



House of Commons
Health Committee

Public Expenditure on Health and Personal Social Services 2006

**Memorandum received from the
Department of Health containing
Replies to a Written Questionnaire
from the Committee**

Written evidence

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The Health Committee

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Written evidence

Memorandum received from the Department of Health

1. Expenditure

1.1 Total Expenditure

1.1.1 What has net NHS expenditure and annual change in net NHS expenditure been (a) in current prices (b) in real terms and (c) adjusted for NHS-specific inflation in each year and planned year since 1993–94? What has net NHS expenditure been as a proportion of GDP in each year since 1993–94? (Q1)

ANSWER

- The information requested is given in **Table 1a** and **Table 1b**.
- Between 1993–94 and 2003–04, the latest year for which NHS specific indices are available, net NHS expenditure has increased by:
 - 103.0% in cash terms;
 - 58.3% in real terms adjusted by the GDP deflator; and,
 - 37.6% after accounting for NHS specific inflation.
- Between 2003–04 and 2007–08, net NHS resources increase by:
 - 43.6% in cash terms; and,
 - 30.2% in real terms adjusted by the GDP deflator.
- GDP is provided by HM Treasury and is only available for the UK as a whole, so we cannot provide NHS Expenditure in England as a proportion of GDP.

Table 1a
CHANGE IN NET NHS EXPENDITURE 1993–94 TO 2007–08

		<i>Net NHS expenditure⁽³⁾ £ millions</i>	<i>Percentage change %</i>	<i>Real terms change⁽¹⁾ %</i>	<i>Change after adjusting for NHS specific inflation⁽²⁾ %</i>
<i>Cash</i>					
1993–94	Outturn	28.942	—	—	—
1994–95	Outturn	30.590	5.7	4.1	3.0
1995–96	Outturn	31.985	4.6	1.5	0.8
1996–97	Outturn	32.997	3.2	–0.2	0.3
1997–98	Outturn	34.664	5.1	2.1	2.9
1998–99	Outturn	36.608	5.6	3.0	1.6
1999–2000	Outturn	39.881	8.9	6.8	4.1
<i>Stage 1 Resource Basis</i>					
1999–2000	Outturn	40.201	—	—	—
2000–01	Outturn	43.932	9.3	7.8	5.0
2001–02	Outturn	49.021	11.6	9.0	6.5
2002–03	Outturn	54.042	10.2	6.9	6.5
<i>Stage 2 Resource Basis</i>					
2002–03	Outturn	55.724	—	—	—
2003–04 ⁽⁴⁾	Outturn	64.181	15.2	11.9	10.0
2004–05	Outturn	69.306	8.0	5.1	—
2005–06	Estimated				
	outturn	77.847	12.3	10.0	—
2006–07	Plan	84.387	8.4	5.8	—
2007–08	Plan	92.173	9.2	6.4	—

Footnotes:

- Change after adjusting for the GDP deflator (30 June 2006).
- NHS specific inflation index is available of the period up to 2003–04.
- NHS Expenditure Figures for the period 1999–2000 to 2007–08 are consistent with Table 3.
- NHS expenditure figures for 2002–03 to 2007–08 have been adjusted for classification changes by HMT. As a result, growth in NHS expenditure in 2003–04 is distorted. Once these are adjusted for, real terms growth in NHS expenditure in 2003–04 is 7.3%.

Table 1b
UK HEALTH SPENDING AS A PERCENTAGE OF GDP 1997–98 TO 2007–08

		<i>UK Public Spending (£bn)</i>	<i>Public Spending as a % of GDP</i>	<i>Private Spending as a % of GDP</i>	<i>Total Health Spending as a % of GDP</i>
<i>Cash</i>					
1997–98	Outturn	44.7	5.4%	1.3%	6.7%
<i>Accruals</i>					
1998–99	Outturn	47.1	5.4	1.4	6.8
1999–2000	Outturn	49.6	5.4	1.4	6.8
2000–01	Outturn	54.3	5.6	1.4	7.0
2001–02	Outturn	59.9	6.0	1.3	7.3
2002–03	Outturn	66.3	6.3	1.4	7.6
2003–04	Outturn	74.9	6.7	1.4	8.1
2004–05	Outturn	82.6	7.0	1.4	8.4
2005–06	estimated outturn	88.6	7.3	1.4	8.7
2006–07	plan	97.4	7.4	1.4	8.9
2007–08	plan	107.2	7.8	1.4	9.2

Source: HM Treasury

Footnotes:

1. For any further information regarding UK Health Expenditure, please contact the HM Treasury General Enquiry office on 0207 270 4558 or email at public.enquiries@hm-treasury.gov.uk
2. This is a statistic supplied by HM Treasury. It is not appropriate to construct a statistic showing NHS Expenditure as a proportion of GDP as the numerator is on an England basis, and the denominator is on a UK basis.

1.1.2 *What has net NHS expenditure, net NHS expenditure per head and net NHS expenditure as a proportion of GDP been in (a) England (b) Wales (c) Scotland (d) Northern Ireland and (e) the United Kingdom in each year since 1997–98? (Q2)*

ANSWER

1. **Table 2** shows Net NHS Expenditure in England, Scotland and Northern Ireland for 2005–06. Wales' expenditure is not currently available for 2005–06, so 2004–05 data has been used. The table also shows Net NHS expenditure per head of population for each of these countries. The information based on UK expenditure and GDP has not been included as this is calculated, and provided by HM Treasury.

Table 2
TOTAL NET NHS EXPENDITURE PER HEAD FOR ENGLAND, WALES, SCOTLAND AND NORTHERN IRELAND
1997–98 to 2005–06

		£s								
		1997–98	1998–99	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06
England	Net NHS Expenditure	34,663,992,000	36,608,266,000	39,933,308,000	43,951,247,000	49,278,589,000	56,727,900,000	63,314,406,000	69,382,043,000	77,561,299,000
	Net NHS spend per head	710	750	810	890	1,000	1,140	1,270	1,390	1,540
Wales	Net NHS Expenditure	2,256,100,000	2,423,000,000	2,649,300,000	2,880,200,000	3,143,900,000	3,450,100,000	3,590,716,000	3,961,555,000	4,204,392,000
	Net NHS spend per head	770	830	900	980	1,070	1,180	1,220	1,340	1,420
Scotland	Net NHS Expenditure	4,353,695	4,589,002	4,940,950	5,379,811	6,233,984	6,667,426	7,175,988	8,191,236	8,902,401
	Net NHS spend per head	860	900	970	1,060	1,230	1,320	1,429	1,610	1,750
N Ireland	Net NHS Expenditure	1,139,500,000	1,231,800,000	1,339,500,000	1,517,500,000	1,762,300,000	2,042,600,000	2,209,300,000	2,471,500,000	2,712,500,000
	Net NHS spend per head	680	730	800	900	1,040	1,200	1,300	1,450	1,570

Source:

Expenditure figures for Wales have been provided by NHS Finance, The Welsh Assembly Government

Expenditure figures for Scotland have been provided by The Scottish Executive Health Department

Expenditure figures for Northern Ireland have been provided by DHSSPSNI

Footnotes:

1. Expenditure pre 1999–2000 is on a cash basis
2. Expenditure figures from 1999–2000 to 2002–03 are on a Stage 1 Resource Budgeting basis
3. Expenditure figures from 2003–04 to 2007–08 are on a Stage 2 Resource Budgeting basis
4. Figures are not consistent over the period (1997–98 to 2005–06), therefore it is difficult to make comparisons across different periods
5. Figures exclude expenditure on departmental administration, for England prior to 2000, this adjustment has not been made
6. Figures are rounded to the nearest £10

1.2 By Area of Expenditure

1.2.1 Could table 2.2.1, detailing trends in actual and planned expenditure on health and personal social services by area of expenditure, be updated, together with the commentary on it? (Q3)

ANSWER

1. The information requested is given in **Table 3a** and **Table 3b**.

2. Expenditure in Table 3a is shown on a Stage Two Resource Budgeting basis. Table 3a is consistent with the presentation of the data in Figure 3.4 of the 2006 Departmental Report.

Table 3a

TRENDS IN ACTUAL AND PLANNED EXPENDITURE ON THE HEALTH AND PERSONAL SOCIAL SERVICES 2003–04 TO 2007–08 BY AREA OF EXPENDITURE⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾ (STAGE TWO RESOURCE BUDGETING)

	2003–04	2004–05	2005–06	2006–07	2007–08
	<i>Outturn</i>	<i>Outturn</i>	<i>Estimated outturn</i>	<i>Plan</i>	<i>Plan</i>
Central Government Expenditure					
National Health Service Hospitals, community health, family health (discretionary) and related services Current					
A. Net spending ⁽¹³⁾	58,157	63,001	70,112	76,620	83,239
B. Charges and receipts ⁽⁵⁾	2,146	2,665	3,184	3,325	3,345
C. Total spending	60,303	65,666	73,297	79,945	86,584
D. Change over previous year in cash (%)		8.9	11.6	9.1	8.3
E. Change over previous years in real terms (%) (total)		6.0	9.3	6.5	5.5
F. Change over previous years in real terms (%) (net)		5.5	9.0	6.7	5.8
Capital					
A. Net spending	2,566	2,804	4,381	5,180	6,167
B. Charges and receipts ⁽⁵⁾	289	353	393	205	130
C. Total spending	2,854	3,157	4,774	5,385	6,297
D. Changes over previous year in cash (%)		10.6	51.2	12.8	16.9
E. Changes over previous years in real terms (%) (total)		7.7	48.1	10.1	13.9
National Health Service family health services (non-discretionary)⁽⁷⁾ Current					
A. Net spending	2,141	2,129	2,011	1,099	1,162
B. Charges and receipts	912	850	769	466	454
C. Total spending	3,052	2,980	2,781	1,565	1,616
D. Change over previous year in cash (%)		-2.4	-6.7	-43.7	3.2
E. Change over previous years in real terms (%) (total)		-5.0	-8.6	-45.1	0.6
Departmental administration^{(8) (14)} Current					
A. Net spending	307	295	286	261	259
B. Charges and receipts	22	20	27	10	10
C. Total spending	329	315	312	271	269
D. Change over previous year in cash (%)		-4.2	-0.8	-13.2	-0.8

	2003–04	2004–05	2005–06 <i>Estimated</i>	2006–07 <i>Plan</i>	2007–08 <i>Plan</i>
	<i>Outturn</i>	<i>Outturn</i>	<i>outturn</i>		
<i>E. Change over previous years in real terms (%) (total)</i>		–6.8	–2.8	–15.3	–3.3
Cost of Collecting NHS element of NI contributions	14	14	14	14	14
Central health and miscellaneous services⁽¹⁵⁾					
Current					
A. Net spending	975	1,046	1,026	1,180	1,315
B. Charges and receipts	93	103	140	141	132
C. Total spending	1,068	1,149	1,166	1,321	1,448
<i>D. Change over previous year in cash (%)</i>		7.6	1.5	13.3	9.6
<i>E. Change over previous years in real terms (%) (total)</i>		4.7	–0.6	10.6	6.8
Other NHS Capital					
A. Net spending	36	32	30	47	32
B. Charges and receipts	0	0	0	0	0
C. Total spending	36	32	30	47	32
<i>D. Change over previous year in cash (%)</i>		–11.2	–4.4	53.5	–32.4
<i>E. Change over previous years in real terms (%) (total)</i>		–13.5	–6.4	49.9	–34.2
NHS Total					
A. Net spending	64,181	69,306	77,847	84,387	92,173
B. Charges and receipts ⁽⁵⁾	3,461	3,992	4,513	4,147	4,073
C. Total spending	67,643	73,298	82,361	88,534	96,246
<i>D. Change over previous year in cash (%)</i>		8.4	12.4	7.5	8.7
<i>E. Change over previous years in real terms (%) (total)</i>		5.5	10.0	4.9	5.9
<i>F. Change over previous years in real terms (%) (net)</i>		5.1	10.0	5.8	6.4
Central Government Personal Social Services⁽¹⁶⁾					
A. Net spending	195	251	245	251	273
B. Charges	52	50	46	46	46
C. Total spending	247	300	291	297	319
<i>D. Change over previous year in cash (%)</i>		21.4	–3.1	2.1	7.5
<i>E. Change over previous year in real terms (%) (total)</i>		18.2	–5.1	–0.4	4.7
Central Government (specific and special) grants to local authorities					
A. Net spending	1,450	1,896	1,912	1,628	1,666
B. Charges	0	0	0	0	0
C. Total spending	1,450	1,896	1,912	1,628	1,666
<i>D. Change over previous year in cash (%)</i>		30.8	0.9	–14.9	2.3
<i>E. Change over previous year in real terms (%)</i>		27.3	–1.2	–16.9	–0.3

	2003–04	2004–05	2005–06 <i>Estimated</i>	2006–07 <i>Plan</i>	2007–08 <i>Plan</i>
	<i>Outturn</i>	<i>Outturn</i>	<i>outturn</i>	<i>Plan</i>	<i>Plan</i>
Credit Approvals (LA capital)					
A. Net spending	49	53	53	53	53
B. Charges	0	0	0	0	0
C. Total spending	49	53	53	53	53
D. <i>Change over previous year in cash (%)</i>		7.2	0.9	0.0	0.0
E. <i>Change over previous year in real terms (%)</i>		4.4	–1.1	–2.4	–2.6
Health and Personal Social Services Total					
A. Net spending	65,876	71,505	80,058	86,319	94,165
B. Charges and receipts ⁽⁵⁾	3,513	4,042	4,559	4,193	4,119
C. Total spending	69,389	75,547	84,617	90,512	98,284
D. <i>Change over previous year in cash (%)</i>		8.9	12.0	7.0	8.6
G. <i>Change over previous years in real terms (%) (total)</i>		6.0	9.7	4.4	5.8
H. <i>Change over previous years in real terms (%) (net)</i>		5.7	9.6	5.2	6.3
Local Authority Personal Social Services Current^{(9) (10) (11)}					
A. Net spending	14,763	15,586	n/a	n/a	n/a
B. Charges and receipts	2,077	2,800	n/a	n/a	n/a
C. Total spending	16,839	18,386	n/a	n/a	n/a
Local Authority Personal Social Services Capital^{(9) (10) (11)}					
A. Net spending	186	222	n/a	n/a	n/a
B. Charges and receipts	75	77	n/a	n/a	n/a
C. Total spending	261	299	n/a	n/a	n/a
Local Authority Personal Social Services Total					
A. Net spending	14,949	15,808	n/a	n/a	n/a
B. Charges and receipts	2,152	2,877	n/a	n/a	n/a
C. Total spending	17,100	18,685	n/a	n/a	n/a
Local Authority, Health and Personal Social Services Total⁽¹²⁾					
A. Net spending	80,825	87,313	n/a	n/a	n/a
B. Charges and receipts ⁽⁵⁾	5,665	6,919	n/a	n/a	n/a
C. Total spending	86,490	94,232	n/a	n/a	n/a
GDP deflator @ 30 June 2006					
	95.3	97.9	100.0	102.4	105.2

Footnotes:

1. Figures may not sum due to rounding.
2. Percentages are rounded to one decimal place.
3. Real terms growth figures differ from those given last year because of subsequent changes in GDP deflators. Where not otherwise specified, the figures are calculated on total expenditure figures and therefore differ from the Departmental Report, where increases are calculated on net expenditure.
4. The measures in changes in expenditure shown in lines D to F are as follows:
Line D shows the percentage change in total expenditure;
Line E shows the percentage change in total expenditure after accounting for inflation in the overall economy as measured by the GDP deflator;
Line F shows the percentage change in net expenditure after accounting for inflation in the overall economy as measured by the GDP deflator.

5. Includes NHS trust charges and receipts.
6. Input Cost Data is not available for years where outturn data is not available.
7. With the introduction of PMed's allocation in 2004–05, there is no longer any GMS non-discretionary funding. All GMS funding is now discretionary.
8. Include Trading Funds—Medicines Control Agency (MCA) and NHS Estates Agency.
9. Net budget figures are taken from Local Authority Revenue Accounts returns.
10. Net budget figures are taken from Local Authority Revenue Account returns. Current figures are for Adult services only. Capital figures show spend on Adult and Children services (as this cannot be broken down further).
11. Local Authorities do not forecast expenditure for future years. Figures for 2003–04 are available, but expenditure on Adults' services cannot be separately identified.
12. Local Authority, Health and Personal Social Services total excludes Central Government (Specific and Special) grants to Local Authorities and Credit Approvals (LA Capital) to avoid double counting. The total still does include an element of double counting (unquantifiable) with regard to joint working between hospitals and local authorities.
13. Less HCFHS depreciation of: 354 443 614 802 1,052
14. Less Dept Admin depreciation of: 12 13 13 17 16
15. Less CHMS depreciation of: 18 16 19 18 19
16. Less PSS depreciation of: 8 12 16 15 16

Table 3b gives a brief explanation of the main areas of expenditure in Table 3a.

Table 3b

EXPLANATION OF MAIN AREAS OF EXPENDITURE IN TABLE 3a

<i>Area of expenditure</i>	<i>Description</i>
NHS Hospital and Community health Services and discretionary family health services (HCHS)	This covers hospital and community health services, prescribing costs for drugs and appliances and General Medical Services (which include reimbursements of GMS GPs' practice staff, premises, out of hours and IM&T expenses). It also includes other centrally funded initiatives, services and special allocations managed centrally by the Department of Health (such as service specific levies which fund activities in the areas of education and training and research and development). HCFHS includes all GMS funding. This is because of the introduction of the GP contract in April 2004, which means that there is no longer any GMS non discretionary funding.
Capital	Capital expenditure is that used on the acquisition of land and premises, individual works for the provision, adaptation, renewal, replacement or demolition of buildings, items or groups of equipment and vehicles etc.
NHS Family Health Services (FHS) (non-cash limited)	This covers demand-led family health services, such as the cost of general dental and ophthalmic services, dispensing remuneration and income from dental and prescription charges.
Departmental administration	The administrative costs of running the Department of Health.
Central health and miscellaneous services (CHMS)	These are a wide range of activities funded from the Department of Health's spending programmes whose only common feature is that they receive funding direct from the Department and not via health authorities. Some of the services are managed directly by Departmental staff; some by non-departmental public bodies, or other separate executive organisations.
Other NHS capital	Includes the capital elements of Departmental administration and CHMS.
NHS total	The sum of HCHS current and capital expenditure, FHS, Departmental administration, CHMS current expenditure and other NHS capital.
Personal social services (PSS)	Personal care services for vulnerable people, including those with special needs because of old age or physical or mental disability. Examples are residential care homes for the elderly, home help and home care services, and social workers that provide help and support for a wide range of people.

<i>Area of expenditure</i>	<i>Description</i>
Central Government (specific and special) grants to local authorities	Cash grants targeted at services which require a higher priority, where pump priming is appropriate or where the service is needed in only some authorities.
Credit approvals (LA capital)	Central government permission for individual local authorities to borrow or raise other forms of credit for capital purposes.
Local Authority Personal Social Services	Personal care services for vulnerable people, including those with special needs because of old age or physical or mental disability. Examples are residential care homes for the elderly, home help and home care services, and social workers that provide help and support for a wide range of people.
Health and Personal Social Services Total	The sum of NHS total, central Government personal social services, central Government (specific and special) grants to local authorities, credit approvals (LA capital), and civil defence.
Local Authority, Health and Personal Social Services Total	The sum of Health and Personal Social Services Total and Local Authority Personal Social Services Total.

1.2.2 *What is the Department's assessment of expenditure on each programme in 2004–05 against plans for that year, and anticipated expenditure by programme in 2005–06 against plans for that year and outturn in 2004–05? (Q4)*

ANSWER

1. **Table 4** outlines the significant changes (ie over £10 million) between estimated outturn reported in last years evidence and outturn expenditure in **Table 3** of this years evidence for 2004–05.

2. **Table 4** also shows the significant changes (ie over £10 million) between planned expenditure in last years evidence and estimated outturn expenditure in **Table 3** of this years evidence for 2005–06.

Table 4

COMPARISON OF NET EXPENDITURE PLANS FOR 2004–05 AND 2005–06 WITH THOSE IN LAST YEAR'S HEALTH COMMITTEE WRITTEN EVIDENCE (HC 736)

The main areas of change (£10 million or over) to the spending plans for various parts of the programme other than LAPSS are as follows. The grant to local authorities for central government is unhypothecated. Local authorities determine their own expenditure.

	<i>Difference</i>		<i>2004–05</i>	<i>£ million</i>
HCFHS current	233	1,385	Reclassification of trust depreciation previously outside DEL.	
		– 1,497	Change in the methodology for calculating clinical negligence provisions.	
		– 155	Reduced budgets following reclassification of capital grants to the private sector to capital.	
		68	Depreciation adjustment.	
		– 34	Underspend by NHS bodies and DH central budgets.	
HCFHS capital	– 563	72	Additional expenditure on capital grants to the private sector following a reclassification of the budget for capital grants to the private sector as capital.	
		– 49	Lower spending on capital grants to local authorities by PCTs from their unified budgets.	
		– 587	Slippage on capital programmes of NHS bodies and by DH central budgets.	
FHS Current	34	31	Higher than planned expenditure on the demand led General Dental Services.	
Departmental Administration	– 33	– 20	Timing adjustments to the Departments Change Management Programme.	
		– 11	Changes in the attribution of receipts for secondees.	
CHUMS current	– 77	– 26	Underspend on demand led EEA medical costs.	
		– 26	Underspend and slippage on central health and miscellaneous services.	
		10	Higher than forecast expenditure on demand led welfare foods budget.	
		– 34	Lower than forecast outturn on non-departmental public bodies.	

Central Government PSS	29	10	Higher outturn recorded against central personal social services budgets.
		19	Higher outturn for non-departmental public bodies.
PSS Grants to Local Authorities	-29	-29	Preserved Rights grant expenditure lower than forecast.
PSS Credit Approvals	-3		No changes of £10 million.
<hr/>			
	<i>Difference</i>		<i>2005-06</i>
HCFHS current	995	-200	Reduction in provisions.
		-352	Transfer to FHS Non Discretionary.
		200	Transfer from HCFHS Capital.
		-192	Third party grants transferred to HCFHS capital.
		1,538	Trust depreciation move into DEL (Technical adjustment).
		65	Revised recording of EEA medical cost provision.
		-68	Transfer to/from other Government Departments.
HCFHS capital	175	192	Third Party Grants from HCFHS Current.
		196	Take up of EYF.
		-200	Transfer to HCFHS current.
		-12	Transfer to other Government Departments.
FHS current	352	352	Transfer from HCFHS current.
Departmental Admin Current	3		No changes of £10 million.
CHUMS current	-65	-65	Revised recording of EEA medical cost provisions.
Central Government PSS	-1		No changes of £10 million.
PSS Grants to Local Authorities	-5		No changes of £10 million.
PSS Credit Approvals	0		No changes of £10 million.

Notes:

1. Changes less than £10 million are not listed and may slightly affect totals.

1.2.3 *What has additional NHS expenditure in 2005-06 compared with 2004-05 been spent on? Is it possible to provide a more detailed breakdown than last year? (Q5)*

ANSWER

1. Total NHS revenue expenditure in 2005-06 is £73.4 billion. This compares to £66.5 billion in 2004-05. However, the 2004-05 figure includes a £1.5 billion reduction due to a one-off adjustment in the method of calculating NHS provisions. Therefore, the actual increase in available revenue expenditure in 2005-06 was £5.5 billion.

2. The additional £5.5 billion revenue expenditure in 2005-06—see **Table 5**—was accounted for in the following proportions:

- Pay, including additional staff 56%
- Supplies and Services including drugs expenditure accounted for 33%
- Debt Repayment 5%
- Other accounted for 6%

3. More detail on the actual disposition of resources in 2005-06 will be available when final 2005-06 accounts are published in the autumn.

4. The Supplies and Services category used above can be broken down further:

- Supplies and Services Clinical includes—drugs, gases, dressings, medical and surgical equipment, x-ray equipment, appliances, laboratory equipment.
- Supplies and Services general includes—bedding and linen, uniforms, kitchen and provisions, contract hotel services, laundry and cleaning equipment.

Table 5
NHS TRUST REPORTED USE OF ADDITIONAL RESOURCES IN 2005–06

<i>Expenditure Component</i>	<i>% of Additional Expenditure Consumed</i>
Pay—Price ⁽¹⁾	47%
Pay—Volume ⁽¹⁾	9%
Supply & Services—Price ⁽²⁾	16%
Supply & Services—Volume ⁽²⁾	16%
Debt Repayment	5%
Other	6%

Source: FIMs Month 12 Returns.

Footnotes:

1. Trusts report that 56% of the additional resources have been accounted for by pay—both recruitment of new staff and pay increases to existing staff.
2. Trusts report that 33% has been spent on supplies and services which includes the cost of drugs.
3. The breakdown shown is at the most detailed possible using this data source. This data has previously been published in more aggregate form (ie without price/volume split) in the report “NHS Financial Performance 2005–06”.

1.3 Programme Budgeting

1.3.1 *Can the Department detail improvements in the scope and quality of programme budgeting? What changes are planned over the next year? (Q6)*

ANSWER

1. To date, the Programme Budgeting project has had two key objectives:
 - To track total NHS expenditure, for each of the 23 Programme Budgeting categories, for use in DH Resource Accounts; and
 - To allow PCTs to benchmark their spend per head of population on each of the Programme Budgeting categories, with other PCTs locally, nationally and with similar characteristics.
2. By working with the National Centre for Health Outcomes Development (NCHOD) at the London School of Hygiene and Tropical Medicine, we are currently expanding the scope of Programme Budgeting projects bringing together for each of the Programme Budgeting categories expenditure and health outcomes data.
3. This approach, will for the first time, enable PCTs to investigate the relationship between their expenditure on a particular healthcare programme with linked outcomes data. Data for the top six programme categories in expenditure terms were published on the NHS web on 31 July 2006 (www.dh.gov.uk/PolicyAndGuidance/organisationPolicy/FinanceAndPlanning/ProgrammeBudgeting/fs/en). Work is in progress to provide linked data for the remaining 23 categories by the end of the year.
4. We are improving the presentation of the Programme Budgeting data. As well as publishing the data using an interactive Excel spreadsheet, we are also using software (Interactive Atlas) that presents data in a more user-friendly way using England and sub England level maps.
5. We have also been working with the National Audit Office (NAO) to further our objective of improving the quality of the Programme Budgeting expenditure data. Over the last six months, we have organised and accompanied the NAO on a series of NHS visits to enable to NAO to improve their knowledge of how the expenditure data are collected.
6. Following these visits, we are expecting NAO to produce a report with recommendations on how to improve further the collection of Programme Budgeting data and if or when PCT Programme Budgeting data returns should be subject to audit.

1.3.2 *What was expenditure on cancer (a) in £ (b) as a proportion of total expenditure and (c) per head of population by Primary Care Trust in 2003–04 and 2004–05? Could the Department comment on these data and the quality of them? (Q7)*

ANSWER

1. Data showing expenditure on cancer (a) in £ (b) as a proportion of total expenditure and (c) per head of population by Primary Care Trust in 2003–04 and 2004–05 is given in **Table 7a** and **Table 7b**.
2. Programme Budgeting is a relatively new data collection exercise—data being collected for the first time in the 2003–04 financial year—it is inevitable it will take some time for the data to settle down. At England level comparing data for 2003–04 and 2004–05 suggest that the data are relatively stable. As expected, between 2003–04 and 2004–05, the data are subject to more variation PCT level.

3. We have been working with the National Audit Office (NAO) to further our objective of improving the quality of the Programme Budgeting expenditure data. Over the last six months we have organised and accompanied the NAO on a series of NHS visits to enable to NAO to improve their knowledge of how the expenditure data are collected.

4. Following these visits, we are expecting NAO to produce a report with recommendations on how to improve further the collection of Programme Budgeting data and if or when PCT Programme Budgeting data returns should be subject to audit.

5. The best way to improve the quality of the Programme Budgeting expenditure data is to ensure the data are used by the NHS. To facilitate this we have:

- Published on the NHS web linked Programme Budgeting expenditure and outcome data, which made the data significantly more useful to the NHS:
- Improved our presentation of the data through use of interactive Excel spreadsheets and new software presenting the data using England level maps; and,
- Been running a series of workshops at SHA level bringing together NHS professionals from Finance, Public Health and Commissioning to provide the NHS locals more information about Programme Budgeting.

Table 7a

NET NHS EXPENDITURE ON CANCER 2003–04 AND 2004–05

<i>Code</i>	<i>Primary Care Trust</i>	<i>2003–04 £ thousands</i>	<i>2003–04 % of Total expenditure</i>	<i>2003–04 £ per head of PCT population</i>	<i>2004–05 £ thousands</i>	<i>2004–05 % of Total expenditure</i>	<i>2004–05 £ per head of PCT population</i>
5JL	Broadland PCT	9,068	7.9%	79.1	9,513	8.0%	83.0
5JH	Cambridge City PCT	9,517	7.5%	76.5	10,868	10.9%	87.3
5JT	Central Suffolk PCT	6,243	7.3%	64.4	6,831	4.8%	70.5
5JK	East Cambridgeshire and Fenland PCT	8,732	6.6%	61.4	11,324	8.9%	79.6
5GT	Great Yarmouth PCT	8,252	8.5%	90.9	9,813	5.1%	108.0
5GF	Huntingdonshire PCT	7,464	5.8%	50.6	9,374	8.6%	63.5
5JQ	Ipswich PCT	9,875	6.8%	69.6	11,146	10.4%	78.5
5JM	North Norfolk PCT	7,856	7.5%	80.3	8,944	6.8%	91.4
5AF	North Peterborough PCT	6,024	5.3%	58.0	5,782	4.7%	55.6
5A2	Norwich PCT	8,473	6.3%	65.5	10,287	6.3%	79.5
5JJ	South Cambridgeshire PCT	10,251	10.2%	101.5	6,658	4.0%	65.9
5AG	South Peterborough PCT	5,041	6.2%	56.5	5,825	6.2%	65.3
5G1	Southern Norfolk PCT	14,423	7.6%	71.1	18,610	18.6%	91.7
5JR	Suffolk Coastal PCT	6,678	7.2%	69.0	7,292	7.4%	75.4
5JW	Suffolk West PCT	13,476	6.6%	58.4	15,826	8.1%	68.6
5JV	Waveney PCT	9,751	7.6%	79.8	11,149	4.7%	91.3
5CY	West Norfolk PCT	10,770	7.6%	75.3	11,626	5.5%	81.3
5GD	Bedford PCT	7,737	5.5%	53.4	9,073	3.8%	62.7
5GE	Bedfordshire Heartlands PCT	10,682	5.1%	44.1	13,371	8.7%	55.2
5GW	Dacorum PCT	10,825	8.3%	75.2	11,534	9.0%	80.1
5CP	Hertsmere PCT	5,294	5.9%	60.4	6,965	6.5%	79.5
5GC	Luton PCT	5,420	3.1%	30.0	8,983	5.6%	49.7
5GH	North Hertfordshire and Stevenage PCT	10,585	6.2%	58.1	10,417	6.2%	57.1
5GK	Royston, Buntingford and Bishop's Stortford PCT	3,772	5.6%	49.4	4,420	5.8%	57.9
5GJ	South East Hertfordshire PCT	8,505	5.7%	48.6	9,930	13.4%	56.7
5GX	St Albans and Harpenden PCT	9,309	8.2%	73.7	11,471	4.9%	90.8
5GV	Watford and Three Rivers PCT	10,939	6.4%	64.6	17,528	11.8%	103.6
5GG	Welwyn Hatfield PCT	4,485	4.6%	46.9	5,972	3.1%	62.4
5GR	Basildon PCT	5,784	5.8%	55.8	7,353	6.6%	70.9
5GP	Billericay, Brentwood and Wickford PCT	7,479	5.9%	54.7	9,157	6.1%	67.0
5JP	Castle Point and Rochford PCT	12,354	8.6%	75.0	11,622	7.0%	70.6

Code	Primary Care Trust	2003-04		2003-04		2004-05		2004-05	
		£ thousands	% of Total expenditure	£ per head of PCT population	£ thousands	% of Total expenditure	£ per head of PCT population		
5JN	Chelmsford PCT	8,142	7.1%	67.6	9,267	5.7%	76.9		
5GM	Colchester PCT	12,168	8.4%	74.3	15,167	20.0%	92.6		
5AJ	Epping Forest PCT	6,631	6.5%	63.2	7,711	6.7%	73.4		
5DC	Harlow PCT	5,905	6.4%	71.9	7,200	2.0%	87.7		
5GL	Maldon and South Chelmsford PCT	4,835	7.2%	60.1	5,058	2.9%	62.8		
5AK	Southend on Sea PCT	13,588	7.8%	84.3	14,705	7.6%	91.2		
5AH	Tendring PCT	10,479	7.4%	78.6	13,982	8.6%	104.8		
5GQ	Thurrock PCT	6,706	5.1%	46.8	7,952	7.3%	55.5		
5GN	Uttlesford PCT	4,074	6.1%	58.1	4,988	3.4%	71.1		
TAG	Witham, Braintree and Halstead Care Trust	7,515	6.5%	56.2	9,523	4.0%	71.2		
5K5	Brent PCT	13,372	4.0%	48.6	15,874	6.9%	57.6		
5HX	Ealing PCT	17,856	5.0%	56.7	23,588	8.0%	74.8		
5H1	Hammersmith and Fulham PCT	16,705	7.5%	104.0	16,583	5.6%	103.2		
5K6	Harrow PCT	8,607	4.2%	44.8	10,586	2.9%	55.0		
5AT	Hillingdon PCT	11,526	4.7%	49.0	14,888	5.3%	63.3		
5HY	Hounslow PCT	16,758	6.6%	76.0	17,783	10.4%	80.6		
5LA	Kensington and Chelsea PCT	8,486	3.5%	50.0	15,137	4.4%	89.2		
5LC	Westminster PCT	32,071	10.2%	170.7	16,573	3.5%	88.2		
5A9	Barnet PCT	18,701	5.2%	59.7	20,087	5.0%	64.2		
5K7	Camden PCT	22,544	7.2%	112.3	32,394	10.3%	161.3		
5C1	Enfield PCT	15,669	5.6%	61.3	19,423	6.3%	75.9		
5C9	Haringey Teaching PCT	17,321	6.2%	75.4	17,598	5.5%	76.6		
5K8	Islington PCT	15,969	6.1%	91.1	16,241	4.3%	92.6		
5C2	Barking and Dagenham PCT	11,754	6.9%	72.1	13,432	6.7%	82.4		
5C3	City and Hackney PCT	9,947	3.4%	45.1	12,385	3.7%	56.2		
5A4	Havering PCT	17,832	7.1%	76.1	19,656	7.0%	83.8		
5NA	Redbridge PCT	14,202	6.2%	64.9	18,643	6.5%	85.1		
5C5	Newham PCT	15,988	5.1%	63.7	15,839	4.4%	63.1		
5C4	Tower Hamlets PCT	18,645	6.8%	95.7	28,308	8.9%	145.3		
5NC	Waltham Forest PCT	13,537	5.2%	59.6	15,949	4.4%	70.2		
TAK	Bexley Care Trust	9,677	4.6%	47.1	15,978	9.7%	77.8		
5A7	Bromley PCT	20,965	6.6%	69.8	23,664	6.9%	78.8		
5A8	Greenwich PCT	13,230	4.7%	60.0	18,097	5.9%	82.1		
5LD	Lambeth PCT	20,179	5.0%	72.4	25,496	7.0%	91.5		
5LF	Lewisham PCT	11,724	3.8%	46.8	21,877	6.0%	87.4		
5LE	Southwark PCT	11,485	3.6%	49.3	15,592	4.4%	67.0		
5K9	Croydon PCT	19,989	6.0%	61.0	19,570	18.6%	59.8		
5A5	Kingston PCT	10,436	6.5%	63.8	15,626	8.3%	95.6		
5M6	Richmond and Twickenham PCT	9,420	5.1%	54.4	12,212	2.9%	70.5		
5M7	Sutton and Merton PCT	34,395	8.9%	97.1	29,562	14.5%	83.4		
5LG	Wandsworth PCT	15,819	4.8%	61.5	19,275	7.3%	74.9		
5KF	Gateshead PCT	12,354	5.4%	63.0	18,250	9.1%	93.1		
5D7	Newcastle PCT	20,449	6.3%	80.4	26,951	11.2%	105.9		
5D8	North Tyneside PCT	12,806	5.9%	64.8	15,345	13.6%	77.6		
TAC	Northumberland Care Trust	19,532	6.0%	63.6	28,247	21.0%	91.9		
5KG	South Tyneside PCT	9,930	5.8%	65.1	12,755	10.8%	83.6		
5KL	Sunderland Teaching PCT	14,918	4.7%	54.0	19,507	8.4%	70.7		
5J9	Darlington PCT	6,959	6.4%	72.0	6,389	6.9%	66.1		
5KA	Derwentside PCT	5,898	6.4%	73.2	7,323	4.4%	90.9		
5KC	Durham and Chester-Le-Street PCT	9,116	6.1%	62.6	11,288	9.0%	77.5		
5J8	Durham Dales PCT	5,063	5.3%	60.5	5,558	4.5%	66.4		
5KD	Easington PCT	5,998	5.5%	62.4	7,301	6.5%	75.9		
5D9	Hartlepool PCT	6,617	6.4%	74.7	5,532	5.4%	62.4		
5KN	Langbaurgh PCT	8,354	7.9%	86.9	7,852	2.6%	81.6		
5KM	Middlesbrough PCT	14,378	6.8%	81.2	16,227	13.7%	91.6		
5E1	North Tees PCT	8,818	5.0%	49.6	10,754	3.8%	60.4		
5JL	Broadland PCT	9,068	7.9%	79.1	9,513	8.0%	83.0		
5KE	Sedgefield PCT	6,516	6.6%	72.2	5,854	2.3%	64.9		
5KJ	Craven, Harrogate and Rural District PCT	12,457	6.6%	61.0	16,477	9.3%	80.6		
5E3	East Yorkshire PCT	8,994	6.6%	62.3	9,944	6.2%	68.9		
5E5	Eastern Hull PCT	8,186	6.4%	70.6	9,520	5.1%	82.1		

<i>Code</i>	<i>Primary Care Trust</i>	<i>2003-04 £ thousands</i>	<i>2003-04 % of Total expenditure</i>	<i>2003-04 £ per head of PCT population</i>	<i>2004-05 £ thousands</i>	<i>2004-05 % of Total expenditure</i>	<i>2004-05 £ per head of PCT population</i>
5KH	Hambleton and Richmondshire PCT	7,681	7.4%	67.0	8,365	4.0%	72.9
5AN	North East Lincolnshire PCT	10,920	6.7%	66.9	12,048	6.6%	73.8
5EF	North Lincolnshire PCT	10,830	7.3%	71.3	11,778	7.0%	77.6
5KK	Scarborough, Whitby and Ryedale PCT	7,393	4.6%	47.6	11,464	3.1%	73.9
5E2	Selby and York PCT	11,138	4.5%	41.4	17,126	11.1%	63.7
5E6	West Hull PCT	10,805	6.5%	70.7	13,177	5.9%	86.2
5E4	Yorkshire Wolds and Coast PCT	8,759	6.1%	61.5	10,680	7.3%	75.0
5AW	Airedale PCT	8,097	6.8%	73.7	9,504	7.1%	86.5
5CF	Bradford City PCT	5,587	3.8%	40.8	7,561	4.6%	55.2
5CG	Bradford South and West PCT	10,206	6.9%	75.3	12,621	7.1%	93.1
5J6	Calderdale PCT	17,067	8.3%	88.6	14,416	7.5%	74.8
5HK	East Leeds PCT	13,342	8.1%	92.8	13,617	8.0%	94.8
5E7	Eastern Wakefield PCT	12,660	6.2%	70.8	16,520	9.6%	92.4
5LJ	Huddersfield Central PCT	10,621	7.7%	82.6	8,685	9.9%	67.6
5HJ	Leeds North East PCT	10,066	6.5%	68.3	12,985	7.0%	88.2
5HM	Leeds North West PCT	10,488	6.4%	57.8	14,381	12.4%	79.3
5HH	Leeds West PCT	9,300	7.3%	87.3	11,952	6.7%	112.1
5CH	North Bradford PCT	7,645	6.9%	88.0	7,392	6.0%	85.1
5J7	North Kirklees PCT	9,818	5.9%	58.9	12,192	11.3%	73.2
5LK	South Huddersfield PCT	6,477	8.5%	76.3	6,036	5.5%	71.1
5HL	South Leeds PCT	9,475	6.4%	66.1	12,930	7.1%	90.1
5E8	Wakefield West PCT	8,296	5.6%	56.2	12,984	7.2%	87.9
5CC	Blackburn with Darwen PCT	8,861	5.5%	60.5	11,095	6.2%	75.8
5HP	Blackpool PCT	14,138	8.3%	100.2	13,506	4.5%	95.7
5G8	Burnley, Pendle and Rossendale PCT	14,540	5.6%	59.3	17,792	11.8%	72.5
5D4	Carlisle and District PCT	7,564	6.3%	66.9	9,520	10.5%	84.2
5F2	Chorley and South Ribble PCT	13,256	6.9%	63.6	17,148	14.3%	82.3
5D5	Eden Valley PCT	4,087	5.9%	58.2	5,343	2.9%	76.1
5HE	Fylde PCT	5,304	7.9%	79.5	5,818	4.2%	87.2
5G7	Hyndburn and Ribble Valley PCT	8,299	7.5%	75.7	8,900	3.0%	81.2
5DD	Morecambe Bay PCT	20,480	6.3%	66.7	21,993	11.2%	71.6
5HD	Preston PCT	11,160	7.1%	82.3	13,367	16.9%	98.5
5D6	West Cumbria PCT	8,571	6.1%	66.0	10,104	2.8%	77.8
5F3	West Lancashire PCT	5,647	4.4%	53.2	4,577	5.2%	43.1
5HF	Wyre PCT	9,468	7.7%	81.2	9,472	2.6%	81.3
5HG	Ashton, Leigh and Wigan PCT	20,101	6.1%	68.3	23,163	16.3%	78.7
5HQ	Bolton PCT	14,589	5.3%	55.7	16,223	13.7%	61.9
5JX	Bury PCT	10,376	5.9%	58.3	11,998	7.5%	67.4
5CL	Central Manchester PCT	12,718	5.2%	80.7	12,650	4.9%	80.3
5F4	Heywood and Middleton PCT	3,486	4.5%	47.6	5,138	1.6%	70.2
5CR	North Manchester PCT	13,517	6.7%	96.6	9,546	4.2%	68.2
5J5	Oldham PCT	13,153	5.6%	59.8	18,009	7.9%	81.9
5JY	Rochdale PCT	5,365	3.7%	41.5	8,520	5.2%	65.9
5F5	Salford PCT	16,333	5.6%	74.3	19,201	127.7%	87.3
5AA	South Manchester PCT	13,466	8.1%	105.3	12,638	6.9%	98.8
5F7	Stockport PCT	18,628	6.7%	65.7	20,871	16.0%	73.7
5LH	Tameside and Glossop PCT	14,339	6.0%	64.3	15,668	10.1%	70.2
5F6	Trafford North PCT	4,445	4.5%	49.5	6,741	2.1%	75.1
5CX	Trafford South PCT	5,016	4.2%	42.5	7,517	4.8%	63.7
5F8	Bebington and West Wirral PCT	7,861	6.7%	77.5	7,873	5.1%	77.6
5H2	Birkenhead and Wallasey PCT	14,033	5.6%	66.6	15,761	8.8%	74.8
5H4	Central Cheshire PCT	14,207	6.3%	57.7	14,690	7.0%	59.6
5HA	Central Liverpool PCT	2,619	0.8%	10.3	16,507	12.3%	64.7
5H3	Cheshire West PCT	11,045	7.1%	69.7	8,336	3.2%	52.6
5H5	Eastern Cheshire PCT	8,977	4.9%	48.2	15,319	14.8%	82.3
5H6	Ellesmere Port and Neston PCT	3,462	3.9%	41.5	6,139	6.5%	73.6
5J1	Halton PCT	4,546	3.2%	39.3	6,674	3.3%	57.7
5J4	Knowsley PCT	10,444	5.8%	67.4	14,486	5.4%	93.5
5G9	North Liverpool PCT	9,503	7.3%	89.7	8,988	4.3%	84.8

Code	Primary Care Trust	2003-04		2003-04		2004-05	
		£ thousands	% of Total expenditure	£ per head of PCT population	£ thousands	% of Total expenditure	£ per head of PCT population
5HC	South Liverpool PCT	5,637	4.5%	64.6	5,503	3.2%	63.1
5M5	South Sefton PCT	15,654	8.3%	100.4	12,820	6.0%	82.3
5F9	Southport and Formby PCT	6,852	5.1%	58.4	6,623	7.6%	56.4
5J3	St Helens PCT	9,114	4.7%	49.0	13,502	6.9%	72.7
5J2	Warrington PCT	6,291	3.3%	33.5	8,226	3.4%	43.8
5G2	Bracknell Forest PCT	4,900	5.7%	48.8	4,286	2.7%	42.7
5DV	Cherwell Vale PCT	5,599	5.4%	45.6	8,831	4.2%	72.0
5G4	Chiltern and South Bucks PCT	9,651	7.3%	62.4	7,587	5.6%	49.0
5CQ	Milton Keynes PCT	11,038	5.7%	52.1	11,690	5.3%	55.1
5DK	Newbury and Community PCT	5,793	6.9%	57.5	5,944	2.8%	59.0
5DT	North East Oxfordshire PCT	3,474	5.9%	48.4	4,946	4.0%	69.0
5DW	Oxford City PCT	15,648	7.9%	99.3	16,417	22.0%	104.2
5DL	Reading PCT	12,217	6.5%	61.0	15,762	11.6%	78.7
5DM	Slough PCT	5,658	4.8%	50.3	6,232	4.8%	55.4
5DX	South East Oxfordshire PCT	4,254	6.4%	55.4	5,304	2.9%	69.1
5DY	South West Oxfordshire PCT	10,547	6.6%	55.5	13,258	6.4%	69.7
5DP	Vale of Aylesbury PCT	7,845	4.6%	40.6	11,406	7.7%	59.1
5G3	Windsor, Ascot and Maidenhead PCT	7,415	5.1%	46.4	7,812	5.3%	48.9
5DN	Wokingham PCT	7,533	6.6%	51.7	9,801	5.0%	67.3
5G5	Wycombe PCT	7,105	5.8%	51.0	5,804	3.4%	41.7
5G6	Blackwater Valley and Hart PCT	7,690	5.2%	42.2	8,129	6.3%	44.6
5FD	East Hampshire PCT	11,986	6.7%	65.8	14,191	6.8%	77.9
5LY	Eastleigh and Test Valley South PCT	8,684	7.0%	58.0	9,673	2.3%	64.6
5LX	Fareham and Gosport PCT	10,361	5.9%	55.4	13,818	9.6%	73.8
5DG	Isle of Wight PCT	9,664	6.3%	72.7	10,248	8.8%	77.1
5E9	Mid-Hampshire PCT	9,974	6.1%	59.2	10,249	7.9%	60.8
5A1	New Forest PCT	10,828	6.2%	62.0	14,661	7.2%	83.9
5DF	North Hampshire PCT	8,936	5.1%	48.4	11,008	6.7%	59.6
5FE	Portsmouth City PCT	11,711	6.4%	65.0	13,994	7.8%	77.6
5L1	Southampton City PCT	14,644	6.2%	62.9	16,057	6.6%	68.9
5LL	Ashford PCT	7,620	7.7%	75.3	6,410	3.4%	63.3
5LM	Canterbury and Coastal PCT	10,344	6.1%	63.7	8,782	3.1%	54.1
5CM	Dartford, Gravesham and Swanley PCT	12,293	5.4%	54.5	13,818	5.6%	61.2
5LN	East Kent Coastal PCT	19,030	7.4%	83.0	16,222	13.6%	70.7
5L2	Maidstone Weald PCT	15,536	7.6%	66.8	23,972	9.0%	103.1
5L3	Medway PCT	14,921	6.3%	55.9	19,673	18.9%	73.7
5LP	Shepway PCT	7,227	6.9%	74.2	7,583	2.5%	77.8
5FF	South West Kent PCT	13,909	8.8%	77.5	17,334	17.1%	96.5
5L4	Swale PCT	4,306	4.9%	46.1	6,897	2.6%	73.8
5L8	Adur, Arun and Worthing PCT	14,570	6.0%	68.5	14,624	6.8%	68.7
5FH	Bexhill and Rother PCT	5,932	6.5%	76.1	6,914	6.0%	88.7
5LQ	Brighton and Hove City PCT	12,968	4.7%	51.1	17,243	8.0%	67.9
5MA	Crawley PCT	5,700	5.7%	49.7	6,413	5.9%	55.9
5KP	East Elmbridge and Mid Surrey PCT	16,601	6.2%	65.2	15,756	9.0%	61.9
5KQ	East Surrey PCT	6,289	3.7%	41.5	8,615	4.9%	56.8
5LR	Eastbourne Downs PCT	13,236	6.7%	79.9	13,738	9.1%	82.9
5L5	Guildford and Waverley PCT	27,533	11.7%	116.4	26,922	11.7%	113.8
5FJ	Hastings and St Leonards PCT	5,447	5.3%	60.6	6,573	4.8%	73.1
5MC	Horsham and Chanctonbury PCT	4,351	5.5%	47.0	6,879	1.8%	74.4
5FK	Mid-Sussex PCT	6,406	5.3%	47.6	7,865	3.9%	58.4
5L6	North Surrey PCT	12,170	5.9%	60.4	15,970	8.2%	79.3
5L7	Surrey Heath and Woking PCT	10,027	5.6%	52.3	12,076	4.6%	63.0
5LT	Sussex Downs and Weald PCT	8,723	6.5%	58.7	9,535	3.4%	64.2
5L9	Western Sussex PCT	10,742	5.1%	53.9	13,621	4.7%	68.4
5FL	Bath and North East Somerset PCT	14,053	7.6%	80.5	15,168	8.5%	86.9
5JF	Bristol North PCT	15,994	5.9%	76.3	17,720	7.8%	84.5
5JG	Bristol South and West PCT	16,934	8.0%	91.5	16,432	11.2%	88.8
5KW	Cheltenham and Tewkesbury PCT	11,516	8.2%	72.9	8,724	3.5%	55.2

Code	Primary Care Trust	2003-04		2003-04	2004-05		2004-05
		£ thousands	% of Total expenditure	£ per head of PCT population	£ thousands	% of Total expenditure	£ per head of PCT population
5KY	Cotswold and Vale PCT	14,573	8.2%	78.1	18,825	7.1%	100.9
5K4	Kennet and North Wiltshire PCT	10,811	6.1%	55.3	11,831	3.1%	60.6
5M8	North Somerset PCT	12,656	7.2%	68.0	14,130	15.3%	75.9
5A3	South Gloucestershire PCT	13,615	6.5%	58.9	11,059	4.7%	47.8
5DJ	South Wiltshire PCT	7,764	6.8%	65.0	9,372	9.7%	78.4
5K3	Swindon PCT	9,369	4.7%	50.9	11,317	5.8%	61.5
5KX	West Gloucestershire PCT	17,097	8.1%	78.2	21,768	10.4%	99.6
5DH	West Wiltshire PCT	5,837	5.7%	50.5	6,572	5.0%	56.8
5KT	Central Cornwall PCT	15,191	7.6%	78.1	17,509	9.3%	90.0
5FT	East Devon PCT	9,724	8.3%	87.3	12,977	11.0%	116.5
5FR	Exeter PCT	9,637	7.6%	75.1	6,947	4.7%	54.1
5FV	Mid Devon PCT	6,370	6.8%	63.6	8,579	5.8%	85.6
5KR	North and East Cornwall PCT	9,811	6.5%	62.7	12,212	5.4%	78.1
5FQ	North Devon PCT	9,557	6.5%	64.7	10,669	8.1%	72.2
5F1	Plymouth PCT	16,877	6.6%	68.1	18,109	8.4%	73.1
5CV	South Hams and West Devon PCT	7,150	7.2%	70.9	7,554	6.7%	74.9
5FY	Teignbridge PCT	8,466	8.1%	80.8	8,972	4.2%	85.6
5CW	Torbay PCT	13,341	9.1%	98.7	16,031	12.1%	118.6
5FM	West of Cornwall PCT	11,864	7.6%	79.1	12,922	7.7%	86.1
5CE	Bournemouth PCT	12,465	7.5%	78.7	12,718	6.8%	80.3
5FX	Mendip PCT	5,834	6.3%	53.8	7,493	6.0%	69.1
5CD	North Dorset PCT	5,246	6.4%	58.8	5,431	5.6%	60.8
5KV	Poole PCT	16,524	10.1%	101.0	12,694	8.5%	77.6
5FW	Somerset Coast PCT	8,879	7.0%	64.1	10,494	9.7%	75.8
5FN	South and East Dorset PCT	13,311	8.8%	91.0	12,719	7.9%	87.0
5K1	South Somerset PCT	11,793	8.1%	80.8	13,040	11.3%	89.4
5FP	South West Dorset PCT	9,411	6.8%	69.5	11,061	6.7%	81.6
5K2	Taunton Deane PCT	6,586	6.3%	64.0	8,643	4.2%	84.0
5JE	Barnsley PCT	14,410	5.8%	64.1	17,631	6.3%	78.4
5CK	Doncaster Central PCT	8,931	8.3%	89.8	7,863	6.3%	79.1
5EK	Doncaster East PCT	5,186	5.6%	59.6	5,347	4.0%	61.4
5EL	Doncaster West PCT	6,114	5.6%	58.3	7,800	2.2%	74.4
5EE	North Sheffield PCT	12,105	7.8%	101.6	14,117	8.2%	118.5
5H8	Rotherham PCT	14,303	5.6%	60.0	16,169	5.2%	67.8
5EP	Sheffield South West PCT	8,037	6.5%	69.9	9,641	4.6%	83.9
5EN	Sheffield West PCT	7,511	6.1%	57.2	9,095	6.6%	69.3
5EQ	South East Sheffield PCT	13,043	6.9%	85.7	14,281	12.3%	93.8
5ED	Amber Valley PCT	9,583	8.2%	76.0	9,976	5.3%	79.2
5FA	Ashfield PCT	3,305	4.3%	42.2	4,574	4.2%	58.4
5ET	Bassetlaw PCT	7,465	7.6%	71.3	7,669	5.2%	73.3
5EV	Broxtowe and Hucknall PCT	9,181	6.9%	70.0	11,425	7.8%	87.1
5AL	Central Derby PCT	7,083	5.9%	64.3	8,531	6.0%	77.5
5EA	Chesterfield PCT	7,635	6.7%	71.2	8,533	8.4%	79.5
5H7	Derbyshire Dales and South Derbyshire PCT	3,376	4.9%	39.8	5,515	1.9%	64.9
5H9	East Lincolnshire PCT	21,131	7.9%	79.2	24,452	6.4%	91.7
5ER	Erewash PCT	5,921	6.2%	57.6	8,337	7.3%	81.0
5EC	Gedling PCT	6,111	6.5%	67.0	7,805	5.9%	85.6
5EX	Greater Derby PCT	7,237	4.8%	50.3	9,983	5.4%	69.3
5HN	High Peak and Dales PCT	4,366	4.4%	42.3	7,181	3.9%	69.5
5D3	Lincolnshire South West Teaching PCT	12,444	7.7%	67.9	13,732	8.8%	74.9
5AM	Mansfield District PCT	4,964	5.4%	56.2	5,808	5.7%	65.7
5AP	Newark and Sherwood PCT	6,405	5.6%	54.2	8,377	6.5%	70.8
5EG	North Eastern Derbyshire PCT	9,598	6.5%	62.9	13,051	9.5%	85.5
5EM	Nottingham City PCT	21,762	6.8%	77.1	24,927	17.9%	88.3
5FC	Rushcliffe PCT	7,105	7.2%	62.8	8,479	4.0%	75.0
5D2	West Lincolnshire PCT	14,417	6.8%	68.5	18,891	10.2%	89.7
5JC	Charnwood and North West Leicestershire PCT	11,699	5.7%	50.6	13,271	9.0%	57.4
5AC	Daventry and South Northamptonshire PCT	5,106	6.1%	52.9	9,995	10.7%	103.6
5EY	Eastern Leicester PCT	8,639	5.2%	53.2	9,316	3.2%	57.4
5JA	Hinckley and Bosworth PCT	4,670	5.9%	47.0	6,143	2.7%	61.8
5EJ	Leicester City West PCT	7,636	5.5%	57.8	8,795	9.1%	66.6

<i>Code</i>	<i>Primary Care Trust</i>	<i>2003-04 £ thousands</i>	<i>2003-04 % of Total expenditure</i>	<i>2003-04 £ per head of PCT population</i>	<i>2004-05 £ thousands</i>	<i>2004-05 % of Total expenditure</i>	<i>2004-05 £ per head of PCT population</i>
5EH	Melton, Rutland and Harborough PCT	7,252	6.1%	51.8	9,552	6.1%	68.2
5LW	Northampton PCT	12,797	6.5%	61.6	14,375	7.3%	69.2
5LV	Northamptonshire Heartlands PCT	12,174	4.9%	45.2	16,980	7.7%	63.0
5JD	South Leicestershire PCT	10,057	7.6%	68.6	10,068	3.4%	68.6
5DQ	Burntwood, Lichfield and Tamworth PCT	9,968	7.7%	68.0	8,586	7.9%	58.6
5MM	Cannock Chase PCT	5,865	5.1%	47.5	5,847	3.2%	47.4
5ML	East Staffordshire PCT	6,598	6.1%	55.1	7,333	5.5%	61.2
5HW	Newcastle-Under-Lyme PCT	7,681	7.4%	76.3	5,338	1.3%	53.0
5ME	North Stoke PCT	7,401	5.2%	59.0	7,478	4.7%	59.6
5M2	Shropshire County PCT	14,973	5.6%	53.5	20,033	6.7%	71.6
5MF	South Stoke PCT	9,307	6.6%	70.1	7,897	6.2%	59.5
5MN	South Western Staffordshire PCT	8,250	5.2%	46.1	9,481	5.2%	53.0
5HR	Staffordshire Moorlands PCT	5,208	5.1%	50.7	6,173	2.9%	60.1
5MK	Telford and Wrekin PCT	7,425	5.4%	46.9	8,806	7.2%	55.6
5HV	Dudley Beacon and Castle PCT	6,007	5.7%	58.0	7,621	6.5%	73.6
5HT	Dudley South PCT	9,475	5.0%	47.7	13,443	11.5%	67.7
5MY	Eastern Birmingham PCT	16,026	6.1%	68.6	16,788	6.7%	71.9
5MX	Heart of Birmingham Teaching PCT	14,159	4.5%	50.9	11,378	3.9%	40.9
5MW	North Birmingham PCT	10,137	6.0%	64.0	11,799	3.3%	74.5
5MG	Oldbury and Smethwick PCT	6,515	5.9%	64.4	7,420	7.4%	73.3
5MH	Rowley Regis and Tipton PCT	5,765	6.5%	72.1	5,725	4.2%	71.6
5D1	Solihull PCT	11,624	6.2%	58.4	13,108	5.6%	65.9
5M1	South Birmingham PCT	22,900	6.0%	69.0	23,903	8.0%	72.1
5M3	Walsall PCT	16,918	6.4%	68.1	20,357	9.4%	81.9
5MJ	Wednesbury and West Bromwich PCT	7,324	6.1%	64.2	7,673	4.9%	67.3
5MV	Wolverhampton City PCT	14,083	5.5%	59.4	19,042	9.9%	80.3
5MD	Coventry PCT	19,946	5.8%	63.2	24,644	14.3%	78.1
5CN	Herefordshire PCT	8,013	4.9%	46.1	9,376	5.0%	53.9
5MP	North Warwickshire PCT	10,141	6.4%	58.4	10,766	4.5%	62.0
5MR	Redditch and Bromsgrove PCT	7,256	5.4%	46.7	11,602	4.0%	74.6
5M9	Rugby PCT	4,910	5.9%	59.2	6,455	5.7%	77.8
5MQ	South Warwickshire PCT	11,329	5.2%	47.4	18,766	12.1%	78.5
5MT	South Worcestershire PCT	15,859	6.3%	58.0	20,931	7.3%	76.6
5DR	Wyre Forest PCT	5,049	5.2%	47.5	7,174	10.5%	67.5
	All SHA	8,275		—	15,149		
	Other ⁽¹⁾	127,212		—	-37,465		
	Total Net Cancer Spend⁽²⁾	3,308,732		67.3	3,670,133		74.6
	% of Total NHS Net Operating Costs	6.3%			6.8%		
	Total NHS Net Operating Costs⁽²⁾	52,329,783			53,777,859		

Source: Data collection forms PFR4 and HFR30 reported as part of PCT and SHA Annual Accounts.
Raw population as per Department of Health PCT Allocations Formulae.

