.7 Generic multi-disciplinary CAMHS teams
- 11.8 Dedicated CAMHS teams
- 11.9 Targeted CAMHS teams
- 11.10 Counselling services in primary medical care





## 11.1 NHS community multidisciplinary mental health team key worker for elderly people with mental health problems

The information in the schema reflects the operation of two specialist multidisciplinary teams for elderly people with mental health problems.<sup>1</sup>

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£31,014 per year	Based on mid-point Agenda for Change (AfC) salaries. <sup>2</sup> Weighted to reflect input of psychiatrists, OTs, CPNs, psychologists and social workers. Analysis of time use information identified two types of team member: core and extended role. When those activities of extended role team members which reflected responsibilities outside the teams were excluded, both types of team member operated in a similar key worker role.
B. Salary oncosts	£6,982 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent.
C. Qualifications		Information not available for all care staff.
D. Overheads: Direct and indirect	£6,703 per year	Comprises £2,904 for indirect overheads and 10 per cent of salary costs for direct revenue overheads.
E. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. <sup>3,4</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten and inflated using the retail price index. <sup>5</sup>
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. Based on 1560 working hours.
Ratios of direct to indirect time on: client-related work direct outputs	1:0.3 1:0.85	Ratios are used to estimate the full cost of direct and indirect time required to deliver each output. The study found that 77 per cent of time was spent on all client-related work. Fifty-four per cent of time was spent on activities which generated direct outputs for clients either in the form of face-to-face contact or service liaison on their behalf.
face-to-face contact	1:2.45	Direct face-to-face contact is not a good indicator of input to clients, but it is often the only information available. The study found that direct face-to-face contact with clients and carers occupied 29 per cent of working time.
Frequency of visits	8	Average number of visits per week per worker.
Length of visits	60 minutes	Average length of visits overall in teams.
Caseload per worker	17 cases	The low caseload reflects the characteristics of the experimental scheme.
London multiplier	1.18 x (A to D) 1.45 x E	Allows for higher costs associated with working in London. <sup>7,3,4</sup>
Non-London multiplier	1.00 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London. <sup>7,3,4</sup>
<b>Unit costs available 2006/2007</b>		
£30 per hour; £39 per hour of client-related work; £56 per hour of direct output activity; £67 per case per week; £104 per hour of face-to-face contact (includes A to E); £57 per home visit (includes A to F).		

1 von Abendorff, R., Challis, D. & Netten, A. (1995) Case managers, key workers and multidisciplinary teams, PSSRU Discussion Paper 1038, Personal Social Services Research Unit, University of Kent, Canterbury.

2 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

5 Netten, A. (1992) Some cost implications of caring for people: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Based on personal communication with the Department of Health, 2007.

## 11.2 Community mental health team for adults with mental health problems

Community Mental Health Teams (CMHTs) are a central component of most local services for people with mental health problems. Composed of professionals from a wide range of disciplines, they are intended to provide an effective local mental health service that prioritises those whose problems are severe and long-term.<sup>2</sup>

Using another source of information ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for a community mental health team contact for 2006 was £ 132 with the minimum range for 25 per cent of services being £109 and the maximum £146. Costs have been updated to 2006/07 levels using the HCHS Pay and Prices Inflation.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£25,763 per year	Based on mid-point Agenda for Change (AfC) salaries and on Adult Mental Health Service Mapping data and drawing on Onyett et al. <sup>1,2,3</sup> The teams included CPNs, social workers, nurses, occupational therapists, support workers, doctors and psychologists. 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.
B. Salary oncosts	£5,604 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Information not available for all care staff.
D. Overheads: Direct and indirect Administrative and management costs	£5,332 per year £5,736 per year	Regional health authority overheads estimated to be 17 per cent. <sup>2</sup> Based on the Adult Mental Health Service Mapping data and national salary for a grade 6 administrative and clerical staff worker. <sup>1</sup>
E. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. <sup>4,5</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten <sup>6</sup> and inflated using the retail price index.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. Assumes 5 study/training days, and 10 days sickness leave. Based on 1560 working hours.
Ratio of direct to indirect time on: patient-related work face-to-face contact	1:0.28 1:1.50	Estimates on patient-related activity were taken from Jackson et al. who studied patterns of work in a CMHT. <sup>7</sup> Patient-related work took 78 per cent, and face-to-face contact 40 per cent of time overall.
London multiplier	1.18 x (A to D) 1.45 x E	Allows for higher costs associated with working in London. <sup>4,5,8</sup>
Non-London multiplier	1.00 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London. <sup>4,5,8</sup>
<b>Unit costs available 2006/2007</b>		
£29 per hour; £37 per hour of patient-related work; £72 per hour of face-to-face contact (includes A to E). Travel £1.30 per visit.		

- 1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.
- 2 Community Mental Health Team Workforce (2003) *Adult Mental Health Service Mapping*, Table 20a, Community Mental Health Team Workforce, University of Durham, <http://www.dur.ac.uk/service.mapping/amh/index.php>.
- 3 Onyett, S., Pillinger, T. & Muijen, M. (1995) *Making Community Mental Health Teams Work*, The Sainsbury Centre for Mental Health, London.
- 4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2007).
- 6 Netten, A. (1992) *Some cost implications of Caring for People: interim report*, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.
- 7 Jackson, G., Percival, C., Gater, R. & Goldberg, D. (1996) *Patterns of work in a multidisciplinary community mental health team*, unpublished.
- 8 Based on personal communication with the Department of Health (2007).

### 11.3 Crisis Resolution Teams 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. The main target group will usually be adults between 16-65 years of age, whose mental health problems are of such severity that they are at risk of requiring psychiatric hospitalisation. Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for a crisis resolution team for 2006 was £211 per team contact and the minimum range for 25 per cent of services was £155 and the maximum £289.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£25,446 per year	Based on mid-point Agenda for Change (AfC) salaries and on Adult Mental Health Service Mapping data. <sup>1,2</sup> 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.
B. Salary oncosts	£5,564 per year	Employers' national insurance 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 Direct and Indirect Administrative and Management costs	£5,272 per year £2,555 per year	Minghella (Minghella et al., 1998) estimated overheads for a crisis service to be 17 per cent of total salary costs. <sup>3</sup> Based on the Adult Mental Health Service Mapping data. <sup>1</sup>
E. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. <sup>4,5</sup> Costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Minghella <sup>1</sup> estimated capital costs to be 6 per cent of total costs.
Working hours of team members	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Ten days sickness leave and 5 days for study/training have been assumed. <sup>7</sup> Weighted to reflect team composition. Based on 1560 working hours.
Service hours	24 hours per day 7 days per week	Based on The Sainsbury Centre for Mental Health, 2001. <sup>3</sup> 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.
Length of episode	27 days	The National Survey reported that 27 days was the average length of involvement. The mean longest time that teams stay involved is 75.6 days. <sup>8</sup>
Caseload	23 cases per service 3 cases per care staff	Based on Adult Service Mental Health Mapping data <sup>2</sup> providing returns from 95 Primary Care Trusts and 134 services. Incomplete data and data from three PCTs were excluded where the caseload per staff was greater than 20 (recommended maximum 15). Caseload data includes all cases on 30 September 2004 which have been open and seen within the previous six months. It does not include cases which have been seen within that period but subsequently closed. The National Survey estimated that the caseload size was 24 in 2005. <sup>8</sup> No updated information is available.
London multiplier	1.18 x (A to D) 1.45 x E	Allows for higher costs associated with working in London. <sup>4,5,9</sup>
Non-London multiplier	1.00 x (A to D)	Allows for the lower costs associated with working outside London. <sup>4,5,9</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£26 per hour; £41,220 annual cost of team member; £3,036 average cost of team member per episode; £329,764 annual cost of team; £264 cost of case per care staff per week.		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

2 Crisis Resolution Team Workforce (2003) *Adult Mental Health Service Mapping*, Crisis Resolution Team Workforce, University of Durham & Department of Health, London, [www.dur.ac.uk/service.mapping/amh/index.php](http://www.dur.ac.uk/service.mapping/amh/index.php).

3 The Sainsbury Centre (2001) *Mental Health Topics, Crisis Resolution*, The Sainsbury Centre for Mental Health, London.

4 Building Cost Information Service (2007) *Surveys of Tender Prices, March*, BCIS Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2006).

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Data provided by the Department of Health, Health Authority Personnel Division.

8 Onyett, S., Linde, K., Glover, G. et al. (2007) *Crisis Resolution and Inpatient Mental Health Care in England*, University of Durham.

9 Based on personal communication with the Department of Health (2007).

## 11.4 Assertive Outreach Teams for adults with mental health problems

Assertive Outreach Teams provide intensive support for severely mentally ill people who are 'difficult to engage' in more traditional services. The approach is characterised by work with clients in their own environment, wherever that may be.<sup>1</sup> Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for an Assertive Outreach team contact for 2006 was £131 with the minimum range for 25 per cent of services being £106 and the maximum £174.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£25,929 per year	Based on mid-point Agenda for Change (AfC) salaries and on Adult Mental Health Service Mapping data. <sup>2,3</sup> 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. Loss of earnings based on the minimum wage has been assumed for volunteers.
B. Salary oncosts	£5,725 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads Direct and Indirect Administrative and Management costs	£5,381 per year £3,195 per year	Regional health authority overheads estimated to be 17 per cent of total salary costs. <sup>4</sup> Based on the Adult Mental Health Service Mapping data. <sup>5</sup>
D. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities. <sup>5,6</sup> 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% were face to face with the patient, 13% were by telephone, 11% of all attempts at contact ended in failure and a further 6% involved contact with the carer (face to face or by phone). Of the face to face contacts with patients, 63% took place in the patient's home or neighbourhood, 27% in service settings and 10% in other settings. <sup>7</sup>
Working hours of team members	42 weeks per annum 37.5 hrs per week	Includes 29 days annual leave and 8 statutory leave days. <sup>8</sup> Ten days sickness leave and 5 days for study/training have been assumed. <sup>9</sup> Weighted to reflect team composition. Based on 1560 working hours.
Service hours	24 hours per day	Working hours of most services are flexible, although 24 hour services are rare.
Length of episode Length of contact	30 minutes	Median length 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. <sup>10</sup> There is intensive frequency of client contact ideally an average of four or more contacts per week with each client.
Caseload	33 cases per service 5.5 cases per care staff	Based on Adult Service Mental Health Mapping data and returns from 232 Primary Care Trusts and 299 services. One PCT was excluded where the caseload per staff was greater than 20 (recommended maximum 12). Average caseload per staff was 5.5. Average care staff per service was 6. This includes all cases being carried by the service on 30 September 2004 and which have been open and seen within the previous six months. It does not include cases which have been seen within that period but subsequently closed. <sup>3</sup> No updated information is available.
London multiplier	1.18 x (A to C) 1.45 x E	Allows for the higher costs associated with working in London. <sup>5,6,11</sup>
Non-London multiplier	1.00 x (A to C)	Allows for the lower costs associated with working outside London. <sup>5,6,12</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£27 per hour; £40 per hour of patient contact; £42,614 annual cost of team member; £255,684 annual cost of service; £149 cost of caseload per care staff per week.		

- 1 The Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Assertive Outreach*, The Sainsbury Centre for Mental Health, (updated 2003), London.
- 2 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.
- 3 Assertive Outreach Team Workforce (2003) *Adult Mental Health Service Mapping*, University of Durham & Department of Health, London, [www.dur.ac.uk/service.mapping/amh/index.php](http://www.dur.ac.uk/service.mapping/amh/index.php).
- 4 Onyett, S. et al. (1995) *Making Community Mental Health Teams Work*, The Sainsbury Centre for Mental Health, London.
- 5 Building Cost Information Service (2007) *Surveys of Tender Prices, March*, BCIS Royal Institution of Chartered Surveyors, London.
- 6 Based on personal communication with the Department for Communities and Local Government (2006).
- 7 Wright, C. et al. (2003) Assertive outreach teams in London: models of operation, *British Journal of Psychiatry*, 183, 2, 132-138.
- 8 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 9 Data provided by the Department of Health, Health Authority Personnel Division.
- 10 <http://www.iris-initiative.org.uk/assertiveoutreach.hmt>.
- 11 Based on personal communication with the Department of Health (2007).

## 11.5 Early Intervention Teams 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.<sup>1</sup> Early Intervention Teams go to see the client in his or her environment. Using reference costs ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_062884](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062884)), the mean average cost for an Early Outreach team contact for 2006 was £219 with the minimum range for 25 per cent of services being £183 and the maximum £342.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£27,064 per year	Based on mid-point Agenda for Change (AfC) salaries and on Adult Mental Health Service Mapping data. <sup>2,3</sup> 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. The teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers. Loss of earnings based on the minimum wage has been assumed for volunteers.
B. Salary oncosts	£5,963 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Training		Training programmes in Early Intervention are under development at a number of places across England. The Sainsbury Centre for Mental Health will run a part-time post graduate certificate (EIP) over a one year period commencing in 2005. This includes 20 days of teaching. <sup>4</sup> The fee is £3,038.
D. Overheads direct and indirect administrative and management costs	£5,615 per year £3,944 per year	Regional health authority overheads estimated to be 17 per cent of total salary costs. <sup>5</sup> Based on the Adult Mental Health Service Mapping data <sup>3</sup>
E. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities. <sup>6,7</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time per staff member	42 wks per year 37.5 hrs per week	Includes 29 days annual leave and 8 statutory leave days. <sup>8</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>9</sup> Weighted to reflect team composition. Based on 1560 working hours.
Service hours		Teams tend to operate 9.00 – 5.00 office hours but some flexibility is being planned.
Case load	25 cases per service 3 cases per care staff	Based on Adult Service Mental Health Mapping data on returns from 62 services and 48 Primary Care Trusts. <sup>3</sup> Nine Trusts were excluded where the caseload per staff exceeded 20 (recommended maximum 15). Average caseload per care staff was 6. Average caseload per service was 25 and average care staff per service was 4. This includes all cases being carried by the service on 30 September 2004 and which have been open and seen within the previous six months. It does not include cases which have been seen within that period but subsequently closed. No updated information is available.
Ratio of direct to indirect time on: face-to-face contacts Patient contact		No information available
London multiplier	1.18 x (A to D) 1.45 x E	Allows for the higher costs associated with working in London. <sup>6,7,10</sup>
Non-London multiplier	1.00 x (A to D)	Allows for the lower costs associated with working outside London. <sup>6,7,10</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£29 per hour. £44,970 annual cost of team member; £179,882 annual cost of team, £144 cost of case per care staff per week.		

- 1 The Sainsbury Centre for Mental Health (2003) *A Window of Opportunity: A Practical Guide for Developing Early Intervention in Psychosis Services*, Briefing 23, The Sainsbury Centre for Mental Health, London.
- 2 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.
- 3 Early Intervention Team Workforce (2003) *Adult Mental Health Service Mapping*, University of Durham & Department of Health, [www.dur.ac.uk/service.mapping/amh/index.php](http://www.dur.ac.uk/service.mapping/amh/index.php).
- 4 The Sainsbury Centre for Mental Health (2004) *Postgraduate Certificate in Early Intervention for Psychosis*.
- 5 Onyett, S. et al. (1995) *Making Community Mental Health Teams Work*, The Sainsbury Centre for Mental Health, London.
- 6 Building Cost Information Service (2007) *Surveys of Tender Prices, March*, BCIS Royal Institution of Chartered Surveyors, London.
- 7 Based on personal communication with the Department for Communities and Local Government (2006).
- 8 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 9 Data provided by the Department of Health, Health Authority Personnel Division.
- 10 Based on personal communication with the Department of Health (2007).

