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16. Inflation indices

16.1 The BCIS house rebuilding cost index and the retail price index

BCIS calculates the house rebuilding cost index for the Association of British Insurers (ABI). The index is based on an average of house types and cannot therefore reflect changes in all rates from the house rebuilding cost tables as regional trends, labour and materials contents differ.¹ The retail price index is a measure of inflation published monthly by the Office for National Statistics. It measures the change in the cost of a basket of retail goods and services.²

Year	BCIS/ABI		Retail price	
	Rebuilding cost index (1988=100)	Annual % increases	Index (1986/87= 100)	Annual % increases
2007	228.7	4.0	210.9	4.0
2008	243.5	6.5	212.9	0.9
2009	236.9	-2.7	218.0	2.4
2010	239.5	1.1	228.4	4.8
2011	251.7	5.2	239.4	4.8
2012	252.7	0.4	246.8	3.1
2013	257.5	1.9	253.4	2.7
2014	274.4	6.6	257.5	1.6
2015	283.2	3.2	260.6	1.2
2016	N/A	N/A	267.1	2.5

16.2 Gross domestic product (GDP) deflator and the tender price index for public sector buildings

For non-staff revenue, Her Majesty's Treasury's (HMT) GDP deflator is a measure of general inflation in the domestic economy. HMT produces the GDP deflator from data provided by the ONS and extends the series to future years by applying forecasts of the inflation rate. The BCIS PUBSEC tender price index (PUBSEC) is used by the Office for National Statistics (ONS) to deflate capital expenditure in health and social care.

Year	Gross domestic product ³ annual % increases	Tender price index for public sector building (non-housing) (PUBSEC) ³	
		Index (1995=100)	Annual % increases
2005/06	2.7	166	6.4
2006/07	3.0	170	2.7
2007/08	2.4	187	9.8
2008/09	2.7	191	2.3
2009/10	1.4	172	-10.3
2010/11	1.8	169	-1.8
2011/12	1.4	176	4.2
2012/13	2.1	181	3.0
2013/14	1.7	191	5.5
2014/15	1.5	205	7.5
2015/16	0.7	208	1.5
2016/17	2.0	222	6.7

¹ Building Cost Information Service (2016) *Indices and forecasts*, Royal Institute of Chartered Surveyors, London <http://www.rics.org/uk/knowledge/bcis/about-bcis/rebuilding/bcis-house-rebuilding-cost-index/> [accessed 1 November 2016].

² <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Retail+Prices+Index#tab-data-tables> [accessed 15 October 2016].

³ Provided by the Department of Health, 2017.

16.3 The hospital & community health services (HCHS) index

Hospital and community health services (HCHS) pay and price inflation is a weighted average of two separate inflation indices: the pay cost index (PCI) and the health service cost index (HSCI). The PCI measures pay inflation in the HCHS. The PCI is itself a weighted average of increases in unit staff costs for each of the staff groups within the HCHS sector. Pay cost inflation tends to be higher than pay settlement inflation because of an element of pay drift within each staff group. Pay drift is the tendency for there to be a gradual shift up the incremental scales, and is additional to settlement inflation. The estimate of pay inflator for the current year is based on the average pay increase of the two previous years. 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 & prices inflation figure.¹

Year	Hospital & community health services (HCHS)		
	Pay & prices index (1987/8=100)	Annual % increases	
		Prices ²	Pay
2007/08	257.0	1.8	3.5
2008/09	267.0	5.2	3.0
2009/10	268.6	-1.3	1.8
2010/11	276.7	2.8	3.1
2011/12	282.5	4.1	0.9
2012/13	287.3	3.1	0.9
2013/14	290.5	1.8	0.7
2014/15	293.1	1.7	0.3
2015/16	297.0	2.7	0.3
2016/17	302.3 (E)	3.9	0.3 (E)

16.4 The PSS pay & prices index

As in previous years, the PSS pay annual percentage increases are calculated using data on rates of hourly pay change for each occupation group in the PSS sector from the Annual Survey of Hours and Earnings (ASHE), published by Office for National Statistics (ONS).³ The following occupation groups are used for analysis: managers, social workers, nurses, occupational therapists. 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 pay bill. Workforce data from the National Minimum Data Set for Social Care (NMDS-SC), collected by Skills for Care (SfC), is used to calculate the proportion of PSS staff in each occupation group.

