



UNIT COSTS OF HEALTH & SOCIAL CARE

2009

COMPILED BY **Lesley Curtis**

PSSRU

Unit Costs of Health and Social Care 2009

compiled by Lesley Curtis

© University of Kent, 2009

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

PSSRU website: 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; email: pssru_library@kent.ac.uk).

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: 978-1-902671-64-2

Contents

Foreword	vii
Preface	1
Lesley Curtis	
Guest Editorial	7
Ian Shemilt and Miranda Mugford	
Estimating unit costs for Direct Payments Support Organisations	15
Vanessa Davey, Francesco d’Amico and Martin Knapp	
The National Dementia Strategy: potential costs and impacts	21
Jennifer Beecham	
SCIE’s work on economics and the importance of informal care	27
Jennifer Francis and David McDaid	
I. SERVICES	
1. Services for older people	
1.1 Private nursing homes for older people	37
1.2 Private residential care for older people	38
1.3 Voluntary residential care for older people	39
1.4 Local authority residential care for older people	40
1.5 Nursing-Led Inpatient Unit (NLIU) for intermediate care	41
1.6 Local authority day care for older people	42
1.7 Voluntary day care for older people	43
1.8 Local authority sheltered housing for older people	44
1.9 Housing association sheltered housing for older people	45
1.10 Local authority very sheltered housing for older people	46
1.11 Housing association very sheltered housing for older people	47
1.12 Community care package: very low cost	48
1.13 Community care package: low cost	49
1.14 Community care package: median cost	50
1.15 Community care package: high cost	51
1.16 Community care package: very high cost	52

2.	Services for people with mental health problems	
2.1	Local authority residential care (staffed hostel) for people with mental health problems	55
2.2	Local authority residential care (group home) for people with mental health problems	56
2.3	Voluntary sector residential care (staffed hostel) for people with mental health problems	57
2.4	Voluntary sector residential care (on-call staff) for people with mental health problems	58
2.5	Private sector residential care (staffed hostel) for people with mental health problems	59
2.6	Acute NHS hospital services for people with mental health problems	60
2.7	Long-stay NHS hospital services for people with mental health problems	61
2.8	NHS psychiatric intensive care unit (PICU)	62
2.9	NHS Trust day care for people with mental health problems	63
2.10	Local authority social services day care for people with mental health problems	64
2.11	Voluntary/non profit-organisations providing day care for people with mental health problems	65
2.12	Sheltered work schemes	66
2.13	Cognitive behaviour therapy (CBT)	67
2.14	Counselling services in primary medical care	68
3.	Services for people who misuse drugs/alcohol	
3.1	Voluntary sector residential rehabilitation for people who misuse drugs/alcohol	71
3.2	NHS inpatient treatment for people who misuse drugs/alcohol	72
3.3	Cost of maintaining a drugs misuser on a methadone treatment programme	73
3.4	Alcohol health worker, Accident & Emergency	74
4.	Services for people with learning disabilities	
4.1	Group homes for people with learning disabilities	77
4.2	Village communities	78
4.3	Fully-staffed living settings	79
4.4	Supported living schemes	80
4.5	Semi-independent living settings	81
4.6	Local authority day care for people with learning disabilities	82
4.7	Voluntary sector activity-based respite care for people with learning disabilities	83
5.	Services for younger adults with physical and sensory impairments	
5.1	High dependency care home for younger adults with physical and sensory impairments	87
5.2	Residential home for younger adults with physical and sensory impairments	88
5.3	Special needs flats for younger adults with physical and sensory impairments	89
5.4	Rehabilitation day centre for younger adults with brain injury	90
6.	Hospital and other services	
6.1	Hospital costs	93
6.2	NHS wheelchairs	94
6.3	Local authority equipment and adaptations	95
6.4	Training costs of health service professionals	96
6.5	Rapid Response Service	97
6.6	Community rehabilitation unit	98

6.7	Hospital-based rehabilitation care scheme	99
6.8	Intermediate care based in residential homes	100
6.9	Expert Patients Programme	101
6.10	Unpaid care	103

II. COMMUNITY-BASED HEALTH CARE STAFF

7. Scientific and professional

7.1	Community physiotherapist	107
7.2	NHS community occupational therapist	108
7.3	Community speech and language therapist	109
7.4	Community chiropodist/podiatrist	110
7.5	Clinical psychologist	111
7.6	Community pharmacist	112

8. Nurses and doctors

8.1	Community nurse (includes district nursing sister, district nurse)	115
8.2	Nurse (mental health)	116
8.3	Health visitor	117
8.4	Nurse specialist (community)	118
8.5	Clinical support worker nursing (community)	119
8.6	Nurse (GP practice)	120
8.7	Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)	121
8.8a	General practitioner — cost elements	122
8.8b	General practitioner — unit costs	123
8.8c	General practitioner — commentary	124

III. COMMUNITY-BASED SOCIAL CARE

9. Social care staff

9.1	Social work team leader	127
9.2	Social worker (adult)	128
9.3	Social work assistant	129
9.4	Approved social worker – mental health	130
9.5	Local authority home care worker	131
9.6	Community occupational therapist (local authority)	132
9.7	Intensive case management for older people	133
9.8	Family support worker	134

10. Health and social care teams

10.1	NHS community mental health team (CMHT) worker for older people (OP) with mental health problems	137
10.2	Community mental health team for adults with mental health problems	138
10.3	Crisis resolution teams for adults with mental health problems	139
10.4	Assertive Outreach Teams for adults with mental health problems	140
10.5	Early intervention teams for adults with mental health problems	141
10.6	Generic single disciplinary CAMHS teams	142
10.7	Generic multidisciplinary CAMHS teams	143
10.8	Dedicated CAMHS teams	144
10.9	Targeted CAMHS teams	145

IV. HOSPITAL-BASED HEALTH CARE STAFF

11. Scientific and professional

11.1	Hospital physiotherapist	149
11.2	Hospital occupational therapist	150
11.3	Hospital speech and language therapist	151
11.4	Dietitian	152
11.5	Radiographer	153
11.6	Hospital pharmacist	154
11.7	Clinical support worker higher level nursing (hospital)	155

12. Nurses

12.1	Nurse team manager (includes ward managers, sisters and clinical managers) . . .	159
12.2	Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)	160
12.3	Nurse, day ward (includes staff nurse, registered nurse, registered practitioner) . .	161
12.4	Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)	162
12.5	Clinical support worker (hospital)	163

13. Doctors

13.1	Foundation house officer 1	168
13.2	Foundation house officer 2	169
13.3	Registrar group	170
13.4	Associate specialist	171
13.5	Consultant: medical	172
13.6	Consultant: surgical	173
13.7	Consultant: psychiatric	174

V. SOURCES OF INFORMATION

Inflation indices	177
Agenda for Change pay bands	178
Glossary	180
References	183
Index of References	194
List of useful sources	199
List of items from previous volumes not included in this volume	201
Index of Services	204

Foreword

This is the seventeenth volume in a series of volumes from a Department of Health-funded programme of work based at the Personal Social Services Research Unit at the University of Kent. To a greater or lesser degree, the costs reported always reflect 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 information that is detailed and comprehensive, 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 volume 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 to Ann Netten and Jennifer Beecham who have 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 Jacques Ashley, Sarah Byford, Adriana Castelli, Vanessa Davey, Jane Dennett and Keith Derbyshire. Thanks also to Ben Hickman, Sarah Horne, Martin Knapp, David Lloyd, David McDaid, Miranda Mugford, Neil Parkinson, Stephen Richards, Katharine Robbins, Tim Roast, Renee Romeo, Ian Shemilt, David Stevens, Rob Stones, Marian Taylor, Helen Weatherly, Richard Wistow 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>

Preface

Lesley Curtis

In this seventeenth volume of the Unit Costs report, we have included a guest editorial followed by three short articles. Here we introduce these and also identify improvements, new information and any other changes that have been made this year. All data sources have been reviewed to ensure that the information is as up-to-date as possible, and information about any schemata which have been included in previous volumes, but excluded this year, are discussed in this section. As always, 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. When 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. Previous articles and schemata which are no longer found in this edition are listed at the end of the report and these can still be downloaded online if required.

Guest editorial and articles

Economics and Cochrane and Campbell methods: the role of unit costs (pages 7-14)

The guest editorial this year has been written by Ian Shemilt and Miranda Mugford of the influential Campbell & Cochrane Economics Methods Group. They discuss how systematic reviews and economic evaluations of interventions inform health and social care policy and practice in the UK and explore how unit cost data fit into the overall picture.

Costs of support organisations for people with direct payments and personal budgets (pages 15-19)

As personal budgets are implemented it is expected that many more service users will choose to take their personal budget as a direct payment and should have access to direct payments support (DPS). In this article Vanessa Davey presents the first comprehensive calculation of DPS unit costs using a method which reflects resource utilisation and other costs such as those related to operating a scheme in a rural area.

The cost of services for people with dementia (pages 21-25)

Following the publication of the first ever National Dementia Strategy in February 2009 (Department of Health, 2009a) and the subsequent implementation plan (Department of Health, 2009b), Jennifer Beecham and Raphael Wittenberg have drawn on previous work in order to cost the proposed services for people with dementia. The National Dementia Strategy sets out initiatives designed to make the lives of people with dementia, their carers and families better and more fulfilled.

Social Care Institute for Excellence's (SCIE) work on economics and the importance of valuing unpaid care (pages 27-33).

Costing unpaid care is fundamental to economic evaluations in social welfare in order to form a reliable picture of the true costs and benefits of an intervention. In this article Jennifer Francis and David McDaid outline the importance of valuing unpaid care, and identify the issues involved in doing so. They discuss the different methods which can be adopted to value the principal element of caregiving: the cost of carers' time.

Improvements and new information

Expert Patients Programme

This year, following consultation with Gerry Richardson at the Centre for Health Economics (CHE) at the University of York, we have included a schema on the Expert Patients Programme (EPP) which provides the cost per participant for 2008/09. This programme is a lay-led self-management programme specifically for people living with long-term conditions. Having been successfully piloted, the Expert Patients Programme currently offers around 12,000 course places a year and is now being made available through primary care trusts and partner organisations.

Services for people with learning disabilities

The information used in previous years for some of the schemata in this section is now more than ten years old (Emerson and colleagues, 1999) and has been replaced with new estimates. This year we have drawn on a study funded by the Wellcome Trust and carried out by Felce and colleagues in 2005 in order to produce unit costs for group homes (4.1), fully staffed living settings (4.3) and semi-independent living settings (4.5). As no new estimates are available for village communities (4.2) and supported living schemes (4.4), but the services are still current, we have continued to include them in this report using the same Emerson study. However, following policy in the Government White Papers *Valuing People* (2001) and *Our Health, Our Care, Our Say* (2006), we have excluded the schema this year on NHS residential campus provision (previously 4.3) as the NHS, with its partners, is required to replace these by 2010 with appropriate housing and support using new alliances and approaches.

Unpaid care

This year, as well as an article on unpaid care discussed above, we have included new information in section 6 on a variety of values which can be used in order to estimate the cost of carers' time. This schema (6.10) will remain in the report every year and will be updated using either new information that becomes available or the appropriate inflators.

Salaries of NHS staff

In previous volumes, the salary information which is generated using a sample of organisations from the Electronic Staff Record (ESR) Data Warehouse, which records payments made to staff in the NHS, has been labelled as experimental. This was to allow time to remove the effect of sampling bias while the ESR was rolled out to all NHS organisations. Now the information provided by the Information Centre makes use of data from all NHS organisations taking up ESR, with the exception of two Foundation Trusts which are yet to join. The experimental label has therefore been removed and this year all NHS salaries have been taken from the NHS staff earnings estimates (January-March 2009) provided by the Information Centre.

Salaries of local authority staff

In last year's publication, it was reported that the National Minimum Dataset for Social Care (NMDS-SC) had been piloted across local government and it was hoped that this year we could use this information in the Unit Costs report. Unfortunately, because salary information has been received for social workers and social work assistants from a limited number of authorities, Skills for Care have advised that this year we should continue to use the Earnings Survey carried out by Local Government Analysis and Research (LGAR) which is based on information provided by 46 local authorities. We have, however, used information from the National Minimum Dataset for Social Care for local authority home care workers, which is based on a survey of 4,795 home care workers, of which 1,795 are local authority home care workers. No comparative information has been collected this year by the LGAR on home care workers.

Unit costs for the independent sector

Following the publication of the survey Adult Social Services Expenditure Survey 2008-09 (Local Government Association, 2009), this year we have included for the first time the unit costs for social care services (including private nursing homes for older people and residential homes for people with physical disabilities and for people with mental health problems) provided by the independent sector. These costs have been included in the relevant sections according to client group.

Hospital doctors

In this section this year, on advice from the Department of Health, we have included an additional group of doctors (registrars) and also the Associate Specialist in the hospital doctor section.

Superannuation

Each year we carry out a survey of 20 authorities for information on the local authority contributions to superannuation. Last year the rate had increased to 17.7 per cent from 15.9 per cent. This year the rate has increased to 18.6 per cent.

Other information

Paramedic and emergency ambulance services

The schema for this service (previously in the ‘hospital and other services’ section) has been excluded from this edition of the Unit Costs report following discussions with the Department of Health. This costing was carried out in the mid-1990s and has been updated in previous volumes ever since. It is now no longer representative of the paramedic and emergency ambulance services, but we hope to reintroduce this schema following work being carried out on Payment by Results (PbR) for ambulance services. This work is currently in the pilot phase (<http://www.library.nhs.uk/HealthManagement/ViewResource.aspx?resID=260848>). Information on paramedic services can now be found in 6.1 and more detail can be found in the Department of Health’s Reference Costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945).

Personal Social Services Expenditure Return

Every year, the NHS Information Centre for health and social care (IC) reports on local authority income, expenditure and activity of key services in the PSS EX1. In 2008, the Department of Health published the document *Improved Reporting of Adult Social Care Finance and Activity Data* which provides information on planned changes to the PSS EX1 return. Following these recommendations, all changes made to PSS EX1 for 2008/09 are provided in information and guidance documents produced by the IC (The Information Centre, 2009).

Social worker – qualification costs

Development work in collaboration with the Social Care Workforce Research Unit has been carried out this year on the cost of qualifying social workers. This has involved providing an estimate of the expected working life of social workers and researching the investment costs of training social workers. This work will be reported in next year’s volume.

Finally, we would like to thank all those who have called or e-mailed to comment on estimates or to draw our attention to new material available. This information is invaluable and will help to ensure that we are providing information which is as up-to-date as possible.

References

- Department of Health (2008) *Improved Reporting of Adult Social Care Finance and Activity Data, Revisions to the PSS EX1 Return*, Department of Health, London, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_088427.pdf.
- Department of Health (2009a) *National Dementia Strategy*, Department of Health, London, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058.
- Department of Health (2009b) *Living Well With Dementia: A National Dementia Strategy Implementation Plan*, Department of Health, London, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103137.
- 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.

Information Centre (2009) Information and Guidance for the Personal Social Services Expenditure Return (PSS EX1), Leeds, <http://www.ic.nhs.uk/webfiles/Services/Social%20care/Collections%200910/PSSEX1/PSS%20EX%2008-09%20Guidance%20notes.pdf>

Local Government Association (2009) *Adult Social Services Expenditure Survey 2008-09*, <http://www.lga.gov.uk/lga/core/page.do?pageId=1569603>.

Guest Editorial

Economics and Cochrane and Campbell methods: the role of unit costs

Ian Shemilt^{1,2} and Miranda Mugford^{1,2}

Introduction

Systematic reviews and economic evaluations of interventions³ have become two important, sometimes integrated, components of the research evidence-base to inform health and social care policy and practice in the UK (National Institute for Health and Clinical Excellence (NICE), 2008, 2009; Coren & Fisher, 2006; Francis, 2009). This development has paralleled the emergence of the Cochrane Collaboration (C1)⁴ and (later) the Campbell Collaboration (C2)⁵ as two counterpart global organisations that aim to help people make well-informed policy, practice and consumer decisions by preparing and maintaining ‘world libraries’ of systematic reviews of reliable and up-to-date evidence on the effects and other aspects of interventions. C1 and C2 reviews cover a wide range of health care (C1), social care (C1 and C2), education (C2) and criminal justice (C2) topics, and are intended for an international audience of end-users.

Since their inception, both collaborations have recognised that, faced with limited resources and constrained budgets, decision-makers and those who support them often need to consider not only the balance between the beneficial and adverse effects of interventions on health and well-being, but also their impact on resource use and costs, and ultimately whether their implementation is likely to lead to a more efficient use of resources. This recognition led to the establishment of the Campbell & Cochrane Economics Methods Group (CCEMG),⁶ which aims to develop and support the application of internationally relevant but locally useful economic methodologies in C1 and C2 reviews. Some of the methods concern how to incorporate critical summaries of economic evidence collected from published and unpublished intervention studies into the reviews themselves, in order

1 Campbell & Cochrane Economics Methods Group.

2 Health Economics Group, School of Medicine, Health Policy & Practice, University of East Anglia.

3 The term ‘intervention’ is used here to refer to any health, social care/welfare, education or criminal justice technology, programme, service or policy. The term ‘intervention’ is used interchangeably with the term ‘technology’ throughout this editorial.

4 For further information visit the C1 website at <http://www.cochrane.org>.

5 For further information visit the C2 website at <http://www.campbellcollaboration.org>.

6 For further information visit the CCEMG website at <http://www.c-cemg.org>.

to provide additional, useful policy insights. Other methods focus on making the reviews as useful as possible to inform evidence-based decision-making in specific settings. This may be achieved through development of modules incorporating context-specific economic analysis and commentary as ‘front-ends’ to published C1 and C2 reviews. It could also be achieved through the development of economic and effectiveness components of reviews to facilitate their use in subsequent technology assessment, appraisal and practice guideline development processes and/or economic evaluations, conducted in the UK and other jurisdictions. These two ‘sets’ of methodologies are not mutually exclusive.

The objective of this editorial is to explore how unit cost data fit into this overall picture.

Critical summaries of economic evidence

C1 and C2 intervention reviews provide comparative assessments of the effects of alternative interventions in terms of pre-specified sets of clinically, socially and/or consumer (e.g. patient) important outcome measures. This is achieved through systematic identification, appraisal, synthesis and summary of evidence collected from reliable primary studies, focusing on well-designed studies comparing pre-specified experimental intervention(s) with pre-specified counterfactual(s) (Higgins & Green, 2008). If appropriate, synthesis may include use of meta-analysis to combine outcome data collected from two or more primary studies in order to produce weighted average estimates of incremental effect-sizes that are potentially more precise⁷ than estimates produced by a single study alone, and with increased power to detect a ‘real’ effect⁸ (Deeks et al., 2008).

Although not yet a core methodological requirement of C1 and C2 reviews, many reviews already extend their focus to include coverage of economic issues (Shemilt & Mugford, 2009; Shemilt et al., 2006). At one end of a continuum of the degree of economic input to these reviews, their economic components are limited to brief background descriptions of the economic burden that the health condition, social or behavioural problem addressed by the compared interventions places on (for example) health and social care systems, individuals or society. The background may also describe potential impacts the experimental intervention(s) may have, compared to the counterfactual(s), on resource utilisation and/or costs incurred by health and social care systems, individuals or society. At the other end of the continuum, some C1 and C2 reviews aim to develop critical summaries of economic evidence collected from included studies. CCEMG has published methods guidance for authors of C1 and C2 reviews to inform the conduct of optional stages of research that would place the economic components of the review at different levels on this continuum (Shemilt et al., 2008a, 2008b).

As with the parallel review of evidence on intervention effects, a critical summary of economic evidence requires systematic identification, appraisal, synthesis and summary of evidence collected from reliable primary intervention studies. Intervention studies that may have collected useful evidence on economic aspects of alternative interventions include, *inter alia*, comparative effectiveness research studies and full or partial economic evaluations (e.g. cost-effectiveness analyses or cost-analyses). Some of these may report different aspects of the same research study, as is sometimes the case with economic evaluations conducted alongside randomised controlled trials.

⁷ The estimation of an intervention effect can be improved when it is based on more information (Deeks et al., 2008).

⁸ Power is the chance of detecting a real effect as statistically significant if it exists. Many individual studies are too small to detect small effects, but when several are combined there is a higher chance of detecting an effect (Deeks et al., 2008).

On one level, measures of resource use, costs and cost-effectiveness can be treated as additional 'effect' outcomes in a C1 or C2 review, alongside other clinically, socially and/or consumer (e.g. patient) important outcomes (Shemilt et al., 2008a, 2008b). However, levels of resource use, costs and (by extension) estimates of the cost-effectiveness associated with interventions are highly likely to vary systematically between countries, or in different regional or service settings, and over time (Anderson, in press). Such variations are most commonly attributed to differences in unit costs and currencies between settings, and over time due to inflation (Sculpher et al., 2004). But other differences in features of the intervention and/or decision context – such as clinical or professional behaviours, attitudes and practices, practice settings, levels of consumer compliance or valuations of outcomes, economies of scale, financial incentives, current treatment or service comparators, alternative uses of resources (opportunity costs), as well as complex interactions between all of the above factors – also drive such variations (Anderson et al., in press; Lessard & Birch, in press, Shemilt et al., 2008a).

Therefore, unlike the parallel review of evidence on intervention effects, the aim of a critical summary of economic evidence is not only to explore the nature of summary estimates of (in this case) the incremental resource use, costs and/or cost-effectiveness of the compared interventions (Shemilt et al., 2008a, 2008b). Rather, the principal aim is to utilise the available evidence to summarise what is known from different studies, conducted in different settings and at different times, about economics aspects of interventions, in order to:

- Help end-users to understand key production factors, demand factors, and economic trade-offs between alternative interventions and thus the structure of resource allocation problems they may face and the main parameters that need to be considered (Drummond, 2002).
- Assess variations between settings in terms of resource use, costs and cost-effectiveness, and potential reasons for these variations, including exploration of how and why particular levels and configurations of resources appear to be related to the levels and types of outcomes observed, and what contextual factors affect these relationships (Anderson et al., in press).
- Evaluate whether an intervention appears promising,⁹ from an economic point of view.

A critical summary of economic evidence therefore needs to build upon and refine theories (pre-specified at the protocol stage) and discussion (based on the available evidence) of how the compared interventions are likely to impact on the resources used in their production (input costs), potential changes in the subsequent use of resources (downstream costs/cost savings), and cost-effectiveness, and to set this in an international context (Anderson et al., in press; Gilbody & Petticrew, 1999). Such theories and discussion incorporate and embrace the fundamental *a priori* premise that the size (and possibly the direction) of estimates of incremental resource use, costs, effects and cost-effectiveness associated with interventions will be different in different settings, depending on the balance and interactions of particular mechanisms, contexts and outcomes operating at different levels within (and outwith) a given system.

⁹ An intervention may be judged 'promising', from an economic point of view, under four scenarios: if it appears to have the potential to result in improved outcomes and reduced (or similar) costs; if it appears to have the potential to result in improved outcomes and increased costs, to such an extent that the improvement in outcomes may justify the increase in costs; if it appears to have the potential to result in similar outcomes and reduced costs; or if it appears to have the potential to result in worse outcomes and reduced costs, to such an extent that reduction in costs may justify the worse outcomes. A further condition for an intervention to be judged 'promising' in the context of a C1 or C2 reviews may be that one of the above four scenarios appears to have potential to be applicable in a number of different settings. In practice, the available evidence on resource use, costs and effects often reveals trade-offs between different items of resource use/costs and different outcomes/effects, which may imply that further context-specific analyses are needed to build on the initial judgement.

Data on unit costs are not utilised directly in critical summaries of economic evidence conducted as part of C1 and C2 reviews, although assessments of sources and variations in unit costs (and any assumptions about resource use that underpin unit costs) between studies and settings *are* likely to be important in explaining between-study/setting variations in estimates of costs and cost-effectiveness.

‘Front-end’ economic modules

We are not aware of any ‘systematic maps’ of the evidential relationships between C1 and C2 reviews (including their economic components), technology assessment, appraisal and practice guideline development processes (including their economic components) and economic evaluations or other economic analyses¹⁰ (which may or may not be undertaken as a component of technology assessments) conducted in the UK (or other jurisdictions). What is known is that, in many cases, published C1 and C2 reviews *are* used to inform technology assessment, appraisal and practice guideline development processes, while in other cases technology assessment reviews conducted in specific jurisdictions are subsequently converted into published Cochrane reviews.

If the technology assessment review comes first, this may already include comparative, context-specific analyses of the costs, cost-effectiveness and/or budget impact of interventions, alongside (and incorporating) evidence on intervention effects assembled using a systematic review.¹¹ There are many examples of (and variations on) this approach in UK health technology assessment reviews (e.g. Pilgrim et al., 2009; McDaid et al., 2009; French et al., 2009). The UK Social Care Institute for Excellence (SCIE) has recently developed a position statement on economic evaluation in social care and sought advice on methods for costing practice guide recommendations, building on established evidence review processes (Francis, 2009; The Matrix Knowledge Group, 2008).

If the C1 or C2 review comes first, there is scope to build a bespoke ‘front-end’ economic module onto the review that includes context-specific economic evidence, tailored for use by specific sets of stakeholders.¹² Taking health and social care as our example and the UK National Health Service (NHS) as the decision-making jurisdiction, the ‘front-end’ economic module of a C1 review might, at minimum, consist of an ‘economic reading’ of the clinical effects evidence contained in the review,¹³ together with a summary of its economic components, and an assessment of implications for NHS policy and practice. However, the economic module could also include any (or all) of the following: a cost analysis (Drummond et al., 2005), a budget impact analysis (Mauskopf et al., 2007) and a decision model to assess cost-effectiveness (Briggs et al., 2006),¹⁴ each conducted from a UK NHS perspective. The cost analysis component is described below. The budget impact

10 Other forms of economic analysis (i.e. other than full or partial economic evaluations) include, *inter alia*, budget impact analysis and econometric analysis.

11 Technology assessment reviews may also include a systematic review of existing cost-effectiveness evidence.

12 The precise configuration of each ‘front-end’ economic module would need to be determined on a case-by-case basis in consultation with all stakeholders.

13 For some reviews, this may be all that is needed, as it may be possible to conclude on the basis of an ‘economic reading’ of the clinical effects evidence that it is implausible that an intervention is not cost-effective, or possibly cost-saving (e.g. if the incremental levels of ‘per patient’ resources needed to provide the intervention are very likely to be small and, due to the beneficial effects of the intervention, the incremental ‘per patient’ reduction in the subsequent utilisation of expensive services is very likely to be high).

14 If it is not judged feasible to develop a decision model to assess cost-effectiveness, another option (applicable to evaluations of certain types of intervention, such as medications) may be to estimate the cost of preventing an event. The cost of preventing an event is an “approximate cost-effectiveness statistic” calculated by synthesising estimated costs with the epidemiological measure ‘Number needed to treat’ (NNT) (Maharaj, 2007).

analysis would build on the cost analysis,¹⁵ while the cost-effectiveness analysis would build on both the cost analysis and the review of intervention effects (including the meta-analysis, if available).^{16,17}

The cost analysis component of the module would build on both the review of intervention effects and economic components of the review. A cost analysis is a comparative analysis of alternative interventions in terms of their costs only (Drummond et al., 2005). It involves the *description, measurement* and *valuation* of changes in resource use that occur as a result of the production (implementation) and effects (outcomes) of the compared interventions. Costs may be differentiated into those associated with resources used in the production of the interventions (resource inputs) and those associated with the influences of the effects of the interventions on subsequent resource or service utilisation (resource consequences). Data on types and/or amounts of resource inputs (description and/or measurement) may be collected from primary studies (either comparative effectiveness research studies¹⁸ or economic evaluations) included in the systematic review, subject to assessments of the applicability of these data to the NHS setting. Depending on the scope and applicability of data available from the review, these may need to be supplemented by analysis of NHS administrative datasets to establish reliable estimates of resource inputs applicable to NHS health and social care practice. Data on types and amounts of resource consequences (description and measurement) may be collected largely from the C1 review, provided the review has collected (and possibly synthesised) outcome data on the range of effects that have important associated resource consequences (e.g. complications of treatment and secondary procedures for a surgical intervention).

Unit cost data have a crucial role at the *valuation* stage of a cost analysis. Essentially, unit costs are applied to each measured amount of resource (e.g. the number of weeks patients stay in a community rehabilitation unit multiplied by the unit cost of the stay, per week). In our example economic module (and depending on the specific resource inputs and resource consequences associated with compared interventions), applicable sources of national UK health and social care unit costs data may include this volume, National Schedule of NHS Reference Costs volumes (Castelli, 2008) and British National Formulary volumes (e.g. British National Formulary, 2009). Other useful UK sources of information and data relating to the calculation of unit costs of health and social care are listed in an appendix (see page 199).

Finally, it should be noted that all the components of data we have suggested could potentially be drawn from effectiveness and economics components of C1 and C2 reviews to inform elements of 'front-end' economic modules may also, in principle, be used to inform development of corresponding elements of technology assessment reviews (e.g. assessments of cost-effectiveness and budget impact) or other economic evaluations (e.g. model structure, selection of key parameters, ranges of input data values for key parameters) conducted in specific jurisdictions.

15 Supplemented by applicable demographic and epidemiological data.

16 Supplemented by applicable demographic, epidemiological and (possibly) health state utilities data.

17 If an applicable decision model or other economic evaluation of essentially the same decision problem faced by end-users of the economic module had already been conducted using the same analytic perspective, this may obviate the need to produce some elements of the economic module (or existing analyses could be updated for the module).

18 It may be possible to collect data on resource inputs from comparative effectiveness research studies whether or not the study incorporates any formal economic analysis. CCEMG is developing a 'resource use data coding tool' designed to collect data on 'resource inputs' from such studies, to inform analyses of the implementation costs of interventions (i.e. by applying unit costs to the measured amounts of each resource).

Conclusions: future challenges and the role of unit cost data

One of the key challenges in the ongoing development of economics methods for use in the preparation and maintenance of C1 and C2 reviews and front-end economic modules is the need to establish empirical evidence, through the conduct of methodological research, regarding methodological choices that may be made at each stage of the research process, including the degree to which implementation of specific approaches adds value to reviews, and at what extra cost.

It is also essential to continue to build capacity among both systematic reviewers and applied economists to support the production of economics components of reviews, through network development and training activities (training of both systematic reviewers in economics methods and applied economists in systematic review methods). To this end, CCEMG would like to invite applied economists and others working within or across the fields of health and social care, education and criminal justice to contribute to our network and its work. Please e-mail research@c-cemg.org or visit the website at <http://www.c-cemg.org> for further information.

Another challenge is to ensure that economics components of C1 and C2 reviews and bespoke front-end products complement (and do not duplicate) parallel outputs produced within (and outwith) established and emerging technology assessment, appraisal and practice guideline development processes in the UK and elsewhere. In the UK, this requires ongoing collaboration between C1 and C2 (and affiliated researchers and methodologists) and a wide range of UK agencies and stakeholders, such as (at a national-level) the Department of Health, the National Institute for Health and Clinical Excellence, the Health Technology Assessment Programme, SCIE, the Home Office and the Department of Children, Schools and Families.

This editorial has described the pivotal function of unit costs data in the production of economic analyses that aim to help decision-makers consider how they should act on evidence from C1 and C2 reviews. In the UK, some key challenges for developers of unit costs data lie in the development of national sources of education and crime and justice unit costs data to sit alongside existing sources of health and social care data, and also in ensuring that the range of available unit costs data within and across these sectors is sufficiently broad to inform economic analyses of the ever-increasing range of new and existing technologies requiring evaluation and re-evaluation. In the context of these challenges, current expansions in UK unit costs research are encouraging.

