



UNIT COSTS OF HEALTH & SOCIAL CARE

2010

COMPILED BY **Lesley Curtis**

PSSRU

Unit Costs of Health and Social Care 2010

compiled by Lesley Curtis

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Foreword

This is the eighteenth 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 Barbara Barrett, Sarah Byford, Adelina Comas-Herrera, Isabella Craig, Jane Dennett, Keith Derbyshire, Jessica Dunn, Christine Eborall, William Fenton, Jose Luis Fernandez, Nika Fuchkan, Ben Hickman, Lisa Holmes, Sarah Horne, Jessica Illingworth, Martin Knapp and David Lloyd. Thanks also to Samantha McDermid, Siobhain McKeigue, Stephen Richards, Tim Roast, Renee Romeo, Julie Selwyn, Joseph Sempik, Justine Schneider, Nalyni Shanmugathasan, Ian Shemilt, David Stevens, Rob Stones, Marian Taylor, Rhiannon Tudor-Edwards, Matt Walker, Helen Weatherly, David Wheatley, Karen Windle 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, email L.A.Curtis@kent.ac.uk, telephone 01227 827193.

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

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

Editorial

Lesley Curtis

In this section, traditionally we have introduced new information and identified improvements and other changes that have been made to the Unit Costs publication since the previous year. However, given that we have reached the end of a decade, it is a timely opportunity to look back at improvements over the past ten years – to see how we have improved our estimates and how the volume has expanded in response to government policy initiatives. We begin with a summary of what we have always aimed to do in this publication and then continue in more detail with an overview of how our information sources have changed and how we have improved the quality and accuracy of our costs in specific areas. We then address new inclusions in this year's volume and provide a brief outline of all new schemata and information.

The aims of the publication

The publication, funded by the Department of Health and now in its eighteenth year was first developed with the aim of bringing together information about the costs of health and social care in a way that, as far as possible, is transparent and compatible. Supported by an Advisory Group comprising Department of Health personnel, SCIE representatives as well as some of the foremost academics working in health and social care economics, we have been able to bring together information from a variety of sources to estimate the most up-to-date nationally-applicable unit costs for a wide range of health and social care services in England. Based in economic theory, the volumes present the unit costs and the estimation methods used, provide references for data sources and other cost-related research, as well as short articles and commentaries. The basis has always been to identify, as closely as possible the economic cost (long run marginal opportunity cost), by drawing on research and occasional specific analyses. Wherever data are available bottom-up estimates have been provided allowing users to tailor the costs calculations to suit the perspective and purposes of their particular costing exercise. The transparency of the estimates has also meant that the information can be used to interpret other costs: identifying whether variations are attributable to differential wage rates or overhead costs for example. Moreover, long-term components have been included which are not appropriate to establish on a local level, such as costs of qualification for health service workers.

We have always favoured research and specific surveys as a source of cost information in which the data are collected, analysed and investigated in more depth than is possible in routine data collections. However, the problem with research and occasional survey sources is that they get outdated as practice changes so it has been an important exercise every year to check whether the costs and services from such sources are still representative of current service providers. Clearly services change and develop over time and likewise the roles and titles of staff may change, perhaps to meet national or local policy requirements. Our rule has always been that if a service or professional role is still available, but the costs are out of date, current salary information and inflators are employed to adjust the costs to the present year. However, if a schema is ten or more years old and the service is no longer relevant, we delete the schema from the publication until new research or other data are available.

Another important exercise where direct information is not available is to test the sensitivity of results of any cost estimation to changes in assumptions. For example one important assumption made with respect to capital costs is the level of the expected rate of return on that capital (discussed later in this editorial).

At the beginning of 2000, the Unit Costs volume included about 82 service types which at the end of the decade have risen to more than 130. Circulation figures have increased and a measure of the volumes' use is shown by the fact that a search on the Web of Science database showed that more than half (56 per cent) of all economic evaluations or cost-effectiveness studies published in English journals between 2003 and 2008 cited the *Unit Cost of Health and Social Care* as a source for their unit cost estimates.

Below we have taken the opportunity to review our information sources over the years in specific areas and then discuss new inclusions in this year's volume. The volumes have traditionally been divided into subsections, section I which covers services used by a particular client group and sections II, III and IV which deal with the unit costs of professionals. Section V is a miscellaneous section which presents information on inflation indices, Agenda for Change salary bands and other useful information such as a list of articles provided in previous volumes and also a list of other useful sources of information. This section is not discussed in any more detail in this editorial.

Section 1

Services for older people

Estimates for nursing homes and residential care homes have traditionally been drawn from Laing and Buisson. These have been supplemented each year, as are many of the services, by the Personal Social Services Expenditure Information (PSS EXI) data provided by the NHS Information Centre. We have also drawn on specific studies, for example the information on day care includes the results of a survey carried out by Age Concern.

Services for people with mental health problems

Since Chisholm et al.'s Mental Health Residential Care Study was published in 1997, we have continued to draw on this information over the years and to update it to current values. The Survey of Day Activity Settings for People with Mental Health Problems (Beecham et al., 1998) has been the main source of information for day care. This year schemata on both residential and day care have been supplemented by PSS EX1 data or the NHS Reference Cost data discussed below in more detail. Other schemata include sheltered work schemes,

cognitive behaviour therapy and counselling services all of which have been drawn from specific surveys.

Services for people who misuse drugs/alcohol

Based on the National Treatment Outcome Research Study: NTORS (1997), we have continued through the decade to include information on people who misuse drugs/alcohol. This year, we are providing updated costs for residential rehabilitation, inpatient detoxification and specialist prescribing using information provided by the National Treatment Agency (NTA) (Personal communication with the NTA, 2010).

Services for people with learning disabilities

Throughout the decade until 2009, we have drawn on estimates for people with learning disabilities which were provided by Emerson and colleagues (1999). In last year's publication, this information was replaced with new estimates using information from a study carried out by Felce and colleagues (2005) and funded by the Wellcome Trust.

Services for disabled adults

The 2002 Unit Costs report saw the introduction of costs of services for disabled adults, an area of increasing policy importance. With the National Service Framework for Long-term Conditions focusing on the needs of people with neurological conditions and brain and spinal injury, we took the opportunity to include cost estimates for a variety of rehabilitation and independent living services, as well as nurse-led rehabilitation wards.

Services for children

In 2001, the Children in Need (CiN) Census provided some of the first information on how social services money was spent on children. Although data on looked after children had been available for many years, there had previously been no reliable information on the number of children living with families or independently who received support. The Census also had the signal advantage of combining information on the needs of children, the service responses and expenditure data. Analyses of these data provided information such as social services costs per child per week by region, by need category, by placement type and also by child protection register status. Iterations of this have allowed us to update the information in the Unit Costs volumes on a regular basis. Unfortunately since 2005, the unit costs of services children receive have not been collected and information in this publication has been updated where appropriate.

In the 2004 volume, we introduced several new children's services as well as including four articles on children's services (adoption, cost of undertaking core assessments, home-start and costs of family support services). In 2007, when responsibility for many children's services and routine data collections was transferred to the Department for Children, Schools and Families (DCSF), unit costs for these services had to be excluded from these volumes. For this volume (2010), some funding was provided by the Department for Children and Families (now the Department for Education) and several new services have been included and are discussed later in this editorial.

Hospital costs and other services

This section has always been headed with a table of information taken from the NHS Reference Costs. This shows details of unit cost, average length of stay and activity levels of a wide range of hospital services and describes how and on what NHS expenditure is used. Reporting over the last decade has become more reliable and the Department of Health, in partnership with the Audit Commission, is currently reviewing its Reference Cost collection process, with the objectives of improving the accuracy of submissions and increasing the usefulness of the information provided.

In this section too, we have continued to add other information relating to services used by all client groups. These include intermediate care, discussed in the 2000/01 NHS Plan as 'the bridge between hospital and home' which would ultimately eliminate 'bed blocking', and more recently the costs of the Expert Patients Programme research carried out by the University of York. Other schemata such as those providing equipment costs have been regular items over the past decade.

Care packages

In 2007, national policies such as the NHS Plan (Department of Health, 2000), the NHS Improvement Plan (Department of Health, 2004) and Our Health, Our Care, Our Say (Department of Health, 2006) placed an emphasis on self directed care using Direct Payments and Individual Budgets/Personal Budgets and consequently there was an increasing interest in the cost of care packages. Whereas our usual approach in this publication is to present unit costs as the cost of providing a particular service or professional, for self-directed care the unit of interest should be the individual and the combination of services they use, rather than a single service. For the last few years, therefore we have included cost information for community care packages for older people. Each care package schema reports service inputs identified in specific research studies and combines these with unit costs drawn from this publication or estimated as part of the research. Information on accommodation and living costs for those living in their own homes is taken from the most recent Family Expenditure surveys and is included so a comprehensive picture is provided of the costs of supporting individuals with specific characteristics.

The coalition government has since placed further emphasis on personalisation in outlining its vision for personalised social services with the announcement that the aim is to 'extend the greater roll-out of personal budgets to give people and their carers more control and purchasing power' (HM Government, 2010).

This year, these 'care packages costs' have been presented in a new chapter.

Sections II, III & IV

These sections present the costs for professionals and teams of professionals who can provide support for all client groups and are divided in the volume according to whether staff are health or social care professionals and whether they are hospital or community based. There is also a chapter (12) which provides information on multi-disciplinary teams for adults with mental health problems. All these sections provide the costs associated with salaries, direct and indirect overheads and capital. All unit costs are desegregated to hourly costs and care is taken to keep the number of working days current by deducting the correct

number of days for annual, statutory and sick leave using survey data from the Information Centre for NHS staff and the Local Government Association for local authority professionals.

Our basic unit cost for health and social care professionals is the cost per working hour, however for many purposes, in both research and commissioning, other 'units' are more useful, perhaps an hour of patient contact or for all-patient-related activity. To calculate these costs, we need a breakdown of the professional's time. Wherever possible this information has been drawn from specific research studies, or from national data collections such as the Child and Adolescent Mental Health Service (CAMHS) or the Social Workers' Workload Survey (Baginsky et al., 2010) discussed in more detail below.

Below, we review our current and past sources over the last decade for these sections.

Data sources

Salary and oncosts (NI contributions and employers contribution to superannuation)

At the beginning of the decade, salaries of NHS staff were set by The Whitley Councils but these were phased out and in 2006 the Unit Cost volume included the Agenda for Change data for the first time. The aim of this new system was to modernise the NHS pay system and create fair, harmonised conditions of service. Each role was also mapped as closely as possible to new generic profiles created as a result of the Agenda for Change job evaluation. This resulted in many adjustments to salary costs and consequently to the unit costs of the professionals. Also under the Agenda for Change reforms, changes to the working week and annual leave were made. In the same year (2006), the rate the NHS contributed to superannuation rose from 4 per cent to 14 per cent. All these changes in staff policy and practice were reflected in new calculations for the costs of health service professionals.

Prior to the year 2000, salaries for local authority staff were based on information from a survey of English local authorities conducted in 1993 (Local Government Management Board and Association of Directors of Social Services, 1994) and were uprated each year. Concerns about the index used for uprating and length of time since the survey prompted the PSSRU to carry out their own surveys of local authority staff and we used the mid-point of salary ranges and weighted them to reflect the national numbers of social workers in each type of authority. In 2004 however, we were able to use the Social Services Workforce Survey 2003, published by the Employers' Organisation for Local Government. Currently this and the Local Government Earnings Survey and National Minimum Dataset for Social Care (NMDS-SC) forms the basis of the salary cost component for staff who work for local authorities. Unlike the rate contributed by NHS employers to superannuation which is fixed, the rate for local authorities varies from year to year and from council to council. We therefore carry out a survey each year of around 30 local authorities to determine the average. For both NHS and local authority staff, national insurance contributions have been calculated according to HMS Revenue and Customs guidelines. The Social Workers' Workload Survey (2009) this year provided detailed information on how social workers (and team leaders) spend their time and using this we have been able to provide multipliers for time spent on client related work and on face-to-face contact.

Qualifications

With the increased demand for health and social care service professionals and increased flexibility in ways of working, training the workforce has become an important issue. To incorporate the resource implications of maintaining a trained and skilled workforce into the costs of care delivery, the costs of training and education have to be valued explicitly. The Ready Reckoner project (Netten et al., 1998b) commissioned by the Department of Health over a decade ago, provided the methods on which to do this. In the past ten years, we have carried out work in order to improve our estimates of training health care staff and also Allied Health Professionals (Curtis & Netten, 2005; 2007), and this year the qualification costs for social workers have been included for the first time. This inclusion has increased the unit costs by 35 per cent. As with all the unit costs of professionals in these volumes, we present the estimate with and without training costs. The calculations are based on a 2008/09 analysis of the working lives of social workers and the cost of qualifying a social worker (Curtis et al., 2010; Curtis et al., forthcoming).

We have also taken account of the major reforms to postgraduate training for medical officers and doctors implemented under the Modernising Medical Careers (MMC) government initiative. Under this scheme, all doctors in training could apply for flexible training after first entering a Foundation Programme for two years, where they gained generic skills in caring for the acutely and critically ill. This meant that there was no longer entry into the Pre-Registration House Officers grade and entry into the Senior House Officer (SHO) grades and Specialist Registrar (SPR) grades were closed. Again the costs of policy and practice changes are reflected in our calculations.

Overheads

In the publication, we have always distinguished between two types of overhead. Direct overheads are those resources required to deliver the service and which are related directly to the level of service activity. Indirect overheads include the costs of support services that are required for services to carry out their main functions, such as human resources and finance departments.

The level of overheads required to support any one type of professional is very difficult to establish with any accuracy. Wherever possible, we have used data from individual research studies however there has been a dearth of information about these costs. Throughout the decade, for NHS staff, we have based our estimates on returns to the Department of Health and information provided by Trusts participating in the Ready Reckoner project mentioned above. For local authority staff, information has been based on a study by Knapp et al. (1984). However long-standing concerns about the limited information available on local authority overheads have been addressed this year.

We have drawn on two new research studies in order to improve estimates for local authority overheads. The first study was carried out at the University of Bristol by Selwyn et al. (2009) and is based on data from seven local authorities. The second study was carried out at the PSSRU at the University of Kent and forms part of our evaluation of re-ablement services and uses data from a further four local authorities.

The estimates have been combined and a weighted average calculated. Total overheads (excluding travel and capital) as a percentage of direct salary costs have been estimated at 45 per cent of direct payroll with a range of 42 per cent to 56 per cent. Indirect overheads

(cost of central functions such as finance, general management and human resources, including indirect running costs) were 16 per cent of direct salary costs (range of 1 to 20 per cent), direct overheads (administration and supervision) were 22 per cent of direct salary costs (range of 14 to 41 per cent) and premises (all office costs, uniforms, stationery etc.) were 7 per cent of direct salary costs (range of 2 to 9 per cent).

Of course this figure is much higher than that used in earlier volumes and has therefore, also raised the unit cost of many social care services compared to previous estimates. The size and sample precluded any analysis of regional variations. As the number of Local Authorities providing these data grows in future years, then so will the confidence in the overhead value.

Capital overheads

In order to allow for the opportunity cost of buildings and equipment used in the production of services we have to make assumptions about both the length of time that the 'investment' will be tied up in the service and the rate of return on that investment. The cost of land is an important element of the capital costs of many services and is also taken into account in the calculation using information provided previously by the Housing Statistics Division of the Office of the Deputy Prime Minister (ODPM) and latterly the Communities and Local Government. Information on the cost of buildings and offices has continued to be taken from the Building Cost Information's Survey of Tender Prices and annuitized using the discount rate provided on Treasury guidance.

A major shift in assumptions about the rate of return on changes in guidance from the Treasury had implications for the annual capital estimation in 2003, when the different factors comprising the discount rate were 'unbundled' in the 'Green Book' (HM Treasury, 2003). On the basis of this analysis, Treasury advice has since been to use 3.5 per cent for most purposes. The method we use therefore is either to obtain a valuation of the building when available or in the absence of any specific information, the new build value from data from the Building Cost Information Service (BSIC). These values are then annuitized over 60 years at 3.5 per cent (see Netten, 2003, for discussion about the discount rate).

The period over which equipment and adaptations should be annuitized is open to debate. Ideally it should be annuitized over the useful life of the aid or adaptation and 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 who would also make use of the adaptation, a longer period would be appropriate. Clearly, this is difficult to do in practice. For the purpose of the Unit Costs volumes, wheelchairs have been annuitized over five years and equipment and adaptations have been annuitized over ten years (see Netten, 2003).

Health and social care teams

In 1992, the Mental Health Service Mapping programme was developed to address an information gap in mental health services and from 2002, Service Mapping data was collected from NSF Local Implementation Teams (LIT) and was used in the Unit Costs report for the first time in 2004. The standardised format allowed local data describing the content and scale of mental health services to be brought together to provide a national picture of provision. This enabled us to include the costs of services aimed to treat adults in their own environments such as Crisis Resolution, Assertive Outreach and Early

Intervention. Similarly the Child and Adolescent Mental Health (CAMHS) Mapping was developed for the Department of Health to contribute to monitoring the expansion and development of mental health service provision for children and adolescents and this enabled us to include information on dedicated, generic, targeted and specialist child and adolescent mental health teams in the report from 2006. This year however the CAMHS mapping cost collection has been discontinued and currently there are no further plans to collect this information.

What's new in the publication this year?

This year as previously mentioned, as a result of some funding provided by the Department for Education for this year's publication, we have been able to include costs for services relating to children and families. We have also included new schemata for individual placement and support and for re-ablement services. These new items are listed in more detail below.

Articles

This year we have included four articles, the first by Lisa Holmes and Samantha McDermid which presents the costs of short break provision for disabled children. This article outlines the need to understand both the costs of services and also the costs of the different referral and assessment routes to access the service.

The second by Karen Windle and colleagues discusses the costs of the Partnerships of Older People Project (POPP) which was launched in 2005 to develop and evaluate services and approaches for older people. It was aimed at promoting health, well-being and independence and preventing or delaying the need for higher intensity or institutional care.

The third article has been written by Nika Fuchkan and colleagues and discusses the cost of a specialised form of cognitive behavioural therapy used to treat post-traumatic stress disorder.

We have also included an article by Adelina Comas-Herrera and Raphael Wittenberg on the costs of funding long term care. This discusses estimates which have been made on life-time costs of care and the methodologies used in their calculation.

New schemata

Individual placement and support (page 79)

A schema for providing evidence-based employment support in a mental health team has been included in this latest volume.

Re-ablement service (page 126)

The need for greater investment in preventative and rehabilitation services was recognised a decade ago and since then we have seen the introduction of various kinds of intermediate care services designed to support people in their own homes. Unlike intermediate care services, which were developed in the context of policy concerns about inappropriate hospital bed use by older people, reablement services are usually available to adults of all

ages. This year, we have included the costs which have been collected as part of a study to evaluate the re-ablement service.

The costs for young adults with acquired brain injury (page 148)

This year we have included the costs for young adults with acquired brain injury following research carried out by the PSSRU (Beecham et al., 2009) in response to two policy emphases (transition to adult services and support for long-term conditions). In this schema, we provide estimates of the health and social care costs of supporting young adults with neurological conditions after transition to adult services. Four groups were identified depending on their location at the community care stage. We present the average cost for each group.

Hospital costs for children (page 105)

This year we have included a schema which provides a selection of costs for children's services from the NHS Reference Costs (6.1). As with the hospital costs for adults (7.1), wherever possible we have also provided average costs for groups of services which have been calculated by PSSRU and weighted according to the number of submissions received. For information about the way in which reference cost estimates are constructed, please refer to a previous article in the 2003 volume by Andrew Street (Street, 2003).

Key worker for disabled children (page 113)

This year, following the recommendation by the National Service Framework for Children, Young People & Maternity Services (Department of Health & Department for Education and Skills, 2004) for the provision of key workers to help families obtain the services they require, we have included the costs of support for disabled children from a key worker (6.7).

The Incredible Years (page 115)

Following the success of the Incredible Years parenting programme developed by Professor Carolyn Webster-Stratton, director of the Parenting Clinic at the University of Washington, we are including a schema (6.9) which provides a bottom up costing provided by the Incredible Years Welsh Office. This programme is designed to help parents deal with problem children.

Multi-dimensional Treatment Foster Care (page 114)

Following research carried out by the Centre for Child and Family Research at Loughborough University, we have included information on a programme of intervention designed for young people who display emotional and behavioural difficulties (6.8). This programme provides intensive support in a family setting where foster carers aim to change behaviour through the promotion of positive role models. The schema provides the costs of the multi-dimensional treatment and also comparative costs for other types of provision for young people with similar needs.

The cost of autism (pages 134-138)

Given the growing evidence of the high costs of supporting people with autism spectrum disorders (ASD), this year we are able to include information on their current support.

Schema 8.2.1 reports the service and wider societal costs for the six months prior to interview for pre-school children with autism. Taken from Barrett et al. (2010), we include case studies of low and high cost cases. Schemata 8.2.2-8.2.4 are taken from Knapp et al. (2007; 2009) and show the full costs of autism spectrum disorders using data on 146 children and 91 adults.

Finally, we would like to thank all those who have called or e-mailed to comment on estimates or to let us know of new studies or estimates which will help to improve on the accuracy of the unit costs. This information is invaluable and will help to ensure that we are providing information which is as current as possible.

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The costs of short break provision

Lisa Holmes¹ and Samantha McDermid²

Introduction

The Centre for Child and Family research at Loughborough University was commissioned by the former Department for Children, Schools and Families (now Department for Education) to calculate the costs incurred by Children's Services Departments to provide short breaks to disabled children and their families (Holmes et al., 2010). Short breaks can be delivered in the form of overnight stays, day, evening and weekend activities and can take place in the child's own home, the home of an approved carer or a residential or community setting. The study aimed to calculate the costs of services, provided by both local authority and voluntary service providers, along with the costs of the referral routes by which families access short break provision, and any ongoing social care activity carried out to support the child and family once in receipt of short break services.

Methodology

The unit costs of short break provision were calculated using a 'bottom up' methodology (Beecham, 2000; Ward et al., 2008). This approach uses social care activity as the basis for building up costs. Activities are organised into social care processes, linked to data concerning salaries, overheads (calculated using the framework developed by Selwyn et al, 2009) and other types of expenditure.

Three local authorities and two voluntary service providers were recruited to participate in this study. The authorities provided data on the short break services they offered and data in relation to the social care activity for key processes. These included the Common Assessment Framework, Initial and Core assessments, Child in Need reviews, and ongoing social care activity. The two service providers supplied expenditure and service data.

The information underlying the unit cost estimations was gathered through five focus groups, comprising 37 professionals. Questionnaires were also distributed to the authorities

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where panel procedures were in place for short break provision. The focus groups and questionnaires explored the time spent on various activities associated with the social care processes, to estimate an average total time for each process. Costs were then calculated, based on out of London and London salary and overhead information.

Unit costs of short break provision: social care activity

Access to short break services

Each of the participating authorities had developed, or were in the process of developing, a 'tiered' referral process, whereby the assessment undertaken with families was determined both by the presenting needs and the intensity of service likely to be required. Short break services could be accessed via a local 'core offer' route for families with lower levels of need, and a referral and assessment route for those with higher need.

The two types of access routes were costed for comparison: the 'traditional' assessment and referral route, which includes an Initial or Core assessment, Resource Allocation Panels, and assessments carried out as part of the Common Assessment Framework; and a local 'core offer' model whereby a local authority offers the provision of a standardised package of short break services to a specific population of disabled children and young people, who meet an identified set of eligibility criteria.

The 'traditional' referral and assessment route was undertaken in the participating authorities when it was considered that the services provided as part of the local 'core offer' would not adequately meet the needs of the child and their family. In such cases a more in depth assessment was undertaken, most commonly an Initial assessment. One authority was also using the Common Assessment Framework where appropriate. Participating authorities reported that a Core assessment was only undertaken with those families whose need is greatest, or when a more intensive service, such as an overnight short break, is required.

Ongoing support

In addition to the assessment of disabled children and their families and the delivery of services, children's social care departments provide ongoing support to families in receipt of short break provision. This ongoing activity includes regular support visits to the family and reviews.

Social care personnel across the three participating authorities identified that a support visit would on average last for one hour. However, travel time varied substantially between the authorities, ranging between 40 minutes and three hours. Activities carried out to complete reviews included: preparation prior to the meeting, including updating and collating relevant paper work and contacting other professionals; travel to and attendance at the meeting; and any administrative tasks after the meeting, including the completion of minutes and updates to the child's care plan.

The unit costs of the short break social care process are outlined in Table 1.

Table 1 Costs of short break social care processes

Process	Out of London cost (£) 2009/2010 value	London cost (£) 2009/2010 value
Referral and assessment processes		
Local 'core offer' eligibility models	Not available	12.03 ^a
Common Assessment Framework	186.10 ^a	Not available
Initial assessment	335.44 ^a	307.36 ^a
Core assessment	504.79 ^a	710.12 ^a
Ongoing support processes		
Ongoing support	76.61 ^b	99.32 ^b
Reviews	193.25 ^a	260.63 ^a

a Per process per child.

b Per month per child.

Short break services

Disabled children and their families are not a homogenous group. The population of disabled children within any one local authority may represent a wide range of needs and personal circumstances. The research identified a wide range of services provided by the local authorities, each designed to meet local need. A range of locations, staffing and funding arrangements were in place. It was possible to identify some generic service types under which the services identified could be categorised. However, a wide variety of services were found within each service type. As such, costs of each service type also varied within and across participating authorities according to the provider; the type and number of staff; the length of the activity; the number of children attending; the needs of the child or children accessing the service. Table 2 summarises the costs of each service type.

Table 2 Costs of short break services by service type

Service type	Unit	Average cost (£) 2009/2010 value		Range (£) 2009/2010 value
		Mean cost (£)	Median cost (£)	
Residential overnight	Per child per night (24-hour period)	262.77	288.28	69.97 – 405.74
Family based overnight	Per child per night (24-hour period)	171.25	147.12	140.36 – 226.26
Day care	Per child per session (8 hours)	130.99	121.52	99.21 – 204.83
Home support	Per family per hour	21.75	21.75	17.54 – 25.60
Home sitting	Per family per hour	18.53	18.53	10.98 – 26.07
General groups	Per session	332.53	380.38	97.39 – 614.77
After school clubs	Per session	280.19	271.47	239.77 – 331.17
Weekend clubs	Per session	311.20	312.46	296.68 – 324.17 ^a
Activity holidays	Per child per break	1283.50	829.06	113.39 – 3,701.15 ^b

a This cost is for a 2-day break.

b This cost is for a 7-day break.

Data from voluntary service providers

As with the participating local authorities, the nature of the finance data supplied by the voluntary service providers (VSPs) varied. The costs of overnight services calculated from the data obtained from the local authorities were comparatively similar to those calculated

from data supplied by the VSPs. Calculated costs of local authority provided residential services ranged from £223 – £419 per child per night for local authorities, compared to £229 – £500 per child per night for VSPs. Family based overnights ranged from £140 – £226 per child per night for local authorities compared with £97 – £265 for the VSPs. A greater diversity in the unit costs was identified across the other services types.

Key findings

Social care activity and need

This study highlighted that in the majority of cases the level of social care activity was determined by the needs of family. The referral routes used in each of the authorities reflected the level of need of each family as were the frequency of visits to children and their families. For instance, children receiving support as part of the local ‘core offer’ were subject to lower levels of ongoing support, determined on a case-by-case basis in each of the authorities. Children with higher levels of need accessed services through Initial or Core assessments and received a higher level of ongoing support.

However, in each of the participating authorities, when a family had made a request for direct payments, an initial assessment was required, regardless of the needs of the child and their family. As a result of the initial assessment, a family in receipt of direct payments is subject to regular visits and reviews. Social care professionals in each of the authorities noted that this level of intervention was not always appropriate for the needs of the families, which in many cases, may be comparable to those receiving services as part of the local ‘core offer’.

Additional costs

Some of the services required additional activity before a child could access them. For instance, in addition to the costs of an overnight short break placement, costs are attributable to the time spent by social workers to introduce the child to the placement. The time that social workers spent introducing a child to a new overnight short break placement varied according to the needs of the child. Social workers reported that it took on average 7¼ hours at an average cost of £288.04. This included visits to the new foster carers or residential unit prior to placement, a pre-placement meeting, and the completion of necessary paperwork.

Commissioning and setting up services

The study also identified that additional costs may be incurred when commissioning and contracting services. Service managers from the participating local authorities and the service providers reported that setting up and maintaining contracts takes up a substantial proportion of their time. Service providers reported that the tendering and negotiating for contracts was a time consuming process. Further work to identify the time spent on these activities would enable accurate and more comprehensive calculations of the full cost of commissioning services.

It was also noted by participants across the three local authorities that a considerable amount of time was spent on the development and implementation of various services and referral routes. Two of the participating authorities reported that they actively sought out families who would be eligible for local ‘core offer’ services. This involved contacting special

schools, GPs, specialist nurses and other professionals working with disabled children. These activities also incur costs.