As in previous years, the index includes an element for capital, which takes into account the pressure from the opportunity cost of capital. The index used is the PUBSEC Tender Price Index of public sector building non-housing supplied by the Royal Institution of Chartered Surveyors (RICS). The HMT GDP deflator is used to deflate prices for non-staff revenue spend in the sector.

The PSS pay & prices (including capital) is calculated by taking the weighted sum of three indices - pay, capital and non-staff revenue - and the PSS pay & prices (excluding capital) is calculated by taking the weighted sum of two indices - pay and non-staff revenue.

¹ Estimated by PSSRU.

² Estimated by PSSRU and based on the average of the previous two years.

³ This work contains statistical data from ONS which is Crown copyright and reproduced with the permission of the controller of HMSO and Queen's Printer for Scotland. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis.

16.4.1 The PSS annual percentage increases for adult services (all sectors)

Year	PSS all sectors, adults only ¹		
	Annual % increases		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2006/07	4.8	4.5	5.1
2007/08	2.9	3.9	3.0
2008/09	2.4	2.4	2.4
2009/10	2.1	0.2	2.2
2010/11	-0.1	-0.4	-0.4
2011/12	0.3	0.7	0.2
2012/13	0.9	1.1	0.7
2013/14	1.0	1.5	0.9
2014/15	2.2	2.9	2.3
2015/16	3.3	3.1	3.9
2016/17	2.9 (E)	3.4 (E)	3.1 (E)

16.4.2 The PSS annual percentage increases for adult local authority services

Year	PSS local authority, adults only ¹		
	Annual % increases		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2006/07	4.6	4.5	4.7
2007/08	3.1	3.5	3.2
2008/09	2.4	2.4	2.3
2009/10	1.9	1.3	1.9
2010/11	0.3	0.2	0.2
2011/12	0.0	0.1	-0.1
2012/13	1.4	1.5	1.4
2013/14	1.0	1.1	0.9
2014/15	4.0	4.1	4.2
2015/16	0.8	0.8	0.8
2016/17	2.7 (E)	2.8 (E)	2.7 (E)

16.4.3 The PSS annual percentage increases for adult independent services

Year	PSS independent care, adults only ¹		
	Annual % increases		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2010/11	-0.2	-0.5	-0.5
2011/12	0.4	0.9	0.2
2012/13	0.8	1.1	0.6
2013/14	1.1	1.7	0.9
2014/15	2.0	2.8	2.1
2015/16	3.5	3.2	4.2
2016/17	2.9 (E)	3.5 (E)	3.2 (E)

E = estimate.

¹ Provided by the Department of Health, 2017.

17. NHS staff earnings estimates¹

17.1 Mean annual basic pay per FTE for non-medical occupational groupings, NHS England

	Mean annual basic pay per FTE
Ambulance staff	£24,853
Administration and estates staff	£27,823
Healthcare assistants and other support staff	£17,295
Nursing, midwifery and health visiting staff	£29,353
Nursing, midwifery and health visiting learners	£20,637
Scientific, therapeutic and technical staff	£31,787
Healthcare scientists	£29,350

17.2 Mean annual basic pay per FTE for nursing, midwifery & health visiting staff by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 2	£16,536
Band 3	£18,333
Band 4	£20,279
Band 5	£26,038
Band 6	£32,342
Band 7	£38,801
Band 8a	£45,544
Band 8b	£54,307
Band 8c	£63,703
Band 8d	£75,171
Band 9	£88,526

17.3 Mean annual basic pay per FTE for allied health professionals staff by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 4	£21,579
Band 5	£23,439
Band 6	£31,593
Band 7	£38,951
Band 8a	£46,339
Band 8b	£55,478
Band 8c	£65,309
Band 8d	£79,352
Band 9	£97,318

¹ Salaries have been provided by NHS Digital and more specific enquiries relating to pay by grade or staff group should be directed to them:
<https://digital.nhs.uk/>.