The Personal Social Services Research Unit (PSSRU) is currently developing national unit costs of crime and justice (Netten et al., 2008), and the Centre for Child and Family Research (CCFR) in Loughborough is working on education unit costs as part of a project to develop a 'children's services' cost calculator for UK local authorities.¹⁹ Also, efforts to improve the range and quality of the information contained in current PSSRU Unit Costs volumes are undertaken every year and the publication is kept as current as possible by using the latest data taken from routinely-collected reports, literature and ongoing research. To ensure the accuracy and comprehensiveness of the information, advice is sought from a working group consisting of the Department of Health, PSSRU, the Centre for Health Economics (CHE) at the University of York and the Centre for the Economics of Mental Health (CEMH) in the Institute of Psychiatry, Kings College London. This working group

¹⁹ See CCFR's website at <http://www.lboro.ac.uk/research/ccfr/> for further information, especially the 'Exploring costs and outcomes' research theme.

meets annually to discuss gaps in the data and to plan future research. It also discusses research in progress so that the unit costs reported always reflect, to a greater or lesser degree, work in progress. Furthermore, every year users of the Unit Costs report are invited to comment on the information and estimates which need improving. In our view, as the range of parallel national public sector unit costs sources and their developers continues to grow, it would be useful to assess whether establishment of a centralised, and possibly international, directory is warranted, to allow researchers and other users of unit cost data to continue to identify gaps in the coverage of public sector unit costs data needed for current and forthcoming analyses in different settings.

Note

Ian Shemilt and Miranda Mugford are two editors of a forthcoming book, *Evidence-based Decisions and Economics: Health care, social welfare, education and criminal justice*, to be published by Wiley-Blackwell in Spring 2010.

References

- Anderson, R. (2009) Systematic reviews of economic evaluations: utility or futility?, *Health Economics*, advance access at www.interscience.wiley.com, doi: 10.1002/hec.1486.
- Anderson, R. & Shemilt, I. (in press) Chapter 3: The role of economic perspectives and evidence in systematic review, in I. Shemilt, M. Mugford, L. Vale, K. Marsh & C. Donaldson (eds) *Evidence-based Decisions and Economics: Health care, social welfare, education and criminal justice*, Wiley-Blackwell, Oxford.
- Briggs, A., Sculpher, M. & Claxton, K. (2006) *Decision Modelling for Health Economic Evaluation*, Oxford University Press, Oxford.
- British National Formulary (2009) *The British National Formulary*, Edition 57, Pharmaceutical Press, London.
- Castelli, A. (2008) Guest editorial: National Schedule of Reference Costs data: Community Care Services, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2008*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Coren, E. & Fisher, M. (2006) *The Conduct of Systematic Research Reviews for SCIE Knowledge Reviews (Using Knowledge in Social Care: Research Resource 1)*, Social Care Institute for Excellence (SCIE), available from <http://www.scie.org.uk/publications/researchresources/rr01.asp>.
- Deeks, J.J., Higgins, J.P.T. & Altman, D.G. (eds) (2008) Chapter 9: Analysing data and undertaking meta-analyses, in J.P.T. Higgins & S. Green (eds) *Cochrane Handbook for Systematic Reviews of Interventions*, Version 5.0.1 (updated September 2008), The Cochrane Collaboration, available from www.cochrane-handbook.org.
- Drummond, M.F., Sculpher, M.J., Torrance, G.W., O'Brien, B.J. & Stoddart, G.L. (2005) *Methods for the Economic Evaluation of Health Care Programmes, Third Edition*, Oxford University Press, Oxford.
- Drummond, M. (2002) Evidence-based medicine meets economic evaluation - an agenda for research, in C. Donaldson, M. Mugford & L. Vale (eds) *Evidence-Based Health Economics: From Effectiveness to Efficiency in Systematic Reviews*, BMJ Books, London.
- Francis, J. (forthcoming) *SCIE's Approach to Economic Evaluation in Social Care*, Social Care Institute for Excellence, London.
- French, B., Leathley, M., Sutton, C., McAdam, J., Thomas, L., Forster, A., Langhorne, P., Price, C., Walker, A. & Watkins, C. (2008) A systematic review of repetitive functional task practice with modelling of resource use, costs and effectiveness, *Health Technology Assessment*, 12, 30.
- Gilbody, S.M. & Petticrew, M. (1999) Rational decision-making in mental health: the role of systematic reviews, *Journal of Mental Health Policy and Economics*, 2, 99, 106.
- Higgins, J.P.T. & Green, S. (eds) (2008) *Cochrane Handbook for Systematic Reviews of Interventions*, Version 5.0.1 (updated September 2008), The Cochrane Collaboration, available from www.cochrane-handbook.org.
- Lessard, C. & Birch, S. (in press) Chapter 13: Complex problems or simple solutions? Enhancing evidence-based economics to reflect reality, in I. Shemilt, M. Mugford, L. Vale, K. Marsh & C. Donaldson (eds) *Evidence, Economics and Decisions: Health Care, Social Welfare, Education and Criminal Justice*, Wiley-Blackwell, Oxford.
- Maharaj, R. (2007) Adding cost to number needed to treat: the COPE statistic, *Evidence-Based Medicine*, 12, 101-102.

- McDaid, C., Griffin, S., Weatherly, H., Durée, K., van der Burgt, M., van Hout, S., Akers, J., Davies, R.J.O., Sculpher, M. & Westwood, M. (2009) Continuous positive airway pressure devices for the treatment of obstructive sleep apnoea-hypopnoea syndrome: a systematic review and economic analysis, *Health Technology Assessment*, 13, 4.
- Matrix Knowledge Group (2008) *Social Care Institute for Excellence: Costing Methodology* (unpublished report), Matrix Knowledge Group, London.
- Mauskopf, J.A., Sullivan, S.D., Annemans, L., Caro, J., Mullins, C.D., Nuijten, M., Orlewska, E., Trueman, P., Watkins, J. & the ISPOR Task Force on Good Research Practices (2007) Principles of Good Practice for Budget Impact Analysis: Report of the ISPOR Task Force on Good Research Practices - Budget Impact Analysis, *Value in Health*, 10, 336-347.
- National Institute for Health and Clinical Excellence (NICE) (2008) *Guide to the Methods of Technology Appraisal*, National Institute for Health and Clinical Excellence, London.
- National Institute for Health and Clinical Excellence (NICE) (2009) *Methods for Development of NICE Public Health Guidance, Second Edition*, National Institute for Health and Clinical Excellence, London.
- Netten, A., Barrett, B. & Brookes, N. (2008) *Unit Costs in Criminal Justice (UCCJ)*, PSSRU Bulletin No. 18, Personal Social Services Research Unit, University of Kent, Canterbury, http://www.pssru.ac.uk/pdf/b18/b18_uccj.pdf.
- Pilgrim, H., Lloyd-Jones, M. & Rees, A. (2009) Routine antenatal anti-D prophylaxis for RhD-negative women: a systematic review and economic evaluation, *Health Technology Assessment*, 13, 10.
- Sculpher, M., Pang, F., Manca, A., Drummond, M., Golder, S., Urdahl, H., Davies, L. & Eastwood, A. (2004) Generalisability in economic evaluation studies in healthcare: a review and case studies, *Health Technology Assessment*, 8, 49.
- Shemilt, I. & Mugford, M. (2009) Including economic perspectives and evidence in Campbell reviews to inform policy and practice: a critical review of current approaches, *Evidence and Policy*, 5, 3, 229-246.
- Shemilt, I., Mugford, M., Byford, S., Drummond, M., Eisenstein, E., Knapp, M., Mallender, J., McDaid, D., Vale, L. & Walker, D. (2008a) Chapter 15: Incorporating economics evidence, in J.P.T. Higgins & S. Green (eds) *Cochrane Handbook for Systematic Reviews of Interventions*, Version 5.0.1 (updated September 2008), The Cochrane Collaboration, available from www.cochrane-handbook.org.
- Shemilt, I., Mugford, M., Byford, S., Drummond, M., Eisenstein, E., Knapp, M., Mallender, J., Marsh, K., McDaid, D., Vale, L. & Walker, D. (2008b) *Campbell Collaboration Methods Policy Brief: Economics Methods*, The Campbell Collaboration, Oslo, available from http://camp.ostfold.net/resources/methods_policy_briefs.shtml.
- Shemilt, I., Mugford, M., Drummond, M., Eisenstein, E., Mallender, J., McDaid, D., Vale, L., Walker, D. & The Campbell & Cochrane Economics Methods Group (2006) Economics methods in Cochrane systematic reviews of health promotion and public health related interventions, *BMC Medical Research Methodology*, 6, 55.

Acknowledgements

We would like to acknowledge the contributions of CCEMG co-conveners and members, especially Rob Anderson (Peninsula Medical School, UK), Chantale Lessard (University of Montreal, Canada) and Stephen Birch (McMaster University, Canada), to elements of the thinking which informed material presented in this paper. We also acknowledge the funds provided by the UK National Institute of Health Research (NIH) to support the infrastructure and core work programme of CCEMG until September 2010. The views expressed are those of the authors and may not reflect those of the funder.

Estimating unit costs for Direct Payments Support Organisations

Vanessa Davey, Francesco d'Amico and Martin Knapp

Introduction

Demand for direct payments support has risen with the increasing policy emphasis on person-centred, individualised care. Direct payment support (DPS) can help people with the assessment process, provide finance advice and support for the many accountancy tasks involved, help recruit personal assistants, or can act as an employment agency for care workers (Department of Health, 2003). Personal budgets will be introduced for most publicly-funded social care users in England by 2011, and it is likely that many will choose to take them as direct payments. One consequence is likely to be that direct payments support will need to be much more widely available.

Despite this policy pressure, there is very little information on the costs of providing direct payment support. Where it is available, costs are typically estimated by dividing annual expenditure by the number of users supported (Stainton et al., 2009; Hasler et al., 1999). Such 'top-down' methods provide a helpful start, but they do not reflect the different support activities provided, and so do not pick up the different levels of resources provided to users or the different ways of spending those resources.

In 2005, the PSSRU undertook a national survey of organisations that provide direct payment support (Davey et al., 2008). Following new analyses of these data, we present information on the overarching unit costs for those organisations (2005 prices). Methodological details are available from the authors.

Methods

Sixty-four of the 121 Direct Payment Support Organisations (DPSOs) responding to our survey¹ provided sufficient and appropriate data to estimate unit costs. Organisations that had recently started were excluded as their unit costs were unlikely to reflect usual practice; this meant that a high proportion of DPSOs serving single user groups were excluded as

¹ Out of 169 DPSO operational at the time of the survey, an estimated 50 were in start-up mode, suggesting that our analysis of unit costs represents at least 60 per cent of DPSOs that were fully operational at the time.

they tended to be the newest. The included DPSOs supported on average 121 users (range 28 to 345) and had been providing direct payment support for about five years. This sub-sample included support schemes run by branches of national providers serving users with a wide range of needs, local organisations that serve one or more local authority areas, and schemes run directly by social services.

Most DPSO expenditure is likely to arise from fulfilling their core task in directly supporting service users through face-to-face and telephone contact and by regular case reviews. These data, recorded by the organisations – taking into account the amount of time needed from assessment, through setting-up the care package, to the point where the user could manage their direct payments independently – were employed to estimate staff dedication time per average user, for each user group in turn. This figure multiplied by staff hourly cost² provided a measure of the direct support costs (DSC).

Alongside this direct support, DPSOs provide additional services such as advocacy, accountancy and the like (see Table 1). The organisations surveyed varied in the extent to which they provided these services (Davey et al., 2008). Our cost estimations, therefore, needed to allow for this variation. Our approach was based on the assumption that, once all direct service costs were taken into account, the remaining expenditure would relate to provision of these service options; this provides a measure of the indirect support costs (ISC). Organisations that focus more on direct support than providing supplementary services, for example, are likely to have higher proportions of DSC relative to ISC. In contrast, a DPSO that mainly offers so-called additional services would have a higher proportion of ISC relative to DSC. One possible example would be an employment business which provides personal assistants for DP users.

Results

For each organisation and for each user group they supported, we estimated the average unit cost per average user per annum. Table 2 shows the median unit costs for the main user groups (most DPSO serve multiple user groups). The final data column shows that the average unit cost per service user was £734. Other findings from the survey suggested that the unit cost for people with mental health problems would be highest due to higher average recorded levels of direct support (Davey et al., 2008). However, our new analyses show that the highest average unit cost was for people with physical disabilities or sensory impairment (£736 per annum), although this was only marginally higher than the unit costs for people with learning disability or mental health problems. In other respects user group variation followed our expectations, being lowest for carers and older people (£626 and £637). Other research has suggested that older people may have lower needs for direct payment support because informal carers undertake many of the tasks (Davey et al., 2007; Glendinning, 2008).

Looking at the unit costs in each DPSO, we found eleven organisations had average annual unit costs above £1000 per user (for all users groups). These were predominantly Centres for Independent Living or similar local schemes run by disabled people, or in-house support schemes. This suggests that these particular models of working are quite expensive – although we cannot tell whether these schemes are also generating better outcomes for users. The highest annual unit cost per user recorded (£2631) was by an in-house scheme.

2 Staff hourly cost was calculated using data on total expenditure and number of full-time equivalent staff members. We assumed a 40 hour working week. By using total expenditure instead of staff expenditure we have been able to apportion non staff costs (buildings, staff payroll, administration and travel costs) to hourly staff cost.

Table 1: Direct payments support: supplementary service options

Generic name	Service options
Advocacy services	General advice and support* Support with applying for direct payments Training in undertaking self-assessments Support with undertaking self-assessments Advocacy for statutory assessments Assistance with indirect payments schemes Financial advice (general)* Direct payments awareness raising Campaigning Peer support*
Recruitment services	Lists of personal assistants Lists of local agencies* Bank of emergency staff Assistance with interviews* Assistance with training PA training Employment law advice* Recruitment support* PA management advice* Assistance compiling job descriptions* Assistance compiling contracts* Any other backup service*
Accountancy services	Help setting up a bank account Issuing cheques Assistance with tax* Assistance with National Insurance* Accountancy service* Assistance with payroll* Payroll service* Training in budgeting* Completing monitoring forms* Help to organise employer's liability insurance
Employment agency services	Care worker introduction scheme Employee scheduling/rotation service Finance and insurance management service
Employment business services	Contract care workers Organisation of payment to care workers Finance and insurance management

Note: * Direct Payment Support referred to in official guidance on direct payments (Department of Health, 2003)

Table 2: Average unit cost by user group

Cost per annum per user	Older people	Mental health	Learning disability	Physical disability/sensory impairment	Disabled children	Carers	All groups
	(£)	(£)	(£)	(£)	(£)	(£)	(£)
	n=58	n=42	n=59	n=61	n=42	n=26	n=64
Median	637	725	732	736	668	626	734
Minimum	148	244	178	126	150	160	155
Maximum	2546	2293	2557	3079	2569	1982	2631

The minimum and maximum values in Table 2 reveal the wide range of costs. Disabled children and adults have the widest ranges of unit costs, with some of the lowest and the highest minimum and maximum values. For all user groups except for mental health, the maximum unit cost for each user group is at least 10 times larger than the minimum, indicating the very different levels of direct contact provided. The final data column shows average cost across all user groups which tends to disguise the wide variation by user

group. This shows that the minimum annual unit cost per average DPSO user was £155; direct service costs absorbed about a third of this figure (n=59). The highest unit cost per DPSO service user was £2631 of which DSC absorbed just 15 per cent (n=59). In turn, these costs suggest 15 hours of direct contact time in the most expensive DPSO compared to 9 hours in the cheapest (based on the staff hourly cost for each). Across all DPSOs, staff costs per hour ranged from under £5 to £68 around an average of £14.

In three-quarters of the organisations, direct support costs were lower than indirect costs, suggesting that proportionally less of their resources were absorbed by direct contact with users. Half of these organisations were spending up to twice as much on ISC as on DSC, and five were spending between two and five times the DSC levels on ISC. At the highest end of these ratios, four organisations' spend on ISC was between 13 and 66 times that spent on direct support costs. Given the way data were recorded, it is unlikely that the organisations underestimated the level of direct contact time per user so these high ISC proportions indicate organisations which have the largest infrastructures for supplementary services. Despite the overall dominance of expenditure on indirect support, a significant minority (around a quarter) dedicated most of their resources to directly supporting users.

Overall, these unit costs begin to identify the wide variations in the scope of DPSO activities, their differential within-organisation spend, and the cost implications of these choices about the balance of direct support and supplementary services.

Conclusion

These new analyses of the DPSO survey data had two objectives: to provide a comprehensive and transparent means of calculating unit costs; and to provide new insights into the costs of direct payment support. This paper focuses on the latter. While providing some of the first unit costs to show the considerable variations in unit costs between user groups, they also provoke new research questions.

Certainly, the variations in the ratios of direct to indirect support costs need further investigation. Since costs, income and expenditure for these organisations come within tolerable limits, we may conclude that our unit cost estimations are reasonably accurate and that the variations in the ratios of direct to indirect support costs are largely due to the result of the organisations' differing practices. Moreover, according to our results extreme variations in the ratio of direct to indirect support costs (or vice versa) were not obviously linked to extremes in average unit cost per user. Further analysis is required to explore the factors which are associated with variations in unit cost, DSC and ISC, and particularly the dynamic between the three relative to the delivery of particular supplementary services (e.g. payroll).

It is also probable that our results indicate the limitations of broad-based data collection. While investigation supports the hypothesis that staff contact to provide direct payment support (through home visits, telephone consultations and annual review) accounts for most but not all user-related activity (Davey et al., 2007), our results question the level of expenditure required by the majority of DPSOs on indirect support (e.g. supplementary services) relative to direct support. Recording *all* user-related activity and staff time – particularly time spent within the supplementary services – is a much more complex task. To increase the accuracy with which we can identify the costs of direct payment support and activities provided through the supplementary services, work is needed to develop and

extend current methods of processing, recalling and recording user data and tracking the support provided to service users.

Acknowledgement

We are very grateful to Jennifer Beecham for her assistance with this article.

References

- Davey, V., Snell, T., Fernández, J.L., Tobin, R., Jolly, D., Perkins, M., Kendall, J., Pearson, C., Vick, N., Swift, P., Mercer, G. & Priestley, M. (2008) *Schemes Providing Support to People Using Direct Payments: A UK Survey*, Personal Social Services Research Unit, London School of Economics and Political Science, London.
- Davey, V., Fernández, J.L., Kendall, J. & Knapp, M. (2007) *Direct Payments Implementation Strategy Evaluation. Final Report to the Department of Health*, Personal Social Services Research Unit, London School of Economics and Political Science, London.
- 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.
- Glendinning, C., Challis, D., Fernández, J.L., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. & Wilberforce, M. (2008) *Evaluation of the Individual Budgets Pilot Programme Final Report*, Individual Budgets Evaluation Network, Social Policy Research Unit, University of York.
- Hasler, F., Campbell, J. & Zarb, G. (1999) *Direct Routes to Independence. A Guide to the Local Authority Implementation and Management of Direct Payments*, Joseph Rowntree Foundation/ National Centre for Independent Living/Policy Studies Institute, London.
- Stainton, T., Boyce, S. & Phillips, C.J. (2009) Independence pays: a cost and resource analysis of direct payments in two local authorities, *Disability & Society*, 24, 2, 161-172.

The National Dementia Strategy: potential costs and impacts

Jennifer Beecham

Introduction

The *National Dementia Strategy* was published in early 2009. It aims to ensure that significant improvements are made to dementia services and is intended as a catalyst for change in the way that people with dementia are viewed and cared for in England (Department of Health, 2009a). Currently there are approximately 700,000 people in the UK with dementia, a figure that is expected to double in the next 30 years. Costs, however, are estimated to triple from the current £17 billion per year to over £50 billion (Knapp & Prince, 2007).

The *National Dementia Strategy* identifies three key areas for action: improving awareness, earlier diagnosis and intervention, and higher quality of care to help people with dementia live well. Greater specificity is given in the 17 objectives (see Box 1). Although the Strategy was welcomed by all stakeholders, a major concern has been the implementation costs. £150 million has been allocated to primary care trusts to support implementation in the first two years, but there have been concerns about an underestimation of the numbers of people with dementia (Age Concern), the 'hidden costs' of the workforce training implications (Santry, 2009), the difficulties of reaching people with dementia who live in care homes (www.epolitix.com), poor commitment to research (www.alzheimers.org.uk) and the need to ensure that commissioners pay a fair price to obtain good quality social care services (www.ukhca.co.uk).

As part of the Impact Assessment for the Strategy, the PSSRU was asked to help members of the Department of Health explore the literature to identify the potential costs and benefits of the objectives set out in the Consultation Document (Department of Health, 2009b). Drawing on this work, this article identifies the potential costs and impacts for five of the objectives outlined in the Strategy.

Box 1 The 17 key objectives in the National Dementia Strategy

- Improving public and professional awareness and understanding of dementia
- Good-quality early diagnosis and intervention for all
- Good-quality information for those with diagnosed dementia and their carers
- Enabling easy access to care, support and advice following diagnosis
- Development of structured peer support and learning networks
- Improved community personal support services
- Implementing the Carers' Strategy
- Improved quality of care for people with dementia in general hospitals
- Improved intermediate care for people with dementia
- Considering the potential for housing supports, housing-related services and telecare to support people with dementia and their carers,
- Living well with dementia in care homes
- Improved end-of-life care for people with dementia
- An informed and effective workforce for people with dementia
- A joint commissioning strategy for dementia
- Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers
- A clear picture of research evidence and needs
- Effective national and regional support for implementation of the Strategy

The costs of improving dementia care

Objective 1 includes delivering information campaigns to the general public, targeted groups and local populations. Such campaigns are intended to improve public and professional awareness and understanding of dementia, address stigma, and encourage appropriate help-seeking behaviour. More than three-quarters of GPs taking part in a pilot awareness campaign believed this would lead to people reporting dementia symptoms earlier (Department of Health, 2009a; Alzheimer's Society, 2008). Four fairly recent large-scale campaigns in mental health provide some indications of their likely costs and success. A public attitudes survey in Scotland following the four-year multi-media *see me* campaign showed improved rates of positive attitudes to mental health and that it reached 75 per cent of those surveyed (www.seemescotland.org). The campaign was funded at £2.8 million over four years, of which 73 per cent was direct campaign costs. Costs for the three-year DH-funded *Mind Out for Mental Health* campaign were similar at around £3.5 million. Both this and the earlier *Defeat Depression* campaign generated small but significant changes in attitudes over time. The NIHR *Shift* strategy to change media attitudes to mental health also suggests that attitudes may take a while to change; there was little impact in the first two years (www.csip.org.uk).

Objective 2 aims to provide good-quality early diagnosis and intervention for all people with dementia through access to a pathway of care delivering specialist assessment and treatment, care and support as needed by people with dementia and their carers. One such service is the Croydon Memory Service. The recent cost-effectiveness evaluation estimated the cost of providing such a service across England to be around £220 million extra per year (Banerjee & Wittenberg, 2009). If just 10 per cent of care home admissions were averted, the researchers estimate the savings by year 10 would be around £120 million in public expenditure on social care and £125 million in costs to service users and their families. A 20 per cent reduction in admissions would off-set the annual cost within six years. A relatively

small gain of between 0.01 and 0.02 QALYs per person year would render the service cost-effective in terms of positive net present value.

Objective 6 is to deliver improved community personal support services to people with dementia living at home and their carers, including specialist home care services. At the time the literature was reviewed, the 2007 *Older People's Mental Health Mapping* database was available (OPMHM; www.mhcombinedmap.org). This identified 11 teams specialising in home care support for people with dementia. On average each team had 25.7 whole time equivalent (wte) staff members (range 4 to 83.5) and was led by just under 1.0 wte manager. Teams had an average caseload of 46 (range 12 to 164); the staff to user ratio was 1:1.8.

Using data available in the 2008 *Unit Costs of Health and Social Care*, this suggests an average annual cost of about £544,000 per team. Around 270 teams would be required to provide specialist home care for 12,500 people with dementia living at home (Knapp & Prince, 2007). Home care teams that are not cited as specialist dementia teams on the OPMHM are on average slightly larger, with 39 staff and a caseload of 122. One hundred teams would be required at an average cost per team of £815,000.

Meeting **Objective 9**, to improve intermediate care for people with dementia, will also require additional resources. The Strategy suggests this improvement could be achieved through support for mainstream services or by developing specialist intermediate care for people with more advanced or complex home care needs (p55). This and previous volumes of *Unit Costs of Health and Social Care* provide a range of costs for intermediate care. For example, support provided by rapid response teams, which are intended to avert admission to hospital, may cost between £194 and £1,035 (2009, page 97) and costs for a typical episode of care based in a residential home are estimated at £2,625 (2009, page 100). A study of re-ablement services is currently underway at the PSSRU. One study of 50 services used by older people in five sites identified six typical 'intermediate care pathways' with costs (at 2002 prices) ranging between £722 for 12 days support from a rehabilitation at home service to £10,785 for a package that included 85 days in a community rehabilitation unit (Godfrey et al., 2005 and see also Kaambwa et al., 2008). Ellis and colleagues (2006) found that costs were similar for use of a joint NHS/Social Services Intermediate Care Unit and routine care for older people at around £8,500 (2000 prices).

However, specialist services for people with dementia are rare. Just over half of all services categorised as Intermediate Care on the 2007 OPMHM provided support for people with dementia alongside other people with mental health problems but only five provided a dementia-specific service (two residential and three home-based services).

Objective 13, having an informed and effective workforce for people with dementia, is central to the strategy. Once core competencies have been agreed between the Department of Health and representatives of all bodies involved, consideration will be given to the changes to curricula for pre- and post-qualification and occupational training, as well as continuing staff education.

Training and education for existing staff will be important (Department of Health, 2009a, p65-67). Training may be required in as many as 12,800 core service locations: at least 5600 nursing/care homes with places for people with dementia (www.csci.gov.uk); 270 specialist home care services (see above); around 530 older people's mental health hospital wards; and 6370 integrated mental health teams (www.combinedmap.org). An illustrative model for

training can be taken from a study in two local authority EMI homes. This comprised eight three-hour sessions including a formal talk by a psychiatrist or psychologist, small group work and feedback facilitated by a CPN, as well as homework undertaken as part of the trainees' care duties (Davison et al., 2007). There were improvements in staff management of problematic behaviour three months later, but the changes did not last to 12 months. Including preparation and travel for the course facilitators, the cost would be around £700 per course, and may need to be held twice in each location to allow all staff (25-30) to attend; total cost £1400 per location. A training programme in psychosocial intervention (PSI) for community mental health nurses (CMHNs) lasted a similar length of time (20 taught hours; Moniz-Cook et al., 2008). This small study found some impact on problem behaviours among people with dementia living at home but less than ideal adherence by the CMHNs to the treatment protocol.

Reviews of staff training have found that generally programmes increased skills and job satisfaction, reduced residents' problem behaviours and reduced staff turnover (McCabe et al., 2007; Godfrey et al., 2005). Support from management was invaluable, but shorter, low-intensity programmes were less effective. Refresher courses were likely to be needed. There are, of course, existing funds for continuing professional education, training and staff development.

Conclusion

It has been suggested that the initial £150m should be enough to help primary care trusts provide a better local framework to get proper planning started (www.epolitix.com). The Strategy notes that funding for year three onwards will be decided once the evaluation findings from the demonstrator sites have been considered. More widely, the pace of implementation will vary depending on 'local circumstances and the level and development of services' within each area (Department of Health, 2009a, p20). To this list we must add the level of finance available in the area and from the Strategy fund, the decisions local commissioners make about how to spend their scarce resources, and the costs of providing any additional supports. While the cost data presented here are unlikely to represent the true costs of delivering the objectives, in the absence of full information, they may provide some estimates of the likely resource requirements.

Acknowledgements

With many thanks to Raphael Wittenberg for his input during the work for the Impact Assessment and for his comments on this article.

References

- Alzheimer's Society (2008) *Worried About Your Memory?* Alzheimer's Society, London, www.alzheimers.org.uk.
- Banerjee, S. & Wittenberg, R. (2009) Clinical and cost-effectiveness of services for early diagnosis and intervention in dementia, *International Journal of Geriatric Psychiatry*, 24, 748-754.
- Davison, E., McCabe, M., Visser, S., Hudgson, C., Buchanan, G. & George, K. (2007) Controlled trial of dementia training with a peer support group for aged care staff, *International Journal of Geriatric Psychiatry*, 22, 868-873.
- Department of Health (2009a) *Living Well with Dementia: A National Dementia Strategy*, Department of Health, London, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058.

- Department of Health (2009b) *Impact Assessment of the National Dementia Strategy*, Department of Health, London, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058.
- Ellis, A., Trappes-Lomax, T., Fox, M., Taylor, R., Power, M., Stead, J. & Bainbridge, I. (2006) Buying Time II: an economic evaluation of a joint NHS/Social Services residential rehabilitation unit for older people on discharge from hospital, *Health and Social Care in the Community*, 14, 2, 95-106.
- Godfrey, M., Townsend, J., Surr, C., Boyle, G. & Brooker, D. (2005) *Prevention and Service Provision: Mental Health Problems in Later Life*, Final report to the Age Concern & Mental Health Foundation Inquiry Board, Institute of Health Sciences and Public Health Research at the University of Leeds and the Division of Dementia Studies at the University of Bradford.
- Kaambwa, B., Bryan, S., Barton, P., Parker, H., Martin, G., Hewitt, H., Parker, S. & Wilson, A. (2008) Costs and health outcomes of intermediate care: results from five UK case study sites, *Health and Social Care in the Community*, 16, 6, 573-581.
- Knapp, M. & Prince, M. (2007) *Dementia UK: A Report into the Prevalence and Cost of Dementia*, Alzheimer's Society, London.
- McCabe, M., Davison, T. & George, K. (2008) Effectiveness of staff training programs for behavioural problems among older people with dementia, *Aging and Mental Health*, 11, 5, 505-519.
- Moniz-Cook, E., Elston, C., Gardiner, E., Agar, S., Silver, M., Win, T. & Wang, M. (2008) Can training community mental health nurses to support family carers reduce behavioural problems in dementia? An exploratory pragmatic randomised controlled trial, *International Journal of Geriatric Psychiatry*, 23, 185-191.
- Santry, C. (2009) Dementia Strategy: high hopes but who will pay? *Health Services Journal*, 19 February 2009.

SCIE's work on economics and the importance of informal care

Jennifer Francis¹ and David McDaid²

Overview

This paper introduces SCIE's developing approach to economics and highlights one of the main issues that its work in this area has explored: incorporating the costs of informal, or 'unpaid', care in economic evaluations. Measuring and valuing unpaid care is fundamental to economic evaluation in social welfare if we wish to form a more complete picture of the true costs and benefits of an intervention and thus aid policy-makers in resource allocation decisions. However, there remains no consensus on the methodology for achieving this. In this brief article we introduce SCIE's work, highlight the importance of measuring the economic impacts of unpaid care, and reflect on some of the different options available for their quantification and valuation.

Introduction

SCIE's methods for knowledge building are based on systematic reviews of the evidence base, drawing on knowledge from users' and carers' accounts, from professionals, from the experiences of organisations of putting policies into practice and from research. This work provides the basis for developing guides to assist practitioners, policy-makers and people who use services and their carers.

To date, the work has neither attempted to synthesise messages from economic evaluations of social care interventions, nor to cost the recommendations made in SCIE's guides. Recent work has focused on addressing these gaps in two stages. The first stage involved developing SCIE's own methodology to incorporate economic evaluations into its knowledge production processes, through a revision of its mapping and systematic review guidelines. Additions to these guidelines include searching, coding and quality appraisal for economic evaluations and a method for extracting resource use data from relevant studies. During the second stage SCIE developed a methodology for the identification and

¹ Social Care Institute for Excellence, Goldings House, 2 Hay's Lane, London SE1 2HB.

² Personal Social Services Research Unit, LSE Health and Social Care and European Observatory on Health Systems and Policies, The London School of Economics and Political Science, Houghton Street, London WC2A 2AE.

presentation of the costs of implementing practice recommendations. Both stages of work have been framed by the development of a statement by SCIE (Francis, 2009) on the type of economic evaluation that can help underpin evidence-based policy and planning in social care.

Whereas SCIE's costing methodology is currently limited to the identification of resources required to implement a recommendation and not any knock-on resource consequences, its position statement differs because it recognises the often complex interaction between social care policies and other public services. In this sense, the statement can be seen as an aspiration, or goal, for the social care sector. It sets out SCIE's view about how the benefits and costs of interventions should be systematically analysed using a methodology that is suitable to the distinct and complex nature of social care.