Conclusion

This study highlights the range and variability of short break services being offered to disabled children and their families. The research also outlines that some of the services are some of the most costly provided by Children's Services Departments for children not looked after. Some disabled children and their families require high levels of social care support. However, research suggests that short break services produce positive outcomes for some of the most vulnerable families. Some research has suggested that the provision of short break services can prevent children from being placed in more costly permanent placements (Beresford et al., 1994; Chan & Sigafos, 2001).

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The impact of the POPP programme on changes in individual service use

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Introduction

The 'Partnership for Older People's Project' (POPP) programme was funded by the Department of Health (DH) to create a sustainable shift in the care of older people, moving away from a focus on institutional and hospital based crisis care, toward earlier and better targeted interventions within community third sector, social and health care settings. The programme began in May 2006 and completed in March 2009, with a total of £60 million available to 29 pilot sites. The pilot sites covered a diverse spectrum of activity to meet varying levels of need. Each pilot site put forward a programme of innovative projects designed to improve the health, well-being and independence of older people. In total, the 29 pilot sites implemented 146 core local projects and 530 lower-level or upstream projects, their type, focus and extent determined by local priorities. Each pilot site put in place a local evaluation to measure their outcomes, whilst a national evaluation of the programme as a whole was commissioned by the DH and provides the evidence base for this article.

The individual POPP projects were expected to deliver three objectives: to provide a person-centred and integrated response to the needs of older people, encourage investment in approaches that promoted health, well-being and independence for older people and prevented or delayed the need for high intensity or institutional care. Over the time-frame of the POPP programme, it was the later objective that came to dominate the national evaluation. In particular, one underlying question was drawn out: Did the projects reduce participants' use of the more intensive and thus, expensive services?

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This article concentrates on exploring whether change in service use was found across the POPP programme. It first discusses how such service change was identified, details that cost assigned to service provision and explains how the disparate projects were grouped or categorised. We then provide the findings, demonstrating the changes in service use and thus costs that the different projects were able to achieve. Finally, a brief discussion section considers the implications of such outcomes for the national health and social care economy.

Methods

The tool to measure the change in individual service use was that of a standardised questionnaire used across 23 of the 29 POPP pilot sites and within 62 of the 146 core projects. The questionnaire was administered at two time points, at initial contact with the POPP intervention and either three or six months afterwards to allow changes in outcomes to be measured. The challenges of ensuring adoption of this questionnaire across the pilot sites and selected projects have been described elsewhere and are not intended to be repeated here (see Windle et al., 2009).

The questionnaire incorporated four sections. The first was a measure of health-related quality of life (Dolan, 1995), the second asked users to rate their quality of life as a whole using a seven-point Likert-type scale (Bowling, 1995), whilst the fourth and final section recorded the necessary demographic data. It was the third section of the questionnaire that allowed participants' use of health and social care services to be captured. Using the client services receipt inventory (Beecham & Knapp, 1992), respondents recorded the type and total usage of: secondary care, or hospital, services, interventions received within their local surgery or health centre and those services delivered within their own home, e.g, home care, meals on wheels. Thus, respondents were asked to first record whether they had used a particular service and secondly the number of times they may have received this over a three month time-period.

Identifying and setting service costs

The type of services and the extent of such use were then costed. Unit costs were drawn from a number of sources and inflators added to ensure parity with 2008/2009 costs (see Curtis, 2008; Curtis & Netten, 2006; King et al., 2000; NHS Health & Social Care Information Centre, 2004/5). Nevertheless, the lack of detail about the exact type of service used meant a number of assumptions had to be made. The example given here to explain such assumptions is the process of costing hospital bed-days. Further information on the development of unit costs for services can be found in the full national evaluation report and appendices (see Windle et al., 2009)

To ensure that the questionnaire was as simple as possible to complete, respondents were only asked to indicate whether they had stayed in hospital overnight. No detail was requested around service specialty. We did not know whether their hospital overnight stay was in a psycho-geriatric, medical, rehabilitation or general surgery ward and thus could not easily assign costs. To estimate a unit cost for a bed-day, we first drew on the Hospital Episode Statistics data to explore the number of bed-days used within each specialty, by those aged 60 and over (see www.hesonline.nhs.uk). Unit costs were then listed for each and a weighted average applied to provide the composite unit cost, a sum of £158 per hospital bed-day (see Table 1).

Table 1 Breakdown of inpatient attendance: per bed-day

Area of specialty	Cost (National Average) £	Cost with inflator (3.4%) £	Number of bed-days aged 60 and over (2008 HES data)
Mental health - elderly	217	224	2,397,360
Geriatric	187	193	6,735,143
General surgery	93	96	1,756,671
General medicine	119	123	6,878,110
Cardiology	101	104	920,024
Rehabilitation	149	154	510,965
Total average	144.33	149.24	
Weighted average	152.65	157.94	

This was not the final sum used in costing this service provision. The literature on hospital admission showed that a high proportion of older individuals arrive at hospital via emergency ambulance transport (see Bentley & Meyer, 2004; Richardson, 1992). Over two-thirds of those aged 65 and over (67 per cent) attend secondary care via emergency ambulance, rising to 84 per cent for those aged 85 and over (Cove et al., 2006). The cost of a single emergency ambulance journey, a further £246, was therefore included. Thus the first bed-day cost was set at £404 falling to £158 for subsequent recorded bed-days.

The categorisation of the projects

The POPP programme was not designed to implement a single service model. The 62 projects that used the standardised questionnaire to measure outcomes ranged from third-sector led well-being services, (e.g., gardening, small housing repairs, shopping and social centres), through to multi-disciplinary health and social care interventions (e.g, rapid response teams, medicines management, falls prevention, intensive case management). The structure and process of each project was very different, even where projects within different sites shared titles. For example, one 'Falls Prevention' project employed a multi-disciplinary health and social care team based in secondary care, whilst another sharing the same name, was that of a time-limited exercise programme run by volunteers within village halls. To mitigate this diversity and ensure a robust analysis could be undertaken, we categorised these 62 projects in a number of ways. The grouping reported within this article links to the stratification adopted in the Kaiser Permanente Triangle: primary, secondary and tertiary prevention.

The first category of primary prevention targeted older people in general and included 32 (58 per cent) lower-level, community interventions: gardening, handyperson schemes, information and signposting, learning and leisure opportunities. Secondary prevention encompassed 22 projects (35 per cent) that provided support to those older people 'at risk' of hospital admission: medicines management, falls prevention services, follow-up falls services and holistic assessments. The final tier, tertiary prevention, included four projects (7 per cent) that were targeted to support older people at serious risk of imminent hospital admission: rapid response teams, hospital at home and case management.

Findings

The data were analysed to identify any changes in rates of service use and levels of cost within these three categories of prevention. No changes were found in those projects focused toward well-being or primary prevention. Within those interventions focused at

older people at risk of admission, secondary prevention, a 50 per cent reduction was seen in the number of hospital overnight stays and visits to accident and emergency following the POPP intervention. A reduction of almost half (46 per cent) was found in hospital based physiotherapy attendances, with GP appointments showing a small reduction (15 per cent). Assigning costs to these changes, a mean per person cost reduction of £277 was found, measured over a three month period (see Table 2).

Table 2 Mean self-reported service usage and costs before and after those POPP projects focused toward secondary prevention

Service	Time 1 (pre-intervention) mean usage	Time 1 (pre-intervention) mean cost £	Time 2 (post-intervention) mean usage	Time 2 (post-intervention) mean cost £	Mean cost change £
Hospital bed-day*	2.74	422.55	1.22	226.87	-195.69
Accident & Emergency*	0.38	138.28	0.19	71.77	-66.52
Physiotherapy*	0.89	26.78	0.57	17.83	-8.94
GP appointments*	1.76	42.90	1.50	36.57	-6.33
				Total	-277.48

* $p < 0.01$ (Marginal Homogeneity Test)

Services in the third category of tertiary prevention seemingly achieved their objective of preventing hospital admissions. Adjusting for base-line characteristics, a six-fold reduction in the original bed-day usage was demonstrated (see Table 3). No statistically significant increase or reductions in use were found across any other services in the case of this third category of prevention.

Table 3 Mean self-reported service usage and costs before and after those POPP projects focused toward tertiary prevention

Service	Time 1 (pre-intervention) mean usage	Time 1 (pre-intervention) mean cost £	Time 2 (post-intervention) mean usage	Time 2 (post-intervention) mean cost £	Mean cost change £
Hospital bed-day*	6.77	1,329.28	0.90	186.65	-1,142.58

* $p < 0.04$ (Marginal Homogeneity Test)

Discussion

From these findings it would seem that the POPP projects did indeed reduce the use of intensive and more expensive services. Nevertheless, three discussion areas are raised by these findings.

The first concerns reliability: how valid are such findings given that the extent of service use was self-reported? From analysis of missing data within the questionnaire, it was found that respondents were generally able to identify the service(s) that they had used. Far fewer were able to identify the number of times that they had used any specific resource. For example, within the full sample ($n=1,529$) a total of 1,267 respondents reported visiting their GP, a mean frequency of 1.6. The average number of GP consultations for older individuals, (aged 65 and over), is seven per annum (Peckham & Exworthy, 2003). Even adjusting for the reporting period, there would seem to be an underestimation, particularly given that the POPP sample reported far poorer health states when compared to the UK older people population. Such under-reporting was mitigated to a certain extent by simply costing a

single resource use rather than omitting all such costs, given that we knew the respondent had used the service at least once. Nevertheless, it is likely that the reported service use and thus change, is a conservative estimate of actual usage.

The second area encompasses net cost savings: were the cost reductions found through changes in service use, negated by the cost of providing the POPP service? Exploring the per person cost of the POPP projects, it would seem that savings accrue from secondary and tertiary level projects, although there are, as yet, no demonstrable significant savings within those lower-level, well-being focused projects (see Table 4).

Table 4 Per person cost of the POPP projects and mean cost change in service use by project categorisation

Categorisation level	Median per person cost of POPP projects (3 months)	Mean cost change in service use (3 months)	Cost difference
	£	£	£
Primary prevention (Well-being)	0	0	+50
Secondary prevention (At risk of hospital admission)	56	277	-221
Tertiary prevention (At imminent risk of hospital admission)	177	1,148	-971

That there is an increased cost to providing well-being services should not be used as an argument for decommissioning or negating such service provision. It was found that those lower-level services, (gardening, shopping, limited assistive technology and small housing repairs), increased health related quality of life -as measured through EQ-5D - by 13 per cent. Such a positive outcome is likely to affect take-up of services in the long-term, providing future efficiency savings.

The POPP programme, set up to test different preventative approaches, demonstrated that prevention and early intervention can ‘work’ for older people. As has been detailed, preventative projects can help to reduce demand on secondary care services. However, their cost-effectiveness gains cannot be fully realised unless cashable savings can be released and re-invested. No POPP pilot site reported being able to release monies from secondary care trusts. Primary care trusts (PCT) did recognise that the availability of such projects affected the take-up of health services and they contributed to the sustainability of POPP projects within all pilot sites, entirely sustaining a fifth (20 per cent) of all POPP projects. Nevertheless, some degree of national financial systems reform is likely to be necessary to support the decommissioning of services in one part of the health system alongside the re-investment of resources elsewhere.

Acknowledgements

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The Screen and Treat programme: a response to the London bombings

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Introduction

The London bombing was the largest mass casualty event in the UK since World War Two with 56 deaths and 775 casualties among the approximately 4000 individuals involved. The sequel of events, from 7th July to 23rd July 2005, included detonated bombs on three underground trains (Edgware Road, Kings Cross, and Aldgate) and on a bus in Tavistock Square, as well as unsuccessful bomb attempts and the shooting of an innocent passenger in the days following the bombings.

The NHS mental health response programme was set up within a month of the London bombings incident. Within the first two weeks the Psychosocial Steering Group was convened by Camden & Islington Foundation NHS Trust and the London Development Centre for Mental Health (part of the national Care Services Improvement Partnership), with representation from specialist psychological trauma centres, health commissioners, primary care physicians, the emergency services, first response agencies, the Health Protection Agency, and survivor groups.

Using the available evidence, the Steering Group established that around 30 per cent of the 4000 individuals affected by the incident would need psychological treatment. Existing services could not meet that need so the Department of Health (DH) funded an evidence-based programme which consisted of a central screening and assessment team and additional psychological treatment resources based in existing trauma centres. The Steering Group retained responsibility for the overall management of the Screen and Treat programme over the two-year funding period.

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The Screen and Treat programme

Screening and assessment

The aim of the Screen and Treat programme was to contact and follow-up as many survivors and affected individuals as possible, to provide them with information about post-traumatic responses and immediate sources of help, to screen them at regular intervals using validated instruments to identify those who still had symptoms of PTSD, and to deliver appropriate therapy to that subset of people. The screening team was set up within the one of the treatment clinics and consisted of a psychiatrist, two psychological assistants and an administrator. It ran for two years, from September 2005 until September 2007.

The screening team collated information about individuals involved in the bombings, identified those with bombing-related mental disorders, provided advice to professionals and the public on demand, and coordinated the outreach and screening services. Subjects were contacted by telephone or letter and sent a brief socio-demographic and screening questionnaire which included 10 items from the Trauma Screening Questionnaire (Brewin et al., 2002), and additional questions on depression (2 questions), travel phobia (1) and levels of distress within the last two weeks (2). Figure 1 shows that a total of 910 people were recruited to the Screen and Treat programme, of whom 596 (65 per cent) were screened.

Those who 'screened positive' on the TSQ or who responded positively to any two of the additional items received a more detailed clinical assessment with Screening Team members; there were 334 such people, or 56 per cent of those screened. This assessment would establish whether individuals met criteria for a DSM-IV or ICD-10 disorder that was related to being exposed to the bombings and that the disorder was not resolving of its own accord.⁵ These cases were either referred to treatment at one of the three clinics, re-assessed 3, 6, and 9 months later, or referred to appropriate treatment if they were suffering from pre-existing mental health problems. Individuals who did not seem to be in a need of treatment were followed-up at 3-monthly intervals and, if they showed no symptoms after a year, were discharged from the Screen and Treat programme.

Treatment

The treatment offered within the programme was delivered at three specialist, multidisciplinary psychological trauma centres in London by qualified clinical psychologists. It consisted of cognitive behavioural therapy (CBT) or eye movement desensitization and reprocessing (EMDR) as advised by NICE guidelines.

Most individuals received trauma-focused CBT (80 per cent of patients treated), while the rest received EMDR (10 per cent) or a combination of two therapies (10 per cent). The level of treatment provided was recorded by clinicians on a monthly basis in two separate data collection systems; as the total number of hours of direct and indirect time spent for the DH, and in a clinics' own systems that monitored each client's progress and included data on the start and end date of treatment, the type of treatment, the total number of sessions attended and missed, as well as depression and PTSD assessments at the start and

⁵ The assessment included the Structured Clinical Interview for DSM-IV (SCID: First et al., 1997), the CAGE alcohol abuse screening instrument (Mayfield et al., 1974), the SF-12 Health Survey (Ware et al., 1996) and, where appropriate, the Short McGill Pain Questionnaire (Melzack, 1987) and the Inventory of Complicated Grief – Revised (Prigerson & Jacobs, 2001).

end of treatment. At the end of the Screen and Treat funding, patients still receiving treatment were referred to usual NHS psychological services.

Costs

Table 1 shows the costs for the 2-year Screen and Treat programme, identifying the start-up costs, administrative costs incurred for managing the project, the costs of the centralised screening team and the treatment costs. The total cost was just under £1.4 million, of which 7 per cent went on administration, 33 per cent on screening and assessment, and the remaining 60 per cent on direct (therapist time) and indirect (management, supervision, overheads) treatment costs.

If we assume that start-up costs and half of the management costs should be allocated to the screen/assessment part of the programme, these activities absorbed £523,125.5 at 2007-08 prices. Figure 1 shows that 596 people were screened, there were 363 detailed assessments, and that 304 (276 identified by the programme and 28 referred from other places) of them were considered to be in need of treatment. Unfortunately the data are not sufficiently detailed to allow us to estimate the costs of screening and assessment separately. Screening, for example, included collecting participant's details through negotiation with organisations involved in the London bombings response such as the Metropolitan Police or NHS, setting-up the contacts database, contacting individuals, sending out screening questionnaires at several time points (up to 5 screeners per person) and referral management. Assessment activities included contacting participants, a clinical interview which could last up to 1.5 hours and liaising with treatment centres. We can however, estimate two unit costs from these data:

- The cost of finding, screening (up to five times) and assessing a person for PTSD following a traumatic event in 2007/08 prices is £877.70 ($£523,125.5 / 596$)
- The cost of identifying a person who requires treatment following a traumatic event in 2007/08 prices is £1895.40 ($£523,125.5 / 276$).

It is important to point out that the cost of identifying a person who needed treatment included identifying, screening and managing their referral, which could be difficult if they lived elsewhere in UK.

Better data on time use are available for the treatment component of the Screen and Treat programme. Clinicians spent 68 per cent of their time in direct contact with individuals in treatment, while 32 per cent of their time was accounted for by indirect activities such as preparation, supervision, travelling to the sites and in vivo therapy that included gradual exposure to the feared stimuli. Thus, on average for each hour of therapist direct contact time, there was a further half-hour of indirect time. Both direct and indirect time were recorded in half-hour units, and the duration of the treatment sessions varied from one to 12 half-hour units, depending on the stage and type of treatment offered. Although the range of direct-time half-hour units is very wide, on average there were 2.94 direct half-hour units per session per client.

As Table 2 shows, a total of 9658.5 half-hours of direct time and 4627 half-hours of indirect contact time were administered throughout the programme across all three clinics, which corresponds to 7143 hours of therapy. Clinic 1 treated more clients with a higher number of direct and indirect hours than the other two clinics, and there was some variation between the clinics in the balance of direct and indirect time. Table 2 also shows that in total, 3277 therapy sessions were provided through the Screen and Treat programme, an average 13

sessions per client, although this varied slightly between the clinics, as did the number of clients. Clients made decisions on the treatment location based on their personal preferences, perhaps location or transportation convenience. Treatment cost involved the costs of getting to and from treatment and parking facilities for individuals living out of London.

These data on time use, client numbers and costs can again be combined to allow estimation of unit costs. Using the assumption that half the management costs accrue to the treatment arm of the programme, the total costs of treatment are £857,283.60 at 2007-08 prices, the following unit costs can be calculated.

- Costs per half-hour of direct or indirect time £60.01
- Cost per hour £120.02 (£857,283.60 / 7142.75)
- Cost per hour of treatment £180.03 (an hour of direct time, plus 30 minutes indirect activities)
- Average cost per session £261.60 (£857,283.6 / 3277)
- Average treatment cost per person £3,453.20 (av. cost per session * 13.2)

Conclusion

When analysing the costs of the Screen and Treat programme one must bear in mind the context and novelty of the approach, as well as the difficulties involved in setting-up and running the programme. This was the first time a mass mental health response had been set-up; there was no previous experience on which to build, yet the situation demanded an urgent response. Nor was this programme set-up as a research activity, its main focus was to deliver a mental health intervention.

Thus caution is advised in interpreting the costs outside of the context of this programme. In the first place the services, and therefore the associated costs, are not representative or comparable to routine clinical services. Second, a real challenge for the programme was the numerous difficulties associated with the identifying those people affected by the bombings. This took about five months; cases were widely dispersed, there was no central register of affected persons, and the task was hampered by the Data Protection Act. Were such a programme set-up again, these costs could be reduced by allocating this task to a particular organisation and/or pre-agreeing the data collection mechanisms.

Another lesson is that the programme efficiency decreased in the second year of running as the number of referrals to the programme dropped significantly. Although this was reflected in the treatment costs (which were paid retrospectively for work undertaken) the screening and assessment costs remained fixed throughout the programme. Therefore, were such a programme required again, the screening and assessment component could be made more responsive to this reduced service demand. However, it is important to highlight that although the number of referrals to the programme reduced over time, the rate of referral to the treatment increased, that is, as time went by more of those who were assessed required and entered treatment.

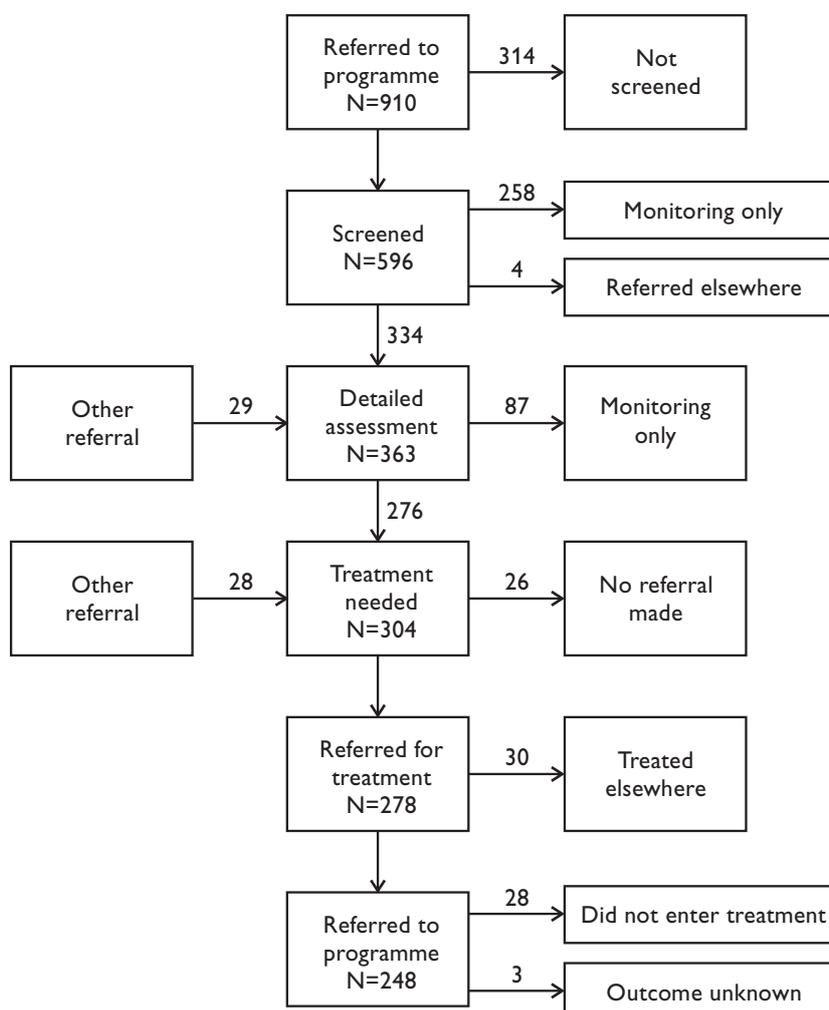
Finally, there is no doubt that the Screen and Treat programme represents a unique learning experience in applied clinical research approaches, and, perhaps more importantly represents a bench-mark in mental health response programmes following terrorist attacks, both UK and worldwide.

Table 1 Total costs break-down for the Screen and Treat programme

	2005/2006	2006/2007	2007/2008	Total
Start-up costs	32,400	0	0	32,400
Management	70,498	0	0	70,498
Screening and Assessment	116,577	227,177.38	101,377.74	445,132.12
Treatment				
Clinic 1	131,810	267,720.71	107,095.11	506,625.82
Clinic 2	38,436	64,485.07	15,434.46	118,355.53
Clinic 3	60,204	83,078.30	38,623.54	181,905.84
Treatment total	230,450	415,284.08	161,153.11	806,887.19
Total	449,925	974,667.24	262,530.86	1,354,917.31

Table 2 Total number of therapy sessions, hours and direct and indirect half-hours

	Direct 1/2 hours	Indirect 1/2 hours	Total 1/2 hours	Total hours per programme	Sessions used	No. of patients	No. of sessions
All clinics	9,658.5	4,627	14,285.5	7,142.75	3,277	248	13.2
Clinic 1	6,134	2,649	8,783	4,391.5	2091	160	13.1
Clinic 2	1516	978	2494	1,247	456	38	12.0
Clinic 3	2,008.5	1,000	3,008.5	1,504.3	730	50	14.6

Figure 1 Screen and Treat programme users' flow chart

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Expected lifetime costs of social care for people aged 65 and over in England

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Introduction

The PSSRU Unit Costs reports have generally been concerned with hourly or weekly costs of care. This article however reports some analyses of the lifetime costs of social care for older people. Why should lifetime costs be of policy interest?

Estimates of lifetime costs of care are very relevant to the current debate about how best to fund care and support in England. Individuals, especially those whose savings would render them ineligible for publicly funded care, will want to know broadly how much long-term care toward the end of their life may cost. This information could help them make informed decisions about how much to save or whether to seek private insurance for care costs. Government, and currently the Commission on the Funding of Care and Support, may find such estimates helpful information for the development of policy on funding of long-term care.

Private insurers may also find estimates of lifetime costs of care interesting. The insurance sector launched various long-term care products in the 1990s, but most of the providers have subsequently withdrawn from the market. One of the issues in the current debate is whether private insurance for long-term care could be revived. This raises questions about how expensive premiums would be and whether they would be affordable. A useful step toward estimating long-term care insurance premiums would be to estimate expected lifetime care costs as from age 65.

The lifetime costs of long-term care services can be substantial. The costs in most countries of long-term care services provided in residential facilities can seriously deplete the assets of service users who require care for several years, for example as a result of dementia. A US-based study suggested that the average value of lifetime long-term care expenditures for people turning 65 in 2005 was approximately \$47,000, with 28 per cent of individuals facing costs in excess of \$100,000 (Kemper et al., 2005).

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This article presents estimates of the expected lifetime costs of social care at age 65 for men and women, under current patterns of use of care services and under an alternative pattern of care scenario. It covers total social care costs, public and private. Hotel costs in care homes have been excluded and so have health care costs. It should be noted that, while estimates of life-time costs of care are relevant to estimating premiums for long-term care insurance, premiums cannot simply be equated with life-time costs of care under current patterns of care. People purchasing insurance may decide to purchase insurance for only part of the costs of care or alternatively may seek cover for hotel costs in care homes as well as care costs.

At PSSRU we have estimated lifetime costs of care using two different methods. Forder & Fernández (2009) have developed a dynamic microsimulation model of the long-term care system for older people in England. Amongst other things, this model simulates into the future and at the individual level patterns of service utilisation and associated costs, based on assumptions about year on year transitions between need, wealth and social support states, and about changes in the unit costs of services. These estimates can then be aggregated at the individual level through time to describe the projected distribution of lifetime costs of care. Another approach we have used is to incorporate data drawn from the PSSRU aggregate (or macrosimulation) model (Wittenberg et al., 2006) in an augmented life table using Sullivan's method (Sullivan, 1971) to estimate expectation of life with disability and expectation of life in receipt of home care and residential care.

This paper focuses on the estimation of the lifetime costs of care using the PSSRU aggregate model and the Sullivan method (see, for example, EHEMU, 2006) and compares the results to those obtained using the PSSRU dynamic microsimulation model.

Expected duration of disability at age 65

We have used the prevalence rates of disability estimated from the 2001/2 General Household Survey (GHS) and data on the numbers of older people in care homes (see Wittenberg et al., 2006 for more details), in combination with an unabridged life table³ for England produced by the Office for National Statistics, to estimate the expected duration of life with various levels of disability at age 65. People in care homes are assumed to be unable to perform two or more ADLs without help.

Table 1 Expected duration of life with disability at age 65, for different levels of disability, years

	Men	Women
Expected duration with any IADL or ADL disability	4.2	6.5
Expected duration of difficulties with any ADL	3.0	5.0
Expected duration of difficulties with any ADL (except bathing)	2.5	4.1
Expected duration of inability to perform one or more ADLs without help	1.5	2.7
Expected duration of inability to perform two or more ADLs without help	0.7	1.7
Total life expectancy at 65	16.7	19.3

As shown in table 1, our analysis suggests that men aged 65 can expect on average to live a further 16.7 years of which 2.2 years are with severe disability, where this is defined here as inability to perform without help one or more activities of daily living (ADLs). It also suggests that women aged 65 can expect on average to live a further 19.3 years of which 4.4

³ Interim Life Table produced by the Office for National Statistics, covering England and based on data for the years 2004-6.

years are with severe disability. These estimates are dependent on the data on self-reported disability in the 2001/2 GHS and on data on the numbers of people in care homes. They assume that mortality and disability rates by age and gender will remain constant.

Expected lifetime costs under current patterns of care

Using the same methodology, we have estimated the expected duration of service receipt at age 65 under current patterns of care, using data from the PSSRU aggregate long-term care finance model (Wittenberg et al., 2006) on the proportion of the older population receiving social care (residential and home care) by age and gender. The underlying data sources are for publicly funded official data from local authorities on the numbers of older people receiving residential care and home care and for privately funded care estimates based on surveys.

Table 2 Estimates of life expectancy and duration of service receipt at age 65, years

	Men	Women
Expected duration of residential care	0.43 (5–6 months)	1.04 (12–13 months)
Expected duration of local authority home care	0.47 (5–6 months)	0.84 (10 months)
Total life expectancy at 65	16.7	19.3

As shown in Table 2, men in England can expect to spend on average around 6 months receiving publicly funded home care and 6 months receiving residential care. Women can expect to spend on average around 10 months receiving publicly funded home care and 12 months receiving residential care. While the estimates for home care relate to publicly funded home care only, those for residential care cover local authority, privately and NHS funded institutional care. They are similar to those prepared by Bebbington et al. (1999). It should be noted that these estimates assume that patterns of care remain constant and that they do not take account of any changes in demand for care from changing expectations or reform of the funding system.