Footnotes:

1. Other expenditure breakdown:

NHS Litigation Authority (NHSLA)	127,682	37,983
Prescription Pricing Authority (PPA)	2,027	2,439
PHS Pharmaceutical Services	13,509	14,860
Intra DH Accounting Adjustments	(16,003)	(92,747)
Total Other	127,213	(37,465)

2. As reported in DH Resource Accounts 2003-04 and 2004-05.

Table 7b

GROSS NHS EXPENDITURE ON CANCER 2003-04 AND 2004-05

Code	Primary Care Trust	2003-04		2003-04		2004-05		2004-05	
		£ thousands	% of Total expenditure	£ per head of PCT population	£ thousands	% of Total expenditure	£ per head of PCT population		
5JL	Broadland PCT	9,113	7.7%	79.5	9,581	7.4%	83.6		
5JH	Cambridge City PCT	11,083	7.5%	89.0	12,208	7.2%	98.1		
5JT	Central Suffolk PCT	6,806	7.2%	70.3	7,585	6.8%	78.3		
5JK	East Cambridgeshire and Fenland PCT	9,349	6.4%	65.7	11,706	6.4%	82.3		
5GT	Great Yarmouth PCT	11,948	10.8%	131.5	10,123	8.7%	111.4		
5GF	Huntingdonshire PCT	8,911	5.7%	60.4	11,227	6.2%	76.1		
5JQ	Ipswich PCT	15,644	7.3%	110.2	17,403	7.1%	122.6		
5JM	North Norfolk PCT	9,161	8.3%	93.6	10,890	8.6%	111.2		
5AF	North Peterborough PCT	7,565	5.5%	72.8	13,336	5.2%	128.3		
5A2	Norwich PCT	11,844	5.8%	91.6	13,113	5.5%	101.4		
5JJ	South Cambridgeshire PCT	23,916	12.7%	236.8	9,625	7.8%	95.3		
5AG	South Peterborough PCT	5,516	6.1%	61.8	5,933	6.2%	66.5		
5G1	Southern Norfolk PCT	15,361	7.6%	75.7	21,199	9.2%	104.5		
5JR	Suffolk Coastal PCT	6,702	5.8%	69.3	7,549	5.6%	78.0		
5JW	Suffolk West PCT	17,912	7.6%	77.6	20,116	7.0%	87.1		
5JV	Waveney PCT	10,019	7.5%	82.0	11,464	7.7%	93.8		
5CY	West Norfolk PCT	13,155	8.1%	92.0	14,699	8.0%	102.8		
5GD	Bedford PCT	10,412	6.0%	71.9	12,287	6.3%	84.9		
5GE	Bedfordshire Heartlands PCT	12,211	5.1%	50.4	16,728	6.0%	69.1		
5GW	Dacorum PCT	12,117	8.3%	84.2	13,229	8.0%	91.9		
5CP	Hertsmere PCT	7,921	5.6%	90.4	11,910	7.0%	135.9		
5GC	Luton PCT	7,905	3.7%	43.7	9,696	4.4%	53.6		
5GH	North Hertfordshire and Stevenage PCT	11,903	6.3%	65.3	17,897	8.2%	98.2		
5GK	Royston, Buntingford and Bishop's Stortford PCT	5,293	6.1%	69.4	7,108	7.2%	93.2		
5GJ	South East Hertfordshire PCT	8,918	5.7%	50.9	10,480	5.9%	59.9		
5GX	St Albans and Harpenden PCT	10,056	8.3%	79.6	12,992	9.4%	102.9		
5GV	Watford and Three Rivers PCT	13,292	6.6%	78.5	19,006	8.5%	112.3		
5GG	Welwyn Hatfield PCT	7,533	5.0%	78.7	9,776	5.7%	102.2		
5GR	Basildon PCT	5,993	5.7%	57.8	8,157	6.7%	78.7		
5GP	Billericay, Brentwood and Wickford PCT	7,492	3.5%	54.8	9,158	5.1%	67.0		
5JP	Castle Point and Rochford PCT	12,647	8.5%	76.8	11,959	7.1%	72.6		
5JN	Chelmsford PCT	8,414	6.0%	69.8	10,739	6.1%	89.1		
5GM	Colchester PCT	16,831	9.4%	102.8	18,701	8.8%	114.2		
5AJ	Epping Forest PCT	6,631	6.0%	63.2	7,817	6.3%	74.4		
5DC	Harlow PCT	6,096	6.4%	74.2	7,440	7.1%	90.6		
5GL	Maldon and South Chelmsford PCT	5,153	6.7%	64.0	5,788	6.8%	71.9		
5AK	Southend on Sea PCT	21,668	7.8%	134.4	31,788	10.6%	197.2		
5AH	Tendring PCT	10,543	7.1%	79.1	14,239	8.5%	106.8		
5GQ	Thurrock PCT	6,716	4.9%	46.9	7,987	5.0%	55.7		
5GN	Uttlesford PCT	4,156	2.3%	59.3	6,293	3.0%	89.7		
TAG	Witham, Braintree and Halstead Care Trust	7,760	6.5%	58.0	9,830	7.0%	73.4		
5K5	Brent PCT	13,372	3.8%	48.6	15,874	4.0%	57.6		
5HX	Ealing PCT	18,011	4.3%	57.1	23,588	4.9%	74.8		
5H1	Hammersmith and Fulham PCT	18,264	7.5%	113.7	17,603	7.0%	109.5		
5K6	Harrow PCT	9,090	4.3%	47.3	11,146	4.7%	58.0		
5AT	Hillingdon PCT	14,395	4.6%	61.2	16,377	4.3%	69.6		
5HY	Hounslow PCT	17,279	6.6%	78.4	18,229	6.0%	82.7		
5LA	Kensington and Chelsea PCT	9,701	3.6%	57.1	16,314	5.3%	96.1		
5LC	Westminster PCT	33,551	9.4%	178.6	17,029	4.6%	90.6		
5A9	Barnet PCT	19,544	5.2%	62.4	20,095	4.8%	64.2		
5K7	Camden PCT	26,016	6.6%	129.6	35,292	7.8%	175.8		
5C1	Enfield PCT	16,533	5.6%	64.6	20,316	6.2%	79.4		
5C9	Haringey Teaching PCT	21,150	4.9%	92.1	20,297	4.2%	88.3		

<i>Code</i>	<i>Primary Care Trust</i>	<i>2003-04 £ thousands</i>	<i>2003-04 % of Total expenditure</i>	<i>2003-04 £ per head of PCT population</i>	<i>2004-05 £ thousands</i>	<i>2004-05 % of Total expenditure</i>	<i>2004-05 £ per head of PCT population</i>
5K8	Islington PCT	16,821	6.0%	95.9	19,375	5.7%	110.5
5C2	Barking and Dagenham PCT	12,786	7.0%	78.4	14,746	6.9%	90.4
5C3	City and Hackney PCT	10,339	3.3%	46.9	13,460	3.6%	61.0
5A4	Havering PCT	18,038	6.6%	76.9	20,193	6.6%	86.1
5NA	Redbridge PCT	14,817	6.2%	67.7	19,432	7.4%	88.7
5C5	Newham PCT	16,755	5.1%	66.8	17,095	4.5%	68.1
5C4	Tower Hamlets PCT	30,808	7.0%	158.1	36,047	6.3%	185.0
5NC	Waltham Forest PCT	13,895	5.2%	61.1	16,409	5.6%	72.2
TAK	Bexley Care Trust	12,926	4.9%	63.0	25,781	8.7%	125.6
5A7	Bromley PCT	20,965	6.5%	69.8	23,944	6.9%	79.7
5A8	Greenwich PCT	13,230	4.6%	60.0	18,097	5.8%	82.1
5LD	Lambeth PCT	21,385	5.0%	76.7	27,077	5.5%	97.2
5LF	Lewisham PCT	12,826	3.8%	51.2	23,666	6.2%	94.6
5LE	Southwark PCT	11,653	3.3%	50.1	15,909	4.0%	68.4
5K9	Croydon PCT	44,147	10.1%	134.8	40,775	8.2%	124.5
5A5	Kingston PCT	10,508	6.1%	64.3	16,011	8.0%	97.9
5M6	Richmond and Twickenham PCT	9,520	5.0%	55.0	12,340	5.6%	71.3
5M7	Sutton and Merton PCT	35,525	8.8%	100.3	34,047	7.7%	96.1
5LG	Wandsworth PCT	15,858	4.3%	61.6	19,811	4.9%	77.0
5KF	Gateshead PCT	14,948	5.9%	76.3	20,756	7.2%	105.9
5D7	Newcastle PCT	21,160	6.2%	83.2	28,204	7.5%	110.9
5D8	North Tyneside PCT	13,041	5.7%	66.0	18,003	5.5%	91.1
TAC	Northumberland Care Trust	20,699	4.7%	67.4	29,108	6.1%	94.7
5KG	South Tyneside PCT	10,241	5.7%	67.1	13,075	6.2%	85.7
5KL	Sunderland Teaching PCT	15,367	4.5%	55.7	19,829	5.3%	71.8
5J9	Darlington PCT	7,302	6.5%	75.5	6,767	5.4%	70.0
5KA	Derwentside PCT	6,367	6.7%	79.0	8,015	7.3%	99.4
5KC	Durham and Chester-Le-Street PCT	9,761	6.2%	67.0	11,822	6.7%	81.1
5J8	Durham Dales PCT	5,063	5.1%	60.5	5,965	5.2%	71.2
5KD	Easington PCT	6,130	5.4%	63.8	7,433	5.7%	77.3
5D9	Hartlepool PCT	6,709	6.4%	75.7	6,288	5.1%	71.0
5KN	Langbaugh PCT	8,427	7.7%	87.6	8,639	7.0%	89.8
5KM	Middlesbrough PCT	15,830	6.5%	89.4	16,836	7.0%	95.0
5E1	North Tees PCT	8,974	5.0%	50.4	11,386	5.3%	64.0
5KE	Sedgefield PCT	6,516	6.3%	72.2	5,854	5.0%	64.9
5KJ	Craven, Harrogate and Rural District PCT	15,973	7.4%	78.2	22,023	9.0%	107.8
5E3	East Yorkshire PCT	9,209	6.6%	63.8	10,386	6.2%	72.0
5E5	Eastern Hull PCT	8,361	6.4%	72.1	9,654	6.4%	83.3
5KH	Hambleton and Richmondshire PCT	8,719	7.0%	76.0	9,740	6.8%	84.9
5AN	North East Lincolnshire PCT	11,689	6.8%	71.6	12,829	6.6%	78.5
5EF	North Lincolnshire PCT	12,680	7.6%	83.5	14,170	7.5%	93.3
5KK	Scarborough, Whitby and Ryedale PCT	8,222	4.6%	53.0	12,426	6.4%	80.1
5E2	Selby and York PCT	17,120	5.2%	63.7	25,197	6.7%	93.7
5E6	West Hull PCT	13,227	7.1%	86.6	15,517	7.5%	101.6
5E4	Yorkshire Wolds and Coast PCT	9,128	6.1%	64.1	11,288	6.8%	79.2
5AW	Airedale PCT	8,280	6.2%	75.4	10,162	6.5%	92.5
5CF	Bradford City PCT	5,743	3.6%	41.9	8,156	4.3%	59.5
5CG	Bradford South and West PCT	10,400	6.6%	76.7	13,649	7.3%	100.7
5J6	Calderdale PCT	18,769	8.0%	97.4	17,154	6.5%	89.0
5HK	East Leeds PCT	13,384	7.0%	93.1	13,617	6.3%	94.8
5E7	Eastern Wakefield PCT	13,132	6.2%	73.5	16,682	7.2%	93.3
5LJ	Huddersfield Central PCT	12,011	7.6%	93.4	10,567	5.9%	82.2
5HJ	Leeds North East PCT	12,033	6.8%	81.7	17,088	8.3%	116.0
5HM	Leeds North West PCT	11,606	6.6%	64.0	15,852	8.0%	87.4
5HH	Leeds West PCT	9,494	6.2%	89.1	12,209	7.1%	114.6
5CH	North Bradford PCT	9,728	8.1%	112.0	8,158	6.1%	93.9
5J7	North Kirklees PCT	14,829	7.2%	89.0	18,915	8.0%	113.6
5LK	South Huddersfield PCT	7,276	8.5%	85.7	6,679	6.8%	78.7
5HL	South Leeds PCT	10,433	6.3%	72.7	13,828	7.3%	96.4
5E8	Wakefield West PCT	8,546	5.6%	57.8	13,750	7.7%	93.1
5CC	Blackburn With Darwen PCT	9,049	5.5%	61.8	11,525	6.1%	78.7

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5HP	Blackpool PCT	14,309	8.2%	101.4	13,682	7.2%	97.0
5G8	Burnley, Pendle and Rossendale PCT	14,864	5.5%	60.6	18,635	5.9%	76.0
5D4	Carlisle and District PCT	18,411	7.4%	162.8	22,678	7.3%	200.5
5F2	Chorley and South Ribble PCT	13,581	6.8%	65.2	17,690	7.9%	84.9
5D5	Eden Valley PCT	4,607	5.8%	65.6	7,542	7.5%	107.5
5HE	Fylde PCT	5,689	7.7%	85.3	6,217	7.2%	93.2
5G7	Hyndburn and Ribble Valley PCT	11,451	8.4%	104.5	10,807	6.7%	98.6
5DD	Morecambe Bay PCT	21,276	6.2%	69.3	23,369	5.9%	76.1
5HD	Preston PCT	11,160	6.7%	82.3	13,650	7.3%	100.6
5D6	West Cumbria PCT	8,784	5.9%	67.6	10,410	5.6%	80.1
5F3	West Lancashire PCT	5,866	5.3%	55.2	4,770	3.7%	44.9
5HF	Wyre PCT	9,583	7.4%	82.2	9,567	6.6%	82.1
5HG	Ashton, Leigh and Wigan PCT	20,451	6.1%	69.5	23,485	6.3%	79.8
5HQ	Bolton PCT	15,108	5.3%	57.6	16,866	5.4%	64.4
5JX	Bury PCT	10,747	4.4%	60.4	14,366	4.7%	80.8
5CL	Central Manchester PCT	13,081	5.0%	83.0	13,639	4.7%	86.6
5F4	Heywood and Middleton PCT	3,572	4.2%	48.8	5,274	5.4%	72.0
5CR	North Manchester PCT	14,431	5.6%	103.1	10,078	4.3%	72.0
5J5	Oldham PCT	13,427	5.5%	61.1	18,274	6.6%	83.1
5JY	Rochdale PCT	5,643	3.7%	43.7	8,714	5.1%	67.4
5F5	Salford PCT	17,147	5.5%	78.0	20,369	5.9%	92.6
5AA	South Manchester PCT	13,665	7.6%	106.8	13,217	6.8%	103.3
5F7	Stockport PCT	18,717	6.7%	66.1	21,837	6.6%	77.1
5LH	Tameside and Glossop PCT	14,362	5.9%	64.4	15,699	5.8%	70.4
5F6	Trafford North PCT	4,489	4.5%	50.0	6,819	6.2%	75.9
5CX	Trafford South PCT	5,064	4.2%	42.9	7,805	5.7%	66.1
5F8	Bebington and West Wirral PCT	9,982	7.2%	98.4	10,336	6.6%	101.9
5H2	Birkenhead and Wallasey PCT	14,985	5.4%	71.1	16,620	5.2%	78.9
5H4	Central Cheshire PCT	15,084	5.7%	61.2	15,638	5.1%	63.5
5HA	Central Liverpool PCT	4,829	1.1%	18.9	17,149	3.2%	67.2
5H3	Cheshire West PCT	12,480	6.6%	78.8	14,246	6.0%	89.9
5H5	Eastern Cheshire PCT	9,228	5.0%	49.6	15,503	7.2%	83.3
5H6	Ellesmere Port and Neston PCT	6,347	6.6%	76.1	6,712	6.0%	80.5
5J1	Halton PCT	4,546	3.1%	39.3	6,674	3.7%	57.7
5J4	Knowsley PCT	11,363	6.0%	73.3	15,638	7.5%	100.9
5G9	North Liverpool PCT	9,775	7.0%	92.3	9,006	5.5%	85.0
5HC	South Liverpool PCT	5,865	4.3%	67.2	5,797	3.9%	66.4
5M5	South Sefton PCT	15,955	7.9%	102.4	13,332	5.7%	85.5
5F9	Southport and Formby PCT	7,064	5.1%	60.2	6,906	4.3%	58.9
5J3	St Helens PCT	9,276	4.6%	49.9	13,915	5.6%	74.9
5J2	Warrington PCT	6,391	3.3%	34.0	8,874	4.2%	47.3
5G2	Bracknell Forest PCT	5,287	5.6%	52.7	4,806	4.4%	47.9
5DV	Cherwell Vale PCT	7,109	5.9%	58.0	10,037	7.0%	81.8
5G4	Chiltern and South Bucks PCT	14,536	0.4%	93.9	9,138	0.2%	59.1
5CQ	Milton Keynes PCT	13,066	6.1%	61.6	13,370	5.5%	63.1
5DK	Newbury and Community PCT	6,025	6.8%	59.8	6,170	6.0%	61.2
5DT	North East Oxfordshire PCT	3,640	4.5%	50.8	4,997	5.5%	69.7
5DW	Oxford City PCT	16,587	7.8%	105.3	16,832	7.6%	106.9
5DL	Reading PCT	13,116	6.7%	65.5	16,649	7.7%	83.2
5DM	Slough PCT	5,672	4.2%	50.4	6,278	4.0%	55.8
5DX	South East Oxfordshire PCT	4,261	5.2%	55.5	6,456	6.9%	84.1
5DY	South West Oxfordshire PCT	10,798	6.3%	56.8	15,206	7.6%	80.0
5DP	Vale of Aylesbury PCT	10,770	4.8%	55.8	27,167	7.6%	140.8
5G3	Windsor, Ascot and Maidenhead PCT	8,166	5.4%	51.1	8,863	5.4%	55.5
5DN	Wokingham PCT	7,567	6.4%	52.0	9,832	7.3%	67.5
5G5	Wycombe PCT	7,107	4.6%	51.0	5,866	3.4%	42.1
5G6	Blackwater Valley and Hart PCT	7,880	4.7%	43.2	8,299	4.5%	45.5
5FD	East Hampshire PCT	14,841	6.9%	81.5	17,549	7.1%	96.4
5LY	Eastleigh and Test Valley South PCT	9,157	7.0%	61.1	10,208	6.7%	68.1

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5LX	Fareham and Gosport PCT	11,804	5.7%	63.1	14,420	6.2%	77.1
5DG	Isle of Wight PCT	9,741	6.3%	73.3	10,333	6.2%	77.7
5E9	Mid-Hampshire PCT	15,840	5.9%	94.0	14,898	5.1%	88.4
5A1	New Forest PCT	11,038	6.0%	63.2	15,560	7.2%	89.1
5DF	North Hampshire PCT	9,301	5.0%	50.4	11,499	5.6%	62.3
5FE	Portsmouth City PCT	13,796	6.4%	76.5	14,856	6.2%	82.4
5L1	Southampton City PCT	14,879	5.6%	63.9	16,231	5.5%	69.7
5LL	Ashford PCT	8,192	6.4%	81.0	6,410	4.6%	63.3
5LM	Canterbury and Coastal PCT	35,965	8.7%	221.4	22,431	5.4%	138.1
5CM	Dartford, Gravesham and Swanley PCT	12,293	5.2%	54.5	13,818	5.4%	61.2
5LN	East Kent Coastal PCT	19,493	6.6%	85.0	16,222	4.9%	70.7
5L2	Maidstone Weald PCT	16,361	7.4%	70.3	24,354	9.2%	104.7
5L3	Medway PCT	15,717	6.4%	58.9	20,562	7.4%	77.0
5LP	Shepway PCT	7,750	6.7%	79.5	8,292	6.2%	85.1
5FF	South West Kent PCT	14,375	8.8%	80.1	17,339	9.3%	96.6
5L4	Swale PCT	4,437	4.9%	47.5	7,239	6.7%	77.5
5L8	Adur, Arun and Worthing PCT	34,748	8.6%	163.3	29,421	7.1%	138.3
5FH	Bexhill and Rother PCT	6,255	6.5%	80.3	7,305	6.8%	93.7
5LQ	Brighton and Hove City PCT	13,324	4.3%	52.5	17,569	5.2%	69.2
5MA	Crawley PCT	7,976	6.3%	69.6	8,160	5.7%	71.2
5KP	East Elmbridge and Mid Surrey PCT	19,171	6.4%	75.3	17,723	5.3%	69.6
5KQ	East Surrey PCT	6,895	3.7%	45.5	9,240	4.8%	61.0
5LR	Eastbourne Downs PCT	13,993	6.7%	84.4	14,024	6.1%	84.6
5L5	Guildford and Waverley PCT	33,291	11.8%	140.7	32,410	10.2%	137.0
5FJ	Hastings and St Leonards PCT	5,548	5.2%	61.7	6,730	5.7%	74.8
5MC	Horsham and Chanctonbury PCT	4,388	3.4%	47.4	7,037	6.3%	76.1
5FK	Mid-Sussex PCT	8,703	5.9%	64.6	9,445	5.1%	70.1
5L6	North Surrey PCT	15,997	5.9%	79.4	20,681	6.9%	102.7
5L7	Surrey Heath and Woking PCT	11,500	5.1%	60.0	13,617	5.6%	71.0
5LT	Sussex Downs and Weald PCT	9,206	6.5%	61.9	9,758	6.1%	65.7
5L9	Western Sussex PCT	12,199	4.5%	61.2	15,796	5.3%	79.3
5FL	Bath and North East Somerset PCT	14,906	7.4%	85.4	15,967	7.4%	91.5
5JF	Bristol North PCT	17,498	6.1%	83.4	19,115	6.5%	91.1
5JG	Bristol South and West PCT	17,413	7.4%	94.1	18,104	7.4%	97.9
5KW	Cheltenham and Tewkesbury PCT	11,855	8.2%	75.1	10,288	6.5%	65.1
5KY	Cotswold and Vale PCT	15,750	7.9%	84.4	20,728	9.0%	111.1
5K4	Kennet and North Wiltshire PCT	10,811	5.4%	55.3	11,862	5.5%	60.7
5M8	North Somerset PCT	12,999	7.1%	69.9	14,662	7.0%	78.8
5A3	South Gloucestershire PCT	14,130	6.5%	61.1	11,559	4.7%	50.0
5DJ	South Wiltshire PCT	7,846	6.7%	65.7	9,422	7.0%	78.8
5K3	Swindon PCT	9,540	4.2%	51.9	11,490	4.9%	62.4
5KX	West Gloucestershire PCT	18,010	8.1%	82.4	22,877	8.8%	104.7
5DH	West Wiltshire PCT	5,954	5.1%	51.5	6,826	5.2%	59.0
5KT	Central Cornwall PCT	16,212	7.7%	83.4	18,807	7.3%	96.7
5FT	East Devon PCT	10,300	8.3%	92.5	13,595	8.9%	122.0
5FR	Exeter PCT	11,266	7.5%	87.8	14,044	7.4%	109.5
5FV	Mid Devon PCT	6,837	6.6%	68.2	9,819	7.5%	98.0
5KR	North and East Cornwall PCT	10,062	5.9%	64.3	12,363	6.4%	79.0
5FQ	North Devon PCT	10,113	6.6%	68.4	11,171	6.4%	75.6
5F1	Plymouth PCT	17,801	6.3%	71.9	18,737	5.9%	75.6
5CV	South Hams and West Devon PCT	7,421	7.2%	73.6	7,778	6.7%	77.2
5FY	Teignbridge PCT	8,847	8.1%	84.5	9,174	7.0%	87.6
5CW	Torbay PCT	15,166	9.6%	112.2	17,852	9.9%	132.0
5FM	West of Cornwall PCT	12,958	7.2%	86.4	13,912	6.8%	92.7
5CE	Bournemouth PCT	18,991	8.5%	120.0	19,913	7.9%	125.8
5FX	Mendip PCT	6,886	6.5%	63.5	8,429	6.8%	77.8
5CD	North Dorset PCT	5,559	5.6%	62.3	6,213	5.3%	69.6
5KV	Poole PCT	24,932	11.8%	152.3	18,667	7.7%	114.1

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5FW	Somerset Coast PCT	9,238	7.0%	66.7	11,021	7.20.3%	79.6
5FN	South and East Dorset PCT	16,593	6.8%	113.5	22,879	8.2%	156.5
5K1	South Somerset PCT	13,046	7.9%	89.4	14,577	7.7%	99.9
5FP	South West Dorset PCT	12,066	7.4%	89.1	12,416	6.5%	91.7
5K2	Taunton Deane PCT	9,093	7.8%	88.4	10,897	8.4%	105.9
5JE	Barnsley PCT	14,410	4.6%	64.1	17,631	4.6%	78.4
5CK	Doncaster Central PCT	11,623	8.3%	116.9	10,168	6.3%	102.2
5EK	Doncaster East PCT	5,331	5.4%	61.2	7,070	6.0%	81.2
5EL	Doncaster West PCT	6,114	5.2%	58.3	7,800	5.4%	74.4
5EE	North Sheffield PCT	12,600	7.8%	105.8	14,348	7.3%	120.5
5H8	Rotherham PCT	16,143	6.0%	67.7	17,742	5.7%	74.4
5EP	Sheffield South West PCT	9,557	6.7%	83.1	10,555	6.6%	91.8
5EN	Sheffield West PCT	7,793	5.8%	59.4	9,526	6.2%	72.6
5EQ	South East Sheffield PCT	13,043	6.6%	85.7	14,281	6.4%	93.8
5ED	Amber Valley PCT	10,473	8.2%	83.1	10,559	7.1%	83.8
5FA	Ashfield PCT	6,173	7.4%	78.9	4,994	5.2%	63.8
5ET	Bassetlaw PCT	8,340	8.0%	79.7	8,419	6.9%	80.4
5EV	Broxtowe and Hucknall PCT	19,455	6.2%	148.4	23,501	6.9%	179.3
5AL	Central Derby PCT	7,588	4.7%	68.9	8,702	5.7%	79.0
5EA	Chesterfield PCT	11,283	5.6%	105.1	14,345	6.4%	133.7
5H7	Derbyshire Dales and South Derbyshire PCT	3,466	4.7%	40.8	5,599	3.9%	65.9
5H9	East Lincolnshire PCT	21,851	7.7%	81.9	24,643	7.7%	92.4
5ER	Erewash PCT	9,528	7.2%	92.6	11,934	7.6%	116.0
5EC	Gedling PCT	7,900	4.7%	86.6	9,986	5.4%	109.5
5EX	Greater Derby PCT	23,901	7.9%	166.0	18,048	7.5%	125.4
5HN	High Peak and Dales PCT	4,953	4.4%	48.0	9,498	7.3%	92.0
5D3	Lincolnshire South West Teaching PCT	12,773	7.5%	69.7	14,425	7.6%	78.7
5AM	Mansfield District PCT	5,618	5.4%	63.6	6,604	5.6%	74.7
5AP	Newark and Sherwood PCT	13,652	4.5%	115.4	17,492	5.1%	147.9
5EG	North Eastern Derbyshire PCT	12,398	7.0%	81.2	16,504	8.2%	108.1
5EM	Nottingham City PCT	45,936	9.0%	162.8	59,295	10.4%	210.2
5FC	Rushcliffe PCT	8,655	6.6%	76.6	9,908	6.8%	87.6
5D2	West Lincolnshire PCT	15,185	6.8%	72.1	19,272	7.9%	91.5
5JC	Charnwood and North West Leicestershire PCT	12,761	5.6%	55.1	14,593	5.7%	63.1
5AC	Daventry and South Northamptonshire PCT	10,785	6.2%	111.8	15,353	7.9%	159.2
5EY	Eastern Leicester PCT	10,221	5.3%	63.0	13,360	5.2%	82.3
5JA	Hinckley and Bosworth PCT	5,377	6.3%	54.1	6,804	6.8%	68.4
5EJ	Leicester City West PCT	8,555	5.6%	64.8	9,905	5.7%	75.0
5EH	Melton, Rutland and Harborough PCT	7,372	5.2%	52.6	9,798	6.1%	69.9
5LW	Northampton PCT	14,109	6.5%	67.9	14,847	6.5%	71.5
5LV	Northamptonshire Heartlands PCT	12,513	4.9%	46.4	17,131	6.0%	63.6
5JD	South Leicestershire PCT	14,702	9.7%	100.2	12,416	8.1%	84.6
5DQ	Burntwood, Lichfield and Tamworth PCT	11,238	8.4%	76.6	8,868	5.8%	60.5
5MM	Cannock Chase PCT	6,591	4.8%	53.4	7,170	4.4%	58.1
5ML	East Staffordshire PCT	9,403	6.8%	78.5	10,111	6.4%	84.4
5HW	Newcastle-Under-Lyme PCT	8,159	5.0%	81.0	5,922	4.5%	58.8
5ME	North Stoke PCT	10,216	5.2%	81.4	12,880	4.3%	102.7
5M2	Shropshire County PCT	16,095	5.6%	57.5	21,421	6.6%	76.6
5MF	South Stoke PCT	26,136	9.2%	196.9	8,305	4.0%	62.6
5MN	South Western Staffordshire PCT	9,078	5.5%	50.7	10,147	5.2%	56.7
5HR	Staffordshire Moorlands PCT	5,208	4.7%	50.7	6,358	5.1%	61.9
5MK	Telford and Wrekin PCT	8,337	5.2%	52.6	10,743	5.6%	67.8
5HV	Dudley Beacon and Castle PCT	6,761	5.3%	65.3	7,947	5.6%	76.8
5HT	Dudley South PCT	15,595	6.1%	78.5	18,864	6.3%	95.0
5MY	Eastern Birmingham PCT	48,975	8.4%	209.7	47,001	7.3%	201.2
5MX	Heart of Birmingham Teaching PCT	14,430	4.4%	51.9	11,431	3.1%	41.1

Code	Primary Care Trust	2003-04		2004-05		2003-04		2004-05		
		£ thousands	% of Total expenditure	£ thousands	% of Total expenditure	£ per head of PCT population	£ per head of PCT population	£ thousands	% of Total expenditure	£ per head of PCT population
5MW	North Birmingham PCT	11,397	6.1%	71.9	13,418	6.3%	84.7			
5MG	Oldbury and Smethwick PCT	7,185	5.9%	71.0	8,261	5.9%	81.6			
5MH	Rowley Regis and Tipton PCT	6,336	6.6%	79.2	6,217	5.7%	77.7			
5D1	Solihull PCT	12,093	6.1%	60.8	13,629	6.2%	68.5			
5M1	South Birmingham PCT	23,809	5.0%	71.8	25,037	4.7%	75.5			
5M3	Walsall PCT	17,300	6.3%	69.6	20,619	6.7%	82.9			
5MJ	Wednesbury and West Bromwich PCT	8,310	6.4%	72.9	8,780	6.0%	77.0			
5MV	Wolverhampton City PCT	14,267	5.3%	60.2	20,214	6.7%	85.3			
5MD	Coventry PCT	23,620	6.0%	74.8	25,163	6.2%	79.7			
5CN	Herefordshire PCT	8,246	4.7%	47.4	19,017	6.2%	109.4			
5MP	North Warwickshire PCT	10,598	5.0%	61.0	12,182	5.2%	70.1			
5MR	Redditch and Bromsgrove PCT	7,256	5.1%	46.7	13,347	8.1%	85.8			
5M9	Rugby PCT	5,919	5.8%	71.3	7,608	6.7%	91.7			
5MQ	South Warwickshire PCT	12,435	5.2%	52.0	20,591	7.8%	86.1			
5MT	South Worcestershire PCT	18,942	6.8%	69.3	24,957	7.5%	91.3			
5DR	Wyre Forest PCT	5,518	5.3%	51.9	8,632	7.3%	81.2			
	All SHA	14,751	0.4%	—	19,399	0.5%	—			
	Other ⁽¹⁾	-350,055	-10.3%	—	(540,502)	-14.3%	—			
	Total Net Cancer Spend⁽²⁾	3,385,750		68.8	3,773,203		76.7			
	% of Total NHS Net Operating Costs	5.0%			5.2%					
	Total NHS Net Operating Costs⁽²⁾	67,601,317			71,922,179					

Data collection forms PFR4 and HFR30 reported as part of PCT and SHA Annual Accounts.
Raw population as per Department of Health PCT Allocations Formulae.

Footnotes:

1. Other expenditure breakdown:

NHS Litigation Authority (NHSLA)	144,042	63,093
Prescription Pricing Authority (PPA)	2,108	2,462
PHS Pharmaceutical Services	26,109	27,840
Intra DH Accounting Adjustments	(522,314)	(633,897)
Total Other	(350,055)	(540,502)

2. As reported in DH Resource Accounts 2003-04 and 2004-05.

1.4 Income from Charges

1.4.1 What has NHS income from charges been since 1997-98, by type of charge? (Q8)

ANSWER

The information requested is given in **Table 8**.

Table 8**BREAKDOWN OF NHS INCOME FROM CHARGES BY CHARGE TYPE FOR THE PERIOD
1997-98 to 2004-05**

£ millions

<i>Charges</i>	<i>1997-98</i>	<i>1998-99</i>	<i>1999-2000</i>	<i>2000-01</i>	<i>2001-02</i>	<i>2002-03</i>	<i>2003-04</i>	<i>2004-05</i>
Health Authority—fees and charges ⁽²⁾	67.7	90.1	92.0	113.8	65.8	3.5	4.7	6.4
Road traffic accident income ⁽⁵⁾			30.0	75.8	98.3	105.0	105.6	117.5
NHS Trusts—fees and charges ⁽⁴⁾	169.6	216.7	224.2	266.0	268.2	126.3	136.8	205.1
NHS Trusts—private patients ⁽⁴⁾	273.2	290.8	304.8	316.6	340.8	366.7	383.9	313.8
NHS Trusts—Local Authorities ⁽⁴⁾⁽⁶⁾						259.8	394.9	464.3
PCTs ⁽³⁾				1.5	24.5	61.6	72.2	105.1
PCTs—Local Authorities ⁽⁶⁾						295.4	404.1	592.7
NHS Supplies Authority fees ⁽⁷⁾	39.1	36.1	20.3	0.4	0.2	0.2	0.8	1.0
Dental charges ⁽⁸⁾	388.4	419.6	431.2	453.1	472.1	486.7	483.6	425.9
Prescription charges ⁽⁸⁾	320.9	341.3	366.7	386.9	413.1	423.0	428.3	424.6
Nursing home inspection fees ⁽¹³⁾	4.8	8.8	9.5	9.8	6.2			
Subsidised dried milk	2.5	2.6	2.4	2.3	3.0	2.9	2.1	2.0
Medicines Control Agency—licences and inspections	28.1	26.6	29.4	34.1	36.7	41.3		
Youth Treatment Service income	4.5	4.7	4.6	0.1				
NHS Pensions Agency fees ⁽⁹⁾	2.3	6.2	2.2	1.8	1.6	0.9	0.5	0.6
Medical Devices Agency Fees ⁽¹⁰⁾	0.2	0.2	0.2	0.3	0.4	0.4		
Human Fertilisation and Embryology Authority: licence fees	1.3	1.4	1.6	1.2	1.6	2.5	3.5	4.1
English National Board for Nursing (ENB): registration fees ⁽¹¹⁾⁽¹²⁾		1.6	1.6	1.6				
MHRA ⁽¹⁴⁾							52.4	57.7
Total	1,302.6	1,446.7	1,520.7	1,665.3	1,732.5	2,176.2	2,473.4	2,720.8

Footnotes:

1. The table has been restated to include NHS trust private patients, NHS trust income from Local Authorities and PCT income separately.
2. Health Authorities were established on 1 April 1996 and Strategic Health Authorities on 1 October 2002.
3. PCTs were established from 1 April 2000.
4. Figures for 2004-05 exclude income from charges for NHS Foundation Trusts.
5. Figures were not collected prior to 1999-2000.
6. Income from Local Authorities was separately identified for the first time in 2002-03.
7. From 2000-01 NHS Supplies Authority split into NHS Purchasing and Supplies Agency and NHS Logistics. All fees for forward years score against the NHS Logistics.
8. Dental and prescription charge income prior to 2001-02 drawn from cash data in Appropriation Accounts. 2001-02 and subsequent years' data drawn from resource data in Summarised Accounts.
9. No income generated prior to 1997-98.
10. The Agency was established in September 1994.
11. Figures prior to 1998-99 are not available.
12. In 2001-02 the Department of Health has directed that no ETR fees should be charged and that ETR fees held in reserve should be utilised to fund the ENB's ongoing students record function for the final year of its operation.
13. From April 2002, the National Care Standards Commission (NCSC) regulated nursing homes. Health Authorities no longer collect the Fee income.
14. Medicines & Healthcare Regulatory Agency (MHRA) formed in 2003-04—brings together work of Medical Device Agency & Medicines Control Agency.

2. Investment*2.1 Total investment*

2.1.1 Could the department detail NHS capital spending by category of expenditure from 1997-98 to 2007-08? (Q9)

ANSWER

The information requested is given in **Table 9**.

Table 9

NHS CAPITAL SPENDING BY CATEGORY OF EXPENDITURE 1997–98 to 2007–08

£ millions

	1997–98	1998–99	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08
	<i>Outturn</i>	<i>Outturn</i>	<i>Outturn</i>	<i>Outturn</i>	<i>Outturn</i>	<i>Outturn</i>	<i>Outturn</i>	<i>Outturn</i>	<i>Forecast outturn</i>	<i>Plan</i>	<i>Plan</i>
Government Spending (excluding Foundation Trusts)	1,089	812	963	1,246	1,732	1,903	2,601	2,485	2,111	4,862	5,798
Foundation Trust Capital Expenditure ⁽⁴⁾								350	497	365	401
Receipts from Land Sales	471	500	552	624	374	338	289	582	393	205	130
Total public capital funding available for capital investment⁽¹⁾	1,560	1,312	1,515	1,870	2,106	2,241	2,890	3,417	3,001	5,432	6,329
<i>Percentage Real Terms Growth⁽³⁾</i>		–15.5%	13.2%	21.8%	9.9%	3.1%	25.6%	15.8%	–14.2%	76.6%	13.5%
PFI Investment⁽²⁾	58	183	362	595	534	445	527	685	948	1,187	1,376
										22	13
Total Investment	1,618	1,495	1,877	2,465	2,640	2,686	3,417	4,102	3,949	6,619	7,705
<i>Percentage Real Terms Growth⁽³⁾</i>		–7.4%	23.1%	29.6%	4.5%	–1.4%	23.9%	17.5%	–6.0%	63.6%	13.4%

Source:

Footnotes:

1. Public capital spending figures up to and including 2004–05 are from 2000, 2001, 2004 and 2006 Departmental Reports. 2005–06's figure is the provisional outturn figure as at May 2006. 2006–07 and 2007–08 are the available resources. For 2006–07, we have a £735 million undercommitment (see question 108).
2. Figures estimated by DH Capital Investment Branch (see question 12).
3. Real increases/decreases calculated using December 2005 GDP Deflators.
4. The 2006–07 and 2007–08 FT Capital Expenditure figures are for the 32 that existed at the start of 2006–07 only. At the time of writing (16 August), we are updating our estimates for this.

2.2 Publicly Funded

2.2.1 *Could the Department list all publicly funded capital projects with a total cost above £10 million which are under construction? Could this include original and current estimated completion dates and costs and percentage time/cost overruns and savings? (Q10)*

ANSWER

The information requested is given in **Table 10**.

Table 10

PUBLICLY FUNDED CAPITAL PROJECTS WITH A TOTAL COST OVER £10 MILLION WHICH ARE UNDER CONSTRUCTION

<i>Org Code</i>	<i>Trust/Project</i>	<i>Description of Project</i>	<i>Original Estimated Completion Date</i>	<i>Current Estimated Completion Date</i>	<i>% Time overrun (+)/ saving (-)</i>	<i>Original Estimated Cost £millions</i>	<i>Current Estimated Cost £millions</i>	<i>% Cost overrun (+)/ saving (-)</i>
RX3	Tees, Esk and Wear Valley NHS Trust	Providing Mental Health and Learning Disability services locally in Stockton and Hartlepool.	31/11/2006	31/11/2006	0.00	9.38	10.30	+ 9.81
RJX	Calderstones NHS Trust	New Medium Secure Unit to replace existing unit	15/08/2008	15/08/2008	0.00	14.20	14.20	0.00
RBQ	The Cardiothoracic Centre Liverpool NHS Trust	Cardiac Building	30/10/2006	30/10/2006	0.00	77.50	77.50	0.00
RWJ	Stockport NHS Foundation Trust	Cardiac and Surgical Unit	04/08/2006	11/08/2006	+ 1.20	16.22	16.22	0.00
RW6	Pennine Acute Hospitals	Centralisation of Pathology Services—Royal Oldham Hospital	30/06/2007	30/10/2007	+ 16.66	17.50	17.40	-0.56
RM2	South Manchester UHT Breast Care and Cancer Prevention Centre	2-storey building with breast cancer diagnosis rooms, counselling rooms, offices and a Breast Cancer Prevention Unit at Wythenshawe	31/10/2007	06/07/2007	-22.22	14.25	14.25	0.00
RM2	South Manchester UHT Cardiac Improvements	2-storey extension to the existing cardiac unit with investigations and outpatients on the ground floor and critical care on the first floor at Wythenshawe	31/10/2007	31/01/2008	+ 16.66	19.85	19.85	0.00
RWA	Hull and East Yorkshire Hospitals NHS Trust	Tertiary Cardiothoracic Services Development	01/06/2008	01/06/2008	0.00	31.50	31.50	0.00
RCC	Scarborough & North East Yorkshire Healthcare Trust	MRI, Endoscopy and Theatre redevelopment	18/06/2007	18/06/2007	0.00	12.20	12.20	0.00
RTR	South Tees Hospitals Trust	Friarage Hospital main redevelopment—Women's, Children's and Pharmacy	15/05/2006	13/11/2006	+ 29.89	21.80	21.70	-0.46
TAD	Bradford District Care Trust	60-bed Adult Mental Health Acute Unit	01/11/2006	02/02/2007	+ 23.00	10.86	10.80	-0.55
RXF	Mid Yorkshire Hospitals	Enabling Works for PFI schemes	31/03/2007	31/03/2007	0.00	10.40	12.79	+ 23.00
RHQ	Sheffield Teaching Hospitals NHS Foundation Trust	Critical Care Unit	22/12/2007	22/12/2007	0.00	16.00	16.00	0.00
RHA	Nottinghamshire Healthcare NHS Trust	Arnold Lodge Medium Secure Unit	24/11/2006	24/11/2006	0.00	16.17	16.17	0.00
RHA	Nottinghamshire Healthcare NHS Trust	Rampton Women's High Secure Unit	01/10/2006	16/10/2006	+ 1.28	24.47	24.17	-1.23
RHA	Nottinghamshire Healthcare NHS Trust	High Secure Learning Disability Unit for Men	11/04/2008	11/04/2008	0.00	20.00	20.00	0.00
RNQ	Kettering General Hospital	New treatment centre	03/04/2006	04/09/2006	+ 30.00	8.00	12.30	+ 53.80
RQ3	Birmingham Children's Hospital NHS Trust	Education and Burns Centre	30/06/2006	15/05/2007	+ 46.00	16.01	18.26	+ 14.00
5DQ	Burntwood, Lichfield and Tamworth PCT : Lichfield Community Hospital	Lichfield Community Hospital	15/03/2006	15/09/2006	+ 33.00	17.05	17.52	+ 2.75
RT6	Suffolk Mental Health Partnerships NHS Trust	Modernisation of Suffolk Mental Health Services	01/09/2009	01/09/2009	0.00	26.30	26.30	0.00
RDD	Basildon and Thurrock University Hospitals NHS Trust	Tertiary Cardiothoracic centre	20/04/2007	16/06/2007	+ 8.10	34.98	34.98	0.00
RWN	South Essex Partnership NHS Trust	Rochford Redevelopment	05/09/2007	05/09/2007	0.00	16.50	16.50	0.00

<i>Org Code</i>	<i>Trust/Project</i>	<i>Description of Project</i>	<i>Original Estimated Completion Date</i>	<i>Current Estimated Completion Date</i>	<i>% Time overrun (+) / saving (-)</i>	<i>Original Estimated Cost £millions</i>	<i>Current Estimated Cost £millions</i>	<i>% Cost overrun (+) / saving (-)</i>
RAL	Royal Free Hampstead NHS Trust	Fire and Statutory compliance works to achieve statutory compliance for fire, health and safety and achieve condition B for the whole hospital. Maintain capacity. Upgrade of infrastructure	01/06/2012	01/06/2012	0.00	50.69	50.69	0.00
RGC	Whipps Cross University Hospital	New energy centre on the Whipps Cross Hospital site to ensure continuity of supply and to facilitate the originally planned redevelopment of the hospital site.	01/12/2004	Not known ⁽¹⁾	Not yet finalised	10.90	14.10	+ 29.36
RV3	Central and North West London Mental Health Trust	Reprovision of Adult Acute Mental Health Services, mainly to replace the outdated Paterson Centre on the St. Mary's Acute Hospital site.	01/04/2005	01/08/2006	+ 60.00	30.40	39.80	+ 30.92
RV8	North West London Hospitals	Redevelopment and refurbishment of maternity services at Central Middlesex and Northwick Park Hospitals.	01/12/2004	01/06/2006	+ 37.50	15.08	22.40	+ 48.53
RKL	West London Mental Health Trust	Women's Enhanced Medium Secure Service to transfer female patients from Broadmoor to the St Bernard's site in Ealing	01/07/2007	01/07/2007	0.00	30.70	30.70	0.00
RPG	Oxleas NHS Foundation Trust	Regeneration of Memorial and Goldie Leigh Hospitals. Redevelopment, reprovision and relocation of a range of adult and older adult mental health and adult learning disability services.	01/07/2008	01/07/2008	0.00	24.60	24.60	0.00
RGZ	Queen Mary's Sidcup NHS Trust	Estate redevelopment to meet fire, health and safety compliance. Upgrading of wards areas to enable single sex provision and increased numbers of single rooms. Upgrade of Outpatients. New crèche.	01/01/2007	01/01/2007	0.00	27.06	27.06	0.00
RV5	South London and the Maudsley NHS Trust	Lambeth Forensic Development to create a 24-bed forensic medium secure unit for patients in Lambeth.	01/07/2006	01/07/2006	0.00	10.47	10.47	0.00
RV5	South London and the Maudsley NHS Trust	Southwark Forensic Development to create an 89-bed forensic services unit to be provided at the Bethlem Hospital site for patients in the Southwark and Croydon areas.	01/02/2007	01/02/2007	0.00	32.05	32.05	0.00
RTP	Crawley Hospital	Refurbishment/extension of Walk-in Centre, Intermediate Care Ward, Ambulatory Clinic, Chronic Disease Management Centre, Pre-Assessment Clinic, Older Persons' Mental Health Services Unit and backlog maintenance	28/08/2006	23/01/2007	+ 15.00	19.20	19.30	+ 0.50
RVV	East Kent NHS Trust	Renal and Vascular developments	30/04/2008	30/04/2008	0.00	13.60	13.60	0.00
RTH	Oxford Radcliffe Hospitals NHS Trust	Cardiac Development	24/10/2008	24/10/2008	0.00	26.00	26.00	0.00
RTH	Oxford Radcliffe Hospitals NHS Trust	Geratology relocation	01/10/2007	01/10/2007	0.00	11.00	11.00	0.00
RHM	Southampton University Hospitals NHS Trust	Cardiac Revascularisation New Build and Refurbishment	01/04/2007	31/08/2007	0.00 ⁽²⁾	53.70	53.70	0.00
5A3	South Gloucestershire PCT	Yate Community Healthcare Centre	27/06/2008	27/06/2008	0.00	11.20	11.20	0.00
RK9	Plymouth Hospitals NHS Trust	Expansion of the Southwest Cardiothoracic Centre	01/09/2006	01/11/2006	5.00	39.20	42.40	+ 8.16

Source: Strategic Health Authorities.

Footnotes:

1. The Trust are reporting that this scheme is considerably over time and over budget. There are some outstanding issues with the main contractor which have delayed the issue of a practical completion certificate. Refer to the commentary in Question 11 for further information.

2. The Trust took the opportunity to add in Backlog maintenance work outside the original contract. There is no actual delay to original scheme programme for refurbishment element. The new build element completed on time in June 2006.

2.2.2 *Could the Department provide a commentary on publicly funded capital projects where there are significant discrepancies between original estimates of completion dates and/or expenditures and current estimates? (Q11)*

ANSWER

Pennine Acute Hospitals

The delay to the estimated completion date is due to the Full Business Case approval being granted later than originally anticipated, which led to a delayed start of the construction works. The Main Contractor, however, is currently ahead of the contract programme, and an overall project underspend is currently forecast.

South Manchester UHT Breast Care and Cancer Prevention Centre—Wythenshawe

This project is forecast to be delivered 16 weeks earlier than the original estimated date. This significant time saving has been achieved by authorising design and enabling work at an early stage, thus allowing work to start on site earlier than originally planned.

South Manchester UHT Cardiac Improvements—Wythenshawe

A slip in the original estimated completion date is due to a delayed start of construction works. This delay was caused as a result of the Full Business Case approval being granted three months later than originally anticipated. The project is currently forecast to be delivered within its original budget.

South Tees Hospitals Trust—Friarage Hospital main development

The original contract programme has been delayed due to variations on the original construction works. An additional 26 weeks was required for additional demolition works of the vacated accommodation, the provision of additional car parking and for further design development required after the discovery of contaminated land. Despite this delay, the project is currently within budget.

Bradford District Care Trust

The original estimated completion date has slipped because of a delayed start on site which was due to complications over the transfer of the site to the Bradford District Care Trust. The original building programme of 13 months remains on track.

Mid Yorkshire Hospitals

This project consists of a large number of enabling work packages. Unforeseen problems in modifying existing services in some buildings, the removal of asbestos, the implications of planning requirements, and VAT recovery issues have all contributed to an overall increase in the estimated cost.

Kettering General Hospital: Treatment Centre

The time delay and cost overrun are due to poor performance by the Main Contractor and the design team. Efforts are under way to resolve existing problems and to mitigate any delays.

Birmingham Children's Hospital NHS Trust

The contract delay and an estimated cost increase have both been caused by the need to appoint a new Main Contractor to complete the works. The completion contract, which has been agreed with the new Main Contractor, is currently running to time and cost, with an expected completion date in May 2007, 11 months later than the original estimated date.

Burntwood, Lichfield and Tamworth PCT: Lichfield Community Hospital

The original estimated completion date has slipped because the construction works started later than expected. This was due to a delay in the demolition of existing hospital buildings, which needed to be cleared from the site.

Whipps Cross University Hospital

This project is currently considerably over time and over budget. The major elements of the overspend relate to costs associated with the delay to completion of the project, costs associated with rectifying aspects of the project, and the suitability and adequacy of the contract administration procedures.

The Trust has commissioned an audit report on the failings of the project and is acting upon the recommendations of this report.

Central and North West London Mental Health NHS Trust

This has been a complex project which was designed to move services from accommodation no longer deemed appropriate for this client group. The main delays, in the view of the Trust, appear to be due to the completeness of design information and how this was appropriately communicated consistently to the various building contractors employed to undertake the work. This view is not shared by the design professionals involved.

The Trust identified the potential for delay and overspend in 2004 and engaged professional advisers to assist in mitigating the impact.

North West London Hospitals

The Trust commissioned external auditors Deloitte & Touche to undertake a review of the delivery of this project. The review identified key areas for improvement and the implementation of an action plan has been agreed by the Trust Board and is currently being reviewed by the Trust with NHS London.

The main areas relate to poor governance, performance and communications issues with contractors and design teams, and unsuccessful contract management processes.

Crawley Hospital refurbishment at six locations

The original estimated completion date has slipped due to a delay in work starting on site. This delay was necessary for a review of contracts to be undertaken following recommendations made by the Gateway review.

2.3 Private Finance Initiative (PFI)

2.3.1 *Could the Department provide expenditure profiles of capital expenditure on PFI schemes from 1997–98 onwards by (a) region and (b) scheme by broad capital cost of scheme? (Q12)*

ANSWER

1. The information requested is given in **Table 12a** to **Table 12k**.
2. The expenditure profiles in the tables take into account the reduced capital values at the six PFI review schemes announced on 18 August. These were at Salford, Tameside, Leicester, Walsall, South Devon and North Staffordshire. The Department are in the process of reviewing the remaining PFI Schemes with values in excess of £75 million.

Table 12a

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

<i>Regional Summary</i>	<i>Spend Profile of the Total Capital Cost</i>																		Total
	<i>1997-98</i>	<i>1998-99</i>	<i>1999-2000</i>	<i>2000-01</i>	<i>2001-02</i>	<i>2002-03</i>	<i>2003-04</i>	<i>2004-05</i>	<i>2005-06</i>	<i>2006-07</i>	<i>2007-08</i>	<i>2008-09</i>	<i>2009-10</i>	<i>2010-11</i>	<i>2011-12</i>	<i>2012-13</i>	<i>2013-14</i>	<i>2014-15</i>	
<i>Schemes with capital cost £10m+</i>																			
North East	6.1	15.3	44.4	63.5	63.1	61.0	33.9	16.0	56.9	70.8	104.5	98.7	179.3	78.0	0.0	0.0	0.0	0.0	891.3
North West	6.7	23.3	46.7	43.4	13.3	0.0	14.0	87.2	117.1	194.6	203.6	313.4	376.1	392.7	351.3	173.8	100.0	50.0	2,507.2
Yorkshire & the Humber	0.0	6.5	20.9	61.8	39.0	6.9	10.7	46.0	90.5	126.5	125.2	136.4	108.5	95.0	93.0	52.0	52.0	26.0	1,096.7
East Midlands	0.0	0.0	1.7	10.8	4.2	0.0	45.4	88.0	102.6	121.6	198.4	198.8	255.9	239.9	142.2	142.2	71.1	0.0	1,622.6
West Midlands	0.0	15.1	40.5	87.9	63.8	73.9	118.1	142.4	96.3	138.5	173.3	300.6	358.6	426.7	301.8	190.6	81.7	0.0	2,609.6
East of England	15.8	23.7	47.4	48.9	35.0	13.5	3.8	7.6	22.6	82.3	121.8	229.6	301.8	383.7	311.8	243.9	88.0	0.0	1,981.0
London	0.0	28.3	77.2	207.5	212.7	179.7	167.6	204.5	275.6	230.3	250.7	427.8	465.0	501.4	332.0	160.4	63.3	0.0	3,783.9
South East Coast	9.4	23.5	44.5	33.1	8.4	18.9	7.3	3.6	23.4	51.8	64.1	106.9	85.5	85.5	42.8	0.0	0.0	0.0	608.6
South Central	4.5	29.3	11.3	0.0	3.0	24.9	57.1	42.3	106.8	99.5	87.8	104.6	89.3	73.0	54.0	62.0	40.0	40.0	929.2
South West	0.0	0.0	10.0	16.1	36.7	36.9	42.6	21.3	36.4	45.4	46.4	100.6	195.4	306.1	305.8	202.4	111.7	40.0	1,553.6
TOTAL	42.5	165.0	344.5	572.8	479.1	415.5	500.3	658.8	928.2	1,161.2	1,375.6	2,017.4	2,415.3	2,581.9	1,934.6	1,227.2	607.8	156.0	17,583.7
<i>Schemes with capital cost between £1m-£10m⁽¹⁾</i>																			
TOTAL	15.4	18.0	17.0	22.6	54.4	29.6	27.1	25.9	19.6	19.2	1.8	1.1	1.1	0.0	0.0	0.0	0.0	0.0	252.8
OVERALL TOTAL FOR PFI	57.9	183.0	361.5	595.4	533.5	445.1	527.4	684.7	947.8	1,180.4	1,377.4	2,018.5	2,416.4	2,581.9	1,934.6	1,227.2	607.8	156.0	17,836.5

Source:

Footnotes:

1. In accordance with Treasury policy that no PFI schemes should be undertaken below £20 million, future sub £10 million investment has effectively ceased. We therefore propose that this be the last occasion in which we collect data for these schemes.

Table 12b

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

North East	Status	Total Capital Cost to the Private Sector	Start on Site Date	Completion Date	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
<i>Schemes with capital cost £10m+</i>																							
Northumberland, Tyne & Wear	SOC	50	2008-09	Being finalised												5.0	32.5	12.5					50.0
Langaburgh PCT	OBC	40	2006-07	01/10/2008												4.0	26.0	10.0					40.0
Tees, Esk & Wear Valleys/Derwentside PCT	OBC	40	2008-09	Being finalised												4.0	26.0	10.0					40.0
Tees, Esk & Wear Valleys	OBC	78	2007-08	Being finalised											7.8	19.5	35.1	15.6					78.0
Northgate & Prudoe Trust—Neuro Disability Centre	FC	24.0	21/07/2005	01/02/2007									2.4	15.6	6.0								24.0
Newcastle Upon Tyne Hospitals	FC	298.6	27/04/2005	01/10/2007									29.9	44.8	74.7	59.7	59.7	29.9					298.6
Newcastle, North Tyneside and Northumberland MH	OP	31.8	10/05/2004	15/05/2006								3.2	20.7	8.0									31.8
Northumbria Healthcare—Hexham 1	OP	55.1	27/04/2001	12/07/2003					2.9	18.9	7.3			2.5	16.0	6.5							54.1
South Tees Acute Hospitals	OP	121.9	16/08/1999	01/08/2003			12.2	18.3	36.6	36.6	18.3												121.9
County Durham & Darlington Acute Hospitals—South	OP	48.0	28/05/1999	08/06/2002			4.8	31.2	12.0														48.0
County Durham & Darlington Acute Hospitals—North	OP	61.0	31/03/1998	02/04/2001	6.1	15.3	27.5	12.2															61.0
Tees, Esk & Wear Valleys—West Park	OP	15.7	04/07/2003	20/08/2004						1.0	1.6	10.2	3.9										15.7
County Durham & Darlington Acute Hospitals—Chester-le-street	OP	10.4	30/05/2002	18/11/2003							6.8	2.6											10.4
Northumbria Health Care—Wansbeck	OP	17.8	16/11/2000	25/03/2003				1.8	11.6	4.5													17.8
TOTAL		892.3			6.1	15.3	44.4	63.5	63.1	61.0	33.9	16.0	56.9	70.8	104.5	98.7	179.3	78.0	0.0	0.0	0.0	0.0	891.3
<i>Schemes with capital cost between £1m-£10m</i>																							
TOTAL		20.4			1.9	2.3	2.0	1.4	7.7	3.1	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.4
OVERALL TOTAL FOR PFI		912.7			8.0	17.6	46.4	64.9	70.8	64.0	35.9	16.0	56.9	70.8	104.5	98.7	179.3	78.0	0.0	0.0	0.0	0.0	911.7

1. £25 variation to contract took place and commenced construction in 2006-07.

Table 12c

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

North West	Status	Total Capital			Completion Date	Cost to the Private Sector																	Total				
		Private Sector	Start on Site Date	Completion Date		1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14		2014-15			
<i>Schemes with capital cost £10m+</i>																											
Royal Liverpool & Broadgreen University Hospital	SOC	500	2009-10	Being finalised														50.0	75.0	125.0	100.0	100.0	50.0	500.0			
Mersey Care	SOC	192	2008-09	Being finalised													19.2	28.8	57.6	57.6	28.8			192.0			
Royal Liverpool Children's Hospital	SOC	300	2008-09	Being finalised													30.0	45.0	90.0	90.0	45.0			300.0			
Aintree	SOC	42.2	2007-08	Being finalised												4.2	27.4	10.6						42.2			
Blackpool PCT	OBC	51.0	2008-09	Being finalised													5.1	33.2	12.8					51.0			
Tameside & Glossop Acute Services	OBC	109.3	2007-08	2009-10													10.9	16.4	32.8	32.8	16.4			109.3			
Salford Royal Hospitals	OBC	190.0	2007-08	2010-11													19.0	28.5	57.0	57	28.50			190.0			
St Helens & Knowsley Hospitals	FC	338.0	01/06/2006	01/10/2008													33.8	50.7	84.5	67.6	67.6	33.8		338.0			
Central Manchester & Manchester Children's University Hospitals	FC	511.6	14/12/2004	01/01/2009								51.2	76.7	127.9	102.3	102.3	51.2							511.6			
East Lancashire Hospitals—Burnley	OP	30.1	13/10/2003	23/05/2006							3.0	19.6	7.5											30.1			
East Lancashire Hospitals—Blackburn	OP	109.6	09/07/2003	08/07/2006							11.0	16.4	32.9	32.9	16.4									109.6			
South Manchester University Hospitals	OP	66.7	08/06/1998	25/07/2001					6.7	16.7	16.7	30.0	13.3											66.7			
North Cumbria—Cumberland Infirmary	OP	66.7	03/11/1997	10/04/2000					6.7	16.7	30.0	13.3												66.7			
TOTAL		2,507.2							6.7	23.3	46.7	43.4	13.3	0.0	14.0	87.2	117.1	194.6	203.6	313.4	376.1	392.7	351.3	173.8	100.0	50.0	2,507.2
<i>Schemes with capital cost between £1m-£10m</i>																											
TOTAL		30.2							1.9	2.3	2.0	1.4	7.7	3.1	2.0	4.5	0.8	1.1	1.2	1.1	1.1	0.0	0.0	0.0	0.0	0.0	30.2
OVERALL TOTAL FOR PFI		2,537.4							8.6	25.7	48.7	44.8	21.0	3.1	16.0	91.7	117.9	195.7	204.8	314.5	377.2	392.7	351.3	173.8	100.0	50.0	2,537.4

Table 12d

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

Yorkshire & Humber	Status	Total Capital Cost to the Private Sector	Start on Site Date	Completion Date	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
<i>Schemes with capital cost £10m+</i>																							
Leeds Teaching Hospitals—Childrens	SOC	260	2009-10	Being finalised 2010-11													26.0	39.0	65.0	52.0	52.0	26.0	260.0
Mid Yorkshire Hospitals—Wakefield	OBC	280.0	2006-07	2010-11										28.0	42.0	70.0	56.0	56.0	28.0				280.0
Hull & East Yorkshire Hospitals	FC	67.0	21/02/2006	01/04/2008									6.7	16.8	30.2	13.4							67.0
Sheffield Teaching Hospitals	FC	35.0	19/12/2004	01/10/2006							3.5	22.8	8.8										35.0
Leeds Teaching Hospitals	FC	265.0	15/10/2004	01/08/2008							26.5	39.8	66.3	53.0	53.0	26.5							265.0
North Kirklees PCT	OP	27.0	21/04/2004	14/11/2005							2.7	17.6	6.8										27.0
Doncaster and South Humber	OP	15.0	11/08/2003	01/01/2005							1.5	9.8	3.8										15.0
Leeds Teaching Hospitals—Wharfedale	OP	14.1	20/09/2002	30/11/2004						1.4	9.2	3.5											14.1
Hull & East Yorkshire Hospitals— Maternity & Acute	OP	22.0	08/12/2000	29/03/2003				2.2	14.3	5.5													22.0
Leeds Community—High Royds Reprovision	OP	47.0	01/03/2000	16/12/2002			4.7	30.6	11.8														47.0
Calderdale and Huddersfield Healthcare	OP	64.6	31/07/1998	08/04/2001		6.5	16.2	29.1	12.9														64.6
TOTAL		1,096.7			0.0	6.5	20.9	61.8	39.0	6.9	10.7	46.0	90.5	126.5	125.2	136.4	108.5	95.0	93.0	52.0	52.0	26.0	1,096.7
<i>Schemes with capital cost between £1m-£10m</i>																							
TOTAL		20.4			1.9	2.3	2.0	1.4	7.7	3.1	2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.4
OVERALL TOTAL FOR PFI		1,117.1			1.9	8.8	22.8	63.3	46.7	10.0	12.7	46.0	90.5	126.5	125.2	136.4	108.5	95.0	93.0	52.0	52.0	26.0	1,117.1

Table 12e

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

East Midlands	Status	Total Capital Cost to the Private Sector	Start on Site Date	Completion Date	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
<i>Schemes with capital cost £10m+</i>																							
Leicestershire Partnership	SOC	50.0	2008-09	2011-12												5.0	32.5	12.5					50.0
University Hospitals of Leicester	OBC	711.0	2008-09	2012-13												71.1	106.7	177.8	142.2	142.2	71.1		711.0
Melton, Rutland & Harborough PCT	OBC	32.0	2008-09	Being finalised												3.2	20.8	8.0					32.0
Hinckley & Bosworth PCT	OBC	36.0	2008-09	Being finalised												3.6	23.4	9.0					36.0
Derbyshire Mental Health	OBC	29.4	2007-08	2008-09											2.9	19.1	7.4						29.4
East Lincolnshire PCT	OBC	26.0	01/10/2006	01/10/2008										2.6	16.9	6.5							26.0
Northamptonshire Healthcare	OBC	35.8	01/12/2006	01/12/2008										3.6	23.3	9.0							35.8
Sherwood Forest Hospitals	FC	326.0	29/10/2005	01/04/2009									32.6	48.9	81.5	65.2	65.2	32.6					326.0
Daventry & South Northamptonshire PCT	FC	28.2	03/03/2005	01/01/2008									2.8	18.3	7.1								28.2
Nottinghamshire Healthcare	FC	19.4	23/12/2004	01/02/2007								1.9	12.6	4.9									19.4
Derby Hospitals	FC	312.2	12/09/2003	01/05/2008							45.4	86.1	54.6	43.3	66.7	16.1							312.2
Nottingham University Hospital	OP	16.6	24/05/1999	01/10/2000			1.7	10.8	4.2														16.6
TOTAL		1,622.6			0.0	0.0	1.7	10.8	4.2	0.0	45.4	88.0	102.6	121.6	198.4	198.8	255.9	239.9	142.2	142.2	71.1	0.0	1,622.6
<i>Schemes with capital cost between £1m-£10m</i>																							
TOTAL		24.3			0.0	0.0	1.6	3.1	5.2	0.0	0.0	6.0	0.0	8.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.3
OVERALL TOTAL FOR PFI		1,646.9			0.0	0.0	3.3	13.9	9.3	0.0	45.4	94.0	102.6	130.0	198.4	198.8	255.9	239.9	142.2	142.2	71.1	0.0	1,646.9

Table 12f

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

West Midlands	Status	Total Capital			Completion Date	Cost to the Private Sector																Total							
		Cost to the Private Sector	Start on Site Date	Completion Date		1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13		2013-14	2014-15					
<i>Schemes with capital cost £10m+</i>																													
Royal Wolverhampton Hospitals	SOC	317.0	2008-09	Being finalised													31.7	47.6	79.3	63.4	63.4	31.7	317.0						
Sandwell & W Birmingham—"2010"	SOC	500.0	2008-09	Being finalised													50.0	75.0	125.0	100.0	100.0	50.0	500.0						
Walsall Hospitals	OBC	142.0	2007-08	Q2 2009											14.2	21.3	42.6	42.6	21.3				142.0						
University Hospitals of North Staffordshire	OBC	272.0	2007-08	Being finalised											27.2	40.8	68.0	54.4	54.4	27.2			272.0						
University Hospitals Birmingham	FC	627.0	08/06/2006	Q1 2010											62.7	94.1	156.8	125.4	125.4	62.7			627.0						
University Hospitals Coventry & Warwickshire—Walsgrave	OP	378.9	27/11/2002	10/07/2006						37.9	56.8	94.7	75.8	75.8	37.9									378.9					
Sandwell & W Birmingham—City Hospital	OP	26.1	19/12/2002	15/10/2004							2.6	17.0	6.5											26.1					
The Royal Wolverhampton Hospitals	OP	12.8	20/03/2002	23/06/2003							1.3	8.3	3.2											12.8					
Dudley Group of Hospitals	OP	137.0	01/05/2001	01/12/2004							13.7	20.6	41.1	41.1	20.6									137.0					
Birmingham & Solihull Mental Health	OP	18.0	15/08/2000	18/03/2002							1.8	11.7	4.5											18.0					
North Staffordshire Combined Healthcare	OP	28.1	08/12/1999	01/09/2001							2.8	18.2	7.0											28.1					
Hereford Hospitals	OP	64.1	31/03/1999	01/03/2002							6.4	16.0	28.8	12.8										64.1					
Worcestershire Acute	OP	86.6	18/03/1999	18/03/2002							8.7	21.7	39.0	17.3										86.6					
TOTAL		2,609.6									0.0	15.1	40.5	87.9	63.8	73.9	118.1	142.4	96.3	138.5	173.3	300.6	358.6	426.7	301.8	190.6	81.7	0.0	2,609.6
<i>Schemes with capital cost between £1m-£10m</i>																													
TOTAL		9.9									0.0	0.0	1.6	3.1	5.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.9	
OVERALL TOTAL FOR PFI		2,619.5									0.0	15.1	42.1	91.0	69.0	73.9	118.1	142.4	96.3	138.5	173.3	300.6	358.6	426.7	301.8	190.6	81.7	0.0	2,619.5

Table 12g

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

East of England	Status	Total Capital			Completion Date	Year																Total	
		Cost to the Private Sector	Start on Site Date			1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13		2013-14
<i>Schemes with capital cost £10m+</i>																							
East & North Hertfordshire	SOC	550	2008-09	Being finalised												55.0	82.5	137.5	110.0	110.0	55.0		550.0
West Hertfordshire	SOC	330	2008-09	Being finalised												33.0	49.5	82.5	66.0	66.0	33.0		330.0
Papworth Hospitals	SOC	148.0	2008-09	Q3 2011												14.8	22.2	44.4	44.4	22.2		148.0	
Southend Hospital	SOC	100.0	2008-09	Q1 2012												10.0	15.0	30.0	30.0	15.0		100.0	
Peterborough Hospitals	OBC	307.0	2007-08	Q1 2012												30.7	46.1	76.8	61.4	61.4	30.7		307.0
South Essex Partnership	OBC	29.9	2006-07	2008-09												3.0	19.4	7.5					29.9
Mid Essex Hospitals	OBC	186.0	2006-07	Q2 2009												18.6	27.9	55.8	55.8	27.9		186.0	
Brentwood, Billericay & Wickford PCT	FC	30	29/06/2006	01/08/2008												3.0	19.5	7.5					30.0
Ipswich Hospital	FC	36.1	27/03/2006	20/11/2007												3.6	23.5	9.0					36.1
Cambridge University Hospitals—Addenbrookes	FC	76.0	27/10/2004	01/02/2007												7.6	19.0	34.2	15.2				76.0
Royston, Buntingford & Bishop's Stortford	OP	15.0	04/05/2001	28/04/2003												1.5	9.8	3.8					15.0
Luton & Dunstable	OP	15.0	21/11/2000	09/09/2002												1.5	9.8	3.8					15.0
Norfolk & Norwich	OP	158.0	09/01/1998	21/09/2001	15.8	23.7	47.4	47.4	23.7														158.0
TOTAL		1,981.0			15.8	23.7	47.4	48.9	35.0	13.5	3.8	7.6	22.6	82.3	121.8	229.6	301.8	383.7	311.8	243.9	88.0	0.0	1,981.0
<i>Schemes with capital cost between £1m-£10m</i>																							
TOTAL		21.6			0.0	0.0	1.6	6.5	5.2	0.0	6.0	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	21.6
OVERALL TOTAL FOR PFI		2,002.6			15.8	23.7	49.0	55.4	40.2	13.5	9.8	9.9	22.6	82.3	121.8	229.6	301.8	383.7	311.8	243.9	88.0	0.0	2,002.6

