

## **V. SOURCES OF INFORMATION**

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## 15. Inflation indices

### 15.1 The Building Cost Information Service (BCIS) house rebuilding cost index and the retail price index

The 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 as regional trends, labour and materials contents differ.<sup>1</sup> The retail price index is a measure of inflation published monthly by the Office for National Statistics (ONS). It measures the change in the cost of a basket of retail goods and services.<sup>2</sup>

Year	BCIS/ABI <sup>1</sup>		Retail price <sup>2</sup>	
	Rebuilding cost index (1988=100)	Annual % increases on previous year	Index (1986/87= 100)	Annual % increases on previous year
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	252.0	5.2	239.4	4.8
2012	253.0	0.4	246.8	3.1
2013	257.8	1.9	253.4	2.7
2014	274.8	6.6	257.5	1.6
2015	283.6	3.2	260.6	1.2
2016	292.1	3.0	267.1	2.5
2017	304.4	4.2	278.1	4.1
2018	315.0	3.5	285.6	2.7

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

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 <sup>3</sup> annual % increases	Tender price index for public sector building (non-housing) (PUBSEC) <sup>3</sup>	
		Index (1995=100)	Annual % increases on previous year
2008	2.9	188	-1.2
2009	1.6	168	-10.9
2010	1.5	171	2.2
2011	1.9	177	3.1
2012	1.6	184	4.0
2013	1.9	194	5.9
2014	1.7	207	6.4
2015	0.4	209	1.0
2016	2.1	227	8.9
2017	2.2	251	10.6
2018	1.9	259 (Provisional)	3.1 (Provisional)

<sup>1</sup> Building Cost Information Service (2019) *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 October 2019].

<sup>2</sup> See: <http://www.swanlowpark.co.uk/retail-price-index> [accessed 1 October 2019].

<sup>3</sup> Provided by the Department of Health, 2019.

## 15.3 The NHS cost inflation index (NHSCII)

Until 2016/2017, a hospital & community health services (HCHS) index was calculated by the DHSC. The hospital and community health services (HCHS) pay and price inflation was a weighted average of two separate inflation indices: the pay index was calculated using the annual increase in NHS salaries and the Health Service Cost Index (HSCI) measured the price change for each of 40 sub-indices of goods and services purchased by the HCHS. These were weighted according to the proportion of expenditure on pay and prices to give the HCHS pay and prices index. In 2016, this index was discontinued, and has now been replaced by the NHS cost Inflation Index (NHSCII) constructed by the Department of Health and Social Care, in conjunction with the Office for National Statistics who have worked with NHS and the University of York to address the gap.

The NHSCII identifies an appropriate inflation measure for each item of spend in six broad categories: NHS providers, general practice, prescribing, dentistry, ophthalmology, and residual, to create an overall inflation measure for the NHS. This index gives a more accurate measure of productivity than previously. **For detailed information on how the index has been constructed, see our website.**

**NHS Provider non-pay index is lower than the HCHS HSCI prices inflation:** this is most likely due to the HSCI having a high (~12%) inflation for medical services from supply chain data. We believe this was due to poor data quality of the supply chain data at the time.

HCHS/NHS inflators all sectors			
Annual % increases on previous year			
Year	HCHS prices	HCHS pay	HCHS pay and prices
2009/2010	-1.30	1.80	0.60
2010/2011	2.80	3.10	3.00
2011/2012	4.10	0.90	2.10
2012/2013	3.10	0.90	1.70
2013/2014	1.80	0.70	1.10
2014/2015	1.70	0.30	0.90
2015/2016	2.70	0.30	1.30
Annual % increases on previous year			
	NHSCII prices	NHSCII pay	NHSCII pay and prices
2015/2016	0.45	0.30	0.35
2016/2017	2.16	2.10	2.12
2017/2018	1.07	1.22	1.16
2018/2019	2.43	2.24	2.31

## 15.4 The Personal Social Services (PSS) pay and prices index

The Adult PSS pay and prices index is calculated by the Department of Health and Social Care (DHSC). Significant changes to the timing of index components and the approach to weighting the components together were made last year and have been described in last year's volume. No new changes to the method have been made this year.

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

Year	PSS all sectors, adults only <sup>1</sup>		
	Annual % increases on previous year		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2008/2009	2.9	2.5	3.0
2009/2010	2.1	0.7	2.4
2010/2011	2.1	2.1	2.2
2011/2012	0.1	0.4	-0.4
2012/2013	0.6	1.0	0.2
2013/2014	1.0	1.5	0.7
2014/2015	1.0	1.6	0.9
2015/2016	1.9	1.8	2.3
2016/2017	3.4	4.0	3.8
2017/2018	2.5	3.4	2.7
2018/2019	3.0	3.0	3.4

<sup>1</sup>Provided by the Department of Health, 2019.