In order to estimate the lifetime costs of care, we have combined the estimated duration of service receipt with information about the costs of those services. Local authority funded residential care for older people cost £446 per week at 2006/7 prices (EX1 data, including hotel costs): NHS and privately funded care are more costly. Using the local authority rate, the expected total lifetime costs of residential care for older people is around £10,000 for males and £24,200 for females. Older local authority funded residents contribute some £145 per week on average in user contributions, which could be treated as a proxy for hotel costs. If £145 per week was excluded on the basis that residents will meet this sum from their general income, the residual lifetime costs would be £6,750 for men and £16,350 for women. Assuming that these costs take place in the last years of a person's life and that real unit costs of care rise by 2 per cent per year, the lifetime costs of care in care homes would be around £9,400 for men and £23,950 for women, in constant 2006/7 prices.

Local authority funded home care for older people cost £129 per week at 2006/7 prices (EX1 data). Using this rate, the expected total lifetime costs of local authority home care for older people is around £3,150 for males and £5,650 for females.

Total gross local authority expenditure on community-based social care for older people was £2,520 million in 2006/7 (excluding Supporting People), of which £1,690 million related to home care (EX1). Home care accounted for around 2/3 of the total. Scaling the estimates

for home care by 1.5, suggests that the lifetime costs of all local authority community-based services are around £4,750 for men and £8,500 for women. Assuming these costs take place on the last years of a person's life and that the real unit costs of care rise by 2 per cent per year, the lifetime costs for local authority community-based care services would be £6,600 for men and £12,450 for women, in constant 2006/7 prices.

Expenditure on privately purchased home care for older people is estimated at around £1,000 million per year (PSSRU modelling based on 2001 GHS data). Inclusion of private home care increases the estimates of lifetime costs of publicly and privately funded community-based services to some £9,250 for men and £17,400 for women.

These estimates suggest, under patterns of services, total lifetime costs at age 65 of social services – residential and community-based – of around £18,650 for men and £41,350 for women. These include publicly and privately funded care but exclude an element for hotel costs in care homes and exclude costs of assessment and care management. The weighted average for men and women together would be around £31,500, at 2006/7 prices.

These results compare very well with those obtained by estimating the lifetime costs of care at age 65 using the PSSRU dynamic microsimulation model. Forder & Fernández (2009, p. 26) estimate that the average lifetime expected cost of care for males is £22,300, while for females it is £40,400. The average for both genders is £31,700. Their results also show that the underlying distribution of those costs is highly skewed, with a small number of cases pushing up average costs.

Expected lifetime home care costs under alternative carer blind-type of care system

PSSRU work on projections of long-term care expenditure has involved the development of a scenario that explores the implications of making services more 'carer-blind' by allowing disabled people living with others to receive the same level of local authority domiciliary services as those living alone (Pickard et al., 2000, Wittenberg et al., 2006). Under this scenario, the probability of receipt of local authority home care among older people living with others would match the current probability of receipt of local authority home care among those living alone.

The scenario does not extend to privately funded care since a change of policy by councils would not increase private purchase of care but could even reduce it as some older people would gain publicly funded care. It has also not been extended to residential care. Older people who are cared for in the community by informal carers might still prefer not to enter a care home if publicly funded care became carer-blind but rather choose to benefit from the expanded formal home care.

Table 3 Expected duration of use of home care at age 65 under a carer blind type of scenario, years

	Men	Women
Expected duration of local authority home care	0.73 (8–9 months)	1.13 (13–14 months)
Total life expectancy at 65	16.7	19.3

The expected lifetime costs of local authority community-based care under this scenario would be £10,250 for men and £16,700 for women. If we assume no changes in the use of private home care or residential care, the total expected lifetime costs of care would be £22,300 for men and £45,650 for women. The weighted average for men and women together would be £35,500 at 2006/7 prices.

Conclusion

This paper has estimated, using data from the PSSRU aggregate model and the Sullivan method, that the weighted average lifetime costs of care would be around £31,500 under current patterns of care and £35,500 under a 'carer-blind' system. Comparison with estimates produced using the PSSRU dynamic microsimulation model show that the results are remarkably similar. These results can contribute to the current debate in England about the financing of long-term care. Should a system of long-term care insurance be considered, this research suggests that, in order to fully insure for the costs of formal care given today's patterns of care each individual would need to be insured for at least £31,500.

Some limitations of these analyses should be recognised:

- The estimates of expected duration of disability are based on current patterns of disability and assume that they will remain as reported in the 2001/2 GHS.
- The estimates of expected duration of receipt of services are rooted in recent patterns of care. No allowance is made for the potential impact of rising expectations, reform of the funding system or changes in use of services resulting from insurance.
- The analyses assume that the unit costs of care rise by 2 per cent per year in real terms. Trends in the unit costs of care are likely to depend heavily of trends in the wages of care staff which are inevitably uncertain.

Insurance premiums would need to take account of other factors in addition to the expected costs of care. In particular they would need to include allowance for administrative and other costs which have proved substantial in the USA. Moreover, as noted in the introduction, people purchasing insurance may decide to purchase insurance for only part of the costs of care or alternatively may seek cover for hotel costs in care homes as well as care costs.

Further research on this topic is required. PSSRU are collaborating in a study conducted with researchers from the University of East Anglia, Nuffield Trust and University of Barcelona, and funded by the AXA Research Fund, on how can private long-term care insurance supplement state systems: the UK as a case study.

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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
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1.1 Private nursing homes for older people

Using PSS EX1 2008/09¹ returns uprated using the PSS Pay & Prices inflator, median costs per person for supporting older people in a nursing care home were £485 per week and mean costs were £494 per week. Twenty-five per cent of local authorities had average gross costs of £426 or less, and 25 per cent £556 or more. It has not been possible to exclude capital charges on the revenue account. The standard NHS nursing care contribution is £108.70.² When we add this to PSS expenditure, the total expected mean cost is £602 and the total expected median cost is £593. Using the Adult Social Services Expenditure Survey 2009/10, the average net unit cost for the provision of external independent nursing care was estimated to be £494 per week.³

Costs and unit estimation	2009/2010 value	Notes
A. Fees	£683 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
External services		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).
B. Community nursing	£0.80 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 £19 per week.
C. GP services	£31 per week	
D. Other external services	Not known	
E. Personal living expenses	£9.80 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 £21.90. 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	1.17 x A	Fees in London nursing homes were 17 per cent higher than the national average. ⁵
Unit costs available 2009/2010		
£683 establishment costs per permanent resident week (A); £661 establishment costs per short-term resident week (A); £725 care package costs per permanent resident week (includes A to E); £701 care package costs per short-term resident week (includes A to E).		

- 1 The Information Centre (2010) PSS EX1 2008/09, The Information Centre, Leeds.
- 2 Department of Health (2010) Advice Note on Nursing Care Bands, Department of Health, London.http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_112218.pdf
- 3 Local Government Association/Association of Directors of Adult Social Services (2010) *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 (2009) *Care of Elderly People: UK Market Survey 2009, Twenty-second 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 (2010) *Disability Rights Handbook, 34th Edition, April 2009-April 2010. 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 2008/09¹ returns updated using the PSS Pay & Prices inflator, median costs per person for supporting older people in a residential care home provided by others were £440 per week and mean costs were £446 per week. Median costs for older people in own provision residential care were £918 per week and mean costs were £825 per week.

Costs and unit estimation	2009/2010 value	Notes
A. Fees	£481 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
External services B. Community nursing C. GP services D. Other external services	£7.00 per week £19.80 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 £11.90 per week.
E. Personal living expenses	£9.80 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 updated by the retail price index. The DWP personal allowance for people in residential care is £21.90 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	1.17 x A	Fees in London residential homes were 17 per cent higher than the national average. ³
Unit costs available 2009/2010		
£481 establishment costs per permanent resident week (A); £510 establishment costs per short-term resident week (A); £518 care package costs per permanent resident week (includes A to E); £548 care package costs per short-term resident week (includes A to E).		

1 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

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

3 Laing & Buisson (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 (2010) *Disability Rights Handbook, 34th Edition, April 2009-April 2010. 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 2009/10, the average net unit cost for the provision of external independent residential care was estimated to be £445 per week.¹

Costs and unit estimation	2009/2010 value	Notes
A. Fees	£475 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
External services		
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 £11.90 per week.
C. GP services	£19.80 per week	
D. Other external services		
E. Personal living expenses	£9.80 per week	
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	1.17 x A	Fees in London residential homes were 17 per cent higher than the UK average. ²
Unit costs available 2009/2010		
£475 establishment costs per permanent resident week (A); £503 establishment costs per short-term resident week (A); £514 care package costs per permanent resident week (includes A to E); £544 care package costs per short-term resident week (includes A to E).		

1 Local Government Association/Association of Directors of Adult Social Services (2010) *Report on Adults' Social Services Expenditure 2009-2010*, 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 & Prices inflator. The average revenue cost was £484 per week and at current prices the standard deviation was £137. Twenty-five per cent of homes had average gross costs of £688 or more and 25 per cent of £352 or less. Median costs were £468 per week.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£81 per week	Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£11.40 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	£9.20 per week	Equipment and durables estimated at 10 per cent of capital cost. ⁴
D. Revenue costs	£842 per week	The median revenue cost estimate is taken from PSS EX1 2008/09 uprated using the PSS Pay & Prices Index. ⁵ Capital charges on the revenue account have been deducted (£76). Twenty-five per cent of local authorities had average gross costs of £634 or less and 25 per cent of £1,065 or more. Mean costs were £749 per week.
E. Agency overheads	£42 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	£10.90 per week	The weekly cost reflects average level of community nurse service receipt in the 1996 survey, which had information about nursing for 110 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 £17.80 per week.
G. GP services	£10.60 per week	
H. Other external services	Not known	
I. Personal living expenses	£9.80 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	1.036 x (D to E)	Based on PSS EX1 2008/09 data. ⁵
Unit costs available 2009/2010		
£986 establishment costs per permanent resident week (includes A to E); £1,032 establishment costs per short-term resident week (includes A to E); £1,017 care package costs per permanent resident week (includes A to I); £1,067 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 (2010) *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 (2010) <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 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.
- 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	2009/2010 value	Notes
Capital costs		
A. Buildings and oncosts	£7.20	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.
Revenue costs		
B. Salary and oncosts	£105	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.
C. Other direct care costs:		
- medical	£52	1997/1998 costs updated using the HCCHS Pay & Prices Index.
- other	£9.40	Includes diagnostics and ward round updated using the HCCHS Pay & Prices Index.
D. Direct overheads	£48	Includes catering, domestics, energy, security, administration, laundry and supplies. 1997/1998 costs inflated by the HCCHS Pay & Prices Index.
E. Indirect overheads	£19	Includes the estates, central administration and corporate function. 1997/1998 prices inflated by the HCCHS Pay & 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 2009/2010		
£240 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

This year the cost provided by PSS EX1 is cost per service user per week. In order to provide a cost per day care session therefore, this schema assumes that clients attend day care on average for three sessions per week. However some will attend more often and others less depending on individual circumstances.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A, B & C)		
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	£0.80 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.
Revenue costs		
D. Salary and other revenue costs	£30 per session	The median revenue cost estimate is taken from PSS EX1 2008/09 uprated using the PSS Pay & Prices index. ³ Capital charges on the revenue account have been deducted (6% of the revenue costs). The median and mean cost per client per week (after deducting capital) is reported as being £91 and £88 respectively. Assuming older people attend 3 sessions per week, the median and mean cost per day are £30 and £32 respectively.
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 year	Assumes clients attend 3 sessions of day care per week.
Occupancy	76%	Department of Health statistics, 1997. ⁴ More recent figures are not available.
London multiplier	1.20 x A; 2.61 x B; 1.34 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 2008/09 data. ³
Unit costs available 2009/2010		
£36 per session (includes A to F).		

1 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

3 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

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 & Prices index. At 2009/2010 prices, costs ranged from £23 to £52 per client day with a mean cost of £36 and median cost of £35. These costs are unchanged since last year.

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 2008/2009¹ uprated using the PSS Pay & Prices inflator, the mean *weekly* cost per client day for independently provided day care was £57 and the median cost was £60.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A & B)		
A. Premises	£4.30 per client day	These costs ranged from £2.80 to £5.80 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	£19.00 per client day	Costs ranged from £9.50 to £44.10. 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 £15.80.
D. Volunteer costs	£0.50 per client day	Seven of the centres reported incurring volunteer expenses.
E. Other staff costs	£1.40 per client day	This includes staff recruitment and training, courses and conferences, travel expenses and redundancy payments.
F. Transport	£3.50 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	£3.70 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 £8.60 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 2009/2010		
The average cost of the 10 centres was £36 per client day. A centre incurring all costs A-I would cost £41 per client day.		

1 The Information Centre (2010) PSS EX1 2008/09, The Information Centre, Leeds.

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	2009/2010 value	Notes
Capital costs		
A. Notional rent	£99 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
Revenue costs		
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 & Prices index.
C. Agency overheads		No information available.
Personal living expenses		
D. Basic living costs	£130 per person per week	Based on Family Expenditure Survey (2009) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2009/2010 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	£19 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 2009/2010		
£130 per week sheltered housing costs (includes A to B); £163 per week service and accommodation (includes A to B and F); £293 (includes all costs borne by care homes (A to D and F); £312 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 (2010) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2009) *Family Spending 2009 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	2009/2010 value	Notes
Capital costs		
A. Notional rent	£109 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
Revenue costs		
B. Salary and other revenue costs	£42 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 2009/2010 using the PSS Pay & Prices index.
C. Agency overheads		No information available.
Personal living expenses		
D. Basic living costs	£130 per person per week	Based on Family Expenditure Survey (2009) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2009/2010 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	£19 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	£17.50 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 year	
Occupancy		No information available.
London multiplier		No information available.
Unit costs available 2009/2010		
£151 per week sheltered housing costs (includes A to B); £169 per week service and accommodation (includes A to B and F); £299 (includes all costs borne by care homes (A to D and F)); £318 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 (2010) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2009) *Family Spending 2009 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	2009/2010 value	Notes
Capital costs		
A. Notional rent	£109 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
Revenue costs		
B. Salary and other revenue costs	£94 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 2009/2010 using the PSS Pay & Prices index.
C. Agency overheads		No information available.
Personal living expenses		
D. Basic living costs	£130 per person per week	Based on Family Expenditure Survey (2009) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2009/2010 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	£19 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 2009/2010		
£203 per week sheltered housing costs (includes A to B); £237 per week service and accommodation (includes A to B and F); £386 (includes all costs borne by care homes (A to D and F)); £393 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 (2010) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2009) *Family Spending 2009 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	2009/2010 value	Notes
Capital costs		
A. Notional rent	£98 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
Revenue costs		
B. Salary and other revenue costs	£271 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 2009/2010 using the PSS Pay & Prices index.
C. Agency overheads		No information available.
Personal living expenses		
D. Basic living costs	£130 per person per week	Based on Family Expenditure Survey (2009) ³ estimates of household expenditure of a one retired person household mainly dependent on state pension inflated to 2009/2010 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	£19 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	£51 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 2009/2010		
£369 per week sheltered housing costs (includes A to B); £420 per week service and accommodation (includes A to B and F); £550 (includes all costs borne by care homes (A to D and F)); £569 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 (2010) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2009) *Family Spending 2009 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2008/FamilySpending2009_web.pdf.

1.12 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.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£68,324 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	£19,464 per year	Employers' national insurance plus 19 per cent of salary for employers' contribution to superannuation.
C. Direct overheads Administrative costs Management costs	£24,542 per year £4,324 per year £17,979 per year	This includes maintenance, running costs, repair/renewal of fixtures/fittings. Building expenses and equipment costs. Includes Project Manager (0.05), CART coordinator (£1,203), Social Services Team Leader (0.08 per cent) and Agency fees.
D. Indirect overheads	£11,687 per year	To cover the finance function.
E. Capital: - building costs - land costs	£24,143 per year £11,099 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	£202	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	£348	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	£252 per client per stay	On average 7 hours of therapy or nursing care was provided by the CART team, costing £252 (face-to-face time).
Unit costs available 2009/2010		
Full unit costs (all activities): Per unit £36,312 per year, £696 weekly (includes A to E); Per unit (full occupancy) £25,937 per year, £497 weekly. Costs per activity: assessment and referral £202 per client; discharge £348 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: £1,882 cost of typical episode, £1,001 low cost episode; £4,188 high cost episode.		

1.13 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 £592, and the average annual cost per client is £3,794. All costs have been updated to present values using the appropriate PSS inflators.

The National Evaluation of the Costs and Outcomes of Intermediate Care for Older People (Barton et al., 2006) should also be downloaded for comparative costs.¹

	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	£216,946	£148,763	£102,556	£160,596
Oncosts Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation	£46,643	£31,984	£22,050	£34,528
Direct overheads Includes salaries of supervisory staff, running costs and supplies	£246,226	£52,885	£48,611	£27,667
Indirect overheads Management fees (includes cost of premises) Capital/premises Total costs ²	£159,795 £35,260 £704,870	£42,308 £275,940	£173,217	£9,129 £231,921
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	£845	£529	£415	£578
Average annual cost per client	£3,596	£5,411	£2,707	£3,462
Cost of typical client episode	£4,104	£4,082	£2,699	£2,641

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

2 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.

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
- 2.15 Individual placement and support

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) 2008/09 reported median costs (including capital) of £780 and mean costs at £1,199 per resident week for adults aged 18-64 with mental health needs.² These costs were uprated using the PSS Pay & Prices index. The minimum range for twenty-five per cent of services was £485 or less and the maximum range was £1,251 or more. Using the Adult Social Services Expenditure Survey 2009/10, the average net unit cost for the provision of external independent residential care for people with mental health problems was estimated to be £751 per week.³

Costs and unit estimation	2009/2010 value	Notes
Capital costs		
A. Buildings and oncosts	£28 per resident week	The market value of the buildings was obtained from a recent valuation or, where this was not available, the mid-point of the property's Council Tax Band was employed as a proxy for the current market value. Costs have been uprated using the Tender Price Index for Public Sector Building (non housing). The value of buildings was annuitised over a 60-year period discounted at 3.5 per cent.
Revenue costs		
B. Salary costs	£375 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.
C. Other revenue costs	£72 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 & 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 & Prices index.
Other costs		
E. Personal living expenses	£21.90 per week	The DWP allowance is used as a proxy for personal consumption. ⁴
F. Service use	£90 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 & 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	1.23 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 2009/2010		
£496 per resident week establishment costs (includes A to D); £607 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 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

3 Local Government Association/Association of Directors of Adult Social Services (2010) *Report on Adults' Social Services Expenditure 2009-2010*, York Consulting, Leeds.

4 Disability Alliance (2010) *Disability Rights Handbook, 34th Edition, April 2009-April 2010. 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	2009/2010 value	Notes
Capital costs A. Buildings and oncosts	£32 per resident week	The market value of the buildings was obtained from a recent valuation or, where this was not available, the mid-point of the property's Council Tax Band was employed as a proxy for the current market value. Costs have been uprated using the Tender Price Index for Public Sector Building (non housing). The value of buildings was annuitised over a 60-year period discounted at 3.5 per cent.
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 & 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 & Prices index.
Other costs E. Personal living expenses	£21.90 per week	The DWP allowance is used as a proxy for personal consumption. ²
F. Service use	£138 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 & 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 2009/2010		
£94 per resident week establishment costs (includes A to D); £253 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 (2010) *Disability Rights Handbook, 34th Edition, April 2009-April 2010. 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	2009/2010 value	Notes
Capital costs A. Buildings and oncosts	£30 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	£271 per resident week £100 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 & 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 & Prices index.
Other costs E. Personal living expenses	£21.90 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 & 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 2009/2010		
£437 per resident week establishment costs (includes A to D); £533 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 (2010) *Disability Rights Handbook, 34th Edition, April 2009-April 2010. 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	2009/2010 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 & 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 & Prices index.
Other costs E. Personal living expenses	£21.90 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 & 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 2009/2010		
£226 per resident week establishment costs (includes A to D); £345 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	2009/2010 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	£162 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	£105 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 & 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 & Prices index.
Other costs E. Personal living expenses	£21.90 per week	The DWP allowance is used as a proxy for personal consumption.
F. Service use	£85 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 & 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 2009/2010		
£313 per resident week establishment costs (includes A to D); £419 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	2009/2010 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£14 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	£1.40 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	£164 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	£53 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 & 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; 2.70 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 2009/2010		
£232 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 (2010) *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 (2010) <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 costs² would be more appropriate.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£18 per bed per day	Estimates are based on the new-build and land requirements for a bed in a psychiatric hospital ward. ^{3,4} 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.
Revenue costs		
D. Salary, supplies and services costs	£113 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	£61 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	£21.90 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 (£80.15, higher rate for patients under pension age and £89.90 for people over pension age per week) and severe disablement allowance (£52.85 per week). See rules which came into force from April 2006 on benefits of long-stay hospital patients ⁵ .
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; 2.70 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). ⁶
Unit costs available 2009/2010		
£215 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 http://www.dh.gov.uk/en/PublicationsandstatisticsPublications/PublicationsPolicyAndGuidance/DH_111591

3 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

5 Disability Alliance (2010) *Disability Rights Handbook, 34th Edition, April 2009-April 2010. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

6 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,² the mean average cost for Local Psychiatric Intensive Care Units for 2009 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 & Prices inflator.

Costs and unit estimation	2009/2010 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. ³ This has remained unchanged since last year.
B. Land	£2.50 per patient day	Based on information provided by the Department for Communities and Local Government, discounted at 3.5 per cent over 60 years. ⁴
C. Equipment and durables		No information available.
Revenue costs		
D. Salary costs	£410 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	£111 per patient day	
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 & 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 2009/2010		
£604 per patient day (includes A to G); £7,435 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 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

3 Building Cost Information Service (2010) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

4 Based on personal communication with the Department for Communities and Local Government (2010) <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,¹ the mean average cost for NHS day care for people with mental health problems for 2009 was £102 with a minimum range for 25 per cent of the services being £71 or less and the maximum range for 25 per cent of the services being £118 or more. For elderly people with mental health problems, the mean average cost was £134 with a minimum range for 25 per cent of the services being £104 or less and the maximum range for 25 per cent of the services being £172 or more.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A, B & C)		
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. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.80 per session	Based on information provided by the Department for Communities and Local Government. ³ 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. ⁴ These results have been updated using the PSS Pay & 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, ⁵ agency overheads have been assumed to be 5 per cent of revenue costs.
Occupancy	76%	Department of Health statistics, 1998. ⁶ More recent data are not available.
London multiplier	1.20 x A; 2.70 x B; 1.30 x D	D has been based on PSS EX1. ⁷
Unit costs available 2009/2010		
£33 per user session (includes A to E); £66 per day (excluding evenings).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

4 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.

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.

7 Department of Health (2009) *PSS EX1 2008/2009*, 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. This year the cost provided by PSS EX1 is cost per service user per week. PSS EX1 2008/09 gross costs uprated using the PSS Pay & Prices index reported median costs at £88 *per client per week* and mean costs at £78 *per client per week*.¹ Capital costs charged to the revenue account have been deducted (£4.80). In order to provide a cost per day care session therefore, you could assume that clients attend day care on average for three sessions per week resulting in a mean and median cost for a day care session of £26 and £29 respectively. However some will attend more often and others less depending on individual circumstances.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A, B & C)		
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. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.80 per session	Based on information provided by the Department for Communities and Local Government. ³ 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. ⁴ In total sufficient data were obtained to estimate the revenue costs for 122 settings. These results have been uprated using the PSS Pay & 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.
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 2009/2010		
£21 per user session (includes A to E); £43 per day (including evenings).		

1 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

2 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

4 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.

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. This year the cost provided by PSS EX1 for day care provided by others is cost per service user per week. PSS EX1 2008/09 gross costs uprated using the PSS Pay & Prices index reported median costs of £66 *per client per week* and mean costs of £68 *per client per week*.¹ In order to provide a cost per day care session therefore, you could assume that clients attend day care on average for three sessions per week resulting in a mean and median cost for a day care session of £22 and £23 respectively. However some will attend more often and others less depending on individual circumstances.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A, B & C)		
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. ² 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	£0.80 per session	Based on information provided by the Department for Communities and Local Government. ³ 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. ⁴ In total sufficient data were obtained to estimate the revenue costs for 122 settings. These results have been uprated using the PSS Pay & 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. PSS EX1 2008/09 gross costs uprated using the PSS pay and prices index reported median and mean costs at £65 and £67 respectively for day care provided by others for people with mental health problems. This cost is for a day and not for a session of day care. ⁵
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. ⁶
Occupancy	76%	Department of Health statistics, 1998. ⁷
London multiplier	1.20 x A; 2.70 x B;	No multiplier available
Unit costs available 2009/2010		
£21 per user session (includes A to E); £42 per day (excluding evenings).		

1 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

2 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

4 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.

5 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

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

7 Department of Health (1998) *Community Care Statistics, Day and Domiciliary Personal Social Services for Adults, Detailed Statistics*, Government Statistical Service, 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 and uprated using the PSS Pay & 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 £4,337 to £11,636 per annum.

Costs and unit estimation	2009/2010 value	Notes
A. Total annual expenditure	£10,482	Average gross expenditure for the seven work schemes ranged from £7,019 to £14,715.
B. Total annual income	£2,241	Average gross expenditure minus average net expenditure. Income ranged from £423 to £4,515.
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 2009/2010		
£9.80 gross cost per hour; £7.80 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	2009/2010 value	Notes
A. Wages/salary	£40,000 per year	Based on full-time equivalent basic salary of the January-March 2010 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	£9,988 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	£3,130 per year	Comprises £3,130 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	£3,292 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: on face-to-face contact	1:1	Fifty per cent of time is spent on face-to-face contact and 50 per cent on other activities.
Length of contact	55 minutes	Average duration of CBT session.
Unit costs available 2009/2010		
£36 per hour; £73 per hour face-to-face contact; £67 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 (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

6 The Information Centre (2010) Results of the NHS Sickness Absence Survey 2009, 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	2009/2010 value	Notes
A. Wages/salary	£35,184 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2010 NHS Staff Earnings estimates. ¹ See page 230 for information on mean salaries.
B. Salary oncosts	£8,698 per year	Employers' national insurance plus 14 per cent of salary to employers' superannuation.
C. Overheads: - direct	£4,388 per year	Ten per cent of salary costs added for equipment, management and administrative overheads.
D. Capital overheads	£3,534 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 2009/2010		
£34 per hour (includes A to D); £44 per hour of client contact (included A to D); £71 per surgery consultation.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, The Information Centre, Leeds.

2 Based on personal communication with the Department for Communities and Local Government (2010) <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.

2.15 Individual placement and support

Description of IPS

People with severe mental health problems face particular barriers to employment, both in relation to their impairments (McGurk & Mueser, 2004) and as a result of stigma and prejudice (Thornicroft, 2006). To overcome these, an approach known as Individual Placement and Support (IPS), has been developed (Department of Health, 2006) and has strong evidence to support it (Bond, Drake & Becker, 2008; Burns et al., 2007). There are 25 criteria for 'fidelity' of IPS to the standards of best practice, the management ratio and the caseload sizes used here are within the bounds of 'good to exemplary' scores; most of the other fidelity criteria have little or no direct impact on service costs. Moreover, there is evidence from the US that each place on a caseload serves about 1.8 clients over a year. Although caseload size is used here to estimate a range of unit costs for IPS, turnover has not been factored in because it is likely to vary according to the skills of the post-holder.

Necessary conditions for IPS to operate

It should be noted that successful operation of IPS requires work-oriented mental health services, through cross-sector engagement and partnership working; this is not a role which should be undertaken exclusively by an IPS service. The specialist skills of IPS staff and managers costed here are intended to provide direct interventions with service users and employers, to place people in work and support them as required. Responsibility for the maintenance of work-oriented mental health is shared more widely across professionals in the field.

Variations in the costs presented

The IPS approach requires employment specialists to be integrated into the mental health team. However there is a wide range of levels at which the specialists are currently appointed. Therefore in Table 1, we offer costs for four grades of staff, two with professional qualifications (e.g. psychology, occupational therapy) and two with no particular qualifications. These different levels of pay, combined with a range of caseload sizes, yield a range of unit costs, as shown in Table 2. To the salary costs are added the usual overheads, plus a management cost for a team leader, who according to IPS wisdom should not supervise more than 10 staff and should be available to provide practical support. A small marketing budget is included here, but annual costs for training were not available. We were advised by experienced IPS services that no other costs are commonly incurred.

The unit cost per year shown in Table 2 ranges from £1,441 to £5,492, depending on caseload size and salary level of the worker. This does not take account of turnover in clients, as they require less support and is therefore a conservative estimate of unit costs.

