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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
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
2010	239.5	1.1	222.7	4.8
2011	252.0	5.2	234.5	5.3
2012	Not available	0.4	242.0	3.2
2013	Not available	1.9	249.4	3.1
2014	Not available	6.6	257.5	3.25

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) ¹	
		Index (1995=100)	Annual % increases
2004/05	3.2	156	7.2
2005/06	2.8	166	6.4
2006/07	2.7	170	2.7
2007/08	2.9	187	9.8
2008/09	2.5	191	2.3
2009/10	2.6	172	-10.3
2010/11	2.8	169	-1.8
2011/12	1.8	176	4.2
2012/13	1.6	181	3.0
2013/14	2.1	191	5.5
2014/15	1.4	205	7.2 (E)

¹ Building Cost Information Service (2015) *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 10 October 2015].

² <http://ons.gov.uk/ons/taxonomy/index.html?nsc1=Retail+Prices+Index#tab-data-tables> [accessed 24 November 2015].

³ Provided by the Department of Health, 2015.

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 information supplied by the Department of Health and 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 & prices inflation figure.¹

Year	Hospital & community health services (HCHS)		
	Pay & prices index (1987/8=100)	Annual % increases	
		Prices ¹	Pay ¹
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	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

16.4 The PSS pay & prices index

The data and methodology used to calculate the PSS pay & prices index have been extensively reviewed following changes in the collection and availability of pay and workforce data. Workforce data for the children's sector, which accounted for 11 per cent of the total whole time equivalent (WTE) workforce in 2010, are no longer collected, and the indices below are for the adult sector alone. This year, in the same way as last year, three indices have been produced, including one for the independent sector. No forecasts for this sector have been made prior to 2010/11.

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).² The following occupation groups are used for analysis: managers, social workers, nurses, occupational therapists, community and care workers. In addition, two support groups were identified: administrative/office and ancillary staff. As it was not possible to collect detailed data on all staff working in these two groups, it was assumed that their pay increases were in line with the average for England. 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 for 2014 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. This data source has replaced the NHS IC's SSDS001 return since 2010, but does not include the children's sector. Pay changes for 2014/15 are projected using an average of the pay changes in the past three years. This assumes that pay increases next year will be in line with the previous trend.

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 Provided by the Department of Health, 2015.

² 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
2004/05	3.2	4.2	3.9
2005/06	2.3	3.7	3.4
2006/07	3.4	4.5	5.1
2007/08	2.1	3.9	3.0
2008/09	1.6	2.4	2.4
2009/10	1.5	0.3	2.2
2010/11	-0.2	-0.3	-0.4
2011/12	0.1	0.7	0.1
2012/13	0.6	1.2	0.9
2013/14	0.7	1.7	1.0
2014/15	0.2 (E)	1.1 (E)	0.2 (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
2004/05	4.0	4.3	4.3
2005/06	3.0	3.7	3.6
2006/07	4.0	4.5	4.7
2007/08	2.7	3.5	3.2
2008/09	2.0	2.3	2.3
2009/10	1.6	1.4	1.9
2010/11	0.2	0.2	0.2
2011/12	-0.2	0.1	-0.2
2012/13	1.4	1.7	1.7
2013/14	0.9	1.2	1.0
2014/15	0.4 (E)	0.7 (E)	0.4 (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	-0.3	-0.4	-0.5
2011/12	0.1	0.9	0.1
2012/13	0.5	1.2	0.8
2013/14	0.7	1.8	1.0
2014/15	0.2 (E)	1.3 (E)	0.2 (E)

¹ Provided by the Department of Health, 2015.

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	£24,470
Administration and estates staff	£26,851
Healthcare assistants and other support staff	£16,691
Nursing, midwifery and health visiting staff	£28,694
Nursing, midwifery and health visiting learners	£21,560
Scientific, therapeutic and technical staff	£31,387
Healthcare scientists	£29,013

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 4	£20,167
Band 5	£25,764
Band 6	£31,914
Band 7	£38,332
Band 8a	£45,240
Band 8b	£54,216
Band 8c	£63,939
Band 8d	£75,310
Band 9	£90,903

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	£21,248
Band 5	£23,284
Band 6	£31,070
Band 7	£38,525
Band 8a	£46,038
Band 8b	£55,276
Band 8c	£65,759
Band 8d	£79,583
Band 9	£96,356

¹ Salaries have been provided by the Health & Social Care Information Centre and more specific enquiries relating to pay by grade or staff group should be directed to them, www.hscic.gov.uk. This year, where there appears to be a decrease from last year's salaries, this is largely due to the result of an adjustment to the method of calculation which has affected certain categories of professionals. Further information on this can be provided by the HSCIC.