## 11.6 Generic single disciplinary CAMHS teams

These teams are staffed by only one clinical profession and provide services for children and young people with particular problems requiring particular types of intervention and within a defined geographical area.<sup>1</sup> The information is taken from the Child Health CAMHS and Maternity Mapping database and is based on returns from 1,055 teams. Single disciplinary teams made up 5 per cent of all teams and accounted for 3 per cent of the workforce.<sup>2</sup>

The staff of these teams were almost exclusively clinical psychologists, educational psychologists and other therapists. The exceptions were teams of primary mental health workers giving a focus on provision of psychological therapies. There were returns from 57 generic single disciplinary teams with an average staff ratio of 3.65 WTE per team (excluding administrative staff and managers). Costs have been updated to 2006/2007 price levels using the appropriate inflators.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary plus oncosts	£36,672 per year	Average salary for single generic team member based on National Child and Adolescent Mental Health Service Mapping data and on mid-point Agenda for Change (AfC) salaries. <sup>2,3</sup>
B. Overheads: Direct Travel, training, drugs and equipment costs	£2,088 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. <sup>2</sup> Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team.
Managers and administrative staff	£5,228 per year	The National Child and Adolescent Mental Health Service Mapping data shows that the ratio of management/administrative staff to care per team is 1:4.03. <sup>2</sup> Salary is weighted to take account of the ratio of managers to administrative staff based on spinal points 36 and 18 of the national average salaries.
C. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities. <sup>4,5</sup> 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 wks per year 37.5 hrs per week	Includes 29 days annual leave and 8 statutory leave days. <sup>1</sup> Assumes 6 study/training days, and 8 days sickness leave. Weighted to reflect team composition. Based on 1,575 hours per year.
Ratio of direct to indirect time on: patient related work face to face contact	1:0.70 1:1.10	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: supervision (6%), education and training (100%), governance (4%), admin and management (22%), consultation and liaison (11%) and clinical (48%).
Length of episode		26% of cases lasted for 4 weeks or less, 25% for 13 weeks or less, 18% for 26 weeks or less, 16% for 52 weeks or less and 15% for more than 52 weeks.
Caseload per team	84 cases per team	Based on 57 teams and a caseload of 4,799. <sup>2</sup>
London multiplier		These are costs for England. No London multiplier is available.
<b>Unit costs available 2006/2007</b>		
£29 per hour per team member; £50 per hour per patient related activity; £62 per hour per team member face to face contact; £2,347 cost per case per team; £529 average cost per team member per case.		

1 Young Minds (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, <http://www.youngminds.org.uk/pctguidance/app3.php>.

2 Child Health CAMHS and Maternity Mapping (2006) Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

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 Building Cost Information Service (2007) *Surveys of Tender Prices, March*, BCIS Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

## 11.7 Generic multi-disciplinary CAMHS teams

The CAMHS Service Mapping data<sup>2</sup> is based on returns from 1,055 teams and multi-disciplinary teams made up 43 per cent of all CAMHS teams and 57 per cent of the workforce. There were 506 generic teams of which 449 were multidisciplinary. Generic teams provide the backbone of specialist CAMHS provision ensuring a range of therapeutic interventions were available to children, young people and families locally. Multi disciplinary generic teams, as the name implies, were largely staffed by a range of mental health professionals. The average size of multi disciplinary teams was 9.44 wte. (excluding administrative staff and managers). Costs have been updated to 2006/2007 price levels using the appropriate inflators.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary plus oncosts	£66,798 per year	Average salary plus oncosts for a generic multi-disciplinary team member based on National Child and Adolescent Mental Health Service Mapping data and Agenda for Change (AfC) salaries. <sup>1,2</sup> 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%). <sup>1</sup>
B. Overheads:		
Direct	£4,057 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. <sup>1</sup> Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team.
Indirect	£6,169 per year	The National Child and Adolescent Mental Health Service Mapping data shows that the ratio of care staff to management/administrative staff per team is 1:3.44. Salary is weighted to take account of the ratio of managers to administrative staff based on spinal points 36 and 18 of the national average salaries.
C. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities. <sup>3,4</sup> 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 45.73 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 6 study/training days, and 8 days sickness leave. Working hours weighted to reflect team composition. Unit costs based on 1,933 hours working hours per year.
Ratio of direct to indirect time on: patient related work face to face contact	1:0.70 1:1.10	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported for all CAMHS teams by Strategic Health Authority (SHA) averaging as follows: supervision (6%), education and training (10%), governance (4%), admin and management (22%), consultation and liaison (11%) and clinical (48%).
Length of episode (All CAMHS teams)		19% of cases lasted for 4 weeks or less, 21% for 13 weeks or less, 19% for 26 weeks or less, 17% for 52 weeks or less and 25% for more than 52 weeks.
Caseload per team	177 cases per team	Based on 449 teams and 79,637 cases. <sup>1</sup>
London multiplier		These are costs for England. No London multiplier is available.
<b>Unit costs available 2006/2007</b>		
£41 per hour per team member; £70 cost per hour per team member for patient related activities; £86 cost per hour per team member for face to face contact; £4,124 cost per case per team; £436 average cost per team member per case.		

1 Child Health CAMHS and Maternity Mapping (2006) Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

2 NHS Employers (2006) *Pay Circular (AforC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

3 Building Cost Information Service (2007) *Surveys of Tender Prices, March*, BCIS Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

## 11.8 Dedicated CAMHS teams

Dedicated 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 is based on National Child and Adolescent Mental Health Service Mapping data and returns from 1,055.<sup>1</sup> There were returns from 144 dedicated teams with an average staff ratio of 2.13 WTE per team (excluding administrative staff and managers). Costs have been updated to 2006/2007 price levels using the appropriate inflators.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary plus oncosts	£36,672 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 <sup>1</sup> and on the 128 dedicated teams. Salaries are based on (AfC) 2006 payscales. <sup>2</sup> 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%). <sup>1</sup>
B. Overheads:		
Direct	£3,252 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. <sup>1</sup> Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team.
Travel, training, drugs and equipment costs		
Managers and administrative staff:	£3,758 per year	The National Child and Adolescent Mental Health Service Mapping data shows that the ratio of management/administrative staff to care per team is 1:6.4. Salary is weighted to take account of the ratio of managers to administrative staff based on spinal points 36 and 18 of the national average salaries.
Direct		
C. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities. <sup>3,4</sup> 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 37.7 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 6 study/training days, and 8 days sickness leave. Working hours weighted to reflect team composition. Based on 1,588 hours working hours per year.
Ratio of direct to indirect time on:		Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported for all CAMHS teams by Strategic Health Authority (SHA) averaging as follows: supervision (6%), education and training (10%), governance (4%), admin and management (22%), consultation and liaison (11%) and clinical (48%).
patient related work	1:0.70	
face to face contact	1:1.10	
Length of episode		30% of cases lasted for 4 weeks or less, 30% for 13 weeks or less, 19% for 26 weeks or less, 11% for 52 weeks or less and 10% for more than 52 weeks.
Caseload	36 cases per team	Based on 144 teams and 5,193 cases. <sup>1</sup>
London multiplier		These are costs for England. No London multiplier is available.
<b>Unit costs available 2006/2007</b>		
£30 per hour per team member; £50 per hour of patient related activity, £62 per hour of face to face contact, £2,713 cost per case per team, Average cost per team member £1,272.		

1 Child Health CAMHS and Maternity Mapping (2006), Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

2 NHS Employers (2007) Pay Circular (AfC) 1/2007. Pay and conditions for NHS staff covered by the Agenda for Change Agreement.

3 Building Cost Information Service (2007) Surveys of Tender Prices, March, BCIS Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).



## 11.9 Targeted CAMHS teams

These teams provide services for children and young people with particular problems or for those requiring particular types of therapeutic interventions. The information is based on National Child and Adolescent Mental Health Service Mapping data and returns from 1,055 teams).<sup>1</sup> There were returns from 293 targeted teams with an average staff ratio of 3.65 WTE per team (excluding administrative staff and managers). Costs have been updated to 2006/2007 price levels using the appropriate inflators.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary plus oncosts	£41,974 per year	Average salary for a team based on National Child and Adolescent Mental Health Service Mapping data. <sup>1</sup> Salaries are based on (AfC) 2006 pay scales. <sup>2</sup> 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%). <sup>1</sup>
B. Overheads: Direct Travel, training, drugs and equipment costs	£4,170 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. <sup>1</sup> Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team.
Managers and administrative staff	£4,334 per year	The National Child and Adolescent Mental Health Service Mapping data shows that the ratio of management/administrative staff to care staff per team is 1:5.14. Salary is weighted to take account of the ratio of managers to administrative staff based on spinal points 36 and 18 of the national average salaries.
C. Capital overheads	£2,384 per year	Based on the new build and land requirements of an NHS office and shared facilities. <sup>3,4</sup> 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	Includes 29 days annual leave and 8 statutory leave days. Assumes 6 study/training days, and 8 days sickness leave. Working hours weighted to reflect team composition. Unit Costs based on 1,599 hours working hours per year.
Ratio of direct to indirect time on: patient related work face to face contact	1:0.70 1:1.10	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported for all CAMHS teams by Strategic Health Authority (SHA) averaging as follows: supervision (6%), education and training (10%), governance (4%), admin and management (22%), consultation and liaison (11%) and clinical (48%).
Length of episode		22% of cases lasted for 4 weeks or less, 24% for 13 weeks or less, 18% for 26 weeks or less, 16% for 52 weeks or less and 20% for more than 52 weeks.
Caseload	45 cases per team	Based on 293 teams and 13,337 cases. <sup>1</sup>
London multiplier		These are costs for England. No London multiplier is available.
<b>Unit costs available 2006/2007</b>		
£33 per hour per team member; £56 cost per hour per team member for patient related activities; £69 cost per hour per team member for face to face contact; £4,106 cost per case per team; £1,123 average cost per team member per case.		

1 Child Health CAMHS and Maternity Mapping (2006), Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

2 NHS Employers (2006) Pay Circular (AforC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement.

3 Building Cost Information Service (2007) Surveys of Tender Prices, March, BCIS Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

## 11.10 Counselling services in primary medical care

The accredited counsellors qualification (BAC) is wide-ranging and covers different levels. The Diploma in Counselling can be studied over three years part-time costing £1,000 for the first year and £2,000 for years two and three and involves 450 hours of study. This cost includes tuition, scheduled workshops, the cost of accreditation and access to library material. Students will also have to meet the cost of supervision and professional insurance.

In order to incorporate training costs into unit costs, information is needed about distribution of the qualification and expected working life of people with the qualification.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£31,906 per year	Based on the mid-point of Agenda for Change (AfC) salaries Band 7 of the April 2006 pay scale for a Specialist Counsellor. <sup>1</sup> An entry level Counsellor would be on Band 5 of the Agenda for Change pay scale and a Counsellor would be on Band 6. <sup>2</sup>
B. Salary oncosts	£6,946 per year	Employers' national insurance plus 14 per cent of salary to employers' superannuation.
C. Overheads: Direct	£3,885 per year	Ten per cent of salary costs added for equipment, management and administrative overheads.
D. Capital overheads	£1,204 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.
E. Travel		No information available.
Ratio of direct to indirect time on: client contact	1:0.30	A study of nine practices found that on average each session lasted 55 minutes and the mean number of sessions was 7 (median 6). <sup>3</sup> 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:	96.6 minutes 29.7 minutes 34 minutes.	Average length of surgery consultation. <sup>4</sup> Average length of telephone consultation. <sup>4</sup> Average length of home visit. <sup>4</sup>
Working time	42 weeks per year 37.5 hours per week	Each practice in the study employed counsellors for between 6 and 49 hours per week. Based on working hours of 1,535 hours per year.
<b>Unit costs available 2006/2007</b>		
£29 per hour (includes A to D); £37 per hour of client contact (included A to D); £34 per session.		

1 NHS Employers (2006) *Pay Circular (AforC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

2 Counsellors and Psychotherapists in Primary Care (2007) *Counsellors in the NHS - Agenda for Change, Pay Scales and Grading, January 2005*, Counsellors and Psychotherapists in Primary Care, London, [http://www.cpc-online.co.uk/documents/AfC\\_pay.pdf](http://www.cpc-online.co.uk/documents/AfC_pay.pdf).

3 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.

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

## **IV. HOSPITAL-BASED HEALTH CARE STAFF**

### **12. Scientific and professional**

- 12.1 Hospital physiotherapist
- 12.2 Hospital occupational therapist
- 12.3 Hospital speech and language therapist
- 12.4 Dietitian
- 12.5 Radiographer
- 12.6 Hospital pharmacist
- 12.7 Clinical support worker higher level nursing (hospital)



## 12.1 Hospital physiotherapist

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 5 of the April 2006 pay scale according to the National Profiles for Physiotherapy. More specialist grades range from AfC band 6 to 8B for a Physiotherapist Specialist to Consultant. <sup>1</sup>
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,257 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for more details on cost of qualifications.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,707 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. <sup>4,5</sup> 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	£2.60 per visit	Based on expenditure provided by community trust.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>1</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>6</sup> Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: patient contacts clinic contacts home visits	1:0.54 1:0.46 1:0.96	Assuming 10 per cent of time in patient's own home, 50 per cent in clinics, 5 per cent in other settings, 30 per cent on non-clinical activity and 5 per cent on travel. Information derived from consultation with NHS Trusts.
Length 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. <sup>7</sup>
London multiplier	1.14 x (A to D) 1.47 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>8</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	0.98 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£22 (£24) per hour; £33 (£38) per hour of client contact; £32 (£36) per hour in clinic; £43 (£48) per hour in home visiting (includes A to E). Travel £2.60 per visit.		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 Williams, J. (1991) *Calculating Staffing Levels in Physiotherapy Services*, Pampas, Rotherham.

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

8 Based on personal communication with the Department of Health (2007).

## 12.2 Hospital occupational therapist

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 5 of the April 2006 pay scale according to the National Profiles for Occupational Therapy. More specialist grades range from AfC band 6 to 8B for a Occupational Therapist Specialist to Consultant. (See page 187 for salary information.) <sup>1</sup>
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,096 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for more details on cost of qualifications.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,707 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. <sup>4,5</sup> 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.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>1</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>6</sup> Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: patient contacts	1:0.67	Assuming 60 per cent of time in clinics and 40 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.18 x (A to D) 1.39 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	1.00 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£22 (£24) per hour; £36 (£41) per hour of client contact (includes A to E).		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 Williams, J. (1991) *Calculating Staffing Levels in Occupational Therapy Services*, Pampas, Rotherham.

7 Based on personal communication with the Department of Health (2007).

## 12.3 Hospital speech and language therapist

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 5 of the April 2006 pay scale according to the National Profiles for Speech and Language Therapists. More specialist grades range from AfC band 6 to 8C for a Specialist Speech and Language Therapist to Consultant. (See page 187 for salary information.) <sup>1</sup>
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,302 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for more details on cost of qualifications.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,680 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. <sup>4,5</sup> 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.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>1</sup> Assumes 5 study/training days, and 10 days sickness leave. <sup>6</sup> Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: patient contacts	1:0.67	Assuming 60 per cent of time in clinics and 40 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.18 × (A to D) 1.28 × E	Allows for the higher costs associated with London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	1.00 × (A to D) 0.97 × E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£22 (£24) per hour; £36 (£41) per hour of client contact (includes A to E).		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 Williams, J. (1991) *Calculating Staffing Levels in Speech and Therapy Services*, Pampas, Rotherham.

7 Based on personal communication with the Department of Health (2007).

## 12.4 Dietitian

Using Reference costs ([www.dh.gov.uk/en/PolicyAndGuidance/Organisationpolicy/Financeandplanning/NHSreferencecosts/DH\\_074097](http://www.dh.gov.uk/en/PolicyAndGuidance/Organisationpolicy/Financeandplanning/NHSreferencecosts/DH_074097)), the mean cost for a face to face visit by a dietitian was £37 for 2006/07 with the minimum range for 25 per cent of services being £21 and the maximum £39. Costs have been updated to 2006/07 using the HCHS Pay and Prices Inflatior.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 5 of the April 2006 pay scale according to the National Profiles for Dietetics. More specialist grades range from AfC band 6 to for a Dietician Specialist and a Dietician Advanced. (See page 187 for salary information.) <sup>1</sup>
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,387 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for more details on cost of qualifications.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£3,968 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. <sup>4,5</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.60 per visit	Taken from Netten <sup>6</sup> and inflated using the retail price index.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. <sup>1</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts clinical settings home visits	1:0.33 1:0.27 1:1.27	Assuming 5 per cent of time in patient's own home, 35 per cent in clinics, 30 per cent in hospital wards, 5 per cent in other settings, 20 per cent on non-clinical activity and 5 per cent on travel. Information derived from consultation with NHS Trusts.
London multiplier	1.18 x (A to D) 1.32 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	1.00 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£21 (£24) per hour; £28 (£32) per hour client contact; £27 (£30) per hour in clinic; £48 (£54) per hour of home visiting (includes A to E). Travel £2.60 per visit.		