Comparative costs of day care

Unit costs of IPS may be compared to the costs of day care. In Unit Costs of Health and Social Care 2009 Schema 2.11 (p. 65) the cost of voluntary sector day care was £42 per day outside of London. Table 3 shows the number of day care sessions at this cost which would correspond to each level of IPS costs from Table 2. This ranges from 34 sessions – less than one day per week, to 131 sessions, less than three days per week. Whereas day care is often allocated in perpetuity, IPS is geared to finding a person paid work, and therefore the amount consumed by a given individual is likely to decrease over time, making IPS likely to be more cost-effective for individuals who move on to work for any length of time. Moreover, there is some evidence that those individuals who attain work also gain in self-esteem (Sesami Research Team and Practice Partnership, 2007) and reduce their reliance on mental health services though not necessarily on benefits (Schneider et al., 2009) besides participating more fully in the economy, with all that this brings in terms of social inclusion.

Table 1 Cost components (£)

	Unqualified	Unqualified	Qualified	Qualified
	Band 3	Band 4	Band 5	Band 6
Wage	17,700	20,100	23,300	32,000
Salary oncosts	1,498	1,798	2,198	3,286
Superannuation	2,478	2,814	3,262	4,480
Overheads - indirect	3,130	3,130	3,130	3,130
Overheads - direct	960	1,095	1,275	1,764
Capital	2,327	2,327	2,327	2,327
SE team leader	6,943	6,943	6,943	6,943
Marketing budget	987	987	987	987
TOTAL	36,023	39,194	43,422	54,917

Table 2 Unit costs (£)

Caseload 10	3,602	3,919	4,342	5,491.69
Caseload 15	2,402	2,613	2,895	3,661.12
Caseload 20	1,801	1,960	2,171	2,745.84
Caseload 25	1,441	1,568	1,737	2,196.67

Table 3 Equivalent cost in day care days (£)

Caseload 10	86	93	103	131
Caseload 15	57	62	69	87
Caseload 20	48	47	52	65
Caseload 25	34	37	41	52

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3. Services for people who misuse drugs/alcohol

- 3.1 Residential rehabilitation for people who misuse drugs/alcohol
- 3.2 Inpatient detoxification for people who misuse drugs/alcohol
- 3.3 Specialist prescribing
- 3.4 Alcohol health worker, Accident & Emergency

Services for people who misuse drugs/alcohol

Statistics produced by the National Drug Treatment Monitoring system (NDTMS) and discussed in the National Treatment Agency's (NTA) Annual Report, 2008/09 (NTA, 2009)¹ reveal the prevalence of people who misuse drugs/alcohol. The most recent NDTMS data (2008-09) show that 210,815 individuals are receiving structured drug treatment.

This year we have based the unit cost information on new research carried out by the National Treatment Agency (Personal communication with the NTA, 2010). This information provides the costs of three principle treatment interventions: (a) residential rehabilitation, (b) inpatient detoxification and (c) specialist prescribing. These interventions are described in more detail in this chapter and in 'Business Definition for Adult Drug Treatment Providers' referenced below (National Treatment Agency, 2010).²

The provider's data was excluded from the national averages for interventions that fell in the top and bottom 5 per cent of unit costs for service users in treatment **OR** days in treatment and the top and bottom 10 per cent of unit costs for service users in treatment **AND** days in treatment.

3.1 Residential rehabilitation for people who misuse drugs/alcohol

Drug residential rehabilitation consists of a range of treatment delivery models or programmes to address drug and alcohol misuse, including abstinence orientated drug interventions within the context of residential accommodation. Examples include, inpatient treatments for the pharmacological management of substance misuse and therapeutic residential services designed to address adolescent substance misuse. See 'Business Definition for Adult Drug Treatment Providers' referenced below (National Treatment Agency, 2010)³ for the full description of residential treatment. Of the 210,815 individuals receiving structured drug treatment in 2008/09, there were 4,711 recorded in residential rehabilitation. It is known however that this has been under reported due to only about two-thirds of residential providers making returns to the NDTMS in 2008/09.

Information has been drawn from a sample of 34 residential rehabilitation programmes to produce a unit cost per resident week of £628 at 2009/2010 prices. This has been uprated from 2007/08 using the HMT GDP deflator. A breakdown of costs has not been calculated for Residential Rehabilitation due to the method of collection for this service.

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

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

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

3.2 Inpatient detoxification for people who misuse drugs/alcohol

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

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

The three main settings for inpatient treatment are: (a) General hospital psychiatric units, (b) specialist drug misuse inpatient units in hospitals and (c) Residential rehabilitation units (usually as a precursor to the rehabilitation programme). See 'Business Definition for Adult Drug Treatment Providers' (National Treatment Agency, 2010)¹ referenced below for more detailed information on this intervention.

Based on information provided by the National Treatment Agency (Personal communication with the NTA, 2010), the average cost per patient day for inpatient detoxification (NHS and voluntary organisations) is £142 per patient day which is equivalent to £994 per patient week. All costs have been uprated from 2007/08 using the HMT GDP deflator.

Costs and unit estimation	2009/2010 value	Notes
A. Direct pay	£83 per patient day	Salaries plus oncosts for care staff.
B. Direct overheads	£15 per patient day	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration, for example telephones and information technology.
C. Indirect costs and overheads	£44 per patient day	Capital charges, capital on refurbishment, property and buildings, housekeeping, catering, portage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2009/2010		
£142 per patient day or £994 per patient week		

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

3.3 Specialist prescribing

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

The teams include specialist doctors who are usually consultant addiction psychiatrists 'with a Certificate of Completion of Training (CCT) in psychiatry, with endorsement in substance misuse working exclusively to provide a full range of services to substance misusers'. Such teams sometimes have other specialists. See 'Business Definition for Adult Drug Treatment Providers' (National Treatment Agency, 2010)¹ referenced below for more detailed information on this intervention.

Based on information provided by the National Treatment Agency (Personal communication with the NTA, 2010), the average cost per patient week for specialist prescribing is £50. All costs have been updated from 2007/08 using the HMT GDP inflator.

Using reference costs 2008/2009,² the mean cost per client contact in a NHS and PCT combined drugs and alcohol mental health specialist team was £95 per face to face contact and £42 per non face to face contact. These costs have been updated using the Hospital and Community Health Services (HCHS) inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Direct pay	£24 per patient week	Salaries plus oncosts for care staff.
B. Direct overheads	£17 per patient week	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration, for example telephones and information technology.
C. Indirect costs and overheads	£9 per patient week	Includes capital charges, capital on refurbishment, property and buildings, housekeeping, catering, portorage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2009/2010		
£50 per patient week		

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

2 http://www.dh.gov.uk/en/Publicationsandstatistics/PublicationsPublicationsPolicyAndGuidance/DH_111591

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	2009/2010 value	Notes
A. Wages/salary	£30,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2010 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 £33,600. ² See page 230 for further information on mean salaries.
B. Salary oncosts	£7,523 per year	Employers' national insurance contribution plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,678 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	£3,130 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	£2,283 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 2009/2010 (costs including qualifications given in brackets)		
£28 (£33) per hour; £34 (40) 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 (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, 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
- 4.6 Local authority day care for people with learning disabilities
- 4.7 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	2009/2010 value	Notes
A. Capital costs	£70 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.
Revenue costs B. Staffing (direct and non-direct staffing) C. On-site administration D. Agency overheads	£707 per week £21 per week £124 per week	Calculated using facility-specific accounts information and updated using the PSS Pay & Prices Inflater.
Other costs E. Personal living expenses	£239 per week	Based on community living economic data and extracted from a sample of individual residents in fully-staffed settings and semi-independent living settings. DWP allowances for 2009/2010 are used as a proxy for personal consumption. ⁴ Based on the Lower Disability Allowance Care component, Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit - personal allowances - single person (25 plus) and Housing Benefit, premium - single.
External services F. Hospital G. Community H. Day services	£10 per week £19 per week £204 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI). ⁵
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 2009/2010		
£922 establishment cost per resident week (includes A to D), £1,394 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	2009/2010 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	£512 per week	Calculated using facility-specific accounts information. Costs relate to staffing within the individual setting/house.
C. Direct non-staffing	£71 per week	
D. On-site administration	£155 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	£8.00 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	£185 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 2009/2010		
£863 establishment costs per resident week (includes A to E); £1,105 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	2009/2010 value	Notes
A. Capital costs	£79 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.
Revenue costs B. Staffing (direct and non-direct staffing) C. On-site administration D. Agency overheads	£935 per week £29 per week £152 per week	Calculated using facility-specific accounts information.
Other costs E. Personal Living expenses	£239 per week	Based on community living economic data and extracted from a sample of individual residents in fully-staffed settings and semi-independent living settings. DWP allowances for 2009/2010 are used as a proxy for personal consumption. ⁴ Based on the Lower Disability Allowance Care component, Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit - personal allowances - single person (25 plus) and Housing Benefit, premium - single.
External services F. Hospital G. Community H. Day services	£8 per week £18 per week £234 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.
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 2009/2010		
£1,195 establishment costs per resident week (includes A to D); £1,693 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/docs/newbenefitrates.pdf>

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

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

4.4 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	2009/2010 value	Notes
A. Capital costs	£59 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	£1,030 per week	Calculated using facility-specific accounts information.
C. Other revenue costs	£58 per week	
D. Agency overheads	£185 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	£7.80 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	£64 per week	
H. Personal living expenses	£140 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 2009/2010		
£1,331 establishment costs per resident week (includes A to D); £1,577 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	2009/2010 value	Notes
A. Capital costs	£57 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.
Revenue costs B. Staffing (direct and non-direct staffing) C. On-site administration D. Agency overheads	£255 per week £10 per week £63 per week	Calculated using facility-specific accounts information.
Other costs E. Personal living expenses	£239 per week	Based on community living economic data and extracted from a sample of individual residents in fully-staffed settings and semi-independent living settings. DWP allowances for 2009/2010 are used as a proxy for personal consumption. ⁴ Based on the Lower Disability Allowance Care component, Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit - personal allowances - single person (25 plus) and Housing Benefit, premium - single
External services F. Hospital G. Community H. Day services	£10 per week £15 per week £128 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.
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 2009/2010		
£385 establishment costs per resident week (includes A to D); £777 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.
- 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

This year the cost provided by PSS EX1 is cost per service user per week. PSS EX1 2008/09 gross costs uprated using the PSS Pay & Prices index reported median costs at £276 *per client per week* and mean costs at £246 *per client week*.¹ The costs per session are dependent on how many sessions per week the client attends.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A, B & C)		
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. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.80 per session	Based on Department for Communities and Local Government statistics. ³ Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment and durables		No information available.
Revenue costs		
D. Salary and other revenue costs	£51 per session	The median revenue cost estimate is taken from PSS EX1 2008/09 uprated using the PSS Pay & Prices index. ⁴ Assuming people with learning disabilities attend five days a week, the median and mean cost per day are £51 and £46 respectively. Capital charges on the revenue account have been deducted (8% of the revenue costs).
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. ⁵ Social Services Management and Support Services (SSMSS) overhead costs are included in PSS EX1 2008/09 so no additional agency overheads have been included in unit costs below. ³
G. Other costs		
Use of facility by client	500 sessions per year	Assumes attendance 5 sessions a week.
Occupancy	78%	Department of Health statistics, 1997. ⁶ No later statistics available.
London multiplier	1.50 x (A to B); 1.20 x (D to G)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2009/2010		
£56 per session (includes A to E).		

1 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

2 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

4 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

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

6 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	2009/2010 value	Notes
A. Coordinator wages/salary	£26,683 per year	1994/1995 costs inflated by the PSS Pay Index.
B. Salary oncosts	£2,678 per year	Employers' national insurance.
C. Worker/volunteer costs of sessions	£23,181 per year	1994/1995 costs inflated by the PSS Pay Index.
D. Expenses associated with sessions	£7,721 per year	1994/1995 costs inflated by the PSS Pay & Prices index.
E. Training	£2,592 per year	1994/1995 costs inflated by the PSS Pay & Prices index.
F. Capital costs of equipment and transport	£2,655 per year	Discounted at 3.5 per cent over 10 years. 1994/1995 costs inflated by the retail prices index.
G. Direct overheads		
Revenue		Includes management, telephone, secretarial support, stationery, etc. 1994/1995 costs inflated by the PSS Pay & Prices index.
Capital	£11,164 per year	1994/1995 costs inflated by the PSS prices index.
- office space	£410 per year	Discounted at 3.5 per cent over 60 years.
- office equipment	£390 per year	Discounted at 3.5 per cent over five years.
H. Indirect overheads	£3,735 per year	Includes the personnel and finance functions. 1994/95 costs inflated by the PSS Pay & 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 2009/2010		
£88 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 2009/2010 prices.

Costs and unit estimation	2009/2010 value	Notes
Capital Costs (A, B, C & D)		
A. Buildings	£193 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	£27 per week	Land costs have been discounted at 3.5 per cent over 60 years.
C. Equipment/durables: - wheelchairs - furnishings/fitings	£8.60 per week £8.00 per week	Cost of powered chair. Costs have been inflated using the PSS prices index. Depreciation on furniture/fitings. Calculated using facility-specific accounts. Costs have been inflated using the PSS prices index
D. Vehicles	£5.50 per week	
Revenue costs		
E. Salary costs	£824 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	£16 per week	Prices uprated using the PSS prices index.
G. Maintenance	£19 per week	Includes repairs and contracts and cyclical maintenance. Inflated using the PSS Pay & Prices index.
H. Medical costs	£12 per week	
I. Other revenue costs	£184 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	£49 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 2009/2010		
£1,345 per resident week.		

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

2 Building Cost Information Service (2010) *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 2009/2010 prices.

Using PSS EX1 2008/09 uprated using the PSS Pay & Prices Inflator, mean costs of local authority residential care for adults with a physical disability or sensory impairment were £1,286 and median costs were £869.² Mean costs of residential care provided by others for adults with a physical disability or sensory impairment were £817 and median costs were £822. Using the Adult Social Services Expenditure Survey 2009/10, the estimated average net unit cost for the provision of external residential care for people with physical disabilities and external independent nursing care was £743 per week and £758 per week in 2009/10 respectively.³

Costs and unit estimation	2009/2010 value	Notes
Capital Costs (A, B, C & D)		
A. Buildings	£84 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	£13 per week	Based on an approximate measurement of 0.35 acres provided by John Grooms. Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables: - wheelchairs - furnishings/fittings	£8.60 per week £6.70 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	£2.00 per week	
Revenue costs		
E. Salary costs	£503 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	£29 per week	Includes repairs and contracts and cyclical maintenance. Costs inflated using the PSS prices index.
H. Other revenue costs	£70 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	£24 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 2009/2010		
£748 per resident week.		

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

2 The Information Centre (2010) *PSS EX1 2008/09*, The Information Centre, Leeds.

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 (2010) *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 2009/2010 prices.

Costs and unit estimation	2009/2010 value	Notes
Capital Costs (A, B & C)		
A. Buildings	£132 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	£21 per week	Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables: - wheelchairs - furnishings/fittings	£8.60 per week £8.30 per week	Cost of powered chair. Costs uprated using the PSS prices index. Depreciation on furniture/fittings.
Revenue costs		
D. Salary costs	£407 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	£8.70 per week	Charges incurred by national organisation.
Personal living expenses		
I. Basic living costs	£130 per week	Based on Family Expenditure Survey (2009) ³ estimates of household expenditure of a single retired person mainly dependent on state pension inflated to 2009/2010 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	£10 per week	Other living costs are those covered by personal expenses (for example, leisure goods and alcohol). Additional information on disabled people's costs of living can be found in the Joseph Rowntree Foundation report by Smith et al. (2004) ⁴
K. External services		
Resident A	£205 per week	Resident A attends a Day Centre Workshop 3 days per week, funded by social services. In addition has volunteer support.
Resident B	£237 per week	Resident B is attended by the district nurse each night and during the day on two occasions each week. Four additional hours' care per day provided by scheme's care staff.
Residents C & D	£446 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	£7.00 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 2009/2010		
£595 per week's accommodation and on site support (includes A to G); £776 per week all service and accommodation costs (includes A to G and K); £914 per week accommodation, support services and basic living (equivalent to care home costs) (A to I and K); £933 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 (2010) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

3 Office for National Statistics (2009) *Family Spending 2009 edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family_Spending_2009/FamilySpending2008_web.pdf.

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

5.4 Rehabilitation day centre for younger adults with brain injury

This 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 2009/2010 prices.

Costs and unit estimation	2009/2010 value	Notes
Capital Costs (A, B, C & D)		
A. Buildings	£12.30 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	£1.30 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/fitings	£1.50 per day	Depreciation on furniture/fitings. 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	£4.90 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 2009/2010		
£89 per place per day; £4,362 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 (2010) *Surveys of Tender Prices*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

6. Services for children and their families

- 6.1 Children's hospital costs
- 6.2 Community home for children — local authority
- 6.3 Community home for children — non-statutory sector
- 6.4 Local authority foster care for children
- 6.5 Social services support for Children in Need
- 6.6 Comparative costs of providing sexually abused children with individual and group psychotherapy
- 6.7 Key worker services for disabled children and their families
- 6.8 Multidimensional Treatment Foster Care
- 6.9 Incredible Years Parenting Programme

6.1 Children's hospital costs

The reference costs¹ provide information on how the £48 billion of NHS expenditure was used in the 2008/09 financial year. In this schema, we have drawn on this information to provide the costs of services and treatments which are relevant to children. The information is for the NHS Trusts and Primary Care Trusts combined. Any data for which there are fewer than ten submissions have been omitted due to their potential unreliability or they have been combined to form a weighted average cost. All costs have been updated to 2009/2010 levels using the HCHS Pay & Prices inflator.

	Lower quartile	Upper quartile	National average
COMMUNITY SERVICES	£	£	£
Therapy services			
Physiotherapy group (one-to-one)	50 (46)	89 (81)	90 (66) ²
Occupational therapy group (one-to-one)	47 (82)	91 (138)	111 (119)
Speech therapy services group (one-to-one)	46 (63)	97 (94)	93 (81)
Other community services (includes child public health, safeguarding, statutory work for education and social services and other services, but excludes TFC 291 and other vaccination programmes)			
Weighted average of face-to-face contact	191	321	283
Weighted average of non-face-to-face contact	59	109	105
Community and outreach nursing			
School-based children's health services — group (one-to-one)	29 (25)	48 (45)	43 (37)
Vaccination programmes			
School-based children's health services	15	35	27
Community nursing services — general	40	120	93
Palliative Care -			
Community and outreach nursing — Band 2 palliative/respite care face-to-face	142	195	159
Outpatient — medical specialist palliative care	n/a	n/a	161
Outpatient — medical specialist non-palliative care	n/a	n/a	29
CONSULTANT-LED SERVICES (outpatient follow-up attendances)			
Weighted average for all paediatric services (excludes cystic fibrosis)	133	195	163
Non consultant-led services (outpatient follow-up attendances)			
Weighted average for all paediatric services (excludes cystic fibrosis)	108	153	134
MENTAL HEALTH			
Community mental health specialist teams (face to face)	221	301	265
Day care facilities — regular attendances	153	397	279
Specialist inpatient services (weighted average of eating disorder, and mother and baby units)	499	631	586
Consultant services — outpatient, weighted average of drugs and alcohol, and other services — follow-up face-to-face	185	289	250
Child and Adolescent Medium Secure Services	897	1336	1000

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 Please refer to Question 4 of the FAQ document found on the website http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591 for information on why the average lies outside the range of the upper quartile.

6.2 Community home for children — local authority

The Costs and Effectiveness of Services for Children in Need study 'Leadership and Resources in Children's Homes' (funded under the Department of Health's Costs and Effectiveness of Services for Children In Need initiative) estimated the costs for a sample of 30 Local Authority residential homes in England. Using a combination of this research and publicly available data, this schema presents the costs per resident week for a local authority community home for children. Establishment costs per week were £2,689 per resident week and costs including external services were £2,881. All costs have been updated using the PSS Pay & Prices index.

Based on Section 52 of the Department for Education's Financial Data collection for outturn 2008/09 and activity data¹, the cost for a week in a residential home for children (own provision and independently provided) was £2,810 when updated using the PSS Pay and Prices Index.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A,B & C)		
A. Buildings	£98 per resident week	Based on the new build and land requirements for local authority children's homes. These allow for 59.95 square metres per person. ² Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£13 per resident week	Based on statistics provided by the Department for Communities and Local Government. ³ Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment		No information available.
Revenue costs		
D. Salary and other revenue costs	£2,578 per resident week	Mean costs for children looked after in own provision children's homes are based on PSS EX1 returns for 2007/2008 updated using the PSS Pay & Prices Index. ⁴ Data has been adjusted to include respite and short term placements. Capital charges based on the above estimate (£98) have been deducted. The mean cost in the 'Leadership and Resources in Children's Homes' study staff costs accounted for 65 per cent of the total cost of homes on average.
E. Agency overheads		Agency overheads are excluded from this schema. However the 'Leadership and Resources in Children's Homes' study imputed these costs at 10.6 per cent of total annual revenue costs.
F. Other costs		Service use data taken from the 'Leadership and Resources in Children's Homes' study and likely to be an underestimate as information on key services only was requested.
<i>External services:</i>		Costs of hospital services were taken from Trust Financial returns (CIPFA, 2001) and updated to 2009/2010 prices using the HCCHS Pay & Prices Index. ⁵
Health services	£5	Support provided by field social workers, leaving care workers and family support workers. Unit costs were taken from Netten et al, (2001) and updated to 2009/2010 prices using the PSS Pay & Prices Index. ⁶
Social services	£15	
Youth justice sector	£2	Costs for police contacts and youth custody were estimated using information contained in Finn et al. (2000) and updated to 2009/2010 prices using the PSS Pay & Prices Index. ⁷
Education sector (excluding in-house education)	£170	Costs estimated according to the location of the home using information contained in CIPFA (2001). ⁵ Home tuition costs were estimated using methodology reported by Berridge et al. (2002). ⁸ The mid-point of the pay scale for qualified teachers was used, including employers' National Insurance and Superannuation contributions. A percentage (65 per cent) was added to cover 'other institutional' expenditure and LEA overheads.
Use of facility by client	52.18 weeks per annum	
Occupancy	84%	Taken from the 'Leadership and Resources in Children's Homes' study. Based on the occupancy rate for all Community Children's Homes.
London multiplier	1.06 x A; 2.52 x B; 1.01 x (D)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2009/2010		
£2,689 establishment costs per resident week (includes A to E); £2,881 care package costs per resident week (includes A to D and F).		

1 Department for Children, Schools and Families (2009) *Benchmarking Tables of LA Planned Expenditure 2008-09*, Every Child Matters, Department for Children, Schools and Families, London.

2 Building Cost Information Service (2010) *Surveys of Tender Prices*, BCIS, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2010), http://www.communities.gov.uk/pub/152/Table563_id1156152.xls

4 Department of Health (2008) *PSS EX1 2008/09*, Department of Health, London.

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

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

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

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

6.3 Community home for children — non-statutory sector

The Costs and Effectiveness of Services for Children in Need study 'Leadership and Resources in Children's Homes' (funded under the Department of Health's Costs and Effectiveness of Services for Children In Need initiative) estimated the average costs of a sample of community homes in the non-statutory sector in England. Using a combination of this research and publicly available data, as detailed in this schema, establishment costs per week were £2,408 per resident week and costs including external services were £2,494.

Based on Section 52 of the Department for Education's Financial Data collection for outturn 2008/09 and activity data¹, the cost for a week in a residential home for children (own provision and independently provided) was £2,810 when uprated using the PSS Pay and Prices Index.

Costs and unit estimation	2009/2010 value	Notes
Capital costs (A,B & C)		
A. Buildings	£98 per resident week	Based on the new build and land requirements for local authority children's homes. These allow for 59.95 square metres per person. ² Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£13 per resident week	Based on Department for Communities and Local Government statistics. ³ Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment		No information available.
Revenue costs		
D. Salary and other revenue costs	£2,298 per resident week	Mean costs for children looked after in own provision children's homes are based on PSS EX1 returns for 2007/2008 uprated using the PSS Pay & Prices Index. ⁴ Data has been adjusted to include respite and short term placements. Capital charges based on the above estimate (£98) have been deducted. In the 'Leadership and Resources in Children's Homes' study, staff costs accounted for 64 per cent of the total cost of homes on average.
E. Agency overheads		Agency overheads have been excluded from this schema. However the 'Leadership and Resources in Children's Homes' study imputed these costs at 6.4 per cent of total annual revenue costs.
F. Other costs		Taken from the 'Leadership and Resources in Children's Homes' study and likely to be an underestimate as information on key services only was requested.
<i>External services:</i>		Unit costs of hospital services were taken from Trust Financial returns (CIPFA, 2001) and uprated to 2009/2010 prices using the HCHS Pay & Prices Index. ⁵
Health services	£37	Support provided by field social workers, leaving care workers and family support workers.
Social services	£8	Unit costs were taken from Netten et al. (2001) and uprated to 2009/2010 using the PSS Pay & Prices Index. ⁶
Youth justice sector	£5	Costs for police contacts and youth custody were estimated using information contained in Finn et al. (2000) and uprated to 2009/2010 prices using the PSS Pay & Prices Index. ⁷
Education sector (excluding in-house education)	£33	Costs estimated according to the location of the home using information contained in CIPFA (2000) and uprated to 2009/2010 prices using the PSS Pay & Prices Index. ⁵ Home tuition costs were estimated using methodology reported by Berridge et al. (2002). ⁸ The mid-point of the pay scale for qualified teachers was used, including employers' National Insurance and Superannuation contributions. A percentage (65 per cent) was added to cover 'other institutional' expenditure and LEA overheads.
Private sector costs	£2	
Use of facility by client	52.18 weeks per annum	
Occupancy	84%	Taken from the 'Leadership and Resources in Children's Homes' study. Based on the occupancy rate for all Community Children's Homes.
London multiplier	1.06 x A; 2.52 x B; 0.84 x (D)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2009/2010		
£2,408 establishment costs per resident week (includes A to E); £2,494 care package costs per resident week (includes A to D and F).		

1 Department for Children, Schools and Families (2009) *Benchmarking Tables of LA Planned Expenditure 2008-09*, Every Child Matters, Department for Children, Schools and Families, London.

2 Building Cost Information Service (2010) *Surveys of Tender Prices*, Royal Institution of Chartered Surveyors, Kingston-upon-Thames.

3 Based on personal communication with the Department for Communities and Local Government (2010).

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

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

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

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

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

6.4 Local authority foster care for children

Costs and unit estimation	2009/2010 value	Notes
A. Boarding out allowances and administration	£390 per child per week	Mean costs using PSS EX1 for 2007/08 (£383) ¹ and uprated to 2009/10 using the inflator for all provision foster care in Section 52 of the Department for Education's Financial Data collection for outturn 2008/09 ² and the PSS Pay and Prices Inflator. In 2007/08 ¹ , all provision foster care was £489 and £492 when inflated to 2008/09 prices. This was calculated by using Section 52 and dividing total net expenditure of £1,083,980,685 ² by the total number of activity days (15,437,480). ³ The cost per day for all provision foster care for 2008/09 was therefore £70.2 per day (£492 per week). Using the same inflators, local authority foster care was estimated at £385 in 2008/09 and £390 when inflated to current values using the PSS Pay and Prices Inflator.
B. Care		No information available.
C. Social services (including cost of social worker and support)	£224 per child per week	The majority of children looked after are in foster placements and the mean cost of support from fieldwork teams and centres (costed staff/centre time) has been estimated by using the Children in Need (CiN) Census 2005 ⁴ and uprated to current levels using the PSS Pay and Prices Inflators.
D. Other services, including education	£62 per child per week	The study by Beecham and Knapp found that other services including health, education and law and order (estimated on the same basis as services to those in community homes) added a further 16 per cent to the cost. ⁵
Service use by client	52.18 weeks per year	
London multiplier	1.22	Based on PSS EX1 data for 2005/06. ¹ Costs in London were considerably higher and this is likely to be partly as a result of having a larger market with Independent Fostering Agencies available.
Unit costs available 2009/2010		
£676 per child per week (includes A to D).		

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

2 Department for Children, Schools and Families (2009) *Benchmarking Tables of LA Planned Expenditure 2008-9*, Every Child Matters, Department for Children, Schools and Families, London.

3 <http://www.dcsf.gov.uk/datastats1/guidelines/children/returns.shtml>

4 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., <http://www.education.gov.uk/rsgateway/DB/VOL/v000647/index.shtml>

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

6.5 Social services support for Children in Need

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

In this schema therefore, we present information collected in 2005 which is based on services received by each child seen during a survey week in February. These costs have been uprated to 2009/2010 costs using the PSS Pay and Prices inflators. The costs are averages (the average cost per child) and are within the normal range. For children looked after, at 2009/2010 prices the average weekly cost for looked after children was £761 while for children supported in their families or independently it was £157 with an average cost per Child In Need of £324.

Three types of expenditure are captured.

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

Table 1 Social services costs per child per week by region

Location	Children supported in families or independently		Children looked after		Total	
	Total no. children	Average cost per child £	Total no. children	Average cost per child £	Total no. children	Average cost per child £
All shire counties	60,265	140	22,875	716	83,140	296
All unitary authorities	35,235	140	12,115	822	47,350	313
All metropolitan districts	40,760	151	18,685	682	59,445	319
All London authorities	32,490	218	12,230	917	44,720	408
England	168,750	157	65,900	761	234,700	324

1 For further information on this survey see <http://www.dcsf.gov.uk/rsgateway/DB/VOLv000647/vweb02-2006.pdf>

2 Mahon, J. (2008) *Towards the New Children in Need Census*, York Consulting, <http://www.education.gov.uk/research/data/uploadfiles/DSCF-RW039.pdf>, date accessed 15 September 2010.