17.4 Mean annual basic pay per FTE for administration and estates by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 1	£15,398
Band 2	£16,950
Band 3	£18,690
Band 4	£21,527
Band 5	£25,632
Band 6	£31,260
Band 7	£37,461
Band 8a	£44,982
Band 8b	£53,735
Band 8c	£63,835
Band 8d	£76,859
Band 9	£92,680

17.5 Mean annual basic pay per FTE for all staff groups by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 1	£15,701
Band 2	£16,850
Band 3	£18,777
Band 4	£21,417
Band 5	£25,735
Band 6	£31,989
Band 7	£38,412
Band 8a	£45,428
Band 8b	£54,283
Band 8c	£64,351
Band 8d	£77,334
Band 9	£93,122

17.6 Mean annual basic pay per FTE for NHS staff groups

	Mean basic salary per full-time equivalent
All nurses, midwives and health visiting staff	
Qualified	£31,374
Nursery nurses and nursing assistants	£18,447
Science technical & therapeutic staff (ST&T): allied health professionals	
Qualified	£33,748
Unqualified	£19,171
ST&T staff: other	
Qualified	£36,147
Unqualified	£20,178
Ambulance staff	
Qualified	£27,192
Unqualified	£18,973
Former pay negotiating council groups	
Senior managers	£79,273
Managers	£49,310
Administrative & clerical	£23,197
Maintenance & works	£22,447

Source of tables 17.1-17.6: NHS Digital (2017) NHS staff earnings estimates, 12 month period from July 2016 to June 2017 (not publicly available), NHS Digital, Leeds.

General notes for NHS earnings estimates

Inspection of data suggests that discretionary point payments are sometimes included with basic pay for consultants.

These figures represent payments made using the Electronic Staff Record to NHS Staff who are directly paid by NHS organisations. It does not include, for example, elements of pay for clinical staff which are paid to the individual by universities, or other non-NHS organisations providing NHS care.

Figures rounded to the nearest £100.

Figures based on data from all NHS organisations who are using ESR (two Foundation Trusts have not taken up ESR).

18. Examples of roles in each Agenda for Change band

Allied health professionals

Physiotherapist

Band 2	Clinical support worker (Physiotherapy)
Band 3	Clinical support worker higher level (Physiotherapy)
Band 5	Physiotherapist
Band 6	Physiotherapist specialist
Band 7	Physiotherapist advanced, Specialist physiotherapist, Physiotherapy team manager
Band 8a	Physiotherapist principal
Bands 8a-b	Physiotherapist consultant

Occupational therapist

Band 2	Clinical support worker (Occupational therapy)
Band 3	Clinical support worker higher level (Occupational therapy)
Band 4	Occupational therapy technician
Band 5	Occupational therapist
Band 6	Occupational therapist specialist
Band 7	Occupational therapist advanced/team manager
Band 8a	Occupational therapist principal
Bands 8a-b	Occupational therapist consultant

Speech and language therapist

Band 2	Clinical support worker (Speech and language therapy)
Band 3	Clinical support worker higher level (Speech and language therapy)
Band 4	Speech and language therapy assistant/associate practitioner
Band 5	Speech and language therapist
Band 6	Speech and language therapist specialist
Band 7	Speech and language therapist advanced
Band 8a	Speech and language therapist principal
Bands 8a-c	Speech and language therapist consultant

Chiropodist/Podiatrist

Band 2	Clinical support worker (Podiatry)
Band 3	Clinical support worker higher level (Podiatry)
Band 4	Podiatry technician
Band 5	Podiatrist
Band 6	Podiatrist specialist
Band 7	Podiatrist advanced/team manager
Band 8a	Podiatrist principal
Bands 8a-b	Podiatric registrar
Bands 8c-d	Podiatric consultant
Band 9	Podiatric consultant