- 1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.
- 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 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vol 2 Methodology*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2007).
- 6 Netten, A. (1992) *Some cost implications of Caring for People: interim report*, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.
- 7 Based on personal communication with the Department of Health, 2007.



## 12.5 Radiographer

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 5 of the April 2006 pay scale according to the National Profiles for Diagnostic & Therapeutic Radiography. More specialist grades range from AfC band 6 to 8C for a Radiographer Specialist to Consultant. (See page 187 for salary information.) <sup>1</sup>
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,139 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for more details on cost of qualifications.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£7,562 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. <sup>4,5</sup> 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	Includes 29 days annual leave and 8 days statutory leave. <sup>1</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: patient contacts	1:0.67	Assuming 60 per cent of time spent on face-to-face contact, 20 per cent on other clinical activity, and 20 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.14 x (A to D) 1.33 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>6</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	0.98 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>6</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£24 (£27) per hour; £39 (£45) per hour of client contact; £13 (£15) per 20 minute clinic visit (includes A to E).		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 Based on personal communication with the Department of Health (2007).

## 12.6 Hospital pharmacist

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£27,182 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 6 of the April 2006 pay scale according to the National Profiles for Pharmacy. More specialist grades range from AfC band 7 to 8D for a Pharmacist Specialist to Consultant. (See page 187 for salary information). <sup>1</sup>
B. Salary oncosts	£5,845 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Post graduate training:	£5,885 per year £520 per year	The equivalent annual cost of pre-registration and postgraduate education. The investment costs of a 4 year masters degree plus one year pre-registration training plus a two year postgraduate course have been annuitised over the expected working life. <sup>2,3</sup> The investment costs for pre-registration are borne partly by the HEFCE and partly by practitioners provided by the NHS. The Multi-Professional Education and Training (MPET) Levy covers the cost for the Pre-registration training year. Costs for postgraduate training are mainly borne by the NHS but are sometimes self funded. Hospital pharmacists may have up to 20 days per year study time over this two year period. Some however participate in distant learning programmes. There are also further training programmes available for senior pharmacists; however, no information is currently available on the proportion of pharmacists who undergo this training. This therefore has not been taken into account in this costing exercise.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>4</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,486 per year	Based on the new build and land requirements of a pharmacy, plus additional space for shared facilities. <sup>5,6</sup> Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.30 per visit	Taken from Netten <sup>5</sup> and inflated using the retail price index.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>2</sup> Assumes 4 study/training days (30 hours), and 10 days sickness leave. Unit costs based on 1560 hours per annum.
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.
London multiplier	1.18 x (A to D) 1.50 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
Non-London multiplier	1.00 x(A to D) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£26 (£30) per hour; £52 (£60) per cost of direct clinical patient time (includes travel); £37 (£43) per cost of patient related activities.		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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 Research carried out by the Royal Pharmaceutical Society of Great Britain.

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

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007).

7 Based on personal communication with the Department of Health (2007).

## 12.7 Clinical support worker higher level nursing (hospital)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£15,446 per year	Based on the mid-point of Agenda for Change (AfC) salaries band 3 of the April 2006 pay scale according to the newly created National Profiles. <sup>1</sup>
B. Salary oncosts	£3,111 per year	Employers' national insurance 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	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>2</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£3,051 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. <sup>3,4</sup> 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	Includes 29 days annual leave and 8 days statutory leave. <sup>1</sup> Assumes 10 days sickness leave. No study/training days have been assumed. Unit costs based on 1597 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:0.25	Assuming 80 per cent of time on hospital wards and 20 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.18 x (A to D) 1.28 x E	Allows for the higher costs associated with London compared to the national average cost. <sup>5</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>3,4</sup>
Non-London multiplier	1.00 x (A to D) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>5</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>3,4</sup>
<b>Unit costs available 2006/2007</b>		
£15 per hour; £19 per hour of client contact (includes A to E).		

1 NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.

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

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

5 Based on personal communication with the Department of Health (2007).



## **13. Nurses**

- 13.1 Nurse team manager (includes ward managers, sisters and clinical managers)
- 13.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)
- 13.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)
- 13.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)
- 13.5 Clinical support worker (hospital)



### 13.1 Nurse team manager (includes ward managers, sisters and clinical managers)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£31,906 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for band 7 according to the National Profile for Nurses. <sup>1</sup> It does not include any lump sum allowances and it is assumed that no unsocial hours are worked.
B. Salary oncosts	£6,946 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,165 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for further details on training for health professionals.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£2,479 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. <sup>4,5</sup> 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	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1.22	Assuming 45 per cent of time spent on face-to-face contact, 35 per cent on other clinical activity, and 20 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.18 x (A to D) 1.31 x E	Allows for the higher costs associated with working in London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£28 (£31) per hour; £63 (£69) per hour of patient contact.		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2007).

### 13.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£26,720 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for band 6 according to the National Profile for Nurses. <sup>1</sup>
B. Salary oncosts	£5,737 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,165 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for further details on training for health professionals.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£2,479 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. <sup>4,5</sup> 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	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1.22	Assuming 45 per cent of time spent on face-to-face contact, 35 per cent on other clinical activity, and 20 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.14 x (A to D) 1.31 x E	Allows for the higher costs associated with working in London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	0.98 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£24 (£27) per hour; £54 (£60) per hour of patient contact.		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2007).



### 13.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 5 according to the National Profile for Nurses. <sup>1</sup> It does not include any lump sum allowances and it is assumed that no unsocial hours are worked.
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,165 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for further details on training for health professionals.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£1,394 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. <sup>4,5</sup> 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	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:0.82	Assuming 55 per cent of time spent on face-to-face contact, 25 per cent on other clinical activity, and 20 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.18 x (A to D) 1.28 x E	Allows for the higher costs associated with working in London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£20 (£22) per hour; £36 (£40) per hour of patient contact.		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2007).

### 13.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£21,646 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 5 according to the National Profile for Nurses. <sup>1</sup> It does not include any lump sum allowances and it is assumed that no unsocial hours are worked.
B. Salary oncosts	£4,555 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,165 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. <sup>2</sup> See schema 7.5 for further details on training for health professionals.
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>3</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£1,394 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. <sup>4,5</sup> 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	Includes 29 days annual leave and 8 statutory leave days. <sup>6</sup> Assumes 5 study/training days, and 10 days sickness leave. Unit costs based on 1560 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1	Assuming 50 per cent of time spent on face-to-face contact, 40 per cent on other clinical activity, and 10 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.18 x (A to D) 1.28 x E	Allows for the higher costs associated with working in London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
Non-London multiplier	1.00 x (A to D) 0.96 x E	Allows for the lower costs associated with working outside London. <sup>7</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>4,5</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£20 (£22) per hour; £39 (£44) per hour of patient contact.		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

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

4 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2007).

6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2007).

### 13.5 Clinical support worker (hospital)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£13,642 per year	Agenda for Change (AfC) salaries, based on the April 2006 scale mid-point for Band 2 according to the National Profile for Nurses. <sup>1</sup>
B. Salary oncosts	£2,690 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>2</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
D. Capital overheads	£1,394 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. <sup>3,4</sup> 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 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. <sup>5</sup> Assumes 10 days sickness leave. No study/training days have been assumed. Unit costs based on 1597 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:0.67	Assuming 60 per cent of time spent on face-to-face contact, 15 per cent on other clinical activity, and 25 per cent on non-clinical activity. Information derived from consultation with NHS Trusts.
London multiplier	1.18 x (A to C) 1.28 x D	Allows for the higher costs associated with working in London. <sup>6</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>3,4</sup>
Non-London multiplier	1.00 x (A to C) 0.96 x D	Allows for the lower costs associated with working outside London. <sup>6</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>3,4</sup>
<b>Unit costs available 2006/2007</b>		
£13 per hour; £22 per hour of patient contact.		

1 NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.

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

3 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2007).

5 Nursing and Midwifery Staffs Negotiating Council (1992) *Nursing and Midwifery Staffs Conditions of Service and Rates of Pay*, Department of Health, Leeds.

6 Based on personal communication with the Department of Health (2007).



## **14. Doctors**

- 14.1 Foundation house officer 1
- 14.2 Foundation house officer 2
- 14.3 Specialty registrar
- 14.4 Consultant: medical
- 14.5 Consultant: surgical
- 14.6 Consultant: psychiatric



## Changes made to this section as a result of Modernising Medical Careers (MMC)

Modernising Medical Careers (MMC) (NHS, 2007) is a major reform of postgraduate medical training, devised to improve the quality of patient care through better education and training for doctors. MMC aims to stop the current practice of doctors staying in the Senior House Officer (SHO) grade while waiting for a specialist training opportunity which would provide them with the training and skills to consultant level. It is a focussed training programme which will produce consultants in an average of seven years and GPs in five after graduation from medical school. This provides a summary of the changes that have taken place as a result of this reform and consequently the changes made to this section of the report.

### *The old scheme*

The old scheme saw people leaving medical school to work as a Pre-Registration House Officer (PRHO) for one year and then as a Senior House Officer (SHO) for a minimum of two years. They then progressed to work as either a Specialist Registrar for between four to six years and then if they wished moved onto the consultant grade or they completed one year as a GP registrar and then practiced as a General Practitioner.

### *The new scheme*

Under the new arrangements (which have been agreed by the Junior Doctors Committee (JDC), the Department of Health, COPMed and NHS Employers), all doctors in training can apply for flexible training (British Medical Association, 2005). In the past, lack of funding has been a key reason for lack of availability of flexible training for junior doctors. A part-time doctor (doing out of hours work) was paid a full-time salary and a supplement of 5% or 25% addition and employers were therefore unwilling to take on flexible trainees. Flexible trainees now still receive basic pay and a supplement to recognise Out of Hours work.

Graduates will now enter a Foundation Programme of two years, where they will gain generic skills in caring for the acutely and critically ill. There will no longer be entry into the Pre Registration House Officers grade and entry into the Senior House Officer (SHO) grades and Specialist Registrar (SPR) grades is now closed. Doctors on foundation training programmes are now called Foundation House Officer 1 (page 176) and Foundation House Officer 2 (177) depending on the stage of their training. Once they have completed the Foundation Programme, doctors will then compete to enter speciality training programmes. The holder of these posts will be known as Specialty Registrars and this new schema is found on page 178. This grade combines the two old grades of Senior House Officer and Specialist Registrar in a programme of training in a particular speciality (e.g. General medicine, Ophthalmology or Psychiatry). Once in this speciality training programme, the doctor is expected to progress through to the point where they will gain their Certificate of Completion of Training (CCT-formerly known as the Certificate of Completion of Specialist Training or CCST).

The first of these speciality training programmes started in August 2007 and the Royal Colleges will be responsible for producing curricula, the Deaneries for delivering the training and the new Postgraduate Medical Education and Training Board (PMETB) is the

legal national body now responsible for assurance and awarding Completed Certificates of Training.

Doctors who do not wish to become consultants or who are unable to do so are classified under the umbrella term of 'Staff and Associate specialist group' (SASG). This group comprises associate specialists, staff grade doctors, clinical assistants, hospital practitioners, and a number of other non-standard, non-training 'trust' grades. These doctors are not required to be on the specialist register and could under the terms of the old scheme enter from the SHO grade, instead of moving to higher specialist training. A new grade of (SASG) doctor, for which the terms are still under consideration will combine the two grades of Staff grade practitioner and Associate Specialist. A new schema for this post will be included in our next report.

## **On-call**

Within the new contract for the staff on training grades, there is a supplement to recognise the significant impact of being on-call, around-the clock, for emergencies. These are paid to reflect the hours and intensity of their work and are paid in addition to the basic salary. This varies from 1 to 8 per cent of basic salary depending on the number of nights per week and weekends affected. The banding supplements are: Band 1C — 20%, band 1B — 40%, Bands 1A and 2B — 50%, Band 2A — 80\* and Band 3 — 100%. The bands reflect whether the post is compliant with the hours controls and rest periods in the new scheme, and also whether the doctor works up to 40, 48 or 56 hours per week, the type of working pattern, the frequency of extra duty and the unsocial nature of the working arrangements. The majority of doctors in the training grades receive a banding supplement — and it is reported by the Department of Health that the majority are on band 1A/2B and are therefore entitled to a supplement of 50%. In this report, therefore, we have added a supplement of 50% to the training grades in order to calculate the total salary of the professional. This New Deal does not apply to consultants or to non-consultant career grades (staff grades and associate specialists). A guide to a consultant's on-call payments is set out by the NHS Modernisation Agency (August 2004) — *A Guide to Determining On-Call Availability Supplement*.

## **Continuing Professional Development (CPD)**

This is classified in the Unit Costs report as ongoing training. It is the process by which doctors keep up to date with developments in their own area of practice between the time when they gain a career grade post and their retirement. It may also include elements of more general professional development. The royal colleges have developed formal schemes, which require their members to gain a certain number of credit points over a set time. Credits may be awarded for activities such as attending approved courses, publishing scientific papers, presenting research at meetings, certain teaching duties and participation in audit (quality assurance) exercises. Schemes are still very new, and details vary from college to college. In the past, we have calculated ongoing training by using (provisional) budgetary information provided by the Medical Education Funding Unit of the NHS Executive relating to allocation of Medical and Dental Education Levy funds. Until further cost information is available on the new schemes, this information has been updated.



## Working hours

The European Working Time Directive (EWTD) (Department of Health, 2004) cut the number of hours a junior doctor can legally work each week. Currently, juniors are restricted to working 56 hours a week under New Deal arrangements and latest figures show that approximately 97.2% of junior doctors fall within this limit. In 2009, however, the legal working time drops to 48 hours each week.

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 hours. A typical contract is based on 40 hours per week.

## Consultant contract

The current consultants' clinical excellence awards scheme has been in operation since the 2004 awards round. This scheme has replaced the former separate schemes for discretionary points and distinction awards in England with a single more graduated scheme with common criteria covering both national and local elements.

## References

- Department of Health (2004) *A Compendium of Solutions to Implementing the Working Time Directive for Doctors in Training from August 2004*, Department of Health, London.
- British Medical Association (2005) *Junior Doctors Committee Annual Report, May 2005*, British Medical Association, London, <http://www.bma.org.uk/ap.nsf/Content/jdannualreport2005>.

## 14.1 Foundation house officer 1

The Foundation Programme is a two-year, general postgraduate medical training programme which is compulsory for all newly qualified medical practitioners in the UK. The programme has replaced the traditional grades of Pre-Registration House Officer and Senior House Officer. The Foundation Programme forms the bridge between medical school and specialist/general practice training. Foundation House Officers have the opportunity to gain experience in a series of placements in a variety of specialities and healthcare settings.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£33,610 per year	Based on NHS Employers paycales including a 50 per cent supplement for out of hours work. <sup>1</sup> Mid-point salary without the supplement would be £22,407. Free hospital accommodation is offered in the first year. <sup>2</sup>
B. Salary oncosts	£7,345 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£19,222 per year	The equivalent annual cost of pre-registration medical education annuitised over the expected working life of the doctor. <sup>3</sup>
D. Overheads	£2,904 per year	Comprises £2,904 for indirect overheads. <sup>4</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing training	£2,155 per year	Ongoing training is calculated using budgetary information provided by the Medical Education Funding Unit of the NHS Executive relating to allocation of Medical and Dental Education Levy Funds. This has been updated using the HCHS Pay and Prices inflator.
F. Capital overheads	£3,084 per year	Based on the new build and land requirements of NHS facilities. <sup>5,6</sup> 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	44.4 weeks per annum 56 hours per week	Includes 25 days annual leave plus 8 statutory leave days. <sup>7</sup> Assumes 5 days sickness leave. No study/training days have been assumed. Under the European Working Time Directive (EWTD), junior non-resident doctors can legally work 72 hours per week while working in a hospital a maximum of 56 hours per week.
London multiplier	1.18 x (A to E) 1.33 x F	Allows for the higher costs associated with London. <sup>8</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
Non-London multiplier	1.00 x (A to E) 0.97 x F	Allows for the lower costs associated with working outside London. <sup>8</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£19 (£27) per 56 hour week. £15 (£21) per 72 hour week. (includes A to F).		