SCIE's perspective on economic evaluation and implications for informal care

SCIE's statement is written on the premise that due to certain features of the social care system, the way in which economic evaluation is applied in the health sector, although relatively advanced, cannot simply be transferred for use in social care evaluations.

The delivery of social care involves a range of stakeholders and decision-makers and is funded from a combination of central government grants, local tax revenues, unpaid volunteer and family inputs and user charges. Furthermore, sectors other than social care may incur costs and benefits as a result of social services investment in social care interventions. For example, social services expenditure on support for people leaving hospital could improve rates of hospital discharge and ease financial pressure on the health service. Conversely, it could add to the pressure on service users and their families.

SCIE's statement also acknowledges the centrality of services users and their families as stakeholders in the planning, funding and delivery of social care services; this focus is likely to continue to increase with the advent of personalisation. According to the cross-government *Putting People First* agenda (HM Government, 2007), 'personalisation' will enable service users to have more control over their care, becoming commissioners of their own services.

To respond to these complexities it is SCIE's view that economic evaluations in social care should adopt a broad, societal perspective. Taking such a broad approach, the impacts of an intervention on all stakeholders should be evaluated. Thus these analyses should not only include the costs and consequences which accrue to the provider (for example, the council with responsibility for adult social services) but also the costs that fall on health and other sectors, as well as the impacts on service users and their families.

SCIE's position on economic evaluation is also informed by the key challenges facing this kind of analysis in the social care field. The issues are, namely, that the evidence base is lacking and that which does exist is often of lower quality or generated outside the UK (Sefton et al., 2002). It is also the case that methods still require advancement, including the need for the development of suitable outcome measures.

Turning briefly first to work on carer-related outcomes, potentially these might be measured in different ways, for instance, using one or more carer-specific indicators, eliciting monetary values linked to care giving outcomes, or making use of measures reflecting the

utility or satisfaction that individuals place on different care-giving outcome states. In the health sector such measures of utility, most notably the quality adjusted life year (QALY) (Phillips & Thompson, 2001), are well established and the preferred outcome measure in technology appraisals in many jurisdictions, including England and Wales. This has included ongoing work to develop specific preference-weighted utility instruments both to measure the quality of life of those engaged in informal care giving (Brouwer, 2006) and also outcomes from adult social care (Netten et al., 2008). Until such work is complete and well-accepted measures are available, SCIE recommends that evaluators in social care should demonstrate how, when measuring outcomes, they have taken account of the opinions of people who use services and their carers.

Briefly, there are two other recommendations in SCIE's statement on economic evaluation in social care which may impact on the way with which informal care is dealt. The first is the importance of taking account of the context in which studies are conducted. SCIE suggests that evaluators should demonstrate how they have taken account of transferability issues between and within countries. This may include very different cultures and infrastructure in respect of the provision of informal and formal care.

The second concerns the legal responsibility to take account of the equality and diversity effects of social welfare interventions. There is also an important need to think of the distributional impacts of interventions, as not all parts of the population will benefit equally from an intervention. SCIE suggests that economic analysis should illustrate who benefits and who loses from any overall gain in outcomes. To achieve this, an evaluation should, where possible, examine the costs and benefits of interventions for different sub-groups of the population and present these findings separately. Again, this could potentially look at the impacts of interventions on different informal care population sub-groups.

The importance of valuing unpaid care

The inclusion of informal care impacts can have a major bearing on the potential cost-effectiveness of social care interventions. Informal care plays a substantial role in the total care provided to those with chronic diseases, the terminally ill and frail older people. Carers UK reports that around 6 million people (1 in 8 adults) are carers, and projects that by 2037 this will have risen to 9 million people (Carers UK, 2009). They estimate that if all these caring responsibilities had instead to be met by the state, the additional costs to the public purse would be £87 billion per year, an average of £15,260 per carer.

So, at a societal level, compounded by demographic developments which suggest both a continued ageing of the population and a reduction in the availability of informal care, there is a clear incentive to support the sustainability of such unpaid care. However, there is also longstanding concern at the individual level about the ability of informal carers to maintain their involvement. In response, strategies have been developed to support informal care, for instance through legislation (Department of Health, 2000, 2005) for the protection of carers' rights, and campaigning and support organisations such as Crossroads and the Princess Royal Trust for Carers.

At the societal and individual levels, therefore, we need to place a value on informal care: it is not a free resource, care-givers incur significant opportunity costs, and without their efforts there would need to be an increase in the availability of paid professional carers. Indeed, the importance of accounting for informal care in economic analysis has long been established. Writing more than 70 years ago, in her volume on the economics of household

production, American economist Margaret Reid stated that aspects of household activity such as cooking, child care and gardening all constitute 'work', since others could be paid to perform these tasks while the benefit still accrued to the person who paid for it (Reid, 1934).

Yet despite the economic impact of informal care it is often excluded from economic analysis by health technology assessment bodies. The National Institute for Health and Clinical Excellence (NICE) in England and Wales is perhaps one of the best-known proponents of the use of economic evaluation to inform decision-making. NICE adopts a narrow health and personal social services perspective in respect of health care technologies, albeit using a broader perspective in respect of public health interventions whose impacts can be felt beyond the health system. To date, however, while it has acknowledged that the impacts on informal care-givers can be documented as part of the economic appraisal process, they have not been formally included within the cost component of economic evaluations conducted for NICE.

This has been contentious in some areas, such as interventions for the treatment of individuals living with Alzheimer's disease (Sharp, 2006), where the majority of costs are incurred by carers who are themselves at significant risk of poor physical and mental health. Any impact of treatment on the caring responsibilities and/or the nature of the relationship between an informal carer and their loved one may thus be critical to the cost-effectiveness of some interventions (Wimo et al., 2004). One of the reasons put forward for this omission of care-giver impacts in technology appraisal is the lack of consistency and uncertainty over methods of measurement and valuation. It is certainly the case that estimating time spent caring and then valuing that time is by no means straightforward.

Practical challenges in the measurement and valuation of informal care

Conventionally in economic evaluations, resources are valued at their opportunity cost: that is their next best alternative use (Drummond et al., 2005). As we have already noted, informal care is far from being a costless resource. In addition to the emotional and physical impacts it can have, coupled with any out-of-pocket costs for additional fuel, food or cleaning etc, there are the opportunity costs of time spent caring that could otherwise have been spent engaged in other activities, including paid employment, voluntary work, education and training, household production, leisure activities or even sleeping.

There are several practical and methodological challenges associated with informal care (McDaid, 2001). One key challenge is to accurately measure the amount of time actually spent caring: for example, if an individual has always been responsible for cooking and cleaning in a household, how then does one measure any additional time spent on these tasks as a direct results of caring? It is also very difficult to ask someone to distinguish between the informal care they provide due to health or social welfare needs and care provided because of their relationship with the recipient.

A second challenge concerns the consequences of time spent caring. In some cases, the level of intensity in caring may be modest, which thus allows an individual to engage simultaneously in other activities. For instance, in the home environment, carers could conceivably 'multi-task': they could be supervising their loved one, the service user, while at the same time pursuing leisure activities such as reading or performing regular household chores such as cooking or cleaning. In this sense it might be said that there is no lost

opportunity because the carer is doing an alternative activity at the same time as providing care.

It may also be important to identify the care-giving time not only of primary carers, such as spouses, but also secondary carers including children and family friends. One recent study suggested that informal caring time for people with dementia may be underestimated by 14 per cent if the contributions of secondary carers are not included (Neubauer, 2008).

Yet even if time spent caring can be accurately measured, a third major challenge concerns the valuation of that time. A fundamental question is whether the value should reflect the opportunity costs of time to individuals or the costs of any replacement care that would be necessary if informal care was no longer available.

Time measurement

It is critical to adopt a standard approach to the measurement of care-giver time. Much of the variation in the valuations of informal care is due to a lack of consistency and wide variation in reported estimates of caring time (McDaid, 2001). There are two principal methods of time measurement. The most accurate way of doing this is to ask individuals to complete a time diary, for example over the period of a week or a month (Valimaki et al., 2007). Time diaries might take different forms, for instance requiring individuals to record the amount of time spent on activities of daily living (ADL), (e.g. washing, dressing, feeding) and instrumental activities of daily living (IADL) (e.g. cooking and financial affair management and supervision time). Alternatively, individuals may be asked to retrospectively recall the amount of time they have spent engaged in care-giving tasks. Questionnaires such as the Resource Utilisation in Dementia instrument might be used, which asks individuals to record time spent on ADL, IADL and supervision over a one-month period (Wimo, 1998).

While easier to administer than a diary, obtaining accurate estimates of care-giving time is more difficult to achieve using the recall method, with care-givers tending to overestimate the amount of time spent caring (van den Berg & Spauwen, 2006). Given that it may be difficult for individuals to estimate accurately the amount of *additional* time spent on informal care activities, one way to counter this may be to adjust any care-giving time estimates in relation to existing time surveys which indicate how the general population make use of their time. Examples include the UK 2001 and 2005 Time Use Surveys; these provide breakdowns of how individuals typically spend their time, including activities such as sleeping, watching television, doing housework, eating, washing and dressing, social life and paid employment (Short, 2001; Lader et al., 2006).

Valuing informal care time

A number of different methods have been put forward to value the costs of carer time, each with their own strengths and weaknesses. Theoretically the opportunity cost approach would be preferable as this reflects the value of the next best use of the carer's care-giving time. In many cases this can be represented by the wages they have forgone. Where data on individual lost time from employment are not known, proxy values such as average or minimum wage rates may be used. However, it is not always easy both to identify what types of opportunity have been forgone to provide care and then to find appropriate opportunity cost estimates for all these different types of time. For example, paid employment is not the only 'next best' use of time; there is also leisure time, lost sleeping time and the lost

productivity of those who are not engaged in paid work such as the retired, those with home responsibilities, or school-aged children who also provide informal care to a loved one.

To help identify what opportunities have been forgone, individuals might be asked what they would prefer to be doing if they could give up caring, but there is some evidence to suggest that not all individuals fully understand these concepts: one might imagine that everyone would have some time for leisure activities, yet some informal carers would not allocate any time to leisure activities (van den Berg et al., 2005). An individual's wage rate may be used as a proxy for all types of opportunity forgone or, as in the case of this edition of the Unit Costs of Health and Social Care, the 'national age-adjusted minimum wage rate' can be used.

An alternative approach, which SCIE currently recommends, is to value time spent caring at the market price that would have to be paid if the care was undertaken by a formal care-giver, e.g. home care workers or cleaners. From a public purse perspective this may make sense as it can indicate to policy-makers the potential financial implications of any reduction in the availability of informal care. From a pragmatic perspective, it may also be easier to identify market wage rates for specific caring tasks, rather than trying to identify the opportunity costs to different carers, dependent on their socio-economic status and other characteristics. However, using replacement costs may undervalue informal care; although it can be physically and emotionally stressful, some aspects of care giving can also be positive and rewarding, and this should also be reflected in valuations (Murray & McDaid, 2001).

In recognition of these limitations, other methods for valuing informal care have been tested but their use remains limited. They include the use of contingent valuation and conjoint analysis techniques to elicit from individuals the monetary value that they would place on informal care. For instance, contingent valuation might involve asking informal care-givers and/or the general population what they would be willing to pay in return for no longer having to perform informal care activities. In conjoint analysis individuals might rank different care-giving scenarios which provides information on a number of different attributes of care including monetary impact. Again, these methods have limitations relating to validity and consistency.

Conclusions

The costs of informal care are substantial, particularly in social care. Their consideration can have a major bearing on whether an intervention appears cost-effective. Much methodological work has been undertaken to help improve the way in which informal care can be valued. None of these methods is perfect; ideally the opportunity costs of informal care would be best reflected by the values that individuals place on the alternative use of their time, such as wages forgone. Accurately identifying all of these opportunity costs may be challenging, and a pragmatic alternative recommended by SCIE is to value informal care relative to the professional services that would be required in its absence. Whatever method of valuation is used, however, it is critical that more emphasis is placed on identifying the incremental time spent caring over and above normal household activities, as well as identifying the time inputs of both primary and secondary care-givers.

References

- Brouwer, W.B., van Exel, N.J., van Gorp, B. & Redekop, W.K. (2006) The CarerQol instrument: a new instrument to measure care-related quality of life of informal caregivers for use in economic evaluations, *Quality of Life Research*, 15, 1005–1021.
- Carers UK (2009) *Facts about caring*, Media Release, Carers UK, London, <http://www.carersuk.org/Newsandcampaigns/Media/Factsaboutcaring>
- Curtis, L. (2008) *Unit Costs of Health and Social Care 2008*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Department of Health (2005) *Carers (Equal Opportunities) Act 2004*, Office of Public Sector Information, London.
- Department of Health (2000) *The Carers and Disabled Children's Act 2000*, Office of Public Sector Information, London.
- Drummond, M.F., Schulpher, M.J., Torrance, G.W., O'Brien, B.J. & Stoddart, G.L. (2005) *Methods for the Economic Evaluation of Health Care Programmes, Third Edition*, Oxford University Press, Oxford.
- Francis, J. (2009) *SCIE's Approach to Economic Evaluation in Social Care*, Social Care Institute for Excellence, London, forthcoming
- HM Government (2007) *Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care*, HM Government, London.
- Lader, D., Short, S. & Gershuny, J. (2006) *The Time Use Survey, 2005. How We Spend Our Time*, Office for National Statistics, London.
- McDaid, D. (2001) Estimating the costs of informal care for people with Alzheimer's disease: methodological and practical challenges, *International Journal of Geriatric Psychiatry*, 16, 400–405.
- Murray, J. & McDaid, D. (2001) Carer burden. The difficulties and rewards of caregiving, in M.M. Warner, S. Furnish, M. Longley & B. Lawlor (eds) *Alzheimer's Disease Policy and Practice across Europe*, Radcliffe Medical Press, Oxford.
- Netten, A., Malley, J., Forder, J. & Dennett, J. (2008) Outcomes of social care for adults (OSCA): Outline of a research project funded by Health Technology Assessment (HTA) NIHR, PSSRU Project Outline PO81, Personal Social Services Research Unit, University of Kent, Canterbury.
- Neubauer, S., Holle, R., Menn, P., Grossfeld-Schmitz, M. & Graesel, E. (2008) Measurement of informal care time in a study of patients with dementia, *International Psycho geriatrics*, 20, 6, 1160–1176.
- Phillips, C. & Thompson, G. (2001) What is a QALY?, *Evidenced Based Medicine*, 1, 6.
- Reid, M.G. (1934) *Economics of Household Production*, Wiley, New York.
- Sefton, T., Byford, S., McDaid, D., Hills, J. & Knapp, M. (2002) *Making the Most of it: Economic Evaluation in the Social Welfare Field*, Joseph Rowntree Foundation, York.
- Sharp, S. (2006) Update on the NICE appraisal of drug treatments for Alzheimer's disease, *Journal of Quality Research in Dementia*, Issue 2, May.
- Short, S. (2001) Time Use Data in the Household Satellite Account: October 2000, *Economic Trends*, 563, 47–55.
- Valimaki, T., Vehviläinen-Julkunen, K. & Pietilä, A-M. (2007) Diaries as research data in a study on family caregivers of people with Alzheimer's disease: methodological issues, *Journal of Advanced Nursing*, 59, 1, 68–76.
- van den Berg, B., Brouwer, W., van Exel, J., Koopmanschap, M., van den Bos, G.A. & Rutten, F. (2005) Economic valuation of informal care: Lessons from the application of the opportunity costs and proxy good methods, *Social Science & Medicine*, 61, 6, 1342–1355.
- van den Berg, B. & Spauwen, P. (2006) Measurement of informal care: an empirical study into valid measurement of time spent on informal caregiving, *Health Economics*, 15, 447–460.
- Wimo, A., Winblad, B., Shah, S.N., Chin, W., Zhang, R. & McRae, T. (2004) Impact of donepezil treatment for Alzheimer's disease on caregiver time, *Current Medical Research and Opinion*, 20, 8, 1221–1225.
- Wimo, A., Wetterholm, A.L., Mastey, V. & Winblad, B. (1998) Evaluation of the healthcare resource and caregiver time in anti-dementia drug trials: a quantitative battery, in A. Wimo, B. Jönsson, G. Karlsson & B. Winblad (eds) *Health Economics of Dementia*, John Wiley & Sons Ltd, Chichester.

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 2007/08¹ returns uprated using the PSS Pay and Prices inflator, median costs per person for supporting older people in a nursing care home were £476 per week and mean costs were £483 per week. Twenty-five per cent of local authorities had average gross costs of £429 or less, and 25 per cent £557 or more. It has not been possible to exclude capital charges on the revenue account. The standard NHS nursing care contribution is £106.30.² When we add this to PSS expenditure, the total expected mean cost is £575 and the total expected median cost is £572. Using the Adult Social Services Expenditure Survey 2008/09, the average net unit cost for the provision of external independent nursing care was estimated to be £495 per week.³

Costs and unit estimation	2008/2009 value	Notes
A. Fees	£678 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. ⁴ 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. ⁵ (Please note that 2008/09 fees were provided last year and therefore the estimates are unchanged).
<i>External services</i> B. Community nursing	£0.80 per week	Reflects the level of service receipt found in a 1996 PSSRU survey of 137 nursing homes. ⁶ In the home with the highest level of nursing input, the average weekly cost was £15 (1996/1997 prices).
C. GP services	£30 per week	A study found that residents in private nursing homes consulted GPs for an average 6.01 minutes per week. ⁷ 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 £18 per week.
D. Other external services	Not known	
E. Personal living expenses	£9.60 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. ⁸ This has been uprated by the retail price index. The DWP personal allowance for people in residential care or a nursing home is £21.15. ⁹ 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. ⁵
Unit costs available 2008/2009		
£678 establishment costs per permanent resident week (A); £656 establishment costs per short-term resident week (A); £718 care package costs per permanent resident week (includes A to E); £695 care package costs per short-term resident week (includes A to E).		

- 1 Department of Health (2007) PSS EX1 2007/08, Department of Health, London.
- 2 Department of Health (2009) Advice Note on Nursing Care Bands, Department of Health, London.
- 3 Local Government Association/Association of Directors of Adult Social Services (2009) *Report on Adults' Social Services Expenditure 2008-2009*, York Consulting, Leeds.
- 4 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.
- 5 Laing & Buisson (2008) *Care of Elderly People: UK Market Survey 2008, Twenty-First Edition*, Laing & Buisson, London.
- 6 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.
- 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 Disability Alliance (2009) *Disability Rights Handbook, 33rd Edition, April 2008-April 2009. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

1.2 Private residential care for older people

Using PSS EX1 2007/08¹ returns uprated using the PSS Pay and Prices inflator, median costs per person for supporting older people in a residential care home provided by others were £429 per week and mean costs were £434 per week. Median costs for older people in own provision residential care (including full cost paying and preserved rights residents) were £773 per week and mean costs were £706 per week.

Costs and unit estimation	2008/2009 value	Notes
A. Fees	£467 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. ² 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. ³ (Please note that 2008/09 fees were provided last year and therefore the estimates are unchanged)
<i>External services</i> B. Community nursing C. GP services D. Other external services	£7.00 per week £19.30 per week Not known	Reflects the level of service receipt found in a 1996 survey of 123 residential homes. ⁴ A study found that residents in private residential homes consulted GPs for an average 3.85 minutes per week. ⁵ 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 £11.60 per week.
E. Personal living expenses	£9.60 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. ⁶ This has been uprated by the retail price index. The DWP personal allowance for people in residential care is £21.15 ⁷ 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. ³
Unit costs available 2008/2009		
£467 establishment costs per permanent resident week (A); £495 establishment costs per short-term resident week (A); £503 care package costs per permanent resident week (includes A to E); £532 care package costs per short-term resident week (includes A to E).		

1 Department of Health (2008) PSS EX1 2007/08, Department of Health, London.

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 (2009) *Care of Elderly People: UK Market Survey 2009*, 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.

7 Disability Alliance (2009) *Disability Rights Handbook, 33rd Edition, April 2008-April 2009. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

1.3 Voluntary residential care for older people

Using the Adult Social Services Expenditure Survey 2008/09, the average net unit cost for the provision of external independent residential care was estimated to be £461 per week.¹

Costs and unit estimation	2008/2009 value	Notes
A. Fees	£461 per week	Based on the Laing and Buisson market survey ² and the relationship between private and voluntary sector prices reported in the 1996 PSSRU survey. ³ (Please note that 2008/09 fees were provided last year and therefore the estimates are unchanged)
<i>External services</i> B. Community nursing	£9.40 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. ⁴ 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 £11.60 per week.
C. GP services	£19.30 per week	
D. Other external services		
E. Personal living expenses	£9.60 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. ⁵ This has been uprated 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. ²
Unit costs available 2008/2009		
£461 establishment costs per permanent resident week (A); £488 establishment costs per short-term resident week (A); £499 care package costs per permanent resident week (includes A to E); £529 care package costs per short-term resident week (includes A to E).		

1 Local Government Association/Association of Directors of Adult Social Services (2009) *Report on Adults' Social Services Expenditure 2008-2009*, York Consulting, Leeds.

2 Laing & Buisson (2009) *Care of Elderly People: UK Market Survey 2009*, 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.

1.4 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 1996,¹ 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 £478 per week and at current prices the standard deviation was £135. Ten per cent of homes had average gross costs of £679 or more and 10 per cent of £347 or less. Median costs were £461 per week.

Costs and unit estimation	2008/2009 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£59 per week	Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£13 per week	Based on Department for Communities and Local Government statistics. Land costs have been annuitised at 3.5 per cent over 60 years. ³
C. Equipment and durables	£7.20 per week	Equipment and durables estimated at 10 per cent of capital cost. ⁴
D. Revenue costs	£775 per week	The median revenue cost estimate is taken from PSS EX1 2007/08 uprated using the PSS pay and prices index. ⁵ Capital charges on the revenue account have been deducted (£34). Twenty-five per cent of local authorities had average gross costs of £632 or less and 25 per cent of £1,037 or more. Mean costs were £708 per week.
E. Agency overheads	£39 per week	An Audit Commission report found that overheads associated with residential care ⁶ amounted to 5 per cent of revenue costs.
External services		
F. Community nursing	£10.60 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. ⁷ 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 £17.30 per week.
G. GP services	£10.30 per week	
H. Other external services	Not known	
I. Personal living expenses	£9.60 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. ⁸ This figure has been uprated by the RPI Index.
Use of facility by client	52.18 wks p.a.	
Occupancy	91%	See ⁹ and ¹⁰
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	1.030 x (D to E)	Based on PSS EX1 2007/08 data. ⁵
Unit costs available 2008/2009		
£893 establishment costs per permanent resident week (includes A to E); £935 establishment costs per short-term resident week (includes A to E); £923 care package costs per permanent resident week (includes A to I); £967 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
- 3 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 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 (2008) *PSS EX1 2007/08*, 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.¹ 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	2008/2009 value	Notes
<i>Capital costs</i>		
A. Buildings and oncosts	£6.80	1997/1998 capital costs updated using the Tender Price Index for Public Sector Building (non housing). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
<i>Revenue costs</i>		
B. Salary and oncosts	£102	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 updated using the HCCHS Pay Index.
<i>C. Other direct care costs:</i>		
medical	£50	1997/1998 costs updated using the HCCHS Pay and Prices Index.
other	£9.10	Includes diagnostics and ward round updated using the HCCHS Pay and Prices Index.
D. Direct overheads	£47	Includes catering, domestics, energy, security, administration, laundry and supplies. 1997/1998 costs inflated by the HCCHS Pay and Prices Index.
E. Indirect overheads	£18	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.
Unit costs available 2008/2009		
£233 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	2008/2009 value	Notes
<i>Capital costs (A, B & C)</i>		
A. Buildings and oncosts	£4.70 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. ¹ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.00 per session	Based on Office of Deputy Prime Minister statistics. ² 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	£29 per session	The median revenue cost estimate is taken from PSS EX1 2007/08 uprated using the PSS pay and prices index. ³ Capital charges on the revenue account have been deducted (£1.40). Data were adjusted to exclude expenditure on services purchased from the independent sector. Reported unit costs have a wide spread and clearly refer to very different types of care. Twenty-five per cent of authorities had average costs of £21 per session or less, and 25 per cent £41 per session or more. Mean costs were £27 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. ⁴ More recent figures are not available.
London multiplier	1.20 x A; 2.61 x B; 1.10 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 2007/08 data. ³
Unit costs available 2008/2009		
£35 per session (includes A to F).		

1 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

3 Department of Health (2008) *PSS EX1 2007/08*, Department of Health, London.

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 by 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 2008/2009 prices, costs ranged from £23 to £51 per client day with a mean cost of £36 and median cost of £35.

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 2007/2008¹ updated using the PSS Pay and Prices inflator, the mean cost per session for independently provided day care was £18, equivalent to £36 per client day and the median cost was £19, equivalent to £38 per client day.

Costs and unit estimation	2008/2009 value	Notes
Capital costs (A & B)		
A. Premises	£4.30 per client day	These costs ranged from £2.80 to £5.70 with a mean cost of £4.30 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	£3.70 per client day	Of the 10 centres, 3 had their own minibus(es) and costs ranged from £1.60 per client day to £6.80 per client day. Vehicle costs were high for a rural centre which opened only 2 days per week.
Revenue costs		
C. Salaries	£18.90 per client day	Costs ranged from £9.40 to £43.80. Those centres with the highest costs were those accommodating elderly mentally ill clients where the staff ratios are often 1:4. The median cost was £15.70.
D. Volunteer costs	£0.50 per client day	Seven of the centres reported incurring volunteer expenses.
E. Other staff costs	£1.30 per client day	This includes staff recruitment and training, courses and conferences, travel expenses and redundancy payments.
F. Transport	£3.40 per client day	This includes taxi expenses, fuel and oil, vehicle repairs, insurance and contract hire. Costs ranged from £1.30 to £6.90 with a median cost of £3.20.
G. Meals	£1.90 per client day	Seven centres provided meals.
H. Overheads	£2.80 per client day	Seven centres provided information on overheads which ranged from £1.20 to £5.70.
I. Other revenue costs	£3.60 per client day	Costs include management and administration, maintenance charges, heat, light and water, telephone, stationery and postage, insurance, sundry expenses and bank charges. Costs ranged from £1.20 to £8.50 per client day and the median cost was £2.30.
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.
Unit costs available 2008/2009		
The average cost of the 10 centres was £36 per client day. A centre incurring all costs A-I would cost £40 per client day.		

1 Department of Health (2008) PSS EX1 2007/08, Department of Health, London..

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.¹

Costs and unit estimation	2008/2009 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 uprated using the BCIS/ABI House Rebuilding Cost Index. ²
<i>Revenue costs</i>		
B. Salary and other revenue costs	£31 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	£115 per person per week	Based on Family Expenditure Survey (2007) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2008/2009 using the retail price index. Basic living costs are those covered by care home fees (for example fuel, food and household goods).
E. Other living costs	£8.20 per person per week	Other living costs are those covered by personal expenses (for example, leisure goods and alcohol).
F. Other health and social services costs	£33 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. ¹
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.
Unit costs available 2008/2009		
£132 per week sheltered housing costs (includes A to B); £165 per week service and accommodation (includes A to B and F); £280 (includes all costs borne by care homes (A to D and F); £288 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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.¹

Costs and unit estimation	2008/2009 value	Notes
<i>Capital costs</i> A. Notional rent	£112 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. ²
<i>Revenue costs</i> B. Salary and other revenue costs	£41 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 2008/2009 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	£115 per person per week £8.20 per person per week	Based on Family Expenditure Survey (2007) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2008/2009 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).
F. Other health and social services costs	£17.20 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.
Unit costs available 2008/2009		
£154 per week sheltered housing costs (includes A to B); £171 per week service and accommodation (includes A to B and F); £286 (includes all costs borne by care homes (A to D and F)); £294 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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.¹

Costs and unit estimation	2008/2009 value	Notes
<i>Capital costs</i>		
A. Notional rent	£112 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 updated using the BCIS/ABI House Rebuilding Cost Index. ²
<i>Revenue costs</i>		
B. Salary and other revenue costs	£92 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 2008/2009 using the PSS pay and prices index.
C. Agency overheads		No information available.
<i>Personal living expenses</i>		
D. Basic living costs	£115 per person per week	Based on Family Expenditure Survey (2007) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2008/2009 using the retail price index. Basic living costs are those covered by care home fees (for example fuel, food and household goods).
E. Other living costs	£8.20 per person per week	Other living costs are those covered by personal expenses (for example leisure goods and alcohol).
F. Other health and social services costs	£34 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.
Unit costs available 2008/2009		
£204 per week sheltered housing costs (includes A to B); £238 per week service and accommodation (includes A to B and F); £353 (includes all costs borne by care homes (A to D and F)); £361 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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.¹

Costs and unit estimation	2008/2009 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 uprated using the BCIS/ABI House Rebuilding Cost Index. ²
<i>Revenue costs</i>		
B. Salary and other revenue costs	£267 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 2008/2009 using the PSS pay and prices index.
C. Agency overheads		No information available.
<i>Personal living expenses</i>		
D. Basic living costs	£115 per person per week	Based on Family Expenditure Survey (2007) ³ estimates of household expenditure of a one retired person household mainly dependent on state pension inflated to 2008/2009 using the retail price index. Basic living costs are those covered by care home fees (for example, fuel, food and household goods).
E. Other living costs	£8.20 per person per week	Other living costs are those covered by personal expenses (for example, leisure goods and alcohol).
F. Other health and social services costs	£50 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.
Unit costs available 2008/2009		
£368 per week sheltered housing costs (includes A to B); £418 per week service and accommodation (includes A to B and F); £533 (includes all costs borne by care homes (A to D and F)); £541 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 10 per cent of cases incurred gross public community care costs of less than £48 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated with the appropriate inflators.

Type of case			
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.			
Functional ability			
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
Social care			
Home care	£18.10		One hour per week of local authority-organised home care.
Meals on Wheels	£23.20		Based on the average gross weekly expenditure on meals for older people receiving them. Taken from PSS EX1 2007/08, the average cost per meal on wheels was £5.10 for the Local Authority and £3.90 for the independent sector. Costs have been uprated using the PSS Pay and Prices Inflator.
Health care			
GP	£7.70	11.7 minutes	Surgery visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£154		Based on the weekly cost of sheltered accommodation (see 1.9, page 45).
Living expenses	£91.30		Taken from the Family Expenditure Survey (2007), uprated to 2008/2009 price levels). ³ Based on one retired adult household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£49 £294		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 (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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 the bottom quartile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 25 per cent of cases incurred gross public community care costs of less than £91 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

Type of case			
Mrs B. was a 79 year old widow who lived alone but received help from two people, most help being provided by a family member.			
Functional ability			
Mrs B. had problems with three activities of daily living: stairs, getting around outside and bathing. Her problems stemmed from arthritic conditions and cardiovascular disease.			
Services	Average weekly cost	Level of service	Description
Social care			
Home care	£72	4 hours per week	Based on 4 hours of local authority-organised home care.
Private home care	£42	3 hours per week	Based on 3 hours of independently provided home care.
Health care			
Community nurse	£6.60	11.7 minutes	Community nurse visits once a month. Home visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
GP	£7.70		
Accommodation	£73		The national average weekly gross rent for a two bedroom house in the social housing sector including £5.06 service charge. ³
Living expenses	£91		Taken from the Family Expenditure Survey (2007), uprated to 2008/2009 price levels). ⁴ Based on one retired person household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£129 £293		Excludes accommodation and living expenses and independently provided home care. All costs.

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

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

3 Dataspring (2008) *Guide to Local Rents 2008 Part II: Social Landlord Rents, 2005-08*, The Cambridge Centre for Housing and Planning Research, University of Cambridge, www.dataspring.org.uk.