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

Need Category ¹	Children supported in families or independently		Children looked after	
	Total no. children	Mean cost per child £	Total no. children	Mean cost per child £
Abuse/neglect	50,900	157	36,000	727
Disability	21,100	179	8,700	727
Parental illness or disability	8,400	157	3,200	682
Family in acute stress	20,000	134	4,100	951
Family dysfunction	23,400	145	6,400	861
Socially unacceptable behaviour	12,200	179	1,800	1,342
Low income	3,900	168	270	738
Absent parenting	5,500	224	4,400	671
Cases other than children in need	8,000	123	460	649
Cases not stated	15,400	145	660	526

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

Type of placement	Children supported in families or independently	Children looked after	Total
	Mean cost per child £	Mean cost per child £	Mean cost per child £
Costed staff/centre time	129	224	157
Ongoing costs	22	531	162
One-off costs	6	11	5
Total costs	157	761	324

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

Type of placement	Children supported in families or independently		Children looked after		Total	
	Mean hours per child	Mean cost per child £	Mean hours per child	Mean cost per child £	Mean hours per child	Median cost per child £
Asylum seeking children	1.5	246	2.4	671	1.8	397
Disabled children	2.5	179	3.0	794	2.7	392
Autistic children	2.6	185	2.8	923	2.7	470
All children	2.3	157	3.5	761	2.7	324

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

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

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

Research found that these therapies have similar outcomes and although this is a single small study and further work is required to strengthen the evidence-base before change in practice is readily undertaken, results of the study suggest that group therapy is more cost-effective than individual therapy. Total mean costs of group therapy uprated to 2009/2010 levels were found to be £2,845 and total mean costs of individual therapy uprated to 2009/2010 levels were found to be £4,649.

Service use data extracted from case notes and therapists' files were combined with unit costs representing the long-run marginal opportunity costs of the professionals involved in providing the service. Some of these were obtained from *Unit Costs of Health and Social Care 1999*² while others were estimated from (national) pay scales and any additional elements were based on similar services reported in that publication. These unit costs consist of salary, employer superannuation and national insurance contributions, overheads and capital costs. Costs shown in the tables have been up-rated to 2009/2010 levels using the appropriate indices.

Group therapy

Intervention	Sample size (n=36)	Provider	Duration (minutes)
Introductory meeting			
Mean (sd) no. of meetings	1 (0)	Consultant psychiatrist	16
Mean (sd) cost, £	£70 (£14)	Senior social worker	16
Initial assessment		Research psychologist	120
Mean (sd) no. of assessments	1 (0)	Consultant psychiatrist/senior registrar	90
Mean (sd) cost, £	£584 (£43)	Senior social worker	105
Therapy provided to girls			
Mean (sd) no. of sessions	13.3 (4)	Various professionals providing 18 sessions	75
Mean (sd) cost, £	£569 (£205)		
Carers' support			
Mean (sd) no. of sessions	10.1 (5.3)	Social worker providing 10 sessions	50
Mean (sd) cost, £	£528 (£376)		

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

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

Intervention	Sample size (n=36)	Provider	Duration (minutes)
Supervision of girls' therapists Mean (sd) number of sessions Mean (sd) cost, £	13.3 (4.0) £447 (£151)	Senior social worker/cons. psychiatrist providing 18 sessions	75
Supervision of carers' workers Mean (sd) number of sessions Mean (sd) cost, £	3.4 (1.8) £216 (£153)	Senior Social worker providing monthly sessions	60
Follow-up assessments one year follow-up Mean (sd) number of assessments Mean (sd) cost £	1.5 (0.7) £431 (£233)	Research psychologist Consultant psychiatrist/senior registrar Senior social worker All providing 1 session each	30 45 45
Mean (sd) total cost, £	£2,845 (£1,176)		

Individual therapy

Intervention	Sample size (n=35)	Provider	Duration (minutes)
Introductory meeting Mean (sd) no. of meetings Mean (sd) cost, £	1 (0) £68 (£16)	Consultant psychiatrist Senior social worker	16 16
Initial assessment Mean (sd) no. of assessments Mean (sd) cost, £	1 (0) £575 (£46)	Research psychologist Consultant psychiatrist/senior registrar Senior social worker	120 90 105
Therapy provided to girls Mean (sd) no. of sessions Mean (sd) cost, £	26 (8.1) £1,378 (£512)	Various professionals providing 30 sessions	75
Carers' support Mean (sd) no. of sessions Mean (sd) cost, £	14.2 (9.3) £1,344 (£916)	Social worker providing 15 sessions	50
Supervision of girls' therapists Mean (sd) number of sessions Mean (sd) cost, £	13.0 (4.1) £510 (£159)	Senior child psychotherapist providing 15 sessions	60
Supervision of carers' workers Mean (sd) number of sessions Mean (sd) cost, £	4.7 (3.1) £380 (£281)	Senior social worker providing monthly sessions	60
Follow-up assessments One year follow-up Mean (sd) number of assessments Mean (sd) cost £	1.4 (0.7) £395 (£243)	Research psychologist Consultant psychiatrist/senior registrar Senior social worker All providing 1 session each	30 45 45
Mean (sd) total cost, £	£4,649 (2,173)		

6.7 Key worker services for disabled children and their families

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

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

The table below shows that the average cost per working hour for the seven services was £34 ranging This has been calculated by dividing the total cost by the total number of hours for which staff members undertook key-working activities. The unit cost is therefore, weighted for the staff-mix on each service. Over a three month period, the average and mean cost of contact, taking into account telephone calls and the costs of visits, was £151 and £87 respectively. All costs have been uprated to reflect 2009/2010 prices.

Assuming this level of contact to be constant over 12 months, annual average contact costs would be £700. Using information provided by 11 key workers reporting time use, the contact to other activity ratio is 1:2.6 (for each hour spent in contact with the family, two and a half hours are spent on activities such as travel, liaison, meetings etc). At 2009/2010 prices, the total cost of all schemes was £2,250,270 and the total caseload was 1,237 giving an average annual cost per family across the schemes of £1,820.

Use and costs of key worker services in three months prior to survey					
Service	Cost per working hour (£)	Mean number of visits (range)	Mean number of telephone calls (range)	Mean cost of visits and telephone calls (£)	Median cost of visits and telephone calls (£)
A	26	2.9 (0-8)	6.7 (1-16)	143	125
B	42	2.7 (0-24)	5.0 (0-60)	185	90
C	36	3.6 (0-10)	5.4 (1-80)	189	141
D	38	1.9 (0-12)	2.5 (0-12)	108	60
E	38	2.8 (0-20)	4.6 (0-50)	184	114
F	32	4.4 (0-12)	2.5 (0-12)	111	75
G	24	1.4 (0-6)	2.1 (0-6)	39	24
Total/average	34	2.8 (0-24)	4.4 (0-60)	151	87

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

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

3 Beecham, J., Sloper, P., Greco, V. & Webb, R. (2007) The costs of key worker support for disabled children and their families, *Child: Care, Health and Development*, 3, 5, 611-618.

6.8 Multidimensional Treatment Foster Care

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

Research was carried out by the Centre for Child and Family Research, Loughborough University to calculate the costs of Multidimensional Treatment Foster Care¹ and to analyse how these costs compare with those of other types of provision for young people with similar needs. This research built on a previous study to explore the costs and outcomes of services provided to looked after children and the calculation of unit costs of eight social care processes.² The process costs shown below align with those in the schema for children in care (8.8.1 - 8.8.4), in particular the high cost children. Costs per hour have been calculated using Curtis (2007)³ and include overheads and capital costs. For each process the salary and overhead costs have been multiplied by the time spent by the practitioners involved to calculate the unit costs. The costs provided below for providing and maintaining the placement account for over 90 per cent of the costs of a care episode, but exclude the set-up costs.

Cost have been updated from 2006/2007 to 2009/2010 prices using the PSS Pay and Prices Inflaters.

Table 1 Costs of eight social care processes for MTFC

Process number	MTFC cost (2009/2010 prices) £
Process one: decision to place and finding first MTFC placement	6,562
Process two: care planning	128
Process three: maintaining the placement (per month)	6,017
Process four: leaving care/accommodation	280
Process five: finding subsequent MTFC placement	6,254
Process six: review	428
Process seven: legal process	2,947
Process eight: transition to leaving care services	1,241

Table 2 Costs of other types of provision for young people with similar needs

Process number	LA foster care in LA area (2009/2010 prices) £	Agency/foster care in LA area (2009/2010 prices) £	Agency residential in LA area (2009/2010 prices) £
Process one	1,139	1,483	1,435
Process two	128	128	128
Process three	2,909	5,351	10,464
Process four	280	280	280
Process five	677	1,019	1,104
Process six	610	610	610
Process seven	2,947	2,947	2,947
Process eight	1,241	1,241	1,241

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

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

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

6.9 Incredible Years Parenting Programme

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

Although set up costs are not included in the table below, the unit costs have been calculated with and without these activities. Set up costs include producing the programme kit and also the training of two leaders including travel and supervision time. The total cost for these activities was £4,544 and the total time taken was 53 hours. Without these costs, the total cost per child over a 12 week programme based on 8 and 12 parents per group would be £1,771 and £1,181 respectively. Including these activities, the total cost per child based on 8 and 12 parents per group would be £2,339 and £1,559 respectively.

Costs and unit estimation	2009/2010 value	Notes
A. Capital costs - premises	£3,416	Total costs were 25 per cent of total costs.
B. Revenue costs - salaries and oncosts	£7,286	Direct salary and oncosts for running the group included the recruitment costs (£1,038), supervision costs (£4,403) and group running costs (£1,845). The activities included: - 2 group leaders to recruit parents including travel time - 2 leaders to run the group - salary in group session preparation time for 2 leaders - supervision time for 2 leaders including travel - trainer costs to deliver supervision
C. Overheads	£2,149	Telephone costs (£46), mileage costs (£749), clerical support costs (£98) and transport and creche costs (£1,256) were included in this cost.
Venue costs and refreshments	£1,318	Venue costs and refreshments.
Working time Length of programme	379.25 hours	375.25 hours spent for 2 leaders to run the programme.
Unit costs available 2009/2010		
Based on 8 parents per group: total costs per child (including start up costs) £1,771 (£2,339); Based on 12 parents per group: total cost per child (including start up costs) £1,181 (£1,559).		

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

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

7. Hospital and other services

- 7.1 Hospital costs
- 7.2 NHS wheelchairs
- 7.3 Local authority equipment and adaptations
- 7.4 Training costs of health service professionals
- 7.5 Rapid Response Service
- 7.6 Hospital-based rehabilitation care scheme
- 7.7 Expert Patients Programme
- 7.8 Re-ablement service

7.1 Hospital costs

We have drawn on reference costs¹ 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 2009/10 levels using the HCHS Pay & Prices inflator.

	Lower quartile	Upper quartile	National average
	£	£	£
Elective/non elective Health Care Resource Group (HRG) data (average cost per episode)			
Elective inpatient stays	1,931	3,253	2,749
Non-elective inpatient stays (long stays)	1,571	2,588	2,197
Non-elective inpatient stays (short stays)	345	624	523
Day cases HRG data			
Weighted average of all stays	431	771	637
Outpatient procedures			
Weighted average of all outpatient procedures	104	184	152
Day facilities			
Weighted average of all day facilities	424	758	627
PALLIATIVE CARE			
Specialist Inpatient Palliative Care	342	521	425
Hospital Specialist Palliative Care support (inpatient)	33	85	78
Outpatient Medical specialist palliative care attendance	71	267	194
Outpatient Non medical specialist palliative care attendance	76	87	72
A&E SERVICES (Weighted average of attendances)			
Accident and Emergency treatments leading to admitted (not admitted)	95 (76)	150 (112)	131 (97)
Minor Injury Services leading to admitted (not admitted)	34 (42)	59 (62)	51 (54)
Walk in Services leading to admitted (not admitted)	31 (34)	44 (38)	37 (37)
PARAMEDIC SERVICES			
Emergency transfers	209	368	244
Average of all paramedic services (categories A,B & C)	192	246	223
MENTAL HEALTH SERVICES			
Inpatient attendances (cost per bed day)			
Intensive care — adult	460	658	585
Acute care — adult	269	321	295
Rehabilitation — adult	216	300	271
Elderly	269	311	293
Weighted average of all adult mental health inpatient bed days.	267	324	299
Specialist inpatient services -eating disorder (Adults)	378	503	426
Day care facilities — (cost per day — regular attendances)			
Weighted average of all attendances(adults and elderly)	91	146	119
Outpatient attendances, consultant services (follow-up face-to-face attendance)			
Drug and alcohol services — adult	51	121	87
Other services — adult	116	195	158
Elderly	94	194	154
Weighted average of all adult outpatient attendances	93	173	136
Community setting, consultant services (face-to-face contact)			
Weighted average of all contacts	91	135	117

1 http://www.dh.gov.uk/en/Publicationsandstatistics/PublicationsPublicationsPolicyAndGuidance/DH_111591

7.2 NHS wheelchairs

Information about wheelchair costs is based on the results of a study of six sites supplying wheelchairs (excluding wheelchairs for children).¹ Prices have been updated 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 £175 to £977 for active user chairs and £991 to £1,833 for powered chairs (1994/95 prices updated 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 2009/2010	Annual cost 2009/2010	Notes
Capital costs			
Self or attendant propelled	£241	£58	Capital value has been annuitised over five years at a discount rate of 3.5 per cent to allow for the expected life of a new chair. In practice, 50 per cent of wheelchairs supplied have been reconditioned, not having been worn out by the time their first users ceased to need them.
Active user	£603	£143	
Powered	£1,204	£287	
Revenue costs			
Maintenance			Revenue costs exclude therapists' time but include the staff costs of maintenance. The costs include all costs for pressure relief. The cost of reconditioning has not been included in the cost of maintenance.
- non-powered		£26	
- powered		£104	
Agency overheads			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2009/2010			
£85 per self or attendant propelled chair per year; £170 per active user per chair per year; £390 per powered chair per year.			

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

7.3 Local authority equipment and adaptations

Information about the capital cost of installing equipment and making adaptations to property is based on a benchmark study of the cost of aids and adaptations undertaken for the Department of the Environment by Ernst & Young.¹ The intention was to provide illustrative rather than statistically representative costs of installation. Forty local authorities provided information. Major variations were reported, probably reflecting differences in the scale of work undertaken. The median rather than the mean cost was used by Ernst & Young to overcome the spread of reported costs. All costs have been inflated from 1992 prices using the BCIS/ABI House Rebuilding Cost Index.² Although this information is rather dated, 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. According to government guidelines on the discount rate, this table shows the items annuitised over 10 years at 3.5 per cent.

Equipment or adaptation	Mean	Median	Range		Median annual equipment cost
			Minimum	Maximum	3.5% discount
Additional heating	£436	£403	£147	£5,017	£48
Electrical modifications	£445	£521	£59	£3,071	£63
Joinery work (external door)	£515	£612	£266	£1,265	£74
Entry phones	£365	£495	£218	£3,102	£59
Individual alarm systems	£387	£453	£214	£973	£54
Grab rail	£95	£53	£4	£429	£6
Hoist	£950	2,651	£389	£8,260	£319
Low level bath	£539	£676	£365	£1,481	£81
New bath/shower room	£7,903	£15,142	£3,890	£35,008	£1,820
Redesign bathroom	£1,446	£3,388	£486	£7,780	£407
Redesign kitchen	£2,920	£4,015	£713	£6,806	£483
Relocation of bath or shower	£1,076	£2,057	£183	£10,850	£247
Relocation of toilet	£878	£1,754	£174	£4,181	£211
Shower over bath	£961	£893	£214	£2,451	£107
Shower replacing bath	£2,625	£2,473	£480	£4,460	£297
Graduated floor shower	£2,434	£3,006	£1,313	£6,847	£361
Stairlift	£2,654	£3,347	£2,334	£7,481	£402
Simple concrete ramp	£656	£390	£68	£2,810	£47

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

2 Building Cost Information Service (2010) *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.

7.4 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	31,321	25,148	0	0	55,015	4,501
Occupational Therapist	29,089	25,148	0	0	52,852	4,331
Speech and Language Therapist	22,561	32,971	0	0	54,192	4,552
Dietician	23,000	32,971	0	0	54,618	4,643
Radiographer	43,338	25,148	0	0	66,663	5,431
Pharmacist	32,613	39,667	7,615	7,396	85,249	6,743
Nurses						
Hospital Nurse (team manager)	32,265	26,156	-12,087	0	45,224	4,686
Nurse Specialist (Community)	32,265	26,156	-12,087	10,614	66,948	8,048
Health Visitor	32,265	26,156	-12,087	14,547	60,881	6,518
Nurse (GP practice)	32,265	26,156	-12,087	14,547	60,881	6,518
Nurse Advanced	32,265	26,156	-12,087	44,081	90,405	10,614
Doctors						
Foundation Officer 2	65,586	41,469	167,299	0	274,354	20,566
Registrar Group	65,586	41,469	167,299	36,463	310,816	24,287
Associate Specialist	65,586	41,469	167,299	55,372	329,725	26,364
GP	65,586	41,469	167,299	70,374	344,728	27,237
Consultants	65,586	41,469	167,299	115,918	390,272	33,679

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.

7.5 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 updated using the appropriate inflators.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£150,925 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	£34,779 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£13,204 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	£4,117 per year £28,941 per year	Includes mobile phones, uniform replacement for clinical support assistants, stationery, thermometers, energy. 2002/2003 costs updated by the retail price index. Includes administrative staff (Band 2), Manager (Band 7) (0.25). 2002/2003 costs updated by the HCHS Pay Inflator.
F. Indirect overheads	£23,046 per year	Includes the personnel and finance functions 2002/03 costs updated by the HCHS Pay & Prices Inflator.
G. Capital overheads	£2,137 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	£1,346 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 updated using the retail price index.
I. Travel	£21,253 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 2009/2010 (costs including qualifications given in brackets)		
£25 (£26) cost per delivered hour (excludes cost for enhanced payments, cost of assessments, discharge and travel costs); travel per visit £5.20. £201 (£207) per low-cost episode (includes assessment and travel costs); £1,078 (£1,137) per high-cost episode (includes assessment, travel and unsocial hours). Average cost per case £808 (£844).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, The Information Centre, Leeds.

2 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

7.6 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 2009/10 salary costs, and other costs are uprated to present values by using the appropriate HCHS inflators.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£811,782 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	£193,713 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	£81,078 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	£95,039 per year	Includes drugs, dressings, medical equipment, uniforms, laundry allowance, travel and subsistence.
- indirect overheads	£76,395 per year £165,990 per year	Cost for maintenance etc. Includes Finance, Human resources, Board and Facilities.
E. Capital overheads	£81,088 per year	Those capital overheads relating specifically to the unit.
Other capital charges	£17,039 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 2009/2010 (costs including qualifications given in brackets)		
Weekly service costs per bed £670 (£769), Average annual cost per patient £4,028 (£4,254), Cost of a typical client episode £1,455 (£1,537).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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.

7.7 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 £285. These costs are based on 2005 data and have been updated using the appropriate inflators.

Costs and unit estimation	2009/2010 value	Notes
A. Staff salaries (including oncosts) and expenses	£4,251,187	Includes EPP trainers and coordinators.
B. Overheads:		
Publicity material	£444,978	Includes awareness raising, staff magazine, manuals, course books, website, intranet.
Office expenditure	£226,455	Includes IT and other office expenditure.
Assessment	£9,192	Assessment to ensure quality of trainers and programme.
C. Other overheads:	£411,092	Includes EPP staff days, venues (volunteers and staff).
Rental	£339,682	Rental of premises for EPP sessions.
D. Travel	£23,725	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 2009/2010		
Cost per participant £285.		

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.

7.8 Re-ablement service

Adult social care services are increasingly establishing re-ablement services as part of their range of home care provision, sometimes alone, sometimes jointly with NHS partners. Typically, home care re-ablement is a short-term intervention, often free of charge, that aims to maximise independent living skills. Information on the costs of re-ablement have been collected as part of the evaluation of home care reablement services carried out by the Personal Social Services Research Unit at Kent in collaboration with researchers at the Social Policy Research Unit, University of York (Glendinning et al., 2010).¹

The schema below provides the average costs of four re-ablement services participating in the evaluation.² All the services were based out of London and one service had occupational therapists embedded. Cost data was provided for 2008/09 and has been updated using the Personal Social Services Inflation.

Costs per service user for the four sites ranged from £1,631 to £2,215 at 2009/2010 prices. Please note that at 2008/2009 prices, the average cost of the four sites was £2,000.

Costs and unit estimation	2009/2010 value	Notes
A. Salary plus oncosts	£2,347,101	Based on total salary costs ranging from £571,357 to £4,681,308 for re-ablement workers. Costs accounted for between 61 and 62 per cent of total costs. One site included OTs as well as re-ablement workers.
B. Direct overheads		
Administrative and management	£865,541	These costs accounted for between 2 and 25 per cent of total costs for the four sites. The average cost for the four sites was 23 per cent of total costs.
Office and training costs	£46,613	These costs included general office costs, uniforms and training costs. Running costs accounted for 1 per cent of total costs.
C. Indirect overheads	£162,877	Indirect overheads include general management and support services such as finance departments and human resource departments. These accounted for on average 4 per cent of total costs ranging between 0.5 to 9 per cent of total costs.
D. Capital overheads		
Building and land costs	£6,166	Information supplied by the Local authority and annuitised over 60 at a discount rate of 3.5 per cent. This accounted for less than 1 per cent of total costs
Equipment costs	£2,598	Based on information supplied by the Local authority and costed according to government guidelines (see tables 7.2 and 7.3). This accounted for less than 1 per cent of total costs.
E. Travel	£391,156	Average cost for the four Local Authorities accounted for 10 per cent of total costs and ranged from 1 per cent to 12 per cent.
Patient contact hours	49 hours	Average length of episode for the four sites was 49 hours. Average episodes ranged from 35 to 55 hours.
Ratio of direct to indirect time on: Face to face contacts	1:0.94	Based on information received by the sites, 52 per cent of time was spent in contact with service users. Based on an average number of hours of 179,174 and an average number of contact hours of 92,566.
Number of service users	1,886	The average number of service users for the four sites was 1,886 per annum. Sites varied in size and the number of service users ranged between 429 and 3,500 for the four sites.
Unit costs available 2009/2010		
£21 cost per hour; £41 cost per hour of contact; £2,026 cost per service user.		

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

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

8. Care packages

- 8.1.1 Community care package for older people: very low cost
- 8.1.2 Community care package for older people: low cost
- 8.1.3 Community care package for older people: median cost
- 8.1.4 Community care package for older people: high cost
- 8.1.5 Community care package for older people: very high cost
- 8.2 The cost of autism
 - 8.2.1 Children with autism (pre-school)
 - 8.2.2 Children with low-functioning autism (ages 0 – 17)
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 - 8.2.4 Adults with autism
- 8.3 The costs of community-based care of technology-dependent children
 - 8.3.1 Technology dependent children: Case A
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- 8.4 Services for children in care
 - 8.4.1 Children in care: low cost — with no evidence of additional support needs
 - 8.4.2 Children in care: median cost — children with emotional or behavioural difficulties
 - 8.4.3 Children in care: high cost — children with emotional or behavioural difficulties and offending behaviour
 - 8.4.4 Children in care: very high cost — children with disabilities, emotional or behavioural difficulties plus offending behaviour
- 8.5 Young adults with acquired brain injury in the UK

8.1.1 Community care package for older people: 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 £49 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	£21.40		One hour per week of local authority-organised home care.
Meals on Wheels	£25.00		Based on the average gross weekly expenditure on meals for older people receiving them. Taken from PSS EX1 2008/09, the average cost per meal on wheels was £6.00 for the Local Authority and £4.00 for the independent sector. Costs have been uprated using the PSS Pay & Prices Inflator.
Health care			
GP	£7.94	11.7 minutes	Surgery visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£169		Based on the weekly cost of sheltered accommodation (see 1.9, page 57).
Living expenses	£149		Taken from the Family Expenditure Survey (2009), uprated to 2009/2010 price levels). ³ Based on one retired adult household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£55 £372		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 (2009) *Family Spending 2009 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family-Spending-2008/FamilySpending2009.pdf

8.1.2 Community care package for older people: 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 £92 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	£86	4 hours per week	Based on 4 hours of local authority-organised home care.
Private home care	£40	3 hours per week	Based on 3 hours of independently provided home care.
Health care			
Community nurse	£6.80	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	£7.90		
Accommodation	£75		The national average weekly gross rent for a two bedroom house in the social housing sector including £5.57 service charge. ³
Living expenses	£149		Taken from the Family Expenditure Survey (2009), uprated to 2009/2010 price levels). ⁴ Based on one retired person household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£141 £365		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 (2009) *Guide to Local Rents 2009 Part II: Social Landlord Rents, 2005-09*, 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-2008/FamilySpending2009.pdf

8.1.3 Community care package for older people: median cost

The care package costs described in this schema illustrate the median public expenditure costs of £166 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	£214	10 hours per week	Based on the cost of local authority-organised home care.
Health care GP	£7.90	11.7 minutes	Visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£74		Shared three bedroom house/bungalow with two other relatives. Privately rented. Based on the average (private) rental income in England in 2009 and adjusted to take account of shared situation. ³ Uprated using the retail price index.
Living expenses	£149		Living expenses taken from the Family Expenditure Survey (2009), uprated to 2009/2010 price levels. ⁴ Based on one man retired household mainly dependent on state pensions.
Total weekly cost of health and social care package	£223 £445		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 September 28 2009.

4 Office for National Statistics (2009) *Family Spending 2008 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family-Spending-2008/FamilySpending2009.pdf

8.1.4 Community care package for older people: 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 £275 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	£214		10 hours per week. Based on local authority-organised home care.
Day care	£36		Attended a day centre about once a week.
Private home care	£318		Based on PSS EX1 2008/09 uprated using the PSS Pay & Prices Inflater. Cost of 24 hours of independently provided home care.
Health care			
Community nurse	£27	11.7 minutes	Once a week visit from a community nurse.
OT	£23		A couple of visits from the OT during the previous month.
GP	£7.90		Visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007. ²
Accommodation	£77		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 2010.
Living expenses	£202		Living expenses taken from the Family Expenditure Survey (2009). 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	£626 £905		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 (2009) *Family Spending 2009 Edition*, Office for National Statistics, London, available at http://www.statistics.gov.uk/downloads/theme_social/Family-Spending-2008/FamilySpending2009.pdf

8.1.5 Community care package for older people: very high cost

The care package costs described in this schema are an example of a case where the costs to the public purse 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 £380 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	£642		30 hours per week of local authority-organised home care.
Health care			
Community nurse	£27	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	£7.90		
Accommodation	£39		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 2010.
Living expenses	£202		Living expenses taken from the Family Expenditure Survey (2009). ³ Based on one man retired household, not mainly dependent on state pension.
Total weekly cost of health and social care package	£677 £918		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-2008/FamilySpending2009.pdf

8.2 The cost of autism

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

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

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

Service use data were collected using a modified version of the Child and Adolescent Service Use Schedule (CA-SUS), which was developed by the authors in previous studies and adapted for the purpose of this study on the basis of expert opinion and pilot testing during the start up phase of the study. This was used to collect data on the use of specialist accommodation such as foster and respite care, education or day care facilities attended, all medication prescribed for the individual child, all hospital contacts, and all community health, education and social care services, including non-statutory provision. Education services provided were not recorded in order to avoid double counting the costs of those services included in the overall cost of the education facility and because parents may not always be aware of all services received by their child, particularly specialist facilities. In addition, parents were asked to report details of time off work due to their child's illness and expenditure on any specialist equipment or other extraordinary costs, such as home adaptations, conference or training attendance and overseas travel that were a direct result of their child's autism. Information from this study is found in 8.2.1.

The second study provides the annual costs for children (from the ages of 3-17) and adults with low-functioning and high functioning ASD (i.e. with and without an intellectual disability). The research carried out by Knapp et al. (2007; 2009)^{2,3} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children and 91 adults. In the sample of children with autism, ages ranged from 3 to 17, with a mean of 10.28 years (standard deviation 3.173) and a median age of 10. Data was taken from a variety of sources, including: national surveys, published research, previous studies by the Institute of Psychiatry and expert advice. The purpose of the study was to examine the service, family and other economic consequences of autism in the UK, both for children and adults, with ASDs, with and without an intellectual disability. Tables presenting costs from this study are 8.2.2 to 8.2.4.

1 Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT Consortium (2010) *Service and Wider Societal Costs of Pre-School Children with Autism in the UK*, King's College London, University College London, University of Manchester, Newcastle University, Stockport Primary Care Trust, Guy's Hospital London, and the PACT Consortium, UK (not publicly available).

