Preface

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This section describes new developments and new services included in this volume. When important government reforms have affected the unit cost calculations, these are also discussed here.

Occasionally information on services which appear regularly is omitted if it is no longer representative of the service and this too is reported in this section. Brief articles included in order to provide background to user services and descriptions of cost methodology or use of cost estimates are also introduced in this section.

Agenda for Change

This year, there have been major changes which have had a marked effect on the unit cost estimates for all professionals. First, the Agenda for Change (AfC) (NHS Employers, 2005), the largest pay reform ever made in the NHS, has replaced the old Whitley pay system. This has resulted in many adjustments to salary costs. The new system has nine pay bands (see page 201 for 2005/2006 salaries, and page 202 for 2006/2007 salaries). For the purpose of obtaining a unit cost, mid-points have been used but the reader can substitute these salaries with specific spinal points if required. As a result of the job evaluation component, the new generic profiles created have been matched as closely as possible with the titles of the schemata resulting sometimes in a lower salary than in previous volumes, for example, a senior 1 grade hospital physiotherapist is matched to band 5 resulting in a lower salary than previously (see page 171). In the salary notes, the salary bands for a higher grade of this professional are included and the corresponding salary can therefore be substituted by the reader if necessary. Where the new title is different to the old one, the old titles have been put in brackets, for example, district nurse has become a community nurse (see page 135).

Also under Agenda for Change reforms, changes to the working week and annual leave have resulted in modifications to the number of working days and hours used to obtain the hourly cost. The basic working week for full time staff has moved to 37½ hours, excluding meal breaks. Annual leave for those with less than 5 years of NHS service is 27 days, 29 for those with 5 to 10 years service, and 33 and for those with more than 10 years service. For the purpose of calculating unit costs, we have used 29 days.

Superannuation payments

In addition this year, following an adjustment made to the rate of contributions NHS employers make to superannuation payments, an adjustment to the estimates in last year's volume was issued on the website in February 2006 to include the new rate. This rate now stands at 14 per cent. In order to ensure the accuracy of superannuation payments in local authorities, we have carried out a survey of 20 local authorities and these reported an average of 14.9 per cent during the year 2005/2006. Unlike the rate contributed by NHS employers which is fixed, this rate is likely to vary from year to year.

Post graduate medical training

This year, there have also been reforms to postgraduate training for medical officers. These reforms are ongoing and are described below.

The Postgraduate Medical Education and Training Board (PMETB) is the independent statutory body, responsible for overseeing and promoting the development of postgraduate medical education and training for all specialities, including general practice, across the UK. PMETB assumed its statutory powers on 30 September 2005 taking over the responsibilities of the Specialist Training Authority of the Medical Royal Colleges and the Joint Committee on Postgraduate Training for General Practice. As a consequence of this, a new system of training has been proposed that is integrated from the Pre Registration House Officer year onwards. Under this new arrangement, from August 2005, all newly qualified doctors in the United Kingdom have embarked on a two-year foundation programme and then those wishing to train in general practice continue with a speciality training programme for a further year. Those wishing to work in secondary care will follow a longer speciality programme.

In June 2006, it was announced that UK Chief Medical Officers set plans for the transition into the next stage of postgraduate medical training and these new arrangements for specialist and GP training programmes are to be introduced in August 2007. They form the second stage of the reform of postgraduate medical training, Modernising Medical Careers (MMC) initiative. From the beginning of 2007, the Specialist Registrar grade will be closed to new entrants and also most Senior House Office contracts will end by August 2007. Doctors will be able to apply for specialist and GP programmes through a simplified process that will cut down on the present complex multi-applications system. (Modernising Medical Careers, NHS MMC News Article, June 2006).

This year for the purpose of calculating the unit costs of post graduate training, information has been provided by the London Deanery and further work will be done next year to take into account future developments.

General Practitioner

On 1 April 2004, the new GMS Contract was implemented across the UK. The contract's new formula marks a radical change in the funding of GP practices, shifting the focus from doctor numbers, to take into account the needs of patients and practice workload. It rewards practices for high quality evidence-based care, and offers flexibility to provide additional services. Primary Care Trusts (PCTs) can commission an enhanced level of care from some practices for the provision of services, including depression, drug or alcohol misuse and services for homeless people. There is increased flexibility to commission

services from new providers, for example, working with the voluntary sector on new mental health helplines. The GMS contract has two elements of funding: a basic payment for every practice, and further payments for quality and outcomes (Office of the Deputy Prime Minister, 2004).