17.4 Mean annual basic pay per FTE for administration and estates

	Mean annual basic pay per FTE
Band 1	£14,863
Band 2	£16,478
Band 3	£18,385
Band 4	£21,239
Band 5	£25,384
Band 6	£30,862
Band 7	£36,923
Band 8a	£44,559
Band 8b	£53,446
Band 8c	£63,866
Band 8d	£76,746
Band 9	£92,298

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

	Mean annual basic pay per FTE
Band 1	£14,970
Band 2	£16,356
Band 3	£18,459
Band 4	£21,120
Band 5	£25,488
Band 6	£31,548
Band 7	£37,931
Band 8a	£45,081
Band 8b	£54,043
Band 8c	£64,429
Band 8d	£77,456
Band 9	£92,867

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	£30,786
Nursery nurses and nursing assistants	£17,939
Science technical & therapeutic staff (ST&T): allied health professionals	
Qualified	£33,327
Unqualified	£18,727
ST&T staff: other	
Qualified	£35,715
Unqualified	£18,727
Ambulance staff	
Qualified	£27,056
Unqualified	£18,351
Former pay negotiating council groups	
Senior managers	£78,543
Managers	£48,728
Administrative & clerical	£22,270
Maintenance & works	£21,814

Source of tables 17.1-17.6: Health & Social Care Information Centre (2015) *NHS staff earnings estimates, 12 month period July 2014 to June 2014*.

Processed using data taken from the Electronic Staff Record Data Warehouse, as at September 2014. Copyright © 2014, Re-used with the permission of The Health & Social Care Information Centre. All rights reserved.

General notes

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

Nurse

Band 2	Clinical support worker nursing (hospital)
Band 3	Clinical support worker higher level nursing (hospital/mental health)
Band 4	Nurse associate practitioner acute, Nursery nurse (neonatal)
Band 5	Nurse, Nurse (mental health)
Band 6	Nurse specialist/team leader
Band 7	Nurse advanced/team manager
Band 8a	Modern matron
Bands 8a-c	Nurse consultant
Bands 8c-8d & 9	Nurse/Midwife consultant higher level

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 19.1 after the title of the professional group.

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 ²	Clinical placement	Total investment	Expected annual cost discounted at 3.5%
Scientific and professional					
Physiotherapist (24.3)	£25,454	£38,966	£4,741	£69,161	£5,660
Occupational therapist (23.5)	£25,454	£38,966	£4,741	£69,161	£5,669
Speech and language therapist (24.7)	£27,995	£38,966	£4,741	£71,663	£6,022
Dietitian (23.3)	£25,454	£38,966	£4,741	£69,161	£5,881
Radiographer (24.3)	£30,499	£38,966	£4,741	£74,206	£6,048
Hospital pharmacist (27.6)	£36,549	£50,029	£36,947	£123,526	£9,734
Community pharmacist (27.6)	£36,549	£50,029	£28,274	£113,930	£8,978
Nurses (15.7)	£24,111	£51,955	£4,741	£80,807	£10,619
Social workers (8) (degree)	£24,430	£6,829	£38,966	£70,225	£26,130

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 See [http://www.nhsbsa.nhs.uk/Students/Documents/Students/Student_Services_Annual_Report_2013-14_\(V1\)_08.2014.pdf](http://www.nhsbsa.nhs.uk/Students/Documents/Students/Student_Services_Annual_Report_2013-14_(V1)_08.2014.pdf) for information on student bursaries.

19.2 Training costs of doctors (after discounting)¹

<i>Doctors (working life in years)</i>	Tuition	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	£43,634	£61,740	£135,496	NA		£240,870	£19,551
Post-graduate(26)							
Foundation officer 1 (25) (included in pre-reg training)	£43,634	£61,740	£135,496	£10,754	£44,428	£296,051	£24,030
Foundation officer 2 (24)	£43,634	£61,740	£135,496	£20,780	£50,310	£311,960	£27,127
Registrar group (20)	£43,634	£61,740	£135,496	£40,155	£99,826	£380,850	£38,423
Associate specialist (18)	£43,634	£61,740	£135,496	£48,496	£135,402	£424,768	£45,381
GP (16)	£43,634	£61,740	£135,496	NA	£144,653	£385,523	£41,188
Consultants (16)	£43,634	£61,740	£135,496	£65,598	£202,351	£508,819	£58,351

¹ The method of calculating post graduate costs has been revised this year following the introduction of training placement tariffs.