1 NHS Employers (2007) *Pay Circular (M&D)(W)3/2006*, NHS Employers, London.

2 National Health Service (2006) *Work Permits (UK) Internal Caseworker Guidance*, National Health Service, London.

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

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007).

7 NHS Employers (2006) *Junior Doctors' Terms & Conditions of Service*, NHS Employers, London, <http://www.nhsemployers.org/pay-conditions/pay-conditions-467.cfm>.

8 Based on personal communication with the Department of Health (2007).

## 14.2 Foundation house officer 2

The Foundation Programme is a two-year, general postgraduate medical training programme which is compulsory for all newly qualified medical practitioners in the UK. The programme has replaced the traditional grades of Pre-registration House Officer and Senior House Officer. The Foundation Programme forms the bridge between medical school and specialist/general practice training. Foundation House Officers have the opportunity to gain experience in a series of placements in a variety of specialities and healthcare settings.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£42,047	Based on NHS Employers paycales including a 50 per cent supplement for out of hours work. <sup>1</sup> Mid-point salary without the supplement would be £28,031.
B. Salary oncosts	£9,606	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£20,693	The equivalent annual cost of pre-registration medical education has been annuitised over the expected working life of the doctor. <sup>2</sup> The first year of the Foundation Programme builds upon the knowledge, skills and competences acquired in undergraduate training. During this year, a doctor is known as a Foundation House Officer 1 and trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the F1 year. After this year, post graduate costs are incurred calculated using information provided by the London Deanery. <sup>3</sup> Costs consist of an amount for the generic curriculum, the postgraduate centres infrastructure costs, study leave and the costs of course organisers, admin support, trainers workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library postgraduate centres. See schema 7.5 for further details on training for health professionals.
D. Overheads	£2,904	Comprises £2,904 for indirect overheads. <sup>4</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing training	£2,155	Ongoing training is calculated using budgetary information provided by the Medical Education Funding Unit of the NHS Executive relating to allocation of Medical and Dental Education Levy Funds. This has been updated using the HCHS Pay and Prices inflator.
F. Capital overheads	£3,084	Based on the new build and land requirements of NHS facilities. <sup>5,6</sup> 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	44.4 weeks per annum 56 hours per week	Includes 25 days annual leave plus 8 statutory leave days. <sup>7</sup> Assumes 5 days sickness leave. No study/training days have been assumed. Under the European Working Time Directive (EWTD), junior non-resident doctors can legally work 72 hours per week while working in a hospital a maximum of 56 hours per week.
London multiplier	1.18 x (A to E) 1.33 x F	Allows for the higher costs associated with London. <sup>8</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
Non-London multiplier	1.00 x (A to E) 0.97 x F	Allows for the lower costs associated with working outside London. <sup>8</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£24 (£32) per 56 hour week. £18 (£25) per 72 hour week. (includes A to F).		

1 NHS Employers (2007) *Pay Circular (M&D)(W)3/2006*, NHS Employers, London.

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 London Deanery (2006).

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

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007).

7 NHS Employers (2006) *Junior Doctors' Terms & Conditions of Service*, NHS Employers, London, <http://www.nhsemployers.org/pay-conditions/pay-conditions-467.cfm>.

8 Based on personal communication with the Department of Health (2007).

### 14.3 Specialty registrar

This grade of doctor has replaced the Senior House Officer and the Specialist Registrar. Entry point is a minimum of four years' post-graduate training, two of which must be in a relevant speciality or equivalent experience.

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£54,774	Based on NHS Employers payscales including a supplement for out of hours work. <sup>1</sup> Mid-point salary without the supplement would be £36,516.
B. Salary oncosts	£13,017	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£23,671	The equivalent annual cost of pre-registration medical education and post graduate education of (4 years further years). The investment in training has been annuitised over the expected working life of the doctor. <sup>2</sup> Post graduate education calculated using information provided by the London Deanery. <sup>3</sup> This includes costs for the new two year foundation programme and the speciality run-through grade. <sup>4</sup> Costs consist of an amount for the generic curriculum, the postgraduate centres infrastructure costs, study leave and the costs of course organisers, admin support, trainers workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library postgraduate centres. See schema 7.5 for further details on training for health professionals.
D. Overheads	£2,904	Comprises £2,904 for indirect overheads. <sup>5</sup> No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing training	£2,155	Ongoing training is calculated using budgetary information provided by the Medical Education Funding Unit of the NHS Executive relating to allocation of Medical and Dental Education Levy Funds. This has been updated using the HCHS Pay and Prices inflator.
F. Capital overheads	£3,084	Based on the new build and land requirements of NHS facilities. <sup>6,7</sup> 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	43.4 weeks per annum 56 hours per week	Includes 25 days annual leave and 8 statutory leave days. <sup>8</sup> Assumes 5 study/training days, and 5 days sickness leave. Under the European Working Time Directive (EWTD), junior non-resident doctors can legally work 72 hours per week while working in a hospital a maximum of 56 hours per week.
London multiplier	1.18 x (A to E) 1.33 x F	Allows for the higher costs associated with London. <sup>9</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>6,7</sup>
Non-London multiplier	1.00 x (A to E) 0.97 x F	Allows for the lower costs associated with working outside London. <sup>9</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>6,7</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£31 (£41) per 56 hours week. £24 (£32) per 72 hour week. (includes A to F).		

1 NHS Employers (2007) *Pay Circular (M&D)(W)4/2007*, NHS Employers, London.

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 London Deanery.

4 NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, London.

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

6 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2007).

8 NHS Employers (2006) *Junior Doctors' Terms & Conditions of Service*, NHS Employers, London, <http://www.nhsemployers.org/pay-conditions/pay-conditions-467.cfm>.

9 Based on personal communication with the Department of Health (2007).

## 14.4 Consultant: medical

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£117,834 per year	Based on personal correspondence with the Department of Health on average consultant earnings <sup>1</sup> . Average salary without these supplements is £86,153. On-call and clinical excellence payments are included. Clinical excellence awards are based on the midpoint of those awarded (£19,950). See NHS Employers pay circular for consultant pay and allowances. <sup>2</sup>
B. Salary oncosts	£29,917 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£28,454 per year	The equivalent annual cost of pre-registration medical training and post-graduate medical education. The investment in training of a medical degree, 2 years as a Foundation House Officer and 6 years as a Specialty Registrar in a hospital setting annuitised over the expected working life of the consultant. <sup>3</sup> See 7.5 for further details on training for health professionals. Post graduate information calculated using information provided by the London Deanery. <sup>4</sup> Costs consist of an amount for the generic curriculum, the postgraduate centres infrastructure costs, study leave and the costs of course organisers, admin support, trainers workshops, vocational training and Internal courses for GP tutors. Excluded is the cost of the running of the library postgraduate centres.
D. Overheads	£35,167 per year	Comprises £7,739 for indirect overheads and £27,428 for secretarial staff costs.
E. Ongoing training	£2,155 per year	Ongoing training is calculated using budgetary information provided by the Medical Education Funding Unit of the NHS Executive relating to allocation of Medical and Dental Education Levy Funds. This has been updated using the HCCHS Pay and Prices inflator.
F. Capital overheads	£4,610 per year	Based on the new build and land requirements of NHS facilities. <sup>5,6</sup> 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	41.4 weeks per annum 40 hours per week	Includes 30 days annual leave and 8 statutory leave days. Assumes 10 study/training days, and 5 days sickness leave. 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 hours. A typical contract is based on 40 hours per week. <sup>7</sup> The average working week for those with an NHS component to their contract averaged 59 hours. <sup>8</sup>
Ratio of direct to indirect time on: patient-related activity	1:0.33	Assuming 69 per cent of consultant time spent on patient-related activity. <sup>9</sup> Time spent teaching has been disregarded, and non-contact time has been treated as an overhead on time spent in patient contact.
London multiplier	1.18 x (A to E) 1.34 x F	Allows for the higher costs associated with London compared to the national average cost. <sup>10</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
Non-London multiplier	1.00 x (A to E) 0.96 x F	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>10</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>5,6</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£115 (£132) per contract hour; £152 (£175) per patient-related hour (includes A to F).		

1 Personal communication with the Department of Health (2007).

2 NHS Employers (2007) *Pay Circular (M&D)(W)3/2006*, NHS Employers, London.

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 Deaner (2006).

5 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2007).

7 National Audit Office (2007) *Report by the Comptroller and Auditor General/HC 335 Session 2006-2007/19 April. Pay Modernisation: A New Contract for NHS Consultants in England*, National Audit Office, London.

8 British Medical Association, *Caring for the NHS, Press Information Briefing: the Consultant and GP Contracts*, British Medical Association, <http://www.bma.org.uk/ap.nsf/Content/Pressinfobriefingconsultant>.

9 Audit Commission (1996) *The Doctors' Tale Continued*, HMSO, London.

10 Based on personal correspondence with the Department of Health (2007).

## 14.5 Consultant: surgical

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£117,834 per year	Based on personal correspondence with the Department of Health on average consultant earnings. <sup>1</sup> Average salary without these supplements is £86,153. On-call payments are included and clinical excellence awards are based on the midpoint of those awarded (£19,950). See NHS Employers pay circular for consultant pay and allowances. <sup>2</sup>
B. Salary oncosts	£29,917 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£28,454 per year	The equivalent annual cost of pre-registration medical training and post-graduate medical education. The investment in training of a medical degree, one year spent as a pre-registration house officer, two years as a senior house officer and four years as a specialist registrar have been annuitised over the expected working life of the consultant. <sup>3</sup> See 7.5 for further details on training for health professionals.
D. Overheads	£35,167 per year	Comprises £7,739 for indirect overheads and £27,428 for secretarial staff costs.
E. Ongoing training	£2,155 per year	Calculated using information provided by the London Deanery. <sup>4</sup> This includes costs for the new two year foundation programme and the speciality run-through grade. <sup>5</sup> Costs consist of an amount for the generic curriculum, the postgraduate centres infrastructure costs, study leave and the costs of course organisers, admin support, trainers workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of exceptional training (£100 per trainee) and a cost for the running of the library postgraduate centres.
F. Capital overheads	£4,610 per year	Based on the new build and land requirements of NHS facilities. <sup>6,7</sup> 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	41.4 weeks per annum 40 hours per week	Includes 30 days annual leave and 8 statutory leave days. <sup>8</sup> 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 hours. A typical contract is based on 40 hours per week. <sup>8</sup> The average working week for those with an NHS component to their contract averaged 59 hours. <sup>9</sup>
Ratio of direct to indirect time on/in: patient-related activity operating theatre	1:0.35 1:2.17	Assuming 68 per cent of consultant time spent on patient-related activity and 29 per cent in theatre. <sup>10</sup> Time spent teaching has been disregarded, and non-contact time has been treated as an overhead on time spent in patient contact.
London multiplier	1.18 x (A to E) 1.34 x F	Allows for the higher costs associated with London compared to the national average cost. <sup>11</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>6,7</sup>
Non-London multiplier	1.00 x (A to E) 0.96 x F	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>11</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>6,7</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£115 (£132) per contract hour; £363 (£418) per hour operating; £155 (£178) per patient-related hour (includes A to F).		

1 Personal communication with the Department of Health (2007).

2 NHS Employers (2007) *Pay Circular (M&D)(W)3/2006*, NHS Employers, London.

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.

5 NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, London.

6 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2007).

8 National Audit Office (2007) *Report by the Comptroller and Auditor General/HC 335 Session 2006-2007/19 April. Pay Modernisation: A New Contract for NHS Consultants in England*, National Audit Office, London.

9 British Medical Association (2006) *Caring for the NHS, Press Information Briefing: the Consultant and GP Contracts*, British Medical Association, <http://www.bma.org.uk/ap.nsf/Content/Pressinfobriefingconsultant>.

10 Audit Commission (1996) *The Doctors' Tale Continued*, HMSO, London.

11 Based on personal correspondence with the Department of Health (2007).

## 14.6 Consultant: psychiatric

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£117,834 per year	Based on personal correspondence with the Department of Health on average consultant earnings <sup>1</sup> . Average salary without these supplements is £86,153. On-call payments are included and clinical excellence awards are based on the midpoint of those awarded (£19,950). See NHS Employers pay circular for consultant pay and allowances. <sup>2</sup>
B. Salary oncosts	£29,917 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£28,454 per year	The equivalent annual cost of pre-registration medical training and post-graduate medical education. The investment in training of a medical degree, one year spent as a pre-registration house officer, two years as a senior house officer and four years as a specialist registrar have been annuitised over the expected working life of the consultant. <sup>3</sup> See 7.5 for further details on training for health professionals.
D. Overheads	£35,167 per year	Comprises £7,739 for indirect overheads and £27,428 for secretarial staff costs.
E. Ongoing training	£2,155 per year	Calculated using information provided by the London Deanery. <sup>4</sup> This includes costs for the new two year foundation programme and the speciality run-through grade. <sup>5</sup>
F. Capital overheads	£4,610 per year	Based on the new build and land requirements of NHS facilities. <sup>6,7</sup> 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	41.4 weeks per annum 40 hours per week	Includes 30 days annual leave and 8 statutory leave days. Assumes 10 study/training days, and 5 days sickness leave. 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 hours. A typical contract is based on 40 hours per week. <sup>8</sup> The average working week for those with an NHS component to their contract averaged 59 hours. <sup>9</sup>
Ratio of direct to indirect time on: face-to-face contacts patient-related activity	1:2.03 1:0.94	Information taken from a study carried out by the Institute of Psychiatry based on a response rate of 41.3% of a sample of 500 consultants. <sup>10</sup> The proportion of working time spent on different activities was estimated as follows: face-to-face settings including contact with patients, carrying out assessments and contact with family members 33%, other patient related activities added a further 18% per cent when travelling and an estimated 50% of total time spent in meetings was added; non patient related activities including writing/administration research/training/development was added and also an estimated 50% of total time spent on meetings.
London multiplier	1.18 x (A to E) 1.34 x F	Allows for the higher costs associated with London compared to the national average cost. <sup>11</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>6,7</sup>
Non-London multiplier	1.00 x (A to E) 0.96 x F	Allows for the lower costs associated with working outside London compared to the national average cost. <sup>11</sup> Building Cost Information Service and Department for Communities and Local Government. <sup>6,7</sup>
<b>Unit costs available 2006/2007 (costs including qualifications given in brackets)</b>		
£115 (£132) per contract hour; £223 (£256) per patient-related hour; £378 (£435) per hour patient contact (includes A to F).		

1 Personal communication with the Department of Health (2007).

2 NHS Employers (2007) *Pay Circular (M&D)(W)3/2006*, NHS Employers, London.

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.

5 NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, London.

6 Building Cost Information Service (2007) *Surveys of Tender Prices*, March, BCIS, Royal Institution of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2007).

8 National Audit Office (2007) *Report by the Comptroller and Auditor General/HC 335 Session 2006-2007/19 April. Pay Modernisation: A New Contract for NHS Consultants in England*, National Audit Office, London.

9 British Medical Association (2006) *Caring for the NHS, Press information Briefing: the Consultant and GP Contracts*, British Medical Association, <http://www.bma.org.uk/ap.nsf/Content/Pressinfobriefingconsultant>.

10 Royal College of Psychiatrists (2003) *Workload and Working Patterns in Consultant Psychiatrists*, College Research Unit, Royal College of Psychiatrists, London

11 Based on personal correspondence with the Department of Health (2007).





## **V. SOURCES OF INFORMATION**

Inflation indices

PSS pay index: methodology and results

Agenda for Change pay bands

Glossary

References

Index of references

List of useful sources

Index of services



## Inflation indices

**Table 1**

Year	BCIS/ABI <sup>1</sup>		Retail Price <sup>2</sup>	
	Rebuilding Cost Index (1988=100)	% increase	Index (1986/87= 100)	% increase
1996	129.2	2.5	152.3	3.0
1997	134.6	4.2	156.5	2.8
1998	143.3	6.5	160.6	2.6
1999	148.9	3.9	164.3	2.3
2000	154.6	3.8	168.1	2.1
2001	165.7	7.2	172.1	2.4
2002	176.6	6.6	177.6	3.2
2003	183.8	4.1	182.6	2.8
2004	191.3	4.1	188.1	3.1
2005	206.1	7.7	193.1	2.7
2006	219.8	6.7	199.3	3.2

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 is based 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.