Last year, our figures were uprated as the Department of Health was in the process of reworking the method of calculation. However, this year the GP schema (see page 142) has been reworked following the 2005 Inland Review enquiry and the release of interim figures for 2005/06 taken from the Gross Investment Guarantee (GIG) Monitoring Report produced by the Technical Steering Committee in December 2005.

Improving estimates

Hospital costs

This year we have reviewed the section on hospital costs and increased the number of services we report on following consultation with regular users of the report. We have expanded our information particularly in the mental health sector and where possible information has been provided on inpatient, outpatient and community based services. In order to maintain reliability of our reporting, we have omitted information on services where there has been an increase or decrease in costs of greater than twenty per cent on the previous year and where the number of submissions is fewer than ten. Where users have requested information on these services, they will be considered again for inclusion next year. This year, where 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. Where reference costs are available for services for which we have bottom up estimates, we have included this information in the relevant schema (see page 66).

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).

New Schemata

Intermediate care

This year as a result of a study jointly carried out with the Institute of Psychiatry, (Baumann et al., 2006) we have been able to expand on the information provided on the costs of intermediate care services. Information is provided on a further seven intermediate care services providing residential care and non residential care. Services have been grouped according to whether they are hospital based or based in a residential home and if they are non residential, according to whether they provide social care and health and therapy or just social care (see pages 120-123).

Children's mental health services

As a result of the expansion and development of mental health service provision for children and adolescents, we have introduced four new services which have superseded the schemata reporting information on the NHS child clinical psychiatry team member and the NHS child clinical psychology team member. These are generic Children and Adolescent Mental Health Services (CAMHS) teams (single and multidisciplinary) which provide a broad

range of services to their local communities and targeted CAMHS teams which provide input specifically for identified vulnerable groups. Also there is a dedicated team which is a team comprising of dedicated workers which 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.

Approved Social Worker (ASW)

Included in this report is a schema for an Approved Social Worker (ASW) (page 151). The Approved Social Work (ASW) Service is made up of social workers who are specifically trained in Mental illness and the Mental Health Act 1983.

The service responds to urgent request from the Police, Accident and Emergency (A&E) departments, inpatient wards and community to assess those people suffering mental disorder who may require detention under the Mental Health Act 1983. This is in order to provide immediate assessment and /or treatment where someone presents with significant risks to themselves or others and community care and treatment is not appropriate. Approved social workers also have a particular duty to look at alternatives to hospitalisation, for example by looking at the range of community care available that may allow the person with a mental illness to stay in their community.

Cognitive Behaviour Therapy (CBT)

This year we have included a schema for Cognitive Behaviour Therapy (CBT) for adolescents (page 71). The schema is based on a costing which was undertaken for a randomised controlled trial of interventions for adolescents with depression. The setting was a Child and Mental Health Services (CAMHS) team in secondary care and CBT was delivered in an outpatient setting.

Home Care

Previous volumes included illustrative costs of care packages from a study conducted in the mid 1990s (Bauld, 1998). In order to update this, information on illustrative packages of care for older people (pages 52- 56) have been drawn from a sample of older home care service users in 2005 that was drawn from 14 local authorities as part of a study to feed into the Relative Needs Formula (Darton et al., 2006). In total 387 people were interviewed, selected to over represent those receiving more intensive packages of care. Within this service users were randomly selected by local authorities as in receipt of home care and aged 65 years or over. Not all 384 respondents to the study reported receiving home care in the past month. Of those that did, full information was available about 365 cases. About 60 per cent of those receiving home care only received that service. We have not reported mean costs, as there is considerable uncertainty about the actual costs of 24-hour care that was reported in a few cases. Median care package costs were £155 per week for health and social care costs and £428 for all costs including accommodation and living expenses. The cases reported cannot be regarded as 'typical' but reflect the circumstances and packages of care received by people in the median, lowest and highest deciles and lowest and highest quartiles of the sample.

Next year we are hoping to update the psychiatric reprovision packages found in section 2 of the report.