Psychologist

Band 4	Clinical psychology assistant practitioner
Band 5	Clinical psychology assistant practitioner higher level, Counsellor entry level
Band 6	Clinical psychology trainee, Counsellor
Band 7	Clinical psychologist, Counsellor specialist
Bands 8a-b	Clinical psychologist principal
Bands 8a-c	Counsellor professional manager/consultant
Bands 8c-d	Clinical psychologist consultant
Bands 8d & 9	Professional lead/Head of psychology services

Pharmacist

Band 2	Pharmacy support worker
Band 3	Pharmacy support worker higher level
Band 4	Pharmacy technician
Band 5	Pharmacy technician higher level/Pharmacist entry level
Band 6	Pharmacist
Band 7	Pharmacist specialist
Bands 8a-b	Pharmacist advanced
Bands 8b-c	Pharmacist team manager
Bands 8b-d	Pharmacist consultant
Bands 8c-Band 9	Professional manager pharmaceutical services

19. Training costs of health and social care professionals

Tables 19.1 and 19.2 provide a breakdown of the training costs incurred using standard estimation approaches.¹ The investment costs of education should be included when evaluating the cost-effectiveness of different approaches to using health service staff so that all the costs implicit in changing the professional mix are considered. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training, rather than trusts. The tables show details of the total investment incurred during the working life of the professional **after allowing for the distribution of the costs over time**. The expected working life of the professional based on previous research carried out at PSSRU has been noted in brackets in Table 19.1 after the title of the professional group.²

The components of the cost of training health service professionals are for pre-registration and post-graduate training. They include the costs of tuition; infrastructure costs (such as libraries); costs or benefits from clinical placement activities; and lost production costs during the period of training where staff are away from their posts. Although further training is available to all professionals to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors. Each year after registration a substantial proportion of the salary (100% or 60% depending on the level of seniority) can be attributed to the investment costs of training for subsequent stages in the doctor's career. This cost, together with additional expenditure representing infrastructure costs for maintaining post-graduate medical education, is taken as the total training cost for that year. During training Health Education England pays 50 per cent of the professional's salary plus oncosts to the trust.

19.1 Training costs of health and social care professionals, excluding doctors

<i>Professional (working life in years)</i>	Pre-registration			Totals	
	Tuition	Living expenses/lost production costs ³	Clinical placement ⁴	Total investment	Expected annual cost discounted at 3.5%
Scientific and professional					
Physiotherapist (24.3)	£25,454	£34,728	£4,742	£64,924	£5,313
Occupational therapist (23.5)	£25,454	£34,728	£4,742	£64,924	£5,322
Speech and language therapist (24.7)	£27,955	£34,728	£4,742	£67,425	£5,666
Dietitian (23.3)	£25,454	£34,728	£4,742	£64,924	£5,521
Radiographer (24.3)	£30,499	£34,728	£4,742	£69,969	£5,702
Hospital pharmacist (27.6)	£36,549	£44,588	£37,425	£118,562	£9,343
Community pharmacist (27.6)	£36,549	£44,588	£27,546	£108,683	£8,564
Psychologists ⁵					
Nurses (15.7)	£24,111	£46,304	£4,741	£75,156	£9,876
Social workers (8) (degree)	£24,430	£34,828	£6,850	£66,108	£25,181

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

² Estimates of expected working life have been calculated using the 2001 census.

³ These estimates have been drawn from the University of Kent website: <https://www.kent.ac.uk/finance-student/livingcosts.html> and the Studying in London, Official University Guide: <http://www.studyinlondon.ac.uk/application-advice/cost-of-studying-in-london>.

⁴ See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547749/Tariff_guidance_acc2.pdf for 2016-17 education and training tariffs.

⁵ NHS England (2016) *Review of clinical and educational psychology training arrangements*, National College for Teaching and Leadership, London.