Table 12h

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

London	Status	Total Capital			Completion Date	Cost to the Start on Site Date																	Total													
		Private Sector	Start on Site Date	Completion Date		1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14		2014-15												
<i>Schemes with capital cost £10m+</i>																																				
Whipps Cross University Hospital	SOC	328.0	2008-09	Being finalised														32.8	49.2	82.0	65.6	65.6	32.8	328.0												
North West London Hospitals—Northwick Park	SOC	305.0	2008-09	Q4 2010														30.5	45.8	76.3	61.0	61.0	30.5	305.0												
Royal National Orthopaedic Hospital	SOC	144.0	2007-08	Q2 2010														14.4	21.6	43.2	43.2	21.6		144.0												
Hillingdon Hospital	SOC	337.9	2007-08	Q2 2010														33.8	50.7	84.5	67.6	67.6	33.8	337.9												
Barnet & Chase Farm Hospitals	SOC	40.0	2007-08	01/05/2009														6.0	26.0	10.0				42.0												
North Middlesex Hospitals	OBC	108.0	2007-08	2009-10														10.8	16.2	32.4	32.4	16.2		108.0												
Barts & The London	FC	1,000.0	27/04/2006	01/09/2013														100.0	150.0	250.0	200.0	100.0		1,000.0												
Kingston Hospital	FC	32.7	23/11/2004	01/10/2006																				32.7												
Lewisham Hospital	FC	72.0	08/07/2004	01/12/2006																				72.0												
Barking Havering & Redbridge Hospitals	FC	238.0	15/01/2004	15/11/2006																				238.0												
The Whittington Hospital	FC	31.9	09/10/2002	01/09/2006																				31.9												
Wandsworth PCT—Roehampton	OP	75.4	06/05/2004	10/03/2006																				75.4												
Newham Healthcare	OP	54.8	27/01/2004	08/07/2006																				54.8												
North West London Hospitals	OP	69.3	06/11/2003	16/03/2006																				69.3												
Brent PCT—Willesden	OP	21.9	05/12/2002	21/04/2005																				21.9												
West Middlesex University Hospitals	OP	60.0	30/01/2001	16/05/2003																				60.0												
East London & the City Mental Health	OP	14.5	05/09/2000	11/06/2002																				14.5												
University College London Hospitals	OP	422.0	12/07/2000	12/06/2005																				422.0												
Oxleas	OP	10.8	04/07/2000	20/12/2001																				10.8												
North East London Mental Health	OP	10.8	04/07/2000	04/03/2002																				10.8												
St George's Hospital	OP	46.1	20/03/2000	11/09/2003																				46.1												
Kings Healthcare	OP	75.5	06/12/1999	07/10/2002																				75.5												
Barnet & Chase Farm Hospitals	OP	54.3	01/02/1999	02/03/2002																				54.3												
Bromley Healthcare	OP	117.9	19/11/1998	29/03/2003																				117.9												
Queen Mary's Hospital Sidcup	OP	15.0	11/12/1998	30/03/2000																				15.0												
Queen Elizabeth Hospital	OP	96.1	01/07/1998	28/02/2001																				96.1												
TOTAL		3,781.9																0.0	28.3	77.2	207.5	212.7	179.7	167.6	204.5	275.6	230.3	250.7	427.8	465.0	501.4	332.0	160.4	63.3	0.0	3,783.9
<i>Schemes with capital cost between £1m-£10m</i>																																				
TOTAL		35.2																2.1	4.1	1.4	0.1	13.4	12.0	0.1	0.1	1.1	0.2	0.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	35.2
OVERALL TOTAL FOR PFI		3,817.1																2.1	32.4	78.6	207.6	226.1	191.7	167.7	204.6	276.7	230.5	427.8	465.0	501.4	332.0	160.4	63.3	0.0	3,819.1	

Table 12i

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

South East Coast	Status	Total Capital Cost to the Private Sector	Start on Site Date	Completion Date	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
<i>Schemes with capital cost £10m+</i>																							
Maidstone & Tunbridge Wells	OBC	427.6	01/11/2006	01/08/2010										42.8	64.1	106.9	85.5	85.5	42.8				427.6
Brighton and Sussex University Hospitals	FC	36.0	10/06/2004	30/04/2007								3.6	23.4	9.0									36.0
Guildford & Waverley PCT—Farnham	OP	29.0	29/10/2001	01/11/2003					2.9	18.9	7.3												29.0
Sussex Partnership	OP	22.0	24/06/1999	31/01/2001			2.2	14.3	5.5														22.0
Dartford & Gravesham	OP	94.0	30/07/1997	11/09/2000	9.4	23.5	42.3	18.8															94.0
TOTAL		608.6			9.4	23.5	44.5	33.1	8.4	18.9	7.3	3.6	23.4	51.8	64.1	106.9	85.5	85.5	42.8	0.0	0.0	0.0	608.6
<i>Schemes with capital cost between £1m-£10m</i>																							
TOTAL		36.8			2.5	2.3	1.6	1.8	0.8	2.8	5.0	6.5	4.0	9.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	36.8
OVERALL TOTAL FOR PFI		645.4			11.9	25.8	46.1	34.9	9.2	21.7	12.3	10.1	27.4	61.3	64.1	106.9	85.5	85.5	42.8	0.0	0.0	0.0	645.4

Table 12j

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

South Central	Status	Total Capital Cost to the Private Sector	Start on Site Date	Completion Date	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
<i>Schemes with capital cost £10m+</i>																							
Heatherwood & Wexham Park	SOC	200.0	2010/11	Being finalised Q4 2010														20.0	30.0	50.0	40.0	40.0	180.0
Southampton University Hospitals	SOC	80.0	2008/09													8.0	12.0	24.0	24.0	12.0			80.0
Portsmouth Hospitals	FC	193.0	01/09/2005	01/06/2009										19.3	29.0	57.9	57.9	29.0					193.0
Oxford Radcliffe Hospitals	FC	129.0	14/08/2005	01/04/2008									12.9	19.4	38.7	38.7	19.4						129.0
New Forest PCT—Lyminster	FC	36.0	18/11/2004	29/12/2006								3.6	23.4	9.0									36.0
Oxford Radcliffe Hospitals	FC	134.0	19/12/2003	30/05/2007							13.4	20.1	40.2	40.2	20.1								134.0
Nuffield Orthopaedic Centre	FC	37.0	20/04/2002	01/10/2006						3.7	24.1	9.3											37.0
Buckinghamshire Hospitals—Stoke Mandeville	OP	46.6	21/05/2004	15/04/2006								4.7	30.3	11.7									46.6
Newbury PCT	OP	18.8	04/07/2002	01/03/2004						1.9	12.2	4.7											18.8
Berkshire Health Care	OP	29.7	02/05/2001	29/04/2003					3.0	19.3	7.4												29.7
Buckinghamshire Hospitals	OP	45.1	14/12/1997	17/10/2000	4.5	29.3	11.3																45.1
TOTAL		949.2			4.5	29.3	11.3	0.0	3.0	24.9	57.1	42.3	106.8	99.5	87.8	104.6	89.3	73.0	54.0	62.0	40.0	40.0	929.2
<i>Schemes with capital cost between £1m-£10m</i>																							
TOTAL		37.0			2.5	2.3	1.6	1.8	0.8	2.8	5.0	6.5	13.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	37.0
OVERALL TOTAL FOR PFI		986.2			7.0	31.6	12.9	1.8	3.8	27.7	62.1	48.8	120.5	99.5	87.8	104.6	89.3	73.0	54.0	62.0	40.0	40.0	966.2

Table 12k

EXPENDITURE PROFILE OF CAPITAL SPEND ON PFI SCHEMES

£ millions

South West	Status	Total Capital Cost to the Private Sector	Start on Site Date	Completion Date	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	Total
<i>Schemes with capital cost £10m+</i>																							
Plymouth Hospitals	SOC	400.0	2009-10	Being finalised													40.0	60.0	100.0	80.0	80.0	40.0	400.0
Plymouth Hospitals	SOC	209.0	2008-09	Being finalised												20.9	31.4	62.7	62.7	31.4			209.0
United Bristol	SOC	104.0	2008-09	Being finalised												10.4	15.6	31.2	31.2	15.6			104.0
Taunton & Somerset	SOC	80.0	2008-09	Being finalised												8.0	12.0	24.0	24.0	12.0			80.0
North Bristol/South Gloucestershire	SOC	317.0	2008-09	Being finalised												31.7	47.6	79.3	63.4	63.4	31.7		317.0
South Devon Healthcare	SOC	163.0	2007-08	Being finalised											16.3	24.5	48.9	48.9	24.5				163.0
Taunton & Somerset	OBC	20.7	07/08/2006	01/05/2008										2.1	13.5	5.2							20.7
Avon & Western Wiltshire Mental Health	OP	83.0	01/03/2004	13/06/2006								8.3	20.8	37.4	16.6								83.0
Salisbury Healthcare	OP	24.1	04/03/2004	19/05/2006								2.4	15.7	6.0									24.1
Mid Devon PCT	OP	10.4	01/07/2002	25/05/2004						1.0	6.8	2.6											10.4
Gloucestershire Royal	OP	32.0	01/05/2002	30/11/2004						3.2	20.8	8.0											32.0
Cornwall Healthcare	OP	10.2	31/10/2000	01/06/2002				1.0	6.6	2.6													10.2
Swindon & Marlborough	OP	100.2	05/10/1999	03/12/2002			10.0	15.0	30.1	30.1	15.0												100.2
TOTAL		1,553.6			0.0	0.0	10.0	16.1	36.7	36.9	42.6	21.3	36.4	45.4	46.4	100.6	195.4	306.1	305.8	202.4	111.7	40.0	1,553.6
<i>Schemes with capital cost between £1m-£10m</i>																							
TOTAL		16.8			2.5	2.3	1.6	1.8	0.8	2.8	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.8
OVERALL TOTAL FOR PFI		1,570.4			2.5	2.3	11.6	17.9	37.5	39.7	47.6	21.3	36.4	45.4	46.4	100.6	195.4	306.1	305.8	202.4	111.7	40.0	1,570.4

2.3.2 Could the Department detail increases to the capital cost of PFI schemes and comment on any increases over 10%? (Q13)

ANSWER

The information requested is given in **Table 13a** to **Table 13j**.

Table 13a

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>North East</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
Tees, Esk & Wear Valleys	73.0	78.0	78.0	6.8%	N/A
Northumberland, Tyne & Wear	50.0	50.0	50.0	0.0%	0.0%
Langaugh PCT	40.0	N/A	40.0	0.0%	N/A
Tees, Esk & Wear Valleys/Derwentside PCT	40.0	N/A	40.0	0.0%	N/A
Total North East	203.0	128.0	208.0		

Comment on any increases over 10% since last year

None

Table 13b

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>North West</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
St Helens & Knowsley	229.8	380.1	338.0	47.1%	- 11.1%
Salford Royal Hospitals	114.0	190.0	190.0	66.7%	0.0%
Tameside & Glossop	41.0	114.7	109.3	166.6%	- 4.7%
Aintree Hospitals	50.0	50.0	42.2	- 15.6%	- 15.6%
Mersey Care	120.0	120.0	170.0	41.7%	41.7%
Royal Liverpool Children's Hospital	300.0	300.0	300.0	0.0%	0.0%
Royal Liverpool University Hospital	500.0	500.0	500.0	0.0%	0.0%
Blackpool PCT	51.0	N/A	51.0	0.0%	N/A
Total North West	1,405.8	1,654.8	1,700.5		

Comment on any increases over 10%

St Helens & Knowsley Hospitals

OBC costs	229.8
Exclusion of Primary Care Elements (inc Newton, Millennium Centre, Elyn Lodge)	- 21.8
Consumerism/Capacity Planning/Service changes	17.8
Additional on cost items (inc Highways, drainage, contamination)	15.8
Functional content changes	18.4
Exclusion of IT elements	- 6.1

Equipment requirements	16.5
Inflation Adjustment	47.1
Indexation to MIPS 415 (VOP)	62.6
Revised PSC costs (inc VAT)	380.1
150 beds and two theatres shelved for possible future use at Whiston Hospital. Top floor of diagnostic and treatment centre and two theatres shelved for possible future use at St Helens.	-42.1
Final Capital cost at financial close	338

Salford

SOC cost	114
Building Inflation	12
Improving the patient experience	10
Estates standard	9
A&E	4.1
Shift to HDU beds	3.8
Post acute bed	2.5
Neonatal & Childrens	2.2
On costs	18.3
Ceiling limits	1.5
Decked car park	4
Equipment	4.6
Contingency	3.9
Reduction in VAT free costs	3.1
Increase in Health and Social centre costs	3.3
Withdrawal of HSCCs from scheme costs (now being procured under NHS LIFT)	-19.4
Reconciliation	-3.2
Reduction of new build following review in 2003	-3.6
395	16.1
Acute wards, Childrens Unit omitted	-16.0
Research—retained in existing	-4.0
Womens—retained in existing (previously adapted)	-6.0
General changes in dermatology/diabetes etc	-8.2
Inflation to out-turn	38.0
Planned out-turn capital value	190.0

The recently announced re-appraisal value of £112 million represented the PFI element of the scheme at a present MIPS level. The £190 million is the whole scheme cost including publicly funded elements at outturn MIPS.

Tameside & Glossop

SOC cost	41.0
Improving the Patient Experience/modernisation	18.3
Equipment	3.5
Renal	1.0
MRI	1.6
Ophthalmology	4.2
NBI growth	4.5
EMI	10.1
Total OBC	84.2

Increase in MIPS from 395 to 425	7.4
Original scheme at MIPS 425	91.6
Reduction in scheme content	-8.3
Revised scheme at MIPS 425	83.3
Inflation adjustment to out-turn	30.5
Planned out-turn capital value	114.7

This scheme had a PFI re-appraisal value of £68 million. This represented the PFI only elements of the scheme. £109.3 million is the total post re-appraisal capital cost including publicly funded elements.

Aintree Hospitals

£50 million was the Aintree element of the original Pan-Merseyside SOC (2004). Once the constituent parts were separated, Aintree emerged with a SOC of £42 million.

Mersey Care

£120 million was the Mersey Care element of the original Pan-Merseyside SOC (2004). The same value expressed at an outturn price basis plus VAT is £170 million. This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Table 13c

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>Yorkshire & the Humber</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
Mid Yorkshire Hospitals	164.1	265.7	280.0	70.6%	5.4%
Hull & East Yorkshire Hospitals (Oncology)	37.6	63.6	67.0	78.2%	5.3%
Leeds Teaching Hospitals—Childrens	229.0	260.0	260.0	13.5%	0.0%
Total Yorkshire & the Humber	430.7	589.3	607.0		

Comment on any increases over 10%

Mid Yorkshire Hospitals

Capital cost at SOC stage	164.1
Increase relating to the NHS Estates Departmental Cost Allowance Guides (DCAGs) taking into account the new principles in order to produce a better patient environment	23.3
Changes in functional content	12.6
Additional scope and space requirements	3.2
MIPS to present base	80.9
Increase at BAFO stage	21.4
Decreases post preferred bidder	-17.6
Other reductions	-7.9
Current Capital value	280

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Hull and East Yorks

Capital cost at SOC stage	37.6
Improving the patient environment	2.9
Increased linear accelerators (3 to 6)	6.1
Inflation	9.2
Undergraduate teaching accommodation	1.2
Reprovision of boiler house	1.5
Other functional and infrastructure changes	1.4
Increase in planning contingency	0.3
Increased equipment costs	0.8
MIPS increases	6.0
	67

Leeds Teaching Hospitals

Addition of Optimism bias

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Table 13d

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>East Midlands</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ million</i>	<i>£ million</i>	<i>£ millions</i>		
Sherwood Forest Hospitals	66.0	296.0	326.0	393.9%	10.1%
University Hospitals of Leicester	286.0	574.0	711.0	148.6%	23.9%
Northamptonshire Healthcare	19.5	31.2	35.8	83.6%	14.7%
Derbyshire Mental Health	31.6	28.5	29.4	-7.0%	3.2%
East Lincolnshire PCT	24.1	24.1	26.0	7.9%	7.9%
Leicestershire Partnership	52.0	67.2	50.0	-3.8%	-25.6%
Melton, Rutland & Harborough PCT	30.00	N/A	32.0	6.7%	N/A
Hinckley & Bosworth PCT	36.0	N/A	36.0	0.0%	N/A
Total East Midlands	545.2	1,021.0	1,246.2		

Comments on any increases over 10%

Sherwood Forest Hospital

including emergency care and pathology, development of the clinical design, inclusion of backlog maintenance, equipment requirements and increasing car park capacity and indexation.

University Hospitals of Leicester

UHL Pathway project initially increased by 56.3% since SOC approval. This was due to a number of factors: the application of “improving the patient environment” standards, inflation and the inclusion of the reprovision of academic space due to be replaced within the PFI, design development costs and MIPS.

Last years figures of £574 million was the Public Sector Comparator Cost at preferred bidder stage which equates to a PFI outturn cost of £761 million. Building cost inflation and RPI increases for the two years slippage in forecast financial close took the cost to £906 million from which the PFI reappraisal exercise cut almost £200 million.

Northampton Healthcare

Change due to MIPS inflation and variations to scheme regarding Low Secure accommodation and car parking.

Leicestershire Partnership

Currently in the process of drafting an OBC and refining the required scope of the scheme.

Table 13e

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>West Midlands</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
University Hospital of North Staffordshire	224.0	391.3	272.0	21.4%	-30.5%
University Hospitals Birmingham	291.0	696.0	627.0	115.5%	-9.9%
Royal Wolverhampton	110.0	317.0	317.0	188.2%	0.0%
Walsall Hospitals	43.0	164.5	140.9	227.7%	-14.3%
Sandwell & West Birmingham Hospitals	591.0	591.0	500.0	-15.4%	-15.4%
Total West Midlands	1,259.0	2,159.8	1,856.9		

Comments on any increases over 10%

North Staffordshire Hospitals

The increase from £224 million to £391.3 million was a result of:

- Uplift from MIPS 345 to MIPS 415.
- Inclusion of expansion and education space.
- Adjustment to outturn prior level.

As a result of the PFI re-appraisal the value of the scheme was cut to £272 million.

University Hospitals Birmingham

The change from £291 million to £696 million was as a result of MIPS Increases (including shift to outturn MIPS reporting), Additional carparks and miscellaneous works including Trend Growth, enhanced external façade, extra curtain walling, comfort cooling, patient hotel etc.

The figure quoted last year of £696 million was the Public Sector Comparator. The actual final outturn capital cost to the private sector plus publicly funded elements (which is calculated on a different basis) at financial close was £627 million. This compares to a figure of £637 million immediately before the PFI re-appraisal ie it resulted in a fall to the capital cost of approximately £10 million.

Walsall Hospitals

Initial increases from £43 million to £164.5 million was due to MIPS and the inclusion of the Multi Professional Education Scheme in PFI (previously a separate scheme). As a result of the PFI re-appraisal the capital value has fallen to £140.9 million.

Sandwell & West Birmingham Hospitals

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Table 13f

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>East of England</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
Peterborough & Stamford Hospitals	135.0	381.0	307.0	127.4%	-19.4%
Mid Essex hospitals—Chelmsford	80.0	186.0	186.0	132.5%	0.0%
Ipswich Hospital	24.9	35.0	36.1	45.0%	3.1%
Billericay, Brentwood & Wickford PCT	20.0	25.8	30.0	50.0%	16.3%
South Essex Partnership	29.9	29.9	29.9	0.0%	0.0%
Papworth Hospital	148.0	148.0	148.0	0.0%	0.0%
Southend Hospital	100.0	100.0	100.0	0.0%	0.0%
East & North Hertfordshire ¹	550.0	N/A	550.0	0.0%	N/A
West Hertfordshire Hospitals ¹	330.0	N/A	330.0	0.0%	N/A
Total East of England	1,417.8	905.7	1,717.0		

1. Single £880 million scheme in Hertfordshire has now been split into two separate schemes.

Comment on any increases over 10%

Peterborough

The original increase from £135 to £381 million was a result of the inclusion of new DCAGs for “improving the patient environment”, expansion of cancer, renal and neo-natal intensive care services, inclusion of £23.8 million Mental Health scheme and change to outturn MIPS. Last years figure of £381 million represented the PSC value of the Acute element only. The PFI value of all three elements (Acute, Mental Health and Intensive Care Centre) is £307 million.

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Ipswich

Capital cost now based on outturn MIPS.

Billericay, Brentwood & Wickford

Capital cost now based on outturn MIPS.

Table 13g

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>London</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
Barts & The London	620.0	1,128.0	1,000.0	61.3%	- 11.3%
North Middlesex	73.0	108.0	108.0	47.9%	0.0%
Barnet & Chase Farm	41.0	79.8	40.0	- 2.4%	- 49.9%
Whipps Cross	184.0	328.0	328.0	78.3%	0.0%
North West London Hospitals— Northwick Park	305.0	305.0	305.0	0.0%	0.0%
Royal National Orthopaedic Hospital	121.0	121.0	144.0	19.0%	19.0%
Hillingdon Hospital	314.9	337.9	337.9	7.3%	0.0%
Total London	1,658.9	2,407.7	1,934.9		

Comments on any increases over 10%

Barts and the London

The Barts and The London OBC was approved at a cost of £462 million. The figure reported previously (£620 million) included an estimate for building cost inflation, due to the complexity and duration of the scheme. The increase to the current forecast outturn is explained as follows:

	£m
OBC approved capital cost (MIP295)	462
Changes in scope of project (MIP295)	237
Building cost inflation	429
Current forecast outturn cost (equivalent to MIPS 460)	1,128
Mothballing of three floors and removal of refurbishment components	128
Final outturn capital cost at financial close	1,000

It should be noted that the increase from £620 million to £1,128 million was the cumulative increase over the last four years since the OBC was approved but prior to the decreases arising from the PFI re-appraisal exercise.

North Middlesex Hospital NHS Trust

The main reason for the increase is the 18% increase in out-turn inflation of £13.2 million due to upwards revision of MIPS indices since OBC. Pressures on accommodation requirements, including the issue of new building standard notes has resulted in an increase in functional content of £4.8 million, or 4.6%. The active switching element of IT—£1.2 million—was expected to be funded directly by the Trust, however there is insufficient block capital funding available. The overall increase in the net cost of equipment is £3.7 million. The scheme also now includes Ophthalmology—£1.7 million, which the PCTs have asked to be included but was not in the original OBC, and approximately 2,200 m² of shell space—£3.0 million. In addition, a separate Business Case for a new energy centre and 100% standby generation facility for the site which is now part of the project scope was approved in July. This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Barnet & Chase Farm

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Scheme costs increased from the £184 million which appeared in its SOC to the £328 million in its approved OBC. This was due to changes in the MIPS index, change in location factor and the consequent increases in associated costs (fees, contingencies etc) and taking into account the full improving the patient experience and revised space standards.

Due to the withdrawal of one of the bidders and affordability concerns, the trust decided in June 2006 not to proceed with the scheme as currently configured. A new OBC is now being prepared based on a phased development which will be submitted to DH when ready. The scheme will not therefore be part of the PFI re-appraisal process.

Royal National Orthopaedic Hospital

The £121 million value quoted last year was the value of the preferred option in the original SOC. This rose to £153 million in the first draft OBC to reflect changing MIPS levels and then to £170 million in the second draft OBC for the same reason. The value has now been rescoped with a reduced value of £144 million.

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Table 13h

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>South East Coast</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
Maidstone & Tunbridge Wells	175.0	427.6	427.6	144.3%	0.0%
Total South East Coast	175.0	427.6	427.6		

Comments on any increases over 10% since last year

Maidstone & Tunbridge Wells

MIPS, VAT and optimism bias.

This scheme is subject to the PFI re-appraisal process and has not yet been reviewed. The final agreed scope and capital cost are not known at present.

Table 13i

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>South Central</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
Portsmouth Hospitals	127.7	193.0	236.0	84.8%	22.3%
Oxford Radcliffe Hospitals—Cancer	60.0	129.0	129.0	115.0%	0.0%
Southampton	52.0	80.0	69.0	32.7%	-13.8%
Heatherwood & Wexham Park Hospitals	550.0	550.0	200.0	-63.6%	-63.6%
Total South Central	789.7	952.0	634.0		

Comments on any increases over 10%

Portsmouth Hospitals

The change in capital value from £127 million to £193 million was a result of:

Impact of change from MIPS 378 to MIPS 415.

Additional 20 Maternity beds.

Impact of building regulations.

The value quoted last year of £193 million was not Outturn. Final outturn value of scheme is £236 million.

Oxford Radcliffe

Capital cost at MIPS 325	60.0
Elderly care scheme added	27.2
Elderly scheme subsequently removed	– 27.2
Uplift from MIPS 325 to 438	20.8
Addition of variant proposals; Private patents, Theatres, PET/MRI build	19.1
00046timism bias and VAT	29.3
Final Capital cost at Financial close	129.2

Southampton

The change in capital value from £52 million to £80 million is the result of MIPS and a 15% contingency been applied to the SOC. The latest capital value of the draft OBC is £69 million.

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Heatherwood & Wexham

The figure of £550 million represented the most costly option in the initial Strategic Outline Case. £200 million represents scaled down plans which feature in the schemes draft OBC.

This scheme is part of the PFI re-appraisal exercise and is in the process of being reviewed; scope and capital cost are therefore subject to further change.

Table 13j

INCREASES TO THE CAPITAL COST OF PFI SCHEMES

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
<i>South West</i>	<i>Capital Cost at OBC Stage</i>	<i>Capital Cost Reported Last Year</i>	<i>Capital Value This Year</i>	<i>% Increase Since OBC Stage</i>	<i>% Increase Since Last Year</i>
	<i>£ millions</i>	<i>£ millions</i>	<i>£ millions</i>		
Taunton and Somerset—Cardiac	16.0	18.0	20.7	29.4%	15.0%
South Devon	65.0	341.2	163.0	150.8%	– 52.2%
Taunton & Somerset	75.0	75.0	80.0	6.7%	6.7%
Plymouth Hospitals	200.0	200.0	209.0	4.5%	4.5%
Plymouth Hospitals	400.0	400.0	400.0	0.0%	0.0%
North Bristol/South Gloucestershire	310.0	310.0	317.0	2.3%	2.3%
Total South West	1,066.0	1,344.2	1,189.7		

Comments on any increases over 10%

Taunton & Somerset

Increase from MIPS 325 to MIPS 489

SOC value

65

The figure of £65 million was the anticipated cost at the SOC stage. the SOC for Torbay was focused on an improvement in Surgical Services and A&E only and the refurbishment of 15,600m² of existing buildings. Following the SOC and as a consequence of a review of the Torbay site conducted by external advisers to the NHS Estates Design Panel, it was recognised that this solution was impractical due to the fragmented nature of previous developments on this site. Consequently a wider review of the services provided on site was undertaken which resulted in the recognition of the need for a more comprehensive development at Torbay, which reflected the objectives of the NHS Plan.

130

In carrying out this further evaluation it was also possible to include many of the items included in “Improvements to the Patient Environment” agenda, which had not been reflected in the original review.

42

The SOC at Newton Abbot had an allowance for the purchase of industrial land at a cost of £0.9 million which was subsequently rezoned and re-valued at £2.5 million.

1.6

Additionally, with the review of the services at Torbay it was recognised that a number of these services would be more appropriately located at Newton Abbot.

11.4

The movement in MIPS to take us from current cost, which the estimate last year was based on, to outturn cost when the hospital has completed its £76 million.

76

In addition some further minor amendments were made to the scheme to incorporate the Breast Care Unit, the TAIRU Unit and Occupational Therapy Building. Previously the services provided in these areas were not being included within the PFI project.

6

In addition the figure submitted last year of £250 million was an estimated figure prior to the completion of an OBC which was completed and signed off by the SHA in May of this year. The work conducted for the OBC provided a more accurate costing and movement in capital cost of £9 million.

9

Value quoted last year

341

Since last year, rescoping work had already cut the scheme to £222 million from which the PFI reappraisal exercise subsequently reduced the value further to £163 million.

2.3.3 *Could the Department provide an update of Tables 5.3.5, showing for projects over £25 million in value, a comparison between the PFI price and the publicly financed option? The publicly financed comparator’s costings should be broken down into (a) basic construction contract, distinguishing pre-implementation and post-implementation costs, (b) the value of risk adjustment, again distinguishing pre-implementation and post-implementation costs, in both £m and percentage terms, and (c) the final total real full-life cost of both options. (Q14)*

ANSWER

1. The information requested is given in **Table 14a** to **Table 14h**.

Table 14a

BILLERICAY, BRENTWOOD AND WICKFORD PCT

Phase of project	Publicly funded option			PFI option		
	NPC (£ millions)	Risk (£ millions)	Risk (%)	NPC (£ millions)	Risk (£ millions)	Risk (%)
Pre-implementation	40.6	2.6	6.4	n/a	0.4	n/a
Post-implementation	32.0	8.3	25.9	n/a	1.9	n/a
Total	72.6	10.9	15.0	79.4	2.3	2.9
Risk adjusted total	83.5			81.7		

Table 14b

IPSWICH HOSPITAL

Phase of project	Publicly funded option			PFI option		
	NPC (£ millions)	Risk (£ millions)	Risk (%)	NPC (£ millions)	Risk (£ millions)	Risk (%)
Pre-implementation	29.4	4.7	16.0	n/a	0.6	n/a
Post-implementation	30.2	6.2	20.5	n/a	1.4	n/a
Total	59.6	10.9	18.3	67.3	2.0	3.0
Risk adjusted total	70.5			69.3		

Table 14c**BARTS AND THE LONDON**

<i>Phase of project</i>	<i>Publicly funded option</i>			<i>PFI option</i>		
	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>
Pre-implementation	3,884.0	230.0	5.9	3,395.0	80.5	2.4
Post-implementation	3,929.0	67.0	1.7	4,314.0	26.0	0.6
Total	7,813.0	297.0	3.8	7,709.0	106.0	1.3
Risk adjusted total	8,110.0			7,815.0		

Table 14d**ST HELENS AND KNOWSLEY HOSPITALS**

<i>Phase of project</i>	<i>Publicly funded option</i>			<i>PFI option</i>		
	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>
Pre-implementation	1,204.2	29.1	2.4	n/a	1.6	n/a
Post-implementation	2,729.6	67.8	2.5	n/a	28.4	n/a
Total	3,933.8	96.9	2.5	3,950.6	30.0	0.8
Risk adjusted total	4,030.7			3,980.6		

Table 14e**HULL & EAST YORKSHIRE HOSPITALS**

<i>Phase of project</i>	<i>Publicly funded option</i>			<i>PFI option</i>		
	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>
Pre-implementation	62.4	6.5	10.4	n/a	1.2	n/a
Post-implementation	524.7	6.7	1.3	n/a	0.8	n/a
Total	587.1	13.2	2.2	594.6	2.0	0.3
Risk adjusted total	600.3			596.6		

Table 14f**SHERWOOD FOREST HOSPITALS**

<i>Phase of project</i>	<i>Publicly funded option</i>			<i>PFI option</i>		
	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>
Pre-implementation	995.2	24.4	2.5	n/a	4.1	n/a
Post-implementation	2,631.4	73.7	2.8	n/a	16.2	n/a
Total	3,626.6	98.1	2.7	3,638.5	20.3	0.6
Risk adjusted total	3,724.7			3,658.8		

Table 14g

PORTSMOUTH HOSPITALS

<i>Phase of project</i>	<i>Publicly funded option</i>			<i>PFI option</i>		
	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>
Pre-implementation	193.1	18.3	9.5	n/a	4.0	n/a
Post-implementation	154.2	56.3	36.5	n/a	20.3	n/a
Total	347.3	74.6	21.5	380.7	24.3	6.4
Risk adjusted total	421.9			⁽¹⁾ 405.0		

Footnotes:

1. Portsmouth is the second of two pilot schemes to sign that utilises the Credit Guarantee Finance (CGF)
2. Under CGF, instead of the private sector raising the money through traditional bond or bank debt finance, the government provides the project funding (senior debt) through issuing Government gilts. Benefits are that Government gilts are always cheaper than private sector borrowing. The private sector still retains the financial risks on the projects for which it adds a premium.

Table 14h

OXFORD RADCLIFFE HOSPITALS

<i>Phase of project</i>	<i>Publicly funded option</i>			<i>PFI option</i>		
	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>	<i>NPC</i> <i>(£ millions)</i>	<i>Risk</i> <i>(£ millions)</i>	<i>Risk (%)</i>
Pre-implementation	170,946.0	19,032.0	11.1	n/a	3,152.0	n/a
Post-implementation	491,385.0	26,168.0	5.3	n/a	1,597.0	n/a
Total	662,331.0	45,200.0	6.8	697,935.0	4,749.0	0.7
Risk adjusted total	707,531.0			702,654.0		

2.3.4 What is the value of annual unitary payments made in the latest available year for each PFI scheme in operation? what is the Reference Cost Index (excluding Market Forces Factor) position of each trust, where the England average equals 100? (Q15)

ANSWER

1. The information requested is given in **Table 15**.

Table 15

UNITARY PAYMENTS AND REFERENCE COSTS FOR LATEST AVAILABLE YEAR

<i>Scheme</i>	<i>Operational date</i>	<i>Unitary payment (£m) 2006–07</i>	<i>2004–05 Organisation-wide index including excess bed days⁽¹⁾</i>
Avon & Western Wiltshire MH NHS Trust	13/06/2006	6.3	97
Barnet and Chase Farm Hospitals NHS Trust	02/03/2002	15.1	112
Berkshire Healthcare NHS Trust	29/04/2003	4.5	96
Birmingham & Solihull Mental Health NHS Trust	18/03/2002	6.4	101
Brent PCT	21/04/2005	2.9	110
Bromley Hospitals NHS Trust	29/03/2003	20.1	100
Buckinghamshire Hospitals NHS Trust	17/10/2000	11.6	101
Buckinghamshire Hospitals NHS Trust—Stoke Mandeville	15/04/2006	8.6	
Cornwall Partnership NHS Trust	01/06/2002	2.7	100
County Durham & Darlington Acute Hospitals NHS Trust—Bishop Auckland	08/06/2002	9.3	98
County Durham & Darlington Acute Hospitals NHS Trust—Chester-le-street	30/05/2002	2.2	

<i>Scheme</i>	<i>Operational date</i>	<i>2004–05</i>	
		<i>Unitary payment (£m) 2006–07</i>	<i>Organisation-wide index including excess bed days⁽¹⁾</i>
County Durham & Darlington Acute Hospitals NHS Trust—Dryburn	02/04/2001	13.5	
Dartford and Gravesham Hospital NHS Trust	11/09/2000	20.5	96
Doncaster & South Humber Healthcare NHS Trust	06/06/2005	1.8	96
Dudley Group of Hospitals NHS Trust	01/04/2005	18.2	95
East Lancashire Hospitals NHS Trust—Blackburn	08/07/2006	8.5	96
East Lancashire Hospitals NHS Trust—Burnley	23/05/2006	3.1	
East London & the City Mental Health NHS Trust	11/06/2002	1.6	130.2
Guildford & Waverley PCT	01/11/2003	3.2	79
Hereford Hospitals NHS Trust	01/03/2002	11.9	97
Hull and East Yorkshire Hospitals NHS Trust	29/03/2003	2.2	97
King's College Hospital NHS Trust	07/10/2002	18.3	118
Leeds Mental Health Teaching NHS Trust	16/12/2002	9.1	104
Leeds Teaching Hospitals NHS Trust—Wharfedale	04/11/2004	1.8	111
Mid Devon PCT	25/05/2004	1.4	95
Newbury & Community PCT	01/03/2004	3.2	110
Northumberland, Tyne & Wear NHS Trust	15/05/2006	5.0	97
Newham Healthcare NHS Trust	08/07/2006	11.2	110
Norfolk and Norwich Health Care NHS Trust	21/09/2001	42.7	98
North Cumbria Acute Hospitals NHS Trust	10/04/2000	15.1	98
North East London Mental Health NHS Trust	04/03/2002	1.3	98
North Kirklees PCT	14/11/2005	2.1	72
North Staffordshire Combined Healthcare NHS Trust	01/09/2001	3.9	94
North West London Hospitals NHS Trust	19/03/2006	7.1	109
Nottingham University Hospitals NHS Trust—Queens Medical Centre	01/10/2000	3.0	88
Queen Elizabeth Hospital NHS Trust	28/02/2001	21.1	113
Queen Mary's Hospital Sidcup NHS Trust	30/03/2000	2.1	102
Royston, Buntingford & Bishops Stortford PCT	28/04/2003	2.0	117
Salisbury Health Care NHS Trust	19/05/2006	2.5	88
Sandwell & West Birmingham Hospitals NHS Trust	28/11/2005	3.2	98
South Manchester University Hospitals NHS Trust	25/07/2001	22.2	96
South Tees Acute Hospital NHS Trust	01/08/2003	28.2	101
St George's Healthcare NHS Trust	11/09/2003	7.8	123
Sussex Partnership NHS Trust	31/01/2001	4.0	96
Swindon & Marlborough NHS Trust	03/12/2002	19.5	106
Tees, Esk & Wear Valleys NHS Trust—West Park	13/12/2004	0.8	98
The Royal Wolverhampton Hospitals NHS Trust	23/06/2003	3.3	106
University Hospitals Coventry & Warwickshire NHS Trust	10/07/2006	41.0	98
Wandsworth PCT	10/03/2006	10.2	132
West Middlesex University Hospital NHS Trust	16/05/2003	11.0	128
Worcestershire Acute Hospitals NHS Trust	18/03/2002	23.4	102
Total unitary payments made in 2006–07		501.9	

Footnotes:

1. Latest available year.
2. Specific data issues highlighted by organisation.
3. Information is not provided for Foundation Trusts.

2.3.5 *Could the Department list PFI schemes subject to an increase in the unitary fee, including the increases and explanation of them? (Q16)*

ANSWER

1. The information requested is given in **Table 16**.

Table 16
INCREASE IN UNITARY FEE DURING THE LAST YEAR

<i>Trust</i>	<i>Unitary fee at FC £000</i>	<i>Revised Unitary Fee £000</i>	<i>% change</i>	<i>Reason</i>
Worcestershire Acute Hospitals	19,399	23,481	21.0	Additional services extended to Newtown Site; additional equipment and other design and building changes required by the Trust.
Barking, Havering & Redbridge Hospitals	31,003	36,103	16.5	The original baseline figure was quoted at a April 2002 price basis but the scheme actually signed in January 2004. Present unitary payment figures have therefore been put on a 2002 price basis to enable an accurate statement of increases caused by variations. The £5.1 million increase is due to the effects of increased FM costs arising from enhanced NHS pay and conditions from Agenda for Change per RoE staff (£1.2 million), the effects of Capital Variations to the build (£1.8million) and for the need to revise upwards the level of equipment required in the Managed Equipment Service (£2.1 million). The capital variations were anticipated at financial close and related to the fitting out of "shell" space as inpatient ward areas. These were financed by a variation bond.
South Tees Hospital	21,935	24,760	12.9	Expansion of Cardio facilities, soft/hard FM increases in service, Academic centre.
South Manchester University Hospital Trust	19,754	21,768	10.2	The increase from last year is to reflect the fact that the payment profile is uneven and has therefore been smoothed in the Trust accounts (as agreed with the trusts External Auditors). £21,768 million is the amount reported in the year end accounts.
Hereford Hospitals	9,690	10,482	8.2	Additional services and upgrade costs required by the Trust.
King's Healthcare	17,989	19,209	6.8	Since last year a further £398k has been added to the unitary payment for pay harmonisation.
Wandsworth PCT—Queen Mary's Roehampton	9,700	10,187	5.0	Increases this year are to reflect the increase in TUPE/ROEd transferred staff costs due to Agenda for Change and Supperannuation.
Queen Elizabeth Hospital	16,649	17,460	4.9	The figure of £18.2 million presented last year was at an incorrect price basis and has now been readjusted to prices at FC. In addition, minor adjustments have been made since last year relating to reduced services to the education centre (–£27k), increased linen/laundry services for patient patient volume (+£22k), reduced volume on snack boxes (–£10k), increased catering charges relating to patient volumes (+£59k), additional for security (+£5k), additional wall washing (+£86k) and additional waste relating to patient volumes (+£19k).
University Hospitals Coventry & Warwickshire	50,211	52,513	4.6	In this first negotiation of the new Retention of Employment (ROE) model, trust accepted risk that Whitley pay rises would exceed RPI. Capital contract variations to include equipment on Digital Equipment package and other woks variations with a net revenue impact in unitary charge.
Dudley	26,727	27,277	2.1	0.9% Pathology Contract variation; Extension of IT services
East Lancashire Hospitals—Blackburn	11,653	11,864	1.8	Minor variations
Cambridge University Hospitals	6,295	6,351	0.9	In addition to the Comfort cooling systems identified last year there have been subsequent increases for a Surgeons Theatre Panels upgrade and Endoscopy Wash room upgrade.
Avon & Wilshire Mental Health	6,730	6,783	0.8	Minor variation at Fromeside Unit
East Lancashire Hospitals—Burnley	3,132	3,138	0.2	Minor variations
Barnet & Chase Farm Hospitals	16,679	15,075	–9.6	Since last year, the increases previously reported have been offset by the exclusion of the managed IM&T service within the contract. This has been brought back in-house to facilitate an intergrated IM&T service between the two Trust sites and to ensure congruence with the roll out of the Connecting for Health offerings.

2.4 Primary Care

2.4.1 Could the Department list all NHS LIFT schemes and their expected capital costs? (Q17)

ANSWER

The information requested is given in **Table 17**.

Table 17
NHS LIFT SCHEMES

£ millions

<i>LIFT Scheme</i>	<i>Financial close date</i>	<i>LIFT Company</i>	<i>Capital cost of tranche 1</i>	<i>Capital cost of tranche 2</i>	<i>Capital cost of tranche 3</i>	<i>Capital cost of tranche 4</i>	<i>Buildings open to patients</i>
1st Wave							
Barnsley	30/01/2004	Global Solutions/Babcock & Brown	13.12				Goldthorpe—Dec 2004 Worsbrough—Oct 2004 Thurnscoe—Nov 2004
Camden & Islington	16/07/2004	Community Solutions for Primary Care Ltd	3.5	3.6			Hanley Road—June 2005 Bingfield Street—August 2005
East London	01/05/2003	Global Solutions/Babcock & Brown	24.5	19			The Centre Manor Park—Sept 2004 Boleyn Centre, Barking Road—August 2005 Special Addiction Unit, Mile End—March 2006
Manchester, Salford & Trafford	01/07/2004	Excellcare	18.4	13	12.7		Douglas Green Centre, Salford—Nov 2005 Partington—January 2006 Benchill—January 2006
Newcastle and North Tyneside	11/05/2004	Robertson	13.4				Wythenshawe—May 2006 Brunton Park—March 2005 Shiremoor—March 2005 Walker—June 2005
Sandwell	15/01/2004	Excellcare	7.4	2.4			Kenton—September 2005 Birmingham Rd Health Centre—March 2005 Oldbury Health Centre—May 2005 Whiteheath—September 2005
Total capital cost wave 1			80.32	38	12.7	0	
2nd Wave							
Barking & Havering	04/12/2004	Primaria	46.7				Thamesview—April 2005 Broad Street—June 2005 Harold Hill Centre—Oct 2005 (partially open) Church Elm Lane, Dagenham—Nov 2005 Cranham—December 2005 South Hornchurch—April 2006 Marks Gate—June 2006 Chelmsley Wood—July 2005 Woodgate Valley—July 2005 Low Moor—January 2006 (partially open) Westbourne Green—March 2006 Liskeard Health Centre—June 2005 Roche Health Centre, Bodmin—Dec 2005 Longford Primary Care Centre—April 2006 Keresley Green Medical Centre—April 2006
Birmingham & Solihull	21/07/2004	Birmingham & Solihull Solutions	6.3	4.7			Bacup—March 2005 Nelson—May 2005 Darwen—June 2005
Bradford	19/10/2004	B & N Group Ltd	14.8				
Cornwall & Isles of Scilly	24/05/2004	1st Health Solutions	3.46				
Coventry	08/12/2004	GB Consortium	7				
East Lancashire	24/10/2003	Eric Wright Group	23	18.95	1.4	14.79	

Table 17 (continued)
NHS LIFT SCHEMES

£ millions

<i>LIFT Scheme</i>	<i>Financial close date</i>	<i>LIFT Company</i>	<i>Capital cost of tranche 1</i>	<i>Capital cost of tranche 2</i>	<i>Capital cost of tranche 3</i>	<i>Capital cost of tranche 4</i>	<i>Buildings open to patients</i>
Hull	20/09/2004	Sewell	6.8	2.1			Marfleet—September 2005 Newlington—February 2006
Leicester	18/08/2004	Excellcare	8.9	6.5			Narborough Road Medical Practice—Nov 2005
Liverpool & Sefton	18/06/2004	GB Consortium	10.64	16.2			Ainsdale—June 2005 West Everton—July 2005 Litherland—September 2005 (partially open)
Medway	15/12/2005	Ryhurst	18.2				Packmoor—April 2006
North Staffordshire	03/02/2005	Prime	6.9	6			Comely Bank, Waltham Forest—Sept 2005
Redbridge & Waltham Forest	05/08/2004	Ryhurst	15.06				Manford Way—September 2005 Wood Street, Waltham Forest—March 06
Total capital cost wave 2			167.76	54.45	1.4	14.79	
3rd Wave							
Ashton, Leigh & Wigan	31/01/2004	Eric Wright Group	17	13			Atherton—January 2005 Lower Ince—May 2005 Worsley Mesnes—June 2005 Kidglove—January 2006
Barnet, Enfield & Haringey	15/07/2004	GB Consortium	13.6	8			Vale Drive—December 2005 (Partially open) Forest Road—March 06
Brent, Harrow & Hillingdon	22/12/2004	Global Solutions / Babcock & Brown	17.5				Monks Park, Wembley—June 2006
Bristol	07/05/2004	Infracare (South West)	15.9	12.1			Fishponds Centre—June 2005 Hampton House—November 2005
Bromley, Bexley & Greenwich	01/03/2005	Global Solutions / Babcock & Brown	54.8				Colchester Primary Care Centre—April 2006
Colchester & Tendring	07/07/2004	Mill Group	35.8				Eden Surgery—August 2005
Derby	03/12/2004	Excellcare	16.8	24.8			The Lighthouse Chaddesden—March 2006 Long Eaton—May 2006
Doncaster	29/09/2005	Community Solutions for Primary Care Ltd	8.89				
Dudley	07/10/2005	Infracare (South West)	13.2				Cloister Road—February 2006
Ealing, Hammersmith & Hounslow	22/03/2005	Building Better Health	28.6				
East Hampshire, Fareham & Gosport	09/02/2005	Community Solutions for Primary Care Ltd	7.8				Rowner—December 2005
Greater Notts	14/06/2004	Excellcare	33.5				Oak Park Phase 1—March 2006 Carlton—January 2006 Stapleford—March 2006 Clifton Cornerstone—April 2006

Table 17 (continued)
NHS LIFT SCHEMES

£ millions

<i>LIFT Scheme</i>	<i>Financial close date</i>	<i>LIFT Company</i>	<i>Capital cost of tranche 1</i>	<i>Capital cost of tranche 2</i>	<i>Capital cost of tranche 3</i>	<i>Capital cost of tranche 4</i>	<i>Buildings open to patients</i>
Lambeth, Southwark & Lewisham	06/12/2005	Building Better Health	31				
Leeds	28/09/2004	Primaria	18.1	13.6			Armley—November 2005 Middleton—October 2005 Woodhouse—December 2005
Norfolk	21/05/2004	Guildhouse Investment Management	3.98	5			Parkside—January 2006 Plowright Medical Centre, Swaffham—May 2005 Sherringham Health Centre—August 2005
North Notts	01/12/2005	Excellcare	32				
Oldham	17/11/2004	1st Health Solutions	2.52	6			Moorside—February 2006
Oxford	29/11/2004	Infracare (South West)	16				The Leys Health Centre—January 2006
Plymouth	21/10/2004	Midas Sutton Harbour	14.6				Ernstelle Green—September 2005
Sheffield	13/10/2005	1st Health Solutions	5				
South West London	28/04/2005	Building Better Health	18.48				
St Helens, Knowsley, Halton and Warrington	20/10/2004	William Pears Family Holding	12.3	16.4			Tower Hill—December 05
Tees	13/10/2004	Bradford & Northern Group	7	10.1			Widnes Resource Centre—February 06 Lawson Street, Stockton—March 05
Wolverhampton	10/11/2004	Group 4 & Babcock & Brown	8				Phoenix Centre, Parkfields—January 2006 Gem Centre, Bentley Bridge—April 2006
Total capital cost wave 3			432.37	109	0	0	
4th Wave							
Bolton, Rochdale, Heywood and Middleton		OJEU—02/11/05	0				
Bury, Glossop and Tameside		OJEU—30/09/05	0				
Southend, Castle Point and Rochford		OJEU—19/05/05	0				
South East Midlands		OJEU—27/10/05	0				
South Midlands		OJEU—27/10/05	0				
South West Hampshire		OJEU—21/12/05	0				
Wiltshire		OJEU—	0				
Total capital cost wave 4			0	0	0	0	
Overall capital cost totals			910.79				

Footnotes:

1. This table represents data as at 30 June 2006.

2.4.2 What has revenue spending on GP premises been in each year since 1997–98? Could the Department comment on the consistency of this series? (Q18)

ANSWER

1. The data requested is given in **Table 18**.
2. In the main, revenue spend on GP premises is to support capital borrowed by GPs who build and own their own premises or invested by private landlords who rent the premises to GPs and their staff. In addition, revenue funding grants made to practices as a contribution towards the cost of improvements to premises; for example to build an extension to better deliver services.
3. As indicated in the table, spend on PMS premises was not collected until 2004–05 and the sharp decrease in the totals from 2001–02 reflects proportionate increased take-up of PMS. Whilst accurate comparisons cannot be made between pre and post 2004 data, around 40% of practices are covered by PMS and it is expected that a similar proportion will comprise total premises spend.

Table 18

REVENUE SPEND ON GP PREMISES SINCE 1997–98

<i>Year</i>	<i>£ millions</i>
1997–98	292.2
1998–99	319.3
1999–2000	321.5
2000–01	334.2
2001–02	302.5
2002–03	282.3
2003–04	270.4
2004–05 ⁽³⁾	577.0
2005–06 ⁽³⁾	661.0

Source:
PCT FIMS returns.

Footnotes:

1. Personal medical services (PMS) was introduced in 1998 and premises spend data not collected until 2004–05.
2. Sharp decrease in spend between 2001–02 to 2004–05 reflects proportionate increased take-up of PMS.
3. GMS and PMS allocations. Actual spend returns being validated.

2.5 Personal Social Services (PSS) Investment

2.5.1 Could the Department tabulate Local Authority Personal Social Services capital expenditure, broken down into maintenance and new acquisitions, and income, broken down into sale of buildings and sale of equipment, from 1997–98 to 2005–06? (Q19)

ANSWER

1. The information requested is given in Table 19.

Table 19

LOCAL AUTHORITY PERSONAL SOCIAL SERVICES CAPITAL EXPENDITURE AND INCOME 1997–98 TO 2006–07

	<i>£ millions</i>									
	<i>1997–98</i>	<i>1998–99</i>	<i>1999–2000</i>	<i>2000–01</i>	<i>2001–02</i>	<i>2002–03⁽²⁾</i>	<i>2003–04</i>	<i>2004–05</i>	<i>2005–06 (pro- visional)</i>	<i>2006–07 (pro- visional)</i>
Maintenance	11.8	10.9	10.4	12.3	12.5					
New acquisitions	138.2	129.1	123.6	143.7	145.5					
TOTAL SPEND	150	140	134	156.1	158.3	199.3	260.0	284.5	286.0	469.0
Sale of buildings	34.4	42.4	40.8	50	64.5					
Sale of equipment	8.6	10.6	10.2	12	5.5					
TOTAL RECEIPTS	43	53	51	63	70.4	75.0	74.5	77.0	75.0	126.0
NET SPEND	107.0	87.0	83.0	93.3	87.9	124.3	185.5	207.5	211.0	343.0

Source:
COR (Outturn to 2004–05), CPR4 (Provisional) and CER (Forecast) returns.

Footnotes:

1. Figures may not sum due to rounding.
2. From 2002–03 the breakdown between maintenance and new acquisitions and the sale of buildings is no longer available.

2.5.2 *What Personal Social Services PFI projects have been (a) approved and (b) given ministerial approval? Could details of value, approval date and completion date be included? (Q20)*

ANSWER

1. *The information requested is given in Table 20.*

2. The table shows, in alphabetical order, the PFI credits awarded to all the social care PFI schemes, including those that have reached financial close. Approval date and, where available, estimated completion date, are included.

3. In the 2005 HSC response, five schemes were noted as having bid. These (Birmingham, East Sussex, Medway, Tower Hamlets and Wolverhampton) all received Ministerial approval and are included in the table. They are currently undergoing the OBC approval stage, and will be applying for Treasury endorsement of the PFI credits award in the next few months.

4. The bidding round in 2005 also included the 2006–07 year in order to fund the five preferred bids. As this took up the bulk of the available funding, new bids will only be invited from 2007–08 onwards. It has not yet been decided whether this will be via a formal bidding round (as in 2005) or through ad hoc bids (as was the approach before 2005).

5. Ministerial approval is the first stage in the approvals process. A Local Authority may put forward a social care proposal to DH via either an Expression of Interest (EoI) or a Strategic Outline Case (SOC). If this meets the evaluation criteria, Ministerial approval of an initial allocation of PFI credits is given.

6. The second approval stage is approval by Treasury, and when social care projects have been approved, the award of the PFI credits by the DH Minister is formally endorsed. This approval is based on Outline Business Cases (OBC); the subsequent Full Business Case, prior to contract signature, is approved by the sponsoring department (ie DH) only. (However, if the amount requested for PFI credits increases, further Treasury endorsement may be necessary.)

Table 20
SOCIAL CARE PFI SCHEMES⁽¹⁾

<i>Council</i>	<i>Type of scheme</i>	<i>PFI credits (£ million)</i>	<i>Approved⁽²⁾</i>	<i>Completion date</i>
Birmingham	Four special care centres for older people	34.700	Oct 2005 (DH)	End 2008 ⁽³⁾
Coventry	New Homes for Older People	6.900	Oct 2003 (HMT)	24 March 2006 (contract signed)
Croydon	Older People	32.026	Sept 2004 (HMT)	September 2006
Dudley	Health and Social Care community resource centre.	1.500	1998–99	Contract signed 1999–2000 ⁽⁴⁾
Ealing	Resource Centres for Older People	24.200	Oct 2001	31 March 2005 (contract signed)
East Sussex	Four centres for older people's services	34.700	Oct 2005 (DH)	End 2008
Greenwich	Neighbourhood Resource Centres for Older People	23.900	Oct 2002 (HMT)	End 2004 (contract signed)
Hammersmith and Fulham	Nursing Care and Extra Care Housing for Older People	7.300	April 2001 (HMT)	End 2004 (contract signed)
Harrow	Care Services for Older People	2.400	1997–98 (HMT)	End 1999 (contract signed)
Harrow	Mixed Services for People with Learning Disability and Mental Health needs	10.000	2000 (HMT)	End 2001 (contract signed)
Hertfordshire	Children's Homes Project	19.400	June 2004 (HMT)	End 2007
Kent	Integrated Health and Social Care Services	9.100	Dec 2000 (HMT)	19 November 2003
Kent	Integrated Health and Social Care Services	13.700	Oct 2001 (HMT)	19 November 2003 ⁽⁵⁾
Leeds	Housing units for people with learning and other disabilities	14.200	July 2006 (HMT)	End 2007
Medway	Two centres of excellence for older people	17.340	Oct 2005 (DH)	End 2008
Newham	Centre for people with disabilities	2.500	Not yet approvable	
Northampton	Specialist Care Services for Older People with Dementia	14.300	April 2000 (HMT)	End 2003 (contract signed)
Portsmouth	Mixed Services for People with Learning Disabilities	5.300	Aug 1999 (HMT)	End 2001 (contract signed)
Richmond	Care Services for Older People	9.500	1998–99 (HMT)	End 2000 (contract signed)
Sandwell	Leisure and community centre	10.000	April 2000 (DH)	End 2008 ⁽⁶⁾
Sheffield	Intermediate Care	17.200	Feb 2005 (DH)	End 2007
Shropshire	Community Services for people with Learning Disabilities and Older People including a Joint Service Centre	18.120	Aug 2003 (HMT)	19 May 2005 (contract signed)
Staffordshire	Children's Small Homes	5.300	Aug 1999 (HMT)	End 2003 (contract signed)
Surrey	Services for Older People	28.800	1997–98 (HMT)	End 1997 (contract signed)
Tower Hamlets	Three health and social care centres for independent living for people with disabilities	15.970	Oct 2005 (DH)	End 2008
Westminster	Resource Centre for Older People	4.300	1997–98 (HMT)	End 1997–98 (contract signed)
Wolverhampton	Six centres, cross-linked, to provide a range of adult social services to older people and adults with disabilities	22.600	Oct 2005 (DH)	End 2008

Footnotes:

1. Enfield, shown in last year's HSC return, was considering an application for PFI credits but this was not taken forward. The council is therefore no longer in the table.
2. The later approval date, ie Treasury's is shown where that has been given.
3. The schemes receiving DH ministerial approval in 2005 are currently estimated to reach completion by end of 2008. More precise dates will be provided once Treasury endorsement has been received.
4. Where contract signature is shown as within a financial year, or by the end of a calendar year, the exact date is not currently available.
5. The two Kent schemes were rolled into one, with the same contract signature date.
6. The Sandwell scheme has experienced problems and has not yet received Treasury endorsement. As with the successful 2005 bidders, it is at OBC stage, so has been given the same estimated completion date of end 2008.

2.5.3 Could the Department compare actual capital spend by social services departments with allocations in each year since 1997–98? Could the Department comment on comparability through the period? (Q21)

ANSWER

1. Table 21 compares total actual capital spend by social services departments with the funding provided by the Department of Health through supported capital expenditure.

2. The table shows that annual total capital spend has doubled between 1997–98 and 2004–05. Provisional estimates for 2005–06 suggest total capital expenditure will be £386 million.

3. Capital support provided by the Department is only one source of capital for local authorities. Local authorities can fund their capital requirements in other ways, for example through capital receipts, joint funding, EU funding and through the Private Finance Initiative.

4. Additional capital support is also provided by the Department for Education and Skills which took over responsibility for children’s social services from 1 April 2003.

Table 21

**LOCAL AUTHORITY PERSONAL SOCIAL SERVICES CAPITAL EXPENDITURE,
DEPARTMENTAL SUPPORTED CAPITAL EXPENDITURE 1997–98 TO 2005–06**

	<i>£ millions</i>								
	<i>1997–98</i>	<i>1998–99</i>	<i>1999–2000</i>	<i>2000–01</i>	<i>2001–02</i>	<i>2002–03</i>	<i>2003–04</i>	<i>2004–05</i>	<i>2005–06 (pro- visional)</i>
Total spend	150.0	140.0	134.0	163.0	158.0	199.3	260.0	299.0	386.0⁽⁴⁾
Capital grants	13.2	8.2	6.2	8.2	9.3	40.7	25.0	25.0	
Credit approvals/ supported capital expenditure (revenue)	68.2	53.7	55.7	55.7	55.7	55.7	50.2	52.9	
Total provision	81.4	62.0	62.0	63.9	65.0	96.5	75.2	77.9	

Source:

Local Government Finance Statistics.

Footnotes:

1. Figures may not sum due to rounding.
2. Figures to include children’s services up to 2002–03.
3. Credit approvals abolished 31 March 2004.
4. Financing figures for 2005–06 provisionally anticipated to be available November 2006.

3. NHS Plan & Reform

3.1 Staff

3.1.1 How many (a) total doctors (b) consultants (c) GPs (d) total qualified nursing and midwifery staff (e) midwives (f) practice nurses (g) total qualified scientific and therapeutic staff (h) radiographers (i) clinical psychologists (j) total NHS infrastructure support staff (k) clerical and administrative staff and (l) managers and senior managers have been employed by the NHS in each year since 1997, in headcount and full time equivalent terms? Where available, what are the latest quarterly figures? (Q22)

ANSWER

The information requested is given in **Table 22a** (headcount) and **Table 22b** (full time equivalent).

Quarterly figures are not available.

Table 22a

NHS STAFF IN EACH SPECIFIED GROUP IN ENGLAND AS AT 30 SEPTEMBER EACH SPECIFIED YEAR

	1997	1998	1999	2000	2001	2002	2003	2004	2005	Increase since 1997	Percentage Increase since 1997
All doctors (excl retainers)⁽¹⁾	89,619	91,837	93,981	96,319	99,169	103,350	108,993	117,036	122,345	32,726	36.52%
<i>of which</i>											
GPs (excl retainers) ⁽²⁾⁽³⁾	29,389	29,697	29,987	30,252	30,685	31,182	32,593	34,085	35,302	5,913	20.12%
Consultants (including directors of public health)	21,474	22,324	23,321	24,401	25,782	27,070	28,750	30,650	31,993	10,519	48.98%
Total qualified nursing staff⁽³⁾	318,856	323,457	329,637	335,952	350,381	367,520	386,359	397,515	404,161	85,305	26.75%
<i>of which</i>											
GP practice nurses ⁽²⁾	18,389	18,894	19,495	19,200	19,846	20,983	21,667	22,144	22,904	4,515	24.55%
Registered midwife	22,385	22,841	22,799	22,572	23,075	23,249	23,941	24,844	24,808	2,423	10.82%
Total qualified scientific, therapeutic & technical staff	96,298	99,656	102,391	105,910	110,241	116,598	122,066	128,883	134,534	38,236	39.71%
<i>of which</i>											
Radiography staff	11,771	12,118	12,330	12,489	12,706	13,031	13,344	13,900	14,539	2,768	23.52%
Diagnostic radiography	10,364	10,645	10,839	11,036	11,163	11,489	11,687	12,147	12,700	2,336	22.54%
Therapeutic radiography	1,407	1,473	1,491	1,453	1,543	1,542	1,657	1,753	1,839	432	30.70%
Clinical psychology	4,038	4,408	4,572	5,032	5,514	6,092	6,757	7,051	7,122	3,084	76.37%
NHS infrastructure support	170,623	168,448	171,205	173,733	179,783	189,274	199,808	211,489	220,387	49,764	29.17%
<i>of which</i>											
Manager & senior manager	22,173	22,693	24,287	25,256	27,424	32,294	35,321	37,726	39,391	17,218	77.65%
Administrative and clerical staff ⁽⁵⁾	160,479	162,521	167,451	174,347	184,229	195,009	209,952	223,131	233,174	72,695	45.30%

Source:

The Information Centre for health and social care

Footnotes:

1. All doctors (excluding GP Retainers) also excludes hospital practitioners and clinical assistants, most of whom are GPs working part time in hospitals.
2. GP Data as at 1 October 1995–1999 and 30 September 2000–2004.
3. Nursing and midwifery figures exclude students on training courses leading to a first qualification as a nurse or midwife.
4. Headcount Practice Nurse figures are estimated for 1998 and 1999 based on the 1997 fte to headcount ratio.
5. Administrative and clerical staff figures are made up of those counted with support to clinical staff and NHS infrastructure support.

Table 22b

NHS STAFF IN EACH SPECIFIED GROUP IN ENGLAND AS AT 30 SEPTEMBER EACH SPECIFIED YEAR

	1997	1998	1999	2000	2001	2002	2003	2004	2005	<i>Increase since 1997</i>	<i>Percentage Increase since 1997</i>
All doctors (excl retainers)⁽¹⁾	84,758	86,594	88,371	90,248	92,495	96,999	102,037	109,224	114,251	29,493	34.80%
<i>of which</i>											
GPs (excl retainers) ⁽²⁾⁽³⁾	27,660	27,848	28,033	28,154	28,439	28,740	29,777	30,762	31,683	4,023	14.54%
Consultants (including directors of public health)	19,661	20,432	21,410	22,186	23,064	24,756	26,341	28,141	29,613	9,951	50.61%
Total qualified nursing staff⁽⁴⁾	256,093	257,597	261,340	266,987	277,334	291,285	304,892	315,440	321,537	65,444	25.55%
<i>of which</i>											
GP practice nurses ⁽²⁾	10,082	10,359	10,689	10,711	11,163	11,998	12,967	13,563	13,793	3,711	36.81%
Registered midwife	18,053	18,168	17,876	17,662	18,048	18,119	18,444	18,854	18,949	896	4.96%
Total qualified scientific, therapeutic & technical staff	81,601	84,560	86,837	89,632	93,085	98,397	102,912	108,585	113,214	31,613	38.74%
<i>of which</i>											
Radiography staff	9,901	10,193	10,368	10,478	10,655	10,863	11,111	11,560	12,155	2,254	22.76%
Diagnostic radiography	8,626	8,860	9,009	9,169	9,264	9,489	9,642	10,015	10,526	1,900	22.02%
Therapeutic radiography	1,275	1,333	1,358	1,309	1,391	1,374	1,469	1,545	1,629	354	27.76%
Clinical psychology	3,376	3,660	3,763	4,052	4,399	4,846	5,331	5,518	5,562	2,187	64.77%
NHS infrastructure support	141,637	139,469	142,071	144,048	149,598	158,026	167,916	178,098	186,137	44,500	31.42%
<i>of which</i>											
Manager & senior manager	21,434	21,854	23,378	24,253	26,285	30,914	33,810	36,007	37,549	16,115	75.18%
Administrative and clerical staff ⁽⁵⁾	131,859	132,958	136,900	142,263	150,317	158,978	171,707	183,338	191,528	59,669	45.25%

Source:

The Information Centre for health and social care.

