

6. Hospital and other services

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6.1 Hospital costs

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

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

6.2 NHS wheelchairs

Information about wheelchair costs is based on the results of a study of six sites supplying wheelchairs (excluding wheelchairs for children).¹ Prices have been uprated from 1994/1995 levels using the HCHS prices inflator. The study information was supplemented with national data not available from the sites. Three main types are identified: those propelled by an attendant or self propelled; a lighter type of chair especially designed for active users, and powered wheelchairs. (Active users are difficult to define, but the term generally refers to individuals who are permanently restricted to a wheelchair but are otherwise well and have high mobility needs.) The range of purchase costs is very high for the latter two types, ranging from £186 to £991 for active user chairs and £1,053 to £1,859 for powered chairs (1994/95 prices uprated to current values). The costs have allowed for the cost of modifications in the estimated capital value, but this is a very approximate mid-range figure so specific information should be used wherever possible.

Type of chair	Total value 2008/2009	Annual cost 2008/2009	Notes
<i>Capital costs</i>			
Self or attendant propelled	£256	£59	Capital value has been annuitised over five years at a discount rate of 3.5 per cent to allow for the expected life of a new chair. In practice, 50 per cent of wheelchairs supplied have been reconditioned, not having been worn out by the time their first users ceased to need them.
Active user	£641	£145	
Powered	£1,280	£291	
<i>Revenue costs</i>			
Maintenance			Revenue costs exclude therapists' time but include the staff costs of maintenance. The costs include all costs for pressure relief. The cost of reconditioning has not been included in the cost of maintenance.
- non-powered		£27	
- powered		£105	
<i>Agency overheads</i>			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2008/2009			
£86 per self or attendant propelled chair per year; £172 per active user per chair per year; £396 per powered chair per year.			

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

6.3 Local authority equipment and adaptations

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

The period over which equipment and adaptations should be annuitised is open to debate. Ideally it should be annuitised over the useful life of the aid or adaptation. In many cases this is linked to the length of time the person using the appliance is expected to remain at home. Where it is expected that the house would be occupied by someone else who would also make use of the adaptation, a longer period would be appropriate. Clearly, this is difficult to do in practice. Many housing authorities have problems making sure that heavily adapted dwellings are occupied by people who can make use of the adaptations. In the 1997 report, the annual median value was discounted over 10 years at 6 per cent but in previous editions of this report, as there is a competitive market in providing these aids and adaptations, it was argued that 8 per cent was a more appropriate discount rate. Due to government guidelines on the discount rate, this table shows the items annuitised over 10 years at 3.5 per cent.

Equipment or adaptation	Mean	Median	Range		Median annual equipment cost
			Minimum	Maximum	3.5% discount
Additional heating	£448	£414	£151	£5,157	£50
Electrical modifications	£458	£535	£60	£4,081	£64
Joinery work (external door)	£529	£629	£273	£1,300	£76
Entry phones	£375	£509	£224	£3,188	£61
Individual alarm systems	£398	£465	£220	£1,000	£56
Grab rail	£98	£55	£4	£441	£7
Hoist	£976	2,724	£399	£8,489	£327
Low level bath	£554	£695	£375	£1,522	£84
New bath/shower room	£8,122	£15,562	£3,998	£35,979	£1,871
Redesign bathroom	£1,486	£3,482	£499	£7,996	£418
Redesign kitchen	£3,001	£4,126	£733	£6,995	£496
Relocation of bath or shower	£1,106	£2,114	£188	£11,152	£254
Relocation of toilet	£902	£1,803	£179	£4,296	£217
Shower over bath	£987	£918	£220	£2,519	£110
Shower replacing bath	£2,698	£2,542	£494	£4,584	£305
Graduated floor shower	£2,502	£3,090	£1,349	£7,037	£371
Stairlift	£2,728	£3,440	£2,398	£7,689	£414
Simple concrete ramp	£674	£401	£70	£2,888	£48

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

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

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

6.4 Training costs of health service professionals

This schema provides a breakdown of the training costs incurred.¹ The components of the cost of training health service professionals are the costs of tuition; infrastructure costs (such as libraries); costs or benefits from clinical placement activities and lost production costs during the period of training where staff are taken away from their posts in order to train.