19.2 Training costs of doctors (after discounting)

<i>Doctors (working life in years)</i>	Tuition¹	Living expenses/lost production costs	Clinical placement	Placement fee^{2,3}plus Market Forces Factor (a)	Salary (inc o/heads) and post-graduate centre costs	Total investment	Expected annual cost discounted at 3.5%
Doctors (26)							
Pre-registration training: years 1-5	£44,458	£55,024	£143,935	NA		£243,417	£19,758
Post-graduate							
Foundation officer 1 (included in pre-reg training)	£44,458	£55,024	£143,935	£10,754	£47,723	£301,894	£24,504
Foundation officer 2	£44,458	£55,024	£143,935	£20,780	£52,535	£316,732	£27,542
Registrar group	£44,458	£55,024	£143,935	£40,155	£101,801	£385,373	£38,879
Associate specialist	£44,458	£55,024	£143,935	£48,496	£137,530	£429,443	£45,881
GP	£44,458	£55,024	£143,935	NA	£204,135	£390,198	£41,688
Consultants	£44,458	£55,024	£143,935	£65,598	£146,781	£513,151	£58,848

¹ No new tuition figures were available this year.

² Gov.UK (2016) *Healthcare education and training placement tariffs 2016 to 2017*, <https://www.gov.UK/government/publications/healthcare-education-and-training-tariff-2016-to-2017> [accessed September, 2017].

³ Placement fees for post-graduate doctors in training before discounting, but including the Market Forces Factor and an additional payment of 2.0408% of placement tariff + MFF are: Foundation Officer 1 £12,772 + MFF; Foundation Officer 2 £25,544; Registrar £51,088; Associate specialist £63,860; Consultants £89,404. Placement fees are not provided for GP placements. See https://www.gov.UK/government/uploads/system/uploads/attachment_data/file/547749/Tariff_guidance_acc2.pdf for 2016-17 education and training tariffs.

20. Care home fees

Care home fees in England – not-for-profit providers.

Minimum and maximum fees for 2016/17 for single and shared rooms per week

	Single Room Midpoint Min and Max	Shared Room Midpoint Min and Max	Single Room Midpoint Min and Max	Shared Room Midpoint Min and Max	Single Room Midpoint Min and Max	Shared Room Midpoint Min and Max
	Residential Homes		Dementia Residential Homes		Nursing Homes	
Dementia	£674	£617	£686	£555		
Eating Disorders	£0	£0				
Learning disability	£1,308	£757	£2000			
Mental health	£613	£950			£297	
Older people (65+)	£649	£602		£631	£868	£876
Physical disability	£1,097	£605			£1,750	
Sensory impairment	£999					
Substance misuse	£788	£604				
Average fee for 'for not profit' care homes	£724	£603	£701	£621	£996	£876

Care home fees in England – for-profit providers.

Minimum and maximum fees for 2016/17 for single and shared rooms per week

	Single Room Midpoint Min and Max	Shared Room Midpoint Min and Max	Single Room Midpoint Min and Max	Shared Room Midpoint Min and Max	Single Room Midpoint Min and Max	Shared Room Midpoint Min and Max
	Residential Homes		Dementia Residential Homes		Nursing Homes	
Brain Injury/Neurological Rehabilitations	£1,259	NA	£0	£0	£2,076	£2,875
Dementia	£708	£569	£760	£585	£830	£646
Learning Disability	£1,094	£1,342		£0	£1,306	£1,076
Mental health	£715	£545		£0	£949	£722
Older People (65+)	£639	£579	£729	£584	£775	£696
Physical Disability	£516	£466	£421	£0	£804	£586
Average fee for 'for not profit' care homes.	£660	£582	£738	£585	£813	£705

21. Time use of community care professionals

The following table provides information from an online survey carried out by PSSRU in 2014/15 (see Preface to the Unit Costs of Health & Social Care 2015 for more details). The link for the survey was distributed non-selectively through various channels. **Given the small sample from which the ratios of direct to indirect time have been calculated, the ratios have not been used in the unit cost calculations**, but have been tabulated here so that readers can use them where appropriate.