Footnotes:

1. All doctors (excluding GP Retainers) also excludes hospital practitioners and clinical assistants, most of whom are GPs working part time in hospitals.
2. GP Data as at 1 October 1995–1999 and 30 September 2000–2004.
3. GP full time equivalent (FTE) data has been estimated using the results from the 1992–93 GMP Workload Survey. For 1995–2003—Full time = 1.00 fte; three quarter time = 0.69 fte; job share = 0.65 fte; half time = 0.60 fte. For 2004 all Part time = 0.6, and therefore may not be fully comparable with previous years.
4. Nursing and midwifery figures exclude students on training courses leading to a first qualification as a nurse or midwife.
5. Administrative and clerical staff figures are made up of those counted with support to clinical staff and NHS infrastructure support.
6. Full time equivalent figures are rounded to the nearest whole number.

3.1.2 How many GPs (a) joined and (b) left the NHS in each year since 1997? (Q23)

ANSWER

1. Information on the numbers of GPs that joined and left the NHS in each year since 1997 is given in **Table 23**.

2. The number of joiners and leavers in the GP workforce are tracked as part of the NHS workforce census.

3. In 2004 (the last year for which complete figures are available), 1,649 Practitioners (excluding GP registrars and GP retainers) left the NHS in England. This equated to 5.2% of the Practitioner workforce. In the same year, 2,930 Practitioners (excluding GP registrars and GP retainers) joined the workforce. This equated to 9.3% of the workforce. The information collected shows only the numbers and proportion of leavers and joiners, it does not specify which of the leavers had to be replaced.

4. This information is not available for other staff groups.

Table 23

ALL GENERAL MEDICAL PRACTITIONERS (EXCLUDING REGISTRARS AND RETAINERS)⁽¹⁾, FOR ENGLAND, JOINERS AND LEAVERS, 1997–2005

England	<i>numbers (headcount)</i>									
	1997	1998	1999	2000	2001	2002	2003	2004	2005	
England										
All Practitioners (excluding registrars and retainers) ⁽¹⁾	28,046	28,251	28,467	28,593	28,802	29,202	30,358	31,523	32,738	
Joiners in this year	..	1,536	1,484	1,408	1,737	2,112	2,647	2,930	2,864	
Leavers from this year	1,331	1,268	1,282	1,528	1,712	1,491	1,765	1,649	..	

Source: The Information Centre for health and social care General and Personal Medical Services Statistics.

Footnotes:

1. General Medical Practitioners (excluding retainers and registrars) includes Contracted GPs, GMS Others and PMS Others.
2. “..” denotes data not available.
3. The figures in the table above are arrived at by checking if a Practitioners GMC number appears in consecutive years of the census.

A joiner is a practitioner whose GMC number was present in a census but not observed in the previous census a leaver’s GMC number was in 2003 but not 2004.

These figures are therefore snapshots from two specific points in time and only represent the national position at these times.

They do not cover movement in and out of the NHS between these two points, nor do they relate to the local level turnover of staff between NHS Trusts.

3.1.3 How many (a) doctors (b) nurses (c) midwives and (d) radiographers are projected to complete undergraduate or pre-registration training in each of the next five years? How many are projected to reach retirement age in each of the next five years? Could the Department comment on relative trends? (Q24)

ANSWER

1. The information requested is given in **Table 24a** and **Table 24b**.

2. We are now moving away from year-on-year growth in the NHS workforce to more of a steady state where there is a closer match between affordable demand and supply. We expect workforce growth to stabilise over the next few years and the numbers of nurses, midwives and radiographers projected to complete undergraduate or pre-registration training over the next five years reflects this closer match.

3. It is the responsibility of Health Authorities and Primary Care Trusts to ensure that appropriate workforce is available to meet the needs of the local health economy. The Workforce Review Team works at national level on behalf of the NHS in England and makes recommendations on the future workforce in the NHS to inform decisions about investment in training to secure a workforce with the right skills, in the right places and in the right numbers to meet future staffing requirements. These recommendations take into account the projected numbers of graduates and the forecast retirements in the professions.

Table 24a

TOTAL PROJECTED NEW GRADUATES EACH YEAR

	<i>Numbers</i>				
	<i>2006–07</i>	<i>2007–08</i>	<i>2008–09</i>	<i>2009–10</i>	<i>2010–11</i>
Nurses ⁽¹⁾	19,400	20,200	20,800	18,700	17,800
Midwives ⁽²⁾	1,205	1,340	1,320	1,320	1,320
Therapeutic Radiographers ⁽³⁾	225	248	255	255	255
Diagnostic Radiographers ⁽³⁾	782	782	782	782	782
Doctors ⁽⁴⁾	4,390	4,910	5,610	5,860	5,860

Source:

WRT Diagnostic Radiography proforma—N:\wrt\proformas\2006\AHPs\060515-prf-diagnostic radiography
 WRT Therapeutic Radiography proforma—N:\wrt\proformas\2006\AHPs\060515-prf-therapeutic radiography
 Information centre Census 2005

Footnotes:

1. The projections assumed that nursing commissions have peaked and that there will be some reduction in attrition rates.
Course length has been assumed to be on average three years.
2. No future growth in commissions, attrition rate during training is 18%, (does not include second registrations).
3. The 2006 modelling has been updated for information received following the production of the 2005 proformas.
4. Data based on HEFCE actual intakes for England in years 2000–01 to 2005–06. Course duration is assumed to be five years.
Attrition rate is assumed to be 6.9%
5. Course length has been assumed to be on average three years.
Diagnostic Radiography graduate numbers are based on the Higher Education Statistics Agency (HESA) data for 2004–05.
Therapeutic radiography graduate numbers are based on the declared commissions for 2004–05.
6. All data rounded to three significant figures.

Table 24b

TOTAL PROJECTED NHS STAFF REACHING RETIREMENT AGE EACH YEAR

	<i>Numbers</i>				
	<i>2006–07</i>	<i>2007–08</i>	<i>2008–09</i>	<i>2009–10</i>	<i>2010–11</i>
Nurses ⁽¹⁾	5,210	5,570	5,940	6,380	6,700
Midwives ⁽¹⁾	459	461	474	497	521
Radiographers ⁽²⁾	235	179	268	253	295
GPs ⁽³⁾	836	853	867	882	903
HCHS Doctors ⁽⁴⁾	795	837	901	938	923

Source:

WRT Diagnostic Radiography proforma—N:\wrt\proformas\2006\AHPs\060515-prf-diagnostic radiography
 WRT Therapeutic Radiography proforma—N:\wrt\proformas\2006\AHPs\060515-prf-therapeutic radiography
 These proformas will be available from the portal www.healthcareworkforce.nhs.uk in Autumn 2006
 Information centre Census 2005

Footnotes:

1. Based on a retirement profile, rather than a fixed retirement age.
The retirement profile is arrived at by assessing past trends in retirement and applying these trends for the future.
2. The 2006 modelling has been updated for information received following the production of the 2005 proformas.

3. GP projections are based on numbers forecast to leave the workforce aged 55 and over.

The figures assume the proportion of leavers in each age group will remain the same as the average number of leavers over the period 1999–2003.

The year 2006–07 is taken to run from 30 September 2005 to 30 September 2006.

4. Based on numbers of consultants aged 55 and over expected to leave the profession. Retirements from the training workforce, Associate Specialists and Staff Grades are not included.

Numbers represent the sum of the expected retirements in each specialty.

Data source: WRT All specialties proforma 2005 (projection from the 2004 DH Census)—N:\WRT\Proformas\2005\060314-SPRE-All Specialities 2005Proforma-V1-JPC.xls

5. Retirement age has been assumed to be 60. The 2006–07 predicted retirement figure includes all staff aged 58 as of September 2005. The model assumes that all staff aged 59 and over at September 2005 will have retired in the year 2005–06. Potentially there may be 30 additional retirements per year on average from this source.

6. All data rounded to three significant figures.

3.1.4 *What was total expenditure on (a) agency nurses and (b) other agency staff in each year since 1997–98? (Q25)*

ANSWER

1. The information requested is given in **Table 25**.

2. Information is collected from all Strategic Health Authorities, Primary Care Trusts and NHS Trusts in England on expenditure on agency staff. The latest year for which this data is available is 2004–05.

3. Foundation Trusts (FTs) came into existence for the first time in 2004–05. Spend at FTs is not recorded on DH Trust or PCT Financial Returns, but is published in Annual Reports Accounts for each FT. FT Annual Reports do not report agency spend by staff category and therefore this spending is not included in this answer.

4. For England the total expenditure in 2004–05 under the heading of nursing, midwifery and health visiting agency staff was about £400 million (excluding trusts which became Foundation Trusts in 2004–05).

5. For England the total expenditure in 2004–05 on all other agency staff was about £862 million (excluding trusts which became Foundation Trusts in 2004–05).

6. The year on year trend in rising expenditure on all agency staff has started to decline. In 2004–05, the spend showed a decrease of £184 million over the previous year. For agency nursing, midwifery and health visiting staff 2004–05 was the second year in which spending has reduced, decreasing by £190 million since 2002–03.

7. These reductions reflect the continuing impact of targeted action by the NHS Purchasing and Supply Agency, Agency Framework Agreements (AFA's), NHS Professionals and initiatives such as the National Agency Staffing Project.

Table 25

SALARIES AND WAGES NON-NHS STAFF (AGENCY, ETC)

<i>Year</i>	<i>Nursing, midwifery and health visiting (£)</i>	<i>Other staff (£)</i>
1997–98	239,077,683	300,870,876
1998–99	292,200,951	348,922,299
1999–2000	380,197,259	404,434,567
2000–01	435,431,882	476,883,644
2001–02	554,323,821	634,749,545
2002–03	589,739,230	831,218,820
2003–04	524,675,129	921,455,247
2004–05 ⁽¹⁾	399,995,000	862,053,000

Source: Annual financial returns of NHS trusts, PCTs and SHAs.

Footnotes:

1. 2004–05 does not include spend at trusts with foundation status.

3.1.5 *What was expenditure on (a) agency nurses and (b) other agency staff in each NHS Trust, Primary Care Trust and Strategic Health Authority in 2003–04 and 2004–05, in £s and as a percentage of turnover? (Q26)*

ANSWER

1. The information requested is given in **Table 26a** to **Table 26c**.
2. Information is collected from all Strategic Health Authorities, Primary Care Trusts and NHS Trusts in England on expenditure on agency staff. The latest year for which this data is available is 2004–05.
3. Foundation Trusts (FTs) came into existence for the first time in 2004–05. Spend at FTs is not recorded on DH Trust or PCT Financial Returns, but is published in Annual Reports Accounts for each FT. FT Annual Reports do not report agency spend by staff category and therefore this spending is not included in this answer.
4. For England the total expenditure in 2003–04 on nursing, midwifery and health visiting agency staff was about £525 million. In 2004–05, total expenditure (excluding trusts which became Foundation Trusts in 2004–05) was about £400 million, a reduction of £125 million.
5. For England, the total expenditure in 2003–04 on all other agency staff was about £921 million. In 2004–05, total expenditure (excluding trusts which became Foundation Trusts in 2004–05) was about £862 million. This is a reduction of £59 million.
6. The year on year trend in rising expenditure on all agency staff has started to decline. For agency nursing, midwifery and health visiting staff this is the second year in which spending has reduced.
7. These reductions reflect the continuing impact of targeted action by the NHS Purchasing and Supply Agency, Agency Framework Agreements (AFA's), NHS Professionals and initiatives such as the National Agency Staffing Project.

Table 26a

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003–04				2004–05			
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
RA2	ROYAL SURREY COUNTY HOSPITAL NHS TRUST	1,199,238	1.6	2,576,749	3.5	816,000	1.0	2,236,000	2.7
RA3	WESTON AREA HEALTH NHS TRUST	1,488,872	3.9	1,417,091	3.8	1,083,000	2.3	2,004,000	4.3
RA4	EAST SOMERSET NHS TRUST	412,372	1.0	1,247,639	3.0	393,000	0.8	1,446,000	3.0
RA7	UNITED BRISTOL HEALTHCARE NHS TRUST	2,091,432	1.1	3,777,544	2.0	615,000	0.3	2,211,000	1.0
RA9	SOUTH DEVON HEALTH CARE NHS TRUST	357,005	0.4	1,244,733	1.5	561,000	0.6	976,000	1.0
RAE	BRADFORD TEACHING HOSPITALS NHS TRUST	758,000	0.6	4,194,000	3.4	—	—	—	—
RAJ	SOUTHEND HOSPITAL NHS TRUST	802,394	0.8	3,635,957	3.7	689,000	0.6	4,297,000	3.8
RAL	ROYAL FREE HAMPSTEAD NHS TRUST	4,771,833	2.8	6,183,015	3.6	3,750,000	1.9	6,657,000	3.4
RAN	ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST	1,153,209	3.5	1,859,989	5.7	1,621,000	4.5	1,445,000	4.0
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	2,056,863	2.9	3,148,033	4.4	1,401,000	1.7	2,839,000	3.4
RAS	THE HILLINGDON HOSPITAL NHS TRUST	1,133,579	1.5	2,790,204	3.8	360,000	0.4	2,474,000	3.0
RAT	NORTH EAST LONDON MENTAL HEALTH NHS TRUST	7,662,560	11.4	7,719,955	11.5	7,898,000	11.2	4,801,000	6.8
RAX	KINGSTON HOSPITAL NHS TRUST	3,919,036	4.2	4,242,010	4.6	2,827,000	2.7	1,583,000	1.5
RB1	AVON AMBULANCE SERVICE NHS TRUST	0	0.0	170,716	1.1	0	0.0	81,000	0.6
RB4	ESSEX AMBULANCE SERVICE NHS TRUST	0	0.0	2,142,188	6.9	0	0.0	2,435,000	6.8
RB5	GLOUCESTERSHIRE AMBULANCE SERVICES NHS TRUST	0	0.0	15,478	0.2	0	0.0	40,000	0.4
RB6	MERSEY REGIONAL AMBULANCE SERVICE NHS TRUST	0	0.0	9,460	0.0	0	0.0	208,000	0.6
RB7	STAFFORDSHIRE AMBULANCE SERVICE TRUST	0	0.0	46,491	0.3	0	0.0	61,000	0.3
RB8	SOUTH YORKSHIRE AMBULANCE SERVICE NHS TRUST	0	0.0	167,401	1.1	0	0.0	84,000	0.4
RBA	TAUNTON AND SOMERSET NHS TRUST	809,477	1.0	1,128,861	1.3	1,115,000	1.2	899,000	0.9
RBB	ROYAL NATIONAL HOSPITAL RHEUMATIC DISEASES NHS TRUST	53,653	0.7	248,503	3.2	11,000	0.1	199,000	2.4
RBD	WEST DORSET GENERAL HOSPITALS NHS TRUST	1,863,030	3.2	1,322,835	2.3	2,318,000	3.4	1,706,000	2.5
RBF	NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	155,596	0.6	716,167	2.6	537,000	1.8	448,000	1.5
RBK	WALSALL HOSPITALS NHS TRUST	821,065	1.0	4,462,685	5.6	258,000	0.3	3,481,000	4.0
RBL	WIRRAL HOSPITAL NHS TRUST	1,240,237	1.0	922,718	0.7	783,000	0.5	1,221,000	0.8

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003–04				2004–05			
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TR	338,579	0.3	607,198	0.6	730,000	0.6	1,213,000	1.1
RBQ	THE CARDIOTHORACIC CNTR — LIVERPOOL NHST	325,750	1.0	207,747	0.6	162,000	0.4	288,000	0.8
RBS	ROYAL LIVERPOOL CHILDRENS NHS TRUST	741,775	1.1	1,064,673	1.6	932,000	1.2	1,109,000	1.4
RBT	THE MID CHESHIRE HOSPITALS NHS TRUST	682,746	1.1	1,297,210	2.0	592,000	0.8	1,193,000	1.6
RBV	CHRISTIE HOSPITAL NHS TRUST	210,574	0.4	835,658	1.7	342,000	0.6	834,000	1.5
RBX	LINCOLNSHIRE AMBULANCE NHS TRUST	0	0.0	64,523	0.4	0	0.0	169,000	0.8
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	145,214	0.3	1,374,457	3.1	399,000	0.8	867,000	1.7
RC1	BEDFORD HOSPITAL NHS TRUST	1,427,560	2.2	2,487,198	3.8	1,242,000	1.7	3,268,000	4.4
RC3	EALING HOSPITAL NHS TRUST	1,479,149	2.5	2,076,230	3.5	1,642,000	2.5	2,324,000	3.6
RC9	LUTON AND DUNSTABLE HOSPITAL NHS TRUST	865,337	1.2	2,920,483	3.9	771,000	0.9	3,767,000	4.2
RCB	YORK HOSPITALS NHS TRUST	871,372	1.0	448,524	0.5	640,000	0.6	557,000	0.5
RCC	SCARBOROUGH AND NE YORKS NHS TRUST	289,382	0.6	1,446,927	2.8	439,000	0.7	1,643,000	2.8
RCD	HARROGATE HEALTH CARE NHS TRUST	480,433	1.0	1,503,309	3.2	371,000	1.0	1,065,000	2.7
RCF	AIREDALE NHS TRUST	138,933	0.2	1,820,465	3.2	55,000	0.1	1,372,000	2.2
RCS	NOTTINGHAM CITY HOSPITAL NHS TRUST	1,376,575	1.0	2,885,424	2.1	556,000	0.4	2,503,000	1.6
RCU	SHEFFIELD CHILDREN'S NHS TRUST	479,938	1.1	603,578	1.4	477,000	1.0	678,000	1.4
RCX	KINGS LYNN AND WISBECH HOSPITALS NHS TR	91,659	0.2	1,416,133	2.4	113,000	0.2	1,519,000	2.2
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	2,291,714	2.4	1,591,263	1.6	4,862,000	4.5	3,261,000	3.0
RD3	POOLE HOSPITAL NHS TRUST	724,903	0.9	1,173,644	1.5	918,000	1.0	1,428,000	1.5
RD7	HEATHERWOOD AND WEXHAM PARK HOSPS TRUST	0	0.0	5,502,650	5.5	1,338,000	1.2	3,432,000	3.1
RD8	MILTON KEYNES GENERAL HOSPITAL NHS TRUST	562,470	0.9	1,956,889	3.2	3,000	0.0	1,504,000	2.3
RDD	BASILDON & THURROCK UNIVERTSITY HOSPITAL NHS TRUST	2,302,365	2.8	2,644,149	3.3	—	—	—	—
RDE	ESSEX RIVERS HEALTHCARE NHS TRUST	2,160,184	2.7	2,676,963	3.4	653,000	0.7	2,827,000	3.1
RDR	SOUTH DOWNS HEALTH NHS TRUST	1,045,977	1.9	1,825,536	3.3	1,331,000	2.2	1,680,000	2.7
RDU	FRIMLEY PARK HOSPITAL NHS TRUST	2,564,870	3.4	3,979,355	5.2	2,316,000	2.8	4,760,000	5.7
RDY	DORSET HEALTH CARE NHS TRUST	236,411	0.6	1,973,742	4.7	209,000	0.4	2,750,000	5.7
RDZ	ROYAL BOURNEMOUTH AND CHRISTCHURCH TRUST	675,287	0.8	1,785,248	2.1	254,000	0.3	2,294,000	2.4
RE6	CUMBRIA AMBULANCE SERVICE NHS TRUST	0	0.0	29,665	0.3	0	0.0	99,000	0.9
RE9	SOUTH TYNESIDE HEALTH CARE NHS TRUST	4,070	0.0	851,040	1.6	0	0.0	991,000	2.3
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	1,779,945	1.4	2,131,321	1.7	1,179,000	0.8	1,534,000	1.1

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003–04				2004–05			
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
REM	AINTREE HOSPITALS NHS TRUST	1,076,798	1.0	1,861,594	1.8	489,000	0.4	1,796,000	1.5
REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY TRUST	211,087	1.3	218,649	1.3	218,000	1.1	106,000	0.6
REP	LIVERPOOL WOMENS HOSPITAL NHS TRUST	41,496	0.1	573,151	1.7	39,000	0.1	314,000	0.8
RET	WALTON NEUROLOGY CENTRE NHS TRUST	115,890	0.6	98,549	0.5	376,000	1.5	184,000	0.7
RF4	BARKING, HAVERING AND REDBRIDGE HOSP NH"	2,831,585	1.5	10,606,593	5.5	2,530,000	1.1	11,500,000	5.2
RFF	BARNSELY DISTRICT GEN HOSPITAL NHS TRUST	308,961	0.5	1,533,927	2.4	217,000	0.4	163,000	0.3
RFK	QUEEN'S MEDICAL NOTTS UNI HOSP NHS TRUST	2,545,044	1.5	2,682,076	1.6	2,438,000	1.3	2,177,000	1.1
RFR	ROTHERHAM GENERAL HOSPITALS NHS TRUST	1,583,576	2.1	107,302	0.1	0	0.0	1,322,000	1.5
RFS	CHESTERFIELD AND N DERBYSHIRE HOSP TRUST	318,346	0.5	1,050,974	1.5	523,000	0.9	1,039,000	1.7
RFU	BEDS AND HERTS AMBULANCE AND PARAMEDIC T	0	0.0	123,670	0.6	0	0.0	291,000	1.2
RFW	WEST MIDDLESEX UNIVERSITY HOSP NHS TRUST	1,651,320	2.8	2,720,165	4.7	1,086,000	1.7	1,892,000	2.9
RG2	QUEEN ELIZABETH HOSPITAL NHS TRUST	1,096,737	1.4	2,848,744	3.7	379,000	0.5	1,364,000	1.6
RG3	BROMLEY HOSPITALS NHS TRUST	7,228,968	9.5	2,334,145	3.1	5,544,000	6.1	3,061,000	3.4
RGC	WHIPPS CROSS UNIVERSITY HOSP NHS TRUST	7,664,581	8.0	6,108,467	6.4	9,112,000	8.3	5,492,000	5.0
RGD	LEEDS MENTAL HEALTH TEACHING NHS TRUST	2,844,891	4.5	2,771,089	4.4	2,318,000	3.3	2,950,000	4.1
RGH	WEST YORKSHIRE AMBULANCE SERVICE TRUST	0	0.0	11,029,982	11.6	17,000	0.0	702,000	1.7
RGM	PAPWORTH HOSPITAL NHS TRUST	544,978	1.6	428,033	1.2	323,000	3.3	52,000	0.5
RGN	PETERBOROUGH HOSPITALS NHS TRUST	1,626,075	1.9	2,034,001	2.4	—	—	—	—
RGP	JAMES PAGET HEALTHCARE NHS TRUST	726,423	1.1	2,985,904	4.4	837,000	1.0	4,164,000	5.2
RGQ	IPSWICH HOSPITAL NHS TRUST	1,418,647	1.5	1,711,280	1.8	1,102,000	1.0	1,580,000	1.4
RGR	WEST SUFFOLK HOSPITALS NHS TRUST	304,408	0.5	2,155,253	3.2	401,000	0.5	1,560,000	2.0
RGT	ADDENBROOKES NHS TRUST	1,025,135	0.6	3,105,758	1.8	312,000	0.6	771,000	1.5
RGZ	QUEEN MARY'S SIDCUP NHS TRUST	301,479	0.5	1,399,556	2.4	324,000	0.5	1,600,000	2.4
RH1	ROYAL BERKSHIRE AMBULANCE SERVICE TRUST	0	0.0	206,685	1.8	23,000	0.2	429,000	3.0
RH5	SOMERSET PARTNERSHIP NHS AND SOC CARE TR	33,657	0.1	2,602,944	8.9	124,000	0.4	2,561,000	7.6
RH8	ROYAL DEVON & EXETER HEALTHCARE NHS TRUST	632,970	0.5	2,926,774	2.5	—	—	—	—
RHA	NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	903,076	0.6	5,012,251	3.4	813,000	0.5	6,680,000	3.9
RHM	SOUTHAMPTON UNIVERSITY HOSPS NHS TRUST	5,546,575	2.7	3,532,455	1.7	3,856,000	1.6	2,647,000	1.1
RHP	DORSET AMBULANCE NHS TRUST	0	0.0	85,802	0.9	0	0.0	112,000	0.7
RHQ	SHEFFIELD TEACHING HOSPITALS NHS TRUST	1,094,819	0.3	3,450,131	1.1	341,000	0.4	1,108,000	1.3
RHR	WILTSHIRE AMBULANCE SERVICE NHS TRUST	0	0.0	237,145	3.2	0	0.0	155,000	1.7
RHU	PORTSMOUTH HOSPITALS NHS TRUST	8,295,505	4.7	11,624,261	6.6	4,324,000	2.3	10,072,000	5.3

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	Nursing, midwifery and health visiting (£)	2003-04 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	2004-05 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
RHW	ROYAL BERKSHIRE AND BATTLE HOSPS NHS TR	1,358,925	1.1	3,329,853	2.8	932,000	0.7	3,378,000	2.6
RHX	OXFORD LEARNING DISABILITY NHS TRUST	968,092	4.8	23,445	0.1	33,000	0.1	1,407,000	5.8
RHY	TWO SHIRES AMBULANCE NHS TRUST	0	0.0	96,371	0.5	0	0.0	75,000	0.4
RJ1	GUY'S AND ST THOMAS' NHS TRUST	9,947,540	3.2	15,223,591	4.9	1,942,000	2.3	3,718,000	4.3
RJ2	THE LEWISHAM HOSPITAL NHS TRUST	2,130,325	2.4	3,422,404	3.9	2,153,000	2.0	3,968,000	3.8
RJ5	ST MARY'S NHS TRUST	6,379,239	4.3	10,590,750	7.2	6,293,000	3.9	9,882,000	6.1
RJ6	MAYDAY HEALTHCARE NHS TRUST	3,373,059	3.7	2,825,633	3.1	3,326,000	3.2	3,754,000	3.6
RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	3,889,266	2.0	9,871,049	5.1	3,657,000	1.6	9,631,000	4.3
RJ8	CORNWALL PARTNERSHIP NHS TRUST	293,882	0.6	622,625	1.3	565,000	1.0	968,000	1.8
RJ9	WESTCOUNTRY AMBULANCE SERVICES NHS TRUST	0	0.0	428,655	1.2	0	0.0	199,000	0.5
RJC	SOUTH WARWICKSHIRE GEN HOSPS NHS TRUST	305,040	0.6	1,596,162	3.2	438,000	0.7	1,689,000	2.9
RJD	MID STAFFORDSHIRE GEN HOSPITALS TRUST	351,811	0.5	671,406	1.0	378,000	0.5	787,000	1.0
RJE	UNIV HOSP NORTH STAFFORDSHIRE NHS TRUST	2,751,301	1.6	3,819,993	2.2	1,886,000	0.9	3,758,000	1.9
RJF	BURTON HOSPITALS NHS TRUST	1,099,569	1.8	665,060	1.1	523,000	0.8	869,000	1.3
RJH	GOOD HOPE HOSPITAL NHS TRUST	1,733,201	2.6	1,144,093	1.7	1,160,000	1.5	1,305,000	1.7
RJL	NORTH LINCOLNSHIRE AND GOOLE HOSPS NHS T	820,088	0.7	1,580,877	1.3	1,115,000	0.8	4,288,000	3.0
RJN	EAST CHESHIRE NHS TRUST	392,343	0.8	1,259,743	2.6	566,000	1.0	1,591,000	2.8
RJR	COUNTRESS OF CHESTER HOSPITAL NHS TRUST	607,831	0.8	1,464,668	2.0	—	—	—	—
RJX	CALDERSTONES NHS TRUST	0	0.0	1,087,470	3.7	0	0.0	1,088,000	3.4
RJZ	KING'S COLLEGE HOSPITAL NHS TRUST	2,637,958	1.4	7,478,624	3.8	2,813,000	1.3	6,016,000	2.7
RK5	SHERWOOD FOREST HOSPITALS NHS TRUST	447,627	0.5	2,014,976	2.4	1,911,000	1.9	1,966,000	2.0
RK9	PLYMOUTH HOSPITALS NHS TRUST	4,366,267	2.9	2,400,213	1.6	4,146,000	2.4	3,364,000	2.0
RKA	WEST MIDLANDS AMBULANCE SERVICE NHS TR	0	0.0	241,866	0.6	0	0.0	96,000	0.2
RKB	UNIV HOSPS COVENTRY & WARWICKSHIRE NHSTR	1,714,847	1.0	8,506,999	5.0	479,000	0.3	6,980,000	3.7
RKD	HAMPSHIRE AMBULANCE SERVICE NHS TRUST	3,584,664	12.6	318,710	1.1	0	0.0	105,000	0.5
RKE	THE WHITTINGTON HOSPITAL NHS TRUST	2,929,157	3.7	4,466,226	5.6	2,457,000	2.8	3,624,000	4.2
RKL	WEST LONDON MENTAL HEALTH NHS TRUST	3,605,473	2.7	6,827,883	5.1	1,543,000	1.0	5,334,000	3.6
RL1	ROB JONES AND A HUNT ORTHOPAEDIC NHS TR	29,420	0.1	173,526	0.7	88,000	0.3	317,000	1.1
RL4	ROYAL WOLVERHAMPTON HOSPITAL NHS TRUST	3,192,476	2.7	2,572,372	2.2	2,986,000	2.2	1,849,000	1.4
RL5	HEREFORD AND WORCESTER AMBULANCE NHS TR	0	0.0	66,658	0.8	0	0.0	169,000	1.5
RL6	COVENTRY & WARWICKSHIRE AMBULANCE NHS TR	0	0.0	44,499	0.5	0	0.0	79,000	0.5
RLN	CITY HOSPITALS SUNDERLAND NHS TRUST	256,504	0.2	1,998,156	1.6	40,000	0.1	322,000	0.9
RLQ	HEREFORD HOSPITALS NHS TRUST	781,052	1.8	1,183,533	2.8	442,000	0.9	1,935,000	4.0

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	Nursing, midwifery and health visiting (£)	2003-04 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	2004-05 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	665,346	1.3	2,198,365	4.2	788,000	1.4	2,112,000	3.6
RLU	BIRMINGHAM WOMEN'S HEALTH CARE NHS TRUST	926,152	2.5	290,720	0.8	406,000	1.0	290,000	0.7
RLY	NORTH STAFFS COMBINED HC NHS TRUST	170,966	0.3	2,173,678	3.9	105,000	0.2	1,538,000	2.5
RM1	NORFOLK AND NORWICH UNI HOSP NHS TRUST	531,068	0.4	749,743	0.5	684,000	0.4	716,000	0.4
RM2	SOUTH MANCHESTER UNIV HOSP NHS TRUST	1,115,000	0.9	1,037,000	0.9	949,000	0.7	910,000	0.7
RM3	SALFORD ROYAL HOSPITALS NHS TRUST	2,124,085	1.9	1,472,558	1.3	1,742,000	1.4	1,294,000	1.0
RM4	TRAFFORD HEALTHCARE NHS TRUST	546,436	1.0	908,475	1.6	479,000	0.8	1,309,000	2.2
RM6	NORTHGATE AND PRUDHOE NHS TRUST	0	0.0	796,239	1.8	0	0.0	662,000	1.4
RMA	GREATER MANCHESTER AMBULANCE NHS TRUST	0	0.0	103,198	0.3	0	0.0	83,000	0.2
RMC	BOLTON HOSPITALS NHS TRUST	1,501,050	1.7	1,370,474	1.5	580,000	0.6	2,232,000	2.2
RMD	LANCASHIRE AMBULANCE SERVICE NHS TRUST	5,872	0.0	126,143	0.5	0	0.0	89,000	0.4
RMP	TAMESIDE AND GLOSSOP ACUTE SERVS NHS TR	830,071	1.3	2,017,413	3.2	565,000	0.8	2,359,000	3.4
RMY	NORFOLK & WAVENEY MH PARTNERSHIP NHS TR	893,153	1.7	1,679,706	3.3	1,417,000	2.4	1,908,000	3.3
RMZ	EAST ANGLIAN AMBULANCE NHS TRUST	0	0.0	151,250	0.5	0	0.0	5,540,000	11.7
RN1	WINCHESTER AND EASTLEIGH HLTHCRE NHS TR	1,129,489	1.6	1,660,420	2.3	872,000	1.0	3,003,000	3.6
RN3	SWINDON AND MARLBOROUGH NHS TRUST	4,244,648	5.7	1,902,856	2.5	1,731,000	2.1	1,436,000	1.7
RN5	NORTH HAMPSHIRE HOSPITALS NHS TRUST	2,646,931	4.0	2,117,116	3.2	390,000	0.5	845,000	1.1
RN7	DARTFORD AND GRAVESHAM NHS TRUST	615,262	1.2	1,319,753	2.6	545,000	0.9	342,000	0.6
RNA	DUDLEY GROUP OF HOSPITALS NHS TRUST	1,603,701	1.9	1,609,255	1.9	1,041,000	1.1	1,939,000	2.0
RNH	NEWHAM UNIVERSITY HOSPITAL NHS TRUST	4,058,108	6.2	5,656,414	8.7	2,643,000	3.4	4,011,000	5.2
RNJ	BARTS AND THE LONDON NHS TRUST	6,217,948	2.4	7,712,891	3.0	7,097,000	2.4	5,526,000	1.8
RNK	TAVISTOCK AND PORTMAN NHS TRUST	0	0.0	521,980	4.1	0	0.0	488,000	3.3
RNL	NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST	0	0.0	1,115,111	1.3	0	0.0	1,235,000	1.2
RNN	NTH CUMBRIA MH AND LEARNING DISAB NHS TR	181,709	0.7	826,227	3.3	13,000	0.0	795,000	2.9
RNP	NEWC, N TYNESIDE AND N'THUMBERLND MH NHS"	267,141	0.3	2,910,733	3.6	623,000	0.7	2,940,000	3.2
RNQ	KETTERING GENERAL HOSPITAL NHS TRUST	731,304	1.1	1,480,661	2.2	281,000	0.4	1,664,000	2.1
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	1,525,648	1.7	2,617,049	2.9	1,162,000	1.1	1,926,000	1.9
RNU	OXFORDSHIRE MENTAL HEALTHCARE NHS TRUST	152,748	0.3	1,274,350	2.7	15,000	0.0	581,000	1.2
RNY	OXFORDSHIRE AMBULANCE NHS TRUST	0	0.0	49,457	0.7	0	0.0	93,000	1.0
RNZ	SALISBURY HEALTH CARE NHS TRUST	902,001	1.2	1,314,897	1.8	906,000	1.1	1,550,000	1.9
RP1	NORTHAMPTONSHIRE HEALTHCARE NHS TRUST	2,392,891	4.4	1,818,301	3.3	1,125,000	1.8	1,865,000	3.0
RP4	GREAT ORMOND ST HOSP FOR CHILDREN NHS TR	1,859,760	1.7	5,212,346	4.7	1,315,000	1.1	4,711,000	3.8
RP5	DONCASTER & BASSETLAW HOSPITALS NHS TRUST	272,698	0.2	2,318,156	1.7	—	—	—	—

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	Nursing, midwifery and health visiting (£)	2003-04 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	2004-05 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
RP6	MOORFIELDS EYE HOSPITAL NHS TRUST	1,417,324	3.6	1,499,494	3.8	—	—	—	—
RP7	LINCOLNSHIRE PARTNERSHIP NHS TRUST	485,150	1.1	1,446,981	3.3	927,000	1.8	1,482,000	2.9
RPA	MEDWAY NHS TRUST	1,213,933	1.5	2,711,384	3.4	638,000	0.7	2,083,000	2.3
RPC	THE QUEEN VICTORIA HOSPITAL NHS TRUST	453,496	2.1	217,588	1.0	125,000	2.1	54,000	0.9
RPG	OXLEAS NHS TRUST	1,523,671	2.5	3,321,796	5.4	1,155,000	1.6	2,680,000	3.8
RPH	KENT AMBULANCE NHS TRUST	0	0.0	65,385	0.4	0	0.0	0	0.0
RPL	WORTHING AND SOUTHLANDS HOSPITALS TRUST	1,355,966	1.7	2,373,013	3.0	749,000	0.8	2,109,000	2.3
RPQ	SURREY AMBULANCE SERVICE NHS TRUST	0	0.0	38,930	0.2	0	0.0	77,000	0.4
RPR	ROYAL WEST SUSSEX NHS TRUST	1,182,960	1.9	2,387,106	3.9	514,000	0.7	1,513,000	2.1
RPY	THE ROYAL MARSDEN NHS TRUST	1,237,222	1.9	6,040,434	9.3	—	—	—	—
RQ2	SUSSEX AMBULANCE SERVICE NHS TRUST	0	0.0	69,754	0.3	0	0.0	115,000	0.4
RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST	2,833,250	3.7	2,138,129	2.8	1,597,000	1.8	1,686,000	1.9
RQ6	ROYAL LIVERPOOL BROADGREEN UNIV HOSP TR	1,121,291	0.8	2,016,055	1.4	321,000	0.2	1,924,000	1.2
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	3,607,612	3.8	4,408,883	4.6	929,000	0.9	4,782,000	4.4
RQM	CHELSEA AND WESTMINSTER HEALTHCARE TRUST	3,256,497	3.2	1,902,924	1.9	3,344,000	3.0	3,064,000	2.7
RQN	HAMMERSMITH HOSPITALS NHS TRUST	8,806,444	4.0	17,683,401	8.1	4,586,000	1.9	13,112,000	5.4
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	212,986	0.5	1,033,760	2.5	191,000	0.4	1,144,000	2.4
RQW	PRINCESS ALEXANDRA HOSPITAL NHS TRUST	3,914,860	5.7	2,946,789	4.3	1,568,000	2.0	2,911,000	3.8
RQX	HOMERTON UNIVERSITY HOSPITAL NHS TRUST	7,268,979	9.9	2,435,653	3.3	—	—	—	—
RQY	SW LONDON AND ST GEORGE'S MENTAL HLTH TR	7,547,169	7.5	9,777,228	9.8	8,607,000	7.6	13,694,000	12.1
RR1	BIRMINGHAM HEARTLANDS AND SOLIHULL TRUST	2,043,451	1.5	4,122,016	3.0	1,516,000	1.0	4,030,000	2.5
RR2	ISLE OF WIGHT HEALTHCARE NHS TRUST	1,286	0.0	1,788,780	2.6	70,000	0.1	775,000	1.0
RR7	GATESHEAD HEALTH NHS TRUST	969,105	1.3	1,421,357	1.9	659,000	1.0	1,173,000	1.8
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	2,420,146	0.6	5,679,156	1.4	1,286,000	0.3	4,398,000	1.0
RRD	N ESSEX MENTAL HEALTH PARTNERSHIP NHS TR	3,032,696	5.3	7,987,550	14.1	3,028,000	4.7	8,473,000	13.1
RRE	SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST	986,027	1.8	724,057	1.3	1,041,000	1.8	572,000	1.0
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST"	783,075	0.8	1,218,001	1.2	1,322,000	1.2	1,435,000	1.3
RRJ	ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST	568,157	2.7	1,446,240	6.9	444,000	1.9	1,158,000	4.8
RRK	UNIVERSITY HOSPITAL BIRMINGHAM NHS TRUST	2,069,290	1.1	5,074,281	2.8	314,000	0.6	1,130,000	2.2
RRP	BARNET, ENFIELD AND HARINGEY MH NHS TR"	1,517,441	1.8	5,431,083	6.5	2,178,000	2.1	5,272,000	5.1
RRU	LONDON AMBULANCE SERVICE NHS TRUST	0	0.0	2,395,090	2.0	0	0.0	2,201,000	1.5
RRV	UNIVERSITY COLLEGE LONDON HOSPITAL NHS TRUST	7,343,332	3.3	10,055,978	4.5	1,111,000	1.8	2,012,000	3.3

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust		2003-04	Other staff	Other Staff	Nursing,	2004-05	Other staff	Other Staff
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	(£)	as a % of total organisation pay bill (%)	midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	(£)	as a % of total organisation pay bill (%)
RT1	CAMBS & PETERBOROUGH MH PARTNERSHIP TR	1,874,492	2.6	1,754,262	2.4	1,768,000	2.2	2,391,000	2.9
RT2	PENNINE CARE NHS TRUST	1,687,826	3.0	2,314,723	4.1	2,078,000	3.1	3,165,000	4.8
RT3	ROYAL BROMPTON AND HAREFIELD NHS TRUST	1,881,954	2.0	1,465,412	1.6	1,135,000	1.1	1,346,000	1.3
RT5	LEICESTERSHIRE PARTNERSHIP NHS TRUST	1,131,054	1.4	3,726,448	4.7	1,079,000	1.2	3,026,000	3.3
RT6	SUFFOLK MENTAL HEALTH PARTNERSHIP NHS TR	860,991	1.7	1,183,675	2.4	725,000	1.3	1,423,000	2.5
RTC	COUNTY DURHAM AND DARLINGTON PRIOR SRV T	124,362	0.3	638,156	1.3	169,000	0.3	1,760,000	3.4
RTD	NEWCASTLE UPON TYNE HOSPITALS NHS TRUST	1,764,434	0.6	4,518,025	1.6	1,377,000	0.4	4,771,000	1.5
RTE	GLOUCESTERSHIRE HOSPITALS NHS TRUST	2,892,512	1.8	3,034,268	1.9	813,000	1.8	808,000	1.8
RTF	NORTHUMBRIA HEALTH CARE NHS TRUST	448,649	0.3	1,347,775	1.0	420,000	0.3	959,000	0.6
RTG	SOUTHERN DERBYSHIRE ACUTE HOSPITALS NHS TRUST	805,371	0.6	3,452,773	2.5	214,000	0.5	874,000	2.2
RTH	OXFORD RADCLIFFE HOSPITALS NHS TRUST	3,774,963	1.4	7,994,767	3.0	5,223,000	1.8	9,612,000	3.4
RTJ	SURREY HAMPSHIRE BORDERS NHS TRUST	761,306	1.9	1,319,209	3.2	251,000	0.8	1,457,000	4.6
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TR	1,836,469	1.9	4,289,296	4.4	1,334,000	1.3	3,768,000	3.6
RTM	EAST KENT NHS AND SC PARTNERSHIP TRUST	382,956	1.0	1,987,999	5.2	393,000	0.9	1,540,000	3.6
RTN	SURREY OAKLANDS NHS TRUST	4,253,251	5.8	3,535,448	4.8	4,612,000	6.6	3,310,000	4.7
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	4,401,109	4.6	6,044,807	6.3	4,949,000	4.3	5,463,000	4.8
RTQ	GLOUCESTERSHIRE PARTNERSHIP NHS TRUST	2,259,210	4.5	367,257	0.7	1,676,000	3.0	373,000	0.7
RTR	SOUTH TEES HOSPITALS NHS TRUST	1,498,081	0.9	2,645,576	1.5	716,000	0.4	1,350,000	0.7
RTV	5 BOROUGH PARTNERSHIP NHS TRUST	873,844	1.5	2,146,260	3.7	1,222,000	1.8	1,800,000	2.6
RTX	MORECAMBE BAY HOSPITALS NHS TRUST	184,377	0.2	2,634,743	2.4	185,000	0.1	2,943,000	2.3
RV1	TEES EAST AND NTH YORKSHRE AMB SERV NHS	3,784	0.0	715,916	2.2	0	0.0	390,000	1.1
RV3	CENTRAL AND NORTH WEST LONDON MH NHS TR	2,534,801	2.8	6,012,021	6.7	1,659,000	1.6	6,647,000	6.5
RV5	SOUTH LONDON AND MAUDSLEY NHS TRUST	3,825,109	2.3	13,864,076	8.2	3,123,000	1.6	15,928,000	8.1
RV6	EAST MIDLANDS AMBULANCE SERVCE NHS TRUST	0	0.0	107,709	0.3	0	0.0	192,000	0.4
RV7	BEDFORDSHIRE AND LUTON COMMUNITY NHS TR	1,420,488	3.1	721,889	1.6	1,653,000	3.1	679,000	1.3
RV8	NORTH WEST LONDON HOSPITALS NHS TRUST	3,836,245	2.4	8,054,502	5.0	3,064,000	1.7	6,477,000	3.6
RV9	HULL AND EAST RIDING COMM HEALTH NHS TR	1,468,029	2.4	3,868,398	6.3	1,404,000	2.7	2,187,000	4.2
RVJ	NORTH BRISTOL NHS TRUST	6,565,877	3.0	3,658,197	1.7	1,828,000	0.8	3,301,000	1.4
RVK	NORTH EAST AMBULANCE SERVICE NHS TRUST	0	0.0	117,655	0.3	3,000	0.0	118,000	0.3
RVL	BARNET AND CHASE FARM HOSPITALS NHS TR	3,975,737	3.1	7,218,060	5.6	3,115,000	2.1	4,648,000	3.1
RVN	AVON AND WILTSHIRE MHP NHS TRUST	3,088,761	3.2	4,928,901	5.1	2,523,000	2.3	3,450,000	3.1

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	Nursing, midwifery and health visiting (£)	2003-04 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	2004-05 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
RVR	EPSOM AND ST HELIER UNI HOSPS NHS TRUST	677,015	0.5	3,371,584	2.5	450,000	0.3	2,635,000	1.7
RVV	EAST KENT HOSPITALS NHS TRUST	1,620,270	0.9	9,576,999	5.1	1,581,000	0.7	9,550,000	4.4
RVW	NORTH TEES AND HARTLEPOOL NHS TRUST	446,172	0.4	922,773	0.9	902,000	0.8	1,024,000	0.9
RVX	TEES AND NORTH EAST YORKSHIRE NHS TRUST	343,815	0.5	952,209	1.4	329,000	0.4	1,553,000	1.9
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TR	412,937	0.5	1,252,266	1.7	375,000	0.5	1,570,000	1.9
RW1	HAMPSHIRE PARTNERSHIP NHS TRUST	2,452,031	3.6	2,591,150	3.8	2,280,000	2.5	2,404,000	2.7
RW3	CENT MANCHESTER/ MANCHESTER CHILD NHS TR	5,415,659	2.3	5,784,544	2.4	6,039,000	2.3	6,091,000	2.3
RW4	MERSEY CARE NHS TRUST	3,306,859	2.7	5,612,749	4.5	2,550,000	2.0	5,545,000	4.3
RW5	LANCASHIRE CARE NHS TRUST	644,203	0.9	5,008,055	6.8	571,000	0.7	4,442,000	5.1
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	5,329,503	2.1	6,272,896	2.5	2,278,000	0.8	6,236,000	2.2
RW7	NORTH WEST SURREY MH NHS PARTNERSHIP TR	618,911	3.2	401,565	2.1	355,000	1.8	279,000	1.4
RW8	WEST SUSSEX HEALTH AND SOCIAL CARE NHSTR	1,813,051	3.3	4,517,937	8.1	1,530,000	2.5	3,308,000	5.4
RW9	SOUTH OF TYNE AND WEAR SIDE MH NHS TRUST	8,191	0.0	1,519,794	3.4	12,000	0.0	1,390,000	2.8
RWA	HULL AND EAST YORKSHIRE HOSPITALS NHS TR	566,582	0.3	3,855,591	2.2	492,000	0.2	3,471,000	1.7
RWC	DONCASTER AND SOUTH HUMBER HLTHCARE NHS	420,801	0.7	686,390	1.2	394,000	0.6	1,209,000	1.9
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	1,855,620	1.1	4,323,680	2.6	488,000	0.3	2,967,000	1.6
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TR	8,524,976	2.9	5,003,712	1.7	4,422,000	1.3	5,044,000	1.5
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	4,102,212	3.2	6,008,170	4.7	2,063,000	1.4	5,805,000	4.1
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	5,682,388	4.3	5,769,298	4.4	4,680,000	3.0	7,073,000	4.6
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	1,097,568	0.9	4,886,468	4.0	904,000	0.6	4,411,000	3.1
RWJ	STOCKPORT NHS TRUST	1,516,723	1.7	1,753,373	1.9	—	—	—	—
RWK	EAST LONDON AND THE CITY MH NHS TRUST	2,037,788	2.6	4,562,039	5.9	1,605,000	1.8	5,517,000	6.2
RWN	SOUTH ESSEX PARTNERSHIP NHS TRUST	1,826,873	3.2	5,979,369	10.6	831,000	1.4	1,718,000	2.9
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	5,484,466	4.4	2,844,216	2.3	6,393,000	4.5	3,699,000	2.6
RWQ	WORCESTERSHIRE MH PARTNERSHIP NHS TRUST	462,200	1.4	319,658	0.9	61,000	0.2	251,000	0.6
RWR	HERTFORDSHIRE PARTNERSHIP NHS TRUST	2,262,595	2.5	4,351,097	4.8	2,157,000	2.1	3,926,000	3.9
RWT	BUCKINGHAMSHIRE MENTAL HEALTH NHS TRUST	1,362,242	4.3	97,732	0.3	144,000	0.5	483,000	1.6
RWV	DEVON PARTNERSHIP NHS TRUST	1,428,355	2.3	2,193,592	3.6	1,722,000	2.5	2,525,000	3.7
RWW	NORTH CHESHIRE HOSPITALS NHS TRUST	3,105,131	3.2	1,213,228	1.3	737,000	0.7	1,852,000	1.8
RWX	BERKSHIRE HEALTHCARE NHS TRUST	3,259,238	5.7	1,228,995	2.2	2,770,000	4.8	2,747,000	4.7
RWY	CALDERDALE AND HUDDERSFIELD NHS TRUST	255,774	0.2	2,401,489	1.8	259,000	0.2	2,562,000	1.7
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS TR	0	0.0	1,939,000	3.0	0	0.0	3,080,000	4.1
RXC	EAST SUSSEX HOSPITALS NHS TRUST	4,297,948	3.2	4,085,739	3.1	2,145,000	1.5	2,908,000	2.0

Table 26a (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

<i>Code</i>	<i>NHS trust</i>	<i>Nursing, midwifery and health visiting (£)</i>	<i>2003–04 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)</i>	<i>Other staff (£)</i>	<i>Other Staff as a % of total organisation pay bill (%)</i>	<i>Nursing, midwifery and health visiting (£)</i>	<i>2004–05 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)</i>	<i>Other staff (£)</i>	<i>Other Staff as a % of total organisation pay bill (%)</i>
RXD	EAST SUSSEX COUNTY HEALTHCARE NHS TRUST	1,071,402	2.7	3,072,672	7.6	719,000	1.7	1,765,000	4.1
RXF	MID YORKSHIRE HOSPITALS NHS TRUST	2,017,750	1.1	8,802,075	4.9	1,762,000	0.9	8,117,000	4.2
RXG	SOUTH WEST YORKSHIRE MENTAL HEALTH NHSTR	431,944	0.6	2,533,642	3.8	95,000	0.1	4,025,000	5.8
RXH	BRIGHTON AND SUSSEX UNIV HOSPS NHS TRUST	6,236,799	3.8	4,653,292	2.8	1,950,000	1.0	4,474,000	2.4
RXJ	WEST KENT NHS AND SOCIAL CARE TRUST	1,964,298	2.8	2,465,840	3.6	2,569,000	3.3	1,715,000	2.2
RXK	SANDWELL & WEST BIRMINGHAM HOSPS NHS TR	1,068,143	0.6	3,959,254	2.2	1,380,000	0.7	3,554,000	1.7
RXL	BLACKPOOL, FYLDE AND WYRE HOSPS NHS TR ²	64,300	0.1	1,690,196	1.6	34,000	0.0	2,324,000	1.9
RXM	DERBYSHIRE MENTAL HEALTH SERVICES NHS TR	1,026,261	1.8	1,894,453	3.4	2,165,000	3.4	2,315,000	3.6
RXN	LANCASHIRE TEACHING HOSPITALS NHS TRUST	1,530,891	1.1	2,175,551	1.5	1,090,000	0.7	1,721,000	1.1
RXP	CO DURHAM & DARLINGTON ACUTE HOSP NHS TR	1,681,660	1.1	3,710,893	2.5	1,192,000	0.7	4,614,000	2.8
RXQ	BUCKINGHAMSHIRE HOSPITALS NHS TRUST	2,386,748	1.9	2,887,107	2.3	—6,000	0.0	3,990,000	2.8
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	2,437,135	1.6	2,694,733	1.7	2,831,000	1.6	3,490,000	2.0
RXT	BIRMINGHAM AND SOLIHULL MH NHS TRUST	1,443,029	1.4	2,107,426	2.0	2,134,000	1.7	2,194,000	1.8
RXV	BOLTON SALFORD AND TRAFFORD MH NHS TRUST	922,806	1.4	1,203,006	1.8	920,000	1.2	3,078,000	4.0
RXW	SHREWSBURY & TELFORD HOSPITALS NHS TRUST	244,419	0.2	911,605	0.8	176,000	0.1	558,000	0.4
TAD	BRADFORD DISTRICT CARE TRUST	449,697	0.8	3,584,206	6.0	692,000	1.0	4,164,000	6.0
TAE	MANCHESTER MENTAL HLTH & SOCIAL CARE TR	1,018,785	2.3	1,227,084	2.8	860,000	1.8	1,134,000	2.3
TAF	CAMDEN & ISLINGTON MH & SOCIAL CARE TR	4,875,214	7.4	2,931,192	4.5	1,444,000	2.0	2,343,000	3.2
TAH	SHEFFIELD CARE TRUST	1,817,115	2.9	1,588,675	2.5	1,690,000	2.4	2,272,000	3.2
TAJ	SANDWELL MENTAL HEALTH NHS & SOCIAL CT	683,541	2.6	315,629	1.2	126,000	0.5	132,000	0.5
	England	442,672,685		736,492,325		319,247,000		649,577,000	

Source:

Annual financial returns of NHS trusts

Footnotes:

1. 2004–05 data does not include agency spend after trusts obtained foundation status. These trusts do not report agency spend broken down by staff group. NHS trusts that became foundation trusts at 1 April 2004 have been shown as a '—' in the 2004–05 figures.

Table 26b

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003-04				2004-05			
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
5A1	NEW FOREST PCT	642,865	3.4	746,090	3.9	745,000	3.4	421,000	1.9
5A2	NORWICH PCT	1,470,546	3.3	292,730	0.7	853,000	1.8	526,000	1.1
5A3	SOUTH GLOUCESTERSHIRE PCT	43,146	0.4	221,116	2.2	24,000	0.2	372,000	3.5
5A4	HAVERING PCT	1,416,294	5.5	1,597,336	6.2	1,582,000	5.1	2,120,000	6.8
5A5	KINGSTON PCT	760,068	4.0	855,185	4.5	509,000	2.4	707,000	3.3
5A7	BROMLEY PCT	560,957	2.0	1,096,390	3.8	606,000	1.8	1,063,000	3.1
5A8	GREENWICH TEACHING PCT	347,463	1.8	1,441,599	7.3	89,000	0.4	1,426,000	6.0
5A9	BARNET PCT	774,602	2.4	2,144,337	6.7	786,000	2.0	2,567,000	6.7
5AA	SOUTH MANCHESTER PCT	375,003	3.0	216,929	1.7	378,000	2.7	363,000	2.6
5AC	DAVENTRY AND SOUTH NORTHAMPTONSHIRE PCT	322,000	3.7	188,000	2.2	37,000	0.3	353,000	3.3
5AF	NORTH PETERBOROUGH PCT	1,251	0.0	189,396	1.2	2,000	0.0	1,023,000	3.6
5AG	SOUTH PETERBOROUGH PCT	0	0.0	17,509	8.5	0	0.0	13,000	6.4
5AH	TENDRING PCT	592,323	5.3	493,467	4.4	571,000	4.4	999,000	7.6
5AJ	EPPING FOREST PCT	562,806	4.4	781,878	6.1	516,000	3.5	892,000	6.0
5AK	SOUTHEND ON SEA PCT	67,573	0.8	110,309	1.3	183,000	1.6	98,000	0.9
5AL	CENTRAL DERBY PCT	529,325	4.9	283,938	2.6	259,000	2.1	603,000	4.8
5AM	MANSFIELD DISTRICT PCT	14,008	0.1	391,790	3.1	10,000	0.1	369,000	2.5
5AN	NORTH EAST LINCOLNSHIRE PCT	0	0.0	58,286	0.7	0	0.0	67,000	0.6
5AP	NEWARK AND SHERWOOD PCT	0	0.0	79,977	1.7	0	0.0	135,000	2.3
5AT	HILLINGDON PCT	432,330	1.3	2,248,739	6.6	943,000	2.7	1,606,000	4.5
5AW	AIREDALE PCT	4,091	0.1	89,820	1.1	0	0.0	94,000	0.8
501	ENFIELD PCT	321,866	1.3	2,292,070	8.9	251,000	0.8	2,629,000	8.5
5C2	BARKING AND DAGENHAM PCT	524,310	3.0	1,282,291	7.3	370,000	1.8	1,359,000	6.6
5C3	CITY AND HACKNEY TEACHING PCT	1,347,593	5.9	1,575,882	6.9	1,378,000	5.1	2,014,000	7.4
504	TOWER HAMLETS PCT	1,291,851	3.2	2,865,334	7.1	1,255,000	2.6	3,510,000	7.2
5C5	NEWHAM PCT	1,545,562	4.3	1,411,765	3.9	1,853,000	4.2	1,629,000	3.7
5C9	HARINGEY TEACHING PCT	702,140	2.8	2,830,662	11.1	486,000	1.5	1,993,000	6.2
5CC	BLACKBURN WITH DARWEN PCT	13,320	0.1	417,721	3.5	27,000	0.2	512,000	3.6
5CD	NORTH DORSET PCT	503,749	2.2	479,350	2.1	528,000	1.9	439,000	1.6
5CE	BOURNEMOUTH TEACHING PCT	0	0.0	378,253	4.0	0	0.0	465,000	4.0
5CF	BRADFORD CITY TEACHING PCT	526	0.0	304,385	2.4	120,000	0.7	361,000	2.2
5CG	BRADFORD SOUTH AND WEST PCT	62,414	0.7	159,086	1.8	201,000	1.7	202,000	1.7
5CH	NORTH BRADFORD PCT	209,413	2.8	154,874	2.0	148,000	1.4	184,000	1.7

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003-04				2004-05			
		<i>Nursing, midwifery and health visiting</i>	<i>Nursing, midwifery and health visiting as a % of total organisation pay bill</i>	<i>Other staff</i>	<i>Other Staff as a % of total organisation pay bill</i>	<i>Nursing, midwifery and health visiting</i>	<i>Nursing, midwifery and health visiting as a % of total organisation pay bill</i>	<i>Other staff</i>	<i>Other Staff as a % of total organisation pay bill</i>
		(£)	(%)	(£)	(%)	(£)	(%)	(£)	(%)
5CK	DONCASTER CENTRAL PCT	0	0.0	147,188	1.7	0	0.0	153,000	1.7
5CL	CENTRAL MANCHESTER PCT	100,633	0.4	505,366	1.8	97,000	0.3	428,000	1.5
5CM	DARTFORD, GRAVESHAM AND SWANLEY PCT	116,370	0.7	447,715	2.7	84,000	0.4	707,000	3.5
5CN	HEREFORDSHIRE PCT	541,135	2.0	1,163,475	4.2	725,000	2.2	1,098,000	3.3
5CP	HERTSMERE PCT	150,890	2.4	286,722	4.6	87,000	1.1	896,000	11.0
5CQ	MILTON KEYNES PCT	558,997	2.1	911,940	3.4	494,000	1.7	720,000	2.4
5CR	NORTH MANCHESTER PCT	21,953	0.2	90,323	0.9	1,000	0.0	172,000	1.5
5CV	SOUTH HAMS AND WEST DEVON PCT	39,622	0.4	277,474	2.6	7,000	0.1	536,000	4.8
5CW	TORBAY PCT	70,887	0.6	70,082	0.6	89,000	0.7	144,000	1.1
5CX	TRAFFORD SOUTH PCT	21,266	0.4	70,818	1.4	73,000	0.7	181,000	1.8
5CY	WEST NORFOLK PCT	195,629	1.2	404,761	2.5	88,000	0.5	109,000	0.6
5D1	SOLIHULL PCT	191,121	1.0	375,101	1.9	139,000	0.6	352,000	1.5
5D2	WEST LINCOLNSHIRE PCT	615	0.0	1,284,474	8.8	5,000	0.0	710,000	4.5
5D3	LINCOLNSHIRE SOUTH WEST TEACHING PCT	28,019	0.3	-10,930	-0.1	4,000	0.0	265,000	2.1
5D4	CARLISLE AND DISTRICT PCT	18,466	0.3	122,706	1.8	0	0.0	61,000	0.8
5D5	EDEN VALLEY PCT	0	0.0	80,158	0.7	0	0.0	133,000	1.0
5D6	WEST CUMBRIA PCT	0	0.0	177,366	1.4	0	0.0	308,000	2.0
5D7	NEWCASTLE PCT	15,926	0.1	591,477	2.6	6,000	0.0	684,000	2.5
5D8	NORTH TYNESIDE PCT	1,211	0.0	165,184	1.1	32,000	0.2	223,000	1.2
5D9	HARTLEPOOL PCT	0	0.0	176,195	2.6	0	0.0	184,000	2.1
5DC	HARLOW PCT	1,200	0.0	48,134	0.9	0	0.0	71,000	1.2
5DD	MORECAMBE BAY PCT	212,217	0.4	1,502,074	2.7	147,000	0.2	1,473,000	2.3
5DF	NORTH HAMPSHIRE PCT	455,076	3.6	586,402	4.7	297,000	2.1	196,000	1.4
5DG	ISLE OF WIGHT PCT	0	0.0	36,737	0.7	0	0.0	128,000	2.2
5DH	WEST WILTSHIRE PCT	66,268	0.4	237,595	1.3	142,000	0.7	86,000	0.4
5DJ	SOUTH WILTSHIRE PCT	978	0.0	146,496	2.3	26,000	0.3	580,000	6.3
5DK	NEWBURY AND COMMUNITY PCT	173,417	1.7	529,056	5.3	0	0.0	429,000	3.7
5DL	READING PCT	387,580	3.0	195,342	1.5	656,000	4.3	181,000	1.2
5DM	SLOUGH PCT	102,097	1.0	226,576	2.1	145,000	1.1	331,000	2.5
5DN	WOKINGHAM PCT	78,798	0.9	108,837	1.3	77,000	0.6	250,000	2.1
5DP	VALE OF AYLESBURY PCT	92,125	0.6	180,092	1.1	0	0.0	81,000	0.4
5DQ	BURNTWOOD, LICHFIELD AND TAMWORTH PCT	63,151	0.4	336,262	2.2	44,000	0.3	310,000	1.8
5DR	WYRE FOREST PCT	28,085	0.2	41,909	0.4	50,000	0.4	46,000	0.3
5DT	NORTH EAST OXFORDSHIRE PCT	182,413	6.6	85,136	3.1	70,000	2.1	365,000	10.8

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust		2003-04	Other staff	Other Staff	Nursing,	2004-05	Other staff	Other Staff
		Nursing, midwifery and health visiting	Nursing, midwifery and health visiting as a % of total organisation pay bill	(£)	as a % of total organisation pay bill	midwifery and health visiting	Nursing, midwifery and health visiting as a % of total organisation pay bill	(£)	as a % of total organisation pay bill
		(£)	(%)	(£)	(%)	(£)	(%)	(£)	(%)
5DV	CHERWELL VALE PCT	201,778	1.8	454,014	4.1	218,000	1.7	1,231,000	9.5
5DW	OXFORD CITY PCT	355,166	3.1	84,126	0.7	156,000	1.3	104,000	0.9
5DX	SOUTH EAST OXFORDSHIRE PCT	274,670	5.0	237,244	4.4	366,000	10.8	240,000	7.1
5DY	SOUTH WEST OXFORDSHIRE PCT	333,223	2.9	207,201	1.8	310,000	2.0	876,000	5.7
5E1	NORTH TEES PCT	8,414	0.1	100,215	0.8	0	0.0	91,000	0.7
5E2	SELBY AND YORK PCT	45,043	0.1	121,931	0.3	71,000	0.2	267,000	0.6
5E3	EAST YORKSHIRE PCT	280	0.0	92,690	1.8	0	0.0	415,000	2.7
5E4	YORKSHIRE WOLDS AND COAST PCT	268,306	3.1	155,291	1.8	409,000	4.3	202,000	2.1
5E5	EASTERN HULL PCT	66,312	1.0	158,533	2.4	0	0.0	191,000	1.6
5E6	WEST HULL PCT	0	0.0	120,630	1.5	0	0.0	190,000	1.5
5E7	EASTERN WAKEFIELD PCT	0	0.0	148,492	1.2	0	0.0	142,000	0.9
5E8	WAKEFIELD WEST PCT	0	0.0	123,415	1.2	0	0.0	242,000	1.8
5E9	MID-HAMPSHIRE PCT	4,121	0.1	175,349	2.4	0	0.0	57,000	0.6
5EA	CHESTERFIELD PCT	13,394	0.1	835,731	3.3	0	0.0	305,000	1.1
5EC	GEDLING PCT	34,823	0.6	38,577	0.7	0	0.0	42,000	0.7
5ED	AMBER VALLEY PCT	179,115	1.6	436,803	3.9	363,000	2.6	494,000	3.5
5EE	NORTH SHEFFIELD PCT	3,321	0.0	251,881	3.3	1,000	0.0	309,000	3.4
5EF	NORTH LINCOLNSHIRE PCT	288	0.0	54,324	0.6	0	0.0	55,000	0.6
5EG	NORTH EASTERN DERBYSHIRE PCT	12,465	0.1	151,685	1.1	9,000	0.1	328,000	2.0
5EH	MELTON, RUTLAND AND.HARBOROUGH PCT	154,914	1.4	159,523	1.4	245,000	1.5	77,000	0.5
5EJ	LEICESTER CITY WEST PCT	1,322	0.0	458,590	2.9	166,000	0.9	482,000	2.7
5EK	DONCASTER EAST PCT	0	0.0	32,303	0.7	0	0.0	69,000	1.1
5EL	DONCASTER WEST PCT	0	0.0	37,959	0.6	0	0.0	143,000	1.7
5EM	NOTTINGHAM CITY PCT	1,022,761	3.3	879,014	2.9	929,000	2.6	830,000	2.3
5EN	SHEFFIELD WEST PCT	4,891	0.1	1,010,324	12.5	2,000	0.0	1,491,000	13.7
5EP	SHEFFIELD SOUTH WEST PCT	4,035	0.0	708,609	5.2	4,000	0.0	843,000	4.9
5EQ	SOUTH EAST SHEFFIELD PCT	984	0.0	2,759,864	20.1	655,000	4.3	2,044,000	13.5
5ER	EREWASH PCT	73,996	0.7	165,616	1.5	175,000	1.3	175,000	1.3
5ET	BASSETLAW PCT	59,083	1.0	207,514	3.6	21,000	0.3	243,000	3.4
5EV	BROXTOWE AND HUCKNALL PCT	81,227	0.7	74,878	0.7	99,000	0.7	47,000	0.3
5EX	GREATDERBY PCT	6,164	0.0	227,480	1.7	2,000	0.0	321,000	2.2
5EY	EASTERN LEICESTER PCT	2,042	0.0	185,793	2.3	0	0.0	989,000	8.6
5F1	PLYMOUTH TEACHING PCT	456,802	1.0	1,311,069	2.8	555,000	1.0	1,113,000	2.1
5F2	CHORLEY AND SOUTH RIBBLE PCT	54,186	0.4	191,374	1.3	377,000	2.1	427,000	2.4