Information which has been excluded

Owing to changes in the funding arrangements for day nurseries, this schema, previously found in section 6 of the report, has been excluded this year. Similarly the schemata, previously found in sections 10 and 11 of the report, providing information on an adolescent support worker, an educational social work team member, a behavioural support service team member and a learning support service team member have been excluded this year as these were taken from a study whose costs have been superseded by Agenda for Change reforms.

List of sources

New in this volume is a list of other useful sources (page 7) which provide health and social care statistics and may be useful to the reader if the information they require cannot be found in this publication This will be a permanent feature and this year is included after this preface but in future volumes will appear at the back of the report in the miscellaneous section.

Articles

Home visiting programme for vulnerable families (pages 17-22). In this article Emma McIntosh and Jane Barlow draw on the results of a multicentre randomised controlled trial (RCT) in which women identified as being 'at risk of poor parenting' were randomly allocated to a home visiting arm or a standard treatment control arm. Data on resource were collected and measured within the RCT and unit costs adjusted by appropriate quantities were then attached to the items of resource-use to obtain a study cost.

Direct payments (pages 23-28). Vanessa Davey draws on the results of a national survey in which local authorities were asked to provide details of the method they use to calculate direct payments and the average rates of these payments. The article includes comparative data to show to what extent these payments vary between locations and user groups.

Training costs of Person Centre Planning (pages 29-33). Renee Romeo and colleagues draw on the results of a recently completed study, commissioned by the Department of Health under the Learning Disability Research Initiative in order to provide information on the costs of Person Centred Planning (PCP) which is a service now being implemented across the UK. As this is the first study in PCP, until now, the costs of the service are largely unknown. Davey has identified all the costs involved to estimate the average cost of training in PCP per person.

The Baker's Dozen: unit costs and funding (pages 35-38). Following a government inquiry to address what provision of low level supports would enable people to remain independent and contribute to society, Inquiry members selected a 'Baker's Dozen' which have then been prioritised based on information about the costs and the extent to which they would make a difference to older people's lives. The Secretariat to the Older People's Inquiry into 'That Bit of Help' have presented the costs and also charges to the user of each of the dozen.

References

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

NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, www.nhsemployers.org, Issue 19 June.

Baumann, M. et al. (2006) *What Went Right? A Study of What Works in Tackling Delayed Discharges in Six High Performing Sites*, Social Work and Social Care, Health Services Research Department, Institute of Psychiatry, King's College, London.

Bauld, L. (1998) Care package costs of elderly people, in A. Netten, J. Dennett & J. Knight. (eds) *Unit Costs of Health and Social Care 1998*, Personal Social Services Research Unit, University of Kent, Canterbury.

Netten, A. & Curtis, L. (2003) *Unit Costs of Health and Social Care 2003*, Personal Social Services Research Unit, University of Kent, Canterbury.

Office of the Deputy Prime Minister (ODPM) (June 2004) *Mental Health and Social Exclusion, Social Exclusion Unit Report*, Office of the Deputy Prime Minister, London.

List of useful sources

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

Health and Social Care Information Centre (HSCIC): **http://www.ic.nhs.uk**
The Information Centre for health and social care (The IC) is a new Special Health Authority set up on 1 April 2005 to take over most DH statistical collection and dissemination and some functions of the former NHS Information Authority. This includes information on Personal Social Services Expenditure.

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

Adult Mental Health Service Mapping: **http://www.durham.ac.uk/service mapping**
The AMH service mapping aims to contribute towards the improvement of mental health services for adults and provides information on the adult services available nationally. From this we have been able to make cost estimates for the multidisciplinary teams found in chapter 11.

Child and Adolescent Mental Health Mapping Service: **http://www.camhsmapping.org.uk**
This website provides information specifically on the mental health services available to children and adolescents. Using this website we have been able to estimate the costs of the children's services found in chapter 11.

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

Building Cost Information Service: **www.rics.org/RICSservices/BCIS.htm**
BCIS is the UK's leading provider of cost and price information for construction and property occupancy.

Laing & Buisson: **http://www.laingbuisson.co.uk**
Laing & Buisson, an independent company, is the leading provider of authoritative data, statistics, analysis and market intelligence on the UK health.