**Table 2**

Year	Hospital & Community Health Services (HCHS)		
	Pay and Prices Index (1987/8=100)	Annual percentage increases	
		Prices	Pay <sup>3</sup>
1997/98	173.5	0.4	2.5
1998/99	180.4	2.5	4.9
1999/00	188.6	1.2	6.9
2000/01	196.5	-0.3	7.2
2001/02	206.5	0.1	8.3
2002/03	213.7	1.0	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	251.9 <sup>4</sup>	3.0	5.5 <sup>4</sup>

1 Building Cost Information Service (2007) *Indices and Forecasts*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Source [www.statistics.gov.uk/statbase](http://www.statistics.gov.uk/statbase).

3 Provided by the Department of Health.

4 Estimated by PSSRU and agreed by the Department of Health.

Table 3

Year	Personal Social Services Prices/Gross Domestic Product Deflator <sup>1</sup> Annual percentage increase	Tender Price Index for Public Sector Building (non-housing) (PUBSEC) <sup>1</sup>	
		Index (1995=100)	% increase
2003/04	2.9	156	7.6
2004/05	2.8	166	6.4
2005/06	2.0	170	2.4
2006/07 (E)	2.8	176	3.5

Table 4

Year	PSS All Sectors, All Clients <sup>1</sup>				PSS All Sectors, Adults Only			
	Pay & Prices Index (excluding capital) (1992/3=100)	Annual percentage increases			Pay & Prices Index (excluding capital) (1992/3=100)	Annual percentage increases		
		Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay		Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	149.6	4.0	4.2	4.0	149.4	3.9	4.3	4.1
2004/05	155.4	3.9	4.3	4.0	155.0	3.8	4.3	3.9
2005/06	160.3	3.1	3.5	3.3	159.9	3.	3.6	3.3
2006/07 (E)	166.5	3.9	3.7	4.0	166.1	3.9	3.6	4.0

Table 5

Year	PSS Local Authority, All Clients				PSS Local Authority, Adults Only			
	Pay & Prices Index (excluding capital) (1992/3=100)	Annual percentage increases			Pay & Prices Index (excluding capital) (1992/3=100)	Annual percentage increases		
		Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay		Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	143.4	3.8	3.9	3.8	148.8	3.8	3.9	3.8
2004/05	149.1	4.4	4.6	4.5	155.0	4.2	4.3	4.3
2005/06	155.5	3.4	3.5	3.5	160.3	3.4	3.6	3.5
2006/07 (E)	160.8	4.0	4.0	4.1	166.8	4.0	3.9	4.1

<sup>1</sup> Provided by the Department of Health (2007).

## Pay bands and pay points on second and third pay spines from 1 April 2006

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,782											
2	12,177	12,177										
3	12,514	12,514										
4	12,853	12,853	12,853*									
5		13,247										
6		13,642	13,473*									
7		14,037	14,037									
8		14,543	14,543									
9		15,107	15,107	15,107*								
10			15,446									
11			15,897	15,671*								
12			16,405	16,405								
13			16,799	16,799								
14				17,419	17,475*							
15				18,039	18,039*							
16				18,602								
17				19,166	19,166							
18				19,730	19,730							
19					20,294							
20					20,970	20,970*						
21					21,646							
22					22,266	21,985*						
23					22,886	22,886						
24					23,789	23,789						
25					24,803	24,803	24,803*					
26						25,818						
27						26,720	26,269*					
28						27,622	27,622					
29						28,524	28,524					
30						29,538	29,538					
31						31,004	31,004					
32							31,906					
33							32,921	32,921*				
34							34,048	34,048*				
35							35,232	35,232				
36							36,416	36,416				
37							37,881	37,881*				
38							39,346	39,346*				
39							41,038	41,038				
40							42,278	42,278				
41								44,420	44,420*			
42								46,900	46,900*			
43								49,381	49,381			
44								50,733	50,733			
45									52,988	52,988*		
46									55,469	55,469*		
47									59,189	59,189		
48									60,880	60,880		
49										63,417	63,417*	
50										66,517	66,517*	
51										69,899	69,899	
52										73,281	73,281	
53											76,798	
54											80,485	
55											84,349	
56											88,397	

\*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience. They are explained more fully in Section 46, NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

## Pay bands and pay points on second and third pay spines from 1 April 2007

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,959											
2	12,359	12,359										
3	12,702	12,702										
4	13,045	13,045										
5		13,446										
6		13,847	13,675*									
7		14,247	14,247									
8		14,762	14,762									
9		15,334	15,334									
10			15,678									
11			16,135	15,906*								
12			16,651	16,651								
13			17,051	17,051								
14				17,681								
15				18,310	18,310*							
16				18,881								
17				19,454	19,454							
18				20,026	20,026							
19					20,598							
20					21,285							
21					21,971							
22					22,600	22,315*						
23					23,230	23,230						
24					24,146	24,146						
25					25,175	25,175						
26						26,205						
27						27,120	26,663*					
28						28,036	28,036					
29						28,951	28,951					
30						29,981	29,981					
31						31,469	31,469					
32							32,385					
33							33,415					
34							34,558	34,558*				
35							35,760	35,760				
36							36,962	36,962				
37								38,449				
38								39,937	39,937*			
39								41,654	41,654			
40								42,912	42,912			
41									45,086			
42									47,603	47,603*		
43									50,122	50,122		
44									51,494	51,494		
45										53,783		
46										56,301	56,301*	
47										60,077	60,077	
48										61,793	61,793	
49											64,368	
50											67,515	67,515*
51											70,947	70,947
52											74,381	74,381
53												77,950
54												81,692
55												85,614
56												89,723

\*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience. They are explained more fully in Section 46, NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook, Amendment: Number 6 Pay Circular (AforC) 4/2007*, NHS Employers, London.

## Glossary

**Agency overheads** Overhead costs borne by managing agency.

**Annuitising** Converting a capital investment (such as the cost of a building) into the annual equivalent cost for the period during which the investment is expected to last.

**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'.

**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 employer's national insurance contributions on salaries.

**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. This allows for costs of time not spent with clients and allocates the costs of this time to the time spent with clients.

**Per clinic visit** Cost of attending to one client in a clinic. This allows for overall time spent on non-clinical activity and allocates this 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 and allocates this 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 to the visit. 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 in clinic** Cost of one hour spent by a professional in a clinic. This 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 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 also allows for overall time spent on non-clinical activity and allocates this to the total time spent with clients.
- Per professional chargeable hour** Hourly cost of services provided when paid for by the client. 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 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 treatment 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 with a client requires 2.5 paid hours.

**Revenue costs** Supplies and services other than salaries incurred in the production of a service.

**Revenue overheads** Variable support services, supplies and other expenditure incurred in the production of a service.

**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.

## References

- Allen, C. & Beecham, J. (1993) Costing services: ideals and reality, in A. Netten and J. Beecham (eds) *Costing Community Care: Theory and Practice*, Ashgate, Aldershot.
- Archbold, P.G., Steward, B.J., Miller, L.L., Harvath, T.A., Greenlick, M.R. & Van Buren, L. (1995) The PREP system of nursing interventions: a pilot test with families caring for older members, *Research in Nursing and Health*, 18, 3-16.
- Atkin, K. & Hirst, M. (1994) *Costing Practice Nurses: Implications for Primary Health Care*, Social Policy Research Unit, University of York.
- Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.
- Audit Commission (1996) *The Doctors' Tale Continued*, HMSO, London.
- Audit Commission (2004) *Implementing Telecare: Strategic Guidelines for Policy Makers, Commissioners and Providers. Public Sector National Report*, Audit Commission, London.
- Automobile Association Technical Services, Basingstoke, Hampshire.
- 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.
- Barlow, J., Bayer, S. & Curry, R. (2003) The design of pilot telecare projects and their integration into mainstream service delivery, *Journal of Telemedicine and Telecare*, 9, S1, 1-3.
- Barlow, J., Singh, D., Bayer, S. & Curry, R. (2007) A systematic review of the benefits of home telecare for frail elderly people and those with long-term conditions, *Journal of Telemedicine and Telecare*, 13, 172-179.
- Barlow, J., Stewart-Brown, S., Callaghan, H., Tucker, J., Brocklehurst, N. & Davis, H. et al. (2003) Working in partnership: the development of a home visiting service for vulnerable families, *Child Abuse Review*, 12, 172-189.
- Barrett, B., Byford, S., Crawford, M.J., Patton, R., Drummond, C., Henry, J.A. & Touquet, R. (2004) 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 (unpublished), Centre for the Economics of Mental Health, Institute of Psychiatry, London.
- Bauld L. (1998) Care package costs of elderly people, in A. Netten, J. Dennett & J. Knight (eds) *Unit Costs of Health and Social Care 1998*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Bauld, L., Chesterman, J., Davies, B., Judge, K. & Mangalore, R. (2000) *Caring for Older People: An Assessment of Community Care in the 1990s*, Ashgate, Aldershot.
- Baumann, M. et al. (2006) *What Went Right? A Study of What Works in Tackling Delayed Discharges in Six High Performing Sites*, Social Work and Social Care, Health Services Research Department, Institute of Psychiatry, King's College, London.
- Bayer, S., Barlow, J. & Curry, R. (2007) Assessing the impact of a care innovation: telecare, *System Dynamics Review*, 23, 61-80.
- Beecham, J. (2000) *Unit Costs — Not Exactly Child's Play. A Guide to Estimating Unit Costs for Children's Social Care*, Joint publication from the Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit, University of Kent, Canterbury.
- Beecham, J. & Bebbington, A. (2006) Child care costs: variation and unit costs, PSSRU Discussion Paper 2021/2 (not publicly available), Personal Social Services Research Unit, University of Kent, Canterbury.
- Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.
- Beecham, J. & Knapp, M. (1995) The costs of child care assessment, in R. Sinclair, L. Garnett & D. Berridge (eds) *Social Work Assessment with Adolescents*, National Children's Bureau, London.

- Beecham, J., Chisholm, D. & O'Herlihy, A. (2001) The costs of child and adolescent psychiatric inpatient units, in A. Netten & L. Curtis (eds) *Unit Costs of Health and Social Care 2002*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Beecham, J., Glover, G. & Barnes, D. (2002) Mapping mental health services in England, in A. Netten & L. Curtis (eds) *Unit Costs of Health and Social Care 2002*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Beecham, J., Jerram, S. & While, A. (2003) A nurse practitioner service for nursing and residential care homes, in A. Netten & L. Curtis (eds) *Unit Costs of Health and Social Care 2003*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Beecham, J., Knapp, M. & Asbury, M. (1994) The cost dimension, in Z. Kurtz, R. Thornes & S. Wolkind (eds) *Services for the Mental Health of Children and People in England: a National Review*, Report to the Department of Health, London.
- Beecham, J., Rowlands, J., Barker, M., Lyon, J., Stafford, M. & Lunt, R. (2001) Child care costs in social services, in A. Netten, T. Rees, & G. Harrison (eds) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Beecham, J., Schneider, J. & Knapp, M. (1998) Survey of day activity settings for people with mental health problems, Report to the Department of Health, PSSRU Discussion Paper 1457, Personal Social Services Research Unit, University of Kent, Canterbury.
- 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.
- Bensink, M., Hailey, D. & Wootton, R. (2006) A systematic review of successes and failures in home telehealth, *Journal of Telemedicine and Telecare*, 12, S3, 8-16.
- Berridge, D., Beecham, J., Brodie, I. et al. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, Report to the Department of Health, University of Luton.
- British Medical Association (2002) *Caring for the NHS, Consultant Contract Framework*, British Medical Association, London.
- British Medical Association (2002) Consultants survey, *BMA Newsletter*, 12 January 2002, British Medical Association, London.
- British Medical Association (2005) *Junior Doctors Committee Annual Report, May 2005*, British Medical Association, London, <http://www.bma.org.uk/ap.nsf/Content/jdcannualreport2005>.
- Brown, J. (1992) Screening infants for hearing loss, *Journal of Epidemiology and Community Health*, 46, 350-356.
- Brown, K. (2004) *Evaluation of Family Home Visiting Program*, Government of South Australia, Australia.
- Brooten, D., Kumar, S., Brown, L.P., Butts, P., Finkler, S.A. & Bakewell-Sachs, S. (1986) A randomized clinical trial of early hospital discharge and home follow up of very low birth weight infants, *New England Journal of Medicine*, 315, 934-939.
- Building Cost Information Service (2002) *Access Audit Price Guide*, BCIS, Royal Institution of Chartered Surveyors, London.
- Building Cost Information Service (2006) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.
- Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.
- Bull, J., McCormick, G., Swann, C. & Mulvihill, C. (2004) *Ante and Post-Natal Home-Visiting Programmes: A Review of Reviews*, Health Development Agency, London.
- Burns, T., Fiander, M., Kent, A., Ukoumunne, O.C., Byford, S., Fahy, T. & Raj Kumar, K. (2000) Effects of case load size on the process of care of patients with severe psychotic illness. Report from the UK700 trial, *British Journal of Psychiatry*, 177, 427-433.
- Burns, T., Creed, F., Fahy, T., Thompson, S., Tyrer, P. & White, I. (1999) Intensive versus standard case management for severe psychotic illness: a randomised trial, *The Lancet*, 353, 2185-2189.
- Byford, S., Fiander, M., Torgerson, D.J., Barber, J.A., Thompson, S.G., Burns, T., van Horne, E., Gilvarry, C. & Creed, F. (2000) Cost-effectiveness of intensive v. standard case management for severe psychotic illness: UK700 case management trial, *British Journal of Psychiatry*, 176, 537-543.
- Byrd, M.E. (1997) A typology of the potential outcomes of maternal child home visits: A literature analysis, *Public Health Nursing*, 14, 3-11.
- Callender, C. & Kempson, E. (1996) *Student Finances. Income, Expenditure and Take-up of Student Loans*, Policy Studies Institute, London.
- Canterbury College (2005) *National Union of Students*, Canterbury College, Canterbury, <http://www.cant-col.ac.uk/studying-with-us/student-information/student-information-centre/finance/aimhigher.pdf>.
- Cape J., Pilling, S. & Barker, C. (1993) Measurement and costing of psychology services, *Clinical Psychology Forum*, October.
- Care Services Improvement Partnership (CSIP) (2006) *Building an Evidence Base for Successful Telecare*