**15.4.2 The PSS annual percentage increases for adult local authority services**

Year	PSS local authority, adults only <sup>1</sup>		
	Annual % increases on previous year		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2008/2009	3.1	2.6	3.2
2009/2010	2.1	0.6	2.3
2010/2011	1.9	1.9	1.9
2011/2012	0.5	0.8	0.2
2012/2013	0.4	0.8	-0.1
2013/2014	1.5	2.0	1.4
2014/2015	1.0	1.6	0.9
2015/2016	3.2	3.0	4.1
2016/2017	1.2	2.1	0.9
2017/2018	2.7	3.6	2.9
2018/2019	2.5	2.6	2.8

**15.4.3 The PSS annual percentage increases for adult independent sector services**

Year	PSS independent care, adults only <sup>1</sup>		
	Annual % increases on previous year		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2010/2011	2.1	2.1	2.2
2011/2012	0.0	0.4	-0.4
2012/2013	0.7	1.1	0.2
2013/2014	0.9	1.4	0.6
2014/2015	1.0	1.6	0.9
2015/2016	1.8	1.7	2.1
2016/2017	3.6	4.2	4.1
2017/2018	2.5	3.4	2.7
2018/2019	3.0	3.0	3.4

<sup>1</sup> Provided by the Department of Health, 2019.

## 16. NHS staff earnings estimates<sup>1</sup>

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

Non-medical occupational grouping	Mean annual basic pay per FTE
Ambulance staff	£25,873
Administration and estates staff	£29,344
Healthcare assistants and other support staff	£18,452
Nursing, midwifery and health visiting staff	£30,532
Nursing, midwifery and health visiting learners	£22,180
Scientific, therapeutic and technical staff	£32,985
Healthcare scientists	£30,594

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

Band	Mean annual basic pay per FTE
Band 2	Not available
Band 3	Not available
Band 4	£20,628
Band 5	£26,894
Band 6	£33,411
Band 7	£39,994
Band 8a	£47,176
Band 8b	£56,102
Band 8c	£65,739
Band 8d	£77,494
Band 9	£92,329

### 16.3 Mean annual basic pay per FTE for allied health professional staff by Agenda for Change band, NHS England

Band	Mean annual basic pay per FTE
Band 4	£22,256
Band 5	£24,212
Band 6	£32,686
Band 7	£40,180
Band 8a	£47,987
Band 8b	£57,495
Band 8c	£67,818
Band 8d	£81,836
Band 9	£100,075

<sup>1</sup> 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/>.

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

Band	Mean annual basic pay per FTE
Band 1	£17,440
Band 2	£18,123
Band 3	£19,355
Band 4	£22,219
Band 5	£26,394
Band 6	£32,201
Band 7	£38,664
Band 8a	£46,783
Band 8b	£55,947
Band 8c	£66,404
Band 8d	£79,677
Band 9	£96,381

## 16.5 Mean annual basic pay per FTE for NHS staff groups

NHS staff group	Mean basic salary per full-time equivalent
<b>All nurses, midwives and health visiting staff</b>	
Qualified	£32,693
Nursery nurses and nursing assistants	£19,376
<b>Science technical &amp; therapeutic staff (ST&amp;T): allied health professionals</b>	
Qualified	£35,036
Unqualified	£20,100
<b>ST&amp;T staff: other</b>	
Qualified	£37,381
Unqualified	£21,165
<b>Ambulance staff</b>	
Qualified	£28,572
Unqualified	£19,478
<b>Former pay negotiating council groups</b>	
Senior managers	£82,161
Managers	£51,292
Administrative and clerical staff	£24,391
Maintenance and works staff	£23,235

Source of tables 17.1-17.6: NHS Digital (2019) *NHS staff earnings estimates, 12-month period from May 2018 – April 2019* (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 (ESR) 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).

## 17. 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

## 18. Training costs of health and social care professionals

Tables 18.1 and 18.2 provide a breakdown of the training costs incurred using standard estimation approaches.<sup>1</sup> 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 NHS 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 18.1 after the title of the professional group.<sup>2</sup> See preface for changes to the expected working life made this year.

The cost of training for health service professionals covers both pre-registration and post-graduation 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 employing NHS Trust.