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003-04		2004-05					
		<i>Nursing, midwifery and health visiting</i>	<i>Nursing, midwifery and health visiting as a % of total organisation pay bill</i>	<i>Other staff</i>	<i>Other Staff as a % of total organisation pay bill</i>	<i>Nursing, midwifery and health visiting</i>	<i>Nursing, midwifery and health visiting as a % of total organisation pay bill</i>	<i>Other staff</i>	<i>Other Staff as a % of total organisation pay bill</i>
		(£)	(%)	(£)	(%)	(£)	(%)	(£)	(%)
5F3	WEST LANCASHIRE PCT	2,668	0.0	291,268	2.8	6,000	0.0	250,000	2.0
5F4	HEYWOOD AND MIDDLETON PCT	20,793	0.2	176,566	1.5	84,000	0.6	193,000	1.4
5F5	SALFORD PCT	183,587	0.6	780,008	2.7	77,000	0.2	995,000	2.9
5F6	TRAFFORD NORTH PCT	3,226	0.1	178,331	3.4	0	0.0	121,000	1.9
5F7	STOCKPORT PCT	137,461	0.8	94,329	0.6	10,000	0.0	374,000	1.9
5F8	BEBINGTON AND WEST WIRRAL PCT	0	0.0	170,575	2.0	17,000	0.2	130,000	1.2
5F9	SOUTHPORT AND FORMBY PCT	5,925	0.1	171,645	2.1	3,000	0.0	192,000	2.0
5FA	ASHFIELD PCT	205	0.0	49,756	0.8	1,000	0.0	97,000	1.3
5FC	RUSHCLIFFE PCT	336,399	2.2	860,801	5.5	0	0.0	1,288,000	7.1
5FD	EAST HAMPSHIRE PCT	1,321,529	3.4	1,808,360	4.6	1,789,000	4.1	1,320,000	3.0
5FE	PORTSMOUTH CITY TEACHING PCT	1,284,475	3.8	2,734,858	8.1	267,000	0.6	1,969,000	4.8
5FF	SOUTH WEST KENT PCT	67,877	0.5	623,946	4.3	39,000	0.2	578,000	3.5
5FH	BEXHILL AND ROTHER PCT	54,980	0.7	136,823	1.9	37,000	0.4	69,000	0.8
5FJ	HASTINGS AND ST LEONARDS PCT	0	0.0	10,198	0.2	0	0.0	39,000	0.7
5FK	MID-SUSSEX PCT	0	0.0	294,005	3.8	0	0.0	115,000	1.1
5FL	BATH AND NORTH EAST SOMERSET PCT	1,573,536	6.9	287,959	1.3	1,577,000	6.3	596,000	2.4
5FM	WEST OF CORNWALL PCT	65,480	0.5	72,167	0.5	218,000	1.2	52,000	0.3
5FN	SOUTH AND EAST DORSET PCT	58,658	0.4	599,967	3.9	96,000	0.6	602,000	3.6
5FP	SOUTH WEST DORSET PCT	267,170	2.9	18,500	0.2	1,259,000	9.6	854,000	6.5
5FQ	NORTH DEVON PCT	24,614	0.2	100,233	0.8	20,000	0.1	121,000	0.8
5FR	EXETER PCT	96,930	0.8	325,123	2.7	43,000	0.3	346,000	2.4
5FT	EAST DEVON PCT	130,015	0.9	137,850	1.0	214,000	1.3	240,000	1.5
5FV	MID DEVON PCT	56,533	0.5	211,389	1.8	81,000	0.6	275,000	1.9
5FW	SOMERSET COAST PCT	141,597	1.2	207,747	1.8	19,000	0.1	436,000	3.1
5FX	MENDIP PCT	176,879	1.8	342,867	3.4	167,000	1.3	688,000	5.5
5FY	TEIGNBRIDGE PCT	59,085	0.5	121,199	1.1	72,000	0.6	135,000	1.1
5G1	SOUTHERN NORFOLK PCT	40,502	0.5	355,088	4.1	83,000	0.8	118,000	1.2
5G2	BRACKNELL FOREST PCT	289,649	3.2	968,473	10.8	36,000	0.3	629,000	5.8
5G3	WINDSOR, ASCOT AND MAIDENHEAD PCT	145,658	1.5	178,589	1.8	118,000	1.1	337,000	3.1
5G4	CHILTERN AND SOUTH BUCKS PCT	58,606	0.8	57,701	0.8	0	0.0	140,000	1.5
5G5	WYCOMBE PCT	82,435	0.7	680,555	5.8	17,000	0.1	500,000	3.7
5G6	BLACKWATER VALLEY AND HART PCT	119,961	0.6	480,407	2.6	109,000	0.6	195,000	1.0
5G7	HYNDBURN AND RIBBLE VALLEY PCT	50,951	0.3	53,313	0.3	57,000	0.2	37,000	0.2
5G8	BURNLEY, PENDLE AND ROSSENDALE PCT	93,216	0.4	399,712	1.7	103,000	0.4	830,000	2.9
5G9	NORTH LIVERPOOL PCT	56,012	0.5	318,247	2.8	240,000	1.6	312,000	2.0

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003–04				2004–05			
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
5GC	LUTON PCT	211,629	1.7	122,714	1.0	844,000	5.7	316,000	2.1
5GD	BEDFORD PCT	59,963	0.5	164,255	1.4	112,000	0.7	228,000	1.5
5GE	BEDFORDSHIRE HEARTLANDS PCT	555,362	3.7	126,129	0.8	425,000	2.3	154,000	0.8
5GF	HUNTINGDONSHIRE PCT	0	0.0	321,043	2.1	532,000	2.8	142,000	0.7
5GG	WELWYN HATFIELD PCT	88,268	1.3	79,845	1.2	125,000	1.5	68,000	0.8
5GH	NORTH HERTFORDSHIRE AND STEVENAGE PCT	83,285	0.5	582,445	3.7	0	0.0	131,000	0.7
5GJ	SOUTH EAST HERTFORDSHIRE PCT	97,485	1.5	114,113	1.8	183,000	2.4	42,000	0.6
5GK	ROYSTON BUNTINGFORD & BISHOPS STORTFORD PCT	341,582	4.8	78,784	1.1	160,000	1.9	572,000	6.8
5GL	MALDON AND SOUTH CHELMSFORD PCT	343,720	3.2	280,058	2.6	279,000	2.4	597,000	5.1
5GM	COLCHESTER PCT	1,153,925	5.4	359,232	1.7	1,305,000	5.0	270,000	1.0
5GN	UTTLESFORD PCT	433,785	8.1	370,748	6.9	162,000	2.7	341,000	5.7
5GP	BILLERICAY, BRENTWOOD AND WICKFORD PCT	759,185	9.0	1,256,888	14.8	762,000	7.9	757,000	7.8
5GQ	THURROCK PCT	0	0.0	2,001,017	14.6	0	0.0	1,552,000	9.7
5GR	BASILDON PCT	15,000	0.2	555,451	6.9	0	0.0	604,000	6.2
5GT	GREAT YARMOUTH PCT	12,181	0.2	354,963	6.5	22,000	0.3	384,000	6.0
5GV	WATFORD AND THREE RIVERS PCT	74,604	0.7	1,181,751	11.6	420,000	3.3	1,296,000	10.0
5GW	DACORUM PCT	936	0.0	424,164	5.4	17,000	0.2	493,000	5.0
5GX	ST ALBANS AND HARPENDEN PCT	0	0.0	449,555	6.4	301,000	3.7	264,000	3.2
5H1	HAMMERSMITH AND FULHAM PCT	1,284,978	5.4	2,012,621	8.4	686,000	2.7	1,220,000	4.8
5H2	BIRKENHEAD AND WALLASEY PCT	89,267	0.6	192,768	1.2	-1,000	0.0	282,000	1.4
5H3	CHESHIRE WEST PCT	0	0.0	463,849	3.6	189,000	1.2	128,000	0.8
5H4	CENTRAL CHESHIRE PCT	18,342	0.1	269,395	1.5	4,000	0.0	378,000	1.7
5H5	EASTERN CHESHIRE PCT	19,970	0.2	193,429	1.8	25,000	0.2	203,000	1.5
5H6	ELLESMERE PORT AND NESTON PCT	76,772	0.9	186,195	2.2	85,000	0.9	73,000	0.7
5H7	DERBYSHIRE DALES & SOUTH DERBYSHIRE PCT	137,564	2.8	156,499	3.2	103,000	1.7	164,000	2.7
5H8	ROTHERHAM PCT	0	0.0	435,016	1.6	0	0.0	362,000	1.1
5H9	EAST LINCOLNSHIRE PCT	223,600	1.5	86,218	0.6	374,000	2.0	68,000	0.4
5HA	CENTRAL LIVERPOOL PCT	371,047	1.1	1,981,341	5.7	137,000	0.3	2,206,000	5.4
5HC	SOUTH LIVERPOOL PCT	51,581	0.4	362,249	2.8	34,000	0.2	370,000	2.5
5HD	PRESTON PCT	36,362	0.2	488,482	3.2	155,000	0.7	528,000	2.5
5HE	FYLDE PCT	0	0.0	181,963	2.3	0	0.0	73,000	0.7
5HF	WYRE PCT	0	0.0	653,315	5.7	0	0.0	429,000	3.2
5HG	ASHTON, LEIGH AND WIGAN PCT	50,472	0.2	476,430	1.8	160,000	0.5	333,000	1.0
5HH	LEEDS WEST PCT	0	0.0	64,119	0.9	0	0.0	167,000	1.5

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003-04		2004-05					
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
5HJ	LEEDS NORTH EAST PCT	2,089	0.0	357,475	4.2	2,000	0.0	321,000	3.0
5HK	EAST LEEDS PCT	190,028	0.9	258,614	1.2	359,000	1.4	611,000	2.5
5HL	SOUTH LEEDS PCT	68,762	0.5	828,388	6.1	15,000	0.1	1,298,000	7.8
5HM	LEEDS NORTH WEST PCT	26,843	0.2	453,591	3.6	0	0.0	486,000	3.1
5HN	HIGH PEAK AND DALES PCT	59,394	0.4	102,727	0.6	35,000	0.2	155,000	0.8
5HP	BLACKPOOL PCT	3,373	0.0	165,546	1.6	14,000	0.1	221,000	1.6
5HQ	BOLTON PCT	252	0.0	544,245	2.1	1,000	0.0	628,000	1.9
5HR	STAFFORDSHIRE MOORLANDS PCT	68,563	0.6	338,631	3.1	165,000	1.3	263,000	2.1
5HT	DUDLEY SOUTH PCT	8,676	0.0	366,208	1.9	6,000	0.0	404,000	1.7
5HV	DUDLEY BEACON AND CASTLE PCT	438,881	2.0	866,334	4.0	177,000	0.7	1,438,000	5.6
5HW	NEWCASTLE-UNDER-LYME PCT	4,112	0.1	240,864	3.2	19,000	0.2	228,000	2.4
5HX	EALING PCT	1,063,000	3.3	3,335,000	10.4	831,000	2.3	3,321,000	9.2
5HY	HOUNSLOW PCT	362,789	2.1	1,351,211	7.7	235,000	1.1	1,241,000	6.0
5J1	HALTON PCT	34,981	0.2	187,033	1.2	90,000	0.5	235,000	1.4
5J2	WARRINGTON PCT	38,165	0.2	481,186	3.1	154,000	0.8	704,000	3.4
5J3	ST HELENS PCT	12,755	0.1	136,489	1.2	27,000	0.2	57,000	0.4
5J4	KNOWSLEY PCT	0	0.0	559,363	3.5	0	0.0	709,000	3.5
5J5	OLDHAM PCT	0	0.0	846,143	5.3	60,000	0.3	1,508,000	7.1
5J6	CALDERDALE PCT	0	0.0	57,103	0.6	18,000	0.1	178,000	1.4
5J7	NORTH KIRKLEES PCT	282	0.0	333,489	2.9	0	0.0	210,000	1.7
5J8	DURHAM DALES PCT	28,144	0.4	85,121	1.1	2,000	0.0	209,000	1.9
5J9	DARLINGTON PCT	18,855	0.3	90,539	1.6	2,000	0.0	118,000	1.2
5JA	HINCKLEY AND BOSWORTH PCT	0	0.0	123,342	1.6	0	0.0	38,000	0.4
5JC	CHARNWOOD AND NW LEICESTERSHIRE PCT	93,268	0.4	522,265	2.1	114,000	0.4	1,339,000	4.3
5JD	SOUTH LEICESTERSHIRE PCT	35,832	0.5	227,356	3.1	105,000	1.1	355,000	3.8
5JE	BARNSELY PCT	203,722	0.5	1,004,379	2.4	385,000	0.8	857,000	1.8
5JF	BRISTOL NORTH PCT	3,281	0.0	353,372	2.3	303,000	1.6	82,000	0.4
5JG	BRISTOL SOUTH AND WEST PCT	22,340	0.1	529,338	2.9	60,000	0.4	592,000	3.6
5JH	CAMBRIDGE CITY PCT	344,590	2.7	419,568	3.3	236,000	2.0	525,000	4.4
5JJ	SOUTH CAMBRIDGESHIRE PCT	13,920	0.2	101,647	1.6	5,000	0.1	64,000	0.9
5JK	EAST CAMBRIDGESHIRE AND FENLAND PCT	127,483	0.9	397,481	2.8	253,000	1.6	405,000	2.5
5JL	BROADLAND PCT	50,579	1.2	7,515	0.2	63,000	1.1	81,000	1.4
5JM	NORTH NORFOLK PCT	781,075	9.9	148,410	1.9	1,681,000	17.2	141,000	1.4
5JN	CHELMSFORD PCT	0	0.0	58,960	1.4	92,000	1.8	87,000	1.7

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

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5JP	CASTLE POINT AND ROCHFORD PCT	206,157	2.4	320,253	3.7	34,000	0.3	373,000	3.8
5JQ	IPSWICH PCT	22,258	0.3	107,900	1.4	17,000	0.2	89,000	0.9
5JR	SUFFOLK COASTAL PCT	130,352	1.8	154,694	2.1	117,000	1.4	246,000	2.9
5JT	CENTRAL SUFFOLK PCT	99,682	1.2	30,356	0.4	36,000	0.4	113,000	1.1
5JV	WAVENEY PCT	148,947	2.1	46,585	0.7	166,000	2.0	58,000	0.7
5JW	SUFFOLK WEST PCT	56,305	0.5	413,922	3.7	79,000	0.6	179,000	1.4
5JX	BURY PCT	137,313	1.0	152,123	1.1	316,000	1.9	68,000	0.4
5JY	ROCHDALE PCT	31,611	0.2	415,344	3.2	162,000	1.0	677,000	4.2
5K1	SOUTH SOMERSET PCT	0	0.0	73,672	0.7	2,000	0.0	66,000	0.6
5K2	TAUNTON DEANE PCT	87,269	1.5	163,131	2.7	207,000	2.8	209,000	2.8
5K3	SWINDON PCT	476,407	3.4	297,328	2.1	67,000	0.4	620,000	3.7
5K4	KENNET AND NORTH WILTSHIRE PCT	263,386	0.9	650,306	2.3	107,000	0.4	887,000	3.2
5K5	BRENT TEACHING PCT	2,267,470	7.3	2,538,317	8.2	3,065,000	7.7	3,580,000	9.0
5K6	HARROW PCT	81,579	0.4	353,961	1.8	173,000	0.8	369,000	1.8
5K7	CAMDEN PCT	3,829,638	11.0	1,607,257	4.6	3,331,000	7.1	4,321,000	9.3
5K8	ISLINGTON PCT	1,408,562	5.3	2,376,708	8.9	2,049,000	6.5	2,774,000	8.8
5K9	CROYDON PCT	1,459,741	5.4	1,648,294	6.1	667,000	2.2	2,282,000	7.4
5KA	DERWENTSIDE PCT	2,350	0.0	46,236	0.9	0	0.0	0	0.0
5KC	DURHAM AND CHESTER-LE-STREET PCT	0	0.0	713,765	6.0	38,000	0.2	688,000	3.5
5KD	EASINGTON PCT	1,370	0.0	332,408	4.1	5,000	0.0	409,000	3.7
5KE	SEDFIELD PCT	26,396	0.4	96,209	1.3	5,000	0.1	184,000	2.0
5KF	GATESHEAD PCT	117,152	0.8	369,528	2.7	218,000	1.2	170,000	1.0
5KG	SOUTH TYNESIDE PCT	20,399	0.2	225,413	1.8	0	0.0	430,000	2.8
5KH	HAMBLETON AND RICHMONDSHIRE PCT	78,614	0.5	152,643	1.0	91,000	0.5	98,000	0.5
5KJ	CRAVEN, HARROGATE AND RURAL DISTRICT PCT	172,522	1.1	145,960	0.9	174,000	0.8	132,000	0.6
5KK	SCARBOROUGH, WHITBY AND RYEDALE PCT	100,265	0.6	224,478	1.3	73,000	0.4	373,000	2.0
5KL	SUNDERLAND TEACHING PCT	14,511	0.1	278,208	1.6	12,000	0.0	224,000	0.9
5KM	MIDDLESBROUGH PCT	52,662	0.4	168,562	1.2	89,000	0.5	241,000	1.4
5KN	LANGBAURGH PCT	243,113	2.5	121,690	1.2	310,000	2.4	201,000	1.6
5KP	EAST ELMBRIDGE AND MID SURREY PCT	867,685	4.4	960,599	4.9	689,000	3.0	742,000	3.2
5KQ	EAST SURREY PCT	218,161	1.4	768,126	4.8	353,000	2.0	796,000	4.4
5KR	NORTH AND EAST CORNWALL PCT	19,501	0.1	103,569	0.7	120,000	0.7	128,000	0.8
5KT	CENTRAL CORNWALL PCT	9,280	0.1	109,445	0.7	21,000	0.1	94,000	0.5
5KV	POOLE PCT	92,847	1.2	339,293	4.4	57,000	0.6	296,000	3.0

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

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5KW	CHELTENHAM AND TEWKESBURY PCT	0	0.0	11,281	0.2	0	0.0	74,000	0.7
5KX	WEST GLOUCESTERSHIRE PCT	0	0.0	233,067	1.4	6,000	0.0	121,000	0.6
5KY	COTSWOLD AND VALE PCT	152,366	0.6	250,065	0.9	72,000	0.2	140,000	0.5
5L1	SOUTHAMPTON CITY PCT	449,908	1.2	1,350,137	3.6	101,000	0.2	1,406,000	3.3
5L2	MAIDSTONE WEALD PCT	98,646	0.7	567,493	4.0	69,000	0.4	448,000	2.6
5L3	MEDWAY PCT	246,440	1.1	777,201	3.4	225,000	0.8	646,000	2.3
5L4	SWALE PCT	499,455	4.9	92,715	0.9	484,000	3.7	197,000	1.5
5L5	GUILDFORD AND WAVERLEY PCT	690,212	3.0	798,280	3.5	396,000	1.4	1,011,000	3.6
5L6	NORTH SURREY PCT	759,993	2.5	812,168	2.7	865,000	2.6	667,000	2.0
5L7	SURREY HEATH AND WOKING PCT	324,860	3.0	385,448	3.6	312,000	2.3	240,000	1.8
5L8	ADUR, ARUN AND WORTHING PCT	487,182	2.9	348,598	2.1	332,000	1.1	1,119,000	3.7
5L9	WESTERN SUSSEX PCT	313,994	2.1	127,147	0.8	268,000	1.5	207,000	1.1
5LA	KENSINGTON AND CHELSEA PCT	2,985,520	9.8	7,036,608	23.0	1,021,000	3.1	2,913,000	8.8
5LC	WESTMINSTER PCT	1,554,305	5.2	3,615,048	12.2	820,000	2.2	1,583,000	4.3
5LD	LAMBETH PCT	1,367,772	5.1	2,530,867	9.5	1,421,000	4.2	2,374,000	7.0
5LE	SOUTHWARK PCT	844,599	3.0	1,180,899	4.2	991,000	3.1	2,116,000	6.6
5LF	LEWISHAM PCT	337,416	1.0	1,760,370	5.1	802,000	2.0	1,818,000	4.6
5LG	WANDS WORTH PCT	926,755	2.1	3,007,727	6.8	662,000	1.3	3,026,000	5.8
5LH	TAMESIDE AND GLOSSOP PCT	183,249	1.0	1,414,117	7.5	293,000	1.3	990,000	4.4
5LJ	HUDDERSFIELD CENTRAL PCT	0	0.0	73,713	1.0	0	0.0	124,000	1.4
5LK	SOUTH HUDDERSFIELD PCT	0	0.0	73,359	1.7	0	0.0	129,000	2.6
5LL	ASHFORD PCT	0	0.0	0	0.0	121,000	0.7	562,000	3.3
5LM	CANTERBURY AND COASTAL PCT	730,824	5.8	266,518	2.1	20,000	0.1	228,000	1.6
5LN	EAST KENT COASTAL PCT	59,865	0.4	125,039	0.9	380,000	2.2	312,000	1.8
5LP	SHEPWAY PCT	79,218	1.6	70,870	1.5	4,000	0.1	21,000	0.3
5LQ	BRIGHTON AND HOVE CITY PCT	0	0.0	92,322	2.7	0	0.0	202,000	4.2
5LR	EASTBOURNE DOWNS PCT	164	0.0	384,192	3.5	D	0.0	512,000	4.1
5LT	SUSSEX DOWNS AND WEALD PCT	131,705	0.9	243,464	1.7	86,000	0.5	380,000	2.2
5LV	NORTHAMPTONSHIRE HEARTLANDS PCT	2,178	0.0	736,481	3.8	78,000	0.3	776,000	3.4
5LW	NORTHAMPTON PCT	75,074	0.6	283,926	2.2	5,000	0.0	377,000	2.2
5LX	FAREHAM AND GOSPORT PCT	791,064	2.9	610,128	2.3	614,000	2.0	620,000	2.1
5LY	EASTLEIGH AND TEST VALLEY SOUTH PCT	10,691	0.1	168,286	1.9	8,000	0.1	108,000	1.1
5M1	SOUTH BIRMINGHAM PCT	4,167,543	5.0	3,085,004	3.7	4,565,000	4.8	1,847,000	1.9
5M2	SHROPSHIRE COUNTY PCT	481,880	1.1	974,432	2.2	653,000	1.3	1,450,000	2.8

Table 26b (Continued)

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	Nursing, midwifery and health visiting (£)	2003-04 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	2004-05 Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
5M3	WALSALL TEACHING PCT	260,995	0.7	1,944,080	5.3	225,000	0.6	1,334,000	3.4
5M5	SOUTH SEFTON PCT	0	0.0	202,365	1.6	0	0.0	0	0.0
5M6	RICHMOND AND TWICKENHAM PCT	433,990	3.7	836,915	7.1	706,000	4.5	1,132,000	7.3
5M7	SUTTON AND MERTON PCT	72,152	0.2	2,445,309	6.2	112,000	0.2	3,466,000	7.5
5M8	NORTH SOMERSET PCT	0	0.0	70,220	0.8	0	0.0	95,000	0.9
5M9	RUGBY PCT	20,614	0.6	38,714	1.2	78,000	1.6	446,000	9.1
5MA	CRAWLEY PCT	173,203	3.4	206,878	4.1	69,000	1.1	166,000	2.7
5MC	HORSHAM AND CHANCTONBURY PCT	62,348	1.3	363,878	7.4	1,000	0.0	239,000	3.7
5MD	COVENTRY TEACHING PCT	0	0.0	4,909,341	9.9	0	0.0	5,546,000	9.0
5ME	NORTH STOKE PCT	42,193	0.4	75,146	0.7	215,000	1.1	154,000	0.8
5MF	SOUTH STOKE PCT	34,048	0.3	156,228	1.3	16,000	0.1	96,000	0.6
5MG	OLDBURY AND SMETHWICK PCT	0	0.0	684,776	6.0	0	0.0	405,000	2.9
5MH	ROWLEY REGIS AND TIPTON PCT	9,086	0.2	92,597	2.0	0	0.0	49,000	0.9
5MJ	WEDNESBURY AND WEST BROMWICH PCT	0	0.0	105,299	1.7	0	0.0	344,000	4.1
5MK	TELFORD AND WREKIN PCT	176,563	1.2	458,227	3.2	203,000	1.2	729,000	4.2
5ML	EAST STAFFORDSHIRE PCT	0	0.0	63,590	1.3	5,000	0.1	74,000	1.2
5MM	CANNOCK CHASE PCT	22,097	0.4	126,839	2.1	11,000	0.1	156,000	2.0
5MN	SOUTH WESTERN STAFFORDSHIRE PCT	3,933	0.0	224,110	2.7	0	0.0	257,000	2.5
5MP	NORTH WARWICKSHIRE PCT	1,625,055	2.8	829,199	1.4	1,870,000	2.8	924,000	1.4
5MQ	SOUTH WARWICKSHIRE PCT	903,337	2.3	1,874,075	4.8	638,000	1.4	2,395,000	5.3
5MR	REDDITCH AND BROMSGROVE PCT	158,336	1.6	92,122	0.9	119,000	1.0	53,000	0.4
5MT	SOUTH WORCESTERSHIRE PCT	161,188	0.7	259,197	1.2	71,000	0.3	222,000	0.9
5MV	WOLVERHAMPTON CITY PCT	329,656	0.8	2,206,162	5.1	273,000	0.6	2,421,000	4.9
5MW	NORTH BIRMINGHAM PCT	104,272	1.2	329,466	3.7	45,000	0.4	249,000	2.2
5MX	HEART OF BIRMINGHAM TEACHING PCT	136,153	0.7	816,844	4.0	451,000	1.7	971,000	3.7
5MY	EASTERN BIRMINGHAM PCT	2,358,540	9.8	1,106,849	4.6	522,000	1.8	1,163,000	4.0
5NA	REDBRIDGE PCT	1,078,542	6.1	1,236,384	6.9	1,521,000	7.4	1,030,000	5.0
5NC	WALTHAM FOREST PCT	1,274,708	6.9	1,378,499	7.5	1,095,000	4.9	1,528,000	6.8
TAC	NORTHUMBERLAND CARE TRUST	5,186	0.0	495,203	1.3	0	0.0	12,167,000	30.0
TAG	WITHAM, BRAINTREE AND HALSTEAD CARE TR	48,082	0.5	337,501	3.6	76,000	0.7	285,000	2.5
TAK	BEXLEY CARE TRUST	225,583	1.5	352,416	2.3	506,000	2.6	393,000	2.0
England		81,998,420		173,168,993		80,748,000		197,607,000	

Source: Annual financial returns of primary care trusts

Table 26c

SALARIES AND WAGES NON—NHS STAFF (AGENCY, ETC) (BY NHS CLASSIFICATION) ENGLAND

Code	NHS trust	2003–04		2004–05					
		Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)	Nursing, midwifery and health visiting (£)	Nursing, midwifery and health visiting as a % of total organisation pay bill (%)	Other staff (£)	Other Staff as a % of total organisation pay bill (%)
Q01	NORFOLK, SUFFOLK AND CAMBRIDGESHIRE SHA	0	0.0	76,571	1.6	0	0.0	287,000	4.3
Q02	BEDFORDSHIRE AND HERTFORDSHIRE SHA	0	0.0	221,983	6.9	0	0.0	364,000	7.6
Q03	ESSEX STRATEGIC HA	0	0.0	470,124	10.4	0	0.0	113,000	2.1
Q04	NORTH WEST LONDON STRATEGIC HA	0	0.0	318,325	6.3	0	0.0	414,000	6.0
Q05	NORTH CENTRAL LONDON STRATEGIC HA	4,024	0.1	425,939	6.6	0	0.0	203,000	3.0
Q06	NORTH EAST LONDON STRATEGIC HA	0	0.0	647,329	19.3	0	0.0	2,207,000	26.3
Q07	SOUTH EAST LONDON STRATEGIC HA	0	0.0	197,660	3.1	0	0.0	302,000	4.1
Q08	SOUTH WEST LONDON STRATEGIC HA	0	0.0	49,899	1.0	0	0.0	89,000	1.5
Q09	NORTHUMBERLAND, TYNE & WEAR STRATEGIC HA	0	0.0	154,736	3.2	0	0.0	162,000	2.9
Q10	COUNTY DURHAM AND TEES VALLEY SHA	0	0.0	76,336	2.5	0	0.0	34,000	1.1
Q11	NORTH & EAST YORKSHIRE & N Lincs SHA	0	0.0	29,997	1.0	0	0.0	42,000	1.0
Q12	WEST YORKSHIRE STRATEGIC HA	0	0.0	60,269	0.7	0	0.0	1,138,000	16.3
Q13	CUMBRIA AND LANCASHIRE STRATEGIC HA	0	0.0	108,334	2.6	0	0.0	720,000	12.2
Q14	GREATER MANCHESTER STRATEGIC HA	0	0.0	119,610	2.2	0	0.0	304,000	2.4
Q15	CHESHIRE & MERSEYSIDE STRATEGIC HA	0	0.0	53,300	1.2	0	0.0	52,000	0.7
Q16	THAMES VALLEY STRATEGIC HA	0	0.0	234,219	4.5	0	0.0	419,000	4.6
Q17	HAMPSHIRE AND ISLE OF WIGHT STRATEGIC HA	0	0.0	134,793	2.0	0	0.0	199,000	2.1
Q18	KENT AND MEDWAY STRATEGIC HA	0	0.0	152,836	4.1	0	0.0	112,000	2.3
Q19	SURREY AND SUSSEX STRATEGIC HA	0	0.0	436,954	5.8	0	0.0	163,000	2.7
Q20	AVON, GLOUCESTERSHIRE AND WILTSHIRE SHA	0	0.0	257,691	7.5	0	0.0	531,000	7.1
Q21	SOUTH WEST PENINSULA STRATEGIC HA	0	0.0	457,141	8.2	0	0.0	430,000	7.3
Q22	DORSET AND SOMERSET STRATEGIC HA	0	0.0	97,104	2.9	0	0.0	86,000	2.2
Q23	SOUTH YORKSHIRE STRATEGIC HA	0	0.0	6,465,300	29.3	0	0.0	5,650,000	24.3
Q24	TRENT STRATEGIC HA	0	0.0	80,837	2.1	0	0.0	75,000	2.0
Q25	LEICS, NORTHANTS AND RUTLAND SHA	0	0.0	172,531	3.4	0	0.0	107,000	2.6
Q26	SHROPSHIRE AND STAFFORDSHIRE SHA	0	0.0	102,675	4.0	0	0.0	426,000	8.3
Q27	BIRMINGHAM AND THE BLACK COUNTRY SHA	0	0.0	155,312	1.3	0	0.0	215,000	1.5
Q28	WEST MIDLANDS SOUTH STRATEGIC HA	0	0.0	36,124	0.8	0	0.0	27,000	0.5
	England	4,024		11,793,929		0		14,871,000	

Source:

Annual financial returns of strategic health authorities

3.2 Pay and Contracts

3.2.1 *What has the top (discretionary and non-discretionary, and including merit or distinction awards where appropriate) and bottom of the payscale and average full time earnings been for: (a) Nursing and Midwifery Grades D - I (b) Nursing/Midwifery/Health Visitor Consultants (c) House Officers (d) Senior House Officers (e) Specialist Registrars (f) Associate Specialists (g) Staff Grade (h) Consultants (i) General Practitioners and (j) Salaried General Practitioners employed by PCTs been in each year since 1997–98? Why do average full time earnings exceed the top of payscales in some cases? (Q27)*

ANSWER

1. **Table 27a** to **Table 27c** shows the top and bottom of each pay scale from 1997–98 to the present. This takes into account changes as a result of pay reform with the introduction of Agenda for Change for non-medical staff in October 2004 and a new contract for consultants in April 2003.

2. **Table 27d** provides forecasts of the net profits (pay) achieved by GPs up to 2003–04 (the year the new GMS contract came into force). Prior year figures reflect the Average Intended Net Remuneration figure (AINR) set by the review body on Doctors' and Dentists' Remuneration. To all intents and purposes, these reflect the GMS income/profit received by a GP in years recommendations were made.

3. **Table 27e** provides information on the average earnings per head for health and community health staff (HCHS) from 1997–98 to 2005–06.

4. Average full time earnings are an indication of the actual amounts of take home earnings individual members of staff receive. This takes into account all earnings such as unsocial hours payments, overtime payments, bonus payments and professional awards such as discretionary payments or clinical excellence awards. It is not unusual therefore to see earnings in excess of the top of the pay scale.

Table 27a

CHANGES TO PAY SCALES FOR QUALIFIED NURSES SINCE 1997-98 (WHITLEY PAY SCALES)

£

Grade		01/04/97	01/12/97	01/04/98	01/12/98	01/04/99	01/04/00	01/04/01	01/04/02	01/04/03	01/04/04
D	Min	12,230	12,385	12,630	12,855	14,400	14,890	15,445	16,005	16,525	17,060
	Max	13,990	14,165	14,450	14,705	15,905	16,445	17,055	17,670	18,240	18,830
E	Min	13,990	14,165	14,450	14,705	15,395	15,920	16,510	17,105	17,660	18,230
	Max	16,200	16,410	16,735	17,030	17,830	19,220	19,935	20,655	21,325	22,015
F	Min	15,520	15,715	16,030	16,310	17,075	17,655	18,310	18,970	19,585	20,220
	Max	19,010	19,250	19,635	19,985	20,925	21,635	22,865	23,690	24,455	25,250
	With DPs ⁽¹⁾			20,750	21,115	22,105	22,860	23,710	24,565	25,360	26,180
G	Min	18,300	18,535	18,905	19,240	20,145	20,830	21,605	22,385	23,110	23,860
	Max	21,170	21,440	21,875	22,255	23,300	24,090	25,420	26,340	27,190	28,070
	With DPs ⁽¹⁾			23,005	23,410	24,515	25,350	26,290	27,245	28,125	29,035
H	Min	20,445	20,710	21,125	21,495	22,505	23,270	24,135	25,005	25,815	26,650
	Max	23,380	23,680	24,155	24,580	25,735	26,110	28,045	29,065	30,005	30,975
	With DPs ⁽¹⁾			25,325	25,775	26,990	27,910	28,945	29,990	30,960	31,960
	Modern Matron ⁽²⁾								29,990	30,960	31,960
I	Min	22,635	22,925	23,385	23,795	24,920	25,770	26,725	27,695	28,590	29,515
	Max	25,655	25,975	26,495	26,965	28,240	29,205	30,720	31,830	32,860	33,920
	With DPs ⁽¹⁾			27,665	28,160	29,485	30,490	31,620	32,760	33,820	34,920
	Modern Matron ⁽²⁾								32,760	33,820	34,920
Nurse Consultant ⁽³⁾	Min					27,460	28,395	29,450	33,940	35,035	36,165
	Max					42,010	43,440	45,050	46,675	48,185	49,740

Source: Whitley pay scales.

Footnotes:

1. Discretionary Points introduced 01/04/1998 and effective from 11/09/1998.
2. Modern Matrons introduced 01/04/2002.
3. Nurse Consultants introduced September 1999.

Table 27b

**NURSING AND MIDWIFERY PAY SCALES—AGENDA FOR CHANGE
(BAND 5 AND ABOVE)**

<i>Band</i>		<i>01/04/05</i>	<i>01/04/06</i>
5	Min	£18,698	£19,166
	Max	£24,198	£24,803
6	Min	£22,328	£22,886
	Max	£30,247	£31,004
7	Min	£26,948	£27,622
	Max	£35,527	£36,416
8a	Min	£34,372	£35,232
	Max	£41,246	£42,278
8b	Min	£40,036	£41,038
	Max	£49,496	£50,733
8c	Min	£48,176	£49,381
	Max	£59,395	£60,880
8d	Min	£57,745	£59,189
	Max	£71,494	£73,281
9	Min	£68,194	£69,899
	Max	£86,240	£88,397

Table 27c

CHANGES TO PAY SCALES FOR DOCTORS SINCE 1997-98

		£											
		01/04/97	01/12/97	01/04/98	01/12/98	01/04/99	01/04/00	01/04/01	01/04/02	01/04/03	01/04/04	01/04/05	01/04/06
PRHO	minimum	15,230	15,440	15,800	16,145	16,710	17,260	17,935	18,585	19,185	19,703	20,295	20,741
	maximum	17,190	17,430	17,840	18,225	18,860	19,480	20,245	20,975	21,655	22,240	22,907	23,411
SHO	minimum	18,995	19,260	19,715	20,135	20,845	21,535	22,380	23,190	23,940	24,587	25,324	25,882
	maximum	24,115	24,440	26,340	26,910	27,845	28,760	29,880	32,520	33,570	34,477	35,511	36,292
SpR	minimum	21,230	21,530	22,040	22,510	23,300	24,070	28,810	25,920	26,760	27,483	28,307	28,930
	maximum	30,970	31,400	32,135	32,830	33,965	35,080	36,460	37,775	39,000	41,733	42,985	43,931
Consultant (pre-2003 contract)	minimum	43,165	43,750	44,780	45,740	47,345	48,905	50,810	52,640	54,340	55,699	57,370	57,944
	maximum	55,705	56,470	57,800	59,040	61,605	63,640	66,120	68,505	70,715	72,483	74,658	75,504
	with DAs/CEAs	109,350	110,115	112,710	115,130	120,130	124,100	128,935	133,585	137,895	141,830	146,241	147,803
Consultant (2003 contract)	minimum									65,035	67,133	69,298	69,991
	maximum									88,000	90,838	93,768	94,706
	with DAs/CEAs									155,180	160,185	165,351	167,005
Assoc Specialist	minimum	25,585	25,945	26,560	27,120	28,065	28,995	30,125	31,210	32,220	33,090	34,158	34,977
	maximum	44,510	45,120	46,180	47,175	48,825	50,435	52,400	56,105	57,915	60,000	61,935	63,422
	with DPs	51,168	51,885	53,105	54,255	56,150	58,000	60,200	64,525	68,790	72,882	75,233	77,039
Staff Grade (pre-1997 contract)	minimum	23,070	23,390	23,940	24,465	25,320	26,150	27,170	28,150	29,060	29,845	30,808	31,547
	maximum	34,410	34,880	35,700	36,465	37,740	38,990	40,520	41,980	45,720	46,955	48,469	49,632
Staff Grade (1997 contract)	minimum		23,390	23,940	24,465	25,320	26,150	27,170	28,150	29,060	29,845	30,808	31,547
	maximum		31,050	31,780	32,465	33,600	34,710	36,070	39,675	40,960	42,500	43,871	44,924
	with optional points		34,880	39,620	40,465	41,880	43,270	44,970	48,985	52,860	56,732	58,562	59,968
Salaried GP	minimum									46,455	47,710	49,248	50,332
	maximum									70,710	72,478	74,816	76,462

Table 27d**GP PAY**

<i>Year</i>	<i>Remuneration/Income (IANI) (£)⁽¹⁾</i>
1997–98 ⁽¹⁾	46,031
1998–99 ⁽¹⁾	48,037
1999–2000 ⁽¹⁾	52,606
2000–01 ⁽¹⁾	54,219
2001–02 ⁽¹⁾	56,510
2002–03 ⁽¹⁾	64,443
2003–04 ^{(2), (3)}	72,752
2004–05 ^{(2), (4), (5)}	87,076
2005–06 ^{(2), (4), (5)}	95,350

Source:

The Information Centre for health and social care—General Practitioner Finance and Patients Statistics Unit DDRB on GP earnings.

Footnotes:

1. Net profits achieved by GPs. These figures reflect intended Average Net Remuneration (IANR). IANI figures represent the average remuneration (take-home pay) DDRB intended to be paid through the fee scale.
2. Under the new GMS contract the IANI concept ceased. The figure for 2003–04 is an “IANI equivalent” amount agreed with the Technical Steering Committee (TSC).
3. Calculated using NHS Pension Agency final 2003–04 dynamisation factor.
4. Calculated using TSC forecast interim dynamisation factor.
5. Forecast amount. To be agreed with Technical Steering Committee (TSC).

Table 27e**HCHS EARNINGS PER HEAD⁽¹⁾**

	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05 ^{(2) (3)}	2005-06 ⁽⁴⁾
Consultants	63,877	67,890	71,722	78,292	83,539	86,746	99,168	103,648	109,974
Other Career Grades	46,010	48,466	50,274	53,782	60,747	63,399	69,455	72,241	74,570
Registrars and Senior Registrars	37,152	39,612	41,354	45,126	51,401	56,362	61,700	57,328	59,049
SHOs and HOs	30,252	31,779	34,470	36,084	41,015	43,668	46,672	44,514	45,851
Other Hospital Medical Grades	42,004	43,537	49,050	52,985	52,653	55,214	62,658	67,659	69,841
Qualified nursing	20,153	20,359	21,677	22,762	23,920	24,825	25,303	26,339	27,868

Footnotes:

1. Figures for NHS staff only and exclude agency.
2. Includes estimated for Foundation Trusts.
3. Includes £334 million other provision, assumed to be for Agenda for Change.
4. Figures are projections and are subject to change. Actual outturn figures for 2005-06 are not yet available.

3.2.2 *What are the expected costs of Agenda for Change in each year from 2005–06 to 2008–09? Have these estimates changed, and if so, can the changes be explained? (Q28)*

ANSWER

1. The funding envelope for Agenda for Change from 2005–06 to 2007–08, and a projection to 2008–09 is set out in **Table 28**.

2. Monitoring of the costs of Agenda for Change in 28 sample sites in 2005 suggested that in the first 12 months from October 2004 to September 2005 direct earnings costs exceeded those originally estimated by 0.5% of the Agenda for Change paybill, or around £120 million a year in cash terms. In the same period, this data suggested that the indirect costs of replacing additional hours and leave arising from Agenda for Change exceeded those originally estimated by at least £100 million a year. However, these indirect costs are based on trust estimates rather than actual payroll records, and are susceptible to management action. Subsequent management accounts data (FIMs data) suggests that actual spend may in fact be less than these estimates, although we will need to await final accounts in September 2006 to confirm the position.

3. In addition, from October 2005, a significant minority of staff who were previously on their scale maxima, or on spot salaries, will have gained access to some further pay progression. This was allowed for in the cost estimates in the table above. But, whether actual experience of progression is more than expected, or less than expected is not known, and we are currently considering what further information and analysis is necessary to measure this. But, it is important to note that it will become increasingly difficult to separate out costs due to the new system from other changes as time goes on.

4. In terms of the reasons for the cost overruns suggested by the 28 sample sites data, for direct costs (basic pay, unsocial hours, overtime, geographic allowances etc) most elements came close to their original forecast except overtime where an expected small saving of around 0.1% of pay bill became a small cost of 0.1%. The original estimate was based on the assumption that the savings from abolition of higher premium rates for Sunday working for significant numbers of staff would exceed by small amount the additional cost from paying overtime at premium rates to some smaller groups who had not previously been entitled to that, and the effect on overtime of increases in basic pay. This variation accounted for nearly half the overall variance in direct costs. The remainder was the net effect of small variations (both up and down).

5. In terms of indirect costs there is a significant difference between the sample site Trusts stated policies on replacement of hours and leave compared to assumptions in the original forecasts. There was also an assumption in the original estimates—based on the evidence we had at that time—that the old NHS extra-statutory days (additional bank holiday days) were still being staffed at premium rates or had been bought out by additional leave on the basis of three days normal leave for the two extra-statutory bank holidays. Whereas evidence from the sites monitored during assimilation suggested that in most cases these had already been bought out with additional leave on a two for two basis in some cases with unrelated concessions (for example on car-parking). This contributed around £80 million to the estimated variance in indirect costs within the sample sites.

6. There are a number of benefits from the pay reform which will arise over time and are not taken into account in the analysis above. One example is that the net effect of harmonisation of working hours on nursing hours (37.5 hours per week) will be to gradually increase the total hours available to the NHS, including hours available from key groups such as radiographers.

Table 28

ESTIMATED COST OF IMPLEMENTING AGENDA FOR CHANGE

<i>Year</i>	<i>Cumulative total £ million ⁽¹⁾</i>
2005–06	950
2006–07	1,390
2007–08	1,780
2008–09	2,200

Footnotes:

1. Totals rounded to nearest £10 million.

2. The funding envelope for Agenda for Change agreed with HMT in 2002 extended to 2007–08. The figure for 2008–09 has been previously provided to the HSC as a projection of the trend in the envelope.

3.2.3 What is the current Agenda for Change assimilation rate? Can the Department comment on this figure? (Q29)

ANSWER

1. According to our central monitoring of assimilation to Agenda for Change 99% of staff are now assimilated onto the pay system. Our focus is now on supporting the small number of trusts who have not yet achieved 100% assimilation. NHS Employers are actively helping trusts to overcome obstacles such as band evaluation disparities and technical payroll issues, in order that 100% assimilation can be achieved as quickly as possible. Unions are supportive of this action and are content with progress so far.

3.2.4 What are the expected costs of the new consultant contract in each year from 2005–06 to 2008–09? Have these estimates changed, and if so, can the changes be explained? What have consultant earnings been in each year since 2001–02? (Q30)

ANSWER

The information requested is given in **Table 30a** and **Table 30b**.

Representations from trusts in late 2005 suggested that the costs of the consultant contract had exceeded plans by as much as £150 million, mainly due to higher levels of programmed activities. We uplifted the tariff for 2005–06 by this amount. Evidence obtained subsequently, however, from the first consultant contract survey (on data as at October 2004), suggested that while the levels of programmed activities were higher than expected, the difference suggested an excess cost of the order of £90 million rather than £150 million. Data from the recent consultant contract survey has shown a further reduction in average programmed activities. It has also shown a reduction in the proportion of consultants receiving on-call supplements, which had also been cited as a cause of cost pressures.

Table 30a

CONSULTANT PAY REFORM ENVELOPES

	<i>£ millions</i>			
	<i>2004–05</i>	<i>2005–06</i>	<i>2006–07</i>	<i>2007–08</i>
Consultant contract	252	325	396	444
Cons. increase on previous year	252	73	71	48

Table 30b

HCHS CONSULTANT EARNINGS BILL^{(1), (4)}

<i>Year</i>	<i>£ million</i>
2001–02	1,994
2002–03	2,224
2003–04	2,720
2004–05 ⁽²⁾	3,088
2005–06 ⁽³⁾	3,448

Source: Paybill.

Footnotes:

1. Figures for HCHS NHS Staff only and exclude agency.
2. Includes estimated for Foundation Trusts.
3. Figures are projections and are subject to change. Actual outturn figures for 2005–06 are not yet available.
4. Consultants earnings bill is estimated by removing the estimating employers contributions from the total paybill.

3.2.5 *What are the expected costs of the new GMS contract in each year from 2003–04 to 2006–07? (Q31)*

ANSWER

The estimated cost of implementing the new GMS contract is given in **Table 31**. The introduction of the contract was underpinned by a three-year deal ending in 2005–06. From 2006 onwards, the contract will be reviewed annually and is the subject of negotiations with the General Practitioners Committee (GPC). Negotiations have agreed there will be no uplift to any existing element of the contract for inflation or cost pressures in 2006–07.

Table 31

EXPECTED COST OF IMPLEMENTING NEW GMS CONTRACT

<i>Year</i>	<i>£ billions</i>
2003–04	5.8
2004–05	6.9
2005–06 ⁽¹⁾	7.7
2006–07 ⁽¹⁾	7.7

Footnotes:

1. Estimated cost subject to validation/agreement with GPC.
2. The increase in spending over the period 2003–04 to 2006–07 is largely due to increased investment in the Quality Outcomes Framework (c £1.1 billion) and Enhanced Services (c £0.5 billion).

3.2.6 *What is the funding for the new pharmacy contract in 2005–06 and 2006–07 and what will be the basis for such funding in subsequent years? Could the Department comment on the provision, and funding, of enhanced and advanced services? (Q32)*

ANSWER

1. The provision for the new pharmacy contractual framework in 2005–06 was £1,766 billion as agreed with the Pharmaceutical Services Negotiating Committee (PSNC). This covers essential and advanced services. Provision for 2006–07 is still under discussion with the PSNC.

2. Funding for future years will be determined by the factors agreed in the framework, which are:

- the GDP deflator;
- increases in dispensing volumes at marginal cost;
- increase in staff salaries in excess of GDP deflator levels;
- the cost of significant regulatory burdens; and
- an efficiency assumption which reflects efficiency targets in the NHS as a whole.

3. Considering these factors, the funding agreed for 2006–07 is £1.911 billion.

4. In addition, medicines purchase profits available to the independent pharmacy sector are monitored to ensure the agreed amount to fund the new pharmacy contractual framework is delivered. As a result, there will be a further reduction to generic medicine prices from 1 October 2006, yielding a net saving to PCTs in 2006–07 of £150 million.

5. Enhanced services within the pharmacy contract are commissioned and funded locally by PCTs to meet local health needs. Emerging findings published by the Information Centre in July 2006 indicate a total of 16,835 local enhanced services provided by community pharmacy contractors in 2005–06. This is equivalent to 1.7 local enhanced services per community pharmacy contractor.

3.2.7 *What are the expected costs of the new dental contract in each year from 2005–06 to 2008–09? (Q33)*

ANSWER

1. The new dental contracts took effect from 1 April 2006. They do not in themselves increase costs. Rather, they alter the commissioning relationship between the NHS and dentists and improve the method of remuneration so that dentists are no longer paid on a fee-per-item basis.

2. Previously dentists in the General Dental Services could set up practice where they wished and decide what levels of NHS dentistry to provide from one month to the next, claiming payment from a national budget. The fee-per-item method of remuneration encouraged an inappropriate emphasis on intensive interventions to the detriment of preventative care. Under the new arrangements, PCTs have devolved budgets for dentistry and hold local contracts with dentists. Instead of a fee-per-item system, the contracts are based on a fixed annual contract value and an agreed annual level of service provision based on overall courses of treatment.

3. For 2006–07, dentists' contract values are generally the same as their gross NHS earnings during the reference period October 2004 to September 2005, adjusted to reflect subsequent pay uplifts (in line with the recommendations of the Doctors' and Dentists' Review Body).

4. For 2005–06, before the new contracts were introduced, provisional accounts data suggest that the combined gross expenditure (including income from patient charges) on General Dental Services and Personal Dental Services pilots was [£2,190] million. For 2006–07, the Department has allocated net resource budgets of £1,765 million for primary care dentistry. This, together with the predicted level of charge income, should support total gross expenditure of nearly £2,400 million. This is the minimum resource that PCTs are expected to commit to primary care dentistry. They can commit additional funding from their general NHS allocation if they judge this a local priority.

5. The Department has not yet decided the level of primary dental care allocations for 2007–08 and 2008–09, but they will be at least the level of current allocations with an allowance for pay uplift.

6. The increase of around £200 million in projected expenditure between 2005–06 and 2006–07 does not arise from the new contracts. It largely reflects growth in the volume of dental services during 2005–06 (which was reflected in PCT budgets for 2006–07), together with the effect of the 2006–07 pay uplift recommended by the Pay Review Body. Similarly, any growth in future years (over and above the annual pay uplift) will reflect decisions to expand the volume of dental services commissioned by PCTs.

3.2.8 What are the expected costs of the Options for Excellence social care workforce scheme, by year? Could the Department comment on the progress of the scheme? (Q34)

ANSWER

1. Options for Excellence is a national review of the social care workforce. It is jointly sponsored by DH and DfES ministers. The Review's work is expected to be complete by autumn 2006 and it is not possible to provide the financial information requested at this stage.

2. The remit of the Review is to consider social care workforce development options, including recruitment and retention, education and development, leadership and expanding professional regulation. A review Board was established, comprising key social care organisations, and detailed work looked at:

- (a) Quality of practice and quality within the workforce.
- (b) Recruitment and retention.
- (c) The role of social workers, including what tasks only social workers should do, qualifications and skills needed.
- (d) Developing a vision of the workforce in the longer term.

3. At present, the Review Board is considering a number of proposals which are currently only tentative, with the aim of submitting firm options to Ministers by autumn 2006. The proposals are being developed in more detail, being prioritised and having costings worked up. Some proposals have been identified as achievable in the short term within existing resources, but others will require new resources, which may be available in the longer term.

3.3 Treatment Outside the NHS

3.3.1 What has NHS expenditure on the purchase of healthcare from non-NHS bodies been in each year since 1997–98? How much activity did this purchase? Could the Department provide a detailed breakdown of these data where available? (Q35)

ANSWER

1. The information requested is given in **Table 35a** and **Table 35b**.

2. The figures include expenditure on services provided by all non-NHS bodies, including local authorities and other statutory bodies, as well as independent healthcare providers (including ISTCs). They include nursing care spend (for non-NHS staff).

3. The non-NHS spend is based on aggregating financial returns from individual NHS bodies (PCTs, NHS Trusts, SHAs). Since these are typically responsible for a mixture of acute, non-acute and mental health work, and their returns do not give any details of their non-NHS commissions beyond the total amount, we are unable to provide any further disaggregation. There is no data on activity procured by this expenditure.

4. The expenditure is derived from financial returns that are not audited.

Table 35a**EXPENDITURE BY NHS BODIES ON THE PURCHASE OF
HEALTHCARE FROM NON-NHS BODIES***£ thousands*

<i>Year</i>	<i>Health Authorities/ Strategic Health Authorities</i>	<i>Primary Care Trusts</i>	<i>NHS Trusts</i>	<i>Total Expenditure</i>
1997-98	985,746	n/a	122,436	1,108,182
1998-99	1,108,471	n/a	121,954	1,230,425
1999-2000	1,166,412	n/a	134,784	1,301,196
2000-01	1,328,208	33,774	187,190	1,549,172
2001-02	1,136,793	409,936	246,238	1,792,967
2002-03	27,234	1,873,925	335,172	2,239,331
2003-04	3,329	2,903,763	408,801	3,315,893
2004-05	0	3,353,036	312,988	3,666,024

Source:

Annual Financial Returns of Health Authorities, 1997-98 to 2001-02.

Annual Financial Returns of Strategic Health Authorities, 2002-03 to 2004-05.

Annual Financial Returns of NHS Trusts, 1997-98 to 2004-05.

Annual Financial Returns Primary Care Trusts, 2000-01 to 2004-05.

Note:

2004-05 NHS trusts data does not include NHS Foundation Trusts.

Table 35b

EXPENDITURE BY NHS BODIES IN THE PURCHASE OF HEALTHCARE FROM NON-NHS BODIES BY SHA

		<i>£ thousands</i>						
<i>Org code</i>	<i>Strategic Health Authority Name</i>	<i>1998-99</i>	<i>1999-2000</i>	<i>2000-01</i>	<i>2001-02</i>	<i>2002-03</i>	<i>2003-04</i>	<i>2004-05</i>
Q01	Norfolk, Suffolk and Cambridgeshire	39,806	46,762	42,090	73,882	68,237	140,457	149,726
Q02	Bedfordshire and Hertfordshire	44,021	49,133	55,356	48,211	47,660	119,754	169,105
Q03	Essex	36,180	26,600	46,867	24,628	53,407	106,468	109,839
Q04	North West London	94,586	66,732	66,537	70,142	119,629	172,271	195,550
Q05	North Central London	58,232	54,160	52,487	52,931	104,568	114,221	124,498
Q06	North East London	39,271	45,214	66,741	62,032	80,048	81,619	113,435
Q07	South East London	69,142	87,534	95,202	91,889	86,462	115,428	146,168
Q08	South West London	43,275	33,613	56,803	43,171	63,877	92,037	105,592
Q09	Northumberland, Tyne and Wear	31,493	43,645	45,013	54,871	77,570	77,219	109,415
Q10	County Durham & Tees Valley	6,380	9,911	26,593	41,517	52,830	79,283	69,452
Q11	North and East Yorkshire and Northern Lincolnshire	39,672	39,136	46,451	47,217	46,438	92,699	92,168
Q12	West Yorkshire	40,121	45,932	65,013	86,975	97,819	104,696	142,239
Q13	Cumbria & Lancashire	30,159	36,990	53,316	26,391	64,958	115,729	133,162
Q14	Greater Manchester	52,884	58,949	75,451	82,670	99,738	128,916	134,738
Q15	Cheshire & Merseyside	73,311	77,722	85,389	121,558	88,475	169,490	182,589
Q16	Thames Valley	35,746	26,565	12,376	25,565	89,803	109,123	126,816
Q17	Hampshire and Isle of Wight	35,704	43,214	28,212	47,052	81,381	108,239	104,347
Q18	Kent and Medway	47,449	32,986	39,078	43,304	70,697	98,475	111,495
Q19	Surrey and Sussex	95,556	109,838	138,250	159,064	222,605	247,173	237,768
Q20	Avon, Gloucestershire & Wiltshire	76,807	89,234	72,097	151,874	97,303	135,731	194,153
Q21	South West Peninsula	39,375	38,780	49,692	66,326	101,657	98,717	113,718
Q22	Somerset & Dorset	9,534	15,078	13,921	23,252	55,846	84,253	69,942
Q23	South Yorkshire	24,982	30,528	33,069	12,679	28,357	91,931	83,797
Q24	Trent	31,461	38,371	90,466	137,533	114,289	179,144	155,591
Q25	Leicestershire, Northamptonshire & Rutland	18,607	24,072	27,436	29,869	37,228	63,235	69,430
Q26	Shropshire and Staffordshire	17,684	31,947	39,914	56,816	55,682	90,956	113,858
Q27	Birmingham and the Black Country	63,231	74,600	84,870	92,899	84,621	179,801	199,758
Q28	West Midlands South	35,755	23,952	40,484	18,649	48,146	118,828	107,675
	England Total	1,230,425	1,301,196	1,549,172	1,792,967	2,239,331	3,315,893	3,666,024

Source:

Annual Financial Returns of Health Authorities, 1997-98 to 2001-02.

Annual Financial Returns of Strategic Health Authorities, 2002-03 to 2004-05.

Annual Financial Returns of NHS Trusts, 1997-98 to 2004-05.

Annual Financial Returns Primary Care Trusts, 2000-01 to 2004-05.

3.3.2 *Could the Department provide a list of all Independent Sector Treatment Centres (ISTCs) currently in operation, or with contracts already signed, including (a) name and location (b) company running the ISTC (c) services contracted for, by type and volume (by Healthcare Resource Group if possible) (d) value of contract per year, the period of the contract and whether it is on a “take or pay” basis and (e) a comparison with the cost at national tariff prices of providing the same type and volume of services? (Q36)*

ANSWER

1. The information requested is shown in the **Table 36** for agreed wave 1 Independent Sector Treatment Centres (ISTCs). There are three further wave 1 facilities subject to negotiation.

2. All wave 1 ISTC contracts are on a “take or pay” basis. The amounts paid to individual independent sector providers are commercially sensitive and cannot be disclosed. This is because the ISTC programme is a rolling procurement and release of this information could adversely impact upon the Department’s ability to secure the best possible value for money when procuring public health care services. Total expenditure on agreed wave 1 ISTC contracts was £3.4 million in 2003–04, £14.1 million in 2004–05 and £118.3 million in 2005–06.

3. A range of indicators were considered to ensure that we could measure and report on Value for Money secured. This included as reference points, both NHS tariff and historic prices the NHS had achieved when spot purchasing from the NHS.

4. It is not possible to directly compare the ISTC prices to tariff. To the extent that prices can be compared, we estimate that across the full period of wave 1 contracts, the average cost above the NHS equivalent cost of all wave 1 ISTCs is approximately 11.2%.

Table 36
INDEPENDENT SECTOR TREATMENT CENTRES

<i>Program⁽²⁾</i>	<i>Provider Name</i>	<i>Facility</i>	<i>Contract Start Date</i>	<i>Service Commencement</i>	<i>Contract end date</i>	<i>Specialties</i>	<i>Total Procedures for contract⁽¹⁾</i>	<i>Total Diagnostics for contract⁽¹⁾</i>
East Cornwall	Capio UK	Bodmin NHS Treatment Centre	October 2005	October 2005	March 2010	Ophthalmology, General Surgery, Gastroenterology, Gynaecology, Urology	26,767	
East Lincs	Capio UK	Boston NHS Treatment Centre	April 2005	April 2005	March 2010	Ophthalmology, urology, hernias, varicose veins, colonoscopies and minor skin	7,263	2,000
West Lincs	Capio UK	Gainsborough NHS Treatment Centre	April 2005	April 2005	March 2010	Ophthalmology, gastroscopies, colonoscopies, orthopaedic, urology and minor skin	6,365	
North Oxford (Horton)	Capio UK	Horton NHS Treatment Centre	January 2006	January 2006	December 2011 ⁽³⁾	Orthopaedics	11,197	
NEYNL	Capio UK	Clifton Park NHS Treatment Centre	April 2005	July 2005	March 2010	General Surgery and orthopaedics	9,964	
Southampton	Capio UK	Capio New Hall NHS Treatment Centre	April 2005	April 2005	March 2010	Orthopaedics	11,468	
Northumberland	Capio UK	Cobalt NHS Treatment Centre	April 2005	May 2005	March 2010	Upper scopes, hernias, varicose veins, minor skin	10,080	
	Capio UK	Blakelands NHS Treatment Centre	April 2005	April 2005	March 2010	General Surgery, Urology, Trauma and orthopaedics, Dermatology, Gynaecology		
Thames Valley (TV3500)	Capio UK	Horton NHS Treatment Centre	January 2006	August 2006	December 2011 ⁽³⁾	Orthopaedics	17,417 ⁽⁴⁾	
	Capio UK	Capio Reading NHS Treatment Centre	April 2005	April 2005	March 2010	General Surgery, Urology, Trauma and orthopaedics, Dermatology, Gynaecology		
Kidderminster	InterHealth	Kidderminster NHS Treatment Centre	February 2005	February 2005	January 2010	Orthopaedics	9,000	
Cheshire & Merseyside	InterHealth	Cheshire & Merseyside NHS Treatment Centre	February 2005	June 2006	May 2011	Orthopaedics	24,817	
Nottingham	Nations Healthcare (Nottingham) Limited	Queen's Medical Centre Nottingham	December 2007	December 2007	November 2012	Orthopaedic, Gynaecology, General surgical, Dermatology, Endoscopies, Oral and Maxillofacial Surgery, Vascular Surgery, Chronic Pain, Diagnostics	110,683	
Maidstone	PHG	Maidstone Hospital	October 2006	October 2006	October 2011	Chemotherapy, minor surgery and endoscopes	55,589	
Outer North East	PHG	King George Hospital	December 2006	February 2007	November 2011	Ophthalmology, Orthopaedics, ENT, Oral, General Surgery, Urology	55,615	
London Brighton	Mercury Health	Sussex Orthopaedics NHS Treatment Centre	February 2005	June 2006	May 2011	Orthopaedics	26,451	

Table 36 (*continued*)

INDEPENDENT SECTOR TREATMENT CENTRES

<i>Program</i> ⁽²⁾	<i>Provider Name</i>	<i>Facility</i>	<i>Contract Start Date</i>	<i>Service Commencement</i>	<i>Contract end date</i>	<i>Specialties</i>	<i>Total Procedures for contract</i> ⁽¹⁾	<i>Total Diagnostics for contract</i> ⁽¹⁾
Wycombe	Mercury Health	Mid and South Buckingham Diagnostic Centre	August 2005	August 2005	July 2010	Diagnostics only (MRI, x-ray, echo and ultrasound)		74,880
Medway	Mercury Health	Will Adams NHS Treatment Centre	October 2005	October 2005	September 2010	General Surgery, Gastroenterology, ENT, Orthopaedics, Urology, Diagnostics—endoscopy only	19,770	
Portsmouth	Mercury Health	St Mary's NHS Treatment Centre	November 2005	December 2005	November 2010	Walk in centre/minor injuries unit, day surgery, diagnostics	34,155	48,450
Havant	Mercury Health	TBA	TBA	January 2008	December 2010	Diagnostics only		78,600
Bradford	Nations Healthcare (Bradford) Limited	Eccleshill NHS Treatment Centre	April 2005	June 2005	June 2010	General Surgery, Gastroenterology, ENT, Gynae, Ophthalmics, Orthopaedics, Plastics, Urology, Oral Surgery, Ultrasound scans—general, Ultrasound scans—doppler, CT scans, MRI scans, Plain films and x-rays, Fluoroscopy	27,416	73,750
Burton	Nations Healthcare (Burton) Limited	Midlands NHS Treatment Centre	May 2006	July 2006	May 2011	General Surgery, ENT, Gynaecology, Ophthalmology, Orthopaedics, Plastics, Urology, Oral Surgery, Rheumatology, Pain procedures, Ophthalmology	64,814	
Trent & South Yorkshire	CUAH (Trent) Limited	Barlborough NHS Treatment Centre	April 2005	April 2005	March 2010	Orthopaedics	22,000	
Daventry	The Birkdale Clinic (Rotherham) Limited	Birkdale Clinic	October 2003	October 2003	February 2006	Ophthalmology, Orthopaedics, Plastics, Oral Surgery, Upper GI Endoscopy	5,959	
Shepton Mallet	UK Specialist Hospitals	Shepton Mallet NHS Treatment Centre	July 2005	July 2005	July 2010	Orthopaedics, ophthalmology, general surgery and endoscopy	56,242	
Greater Manchester	Netcare Healthcare UK Limited	Greater Manchester Surgical Centre	May 2005	May 2005	May 2010	Orthopedic, general surgery, ENT and Diagnostics	11,284	
Plymouth	Partnership Health Group Limited	Peninsula NHS Treatment Centre	May 2005	May 2005	May 2010	Orthopaedics	16,512	
Ophthalmic Chain	Netcare Healthcare UK Limited	Mobile units	January 2004	January 2004	March 2009	Ophthalmology	44,737	

Source: Department of Health.