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

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

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

	Pre-registration			Post-graduate training	Totals	
	Tuition	Living expenses/ lost production costs	Clinical placement	Tuition and replacement costs	Total investment	Expected annual cost at 3.5%
Scientific and Professional						
Physiotherapist	30,359	24,655	0	0	55,015	4,501
Occupational Therapist	28,196	24,655	0	0	52,852	4,331
Speech and Language Therapist	21,868	32,324	0	0	54,192	4,552
Dietician	22,294	32,324	0	0	54,618	4,643
Radiographer	42,008	24,655	0	0	66,663	5,431
Pharmacist	32,070	39,042	7,367	6,770	85,249	6,743
Nurses						
Hospital Nurse (team manager)	31,275	25,643	-11,694	0	45,224	4,686
Nurse Specialist (Community)	31,275	25,643	-11,694	17,469	62,693	8,737
Health Visitor	31,275	25,643	-11,694	14,191	59,415	6,518
Nurse (GP practice)	31,275	25,643	-11,694	14,191	59,415	6,518
Nurse Advanced	31,275	25,643	-11,694	44,081	89,305	10,587
Doctors						
Foundation Officer 2	63,573	40,656	162,163	11,655	278,046	21,072
Registrar Group	63,573	40,656	162,163	37,255	309,769	23,771
Associate Specialist	63,573	40,656	162,163	54,720	321,113	25,699
GP	63,573	40,656	162,163	69,537	335,929	26,592
Consultants	63,573	40,656	162,163	114,774	381,166	32,953

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

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

6.5 Rapid Response Service

This schema is based on information received from the Royal Victoria Hospital, Folkestone. The Rapid Response Service serves the Shepway Primary Care Trust Areas and is designed to provide the local community with an alternative to hospital admission/long-term care where appropriate. The information is based on 2002/2003 costs and uprated using the appropriate inflators. A comparative scheme providing health and social care to patients in their own homes has produced total costs of £703,698 costs for a delivered hour of £63 excluding qualifications and £68 including qualifications. The average cost per delivered hour of the two schemes is £44 and £47 including qualifications.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£145,925 per year	Based on median Agenda for Change (AfC) salaries. Includes a team of two nurses (Band 5), five clinical support assistants (Band 2), and two Nurse Managers (Bands 7) (0.75) ¹
B. Salary oncosts	£29,674 per year	Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£12,888 per year	The equivalent annual cost of pre-registration after the total investment cost has been annuitised over the expected working life. See schema 6.4 for more details on training costs for health professionals.
D. Training	Not known	In-house training is provided. This includes OT, physiotherapy, ECGs, blood glucose, chiropody, vena puncture etc. The health care assistants often study to NVQ level. No costs are available for this.
E. Direct overheads	£4,036 per year £27,999 per year	Includes mobile phones, uniform replacement for clinical support assistants, stationery, thermometers, energy. 2002/2003 costs uprated by the retail price index. Includes administrative staff (Band 2), Manager (Band 7) (0.25). 2002/2003 costs uprated by the HCHS Pay Inflatior.
F. Indirect overheads	£23,212 per year	Includes the personnel and finance functions. 2002/03 costs uprated by the HCHS Pay and Prices Inflatior.
G. Capital overheads	£2,472 per year	Based on the new-build and land requirements of NHS facilities. ^{2,3} One office houses all the staff and 'hotdesking' is used. It is estimated that the office measures around 25 square metres. Capital has been annuitised at 3.5 per cent.
H. Equipment costs	£1,319 per year	The Service shares equipment with another so the total cost has been divided equally and annuitised over five years to allow for the expected life of the equipment. This includes facsimile machines, computers etc. 2002/2003 prices uprated using the retail price index.
I. Travel	£20,837 per year	
Caseload	7 per week	The yearly caseload is on average 364 patients.
Hours and length of service	7 days a week (to include weekends and bank holidays) 8.00 am – 9.00 pm (24 hrs if required), 365 days per year.	The service would provide an intensive package of care, if necessary, over a 24-hour period to meet care needs, and support carers experiencing difficulty due to illness. It would be available for 72 hours and reviewed daily, with the possibility of extension, up to a maximum of 5 days in exceptional circumstances.
Patient contact hours	9,646 per annum	Based on information about typical episodes delivered to patients.
Low-cost episode	3 visits at 30 minutes for 3 days.	A low-cost episode comprises 10 visits and includes initial assessment and travel costs.
High-cost episode	43 patient contact hours over three days.	A high-cost episode comprises 10 visits, on average a total of 43 patient contact hours.
Length of assessment/discharge	1 hour 1 hour	The assessment is carried out by either an E or G grade nurse. The discharge is carried out by a G grade care manager.
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
£24 (£26) cost per delivered hour (excludes cost for enhanced payments, cost of assessments, discharge and travel costs); travel per visit £5.10. £194 (£200) per low-cost episode (includes assessment and travel costs); £1,035 (£1,092) per high-cost episode (includes assessment, travel and unsocial hours). Average cost per case £739 (£774).		