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

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

8.2.1 Children with autism (pre-school)

Information for this schema has been taken from Barrett et al. (2010)¹. All costs presented were for 2006/2007 and have therefore been updated to 2009/2010 using the appropriate inflators.

This table reports the service and wider societal costs for the six months prior to interview for pre-school children with autism. The mean total service costs were £2,781, equivalent to £463 per month and over £5,500 per year. Almost half the costs (45 per cent) were for education and childcare, 41 per cent were for community health and social services and 12 per cent for hospital services. As total costs varied substantially between the children in the study (range £338 to £7,145 over six months), box 1 below presents case studies of low and high cost cases.

On average, families spent an additional £242 as a result of their child's illness over the six months prior to interview (range 0 to £3,574). Fifty-one per cent of families reported taking some time off work due to their child's illness over the six months, associated with productivity losses of £293 per family. Total costs including all services, family costs and productivity losses were estimated over £3,000 over six months, equivalent to more than £500 per month.

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

	Mean £	SD	% of total service cost	% of total cost
Accommodation	17	225	0.62	0.52
Hospital based health services	327	479	11.66	9.76
Community health and social services	1,159	971	41.30	34.58
Medication	17	85	0.62	0.52
Voluntary sector services	32	87	1.16	0.97
Education and child care	1,229	879	44.63	37.37
Total service costs	2,781	1,344	100.00	83.72
Out-of-pocket expenses	242	537		7.36
Productivity losses	293	671		8.92
Total costs	3,316	1,796		100.00

Box 1 Case studies of low and high cost cases

High cost — £6,576 over six months

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

Low cost — £338 over six months

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

1 Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT Consortium (2010) *Service and Wider Societal Costs of Pre-School Children with Autism in the UK*, King's College London, University College London, University of Manchester, Newcastle University, Stockport Primary Care Trust, Guy's Hospital London, and the PACT Consortium, UK (not publicly available).

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

The research carried out by Knapp et al. (2007; 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children and 91 adults.

The table below summarises the average cost per child with low-functioning ASD, whether living with their families or living in a residential or foster care placement. Costs are organised under a number of different service and support headings. Family expenses were also included and where appropriate, costs were imputed for the lost employment of parents. The table distinguishes children in the three different age groups that were used. The annual costs for children with low-functioning ASD who are living in residential or foster placements are estimated to be £17,693 (if aged 0-3), £44,335 (aged 4-11) and £68,325 (aged 12-17). For the two older age groups the largest contributors to these totals are the care placements themselves, and special education. The authors noted that given the availability of data, residential special school costs may have been underestimated.

Costs for children with low-functioning ASD who live with families are much lower: £4,744 (if aged 0-3), £30,449 (aged 4-11) and £44,221 (aged 12-17). For the two older age groups the largest contributors to these totals are special education, and health and social care services (including hospital and respite care).

Average annual cost per child with low-functioning ASD (£)

	Living in residential or foster care placement			Living in private households with family		
	Ages 0-3	Ages 4-11	Ages 12-17	Ages 0-3	Ages 4-11	Ages 12-17
Residential/foster care placement	17,044	24,544	34,884	-	-	-
Hospital services	-	942	1,734	-	942	1,734
Other health and social services	639	7,548	437	639	7,548	437
Respite care	-	-	-	-	3,088	4,025
Special education	-	9,988	30,165	-	9,988	30,165
Education support	-	1,294	1,089	-	1,294	1,089
Treatments	-	20	16	-	20	16
Help from voluntary organisations	-	-	-	-	921	105
Benefits	-	-	-	4,105	4,370	4,370
Lost employment (parents)	-	-	-	-	2,279	2,279
Total annual cost (excluding benefits)	17,683	44,335	68,325	639	26,079	39,851
Total annual cost (including benefits)	17,693	44,335	68,325	4,744	30,449	44,221

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

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

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

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

The research carried out by Knapp et al. (2007; 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children and 91 adults.

As in schema 8.6.2, the table below distinguishes costs under a number of different service and support headings. The study suggests that all children with high-functioning ASD were assumed to live with their parents. Average costs range from £1,839 to £23,555 per annum.

Average annual cost per child with high functioning ASD (£)

	Living in private household with family		
	Ages 0-3	Ages 4-11	Ages 12-17
Hospital services	-	849	849
Other health and social services	1,326	1,326	1,326
Respite care	-	7,113	7,113
Special education	-	12,761	12,761
Education support	-	595	595
Treatments	-	162	162
Help from voluntary organisations	-	-	-
Benefits	512	512	512
Lost employment (parents)	-	236	236
Total annual cost (excluding benefits)	1,326	23,042	23,042
Total annual cost (including benefits)	1,839	23,555	23,555

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

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

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

8.2.4 Adults with autism

The research carried out by Knapp et al. (2007; 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children and 91 adults. The estimated annual costs for adults with high-and low-functioning ASD are presented below. Imputed costs for lost employment are included for both the individuals with ASD and for parents, where these are appropriate. Costs are arranged by place of residence.

For an adult with high-functioning ASD, it is estimated that the annual cost of living in a private household (with or without family) is £36,460. A sizeable part of this (£21,617) is the imputed cost of lost employment for the individual with ASD (and hence also lost productivity to the economy). Part of that (not separately identified here) would be lost tax revenue to the Exchequer.

Costs for high-functioning adults in supported living settings or care homes are much higher (£93,230 and £96,193 per annum respectively) and the proportion attributable to lost employment is lower. The largest cost element in each case is for accommodation, and includes the costs of staff employed in those settings or supporting the residents.

For low-functioning adults, the mean annual costs (excluding benefits but including lost employment) rise with increased support in the accommodation for those living in private households from £47,014 to £107,934 for those in hospital care.

Average annual cost per adult with ASD (£)

	Adults with high-functioning ASD			Adults with low-functioning ASD			
	Private household	Supporting People	Residential care	Private household	Supporting People	Residential care	Hospital
Accommodation	1,626	64,486	67,449	-	64,486	67,448	-
Hospital services	849	849	849	95	164	37	82,468
Other health and social services	531	531	531	773	511	633	-
Respite care	-	-	-	1,678	-	-	-
Day services	2,432	2,432	2,432	4,099	3,958	906	-
Adult education	3,153	3,153	3,153	1,568	930	3,623	-
Employment support	-	-	-	551	1,194	-	-
Treatments	162	162	162	68	68	68	-
Family expenses	2,066	-	-	2,379	-	-	-
Lost employment (parents)	4,025	-	-	4,025	-	-	-
Subtotal	14,844	71,613	74,576	15,235	71,311	72,715	82,468
Lost employment (person with ASD)	21,617	21,617	21,617	24,455	24,455	24,455	24,455
Total (excluding benefits)	36,460	93,230	96,193	39,690	95,767	97,171	106,923
Benefits	-	-	-	7,324	4,720	4,720	1,011
Total (including benefits)	36,460	93,230	96,193	47,014	100,487	101,891	107,934

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

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

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

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

The following aspects of care were costed:

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

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

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

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

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

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

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

8.3.1 Technology dependent children: Case A

Type of case		
<p>Case study A was a 6 year old girl with a congenital neuromuscular condition who needed continuous ventilatory support and was fed by a gastrostomy; she was also incontinent. Her divorced mother gave up work as a secretary to care for her and they lived in local authority housing which was adapted to provide a downstairs bedroom and bathroom. They had no car, so used taxis or pay friends to take A out. She attended a special school and received home visits from an outreach nurse from the specialist regional hospital 10 miles away, monthly visits from the local paediatric nursing team and physiotherapy once a week. A's mother had round the clock help from a team of specially trained home carers (who also care for A at school); some home help for housework and to take A's sibling to school; and quarterly visits from a social worker. She also received counselling and medication to help cope with the stress of caring for A. She had extra phone bills and the costs of refreshments for the home carers, over and above those normally associated with a severely disabled child.</p>		
Items	Average cost per annum 2009/2010	Description of items
Equipment non recurrent costs	£11,691	Includes housing adaptation, bed, wheelchair, two ventilators, electricity generator, pulse oximeters, two suction machines, one humidifier. Costs have been annuitised over a lifetime of 4-6 years at a discount rate of 3.5 per cent. Housing adaptation costs were annuitised over a lifetime of 10-15 years.
Equipment recurrent costs	£16,345	Includes clinical waste removal service, consumables, servicing ventilator, pulse oximeters, servicing suction machines and humidifier and gastrostomy feeding.
Annual staffing costs	£139,501	Based on a health care assistant, qualified nursing supervision, community nursing input, specialist outreach nurses, GP involvement, social worker involvement home help type input, community and hospital paediatricians, community children's nurse, community physiotherapist, OT and social worker and teacher.
Consequences of health costs to mother	£823	Includes prescription for anti-depressants, counselling from psychologists and GP appointments.
Social security benefits	£13,706	Includes income support and premium for lone parent, child allowance, disabled child premium, highest care DLA, highest care mobility DLA.
Education	£3,517	Includes transport to the school by taxi and community therapist input.
Family costs	£16,320	Includes increased electricity bills, laundry and clothing, incontinence and consumables, travel costs, home carers, telephone calls to hospitals, purchase of mobile phone and loss of earnings.
Unit Costs Available 2009/2010		
£201,907 total cost; £185,587 costs to state agencies;		

8.3.2 Technology dependent children: Case B

Type of case

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

Items	Average cost per annum 2009/2010	Description of items
Equipment non recurrent costs	£240	Includes suction machines and one humidifier. Costs have been annuitised over a lifetime of 4-6 years at a discount rate of 3.5 per cent.
Equipment recurrent costs	£5,150	Includes clinical waste removal service, consumables, servicing suction machines and humidifier.
Annual staffing costs	£25,480	This includes a home carer support, a specialist outreach nurse, GP involvement, social worker involvement, district nurse, health visitor, community therapist, OT, physiotherapist, portage worker, paediatricians, and district nurse.
Social security benefits	£7,479	Invalidity care allowance and highest care DLA.
Family costs	£7,335	Costs for all cases ranged from £6,070 to £8,600.
Unit Costs Available 2009/2010		
£45,684 total costs; £38,349 costs to state agencies.		

8.3.3 Technology dependent children: Case C

Type of case

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

Items	Average cost per annum 2009/2010	Description of items
Equipment non recurrent costs	£1,322	Includes dialysis machine. Costs have been annuitised over a lifetime of 4-6 years at a discount rate of 3.5 per cent.
Equipment recurrent costs	£46,478	Includes clinical waste removal service, consumables, gastrostomy feeding and associated drug therapy.
Annual staffing costs	£943	Includes a specialist outreach nurse, hospital dietician involvement, hospital social worker involvement and GP involvement.
Social security benefits	£3,145	Includes highest care DLA.
Family costs	£4,456	Includes increased electricity bills, laundry and clothing, travel costs, home carers, telephone calls to hospitals and loss of earnings.
Unit Costs Available 2009/2010		
Total costs 56,344; Costs to state agencies £51,888.		

8.4 Services for children in care

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

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

The care package costs for children described in the schemata illustrate an example of the support received by a child in some of these groups, taken from the study sample. Costs relate to time periods stated in the individual schemata.

¹ 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.

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

Child A is a boy aged fourteen with no evidence of additional support needs. These costs show the total cost incurred by social services and other agencies from February 2000 to October 2001 updated using the PSS Pay & Prices inflator. He first became looked after at the age of six, as the result of neglect. Since then he has been placed with the same local authority foster carers — a placement that had lasted eight years by the start of the study. In June 2001, his case was transferred to the leaving care team. Reviews were held at six monthly intervals and his care plan was updated every six months. He attended six monthly dental appointments and an annual looked after child medical. During the time period shown above, this young person attended weekly, hour-long physiotherapy sessions as a result of a neck injury. A care order was obtained in 1992. He completed his statutory schooling in summer 2001 and obtained seven GCSEs. He attended mainstream school until Summer 2000. He then progressed to further education to start an A level course.

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

Process	Cost to LA	Total £	Cost to others	Total £
Care planning	£134 x 3	401	£164 x 3	493
Maintaining the placement	£540 x 87 weeks minus £6,660 ¹	40,320	£53 x 3	158
Review	£453 x 3 + £13 ²	1,372		
Legal	£5.26 ³ x 87 weeks	458	£9.80 ⁴ x 87 weeks	849
Transition to leaving care	£1,292	1,292		
Cost of services				
Mainstream schooling			£25 ⁵ per day	7,062
FE college			£25 ⁶ per day	780
Dentist			£8.30 ⁵ x 3	25
Looked after child medical			£32 ⁷	32
Physiotherapy			£56 x 87 weeks	4,914
Total		£43,843		£14,313

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

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

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

4 Selwyn, J., Sturgess, W., Quinton, D. & Baxter, K. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Bristol University, Bristol.

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

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

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

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

At the start of the time period until April 2001, Child B was placed with local authority foster carers (within the area of the authority). She then changed to another placement with local authority foster carers within the area of the authority. A care order was obtained for this young person when she first became looked after in March 1995. During the time frame three review meetings were held and her care plan was also updated on three occasions. Child B attended mainstream school during the time period. From December 2000 until June 2001 she received support from a personal teaching assistant for four hours a week. This young person attended six monthly dental appointments and also her annual looked after child medical. Child B received speech therapy until July 2001. Following a self-harm incident she was taken to the accident and emergency department. As a result of this incident she was referred to a clinical psychologist and began weekly sessions in September 2000.

Costs to social services are relatively low, largely because she was placed with local authority foster carers within the area of the authority throughout the study period. Although she did experience a change of placement the costs of this change were relatively low because she was not classified as difficult to place. There were relatively high costs to other agencies, designed to meet both her health and educational needs. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA		Cost to others	
	Unit costs	Total £	Unit costs	Total £
Care planning	£134 x 3	401	£164 x 3	493
Maintaining the placement	£481 x 87 weeks minus £4,976 plus £318 ¹	37,189		
Finding subsequent placement	£227	227		
Review	£453 x 3	1,360	£53 x 3	158
Legal	£6.40 ² x 87 weeks	558	£11.80 ³ x 87 weeks	1,028
Cost of services				
Mainstream schooling			£25 ⁴ per day	7,855
Dentist			£8.30 ⁴ x 3	25
Looked after child medical			£32 ⁵	32
Speech therapy			£53 x 60 weeks	3,158
Clinical psychologist			£89 x 52 weeks	4,606
Hospital accident and emergency visit			£107	107
Personal teaching assistant			£42 ⁴ (4 hrs per week for 25 weeks)	4,237
Total		£39,735		£21,697

1 Cost includes the payment made for the placements and all activity to support the placements. There is a reduction in cost as a result of reduced activity for the first placement which has lasted for more than one year. There is an increase in cost in the first three months of the second placement due to increased social worker activity.

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

3 Selwyn, J., Sturgess, W., Quinton, D. & Baxter, K. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Bristol University, Bristol.

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

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

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

Child C was aged fifteen at the start of the study. He first became looked after at the age of eleven when his parents needed relief. Prior to the start of the study he was placed in secure accommodation on five separate occasions. He had also been placed in various residential homes, schools and foster placements, many of which had broken down. As a consequence he had been classified as 'difficult to place'. During the study period Child C experienced ten different placements. He also refused all statutory medicals and dental appointments, furthermore, he refused any mental health support. Child C did not complete his statutory schooling as a result of numerous exclusions and non-attendance. Prior to the start of the study he had a history of offending, this continued throughout the study with him committing ten further offences. He ceased being looked after in summer 2001 when he refused to return to any placement provided by the local authority.

The costs to social services were relatively high, both because of a number of out-of-authority, residential placements provided by agencies and due to nine changes of placement. There were substantial costs to other agencies (Youth Offending Team and the Police) as a result of his offending behaviour. Additional health care costs were not incurred for this young man because of his refusal to engage in the services offered to him. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total £	Cost to others	Total £
Care planning	£134 x 2	267	£159 x 2	318
Maintaining the placement	£259,616 plus £1,167 ¹	260,783	£53 x 74 weeks ²	3,922
Ceased being looked after	£293	293		
Find subsequent placements	£8,632 ³	8,632		
Review	£453 + £905	1,358	£191 x 2	383
Cost of services⁴				
YOT involvement/criminal costs			£1,080 ⁵ x 74 weeks	79,920
Total		£271,333		£84,543

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

2 Child C ceased being looked after in July 2001, therefore the time period being costed is 74 weeks.

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

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

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

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

Child D experienced nine different placements from February 2000 to October 2001. Initially he was placed in an agency residential unit with education facilities out of the area of the authority. In March 2000, he was placed with agency foster carers, again out of the area of the authority. He then experienced three further placements, all out of the area of the authority and all provided by agencies: another residential unit, then another foster placement, then a third residential placement. In September he was placed overnight in a secure unit within the area of the authority. He was then placed with agency foster carers followed by a further agency residential unit before moving to a specialised one bedded, agency, residential unit in December 2000. This placement was also out of the area of the authority. Review meetings were held six monthly and his care plan was also updated every six months. This young person attended the education provision in two different residential units up until summer 2000, when he was permanently excluded. He then started sessions with a home tutor in October 2000. During the given time period he attended six monthly dental appointments and his looked after child medical. He also attended weekly sessions with a clinical psychologist from October 2000 onwards. In September 2000, he committed a criminal offence, the police were involved, but he was not convicted.

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

Process	Cost to LA	Total £	Cost to others	Total £
Care planning	£67 x 3	200	£164 x 3	493
Maintaining the placement	£496,340 plus £1,274 ¹	497,613		
Finding subsequent placements	£11,136	11,136	£90 x 8 ²	719
Review	£905 x 3	2,715	£388 x 3	1,163
Legal	£3.40 ³ x 87 weeks	296	£6.00 ⁴ x 87 weeks	522
Transition to leaving care	£1,292	1,292		
Cost of services				
Home tuition			£42 ⁵ per hour	8,050
Permanent exclusion			£144 ⁶	144
Dentist			8.30 ⁵ x 3	25
Looked after child medical			£32 ⁷	32
Clinical psychologist			£89 per hour for 52 weeks	4,628
Police costs for criminal offence			£222 ⁸	222
Total		£513,252		15,999

- 1 The cost includes the payment made for the placements and all activity to support the placements. There is an increase in cost in the first three months of a placement due to increased social worker activity.
- 2 Child D experienced eight changes of placement during the timeframe of the study.
- 3 The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.
- 4 Selwyn, J., Sturgess, W., Quinton, D. & Baxter, K. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Bristol University, Bristol.
- 5 Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.
- 6 Parsons, C. & Castle, F. (1998) The cost of school exclusion in England, *International Journal of Inclusive Education*, 2, 4, 277-294.
- 7 Based on the unit cost of a surgery consultation with a general practitioner (see Schema 10.8b).
- 8 Liddle, M. (1998) *Wasted Lives: Counting the Cost of Juvenile Offending*, National Association for the Care and Resettlement of Offenders, London.

8.5 Young adults with acquired brain injury in the UK

ABI is 'a non-degenerative injury to the brain occurring since birth' including both open and closed head injuries. ABI includes a range of diagnoses or causes including strokes or tumours; head injury through trauma is a common cause among young adults. ABI is not thought to affect life expectancy after the initial acute phase, so the prevalence of long-term brain damage is high at 100-150 per 100,000 population, implying a total of 60,000-90,000 people in the UK (www.rhn.org.uk).

A study carried out by the Personal Social Services Research Unit was undertaken to identify the health and social care services used by young adults aged 18-25 years with acquired brain injury (ABI) and the associated costs.¹ The study identified the annual incidence of ABI in this age group and then tracked the young adults' likely progress through four support-related stages: trauma, stabilisation, rehabilitation and return to the community. By identifying the numbers using different treatment locations and services at each stage, a picture of service use and costs could be built up over a notional 12-month period following injury. All costs have been uprated to 2009/2010 prices using the HCHS Pay and Prices Inflation.

Four broad groups of young people with ABI were identified by their location and the community care stage as follows:

Group 1 comprises the largest proportion of those sustaining brain injuries and includes those who attend A&E with ABI or spend short periods in a hospital ward and then return home. A small proportion- perhaps just one in five- will have follow-up appointments arranged at an outpatient clinic or with their GP. This group will generally have had a mild head injury and no longer-term disability, although 20 per cent of this group may continue to have residual symptoms 6 months after injury.

Group 1: Average cost per person = £289 p.a.

People in Group 2 are also likely to have returned to their own homes within a year, but are more seriously disabled and rely on personal care support provided by spouses, parents or other informal carers. This group may include those who are discharged home from longer-term residential rehabilitation (34 per cent of patients discharged), from acute brain injury units (25 per cent) and from neurosurgery units (23 per cent). It is likely that at least 40 per cent of them will require at least part-time support or supervision from informal carers.

Group 2: Average costs per person = £20,647 p.a.

The third group of young adults with ABI are those whose pathway towards the end of a year will see them living in supported accommodation with formal (paid) personal carers. Some will have been discharged straight from hospital and some will have stayed in a rehabilitation facility prior to their move to supported living. One in four of these young adults will need overnight supervision and three in four will need at least part-time supervision during the day. The number of young adults may be quite high, but some will move on to more independent living. Others will need this type of support for many years to come. For cost estimates, it has been assumed this group will live in community-based housing with low staffing levels during the day and 'sleeping-in' staff at night. In addition to personal care they are also likely to use outpatient clinics and community-based therapists. Personal care costs (estimated at an average of 8 hours overnight 'sleeping-in' and 6 hours during the day) would amount to £517 per week. Use of community-based therapy and health care services would add another £601 by the end of the notional 12 month period.

Group 3: Average cost per person = £39,585 p.a.

The fourth group includes young adults who are likely to be among the most severely disabled. Although some will be supported at home, it is estimated that 310 will be resident in nursing homes for young adults, specialist ABI residential units, in longer-stay hospital wards or in mental health units. They are likely to have been the most severely injured. Some of the principal independent providers contacted for this research reported current prices for residential placements of up to £3,007 per week, often jointly funded by health and social services. Nursing homes and 'young disability units' are likely to be less costly. However nursing home care may not be appropriate for people with severe ABI-related disability as there tend to be few qualified staff and low input from local community-based teams or specialist doctors.

Group 4: Average cost per person = £40,788 p.a.

¹ Beecham, J., Perkins, M., Snell, T. & Knapp, M. (2009) Treatment paths and costs for young adults with acquired brain injury in the United Kingdom, *Brain Injury*, 23, 1. 30-38.

II. COMMUNITY-BASED HEALTH CARE STAFF

9. Scientific and professional

- 9.1 Community physiotherapist
- 9.2 NHS community occupational therapist
- 9.3 Community speech and language therapist
- 9.4 Community chiropodist/podiatrist
- 9.5 Clinical psychologist
- 9.6 Community pharmacist

9.1 Community physiotherapist

Using reference costs,¹ the mean average cost for a one-to-one contact in physiotherapy services for 2009 was £45, with the minimum range for 25 per cent of services being £34 and the maximum £52. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2010 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 £23,300. ² See page 226 for further information on mean salaries.
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,580 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 7.4 for more details.
D. Overheads	£4,500 per year	Comprises £3,130 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£2,642 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. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.80 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. ^{7,8} Assumes 5 study/training days. ⁹ Unit costs based on 1547 hours per annum.
Ratio of direct to indirect time on:		
face-to-face contacts	1:0.67	Assuming 50 per cent in patient's own home; 10 per cent in clinics; 20 per cent on non-contact time; and 20 per cent on travel. Information derived from consultation with NHS Trusts.
clinic contacts	1:0.33	
home visits	1:0.73	
Length of contacts	30 minutes 60 minutes	Per clinic contact. Per home visit. Based on discussions with Trusts.
Average for episode	5.2 hours	Williams estimates of an example episode for an older person on short rehabilitation. ⁸
London multiplier	1.20 × (A to B) 1.40 × E	Allows for the higher costs associated with working in London. ^{5,6,10}
Non-London multiplier	0.97 × E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£22 (£25) per hour; £37 (£42) per hour of client contact; £30 (£34) per hour in clinic; £39 (£44) per hour of home visiting; £41 (£47) per home visit; £15 (£17) per clinic visit (includes A to E). Example episode £194 (£220).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

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

10 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

9.2 NHS community occupational therapist

Using reference costs,¹ the mean average cost for a one-to-one contact of Occupational Therapy services for 2009 was £68, with the minimum range for 25 per cent of the services being £46 and the maximum £75. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2010 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 £23,300. ² See page 226 for further information on mean salaries.
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,404 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. See schema 7.4 for more details.
D. Overheads	£4,500 per year	Comprises £3,130 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,642 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	£2.80 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: 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	1.20 × (A to B) 1.40 × E	Allows for the higher costs associated with working in London. ^{4,5,8}
Non-London multiplier	0.97 × E	Allows for the lower costs associated with working outside London. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£23 (£25) per hour; £38 (£42) per hour of client contact; £30 (£34) per hour in clinic; £39 (£44) per hour of home visiting; £42 (£46) per home visit; £15 (£17) per clinic visit (includes A to E).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

8 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

9.3 Community speech and language therapist

Using reference costs,¹ the mean average cost for a one-to-one contact of speech and language therapy services for 2009 was £75, with the minimum range for 25 per cent of the services being £55 and the maximum £87. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2010 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 £23,300. ² See page 226 for further information on mean salaries.
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,610 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 7.4 for more details.
D. Overheads	£4,500 per year	Comprises £3,130 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£2,642 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. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£2.80 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. 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 50 per cent of time in patient's own home, 10 per cent in clinics, 20 per cent on non-clinical activity and 20 per cent on travel. Information derived from consultation with NHS Trusts.
clinic contacts	1:0.33	
home visits	1:0.73	
Length of contacts	30 minutes 60 minutes	Per clinic contact. Per home visit. Based on discussions with Trusts.
London multiplier	1.20 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.97 x E	Allows for the higher costs associated with working in London. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£22 (£25) per hour; £37 (£42) per hour of client contact; £30 (£34) per hour in clinic; £39 (£44) per hour of home visiting; £41 (£47) per home visit; £15 (£17) per clinic visit (includes A to E).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

9 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs.uk/details/Default.aspx?id=766>

9.4 Community chiropodist/podiatrist

Using reference costs,¹ the mean average cost for a contact in chiropody/podiatry services for 2009 was £36 with the minimum range for 25 per cent of services being £28 and the maximum £42. Costs have been inflated using the HCHS Pay & Prices Inflatior.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2010 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 £23,300. ² See page 226 for further information on mean salaries. A specialist chiropodist/podiatrist is on Band 6. See NHS Workforce Summary for more information. ³
B. Salary oncosts	£5,218 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	£4,500 per year	Comprises £3,130 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£2,642 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. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.50 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 days statutory leave. ⁸ Assumes 5 study/training days and 12 days sickness leave. ⁹ 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	1.20 × (A to B) 1.40 × E	Allows for the higher costs associated with working in London. ^{5,6,10}
Non-London multiplier	0.97 × E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2009/2010		
£22 per hour; £20 per home visit; £11 per clinic visit (includes A to E).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

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

4 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.

5 Building Cost Information Service (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

10 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs.uk/communities/Default.aspx?id=766>

9.5 Clinical psychologist

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£38,000 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 (for qualified Allied Health Professionals) of the January-March 2010 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 £38,600. ¹ See page 226 for further information on mean salaries.
B. Salary oncosts	£9,452 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	£5,502 per year	Comprises £3,130 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ²
E. Capital overheads	£2,283 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	£1.50 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.
Ratios of: professional outputs to support activities	1:0.3	Five types of 'chargeable service' have been distinguished: clinical work with patients; clinical consultancy and project work; service organisation and development; teaching and supervision; and research and service evaluation. 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	1.20 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{3,4,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{3,4,10}
Unit costs available 2009/2010		
£36 per hour; £81 per hour of client contact; £46 per professional chargeable hour (includes A to E). Travel £1.50 per visit.		

1 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, 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*, Department of Health, London.

10 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

9.6 Community pharmacist

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£40,475 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 This has been inflated in line with Agenda for Change Salary increases.
B. Salary oncosts	£10,116 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Pre-registration training Postgraduate training	£6,294 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 13.6 on Hospital Pharmacists for this cost.
D. Overheads	£5,659 per year	Comprises £3,130 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£3,289 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	£1.50 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
Ratio of direct to indirect time on: direct clinical activities patient-related activities	1:1.50 1:0.25	Ratios are estimated on the basis that 40 per cent of time is spent on direct clinical activities (includes advice to patients and travel), 40 per cent of time on dispensary service activities and 20 per cent of time on non clinical activities.
London multiplier	1.20 x (A to B) 1.31 x E	Allows for the higher costs associated with working in London. ^{5,6,10,11}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{5,6,10}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£36 (£40) per hour (includes travel), £90 (£100) per hour of direct clinical activities (includes travel to visits), £45 (£50) 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

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

11 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhsjobs.nhs.uk/details/Default.aspx?id=766>

10. Nurses and doctors

- 10.1 Community nurse (includes district nursing sister, district nurse)
- 10.2 Nurse (mental health)
- 10.3 Health visitor
- 10.4 Nurse specialist (community)
- 10.5 Clinical support worker nursing (community)
- 10.6 Nurse (GP practice)
- 10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)
- 10.8a General practitioner — cost elements
- 10.8b General practitioner — unit costs
- 10.8c General practitioner — commentary

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

Using reference costs,¹ the mean average cost for a face-to-face contact in district nursing services for 2009 was £39, with the minimum range for 25 per cent of services being £32 and the maximum £44. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£30,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2010 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 £33,600. ² See page 226 for information on mean salaries.
B. Salary oncosts	£7,523 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,678 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. ³ See schema 7.4 for more information on training costs of health professionals.
D. Overheads	£6,962 per year	Comprises £3,130 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£2,283 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. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.50 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	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. 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 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. ¹⁰ 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) 1.40 × E	Allows for the higher costs associated with working in London. ^{5,6, 11}
Non-London multiplier	0.97 × E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£31 (£35) per hour; £64 (£73) per hour spent with a patient; £49 (£56) per hour in clinic; £68 (£78) per hour spent on home visits (includes A to E); £24 (£27) per home visit (includes A to F).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

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

11 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766>

10.2 Nurse (mental health)

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£24,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 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 £28,400. ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£5,888 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,678 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 7.4 for more information on training costs of health professionals.
D. Overheads	£6,188 per year	Comprises £3,130 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£2,283 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	£1.50 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) 1.40 x E	Allows for the higher costs associated with working in London. ^{4,5, 10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£25 (£30) per hour; £48 (£56) per hour of face-to-face contact; £34 (£39) per hour of client related work.		