Footnotes:

1. Current expected total volume over the contract period. Independent sector treatment centre (ISTC) contracts stipulate the expected casemix and volume of healthcare to be completed during the five year period of the contract. Actual volumes may change depending on the casemixes that are referred.
2. Figures are for agreed Wave 1 ISTC contracts and the Ophthalmic Chain. There is a further wave 1 contract in negotiation.
3. Subject to negotiation.
4. Total for the contract. Provided from the 3 Thames Valley facilities.

3.3.3 *What has NHS expenditure on healthcare provided in other EEA member states or Switzerland been in each year since 2002–03? What is it expected to be in future years? (Q37)*

ANSWER

1. There have been two separate systems in operation. Regulations (EEC) 1408/71 and 574/72 co-ordinate the social security and health care systems of the member states of the European Union the European Economic Area and Switzerland. These Regulations cover, amongst other things, medically necessary health care for temporary visitors (the E111/European Health Insurance Card (EHIC) arrangements) and referral of patients specifically for treatments of pre-existing conditions (the E112 scheme).

2. A direct referral scheme outside the scope of the European Community arrangements was available in England until 31 March 2005. Between January and April 2002 there was a pilot scheme in south-east England whereby a number of surgical procedures were commissioned directly by the NHS from healthcare providers in France and Germany. One hundred and ninety patients were treated under this pilot at a cost of £1.1 million.

3. This was extended for orthopaedic treatment overseas, with patients drawn from five different areas. A total of 917 patients have been referred for treatment abroad as part of the overseas treatment programme at a cost of £6.5 million. The option of receiving treatment abroad was also been offered as part of two patient Choice pilot schemes. This includes all programme costs, for treatment, travel, comprehensive rehabilitation and outpatient clinics run within the UK by European clinicians.

4. A total of 21 cardiac patients have also been treated abroad at a cost of £300,000.

5. The data in **Table 37** shows, in resource terms, costs of treatment provided under the terms of the Regulations to UK insured persons. Actual treatment costs are used for both medically necessary health care (E111/EHIC) and for patients referred specifically for treatment (E112) as well as some other categories of persons covered. But, in practice claims do not necessarily distinguish between categories so that no cost distribution between E111/EHIC and E112 arrangements is available. Patient numbers are not available since claims may cover several episodes of care for a single individual. However, the UK approved the following number of patient referrals under E112 arrangements as follows:

2005–06 = 281.

6. Lump sum costs cover, in particular, state pensioners who have relocated to other member states; the costs of their health care lie with the member state paying the pension (unless they also have a pension from the member state of residence).

7. No precise information is available on types of treatment covered. For E111/EHIC, medically necessary health care covers the range from minor ambulatory care to major trauma. E112s cover ongoing treatment begun in the UK, specialised care not available in the UK and care for which there is a long UK waiting time.

8. It is estimated that the overall resource requirement for treatment given to UK insured person under the Regulation in other EEA member states in 2006–07 is expected to be around £641 million. This increase is due to a number of factors:

- An increase in Health care costs in other member states over which the UK has no control.
- The increasing trend of UK state pensioners to relocate to other member states (the UK pays a lump sum for their health care).
- An extension of rights to third country nationals.
- An alignment of rights which has given increased healthcare rights.
- Enlargement of the EU.

Table 37

RESOURCE OUTTURN 2002–03 TO 2005–06

Year	Claim type	Member States claims against the United Kingdom	
		£ thousands	UK claims against Member States £ thousands
2002–03	Actual cost	26,500	14,200
	Lump sums	233,200	17,300
	Total	249,700	31,500
2003–04	Actual cost	40,091	15,248
	Lump sums	273,909	9,926
	Total	314,000	25,174

Year	Claim type	<i>Member States claims against the United Kingdom</i>	
		<i>£ thousands</i>	<i>UK claims against Member States</i>
2004-05	Actual cost	49,500	18,700
	Lump sums	331,900	12,500
	Total	381,500	31,200
2005-06	Actual cost	59,100	20,600
	Lump sums	404,100	14,400
	Total	463,100	35,000

Source: The 2005-06 Resource Accounting and Budgeting (RAB) outturn exercise.

Footnotes:

1. The information is compiled in line with the requirements of "Government Accounting 2000" and National Audit Office (NAO).
2. Claims against the UK are made in national currency and converted in to sterling by using the quarterly mean exchange rates published by the EU commission.
3. Actual costs under Article 93 of Regulation 574/72 include E111s/EHIC (temporary visitors and E112 cases (referred patients)).
4. Lump sums under Articles 94 and 95 of Regulation 574/72 include 121s (pensioners).
5. Figures may not add up due to rounding.

3.4 Other Reforms

3.4.1 *Could the Department detail expenditure and projected expenditure on the National Programme for IT? Can the Department estimate the extent of local additions to NHS Connecting for Health funding? Could the Department comment on any cost overruns and delays? (Q38)*

ANSWER

1. Information is given in **Table 38a** and **Table 38b**.
2. The projected expenditure that was identified by the NAO in their recent report amounted to £12.4 billion. However, this did not take account of known and estimated cost reductions based on early implementations. The projected expenditure, taking these factors into account amounts to £7.55 billion and this is explained in **Table 38b**. This figure does not take into account the benefits that will be realised from the programme.
3. There have been no cost overruns. Local additions are included in **Table 38b**.
4. There have been some delays but the programme is broadly on track within the context of a 10 year programme. The Programme was set ambitious and challenging targets to deliver systems to provide essential benefits for the NHS. Many systems are on or ahead of schedule and implementation is accelerating. Additional systems such as the Quality Management and Analysis System and Payment by Results which were not within the original programme plans have also been taken on and delivered. The cost of any delays is being met by suppliers, not the taxpayer.

Table 38a

CONTRACT EXPENDITURE ON THE NATIONAL PROGRAMME FOR IT
(excl local NHS expenditure⁽¹⁾) TO 31 MARCH 2006

			<i>£ millions</i>	
<i>Programme area</i>	<i>Contractor</i>	<i>Lifetime contract value</i>	<i>Expenditure</i>	
Spine	BT	620.0	239.8	
N3 Broadband network	BT	530.0	130.5	
Choose and Book	Atos Origin	64.5	27.1	
London LSP	BT (CCA)	996.0	1.3	
North East LSP	Accenture	1,099.0	51.6	
NW/WM LSP	CSC	973.0	119.3	
Eastern LSP	Accenture	934.0	57.9	
Southern LSP	Fujitsu	986.0	26.5	
Total		6,202.5	654.0	

Source: NHS Connecting for Health internal accounts.

Footnote:

1. Figures for NHS expenditure on implementing the National Programme, separate from the totality of NHS spending on IM&T, are not collected centrally.

Table 38b

**PROJECTED LIFETIME CENTRAL AND LOCAL EXPENDITURE
ON THE NATIONAL PROGRAMME FOR IT**

<i>Expenditure type</i>	<i>£ millions</i>	<i>Sources</i>
Original contracts	6,220	1
Increased scope	382	1
Additional services	239	1
Total contracts	6,841	
Central expenditure	1,500	2
Total contracts and central expenditure	8,341	
Cost reductions (EWAs, NHSMail, PACS)	1,731	3
Total net central costs	6,610	
Local NHS expenditure (estimate gross)	3,400	4
Estimated local cost reductions	2,457	5
Net local costs	943	
Total gross programme costs	11,741	
Total net programme costs	7,553	

Source:

1. Fixed price contracts.
2. NAO estimate (£1,900 million) adjusted for costs relating to non-NPIT activity and future reduction in size of NHS Connecting for Health.
3. Difference between cost of central procurements and cost of equivalent procurements by individual NHS bodies.
4. NAO estimate.
5. Estimates based on case studies following early deployments.

Footnote:

1. Considerable further savings are anticipated from wider programme benefits, eg improvements in patient safety.

3.4.2 *What have the costs of implementing Choose and Book been to date? How does this compare with original estimates? (Q39)*

ANSWER

1. The cost to date of developing and beginning to implement the system is £29.2 million. The total committed contract cost is £65 million.
2. The cost continues to remain within the planned budget.

3.4.3 *How has the Department deployed the additional funding granted as a result of the Health Committee's report into New Medical Technologies towards improving the management of patients through the use of telecare in liaison with social services? How was the funding for such schemes deployed in the last financial year and how much will it be in the future? Is this money ring-fenced? (Q40)*

ANSWER

1. In April 2006, a Preventative Technology Grant of £80 million over two years was provided to enable councils to invest in Telecare to help an additional 160,000 older people nationally to remain independent at home and reduce the number of avoidable admissions to residential/nursing care and hospital.
2. The grant has been allocated using the Relative Share for Older People's Relative Needs formulae. £30 million is available in 2006-07 and £50 million in 2007-08.
3. The grant is not ring fenced and is paid under Section 31 of the Local Government Act 2003 to all councils. Three Star Councils received the grant in one payment in April 2006 for 2006-07 financial year and will receive another payment in April 2007 for 2007-08 financial year.
4. At 31 March 2006, all local councils were required to complete the Commission for Social Care Inspection (CSCI), Delivery and Improvement Statement (DIS). The statement specifically requested that councils provide information on the number of existing service users with Telecare and projected numbers of Telecare users at 31 March 2007 and 2008 following introduction of the Preventative Technology Grant. It also asked councils to report on how much the council was intending to spend on Telecare in 2006-07 and 2007-08 and to give a brief description of the, service they were planning to implement.
5. The information collected from councils through the delivery and improvement statement is currently being analysed by the Department of Health.

6. The Care Services Improvement Partnership (CSIP) is leading on implementation of the Preventative Technology Grant. CSIP also has information on the current state of play with councils implementing Telecare. This information is being collated alongside the information collected through the DIS at 31 March and will be available shortly. CSIP have been very active over the past year in promoting Telecare and have run a number of events, workshops, learning sets and master classes to help support the take-up of Telecare.

7. We know from CSIP that a variety of different models of Telecare service are being developed some are based around extensions of basic community alarm, systems to include other sensors such as motion, flood and smoke detectors. Some areas are piloting models of Telecare service aimed at specific client groups eg those with dementia, people at risk of falls etc. We know other areas such as Kent, Cheshire, Durham, Cumbria, Norfolk, Newham and Sandwell are now moving towards or already mainstreaming their Telecare service.

8. In July 2006, NHS PASA launched a National Framework Agreement for the procurement of Telecare and telehealth equipment (including installation and maintenance) and response services (including control centres, monitoring and response). The framework has been developed to support spend through the £80 million Preventative Technology Grant.

9. We know that around 100 local authorities have registered to access the electronic catalogue that supports this framework. PASA have developed a benefits tracking tool, this will enable them to get feedback from suppliers about who is purchasing what and where. The first information from this tracking tool should be available by November 2006. However, it will be limited to purchases from the framework and will not pick up any purchases made through other routes eg suppliers not on the framework agreement.

3.4.4 How many, and what proportion of, practices are involved in practice-based commissioning (PBC), and what is progress towards the "universal coverage" of PBC? (Q41)

ANSWER

1. As of 31 August 2006, 6,260 GP practices (74%) had taken up an incentive payment to become involved in practice based commissioning (PBC).

2. Universal coverage of PBC is defined as PCTs putting in place the right environment to facilitate practices to take up PBC. This is defined in "Practice based commissioning: achieving universal coverage" (January 2006). All PCTs have agreed to meet universal coverage by the end of 2006.

3. As of 31 August, 69% of all PCTs had put in place the factors required for universal coverage.

4. PCTs have agreed trajectories with the DH for universal coverage and the DH expects this target to be met.

3.4.5 How much is available to PCTs to provide out-of-hours services? What proportion of practices have opted out of providing out-of-hours services? (Q42)

ANSWER

1. In 2004–05, the Department provided support for the new out-of-hours arrangements through greatly increased funding. Some £316 million was allocated to primary care trusts (PCTs) to fund the provision of out-of-hours services. In 2005–06, the Department continued to support PCTs that commission and in some cases provide out-ofhours services by allocating a total of £322 million nationally.

2. The out-of-hours service budget was one of 110 different budgets issued to the NHS in 2005–06. These centrally held funds were the responsibility of specific DH budget managers, who arranged distribution of the funding to PCTs and SHAs throughout the year. Potentially these allocations for a single budget may have been to all PCTs and SHAs (331 organisations in total). This presented major planning and operational difficulties for PCTs, as adjustments may have been required on a weekly basis.

3. For 2006–07, the arrangements for funding all central budgets, including provision of the out-of-hours service have changed. Out-ofhours funding has become part of a separately allocated NHS Central Budget Bundle, which covers all programmes formerly allocated under the centrally funded initiatives and services (CFISSA) programme. The purpose of the bundle is to ensure that all funds that were intended for allocation to the NHS, over and above PCT initial allocations, reach the NHS quickly and efficiently. This will maximise the opportunity for the NHS to plan with the total resources available.

4. A total of £5.5 billion is available to SHAs, and is accompanied by a service level agreement (SLA) that sets out the required outputs from the funding. However, it is for SHAs to decide, in consultation with other local stakeholders, how to deploy the funding. We believe local NHS decision makers are in a better position than the Department to determine funding priorities, and ensure that the money is used most effectively.

5. PCTs should also be thinking beyond specific allocations and making most effective use of their unified budgets to establish integrated networks of urgent care provision.

6. The National Audit Office report on “The Provision of Out-of-Hours Care in England” makes it clear that if PCTs had commissioned effectively the NHS could have lived within the £322 million provided last year. The report also highlights that there is significant scope to reduce the costs of out-of-hours services in future by more than £53 million.

7. By 1 January 2005, all those practices, which wished to transfer outof-hours responsibility, had done so. Approximately 10% of practices chose to retain responsibility for out-of-hours services.

3.4.6 *How much NHS expenditure was paid, or is forecast to be paid, to trusts via the national tariff in each year from 2004–05 to 2007–08? How much activity did this purchase? (Q43)*

ANSWER

1. NHS expenditure on tariff activity is not separately identified within DH accounts.
2. Each year forecast estimates are made of the financial coverage to support PbR implementation planning.
3. Estimates of the financial coverage of PbR in 2004–05, 2005–06 and 2006–07 are detailed in **Table 43**.
4. Figures for 2007–08 are not yet available because of the overall tariff uplift upon 2006–07 has not yet been finalised.

Table 43

ESTIMATED VALUE OF FINANCIAL COVERAGE

£ billions

Year	<i>Estimated value of activity covered by PbR</i>	<i>Coverage of PbR</i>
2004–05	2.0	FTs—elective, non-elective, outpatients and A&E. Non-FTs—PbR on growth activity on selected HRGs.
2005–06	9.0	FTs—elective, non-elective, outpatients and A&E. Non-FTs—elective only.
2006–07	22.0	All NHS organisations—elective, non-elective, outpatients and A&E.

Footnotes:

1. These figures are based on 2004–05 activity.
2. Figures include MFF (market forces factor).
3. Figures are best estimates as at end of 2005.

3.4.7 *Can the Department detail the current timetable for the implementation of Payment by Results, explaining any delays? (Q44)*

ANSWER

1. The current timetable for the implementation of Payment by Results (PbR) can be expressed in two ways:
 - Scope of services commissioned under PbR; and
 - Transition from local prices to national tariff.

SCOPE OF SERVICES COMMISSIONED UNDER PbR

2. **Table 44a** summarises the planned growth in the range of services covered by PbR.
3. In terms of the difference between the planned scope of services commissioned under PbR, and actual roll-out, there was a delay in the timetable during 2005–06 when implementation of PbR for A&E, outpatients and non-elective admissions was deferred by a year for all Trusts other than the FTs and early implementers. The reasons for this delay were set out in evidence to the HSC’s Public Expenditure Inquiry in 2005. From April 2006, these services are included within the scope of PbR for all relevant providers, as originally planned.
4. The exception is in adult critical care where we have developed revised casemix measures/currencies (aka Healthcare Resource Groups (HRGs), which Ministers have decided to allow to operate in shadow form in 2006–07 and 2007–08. Whilst funding for adult critical care therefore remains excluded from PbR and negotiated locally, this approach enables providers and commissioners to monitor activity using the new currencies and therefore calculate baseline activity and costs.

Table 44a

PLANNED PbR IMPLEMENTATION TIMETABLE: SCOPE OF SERVICES COMMISSIONED UNDER PbR

<i>Scope of services commissioned under PbR</i>	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09
National timetable	Tariff applied to elective activity growth in 15 HRGs ⁽¹⁾	Tariff applied to elective activity growth in 48 HRGs ⁽²⁾	HRGs V3.5 introduced. Tariff applied to baseline and growth in A&E; outpatients; elective spells (c550 HRGs ⁽³⁾); non-elective spells (c550 HRGs)	Tariff applied to adult critical care ⁽⁴⁾	Introduce the flexibility to “unbundle” the tariff for diagnostics and post-acute care ⁽⁵⁾ . Start to apply the tariff to activity delivered in community-based alternatives to acute hospitals ⁽⁵⁾	HRGs V4 introduced ⁽⁶⁾
Early transition (FTs and other early implementers)	Tariff applied to elective activity growth in 15 HRGs ⁽¹⁾	HRGs V3.5 introduced. Tariff applied to baseline and growth in A&E; outpatients; elective spells (c550 HRGs ⁽³⁾); non-elective spells (c550 HRGs)	No change	Tariff applied to adult critical care ⁽⁴⁾	Introduce the flexibility to “unbundle” the tariff for diagnostics and post-acute care ⁽⁵⁾ . Start to apply the tariff to activity delivered in community-based alternatives to acute hospitals ⁽⁵⁾	HRGs V4 introduced ⁽⁶⁾

Footnotes:

1. Healthcare Resource Groups (HRGs) are casemix measures used as currencies for the national tariff. HRGs represent clinically-related groups of cases (ie diagnoses and treatment combinations) that consume similar average levels of healthcare resource. The 15 HRGs are described in “reforming NHS Financial Flows: Introducing Payment by results” (DH, 2002).
2. See “Payment by Results: Core Tools” (DH, 2004).
3. See “Payment by Results: Technical Guidance” (DH, 2005).
4. See “Payment by Results: Implementation Support Guide” (DH, 2006).
5. See “Our Health, Our Care, Our Say” (DH, 2005).
6. See “Draft HRG V4 documents to preview” (Information Centre, 2006) at www.ic.nhs.uk/casemix/sub000/preview

TRANSITION FROM LOCAL PRICES TO NATIONAL TARIFF

5. **Table 44b** summarises the planned transitional arrangements for NHS providers.

6. We remain on target to complete the transition from local pricing to national tariff for NHS Trusts and NHS Foundation Trusts (FTs) by 2008–09. First wave FTs and other early implementers will complete the transition by 2007–08.

FUTURE OF PbR

7. In Autumn 2006, the Department will publish proposals for consultation on the Future of PbR: 2008–09 and beyond. This will include a policy update on extension of PbR to cover critical care, mental health, ambulance services and long-term conditions.

Table 44b

**PLANNED PbR IMPLEMENTATION TIMETABLE:
SCOPE OF SERVICES COMMISSIONED UNDER PbR**

<i>Scope of services commissioned under PbR</i>					
<i>2004–05</i>	<i>2005–06</i>	<i>2006–07</i>	<i>2007–08</i>	<i>2008–09</i>	
National timetable		Transition period (ie movement from historic, local prices to national tariff over four equal, annual increments)			
	n/a	25% of transition	50% of transition	75% of transition	Transition completed
Early transition (FTs and other early implementers)	Transition period (ie movement from historic, local prices to national tariff over four equal, annual increments)				
	25% of transition	50% of transition	75% of transition	Transition completed	n/a

3.4.8 How much extra funding is being provided to NHS bodies to assist with the continued phasing-in of Payment by Results in 2006–07 and 2007–08? (Q45)

ANSWER

1. **Table 45** sets out funding, made to and taken from, the NHS under the 2006–07 PbR transitional arrangements. These transition paths were calculated on the basis that they would be cost neutral to the Department. However, a number of early implementer Foundation Trusts were eligible to apply for Minimum Income Guarantee (MIG). The cost of this adjustment has been funded centrally by the Department.

2. Transitional adjustments for 2007–08 have not yet been calculated.

Table 45

2006–07 PbR TRANSITIONAL ADJUSTMENTS

	<i>£ millions</i>
Funding allocated to the NHS	
Increase to PCT allocations ⁽¹⁾	482.0
Transitional payments to providers ⁽²⁾	201.0
Total additional funding to the NHS	683.0
Funding removed from the NHS	
Reduction to PCT allocations ⁽¹⁾	– 162.0
Payments in-years from “gaining” providers ⁽²⁾	– 497.0
Total funding removed from the NHS	– 659.0
Balance ⁽³⁾	25.0

Footnotes:

1. Based on 50% purchaser parity.

2. Based on the following published transition paths for providers:

<i>Organisation type</i>	<i>Activity type</i>	<i>2006–07</i>	<i>2007–08</i>	<i>2008–09</i>
Wave 1 FT gainer	Elective; non-elective; A&E; outpatient	75% X gain	100%	100%
		50% X loss capped at 2% change pa (4.04% in 2006–07)	75% X loss capped at 2% change pa (6.10% in 2007–08)	
Wave 1 FT loser	Elective; non-elective; A&E; outpatient	50% X loss/gain capped at 2% change pa (4.04% in 2006–07)	75% X loss/gain capped at 2% change pa (6.10% in 2007–08)	100%
NHS trusts and future NHS FTs	Elective; non-elective; A&E; outpatient	50% X loss/gain capped at 2% change pa (4.04% in 2006–07)	75% X loss/gain capped at 2% change pa (6.10% in 2007–08)	100%

3. Net additional funding allocated to the NHS in 2006–07 under the PbR transitional arrangements.

3.5 *National Institute for Health & Clinical Excellence (NICE)*

3.5.1 *What are the expected costs of implementing each NICE recommendation, technology appraisal and clinical guideline in 2006–07? (Q46)*

ANSWER

Technology appraisals

1. **Table 46a** shows the technology appraisals issued by NICE. The column headed “cost” shows the gross cost to the NHS of implementing NICE guidance in England.

2. NICE provides estimates of the cost of implementing the recommendations in its guidance upon publication of the final guidance. All estimates are based on figures published in NICE’s appraisal guidance.

Table 46a

ESTIMATED COSTS OF NICE TECHNOLOGY APPRAISAL GUIDANCE (AS AT JULY 2006)

<i>TA number</i>	<i>Title of guidance</i>	<i>Date of Issue</i>	<i>Recommendation</i> ⁽⁴⁾	<i>Cost</i> <i>(£ millions)</i>	<i>Comment</i>
1	Wisdom Teeth	March-2000	Selective	- 5.00	
2	Hip Replacement	April-2000	Selective	- 8.00	
3	Taxanes for Ovarian Cancer	May-2000	Selective	7.00	
4	Coronary Artery Stents	May-2000	Selective	0.00	
5	Liquid Based Cytology—cervical screening	June-2000	Research	0.00	
6	Taxanes for Breast Cancer	June-2000	Selective	16.00	
7	Proton Pump Inhibitors	July-2000	Selective	-45.00	
8	Hearing Aids	July-2000	Selective	0.00	
9	Rosiglitazone for Type 2 Diabetes	August-2000	Selective	14.50	
10	Inhaler systems for under 5s	August-2000	Routine	0.00	
11	Implantable cardioverter defibrillators	September-2000	Selective	35.00	This assumes an offset of £15–20 million to gross costs of £45 million.
12	Glycoprotein IIb/IIIa inhibitors	September-2000	Routine	30.70	
13	Methylphenidate for ADHD	October-2000	Routine	44.00	NICE made separate estimates of the year 1 drug and associated running costs, and of the cost of initial assessment of potentially eligible patients.
14	Ribavirin and Interferon Alpha for Hepatitis C	October-2000	Selective	60.00	
15	Zanamivir for Influenza	November-2000	Selective	7.00	
16	Autologous Cartilage transplantation in Knee Joints	December-2000	Research	0.00	
17	Laparoscopic surgery for Colorectal Cancer	January-2001	Research	0.00	
18	Laparoscopic surgery for Inguinal Hernia	December-2000	Selective	0.00	
19	Donepezil, Rivastigmine and Galantamine for Alzheimer's	January-2001	Selective	42.00	This is the long-run annual cost—NICE expected a slow build-up over several years.
20	Riluzole for Motor Neurone Disease	January-2001	Routine	5.00	
21	Pioglitazone for Type 2 Diabetes	March-2001	Selective	- 12.00	See comment on Rosiglitazone above.
22	Orlistat for Obesity	March-2001	Selective	9.50	£6 million for drug costs and £3–4 million for overheads.
23	Temozolomide for Brain Cancer	April-2001	Selective	1.00	
24	Difficult to heal surgical wounds	April-2001	Routine	0.00	
25	Gemcitabine for Pancreatic cancer	May-2001	Selective	1.90	
26	Non-small cell lung cancer	June-2001	Routine	9.55	These are the short-run costs—NICE comment that take-up may increase in the longer term.

Table 46a (Continued)

ESTIMATED COSTS OF NICE TECHNOLOGY APPRAISAL GUIDANCE (AS AT JULY 2006)

<i>TA number</i>	<i>Title of guidance</i>	<i>Date of Issue</i>	<i>Recommendation</i> ⁽⁴⁾	<i>Cost (£ millions)</i>	<i>Comment</i>
27	Cox II for Osteoarthritis and Rheumatoid Arthritis	July–2001	Selective	25.00	
28	Topotecan for advanced Ovarian Cancer	August–2001	Selective	7.00	
29	Fludarabine for B-cell chronic lymphocytic leukaemia	September–2001	Routine	0.00	Estimated to be broadly cost neutral/no detailed costings given.
30	Taxanes for Breast Cancer—review	September–2001	Selective	0.00	Earlier guidance unchanged.
31	Sibutramine for Obesity in adults	October–2001	Routine	19.20	Year 3 figure.
32	Beta interferon & glatiramer	January–2002	Research	0.00	
33	Colorectal Cancer	March–2002	Selective	41.00	NICE estimate £21 million for 1st line and £20 million for 2nd line use. They indicate that costs in 2nd line use could be considerably lower, but do not give a lower bound.
34	Tratuzumab breast cancer	March–2002	Selective	17.00	
35	Entercept juvenile arthritis	March–2002	Selective	3.00	
36	Entercept & infliximab rheumatoid arthritis	March–2002	Selective	62.50	
37	Rituximab lymphoma	March–2002	Selective	0.00	NICE do not attempt a quantitative estimate, but information in the guidance suggests a figure of around £1.2 million.
38	Inhalers 5–15	March–2002	Routine	1.20	
39	Zyban & NRT	March–2002	Routine	41.00	
40	Infliximab Crohn's disease	May–2002	Selective	2.50	NICE estimated £2.5 million for the first year costs. They expected lower costs in subsequent years but did not quantify.
41	Routine anti D rhesus negative women	May–2002	Routine	4.00	
42	Human growth hormone children	May–2002	Routine	38.00	
43	Atypical antipsychotics	June–2002	Routine	55.00	
44	Metal on Metal	June–2002	Selective	3.40	NICE say cost is more likely to be at lower end of range.
45	PLDH (Caelyx) for ovarian cancer	July–2002	Selective	3.10	
46	Surgery for morbid obesity	July–2002	Selective	21.00	Initial costs will be lower, but will build as service provision increases.
47	Glycoproteins (review)	September–2002	Routine	0.00	Replacement of the September 2000 guidance with this revised guidance is not expected to increase costs to the NHS.

Table 46a (Continued)

ESTIMATED COSTS OF NICE TECHNOLOGY APPRAISAL GUIDANCE (AS AT JULY 2006)

<i>TA number</i>	<i>Title of guidance</i>	<i>Date of Issue</i>	<i>Recommendation</i> ⁽⁴⁾	<i>Cost</i> (£ millions)	<i>Comment</i>
48	Home vs hospital haemodialysis	September–2002	Selective	0.00	
49	Ultrasonic locating devices for pacing central venous lines	September–2002	Routine	0.00	200,000 procedures x less than £10 per procedure. Number of additional machines @ £7–15K not quantified.
50	Imatinib for CML	October–2002	Routine	15.80	Estimated increase in the first year is between £11.8 million and £15.8 million for England and Wales.
51	Computerised Cognitive behavioural therapy	October–2002	Research	0.00	Further research recommended.
52	Thrombolysis	October–2002	Routine	33.50	
53	Long acting insulin analogues (glargine)	December–2002	Selective	16.00	Estimate on the high side—based on all potentially eligible patients switching to this treatment—actual costs will be proportionately less depending on uptake.
54	Vinorelbine for breast cancer	December–2002	Selective	6.50	
55	Paclitaxel—ovarian cancer	January–2003	Routine	0.00	Unlikely that additional costs to the NHS will result from this review.
56	Tension free vaginal tape	February–2003	Routine	0.00	Further research recommended.
57	Subcutaneous insulin infusion (insulin pumps)	February–2003	Selective	5.25	NICE suggest costs will be at the bottom end of the range.
58	Zanamivir oseltamivir amantidine treatment of flu	February–2003	Routine and no— hence tabled as selective	0.00	Cost impact depends on the severity of an outbreak in any given year. No anticipated increase over previous estimated figures—as savings/pressures balance out between the three drugs.
59	ECT	April–2003	Selective	0.00	Guidance recommends the use of ECT only in certain restricted circumstances.
60	Patient education models diabetes	April–2003	Routine	0.00	160 centres for England each with running costs of £64,500 pa = £10.3 million
61	Capecitabine & tegafur with uracil for metastatic colorectal cancer	May–2003	Routine	–16.00	Assumes 3,500 each use capecitabine or tegafur uracil in preference to existing treatment options.
62	Capecitabine for locally advance breast cancer	May–2003	Routine	–1.20	Saving is for combination capecitabine/docetaxel relative to docetaxel monotherapy.
63	Glitazones for type 2 diabetes (review)	August 2003	Selective	–16.00	Revision to previous guidance reduces by about 30% the previous estimated saving of £12 million pa.

Table 46a (Continued)

ESTIMATED COSTS OF NICE TECHNOLOGY APPRAISAL GUIDANCE (AS AT JULY 2006)

<i>TA number</i>	<i>Title of guidance</i>	<i>Date of Issue</i>	<i>Recommendation</i> ⁽⁴⁾	<i>Cost</i> (£ millions)	<i>Comment</i>
64	Human Growth Hormone in adults	August–2003	Selective	0.00	Cost saving—but no figures estimated.
65	Rituximab for aggressive non Hodgkin's lymphoma	September–2003	Selective	13.15	NICE say incidence is rising by 4% pa and quote an upper limit of £27.3 for 2007 but basis is not clear.
66	Olanzapine & valporate semisodium for bipolar I disorder	September–2003	Routine	0.00	Unlikely to be net costs or savings.
67	Oseltamivir and amantidine for prophylaxis of flu	September–2003	Routine and no— hence tabled as selective	10.00	Costs will vary with severity of influenza outbreak.
68	PDT for macular degeneration	September–2003	Selective	8.30	
69	Use of liquid-based cytology for cervical screening	October–2003	Routine	10.20	Running costs are likely to be similar with some possible (unquantified) time savings in diagnosis. Running costs are likely to be similar to the start-up costs.
70	Use of imatinib for chronic myeloid leukaemia	October–2003	Selective	5.00	Steady-state (year 5) costs.
71	Use of coronary artery stents	October–2003	Selective	–4.00	This is the net cost of using drug-eluting stents vs bare metal stents. NICE estimate a possible £4 million offsetting saving from reducing the restenosis rate.
72	Rheumatoid arthritis—anakinra	November–2003	Research	–0.07	
73	Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction	November–2003	Selective	27.00	
74	Pre-hospital initiation of fluid replacement therapy in trauma	January–2004	Selective	0.00	
75	Hepatitis C—pegylated interferons, ribavarin and alfa interferon	January–2004	Selective	10.50	
76	Newer drugs for epilepsy in adults	March–2004	Selective	0.00	Cost neutral.
77	Newer hypnotic drugs for insomnia	April–2004	Selective	0.00	Cost saving—but no figure's estimated.
78	Fluid-filled thermal balloon and microwave endometrial ablation techniques for heavy menstrual bleeding	April–2004	Selective	–30.50	NICE quote a range of –£29 to –£32 million. However it is unlikely that such savings would be realised.
79	Newer drugs for epilepsy in children	April–2004	Selective	0.00	
80	Acute coronary syndromes—clopidogrel	July–2004	Routine	26.50	

Table 46a (Continued)

ESTIMATED COSTS OF NICE TECHNOLOGY APPRAISAL GUIDANCE (AS AT JULY 2006)

<i>TA number</i>	<i>Title of guidance</i>	<i>Date of Issue</i>	<i>Recommendation</i> ⁽⁴⁾	<i>Cost</i> <i>(£ millions)</i>	<i>Comment</i>
81	Atopic dermatitis (eczema)—topical steroids	August–2004	Selective	– 31.00	Cost saving.
82	Atopic dermatitis (eczema)—pimecrolimus and tacrolimus	August–2004	Selective	33.55	Possible range of cost extremely variable, but as NICE’s recommendation was not positive it is likely that costs will trend towards the lower end.
83	Hernia—laparoscopic surgery (review)	September–2004	Selective	1.00	
84	Sepsis (severe)—drotrecogin	September–2004	Routine	15.00	
85	Renal transplantation—immuno-suppressive regimens (adults)	September–2004	Selective	0.00	
86	Gastro-intestinal stromal tumours (GIST)—imatinib	October–2004	Selective	4.70	
87	Secondary osteoporosis	January–2005	Selective	36.50	
88	Dual-chamber pacemakers for the treatment of symptomatic bradycardia	February–2005	Selective	10.00	
89	Cartilage injury—autologous chondrocyte implantation (ACI) (review) (No 89)	May–2005	Research	0.00	May be small expenditure to fund research.
90	Vascular disease—clopidogrel and dipyridamole	May–2005	Selective	27.40	
91	Ovarian cancer (advanced)—paclitaxel, pegylated liposomal doxorubicin hydrochloride and topotecan (review)	May–2005	Selective	2.25	
92	Tooth Decay—Healozone	July–2005	Research	0.00	No impact on NHS services.
93	Colorectal cancer (advanced)—irinotecan, oxaliplatin and raltitrexed (review)	August–2005	Selective	56.00	
94	Cardiovascular disease—statins	January–2006	Selective	8.50	
95	Arrhythmia—implantable cardioverter defibrillators (ICDs) (review)	January–2006	Selective	49.90	
96	Hepatitis B (chronic)—adefovir dipivoxil and pegylated interferon alpha-2a	February–2006	Selective	7.08	
97	Depression and anxiety—computerised cognitive behavioural therapy (CCBT)	February–2006	Selective	48.00	
98	Attention deficit hyperactivity disorder (ADHD)—methylphenidate, atomoxetine and dexamfetamine (review) (No 98)	March–2006	Selective	0.00	Unlikely to result in a significant change to the use of NHS resources.

Table 46a (Continued)

ESTIMATED COSTS OF NICE TECHNOLOGY APPRAISAL GUIDANCE (AS AT JULY 2006)

<i>TA number</i>	<i>Title of guidance</i>	<i>Date of Issue</i>	<i>Recommendation</i> ⁽⁴⁾	<i>Cost</i> <i>(£ millions)</i>	<i>Comment</i>
99	Immunosuppressive therapy for renal transplantation in children and adolescents	April-2006	Selective	0.36	
100	Capecitabine and oxaliplatin in the adjuvant treatment of stage III (Dukes' C) colon cancer	April-2006	Routine	10.30	
101	Docetaxel for hormone refractory prostate cancer	June-2006	Routine	19.90	
102	Parent-training/education programmes in the management of children with conduct disorders	July-2006	Routine	28.80	
103	Etanercept and efalizumab for psoriasis	July-2006	Selective	25.20	
104	Etanercept and infliximab for psoriatic arthritis	July-2006	Selective	13.70	
Total cost				1,044.12	
Total number of appraisals		Selective	67		
		Routine	29		
		Research	8		

Source: National Institute for Health and Clinical Excellence (NICE).

Footnotes:

1. The table above shows the technology appraisals issued by NICE since March 2000. The column headed cost shows the gross cost to the NHS of implementing NICE guidance in England.
2. NICE provides estimates of the cost of implementing the recommendations in its guidance upon publication of the final guidance.
3. All estimates are based on figures published in NICE's appraisal guidance.
4. Routine = NICE has approved the use of a technology, Selective = NICE has approved technology, but only for use under specific conditions, Research = NICE has not approved the technology and recommends that further research on effectiveness is needed.

Clinical guidelines

3. **Table 46b** provides details of the clinical guidelines published by NICE since 1 April 2006.
4. NICE only provides estimates of the cost of implementing the recommendations contained in clinical guidelines upon publication of the final guidance.
5. NICE assesses the cost of certain key recommendations within their guidelines i.e. those that are likely to have the highest costs associated with them, but does not cost all the recommendations within a guideline.
6. NICE has not provided a cost impact for all its clinical guidelines published to date. The first detailed costings were provided for three of the guidelines published in 2004 (fertility; familial breast cancer and lung cancer) and since then NICE has been providing detailed cost information on clinical guidelines with more regularity. Seven of the nine guidelines published in 2005 have been costed.
7. There has been no assessment of the actual cost impact of NICE guidance, due to the inherent logistical difficulties in measuring the uptake of NICE guidance.

Table 46b

GUIDELINES COSTINGS PUBLISHED TO DATE—COST OF IMPLEMENTATION

<i>Guideline number</i>	<i>Guideline/Appraisal name</i>	<i>Date published</i>	<i>Recommendations with significant resource impact</i>	<i>Net recurrent implementation costs (£ thousands)</i>
CG11	Fertility	Feb 2004	Increase in provision of IVF services.	81,000
CG14	Familial breast cancer	June 2004	Additional annual mammographs and specialist nurse training.	2,470
CG23	Depression in adults	Dec 2004	Psychological Interventions	54,500
CG24	Lung cancer	Feb 2005	Increases in PET Scanning, chemotherapy and lung cancer nurses.	23,248
CG25	Violence (England)	May 2005	Staff training in PCTs and in-patient psychiatric settings.	20,019
CG26	PTSD	July 2005	Cost of increase in therapy.	25,988
CG28	Depression in children & young people.	Oct 2005	Active psychological intervention.	19,466
CG29	Pressure ulcer management—report produced, but no cost impact estimated.	Sept 2005	None identifiable.	
CG30	LARC	Dec 2005	Savings from unplanned pregnancies being avoided.	– 102,258
CG31	OCD	Dec 2005	Cost of adult, young person and child interventions.	31,650
CG32	Nutrition support in adults.	Feb 2006	Costs of screening and nurse interventions, offset by reductions in length of in-patient stays.	– 13,562
CG33	Tuberculosis.	Mar 2006	Additional directly observed therapy for the homeless, problem drug user and prison population—cost of additional staff.	– 3,448
CG34 update	Hypertension	June–2006	Pharmacological interventions.	– 221,869
CG35	Parkinson's disease.	June–2006	Regular access to specialist nursing care and access to therapy services.	3,777
CG36	Atrial fibrillation.	June–2006	The use of an ECG on all patients in whom a diagnosis of AF is suspected based on the detection of an irregular pulse, the provision of appropriate antithrombotic therapy according to the stroke risk algorithm, and the cost implications arising, such as strokes avoided and haemorrhages incurred, from additional anticoagulation.	21,863

<i>Guideline number</i>	<i>Guideline/Appraisal name</i>	<i>Date published</i>	<i>Recommendations with significant resource impact</i>	<i>Net recurrent implementation costs (£ thousands)</i>
CG37	Postnatal care	July–2006	The implementation of an externally evaluated structured programme that encourages breastfeeding. The savings arising from an improvement in breast-feeding.	– 727
CG38	Bipolar disorder	July–2006	The costing work has concentrated on changes in pharmacological prescribing, increases in psychological therapy, introducing an annual review for all people with bipolar disorder and improved access to weight management programs.	20,149
Total				– 37,734

Source: National Institute for Health and Clinical Excellence (NICE).

4. Breakdown of Spending Programme

4.1 General Breakdown

4.1.1 What was HCHS expenditure by service sector and age group in (a) 2003–04 and (b) 2004–05? (Q47)

ANSWER

1. The information for 2003–04 is given in **Table 47a** to **Table 47c**. From 2004–05 the data required to calculate HCHS expenditure by service sector and age group ceased to be collected. Instead, DH initiated a replacement data collection to collect expenditure on a Programme Budgeting basis—see questions 6 and 7 for further details.

2. Services aimed specifically, or mainly, at the elderly account for 6% of total HCHS expenditure. However, those aged 65 and over accounted for 43% of total expenditure despite being only 16% of the population. This is mainly due to high levels of spend in other sectors, with 56% of acute expenditure, and significant proportions of expenditure on services for mentally ill people being used by this age group.

Table 47a

HCHS EXPENDITURE BY PROGRAMME OF CARE 2003–04

<i>Programme of care</i>	<i>Expenditure (£m)</i>	<i>Proportion of expenditure</i>
Acute services	21,510	56.4
Mental health	5,088	13.3
Services intended primarily for the elderly	2,346	6.1
other services	6,253	16.4
Learning disability	1,627	4.3
Maternity	1,327	3.5
Total	38,151	100.00

Source: Financial returns of PCTs and NHS Trusts.

Footnote: 1. Total does not sum to 100% due to rounding.

Table 47b

PROPORTION OF HCHS EXPENDITURE BY AGE GROUP

<i>Age band</i>	<i>Expenditure (£m)</i>	<i>Proportion of expenditure</i>
All births	1,577	4.1
Age 0–4	2,376	6.2
Age 5–15	1,461	3.8
Age 16–44	9,245	24.2
Age 45–64	7,021	18.4
Age 65–74	5,890	15.4
Age 75–84	6,763	17.7
Age 85+	3,818	10.0
Total	38,151	100.0

Source: Financial returns of PCTs and NHS Trusts.

Footnote: 1. Total does not sum to 100% due to rounding.

Table 47c

HCHS EXPENDITURE PER HEAD OF POPULATION 2003–04

<i>Age band</i>	<i>Total Expenditure (£m)</i>	<i>Population</i>	<i>Per Head of Population (£)</i>
All births	1,577	575,224	2,742
Age 0–4	2,376	2,272,935	210
Age 5–15	1,461	6,955,359	210
Age 16–44	9,245	20,134,099	459
Age 45–64	7,021	11,971,190	586
Age 65–74	5,890	4,158,665	1,416
Age 75–84	6,763	2,851,924	2,371
Age 85+	3,818	936,344	4,077
All	38,151	49,855,740	765

Source: Financial returns of PCTs and NHS Trusts.

4.1.2 Could a table be provided detailing gross expenditure on HCHS and FHS by sector in each year since 1997–98? (Q48)

ANSWER

1. The information requested is contained in **Table 48**.

2. No data is available for 2004–05. The data required to calculate HCHS expenditure was collected for the final time in 2003–04. A replacement data collection was initiated on new Programme Budgeting basis—see questions 6 and 7 for further details. For FHS, data for GMS/PMS is no longer available in the current format due to the introduction of the new GMS contract in 2004; data after this point is not comparable with previous.

Table 48

HCFHS PROGRAMME BUDGET EXPENDITURE 1997–98 TO 2003–04
(CASH AND RESOURCE)

£ million

	<i>Cash</i>				<i>Resources</i>		
	<i>1997–98</i>	<i>1998–99</i>	<i>1999–2000</i>	<i>2000–01</i>	<i>2001–02</i>	<i>2002–03</i>	<i>2003–04</i>
Acute IP			—	—	—	—	—
Acute IP (Pats using a bed) inc DC	8,958	9,762	10,414	11,166	12,417	13,765	15,061
Acute OP			—	—	—	—	—
Acute OP without Day Cases	3,650	3,884	4,093	4,334	4,795	5,524	6,449
Obstetric IP	730	764	801	844	752	854	918
Obstetric OP	137	147	158	170	151	183	216
Geriatric IP	1,210	1,137	1,216	1,308	1,312	1,254	1,223
Units for YD			—	—	—	—	—
Geriatric & YD OP	46	50	53	57	61	68	74

	<i>Cash</i>				<i>Resources</i>		
	1997–98	1998–99	1999–2000	2000–01	2001–02	2002–03	2003–04
Learning Disability IP	833	825	855	889	902	843	854
Learning Disability OP	22	21	21	20	23	43	84
Mental Health IP	1,754	1,819	2,044	2,303	2,444	2,689	2,857
Mental Health OP	312	334	370	411	490	655	882
Non Psychiatric DP (gen & acute)	109	105	115	126	96	85	94
Learning Disability (Day Pats)	56	62	62	62	50	58	49
Mental Illness DP	303	318	328	338	318	344	316
Other Hospital	455	527	1,011	1,568	1,560	1,563	1,137
Total Hospital	18,575	19,754	21,539	23,597	25,372	27,928	30,214
Chiropody	90	101	110	120	158	231	232
Family Planning	55	63	70	77	98	135	129
Immunisation & surveillance	263	303	325	352	240	218	224
Screening	53	61	67	74	88	131	149
Professional advice & support	266	330	338	348	163	110	138
General Patient Care	952	1,050	1,041	1,030	780	743	722
Community MI Nursing	521	580	670	775	810	911	1,033
Community MH Nursing	413	457	484	514	484	526	640
Community Maternity	210	223	208	191	283	162	193
Health Promotion	68	79	83	87	42	86	107
Community Dental	78	88	97	107	71	182	169
Services to GPs	271	314	396	491	653	996	1,019
Other CHS	372	469	549	642	649	1,212	1,441
Total Community	3,612	4,118	4,438	4,807	4,519	5,644	6,197
Ambulances	617	617	706	808	932	932	1,176
HQ Administration	779	768	781	797	1,100	582	564
Joint Finance	237	237	169	91	54	0	0
Total HCHS	23,820	25,494	27,633	30,099	31,977	35,087	38,151
Total HCHS (Excluding J/F)	23,584	25,258	27,464	30,008	31,923	35,087	38,151
Total GMS of which:	3,033	3,121	3,336	3,449	3,230	2,932	2,684
Non-Discretionary	2,198	2,243	2,451	2,510	2,271	2,068	1,903
Discretionary	835	878	885	940	959	864	781
Total Other FHS of which:	6,465	6,857	7,516	8,067	9,258	10,470	11,998
Drugs	4,107	4,356	4,852	5,168	5,714	6,345	6,963
PMS (discretionary) ⁽¹⁾	n/a	37	84	174	689	1,152	1,939
GDS	1,349	1,439	1,479	1,556	1,638	1,709	1,767
PDS (discretionary) ⁽¹⁾	n/a	4	12	21	36	41	48
Dispensing Costs	768	781	808	856	879	919	959
GOS	241	240	281	292	302	304	322
Total HCFHS	33,318	35,472	38,485	41,615	44,465	48,489	52,833

Footnotes:

1. Personal Medical Services (PMS) and Personal Dental Services (PDS) schemes are Primary Care Act pilots designed to test locally-managed approaches to the delivery of primary care. PDS and PMS expenditure figures exclude any related capital investment by NHS Trusts; PDS expenditure figures are also gross of patient charge income.
2. All HCFHS figures are on a cash basis for the years 1997–98 to 2000–01, whereas from 2001–02 is a resource basis.
3. The 2003–04 Drugs expenditure has been revised to £6,963 million from £6,948 million (2005 PEI) in line with FHS gross expenditure figures from the Departmental Report 2006, figure 6.10.

4.2 *Primary Care Trust (PCT) Allocations*

4.2.1 *Can the Department detail (a) Primary Care Trust allocations (b) distance from target allocation in £000s and in percentage terms and (c) allocations per weighted and unweighted head of population in each year from 2003–04 to 2007–08 in each Strategic Health Authority area? Can data for individual PCTs be provided as an appendix? (Q49)*

ANSWER

1. The information requested is given in **Table 49a** and **Table 49b**.

Table 49b (continued)

Code	PCT	2003-04 allocation	2004-05 allocation	2005-06 allocation	2006-07 allocation	2007-08 allocation	2003-04 closing DFT	2004-05 closing DFT	2005-06 closing DFT	2006-07 closing DFT	2007-08 closing DFT	2003-04 closing DFT	2004-05 closing DFT	2005-06 closing DFT	2006-07 closing DFT	2007-08 closing DFT	2003-04 allocation per weighted head ⁽¹⁾ £000s	2004-05 allocation per weighted head ⁽¹⁾ £000s	2005-06 allocation per weighted head ⁽¹⁾ £000s	2006-07 allocation per weighted head ⁽¹⁾ £000s	2007-08 allocation per weighted head ⁽¹⁾ £000s	2003-04 allocation per unweighted head ⁽²⁾ £000s	2004-05 allocation per unweighted head ⁽²⁾ £	2005-06 allocation per unweighted head ⁽²⁾ £	2006-07 allocation per unweighted head ⁽²⁾ £	2007-08 allocation per unweighted head ⁽²⁾ £
5GN	Uttlesford	52,071	56,772	61,798	73,835	81,090	3,552	3,619	3,616	-392	-339	6.7	6.3	5.7	-0.5	-0.4	963	1,050	1,251	1,265	1,380	725	787	933	1,014	1,108
5DP	Vale of Aylesbury	143,593	157,179	171,899	207,078	227,618	-840	-826	-835	-3,292	-3,372	-0.5	-0.5	-0.4	-1.6	-1.5	900	985	1,189	1,266	1,382	741	807	969	1,052	1,150
5E8	Wakefield West	131,156	143,375	156,303	189,155	205,849	825	699	582	1,371	417	0.6	0.5	0.3	0.7	0.2	915	1,001	1,212	1,281	1,388	882	961	1,160	1,259	1,366
5M3	Walsall Teaching	237,124	260,693	285,181	342,196	374,066	-17,867	-18,451	-19,485	-3,088	-2,556	-6.6	-6.2	-6.0	-0.9	-0.7	853	938	1,125	1,261	1,376	964	1,061	1,274	1,395	1,526
5NC	Waltham Forest	226,435	248,565	272,407	320,806	347,335	-4,995	-5,206	-5,589	4,239	2,689	-2.1	-2.0	-1.9	1.3	0.8	910	999	1,193	1,300	1,410	998	1,096	1,308	1,415	1,531
5LG	Wandsworth	275,795	303,063	332,216	388,415	420,027	37,401	39,504	41,334	43,886	44,808	14.5	14.0	13.4	12.7	11.9	1,048	1,152	1,365	1,434	1,551	1,028	1,125	1,328	1,429	1,538
5J2	Warrington	163,513	178,963	195,266	237,103	259,050	-903	-904	-928	276	-159	-0.5	-0.5	-0.4	0.1	-0.1	910	996	1,206	1,273	1,384	854	932	1,126	1,229	1,339
5GV	Watford and Three Rivers	151,919	165,631	180,280	208,055	225,025	13,416	13,900	14,196	9,476	8,129	9.0	8.5	7.9	4.8	3.7	992	1,081	1,256	1,333	1,437	893	970	1,121	1,208	1,301
5JV	Wavney	112,703	123,614	134,984	160,058	178,920	-5,143	-5,307	-5,641	-8,514	-6,489	-4.1	-3.9	-3.8	-5.1	-3.5	884	970	1,150	1,208	1,336	913	993	1,169	1,266	1,404
5MJ	Wednesbury and West Bromwich	112,186	123,427	136,713	161,162	176,241	-10,020	-10,354	-9,299	-6,759	-6,392	-7.7	-7.3	-6.0	-4.0	-3.5	846	931	1,110	1,221	1,337	985	1,085	1,295	1,419	1,552
5GG	Welwyn Hatfield	81,981	89,915	98,477	119,016	129,022	-1,518	-1,557	-1,644	1,585	889	-1.7	-1.6	-1.5	1.3	0.7	902	989	1,210	1,289	1,395	850	930	1,135	1,224	1,323
5D6	West Cumbria	122,798	133,788	145,227	171,945	188,244	3,202	2,864	2,333	-1,827	-1,792	2.5	2.0	1.5	-1.1	-0.9	934	1,017	1,198	1,258	1,372	939	1,023	1,204	1,313	1,436
5KX	West Gloucestershire	188,232	206,016	224,782	266,091	292,350	-1,084	-1,091	-1,126	-3,841	-3,903	-0.5	-0.5	-0.5	-1.4	-1.3	912	998	1,182	1,254	1,367	862	938	1,104	1,198	1,308
5E6	West Hull	149,880	163,420	177,730	208,035	224,710	2,623	2,215	1,787	3,089	2,207	1.7	1.3	1.0	1.5	1.0	933	1,017	1,195	1,291	1,399	972	1,067	1,260	1,373	1,489
5F3	West Lancashire	97,085	106,387	116,168	136,355	149,392	-1,670	-1,723	-1,826	-1,437	-1,409	-1.6	-1.5	-1.5	-1.0	-0.9	905	992	1,165	1,258	1,372	906	991	1,161	1,264	1,382
5D2	West Lincolnshire	180,080	197,501	215,736	262,818	290,393	-5,645	-5,816	-6,170	-10,715	-10,532	-2.8	-2.7	-2.6	-3.9	-3.5	887	973	1,183	1,222	1,336	832	904	1,088	1,181	1,293
5CY	West Norfolk	124,323	136,533	149,167	185,337	207,305	-8,518	-8,792	-9,351	-10,016	-7,519	-6.0	-5.7	-5.6	-5.1	-3.5	863	948	1,137	1,207	1,336	859	935	1,112	1,247	1,383
5FM	West of Cornwall	144,227	157,833	172,199	204,952	225,363	-586	-590	-605	-6,612	-6,859	-0.4	-0.4	-0.3	-3.1	-3.0	918	1,005	1,196	1,232	1,344	944	1,026	1,212	1,313	1,433
5DH	West Wiltshire	90,474	99,238	108,621	134,671	150,935	-4,065	-4,187	-4,443	-7,164	-5,474	-4.0	-3.8	-3.7	-5.1	-3.5	876	961	1,162	1,208	1,336	761	824	983	1,090	1,207
5L9	Western Sussex	189,601	206,444	224,451	244,733	264,691	10,046	10,015	9,715	13,730	11,116	5.2	4.8	4.2	5.9	4.4	862	948	1,154	1,347	1,446	959	1,047	1,264	1,356	1,454
5LC	Westminster	263,876	289,491	316,790	367,029	396,902	66,257	71,163	75,975	47,273	41,351	31.1	30.5	29.9	14.8	11.6	1,221	1,339	1,570	1,461	1,547	1,189	1,255	1,421	1,488	1,564
5G3	Windsor, Ascot and Maidenhead	129,700	141,407	153,916	178,091	192,609	10,062	10,343	10,457	11,075	10,606	7.8	7.4	6.8	6.6	5.8	988	1,077	1,255	1,357	1,466	813	884	1,029	1,109	1,196
TAG	Witham, Braintree and Halstead	100,623	110,770	122,397	150,157	168,321	-8,412	-8,678	-8,345	-7,987	-6,105	-7.2	-6.8	-6.0	-5.1	-3.5	845	930	1,151	1,208	1,336	734	798	975	1,055	1,169
5DN	Wokingham	100,104	109,406	119,512	143,394	155,932	1,065	909	752	1,759	751	1.0	0.8	0.6	1.2	0.5	916	1,001	1,213	1,288	1,392	696	758	915	986	1,068
5MV	Wolverhampton City	228,683	251,451	275,859	326,781	360,656	-17,944	-18,536	-18,812	-16,460	-13,081	-6.8	-6.5	-6.0	-4.8	-3.5	852	937	1,113	1,211	1,337	950	1,048	1,246	1,367	1,511
5G5	Wycombe	107,852	117,956	128,925	152,351	166,009	212	201	192	468	573	0.2	0.2	0.1	0.3	0.3	908	993	1,179	1,276	1,390	782	858	1,020	1,111	1,213
5HF	Wyre	112,822	123,458	134,710	158,954	174,770	202	170	149	-3,264	-3,404	0.2	0.1	0.1	-2.0	-1.9	921	1,008	1,189	1,246	1,358	944	1,024	1,197	1,296	1,413
5DR	Wyre Forest	87,088	95,519	104,344	123,968	137,428	-2,670	-2,741	-2,900	-6,136	-4,984	-2.8	-2.6	-2.5	-4.7	-3.5	878	963	1,145	1,212	1,336	810	888	1,055	1,151	1,275
5E4	Yorkshire Wolds and Coast	126,799	138,148	149,959	177,232	195,825	4,870	4,669	4,277	-6,879	-7,102	3.7	3.3	2.7	-3.7	-3.5	948	1,033	1,215	1,224	1,336	867	934	1,088	1,175	1,287
England		45,027,181	49,328,244	53,924,975	64,309,595	70,354,697	-0	-0	0	0	0	0.0	0.0	0.0	0.0	0.0	916	1,003	1,198	1,274	1,388	903	986	1,172	1,274	1,388

Source: PCT data aggregated to SHA from 2003-04 to 2005-06 and 2006-07 and 2007-08 PCT revenue resource limits exposition books available at www.dh.gov.uk/allocations

Footnotes:

- 2002 ADS scaled to 2001 ONS sub-national population estimates
- 2004 ADS scaled to 2003 based ONS sub-national population projections

4.2.2 What was the average percentage absolute adjustment made to crude Primary Care Trust populations for (a) age structure (b) additional need (c) market forces and (d) other in the 2007–08 weighted capitation formula? (Q50)

ANSWER

1. There are separate components in the weighted capitation formula for the different services for which PCTs receive funding: hospital and community health services (HCHS), prescribing, primary medical services and HIV/AIDS. Each component includes adjustments for age, additional need and market forces, with the exception of the prescribing component which does not have an adjustment for market forces.

2. Each adjustment generates a separate PCT index, comparing the PCT score on the adjustment to the national average. The indices are simultaneously applied to crude populations to produce weighted populations which are then normalised, or scaled, back to the national crude population. This produces PCT weighted populations for each component which are combined into PCT unified weighted populations using national expenditure weights. It is not possible to produce overall adjustments for age, additional need and market forces without giving a different weighted population.

3. The index for each adjustment is centred on an average of 1, or 100% in percentage terms. PCTs with an index greater than 1 for the age, additional need or market forces adjustments will be above the national average and those PCTs with an index less than 1 will be below the national average.

4. **Table 50a** and **Figure 50a** show measures of dispersion and the average percentage absolute adjustment for each index in the HCHS Component in 2007–08. **Table 50b** and **Table 50c** show the range for each index in the prescribing and primary medical services components in 2007–08.

5. There are two other adjustments in the 2006–07 and 2007–08 weighted capitation formula: the English language difficulties adjustment (ELDA) and the growth area adjustment. These are adjustments to monetary targets rather than adjustments to crude populations.

Table 50a
RANGES FOR HCHS COMPONENT INDICES 2007–08

	<i>Age</i>	<i>Adjustment</i>		<i>Emergency ambulance cost</i>
		<i>Additional need</i>	<i>Market forces factor</i>	
Minimum	0.84	0.71	0.90	0.99
Maximum	1.25	1.52	1.21	1.01
Range	0.41	0.81	0.32	0.02
Standard deviation	0.06	0.17	0.06	0.00
Average percentage absolute adjustment	4.7%	13.9%	5.4%	0.2%

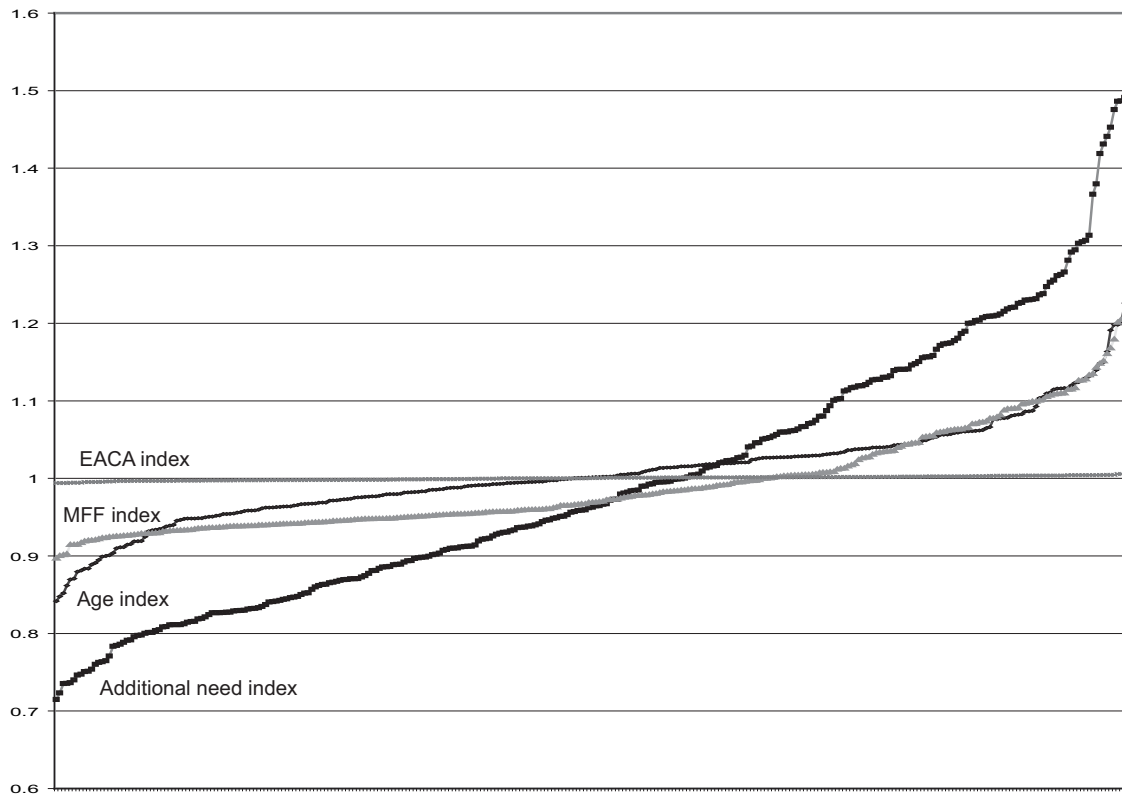
Table 50b
RANGES FOR PRESCRIBING COMPONENT IN 2007–08

	<i>Adjustment</i>	
	<i>Age</i>	<i>Additional need</i>
Minimum	0.73	0.83
Maximum	1.28	1.44
Range	0.55	0.60
Standard deviation	0.09	0.11
Average percentage absolute adjustment	7.0%	9.0%

Table 50c
RANGES FOR PRIMARY MEDICAL SERVICES COMPONENT IN 2007–08

	<i>Age</i>	<i>Adjustment</i>	
		<i>Additional need</i>	<i>Market forces factor</i>
Minimum	0.83	0.83	0.95
Maximum	1.23	1.34	1.17
Range	0.40	0.52	0.22
Standard deviation	0.06	0.10	0.04
Average percentage absolute adjustment	4.7%	8.0%	2.7%

Figure 50a: RANGES FOR HCHS COMPONENT INDICES IN 2007-08



4.2.3 What percentage adjustments were made to crude populations for (a) age structure (b) additional need (c) market forces and (d) other for each Primary Care Trust in the 2007–08 weighted capitation formula? (Q51)

ANSWER

Table 51 shows the age, additional need and market forces adjustments expressed as indices centred around 1 for each PCT in the HCHS, prescribing and primary medical services components of the weighted capitation formula in 2007–08. It is not possible to produce overall adjustments for age, additional need and market forces without giving a different weighted population.