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

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

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

6.6 Community rehabilitation unit

This schema is based on a joint project between Kent County Council, Ashford Borough Council, Age Concern and Ashford Primary Care Trust. Home Bridge provides recuperative care in seven purpose-built self-contained units for older people who need a period of recuperation following an illness, fall or where people have had increasing problems managing daily living. Home Bridge provides intensive therapy and support to rebuild mobility and confidence so they can return back home. A costing undertaken of another community rehabilitation unit for people requiring a period of rehabilitation after an episode in hospital has produced weekly costs of £637 per patient and a typical client episode of £4,143.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£ 67,926 per year	This is based on a team of the Scheme Manager (20 per cent), the number of hours allocated to Home Bridge by a part time Care Manager (80 per cent) and a team of support workers who are provided by a Private Domiciliary Agency at a rate of £11.
B. Salary oncosts	£14,527 per year	Employers' national insurance plus 18.6 per cent of salary for employers' contribution to superannuation.
C. Direct overheads: Administrative and management costs	£24,448 per year £4,308 per year £17,854 per year	This includes maintenance, running costs, repair/renewal of fixtures/fittings. Building expenses and equipment costs. Includes Project Manager (0.05), CART coordinator (£1055), Social Services Team Leader (0.08 per cent) and Agency fees.
D. Indirect overheads	£ 11,642 per year	To cover the finance function.
E. Capital Building costs Land costs	£ 25,024 per year £11,393 per year	Based on actual cost of the 7 units and a lounge (shared by sheltered housing) and an office in 2004, and uprated using the Tender Price Index for Public Sector Building (non housing). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Occupancy	71%	On average 5 units of the 7 are occupied at any one time.
Case load	32 per year	The yearly case load for January 2004 to January 2005 was 32 clients.
Average length of stay	33 nights	
Hours and length of service	7 days a week (to include weekends and bank holidays)	The service is available 7 days a week with support workers working 10.5 hours daily (3,832 per year). The Scheme Manager is available from Monday to Friday 7 am to 3 pm and in case of emergency there is also back up cover during evenings, nights and weekends via the call centre.
patient-related hours		All clients receive an initial assessment when referred to Home Bridge usually at hospital. They are assessed on arrival by a Community Care Manager who continues to monitor them throughout their stay and discharges them at the end of their stay.
Typical episode	10 hours per week	50 per cent of clients stay on average 29 nights and receive 41 hours of contact with a support worker per week plus the above.
Low cost episode	7 hours per week	25 per cent of clients stay 10 days and receive 10 hours with a support worker a week plus the above
High cost episode	15 hours per week	25 per cent of clients stay on average 64 days and receive 137 hours with support workers plus the above.
Cost of hospital assessment and admission to Homebridge	£160	This takes between 3-5 hours of a Hospital Care Manager's time who prepares the discharge from hospital and arranges the referral to Home Bridge. A further 3 hours is required by the Social Services Duty Desk to make the admission arrangements at Home Bridge. This is based on the salary of a Care Manager's Assistant.
Cost of discharge from Homebridge	£262	This is carried out by a Community Care Manager and takes 8.5 hours. It involves 7.5 hours of face-to-face contact time for liaison with patient, professionals, families and services and also 1 hour administration.
Cost of Health Services Community Assessment and Rehabilitation Team	£250 per client per stay	On average 7 hours of therapy or nursing care was provided by the CART team, costing £250 (face-to-face time).
Unit costs available 2008/2009		
Full unit costs (all activities): Per unit £35,424 per year, £679 weekly (includes A to E); Per unit (full occupancy) £25,303 per year, £485 weekly. Costs per activity: assessment and referral £160 per client; discharge £262 per client, ambulance transport from hospital £40 per client; £4.30 per session at day care, £5.00 per meal on wheels. Cost per episode: £1,575 cost of typical episode, £796 low cost episode; £3,683 high cost episode.		