- Implementation*, Updated report of the Evidence Working Group of the Telecare Policy Collaborative chaired by James Barlow, November 2006, Care Services Improvement Partnership, London, <http://icn.csip.org.uk/telecare/index.cfm?pid=541&catalogueContentID=1110>.
- Care Services Improvement Partnership (CSIP) (2007) *Telecare eNewsletter*, May, Care Services Improvement Partnership, London, <http://icn.csip.org.uk/telecare/index.cfm?pid=162>.
- Carr-Hill, R., Roy, A., Rice, N. & Smith, P.C. (1999) The determinants of expenditure on children's personal social services, *British Journal of Social Work*, 29, 679-706.
- Centre for Innovation in Primary Care (1999) *Consultations in General Practice — What Do They Cost?*, Centre for Innovation in Primary Care, Sheffield.
- Centre for the Economics of Mental Health (1999) *The National Treatment Outcome Research Study (NTORS)*, Centre for the Economics of Mental Health, Institute of Psychiatry, King's College, London.
- Child Health CAMHS and Maternity Mapping (2006) Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.
- Chisholm, D.H. (2001) Cross-cultural mental health care evaluation: developing and demonstrating methods for economic analysis, PhD thesis, Institute of Psychiatry, King's College London, University of London.
- Chisholm, D., Knapp, M. & Astin, J. (1996) Mental health residential care: is there a London differential?, in A. Netten & J. Dennett (eds) *Unit Costs of Health and Social Care 1996*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Chisholm, D., Knapp, M., Astin, J., Beecham, J., Audini, B. & Lelliott, P. (1997) The Mental Health Residential Care Study: the costs of provision, *Journal of Mental Health*, 6, 1, 85-99.
- Chartered Institute of Public Finance and Accountancy (CIPFA) (2001) *Personal Social Services Statistics 1999-2000 Actuals*, Statistical Information Service, Chartered Institute of Public Finance and Accountancy, London.
- Clare, R. & West, P. (1993) A survey of expenditure in residential nursing homes, *Economic Trends*, 481, 120-125.
- Cleaver, H., Walker, S. & Meadows, P. (2004) *Assessing Children's Needs and Circumstances: The Impact of the Assessment Framework*, Jessica Kingsley, London.
- Cook, J.R., Drummond, M., Glick, H. & Heyse, J.F. (2003) Assessing the appropriateness of combining economic data from multinational clinical trials, *Statistics in Medicine*, 22, 1955-1976.
- Community Mental Health Team Workforce (2003) Adult Mental Health Service Mapping, Table 20a, Community Mental Health Team Workforce, University of Durham, <http://www.dur.ac.uk/service.mapping/amh/index.php>.
- Counsellors and Psychotherapists in Primary Care (2007) *Counsellors in the NHS - Agenda for Change, Pay Scales and Grading, January 2005*, Counsellors and Psychotherapists in Primary Care, London, [http://www.cpc-online.co.uk/documents/AfC\\_pay.pdf](http://www.cpc-online.co.uk/documents/AfC_pay.pdf).
- County Durham and Tees Valley Strategic Health Authority (2005) *Workload, Capacity and Skill Mix in Sedgfield Locality Teams*, Final report July 2005, Sedgfield Integrated Teams, Sedgfield.
- Creed, F., Burns, T., Butler, T., Byford, S., Murray, R., Thompson, S. & Tyrer, P. (1999) Comparison of intensive and standard case management for patients with psychosis: rationale of the trial, *British Journal of Psychiatry*, 174, 74-78.
- Crisis Resolution Team Workforce (2003) Adult Mental Health Service Mapping, University of Durham & Department of Health, London, [www.dur.ac.uk/service.mapping/amh/index.php](http://www.dur.ac.uk/service.mapping/amh/index.php).
- Curtis, L. & Netten, A. (2004) *Unit Costs of Health and Social Care 2004*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Curtis, L. & Netten, A. (2005) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 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.
- Dataspring (2007) *Social Landlord, Rents in 2007, January 2007*, The Cambridge Centre for Housing and Planning Research, University of Cambridge, [www.dataspring.org.uk](http://www.dataspring.org.uk).
- Davey, V., Fernández, J.L., Knapp, M., Vick, N., Jolly, D., Swift, P., Tobin, R., Kendall, J., Ferrie, J., Pearson, C., Mercer, G. & Priestley, M. (2006) *Direct Payments in the UK: A National Survey of Direct Payments Policy and Practice*, Personal Social Services Research Unit, London School of Economics and Political Science.
- Davies, A., Huxley, P., TARRIER, N. & Lyne, D. (2000) *Family Support Workers of Carers of People with Schizophrenia*, University of Manchester and Making Space.
- Department for Communities and Local Government (2005) *Early Years and Child Care: The Sure Start Agenda Executive Summary*, <http://www.local.odpm.gov.uk/research/rnd5care.pdf>, accessed June 2005.
- Department for Communities and Local Government (2006) Personal communication.
- 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.
- Department for Trade and Industry (2005) *Quarterly Building Price and Cost Indices March 2005*, Department for Trade and Industry, London.
- Department of Health, *Advance Letter (SP) 5/91*, Appendix F.
- Department of Health (1997) *Labour Market Forces Factor*, Department of Health, London.
- Department of Health (1998) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics, England 1997*, Government Statistical Service, London.
- Department of Health (1999) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics, England 1998*, Government Statistical Service, London.
- Department of Health (1999) *Facing the Facts: Services for People with Learning Disabilities — A Policy Impact Study of Social Care and Health Services*, Department of Health, London.
- Department of Health (2000) *The NHS Plan: A Plan for Investment: A Plan for Reform, Cm4818-I*, The Stationery Office, London.
- Department of Health (2001) *The Children in Need Census 2001 — National Analyses*, [www.dh.gov.uk/qualityprotects/work\\_pro/analysis1.htm](http://www.dh.gov.uk/qualityprotects/work_pro/analysis1.htm).
- Department of Health (2001) *National Service Framework for Older People*, Department of Health, London.
- Department of Health (2001) *Valuing People: A New Strategy for Learning Disability in the 21st Century*, Department of Health, London.
- Department of Health (2002) <http://www.dh.gov.uk/public/hh2001.htm>.
- Department of Health (2003) *Direct Payments Guidance. Community Care, Services for Carers and Children's Services (Direct Payments) Guidance England 2003*, Department of Health, London.
- Department of Health (2002) *National Child and Adolescent Mental Health Service Mapping Data*, Department of Health, London.
- Department of Health (2004) *A Compendium of Solutions to implementing the Working Time Directive for Doctors in Training from August 2004*, Department of Health, London.
- Department of Health (2004) *The NHS Improvement Plan, Putting People at the Heart of Public Services, Cm6268*, The Stationery Office, London.
- Department of Health (2005) *Independence, Well-being and Choice; Our Vision for the Future of Social Care for Adults in England*, Department of Health, London.
- Department of Health (2005) *Personal Social Services Expenditure Return (PSS EX1) 2003/04*, [http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalCollection/DH\\_4082008](http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalCollection/DH_4082008).
- Department of Health (2005) *Personal Social Services Expenditure Return (PSS EX1) 2005/06*, [http://www.publications.dh.gov.uk/public/pss\\_stat.htm](http://www.publications.dh.gov.uk/public/pss_stat.htm).
- Department of Health (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services, Cm6737, January 2006*, Department of Health, London.
- Department of Health (2007) PSS EX1 return on expenditure and unit costs, [http://www.dh.gov.uk/en/PublicationsAndStatistics/Statistics/StatisticalCollection/DH\\_4082008](http://www.dh.gov.uk/en/PublicationsAndStatistics/Statistics/StatisticalCollection/DH_4082008), Department of Health.
- Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
- Department of the Environment, Transport and the Regions (1999) *Housing and Construction Statistics 1988–98*, The Stationery Office, London.
- Disability Alliance (2006) *Disability Rights Handbook 31st Edition April 2006–April 2007. A Guide to Benefits and Services for All Disabled People, Their Families, Carers and Advisors*, Disability Alliance, London.
- Dobson, B. & Middleton, S. (1998) *Paying to Care. The Cost of Childhood Disability*, Joseph Rowntree Foundation, York.
- Dunnell, K. & Dobbs, J. (1982) *Nurses Working in the Community*, HMSO, London.
- Early Intervention Team Workforce (2003) *Adult Mental Health Service Mapping*, University of Durham & Department of Health, [www.dur.ac.uk/service.mapping/amh/index.php](http://www.dur.ac.uk/service.mapping/amh/index.php).
- Emerson, E., Robertson, J., Gregory, N., Hatton, C., Kessissoglou, S., Hallam, A., Knapp, M., Järbrink, K., & Netten, A. (1999) *Quality and Costs of Residential Supports for People with Learning Disabilities: A Comparative Analysis of Quality and Costs in Village Communities, Residential Campuses and Dispersed Housing Schemes*, Hester Adrian Research Centre, University of Manchester, Manchester.
- Ernst & Young (1994) *Benchmark Study of the Costs of Aids and Adaptations*, Report No. 4, Report to the Department of the Environment, London.
- Ernst & Young (1993) *The Cost of Specialised Housing and The Cost of Maintaining an Elderly Person at Home*, Reports to the Department of the Environment, Ernst & Young, London.
- Fiander, M. & Burns, T. (2000) A Delphi approach to describing service models of community mental health practice, *Psychiatric Services*, 51, 656–658.
- Finn, W., Hyslop, J. & Truman, C. (2000) *Mental Health, Multiple Needs and the Police*, Revolving Doors Agency, London.
- Forder, J., Kendall, J., Knapp, M., Matosevic, T., Hardy, B. & Ware, P. (2001) Prices, contracts and domiciliary care, PSSRU Discussion Paper 1609/2, Personal Social Services Research Unit, London

- School of Economics, London.
- Frontier Economics (2006) *Choice in the Delivery of Local Government Services*, Frontier Economics Ltd., London.
- General Medical Practitioners' Workload Survey 1993, Final Analysis (1994) *Joint Evidence to the Doctors' and Dentists' Review Body from the Health Departments and the GMS*.
- Glendinning, C., Kirk S., Guiffreda, A. & Lawton D. (2001) Technology-dependent children in the community; definitions, numbers and costs, *Child Care Health and Development*, 27, 4, 321-334.
- Glendinning C., Kirk S. with Guiffreda, A. & Lawton, D. (1999) *The Community-Based Care of Technology-Dependent Children in the UK: Definitions, Numbers and Costs*, Research Report commissioned by the Social Care Group, Department of Health, National Primary Care Research and Development Centre, University of Manchester.
- 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, *Health Technology Assessment*, in press.
- Government Statistical Service (1994) *Summary Information Form KT27, Physiotherapy Services, Table 7, England and Wales*.
- Graves, N. (1996) Allocating overheads to clinical departments in hospital, in A. Netten and J. Dennett (eds) *Unit Costs of Health and Social Care 1996*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Griffiths, J. (1998) *Roles, Functions and Costs of Health Authorities*, NHS Executive, Leeds.
- Griffiths, P., Harris, R., Richardson, G., Hallett, N., Heard, S. & Wilson-Barnett, J. (2001) Substitution of a nursing-led inpatient unit for acute services: randomised controlled trial of outcomes and cost of nursing-led intermediate care, *Age and Ageing*, 30, 483-488.
- Halifax Building Society (2003) *Halifax Price Index*, Halifax Building Society, <http://www.halifax.co.uk>.
- Hallam, A. & Emerson, E. (1999) Costs of residential supports for people with learning disabilities, in A. Netten, J. Dennett & J. Knight (eds) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Hallam, A. & Schneider, J. (1999) Sheltered work schemes for people with mental health problems: service use and costs, *Journal of Mental Health*, 8, 2, 163-178.
- Hardy, J.B. & Streett, R.R (1989) Family support and parenting education in the home: an effective extension of clinic-based preventive health care services for poor children, *Journal of Pediatrics*, 115, 927-931.
- Hicks, L., Gibbs, I., Byford, S. & Weatherly, H. (2002) *Leadership and Resources in Children's Homes, Final Report to the Department of Health*, Social Work Research and Development Unit, University of York.
- 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.
- Hippisley-Cox, J., Fenty, J. and 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.
- Hyde, C. & Harrower-Wilson, C. (1995) Resource consumption in psychiatric intensive care: the cost of aggression, *Psychiatric Bulletin*, 19, 73-76.
- HM Government (2005) *Opportunity Age: Meeting the Challenges of Ageing in the 21st Century*, The Stationery Office, London.
- HM Treasury (2003) *Every Child Matters*, Cm5860, The Stationery Office, London.
- HM Treasury (2003) *The Green Book*, The Stationery Office, HMSO, London.
- HM Treasury (2005) GDP deflator (last updated 30/06/2005), [http://www.hm-treasury.gov.uk/economic\\_data\\_and\\_tools/gdp\\_deflators/data\\_gdp\\_fig.cfm](http://www.hm-treasury.gov.uk/economic_data_and_tools/gdp_deflators/data_gdp_fig.cfm).
- Jackson, G., Percival, C., Gater, R. & Goldberg, D. (1996) Patterns of work in a multidisciplinary community mental health team, unpublished.
- Jeffreys, L.A., Clark, A. & Koperski, M. (1995) Practice nurses' workload and consultation patterns, *British Journal of General Practice*, August, 45, 415-418.
- Johnston, K., Buxton, M.J., Jones, D.R. & Fitzpatrick, R. (1999) Assessing the costs of health care technologies in clinical trials, *Health Technology Assessment*, 3, 6.
- 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.
- Kavanagh, S. & Knapp, M. (1998) The impact on general practitioners of the changing balance of care for elderly people living in institutions, *British Medical Journal*, August, 317, 322-327.
- 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.
- Kenner, J. (2004) Re-evaluating the concept of working time: an analysis of recent case law, *Industrial Relations Journal*, 35, 6, 588-602.

- Kernick, D., Reinhold, D. & Netten, A. (1999) What does it cost to see the doctor? *British Journal of General Practice*, 2000, 50, 401-403.
- Knapp, M. (1984) *The Economics of Social Care*, Macmillan, London.
- Knapp, M., Beecham, J. & Allen, C. (1989) The methodology for costing community and hospital services used by clients of the Care in the Community Demonstration Programme, PSSRU Discussion Paper 647, Personal Social Services Research Unit, University of Kent, Canterbury.
- Knapp, M., Bryson, D. & Lewis, J. (1984) The comprehensive costing of child care: the Suffolk cohort study, PSSRU Discussion Paper 355, Personal Social Services Research Unit, University of Kent, Canterbury.
- Knapp et al. (1992) *Care in the Community: Challenge and Demonstration*, Avebury, Aldershot.
- Kurtz, Z., Thornes, R. & Wolkind, S. (1994) *Services for the Mental Health of Children and People in England: A National Review*, Report to the Department of Health, London.
- Laing, W. (2004) *Calculating a Fair Price for Care*, Policy Press, Bristol.
- Laing & Buisson (2004) *Care of Elderly People: Market Survey 2004*, Laing & Buisson, London.
- Laing & Buisson (2006) *Care of Elderly People: Market Survey 2006*, Laing & Buisson, London.
- Laing & Buisson (2006) *Extra Care Housing UK Market Report, Net Rent and Total Weekly Charges for Registered Social Landlords (RSLs' Supported Housing, 2004/05)*, Laing & Buisson, London.
- Laing & Buisson (2007) *Care of Elderly People: UK Market Survey 2007*, Laing & Buisson, London.
- Levin, E. & Webb, S. (1997) *Social Work and Community Care. Changing Roles and Tasks*, Draft final report to the Department of Health.
- Liddle, M. (1998) *Wasted Lives: Counting the Cost of Juvenile Offending*, National Association for the Care and Resettlement of Offenders (NACRO), London.
- Livingston, S. (2001) Careers — where do you start? *Tomorrow's Pharmacist 2001*, <http://www.pjonline.com/students/tp2001/careers.html>.
- Local Authority Workforce Intelligence Group (2007) *Adults' Social Care Workforce Survey, 2006*, Local Authority Workforce Intelligence Group, London.
- Local Authority Workforce Intelligence Group (2007) *Children, Young People and Families Social Care Workforce Survey 2006*, Local Authority Workforce Intelligence Group, London.
- Local Government Management Board & Association of Directors of Social Service (1994) *Social Services Workforce Analysis*, Local Government Management Board & Association of Directors of Social Service, London.
- Manca, A., Rice, N., Sculpher, M.J. & Briggs, A.H. (2005) Assessing generalisability by location in trial-based cost-effectiveness analysis: the use of multilevel models, *Health Economics*, 14, 471-485.
- Mauskopf, J., Schulman, K., Bell, L. & Glick, H. (1996) A strategy for collecting pharmacoeconomic data during phase II/III clinical trials, *Pharmacoeconomics*, 9, 264-277.
- McAuley, C., Knapp, M., Beecham, J., McCurry, N. & Slead, M. (2004) *Young families under stress. Outcomes and costs of Home-Start support*, Joseph Rowntree Foundation, York.
- McCafferty, P. (1994) *Living Independently: A Study of the Housing Needs of Elderly People and Disabled People*, HMSO, London.
- 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.
- McIntosh, E., Barlow, J. & Stewart-Brown, S. (2006) Economic evaluation of an intensive home visiting programme: A cost-effectiveness analysis from a societal perspective, *British Medical Journal* (submitted).
- Meadows, P. (2001) *Guidance for Sure Start Local Evaluators and Programme Managers on the Estimation of Cost-Effectiveness at a Local Level*, National Evaluation of Sure Start, London.
- Meadows, P. (2004) *The Economic Contribution of Older People*, Age Concern, London.
- Miller, L.L., Hornbrook, M.C., Archbold, P.G. & Stewart, B.J. (1986) Development of use and cost measures in a nursing intervention for family caregivers and frail elderly patients, *Research in Nursing and Health* 19, 273-285.
- Mogyorosy, Z. & Smith, P. (2005) The main methodological issues in costing health care services. A literature review, CHE Research Paper 7, Centre for Health Economics, University of York.
- Morrell, C.J., Siby, H., Stewart, P., Walters, S. & Morgan, A. (2000) Costs and effectiveness of community postnatal support workers: randomised controlled trial, *British Medical Journal*, 321, 593-598.
- National Health Service (2006) *Work Permits (UK) Internal Caseworker Guidance*, National Health Service, London.
- National Audit Office (2007) *Pay Modernisation: A New Contract for NHS Consultants in England, Report by the Comptroller and Auditor General (HC 335 Session 2006-2007) 19 April 2007*, National Audit Office, London.
- Netten A. & Knight, J. (1999) Annuitying the human capital investment costs of health service professionals, *Health Economics*, 8, 245-255.
- Netten, A. (1997) Costs of social work input to assessment and care package organisation, in A. Netten & J. Dennett (eds) *Unit Costs of Health and Social Care 1997*, Personal Social Services Research Unit, University of Kent, Canterbury.