Table 51

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5L8	Adur, Arun and Worthing	1.15	0.91	0.99	1.00	1.15	0.94	1.13	0.95	0.98
5AW	Airedale	1.02	0.98	0.95	1.00	1.02	0.95	1.03	0.97	0.97
5ED	Amber Valley	1.02	0.96	0.94	1.00	1.04	0.98	1.02	0.99	0.96
5FA	Ashfield	1.00	1.14	0.93	1.00	1.02	1.08	1.00	1.09	0.97
5LL	Ashford	0.99	0.90	0.99	1.00	1.00	0.93	1.00	0.92	0.98
5HG	Ashton, Leigh and Wigan	0.98	1.17	0.95	1.00	1.00	1.14	0.98	1.11	0.98
5C2	Barking and Dagenham	0.92	1.21	1.06	1.00	0.87	1.11	0.93	1.08	1.04
5A9	Barnet	0.96	0.85	1.13	1.00	0.92	0.91	0.96	0.91	1.06
5JE	Barnsley	1.00	1.22	0.94	1.00	1.02	1.18	1.00	1.12	0.98
5GR	Basildon	0.97	1.10	1.04	1.00	0.95	1.04	0.97	1.04	1.02
5ET	Bassetlaw	1.01	1.05	0.92	1.00	1.05	1.05	1.01	1.05	0.97
5FL	Bath and North East Somerset	1.03	0.84	1.00	1.00	1.03	0.90	1.02	0.90	0.99
5F8	Bebington and West Wirral	1.11	0.90	0.96	1.00	1.15	0.97	1.11	0.96	0.98
5GD	Bedford	0.99	0.93	1.01	1.00	0.98	0.96	0.98	0.96	1.00
5GE	Bedfordshire Heartlands	0.96	0.83	1.04	1.00	0.98	0.88	0.97	0.90	1.00
5FH	Bexhill and Rother	1.25	0.87	0.95	1.00	1.28	0.93	1.23	0.92	0.97
TAK	Bexley Care Trust	1.00	0.91	1.05	1.00	1.00	0.92	1.00	0.95	1.02
5GP	Billericay, Brentwood and Wickford	1.03	0.79	1.03	1.00	1.05	0.87	1.03	0.87	1.00
5H2	Birkenhead and Wallasey	1.01	1.27	0.95	1.00	1.02	1.22	1.02	1.18	0.99
5CC	Blackburn with Darwen	0.94	1.31	0.93	1.00	0.91	1.18	0.95	1.16	0.98
5HP	Blackpool	1.04	1.21	0.92	1.00	1.07	1.16	1.04	1.18	0.97
5G6	Blackwater Valley and Hart	0.95	0.77	1.10	1.00	0.96	0.86	0.97	0.87	1.03
5HQ	Bolton	0.98	1.16	0.94	1.00	0.98	1.10	0.98	1.10	0.98
5CE	Bournemouth Teaching	1.06	1.00	0.97	1.00	1.03	1.02	1.04	0.99	0.98
5G2	Bracknell Forest	0.91	0.82	1.11	1.00	0.89	0.88	0.92	0.90	1.05
5CF	Bradford City Teaching	0.85	1.43	0.95	1.00	0.74	1.26	0.86	1.22	1.01
5CG	Bradford South and West	0.97	1.19	0.95	1.00	0.95	1.08	0.98	1.11	0.99
5K5	Brent Teaching	0.92	1.09	1.14	1.00	0.88	1.06	0.92	1.03	1.07
5LQ	Brighton and Hove City	0.99	1.02	1.02	1.00	0.94	1.03	0.96	1.04	1.02
5JF	Bristol North	0.99	1.06	1.01	1.00	0.94	1.04	0.98	1.04	1.01
5JG	Bristol South and West	0.95	1.00	1.01	1.00	0.89	1.00	0.93	1.01	1.01
5JL	Broadland	1.06	0.83	0.94	1.00	1.10	0.91	1.06	0.90	0.95
5A7	Bromley	1.01	0.83	1.07	1.00	1.00	0.89	1.01	0.91	1.03

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5EV	Broxtowe and Hucknall	1.03	0.95	0.95	1.00	1.05	0.97	1.03	1.00	0.97
5G8	Burnley, Pendle and Rossendale	0.99	1.20	0.93	1.00	0.99	1.13	0.99	1.11	0.97
5DQ	Burntwood, Lichfield and Tamworth	0.98	0.94	0.96	1.00	1.02	0.95	0.99	0.98	0.97
5JX	Bury	0.98	1.06	0.96	1.00	0.98	1.05	0.98	1.03	0.98
5J6	Calderdale	0.99	1.05	0.95	1.00	1.00	1.01	1.00	1.02	0.98
5JH	Cambridge City	0.95	0.78	1.06	1.00	0.88	0.90	0.91	0.91	1.03
5K7	Camden	0.88	1.11	1.21	1.00	0.81	1.11	0.86	1.09	1.14
5MM	Cannock Chase	0.98	1.02	0.94	1.00	1.00	1.00	0.98	1.03	0.97
5LM	Canterbury and Coastal	1.04	0.91	0.98	1.00	1.04	0.95	1.04	0.94	0.98
5D4	Carlisle and District	1.04	1.02	0.94	1.00	1.07	1.02	1.04	1.03	0.97
5JP	Castle Point and Rochford	1.04	0.87	0.99	1.00	1.09	0.90	1.05	0.90	0.98
5H4	Central Cheshire	1.00	0.95	0.96	1.00	1.02	0.98	1.00	1.00	0.97
5KT	Central Cornwall	1.09	0.96	0.90	1.00	1.13	0.98	1.09	0.97	0.95
5AL	Central Derby	0.96	1.14	0.94	1.00	0.94	1.10	0.96	1.11	1.00
5HA	Central Liverpool	0.95	1.49	0.96	1.00	0.92	1.39	0.94	1.26	1.01
5CL	Central Manchester	0.88	1.45	0.99	1.00	0.79	1.29	0.85	1.31	1.03
5JT	Central Suffolk	1.06	0.81	0.98	1.00	1.10	0.87	1.06	0.87	0.97
5JC	Charnwood and North West Leicestershire	0.99	0.90	0.96	1.00	1.00	0.93	0.99	0.94	0.97
5JN	Chelmsford	1.00	0.81	1.00	1.00	1.01	0.88	1.00	0.89	0.98
5KW	Cheltenham and Tewkesbury	1.04	0.85	0.98	1.00	1.03	0.91	1.03	0.91	0.99
5DV	Cherwell Vale	0.99	0.83	1.03	1.00	1.01	0.87	1.00	0.90	0.99
5H3	Cheshire West	1.04	0.93	0.98	1.00	1.07	0.97	1.04	0.96	0.99
5EA	Chesterfield	1.04	1.06	0.93	1.00	1.06	1.05	1.04	1.06	0.97
5G4	Chiltern and South Bucks	1.02	0.72	1.08	1.00	1.05	0.83	1.04	0.85	1.03
5F2	Chorley and South Ribble	0.99	0.96	0.94	1.00	1.01	0.99	0.99	1.00	0.96
5C3	City and Hackney Teaching	0.86	1.37	1.17	1.00	0.79	1.20	0.87	1.14	1.17
5GM	Colchester	1.00	0.87	0.99	1.00	1.01	0.95	1.00	0.93	0.98
5KY	Cotswold and Vale	1.05	0.81	0.99	1.00	1.09	0.87	1.05	0.88	0.98
5MD	Coventry Teaching	0.98	1.12	1.01	1.00	0.95	1.07	0.97	1.06	1.01
5KJ	Craven, Harrogate and Rural District	1.06	0.83	0.95	1.00	1.10	0.89	1.07	0.90	0.96
5MA	Crawley	0.97	0.88	1.06	1.00	0.94	0.91	0.96	0.93	1.02
5K9	Croydon	0.93	0.94	1.09	1.00	0.91	0.95	0.94	0.96	1.05

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5GW	Dacorum	0.99	0.83	1.08	1.00	1.00	0.89	1.00	0.89	1.02
5J9	Darlington	1.02	1.06	0.94	1.00	1.03	1.04	1.03	1.05	0.97
5CM	Dartford, Gravesham and Swanley	0.99	0.93	1.03	1.00	0.99	0.94	0.99	0.95	1.00
5AC	Daventry and South Northamptonshire	0.96	0.81	1.01	1.00	0.98	0.87	0.97	0.89	0.98
5H7	Derbyshire Dales and South Derbyshire	1.00	0.91	0.95	1.00	1.03	0.95	1.00	0.97	0.97
5KA	Derwentside	1.03	1.22	0.93	1.00	1.06	1.15	1.03	1.13	0.96
5CK	Doncaster Central	1.03	1.15	0.92	1.00	1.04	1.07	1.03	1.09	0.98
5EK	Doncaster East	1.01	1.13	0.92	1.00	1.05	1.10	1.02	1.07	0.97
5EL	Doncaster West	1.00	1.23	0.92	1.00	1.01	1.14	1.00	1.12	0.98
5HV	Dudley Beacon and Castle	1.01	1.11	0.95	1.00	1.01	1.03	1.01	1.06	0.98
5HT	Dudley South	1.02	0.95	0.95	1.00	1.05	0.95	1.03	0.98	0.97
5KC	Durham and Chester-le-Street	1.00	1.02	0.94	1.00	1.02	1.04	1.00	1.04	0.97
5J8	Durham Dales	1.06	1.12	0.93	1.00	1.10	1.08	1.06	1.09	0.97
5HX	Ealing	0.91	1.02	1.12	1.00	0.87	1.02	0.90	1.00	1.05
5KD	Easington	1.02	1.49	0.94	1.00	1.04	1.44	1.02	1.24	0.99
5JK	East Cambridgeshire and Fenland	1.04	0.93	1.00	1.00	1.07	0.94	1.05	0.95	0.98
5FT	East Devon	1.23	0.86	0.93	1.00	1.28	0.92	1.21	0.90	0.95
5KP	East Elmbridge and Mid Surrey	1.03	0.74	1.10	1.01	1.04	0.84	1.03	0.85	1.03
5FD	East Hampshire	1.06	0.89	1.00	1.00	1.09	0.93	1.07	0.93	0.99
5LN	East Kent Coastal	1.08	1.04	0.99	1.00	1.10	1.01	1.08	1.04	0.99
5HK	East Leeds	1.00	1.13	0.97	1.00	1.00	1.06	1.00	1.07	1.01
5H9	East Lincolnshire	1.11	0.98	0.93	1.00	1.18	1.00	1.11	1.00	0.96
5ML	East Staffordshire	1.00	0.94	0.95	1.00	1.03	0.94	1.01	0.99	0.97
5KQ	East Surrey	1.02	0.80	1.07	1.01	1.02	0.88	1.02	0.90	1.02
5E3	East Yorkshire	1.05	0.86	0.94	1.00	1.09	0.90	1.06	0.91	0.96
5LR	Eastbourne Downs	1.19	0.91	0.95	1.00	1.20	0.94	1.17	0.96	0.97
5MY	Eastern Birmingham	0.96	1.31	1.00	0.99	0.90	1.15	0.97	1.15	1.02
5H5	Eastern Cheshire	1.06	0.83	0.98	1.00	1.09	0.90	1.06	0.90	0.98
5E5	Eastern Hull	0.97	1.24	0.93	1.00	0.97	1.11	0.98	1.10	0.98
5EY	Eastern Leicester	0.93	1.18	0.96	1.00	0.89	1.08	0.93	1.08	0.99
5E7	Eastern Wakefield	1.00	1.21	0.96	1.00	1.01	1.17	1.00	1.12	0.99
5LY	Eastleigh and Test Valley South	1.00	0.79	1.01	1.00	1.02	0.87	1.00	0.88	0.99

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5D5	Eden Valley	1.08	0.83	0.94	1.00	1.14	0.90	1.07	0.93	0.96
5H6	Ellesmere Port and Neston	1.03	1.00	0.98	1.00	1.05	1.04	1.03	0.99	1.00
5C1	Enfield	0.95	1.00	1.09	1.00	0.92	0.99	0.96	0.97	1.04
5AJ	Epping Forest	1.03	0.87	1.06	1.00	1.04	0.90	1.03	0.92	1.01
5ER	Erewash	1.00	1.00	0.95	1.00	1.02	0.99	1.00	0.99	0.97
5FR	Exeter	1.02	0.96	0.93	1.00	0.99	0.98	1.00	0.97	0.97
5LX	Fareham and Gosport	1.03	0.84	1.00	1.00	1.07	0.89	1.05	0.92	0.98
5HE	Fylde	1.14	0.89	0.92	1.00	1.17	0.96	1.12	0.98	0.96
5KF	Gateshead	1.02	1.21	0.95	1.00	1.04	1.17	1.02	1.14	0.99
5EC	Gedling	1.05	0.93	0.95	1.00	1.06	0.96	1.04	0.98	0.97
5GT	Great Yarmouth	1.08	1.09	0.93	1.00	1.12	1.05	1.08	1.04	0.97
5EX	Greater Derby	1.02	0.96	0.94	1.00	1.01	0.98	1.01	0.99	0.97
5A8	Greenwich Teaching	0.91	1.14	1.07	1.00	0.86	1.06	0.91	1.07	1.05
5L5	Guildford and Waverley	1.02	0.75	1.09	1.00	1.02	0.84	1.02	0.85	1.03
5J1	Halton	0.96	1.26	0.97	1.00	0.97	1.21	0.97	1.14	1.00
5KH	Hambleton and Richmondshire	1.03	0.81	0.96	1.00	1.10	0.87	1.07	0.92	0.96
5H1	Hammersmith and Fulham	0.89	1.07	1.16	1.00	0.83	1.06	0.88	1.03	1.09
5C9	Haringey Teaching	0.88	1.17	1.13	1.00	0.82	1.09	0.88	1.05	1.08
5DC	Harlow	0.97	1.01	1.06	1.00	0.96	0.98	0.98	0.97	1.02
5K6	Harrow	0.98	0.86	1.11	1.00	0.96	0.92	0.98	0.92	1.04
5D9	Hartlepool	0.99	1.26	0.95	0.99	1.01	1.21	1.00	1.18	0.98
5FJ	Hastings and St Leonards	1.04	1.13	0.97	1.00	1.05	1.09	1.04	1.05	0.98
5A4	Havering	1.03	0.92	1.05	1.00	1.03	0.94	1.03	0.96	1.01
5MX	Heart of Birmingham Teaching	0.87	1.42	0.99	0.99	0.78	1.24	0.88	1.22	1.03
5CN	Herefordshire	1.08	0.90	0.94	1.01	1.13	0.93	1.08	0.93	0.96
5CP	Hertsmere	1.02	0.83	1.10	1.00	1.01	0.89	1.02	0.91	1.04
5F4	Heywood and Middleton	0.97	1.23	0.96	1.00	0.97	1.16	0.97	1.15	0.99
5HN	High Peak and Dales	1.06	0.87	0.95	1.00	1.11	0.90	1.06	0.94	0.97
5AT	Hillingdon	0.95	0.90	1.10	1.00	0.92	0.94	0.95	0.96	1.05
5JA	Hinckley and Bosworth	1.00	0.85	0.97	1.00	1.03	0.89	1.00	0.92	0.97
5MC	Horsham and Chanctonbury	1.03	0.74	1.03	1.00	1.06	0.84	1.04	0.85	1.00
5HY	Hounslow	0.92	0.99	1.13	1.00	0.88	1.00	0.91	1.00	1.07

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5LJ	Huddersfield Central	1.00	1.06	0.95	1.00	0.99	1.04	1.00	1.04	0.98
5GF	Huntingdonshire	0.96	0.82	1.01	1.00	0.99	0.88	0.98	0.89	0.99
5G7	Hyndburn and Ribble Valley	0.99	1.14	0.93	1.00	1.00	1.10	1.00	1.07	0.96
5JQ	Ipswich	1.01	0.99	0.98	1.00	1.00	0.99	1.00	0.95	0.99
5DG	Isle of Wight	1.12	0.99	0.96	1.00	1.17	0.99	1.12	0.97	0.98
5K8	Islington	0.88	1.25	1.21	1.00	0.82	1.17	0.87	1.13	1.13
5K4	Kennet and North Wiltshire	1.00	0.81	1.01	1.00	1.03	0.87	1.02	0.89	0.99
5LA	Kensington and Chelsea	0.91	0.86	1.20	1.00	0.87	0.98	0.90	0.94	1.16
5A5	Kingston	0.94	0.80	1.12	1.00	0.90	0.88	0.93	0.91	1.05
5J4	Knowsley	0.97	1.48	0.96	1.00	0.97	1.39	0.98	1.22	1.01
5LD	Lambeth	0.87	1.16	1.15	1.00	0.79	1.08	0.85	1.10	1.10
5KN	Langbaurgh	1.04	1.10	0.96	0.99	1.08	1.09	1.05	1.06	0.99
5HJ	Leeds North East	1.00	1.00	0.97	1.00	0.98	0.99	1.00	1.01	0.99
5HM	Leeds North West	0.96	0.93	0.97	1.00	0.90	0.96	0.93	0.98	0.99
5HH	Leeds West	0.99	1.07	0.97	1.00	0.98	1.01	0.99	1.04	0.99
5EJ	Leicester City West	0.95	1.17	0.96	1.00	0.90	1.09	0.95	1.08	1.00
5LF	Lewisham	0.90	1.14	1.11	1.00	0.85	1.05	0.90	1.06	1.06
5D3	Lincolnshire South West Teaching	1.04	0.84	0.95	1.00	1.08	0.90	1.04	0.92	0.96
5GC	Luton	0.92	1.05	1.04	1.00	0.88	1.02	0.92	1.02	1.01
5L2	Maidstone Weald	0.99	0.85	1.02	1.00	1.02	0.90	1.00	0.90	0.99
5GL	Maldon and South Chelmsford	0.99	0.82	1.00	1.00	1.02	0.88	1.00	0.87	0.97
5AM	Mansfield District	1.01	1.16	0.93	1.00	1.03	1.12	1.01	1.11	0.97
5L3	Medway	0.94	0.95	1.01	1.00	0.94	0.94	0.95	0.98	0.99
5EH	Melton, Rutland and Harborough	1.02	0.79	0.96	1.00	1.06	0.86	1.03	0.88	0.97
5FX	Mendip	1.04	0.89	0.97	1.00	1.06	0.92	1.04	0.92	0.98
5FV	Mid Devon	1.08	0.88	0.93	1.00	1.13	0.93	1.08	0.90	0.96
5KM	Middlesbrough	0.99	1.28	0.96	0.99	0.99	1.20	0.99	1.20	1.00
5E9	Mid-Hampshire	1.02	0.76	1.02	1.00	1.04	0.86	1.03	0.88	1.00
5FK	Mid-Sussex	1.03	0.75	1.03	1.00	1.05	0.84	1.04	0.85	1.00
5CQ	Milton Keynes	0.90	0.94	1.03	1.00	0.88	0.96	0.91	0.95	1.01
5DD	Morecambe Bay	1.07	1.00	0.94	1.00	1.09	1.04	1.06	1.02	0.97

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5A1	New Forest	1.15	0.80	0.99	1.00	1.19	0.88	1.14	0.87	0.98
5AP	Newark and Sherwood	1.03	0.98	0.93	1.00	1.06	0.99	1.03	1.01	0.97
5DK	Newbury and Community	0.98	0.80	1.07	1.00	0.99	0.87	0.98	0.88	1.01
5D7	Newcastle	0.99	1.22	0.95	1.00	0.96	1.16	0.98	1.14	0.99
5HW	Newcastle-under-Lyme	1.04	1.02	0.92	1.00	1.05	1.02	1.03	1.03	0.96
5C5	Newham	0.85	1.38	1.11	1.00	0.77	1.19	0.86	1.15	1.07
5KR	North and East Cornwall	1.09	0.94	0.92	1.00	1.15	0.95	1.09	0.96	0.95
5MW	North Birmingham	1.03	0.96	0.97	0.99	1.03	0.96	1.03	0.98	0.99
5CH	North Bradford	1.00	1.08	0.95	1.00	1.00	1.02	1.01	1.04	0.98
5FQ	North Devon	1.09	0.96	0.92	1.00	1.15	0.97	1.09	0.96	0.96
5CD	North Dorset	1.11	0.81	0.95	1.00	1.15	0.88	1.11	0.88	0.97
5AN	North East Lincolnshire	1.02	1.06	0.94	1.00	1.03	0.99	1.02	1.04	0.98
5DT	North East Oxfordshire	0.96	0.78	1.04	1.00	0.96	0.85	0.97	0.87	1.00
5EG	North Eastern Derbyshire	1.04	1.08	0.93	1.00	1.07	1.06	1.04	1.06	0.97
5DF	North Hampshire	0.96	0.83	1.06	1.00	0.97	0.88	0.97	0.90	1.02
5GH	North Hertfordshire and Stevenage	0.99	0.90	1.05	1.00	0.98	0.92	0.99	0.93	1.00
5J7	North Kirklees	0.95	1.13	0.95	1.00	0.94	1.05	0.97	1.05	0.98
5EF	North Lincolnshire	1.03	1.00	0.94	1.00	1.06	0.97	1.03	1.01	0.97
5G9	North Liverpool	0.98	1.49	0.95	1.00	0.97	1.39	0.99	1.22	1.01
5CR	North Manchester	0.95	1.52	0.97	1.00	0.92	1.37	0.95	1.34	1.03
5JM	North Norfolk	1.20	0.89	0.94	1.00	1.28	0.94	1.19	0.94	0.96
5AF	North Peterborough	0.96	1.13	0.99	1.00	0.94	1.06	0.96	1.06	1.00
5EE	North Sheffield	0.98	1.31	0.95	1.00	0.97	1.15	0.99	1.14	0.99
5M8	North Somerset	1.08	0.88	0.99	1.00	1.10	0.95	1.07	0.93	0.98
5ME	North Stoke	1.02	1.24	0.92	1.00	1.03	1.16	1.01	1.16	0.97
5L6	North Surrey	1.02	0.80	1.12	1.00	1.02	0.87	1.02	0.89	1.04
5E1	North Tees	0.98	1.07	0.95	0.99	0.99	1.06	0.98	1.06	0.98
5D8	North Tyneside	1.04	1.10	0.94	1.00	1.05	1.06	1.04	1.05	0.97
5MP	North Warwickshire	0.99	1.01	0.99	1.00	1.02	0.99	1.00	1.01	0.99
5LW	Northampton	0.97	0.97	1.00	1.00	0.96	0.96	0.97	0.99	1.00
5LV	Northamptonshire Heartlands	0.98	0.97	0.98	1.00	0.99	0.96	0.99	0.98	0.98
TAC	Northumberland Care Trust	1.05	1.00	0.94	1.01	1.10	1.02	1.05	1.02	0.97
5A2	Norwich	1.03	1.04	0.94	1.00	0.99	1.04	1.00	1.02	0.98
5EM	Nottingham City	0.94	1.20	0.96	1.00	0.87	1.12	0.92	1.14	1.00

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5MG	Oldbury and Smethwick	0.99	1.23	0.98	1.00	0.97	1.08	0.99	1.14	1.00
5J5	Oldham	0.96	1.23	0.95	1.00	0.95	1.13	0.97	1.15	0.98
5DW	Oxford City	0.95	0.85	1.04	1.00	0.88	0.92	0.92	0.95	1.03
5F1	Plymouth Teaching	1.01	1.05	0.94	1.00	1.02	1.05	1.02	1.05	0.98
5KV	Poole	1.12	0.88	0.98	1.00	1.13	0.92	1.11	0.93	0.98
5FE	Portsmouth City Teaching	0.98	1.03	1.00	1.00	0.96	0.99	0.98	1.04	1.00
5HD	Preston	0.98	1.12	0.94	1.00	0.98	1.09	0.98	1.09	0.98
5DL	Reading	0.93	0.87	1.09	1.00	0.89	0.91	0.92	0.93	1.04
5NA	Redbridge	0.95	0.97	1.06	1.00	0.92	0.98	0.95	0.97	1.02
5MR	Redditch and Bromsgrove	0.99	0.92	0.97	1.00	1.01	0.93	1.00	0.95	0.98
5M6	Richmond and Twickenham	0.93	0.76	1.13	1.00	0.90	0.86	0.94	0.88	1.05
5JY	Rochdale	0.95	1.23	0.95	1.00	0.95	1.16	0.97	1.12	0.98
5H8	Rotherham	1.00	1.15	0.93	1.00	1.01	1.08	1.01	1.08	0.97
5MH	Rowley Regis and Tipton	1.00	1.20	0.96	1.00	1.00	1.05	1.01	1.10	0.98
5GK	Royston, Buntingford and Bishop's Stortford	0.96	0.76	1.06	1.00	0.97	0.85	0.97	0.86	1.01
5M9	Rugby	1.01	0.89	1.01	1.00	1.02	0.91	1.01	0.94	0.99
5FC	Rushcliffe	1.02	0.80	0.96	1.00	1.03	0.88	1.02	0.91	0.97
5F5	Salford	0.98	1.29	0.97	1.00	0.96	1.21	0.98	1.18	1.00
5KK	Scarborough, Whitby and Ryedale	1.12	0.94	0.94	1.00	1.17	0.95	1.11	0.97	0.97
5KE	Sedgefield	1.01	1.19	0.94	1.00	1.04	1.16	1.02	1.13	0.98
5E2	Selby and York	1.02	0.87	0.96	1.00	1.02	0.92	1.02	0.92	0.97
5EP	Sheffield South West	1.06	0.91	0.95	1.00	1.07	0.94	1.06	0.95	0.97
5EN	Sheffield West	0.95	1.00	0.95	1.00	0.89	0.99	0.92	1.01	0.97
5LP	Shepway	1.08	0.97	0.99	1.00	1.11	0.99	1.08	1.02	0.99
5M2	Shropshire County	1.06	0.90	0.94	1.00	1.10	0.93	1.06	0.94	0.96
5DM	Slough	0.92	1.03	1.10	1.00	0.87	0.97	0.92	1.01	1.05
5D1	Solihull	1.03	0.90	1.00	1.00	1.04	0.94	1.03	0.94	1.00
5FW	Somerset Coast	1.10	0.94	0.95	1.00	1.15	0.96	1.10	0.94	0.97
5FN	South and East Dorset	1.20	0.83	0.97	1.00	1.24	0.89	1.18	0.88	0.97
5M1	South Birmingham	0.97	1.12	1.00	0.99	0.93	1.06	0.97	1.07	1.01
5JJ	South Cambridgeshire	1.00	0.74	1.05	1.00	1.02	0.84	1.01	0.86	1.00
5GJ	South East Hertfordshire	0.98	0.83	1.07	1.00	0.99	0.89	0.99	0.88	1.01
5DX	South East Oxfordshire	1.04	0.75	1.07	1.00	1.07	0.83	1.05	0.87	1.01

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5EQ	South East Sheffield	1.01	1.21	0.94	1.00	1.01	1.10	1.01	1.09	0.98
5A3	South Gloucestershire	0.98	0.83	1.01	1.00	0.99	0.90	0.98	0.88	0.99
5CV	South Hams and West Devon	1.12	0.86	0.93	1.00	1.19	0.92	1.12	0.89	0.95
5LK	South Huddersfield	0.96	0.89	0.95	1.00	0.97	0.93	0.97	0.94	0.96
5HL	South Leeds	0.97	1.12	0.97	1.00	0.96	1.04	0.97	1.07	1.00
5JD	South Leicestershire	1.03	0.82	0.96	1.00	1.05	0.88	1.03	0.89	0.97
5HC	South Liverpool	1.03	1.29	0.96	1.00	1.03	1.25	1.04	1.14	1.01
5AA	South Manchester	0.96	1.30	1.00	1.00	0.89	1.22	0.94	1.17	1.02
5AG	South Peterborough	0.97	0.91	0.99	1.00	0.98	0.93	0.98	0.94	0.98
5M5	South Sefton	1.00	1.21	0.95	1.00	1.02	1.19	1.01	1.11	0.98
5K1	South Somerset	1.09	0.87	0.94	1.00	1.13	0.90	1.09	0.91	0.96
5MF	South Stoke	1.01	1.17	0.92	1.00	1.02	1.14	1.01	1.11	0.97
5KG	South Tyneside	1.04	1.23	0.94	1.00	1.05	1.15	1.03	1.12	0.98
5MQ	South Warwickshire	1.03	0.82	1.00	1.00	1.04	0.88	1.03	0.90	0.99
5FP	South West Dorset	1.13	0.91	0.93	1.00	1.18	0.96	1.13	0.94	0.96
5FF	South West Kent	1.03	0.80	1.02	1.00	1.04	0.87	1.03	0.88	1.00
5DY	South West Oxfordshire	0.99	0.79	1.04	1.00	1.01	0.86	1.00	0.87	1.00
5MN	South Western Staffordshire	1.05	0.84	0.94	1.00	1.09	0.90	1.05	0.94	0.96
5DJ	South Wiltshire	1.05	0.83	0.98	1.00	1.09	0.90	1.07	0.90	0.98
5MT	South Worcestershire	1.04	0.87	0.97	1.00	1.07	0.91	1.04	0.92	0.97
5L1	Southampton City	0.97	1.03	1.01	1.00	0.92	1.01	0.95	1.03	1.01
5AK	Southend on Sea	1.06	0.96	0.98	1.00	1.04	0.96	1.05	0.99	0.98
5G1	Southern Norfolk	1.06	0.85	0.95	1.00	1.11	0.90	1.07	0.91	0.96
5F9	Southport and Formby	1.13	0.95	0.93	1.00	1.16	0.99	1.12	1.01	0.95
5LE	Southwark	0.89	1.26	1.15	1.00	0.83	1.13	0.89	1.10	1.12
5GX	St Albans and Harpenden	0.97	0.76	1.08	1.00	0.96	0.87	0.98	0.87	1.02
5J3	St Helens	1.00	1.20	0.96	1.00	1.03	1.18	1.01	1.12	0.99
5HR	Staffordshire Moorlands	1.04	0.97	0.93	1.00	1.09	1.00	1.04	1.01	0.96
5F7	Stockport	1.02	0.96	0.98	1.00	1.03	0.98	1.02	0.98	0.99
5JR	Suffolk Coastal	1.13	0.81	0.98	1.00	1.17	0.89	1.12	0.91	0.97
5JW	Suffolk West	1.02	0.84	0.99	1.00	1.06	0.89	1.04	0.91	0.98

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5KL	Sunderland Teaching	0.99	1.25	0.94	1.00	1.01	1.19	1.00	1.15	0.98
5L7	Surrey Heath and Woking	0.98	0.75	1.11	1.00	0.99	0.85	0.99	0.87	1.04
5LT	Sussex Downs and Weald	1.06	0.82	1.00	1.00	1.10	0.88	1.07	0.88	0.99
5M7	Sutton and Merton	0.95	0.89	1.10	1.00	0.91	0.92	0.95	0.94	1.05
5L4	Swale	0.97	0.99	1.00	1.00	0.99	0.98	0.99	1.01	0.99
5K3	Swindon	0.96	0.94	1.03	1.00	0.95	0.94	0.96	0.96	1.01
5LH	Tameside and Glossop	0.98	1.16	0.96	1.00	0.98	1.10	0.98	1.11	0.98
5K2	Taunton Deane	1.06	0.91	0.94	1.00	1.08	0.95	1.06	0.93	0.96
5FY	Teignbridge	1.12	0.93	0.90	1.00	1.16	0.96	1.12	0.94	0.95
5MK	Telford and Wrekin	0.95	1.07	0.94	1.00	0.95	1.04	0.96	1.03	0.97
5AH	Tendring	1.20	1.01	0.98	1.00	1.24	1.01	1.18	1.01	0.98
5GQ	Thurrock	0.95	1.00	1.04	1.00	0.94	0.97	0.95	0.98	1.01
5CW	Torbay	1.13	1.05	0.90	1.00	1.17	1.05	1.12	1.00	0.95
5C4	Tower Hamlets	0.84	1.44	1.18	1.00	0.73	1.24	0.83	1.16	1.13
5F6	Trafford North	0.96	1.12	1.00	1.00	0.94	1.09	0.97	1.09	1.00
5CX	Trafford South	1.02	0.89	1.00	1.00	1.02	0.94	1.02	0.94	1.00
5GN	Uttlesford	1.00	0.75	1.05	1.00	1.04	0.84	1.01	0.86	0.99
5DP	Vale of Aylesbury	0.97	0.80	1.05	1.00	0.98	0.87	0.98	0.88	1.01
5E8	Wakefield West	0.99	1.02	0.95	1.00	1.01	1.02	0.99	1.05	0.98
5M3	Walsall Teaching	1.00	1.18	0.94	1.00	1.01	1.06	1.01	1.09	0.98
5NC	Waltham Forest	0.90	1.13	1.08	1.00	0.85	1.04	0.90	1.05	1.04
5LG	Wandsworth	0.89	0.98	1.14	1.00	0.81	0.98	0.88	0.99	1.08
5J2	Warrington	0.98	1.01	0.97	1.00	0.99	1.02	0.98	1.01	0.98
5GV	Watford and Three Rivers	0.98	0.84	1.09	1.00	0.96	0.89	0.98	0.92	1.03
5JV	Waveney	1.12	0.98	0.94	1.00	1.15	0.99	1.11	0.98	0.97
5MJ	Wednesbury and West Bromwich	1.00	1.22	0.97	1.00	0.98	1.10	1.00	1.11	0.99
5GG	Welwyn Hatfield	1.01	0.89	1.06	1.00	0.98	0.93	1.00	0.93	1.02
5D6	West Cumbria	1.03	1.06	0.94	1.00	1.07	1.06	1.03	1.04	0.97
5KX	West Gloucestershire	1.01	0.95	0.98	1.00	1.03	0.96	1.02	0.97	0.98
5E6	West Hull	0.99	1.15	0.93	1.00	0.98	1.08	0.98	1.11	0.99

Table 51 (Continued)

2007–08 WEIGHTED CAPITATION FORMULA ADJUSTMENTS

Code	PCT	HCHS component			Prescribing component			Primary medical services component		
		Age adjustment	Additional need adjustment	MFF adjustment	EACA adjustment	Age adjustment	Additional need adjustment	Age adjustment	Additional need adjustment	MFF adjustment
5F3	West Lancashire	1.00	1.05	0.93	1.00	1.03	1.05	1.01	1.04	0.97
5D2	West Lincolnshire	1.03	0.99	0.93	1.00	1.05	0.99	1.03	1.00	0.96
5CY	West Norfolk	1.11	0.95	0.95	1.00	1.18	0.96	1.12	0.97	0.97
5FM	West of Cornwall	1.08	1.07	0.90	1.00	1.14	1.04	1.09	1.00	0.95
5DH	West Wiltshire	1.03	0.87	1.00	1.00	1.05	0.91	1.04	0.91	0.98
5L9	Western Sussex	1.16	0.84	1.00	1.00	1.20	0.90	1.15	0.92	0.99
5LC	Westminster	0.90	0.91	1.21	1.00	0.83	1.00	0.86	1.02	1.17
5G3	Windsor, Ascot and Maidenhead	0.98	0.74	1.11	1.00	0.98	0.83	0.99	0.86	1.04
TAG	Witham, Braintree and Halstead Care Trust	0.99	0.87	1.00	1.00	1.00	0.91	0.99	0.90	0.98
5DN	Wokingham	0.95	0.71	1.10	1.00	0.97	0.83	0.97	0.83	1.03
5MV	Wolverhampton City	1.01	1.17	0.95	1.00	1.00	1.09	1.01	1.10	0.99
5G5	Wycombe	0.97	0.83	1.07	1.00	0.97	0.88	0.98	0.89	1.03
5HF	Wyre	1.12	0.98	0.92	1.00	1.16	1.00	1.11	1.02	0.96
5DR	Wyre Forest	1.05	0.92	0.96	1.00	1.10	0.95	1.05	0.96	0.97
5E4	Yorkshire Wolds and Coast	1.08	0.92	0.94	1.00	1.15	0.95	1.08	0.97	0.97

Source: 2006–07 and 2007–08 PCT revenue resource limits exposition book available at www.dh.gov.uk/allocations

4.3 Pharmaceutical Expenditure

4.3.1 What was pharmaceutical expenditure in each year from 1997–98 to 2005–06, by sector and generic/branded drugs? (Q52)

ANSWER

1. Total NHS net expenditure on medicines and listed appliances in England is given in **Table 52a**. In 2005–06, the total spent on prescriptions dispensed in the community was £7,215 million—this is a provisional figure and has yet to be finalised. Resource figures are not available prior to 2001–02.

2. In cash terms, total NHS net expenditure on medicines and listed appliances relating to prescriptions dispensed in the community in England in 2005–06 was £7,232 million. Again, this is a provisional figure and has yet to be finalised.

Table 52a

NHS NET EXPENDITURE ON MEDICINES AND LISTED APPLIANCES, ENGLAND (RESOURCES)

<i>£ millions</i>			
<i>Year</i>	<i>Total NHS net expenditure relating to prescriptions dispensed in the community</i>	<i>Total NHS net expenditure relating to medicines supplied in a secondary care setting</i>	<i>Total NHS net expenditure on medicines and listed appliances</i>
2001–02	5,707	1,740	7,447
2002–03	6,342	2,013	8,355
2003–04	6,961	2,311	9,272
2004–05	7,370	2,595	9,965
2005–06	7,215 ⁽¹⁾	n/a ⁽²⁾	n/a ⁽²⁾

Footnotes:

1. Figure provisional and not yet finalised.
2. Figure not yet available.

3. Historical NHS Drug Bill expenditure figures (in cash terms), broken down by sector, for the financial years 1997–98 to 2005–06 is provided in the **Table 52b**.

Table 52b

DRUGS BILL EXPENDITURE FIGURES (CASH)

<i>£ millions</i>			
<i>Year</i>	<i>Total NHS net expenditure relating to prescriptions dispensed in the community</i>	<i>Total NHS net expenditure relating to medicines supplied in a secondary care setting</i>	<i>Total NHS net expenditure on medicines and listed appliances</i>
1997–98	4,085	1,088	5,173
1998–99	4,339	1,211	5,550
1999–2000	4,833	1,369	6,202
2000–01	5,161	1,530	6,691
2001–02	5,552	1,740	7,292
2002–03	6,209	2,013	8,222
2003–04	6,799	2,308	9,107
2004–05	7,340	2,635	9,975
2005–06	7,232 ⁽¹⁾	n/a ⁽²⁾	n/a ⁽²⁾

Footnotes:

1. Figure provisional and not yet finalised.
2. Figure not yet available.

4. For prescriptions dispensed in the community in England, a breakdown between branded medicines, generic medicines, dressings and listed appliances for the financial years 1997–98 to 2005–06 is provided in **Table 52c**. The table shows both the cost (expressed in terms of net ingredient cost) and the volume (number of prescription items) for each category. In 2005–06, branded drugs dispensed represent about 70% of the total net ingredient cost (inc. the cost of dressings and appliances). In 2005–06, the share of prescription items written generically was 80%, and the share of prescription items dispensed generically was 59%.

Table 52c

NUMBER AND NET INGREDIENT COST OF GENERIC AND PROPRIETARY
PRESCRIPTION ITEMS DISPENSED IN THE COMMUNITY 1997–98 TO 2005–06

£ millions

<i>Financial Year</i>	<i>Drugs dispensed generically</i>		<i>Drugs dispensed as proprietary</i>		<i>Dressings and Appliance</i>	
	<i>NIC</i>	<i>Prescription items</i>	<i>NIC</i>	<i>Prescription items</i>	<i>NIC</i>	<i>Prescription items</i>
1997–98	651	230	3,574	260	240	15
1998–99	703	240	3,845	261	251	15
1999–2000	1,049	254	4,116	265	270	15
2000–01	1,077	284	4,283	261	291	16
2001–02	1,079	300	4,886	275	316	17
2002–03	1,397	325	5,275	282	346	17
2003–04	1,799	359	5,488	282	378	18
2004–05	2,054	392	5,633	281	407	19
2005–06	2,042	427	5,523	286	449	20

Footnotes:

1. PCA, Prescription Pricing Division, England. Figures are for prescription items dispensed by chemists and appliance contractors and dispensing doctors including items personally administered in England, for financial years (April to March). Note that in addition to prescriptions written by GPs in England, this includes those written by nurses, dentists, hospital doctors, (and, up to March 1994, armed services doctors and dentists) provided they were dispensed in the community. Also included are prescriptions written in Wales, Scotland, Northern Ireland and the Isle of Man but dispensed in England. The data do not cover drugs dispensed in hospital, mental health trusts or private prescriptions. Please note data for 2001–02 in the previous HSC was incorrect due to errors in Prescription Cost Analysis (PCA). The data has now been revised.

2. The net ingredient cost (NIC) is the basic cost of a drug. This cost does not take account of discounts, dispensing costs, fees or prescription charge income. All figures are expressed at outturn prices.

3. Generic dispensing covers drugs that are prescribed and available generically and the dispenser is reimbursed at the Drug Tariff or generic price. It is possible in some circumstances for a branded drug or parallel import to be dispensed against the prescription.

4. The Department collects data on secondary care prescribing through NHS Trust and Health Authority financial returns. On an annual basis, these high level aggregate returns enable it to monitor the pressure faced by local NHS organisations and the aggregate cost to the NHS as a whole. More detailed information is available to Trusts at a local level from hospital pharmacy IT systems. This is primarily used to monitor local spending on pharmaceuticals together with adherence to local policies aimed at ensuring the cost effective use of medicines.

5. “Pharmacy in the Future”, the modernisation programme for pharmacy services in England made a commitment to secure better use of medicines in the NHS and the Audit Commission published their report “A Spoonful of Sugar” in December 2001 with recommendations.

6. Since then, the Department and the National Prescribing Centre (NPC) have been helping NHS organisations improve their medicines management services through the revised Medicines Management Framework and the National Collaborative Medicines Management Service Programme. The central aim is to ensure that clinicians, pharmacists and financial planners work more closely together across local health economies to involve patients in decisions about their medicines so they know how to use them more effectively to reduce avoidable ill health and waste.

7. The Medicines Management Services Collaborative (MMS) has worked with 146 PCTs throughout England. The Hospital Medicines Management Collaborative (HMMC) has 44 Trusts currently participating in the programme, the Community Pharmacy Framework Collaborative (CPFC) has 28 host PCTs participating in the programme together with a number of associate PCTs and the Integrated Medicines Management Programme (IMMP) currently has 25 Trusts participating.

4.4 *National Specialist Services (NSCAG)*

4.4.1 *Could the Department detail actual and planned expenditure on supra-regional and centrally commissioned services in each year from 2003–04 to 2007–08? (Q53)*

ANSWER

1. Actual expenditure between 2003–04 and 2005–06 is given in **Table 53**. Full details of planned expenditure for 2006–07 should be available by the end of September. 2007–08 information can be provided when final budgets are confirmed and negotiations with Trusts are complete. We would expect this to be early in financial year 2007–08.

Table 53

SUPRA REGIONAL SERVICES AND CENTRALLY COMMISSIONED SERVICES 2003–04, 2004–05 AND 2005–06

£ thousands

<i>Organisation code</i>	<i>NHS provider unit</i>	<i>Service agreements</i>	<i>Total expenditure 2003–04</i>		<i>Total expenditure 2004–05</i>		<i>Service agreement 2005–06</i>	
			<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>
RAL	Royal Free Hospital, London	Amyloidosis	1,518	1,518	1,770	1,770	2,019	2,019
RP4	Great Ormond Street Hospital, London	Bladder Exstrophy	930 ⁽¹⁾		972		1,025	
RW3	Manchester Children's Hospital		362	1,292	400	1,372	424	1,449
RXT	Ardenleigh Unit, Birmingham	Mental Health Forensic Secure Service for	4,302		3,437		5,582	
RNP	Roycroft Unit, Newcastle upon Tyne	Adolescents	3,513		3,817		4,966	
RXV	Gardener Unit, Manchester		3,867	11,682	4,234		3,869	
RKL	Wells Unit, West London				327		1,117	
RW1	Hampshire Partnership NHS Trust				284	1,262		
RV5	South London & Maudsley NHS Trust St Andrew's Hospital				539	12,638	1,758 514	19,068
RP4	Great Ormond Street Hospital, London	Heart and Lung Transplantation	2,721 ⁽¹⁾		3,192		3,593	
RT3	Royal Brompton & Harefield, London		10,541		11,420	11,889		
RHQ	Northern General Hospital, Sheffield		1,600		1,171	1,180		
RGM	Papworth Hospital, Cambridge		6,410		6,863	7,120		
RM2	Wythenshawe Hospital, Manchester		3,250		3,714	4,015		
RTD	Freeman Hospital, Newcastle upon Tyne		4,336		4,579	4,989		
RRK	Queen Elizabeth Hospital, Birmingham		2,459	31,317	2,814	33,753	2,929	35,715
RHQ	Weston Park Hospital, Sheffield	Choriocarcinoma	640		649	687		
RQN	Charing Cross Hospital, London		1,361	2,001	1,420	2,069	1,496	2,183
RTH	John Radcliffe Hospital, Oxford	Craniofacial Surgery	1,759		1,811	1,967		
RP4	Great Ormond Street Hospital, London		1,460 ⁽¹⁾		1,656		1,741	
RQ3	Birmingham Children's Hospital		1,513		1,697		1,878	
RBS	Alder Hey Children's Hospital, Liverpool		1,042	5,774	1,202	6,366	1,342	6,928
RQY	Springfield Hospital, London	Inpatient Psychiatric Service for Deaf Children and Adolescents	1,791	1,791	1,579	1,579	1,369	1,369
5E2	Selby & York PCT	Deaf Telemental Health			250		263	
RQY	Springfield Hospital, London				87		119	
5HV	Dudley, Beacon & Castle PCT				142	479	135	517
RWE	Glenfield Hospital, Leicester	ECMO (Adult)	2,813	2,813	3,491	3,491	3,731	3,731
RTD	Freeman Hospital, Newcastle upon Tyne	ECMO (Neonates and Infants)	675		639		638	
RP4	Great Ormond Street Hospital, London		1,480 ⁽¹⁾		1,984		1,900	
RWE	Glenfield Hospital, Leicester		2,145	4,300	2,298	4,921	2,396	4,934
RRV	University College Hospital, London	ENDO ⁽³⁾	2,203		2,070			
RAN	Royal National Orthopaedic Hospital, Stanmore		3,243		3,778			
RRJ	Royal Orthopaedic Hospital, Birmingham		3,678	9,124	3,937	9,785		

Table 53 (continued)

SUPRA REGIONAL SERVICES AND CENTRALLY COMMISSIONED SERVICES 2003–04, 2004–05 AND 2005–06 (continued)

			<i>£ thousands</i>					
<i>Organisation code</i>	<i>NHS provider unit</i>	<i>Service agreements</i>	<i>Total expenditure 2003–04</i>		<i>Total expenditure 2004–05</i>		<i>Service agreement 2005–06</i>	
			<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>
RP4	Great Ormond Street Hospital, London	Epidermolysis Bullosa (Paediatric)	616		682		725	
RQ3	Birmingham Children's Hospital		316	932	423	1,105	404	1,129
RJ1	St Thomas' Hospital, London	Epidermolysis Bullosa (Adult)	470		492		601	
RR1	Birmingham Heartlands Hospital		163	633	271	763	322	923
RGT	Addenbrooke's Hospital, Cambridge	Gauchers ⁽⁴⁾	529		552			
RP4	Great Ormond Street Hospital, London		152 ⁽¹⁾		167			
RW3	Manchester Children's Hospital		80		93			
RAL	Royal Free Hospital, London		320	1,081	371	1,183		
RJ5	St Mary's Hospital, London	HTLV ⁽⁶⁾	365	365	588	588		
RQN	Queen Charlotte's Hospital, London	Reconstructive Surgery in Adolescents for Congenital Malformation of the Female Genital Tract	268	268	322	322	331	331
RM3	Hope Hospital, Salford	Intestinal Failure	6,120		6,639		7,173	
RV8	St Mark's Hospital, London		3,966	10,086	4,128	10,767	5,108	12,281
RGT	Addenbrooke's Hospital, Cambridge	Adult Liver Transplantation	4,837		4,950		5,522	
RJZ	King's College Hospital, London		8,185		8,718		8,957	
RRK	Queen Elizabeth Hospital, Birmingham		8,665		9,226		9,644	
RR8	St James's University Hospital, Leeds		4,918		5,352		5,532	
RAL	Royal Free Hospital, London		3,049		3,218		3,392	
RTD	Freeman Hospital, Newcastle upon Tyne		2,897	32,551	3,232	34,696	3,481	36,528
RQ3	Birmingham Children's Hospital	Paediatric Liver Transplantation	2,994		3,348		3,375	
RJZ	Kings College Hospital, London		3,181		3,387		3,687	
RR8	St James's University Hospital, Leeds		2,367	8,542	2,973	9,708	2,668	9,730
RQN	Hammersmith Hospital, London	Neuromuscular	336		461		524	
RTD	Royal Victoria Infirmary, Newcastle upon Tyne		544		602		693	
RTH	John Radcliffe Hospital, Oxford		148		181		199	
RRV	University College Hospital, London		164	1,192	294	1,538	433	1,849
RQ6	Royal Liverpool University Hospital	Ocular Oncology	936		1,098		1,166	
RNJ	St. Bartholomew's Hospital, London		433		505		537	
RHQ	Royal Hallamshire Hospital, Sheffield		1,172	2,541	1,339	2,942	1,294	2,997
RP4	Great Ormond Street Hospital, London	Paediatric Ventricular Assist Devices	557		601		634	
RTD	Freeman Hospital, Newcastle upon Tyne	(Bridge to Transplantation—VADS or ECMO)	556	1,113	600	1,201	635	1,269
RJZ	King's College Hospital, London	Paediatric Liver and Complex	5,042		5,631		6,298	
RQ3	Birmingham Children's Hospital	Hepatobiliary	1,939		2,112		2,250	
RR8	St James's University Hospital, Leeds		1,923	8,904	2,075	9,818	2,837	11,385
RN5	North Hampshire Hospital, Basingstoke	Pseudomyxoma Peritonei	2,996		3,402		4,705	
RBV	The Christie Hospital, Manchester		1,409	4,405	2,144	5,546	1,743	6,448

Table 53 (continued)

SUPRA REGIONAL SERVICES AND CENTRALLY COMMISSIONED SERVICES 2003–04, 2004–05 AND 2005–06 (continued)

			<i>£ thousands</i>					
<i>Organisation code</i>	<i>NHS provider unit</i>	<i>Service agreements</i>	<i>Total expenditure 2003–04</i>		<i>Total expenditure 2004–05</i>		<i>Service agreement 2005–06</i>	
			<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>
RGM	Papworth Hospital, Cambridge	Pulmonary Thrombo Endarterectomy	1,573	1,573	1,807	1,807	2,339	2,339
RNJ	St Bartholomew's Hospital, London	Retinoblastoma	1,254		1,493		1,496	
RQ3	Birmingham Children's Hospital		963	2,217	1,073	2,566	1,042	2,538
RTD	Freeman Hospital, Newcastle upon Tyne	SCIDS	3,499		3,789		4,366	
RP4	Great Ormond Street Hospital, London		4,189 ⁽¹⁾	7,688	3,560	7,349	4,172	8,538
RQY	Henderson Hospital, London	Personality Disorder	2,301		2,599		2,649	
RXT	Main House, Birmingham		1,891		2,104		2,256	
RXV	Webb House, Salford		2,019	6,211	2,409	7,112	2,537	7,442
RQ3	Birmingham Children's Hospital	Small Bowel Transplantation (Paediatric)	964	964	1,608	1,608	1,734	1,734
RNJ	Royal London Hospital	Total Anorectal Reconstruction ⁽⁶⁾	477	477	565	565		
		Sub Total Service Agreements	163,355	163,355	179,407	179,407	185,374	185,374
		OTHER						
	Papworth Hospital, Cambridge, Harefield Hospital, Middlesex, and Freeman Hospital, Newcastle	Adult Ventricular Assist Devices ⁽²⁾	1,511	1,511	2,449	2,449	3,044	3,044
RGT	Addenbrooke's Hospital, Cambridge	Small Bowel Transplantation (Adult) ⁽²⁾	0	0	0	0	112	112
RTD	Freeman Hospital, Newcastle upon Tyne	Paediatric Rheumatology Transplants ⁽²⁾⁽⁵⁾	120		0			
RP4	Great Ormond Street Hospital, London Freeman Hospital, Newcastle upon Tyne/ Royal Liverpool University Hospital/ Manchester Royal Infirmary/ Addenbrooke's Hospital, Cambridge/ St Mary's Hospital, London/ Churchill Hospital, Oxford/ Guy's Hospital, London	Pancreas Transplants (2)	51	171	56	56	5,545	5,545
		Sub Total Other	171	171	5,755	5,755	8,701	8,701
		Total Existing Service	165,037	165,037	185,162	185,162	194,075	194,075
		NEW SERVICES						
RTD	Freeman Hospital, Newcastle upon Tyne	ECMO (Paediatrics)					323	
RP4	Great Ormond Street Hospital, London						665	
RWE	Glenfield Hospital, Leicester						1,330	2,318

Table 53 (continued)

SUPRA REGIONAL SERVICES AND CENTRALLY COMMISSIONED SERVICES 2003–04, 2004–05 AND 2005–06 (continued)

			<i>£ thousands</i>					
<i>Organisation code</i>	<i>NHS provider unit</i>	<i>Service agreements</i>	<i>Total expenditure 2003–04</i>		<i>Total expenditure 2004–05</i>		<i>Service agreement 2005–06</i>	
			<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>	<i>Provider funding</i>	<i>Service funding</i>
RGT	Addenbrooke's Hospital, Cambridge	Lysosomal Storage Disorders Service					1,372	
RP4	Great Ormond Street Hospital, London						717	
RW3	Manchester Children's Hospital						1,078	
RAL	Royal Free Hospital, London						1,015	
RM3	Hope Hospital, Salford						520	
RRV	University College Hospital, London					608	5,310	
	All LSD centres	Lysosomal Storage Disorders ERT Drugs					44,979	44,979
RW3	Central Manchester & Manchester Children's Hospital	Ophthalmic Pathology					212	
RQ6	Royal Liverpool University Hospital						260	
RHQ	Royal Hallamshire Hospital, Sheffield						167	
	Institute of Ophthalmology, London						507	1,146
RRV	University College Hospital, London	Primary Malignant Bone Tumours					1,246	
RAN	Royal National Orthopaedic Hospital, Stanmore						3,706	
RRJ	Royal Orthopaedic Hospital, Birmingham						6,367	
RVJ	Southmead Hospital, Bristol						332	
RTD	Freeman Hospital, Newcastle upon Tyne						2,059	
RLI	Robert Jones & Agnes Hunt Hospital, Oswestry						705	
RBF	Nuffield Orthopaedic Centre, Oxford						770	15,185
			Sub Total New Services	0	0	0	0	68,938
		TOTAL	165,037	165,037	185,162	185,162	263,013	263,013

Source: Record of payments made to NHS providers of national specialist services.

Footnotes:

1. Remapping between commissioners has taken place.
2. This service is funded on a cost per case basis.
3. From 2005–06 this service is funded as part of the Primary Malignant Bone Tumour Service.
4. From 2005–06 this service is funded as part of the Lysosomal Storage Disorder Service.
5. From 2005–06 this service is funded as part of the SCID Service.
6. This service has been returned to PCT commissioning from April 2005.

4.5 Community Care (Q54–Q55)

4.5.1 *What has net expenditure by central and local government on community care been in each year since 1997–98? Can the data be broken down by residential and non-residential care and include social security and housing expenditure contributing to community care objectives? (Q54)*

ANSWER

1. **Table 54** provides details of central and local government net expenditure on services for community care in England between 1997–98 and provisionally, in most cases, 2005–06. All figures have been adjusted to 2004–05 prices using the latest Gross Domestic Product deflator.

2. Community care expenditure is taken to mean expenditure on non-residential and residential care provided or arranged by local authorities for adults; community health services provided by the NHS for adults; certain social security benefits which support community care objectives; and certain expenditure on housing.

3. Comparison of the data in Table 54 from 2004–05 onwards is affected as a consequence of discontinued data collection in respect to community health expenditure. From 2004–05 the data required to calculate hospital and community health services expenditure by service sector ceased to be collected. Instead, the Department of Health initiated a replacement data collection to collect expenditure on a programme budgeting basis.

4. Furthermore, the publication of Local Authority domiciliary care and residential care expenditure data at Lines A and C are not yet available. This is anticipated to be published in January 2007.

Table 54

NET EXPENDITURE BY CENTRAL AND LOCAL GOVERNMENT ON COMMUNITY CARE

		1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06 (provisional)
A.	Local Authority Domiciliary Care ⁽¹⁾⁽²⁾⁽³⁾									
	Assessment and Care Management	779	810	881	942	1,043	1,170	1,337	1,536	
	Direct Payments	—	10	41	49	56	82	123	187	
	Home Care	1,207	1,258	1,351	1,406	1,484	1,585	1,777	1,993	
	Day Care for Older People	171	184	196	235	259	272	285	302	
	Day Care for Other Adults	497	532	572	608	640	693	749	763	
	Equipment and Adaptations	73	65	71	108	122	126	145	163	
	Meals	47	46	51	58	58	57	58	57	
	Other Services	468	497	570	340	353	348	372	463	
Total A		3,122	3,282	3,570	3,745	4,015	4,332	4,846	5,465	
B.	Community Health ⁽⁴⁾									
	Chiropody	81	91	109	117	150	215	209	—	—
	Family Planning	52	60	73	80	99	132	123	—	—
	Immunisation & Surveillance	3	3	4	4	3	2	2	—	—
	Screening	53	61	74	80	94	136	149	—	—
	Professional Advice & Support	93	115	130	132	61	40	48	—	—
	General Patient Care	905	998	1,087	1,061	785	729	686	—	—
	Community MI Nursing	495	551	700	798	815	892	981	—	—
	Community LD Nursing	330	366	426	447	410	434	512	—	—
	Community Maternity	0	0	229	207	299	168	193	—	—
	Health Promotion	48	55	64	66	31	62	75	—	—
	Community Dental	0	0	107	116	75	188	169	—	—
	Services to GPs	190	220	305	373	484	720	713	—	—
	Other CHS	260	328	423	487	481	876	1,008	—	—
Total B		2,510	2,848	3,728	3,969	3,786	4,594	4,870	—	—
Total A plus B		5,632	6,130	7,298	7,714	7,801	8,926	9,716	5,465	—

Table 54 (Continued)

NET EXPENDITURE BY CENTRAL AND LOCAL GOVERNMENT ON COMMUNITY CARE

		1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06 (provisional)
C.	Local Authority Residential Care for ^{(1), (2), (3)}									
	Older People (Aged 65 or over)	1,982	2,079	2,206	2,204	2,293	2,711	2,882	3,172	
	Adults aged under 65 with:									
	A Physical Disability or Sensory Impairment	152	164	179	188	200	274	273	295	
	Learning Disabilities	572	623	691	764	828	1,122	1,197	1,371	
	Mental Health Needs	153	163	170	192	210	267	271	303	
Total C		2,858	3,029	3,247	3,348	3,531	4,374	4,624	5,142	
D.	Income Support, Residential Care, Nursing Homes and Residential Allowance Cases ^{(5), (6), (7), (8)}	1,825	1,671	1,400	1,363	1,347	646	260	—	—
Total C plus D		4,683	4,700	4,647	4,711	4,878	5,020	4,884	5,142	
E.	Other Social Security Benefits ^{(9), (10)}									
	Attendance Allowance	2,286	2,360	2,315	2,418	2,561	2,667	2,837	3,017	3,200
	Disability Allowance	4,368	4,568	4,451	4,845	5,284	5,666	6,088	6,494	6,955
	Invalid Care Allowance/Carers Allowance	684	698	695	716	774	825	874	911	991
	Independent Living Fund	100	102	101	106	120	135	152	168	182
	Social Fund Community Care Grants	84	83	77	79	81	85	92	100	108
Total E		7,522	7,811	7,729	8,165	8,819	9,378	10,043	10,691	11,436

Table 54 (Continued)

NET EXPENDITURE BY CENTRAL AND LOCAL GOVERNMENT ON COMMUNITY CARE

		1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06 (provisional)
F.	Housing ^{(11), (12), (13)}									
	Adaptations to all LA Dwellings for Older People and Disabled Adults ⁽¹²⁾	79	90	93	93	106	114	111	122	
	LA Grants; Disabled Facilities Grants ⁽¹²⁾	100	107	117	131	145	174	195	210	
	Housing Corporations Approved	61	71	131	121	116	137	176	145	105
	Development Programme (ADP) ⁽¹¹⁾									
	LA Sponsored RSL (LASHG) ⁽¹³⁾	45	51	47	57	50	51	47	—	—
Total F		285	319	388	401	417	476	529	477	105
Total E plus F		7,807	8,130	8,117	8,566	9,236	9,854	10,572	11,168	11,541
Grand Total A to F		18,122	18,960	20,062	20,991	21,915	23,799	25,172	21,775	11,541

Source: RO3 and PSS EX1 returns (A and C).

Housing Investment Programme (HIP) Annual Plan return and Business Plan Statistical Appendix—Annual Monitoring (BPSA-AM) from 2001 onwards. Reported data only hence missing figures from non respond LAs. (F).

Footnotes:

- Local authority expenditure for 2000-01 and later years is obtained from the PSS EX1 return; individual service lines include overhead costs. For years prior to 2000-01 it is obtained from the RO3 current expenditure return but with a share of overhead costs allocated to service lines on a pro-rata basis. Figures for 2000-01 and later years are therefore not strictly comparable with those for earlier years. The RO3 return was redesigned in 1998-99 and equipment and adaptations and meals were made memorandum items leading to some underrecording and consequent inflation of the other services expenditure; data for these items for 1998-99 and 1999-2000 are therefore not strictly comparable with those for earlier years. Expenditure on direct payments was only recorded from 1998-99 onwards.
- Assessment and care management, although included under local authority non-residential care in Part A, also includes expenditure which is relevant to residential care (Part C).
- 2005-06 data will be available January 2007.
- Data collection ended in 2004-05.
- Expenditure is based on Preserved Rights Residential Care and Nursing Home cases and Residential Allowance cases for England. Expenditure has been updated since last years return and may not sum due to rounding to nearest £million. From April 2002 claimants in Residential Care and Nursing Homes had preserved rights abolished and became the responsibility of local authorities. With the introduction of Pension Credit residential allowance rate of Income Support was withdrawn to all claimants in October 2003 and became the responsibility of Local Authorities. Data excludes unemployed claimants who are provided for by Jobseekers Allowance.
- Figures for 1999-2000 onwards are on a Resource Accounting and Budgeting basis. 2003-04 figures are based on latest actual data. Figures may not sum due to rounding.
- All figures are based on information received from DWP Information Directorate (IFD) for caseload and average weekly amounts which was used for the Country and Regional Analysis 2006, (apart from Social Fund which is based on final grants).
- Discontinued 2004-05.
- Disability Living Allowance replaced Attendance Allowance (for people under 65) from 1992 onwards.
- Invalid Carers Allowance was renamed Carer's Allowance in April 2003.
- Housing Corporation ADP approvals for schemes by Registered Social Landlords (mostly housing associations) in respect of homes for rent and sale to certain client groups (frail elderly, people with mental health problems, learning, or physical disabilities) and one general needs group (older people residential with warden support). This covers the Corporation's own programme and joint schemes, but excludes local authority-sponsored schemes using LA Social Housing Grant (LASHG). Figures are approved and not actual expenditure.
- 2005-06 data will be available October 2006.
- Discontinued 2004-05.

4.5.2 What was expenditure on NHS Continuing Care in each Strategic Health Authority in the latest available year, in absolute and per 100,000 population terms? Could the Department comment on these data? (Q55)

ANSWER

1. The information requested on expenditure is not collected by the Department, and the Department is not aware of any other data collection relating to expenditure on continuing care. Information on the number of people receiving NHS Continuing Care, in each strategic health authority area, is collected on an annual basis. The information is shown in **Table 55**.

2. The variation between authorities is due to a number of factors. Currently the 28 SHAs each have eligibility criteria for continuing care, which are set and applied locally. The current consultation on a national framework for continuing care aims to bring these together in a single consistent approach to decision-making. Since eligibility for continuing care is based on a person's care needs, higher numbers would be expected in areas with larger populations of people likely to have long-term health needs. There is also some variation in how areas have recorded these numbers.

Table 55

NUMBER OF PEOPLE RECEIVING CONTINUING CARE AT 31 MARCH 2006

SHA code	SHA	Population 18+	Number of people receiving continuing care	Number of people receiving continuing care per 100,000 people
Q01	Norfolk, Suffolk and Cambridgeshire	1,763,957	559	31.69
Q02	Bedfordshire and Hertfordshire	1,238,564	428	34.56
Q03	Essex	1,270,535	423	33.29
Q04	North West London	1,461,376	2,030	138.91
Q05	North Central London	965,767	768	79.52
Q06	North East London	1,157,066	889	76.83
Q07	South East London	1,178,324	599	50.83
Q08	South West London	1,043,871	655	62.75
Q09	Northumberland, Tyne and Wear	1,102,886	695	63.02
Q10	County Durham & Tees Valley	893,629	1,224	136.97
Q11	North and East Yorkshire and Northern Lincolnshire	1,296,169	583	44.98
Q12	West Yorkshire	1,617,449	1,129	69.80
Q13	Cumbria & Lancashire	1,500,752	382	25.45
Q14	Greater Manchester	1,955,058	689	35.24
Q15	Cheshire & Merseyside	1,833,835	965	52.62
Q16	Thames Valley	1,634,023	1,176	71.97
Q17	Hampshire and Isle of Wight	1,413,446	1,929	136.47
Q18	Kent and Medway	1,239,643	723	58.32
Q19	Surrey and Sussex	2,030,279	2,142	105.50
Q20	Avon, Gloucestershire & Wiltshire	1,726,173	1,134	65.69
Q21	South West Peninsula	1,289,764	552	42.80
Q22	Dorset & Somerset	961,688	237	24.64
Q23	South Yorkshire	997,460	351	35.19
Q24	Trent	2,110,518	1,609	76.24
Q25	Leicestershire, Northamptonshire & Rutland	1,229,410	655	53.28
Q26	Shropshire and Staffordshire	1,170,631	539	46.04
Q27	Birmingham and the Black Country	1,724,196	1,350	78.30
Q28	West Midlands South	1,221,248	593	48.56
	England	39,027,717	25,008	64.08

Source: LDPR Line 8228. Population, 2004 mid-year adult population by SHA area.

Footnotes:

1. Continuing care is only available to people aged 18 or over.

4.6 Personal Social Services (PSS)

4.6.1 What was Personal Social Services expenditure on adults by client group and type of provision in (a) current prices and (b) real terms from 1997-98 to 2004-05? Could both client group and type of provision totals be included? (Q56)

ANSWER

1. The information requested is given in **Table 56a** and **Table 56b**. **Table 56a** shows expenditure at current prices and **Table 56b** shows expenditure in real terms (current prices deflated by the GDP deflator at 2004-05 prices).