6.7 Hospital-based rehabilitation care scheme

This rehabilitation unit is supervised by a nurse consultant and has undergone a service redesign to meet the changing needs of the community. It is managed by a modern matron, but has a strong multi-professional team approach. The unit is divided into three sections. The first is the 'assessment area', where patients go for between 24-72 hours on admission to have their health care needs closely observed and identified. They then go to the 'progression area', which is for patients who need moderate to high nursing support where they undertake a rehabilitation programme. Finally, when they are progressing well, they go to the 'independent area' before returning home. In total there are 38 beds. These are 2008/09 salary costs, and other costs are uprated to present values by using the appropriate HCHS inflators.

Costs and unit estimation	2008/2009 value	Notes
A. Wages/salary	£789,802 per year	Information provided by the PCT and converted to allow for Agenda for Change. ¹ Based on a team of a modern matron (Band 8, range D), 3 nurse team managers (Band 7), 7 nurse specialists (Band 6), (wte 5.34), 8 nurses (Band 5) (wte 6.31), 21 higher-level clinical support workers (wte 17.09), 4 clinical support workers (wte 3.2) and a support physiotherapist (Band 3).
B. Salary oncosts	£173,756 per year	Estimated national insurance and superannuation contribution. Based on employers' national insurance and 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£79,031 per year	The equivalent annual cost of pre-registration education after the total investment cost has been annuitised over the expected working life. ² See schema 6.4 for more information on training costs of health professionals.
D. Overheads:		
Direct overheads	£96,291 per year	Includes drugs, dressings, medical equipment, uniforms, laundry allowance, travel and subsistence.
	£75,124 per year	Cost for maintenance etc.
Indirect overheads	£163,227 per year	Includes Finance, Human resources, Board and Facilities.
E. Capital overheads	£82,156 per year	Those capital overheads relating specifically to the unit.
Other capital charges	£18,074 per year	Capital proportioned out to all units.
Hours and length of service	7 days a week (to include weekends and bank holidays) 8.00 am - 9.00 pm (24 hours if required), 365 days per year.	The service would provide an intensive package of care, if necessary, over a 24-hour period to meet care needs, and support carers experiencing difficulty due to illness. It would be available for 72 hours and reviewed daily, with the possibility of extension, up to a maximum of 5 days in exceptional circumstances.
Average length of stay	14 days	Information received from the PCT. Patients can stay up to six weeks, but average length of stay is 14 days.
Caseload per worker	30 per month	Based on information received from the PCT. The total for 7 months was 209 (PSSRU estimate is 358 for 12 months).
Unit costs available 2008/2009 (costs including qualifications given in brackets)		
Weekly service costs per bed £650 (£745), Average annual cost per patient £3,906 (£4,126), Cost of a typical client episode £1,411 (£1,491).		

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

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

6.8 Intermediate care based in residential homes

This information is based on PSSRU research carried out jointly in 2005 with the Social Work and Social Care Section at the Institute of Psychiatry as part of a larger study on the impact of reimbursement. It provides the costs of comparative intermediate care schemes based in residential homes. The average weekly cost per client of the four schemes is £589, and the average annual cost per client is £3,776. All costs have been updated to present values using the appropriate PSS inflators.

	Social care only			Social and health care
	Scheme A: This service provides a therapeutic programme of recuperative care. There are 16 recuperative beds. Care staff include care workers, senior night carer and rehabilitation workers.	Scheme B: This service is provided by the local authority for people with dementia. Fee paid by the local authority for care staff.	Scheme C: This is a short-stay residential home for people having difficulty managing at home, or who have been recently discharged from hospital or are considering entry to a residential care home. Fee paid by the local authority for care staff.	Scheme D: This service is run by the local authority in conjunction with primary care trust and provides 6 weeks of support and rehabilitation to older people who have the potential to return to their own home after a stay in hospital. Staff include care manager, therapists, visiting medical officer and promoting independence assistants.
Wages/salary	£215,456	£147,741	£101,852	£159,493
Oncosts Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation	£46,323	£31,764	£21,898	£34,291
Direct overheads Includes salaries of supervisory staff, running costs and supplies	£244,535	£52,522	£48,278	£27,478
Indirect overheads Management fees (includes cost of premises) Capital/premises Total costs ¹	£158,697 £36,002 £701,014	£43,199 £275,226	£172,028	£9,321 £230,583
Caseload	196	51	64	67
Average length of stay	34	54	45.5	32
No. of beds	16	10	8	7.7
Weekly costs per resident	£840	£528	£412	£574
Average annual cost per client	£3,577	£5,397	£2,688	£3,442
Cost of typical client episode	£4,081	£4,071	£2,681	£2,625

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

6.9 Expert Patients Programme

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

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

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

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

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

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

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

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

6.10 Unpaid care

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