4 Office for National Statistics (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

1.14 Community care package: median cost

The care package costs described in this schema illustrate the median public expenditure costs of £165 per week on health and social care support in a 2005 home care sample of 365 cases.¹ In this sample there were 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

Type of case Mrs D. was an 80 year old widow living with two other relatives.			
Functional ability Mrs D. had problems with four activities of daily living: stairs, getting around outside, dressing and bathing.			
Services	Average weekly cost	Level of service	Description
Social care Home care	£181	10 hours per week	Based on the cost of local authority-organised home care.
Health care GP	£7.70	11.7 minutes	Visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£84		Shared three bedroom house/bungalow with two other relatives. Privately rented. Based on the average (private) rental income in England in 2008 and adjusted to take account of shared situation. ³ Uprated using the retail price index.
Living expenses	£162		Living expenses taken from the Family Expenditure Survey (2007), uprated to 2007/2008 price levels. ⁴ Based on one man one retired woman households mainly dependent on state pensions and adjusted to allow for two other relatives.
Total weekly cost of health and social care package	£188 £434		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 Rentright, Average price for England, http://www.rentright.co.uk/country/england/3_rrpi.aspx, Accessed October 14 2009.

4 Office for National Statistics (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 25 per cent of cases incurred gross public community care costs of over £274 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

Type of case			
Mr D. was a 79 year old widower who owned his own home and lived with two other friends. One of these friends provided him with help.			
Functional ability			
Mr D. had problems with seven activities of daily living: stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing and bathing. His problems stemmed from arthritic conditions and a previous stroke.			
Services	Average weekly cost	Level of service	Description
Social care			
Home care	£181		10 hours per week. Based on local authority-organised home care.
Day care	£35		Attended a day centre about once a week.
Private home care	£439		Based on PSS EX1 2006/07 uprated using the PSS Pay and Prices Inflator. Cost of 24 hours of independently provided home care.
Health care			
Community nurse	£26	11.7 minutes	Once a week visit from a community nurse.
OT	£24		A couple of visits from the OT during the previous month.
GP	£7.70		Visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£68		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 2009.
Living expenses	£162		Living expenses taken from the Family Expenditure Survey (2007). ³ Based on one man and one woman retired household, not mainly dependent on state pensions.
Total weekly cost of health and social care package	£273 £942		Excludes accommodation and living expenses and privately purchased home care. 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 (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.

3 Office for National Statistics (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 10 per cent of cases incurred gross public community care costs of over £378 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits were not collected so estimates based on national data have been included. All costs have been uprated using the appropriate inflators.

Type of case			
Mrs E was a 82 year old woman who was married and lived with her husband and another relative in her own home. Her husband provided most support.			
Functional ability			
Mrs E suffered from dementia and needed help with nine activities of daily living: stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing, bathing, washing and feeding.			
Services	Average weekly costs	Level of service	Description
Social services			
Home care	£542		30 hours per week of local authority-organised home care.
Health care			
Community nurse	£26	11.7 minutes	Once a week visit from a community nurse. Visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
GP	£7.70		
Accommodation	£36		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 2009.
Living expenses	£162		Living expenses taken from the Family Expenditure Survey (2007). ³ Based on one man and one woman retired households, not mainly dependent on state pension.
Total weekly cost of health and social care package	£576 £774		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 (2007) *Family Spending 2007 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

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)
- 2.14 Counselling services in primary medical care

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.¹

Personal Social Services Expenditure (PSS EX1) 2007/08 reported median costs (including capital) of £883 and mean costs at £735 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. Using the Adult Social Services Expenditure Survey 2008/09, the average net unit cost for the provision of external independent residential care for people with mental health problems was estimated to be £702 per week.²

Costs and unit estimation	2008/2009 value	Notes
Capital costs 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.
Revenue costs B. Salary costs C. Other revenue costs	£373 per resident week £72 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.
D. Agency overheads	£20 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.
Other costs E. Personal living expenses	£21.15 per week	The DWP allowance is used as a proxy for personal consumption. ³
F. Service use	£89 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.
Unit costs available 2008/2009		
£494 per resident week establishment costs (includes A to D); £604 per resident week care package costs (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 Local Government Association/Association of Directors of Adult Social Services (2009) *Report on Adults' Social Services Expenditure 2008-2009*, York Consulting, Leeds.

3 Disability Alliance (2009) *Disability Rights Handbook, 33rd Edition, April 2008-April 2009. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

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.¹

Costs and unit estimation	2008/2009 value	Notes
Capital costs 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.
Revenue costs B. Salary costs	£11 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	£46 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	£4 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.
Other costs E. Personal living expenses	£21.15 per week	The DWP allowance is used as a proxy for personal consumption. ²
F. Service use	£137 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	1.2 x (A to D) + F	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2008/2009		
£94 per resident week establishment costs (includes A to D); £252 per resident week care package costs (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 Disability Alliance (2009) *Disability Rights Handbook, 33rd Edition, April 2008-April 2009. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

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

Based on a sample of 31 staffed hostels.¹

Costs and unit estimation	2008/2009 value	Notes
Capital costs A. Buildings and oncosts	£31 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.
Revenue costs B. Salary costs C. Other revenue costs D. Agency overheads	£270 per resident week £99 per resident week £36 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.
Other costs E. Personal living expenses	£21.15 per week	The DWP allowance is used as a proxy for personal consumption. ²
F. Service use	£74 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.
Unit costs available 2008/2009		
£436 per resident week establishment costs (includes A to D); £531 per resident week care package costs (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 Disability Alliance (2009) *Disability Rights Handbook, 33rd Edition, April 2008-April 2009. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

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

Based on a sample of 33 group homes.¹

Costs and unit estimation	2008/2009 value	Notes
Capital costs A. Buildings and oncosts	£34 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.
Revenue costs B. Salary costs C. Other revenue costs D. Agency overheads	£108 per resident week £59 per resident week £25 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.
Other costs E. Personal living expenses	£21.15 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£97 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.
Unit costs available 2008/2009		
£226 per resident week establishment costs (includes A to D); £344 per resident week care package costs (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.

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

Based on a sample of 33 hostels.¹ Hostels often accommodate 20 or more people and are managed either by local authority social services departments or voluntary agencies.

Costs and unit estimation	2008/2009 value	Notes
Capital costs 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.
Revenue costs B. Salary costs	£157 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	£104 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	£13 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.
Other costs E. Personal living expenses	£21.15 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£83 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.
Unit costs available 2008/2009		
£308 per resident week establishment costs (includes A to D); £412 per resident week care package costs (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.

2.6 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.¹ 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	2008/2009 value	Notes
<i>Capital costs (A, B & C)</i>		
A. Buildings and oncosts	£13 per bed per day	Based on the new-build and land requirements for a bed in a psychiatric hospital ward. ² 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	£1.60 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. ³
C. Equipment and durables		No information available.
<i>Revenue costs</i>		
D. Salary, supplies and services costs	£159 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	£52 per day	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.
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	1.2 x A; 2.61 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. ⁴ 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.
Unit costs available 2008/2009		
£225 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

3 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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.¹ 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 are not 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_098945) would be more appropriate.

Costs and unit estimation	2008/2009 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£19 per bed per day	Estimates are based on the new-build and land requirements for a bed in a psychiatric hospital ward. ^{2,3} 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	£1.90 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. ³
C. Equipment and durables		No information available.
Revenue costs		
D. Salary, supplies and services costs	£110 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	£60 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.
Other costs		
F. Personal living expenses	£21.15 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. For long-term stays in hospital, patients will continue to receive pension entitlement, incapacity benefit (£84.50 per week) and severe disablement allowance (£51.05 per week). See rules which came into force from April 2006 on benefits of long-stay hospital patients. ⁴
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	1.20 x A; 2.61 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). ⁵
Unit costs available 2008/2009		
£211 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

3 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

4 Disability Alliance (2008) *Disability Rights Handbook 33rd Edition April 2008-April 2009. 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 1993.¹

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for Local Psychiatric Intensive Care Units for 2008 was £617 with the minimum range for 25 per cent of the services being £489 or less and the maximum range for 25 per cent of the services being £674 or more. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£48 per patient day	Annuitised value of an NHS psychiatric unit over a 60-year period discounted at 3.5 per cent, taking into account occupancy rates. ²
B. Land	£2.80 per patient day	Based on information provided by the Department for Communities and Local Government, discounted at 3.5 per cent over 60 years. ³
C. Equipment and durables		No information available.
Revenue costs		
D. Salary costs	£396 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	£27 per patient day	
– other	£2.40 per patient day	
F. Overheads	£109 per patient day	
		General hospital overheads comprised 22 per cent of total cost in the study.
Other costs		
G. Patient injury	£4.30 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	1.2 x (A to B)	Costs were based on one unit in Manchester.
Unit costs available 2008/2009		
£590 per patient day (includes A to G); £7,258 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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_098945), the mean average cost for NHS day care for people with mental health problems for 2008 was £103 with a minimum range for 25 per cent of the services being £73 or less and the maximum range for 25 per cent of the services being £117 or more. For elderly people with mental health problems, the mean average cost was £133 with a minimum range for 25 per cent of the services being £97 or less and the maximum range for 25 per cent of the services being £150 or more.

Costs and unit estimation	2008/2009 value	Notes
<i>Capital costs (A, B & C)</i>		
A. Buildings and oncosts	£4.70 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. ¹ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.00 per session	Based on information provided by the Department for Communities and Local Government. ² Land costs have been discounted at 3.5 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	£26 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. ³ 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 £20 and £32 at current prices.
E. Agency overheads	£1.30 per session	Following the Audit Commission report about overheads associated with residential care, ⁴ agency overheads have been assumed to be 5 per cent of revenue costs.
Occupancy	76%	Department of Health statistics, 1998. ⁵ More recent data are not available.
London multiplier	1.20 × A; 2.61 × B; 1.20 × D	D has been based on PSS EX1. ⁶
Unit costs available 2008/2009		
£33 per user session (includes A to E); £66 per day (excluding evenings).		

1 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 (2008) *PSS EX1 2007/2008*, 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	2008/2009 value	Notes
<i>Capital costs (A, B & C)</i>		
A. Buildings and oncosts	£4.70 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. ¹ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.00 per session	Based on information provided by the Department for Communities and Local Government. ² Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment and durables		No information available.
D. Revenue costs	£15 per session	Mean cost based on a survey conducted in the South Thames NHS region of day settings for adults with mental health problems. ³ 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 £12 and £18 at current prices with a median cost of £15 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 2007/08 gross costs uprated using the PSS pay and prices index reported median costs at £33 and mean costs at £29 per session. ⁴ Capital costs charged to the revenue account have been deducted (£1.10). Two authorities reporting costs of more than £200 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. ⁵
Occupancy	76%	Department of Health statistics, 1998. ⁶ No later statistics are available.
London multiplier	1.20 × A; 2.61 × B; 1.65 × D	D is based on PSS EX1 statistics.
Unit costs available 2008/2009		
£21 per user session (includes A to E); £43 per day (excluding evenings).		

1 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 (2008) *PSS EX1 2008/09*, 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	2008/2009 value	Notes
<i>Capital costs (A, B & C)</i>		
A. Buildings and oncosts	£4.70 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. ¹ 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	£1.00 per session	Based on information provided by the Department for Communities and Local Government. ² Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment and durables		No information available.
D. Revenue costs	£15 per session	A survey was conducted in the South Thames NHS region of day settings for adults with mental health problems. ³ 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 and £19 at current prices with a median cost per session of £15. Sixty per cent of voluntary/non profit-organisations providing day care for people with mental health problems provide work-related activities and none provides 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. ⁴
Occupancy	76%	Department of Health statistics, 1998. ⁵
London multiplier	1.20 x A; 2.61 x B; 1.20 x D	The multiplier for revenue costs has been based on PSS EX1 2007/2008 statistics. ⁶
Unit costs available 2008/2009		
£21 per user session (includes A to E); £42 per day (excluding evenings).		

1 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 (2008) *PSS EX1 2007/08*, Department of Health, London.

2.12 Sheltered work schemes

Opportunities for employment among people with disabilities are changing rapidly.^{1,2} 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 & Schneider (1999).³ The methodology for costing these work schemes is given in Netten & Dennett (1996, pp 28-31), and can be adapted to innovative settings.⁴

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 £2.50 to £12.30 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 £4,367 to £11,716 per annum.

Costs and unit estimation	2008/2009 value	Notes
A. Total annual expenditure	£10,525	Average gross expenditure for the seven work schemes ranged from £7,048 to £14,776.
B. Total annual income	£2,251	Average gross expenditure minus average net expenditure. Income ranged from £425 to £4,534.
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.
Unit costs available 2008/2009		
£8.80 gross cost per hour; £6.90 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.¹

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£35,813 per year	Based on full-time equivalent basic salary of the January-March 2009 NHS Staff Earnings estimates. ² Average salary based on Agenda for Change 2008 payscales for a Specialty Doctor (midpoint), Clinical Psychologist (band 7 median) and Mental Health Nurse (band 5 median). (Salary costs last year included supplements.)
B. Oncosts	£7,750 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	£3,077 per year	Comprises £3,077 for indirect overheads. ³ 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	£3,177 per year	Based on the new-build and land requirements of an NHS office and shared facilities, capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ^{4,5} Based on the assumption that there is one office per team.
Working time	42 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ² Assumes 6 study/training days and 12 days sickness leave. ⁶ Weighted to reflect team composition. Based on a total of 1547 hours per year.
Ratio of direct to indirect time: face-to-face contact	1:1	Fifty per cent of time is spent on face-to-face contact and 50 per cent on other activities.
Length of contact	55 minutes	Average duration of CBT session.
Unit costs available 2008/2009		
£32 per hour; £64 per hour face-to-face contact; £59 cost of CBT session.		

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

2 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

4 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

6 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

2.14 Counselling services in primary medical care

Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through conflict, or improving relationships with others. The work of most counsellors in primary care is generalist and is not necessarily linked to any diagnostic categories. In generic counselling, a broad range of techniques is used to help the patient. In specific counselling, a specific model such as psycho dynamic counselling or bereavement counselling is used.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£35,900 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2009 NHS Staff Earnings estimates. ¹ Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £37,500. See page 178 for information on mean salaries.
B. Salary oncosts	£7,776 per year	Employers' national insurance plus 14 per cent of salary to employers' superannuation.
C. Overheads: Direct	£4,368 per year	Ten per cent of salary costs added for equipment, management and administrative overheads.
D. Capital overheads	£1,275 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. ²
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). ³ 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. ⁴ Average length of telephone consultation. ⁴ Average length of home visit. ⁴
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.
Unit costs available 2008/2009		
£32 per hour (includes A to D); £42 per hour of client contact (included A to D); £67 per surgery consultation.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

2 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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.

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, Accident & Emergency

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).¹ Unit costs varied across the eleven residential rehabilitation units, ranging from a minimum of £457 per resident week to a maximum of £1,656 per resident week. Costs have been inflated to 2008/2009 prices.

Costs and unit estimation	2008/2009 value	Notes
<i>Capital costs (A, B & C)</i>		
A. Buildings	£22 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	
<i>Revenue costs</i>		
D. Salary costs	£461 per resident week	1994/95 costs inflated using the PSS Pay Index.
E. Other revenue costs	£269 per resident week	1994/95 costs inflated using the PSS prices index.
F. Agency overheads	£56 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.
Unit costs available 2008/2009		
£808 per resident week (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.

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).¹ The least expensive service was estimated to cost £112 per patient day, while the most expensive was £308 per patient day (1994/95 prices uprated to 2008/2009).

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a face-to-face contact with a drugs and alcohol mental health team for 2008 was £128, with the minimum range for 25 per cent of services being £82 and the maximum £164. Costs have been uprated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
Capital costs (A, B & C)		
A. Buildings	£32 per patient day	Based on the new-build and land requirements for a bed in a psychiatric hospital ward. ² 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	£1.90 per patient day	Based on Office of the Deputy Prime Minister statistics. ³ 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.
Revenue costs (D, E & F)		
D. Salary costs	£128 per patient day	1994/1995 costs inflated using the HCHS pay index
E. Other revenue costs	£15 per patient day	1994/1995 costs inflated using the HCHS prices index
F. Agency overheads	£54 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
Unit costs available 2008/2009		
£231 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.

2 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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).¹

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 £10 per week to a maximum of £137 per week (1995/96 prices updated to 2008/2009).

Costs and unit estimation	2008/2009 value	Notes
A. Capital and revenue costs	£33 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	£26 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.
Unit costs available 2008/2009		
£59 per patient week (includes A and B).		

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.

3.4 Alcohol health worker, Accident & Emergency

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

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

Costs and unit estimation	Cost	Notes
A. Wages/salary	£30,000 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £32,700. ² See page 178 for further information on mean salaries.
B. Salary oncosts	£6,407 per year	Employers' national insurance contribution plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,095 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ³ It has been assumed that this health worker requires the same qualifications as a staff nurse/ward manager. See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,077 per year	Indirect overheads only. ⁴ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£2,392 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. ^{5,6} Treatment space has not been included.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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 AHWs in London A&E department. ¹
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£27 (£31) per hour; £33 (£38) per clinic consultation		

- 1 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, *Drug & Alcohol Dependence*, 2006, vol.81, no 1, pp. 47–54.
- 2 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 3 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 4 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.
- 5 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 7 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

4. Services for people with learning disabilities

- 4.1 Group homes for people with learning disabilities
- 4.2 Village communities
- 4.3 Fully staffed living settings
- 4.4 Supported living schemes
- 4.5 Semi-independent living settings
- 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 funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ The sample comprises residents living in fully-staffed and unstaffed group homes (53 service users). These costs have been updated using the appropriate inflators.

See *Deinstitutionalisation and Community Living – Outcomes and Costs* (Mansell and colleagues, 2007) which provides further details on service provision for people with learning disabilities.^{2,3}

Costs and unit estimation	2008/2009 value	Notes
A. Capital costs	£73 per week	Capital costs of buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
<i>Revenue costs</i>		
B. Staffing (direct and non-direct staffing)	£702 per week	Calculated using facility-specific accounts information and updated using the PSS Pay and Prices Inflater.
C. On-site administration	£21 per week	
D. Agency overheads	£123 per week	
<i>Other costs</i>		
E. Personal living expenses	£167.60 per week	DWP allowances are used as a proxy for personal consumption. ⁴
<i>External services</i>		
F. Hospital	£10 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). ⁵
G. Community	£19 per week	
H. Day services	£203 per week	
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	The sample of service users used to derive the schemata were of mild to moderate intellectual disability and therefore relate to those with higher levels of ability (ABS>145). For lower levels of ability a multiplier of 1.60 could be applied (Lower levels of ability: 1.60 x (B to H)).
Unit costs available 2008/2009		
£919 establishment cost per resident week (includes A to D), £1,319 care package costs (Includes A to H).		

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

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

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

4 Department for Work and Pensions (2008) Benefits uprating, <http://www.dwp.gov.uk/mediacentre/pressreleases/2008/dec/NewBenefitRates.pdf> (accessed May 27 2009).

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

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.^{1,2} The sample comprises three village communities, all managed by voluntary organisations, in the UK (86 service users). See *Deinstitutionalisation and Community Living – Outcomes and Costs* (Mansell and colleagues, 2007) which provides further details on service provision for people with learning disabilities.^{3,4}

Costs and unit estimation	2008/2009 value	Notes
A. Capital costs	£60 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. ⁵ Annual costs of vehicle replacement were estimated based on the methodology devised by the Automobile Association. ⁶
Revenue costs		
B. Direct staffing	£509 per week	Calculated using facility-specific accounts information. Costs relate to staffing within the individual setting/house.
C. Direct non-staffing	£70 per week	
D. On-site administration	£154 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	£65 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. ⁷
External services		
F. Hospital	£7.70 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). ⁸ Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
G. Community	£25 per week	
H. Day services	£183 per week	
I. Personal living expenses	£24 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). ⁹ 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).
Unit costs available 2008/2009		
£858 establishment costs per resident week (includes A to E); £1,098 care package costs (includes A to I).		

- 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.
- 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.
- Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living - outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.
- Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living - outcomes and costs: report of a European study, Country report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.
- 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.
- Automobile Association Technical Services, Basingstoke, Hampshire.
- Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.
- Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.
- Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.3 Fully-staffed living settings

The costs of fully-staffed living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ All costs have been updated using the appropriate inflators.

See *Deinstitutionalisation and Community Living – Outcomes and Costs* (Mansell and colleagues, 2007) which provides further details on service provision for people with learning disabilities.^{2,3}

Costs and unit estimation	2008/2009 value	Notes
A. Capital costs	£82 per week	Capital costs of buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
<i>Revenue costs</i>		
B. Staffing (direct and non-direct staffing)	£930 per week	Calculated using facility-specific accounts information.
C. On-site administration	£29 per week	
D. Agency overheads	£151 per week	
<i>Other costs</i>		
E. Personal Living expenses	£167.60 per week	DWP allowances are used as a proxy for personal consumption. ⁴
<i>External services</i>		
F. Hospital	£8 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). ⁵ Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
G. Community	£18 per week	
H. Day services	£232 per week	
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS). ⁶ Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able. (145 was selected to allow relatively even distribution between groups.) All participants in the study were mild to moderate intellectual disability. Therefore the sample of service users were more able with ABS>145.
Unit costs available 2008/2009		
£1,192 establishment costs per resident week (includes A to D); £1,618 care package costs (includes A to H).		

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

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

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

4 <http://www.dwp.gov.uk/mediacentre/pressreleases/2008/dec/NewBenefitRates.pdf> (accessed May 27 2009).

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

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

4.4 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.^{1,2} The sample comprises services provided by six independent and public sector organisations in the UK (63 service users). See *Deinstitutionalisation and Community Living – Outcomes and Costs* (Mansell and colleagues, 2007) which provides further details on service provision for people with learning disabilities.^{3,4}

Costs and unit estimation	2008/2009 value	Notes
A. Capital costs	£58 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. ⁵ Annual costs of vehicle replacement were estimated based on the methodology devised by the Automobile Association. ⁶
Revenue costs		
B. Salary costs	£1,024 per week	Calculated using facility-specific accounts information.
C. Other revenue costs	£57 per week	
D. Agency overheads	£182 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. ⁷
External services		
E. Hospital	£7.70 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). ⁸ Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
F. Community	£34 per week	
G. Day services	£63 per week	
H. Personal living expenses	£137 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). ⁹ 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.)
Unit costs available 2008/2009		
£1,321 establishment costs per resident week (includes A to D); £1,563 care package costs (includes A to H).		

- 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.
- 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.
- Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living - outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.
- Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living - outcomes and costs: report of a European study, Country report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.
- 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.
- Automobile Association Technical Services, Basingstoke, Hampshire.
- Audit Commission (1993) *Taking Care*, Bulletin, Audit Commission, London.
- Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.
- Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.5 Semi-independent living settings

The costs of semi-independent living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ The sample comprises 35 service users who were resident in semi-independent living settings. These settings were partially staffed, having no paid support for at least 28 hours per week when service users were awake at home. These settings did not have any regular night-time support or sleep-over presence. All costs have been uprated using the appropriate inflators.

See *Deinstitutionalisation and Community Living – Outcomes and Costs* (Mansell and colleagues, 2007) which provides further details on service provision for people with learning disabilities.^{2,3}

Costs and unit estimation	2008/2009 value	Notes
A. Capital costs	£59 per week	Capital costs of buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
<i>Revenue costs</i>		
B. Staffing (direct and non-direct staffing)	£254 per week	Calculated using facility-specific accounts information.
C. On-site administration	£10 per week	
D. Agency overheads	£62 per week	
<i>Other costs</i>		DWP allowances are used as a proxy for personal consumption. ⁴
E. Personal Living expenses	£167.60 per week	
<i>External services</i>		
F. Hospital	£10 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). ⁵ Day services were costed using accounts information, where available. All other services were costed using national unit costs data.
G. Community	£15 per week	
H. Day services	£127 per week	
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS). ⁶ Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able. (145 was selected to allow relatively even distribution between groups.) All participants in the study were mild to moderate intellectual disability. Therefore the sample of service users were more able with ABS>145.
Unit costs available 2008/2009		
£385 establishment costs per resident week (includes A to E); £705 care package costs (includes A to H).		

- 1 Felce, D., Perry, J., Romeo, R., Robertson, J., Meek, A., Emerson, E. & Knapp, M. (2008) Outcomes and costs of community living semi-independent living and fully staffed group homes, *American Journal on Mental Retardation*, 113, 2, 87-101.
- 2 Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living - outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.
- 3 Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living - outcomes and costs: report of a European study, Country report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.
- 4 Department for Work and Pensions (2008) Benefits uprating, <http://www.dwp.gov.uk/mediacentre/pressreleases/2008/dec/NewBenefitRates.pdf> (accessed 27 May 2009).
- 5 Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.
- 6 Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.6 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	2008/2009 value	Notes
<i>Capital costs (A, B & C)</i>		
A. Buildings and oncosts	£4.60 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. ¹ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.90 per session	Based on Department for Communities and Local Government statistics. ² 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	£37 per client per session	PSS EX1 2007/08 median costs uprated using the PSS pay and prices index. ³ Data were adjusted to exclude expenditure on services purchased from the independent sector. Capital charges on the revenue account have been deducted (£2.00). Mean costs were £37 per session. Authorities reporting costs in excess of £200 have been excluded.
E. Capital charges		
F. Agency overheads		A study by the Audit Commission indicated that 5 per cent of the costs of residential care were attributable to managing agency overheads. ⁴ Social Services Management and Support Services (SSMSS) overhead costs are included in PSS EX1 2007/08 so no additional agency overheads have been included in unit costs below. ³
<i>G. Other costs</i>		
Use of facility by client	500 sessions per year	
Occupancy	78%	Department of Health statistics, 1997. ⁵ No later statistics available.
London multiplier	1.50 x (A to B); 1.30 x (D to G)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2008/2009		
£43 per session (includes A to E).		

1 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

3 Department of Health (2009) *PSS EX1 2007/08*, 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.

4.7 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.^{1,2} Although each of the schemes in the study was 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	2008/2009 value	Notes
A. Coordinator wages/salary	£26,483 per year	1994/1995 costs inflated by the PSS Pay Index.
B. Salary oncosts	£1,887 per year	Employers' national insurance.
C. Worker/volunteer costs of sessions	£23,046 per year	1994/1995 costs inflated by the PSS Pay Index.
D. Expenses associated with sessions	£7,668 per year	1994/1995 costs inflated by the PSS pay and prices index.
E. Training	£2,574 per year	1994/1995 costs inflated by the PSS pay and prices index.
F. Capital costs of equipment and transport	£2,603 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	£11,087 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	£401 per year	Discounted at 3.5 per cent over 60 years.
- office equipment	£382 per year	Discounted at 3.5 per cent over five years.
H. Indirect overheads	£3,709 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.
Unit costs available 2008/2009		
£87 per client session; £20 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.¹ 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 communication problems. The emphasis is to enable people to develop their individuality and lifestyle in an environment that is acceptable to them as their long-term home. Each resident occupies an open-plan flatlet with en-suite facilities and a simple food preparation area. The objective is to provide a living environment that offers privacy and reasonable space in which to live to those who do not have the option of care in the community because of the severity of their condition. Costs have been inflated to 2008/2009 prices.

Costs and unit estimation	2008/2009 value	Notes
Capital Costs (A, B, C & D)		
A. Buildings	£187 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. ² The value of the building was annuitised over a 60-year period and discounted at 3.5 per cent.
B. Land costs	£31 per week	Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment/durables Wheelchairs Furnishings/fittings	£8.40 per week £7.90 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	£5.40 per week	
Revenue costs		
E. Salary costs	£819 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	£15 per week	Prices uprated using the PSS prices index.
G. Maintenance	£18 per week	Includes repairs and contracts and cyclical maintenance. Inflated using the PSS pay and prices index.
H. Medical costs	£12 per week	
I. Other revenue costs	£180 per week	Includes insurance, travel, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, premises costs, cost of provisions, household, linen and laundry costs. Costs have been inflated using the PSS prices index.
J. Overheads	£48 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.
Unit costs available 2008/2009		
£1,331 per resident week.		

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

2 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute 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.¹ The home has 20 places for people aged between 18 and 65 on admission. It does not specialise in providing a service for any particular type of disability, but many of the residents are people with cerebral palsy 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 2008/2009 prices.

Using PSS EX1 2007/08 uprated using the PSS Pay and Prices Inflatior, mean costs of local authority residential care for adults with a physical disability or sensory impairment were £1,121 and median costs were £879.² Capital costs of £38 have been excluded. Mean costs of residential care provided by others for adults with a physical disability or sensory impairment were £795 and median costs were £797. Using the Adult Social Services Expenditure Survey 2008/09, the estimated average net unit cost for the provision of external residential care for people with physical disabilities and external independent nursing care was £840 per week and £749 per week in 2008/09 respectively.³

Costs and unit estimation	2008/2009 value	Notes
<i>Capital Costs (A, B, C & D)</i>		
A. Buildings	£87 per week	Capital costs of building and land were based on actual cost of building and uprated using the BCIS/ABI House Rebuilding Index. Costs have been inflated using the BCIS/ABI House Rebuilding Index. ⁴ The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£15 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	£8.40 per week £6.60 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	£1.90 per week	
<i>Revenue costs</i>		
E. Salary costs	£501 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	£8.00 per week	Costs inflated using the PSS prices index.
G. Maintenance	£28 per week	Includes repairs and contracts and cyclical maintenance. Costs inflated using the PSS prices index.
H. Other revenue costs	£68 per week	Includes insurance, travel, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, medical, premises and household and laundry costs. Calculated using facility-specific accounts information. Costs inflated using the PSS prices index.
I. Overheads	£23 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	
Unit costs available 2008/2009		
£747 per resident week.		

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

2 Department of Health (2008) *PSS EX1 2007/08*, Department of Health, London.

3 Local Government Association/Association of Directors of Adult Social Services (2009) *Report on Adults' Social Services Expenditure 2008-2009*, York Consulting, Leeds.

4 Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute 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.¹ The service consists of three single flats, a double flat and office space which is also used at night to accommodate a sleeping-in member of staff. The service provides at least one person on duty both day and night, with two cross-over periods during the day when two people are on duty. The care provided may include personal care, domestic tasks (including meal preparation), 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 2008/2009 prices.

Costs and unit estimation	2008/2009 value	Notes
Capital Costs (A, B & C)		
A. Buildings	£127 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. ² The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£24 per week	Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables		
Wheelchairs	£8.40 per week	Cost of powered chair. Costs uprated using the PSS prices index.
Furnishings/fittings	£8.10 per week	Depreciation on furniture/fittings.
Revenue costs		
D. Salary costs	£405 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	£2.00 per week	Prices uprated using the PSS prices index.
G. Other revenue costs	£15 per week	Includes insurance, staff adverts, uniforms, printing 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	£8.50 per week	Charges incurred by national organisation.
Personal Living Expenses		
I. Basic living costs	£115 per week	Based on Family Expenditure Survey (2007) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2008/2009 using the retail price index. Basic living costs are those covered by care home fees (for example, fuel, food and household goods).
J. Other living costs	£8.20 per week	Other living costs are those covered by personal expenses (for example, leisure goods and alcohol). Additional information on disabled people's costs for living can be found in the Joseph Rowntree Foundation report by Smith et al. (2004) ⁴
K. External services		
Resident A	£204 per week	Resident A attends a Day Centre Workshop 3 days per week, funded by social services. In addition has volunteer support.
Resident B	£235 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.
Residents C&D	£432 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	£6.90 per week	Resident E is independent and has no external input.
Use of facility by client	52.18 weeks per annum	
Number of clients	5	
Unit costs available 2008/2009		
£591 per week's accommodation and on site support (includes A to G); £761 per week all service and accommodation costs (includes A to G and K); £884 per week accommodation, support services and basic living (equivalent to care home costs) (A to I and K); £893 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2007) *Family Spending 2007 edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.

4 Smith, N. et al. (2004) *Disabled People's Costs of Living. More than you would think*, Joseph Rowntree Foundation, York.

5.4 Rehabilitation day centre for younger adults with brain injury

This 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.¹ 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 2008/2009 prices.