Community professionals	Sample size	Average number of hours worked (including unpaid overtime)	% of hours worked spent with patients	% of hours worked spent on other patient-related tasks (a)	% of hours worked spent on non-direct activities (b)	Other time (definition not provided but includes travel)	Average mileage per professional per week	Ratios of direct to indirect time on: client-related work
Nurses								
(bands 5 and 6)	44	39	54%	29%	13%	5%	102	1:0.20
(bands 7 and 8)	31	40	42%	33%	19%	6%	71	1:0.33
Physiotherapists	11	41	35%	38%	22%	5%	132	1:0.37
(bands 5-8)								
Occupational therapists	6	40	51%	36%	11%	2%	42	1:0.15
(bands 4-7)								
Speech and language therapists	7	40	38%	50%	9%	3%	84	1:0.14
(bands 5-6)								

a) Includes time researching and gathering information before each patient/client contact, writing-up case notes after each patient/client contact, and liaising with or meeting with other professionals in relation to patients/clients

b) Non-direct activities include training (either others or self), supervision and general administration.

22. Glossary

Annuity Converting a capital investment (such as the cost of a building) into the annual equivalent cost for the period over which the investment is expected to last.

Child and adolescent mental health services (CAMHS) is a name for NHS-provided services for children with mental health needs in the UK. In the UK they are often organised around a tier system. Tier 3 services, for example, are typically multidisciplinary in nature and the staff come from a range of professional backgrounds.

Capital overheads The cost of buildings, fixtures and fittings employed in the production of a service.

Care package costs Total costs for all services received by a patient.

Cost function analysis Statistical analysis using a multivariate technique 'designed to simultaneously tease out the many influences on cost'.

Department for Work and Pensions (DWP) is the largest government department in the United Kingdom, created on 8 June 2001, from the merger of the employment part of the Department for Education and Employment and the Department of Social Security and headed by the Secretary of State for Work and Pensions, a Cabinet position.

Discounting Adjusting costs using the time preference rate spread over a period of time to reflect their value at a base year.

Durables Items such as furniture and fittings.

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, salary oncosts, for example, include the employer's national insurance contributions.

Opportunity cost The value of the alternative use of the assets tied up in the production of the service.

Short-term The period during which durable assets cannot be immediately added to or removed from the existing stock of resources.

Time preference rate The rate at which future costs or benefits are valued in comparison to current or base year's costs or benefits.

Overheads

NHS overheads

Management and other non-care staff overheads include administration and estates staff.

Non-staff overheads include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.

Local authority overheads

Direct overheads include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.

Indirect overheads include general management and support services, such as finance and human resource departments.

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 use and unit costs

Per average stay Cost per person for the average duration of a typical stay in that residential facility or hospital.

Per client/patient hour Cost of providing the service for one hour of client/patient attendance. The costs of time not spent with clients are allocated to the time spent with clients.

Per clinic visit Cost of one client attending a clinic. This allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients in any setting.

Per consultation Cost per attendance in a clinic or surgery. This also allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients.

Fee per resident week For example, in care homes the fee charged is assumed to include care costs, accommodation and hotel costs, ancillary costs and operator's profit.

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/patient at home. This includes the cost of time spent travelling for the visit, the proportion of time spent on non-clinical activity which is attributable to visiting patients in their own home, and the time spent on visiting patients at home.

- Per hour of home visiting** Cost of one hour spent by a professional undertaking visits to clients/patients at home. This includes the cost of time spent travelling. It also allows for overall time spent on non-clinical/patient activity to be allocated to the total time spent with clients/patients in any setting.
- Per hour in clinic** Cost of one hour spent by a professional in a clinic. Time spent on non-clinical activity is allocated to the total time spent with clients/patients in any setting.
- Per hour of direct contact/per hour of face-to-face contact** Hourly cost of time spent with, or in direct contact with, the client/patient. Some studies include travel time in this cost. When this is the case, it has been noted in the schema.
- 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 and overnight in hospital.
- Per patient day** Cost per person of receiving a service for one day and overnight.
- Per procedure** Cost of a procedure undertaken in a clinic or surgery. This includes the cost of time spent on non-clinical activity and the total time spent with clients.
- Per resident week** Cost per person per week spent in a residential facility.
- Per client attendance** Cost per person per attendance.
- Per client session** Cost for one person attending one session. The length of a session will be specified in the schema and may vary between services.
- 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/patient-related work/direct outputs/face-to-face contact/clinic contacts/home visits** The relationship between the time spent on direct activities (such as face-to-face contact) and time spent on other activities. For example, if the ratio of face-to-face contact to other activities is 1:1.5, each hour spent with a client requires 2.5 paid hours.