### 18.1 Training costs of health and social care professionals, excluding doctors

Professional (working life in years)	Pre-registration			Totals	
	Tuition <sup>3</sup>	Living expenses/lost production costs <sup>4</sup>	Clinical placement <sup>5</sup>	Total investment	Expected annual cost discounted at 3.5%
<b>Scientific and professional</b>					
Physiotherapist (24.3)	£26,822	£36,191	£4,742	£66,544	£5,446
Occupational therapist (23.5)	£26,822	£36,191	£4,742	£66,544	£5,454
Speech and language therapist (24.7)	£26,822	£36,191	£4,742	£66,544	£5,592
Dietitian (23.3)	£26,822	£36,191	£4,742	£66,544	£5,659
Radiographer (24.3)	£26,822	£36,191	£4,742	£66,544	£5,423
Hospital pharmacist (27.6)	£35,165	£48,254	£37,714	£118,770	£9,359
Community pharmacist (27.6)	£35,165	£48,254	£25,338	£105,839	£8,340
Psychologist (not estimated by PSSRU) <sup>6</sup>					
Nurse (24)	£26,822	£36,191	£4,742	£66,544	£8,744
Social worker (19) (degree)	£26,822	£34,728	£6,939	£69,029	£9,469

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 and where possible, the 2017/18 Labour Force Survey.

3 Based on the maximum fee loan; <https://www.thecompleteuniversityguide.co.uk/university-tuition-fees/university-tuition-fees-and-financial-support/if-you-come-from-england/> [accessed October 2019].

4 Drawn from <https://university.which.co.uk/advice/student-finance/whats-the-average-cost-of-living-at-university> [accessed October 2019].

5 The placement tariff for non-medical placements is £3,112+MFF per annum in 2018/19. Gov.uk (2019) Education & Training Tariffs, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf) [accessed October, 2019].

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

## 18.2 Training costs of doctors (after discounting)

Doctor (working life in years)	Tuition	Living expenses/lost production costs	Clinical placement	Placement fee <sup>1,2</sup> plus Market Forces Factor (a)	Salary (inc overheads) and post-graduate centre costs	Total investment	Expected annual cost discounted at 3.5%
Doctor (22)							
Pre-registration training: years 1-5	£45,134	£55,425	£144,532	NA		£245,213	£20,132
Post-graduate							
Foundation officer 1 (included in pre-reg training)	£45,134	£55,425	£144,532	£10,754	£51,708	£307,675	£25,261
Foundation officer 2	£45,134	£55,425	£144,532	£20,276	£56,605	£322,094	£28,008
Registrar group	£45,134	£55,425	£144,532	£40,155	£105,711	£391,079	£39,455
Associate specialist	£45,134	£55,425	£144,532	£48,496	£141,715	£435,424	£46,519
GP	£45,134	£55,425	£144,532	NA	£150,966	£396,179	£42,327
Consultant	£45,134	£55,425	£144,532	£65,144	£208,412	£518,769	£59,492

<sup>1</sup> Gov.uk (2019) Education & Training Tariffs, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf) [accessed October, 2019].

<sup>2</sup> Placement fees for post-graduate doctors in training before discounting are: Foundation Officer 1 £12,152; Foundation Officer 2 £24,304; Registrar £48,608; Associate specialist £60,760; Consultants £85,064. Tariff for placement activity should also include a market forces factor. Placement fees are not provided for GP placements.

## 19. Care home fees

The fees reported in this schema have been calculated using the Laing & Buisson Care Homes Complete Dataset 2018/2019.<sup>1</sup> Table 1 provides the midpoints of the minimum and maximum fees paid to for-profit providers of nursing and residential homes in England, presented by client group. It also provides the median of the minimum and maximum fee. Table 2 provides the same information but for non profit providers.

**Table 1 - Care home fees in England – for-profit providers <sup>2</sup>**

### Minimum and maximum fees for 2018/2019

	Midpoint of Minimum fee	Midpoint of Maximum fee	Median of min and max fee	Midpoint of Minimum fee	Midpoint of Maximum fee	Median of min and max fee
	Nursing Homes			Residential Homes		
Dementia	£757	£1,071	£914	£622	£873	£748
Learning disability	£665	£1,950	£1,308	£646	£1,661	£1,154
Mental health	£1,089	£1,163	£1,126	£473	£1,226	£849
Older people (65+)	£735	£926	£830	£604	£777	£691
Physical disability	£1,280	£1,424	£1,352	£390	£451	£420

**Table 2 Care home fees in England – non profit providers <sup>2</sup>**

### Minimum and maximum fees for 2018/2019

	Midpoint of Minimum fee	Midpoint of Maximum fee	Midpoint between min and max fee	Midpoint of Minimum fee	Midpoint of Maximum fee	Midpoint between min and max fee
	Nursing Homes			Residential Homes		
Dementia	£1,006	£1,200	£1,103	£634	£780	£707
Learning disability				£1,078	£1,475	£1,277
Mental health	£766		£766	£668	£720	£694
Older people (65+)	£827	£1,079	£953	£592	£762	£677
Physical disability				£909	£1,800	£1,354

<sup>1</sup> Laing & Buisson (2019) *Laing & Buisson Care Homes Complete Dataset 2018/2019*, Laing & Buisson, London.