Costs and unit estimation	2008/2009 value	Notes
Capital Costs (A, B, C & D)		
A. Buildings	£12 per day	Capital costs of building and land were based on actual cost of building in 2001/2002 and uprated using the BCIS/ABI House Rebuilding Index. ² The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£1.46 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	£1.50 per day	Depreciation on furniture/fittings. Calculated using facility-specific accounts.
D. Capital costs of transport		
Revenue costs		
E. Salary costs	£51 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	£1.40 per day	Costs uprated using the PSS prices index.
G. Training	£0.40 per day	Costs uprated using the PSS prices index.
H. Maintenance	£2.50 per day	Costs uprated using the PSS prices index.
I. Other revenue costs	£13 per day	Includes repairs and contracts and cyclical maintenance. Includes insurance, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement & household expenses and premises costs. Costs uprated using the PSS prices index.
J. Overheads	£4.80 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.
Unit costs available 2008/2009		
£88 per place per day; £4,305 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 (2009) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

6. Hospital and other services

- 6.1 Hospital costs
- 6.2 NHS wheelchairs
- 6.3 Local authority equipment and adaptations
- 6.4 Training costs of health service professionals
- 6.5 Rapid Response Service
- 6.6 Community rehabilitation unit
- 6.7 Hospital-based rehabilitation care scheme
- 6.8 Intermediate care based in residential homes
- 6.9 Expert Patients Programme
- 6.10 Unpaid care

6.1 Hospital costs

We have drawn on reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945) and report on NHS Trust and Primary Care Trusts combined. Any data for which there are fewer than ten submissions have been omitted due to their potential unreliability. All costs have been updated to 2008/09 levels using the HCHS Pay and Prices inflator. For guidance on the reference costs see http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945.

	Lower quartile	Upper quartile	National average
	£	£	£
Elective/non elective Health Care Resource Group (HRG) data (average cost per episode)			
Elective inpatient stays	1,853	3,122	2,626
Non-elective inpatient stays (long stays)	1,528	2,522	2,141
Non-elective inpatient stays (short stays)	329	588	493
Day cases HRG data			
Weighted average of all stays	423	767	638
Outpatient procedures			
Weighted average of all outpatient procedures	122	229	185
Day facilities			
Stroke patients	120	221	159
Elderly patients	94	189	149
Other patients	75	150	123
Weighted average of all day facilities	90	181	143
A&E SERVICES (Weighted average of attendances)			
Accident and Emergency treatments (leading to admitted)	101	140	126
Accident and Emergency treatments (not leading to admitted)	73	109	93
PARAMEDIC SERVICES			
Emergency transfers	188	292	240
Average of all paramedic services (categories A,B & C)	178	234	208
MENTAL HEALTH SERVICES			
Inpatient attendances (cost per bed day)			
Intensive care — adult	462	644	560
Acute care — adult	263	307	285
Rehabilitation — adult	234	307	266
Elderly	251	306	281
Weighted average of all adult mental health inpatient bed days.	260	316	289
Specialist inpatient services -eating disorder (Adults)	318	455	383
Day care facilities — (cost per day— regular attendances)			
Weighted average of all attendances	86	134	118
Outpatient attendances, consultant services (follow-up face-to-face attendance)			
Drug and alcohol services — adult	45	110	90
Other services — adult	114	177	144
Elderly	104	193	152
Weighted average of all adult outpatient attendances	89	158	126
Community setting, consultant services (face-to-face contact)			
Weighted average of all contacts	90	150	125
Mental Health Teams (cost per episode)			
Emergency Clinics/Walk in Clinics	n/a	n/a	1,173
A&E Mental Health Liaison Services	174	263	231
Crisis Accommodation Services	70	104	96
Homeless Mental Health Services	82	170	137

6.2 NHS wheelchairs

Information about wheelchair costs is based on the results of a study of six sites supplying wheelchairs (excluding wheelchairs for children).¹ 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 £186 to £991 for active user chairs and £1,053 to £1,859 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 2008/2009	Annual cost 2008/2009	Notes
<i>Capital costs</i>			
Self or attendant propelled	£256	£59	Capital value has been annuitised over five years at a discount rate of 3.5 per cent to allow for the expected life of a new chair. In practice, 50 per cent of wheelchairs supplied have been reconditioned, not having been worn out by the time their first users ceased to need them.
Active user	£641	£145	
Powered	£1,280	£291	
<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. The cost of reconditioning has not been included in the cost of maintenance.
- non-powered		£27	
- powered		£105	
<i>Agency overheads</i>			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2008/2009			
£86 per self or attendant propelled chair per year; £172 per active user per chair per year; £396 per powered chair per year.			

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

6.3 Local authority equipment and adaptations

Information about the capital cost of installing equipment and making adaptations to property is based on a benchmark study of the cost of aids and adaptations undertaken for the Department of the Environment by Ernst & Young.¹ The intention was to provide illustrative rather than statistically representative costs of installation. Forty local authorities provided information. Major variations were reported, probably reflecting differences in the scale of work undertaken. The median rather than the mean cost was used by Ernst & Young to overcome the spread of reported costs. All costs have been inflated from 1992 prices using the BCIS/ABI House Rebuilding Cost Index.² Although this information is rather dated, information contained in the BCIS Access Audit Price Guide, 2002 suggested that the uprated figures are in line with current building costs.³

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	£448	£414	£151	£5,157	£50
Electrical modifications	£458	£535	£60	£4,081	£64
Joinery work (external door)	£529	£629	£273	£1,300	£76
Entry phones	£375	£509	£224	£3,188	£61
Individual alarm systems	£398	£465	£220	£1,000	£56
Grab rail	£98	£55	£4	£441	£7
Hoist	£976	2,724	£399	£8,489	£327
Low level bath	£554	£695	£375	£1,522	£84
New bath/shower room	£8,122	£15,562	£3,998	£35,979	£1,871
Redesign bathroom	£1,486	£3,482	£499	£7,996	£418
Redesign kitchen	£3,001	£4,126	£733	£6,995	£496
Relocation of bath or shower	£1,106	£2,114	£188	£11,152	£254
Relocation of toilet	£902	£1,803	£179	£4,296	£217
Shower over bath	£987	£918	£220	£2,519	£110
Shower replacing bath	£2,698	£2,542	£494	£4,584	£305
Graduated floor shower	£2,502	£3,090	£1,349	£7,037	£371
Stairlift	£2,728	£3,440	£2,398	£7,689	£414
Simple concrete ramp	£674	£401	£70	£2,888	£48

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 (2009) *Survey of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

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

6.4 Training costs of health service professionals

This schema provides a breakdown of the training costs incurred.¹ 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%
Scientific and Professional						
Physiotherapist	30,359	24,655	0	0	55,015	4,501
Occupational Therapist	28,196	24,655	0	0	52,852	4,331
Speech and Language Therapist	21,868	32,324	0	0	54,192	4,552
Dietician	22,294	32,324	0	0	54,618	4,643
Radiographer	42,008	24,655	0	0	66,663	5,431
Pharmacist	32,070	39,042	7,367	6,770	85,249	6,743
Nurses						
Hospital Nurse (team manager)	31,275	25,643	-11,694	0	45,224	4,686
Nurse Specialist (Community)	31,275	25,643	-11,694	17,469	62,693	8,737
Health Visitor	31,275	25,643	-11,694	14,191	59,415	6,518
Nurse (GP practice)	31,275	25,643	-11,694	14,191	59,415	6,518
Nurse Advanced	31,275	25,643	-11,694	44,081	89,305	10,587
Doctors						
Foundation Officer 2	63,573	40,656	162,163	11,655	278,046	21,072
Registrar Group	63,573	40,656	162,163	37,255	309,769	23,771
Associate Specialist	63,573	40,656	162,163	54,720	321,113	25,699
GP	63,573	40,656	162,163	69,537	335,929	26,592
Consultants	63,573	40,656	162,163	114,774	381,166	32,953

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.

¹ 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.

6.5 Rapid Response Service

This schema is based on information received from the Royal Victoria Hospital, Folkestone. 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 £703,698 costs for a delivered hour of £63 excluding qualifications and £68 including qualifications. The average cost per delivered hour of the two schemes is £44 and £47 including qualifications.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£145,925 per year	Based on median Agenda for Change (AfC) salaries. Includes a team of two nurses (Band 5), five clinical support assistants (Band 2), and two Nurse Managers (Bands 7) (0.75) ¹
B. Salary oncosts	£29,674 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£12,888 per year	The equivalent annual cost of pre-registration after the total investment cost has been annuitised over the expected working life. See schema 6.4 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	£4,036 per year £27,999 per year	Includes mobile phones, uniform replacement for clinical support assistants, stationery, thermometers, energy. 2002/2003 costs uprated by the retail price index. Includes administrative staff (Band 2), Manager (Band 7) (0.25). 2002/2003 costs uprated by the HCHS Pay Inflatior.
F. Indirect overheads	£23,212 per year	Includes the personnel and finance functions. 2002/03 costs uprated by the HCHS Pay and Prices Inflatior.
G. Capital overheads	£2,472 per year	Based on the new-build and land requirements of NHS facilities. ^{2,3} 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	£1,319 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	£20,837 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 holidays) 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 Low-cost episode High-cost episode	9,646 per annum 3 visits at 30 minutes for 3 days. 43 patient contact hours over three days.	Based on information about typical episodes delivered to patients. A low-cost episode comprises 10 visits and includes initial assessment and travel costs. A high-cost episode comprises 10 visits, on average a total of 43 patient contact hours.
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.
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£24 (£26) cost per delivered hour (excludes cost for enhanced payments, cost of assessments, discharge and travel costs); travel per visit £5.10. £194 (£200) per low-cost episode (includes assessment and travel costs); £1,035 (£1,092) per high-cost episode (includes assessment, travel and unsocial hours). Average cost per case £739 (£774).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

2 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

3 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

6.6 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. Home Bridge provides recuperative care in seven purpose-built self-contained units for older people who need a period of recuperation following an illness, fall or where people have had increasing problems managing daily living. Home Bridge 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 £637 per patient and a typical client episode of £4,143.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£ 67,926 per year	This is based on a team of the Scheme Manager (20 per cent), the number of hours allocated to Home Bridge by a part time Care Manager (80 per cent) and a team of support workers who are provided by a Private Domiciliary Agency at a rate of £11.
B. Salary oncosts	£14,527 per year	Employers' national insurance plus 18.6 per cent of salary for employers' contribution to superannuation.
C. Direct overheads: Administrative and management costs	£24,448 per year £4,308 per year £17,854 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 per cent) and Agency fees.
D. Indirect overheads	£ 11,642 per year	To cover the finance function.
E. Capital Building costs Land costs	£ 25,024 per year £11,393 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). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
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 Home Bridge 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	£160	This takes between 3-5 hours of a Hospital Care Manager's time who prepares the discharge from hospital and arranges the referral to Home Bridge. A further 3 hours is required by the Social Services Duty Desk to make the admission arrangements at Home Bridge. This is based on the salary of a Care Manager's Assistant.
Cost of discharge from Homebridge	£262	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	£250 per client per stay	On average 7 hours of therapy or nursing care was provided by the CART team, costing £250 (face-to-face time).
Unit costs available 2008/2009		
Full unit costs (all activities): Per unit £35,424 per year, £679 weekly (includes A to E); Per unit (full occupancy) £25,303 per year, £485 weekly. Costs per activity: assessment and referral £160 per client; discharge £262 per client, ambulance transport from hospital £40 per client; £4.30 per session at day care, £5.00 per meal on wheels. Cost per episode: £1,575 cost of typical episode, £796 low cost episode; £3,683 high cost episode.		

6.7 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. The first is the 'assessment area', where patients go for between 24-72 hours on admission to have their health care needs closely observed and identified. They then go to the 'progression area', which is for patients who need moderate to high nursing support where they undertake a rehabilitation programme. Finally, when they are progressing well, they go to the 'independent area' before returning home. In total there are 38 beds. These are 2008/09 salary costs, and other costs are uprated to present values by using the appropriate HCHS inflators.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£789,802 per year	Information provided by the PCT and converted to allow for Agenda for Change. ¹ 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	£173,756 per year	Estimated national insurance and superannuation contribution. Based on employers' national insurance and 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£79,031 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for more information on training costs of health professionals.
D. Overheads:		
Direct overheads	£96,291 per year	Includes drugs, dressings, medical equipment, uniforms, laundry allowance, travel and subsistence.
	£75,124 per year	Cost for maintenance etc.
Indirect overheads	£163,227 per year	Includes Finance, Human resources, Board and Facilities.
E. Capital overheads	£82,156 per year	Those capital overheads relating specifically to the unit.
Other capital charges	£18,074 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).
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
Weekly service costs per bed £650 (£745), Average annual cost per patient £3,906 (£4,126), Cost of a typical client episode £1,411 (£1,491).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

6.8 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 £589, and the average annual cost per client is £3,776. All costs have been updated to present values using the appropriate PSS inflators.

	Social care only			Social and health care
	Scheme A: This service provides a 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	£215,456	£147,741	£101,852	£159,493
Oncosts Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation	£46,323	£31,764	£21,898	£34,291
Direct overheads Includes salaries of supervisory staff, running costs and supplies	£244,535	£52,522	£48,278	£27,478
Indirect overheads Management fees (includes cost of premises) Capital/premises Total costs ¹	£158,697 £36,002 £701,014	£43,199 £275,226	£172,028	£9,321 £230,583
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	£840	£528	£412	£574
Average annual cost per client	£3,577	£5,397	£2,688	£3,442
Cost of typical client episode	£4,081	£4,071	£2,681	£2,625

¹ 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.

6.9 Expert Patients Programme

Self-care support in England is being provided through a broad initiative called the Expert Patients Programme. This programme is delivered locally by a network of trainers and around 1400 volunteer tutors with long-term conditions. Courses, led by trainers who themselves have a chronic condition, are for an optimum number of 16 people and comprise six weekly sessions. Groups were led by two lay trainers or volunteers.

The programme focuses on five core self-management skills: problem-solving, decision-making, resource utilisation, developing effective partnerships with healthcare providers and taking action. The programme offers a toolkit of fundamental techniques that patients can undertake to improve their quality of life living with a long-term condition. It enables patients to develop their communication skills, manage their emotions, manage daily activities, interact with the healthcare system, find health resources, plan for the future, understand exercising and healthy eating, and manage fatigue, sleep, pain, anger and depression (Department of Health, 2001).^{1,2}

The information for this schema is based on research carried out by the University of York.^{3,4} The cost per participant is £278. These costs are based on 2005 data and have been updated using the appropriate inflators.

Costs and unit estimation	2008/2009 value	Notes
A. Staff salaries (including oncosts) and expenses	£4,112,812	Includes EPP trainers and coordinators.
B. Overheads		
Publicity material	£444,453	Includes awareness raising, staff magazine, manuals, course books, website, intranet.
Office expenditure	£229,437	Includes IT and other office expenditure.
Assessment	£8,893	Assessment to ensure quality of trainers and programme.
C. Other overheads	£397,908	Includes EPP staff days, venues (volunteers and staff).
Rental	£344,156	Rental of premises for EPP sessions.
D. Travel	£23,260	Volunteer travel expenses.
Number of participants	20,000	Participants were a range of people living with long-term conditions.
Length of programme	6 weeks	EPP courses take place over six weeks (2½ hours a week) and are led by people who have experience of living with a long-term condition.
Unit costs available 2008/2009		
Cost per participant £278.		

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

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

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

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

6.10 Unpaid care

We hope to undertake further work on the costs of unpaid care but have currently withdrawn this schema as the content and underlying theory were not sufficiently clear.

II. COMMUNITY-BASED HEALTH CARE STAFF

7. Scientific and professional

- 7.1 Community physiotherapist
- 7.2 NHS community occupational therapist
- 7.3 Community speech and language therapist
- 7.4 Community chiropodist/podiatrist
- 7.5 Clinical psychologist
- 7.6 Community pharmacist

7.1 Community physiotherapist

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a one-to-one contact in physiotherapy services for 2008 was £42, with the minimum range for 25 per cent of services being £32 and the maximum £50. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ See page 178 for further information on mean salaries.
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,501 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for more details.
D. Overheads	£4,545 per year	Comprises £3,097 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,766 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. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.70 per visit	Based on expenditure provided by a community trust.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave, 8 days statutory leave and 12 days sickness leave. ^{6,7} Assumes 5 study/training days. ⁸ Unit costs based on 1547 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts clinic contacts home visits	1:0.67 1:0.33 1:0.73	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.
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. ⁸
London multiplier	1.19 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{4,5,9}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{4,5,9}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£23 (£26) per hour; £39 (£44) per hour of client contact; £31 (£35) per hour in clinic; £41 (£46) per hour of home visiting; £43 (£48) per home visit; £16 (£17) per clinic visit (includes A to E). Example episode £203 (£229).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

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

9 Based on personal communication with the Department of Health (2009).

7.2 NHS community occupational therapist

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a one-to-one contact of Occupational Therapy services for 2008 was £72, with the minimum range for 25 per cent of the services being £51 and the maximum £85. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ See page 178 for further information on mean salaries.
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,331 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 6.4 for more details.
D. Overheads	£4,545 per year	Comprises £3,097 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ²
E. Capital overheads	£2,766 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. ^{3,4} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.70 per visit	Based on expenditure provided by a community trust.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁵ Assumes 5 study/training days and 12 days sickness leave. ⁶ Unit costs based on 1547 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts clinic contacts home visits	1:0.67 1:0.33 1:0.73	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.
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	1.19 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{3,4,7}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{3,4,7}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£24 (£26) per hour; £40 (£44) per hour of client contact; £32 (£35) per hour in clinic; £41 (£46) per hour of home visiting; £44 (£48) per home visit; £16 (£17) per clinic visit (includes A to E).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

6 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2009).

7.3 Community speech and language therapist

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a one-to-one contact of speech and language therapy services for 2008 was £72, with the minimum range for 25 per cent of the services being £52 and the maximum £87. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ See page 178 for further information on mean salaries.
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,552 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for more details.
D. Overheads	£4,545 per year	Comprises £3,097 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,766 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. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.70 per visit	Based on expenditure provided by a community trust.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 hours per annum.
Ratio of direct to indirect time on: patient contacts clinic contacts home visits	1:0.67 1:0.33 1:0.73	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.
Length of contacts	30 minutes 60 minutes	Per clinic contact. Per home visit. Based on discussions with Trusts.
London multiplier	1.19 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{4,5,8}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the higher costs associated with working in London. ^{4,5,8}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£23 (£26) per hour; £39 (£44) per hour of client contact; £31 (£35) per hour in clinic; £41 (£46) per hour of home visiting; £43 (£48) per home visit; £16 (£18) per clinic visit (includes A to E).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 Based on personal communication with the Department of Health (2009).

7.4 Community chiropodist/podiatrist

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a contact in chiropody/podiatry services for 2008 was £34 with the minimum range for 25 per cent of services being £26 and the maximum £40. Costs have been inflated using the HCHS Pay and Prices Inflater.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ See page 178 for further information on mean salaries. A specialist chiropodist/podiatrist is on Band 6. See NHS Workforce Summary for more information. ²
B. Salary oncosts	£5,576 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	£4,545 per year	Comprises £3,097 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,766 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. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁶
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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	1.19 × (A to B) 1.41 × E	Allows for the higher costs associated with working in London. ^{4,5,9}
Non-London multiplier	0.97 × (A to B) 0.97 × E	Allows for the lower costs associated with working outside London. ^{4,5,9}
Unit costs available 2008/2009		
£23 per hour; £21 per home visit; £11 per clinic visit (includes A to E).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

2 The Information Centre (2008) *Workforce Summary - Chiropody and Podiatry, October 2008 - England only*, NHS Workforce Review Team, The Information Centre, Leeds.

3 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.

4 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

9 Based on personal communication with the Department of Health (2009).

7.5 Clinical psychologist

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£35,900 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £37,500. ¹ See page 178 for further information on mean salaries.
B. Salary oncosts	£8,926 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	£5,338 per year	Comprises £3,097 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ²
E. Capital overheads	£2,392 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. ^{3,4} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten ⁵ and inflated using the retail price index.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 hours per annum.
<i>Ratios of professional outputs to support activities</i>	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. ⁸ 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 per cent of time was spent on direct clinical work, 13.2 per cent on consultation and liaison, 7.2 per cent on training and education, 5.5 per cent on research and evaluation, 23.3 per cent on admin and management, 16.3 per cent on other work and 13.9 per cent on tier 1 work. ⁹ Tier 1 work was assumed to be spread across all types of activity and for the purpose of this analysis 50 per cent of time is apportioned to direct contacts and 50 per cent to client related work.
London multiplier	1.19 × (A to B) 1.41 × E	Allows for the higher costs associated with working in London. ^{3,4,10}
Non-London multiplier	0.97 × (A to B) 0.97 × E	Allows for the lower costs associated with working outside London. ^{3,4,10}
Unit costs available 2008/2009		
£34 per hour; £77 per hour of client contact; £44 per professional chargeable hour (includes A to E). Travel £1.40 per visit.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

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 (2009).

7.6 Community pharmacist

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£38,402 per year	Based on the results of the Chemist-and Druggist's Salary Survey, the average salary for the 408 respondents who worked for a range of large multiples, smaller chains and independents was £38,402. ¹
B. Salary oncosts	£9,596 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Pre-registration training Postgraduate training	£6,182 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. ^{2,3} 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 are no available data on the proportion of pharmacists who undergo this. See schema 11.6 on Hospital Pharmacists for this cost.
D. Overheads	£5,496 per year	Comprises £3,097 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£3,731 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁷
Working time	41.3 weeks per annum 40 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁸ Assumes 5 study/training days and 12 days sickness leave. ⁹ Unit costs based on 1650 hours per annum. ¹
<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	1.19 x (A to B) 1.31 x E	Allows for the higher costs associated with working in London. ^{5,6,10}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{5,6,10}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£35 (£38) per hour (includes travel), £87 (£96) per hour of direct clinical activities (includes travel to visits), £43 (£48) per patient-related activities.		

- 1 Chemist & Druggist (2009) The Great Healthcare Pay Divide, Chemist-and-Druggist, London, www.chemistanddruggist.co.uk.
- 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.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 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 9 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- 10 Based on personal communication with the Department of Health (2009).

8. Nurses and doctors

- 8.1 Community nurse (includes district nursing sister, district nurse)
- 8.2 Nurse (mental health)
- 8.3 Health visitor
- 8.4 Nurse specialist (community)
- 8.5 Clinical support worker nursing (community)
- 8.6 Nurse (GP practice)
- 8.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)
- 8.8a General practitioner — cost elements
- 8.8b General practitioner — unit costs
- 8.8c General practitioner — commentary

8.1 Community nurse (includes district nursing sister, district nurse)

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a face-to-face contact in district nursing services for 2008 was £38, with the minimum range for 25 per cent of services being £31 and the maximum £42. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£30,000 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £32,700. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£7,344 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,535 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. ² See schema 6.4 for more information on training costs of health professionals.
D. Overheads	£6,831 per year	Comprises £3,097 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,392 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. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁶
Working time	41.3 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 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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. ⁹ 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	1.19 × (A to B) 1.41 × E	Allows for the higher costs associated with working in London. ^{4,5,10}
Non-London multiplier	0.97 × (A to B) 0.97 × E	Allows for the lower costs associated with working outside London. ^{4,5,10}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£30 (£34) per hour; £63 (£72) per hour spent with a patient; £48 (£54) per hour in clinic; £67 (£76) per hour spent on home visits (includes A to E); £24 (£27) per home visit (includes A to F).		

- 1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 2 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 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 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- 9 Dunnell, K. & Dobbs, J. (1982) *Nurses Working in the Community*, OPCS, HMSO.
- 10 Based on personal communication with the Department of Health (2009).

8.2 Nurse (mental health)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £27,400. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£5,602 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,535 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. ² Specialist programmes are available for mental health nursing, but no costs are available yet. See schema 6.4 for more information on training costs of health professionals.
D. Overheads	£6,007 per year	Comprises £3,097 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,392 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. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁶
Working time	41.3 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 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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 per cent of time was spent on direct clinical work, 13 per cent on consultation and liaison, 8 per cent on training and education, 4 per cent on research and evaluation, 23 per cent on admin and management, 7 per cent on other work and 17 per cent on tier 1 work. ⁹ Tier 1 work was assumed to be spread across all types of activity and for the purpose of this analysis 50 per cent of time is apportioned to direct contacts and 50 per cent to client related work.
London multiplier	1.19 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{4,5,10}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{4,5,10}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£24 (£28) per hour; £46 (£54) per hour of face-to-face contact; £32 (£38) per hour of client related work.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

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

10 Based on personal communication with the Department of Health (2009).

8.3 Health visitor

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a face-to-face contact in health visiting services for 2008 was £46 with the minimum range for 25 per cent of services being £33 and the maximum £50. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£30,000 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £32,700. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£7,344 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,535 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. ² See schema 6.4 for more information on training costs of health professionals.
D. Overheads	£6,831 per year	Comprises £3,097 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,392 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. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁶
Working time	41.3 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 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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. ⁹ 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	1.19 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{4,5,10}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{4,5,10}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£30 (£34) per hour; £86 (£98) per hour of client contact; £72 (£82) per hour of clinic contact; £104 (£119) per hour spent on home visits (includes A to E); £36 (£41) per home visit (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

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

10 Based on personal communication with the Department of Health (2009).

8.4 Nurse specialist (community)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£30,000 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £32,700. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£7,344 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£8,779 per year	See schema 6.4 for more information on training costs of health professionals.
D. Overheads: direct and indirect	£6,831 per year	Comprises £3,097 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ²
E. Capital overheads	£2,392 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. ^{3,4} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Based on community health service travel costs. ⁵
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 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. ⁸
Length of contact		
London multiplier	1.19 × (A to B) 1.41 × E	Allows for the higher costs associated with working in London. ^{3,4,9}
Non-London multiplier	0.97 × (A to B) 0.97 × E	Allows for the lower costs associated with working outside London. ^{3,4,9}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£30 (£36) per hour; £75 (£89) per hour of client contact (includes A to E). Travel £1.40 per visit.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 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.

9 Based on personal communication with the Department of Health (2009).

8.5 Clinical support worker nursing (community)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£14,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the January-March 2009 NHS Staff Earnings estimates for unqualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £17,200. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£3,164 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	£3,975 per year	Comprises £3,097 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ²
E. Capital overheads	£976 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{3,4} It is assumed that an auxiliary nurse uses one-sixth of the treatment space used by a district nurse. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁵
Working time	42.3 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, 8 days statutory leave and 12 days sickness leave. ^{6,7} Unit costs based on 1585 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. ⁸ 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	1.19 × (A to B) 1.41 × E	Allows for the higher costs associated with working in London. ^{3,4,9}
Non-London multiplier	0.97 × (A to B) 0.97 × E	Allows for the lower costs associated with working outside London. ^{3,4,9}
Unit costs available 2008/2009		
£14 per hour; £23 per hour spent with a patient; £18 per hour in clinic contacts; £24 per hour spent on home visits; £9 per home visit (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

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

9 Based on personal communication with the Department of Health (2009).

8.6 Nurse (GP practice)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £27,400. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£5,602 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,535 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. ² See schema 6.4 for more information on training costs of health professionals.
D. Overheads	£6,007 per year	Comprises £3,097 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£3,832 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. ^{4,5} 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. ⁶ 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	41.3 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 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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. ⁹ Per surgery consultation. Based on the 2006/07 UK General Practice Survey. ¹⁰
Client contacts	98 per week 109 per week	Number of consultations per week. Number of procedures per week. ¹¹
London multiplier	1.19 x (A to B) 1.51 x E	Allows for the higher costs associated with London compared to the national average cost. ¹² Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ¹² Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£25 (£29) per hour; £30 (£35) per hour of client contact; £28 (£33) per hour in clinic; £10 (£11) per consultation; £9 (£10) per procedure; £37 (£43) per hour of home visits (includes A to E); £13 (£20) per home visit (includes A to F).		

- 1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 2 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 6 Atkin, K. & Hirst, M. (1994) *Costing Practice Nurses: Implications for Primary Health Care*, Social Policy Research Unit, University of York.
- 7 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- 9 Centre for Innovation in Primary Care (1999) *Consultations in General Practice — What do they cost?*, Centre for Innovation in Primary Care, Sheffield.
- 10 The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, Primary Care Statistics, The Information Centre, Leeds.
- 11 Jeffreys, L.A., Clark, A. & Koperski, M. (1995) Practice nurses' workload and consultation patterns, *British Journal of General Practice*, 45, August, 415-418.
- 12 Based on personal communication with the Department of Health (2009).

8.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)¹

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£35,900 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £38,000. ² See page 178 for information on mean salaries
B. Salary oncosts	£8,926 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£10,587 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ³ Pre-registration training includes general nurse's training plus further education to honours or masters degree level. If postgraduate training was undertaken (including the Nurse Prescribing Course), there would be an additional annuitised cost of £3,676.
D. Overheads	£7,579 per year	Comprises £3,097 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£3,832 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. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 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 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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. ⁹
Ratio of direct to indirect time on: face-to-face contacts patient contact (incl. telephone)	1:0.71 1:0.55	Information provided by 27 nurse practitioners on time use. 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. ¹⁰ Another study on the role of nurse specialists in epilepsy found that clinical activities accounted for 40 per cent of the time. ¹¹
London multiplier	1.19 x (A to B) 1.51 x E	Allows for the higher costs associated with London compared to the national average cost. ¹² Building Cost Information Service and Department for Communities and Local Government.
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ¹² Building Cost Information Service and Department for Communities and Local Government, Transport and the Regions. ^{5,6}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
Cost per hour £36 (£43), cost per hour in surgery £63 (£74), cost per hour of client contact £56 (£67), cost per surgery consultation £14 (£17).		

- 1 A term for nurse practitioners specifically has not been developed due to the great variation in the use of the term NP. Personal correspondence with the RCN NP Adviser has suggested that the best match is the Advance Nurse profile (Band 7).
- 2 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 3 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS*, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury.
- 4 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 7 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- 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 (2009).

8.8a General practitioner — cost elements

Costs and unit estimation	2008/2009 value	Notes (for further clarification see Commentary)
A. Net remuneration	£110,139 per year	Average net profit after expenses in 2007/08 for England. ¹ See commentary 8.8c. It has not been possible to agree an inflator to provide estimated net remuneration for 2008/09.
B. Practice expenses		
- Out of hours	£12,330 per year	Amount allocated for out of hours care.
Direct care staff	£23,657 per year	On average in 2008 each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.61 FTE practice staff (direct patient care only).
Travel	£4,598 per year	Estimated using the car allowance for GP registrars and is unchanged since last year. ² 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	£28,949 per year	Other practice expenses are estimated on the basis of final expenditure figures from the DH for 2008/09. ³ Practice expenses exclude all expenditure on drugs. See commentary 8.8c.
C. Qualifications	£26,592 per year	The equivalent annual cost of pre-registration and postgraduate medical education. See commentary 8.8c. Calculated using information provided by the London Deanery. ⁴
D. Ongoing training	£2,315 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.
E. Capital costs		
- Premises	£8,954 per year	Based on new-build and land requirements for a GP practitioner suite. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ^{5,6}
- Equipment	£1,099 per year	Taken from final expenditure figures from the DH ³ 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 8.8c.
F. Overheads	£7,970 per year	Based on final expenditure figures from the DH for 2007/08. ³ Overheads include Primary Care Organisation (PCO) administered funds, demand management and recruitment and retention. See commentary 8.8c.
Working time	43.5 wks per annum 44.4 hrs per week	Derived from the 2006/07 UK General Practice Workload Survey. ⁷ Number of hours for a full-time GP Partner. Allows for time spent per year on annual leave, sick leave and study leave. Unit costs based on 1931 hours per annum.
Ratio of direct to indirect time:		
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. ⁷
home visits	1:1.61	
<i>Consultations: Surgery</i>	11.7 minutes	Based on the 2006/07 UK General Practice Workload Survey, ⁷ the time spent on a home visit just includes time spent in the patient's 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 8.8c.
<i>Clinic</i>	17.2 minutes	
<i>Telephone</i>	7.1 minutes	
<i>Home visit</i>	11.4 minutes	

Unit costs for 2008/2009 are given in table 8.8b

1 The Information Centre (2009) *GP Earnings and Expenses 2007/08, Provisional Report Produced by the Technical Steering Committee, September 2009*, The Information Centre, London.