23. References

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25. List of useful websites

Adult Social Care Finance Return (ASC-FR): <http://content.digital.nhs.uk/datacollections/ASC-FR>

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

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

Care Quality Commission: <http://www.cqc.org.uk/>

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

Centre for Child and Family Research: <http://www.lboro.ac.uk/research/ccfr/>

Chartered Institute of Public Finance and Accountancy (CIPFA): <http://www.cipfa.org/>

The CIPFA Statistical Information Service (SIS) was established as a partnership between individual authorities and CIPFA. SIS has been undertaking detailed annual surveys of local authority operations for more than a century, and the 'CIPFA Statistics' still remain the only impartial and comprehensive account of the extent and achievements of each individual council. Surveys are conducted in the following areas: education, environmental services, environmental health, housing, leisure, planning, public protection, social services, transport.

Department for Education: <http://www.education.gov.UK/>

Department of Health: <https://www.gov.UK/government/organisations/department-of-health>

Department for Work and Pensions: <http://www.dwp.gov.UK/>

Family Resource Survey: <http://research.dwp.gov.UK/asd/frs/>

Federation of Ophthalmic & Dispensing Opticians: <http://www.fodo.com/>

Hospital Episode Statistics (HES): <http://www.hesonline.nhs.uk/>

This is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of health-care analysis for the NHS, Government and many other organisations and individuals. The HES database is a record-level database of hospital admissions and is currently populated by taking an annual snapshot of a sub-set of the data submitted by NHS Trusts to the NHS-Wide Clearing Service (NWCS). Quarterly information is also collected. A separate database table is held for each financial year, containing approximately 11 million admitted patient records from all NHS Trusts in England.

Joseph Rowntree Foundation: <http://www.jrf.org.uk/>

This website provides information on housing and care.

LaingBuisson: <http://www.laingbuisson.co.uk/>

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

Livability: <http://www.livability.org.uk/>

National Audit Office: <https://www.nao.org.uk/>

National Council for Palliative Care: <http://www.ncpc.org.uk/>

National End of Life Care Intelligence network: <http://www.endoflifecare-intelligence.org.uk/home/>

NHS Digital: <https://digital.nhs.uk/>

NHS Digital is the new name for the Health & Social Care Information Centre a Special Health Authority set up on 1 April 2005 to take over most DH statistical collection and dissemination and some functions of the former NHS Information Authority. This includes information on Personal Social Services Expenditure.

National Institute for Health and Clinical Excellence: <http://www.nice.org.uk/>

Personal Social Services Expenditure Data (PSS EX1 data): <http://www.ic.nhs.uk/statistics-and-data-collections/>

PSSRU at LSE, London School of Economics and Political Science:
<http://www2.lse.ac.uk/LSEHealthAndSocialCare/Home.aspx>

Pub Med: <http://www.pubmedcentral.nih.gov/>

Reference Costs: <https://www.gov.UK/government/publications/nhs-reference-costs-2014-to-2015>

This website gives details on how and on what NHS expenditure was used. The Reference Costs/Reference Costs Index publication is the richest source of financial data on the NHS ever produced. As in previous years, its main purpose is to provide a basis for comparison within (and outside) the NHS between organisations, and down to the level of individual treatments.