1 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

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

10 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

10.3 Health visitor

Using reference costs,¹ the mean average cost for a face-to-face contact in health visiting services for 2009 was £42 with the minimum range for 25 per cent of services being £32 and the maximum £49. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£30,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2010 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 £33,600. ² See page 226 for information on mean salaries.
B. Salary oncosts	£7,523 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,678 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. ³ See schema 7.4 for more information on training costs of health professionals.
D. Overheads	£6,962 per year	Comprises £3,130 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£2,283 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. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.50 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	Nursing and midwifery staffs negotiating council conditions of service and rates of pay. 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 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. ¹⁰ 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	1.20 × (A to B) 1.41 × E	Allows for the higher costs associated with working in London. ^{5,6,11}
Non-London multiplier	0.97 × E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£31 (£35) per hour; £88 (£100) per hour of client contact; £74 (£84) per hour of clinic contact; £107 (£122) per hour spent on home visits (includes A to E); £37 (£42) per home visit (includes A to F).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

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

11 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?id=766>

10.4 Nurse specialist (community)

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£30,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2010 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 £33,600 ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£7,523 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£8,995 per year	See schema 7.4 for more information on training costs of health professionals.
D. Overheads: direct and indirect	£6,962 per year	Comprises £3,130 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ²
E. Capital overheads	£2,283 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	£1.50 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) 1.40 × E	Allows for the higher costs associated with working in London. ^{3,4,9}
Non-London multiplier	0.97 × E	Allows for the lower costs associated with working outside London. ^{3,4}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£31 (£37) per hour; £77 (£91) per hour of client contact (includes A to E). Travel £1.40 per visit.		

1 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, 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 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766>

10.5 Clinical support worker nursing (community)

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£14,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the January-March 2010 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 £18,000. ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£3,235 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	£4,031 per year	Comprises £3,130 for indirect overheads and 5 per cent of salary costs for direct revenue overheads. ²
E. Capital overheads	£928 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	£1.50 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	1.20 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London. ^{3,4,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{3,4}
Unit costs available 2009/2010		
£15 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 (2010) *NHS Staff Earnings June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

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

9 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766>

10.6 Nurse (GP practice)

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£24,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 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 £28,400. ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£5,888 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,678 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 7.4 for more information on training costs of health professionals.
D. Overheads	£6,188 per year	Comprises £3,130 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ³
E. Capital overheads	£3,534 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	£0.80 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 × (A to B) 1.50 × 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 × 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 2009/2010 (costs including qualifications given in brackets)		
£26 (£30) per hour; £31 (£36) per hour of client contact; £29 (£34) per hour in clinic; £10 (£12) per consultation; £9 (£10) per procedure; £38 (£44) per hour of home visits (includes A to E); £13 (£20) per home visit (includes A to F).		

- The Information Centre (2010) *NHS Staff Earnings June 2010*, 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, Vols 1 & 2*, 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, Vol 2, Methodology*, Personal Social Services Research Unit, University of Kent, Canterbury.
- Building Cost Information Service (2010) *Surveys of Tender Prices*, March, BCIS, Royal Institute of Chartered Surveyors, London.
- Based on personal communication with the Department for Communities and Local Government (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- Atkin, K. & Hirst, M. (1994) *Costing Practice Nurses: Implications for Primary Health Care*, Social Policy Research Unit, University of York.
- NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- The Information Centre (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.
- Centre for Innovation in Primary Care (1999) *Consultations in General Practice — What do they cost?*, Centre for Innovation in Primary Care, Sheffield.
- The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, Primary Care Statistics, The Information Centre, Leeds.
- Jeffreys, L.A., Clark, A. & Koperski, M. (1995) Practice nurses' workload and consultation patterns, *British Journal of General Practice*, 45, August, 415-418.
- The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766>

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

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£36,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2010 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 £39,300. ² See page 226 for information on mean salaries
B. Salary oncosts	£9,104 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£10,736 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 £4,031.
D. Overheads	£7,710 per year	Comprises £3,130 for indirect overheads and 10 per cent of salary costs for direct revenue overheads. ⁴
E. Capital overheads	£3,534 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) 1.50 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. ^{5,6}
Non-London multiplier	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 2009/2010 (costs including qualifications given in brackets)		
Cost per hour £37 (£44), cost per hour in surgery £64 (£76), cost per hour of client contact £57 (£68), 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 (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, 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 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?Id=766>

10.8a General practitioner — cost elements

Costs and unit estimation	2009/2010 value	Notes (for further clarification see Commentary)
A. Net remuneration	£109,600 per year	Average net profit after expenses in 2008/09 for England. ¹ See commentary 10.8c. It has not been possible to agree an inflator to provide estimated net remuneration for 2009/10.
B. Practice expenses:		
- out of hours	£12,576 per year	Amount allocated for out of hours care.
- direct care staff	£23,517 per year	On average in 2009 each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.58 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	£35,434 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 10.8c.
C. Qualifications	£27,269 per year	The equivalent annual cost of pre-registration and postgraduate medical education. See commentary 10.8c. Calculated using information provided by the London Deanery. ⁴
D. Ongoing training	£2,342 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 HCHS Pay & Prices inflator and uprated using the HCHS Pay & Prices inflator.
E. Capital costs:		
- premises	£8,626 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	£922 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 10.8c.
F. Overheads	£7,868 per year	Based on final expenditure figures from the DH for 2009/10. ³ Overheads include Primary Care Organisation (PCO) administered funds, demand management and recruitment and retention. See commentary 10.8c.
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 home visits	1:0.57 1:1.61	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
Consultations: surgery clinic telephone home visit	11.7 minutes 17.2 minutes 7.1 minutes 11.4 minutes	Based on the 2006/07 UK General Practice Workload Survey, 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 10.8c.
Unit costs for 2009/2010 are given in table 10.8b		

1 The Information Centre (2010) *GP Earnings and Expenses 2008/09, Provisional Report Produced by the Technical Steering Committee, September 2010*, The Information Centre, Leeds.

2 Information provided by Department of Health (2010).

3 The Information Centre (2010) *Investment in General Practice 2003/04 to 2009/2010 England, Wales, Northern Ireland and Scotland*, Annex A1, Summary table for England, The Information Centre, Leeds.

4 Personal communication with the London Deanery (2006).

5 Building Cost Information Service (2010) *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 (2010) <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.

10.8b General practitioner — unit costs

Unit cost 2009/2010	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)	£232,751	£205,482	£209,235	£181,966
Per hour of GMS activity ¹	£121	£104	£106	£92
Per hour of patient contact ¹	£185	£163	£166	£144
Per surgery/clinic minute ¹	£3.10	£2.70	£2.80	£2.40
Per home visit minute ¹	£5.20	£4.50	£4.60	£4.00
Per surgery consultation lasting 11.7 minutes ¹	£36	£32	£32	£28
Per clinic consultation lasting 17.2 minutes ¹	£53	£47	£48	£41
Per telephone consultation lasting 7.1 minutes ¹	£22	£19	£20	£17
Per home visit lasting 23.4 minutes (includes travel time) ²	£120	£106	£108	£94
Prescription costs per consultation (net ingredient cost)	£43 ³			
Prescription costs per consultation (actual cost)	£39 ³			

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 (2010).

10.8c 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 32,111 in 2009.¹

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

Direct care staff.¹ On average in 2009, each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.58 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 £43 (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 2009 and the annual number of consultations per GP (5,956 in 2007/08),^{2,3} number of prescriptions per GP (26,851 in 2008)⁴ and the average actual total cost per GP prescription has remained at £8.80 at 2009 prices or £9.48 per NIC.⁵ The number of prescriptions per consultation (4.56) has hardly changed since 2008/09 but any increase reflects the reduction in the number of consultations made by GPs and the increase in repeat prescriptions arising from initial consultations.

Qualifications. The equivalent annual cost of pre-registration and 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 7.4 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 2008/09. 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 (2010) *General Practice Staff 2009*, 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 No further work has been carried out since 2007/08.

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

5 Based on personal correspondence with Prescribing Support and Primary Care Services, 20010, Health and Social Care Information Centre (HSCIC).

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

11. Social care staff

- 11.1 Social work team leader/senior practitioner/senior social worker
- 11.2 Social worker (adult)
- 11.3 Social worker (children)
- 11.4 Social work assistant
- 11.5 Approved social worker — mental health
- 11.6 Local authority home care worker
- 11.7 Community occupational therapist (local authority)
- 11.8 Intensive case management for older people
- 11.9 Family support worker

11.1 Social work team leader/senior practitioner/senior social worker

Costs and unit estimation	2009/2010 value	Notes
A. Salary	£38,608 per year	The average salary for a social work team leader was £38,608 for 2009/10. This has been taken from the Local Government Earnings Survey, 2008 ¹ and inflated according to increases for a social worker reported in the Local Government Earnings Surveys 2009 and 2010. ²
B. Salary oncosts	£11,546 per year	Employers' national insurance plus 19 per cent of salary for contribution to superannuation.
C. Qualifications	£20,744 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ^{3,4}
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		
Direct overheads	£14,545 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ⁵
Indirect overheads	£8,025 per year	Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of direct salary costs. ² See editorial for more details on local authority overheads.
F. Capital overheads	£2,011 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available about travel costs for social work team leaders.
Working time	40.4 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁸ Ten days for study/training and 10.9 days sickness leave have been assumed based on average of all social work sectors for 2009/2010 ⁹ Unit costs are based on 1516 hours per annum.
Ratios of direct to indirect time on:		
client-related work	1:0.39	Ratios are estimated on the basis that (a senior practitioner/senior social worker) 72 per cent of time is spent on client-related activities including direct contact (29 per cent) case related recording (19 per cent), case related work in own agency (12 per cent) and case related inter agency work (12 per cent). ¹⁰ A manager in adult services and children's services spends 70 per cent and 49 per cent of time on client related services.
face-to-face contact	1:2.45	
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 ^{1,6,7}
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 ^{1,6,7}
Unit costs available 2009/2010 (costs with qualifications given in brackets)		
£49 (£63) per hour; £68 (£87) per hour of client-related work (includes A to E); £170 (£217) per face to face contact (Includes A to E).		

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

2 Local Government Association Analysis and Research (2010) *Local Government Earnings Survey, England 2009*, Local Government Association, London.

3 Curtis, L., Moriarty, J. & Netten, A. (2010) The expected working life of a social worker, *British Journal of Social Work*, 40, 5, 1628-1643.

4 Curtis, L. Moriarty, J. & Netten, A. (forthcoming) The costs of qualifying a social worker (not publicly available).

5 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Reablement Services, Investigating the Longer Term Impacts*, University of York.

6 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 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.

9 Provided by Skills for Care (2010).

10 Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.2 Social worker (adult)

Costs and unit estimation	2009/2010 value	Notes
A. Salary	£30,633 per year	Information taken from the Local Government Earnings Survey 2010 ¹ showed that the mean basic salary for a social worker was £30,633. The mean gross salary was £31,388. (Information provided does not distinguish between the salary of an adult and children's social worker).
B. Salary oncosts	£9,010 per year	Employers' national insurance plus 19 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£20,744 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ^{2,3}
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).
E. Overheads		
Direct overheads	£11,496 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ⁴
Indirect overheads	£6,343 per year	Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of direct salary costs. ² See editorial for more details on local authority overheads.
E. Ongoing training		No costs available. ⁵
E. Capital overheads	£2,011 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information is readily available about travel costs for social workers.
Working time	40 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁸ Ten days for study/training and 12.2 days sickness were taken in 2009/2010. ⁹ Unit costs are based on 1506 hours per annum.
Ratios of direct to indirect time on:		Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (25 per cent) case related recording (23 per cent), case related work in own agency (10 per cent) and case related inter agency work (14 per cent). ¹⁰ Face-to-face contact is not a good indicator of input to clients.
client-related work	1:0.39	
face-to-face contact	1:3.00	
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. ^{1,6,7}
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. ^{1,6,7}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£40 (£53) per hour; £55 (£69) per hour of client-related work; £158 (£213) per hour of face-to-face contact (includes A to E).		

1 Local Government Association Analysis and Research (2010) *Local Government Earnings Survey, England 2009*, Local Government Association, London.

2 Curtis, L., Moriarty, J. & Netten, A. (2010) The expected working life of a social worker, *British Journal of Social Work*, 40, 5, 1628-1643.

3 Curtis, L. Moriarty, J. & Netten, A. (forthcoming) The costs of qualifying a social worker (not publicly available).

4 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Reablement Services, Investigating the Longer Term Impacts*, University of York.

5 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>

6 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 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.

9 Provided by Skills for Care (2010).

10 Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.3 Social worker (children)

Costs and unit estimation	2006/2007 value	Notes
A. Salary	£30,633 per year	Information taken from the Local Government Earnings Survey 2010 ¹ showed that the mean basic salary for a social worker was £30,633. The mean gross salary was £31,388. (Information provided does not distinguish between the salary of a social worker (Adult) and a social worker (Child)).
B. Salary oncosts	£9,010 per year	Employers' national insurance plus 19 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£20,744 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ^{2,3}
D. Overheads		
Direct overheads	£11,496 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ⁴
Indirect overheads	£6,343 per year	Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of direct salary costs. ² See editorial for more details on local authority overheads.
E. Capital overheads	£2,011 per year	Based on the new build and land requirements for a local authority 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.
F. Travel		No information is readily available about travel costs for social workers.
Working time	41.5 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 an average of 5.6 days for sickness were taken in 2009/2010. ⁸ Unit costs are based on 1556 hours per annum.
Ratios of direct to indirect time on: client-related work	1:0.39	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (26 per cent) case related recording (23 per cent), case related work in own agency (12 per cent) and case related inter agency work (12 per cent). ⁹
face-to-face contact	1:2.85	Face-to-face contact is not a good indicator of input to clients. In a study commissioned by the Department of Health, it was found that 66 per cent of a children's social worker's time was spent on client-related activities, allowing an hour spent on client-related activities to be costed. ¹⁰ This is not the same as the cost per hour spent with a client.
London multiplier	1.46 x E	London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,5,6}
Non-London multiplier	0.96 x E	Non London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,5,6}
Unit costs available 2006/2007 (the costs with qualifications costs are given in brackets)		
£38 (£52) per hour; £53 (£72) per hour of client-related work; £147 (£199) per hour of face-to-face contact (includes A to E).		

1 Local Government Association Analysis and Research (2010) *Local Government Earnings Survey, England 2009*, Local Government Association, London.

2 Curtis, L., Moriarty, J. & Netten, A. (2010) The expected working life of a social worker, *British Journal of Social Work*, 40, 5, 1628-1643.

3 Curtis, L. Moriarty, J. & Netten, A. (forthcoming) The costs of qualifying a social worker (not publicly available).

4 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Reablement Services, Investigating the Longer Term Impacts*, University of York.

5 Building Cost Information Service (2010) *Surveys of Tender Prices, March*, BCIS, Royal Institution of Chartered Surveyors, London.

6 Based on personal correspondence with the Department for Communities and Local Government (2010).

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 Information provided by Skills for Care (2010).

9 Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

10 Department of Health (2001) *The Children in Need Census 2001 — National Analyses*, www.dh.gov.uk/qualityprotects/work_pro/analysis1.htm.

11.4 Social work assistant

Costs and unit estimation	2009/2010 value	Notes
A. Salary	£22,220 per year	Information taken from the Local Government Earnings Survey 2010 ¹ showed that the mean basic salary for a social work assistant was £22,220. The mean gross salary was £22,689.
B. Salary oncosts	£6,334 per year	Employers' national insurance plus 19 per cent of salary for contribution to superannuation.
C. Overheads		
Direct overheads	£8,281 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ²
Indirect overheads	£4,569 per year	Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of direct salary costs. ² See editorial for more details on local authority overheads.
D. Capital overheads	£2,011 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	41.4 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 10.9 days sickness leave have been assumed for 2009/2010 based on the average for all social work sectors. ⁶ Unit costs are based on 1553 hours per annum.
Ratios of direct to indirect time on:		
client-related work	1:0.18	
face-to-face contact	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 2009/2010		
£28 per hour; £33 per hour of client-related work; £103 per hour of face-to-face contact (includes A to E).		

1 Local Government Association Analysis and Research (2010) *Local Government Earnings Survey, England 2009*, Local Government Association, London.

2 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Reablement Services, Investigating the Longer Term Impacts*, York.

3 Building Cost Information Service (2010) *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 (2010) <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 Information provided by Skills for Care (2010).

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 & J. Dennett (eds) *Unit Costs of Health and Social Care 1997*, Personal Social Services Research Unit, University of Kent, Canterbury.

11.5 Approved social worker — mental health

An Approved Social Worker (ASW) is a social worker with responsibility for assessing someone's needs, care and treatment under the Mental Health Act 1983 (MHA). The ASW 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	2009/2010 value	Notes
A. Salary	£35,829 per year	The average salary for an approved social worker was £35,829 per year. Information based on a survey carried out by the Department of Health of 30 authorities and updated using the PSS Inflationator. Wage levels reflect the average level of wages paid in 27 authorities. ²
B. Salary oncosts	£10,662 per year	Employers' national insurance plus 19 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£20,744 per year	This cost is for pre-registration only. Must have a relevant first degree, a recognised qualification in social work plus two years relevant post-qualifying experience in social work. An ASW undertakes specialist postgraduate training, which includes mental health law, and will also have a detailed knowledge of the local mental health services. No costs available. The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ^{3,4}
D. Overheads		
Direct overheads	£13,482 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ⁵
Indirect overheads	£7,439 per year	Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of direct salary costs. ³ See editorial for more details on local authority overheads.
E. Capital overheads	£2,011 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information is readily available about travel costs for social workers.
Working time	40.9 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁸ Ten days for study/training and 8.5 days sickness leave have been assumed for 2009/2010. ⁹ Unit costs are based on 1534 hours per annum.
Client-related work Ratio of direct to indirect time on: 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. ^{6,7}
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. ^{6,7}
Unit costs available 2009/2010 (costs with qualifications included in brackets)		
£45 (£59) per hour; £116 (£150) 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 (2009).

3 Curtis, L., Moriarty, J. & Netten, A. (2010) The expected working life of a social worker, *British Journal of Social Work*, 40, 5, 1628-1643.

4 Curtis, L. Moriarty, J. & Netten, A. (forthcoming) The costs of qualifying a social worker (not publicly available).

5 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Reablement Services, Investigating the Longer Term Impacts*, University of York.

6 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 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.

9 Provided by Skills for Care (2010).

11.6 Local authority home care worker

This schema provides information on the costs of a local authority home care worker. Salary information is taken from the National Minimum Dataset for Social Care (NMDS-SC)¹ which provides national salary ranges. Based on PSS EX1 2008/2009, the mean hourly cost of all home care including LA-funded home care and independent provision was £15. This can be compared with the mean hourly cost of LA home care of £24 and a mean hourly cost of £13 for the independent provision. See Jones (2005) for findings about the costs of independently provided home care.²

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£15,128 per year	Information taken from the National Minimum Dataset for Social Care (NMDS-SC) ¹ showed that the median hourly rate for a council based care worker in September 2009 was £7.70. Ten per cent of salaries were £6.50 or less and 10 per cent were greater than £10.70. See Skills for Care (2010) ¹ for information on voluntary or third sector care workers.
B. Salary oncosts	£4,079 per year	Employers' national insurance plus 19 per cent of salary for employers' contribution to superannuation.
C. Direct overheads	£5,570 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ³
D. Indirect overheads	£3,073 per hour	Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of direct salary costs. ³
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	12.4 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 2009/2010		
£21 per weekday hour (£26 per hour weekday evenings; £32 per hour Saturdays; £43 per hour Sundays); £25 per hour face-to-face weekday contact (£30 per hour weekday evenings; £37 per hour Saturdays; £50 per hour Sundays) (Includes A to D). £341 typical home care package if all hours are provided by the LA.		

1 Skills for Care (2010) *The State of the adult social care workforce in England*, London.

2 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.

3 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Re-ablement Services, Investigating the Longer Term Impacts*, University of York.

4 Provided by the Local Government Association (2008).

5 The Information Centre (2010) *Community Care Statistics 2008, 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.

11.7 Community occupational therapist (local authority)

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£31,609 per year	Information taken from the Local Government Earnings Survey 2010 ¹ showed that the mean basic salary for an occupational therapist was £31,609. The mean gross salary was £32,238.
B. Salary oncosts	£9,320 per year	Employers' national insurance plus 19 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,445 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 Direct overheads Indirect overheads	£11,869 per year £6,549 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ³ Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of salary costs. ³ See editorial for more details on local authority overheads. Additional costs associated with the purchase and supply of aids have not been allowed for here. Information about the capital cost of aids and adaptations can be found in schema 7.3.
E. Capital overheads	£2,011 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	£1.50 per visit	Taken from Netten and inflated using the retail price index. ⁶
Working time	41.5 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 9.2 days sickness leave have been assumed. ⁸ Unit costs are based on 1566 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 2009/2010 (costs including training given in brackets)		
£39 (£42) per hour; £77 (£82) per hour of client contact (includes A to E).		

- 1 Local Government Association Analysis and Research (2010) *Local Government Earnings Survey, England 2009*, Local Government Association, 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 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Reablement Services, Investigating the Longer Term Impacts*, University of York.
- 4 Building Cost Information Service (2010) *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 (2010) <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 (2010) *Local Government Sickness Absence Levels and Causes Survey 2008-2009*, Local Government Association, London.
- 9 Government Statistical Service (1994) *Summary Information Form KT27, Occupational Therapy Services, Table 7, 1994, England and Wales*.

11.8 Intensive case management for older people

Information in this schema is taken from the National Minimum Dataset for Social Care (NMDS-SC)¹ and has been based on the salary of a Registered Manager. 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	2009/2010 value	Notes
A. Wages/salary	£26,085 per year	Median salary for a Registered Manager taken from the National Minimum Dataset for Social Care (NMDS-SC). ¹
B. Salary oncosts	£7,564 per year	Employers' national insurance plus 19 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No information available.
D. Overheads: - direct and indirect	£5,384 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. ²
E. Capital overheads	£2,011 per year	Based on the new-build and land requirements of an NHS 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.
F. Travel	£1.50 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. ⁵ Ten days for study/training and 9.2 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 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. ⁷ Twenty-five per cent of time was spent on non-client-related administrative tasks such as dealing with telephone enquiries, lunch/breaks and training. 11.1 per cent was spent on travelling to service users, carers and meetings.
Frequency of visits	9	Average number of visits per week per worker.
Length of visits	45 minutes	Average length of visits overall in teams.
Caseload per worker	14	Number of cases per care manager. Limited turnover.
London multiplier	1.25 × A 1.49 × 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	0.97 × E	Non-London salaries provided above. Relative London costs are drawn from the same source as the base data for each cost element. ^{1,3,4}
Unit costs available 2009/2010		
£27 per hour; £42 per hour of client-related work; £112 per hour of face-to-face contact; £68 per case per week (includes A to E); £36 per home visit (includes A to F).		

- 1 Skills for Care (2009) *NMDS-SC Dataset*, Skills for Care, 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 Building Cost Information Service (2010) *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 (2010) <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 (2010) *Local Government Sickness Absence Levels and Causes Survey 2008-2009*, Local Government Association, London.
- 7 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.

11.9 Family support worker

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

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,950 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 As no information is available for 2009/2010, this has been updated based on increases for a social worker reported in the Local Government Earnings Surveys 2009 ³ and 2010. ⁴
B. Salary oncosts	£6,567 per year	Includes employers' national insurance plus employers' contribution to superannuation (19 per cent).
C. Training	£2,343 per year	1996/1997 costs inflated by the PSS Pay & Prices index. The training consisted of 12 day sessions attended by 14 FSWs. ⁵ 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 £2,343.
D. Overheads		
Direct overheads	£8,560 per year	Direct overheads include administration, management, office costs, training and premises. On average these costs comprised 29 per cent of direct salary costs. ⁶
Indirect overheads	£4,723 per year	Indirect overheads include general management and support services such as finance departments and human resource departments. On average, these costs comprised 16 per cent of salary costs. ⁶ See editorial for more details on local authority overheads. Additional costs associated with the purchase and supply of aids have not been allowed for here. Information about the capital cost of aids and adaptations can be found in schema 7.3.
Working time	41.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. ⁷ Five days for study/training and 9.2 days sick leave per annum have been assumed. ⁸ Unit costs are based on 1563 hours per annum.
Ratios of direct to indirect time on: client related work	1:0.7	Direct contact with clients, including practical support, emotional support and time spent in support groups, occupied 59 per cent of their time. The rest of the time was spent on liaison with other agencies (13 per cent), travelling (14 per cent), staff development (5 per cent) and administration and other (9 per cent).
London multiplier	1.16 × A	Relative London costs are drawn from the same source as the base data.
Unit costs available 2009/2010 (costs including training given in brackets)		
£27 (£29) for a basic hour; £47 (£49) per hour of client related work.		

- 1 Davies, A., Huxley, P., Tarrrier, 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 Association, London.
- 3 Local Government Association Analysis and Research (2009) *Local Government Earnings Survey 2008*, Local Government Association, London.
- 4 Local Government Association Analysis and Research (2010) *Local Government Earnings Survey, England 2009*, Local Government Association, London.
- 5 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.
- 6 Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Final Report: Home Care Reablement Services, Investigating the Longer Term Impacts*, University of York.
- 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 (2010) *Local Government Sickness Absence Levels and Causes Survey 2008-2009*, Local Government Association, London.

12. Health and social care teams

- 12.1 NHS community mental health team (CMHT) worker for older people (OP) with mental health problems
- 12.2 Community mental health team for adults with mental health problems
- 12.3 Crisis resolution teams for adults with mental health problems
- 12.4 Assertive Outreach Teams for adults with mental health problems
- 12.5 Early intervention teams for adults with mental health problems
- 12.6 Generic single disciplinary CAMHS teams
- 12.7 Generic multi-disciplinary CAMHS teams
- 12.8 Dedicated CAMHS teams
- 12.9 Targeted CAMHS teams

12.1 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.^{1,2,3} Using reference costs,⁴ the mean average cost for all community mental health teams for older people with mental health problems in 2009 was £126 per face-to-face contact.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£31,878 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁵ 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	£6,839 per year	Based on employers' national insurance contribution and employers' superannuation at 14 per cent for NHS employees and 19 per cent for local authority workers.
C. Overheads: - direct and indirect	£7,350 per year	Comprises £3,130 for indirect overheads and £4,220 direct overheads based on the proportion of management and administrative staff working in this team. ^{1,6}
D. Capital overheads	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
E. Travel	£1.50 per visit	Taken from Netten and inflated using the retail price index. ⁹
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. ^{10,11} Based on 1547 working hours.
Ratios of direct to indirect time on:		Ratios are used to estimate the full cost of direct and indirect time required to deliver each output.
client-related work	1:0.3	A study ¹² found that 77 per cent of time was spent on all client-related work.
direct outputs	1:0.85	Fifty-four per cent of time was spent on activities which generated direct outputs for clients either in the form of face-to-face contact or service liaison on their behalf.
face-to-face contact	1:2.45	Direct contact with clients and carers occupied 29 per cent of working time.
Frequency of visits	8	Average number of visits per week per worker.
Length of visits	60 minutes	Average length of visits overall in teams.
Caseload per 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. ^{8,9,13}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for lower costs associated with working outside London. ^{8,9,13}
Unit costs available 2009/2010		
£31 per hour; £41 per hour of client-related work; £58 per hour of direct output activity; £108 per hour of face-to-face contact; £1,791 average cost per case per team member per annum.		

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

2 Lingard, J. & Milne, A. (2004) Commissioned by the Children, Older People & Social Care Policy Directorate, Integrating Older People's Mental Health Services, Community Mental Health Teams for Older People, <http://www.olderpeoplesmentalhealth.csp.org.uk/silo/files/integrating-opmh-services.pdf>

3 Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

4 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

5 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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*, Vol 2 Methodology, Personal Social Services Research Unit, University of Kent, Canterbury.