2 Information provided by Department of Health (2009).

3 Department of Health, 2008/09 England PFR Annual Accounts, Summary Year-end, 2009.

4 Personal communication with the London Deanery (2006).

5 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8.8b General practitioner — unit costs

Unit cost 2008/2009	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)	£226,602	£200,011	£202,946	£176,354
¹ Per hour of GMS activity	£115	£101	£103	£89
¹ Per hour of patient contact	£180	£159	£162	£140
¹ Per surgery/clinic minute	£3.00	£2.70	£2.70	£2.30
¹ Per home visit minute	£5.00	£4.40	£4.50	£3.90
¹ Per surgery consultation lasting 11.7 minutes	£35	£31	£31	£27
¹ Per clinic consultation lasting 17.2 minutes	£52	£45	£46	£40
¹ Per telephone consultation lasting 7.1 minutes	£21	£19	£19	£16
Per home visit lasting 23.4 minutes (includes travel time) ²	£117	£103	£105	£91
Prescription costs per consultation (net ingredient cost)	£44 ³			
Prescription costs per consultation (actual cost)	£40			

¹ In order to provide consistent unit costs, these costs exclude travel costs.

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

³ Based on personal communication with the Information Centre (2009).

8.8c General practitioner — commentary

General note about GP expenditure. The new General Medical Service contract (nGMS) is designed to improve the way that Primary Care services are funded, and to allow practices greater flexibility to determine the range of services they wish to provide, including opting out of additional services and out-of-hours care.

Allowing for whole time equivalence (wte). The NHS Information Centre has estimated that the number of FTE practitioners (excluding GP registrars and GP retainers) has decreased to 30,675 in 2008.¹

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

Direct care staff.¹ On average in 2008, each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.61 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 (Net Ingredient Cost: NIC). NIC is the basic cost of the drug, while Actual Cost is the NIC less the assumed average discount plus the container allowance (and plus on-cost for appliance contractors). These are based on information about annual numbers of consultations per GP, estimated by using the number of GPs for 2008 and the annual number of consultations per GP (5,956 in 2007/08),² number of prescriptions per GP (27,124 in 2008)³ and the average actual total cost per GP prescription £8.80 at 2008 prices or £9.60 per NIC.⁴ The number of prescriptions per consultation (4.55) has risen since 2007/08 and reflects the reduction in the number of consultations made by GPs and the increase in repeat prescriptions arising from initial consultations. See information provided by the Health and Social Care Information Centre, Prescribing Support Unit (The Information Centre, 2009)⁵ for explanations about the decrease in cost per item.

Qualifications. The equivalent annual cost of pre-registration and postgraduate medical education. The investment in training has been annuitised over the expected working life of the doctor.⁶ Postgraduate education calculated using information provided by the London Deanery.⁷ 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.⁸ 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 6.4 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 2007/08. This has been taken from the final expenditure figures from the Department of Health. PCOs 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 (2009) *General and Personal Medical Services in England: 1998-2008*, The Information Centre, Leeds.

2 Hippisley-Cox, J. & Vinogradova, Y. (2009) *Trends in Consultation Rates in General Practice 1995 to 2008: Analysis of the QResearch database*, The Information Centre, Leeds.

3 Based on personal correspondence with the Information Centre, 2009.

4 Based on personal correspondence with the Prescribing Support Unit, 2008, Health and Social Care Information Centre (HSCIC).

5 The Information Centre (2009) *Prescriptions Dispensed in the Community: statistics for 1998 to 2008: England*, The Information Centre, Leeds.

6 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 Personal communication with the London Deanery (2006).

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

III. COMMUNITY-BASED SOCIAL CARE

9. Social care staff

- 9.1 Social work team leader
- 9.2 Social worker (adult)
- 9.3 Social work assistant
- 9.4 Approved social worker – mental health
- 9.5 Local authority home care worker
- 9.6 Community occupational therapist (local authority)
- 9.7 Intensive case management for older people
- 9.8 Family support worker

9.1 Social work team leader

Costs and unit estimation	2008/2009 value	Notes
A. Salary	£36,720 per year	The average salary for a social work team leader was £36,720 for 2008/09. Based on increases for a social worker reported in the Local Government Earnings Survey 2009. ¹
B. Salary oncosts	£10,834 per year	Employers' national insurance plus 18.6 per cent of salary for contribution to superannuation.
C. Qualifications		
D. Ongoing training		The General Social Care Council also sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. No costs are available.
E. Overheads	£7,133 per year	Fifteen per cent of salary costs for management and administrative overheads. ²
F. Capital overheads	£2,320 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{3,4} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available about travel costs for social work team leaders.
Working time	40.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁵ Ten days for study/training and 9.6 days sickness leave have been assumed. ⁶ Unit costs are based on 1526 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. ⁷
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	1.16 x A 1.49 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element ^{1,3,4}
Non-London multiplier	0.96 x A 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 ^{1,3,4}
Unit costs available 2008/2009		
£37 per hour; £49 per hour of client-related work (includes A to E).		

1 Local Government Association Analysis and Research (2009) *Local Government Earnings Survey, England and Wales, 2008/09*, Local Government Analysis and Research, 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 Local Government Employers (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Association, London.

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

9.2 Social worker (adult)

Costs and unit estimation	2008/2009 value	Notes
A. Salary	£29,135 per year	Information taken from the Local Government Earnings Survey 2009 ¹ showed that the mean salary for a social worker was £29,135. (Information provided does not distinguish between the salary of a social worker (Adult) and a social worker (Child)).
B. Salary oncosts	£8,453 per year	Employers' national insurance plus 18.6 per cent of salary for employers' contribution to superannuation.
C. Qualifications		
D. Ongoing training		The General Social Care Council also sets out a requirement that all social workers, as a condition of their three yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. (No costs available).
D. Overheads	£5,638 per year	Fifteen per cent of salary costs for management and administrative overheads. ²
E. Ongoing training		No costs available. ³
E. Capital overheads	£2,320 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information is readily available about travel costs for social workers.
Working time	40.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁶ Ten days for study/training and 9.6 days sickness leave have been assumed. ⁷ Unit costs are based on 1526 hours per annum.
Ratios of direct to indirect time on: 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. ^{8,9,10,11} Face-to-face contact is not a good indicator of input to clients.
Domiciliary v. office/clinic visit		It is not possible to estimate a cost per visit as there is no information available on the number of visits or the typical length of time spent with a client.
London multiplier	1.10 x A 1.49 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,4,5}
Non-London multiplier	0.96 x A 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. ^{1,4,5}
Unit costs available 2008/2009		
£30 per hour; £39 per hour of client-related work; £143 per hour of face-to-face contact (includes A to E).		

- 1 Local Government Association Analysis and Research (2009) *Local Government Earnings Survey, England and Wales 2008*, Local Government Analysis and Research, 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 Social Policy and Social Work Subject Centre (2009) Social Work Taskforce for England, Implications for Education, <http://www.swap.ac.uk/policyregulation/taskforce/implications.html>
- 4 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 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 Local Government Employers (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Association, London.
- 8 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.
- 9 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.
- 10 Levin, E. & Webb, S. (1997) *Social Work and Community Care. Changing Roles and Tasks*, Final report to the Department of Health.
- 11 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.

9.3 Social work assistant

Costs and unit estimation	2008/2009 value	Notes
A. Salary	£21,241 per year	Information taken from the Local Government Earnings Survey 2009 ¹ showed that the mean salary for a social worker assistant was £21,241.
B. Salary oncosts	£5,974 per year	Employers' national insurance plus 18.6 per cent of salary for contribution to superannuation.
C. Overheads	£4,082 per year	Fifteen per cent of salary costs for management and administrative overheads. ²
D. Capital overheads	£2,320 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{3,4} 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	41.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁵ Five days for study/training and 9.6 days sickness leave have been assumed. ⁶ Unit costs are based on 1563 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. ⁷ Work by Netten gives more information. ⁸
London multiplier	1.16 x A 1.49 x D	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,3,4}
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. ^{1,3,4}
Unit costs available 2008/2009		
£22 per hour; £25 per hour of client-related work; £79 per hour of face-to-face contact (includes A to E).		

1 Local Government Association Analysis and Research (2009) *Local Government Earnings Survey, England and Wales 2008*, Local Government Analysis and Research, 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 Local Government Employers (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Association, London.

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

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

9.4 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 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.¹

Costs and unit estimation	2008/2009 value	Notes
A. Salary	£35,620 per year	The average salary for an approved social worker was £35,620 per year. Information based on a survey carried out by the Department of Health of 30 authorities and uprated using the PSS Inflationator. Wage levels reflect the average level of wages paid in 27 authorities. ²
B. Salary oncosts	£10,489 per year	Employers' national insurance plus 18.6 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.
D. Overheads	£6,916 per year	Fifteen per cent of salary costs for management and administrative overheads. ³
E. Capital overheads	£2,568 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information is readily available about travel costs for social workers.
Working time	40.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁶ Ten days for study/training and 9.6 days sickness leave have been assumed. ⁷ Unit costs are based on 1526 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. ⁷
London multiplier	1.20 x A 1.55 x E	Based on the same source as the salary data. ² Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
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. ² Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2008/2009		
£36 per hour; £93 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 Local Government Employers (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Association, London.

9.5 Local authority home care worker

The information is based on data collected from a benchmarking club of 14 local authorities, all located in the Midlands.⁴ The original data were for 1998/1999 and have been updated to 2008/2009 prices. Based on PSS EX1 2007/2008, the mean hourly cost of all home care including LA-funded home care and independent provision was £16. This can be compared with the mean hourly cost of LA home care of £24 and a mean hourly cost of £14 for the independent provision. See Jones (2005) for findings about the costs of independently provided home care.¹

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£13,325 per year	Information taken from the National Minimum Dataset for Social Care (NMDS-SC) ² showed that the median hourly rate for a local authority home care worker was £6.81 (based on a sample of 1795 workers). Salaries ranged from £6.65 to £8.57. This provides an annual salary of £13,325 using the basic working hours of 1957. The median hourly rate for all home care workers (including private, voluntary, local authority and independent) was £6.69 ranging from £6.30 to £7.32.
B. Salary oncosts	£ 3,489 per year	Employers' national insurance plus 18.6 per cent of salary for employers' contribution to superannuation.
C. Direct overheads	£2,522 per year	Direct overheads include administration, management, office costs, insurance, training and premises. For those authorities for which the information was available, at the time of the study, these costs comprised about 15 per cent of total hourly costs on average in the 14 authorities. ³
D. Indirect overheads	£1,345 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, at the time of the study, these costs comprised about 8 per cent of total hourly costs on average.
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	40.6 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) and 5 days for training. A few of the authorities also allowed time off for training. Unit costs are based on the median number of hours worked by home care workers in 2008 (1,304). ⁴
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	11.6 hours per week	Average number of local authority home help contact hours received per household per week. ⁵ 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. ⁶ The authorities in the Benchmark Club visited clients 6.34 times per week on average. If we increase this pro rata to reflect the increase in the number of hours the average number of visits received is 12 per week.
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
Unit costs available 2008/2009		
£16 per weekday hour (£19 per hour weekday evenings; £24 per hour Saturdays; £32 per hour Sundays); £18 per hour face-to-face weekday contact (£22 per hour weekday evenings; £28 per hour Saturdays; £37 per hour Sundays) (Includes A to D). £237 typical home care package if all hours are provided by the LA.		

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 Skills for Care (2009) NMDS-SC Dataset, Skills for Care, London.

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

4 Provided by the Local Government Association (2008).

5 The Information Centre (2009) *Community Care Statistics 2007, Home Care Services for Adults, England*, The Information Centre, Leeds.

6 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.

9.6 Community occupational therapist (local authority)

Costs and unit estimation	2006/2007 value	Notes
A. Wages/salary	£28,733 per year	Information taken from the Local Government Earnings Survey 2009 ¹ showed that the mean salary for an occupational therapist was £28,733.
B. Salary oncosts	£8,326 per year	Employers' national insurance plus 18.6 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,331 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² 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	£5,559 per year	Fifteen per cent of salary costs to reflect revenue overheads. ³ 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 6.3.
E. Capital overheads	£2,320 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁶
Working time	40.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁷ Ten days for study/training and 9.6 days sickness leave have been assumed. ⁸ Unit costs are based on 1526 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. ⁹ No information is available about local authority occupational therapists.
Length of visit	40 minutes	Taken from Netten. ⁶
London multiplier	1.09 × A 1.57 × E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,4,5}
Non-London multiplier	0.97 × E	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,4,5}
Unit costs available 2008/2009 (costs including training given in brackets)		
£29 (£32) per hour; £56 (£62) per hour of client contact (includes A to E); £39 (£43) per home visit (includes A to F).		

- 1 Local Government Association Analysis and Research (2009) *Local Government Earnings Survey 2008*, Local Government Analysis and Research, 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 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 Local Government Employers (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Association, London.
- 9 Government Statistical Service (1994) Summary Information Form KT27, Occupational Therapy Services, Table 7, 1994, England and Wales.

9.7 Intensive case management for older people

Information in this schema is taken from the Local Government Earnings Survey, 2007¹ and has been based on the salary of a home care manager. The information on use of time reflects an experimental intensive case management scheme working with long-term cases.² 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	2008/2009 value	Notes
A. Wages/salary	£25,482 per year	Information taken from the Local Government Earnings Survey 2008 ¹ showed that the mean salary for a home care manager was £24,860. This has been updated to £25,482 based on increases for a social worker reported in the Local Government Earnings Survey 2009. ³
B. Salary oncosts	£7,306 per year	Employers' national insurance plus 18.6 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No information available.
D. Overheads: direct and indirect	£5,246 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	£2,320 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Based on community health service travel costs and inflated using the retail price index.
Working time	40.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁶ Ten days for study/training and 9.6 days sickness leave have been assumed. ⁷ Unit costs are based on 1526 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. ⁸ 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 Length of visits	9 45 minutes	Average number of visits per week per worker. Average length of visits overall in teams.
Caseload per worker	14	Number of cases per care manager. Limited turnover.
London multiplier	1.25 x A 1.49 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,4,5}
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. ^{1,4,5}
Unit costs available 2008/2009		
£26 per hour; £41 per hour of client-related work; £110 per hour of face-to-face contact; £67 per case per week (includes A to E); £35 per home visit (includes A to F).		

1 (2008) *Local Government Earnings Survey 2007*, Local Government Analysis and Research, London.

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 Local Government Association Analysis and Research (2009) *Local Government Earnings Survey 2008*, Local Government Analysis and Research, London.

4 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 Local Government Employers (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Association, London.

8 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.

9.8 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.¹

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£21,828 per year	Information taken from the Local Government Earnings Survey 2007 showed that the mean salary for a family support worker was £21,296. ² This has been updated based on increases for a social worker reported in the Local Government Earnings Survey 2009. ³
B. Salary oncosts	£6,158 per year	Includes employers' national insurance plus employers' contribution to superannuation (18.6 per cent).
C. Training	£2,327 per year	1996/1997 costs inflated by the PSS pay and prices index. The training consisted of 12 day sessions attended by 14 FSWs. ⁴ 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. 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 £2,327.
D. Overheads	£8,234 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	41.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁵ Five days for study/training and 9.6 days sick leave per annum have been assumed. ⁶ Unit costs are based on 1563 hours per annum.
<i>Ratios of direct to indirect time on: client related work</i>	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	1.16 x A	Relative London costs are drawn from the same source as the base data.
Unit costs available 2008/2009 (costs including training given in brackets)		
£23 (£25) for a basic hour; £39 (£42) per hour of client related work.		

1 Davies, A., Huxley, P., TARRIER, N. & Lyne, D. (2000) *Family Support Workers of Carers of People with Schizophrenia*, University of Manchester and Making Space.

2 Local Government Association Analysis and Research (2008) *Local Government Earnings Survey 2007*, Local Government Analysis and Research, London.

3 Local Government Association Analysis and Research (2009) *Local Government Earnings Survey 2008*, Local Government Analysis and Research, London.

4 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.

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 Local Government Employers (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Association, London.

10. Health and social care teams

- 10.1 NHS community mental health team (CMHT) worker for older people (OP) with mental health problems
- 10.2 Community mental health team for adults with mental health problems
- 10.3 Crisis resolution teams for adults with mental health problems
- 10.4 Assertive Outreach Teams for adults with mental health problems
- 10.5 Early intervention teams for adults with mental health problems
- 10.6 Generic single disciplinary CAMHS teams
- 10.7 Generic multi-disciplinary CAMHS teams
- 10.8 Dedicated CAMHS teams
- 10.9 Targeted CAMHS teams

10.1 NHS community mental health team (CMHT) worker for older people (OP) with mental health problems

Information taken from the Older People's Mental Health Mapping framework.¹ The work of a CMHT (OP) relies on the provision of a range of care settings i.e. acute physical and mental health inpatient care, rehabilitation services, day services, respite facilities.² Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for all community mental health teams for older people with mental health problems in 2008 was £125 per face-to-face contact, the minimum range for 25 per cent of services was £118 and the maximum £135.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£31,321 per year	Based on median salaries for Agenda for Change (AfC) bands. ³ Weighted to reflect input of community nurses (43 per cent), social workers/approved social workers (12 per cent), consultants (6 per cent) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT (OP) worker salary. ¹
B. Salary oncosts	£7,773 per year	Based on employers' national insurance contribution and employers' superannuation at 14 per cent for NHS employees and 18.6 per cent for local authority workers.
C. Overheads: Direct and indirect	£7,433 per year	Comprises £3,077 for indirect overheads and £4,356 direct overheads based on the proportion of management and administrative staff working in this team. ^{1,4}
D. Capital overheads	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
E. Travel	£1.40 per visit	Taken from Netten and inflated using the retail price index. ⁷
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. Twelve days sickness leave and 5 study/training days are assumed. ^{8,9} Based on 1547 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. A study ¹⁰ 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. Direct contact with clients and carers occupied 29 per cent of working time.
face-to-face contact	1:2.45	
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 CMHT	32 cases per care staff	Based on mental health combined mapping data. ¹ In 2008/09 there were 389 cases per service and 32 cases per year per generic CMHT.
London multiplier	1.19 x (A to B) 1.45 x E	Allows for higher costs associated with working in London. ^{5,6,11}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for lower costs associated with working outside London. ^{5,6,10}
Unit costs available 2008/2009		
£32 per hour; £41 per hour of client-related work; £58 per hour of direct output activity; £109 per hour of face-to-face contact; £1,812 average cost per case per team member per annum.		

- Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, <http://www.mhcombinedmap.org/reports.aspx>.
- Lingard, J. & Milne, A. (2004) Commissioned by the Children, Older People & Social Care Policy Directorate, Integrating Older People's Mental Health Services, Community Mental Health Teams for Older People, <http://www.olderpeoplesmentalhealth.csip.org.uk/silo/files/integrating-opmh-services.pdf>
- The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 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.
- Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 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.
- NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- 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.
- Based on personal communication with the Department of Health (2009).

10.2 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.¹

This year information has been taken from the mental health combined mapping website² and is based on data received from 787 service providers. There is an average of 15 care staff per team. Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a community mental health team for adults with mental health problems in 2007 was £129 per team contact and the minimum range for 25 per cent of services was £110 and the maximum £161. Costs have been uprated using the HCHS Pay and Prices Inflatior.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£26,634 per year	Based on median salaries for Agenda for Change (AfC) bands. ³ Weighted to reflect input of community nurses (31 per cent), social workers/approved social workers (18 per cent), consultants (6 per cent) OTs and physiotherapists (5 per cent), carer support (5 per cent) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT worker salary. ²
B. Salary oncosts	£4,990 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 18.6 per cent for local authority workers.
C. Qualifications		Information not available for all care staff.
D. Overheads: Direct and indirect Administrative and management costs	£5,376 per year £4,980 per year	Regional health authority overheads estimated to be 17 per cent of total salary costs. ² Based on the Adult Mental Health Service Mapping data and national salary for a grade 6 administrative and clerical staff worker. ^{2,3}
E. Capital overheads	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten ⁶ and inflated using the retail price index.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. Twelve days sickness leave and 5 study/training days are assumed. ^{7,8} Based on 1547 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. ⁹ Patient-related work took 78 per cent, and face-to-face contact 40 per cent of time overall.
Caseload per CMHT	24 cases per CMHT	Based on mental health combined mapping data. ¹ Caseload data for 2008/09 was 404 cases per service and 24 cases per year per generic CMHT.
London multiplier	1.19 x (A to B) 1.45 x E	Allows for higher costs associated with working in London. ^{4,5,10}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{4,5,10}
Unit costs available 2008/2009		
£29 per hour; £37 per hour of client-related work; £72 per hour of face-to-face contact; £1,849 average cost per case per team member per year.		

- 1 Onyett, S., Pillinger, T. & Muijen, M. (1995) *Making Community Mental Health Teams Work*, Sainsbury Centre for Mental Health, London.
- 2 Care Services Improvement Partnership, *Mental Health Strategies (2009) Combined Mapping Framework*, <http://www.mhcombinedmap.org/reports/asp>.
- 3 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 4 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 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 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- 9 Jackson, G., Percival, C., Gater, R. & Goldberg, D. (1996) *Patterns of work in a multidisciplinary community mental health team*, unpublished.
- 10 Based on personal communication with the Department of Health (2009).

10.3 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 aged 16-65, whose mental health problems are of such severity that they are at risk of requiring psychiatric hospitalisation. This year information has been taken from the mental health combined mapping website¹ and is based on data received from 270 service providers. There is an average of 17 care staff per team. Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a crisis resolution team for 2008 was £196 per team contact and the minimum range for 25 per cent of services was £164 and the maximum £212. Costs have been updated using the HCHS Pay and Prices Inflation.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£27,352 per year	Based on median salaries for Agenda for Change (AfC) bands. ² Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic Crisis Resolution worker salary. Teams included medical staff, nurses, psychologists, social workers, social care and other therapists. ¹
B. Salary oncosts	£6,133 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 18.6 per cent for local authority workers.
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	£5,692 per year £3,079 per year	Minghella (Minghella et al., 1998) estimated overheads for a crisis service to be 17 per cent of total salary costs. ³ Based on the Adult Mental Health Service Mapping data. ^{1,2}
E. Capital overheads	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{4,5} Costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Minghella ¹ estimated capital costs to be 6 per cent of total costs.
Working hours of team members	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. Twelve days sickness leave and 5 study/training days are assumed. ^{6,7} Based on 1547 working hours. Weighted to reflect team composition.
Service hours	24 hours per day 7 days per week	Based on Sainsbury Centre for Mental Health, 2001. ³ 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. ⁸
Caseload	36 cases per service 2 cases per care staff	Based on mental health combined mapping data ¹ Caseload data for 2008/09 were 36 cases per service and 2 cases per year per Crisis Resolution team member.
London multiplier	1.19 x (A to B) 1.39 x E	Allows for higher costs associated with working in London. ^{4,5,9}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{4,5,9}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£29 per hour; £44,648 annual cost of team member; £22,324 average cost per case per year per team member.		

1 Care Services Improvement Partnership, Mental Health Strategies (2009) Combined Mapping Framework, <http://www.mhcombinedmap.org/reports.aspx>.

2 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

4 Building Cost Information Service (2009) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

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 (2009).

10.4 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.¹ This year information has been taken from the mental health combined mapping website² and is based on data received from 248 service providers. There is an average of 10 care staff per team.

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for an Assertive Outreach team contact for 2008 was £120, with the minimum range for 25 per cent of services being £98 and the maximum £140. Costs have been updated using the HCHS Pay and Prices Inflation.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£26,018 per year	Based on median salaries for Agenda for Change (AfC) bands. ³ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic Assertive Outreach Team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers. ²
B. Salary oncosts	£5,937 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 18.6 per cent for local authority workers.
C. Overheads Direct and indirect Administrative and management costs	£5,432 per year £3,740 per year	Regional health authority overheads estimated to be 17 per cent of total salary costs. ⁴ Based on the Adult Mental Health Service Mapping data. ^{2,3}
D. Capital overheads	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Ratio of direct contact to total contact time: face-to-face contacts	1:0.48	Of the assertive outreach team contacts, 68 per cent were face-to-face with the patient, 13 per cent were by telephone, 11 per cent of all attempts at contact ended in failure and a further 6 per cent involved contact with the carer (face-to-face or by phone). Of the face-to-face contacts with patients, 63 per cent took place in the patient's home or neighbourhood, 27 per cent in service settings and 10 per cent in other settings. ⁷
Working hours of team members	41.3 weeks per annum 37.5 hrs per week	Includes 29 days annual leave and 8 statutory leave days. Twelve days sickness leave and 5 study/training days are assumed. ^{8,9} Based on 1547 working hours. Weighted to reflect team composition.
Service hours	24 hours per day	Working hours of most services are flexible, although 24 hour services are rare.
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. ¹⁰ There is intensive frequency of client contact ideally an average of four or more contacts per week with each client.
Caseload	72 cases per service 7 cases per care staff	Based on mental health combined mapping data. ² Caseload data for 2008/09 were 72 cases per service and 7 cases per year per Assertive Outreach team member.
London multiplier	1.19 x (A to B) 1.39 x E	Allows for the higher costs associated with working in London. ^{5,6,11}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{5,6,11}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£28 per hour; £41 per hour of patient contact; £43,519 annual cost of team member; £6,217 average cost per case per team member;		

1 Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Assertive Outreach*, Sainsbury Centre for Mental Health, (updated 2003), London.

2 Care Services Improvement Partnership, Mental Health Strategies (2009) Combined Mapping Framework, <http://www.mhcombinedmap.org/reports.aspx>.

3 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

4 Onyett, S. et al. (1995) *Making Community Mental Health Teams Work*, Sainsbury Centre for Mental Health, London.

5 Building Cost Information Service (2009) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

10 <http://www.iris-initiative.org.uk/assertiveoutreach.hmt>.

11 Based on personal communication with the Department of Health (2009).

10.5 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.¹ Early intervention teams go to see the client in his or her environment. This year information has been taken from the mental health combined mapping website² and is based on data received from 150 service providers. There is an average of eight care staff per team. Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for an early intervention team contact for 2008 was £173 with the minimum range for 25 per cent of services being £129 and the maximum £200. Costs have been updated using the HCHS Pay and Prices Inflation.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£27,789 per year	Based on median salaries for Agenda for Change (AfC) bands. ³ 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. ²
B. Salary oncosts	£6,324 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 18.6 per cent for local authority workers.
C. Training		There are a number of places across England. Sainsbury Centre for Mental Health runs a part-time postgraduate certificate (EIP) over a one-year period which includes 20 days of teaching. ⁴
D. Overheads Direct and indirect Administrative and management costs	£5,799 per year £3,179 per year	Regional health authority overheads estimated to be 17 per cent of total salary costs. ⁵ Based on the Adult Mental Health Service Mapping data. ³
E. Capital overheads	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time per staff member	41.3 wks per year 37.5 hrs per week	Includes 29 days annual leave and 8 statutory leave days. Twelve days sickness leave and 5 study/training days are assumed. ^{8,9} Based on 1547 working hours. Weighted to reflect team composition.
Service hours		Teams tend to operate 9.00 a.m. – 5.00 p.m. but some flexibility is being planned.
Case load	98 cases per service 9 cases per care staff	Based on mental health combined mapping data. ² Caseload data for 2008/09 were 98 cases per service and 9 cases per Early Intervention team member.
Ratio of direct to indirect time on: face-to-face contacts patient contact		No information available
London multiplier	1.19 x (A to B) 1.39 x E	Allows for higher costs associated with working in London. ^{6,7,10}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{6,7,10}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£29 per hour. £45,483 annual cost of team member; £5,685 cost per case per team member.		

1 Sainsbury Centre for Mental Health (2003) *A Window of Opportunity: A Practical Guide for Developing Early Intervention in Psychosis Services*, Briefing 23, Sainsbury Centre for Mental Health, London.

2 Care Services Improvement Partnership, Mental Health Strategies (2009) Combined Mapping Framework, <http://www.mhcombinedmap.org/reports/asp>.

3 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

4 Sainsbury Centre for Mental Health (2004) *Postgraduate Certificate in Early Intervention for Psychosis*, Sainsbury Centre for Mental Health, London.

5 Onyett, S. et al. (1995) *Making Community Mental Health Teams Work*, Sainsbury Centre for Mental Health, London.

6 Building Cost Information Service (2009) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

9 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

10 Based on personal communication with the Department of Health (2009).

10.6 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.¹ The information is taken from the Child Health CAMHS and Maternity Mapping database and is based on returns from 3,604 teams.²

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 60 generic single disciplinary teams with an average staff ratio of 4.13 wte per team (excluding administrative staff and managers). Costs have been updated to 2008/2009 price levels using the appropriate inflators.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary plus oncosts	£38,067 per year	Average salary for single generic team member based on National Child and Adolescent Mental Health Service Mapping data and median salaries for Agenda for Change (AfC) bands. ³
B. Overheads: Travel, training, drugs and equipment costs	£3,013 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. ² Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team.
Managers and administrative staff	£5,691 per year	The National Child and Adolescent Mental Health Service Mapping data show that the ratio of management/administrative staff to care per team is 1:4.03. ² Salary is weighted to take account of the ratio of managers to administrative staff based on the mean salaries of bands 8a and 4 of the NHS Staff Earnings Estimates.
C. Capital overheads	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 wks per year 37.5 hrs per week	Includes 29 days annual leave and 8 statutory leave days. Twelve days sickness leave and 5 study/training days are assumed. ^{6,7} Based on 1575 working hours. Weighted to reflect team composition.
Ratio of direct to indirect time on: patient-related work face-to-face contact	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9 per cent), research and evaluation (5 per cent), admin and management (23 per cent), consultation and liaison (13 per cent) and clinical (49 per cent).
Length of episode		26 per cent of cases lasted for 4 weeks or less, 25 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 15 per cent for more than 52 weeks.
Caseload per team	60 cases per team	Based on 60 teams and a caseload of 3,604. ²
London multiplier	1.19 × A 1.39 × C	Allows for higher costs associated with working in London. ^{4,5,8}
Non-London multiplier	0.97 × A 0.96 × C	Allows for lower costs associated with working outside London. ^{4,5,8}
Unit costs available 2008/2009		
£31 per hour per team member; £51 per hour per patient-related activity; £64 per hour per team member face-to-face contact; £3,384 average cost per case per team		

1 YoungMinds (2001) *Guidance for Primary Care Trusts, Child and Adolescent Mental Health: Its Importance and How to Commission a Comprehensive Service, Appendix 3: Key Components, Professionals and Functions of Tiered Child and Adolescent Mental Health Services*, Child and Adolescent Mental Health Services, <http://www.youngminds.org.uk/pctguidance/app3.php>.

2 Child Health CAMHS and Maternity Mapping (2009) Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

3 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

4 Building Cost Information Service (2009) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 Based on personal communication with the Department of Health (2009).

10.7 Generic multidisciplinary CAMHS teams

The CAMHS Service Mapping data is based on returns from 2,094 teams and multidisciplinary teams made up 57 per cent of the workforce.¹ There were 481 generic teams of which 421 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. Multidisciplinary generic teams, as the name implies, were largely staffed by a range of mental health professionals. The average size of multidisciplinary teams was 10.9 wte (excluding administrative staff and managers). Costs have been updated to 2008/2009 price levels using the appropriate inflators.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary plus oncosts	£53,017 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 median salaries for Agenda for Change (AfC) bands. ^{2,3} The teams (excluding administrative and unqualified staff) included nurses (22 per cent), doctors (18 per cent), social workers (9 per cent), clinical psychologists (15 per cent), child psychotherapists (5 per cent), occupational therapists (2 per cent), mental health workers (10 per cent), family therapists (5 per cent), educational psychologists (1 per cent) and other qualified therapists and care staff (13 per cent). ¹
B. Overheads: Travel, training, drugs and equipment costs Managers and administrative staff	£4,571 per year £5,465 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. ¹ Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team. The National Child and Adolescent Mental Health Service Mapping data show 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	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{3,4} 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, 8 statutory leave days and 12 days sickness leave. ^{5,6} Assumes 6 study/training days. 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	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9 per cent), research and evaluation (5 per cent), admin and management (23 per cent), consultation and liaison (13 per cent) and clinical (49 per cent).
Length of episode (all CAMHS teams)		19 per cent of cases lasted for 4 weeks or less, 21 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 17 per cent for 52 weeks or less and 25 per cent for more than 52 weeks.
Caseload per team	191 cases per team	Based on 421 teams and 80,386 cases. ¹
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. ^{3,4,7}
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London. ^{3,4,7}
Unit costs available 2008/2009		
£34 per hour per team member; £55 cost per hour per team member for patient-related activities; £70 cost per hour per team member for face-to-face contact; £3,735 average cost per case per team.		