Social Care Institute for Excellence: <http://www.scie.org.uk/>

Social Care Online: <http://www.scie-socialcareonline.org.uk/>

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

YoungMinds: <http://www.youngminds.org.uk/>

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

26. List of items from previous volumes

All articles from our 2003 edition onward can also be searched and downloaded from our article database at <http://www.pssru.ac.uk/ucarticles/>

Editorials and articles

2006

Guest editorial: Conducting and interpreting multi-national economic evaluations: the measurement of costs
The costs of an intensive home visiting programme for vulnerable families
Direct payments rates in England
Training costs of person centred planning
The baker's dozen: unit costs and funding

2007

The costs of telecare: from pilots to mainstream implementation
The Health BASKET Project: documenting the benefit basket and evaluating service costs in Europe
Recording professional activities to aid economic evaluations of health and social care services

2008

Guest editorial: National Schedule of Reference Costs data: community care services
The challenges of estimating the unit cost of group-based therapies
Costs and users of Individual Budgets

2009

Guest editorial: Economics and Cochrane and Campbell methods: the role of unit costs
Estimating unit costs for Direct Payments Support Organisations
The National Dementia Strategy: potential costs and impacts
SCIE's work on economics and the importance of informal care

2010

The costs of short-break provision
The impact of the POPP programme on changes in individual service use
The Screen and Treat programme: a response to the London bombings
Expected lifetime costs of social care for people aged 65 and over in England

2011

The costs of extra care housing
Shared Lives – model for care and support
Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations

2012

Guest editorial: Appropriate perspectives for health care decisions
Using time diaries to contribute to economic evaluation of criminal justice interventions
Costing multi-site, group-based CBT workshops
A review of approaches to measure and monetarily value informal care

2013

Guest editorial: Widening the scope of unit costs to include environmental costs
Cognitive behaviour therapy: a comparison of costs
Residential child care: costs and other information requirements
The costs of telecare and telehealth

2014

Guest editorial: Big data: increasing productivity while reducing costs in health and social care

Cost of integrated care

Shared Lives – improving understanding of the costs of family-based support

RYCT & CSP intervention costs

2015

Guest editorial: Implications of the Care Act 2014 on social care markets for older people

Survey questions on older people's receipt of, and payment for, formal and unpaid care in the community.

Estimating the unit costs of vision rehabilitation services.

Review of resource-use measures in UK economic evaluations.

2016

Guest editorial: Agency staff in the NHS

Costs of the Well London Programme

PUCC: The Preventonomics Unit Cost Calculator

Tables**2006**

Adolescent support worker

Educational social work team member

Behavioural support service team member

Learning support service team member

2007

All children's service withdrawn, but reinstated in 2010

2008

Paramedic and emergency ambulance services

2009

Cost of maintaining a drugs misuser on a methadone treatment programme

Unpaid care

2010

Voluntary residential care for older people

Nursing-Led Inpatient Unit (NLIU) for intermediate care

Local authority sheltered housing for older people

Housing association sheltered housing for older people

Local authority very sheltered housing for older people

Housing association very sheltered housing for older people

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

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

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

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

Acute NHS hospital services for people with mental health problems

NHS long-stay hospital services for people with mental health problems

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

Sheltered work schemes for people with mental health problems

Village communities for people with learning disabilities

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

2011

Approved social worker

2012

High-dependency care home for younger adults with physical and sensory impairments
Residential home for younger adults with physical and sensory impairments
Special needs flats for younger adults with physical and sensory impairments
Rehabilitation day centre for younger adults with brain injury
Comparative costs of providing sexually abused children with individual and group psychotherapy

2013

Rapid response service

2014

Community rehabilitation unit
Intermediate care based in residential homes
Counselling services in primary medical care
Group homes for people with learning disabilities
Fully-staffed living settings (people with learning disabilities)
Semi-independent living settings (people with learning disabilities)
Hospital-based rehabilitation care scheme
Expert patients programme
Community care packages for older people
Nursing homes for people with dementia
Private and other independent sector residential homes for people with dementia

2015

Individual placement and support
Adults with learning disabilities
Key worker services for disabled children and their families
Services for children in care
Services for children in need
Common assessment framework (CAF)
Palliative care for children and young people

2016

Multi-dimensional treatment foster care (MTFC)