² Gov.uk (2014) Healthcare education and training placement tariffs, <https://www.gov.uk/government/publications/healthcare-education-and-training-placement-tariffs> [accessed October, 2015].

³ Placement fees for post-graduate doctors in training before discounting, but including the Market Forces Factor are: Foundation Officer 1 £12,772; Foundation Officer 2 £25,544; Registrar £51,088; Associate specialist £63,860; Consultants £89,404. Placement fees are not provided for GP placements.

20. Care home fees

No information was available on fees for local authority homes. See previous volume for 2013 data.

The minimum and maximum fee for 2013/14 for single and shared rooms for private and voluntary nursing and residential care homes in the UK

	Nursing homes				Residential care homes			
	Min	Max	Min	Max	Min	Max	Min	Max
	Single room		Shared room		Single room		Shared room	
Adults under 65 years	£888	£775	£675		£782	£700	£400	£600
Dementia	£647	£879	£593	£800	£525	£648	£484	£570
Mental health	£831	£1,389	£648	£1,157	£808	£808	£451	£577
Mental health (Brain Injury Rehabilitation)	£1,096	£1,718	£708		£1,354	£1,367		
Mental health (Learning disability)	£1,028	£1,756	£727	£1,544	£856	£1,489	£549	£758
Older people (65+)	£652	£838	£603	£706	£509	£636	£458	£540
Physical disability	£740	£1,326	£594	1,075	£705	£1,030	£483	£626
Substance misuse problems	£1,212	£1,837			£676	£762	£668	£642
Average cost of all private/voluntary sector care home fees	£666	£887	£604	£743	£555	£727	£465	£553

21. Land values

The table below provides information on regional and national land values which were provided by the Valuation Office Agency (VOA) for use in the Unit Costs publications. The valuations were provided in June 2013 and have been updated using the England and Wales Residential Development Land Index to provide estimated valuations for 2014/15. The figures provided are appropriate to a single, hypothetical site and should not be taken as appropriate for all sites in the locality.

The sites chosen for this work are considered to be 'representative' of the locality in that area but they are not always 'average' sites. When choosing the sites, the following assumptions were adopted:

- site of gross area approximately 1 hectare
- development density in line with current development preferences
- all services and good road frontage
- no major contamination or remediation issues
- nil grant funding
- no major allowances to be made for s106/278 potential costs
- no allowance for Community Infrastructure Levy costs (even where these are already in place)
- schemes to be fully compliant with affordable housing requirements

For the vast majority of the sites, data were obtained on affordable housing percentages required (although often the precise tenure mix is not stated) and these are reflected in the valuations provided.

Residential land		
Local authority	Town	Weighted value per hectare
South East		
Aylesbury Vale District Council	Aylesbury	£2,244,769
East Midlands		
Northampton Borough Council	Northampton	£1,085,281
East		
Norwich City Council	Norwich	£956,449
North East		
Middlesbrough Borough Council	Middlesbrough	£1,303,780
North West		
Bolton Metropolitan Borough Council	Bolton	£1,419,213
South West		
Cornwall Council	Truro	£1,419,213
West Midlands		
Worcester City Council	Worcester	£1,273,891
Yorkshire and the Humber		
Sheffield City Council	Sheffield	£1,256,370
Outer London		
London Borough of Hillingdon	Hayes	£3,795,185
England		
	Excl. Outer London	£1,311,510
	Incl. Outer London	£1,587,474

22. Time use of community care professionals

The following table provides information collected in an online survey carried out by PSSRU in 2014/15 (see Preface for more details). The survey was distributed non-selectively via 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 if they wish.

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.

23. Glossary

Annuitising 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 cost of 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 costs, 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.

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.

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 year's costs or benefits.

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.

24. References

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26. List of useful websites

Audit Commission: <http://www.audit-commission.gov.uk/Pages/default.aspx>

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 new 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/>

Centre for Health Related Studies:

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

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/>

Health & Social Care Information Centre (HSCIC): <http://www.ic.nhs.uk/>

The Health & Social Care Information Centre (IC) is 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.

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.

Laing & Buisson: <http://www.laingbuisson.co.uk/>

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

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

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

National Prescribing Centre: <http://www.npc.co.uk/>

National Institute for Health and Care 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-2012-to-2013>

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/>

Social Research Unit at Dartington: <http://investinginchildren.eu/contact>

Investing in Children provides free and independent advice on the costs and benefits of competing investment options in children's services.

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

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

27. List of items from previous volumes

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

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