1 Child Health CAMHS and Maternity Mapping (2009) Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

2 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

3 Building Cost Information Service (2009) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.³

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

6 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2009).

10.8 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 2,094 teams.¹ There were returns from 133 dedicated teams with an average staff ratio of 2.2 wte per team (excluding administrative staff and managers). Costs have been updated to 2008/2009 price levels using the appropriate inflators.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary plus oncosts	£39,074 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 ¹ and on the 128 dedicated teams. Salaries are based on median salaries for Agenda for Change (AfC) bands. ² The teams included nurses (27 per cent), doctors (3 per cent), clinical psychologists (16 per cent), educational psychologists (3 per cent), social workers (6 per cent) child psychotherapists (2 per cent), mental health workers (28 per cent) and other therapists and care staff (15 per cent). ¹
B. Overheads: Travel, training, drugs and equipment costs	£5,355 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. ¹ Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team.
Managers and administrative staff	£3,907 per year	The National Child and Adolescent Mental Health Service Mapping data show 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.
C. Capital overheads	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{3,4} 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. ² Assumes 6 study/training days, and 8 days sickness leave. Working hours weighted to reflect team composition. Based on 1,586 hours working hours per year.
Ratio of direct to indirect time on: patient-related work face-to-face contact	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9 per cent), research and evaluation (5 per cent), admin and management (23 per cent), consultation and liaison (13 per cent) and clinical (49 per cent).
Length of episode		30 per cent of cases lasted for 4 weeks or less, 30 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 11 per cent for 52 weeks or less and 10 per cent for more than 52 weeks.
Caseload	35 cases per team	Based on 133 teams and 4,596 cases. ¹
London multiplier	1.19 x A	Allows for higher costs associated with working in London. ^{3,4,5}
Non-London multiplier	0.97 x A	Allows for lower costs associated with working outside London. ^{3,4,5}
Unit costs available 2008/2009		
£32 per hour per team member; £54 per hour of patient-related activity, £67 per hour of face-to-face contact, £3,189 average cost per case per team.		

1 Child Health CAMHS and Maternity Mapping (2009) Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

2 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

3 Building Cost Information Service (2009) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

5 Based on personal communication with the Department of Health (2009).

10.9 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 335 teams.¹ The average staff ratio was 4.2 wte per team (excluding administrative staff and managers). Costs have been updated to 2008/2009 price levels using the appropriate inflators.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary plus oncosts	£41,471 per year	Average salary for a team based on National Child and Adolescent Mental Health Service Mapping data. ¹ Salaries are based on median salaries for Agenda for Change (AfC) bands. ² Teams included nurses (20 per cent), doctors (6 per cent), social workers (15 per cent), clinical psychologists (22 per cent), educational psychologists (1 per cent), Child psychotherapists (3 per cent), family therapists (4 per cent) and other therapists and care staff (29 per cent). ¹
B. Overheads: Travel, training, drugs and equipment costs	£4,302 per year	Average overheads per team based on National Child and Adolescent Mental Health Service Mapping data. ¹ Overheads include travel, training, drugs and equipment costs and other costs directly attributable to the team.
Managers and administrative staff	£3,846 per year	The National Child and Adolescent Mental Health Service Mapping data show 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	£2,392 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{3,4} 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	1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9 per cent), research and evaluation (5 per cent), admin and management (23 per cent), consultation and liaison (13 per cent) and clinical (49 per cent).
Length of episode		22 per cent of cases lasted for 4 weeks or less, 24 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 20 per cent for more than 52 weeks.
Caseload	47 cases per team	Based on 335 teams and 15,653 cases. ¹
London multiplier	1.19 x A	Allows for higher costs associated with working in London. ^{3,4,5}
Non-London multiplier	0.97 x A	Allows for lower costs associated with working in London. ^{3,4,5}
Unit costs available 2008/2009		
£33 per hour per team member; £55 cost per hour per team member for patient-related activities; £68 cost per hour per team member for face-to-face contact; £4,648 average cost per case per team.		

1 Child Health CAMHS and Maternity Mapping (2009) Durham University & Department of Health, <http://www.childhealthmapping.org.uk>.

2 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

3 Building Cost Information Service (2009) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

5 Based on personal communication with the Department of Health (2009).

IV. HOSPITAL-BASED HEALTH CARE STAFF

11. Scientific and professional

- 11.1 Hospital physiotherapist
- 11.2 Hospital occupational therapist
- 11.3 Hospital speech and language therapist
- 11.4 Dietitian
- 11.5 Radiographer
- 11.6 Hospital pharmacist
- 11.7 Clinical support worker higher level nursing (hospital)

11.1 Hospital physiotherapist

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a non-consultant led (non-admitted) follow-up attendance in 2008 was £34 with the minimum range for 25 per cent of services being £24 and the maximum £39. Costs have been uprated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ See page 178 for information on mean salaries. More specialist grades range from AfC band 6 to 8C for a Physiotherapist Specialist to Consultant.
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,501 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for more details on cost of qualifications.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ³ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,792 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ⁴ ⁵ 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	£2.70 per visit	Based on expenditure provided by a community trust.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ^{7,8} Unit costs based on 1547 hours per annum.
<i>Ratio of direct to indirect time on:</i>		
patient contacts	1:0.54	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.
clinic contacts	1:0.46	
home visits	1:0.96	
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. ⁹
London multiplier	1.19 x (A to B) 1.46 x E	Allows for the higher costs associated with London compared to the national average cost. ^{4,5,10}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{4,5,10}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£24 (£27) per hour; £37 (£41) per hour of client contact; £35 (£39) per hour in clinic; £47 (£52) per hour in home visiting (includes A to E). Travel £2.70 per visit.		

- 1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 2 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 6 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- 8 Williams, J. (1991) *Calculating Staffing Levels in Physiotherapy Services*, Pampas, Rotherham.
- 9 The Information Centre (2007) *2006/07 UK General Practice Workload Survey, Primary Care Statistics*, The Information Centre, Leeds.
- 10 Based on personal communication with the Department of Health (2009).

11.2 Hospital occupational therapist

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a non-consultant led (non-admitted) follow-up attendance in 2008 was £50 with the minimum range for 25 per cent of services being £35 and the maximum £59. Costs have been uprated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ More specialist grades range from AfC band 6 to 8B for a Occupational Therapist Specialist to Consultant (see page 178 for salary information). ²
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,331 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ³ See schema 6.4 for more details on cost of qualifications.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ⁴ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,792 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} 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	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,9}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6,9}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£24 (£27) per hour; £40 (£44) per hour of client contact (includes A to E).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

9 Based on personal communication with the Department of Health (2009).

11.3 Hospital speech and language therapist

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a non-consultant led (non-admitted) follow-up attendance in 2008 was £62 with the minimum range for 25 per cent of services being £33 and the maximum £82. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ More specialist grades range from AfC band 6 to 8C for a Specialist Speech and Language Therapist to Consultant (see page 178 for salary information). ²
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,552 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ³ See schema 6.4 for more details on cost of qualifications.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ⁴ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,667 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} 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	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,9}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6,9}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£24 (£27) per hour; £40 (£44) per hour of client contact (includes A to E).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

9 Based on personal communication with the Department of Health (2009).

11.4 Dietitian

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ More specialist grades range from AfC band 6 to for a Dietician Specialist and a Dietician Advanced.
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,643 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for more details on cost of qualifications.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ³ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£3,985 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. ^{4, 5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.70 per visit	Taken from Netten ⁶ and inflated using the retail price index.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁷ Assumes 5 study/training days and 12 days sickness leave. ⁸ Unit costs based on 1547 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	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost. ^{4,5,9}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{4,5,9}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£23 (£26) per hour; £31 (£35) per hour client contact; £30 (£33) per hour in clinic; £53 (£60) per hour of home visiting (includes A to E). Travel £2.70 per visit.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

9 Based on personal communication with the Department of Health (2009).

11.5 Radiographer

Using reference costs (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098945), the mean average cost for a radiotherapy inpatient was £243 and for a regular day or night case was £146. An outpatient contact was £114. Costs have been updated using the HCHS pay and prices inflator.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £26,600. ¹ More specialist grades range from AfC band 6 to 8C for a Radiographer Specialist to Consultant.
B. Salary oncosts	£5,576 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,431 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for more details on cost of qualifications.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ³ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£7,750 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 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	1.19 × (A to B) 1.38 × E	Allows for the higher costs associated with London compared to the national average cost. ^{4,5,8}
Non-London multiplier	0.97 × (A to B) 0.97 × E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{4,5,8}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£26 (£29) per hour; £43 (£49) per hour of client contact; £14 (£16) per 20 minute clinic visit (includes A to E).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 Based on personal communication with the Department of Health (2009).

11.6 Hospital pharmacist

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£29,100 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2009 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £32,700. ¹ More specialist grades range from AfC band 7 to 8D for a Pharmacist Specialist to Consultant.
B. Salary oncosts	£7,103 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Postgraduate training:	£6,199 per year £544 per year	The equivalent annual cost of pre-registration and postgraduate education. The investment costs of a four-year masters degree plus one-year pre-registration training plus a two-year postgraduate course have been annuitised over the expected working life. ^{2,3} 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. Therefore, this has not been taken into account in this costing exercise.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ⁴ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£4,475 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.40 per visit	Taken from Netten ⁵ and inflated using the retail price index.
Working time	41.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁷ Assumes 4 study/training days (30 hours) and 12 days sickness leave. Unit costs based on 1565 hours per annum. ⁸
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	1.19 x (A to B) 1.36 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,9}
Non-London multiplier	0.97 x(A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6,9}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£28 (£32) per hour; £56 (£65) per cost of direct clinical patient time (includes travel); £40 (£46) per cost of patient-related activities.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

8 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

9 Based on personal communication with the Department of Health (2009).

11.7 Clinical support worker higher level nursing (hospital)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£16,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 3 of the January-March 2009 NHS Staff Earnings estimates for Unqualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £17,700. ¹
B. Salary oncosts	£3,726 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	£3,097 per year	Comprises £3,097 for indirect overheads. ² No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£3,115 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{3,4} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave, 8 days statutory leave and 12 days sickness leave. ^{5,6} No study/training days have been assumed. Unit costs based on 1585 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	1.19 x (A to B) 1.29 x E	Allows for the higher costs associated with London compared to the national average cost. ^{3,4,7}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{3,4,7}
Unit costs available 2008/2009		
£17 per hour; £21 per hour of client contact (includes A to E).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

6 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2009).

12. Nurses

- 12.1 Nurse team manager (includes ward managers, sisters and clinical managers)
- 12.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)
- 12.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)
- 12.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)
- 12.5 Clinical support worker (hospital)

12.1 Nurse team manager (includes ward managers, sisters and clinical managers)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£35,900 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods was £38,000. ¹ See page 178 for information on mean salaries. It does not include any lump sum allowances and it is assumed that no unsocial hours are worked.
B. Salary oncosts	£8,926 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,686 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ³ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£2,510 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. ^{4,5} 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	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 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	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for the lower costs associated with working outside London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£33 (£36) per hour; £72 (£79) per hour of patient contact.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 Based on personal communication with the Department of Health (2009).

12.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£30,000 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods was £32,700. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£7,344 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,686 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ³ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£2,510 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. ^{4,5} 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	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 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	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for the lower costs associated with working outside London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£28 (£31) per hour; £62 (£68) per hour of patient contact.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 Based on personal communication with the Department of Health (2009).

12.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods was £27,400. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£5,602 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,686 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ³ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£1,437 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. ^{4,5} 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	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 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	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with working in London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for the lower costs associated with working outside London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£22 (£25) per hour; £40 (£45) per hour of patient contact.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 Based on personal communication with the Department of Health (2009).

12.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£23,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2009 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods was £27,400. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£5,602 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,686 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ³ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Capital overheads	£1,437 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. ^{4,5} 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	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁶ Assumes 5 study/training days and 12 days sickness leave. ⁷ Unit costs based on 1547 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	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with working in London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for the lower costs associated with working outside London. ⁸ Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£22 (£25) per hour; £43 (£50) per hour of patient contact.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

5 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

7 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

8 Based on personal communication with the Department of Health (2009).

12.5 Clinical support worker (hospital)

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£14,400 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the January-March 2009 NHS Staff Earnings estimates for unqualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods was £17,200. ¹ See page 178 for information on mean salaries.
B. Salary oncosts	£3,164 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ² No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
D. Capital overheads	£1,437 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{3,4} Treatment space has not been included. It is assumed that auxiliary nurses use one-sixth of an office. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. ⁵ Assumes 12 days sickness leave. ⁶ Unit costs based on 1575 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	1.19 x (A to B) 1.35 x D	Allows for the higher costs associated with working in London. ⁷ Building Cost Information Service and Department for Communities and Local Government. ^{3,4}
Non-London multiplier	0.97 x (A to B) 0.96 x D	Allows for the lower costs associated with working outside London. ⁷ Building Cost Information Service and Department for Communities and Local Government. ^{3,4}
Unit costs available 2008/2009		
£14 per hour; £23 per hour of patient contact.		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

4 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

6 The Information Centre (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.

7 Based on personal communication with the Department of Health (2009).

13. Doctors

- 13.1 Foundation house officer 1
- 13.2 Foundation house officer 2
- 13.3 Registrar group
- 13.4 Associate specialist
- 13.5 Consultant: medical
- 13.6 Consultant: surgical
- 13.7 Consultant: psychiatric

New information on hospital doctors not provided in previous volumes

Continuing Professional Development (CPD)

The process of renewing the registration of doctors in the UK has been delayed many times but will now occur in 2010. Doctors will now need to be revalidated, a process by which doctors holding registration with a licence to practise will have to demonstrate to the General Medical Council that they are up to date and fit to practise and are complying with the relevant professional standards. This will have implications for their Continuing Professional Development and the cost of this ongoing training. The Royal College of General Practitioners is now adopting a CPD credit system (Royal College of General Practitioners, 2007) based on the impact of new learning on patient care. It will expect a minimum of 50 credits per year for revalidation from 2011, which is estimated to take a minimum of 50 hours. 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. As it is too early to have any estimated costs, this year we have continued to uprate the costs of this ongoing training until further work has been carried out.

Working hours

The Working Time Regulations 1998 (WTR) came into force in the UK for doctors in training from 1 August 2009. The WTR provide for an individual opt-out for all healthcare professionals, including doctors, where requested and where there is a well-founded service need, or in an emergency situation. In the opt-out agreement, any reference to additional hours means hours worked in excess of 48 per week averaged over the relevant reference period. See the following website for more information: <http://www.nhsemployers.org/PlanningYourWorkforce/MedicalWorkforce/EWTD/Pages/EWTD%20and%20OptOut%20arrangements.aspx>

References

- British Medical Association (2005) *Junior Doctors Committee Annual Report, May 2005*, British Medical Association, London, <http://www.bma.org.uk/ap.nsf/Content/jdannualreport2005>.
- 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.
- Royal College of General Practitioners (2007) *Continuing Professional Development, Good CPD for GPs*, http://www.rcgp.org.uk/practising_as_a_gp/professional_development.aspx

13.1 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 specialties and healthcare settings.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£31,800 per year	Taken from the January-March 2009 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings which includes basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods. The mean basic salary was £22,100. ¹ See page 178 for information on median salaries.
B. Salary oncosts	£7,827 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£19,969 per year	The equivalent annual cost of pre-registration medical education annuitised over the expected working life of the doctor. ² Postgraduate study consists of a two-year Foundation Programme ³ During the first year, trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the F1 year. 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. ⁴ See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,097 per year	Comprises £3,097 for indirect overheads. ⁵ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing training	£2,318 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	£3,177 per year	Based on the new-build and land requirements of NHS facilities. ^{6,7} 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 48 hours per week	Includes 25 days annual leave plus 8 statutory leave days. ⁸ Assumes 5 days sickness leave. No study/training days have been assumed. Under the European Working Time Directive (EWTD), the majority of Foundation Officers (Y1) are now working up to 48 hours per week, 19.7% are working up to 56 hours and 11.3% are working 40 hours. ⁹ Unit costs are based on 2131 hours per annum.
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London. ¹⁰ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London. ¹⁰ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£23 (£32) per hour (per 48 hour week). £19 (£27) per hour (per 56 hour week). £32 (£38) per hour (per 40 hour week). (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

4 Based on personal communication with the London Deanery (2006).

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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 NHS Employers (2006) *Junior Doctors' Terms & Conditions of Service*, NHS Employers, London.

9 Provided by the Department of Health (2009).

10 Based on personal communication with the Department of Health (2009).

13.2 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 specialties and healthcare settings.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£42,400	Taken from the January-March 2009 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings which includes basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods. The mean basic salary was £29,100. ¹ See page 178 for information on median salaries.
B. Salary oncosts	£10,668	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£21,072	The equivalent annual cost of pre-registration medical education has been annuitised over the expected working life of the doctor. ² Postgraduate study consists of a two-year Foundation Programme. ³ 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. ⁴ See schema 6.4 for further details on training for health professionals.
D. Overheads	£3,097	Comprises £3,097 for indirect overheads. ⁵ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing training	£2,318	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	£3,177	Based on the new-build and land requirements of NHS facilities. ^{6,7}
Working time	44.4 weeks per annum 48 hours per week	Includes 25 days annual leave plus 8 statutory leave days. ⁸ Assumes 5 days sickness leave. No study/training days have been assumed. Under the European Working Time Directive (EWTD), the majority of Foundation Officers (Y2) are now working up to 48 hours per week. 22.3% are working up to 56 hours and 13% are working 40 hours. ⁹ Unit costs are based on 2131 hours per annum.
London multiplier	1.19 × (A to B) 1.38 × F	Allows for the higher costs associated with London. ¹⁰ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Non-London multiplier	0.97 × (A to B) 0.97 × F	Allows for the lower costs associated with working outside London. ¹⁰ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£29 (£39) per hour (per 48 hour week). £25 (£33) per hour (per 56 hour week). £35 (£47) per hour (per 40 hour week). (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

4 Based on personal communication with the London Deanery (2006).

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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 NHS Employers (2006) *Junior Doctors' Terms & Conditions of Service*, NHS Employers, London.

9 Provided by the Department of Health (2009).

10 Based on personal communication with the Department of Health (2009).

13.3 Registrar group

In terms of staff numbers, the largest group of doctors is the training grades, the largest component of which is the Registrar Group (Registrars, Senior Registrars, Specialist Registrars (SpRs) and Specialty Registrars (STRs)).

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£56,700	Taken from the January-March 2009 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings which includes basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods. The mean basic salary was £37,200. ¹ See page 178 for information on median salaries.
B. Salary oncosts	£14,500	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£23,771	The equivalent annual cost of pre-registration medical education and postgraduate education. The investment in training has been annuitised over the expected working life of the doctor. ² Specialty Registrar training involves three years' full-time postgraduate training at least two of which will be in a specialty training programme in a relevant specialty. ^{3,4}
D. Overheads	£3,097	Comprises £3,097 for indirect overheads. ⁵ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing training	£2,318	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	£3,177	Based on the new-build and land requirements of NHS facilities. ^{6,7} 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	41.4 weeks per annum 48 hours per week	Includes 30 days annual leave, 8 statutory leave days, 10 study training days. ⁴ Assumes 5 days sickness leave. Under the European Working Time Directive (EWTD), the majority of Specialist Registrars are now working up to 48 hours per week. 34% are working up to 56 hours and 3.9% are working 40 hours. ⁸ Unit costs are based on 1987 hours per annum.
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London. ⁹ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London. ⁹ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£39 (£51) per hour (per 48 hour week). £33 (£44) per hour (per 56 hour week). £47 (£61) per hour (per 40 hour week). (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

4 NHS Employers (2008) *Terms and Conditions of Service for Specialty Doctors – England (2008)*, 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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 Provided by the Department of Health (2009).

9 Based on personal communication with the Department of Health (2009).

13.4 Associate specialist

An associate specialist is a doctor who has trained and gained experience in a medical or surgical specialty but has not gone on to become a consultant. These doctors usually work independently but will be attached to a clinical team led by a consultant in their specialty. Some of them are listed on the GMC's specialist register and are eligible to take on a consultant post. The reasons why they do not are variable, and include a wish to concentrate on clinical work and to avoid the administrative pressures of a consultant post; a desire to have a better work/life balance; and, in some cases, a lack of opportunity to access higher training posts. They do, however, take part in the full range of clinical work, including teaching junior doctors.^{1,2,3}

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£84,900	Taken from the January-March 2009 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings which includes basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods. The mean basic salary was £77,400. ⁴ See page 178 for information on median salaries.
B. Salary oncosts	£22,058	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£25,699	The equivalent annual cost of pre-registration medical education and postgraduate education. The investment in training has been annuitised over the expected working life of the doctor. ⁵ Associate Specialist training involves at least four years' full-time postgraduate training at least two of which will be in a specialty training programme in a relevant specialty. ^{6,7}
D. Overheads	£3,097	Comprises £3,097 for indirect overheads. ⁸ No allowance has been made for direct overheads because it is not possible to separate these from the cost of treatment.
E. Ongoing training	£2,318	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	£3,177	Based on the new-build and land requirements of NHS facilities. ^{9,10} 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	41.4 weeks per annum 40 hours per week	Includes 30 days annual leave, 8 statutory leave days, 10 study training days. ⁴ Assumes 5 days sickness leave. The working week comprises of a basic 40 hour week made up of ten programmed activities of four hours. For details of oncall rates, see NHS Employers, Terms and conditions of service for specialty doctors - England (2008). ⁴ Unit costs based on 1656 hours per annum.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London. ¹¹ Building Cost Information Service and Department for Communities and Local Government. ^{9,10}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London. ¹¹ Building Cost Information Service and Department for Communities and Local Government. ^{9,10}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£70 (£85) per contract hour.		

- 1 British Medical Association (2008) *Staff and Associate Specialists Committee Newsletter*, http://www.bma.org.uk/news/branch_newsletters/staff_associates_newsletter/sascnewsletter1008.jsp
- 2 British Medical Association (2008) *Your Contract, Your Decision*, BMA Staff and Associate Specialists Group, http://www.bma.org.uk/images/SASContractSummary_tcm41-157757.pdf.
- 3 British Medical Association (2009) *Glossary of Doctors*, http://www.bma.org.uk/patients_public/whos_who_healthcare/glossdoctors.jsp
- 4 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.
- 5 Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
- 6 National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.
- 7 NHS Employers (2008) *Terms and Conditions of Service for Specialty Doctors – England (2008)*, NHS Employers, London.
- 8 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.
- 9 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- 10 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 11 Based on personal communication with the Department of Health (2009).

13.5 Consultant: medical

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£119,200 per year	Taken from the January-March 2009 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings for the consultant new contract which includes basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods. The mean basic salary was £89,100. ¹ See page 178 for information on median salaries.
B. Salary oncosts	£31,250 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£32,953 per year	The equivalent annual cost of pre-registration medical training and post-graduate medical education. The investment in pre-registration training, 2 years as a Foundation House Officer and 6 years as a Specialty Registrar in a hospital setting have been annuitised over the expected working life of the consultant. ^{2,3,4} See 6.4 for further details on training for health professionals.
D. Overheads	£37,388 per year	Comprises £8,228 for indirect overheads and £29,160 for secretarial staff costs.
E. Ongoing training	£2,318 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	£4,573 per year	Based on the new-build and land requirements of NHS facilities. ^{5,6} 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 43.3 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 4.3 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ⁷ Unit costs are based on 1793 hours per annum.
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. ⁸ Time spent teaching has been disregarded, and non-contact time has been treated as an overhead on time spent in patient contact.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost. ⁹ Building Cost Information Service and Department for Communities and Local Government: ^{5,6}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ⁹ Building Cost Information Service and Department for Communities and Local Government: ^{5,6}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£109 (£126) per contract hour; £144 (£167) per patient-related hour (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 Based on information provided by the London Deanery, 2006.

4 National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

5 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

7 The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.

8 Audit Commission (1996) *The Doctors' Tale Continued*, HMSO, London.

9 Based on personal correspondence with the Department of Health (2009).

13.6 Consultant: surgical

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£119,200 per year	Taken from the January-March 2009 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings for the consultant new contract which includes basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods. The mean basic salary was £89,100. ¹ See page 178 for information on median salaries.
B. Salary oncosts	£31,250 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£32,953 per year	The equivalent annual cost of pre-registration medical training and post-graduate medical education. The investment in pre-registration training, 2 years as a Foundation House Officer and 6 years as a Specialty Registrar in a hospital setting have been annuitised over the expected working life of the consultant. ^{2,3,4} See 6.4 for further details on training for health professionals.
D. Overheads	£37,388 per year	Comprises £8,228 for indirect overheads and £29,160 for secretarial staff costs.
E. Ongoing training	£2,318 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	£4,573 per year	Based on the new-build and land requirements of NHS facilities. ^{5,6} 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 43.4 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 4.3 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ⁷ Unit costs are based on 1793 hours per annum.
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. ⁸ Time spent teaching has been disregarded, and non-contact time has been treated as an overhead on time spent in patient contact.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost. ⁹ Building Cost Information Service and Department for Communities and Local Government. ^{5,6}
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ⁹ Building Cost Information Service and Department for Communities and Local Government. ^{5,6}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£109 (£126) per contract hour; £344 (£399) per hour operating; £147 (£170) per patient-related hour (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 Based on information provided by the London Deanery, 2006.

4 National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

5 Building Cost Information Service (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

6 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

7 The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.

8 Audit Commission (1996) *The Doctors' Tale Continued*, HMSO, London.

9 Based on personal correspondence with the Department of Health (2009).

13.7 Consultant: psychiatric

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£119,200 per year	Taken from the January-March 2009 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings for the consultant new contract which includes basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods. The mean basic salary was £89,100. ¹ See page 178 for information on median salaries.
B. Salary oncosts	£31,250 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£32,953 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. ^{2,3} See 6.4 for further details on training for health professionals. 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	£37,053 per year	Comprises £8,228 for indirect overheads and £29,160 for secretarial staff costs.
E. Ongoing training	£2,318 per year	Calculated using information provided by the London Deanery. ⁴ This includes costs for the new two-year foundation programme and the speciality run-through grade. ⁵
F. Capital overheads	£4,573 per year	Based on the new-build and land requirements of NHS facilities. ^{6,7} 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 43.4 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 4.3 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ⁸ Unit costs are based on 1793 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts patient-related activity	1:1.58 1:0.95	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. ⁹ 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 34%. Other patient-related activities added a further 9.5% per cent for meetings with patients or family. Time spent teaching has been disregarded and non-contact time has been treated as an overhead on time spent in patient contact.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost. ¹⁰ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Non-London multiplier	0.97 x (A to E) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ¹⁰ Building Cost Information Service and Department for Communities and Local Government. ^{6,7}
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£109 (£126) per contract hour; £212 (£245) per patient-related hour; £280 (£325) per hour patient contact (includes A to F).		

1 The Information Centre (2009) *NHS Staff Earnings Estimates June 2009*, The Information Centre, Leeds.

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

3 National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.

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 (2009) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.

7 Based on personal communication with the Department for Communities and Local Government (2009) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.

9 Royal College of Psychiatrists (2003) *Workload and Working Patterns in Consultant Psychiatrists*, College Research Unit, Royal College of Psychiatrists, London

10 Based on personal correspondence with the Department of Health (2009).

V. SOURCES OF INFORMATION

Inflation indices

Agenda for Change pay bands

Glossary

References

Index of references

List of useful sources

List of items from previous volumes not included in this report

Index of services

Inflation indices

Table 1

Year	BCIS/ABI ¹		Retail Price ²	
	Rebuilding Cost Index (1988=100)	% increase	Index (1986/87= 100)	% increase
1998	143.3	6.5	160.6	2.6
1999	148.9	3.9	164.3	2.3
2000	154.6	3.8	167.7	2.1
2001	165.7	7.2	171.3	2.1
2002	176.6	6.6	175.1	2.2
2003	183.8	4.1	180.0	2.8
2004	191.3	4.1	184.0	2.2
2005	206.1	7.7	188.2	2.3
2006	219.8	6.7	193.7	2.9
2007	228.7	4.0	199.9	3.2
2008	243.5	6.5	207.7	3.9

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 ³	Pay ³
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	0.9	5.0
2003/04	224.8	1.5	7.3
2004/05	232.3	1.0	4.5
2005/06	240.9	1.9	4.7
2006/07	249.8	3.0	4.1
2007/08	257.0	1.8	3.5
2008/09	268.6 ⁴ (E)	5.2	4.1 ⁴ (E)

1 Building Cost Information Service (2009) *Indices and Forecasts*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Source www.statistics.gov.uk/StatBase.

3 Provided by the Department of Health.

4 Estimated by PSSRU and based on the average pay index of the past three years.

Table 3

Year	Personal Social Services Prices/Gross Domestic Product Deflator ⁵ Annual percentage increase	Tender Price Index for Public Sector Building (non-housing) (PUBSEC) ¹	
		Index (1995=100)	% increase
2003/04	3.0	145	6.6
2004/05	2.7	156	7.6
2005/06	2.1	166	6.4
2006/07	2.7	170	2.7
2007/08	2.8	187	9.8
2008/09	2.5	191 (E)	2.0 (E)

The PSS Pay Index is calculated using data on rates of hourly pay change for each occupation group in the PSS sector from the Annual Survey of Hours and Earnings (ASHE), published by Office for National Statistics (ONS).⁶ The following occupation groups are used for analysis: managers, social workers, nurses, occupational therapists, community, care workers, childcare. In addition two support groups were identified: admin/office and ancillary staff. As it was not possible to collect detailed data on all staff working in these groups, it was assumed that their pay increases were in line with the average for England. These pay changes were weighted by the proportion of PSS staff in each group and the different pay levels of each group i.e. that occupation group's share of the total PSS paybill. Pay changes for 2008/09 are projected using an average of the deflated pay changes in the past three years. This assumes that pay increases next year will be in line with the previous trend.

For non-staff revenue, Her Majesty's Treasury's (HMT) GDP deflator is used to deflate prices. (See table 3 above). This index is a measure of general inflation in the domestic economy. HMT produces the GDP deflator from data provided by the ONS and extends the series to future years by applying forecasts of the inflation rate.

The capital element of social care provision of all types is the value of capital annuitised over a reasonable period and discounted. The index used is the BERR PUBSEC Tender Price Index of Public Sector Building Non-housing. This is the index used by the Office of National Statistics (ONS) to deflate capital expenditure in health and social work, so it was considered the most suitable index for use in the PSS P&P index. (See table 3 above).

The PSS Pay and Prices (including capital) results from the weighted sum of three indices: pay index, capital index and non-staff revenue index. The PSS Pay and Prices (excluding capital) results from the weighted sum of two indices: pay index and non-staff revenue index.

Table 4

Year	PSS All Sectors, Adults Only ⁷			
	Pay & Prices Index (excluding capital) (1992/3=100)	Annual percentage increases		
		Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	149.1	3.9	4.3	4.1
2004/05	154.8	3.8	4.3	3.9
2005/06	159.8	3.2	3.7	3.4
2006/07	167.4	4.8	4.5	5.1
2007/08	172.4	3.0	3.9	3.0
2008/09	178.8 (E)	3.7 (E)	3.4 (E)	3.8 (E)

5 Provided by the Department of Health (2009).

6 This work contains statistical data from ONS which is Crown copyright and reproduced with the permission of the controller of HMSO and Queen's Printer for Scotland. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis.