- Netten, A. (1992) Some cost implications of caring for people: interim report, PSSRU Discussion Paper 809/4, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. (1993) Costing informal care, in A. Netten & J. Beecham (eds) *Costing Community Care: Theory and Practice*, Ashgate, Aldershot.
- Netten, A. (1994) Costing innovative schemes offering breaks for people with learning disabilities and their carers, PSSRU Discussion Paper 1100, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. (1995) Costing breaks and opportunities, in K. Stalker (ed.) *Breaks and Opportunities: Developments in Short Term Care*, Jessica Kingsley, London.
- Netten, A. (1997) Costs of social work input to assessment and care package organisation, in A. Netten & J. Dennett (eds) *Unit Costs of Health and Social Care 1997*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. (1999) Family support workers: costs of services and informal care, PSSRU Discussion Paper 1634, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. (2002) Editorial: Updating unit costs of health and social care, in A. Netten & L. Curtis (eds) *Unit Costs of Health and Social Care 2002*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. (2003) New developments and changes in guidance on the discount rate, in A. Netten and L. Curtis (eds) *Unit Costs of Health and Social Care 2003*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. & Curtis, L. (2001) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. & Curtis, L. (2003) *Unit Costs of Health and Social Care 2003*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. & Curtis, L. (2005) Editorial: Adapting and adjusting unit cost information, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. & Dennett, J. (1996) *Unit Costs of Health and Social Care 1996*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A. & Knight, J. (1999) Annuitizing the human capital investment costs of health service professionals, *Health Economics*, 8, 245-255.
- Netten, A., Bebbington, A., Darton, R., Forder, J. & Miles, K. (1998) Cross-sectional survey of residential and nursing homes for elderly people, PSSRU Discussion Paper 1423, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A., Bebbington, A., Darton, R., Forder, J. & Miles, K. (1998) 1996 Survey of care homes for elderly people. Final report, PSSRU Discussion Paper 1423/2, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A., Darton R. & Forder, J. (1999) Estimating unit costs, in A. Netten, J. Dennett & J. Knight (eds) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A., Dennett, J. & Knight, J. (1998) *Unit Costs of Health and Social Care 1998*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A., Dennett, J. & Knight, J. (1999) *Unit Costs of Health and Social Care 1999*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *A Ready Reckoner for Staff Costs in the NHS. Volume 2. Methodology*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 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.
- Netten, A., Rees, T. & Harrison, G. (2001) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.
- NHS (2007) *Modernising Medical Careers*, Department of Health, London, [www.mmc.nhs.uk](http://www.mmc.nhs.uk).
- NHS Employers (2007) *National Schedule of Reference Costs*, Department of Health, London, [http://www.dh.gov.uk/en/PolicyandGuidance/Organisationpolicy/Financeandplanning/NHSreferencecosts/DH\\_074097](http://www.dh.gov.uk/en/PolicyandGuidance/Organisationpolicy/Financeandplanning/NHSreferencecosts/DH_074097).
- NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- NHS Employers (2006) *Agenda for Change (AfC) Pay Bands 1 April 2006/07*, NHS Employers, London, <http://www.rcn.org.uk/agendaforchange/payconditions/pay/pay2006.php>.
- NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, London.
- NHS Employers (2006) *Pay Circular (AforC) 1/2006, Pay and Conditions for NHS Staff Covered by the Agenda for Change Agreement*, NHS Employers, London.



- NHS Employers (2007) *Pay Circular (M&D) (W)3/2006*, NHS Employers, London.
- NHS Executive (2003) *Advance letter (MD) 1/2003*, NHS Executive, London.
- NHS Executive (2002) *TSC Report, December 2002*, NHS Executive, London.
- NHS Executive (2002) *General and Personal Medical Services Statistics, England and Wales, October 2002*, NHS Executive, London.
- Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.
- Nursing and Midwifery Staffs Negotiating Council (1992) *Nursing and Midwifery Staffs Conditions of Service and Rates of Pay*, Department of Health, Leeds.
- Office for National Statistics (2000) *Prescriptions Dispensed in the Community Statistics for 1989-1999: England*, Office for National Statistics, London.
- Office for National Statistics (2001-2004) *Annual Survey of Hours and Earnings*, <http://www.statistics.gov.uk/STATBASE/Product.asp?vlnk=13101>.
- Office for National Statistics (2002) *Family Expenditure Survey Database 2000-2001*, Office for National Statistics, London, <http://www.statistics.gov.uk>.
- Office for National Statistics (2002) *New Earnings Survey Streamlined Analyses UK 2002*, Office for National Statistics, London, [http://www.statistics.gov.uk/downloads/theme\\_labour/NES2002\\_UK/NES2002\\_United\\_Kingdom\\_Streamlined\\_analyses.pdf](http://www.statistics.gov.uk/downloads/theme_labour/NES2002_UK/NES2002_United_Kingdom_Streamlined_analyses.pdf).
- Office of the Deputy Prime Minister (2004) *Mental Health and Social Exclusion, Social Exclusion Unit Report*, Office of the Deputy Prime Minister, London.
- Olds, D.L., Eckenrode, J., Henderson, C.R., Kitzman, H., Powers, J. & Cole, R. et al (1997) Long term effects of home visitation on maternal life course and child abuse and neglect: Fifteen-year follow up of a randomized trial, *Journal of the American Medical Association*, 278, 637-643.
- Olds, D.L. & Henderson, C.R.P.C.K.H. (1993) Effect of pre-natal and infancy nurse home visitation on government spending, *Medical Care*, 31, 155-174.
- Onyett, S., Pillinger, T. & Muijen, M. (1995) *Making Community Mental Health Teams Work*, The Sainsbury Centre for Mental Health, London.
- Onyett, S., Linde, K., Glover, G. et al. (2007) *Crisis Resolution and Inpatient Mental Health Care in England*, University of Durham.
- Pang, F. (2002) Design, analysis and presentation of multinational economic studies: the need for guidance, *Pharmacoeconomics*, 20, 75-90.
- Paré, G., Jaana, M. & Sicotte, C. (2007) Systematic review of home telemonitoring for chronic diseases: the evidence base, *Journal of the American Medical Informatics Association*, 14, 3, 269-277.
- Parsons, C. & Castle, F. (1998) The cost of school exclusion in England, *International Journal of Inclusive Education*, 2, 4, 277-294.
- Patel, A. (2006) Issues in multi-national health economic evaluation, PhD thesis, Institute of Psychiatry, King's College London, University of London.
- Pinto, E.M., Willan, A.M. & O'Brien, B.J. (2005) Cost-effectiveness analysis for multinational clinical trials, *Statistics in Medicine*, 24, 1965-1982.
- Prescription Cost Analysis (2003) Department of Health, London, [www.dh.gov.uk/](http://www.dh.gov.uk/).
- Renton, A., Petrou, S. & Whitaker, L. (1995) *Utilisation, Needs and Costs of Community Services for People with HIV Infection: A London-based Prospective Study*, Department of Health, London.
- Review Body on Doctors' and Dentists' Remuneration (2002) *Review Body on Doctors' and Dentists' Remuneration, Thirty First Report 2002*, The Stationery Office, London.
- Robertson, J., Emerson, E., Hatton, C., Elliott, J., McIntosh, B., Swift, P., Krijnen-Kemp, E., Towers, C., Romeo, R., Knapp, M.R.J., Sanderson, H., Routledge, M., Oakes, P. & Joyce, T. (2005) *The Impact of Person Centred Planning*, Department of Health, London.
- Roy, A., Carr-Hill, R., Nigel, R. & Smith, P.C. (1999) The determinants of expenditure on children's personal social services, *British Journal of Social Work*, 29, 679-706.
- Royal College of Psychiatrists (2003) *Workload and Working Patterns in Consultant Psychiatrists*, College Research Unit, Royal College of Psychiatrists, London
- Schneider, J. (1998a) Work interventions in mental health care: arguments in favour, and a review of the evidence, *Journal of Mental Health*, 7, 81-94.
- Schneider, J. (1998b) Models of specialist employment for people with mental health problems, *Health and Social Care in the Community*, 6, 2, 120-129.
- 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 ([j.selwyn@bristol.ac.uk](mailto:j.selwyn@bristol.ac.uk)).
- Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2004) Costs of adoption, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2004*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 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.
- Sindicato de Medicos de Asistencia Publica (SIMAP) v Conselleria de Sanidad y Consumo de la Generalidad Valenciana (2000) I-7963, (ECJ, 3 October 2000, Case C-303/98).
- Social Services Workforce Survey 2003 (2004) *Employers' Organisation for Local Government*, July 2004.
- Sure Start Unit (2005) <http://www.SureStart.gov.uk>, accessed 04/07/05.
- The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.
- The Information Centre (2007) *Community Care Statistics 2006, Home Care Services for Adults, England, Adult Social Services Statistics*, The Information Centre, Leeds.
- The Information Centre (2007) *General and Personal Medical Services in England: 1996-2006, Bulletin IC/2007/03*, The Information Centre, Leeds.
- The Information Centre (2007) *QResearch, 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.
- The Mortgage Warehouse (2006) *Market Activity Picks Up as Mortgage Rental Incomes, Property Values and Yields Rise*, released by Paragon, 1 March 2006.
- The Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Assertive Outreach*, The Sainsbury Centre for Mental Health, (updated 2003), London.
- The Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Crisis Resolution*, The Sainsbury Centre for Mental Health, London.
- The Sainsbury Centre for Mental Health (2003) *A Window of Opportunity: A Practical Guide for Developing Early Intervention in Psychosis Services, Briefing 23*, The Sainsbury Centre for Mental Health, London.
- Thornicroft, G., Bindman, J., Becker, T., Tansella, M. & Schene, A. (2005) *Quality of Life Following Adherence Therapy for People Disabled by Schizophrenia and Their Carers. Report to the European Union (Quality of Life and Management of Living Resources Programme 1998-2002)*, Contract number QLG4-CT-2001-01734.
- Tibbitt, J. & Martin, P. (1991) *The Allocation of 'Administration and Casework' Between Client Groups in Scottish Departments of Social Work*, CRU Papers, Scottish Office, Edinburgh.
- Times Online (2007) It's going rental, [http://property.timesonline.co.uk/tol/life\\_and\\_style/property/article2445446.ece](http://property.timesonline.co.uk/tol/life_and_style/property/article2445446.ece).
- Valuation Office Agency (2005) *Property Market Report, July 2003*, Valuation Office Agency, London.
- 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.
- von Abendorff, R., Challis, D. & Netten A. (1994) Staff activity patterns in a community mental health team for older people, *International Journal of Geriatric Psychiatry*, 9, 897-906.
- von Abendorff, R., Challis, D. & Netten, A. (1995) Case managers, key workers and multidisciplinary teams, PSSRU Discussion Paper 1038, Personal Social Services Research Unit, University of Kent, Canterbury.
- Ward, H., Holmes, L. & Soper, J. (2004) The development of unit costs for social work processes, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2004*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Ward, H., Holmes, L., Soper, J. & Olsen, R. (2004) *Costs and Consequences of Different Types of Child Care Provision*, Centre for Child and Family Research, Loughborough University.
- Watson, J.P. (1985) Psychiatric manpower and the work of the consultant, *Bulletin of the Royal College of Psychiatrists*, Vol. 9, September.
- Weatherly, H. & Byford, S. *Activities and Costs of Family Support Services*. For more information contact Jill Tidmarsh: [J.W.Tidmarsh@durham.ac.uk](mailto:J.W.Tidmarsh@durham.ac.uk).
- Willan, A.R., Pinto, E.M., O'Brien, B.J., Kaul, P., Goeree, R., Lynd, L. & Armstrong, P.W. (2005) Country specific cost comparisons from multinational clinical trials using empirical Bayesian estimation: the Canadian ASSENT-3 economic analysis, *Health Economics*, 14, 327-338.
- Williams, J. (1991) *Calculating Staffing Levels in Physiotherapy Services*, Pampas, Rotherham.
- Yanover, M.J., Jones, D. & Miller, M.D. (1976) Perinatal care of low risk mothers and infants: early discharge with home care, *New England Journal of Medicine*, 294, 702-705.
- Young Minds (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, Department for Children, Schools and Families, London, <http://www.youngminds.org.uk/pctguidance/app3.php>.

## Index of References

- Adult Mental Health Service Mapping, 205  
Allen, C., 30, 67, 68, 69, 70  
Astin, J., 45, 46, 47, 48, 49, 50, 51  
Atkin, K., 126  
Audini, B., 45, 46, 47, 48, 49, 50, 51  
Audit Commission, 13, 30, 53, 54, 55, 67, 68, 69, 70, 71, 181, 182, 205  
Automobile Association, 67, 68, 69, 70  
Barber, J.A., 24  
Barker, C., 116  
Barker, M., 83  
Barlow, J., 13  
Barrett, B., 57, 64  
Bauld, L., 138  
Baxter, C., 24  
Baxter, K., 91, 92, 94  
Bayer, S., 13  
Bebbington, A., 27, 28, 29, 30, 38, 39, 40, 41, 42, 84  
Beecham, J., 24, 27, 28, 30, 45, 46, 47, 48, 49, 50, 51, 53, 54, 55, 67, 68, 69, 70, 81, 83, 84, 154  
Bell, L., 24  
Bensink, M., 13  
Berridge, D., 81, 82, 91, 92, 94  
Blackwell Publishing, 206  
Breen, S., 57  
British Medical Association, 8, 177, 181, 182, 183  
Brodie, I., 81  
Bryson, D., 133, 134, 135, 136, 137  
Building Cost Information Service, 30, 32, 34, 35, 36, 37, 50, 51, 52, 53, 54, 55, 57, 62, 64, 71, 75, 76, 77, 78, 81, 82, 102, 104, 112, 113, 114, 115, 116, 117, 121, 122, 123, 124, 125, 126, 127, 133, 134, 135, 136, 137, 139, 140, 145, 146, 147, 148, 149, 150, 151, 152, 153, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183, 187, 205  
Burns, T., 24  
Butler, T., 24  
Buxton, M.J., 24  
Byford, S., 24, 57, 64, 81, 82  
Callender, C., 8  
Canterbury College, 8  
Cape J., 116  
Care Services Improvement Partnership (CSIP), 13  
Carr-Hill, R., 135  
Castle, F., 94  
Centre for Innovation in Primary Care, 126  
Centre for the Economics of Mental Health, 61, 62, 63  
Challis, D., 134, 140, 145  
Chartered Institute of Public Finance and Accountancy (CIPFA), 81, 82, 205  
Chesterman, J., 138  
Child and Adolescent Mental Health Mapping Service, 205  
Child and Adolescent Mental Health Services, 150  
Chisholm, D., 45, 46, 47, 48, 49, 50, 51  
Clare, R., 27, 28, 29, 30  
Clark, A., 126  
Commission for Social Care Inspection, 205  
Community Mental Health Team Workforce, 146  
Consultant Service (Health and Social Care), 206  
Cooley, R., 57, 64, 103, 106, 112, 113, 114, 115, 116, 117, 121, 122, 123, 124, 125, 126, 127, 130, 139, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183  
Corney, R., 154  
Counsellors and Psychotherapists in Primary Care, 154  
Crawford, M.J., 64  
Creed, F., 24  
Crisis Resolution Team Workforce, 147, 148  
Curry, R., 13  
Curtis, L., 8  
Darton, R., 27, 28, 29, 30, 38, 39, 40, 41, 42  
Dataspring, 39  
Davies, A., 141  
Davies, B., 138