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

8 Based on personal communication with the Department for Communities and Local Government (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

9 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.

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

11 The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

12 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.

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

12.2 Community mental health team for adults with mental health problems

Composed of professionals from a wide range of disciplines, Community Mental Health Teams (CMHTs) are intended to provide an effective local mental health service that prioritises those whose problems are severe and long-term.^{1,2} This year information has been taken from the mental health combined mapping website³ and is based on data received from 787 service providers. There is an average of 15 care staff per team. Using reference costs,⁴ the mean average cost for a community mental health team for adults with mental health problems in 2007 (there is no updated cost for 2008). Costs have been updated using the HCPS Pay & Prices Inflater.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£27,193 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁵ 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 Volunteers have been costed using the minimum wage of £5.93 per hour.
B. Salary oncosts	£3,805 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 19 per cent for local authority workers.
C. Qualifications		Information not available for all care staff.
D. Overheads: - direct and indirect - administrative and management costs	£5,270 per year £4,864 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	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel	£1.50 per visit	Taken from Netten ⁸ 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. ^{9,10} 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. ¹¹ 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. ^{6,7,12}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{6,7,12}
Unit costs available 2009/2010		
£28 per hour; £36 per hour of client-related work; £70 per hour of face-to-face contact; £1,802 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 Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

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

4 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidanceDH_111591

5 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

6 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

8 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.

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

10 The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

11 Jackson, G., Percival, C., Gater, R. & Goldberg, D. (1996) *Patterns of work in a multidisciplinary community mental health team*, unpublished.

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

12.3 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. 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,² the mean average cost for a crisis resolution team for 2009 was £189 per team contact and the minimum range for 25 per cent of services was £149 and the maximum £216. Costs have been updated using the HCHS Pay & Prices Inflation. Please note that 2009/2010 mapping data was not available in time for the preparation of this report and therefore is unchanged since last year. See the 2008/09 National Survey of Investment in Adult Mental Health Services for more information on this service.³

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£28,008 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁴ 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	£5,649 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 19 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	£5,722 per year £2,905 per year	Minghella (Minghella et al., 1998) estimated overheads for a crisis service to be 17 per cent of total salary costs. ⁵ Based on the Adult Mental Health Service Mapping data. ^{1,2}
E. Capital overheads	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{6,7} 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. ^{8,9} 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. ¹⁰
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. ^{6,7,11}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{6,7,11}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£29 per hour; £44,568 annual cost of team member; £21,465 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/asp>.

2 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

3 Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

4 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

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

6 Building Cost Information Service (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

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

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

12.4 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.¹ This year information has been taken from the mental health combined mapping website² and is based on data received from 248 service providers. Please note that 2009/2010 mapping data was not available in time for the preparation of this report and therefore is unchanged since last year. See the 2008/09 National Survey of Investment in Adult Mental Health Services for more information on this service.³ Using reference costs,⁴ the mean average cost for an Assertive Outreach team contact for 2009 was £125, with the minimum range for 25 per cent of services being £107 and the maximum £139. Costs have been updated using the HCHS Pay & Prices Inflater.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£26,602 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁵ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic Assertive Outreach Team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers. ²
B. Salary oncosts	£4,926 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 19 per cent for local authority workers.
C. Overheads: - direct and indirect - administrative and management costs	£5,360 per year £3,517 per year	Regional health authority overheads estimated to be 17 per cent of total salary costs. ⁶ Based on the Adult Mental Health Service Mapping data. ^{2,3}
D. Capital overheads	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{7,8} 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. ⁹
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. ^{10,11} 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. ¹² 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. ^{7,8,13}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{7,8,13}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£28 per hour; £41 per hour of patient contact; £42,689 annual cost of team member; £6,163 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 Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.
- 4 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591
- 5 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.
- 6 Onyett, S. et al. (1995) *Making Community Mental Health Teams Work*, Sainsbury Centre for Mental Health, London.
- 7 Building Cost Information Service (2010) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.
- 8 Based on personal communication with the Department for Communities and Local Government (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 9 Wright, C. et al. (2003) Assertive outreach teams in London: models of operation, *British Journal of Psychiatry*, 183, 2, 132-138.
- 10 NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
- 11 The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
- 12 <http://www.iris-initiative.org.uk/assertiveoutreach.hmt>.
- 13 Based on personal communication with the Department of Health (2009).

12.5 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 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,³ the mean average cost for an early intervention team contact for 2009 was £183 with the minimum range for 25 per cent of services being £135 and the maximum £208. Costs have been updated using the HCHS Pay & Prices Inflation. Please note that 2009/2010 mapping data was not available in time for the preparation of this report and therefore is unchanged since last year. See the 2008/09 National Survey of Investment in Adult Mental Health Services for more information on this service.⁴

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£28,401 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁵ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic 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	£5,172 per year	Based on employers' national insurance contribution, and employers' superannuation at 14 per cent for NHS employees and 19 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. ⁶
D. Overheads - direct and indirect - administrative and management costs	£5,707 per year £3,934 per year	Regional health authority overheads estimated to be 17 per cent of total salary costs. ⁷ Based on the Adult Mental Health Service Mapping data. ³
E. Capital overheads	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{8,9} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
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. ^{10,11} 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. ^{8,9,12}
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London. ^{8,9,12}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£29 per hour. £45,497 annual cost of team member; £4,967 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.aspx>.

3 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

4 Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.

5 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

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

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

8 Building Cost Information Service (2010) *Surveys of Tender Prices, March*, BCIS Royal Institute of Chartered Surveyors, London.

9 Based on personal communication with the Department for Communities and Local Government (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

11 The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

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

12.6 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.^{2,3}

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 2009/2010 price levels using the appropriate inflators.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary plus oncosts	£39,730 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. ⁴
B. Overheads - travel, training, drugs and equipment costs - managers and administrative staff	£3,064 per year £5,574 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. 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.
C. Capital overheads	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 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. ^{7,8} 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. ^{5,6,9}
Non-London multiplier	0.97 × A 0.96 × C	Allows for lower costs associated with working outside London. ^{5,6,9}
Unit costs available 2009/2010		
£32 per hour per team member; £52 per hour per patient-related activity; £66 per hour per team member face-to-face contact; £3,366 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 CAMHS team cost data is no longer being collected so information for this schema has been updated this year.

4 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

5 Building Cost Information Service (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

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

12.7 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.^{1,2} 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 2009/2010 price levels using the appropriate inflators.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary plus oncosts	£55,212 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. ^{3,3} 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	£4,647 per year £5,336 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	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 45.73 hours per week	Includes 29 days annual leave, 8 statutory leave days and 12 days sickness leave. ^{6,7} 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 × 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 2009/2010		
£35 per hour per team member; £57 cost per hour per team member for patient-related activities; £72 cost per hour per team member for face-to-face contact; £3,722 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 CAMHS team cost data is no longer being collected so information for this schema has been updated this year.

3 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

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

5 Based on personal communication with the Department for Communities and Local Government (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

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

12.8 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.^{1,2} 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 2009/2010 price levels using the appropriate inflators.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary plus oncosts	£40,816 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. ³ 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 - managers and administrative staff	£5,445 per year £3,683 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 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	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.7 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. ^{4,5,6}
Non-London multiplier	0.97 x A	Allows for lower costs associated with working outside London. ^{4,5,6}
Unit costs available 2009/2010		
£33 per hour per team member; £54 per hour of patient-related activity, £68 per hour of face-to-face contact, £3,185 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 CAMHS team cost data is no longer being collected so information for this schema has been updated this year.

3 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

4 Building Cost Information Service (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

12.9 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.^{1,2} The average staff ratio was 4.2 wte per team (excluding administrative staff and managers). Costs have been updated to 2009/2010 price levels using the appropriate inflators.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary plus oncosts	£43,211 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. ³ 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 - managers and administrative staff	£4,374 per year £3,707 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 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	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.9 hours per week	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. ^{4,5,6}
Non-London multiplier	0.97 x A	Allows for lower costs associated with working in London. ^{4,5,6}
Unit costs available 2009/2010		
£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; £4,788 average cost per case.		

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

2 The CAMHS team cost data is no longer being collected so information for this schema has been updated this year.

3 The Information Centre (2010) *NHS Staff Earnings June 2010*, 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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.

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

IV. HOSPITAL-BASED HEALTH CARE STAFF

13. Scientific and professional

- 13.1 Hospital physiotherapist
- 13.2 Hospital occupational therapist
- 13.3 Hospital speech and language therapist
- 13.4 Dietitian
- 13.5 Radiographer
- 13.6 Hospital pharmacist
- 13.7 Clinical support worker higher level nursing (hospital)

13.1 Hospital physiotherapist

Using reference costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up attendance in 2009 was £33 with the minimum range for 25 per cent of services being £24 and the maximum £39. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £23,300. ² See page 226 for information on mean salaries. More specialist grades range from AfC band 6 to 8C for a Physiotherapist Specialist to Consultant.
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,620 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 7.4 for more details on cost of qualifications.
D. Overheads	£3,130 per year	Comprises £3,130 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	£5,069 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.
F. Travel	£2.80 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. ⁷ Assumes 5 study/training days and 12 days sickness leave. ^{8,9} Unit costs based on 1547 hours per annum.
Ratio of direct to indirect time on:		
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. ¹⁰
London multiplier	1.20 x (A to B) 1.46 x E	Allows for the higher costs associated with London compared to the national average cost. ^{4,5,11}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£23 (£26) per hour; £35 (£40) per hour of client contact; £34 (£38) per hour in clinic; £45 (£51) per hour in home visiting (includes A to E). Travel £2.80 per visit.		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 Williams, J. (1991) *Calculating Staffing Levels in Physiotherapy Services*, Pampas, Rotherham.

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

11 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?id=766>

13.2 Hospital occupational therapist

Using reference costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up attendance in 2009 was £54 with the minimum range for 25 per cent of services being £39 and the maximum £60. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £23,300. ² More specialist grades range from AfC band 6 to 8B for a Occupational Therapist Specialist to Consultant (see page 226 for salary information). ³
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,445 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ⁴ See schema 7.4 for more details on cost of qualifications.
D. Overheads	£3,130 per year	Comprises £3,130 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. Capital overheads	£5,069 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 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 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	1.20 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£23 (£26) per hour; £38 (£43) per hour of client contact (includes A to E).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings June 2010*, The Information Centre, Leeds.

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

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

5 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 (2010) *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 (2010) <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 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?Id=766>

13.3 Hospital speech and language therapist

Using reference costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up attendance in 2009 was £68 with the minimum range for 25 per cent of services being £35 and the maximum £71. Costs have been updated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £23,300. ² More specialist grades range from AfC band 6 to 8C for a Specialist Speech and Language Therapist to Consultant (see page 226 for salary information). ³
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,665 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ⁴ See schema 7.4 for more details on cost of qualifications.
D. Overheads	£3,130 per year	Comprises £3,130 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. Capital overheads	£3,440 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 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 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	1.20 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£22 (£25) per hour; £37 (£42) per hour of client contact (includes A to E).		

1 http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, The Information Centre, Leeds.

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

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

5 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 (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

10 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

13.4 Dietitian

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £23,300. ¹ More specialist grades range from AfC band 6 to for a Dietician Specialist and a Dietician Advanced.
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,758 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 7.4 for more details on cost of qualifications.
D. Overheads	£3,010 per year	Comprises £3,010 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	£3,594 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	£2.80 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	1:0.33	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.
clinical settings	1:0.27	
home visits	1:1.27	
London multiplier	1.20 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 E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£22 (£25) per hour; £29 (£34) per hour client contact; £28 (£32) per hour in clinic; £50 (£57) per hour of home visiting (includes A to E). Travel £2.70 per visit.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

9 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs.uk/Default.aspx?Id=766>

13.5 Radiographer

Using reference costs,¹ 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 & Prices inflator.

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£22,200 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 NHS Staff Earnings for Qualified Health Professionals. Median full-time equivalent total earnings which include basic salary plus hours related pay, overtime, occupation payments, location payments and other payments including redundancy pay or payment of notice periods were £23,300. ² More specialist grades range from AfC band 6 to 8C for a Radiographer Specialist to Consultant.
B. Salary oncosts	£5,218 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,579 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 7.4 for more details on cost of qualifications.
D. Overheads	£3,010 per year	Comprises £3,010 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	£6,978 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
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 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	1.20 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£24 (£28) per hour; £40 (£46) per hour of client contact; £13 (£15) per 20 minute clinic visit (includes A to E).		

1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_111591

2 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

9 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

13.6 Hospital pharmacist

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£29,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2010 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 £32,000. ¹ More specialist grades range from AfC band 7 to 8D for a Pharmacist Specialist to Consultant.
B. Salary oncosts	£7,201 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Postgraduate training:	£6,311 per year £594 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	£3,130 per year	Comprises £3,130 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	£4,020 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	£1.50 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	1.20 × (A to B) 1.37 × E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,9}
Non-London multiplier	0.97 × E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£28 (£32) per hour; £55 (£65) per cost of direct clinical patient time (includes travel); £40 (£46) per cost of patient-related activities.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

9 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

13.7 Clinical support worker higher level nursing (hospital)

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£17,000 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 3 of the January-March 2010 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	£3,824 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	£3,130 per year	Comprises £3,130 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	£3,228 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	1.20 x (A to B) 1.34 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 E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{3,4}
Unit costs available 2009/2010		
£17 per hour; £21 per hour of client contact (includes A to E).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

7 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhscareers.nhs.uk/details/Default.aspx?id=766>

14. Nurses

- 14.1 Nurse team manager (includes ward managers, sisters and clinical managers)
- 14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)
- 14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)
- 14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)
- 14.5 Clinical support worker (hospital)

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

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£36,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2010 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 £39,300. ¹ See page 226 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	£9,104 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,801 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 7.4 for further details on training for health professionals.
D. Overheads	£3,130 per year	Comprises £3,130 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	£2,317 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	1.20 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	0.96 x E	Allows for the lower costs associated with working outside London. Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£33 (£36) per hour; £74 (£81) per hour of patient contact.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

8 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

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

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£30,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2010 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 £33,600. ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£7,523 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,801 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 7.4 for further details on training for health professionals.
D. Overheads	£3,130 per year	Comprises £3,130 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	£2,317 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	1.20 × (A to B) 1.37 × 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	0.96 × E	Allows for the lower costs associated with working outside London. Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£28 (£31) per hour; £63 (£70) per hour of patient contact.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

8 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

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

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£24,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 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 £28,400. ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£5,888 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,801 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 7.4 for further details on training for health professionals.
D. Overheads	£3,130 per year	Comprises £3,130 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	£1,388 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	1.20 x (A to B) 1.34 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	0.96 x E	Allows for the lower costs associated with working outside London. Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£23 (£26) per hour; £41 (£47) per hour of patient contact.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

8 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

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

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£24,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2010 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 £28,400. ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£5,888 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,801 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 7.4 for further details on training for health professionals.
D. Overheads	£3,010 per year	Comprises £3,010 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	£1,388 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	1.20 x (A to B) 1.34 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	0.96 x E	Allows for the lower costs associated with working outside London. Building Cost Information Service and Department for Communities and Local Government. ^{4,5}
Unit costs available 2009/2010 (costs including qualifications given in brackets)		
£23 (£26) per hour; £45 (£52) per hour of patient contact.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

8 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

14.5 Clinical support worker (hospital)

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£14,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the January-March 2010 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 £18,000. ¹ See page 226 for information on mean salaries.
B. Salary oncosts	£3,235 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads	£3,130 per year	Comprises £3,130 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	£1,388 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	1.20 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	0.96 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 2009/2010		
£14 per hour; £24 per hour of patient contact.		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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 (2010) *Sickness Absence Rates in the NHS 2009*, NHS Employers, London.

7 The Information Centre (2010) *NHS Pay, Agenda for Change Payrates*, <http://www.nhs Careers.nhs.uk/details/Default.aspx?id=766>

15. Doctors

- 15.1 Foundation house officer 1
- 15.2 Foundation house officer 2
- 15.3 Registrar group
- 15.4 Associate specialist
- 15.5 Consultant: medical
- 15.6 Consultant: surgical
- 15.7 Consultant: psychiatric

New information on hospital doctors not provided in previous volumes

Continuing Professional Development (CPD)

All licensed doctors now need to revalidate on a regular basis if they wish to keep their licence to practise. This 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/EmploymentPolicyAndPractice/European_employment_policy/Pages/Working-Time-Directive.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

15.1 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	2009/2010 value	Notes
A. Wages/salary	£31,900 per year	Taken from the January-March 2010 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 £22,400. ¹ See page 226 for information on median salaries.
B. Salary oncosts	£7,818 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£20,566 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 7.4 for further details on training for health professionals.
D. Overheads	£3,130 per year	Comprises £3,130 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	£2,342 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 & Prices inflator.
F. Capital overheads	£3,292 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 per cent are working up to 56 hours and 11.3 per cent 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 2009/2010 (costs including qualifications given in brackets)		
£23 (£32) per hour (per 48 hour week). £20 (£28) per hour (per 56 hour week). £27 (£39) per hour (per 40 hour week). (includes A to F).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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).

15.2 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	2009/2010 value	Notes
A. Wages/salary	£41,800	Taken from the January-March 2010 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 226 for information on median salaries.
B. Salary oncosts	£10,471	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£21,678	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 7.4 for further details on training for health professionals.
D. Overheads	£3,130	Comprises £3,130 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	£2,342	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 & Prices inflator.
F. Capital overheads	£3,292	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 per cent are working up to 56 hours and 13 per cent 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 2009/2010 (costs including qualifications given in brackets)		
£29 (£39) per hour (per 48 hour week). £25 (£33) per hour (per 56 hour week). £34 (£47) per hour (per 40 hour week). (includes A to F).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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).

15.3 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	2009/2010 value	Notes
A. Wages/salary	£57,300	Taken from the January-March 2010 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 £38,300. ¹ See page 226 for information on median salaries.
B. Salary oncosts	£14,625	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£24,287	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	£3,130	Comprises £3,130 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	£2,342	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 & Prices inflator.
F. Capital overheads	£3,292	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 per cent are working up to 56 hours and 3.9 per cent 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 2009/2010 (costs including qualifications given in brackets)		
£41 (£53) per hour (per 48 hour week). £35 (£45) per hour (per 56 hour week). £49 (£63) per hour (per 40 hour week). (includes A to F).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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).

15.4 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	2009/2010 value	Notes
A. Wages/salary	£89,500	Taken from the January-March 2010 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 £76,600. ⁴ See page 226 for information on median salaries.
B. Salary oncosts	£23,254	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£26,364	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	£3,130	Comprises £3,130 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	£2,342	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 & Prices inflator.
F. Capital overheads	£3,292	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 2009/2010 (costs including qualifications given in brackets)		
£73 (£89) 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 (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <http://www.communities.gov.uk/documents/housing/xls/141389.xls>.
- 11 Based on personal communication with the Department of Health (2009).

15.5 Consultant: medical

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£120,200 per year	Taken from the January-March 2010 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 £90,400. ¹ See page 226 for information on median salaries.
B. Salary oncosts	£31,482 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£33,679 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 7.4 for further details on training for health professionals.
D. Overheads	£38,300 per year	Comprises £8,429 for indirect overheads and £29,871 for secretarial staff costs.
E. Ongoing training	£2,342 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 & Prices inflator.
F. Capital overheads	£4,061 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 2009/2010 (costs including qualifications given in brackets)		
£110 (£127) per contract hour; £146 (£169) per patient-related hour (includes A to F).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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).

15.6 Consultant: surgical

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£120,200 per year	Taken from the January-March 2010 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 £90,400. ¹ See page 226 for information on median salaries.
B. Salary oncosts	£31,482 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£33,679 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 7.4 for further details on training for health professionals.
D. Overheads	£38,300 per year	Comprises £8,429 for indirect overheads and £29,871 for secretarial staff costs.
E. Ongoing training	£2,342 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 & Prices inflator.
F. Capital overheads	£4,061 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 onlin: 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 × (A to B) 1.39 × 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 × (A to B) 0.97 × 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 2009/2010 (costs including qualifications given in brackets)		
£110 (£127) per contract hour; £347 (£403) per hour operating; £148 (£171) per patient-related hour (includes A to F).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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).

15.7 Consultant: psychiatric

Costs and unit estimation	2009/2010 value	Notes
A. Wages/salary	£120,200 per year	Taken from the January-March 2010 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 £90,400. ¹ See page 226 for information on median salaries.
B. Salary oncosts	£31,482 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£33,679 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 7.4 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	£38,300 per year	Comprises £8,429 for indirect overheads and £29,871 for secretarial staff costs.
E. Ongoing training	£2,342 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	£4,061 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 per cent 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 per cent. Other patient-related activities added a further 9.5 per cent 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 2009/2010 (costs including qualifications given in brackets)		
£110 (£127) per contract hour; £214 (£248) per patient-related hour; £283 (£328) per hour patient contact (includes A to F).		

1 The Information Centre (2010) *NHS Staff Earnings Estimates June 2010*, 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 (2010) *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 (2010) <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

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References

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List of useful sources

List of items from previous volumes not included in this report

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Inflation indices

Table 1

Year	BCIS/ABI ¹		Retail Price ²	
	Rebuilding Cost Index (1988=100)	% increase	Index (1986/87= 100)	% increase
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	208.5	4.3
2009	236.9	-2.7	212.6	2.0

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 & Prices Index (1987/8=100)	Annual percentage increases	
		Prices ³	Pay ³
2000/01	196.5	-0.3	7.2
2001/02	206.5	0.1	8.3
2002/03	213.7	0.9	5.0
2003/04	224.8	1.5	7.3
2004/05	232.3	1.0	4.5
2005/06	240.9	1.9	4.7
2006/07	249.8	3.0	4.1
2007/08	257.0	1.8	3.5
2008/09	267.0	5.2	3.0
2009/10	271.5 (E)	1.3	3.5 (E)

1 Building Cost Information Service (2010) *Indices and Forecasts*, BCIS, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

2 Source www.statistics.gov.uk/StatBase. Date accessed June 30, 2010.

3 Provided by the Department of Health (2010).

Table 3

Year	Personal Social Services Prices/Gross Domestic Product Deflator ⁴ Annual percentage increase	Tender Price Index for Public Sector Building (non-housing) (PUBSEC) ¹	
		Index (1995=100)	% increase
2004/05	2.78	156	7.2
2005/06	1.81	166	6.4
2006/07	3.36	170	2.7
2007/08	2.87	187	9.8
2008/09	2.76	191	2.3
2009/10	1.51	173	-9.8

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).⁵ 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 for 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 Pay & Prices Index (see Table 3 above).

The PSS Pay & Prices (including capital) results from the weighted sum of three indices: pay index, capital index and non-staff revenue index. The PSS Pay & 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 ⁶			
	Pay & Prices Index (excluding capital) (1992/3=100)	Annual percentage increases		
		Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	149	3.9	4.3	4.1
2004/05	155	3.8	4.2	3.9
2005/06	160	3.2	3.7	3.4
2006/07	167	4.8	4.6	5.1
2007/08	172	3.0	3.9	3.0
2008/09	176	2.5	2.4	2.4
2009/10	179 (E)	1.9 (E)	0.1 (E)	2.0 (E)

4 Provided by the Department of Health (2010).

5 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.

6 Provided by the Department of Health (2010).

Table 5

Year	PSS Local Authority, 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	3.8	3.9	3.9
2004/05	155	4.2	4.3	4.3
2005/06	160	3.5	3.6	3.6
2006/07	167	4.6	4.5	4.7
2007/08	172	3.2	3.5	3.2
2008/09	176	2.4	2.4	2.3
2009/10	179 (E)	1.9 (E)	1.3 (E)	1.9 (E)

Table 6

Year	PSS All Sectors, Adults and Children ⁸		
	Pay & Prices Index (including capital) (1992/3=100)	Annual percentage increases	
		Pay & Prices (including capital)	Pay
2003/04	149	4.3	4.1
2004/05	155	4.3	4.0
2005/06	161	3.6	3.4
2006/07	168	4.6	5.0
2007/08	174	3.7	3.0
2008/09	178	2.4	2.4
2009/10	178 (E)	0.4 (E)	1.9 (E)

Table 7

Year	PSS Local Authority, Adults and Children ⁹		
	Pay & Prices Index (including capital) (1992/3=100)	Annual percentage increases	
		Pay & Prices (including capital)	Pay
2003/04	150	3.9	3.8
2004/05	157	4.5	4.5
2005/06	162	3.6	3.5
2006/07	170	4.4	4.6
2007/08	175	3.3	3.0
2008/09	179	2.4	2.3
2009/10	181 (E)	1.3 (E)	1.8 (E)

⁷ Provided by the Department of Health (2010).

⁸ Provided by the Department of Health (2010).

⁹ Provided by the Department of Health (2010).

Agenda for Change pay bands

Table 1 Basic pay and earnings for NHSPRB groups, broken down by Agenda for Change band

Unqualified and 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
Unqualified nurses					
Band 1	13,400	15,800	13,200	15,100	171
Band 2	14,900	18,700	14,600	18,000	32,535
Band 3	17,200	21,100	17,700	20,300	27,929
Qualified nurses					
Band 4	19,500	21,900	19,500	21,300	568
Band 5	24,300	29,300	24,700	28,400	138,725
Band 6	30,500	34,700	30,800	33,600	89,048
Band 7	36,300	39,800	36,700	39,300	50,745
Band 8a	42,300	44,900	42,400	44,300	10,042
Band 8b	49,900	52,400	49,600	52,100	3,105
Band 8c	59,100	62,300	57,100	60,800	1,000
Band 8d	70,400	73,300	68,400	72,000	223
Band 9	–	–	–	–	–

Source: Information Centre for Health and Social Care (2010) NHS Staff Earnings Estimates, January to March 2010. Processed using data taken from the Electronic Staff Record Data Warehouse, as at June 2010.

Table 2 Qualified allied health professionals

This group includes qualified scientific, therapeutic and technical staff within: chiropody/podiatry, dietetics, occupational therapy, orthoptics/optics, physiotherapy, radiography, art, music and drama therapy, speech and language therapy.

	Mean basic salary per full-time equivalent	Mean total earnings per full-time equivalent	Median full-time equivalent basic salary	Median full-time equivalent total earnings	Average worked FTE in sample
Band 1	-	-	-	-	-
Band 2	-	-	-	-	-
Band 3	-	-	-	-	-
Band 4	19,800	20,700	20,100	20,500	1,498
Band 5	22,200	24,900	22,200	23,300	11,393
Band 6	29,200	32,100	29,600	32,000	20,382
Band 7	36,400	38,900	38,000	38,500	17,241
Band 8a	42,700	45,000	42,400	44,300	4,611
Band 8b	51,000	53,400	50,600	54,000	1,478
Band 8c	60,900	63,700	59,800	63,800	425
Band 8d	-	-	-	-	-
Band 9	-	-	-	-	-

Source: Information Centre for Health and Social Care (2010) NHS Staff Earnings Estimates, January to March 2010, Processed using data taken from the Electronic Staff Record Data Warehouse, as at June 2010.

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	22,400	31,900	22,200	31,200	5,886
Foundation Year 2/Senior House Officer	29,100	41,800	27,500	41,300	6,988
Registrar Group	38,300	57,300	37,100	55,600	27,961
Consultants (old contract)	87,200	104,200	80,200	92,600	1,383
Consultants (new contract)	90,400	120,200	89,400	111,600	30,860
Associate Specialist	76,600	89,500	73,900	78,700	1,925
Staff Grade	62,600	70,600	57,200	61,900	1,634
Specialty Doctors	56,800	69,500	55,200	60,700	3,338

Source: Information Centre for Health and Social Care (2010) NHS Staff Earnings Estimates, January to March 2010. Processed using data taken from the Electronic Staff Record Data Warehouse, as at June 2010.

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.

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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.

Centre for Child and Family Research: <http://www.lboro.ac.uk/departments/ss/staff/ward.html>

Centre for Health Related Studies: http://www.bangor.ac.uk/research/rae_egs/groups_by_school.php.en?SchoolID=0770&SchName=School%20of%20Healthcare%20Sciences

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

PSSRU at LSE, London School of Economics and Political Science: www.lse.ac.uk/collections/PSSRU

Pub Med: www.pubmedcentral.nih.gov/

Reference Costs: [www.dh.gov.uk/en/Policyandguidance/organisationpolicy/Financeandplanning/NHSreferencecosts/DH_074097\).gov.uk/nhs/refcosts.htm](http://www.dh.gov.uk/en/Policyandguidance/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

Social Policy Research Unit, University of York: www.york.ac.uk/inst/spru

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

2009

Guest Editorial — Economics and Cochrane and Campbell methods: the role of unit costs

Estimating unit costs for Direct Payments Support Organisations

The National Dementia Strategy: potential costs and impacts

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

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

Children's services withdrawn, but have subsequently been reinstated for the 2010 volume.

Schemata in 2008 volume**Section 6**

Paramedic and emergency ambulance services

Schemata in 2009 volume

Section 1

The following five items moved to new Section 8 — Care packages:

Community care package: very low cost

Community care package: low cost

Community care package: median cost

Community care package: high cost

Community care package: very high cost

Section 3

Cost of maintaining a drugs misuser on a methadone treatment programme

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