7 Provided by the Department of Health (2009)

Table 5

Year	PSS Local Authority, Adults Only ⁸			
	Pay & Prices Index (excluding capital) (1992/3=100)	Annual percentage increases		
		Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	148.9	3.8	3.9	3.8
2004/05	154.8	4.2	4.4	4.3
2005/06	160.2	3.5	3.6	3.6
2006/07	167.5	4.6	4.5	4.7
2007/08	175.1	3.2	3.5	4.2
2008/09	181.6 (E)	3.7 (E)	3.6 (E)	3.8

8 Provided by the Department of Health (2009)

Agenda for Change pay bands

Table 1 Basic pay and earnings for Agenda for Change bands

	Mean basic salary per full-time equivalent ¹	Mean total earnings per full-time equivalent ²	Median full-time equivalent basic salary ³	Median full-time equivalent total earnings	Average worked FTE in sample ⁴
Band 1	13,300	16,200	13,300	15,200	30,417
Band 2	14,500	17,100	14,400	16,000	136,470
Band 3	16,500	19,100	16,500	17,700	113,557
Band 4	19,400	21,500	19,600	20,800	78,988
Band 5	23,300	27,700	23,400	26,600	198,778
Band 6	29,100	33,100	29,100	32,700	145,390
Band 7	34,900	38,100	35,900	37,500	95,821
Band 8a	41,100	43,500	40,600	43,200	30,791
Band 8b	48,900	51,300	49,400	50,900	15,783
Band 8c	58,600	61,300	58,400	60,500	8,264
Band 8d	70,400	73,200	70,100	73,000	4,284
Band 9	84,700	89,500	84,800	87,900	1,026

Source: Information Centre for Health and Social Care (2009) NHS Staff Earnings Estimates, January to March 2009. Processed using data taken from the Electronic Staff Record Data Warehouse, as at May 2009.

Table 2 Basic pay and earnings for NHSPRB groups, broken down by Agenda for Change band

Qualified nurses

	Mean basic salary per full-time equivalent ¹	Mean total earnings per full-time equivalent ²	Median full-time equivalent basic salary ³	Median full-time equivalent total earnings	Average worked FTE in sample ⁴
Band 1	–	–	–	–	–
Band 2	–	–	–	–	–
Band 3	–	–	–	–	–
Band 4	19,000	21,300	19,000	20,800	686
Band 5	23,500	26,200	23,500	27,400	136,655
Band 6	29,500	33,700	30,000	32,700	86,500
Band 7	35,100	38,600	35,900	38,000	48,789
Band 8a	40,600	43,100	39,900	42,500	9,367
Band 8b	47,700	50,300	46,800	49,400	3,051
Band 8c	56,700	60,000	55,800	58,400	906
Band 8d	68,200	71,200	66,800	70,100	179
Band 9	–	–	–	–	–

Source: Information Centre for Health and Social Care (2008) NHS Staff Earnings Estimates, January to March 2009. Processed using data taken from the Electronic Staff Record Data Warehouse, as at May 2009.

Table 3 Basic pay and earnings for medical staff groups

	Mean basic salary per full-time equivalent¹	Mean total earnings per full-time equivalent²	Median full-time equivalent basic salary³	Median full-time equivalent total earnings	Average worked FTE in sample⁴
Foundation Year 1/House Officer	22,100	31,800	21,900	32,800	5,677
Foundation Year 2/Senior House Officer	29,100	42,400	27,100	40,700	6,871
Registrar Group	37,200	56,700	36,500	54,800	27,927
Consultants (old contract)	85,700	102,800	79,000	90,800	1,589
Consultants (new contract)	89,100	119,200	88,100	110,100	26,840
Associate Specialist	77,400	84,900	70,100	73,800	2,291
Staff Grade	59,600	85,800	54,400	58,900	4,005

Source: Information Centre for Health and Social Care (2009) NHS Staff Earnings Estimates, January to March 2009. Processed using data taken from the Electronic Staff Record Data Warehouse, as at May 2009.

1. Mean basic salary is calculated by dividing the total amount of basic pay earned by staff in the group by the total worked FTE for those staff.
2. Calculated as mean basic salary, but for all earnings. This includes basic salary, plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods.
3. The median is calculated by ranking individuals FTE basic pay, and taking the midpoint. It is considered a more robust indicator of 'typical' pay than the mean.
4. This is the total FTE for all payments made in the quarterly period, divided by 3 to give a monthly average.
5. Inspection of data suggest that discretionary point payments are sometimes included with basic pay for Consultants.
6. These figures represent payments made using the Electronic Staff Record to NHS Staff who are directly paid by NHS organisations. It does not include, for example, elements of pay for clinical staff which are paid to the individual by universities, or other non-NHS organisations providing NHS care.
7. Figures rounded to the nearest £100.
8. Figures based on data from all NHS organisations who are using ESR (two Foundation Trusts have not taken up ESR).

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 & 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>.
- British Medical Association (2008) *Caring for the NHS, BMA Action on Free Accommodation for Foundation Officers*, British Medical Association, London.
- 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 Institute of Chartered Surveyors, London.
- Building Cost Information Service (2006) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
- Building Cost Information Service (2007) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
- Building Cost Information Service (2009) *Indices and Forecasts*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
- Building Cost Information Service (2009) *Surveys of Tender Prices*, BCIS, Royal Institute 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>.
- Care Services Improvement Partnership, Mental Health Strategies (2007) Combined Mapping Framework, <http://www.mhcombinedmap.org/reports.aspx>.
- 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.
- Chemist & Druggist (2008) *The Great Healthcare Pay Divide*, Chemist-and-Druggist, 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.
- 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.
- 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.

- Dataspring (2008) *Guide to Local Rents 2008 Part II: Social Landlord Rents, 2005-08*, The Cambridge Centre for Housing and Planning Research, University of Cambridge, 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 Communities and Local Government (2008) Personal communication, <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 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 (1997) *The New NHS Modern Dependable*, The Stationery Office, 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 (1998-2008) *National Schedule of Reference Costs*, The Stationery Office, 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) *National Service Framework for Older People*, Department of Health, London.
- Department of Health (2001) *The Children in Need Census 2001 — National Analyses*, www.dh.gov.uk/qualityprotects/work_pro/analysis1.htm.
- 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 (2002) *National Child and Adolescent Mental Health Service Mapping Data*, Department of Health, London.
- 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 (2003) *Prescription Cost Analysis*, Department of Health, London, www.dh.gov.uk/.
- Department of Health (2003) *Version 3.5 Healthcare Resource Groups Documentation Set - Introduction and Definitions Manuals*, The Stationery Office, London.
- Department of Health (2004a) *Resource Accounts 2002-03, Schedule 5 - Resources by Departmental Aim and Objectives*, The Stationery Office, London.
- Department of Health (2004b) *Resource Accounts 2003-04, Schedule 5 - Resources by Departmental Aim and Objectives*, The Stationery Office, 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.
- Department of Health (2005) *Personal Social Services Expenditure Return (PSS EX1) 2005/06*, http://www.publications.dh.gov.uk/public/pss_stat.htm.
- Department of Health (2005) *Resource Accounts 2004-05, Schedule 5 - Resources by Departmental Aim and Objectives*, The Stationery Office, London.
- Department of Health (2006a) *Payment by Results - Implementation Support Guide*.

- Department of Health (2006b) *Resource Accounts 2005-06, Schedule 5 - Resources by Departmental Aim and Objectives*, 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, http://www.dh.gov.uk/en/PublicationsAndStatistics/Statistics/StatisticsCollection/DH_4082008, Department of Health.
- Department of Health (2007) *Resource Accounts 2006-07, Consolidated Statement of Operating Costs By Departmental Aim and Objectives*, The Stationery Office, London.
- Department of Health (2007) Speech by Rosie Winterton, Minister of State for Health Services, 17 May 2006 to conference, Promoting mental health and well-being - progress through partnerships, Department of Health, London.
- Department of Health (2008) *National Schedule of Reference Costs 1998-2008*, The Stationery Office, London.
- Department of Health (2008) *NHS Reference Costs 2006-07*, Department of Health, London.
- 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.
- Disability Alliance (2008) *Disability Rights Handbook, 32nd Edition, April 2007-April 2008. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, 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.
- 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 GMSC*.
- Glendinning, C., Kirk S., Guiffrida, 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 Guiffrida, 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 & 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. & 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.
- Information Centre for Health and Social Care (2007) NHS Staff Earnings Estimates, October to December 2007, Department of Health, London.
- 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. (2000) What does it cost to see the doctor? *British Journal of General Practice*, 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, M., Cambridge, P., Thomason, C., Beecham, J., Allen, C. & Darton, R. (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.
- Kuyken, W., Byford, S., Taylor, R., Watkins, E., Holden, E., White, K., Barrett, B., Byng, R., Evans, A., Mullen, E. & Teasdale, J. (2008) Mindfulness-based cognitive therapy to prevent relapse in recurrent depression, *Journal of Consulting and Clinical Psychology*, 76, 6, 966–978.
- 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.
- Laing & Buisson (2008) *Care of Elderly People: UK Market Report 2008*, Laing & Buisson, London.
- Layard, R. (2006) The case for psychological treatment centres, *British Medical Journal*, 332, 1030-1032.
- 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.
- Lingard, J. & Milne, A. (2004) *Integrating Older People's Mental Health Services*, Commissioned by the Children, Older People & Social Care Policy Directorate, Community Mental Health Teams for Older People, <http://www.olderpeoplesmentalhealth.csip.org.uk/silo/files/integrating-opmh-services.pdf>
- 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 Association (2007) *Local Government Sickness Absence Levels and Causes Survey 2006-2007*, Local Government Employers, London.
- Local Government Association Analysis and Research (2008) *Local Government Earnings Survey 2007*, Local Government Analysis and Research, 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.
- Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) Deinstitutionalisation and community living - outcomes and costs: report of a European Study. Volume 2: Main Report, Tizard Centre, University of Kent, Canterbury.
- Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) Deinstitutionalisation and community living - outcomes and costs: report of a European study. Country Report: United Kingdom, Tizard Centre, University of Kent, Canterbury.
- 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. (in press) Economic evaluation of an intensive home visiting programme: A cost-effectiveness analysis from a societal perspective, *British Medical Journal*.
- 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 Health Service (2008) *Modernising Medical Careers*, National Health Service, London.
- National Institute for Clinical Excellence (2004) *Depression: Management of Depression in Primary and Secondary Care - NICE Guidance*, National Institute for Clinical Excellence, 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 & 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) Annuitying 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.
- NHS Employers (2007) *National Schedule of Reference Costs*, Department of Health, London, 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 Employers (2008) *Pay Circular (M&D) 1/2008*, NHS Employers, London.
- NHS Employers (2008) *Terms and Conditions of Service for Specialty Doctors - England (2008)*, 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.
- Office for National Statistics (2007) *Family Spending 2007 edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2006/FamilySpending2007_web.pdf.
- Office for National Statistics (2008) *Family Spending, 2007*, Office for National Statistics, London, available at <http://www.statistics.gov.uk>.
- 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., Henderson, Jr., Kitzman, H.J., Eckenrode, J.J., Cole, R.E. & Tatelbaum, R.C. (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*, 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.
- 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 General Practitioners (2007) *Continuing Professional Development, Good CPD for GPs*, http://www.rcgp.org.uk/practising_as_a_gp/professional_development.aspx
- Royal College of Psychiatrists (2003) *Workload and Working Patterns in Consultant Psychiatrists*, College Research Unit, Royal College of Psychiatrists, London
- Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Assertive Outreach*, Sainsbury Centre for Mental Health, (updated 2003), London.
- Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Crisis Resolution*, Sainsbury Centre for Mental Health, London.
- Sainsbury Centre for Mental Health (2003) *A Window of Opportunity: A Practical Guide for Developing Early Intervention in Psychosis Services*, Briefing 23, Sainsbury Centre for Mental Health, London.
- Schneider, J. (1998) Work interventions in mental health care: arguments in favour, and a review of the evidence, *Journal of Mental Health*, 7, 81–94.
- Schneider, J. (1998) Models of specialist employment for people with mental health problems, *Health and Social Care in the Community*, 6, 2, 120–129.
- Scott, J., Palmer, S., Paykel, E., Teasdale, J., & Hayhurst, H. (2003) Use of cognitive therapy for relapse prevention in chronic depression: Cost-effectiveness study, *British Journal of Psychiatry*, 182, 221–227.
- 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.
- 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) 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 (2006) *Results of the NHS Sickness Absence Survey 2005*, NHS Employers, London.
- The Information Centre (2006) *Sickness Absence Rates of NHS Staff*, The Information Centre, London.
- 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 Information Centre (2008) *Casemix Service HRG4-HRG4 Design Concepts*, The Information Centre, Leeds.
- The Information Centre (2008) *NHS Staff Earnings Estimates March 2008*, 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.
- Thorncroft, 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 QL4-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.
- 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.
- Vinogradov, S. & Yalom, I.D. (1989) *Concise Guide to Group Psychotherapy*, American Psychiatric Press, Washington.
- 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.
- 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.
- YoungMinds (2001) *Guidance for Primary Care Trusts, Child and Adolescent Mental Health: Its Importance and How to Commission a Comprehensive Service, Appendix 3: Key Components, Professionals and Functions of Tiered Child and Adolescent Mental Health Services*, Child and Adolescent Mental Health Services, Department for Children, Schools and Families, London, <http://www.youngminds.org.uk/pctguidance/app3.php>.

Index of References

- Adult Mental Health Service Mapping, 200
Agar, S., 25
Akers, J., 14
Allen, C., 40, 78, 80
Altman, D.G., 13
Alzheimer's Society, 24
Anderson, 13
Anderson, R., 13
Annemans, L., 14
Astin, J., 55-61
Atkin, K., 120
Audini, B., 55-61
Audit Commission, 40, 63-65, 78, 80, 82, 172-173, 199-200
Automobile Association, 78, 80
Bainbridge, I., 25
Ball, J., 121
Banerjee, S., 24
Barker, C., 111
Barrett, B., 67, 74
Barton, P., 25
Bauld, L., 131
Beadle-Brown, J., 77-81
Bebbington, A., 37-40, 48-52
Beecham, J., 37-38, 40, 55-61, 63-65, 68, 77-81
Birch, S., 13
Blackwell Publishing, 199
Bower, P., 102
Boyce, S., 19
Boyle, G., 25
Breen, S., 67
Briggs, A., 13
British Medical Association, 167, 171
British National Formulary, 13
Brooker, D., 25
Brouwer, W., 33
Brouwer, W.B., 33
Bryan, S., 25
Bryson, D., 127-130
Buchanan, G., 24
Building Cost Information Service, 40, 42, 44-47, 60-65, 67, 72, 74, 82, 87-90, 95, 97, 107-112, 115-122, 127-130, 132-133, 137-145, 149-155, 159-163, 168-174, 177, 199-200
Byford, S., 14, 33, 67, 74
Campbell & Cochrane Economics Methods Group, 14
Campbell, J., 19
Cape J., 111
Care Quality Commission, 199
Care Services Improvement Partnership, 139
Care Services Improvement Partnership, Mental Health Strategies, 137-138, 140-141
Carers UK, 33
Caro, J., 14
Castelli, A., 13
Centre for Innovation in Primary Care, 120
Centre for the Economics of Mental Health, 71-73
Challis, D., 19, 128, 133, 137
Chartered Institute of Public Finance and Accountancy, 199
Chartered Institute of Public Finance and Accountancy (CIPFA), 199
Chemist & Druggist, 112
Chesterman, J., 131
Child Health CAMHS and Maternity Mapping, 142-145
Child and Adolescent Mental Health Mapping Service, 199
Child and Adolescent Mental Health Services, 142
Chin, W., 33
Chisholm, D., 55-61
Clare, R., 37-40
Clark, A., 120
Claxton, K., 13
Commission for Social Care Inspection, 199
Consultant Service (Health and Social Care), 199
Cooley, R., 67, 74, 96, 99, 107-112, 115-121, 124, 132, 137, 149-155, 159-163, 168-174
Coren, E., 13

- Corney, R., 68
Crawford, M.J., 74
Curtis L., 33
Darton, R., 37-40, 48-52
Dataspring, 49
Davey, V., 19
Davies, A., 134
Davies, B., 131
Davies, L., 14
Davies, R.J.O., 14
Davison, E., 24
Davison, T., 25
Deeks, J.J., 13
Dennett, J., 33, 61, 66-67, 74, 99, 107-112, 115-121, 124, 132, 137, 149-155, 159-163, 168-174
Department for Children, Schools and Families, 199
Department for Communities and Local Government, 40, 42, 60, 62-65, 67-68, 72, 74, 107-108, 110-112, 115-121, 127-130, 132-133, 137-145, 149-155, 159-163, 168-174
Department for Work and Pensions, 77, 81, 199
Department of Health, 4, 19, 24-25, 33, 37-38, 40, 42, 63-65, 82, 88, 101, 107-112, 115-122, 124, 127-134, 137-145, 149-155, 159-163, 167-174, 177, 176
Department of the Environment, 155, 159-163, 168
Department of the Environment, Transport and the Regions, 40, 42, 60-65, 67-68, 72, 74, 82, 107-112, 115-122, 127-128, 130, 132-133, 137-145, 149-155, 159-163, 168-172, 174
Disability Alliance, 37-38, 55-57, 61
Dobbs, J., 115, 117, 119
Drummond, C., 74
Drummond, M., 13-14
Drummond, M.F., 13, 33
Dubicka, B., 67
Dunnell, K., 115, 117, 119
Durie, A., 121
Durée, K., 14
Eastwood, A., 14
Eisenstein, E., 14
Ellis, A., 25
Elston, C., 25
Emerson, E., 4, 77-81
Ernst & Young, 44-47, 95
Expert Patients Programme Community Interest Company, 101
Family Resource Survey, 199
Federation of Ophthalmic & Dispensing Opticians, 199
Felce, D., 77, 79, 81
Fernández, J.L., 19
Fernández, J.L., 19
Fisher, M., 13
Fitzgerald, P., 68
Ford, C., 67
Forder, J., 33, 37-40, 48-52
Forster, A., 13
Fox, M., 25
Francis, J., 13, 33
French, B., 13
Gardiner, E., 25
Gardner, C., 102
Gately, C., 102
Gater, R., 138
George, K., 24-25
Gershuny, J., 33
Gilbody, S.M., 13
Glendinning, C., 19
Glover, G., 139
Godfrey, M., 25
Goldberg, D., 138
Golder, S., 14
Goodwin, M., 121
Goodyer, I.M., 67
Government Statistical Service, 132
Graesel, E., 33
Gravelle, H., 102
Green, S., 13
Gregory, N., 4, 78, 80
Grey Literature, 199
Griffin, S., 14
Griffiths, P., 41
Grossfeld-Schmitz, M., 33
HM Government, 33
Hallam, A., 4, 66, 78, 80
Hallett, N., 41
Harrington, R., 67
Harris, R., 41
Harrower-Wilson, C., 62
Hasler, F., 19
Hatton, C., 4, 78, 80
Health Care Commission, 200
Health and Social Care Information Centre (HSCIC), 124, 200
Heard, S., 41
Henry, J.A., 74
Hewitt, H., 25
Higgins, J.P.T., 13
Higgins, S., 121
Hills, J., 33
Hirst, M., 120
Holle, R., 33
Hospital Episode Statistics (HES), 200
Hudgson, C., 24
Hughes, J., 133
Huxley, P., 134
Hyde, C., 62
ISPOR Task Force on Good Research Practices, 14
Information Centre, 5

- Information Centre for Health and Social Care, 178-179
- Intute, 200
- Jackson, G., 138
- Jacobs, S., 19
- Jeffreys, L.A., 120
- Jolly, D., 19
- Jones, K., 19, 131
- Joseph Rowntree Foundation, 200
- Judge, K., 131
- Järbrink, K., 4, 78
- Kaambwa, B., 25
- Kavanagh, S., 37-40
- Kelvin, R., 67
- Kendall, J., 19
- Kennedy, A., 102
- Kessissoglou, S., 4, 78, 80
- Knapp, M., 4, 14, 19, 25, 33, 37-40, 55-61, 63-65, 77-81, 127-130
- Knight, J., 67, 74, 96, 99, 107-112, 115-121, 124, 132, 137, 149-155, 159-163, 168-174
- Koopmanschap, M., 33
- Koperski, M., 120
- Lader, D., 33
- Laing & Buisson, 37-39, 200
- Laing, W., 40
- Lambert, N., 78-81
- Lanfear, J., 121
- Langhorne, P., 13
- Leathley, M., 13
- Lee, V., 102
- Leech, A., 67
- Leese, B., 121
- Leland, H., 78-81
- Lelliott, P., 55-61
- Lessard, C., 13
- Levin, E., 127-129
- Lewis, J., 127-130
- Linde, K., 139
- Lingard, J., 137
- Lloyd-Jones, M., 14
- Local Government Association, 5
- Local Government Association Analysis and Research, 127-129, 132-134
- Local Government Association/Association of Directors of Adult Social Services, 37, 39, 55, 88
- Local Government Earnings Survey, 200
- Local Government Employer, 132
- Local Government Employers, 127-130, 132-134
- London Deanery, 122, 124, 168-169, 172-174
- Maharaj, R., 13
- Mallender, J., 14
- Malley, J., 33
- Manca, A., 14
- Mangalore, R., 131
- Mansell, J., 77-81
- Manthorpe, J., 19
- Marsh, K., 14
- Martin, G., 25
- Martin, P., 128
- Mastey, V., 33
- Matrix Knowledge Group, 14
- Mauskopf, J.A., 14
- McAdam, J., 13
- McCabe, M., 24-25
- McDaid, C., 14
- McDaid, D., 14, 33
- McRae, T., 33
- Meek, A., 77, 79, 81
- Menn, P., 33
- Mercer, G., 19
- Middleton, E., 102
- Miles, K., 37-40
- Milne, A., 137
- Moniz-Cook, E., 25
- Moran, N., 19
- Mugford, M., 14
- Muijen, M., 138
- Mullins, C.D., 14
- Murray, J., 33
- NHS Employers, 74, 107-112, 115-121, 124, 137-143, 149-155, 159-163, 168-171, 174
- National Audit Office, 172-174, 200
- National Council for Palliative Care, 200
- National Health Service, 168-174
- National Institute for Health and Clinical Excellence, 200
- National Institute for Health and Clinical Excellence (NICE), 14
- National Mental Health Development Unit, 200
- National Prescribing Centre, 200
- Netten, A., 4, 19, 33, 37-40, 48-52, 61, 66-67, 74, 78, 80, 83, 96, 99, 107-112, 115-121, 124, 128-129, 132-134, 137-138, 149-155, 159-163, 168-174
- Neubauer, S., 33
- Nihira, K., 78-81
- Nuijten, M., 14
- Office for National Statistics, 44-52, 89
- Office of the Deputy Prime Minister, 40, 42, 60-65, 72, 82, 97, 107-112, 115-122, 127-130, 132-133, 138-142, 145
- Onyett, S., 138-141
- Orlewska, E., 14
- O'Brien, B.J., 13, 33
- PSS EX1 data, 200
- Pang, F., 14
- Parker, H., 25
- Parker, S., 25
- Patton, R., 74
- Pearson, C., 19
- Percival, C., 138
- Perkins, M., 19

- Perry, J., 77, 79, 81
Personal Social Services Expenditure Data (PSS EX1 data), 200
Petrou, S., 118
Petticrew, M., 13
Phillips, C., 33
Phillips, C.J., 19
Pietilä, A-M., 33
Pilgrim, H., 14
Pilling, S., 111
Pillinger, T., 138
Power, M., 25
Prescribing Support Unit, 124
Price, C., 13
Priestley, M., 19
Prince, M., 25
Pub Med, 200
Redekop, W.K., 33
Rees, A., 14
Reeves, D., 102
Reference Costs, 200
Reid, M.G., 33
Renton, A., 118
Richardson, G., 41, 102
Richie, G., 102
Roberts, C., 67, 121
Robertson, J., 4, 77-81
Rogers, A., 102
Roland, M., 121
Romeo, R., 77, 79, 81
Rothwell, J., 67
Royal College of General Practitioners, 48, 167
Royal College of Psychiatrists, 174
Royal Pharmaceutical Society of Great Britain, 112, 154
Rutten, F., 33
Sainsbury Centre for Mental Health, 139-141
Santry, C., 25
Schneider, J., 37-38, 63-66
Schulpher, M.J., 33
Sculpher, M., 13-14
Sculpher, M.J., 13
Sefton, T., 33
Shah, S.N., 33
Sharp, S., 33
Shemilt, I., 13-14
Short, S., 33
Silver, M., 25
Simpson, S., 68
Skills for Care, 131
Slight, A., 67, 74, 96, 99, 107-112, 115-121, 124, 132, 137, 149-155, 159-163, 168-174
Snell, T., 19
Social Care Institute for Excellence, 200
Social Policy and Social Work Subject Centre, 128
Spauwen, P., 33
Stainton, T., 19
Stead, J., 25
Stevens, M., 19
Stoddart, G.L., 13, 33
Sullivan, S.D., 14
Surr, C., 25
Sutton, C., 13
Swift, P., 19
Tarrier, N., 134
Taylor, R., 25
The Information Centre, 49-52, 67-68, 74, 97, 99, 107-112, 115-122, 124, 137-145, 149-155, 159-163, 168-174
Thomas, L., 13
Thompson, G., 33
Tibbitt, J., 128
Times Online, 50
Tobin, R., 19
Torrance, G.W., 13, 33
Touquet, R., 74
Towers, A-M., 48-52
Townsend, J., 25
Trappes-Lomax, T., 25
Trueman, P., 14
Urdahl, H., 14
Vale, L., 14
Valimaki, T., 33
Vehviläinen-Julkunen, K., 33
Venning, P., 121
Vick, N., 19
Visser, S., 24
Walker, A., 13
Walker, D., 14
Wang, M., 25
Watkins, C., 13
Watkins, J., 14
Weatherly, H., 14, 102
Webb, S., 127-129
Weinberg, A., 133
West, P., 37-40
Westwood, M., 14
Wetterholm, A.L., 33
Whitaker, L., 118
White, L., 67
Wilberforce, M., 19
Wilkinson, P., 67
Williams, J., 48-52, 107, 149
Williamson, J., 133
Wilson, A., 25
Wilson-Barnett, J., 41
Wimo, A., 33
Win, T., 25
Winblad, B., 33
Wittenberg, R., 24
Wright, C., 140
Young Minds, 142

YoungMinds, 200
Zarb, G., 19
Zhang, R., 33
van Exel, J., 33
van Exel, N.J., 33
van Gorp, B., 33

van Hout, S., 14
van den Berg, B., 33
van den Bos, G.A., 33
van der Burgt, M., 14
von Abendorff, R., 128, 133, 137

List of useful sources

Adult Mental Health Service Mapping: **[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 10.

Audit Commission: **www.audit-commission.gov.uk**

Blackwell Publishing: **www.blackwell.com**

Blackwell Publishing is one of the world's largest journal publishers within physical sciences, life sciences, medicine, social sciences and humanities.

Building Cost Information Service: **<http://www.bcis.co.uk/site/index.aspx>**

BCIS is the UK's leading provider of cost and price information for construction and property occupancy.

Care Quality Commission: **www.cqc.org.uk/**

The Care Quality Commission is the new health and social care regulator for England and replaces the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission all which ceased to exist on 31 March 2009.

Child and Adolescent Mental Health Mapping Service: **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 10.

Chartered Institute of Public Finance and Accountancy (CIPFA): **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.

Consultant Service (Health and Social Care): **www.matrixrcl.co.uk**

Department for Children, Schools and Families: **www.dcsf.gov.uk**

Department for Work and Pensions: **www.dwp.gov.uk**

Family Resource Survey: **www.dh.gov.uk**

Federation of Ophthalmic & Dispensing Opticians: **www.fodo.com**

Grey Literature: **<http://www.socialcareonline.org.uk/databases.asp>**

Health and Social Care Information Centre (HSCIC): 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

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.

Intute: www.intute.ac.uk/social_sciences

Intute is a free online service providing access to web resources for education and research, evaluated and selected by a network of subject specialists.

Joseph Rowntree Foundation: www.jrf.org.uk

This website provides information on housing and care.

Laing & Buisson: www.laingbuisson.co.uk

Laing & Buisson, an independent company, provides authoritative data, statistics, analysis and market intelligence on the UK health.

Local Government Earnings Survey: www.lga.gov.uk/lga/core/page.do?pageId=1956061

London School of Economics, Personal Social Services Research Unit: www.lse.ac.uk/collections/PSSRU/

National Audit Office: www.nao.org.uk/

National Council for Palliative Care: www.ncpc.org.uk

National Institute for Health and Clinical Excellence: www.nice.org.uk

National Mental Health Development Unit: www.nmhdu.org.uk

National Prescribing Centre: www.npc.co.uk/prescribing/

Personal Social Services Expenditure Data (PSS EX1 data): www.ic.nhs.uk/pubs/persocservexp2005/detailed_unit_costs_by_council

Pub Med: www.pubmedcentral.nih.gov/

Reference Costs: [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.

Social Care Institute for Excellence: www.scie.org.uk

YoungMinds: www.youngminds.org.uk

YoungMinds is a national charity committed to improving the mental health of all children and young people.

List of items from previous volumes not included in this volume

Articles in previous volumes

2001

Child care costs in social services
Independent sector home care providers in England
Unit costs for multi-country economic evaluations

2002

A nurse practitioner service for nursing and residential care
The costs of child and adolescent psychiatric inpatient units
The new PSS EX1 return on expenditure and unit costs
Mapping mental health services in England
Developing health accounts for the United Kingdom

2003

The costs of intermediate care schemes
The Rapid Response Service
Reference costs

2004

The costs of adoption
The costs of undertaking core assessments
The development of unit costs for social work processes
Estimating the unit costs for Home-Start support

2005

The cost of providing home care
Personal social services pay and prices index
Typical costs of Sure Start local programme services

2006

Guest Editorial – conducting and interpreting multi-national economic evaluations: the measurement of costs

The costs of an intensive home visiting programme for vulnerable families

Direct payments rates in England

Training costs of person centred planning

The baker's dozen: unit costs and funding

2007

The costs of telecare: from pilots to mainstream implementation

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

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

2008

Guest Editorial – National Schedule of Reference Costs data: community care services

The challenges of estimating the unit cost of group based therapies

Costs and users of Individual Budgets

Schemata in 2006 volume

Adolescent support worker

Educational social work team member

Behavioural support service team member

Learning support service team member

*Schemata in 2007 volume***Section 6**

Services for children and their families

Community home for children – local authority

Community home for children – non-statutory sector

Local authority foster care for children

Social services support for Children in Need

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

Technology dependent children

Services for children in care

Section 10

Social worker (children)

Schemata in 2008 volume

Section 6

Paramedic and emergency ambulance services

Index of Services

Professionals

Alcohol health worker, 74
Approved social worker, 128
Chiroprapist, 108
Clinical psychologist, 109
Clinical support worker, 153, 161
Clinical support worker nursing, 117
Community mental health team, 136
Community multidisciplinary mental health team
key worker, 135
Community nurse, 113
Community psychiatric nurse, 114
Consultant, 170-172
Counsellor in primary medical care, 68
Day care, 90
Dietitian, 150
Educational social work team member, 67
Family support worker, 132
Foundation house officer, 166-167
General practitioner, 120-122
Health service professionals, 96
Health visitor, 115
Home care worker, 129
Nurse (GP practice), 118
Nurse advanced, 119
Nurse specialist (community), 116
Nurse team leader, 158
Nurse team manager, 157
Nurse, 24-hour ward, 160
Nurse, day ward, 159
Occupational therapist, 106, 130, 148
Pharmacist, 110, 152
Physiotherapist, 105, 147
Radiographer, 151
Rapid Response Service, 97
Social work assistant, 127
Social work team leader, 125
Social worker, 126

Specialty registrar, 168
Speech and language therapist, 107, 149
Training, 96

Services by client group

Drugs/alcohol abuse, 71-74
Family support, 132
Learning disabilities, 77-78, 80, 82-83
Mental health problems, 55-61, 63-65, 135
Older people, 37-40, 42-47, 131

Services by sector

Housing association, 45, 47
Local authority, 40, 42, 44, 46, 55-56, 64, 82, 95,
130
Private, 37-38, 59
Voluntary, 39, 43, 57-58, 65, 71, 83

Type of service

CAMHS teams, 143
Care home, 87
Case management, 131
Counselling, 74
Day care, 42-43, 63-65, 82
Equipment and adaptations, 95
Group home, 56, 77
Hospital, 41, 60-62, 74, 93, 97
Inpatient, 41, 72
Intensive care, 62
Intermediate care, 41, 97-98
Mental health, 98, 138-139
NHS, 60-63, 72, 106
Nursing home, 37
Psychiatric intensive care, 62
Rehabilitation, 98

Residential care, 38-40, 55-59, 71, 88

Respite care, 83

Sheltered housing, 44-47

Sheltered work schemes, 66

Staffed hostel, 55, 57, 59

Supported living schemes, 80

Village communities, 78