- Dennett, J., 51, 56, 57, 64, 86, 95, 106, 112, 113, 114, 115, 116, 117, 121, 122, 123, 124, 125, 126, 127, 130, 139, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183
- Department for Children, Schools and Families, 206
- Department for Education and Skills, 84, 85
- Department for Work and Pensions, 206
- Department of Health, 8, 27, 30, 32, 53, 54, 55, 71, 76, 81, 82, 83, 113, 114, 115, 116, 122, 126, 128, 130, 133, 134, 135, 136, 137, 138, 139, 140, 147, 149, 151, 157, 158, 159, 161, 162, 163, 167, 169, 177, 178, 179, 180, 181, 182, 183, 187, 188
- Department of the Environment, 162, 163, 167, 168, 169, 170, 171, 178, 179, 182
- Department of the Environment, Transport and the Regions, 32, 50, 51, 52, 53, 54, 55, 81, 82, 126, 127, 133, 134, 135, 137, 139, 140, 145, 157, 158, 159, 160, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183
- Disability Alliance, 51
- Dobbs, J., 121, 123, 125
- Dobson, B., 86
- Drummond, C., 64
- Dubicka, B., 57
- Dunnell, K., 121, 123, 125
- Durie, A., 127
- Early Intervention Team Workforce, 149
- Emerson, E., 67, 68, 69, 70
- Ernst & Young, 34, 35, 36, 37, 102
- Evans, S., 137
- Fahy, T., 24
- Family Resource Survey, 206
- Fiander, M., 24
- Finn, W., 81, 82
- Fitzgerald, P., 154
- Fitzpatrick, R., 24
- Ford, C., 57
- Forder, J., 27, 28, 29, 30, 38, 39, 40, 41, 42
- Gater, R., 146
- Gibbs, I., 81, 82
- Gilvarry, C., 24
- Glendinning, C., 86
- Glick, H., 24
- Glover, G., 147
- Goldberg, D., 146
- Goodwin, M., 127
- Goodyer, I.M., 57
- Government Statistical Service, 139
- Greco, V., 24
- Gregory, N., 67, 68, 69, 70
- Grey Literature, 206
- Griffiths, P., 31
- Guiffrida, A., 86
- Hailey, D., 13
- Hallam, A., 56, 67, 68, 69, 70
- Hallett, N., 31
- Harrington, R., 57
- Harris, R., 31
- Harrison, G., 81, 82
- Harrower-Wilson, C., 52
- Hatton, C., 67, 68, 69, 70
- Health and Social Care Information Centre (HSCIC), 130, 205
- Health Care Commission, 205
- Heard, S., 31
- Henry, J.A., 64
- Hicks, L., 81, 82
- Higgins, S., 127
- Hirst, M., 126
- Holmes, L., 24, 90
- Hospital Episode Statistics (HES), 205
- Hughes, J., 140
- Huxley, P., 137, 141
- Hyde, C., 52
- Hyslop, J., 81, 82
- Jaana, M., 13
- Jackson, G., 146
- Järbrink, K., 67, 68, 69
- Jeffreys, L.A., 126
- Johnston, K., 24
- Jones, D.R., 24
- Joseph Rowntree Foundation, 205
- Judge, K., 138
- Junior Doctors' Terms & Conditions of Service, 180
- Kavanagh, S., 27, 28, 29, 30
- Kelvin, R., 57
- Kempson, E., 8
- Kent, A., 24
- Kessissoglou, S., 67, 68, 69, 70
- Kirk, S., 86
- Knapp, M., 24, 27, 28, 29, 30, 45, 46, 47, 48, 49, 50, 51, 53, 54, 55, 67, 68, 69, 70, 83, 95, 133, 134, 135, 136, 137
- Knight, J., 8, 57, 64, 86, 95, 103, 106, 112, 113, 114, 115, 116, 117, 121, 122, 123, 124, 125, 126, 127, 130, 139, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183
- Kolvin I., 95
- Koperski, M., 126
- Laing & Buisson, 27, 28, 29, 38, 205
- Laing, W., 30
- Lambert, N., 67, 68, 69, 70
- Lanfear, J., 127
- Lawton, D., 86
- Leech, A., 57
- Leese, B., 127
- Leland, H., 67, 68, 69, 70
- Lelliott, P., 45, 46, 47, 48, 49, 50, 51
- Levin, E., 133, 134, 136
- Lewis, J., 133, 134, 135, 136, 137

- Liddle, M., 93, 94  
Linde, K., 147  
Livingston, S., 117  
Local Authority Workforce Intelligence Group, 8, 133, 134, 135, 136, 138, 139, 140  
London Deanery, 128, 130, 179, 180, 181, 182, 183  
Lunt, R., 83  
Lyon, J., 83  
Mangalore, R., 138  
Martin, P., 134  
Mauskopf, J., 24  
McAuley, C., 24  
McCrone, P., 95  
McCurry, N., 24  
Middleton, S., 86  
Miles, G., 95  
Miles, K., 27, 28, 29, 30  
Muijen, M., 146  
Murray, R., 24  
National Audit Office, 8, 181, 182, 183  
National Council for Palliative Care, 206  
National Health Service, 178  
National Institute for Health and Clinical Excellence, 205  
Netten, A., 8, 27, 28, 29, 30, 38, 39, 40, 41, 42, 51, 56, 57, 64, 67, 68, 69, 70, 72, 81, 82, 86, 95, 103, 106, 112, 113, 114, 115, 116, 117, 121, 122, 123, 124, 125, 126, 127, 130, 134, 136, 139, 140, 141, 145, 146, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183  
NHS, 8  
NHS Employers, 8, 64, 106, 112, 113, 114, 115, 116, 121, 122, 123, 124, 125, 126, 127, 130, 141, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183, 189, 190  
Nigel, R., 135  
Nihira, K., 67, 68, 69, 70  
Nursing and Midwifery Staffs Negotiating Council, 171  
Office for National Statistics, 34, 35, 36, 37, 38, 39, 40, 41, 42, 77  
Office of the Deputy Prime Minister, 30, 32, 50, 51, 52, 53, 54, 55, 57, 62, 64, 71, 81, 82, 104, 112, 113, 114, 115, 116, 117, 121, 122, 123, 124, 125, 126, 127, 133, 134, 135, 136, 137, 139, 140, 145, 146, 147, 148, 149, 150, 151, 152, 153, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183  
Olsen, R., 90  
Onyett, S., 146, 147, 148, 149  
Paré, G., 13  
Parsons, C., 94  
Patton, R., 64  
Percival, C., 146  
Personal Social Services Expenditure Data (PSS EX1 data), 206  
Petrou, S., 124  
Pilling, S., 116  
Pillinger, T., 146  
Prescribing Support Unit, 130  
PSS EX1 data, 206  
Pub Med, 205  
Quinton, D., 24, 91, 92, 94  
Raj Kumar, K., 24  
Rees, T., 81, 82  
Reference Costs, 205  
Renton, A., 124  
Richardson, G., 31  
Roberts, C., 57, 127  
Robertson, J., 67, 68, 69, 70  
Roland, M., 127  
Rothwell, J., 57  
Rowlands, J., 83  
Roy, A., 135  
Royal College of General Practitioners, 38  
Royal College of Psychiatrists, 183  
Royal Pharmaceutical Society of Great Britain, 117, 162  
Rushton, A., 95  
Sainsbury Centre for Mental Health, 149  
Schneider, J., 27, 28, 53, 54, 55, 56  
Schulman, K., 24  
Selwyn, J., 24, 91, 92, 94  
Sicotte, C., 13  
Simpson, S., 154  
Singh, D., 13  
Sleed, M., 24  
Slight, A., 57, 64, 103, 106, 112, 113, 114, 115, 116, 117, 121, 122, 123, 124, 125, 126, 127, 130, 139, 157, 158, 159, 160, 161, 162, 163, 167, 168, 169, 170, 171, 178, 179, 180, 181, 182, 183  
Sloper, P., 24  
Smith, P.C., 135  
Social Care Institute for Excellence, 205  
Soper, J., 24, 90  
Stafford, M., 83  
Sturgess, W., 24, 91, 92, 94  
Tarrier, N., 141  
The Information Centre, 39, 40, 41, 42, 126, 128, 130, 154, 157  
The Sainsbury Centre, 147  
The Sainsbury Centre for Mental Health, 148  
Thompson, S., 24  
Thompson, S.G., 24  
Tibbitt, J., 134  
Times Online, 40  
Torgerson, D.J., 24  
Touquet, R., 64  
Towers, A-M., 38, 39, 40, 41, 42  
Trowell, J., 95

- Truman, C., 81, 82  
Tyrer, P., 24  
Ukoumunne, O.C., 24  
van Horne, E., 24  
Venning, P., 127  
von Abendorff, R., 134, 140, 145  
Ward, H., 24, 90  
Weatherly, H., 81, 82  
Webb, R., 24  
Webb, S., 133, 134, 136  
Weeramanthri, T., 95  
Weinberg, A., 140  
West, P., 27, 28, 29, 30  
Whitaker, L., 124  
White, I., 24  
White, L., 57  
Wilkinson, P., 57  
Williams, J., 38, 39, 40, 41, 42, 112, 157, 158, 159  
Williamson, J., 140  
Wilson-Barnett, J., 31  
Wootton, R., 13  
Wright, C., 148  
YoungMinds, 206

## List of useful sources

Chartered Institute of Public Finance and Accountancy (CIPFA): <http://www.cipfastats.net>

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.

Health and Social Care Information Centre (HSCIC): <http://www.ic.nhs.uk>

The Information Centre for health and social care (The IC) is a new 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): [www.hesonline.nhs.uk](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.

Adult Mental Health Service Mapping: [http://www.durham.ac.uk/service\\_mapping](http://www.durham.ac.uk/service_mapping)

The AMH service mapping aims to contribute towards the improvement of mental health services for adults and provides information on the adult services available nationally. From this we have been able to make cost estimates for the multidisciplinary teams found in chapter 11.

Child and Adolescent Mental Health Mapping Service: <http://www.camhsmapping.org.uk>

This website provides information specifically on the mental health services available to children and adolescents. Using this website we have been able to estimate the costs of the children’s services found in chapter 11.

Reference Costs: [http://www.dh.gov.uk/en/Policyand\\_guidance/organisationpolicy/Financeandplanning/NHSreferencecosts/DH\\_074097\).gov.uk/nhs/refcosts.htm](http://www.dh.gov.uk/en/Policyand_guidance/organisationpolicy/Financeandplanning/NHSreferencecosts/DH_074097).gov.uk/nhs/refcosts.htm)

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.

Building Cost Information Service: [www.rics.org/RICSServices/BCIS.htm](http://www.rics.org/RICSServices/BCIS.htm)

BCIS is the UK’s leading provider of cost and price information for construction and property occupancy.

Laing & Buisson: <http://www.laingbuisson.co.uk>

Laing & Buisson, an independent company, is the leading provider of authoritative data, statistics, analysis and market intelligence on the UK health.

Audit Commission: <http://www.audit-commission.gov.uk>

Health Care Commission: <http://www.healthcarecommission.org.uk>

Commission for Social Care Inspection: <http://www.csci.org.uk>

Social Care Institute for Excellence: [www.scie.org.uk](http://www.scie.org.uk)

National Institute for Health and Clinical Excellence: [www.nice.org.uk](http://www.nice.org.uk)

Joseph Rowntree Foundation: [www.jrf.org.uk](http://www.jrf.org.uk) — information on housing and care.

Pub Med: [pubmedcentral.nih.gov.uk](http://pubmedcentral.nih.gov.uk)

Department for Work and Pensions: [www.dwp.org.uk](http://www.dwp.org.uk)

Family Resource Survey: [www.dh.gov.uk](http://www.dh.gov.uk)

Grey Literature: <http://www.socialcareonline.org.uk/databases.asp>

Consultant Service (Health and Social Care): [www.matrixrcl.co.uk](http://www.matrixrcl.co.uk)

National Council for Palliative Care: [www.ncpc.org.uk](http://www.ncpc.org.uk)

[www.intute.ac.uk/social\\_sciences](http://www.intute.ac.uk/social_sciences). A free online service providing you with access to the very best Web resources for education and research, evaluated and selected by a network of subject specialists.

[www.blackwellpublishing.com](http://www.blackwellpublishing.com). Blackwell Publishing is one of the world's largest journal publishers within physical sciences, life sciences, medicine, social sciences and humanities.

Department for Children, Schools and Families: [www.dfes.gov.uk](http://www.dfes.gov.uk)

[www.youngminds.org.uk](http://www.youngminds.org.uk). YoungMinds is the national charity committed to improving the mental health of all children and young people.

Personal Social Services Expenditure Data (PSS EX1 data): [http://www.ic.nhs.uk/pubs/persocservexp2005/detailed\\_unit\\_costs\\_by\\_council](http://www.ic.nhs.uk/pubs/persocservexp2005/detailed_unit_costs_by_council)



# Index of Services

## Professionals

Alcohol health worker, 64  
Approved social worker, 137  
Chiropodist, 115  
Clinical psychologist, 116  
Clinical support worker, 163, 171  
Clinical support worker nursing, 125  
Community mental health team, 146  
Community multidisciplinary mental health team  
key worker, 145  
Community nurse, 121  
Community psychiatric nurse, 122  
Consultant, 181-183  
Counsellor in primary medical care, 154  
Day care, 78  
Dietitian, 160  
Educational social work team member, 57  
Family support worker, 141  
Foundation house officer, 178-179  
General practitioner, 128-130  
Health service professionals, 103  
Health visitor, 123  
Home care worker, 138  
Nurse (GP practice), 126  
Nurse advanced, 127  
Nurse specialist (community), 124  
Nurse team leader, 168  
Nurse team manager, 167  
Nurse, 24-hour ward, 170  
Nurse, day ward, 169  
Occupational therapist, 113, 139, 158  
Pharmacist, 117, 162  
Physiotherapist, 111, 157  
Radiographer, 161  
Rapid Response Service, 104  
Social work assistant, 136  
Social work team leader, 133  
Social worker, 134-135

Specialty registrar, 180  
Speech and language therapist, 114, 159  
Training, 103

## Services by client group

Behavioural difficulties, 92-94  
Children, 81-83, 90-95, 135  
Drugs/alcohol abuse, 61-64  
Family support, 141  
Learning disabilities, 67-72  
Mental health problems, 45-51, 53-55, 145  
Older people, 27-30, 32-37, 140, 145  
Sexually abused children, 95  
Technology-dependent children, 86-89

## Services by sector

Housing association, 35, 37  
Local authority, 30, 32, 34, 36, 45-46, 54, 71, 83-84, 102, 139  
Private, 27-28, 49  
Voluntary, 29, 33, 47-48, 55, 61, 72

## Type of service

CAMHS teams, 153  
Care home, 75  
Case management, 140  
Children in care, 90-94  
Children in Need, 84  
Community home for children, 81-82  
Counselling, 64  
Day care, 32-33, 53-55, 71  
Equipment and adaptations, 102  
Foster care for children, 83  
Group home, 46, 67  
Hospital, 31, 50-52, 64, 99, 104

---

Inpatient, 31, 62	Rehabilitation, 105
Intensive care, 52	Residential care, 28-30, 45-49, 61, 76
Intermediate care, 31, 104-105	Respite care, 72
Mental health, 105, 148-149	Sheltered housing, 34-37
NHS, 50-53, 62, 69, 101, 113	Sheltered work schemes, 56
Nursing home, 27	Staffed hostel, 45, 47, 49
Paramedic and emergency ambulance services, 100	Supported living schemes, 70
Psychiatric intensive care, 52	Village communities, 68
Psychotherapy, 95	Wheelchairs, 101