<sup>2</sup> Laing & Buisson have confirmed that although fees appear to be lower than those reported last year for certain client groups, this is due to changes in the formulae used rather than due to actual reductions in fees.

## 20. Time use of community care professionals

The following table provides information from an online survey carried out by PSSRU in 2014/2015 (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
<b>Nurses</b>								
(bands 5 and 6)	<b>44</b>	39	54%	29%	13%	5%	102	1:0.20
(bands 7 and 8)	<b>31</b>	40	42%	33%	19%	6%	71	1:0.33
<b>Physiotherapists</b>	<b>11</b>	41	35%	38%	22%	5%	132	1:0.37
(bands 5-8)								
<b>Occupational therapists</b>	<b>6</b>	40	51%	36%	11%	2%	42	1:0.15
(bands 4-7)								
<b>Speech and language therapists</b>	<b>7</b>	40	38%	50%	9%	3%	84	1:0.14
(bands 5-6)								

References from past editions:

Clinical Psychologist: Ratio of face-to-face contacts to all activity: 1:1:25. Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 principal clinical psychologists, 44.5 per cent of time was spent on direct clinical work. (See: Department of Health (2002) National child and adolescent mental health service mapping data, Department of Health, London).

GP Practice Nurse: Ratio of direct to indirect time on face-to-face contacts to all activity: 1:0:30. Time spent on surgery consultations (67.9%), phone consultations (5.2%), clinics (2.5%) and home and care home visits (1.2%). Taken from the 2006/2007 UK General Practice Workload Survey. (See: Information Centre (2007) 2006/2007 UK General practice workload survey, Primary Care Statistics, Information Centre, Leeds).

Nurse advanced/nurse practitioners: Ratio of patient contacts to all activity: 1:0:71. Based on information provided by 27 nurse practitioners, 58% of time was spent on surgery consultations, 0.4% on home visits, 6.4% on telephone consultations and 1.4% of time was spent on getting prescriptions signed. See Curtis, L. & Netten, A. (2007) The costs of training a nurse practitioner in primary care: the importance of allowing for the cost of education and training when making decisions about changing the professional mix, *Journal of Nursing Management*, 15, 4, 449-457.

- 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.

## 21. 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 costs for all services received by a patient.

**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 cover 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.
- 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.

## 22. References

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## 23. 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 and Social Care : <https://www.gov.uk/government/organisations/department-of-health-and-social-care>

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 data, statistics, analysis and market intelligence on the UK health services.

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 DHSC 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/>

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

Reference Costs: <https://improvement.nhs.uk/resources/reference-costs/>

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.

## 24. 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

#### 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

**2017**

Guest editorial: Estimating medication costs for economic evaluation  
 Health care costs in the English NHS  
 A survey of English dental practices with costs in mind

**2018**

A comparison of two sources of primary and social care resource use data in a care home setting  
 GP prescription costs – changes over time

**Tables****2007**

All children's social care services 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

Some home care services for 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)

**2017**

Extra-care housing for older people

Geriatric resources for assessment and care of elders (GRACE)

Mindfulness-based cognitive therapy – group-based intervention

Residential rehabilitation for people who misuse drugs or alcohol

Inpatient detoxification for people who misuse drugs or alcohol

Specialist prescribing

Cognitive Behavioural Therapy

Local safeguarding children's boards

Parenting programmes for prevention of persistent conduct disorder

Independent reviewing officer (IRO)

Social care support for older people/people with learning disabilities/people with mental health problems and people with physical disabilities

Support for children and adults with autism

Support care for children  
Young adults with acquired brain injury in the UK  
Residential parenting assessments  
Social work team leader/senior practitioner/senior social worker  
Family support worker  
Health and social care teams

**2018**

Residential care homes for adults requiring learning disability support  
End of life care for children at home  
Decision-making panels  
Costs of reunification  
Short break provision for disabled children and their families  
Health care support received by people with mental health problems, older people (over 75) and other service users  
Reablement services