Table 56a

PERSONAL SOCIAL SERVICES GROSS EXPENDITURE, CASH TERMS

	<i>£ millions</i>							
<i>Client group and type of provision</i>	<i>1997-98</i>	<i>1998-99</i>	<i>1999-2000</i>	<i>2000-01</i>	<i>2001-02</i>	<i>2002-03</i>	<i>2003-04</i>	<i>2004-05</i>
Service strategy	128.2	148.5	161.4	126.3	112.7	61.7	61.9	73.2
Older people (aged 65 or over) ⁽¹⁾⁽³⁾	4,911.5	5,216.2	5,643.7	5,899.4	6,173.2	6,860.5	7,375.8	7,971.1
<i>of which</i>								
Assessment and care management	428.5	431.9	471.1	497.6	555.1	622.5	737.0	863.4
Residential care ⁽¹⁾⁽²⁾	2,941.7	3,179.7	3,453.3	3,591.7	3,727.2	4,246.0	4,258.9	4,491.0
Non-residential care ⁽²⁾⁽³⁾	1,541.3	1,604.6	1,719.3	1,810.1	1,890.9	1,992.0	2,380.0	2,616.7
Adults aged under 65 with a physical disability or sensory impairment ⁽¹⁾⁽³⁾	703.4	749.8	832.7	858.7	926.5	1,047.2	1,143.8	1,239.7
<i>of which</i>								
Assessment and care management	121.6	130.0	135.9	152.8	159.4	181.3	199.9	224.9
Residential care ⁽¹⁾⁽²⁾	199.7	218.0	242.4	257.9	275.6	345.4	330.4	344.7
Non-residential care ⁽²⁾⁽³⁾	382.1	401.8	454.3	448.0	491.6	520.5	613.5	670.2
Adults aged under 65 with learning disabilities ⁽¹⁾⁽³⁾	1,324.0	1,494.9	1,633.1	1,751.9	1,904.0	2,253.5	2,609.4	2,850.2
<i>of which</i>								
Assessment and care management	100.4	101.8	105.6	104.8	116.7	136.8	152.7	176.2
Residential care ⁽¹⁾⁽²⁾	737.1	838.1	922.0	1,015.3	1,111.0	1,384.9	1,400.7	1,549.5
Non-residential care ⁽²⁾⁽³⁾	486.6	555.1	605.4	631.8	676.4	731.8	1,056.1	1,124.5
Adults aged under 65 with mental health needs ⁽¹⁾⁽³⁾	514.5	564.1	632.8	677.2	721.4	814.5	944.0	1,000.6
<i>of which</i>								
Assessment and care management	137.7	154.3	177.8	192.0	215.8	234.9	254.8	281.4
Residential care ⁽¹⁾⁽²⁾	207.8	223.7	241.5	259.6	280.0	338.1	324.0	354.9
Non-residential care ⁽²⁾⁽³⁾	169.1	186.1	213.5	225.5	225.5	241.5	365.2	364.4
Asylum seekers and other adults ⁽²⁾	146.7	208.4	337.7	669.5	641.3	664.3	702.8	634.8
Total ⁽¹⁾⁽²⁾⁽³⁾	7,728.5	8,382.0	9,241.3	9,983.0	10,479.0	11,701.7	12,837.9	13,769.6

Source: RO3 and PSS EX1 returns.

Footnotes:

1. From 2003-04 excludes the nursing care costs element as the NHS took over payment of this from 1 April 2003.
2. Local Authority Expenditure for 2000-01 and later years is obtained from the PSS EX1 return; individual service lines include overhead costs. For years prior to 2000-01 it is obtained from the RO3 current expenditure return but with a share of overhead cost allocated to service lines on a pro rata basis. Figures for 2000-01 and later years are therefore not comparable with those for earlier years.
3. Includes expenditure funded from the DCLG Supporting People grant introduced in 2003-04 and classified as social services expenditure.

Table 56b**PERSONAL SOCIAL SERVICES GROSS EXPENDITURE, 2004–05 PRICES ⁽⁴⁾**

	<i>£ millions</i>							
<i>Client group and type of provision</i>	<i>1997–98</i>	<i>1998–99</i>	<i>1999–2000</i>	<i>2000–01</i>	<i>2001–02</i>	<i>2002–03</i>	<i>2003–04</i>	<i>2004–05</i>
Service strategy	151.9	171.6	182.7	141.0	122.9	65.2	63.6	73.2
Older people (aged 65 or over) ⁽¹⁾⁽³⁾	5,817.0	6,024.6	6,389.1	6,586.0	6,731.9	7,256.9	7,576.8	7,971.1
<i>of which</i>								
Assessment and care management	507.5	498.9	533.3	555.5	605.3	658.4	757.1	863.4
Residential care ⁽¹⁾⁽²⁾	3,484.0	3,672.4	3,909.4	4,009.7	4,064.5	4,491.3	4,374.9	4,491.0
Non-residential care ⁽²⁾⁽³⁾	1,825.4	1,853.3	1,946.4	2,020.8	2,062.1	2,107.1	2,444.8	2,616.7
Adults aged under 65 with a physical disability or sensory impairment ⁽¹⁾⁽³⁾	833.1	866.0	942.7	958.6	1,010.3	1,107.7	1,175.0	1,239.7
<i>of which</i>								
Assessment and care management	144.0	150.2	153.9	170.5	173.8	191.8	205.4	224.9
Residential care ⁽¹⁾⁽²⁾	236.5	251.8	274.5	287.9	300.5	365.4	339.4	344.7
Non-residential care ⁽²⁾⁽³⁾	452.6	464.1	514.3	500.2	536.0	550.6	630.2	670.2
Adults aged under 65 with learning disabilities ⁽¹⁾⁽³⁾	1,568.1	1,726.6	1,848.8	1,955.8	2,076.3	2,383.7	2,680.5	2,850.2
<i>of which</i>								
Assessment and care management	118.9	117.5	119.6	117.0	127.2	144.7	156.8	176.2
Residential care ⁽¹⁾⁽²⁾	872.9	967.9	1,043.8	1,133.5	1,211.5	1,464.9	1,438.8	1,549.5
Non-residential care ⁽²⁾⁽³⁾	576.3	641.1	685.4	705.4	737.6	774.1	1,084.9	1,124.5
Adults aged under 65 with mental health needs ⁽¹⁾⁽³⁾	609.4	651.5	716.3	756.0	786.6	861.6	969.7	1,000.6
<i>of which</i>								
Assessment and care management	163.0	178.3	201.2	214.4	235.4	248.5	261.8	281.4
Residential care ⁽¹⁾⁽²⁾	246.1	258.3	273.4	289.8	305.4	357.7	332.8	354.9
Non-residential care ⁽²⁾⁽³⁾	200.2	214.9	241.7	251.8	245.9	255.5	375.1	364.4
Asylum seekers and other adults ⁽²⁾	173.8	240.7	382.3	747.4	699.3	702.7	721.9	634.8
Total ⁽¹⁾⁽²⁾⁽³⁾	9,153.2	9,681.1	10,461.9	11,144.9	11,427.4	12,377.8	13,187.6	13,769.6

Source: RO3 and PSS EX1 returns

Footnotes:

1. From 2003–04 excludes the nursing care costs element as the NHS took over payment of this from 1 April 2003.
2. Local Authority Expenditure for 2000–01 and later years is obtained from the PSS EX1 return; individual service lines include overhead costs. For years prior to 2000–01 it is obtained from the RO3 current expenditure return but with a share of overhead cost allocated to service lines on a pro-rata basis. Figures for 2000–01 and later years are therefore not comparable with those for earlier years.
3. Includes expenditure funded from the DCLG Supporting People grant introduced in 2003–04 and classified as social services expenditure.
4. Deflated using the GDP deflator at 2004–05 prices.

4.6.2 Could the Department detail trends in the unit costs of the main social services for adults each year since 1999–2000? How do costs vary between authorities? Could the Department comment on these figures? (Q57)

ANSWER

1. The unit cost figures in **Table 57** show in cash and real terms (deflated by GDP at 2004–05 prices) the increases in selected unit costs for personal social services from 1999–2000 to 2004–05. The unit costs cover residential and nursing care for older people who are financially supported by the local authorities and hourly costs for home care services. Between 2003–04 and 2004–05 the unit cost for local authority residential care increased by 9% in real terms whilst the unit costs of independent residential care and home care and nursing care increased by 4% in real terms.

2. The real terms weekly unit cost for supporting older people in nursing care placements rose between 1999–2000 and 2000–01 but fell between 2000–01 and 2001–02 before rising again in 2002–03. It is not possible to compare nursing care costs between 2002–03 and 2003–04 because of a change in the treatment of the nursing care element. Between 2003–04 and 2004–05 the unit costs have increased by 4% in real terms. The real terms unit costs of supporting older people in local authority staffed residential care homes and in independent residential care homes increased each year between 1999–2000 and 2004–05. Costs in the independent sector (private and voluntary residential homes and nursing homes) represent the costs to local authorities in purchasing care, whereas the costs for local authority homes represent the full cost of running such homes, which are declining in number as homes are transferred out of local authority control. The rise in unit costs of residential care for older people may have been associated with better or more intensive services (more space, higher staff/resident ratios) and changes in cost or efficiency.

3. The real terms hourly unit cost for home help/care rose from £12.70 in 1999–2000 to £12.90 in 2001–02 before falling back to £12.80 in 2002–03 and rising again to £13.60 in 2004–05. There has been an increase in home care provision over the same period, with an increase from 2.7 million contact hours reported in 1999–2000 to 3.4 million contact hours in 2004–05.

Table 57

UNIT COSTS OF SELECTED PERSONAL SOCIAL SERVICES ENGLAND 1999–2000 to 2004–05

		£s					
<i>Unit Cost</i>		1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05
		<i>(est)</i>					
Gross expenditure per week on supporting residents aged 65 and over in nursing care ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾	Cash terms	341	368	368	394	381	407
	Real terms ⁽⁷⁾	386	411	402	417	391	407
Gross expenditure per week on supporting residents aged 65 and over in local authority residential care ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾	Cash terms	382	426	446	494	539	609
	Real terms ⁽⁷⁾	433	475	487	523	554	609
Gross expenditure per week on supporting residents aged 65 and over in independent residential care ⁽¹⁾⁽²⁾⁽³⁾⁽⁵⁾	Cash terms	271	279	286	313	338	361
	Real terms ⁽⁷⁾	307	311	312	331	347	361
Gross expenditure per hour of home care for all clients aged 18 or over ⁽¹⁾⁽⁶⁾	Cash terms	11.2	11.4	11.9	12.1	12.9	13.6
	Real terms ⁽⁷⁾	12.7	12.7	12.9	12.8	13.3	13.6

Source: PSS EX1 return.

Footnotes:

1. From 2000–01 total costs (ie total gross current expenditure + capital costs) as reported on form PSS EX1 are used to calculate unit costs. Expenditure includes a full share of Social Services Management and Support Services (SSMSS) costs. For 1999–2000 gross current expenditure as reported on form RO3 has been used to calculate unit costs; an estimated share of SSMSS costs has been included.

2. From 2000–01 these unit costs have been calculated by taking total costs throughout the year for residential and nursing care placements as appropriate and dividing by the number of weeks older people were supported in such care during the year. A supported resident is one who is supported wholly or in part by the local authority. Residents in local authority homes who are assessed to pay the full costs and residents in other homes whose fees are paid in part or in full or through income support have been included where the relevant expenditure is included in the numerator.

3. For 1999–2000 these unit costs have been calculated by taking gross current expenditure throughout the year on residential and nursing homes as appropriate and dividing it by the average number of supported residents in such homes reported at 31 March in consecutive years. Nursing homes includes nursing places in dual registered homes; residential homes includes residential places in dual registered homes. A supported resident is one who is supported wholly or in part by the local authority. Residents in local authority homes who are assessed to pay the full costs and residents in other homes whose fees are paid in part or through income support are not included.
4. From 2003–04 the costs of nursing care placements exclude the nursing costs which have been paid by the NHS from 1 April 2003.
5. The definition of local authority care excludes expenditure on people placed in the home of another local authority. This expenditure is included in the independent sector expenditure.
6. This unit cost is calculated by taking gross current expenditure throughout the year on home care services and dividing it by activity data collected during a sample week in September.
7. Deflated using the GDP deflator at 2004–05 prices.

Variation Between Authorities

4. There is substantial variation between local authorities in these unit costs, as **Figures 57a to 57d** demonstrate. Variations between authorities in unit costs are to be expected as the demand for services varies, prices will be affected by regional wage rates (for example higher prices in the South East), and supply factors such as the number of residential care homes will have a bearing. Variations between authorities in dependency of clients may also be relevant. However, such wide variability of individual authority figures also points to issues of data quality and there is a risk that misreporting of data by local authorities has had an effect. In examining unit costs it is likely that extreme high or low values are the result of misreporting of expenditure data by local authorities. It is however notable that even if the more extreme figures are discounted significant variation remains.

5. Figures 57a to 57d show the unit cost values calculated using expenditure data for 2004–05. Where a local authority has reported activity but no expenditure (an implied zero unit cost) they have been excluded from the charts.

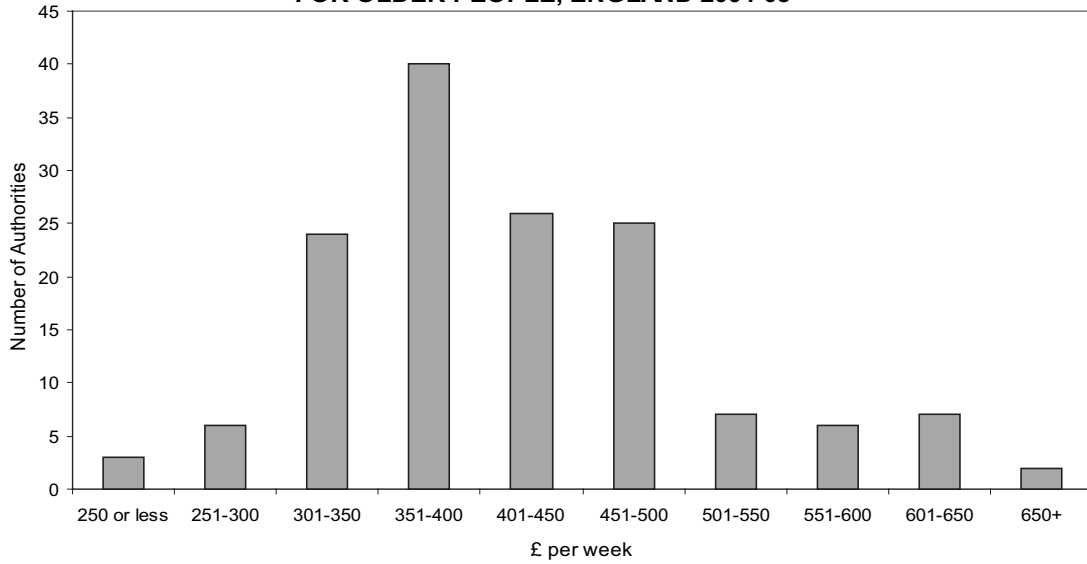
6. Figure 57(a) shows the weekly unit cost for older people in nursing homes in 2004–05. The average weekly unit cost for England was £407 in 2004–05 ranging from under £250 a week in three authorities (Barnsley, Redcar and Cleveland and Wigan) to more than £1,000 a week in one authority (Lewisham). The middle 50% of the authorities had a unit cost between £353 and £472.

7. The weekly unit cost for residents aged 65 or over in local authority residential homes in 2004–05 is shown in Figure 57b. The average for England was £609, with the middle 50% of authorities having a unit cost between £529 and £847. One authority recorded a unit cost of under £100 (Somerset). Six authorities had a unit cost greater than £1,500 per week (Bradford, Hackney, Harrow, North East Lincolnshire, Oldham and Wiltshire).

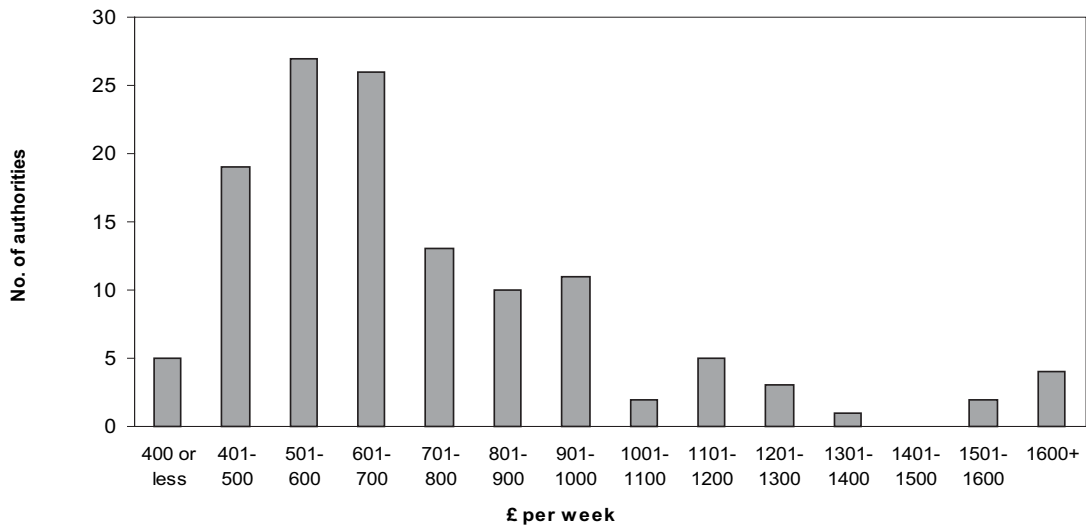
8. The weekly cost for residents aged 65 or over in independent (private or voluntary) residential homes during 2004–05 for individual authorities is shown in Figure 56c. For individual authorities this unit cost varied from under £250 for four authorities (Harrow, Oldham, Redcar and Cleveland and Slough) to over £500 in seven authorities (Brent, Hillingdon, Islington, Kensington and Chelsea, Lewisham, Southwark and Waltham Forest). The average for England was £361, with the middle 50% of authorities having a unit cost between £325 and £396.

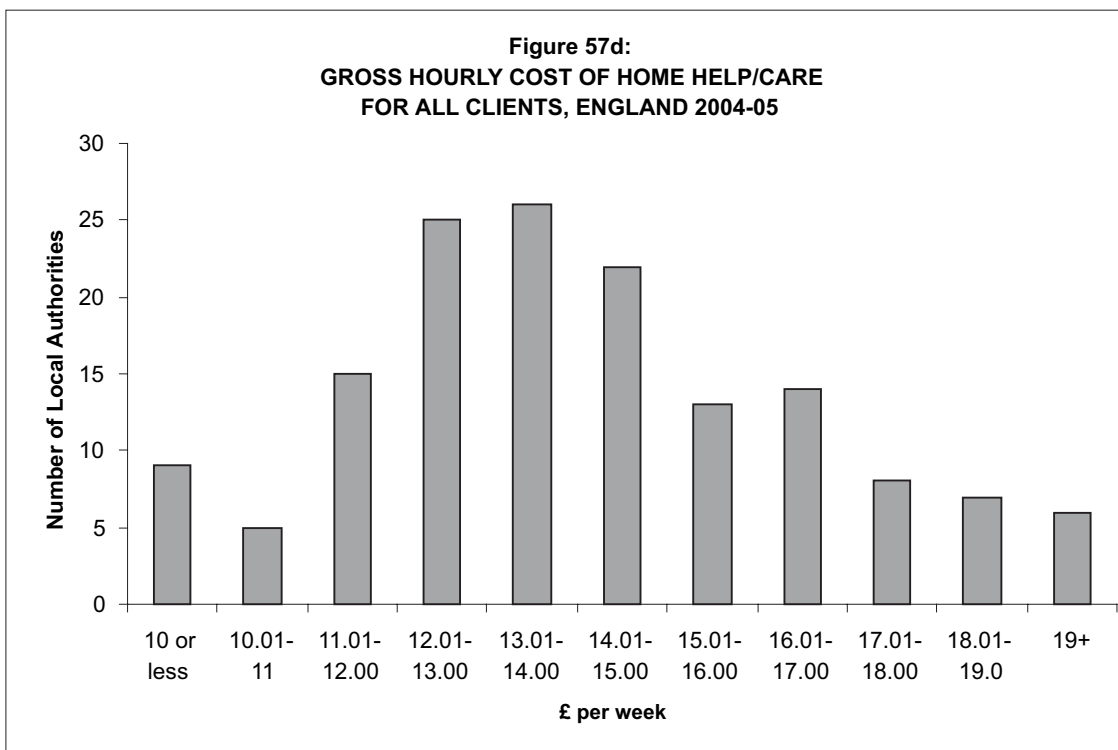
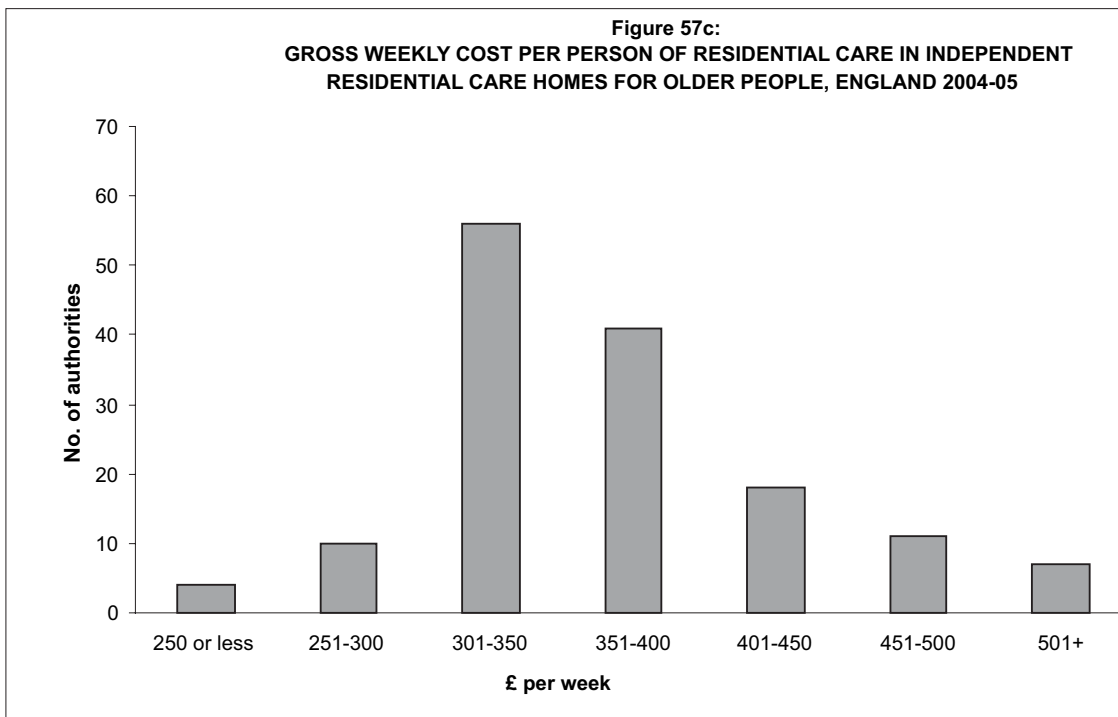
9. Figure 56(d) shows the hourly cost of home help/care for individual authorities in 2004–05. The hourly cost varied from £9 to £26. The average hourly unit cost for England was £13.60. The middle 50% of authorities had a unit cost between £12.40 and £15.70.

**Figure 57a:
GROSS WEEKLY COST PER PERSON OF NURSING CARE
FOR OLDER PEOPLE, ENGLAND 2004-05**



**Figure 57b:
GROSS WEEKLY COST PER PERSON OF LOCAL AUTHORITY RESIDENTIAL CARE FOR
OLDER PEOPLE, ENGLAND 2004-05**





4.6.3 What grants were available for Personal Social Services in each year since 2003-04? Could the Department comment on these data? (Q58)

ANSWER

1. **Table 58** lists grants made available for Personal Social Services for adults since 2003-04. Provisional allocations are provided for 2007-08. This table has been further subdivided into revenue and capital allocations.

2. The table shows that in comparison to 2003-04, total Local Authority Specific Grant Resource allocations will, by 2007-08, have increased by £196.188 million.

3. However, specific revenue grant allocations for 2006–07 can be seen to have decreased when compared to 2005–06 for several reasons, namely:

- the transfer of £214 million of Residential Allowance funding into Formula Grant which was notified to and agreed with local authorities by way of a consultation exercise;
- the transfer of a proportion of Preserved Rights funding into Formula Grant reflects the ongoing reduction in the number of people with the preserved rights covered by this funding. The treatment of the Preserved Rights Grant meets the Government’s commitment to roll this funding into Formula Grant in stages, and was also agreed with local authorities as part of the 2004 consultation referred to above; and
- the fact that the £100 million increase to the Access and Systems Capacity Grant made in the previous two financial years was not made recurrent.

Table 58
PERSONAL SOCIAL SERVICES GRANT ALLOCATIONS 2003-04 TO 2007–08

	2003–04	2004–05	2005–06	2006–07	2007–08 (provisional)
Revenue Grants					
Access and Systems Capacity, including LRR ⁽¹⁾	170.000	486.000	642.000	546.000	546.000
AIDS Support	16.500	16.500	16.500	16.500	16.500
Carers	100.000	125.000	185.000	185.000	185.000
Care Direct ⁽²⁾	4.500	2.817			
CAMHS ⁽³⁾	50.000	66.000	90.539	90.539	90.539
Children’s Trusts ⁽⁴⁾	1.000	1.000			
CSCI reimbursement grant			0.750	0.750	0.750
Deferred Payments	40.000				
Delayed Discharges	50.000	100.000	100.000	100.000	100.000
Human Resources Development Strategy ⁽⁵⁾	9.525	23.900	62.750	49.750	49.750
Individual Budget Pilots				6.000	6.000
Mental Health	133.500	133.000	132.950	132.900	132.900
National Training Strategy	24.884	30.979	94.859	107.859	107.859
Performance Fund	100.000				
POPP				20.000	40.000
Preserved Rights ⁽⁶⁾	508.523	458.279	348.230	297.565	275.248
Preventative Technology				30.000	50.000
Residential Allowance ⁽⁷⁾	182.496	409.480	214.455		
Training Support Programme ⁽⁸⁾	56.500	53.300			
Young people’s substance misuse Planning ⁽⁹⁾	4.500	4.500			
DH funded—allocated by OGD ⁽¹⁰⁾		5.500	8.500	7.500	7.500
Total Revenue Grants⁽¹¹⁾:	1,451.928	1,916.255	1,896.533	1,590.363	1,608.046
Capital Grants					
SCE(R)Separate Programme element for AIDS/HIV	3.100	3.100	3.100	3.100	3.100
Extra care housing grant				20.000	40.000
Improving Information Management Grant	25.000	25.000	25.000	25.000	25.000
Total Capital Grants	28.100	28.100	28.100	48.100	68.100
Total Local Authority Specific Grant Resources	1,480.028	1,944.355	1,924.633	1,638.463	1,676.146

Source: Local Authority Service Letters 2005(5), 2004(26) and 2003(8).

Footnotes:

1. An additional £100 million was added on a one off basis to this grant for 2005–06. An additional £4 million has been added to this grant for 2006–07 and 2007–08 to allow local authorities to meet any liabilities arising from the repeal of the Liable Relative Rules.
2. Funding ended for these pilot sites 2004–05.
3. The whole of this grant is allocated by DH in relation to children’s PSS. The SR2004 settlement provided total funding of £93.539 million in each year. Of this, £90.539 million will be allocated by DH, and the remaining £3 million distributed by Dfes through the Treatment Foster Care grant.
4. Transferred to Dfes 2005–06.
5. Funding reduced by £13 million because of transfer into NTS see Q.

6. The decline in Grant is rolled into baseline.
7. Rolled into baseline 2006–07.
8. Rolled into baseline 2006–07.
9. Transferred to Home Office 2004–05.
10. Current examples include CAMHS—£3 million transfer to DfES for each of the years 2005–06, 2006–07 and 2007–08. Young People’s Substance Misuse—£4.5 million transfer to Home Office recurring in 2005–06, 2006–07 and 2007–08.
11. Carers, CAMHS, Human Resources Development Strategy, Improving Information Management and National Training Strategy all include an element of funding for Children’s services.

4.6.4 *Could the Department detail trends in the Personal Social Services Pay and Price Index since 1997–98 and outline the assumptions behind the index? What are the expected financial effects of demographic pressures on PSS over the next five years? (Q59)*

ANSWER

The PSS inflation index

1. The Personal Social Services (PSS) Pay and Prices Index is set out in **Table 59a**.
2. The interpretation of this table is that, for example, PSS pay and prices rose by approximately 4.3% between April 2004 and April 2005. The average increase between April 1996 and April 2005 of 4.21%.

The financial effect of demographic changes

3. The Department’s estimates of the notional financial consequences of demographic changes on adult social services are set out in **Table 59b**. Only demographic pressures for adult social services are included, as children’s social services are the responsibility of the Department for Education and Skills.
4. The interpretation of this table is that, for example and on the basis of these estimations, resources for adult social services will need to increase by 1.0% between 2006–07 and 2007–08 in order to keep pace with changes in the age composition of the population, assuming that all other relevant factors remain constant.

Table 59a

PSS PAY AND PRICES INDEX

<i>Year</i>	<i>% increase over previous year</i>
April 1996	3.2
April 1997	4.4
April 1998	4.1
April 1999	4.8
April 2000	3.3
April 2001	4.4
April 2002	4.4
April 2003	5.0
April 2004	4.2
April 2005	4.3

Source: New Earnings Survey/Annual Survey of Hours and Earnings.

Table 59b

NOTIONAL FINANCIAL EFFECT ON PERSONAL SOCIAL SERVICES OF DEMOGRAPHIC PRESSURES

<i>Year</i>	<i>% increase over previous year⁽¹⁾</i>
2007–08	1.0
2008–09	0.9
2009–10	0.9
2010–11	1.1
2011–12	1.0

Source: PSS EX1.

Footnotes:

1. Estimates rounded to nearest decimal place.

4.6.5 *Could the Department detail trends in sales and charges as a percentage of gross Personal Social Services expenditure on adults by type of service (a) nationally and (b) by local authority? (Q60)*

ANSWER

1. The information requested is given in **Table 60a** and **Table 60b** and in **Figure 60a** to **Figure 60e**.
2. The trend for charges for non-residential care has been to see a steady rise in the recoupment rate for all client groups from just under 7% in 1995–96 to around 12% from 1999–2000 until 2002–03 when it dropped to around 10% to 2004–05.
3. The drop to 10% in 2002–03 is likely to relate to the implementation of the Department’s guidance on charging for non-residential care “Fairer Charging Policies for Home Care and Other Non-residential Social Services Practices” issued in August 2002, which was followed by statutory guidance in September 2003. As a result, councils will have reviewed their charging policies following consultation with local populations.

Table 60a

SALES, FEES AND CHARGES AS A PERCENTAGE OF GROSS EXPENDITURE BY TYPE OF SERVICE

	2002-03			2003-04			2004-05		
	<i>Gross current expenditure</i>	<i>Sales, Fees and Charges</i>	<i>Sales Fees and Charges as a percentage of Gross current expenditure</i>	<i>Gross current expenditure</i>	<i>Sales, Fees and Charges</i>	<i>Sales Fees and Charges as a percentage of Gross current expenditure</i>	<i>Gross current expenditure</i>	<i>Sales, Fees and Charges</i>	<i>Sales Fees and Charges as a percentage of Gross current expenditure</i>
Residential care for:									
Older people (aged 65 or over)	4,246	1,531	36%	4,259	1,377	32%	4,491	1,319	29%
Adults aged under 65 with:									
a physical disability or sensory impairment	345	71	21%	330	57	17%	345	50	14%
learning disabilities	1,385	263	19%	1,401	203	14%	1,550	178	11%
mental health needs	338	71	21%	324	53	16%	355	52	15%
Non residential care:									
<i>of which</i>									
Home care	1,820	211	12%	1,982	205	10%	2,220	227	10%
Day care	1,003	38	4%	1,071	37	3%	1,107	42	4%
Meals	99	43	43%	101	42	42%	99	42	43%

Source: PSS EX1 returns.

Table 60b

SALES, FEES AND CHARGES AS A PERCENTAGE OF GROSS EXPENDITURE BY TYPE OF SERVICE, 2004-05

£ thousands

Code	Local authority	Non-Residential Care						Residential Care								
		Home Care			For Older People			For Adults with a Physical Disability			For Adults with a Learning Disability			For Adults with Mental Health needs		
		Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure		
		Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure
	England	227,135	2,219,954	10%	1,318,971	4,490,998	29%	49,527	344,669	14%	178,073	1,549,537	11%	51,830	354,865	15%
R383	Barking & Dagenham	231	10,549	2%	3,573	16,240	22%	94	655	14%	214	3,572	6%	55	524	10%
R384	Barnet	773	12,078	6%	7,221	27,258	26%	508	2,166	23%	941	14,428	7%	206	2,670	8%
R349	Barnsley	1,105	10,557	10%	7,686	25,318	30%	307	1,017	30%	285	1,989	14%	214	1,066	20%
R602	Bath & North East Somerset UA	496	6,301	8%	4,291	15,106	28%	154	1,096	14%	584	6,713	9%	439	1,662	26%
R632	Bedfordshire	489	14,680	3%	6,486	26,767	24%	203	1,871	11%	683	12,665	5%	27	791	3%
R385	Bexley	1,585	8,043	20%	6,003	16,976	35%	167	1,699	10%	657	7,627	9%	158	1,560	10%
R358	Birmingham	3,043	40,965	7%	23,781	102,345	23%	616	6,020	10%	3,210	41,635	8%	466	4,709	10%
R659	Blackburn UA	713	7,637	9%	4,153	15,112	27%	224	1,367	16%	180	1,675	11%	179	929	19%
R660	Blackpool UA	575	6,613	9%	5,237	17,818	29%	119	1,142	10%	300	4,145	7%	125	1,824	7%
R334	Bolton	1,095	11,778	9%	5,105	20,492	25%	232	1,359	17%	518	9,908	5%	-424	2,660	-16%
R622	Bournemouth UA	878	5,704	15%	4,439	18,437	24%	162	1,363	12%	304	2,743	11%	120	928	13%
R642	Bracknell Forest UA	369	3,430	11%	1,429	5,979	24%	62	471	13%	437	4,748	9%	342	950	36%
R365	Bradford	1,948	17,542	11%	16,577	49,925	33%	702	4,179	17%	2,032	11,332	18%	1,284	3,553	36%
R386	Brent	805	10,157	8%	4,481	16,043	28%	267	2,818	9%	373	7,590	5%	1,900	4,854	39%
R625	Brighton & Hove UA	1,504	13,287	11%	8,803	26,600	33%	437	2,023	22%	1,756	16,301	11%	339	2,810	12%
R603	Bristol UA	487	15,909	3%	10,577	40,918	26%	575	1,605	36%	2,152	16,328	13%	1,356	3,657	37%
R387	Bromley	2,276	12,728	18%	7,704	22,883	34%	300	2,044	15%	1,377	10,832	13%	242	2,161	11%
R633	Buckinghamshire	1,741	18,894	9%	10,285	31,156	33%	406	3,377	12%	1,575	15,970	10%	268	1,870	14%
R335	Bury	833	8,395	10%	5,161	17,263	30%	137	826	17%	379	5,106	7%	242	1,085	22%
R366	Calderdale	1,026	8,637	12%	6,859	17,499	39%	215	1,566	14%	464	5,566	8%	59	1,348	4%
R663	Cambridgeshire	3,525	25,401	14%	9,600	37,713	25%	348	3,474	10%	903	17,694	5%	148	2,324	6%
R371	Camden	352	12,851	3%	4,072	23,099	18%	97	2,410	4%	352	5,295	7%	219	3,418	6%
R664	Cheshire	4,550	40,342	11%	19,243	64,284	30%	512	2,853	18%	1,005	7,916	13%	326	3,298	10%
R370	City of London	89	981	9%	208	825	25%	—	12	0%	9	175	5%	27	799	3%
R411	Cornwall	3,193	21,080	15%	13,191	44,291	30%	140	2,851	5%	700	8,759	8%	103	1,196	9%
R359	Coventry	1,216	19,098	6%	7,857	25,436	31%	204	2,095	10%	771	9,845	8%	390	2,263	17%
R388	Croydon	1,721	12,723	14%	6,615	24,417	27%	389	2,813	14%	1,401	13,854	10%	1,247	6,359	20%
R412	Cumbria	4,411	22,002	20%	19,643	56,367	35%	432	2,825	15%	1,043	6,007	17%	147	1,245	12%
R624	Darlington UA	445	3,408	13%	4,046	10,497	39%	114	630	18%	299	3,462	9%	30	341	9%
R621	Derby UA	1,330	9,805	14%	7,647	22,153	35%	192	1,294	15%	678	6,187	11%	132	1,343	10%
R634	Derbyshire	185	41,840	0%	23,779	66,232	36%	462	3,650	13%	2,881	19,299	15%	271	2,578	11%
R665	Devon	3,338	26,633	13%	27,537	89,847	31%	947	5,454	17%	2,934	24,698	12%	433	4,908	9%
R350	Doncaster	628	10,294	6%	11,596	27,383	42%	120	1,484	8%	486	7,214	7%	177	447	40%

Table 60b (Continued)

SALES, FEES AND CHARGES AS A PERCENTAGE OF GROSS EXPENDITURE BY TYPE OF SERVICE, 2004-05

£ thousands

Code	Local authority	Non-Residential Care						Residential Care								
		Home Care			For Older People			For Adults with a Physical Disability			For Adults with a Learning Disability			For Adults with Mental Health needs		
		Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure		
		Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	percentage of Gross Current Expenditure
R635	Dorset	2,303	12,889	18%	9,904	35,772	28%	270	2,282	12%	685	7,972	9%	63	884	7%
R360	Dudley	1,317	12,602	10%	6,636	24,133	27%	102	851	12%	1,049	10,974	10%	229	1,682	14%
R636	Durham	5,452	23,258	23%	14,683	56,904	26%	470	2,718	17%	4,697	19,340	24%	488	1,798	27%
R389	Ealing	1,307	11,255	12%	7,993	21,028	38%	134	2,060	7%	621	12,820	5%	328	2,741	12%
R610	East Riding of Yorkshire UA	1,892	11,455	17%	12,490	35,387	35%	370	2,505	15%	1,223	9,790	12%	402	2,311	17%
R637	East Sussex	1,195	17,254	7%	15,371	55,105	28%	288	3,753	8%	1,701	24,712	7%	781	5,452	14%
R390	Enfield	1,431	13,997	10%	7,235	18,534	39%	216	1,606	13%	1,167	10,837	11%	2,049	5,285	39%
R666	Essex	5,724	70,988	8%	37,727	121,659	31%	711	6,907	10%	3,063	39,677	8%	657	6,148	11%
R353	Gateshead	1,201	11,709	10%	7,129	24,549	29%	167	1,419	12%	773	7,030	11%	112	1,351	8%
R419	Gloucestershire	2,702	26,603	10%	9,031	44,338	20%	683	3,764	18%	2,555	15,481	17%	-2	1,250	0%
R372	Greenwich	1,127	12,845	9%	5,187	20,886	25%	217	1,553	14%	935	8,448	11%	360	1,782	20%
R373	Hackney	476	11,350	4%	3,280	14,704	22%	240	2,042	12%	676	9,432	7%	201	5,007	4%
R650	Halton UA	410	5,747	7%	3,346	10,836	31%	72	635	11%	245	1,644	15%	154	824	19%
R374	Hammersmith & Fulham	548	11,076	5%	2,971	14,045	21%	215	1,179	18%	256	5,081	5%	289	2,334	12%
R638	Hampshire	3,823	56,534	7%	25,113	89,615	28%	944	6,475	15%	3,187	41,989	8%	275	3,477	8%
R391	Haringey	995	10,284	10%	3,948	15,022	26%	258	1,825	14%	961	10,140	9%	346	4,350	8%
R392	Harrow	1,439	11,353	13%	348	10,024	3%	2	853	0%	112	5,853	2%	106	1,881	6%
R606	Hartlepool UA	572	2,739	21%	4,729	11,242	42%	72	324	22%	253	2,003	13%	139	678	21%
R393	Havering	1,087	10,409	10%	5,336	16,379	33%	250	2,119	12%	666	6,593	10%	152	1,261	12%
R656	Herefordshire UA	540	6,294	9%	4,055	15,277	27%	99	1,180	8%	727	6,560	11%	241	955	25%
R422	Hertfordshire	2,561	50,674	5%	28,300	88,946	32%	2,522	7,734	33%	12,978	41,038	32%	754	5,498	14%
R394	Hillingdon	1,045	10,433	10%	3,672	17,266	21%	203	2,339	9%	1,263	9,843	13%	107	1,748	6%
R395	Hounslow	876	8,934	10%	3,504	14,930	23%	248	2,110	12%	1,225	9,193	13%	49	1,031	5%
R601	Isle of Wight UA	1,184	5,510	21%	5,346	19,515	27%	67	625	11%	737	5,245	14%	195	1,092	18%
R403	Isles of Scilly	4	31	13%	80	322	25%	-	63	0%	-	-	-	-	-	-
R375	Islington	1,228	14,153	9%	5,522	20,282	27%	156	974	16%	818	8,095	10%	664	3,936	17%
R376	Kensington & Chelsea	479	8,566	6%	2,013	10,628	19%	66	905	7%	369	4,427	8%	92	2,564	4%
R667	Kent	7,930	53,223	15%	33,764	121,395	28%	1,531	12,416	12%	4,618	54,114	9%	756	6,460	12%
R611	Kingston Upon Hull UA	1,032	6,848	15%	9,217	31,729	29%	438	4,040	11%	588	5,625	10%	314	2,649	12%
R396	Kingston Upon Thames	548	4,990	11%	3,201	11,507	28%	122	1,190	10%	582	5,440	11%	167	1,204	14%
R367	Kirklees	2,056	20,127	10%	10,148	36,159	28%	223	1,846	12%	1,706	14,627	12%	176	1,640	11%
R344	Knowsley	380	8,299	5%	3,189	11,207	28%	118	1,220	10%	368	4,163	9%	124	1,411	9%
R377	Lambeth	1,575	10,468	15%	4,928	20,323	24%	654	3,944	17%	1,145	15,964	7%	763	5,184	15%
R668	Lancashire	4,211	62,626	7%	31,396	113,637	28%	1,671	10,548	16%	47	28,847	0%	1,270	8,178	16%

Table 60b (Continued)

SALES, FEES AND CHARGES AS A PERCENTAGE OF GROSS EXPENDITURE BY TYPE OF SERVICE, 2004-05

£ thousands

Code	Local authority	Non-Residential Care						Residential Care								
		Home Care			For Older People			For Adults with a Physical Disability			For Adults with a Learning Disability			For Adults with Mental Health needs		
		Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure			Sales, Fees and Charges as a percentage of Gross Current Expenditure		
		Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure
R368	Leeds	1,737	34,252	5%	17,413	74,492	23%	624	4,986	13%	3,948	20,617	19%	461	4,891	9%
R628	Leicester UA	798	10,270	8%	5,513	23,312	24%	413	1,678	25%	2,637	10,251	26%	909	4,213	22%
R639	Leicestershire	2,111	23,277	9%	13,670	40,094	34%	376	3,040	12%	1,744	14,643	12%	144	1,715	8%
R378	Lewisham	1,211	15,165	8%	4,926	23,730	21%	316	2,547	12%	627	10,402	6%	536	4,083	13%
R428	Lincolnshire	1,908	20,954	9%	19,135	67,347	28%	824	5,307	16%	1,493	15,452	10%	808	6,864	12%
R345	Liverpool	3,048	31,048	10%	10,703	44,107	24%	755	5,440	14%	4,611	16,680	28%	2,316	7,664	30%
R619	Luton UA	745	7,705	10%	3,965	12,877	31%	245	1,882	13%	277	4,957	6%	116	682	17%
R336	Manchester	2,674	26,591	10%	12,038	40,571	30%	433	2,874	15%	-1,353	4,892	-28%	401	4,677	9%
R658	Medway Towns UA	1,543	10,247	15%	4,861	16,796	29%	445	3,143	14%	561	7,404	8%	115	834	14%
R397	Merton	842	7,455	11%	3,866	11,464	34%	83	1,145	7%	409	5,865	7%	198	1,423	14%
R607	Middlesbrough UA	980	5,715	17%	3,713	13,626	27%	145	1,087	13%	458	3,399	13%	175	1,425	12%
R620	Milton Keynes UA	1,200	7,224	17%	3,909	11,641	34%	132	1,055	13%	568	3,192	18%	15	218	7%
R354	Newcastle upon Tyne	1,072	19,574	5%	8,045	30,348	27%	173	1,394	12%	380	4,912	8%	339	1,373	25%
R398	Newham	139	10,770	1%	4,039	16,178	25%	343	1,846	19%	697	8,350	8%	299	3,808	8%
R429	Norfolk	7,679	36,326	21%	36,467	89,360	41%	921	7,638	12%	5,443	28,601	19%	1,406	9,532	15%
R612	North East Lincolnshire UA	804	5,711	14%	5,192	17,424	30%	95	965	10%	557	2,829	20%	128	915	14%
R613	North Lincolnshire UA	820	5,313	15%	4,465	15,323	29%	172	1,029	17%	419	3,308	13%	161	938	17%
R605	North Somerset UA	883	6,931	13%	4,652	19,208	24%	251	1,407	18%	980	7,833	13%	584	2,547	23%
R355	North Tyneside	1,467	7,087	21%	4,265	22,659	19%	102	1,052	10%	246	4,821	5%	88	1,466	6%
R618	North Yorkshire	2,259	23,243	10%	18,049	54,917	33%	652	2,758	24%	1,477	14,573	10%	213	1,356	16%
R430	Northamptonshire	917	20,646	4%	15,101	56,754	27%	626	6,662	9%	1,488	23,535	6%	181	8,654	2%
R431	Northumberland	2,233	15,863	14%	14,225	35,006	41%	152	1,712	9%	1,183	7,528	16%	306	1,960	16%
R661	Nottingham UA	841	11,595	7%	8,238	26,195	31%	298	2,117	14%	943	7,418	13%	379	2,092	18%
R669	Nottinghamshire	4,402	26,550	17%	23,210	68,065	34%	1,208	5,111	24%	4,011	24,232	17%	471	2,639	18%
R337	Oldham	—	12,217	0%	6,053	20,371	30%	433	1,745	25%	2,207	5,803	38%	2,363	6,051	39%
R434	Oxfordshire	4,294	29,129	15%	12,293	46,643	26%	437	2,876	15%	1,255	13,571	9%	134	1,708	8%
R649	Peterborough UA	1,086	6,805	16%	3,108	11,547	27%	107	858	12%	380	3,805	10%	9	98	9%
R652	Plymouth UA	485	8,816	6%	8,285	26,867	31%	397	2,049	19%	1,075	10,266	10%	159	1,539	10%
R623	Poole UA	926	5,721	16%	2,701	11,076	24%	87	552	16%	145	1,866	8%	79	350	23%
R626	Portsmouth UA	1,147	9,582	12%	4,230	16,213	26%	200	1,716	12%	483	5,187	9%	143	1,609	9%
R644	Reading UA	541	5,699	9%	1,792	9,037	20%	95	776	12%	651	6,539	10%	156	1,573	10%
R399	Redbridge	984	11,139	9%	6,658	19,105	35%	274	2,026	14%	413	6,771	6%	298	1,479	20%
R608	Redcar & Cleveland UA	574	5,611	10%	1,243	13,405	9%	23	1,320	2%	333	3,315	10%	103	1,575	7%

Table 60b (Continued)

SALES, FEES AND CHARGES AS A PERCENTAGE OF GROSS EXPENDITURE BY TYPE OF SERVICE, 2004-05

£ thousands

Code	Local authority	Non-Residential Care Home Care						Residential Care								
		Sales, Fees and Charges as a percentage of Gross Current Expenditure			For Older People Sales, Fees and Charges as a percentage of Gross Current Expenditure			For Adults with a Physical Disability Sales, Fees and Charges as a percentage of Gross Current Expenditure			For Adults with a Learning Disability Sales, Fees and Charges as a percentage of Gross Current Expenditure			For Adults with Mental Health needs Sales, Fees and Charges as a percentage of Gross Current Expenditure		
		Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	of Gross Current Expenditure
R400	Richmond Upon Thames	845	8,058	10%	4,175	12,600	33%	150	1,473	10%	755	7,185	11%	81	1,756	5%
R338	Rochdale	894	9,087	10%	5,171	19,547	26%	322	1,234	26%	584	5,011	12%	113	1,381	8%
R351	Rotherham	1,505	13,814	11%	8,405	26,182	32%	184	949	19%	644	6,236	10%	220	938	23%
R629	Rutland UA	161	1,286	12%	792	2,710	29%	1	101	1%	48	607	8%	21	113	19%
R339	Salford	5,130	21,155	24%	7,490	23,554	32%	299	2,083	14%	955	3,231	30%	829	1,956	42%
R361	Sandwell	806	14,681	5%	7,655	29,714	26%	309	1,610	19%	759	8,719	9%	99	2,683	4%
R347	Sefton	634	10,866	6%	10,692	37,575	28%	734	4,061	18%	1,160	8,675	13%	276	1,784	15%
R352	Sheffield	3,266	33,771	10%	20,225	63,057	32%	1,007	3,333	30%	1,703	9,043	19%	305	2,714	11%
R670	Shropshire	1,792	13,386	13%	7,561	23,759	32%	257	1,063	24%	1,156	6,242	19%	163	1,090	15%
R645	Slough UA	643	4,052	16%	2,257	7,756	29%	161	731	22%	1,933	5,145	38%	225	1,207	19%
R362	Solihull	676	7,731	9%	4,031	12,164	33%	141	840	17%	1,304	7,300	18%	71	580	12%
R436	Somerset	3,772	22,630	17%	14,235	46,588	31%	403	3,564	11%	1,415	12,291	12%	422	2,533	17%
R604	South Gloucestershire UA	1,058	7,529	14%	5,933	18,479	32%	447	1,148	39%	1,686	9,803	17%	144	400	36%
R356	South Tyneside	343	10,887	3%	4,918	19,348	25%	-34	1,031	-3%	715	4,514	16%	152	1,207	13%
R627	Southampton UA	952	9,509	10%	4,624	17,678	26%	169	1,432	12%	723	6,064	12%	122	906	13%
R654	Southend UA	735	6,834	11%	5,549	17,311	32%	92	885	10%	929	6,949	13%	121	1,166	10%
R379	Southwark	89	12,574	1%	5,489	23,838	23%	773	3,625	21%	792	15,199	5%	476	5,891	8%
R346	St Helens	1,158	9,077	13%	5,130	17,540	29%	346	1,529	23%	338	5,481	6%	227	1,449	16%
R640	Staffordshire	4,039	26,572	15%	23,091	64,420	36%	644	4,337	15%	2,044	18,712	11%	605	3,220	19%
R340	Stockport	1,643	12,750	13%	8,988	26,208	34%	221	1,892	12%	292	5,572	5%	366	2,038	18%
R609	Stockton on Tees UA	—	5,111	0%	5,819	18,350	32%	171	754	23%	706	5,684	12%	166	1,571	11%
R630	Stoke-on-Trent UA	1,370	10,746	13%	7,967	28,180	28%	262	1,666	16%	999	7,020	14%	120	1,514	8%
R438	Suffolk	2,815	32,648	9%	20,086	61,741	33%	500	4,182	12%	1,822	19,203	9%	294	3,356	9%
R357	Sunderland	1,660	13,256	13%	8,865	30,205	29%	188	1,509	12%	1,227	5,512	22%	416	1,686	25%
R439	Surrey	1,418	26,239	5%	21,503	78,638	27%	707	9,971	7%	4,354	38,844	11%	362	3,270	11%
R401	Sutton	1,213	7,399	16%	4,002	14,346	28%	122	804	15%	543	6,666	8%	210	1,443	15%
R631	Swindon UA	804	6,372	13%	3,076	14,557	21%	72	1,316	5%	818	7,928	10%	129	1,523	8%
R341	Tameside	1,151	7,696	15%	10,032	24,066	42%	355	1,664	21%	4,323	6,957	62%	314	515	61%
R662	The Wrekin UA	779	6,372	12%	2,833	10,227	28%	89	548	16%	399	2,918	14%	15	769	2%
R655	Thurrock UA	857	6,215	14%	2,887	9,893	29%	95	970	10%	268	4,915	5%	25	236	11%
R653	Torbay UA	854	4,763	18%	10,727	23,470	46%	145	472	31%	769	5,370	14%	236	1,866	13%
R380	Tower Hamlets	—	14,517	0%	2,998	14,115	21%	204	1,718	12%	402	6,291	6%	184	3,830	5%
R342	Trafford	822	9,043	9%	6,042	19,499	31%	208	1,223	17%	341	5,638	6%	149	1,749	9%
R369	Wakefield	1,164	15,455	8%	8,519	30,894	28%	244	1,641	15%	1,728	6,787	25%	143	1,403	10%

Table 60b (Continued)

SALES, FEES AND CHARGES AS A PERCENTAGE OF GROSS EXPENDITURE BY TYPE OF SERVICE, 2004-05

£ thousands

Code	Local authority	Non-Residential Care Home Care			For Older People			Residential Care For Adults with a Physical Disability			For Adults with a Learning Disability			For Adults with Mental Health needs		
		Sales, Fees and Charges	Gross Current Expenditure	Sales, Fees and Charges as a percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	Sales, Fees and Charges as a percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	Sales, Fees and Charges as a percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	Sales, Fees and Charges as a percentage of Gross Current Expenditure	Sales, Fees and Charges	Gross Current Expenditure	Sales, Fees and Charges as a percentage of Gross Current Expenditure
R363	Walsall	1,746	11,479	15%	7,144	28,241	25%	179	1,663	11%	388	15,039	3%	207	1,932	11%
R402	Waltham Forest	989	10,306	10%	3,887	16,455	24%	110	1,261	9%	432	7,413	6%	28	1,356	2%
R381	Wandsworth	1,285	9,724	13%	7,791	23,602	33%	360	1,325	27%	2,765	13,331	21%	1,442	4,451	32%
R651	Warrington UA	810	8,235	10%	5,499	18,391	30%	180	1,040	17%	333	2,728	12%	115	1,102	10%
R440	Warwickshire	2,428	19,258	13%	10,427	35,846	29%	175	3,094	6%	354	12,407	3%	-260	1,833	-14%
R643	West Berkshire	739	5,336	14%	2,062	7,879	26%	61	417	15%	240	4,425	5%	17	389	4%
R441	West Sussex	1,663	23,412	7%	22,400	72,610	31%	511	6,285	8%	2,264	24,203	9%	658	4,182	16%
R382	Westminster	1,141	13,217	9%	3,527	17,499	20%	119	1,325	9%	711	10,897	7%	467	6,460	7%
R343	Wigan	2,602	20,515	13%	7,268	24,311	30%	570	2,813	20%	407	429	95%	363	2,166	17%
R641	Wiltshire	771	18,671	4%	8,067	25,206	32%	321	2,424	13%	1,529	17,084	9%	268	3,250	8%
R646	Windsor & Maidenhead UA	791	6,882	11%	2,345	8,790	27%	135	799	17%	396	6,409	6%	97	702	14%
R348	Wirral	1,938	18,101	11%	10,397	34,219	30%	475	2,961	16%	1,022	11,073	9%	666	3,126	21%
R647	Wokingham UA	549	4,291	13%	1,907	6,957	27%	41	438	9%	660	7,831	8%	6	422	1%
R364	Wolverhampton	1,390	13,310	10%	7,833	26,633	29%	281	1,033	27%	833	4,838	17%	653	1,780	37%
R671	Worcestershire	2,251	17,121	13%	10,087	40,358	25%	359	3,015	12%	2,049	17,892	11%	780	2,825	28%
R617	York UA	1,039	7,916	13%	4,863	14,070	35%	181	1,110	16%	434	4,736	9%	282	1,017	28%

Source: PSS EX1 return.

FIGURE 60a:
RECENT TRENDS IN SALES, FEES AND CHARGES RECOUPMENT
RATES ON HOME CARE
FOR ALL CLIENT GROUPS

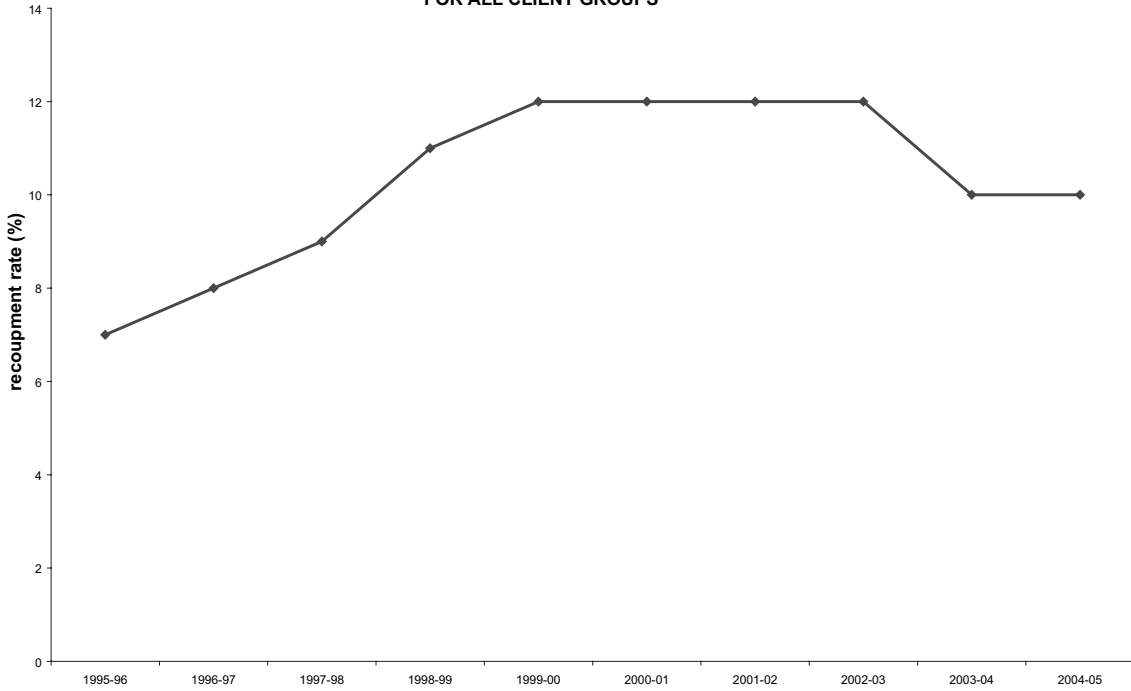
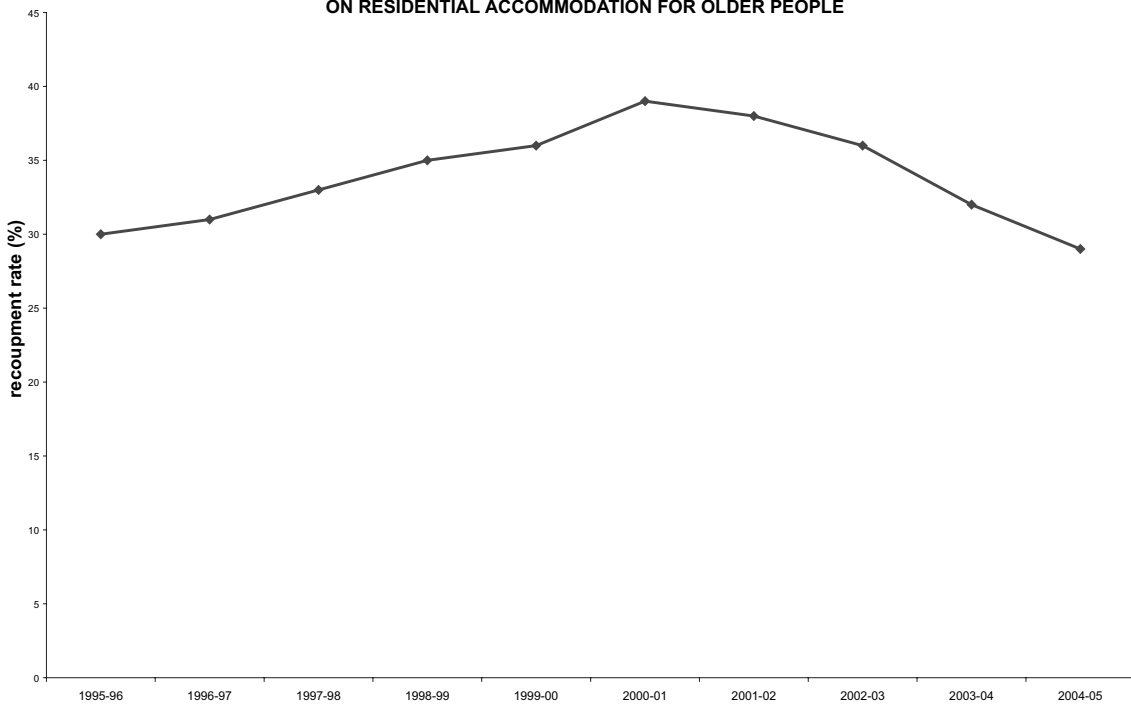
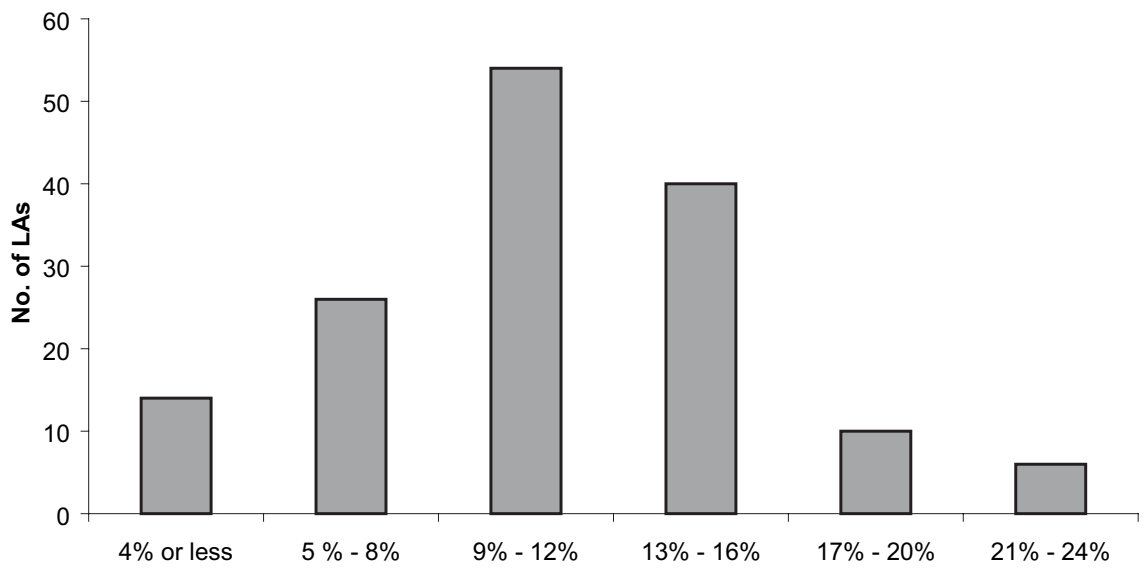


FIGURE 60b:
RECENT TRENDS IN SALES, FEES AND CHARGES RECOUPMENT
RATES ON RESIDENTIAL ACCOMMODATION FOR OLDER PEOPLE



**FIGURE 60c:
SALES, FEES AND CHARGES RECOUPMENT RATES FOR ALL CLIENT
GROUPS - HOME CARE, 2004-05**



**FIGURE 60d:
SALES, FEES AND CHARGES RECOUPMENT RATES FOR ALL CLIENT
GROUPS - MEALS, 2004-05**

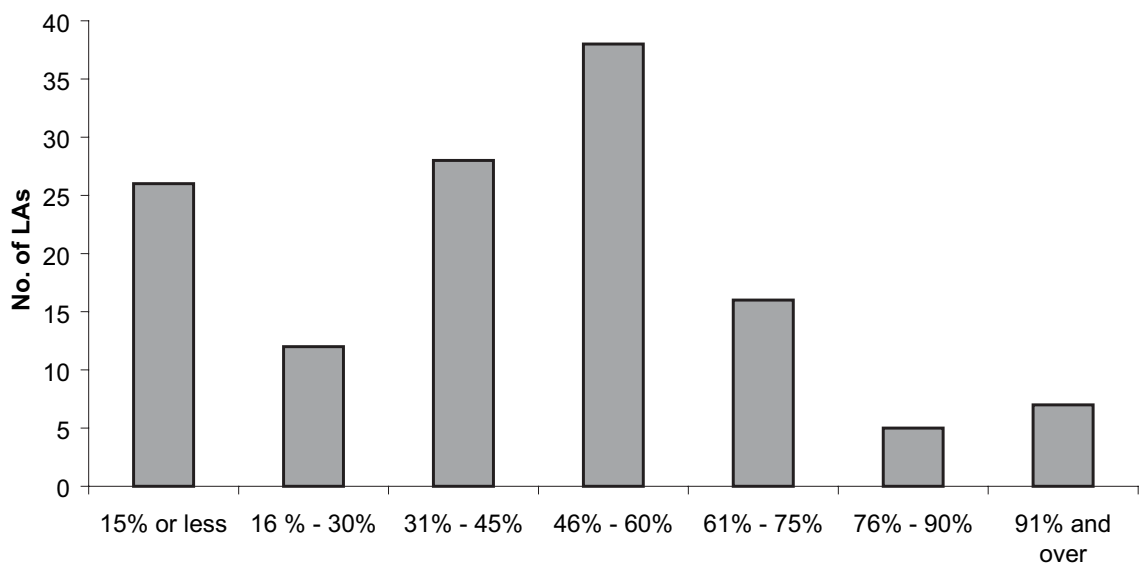
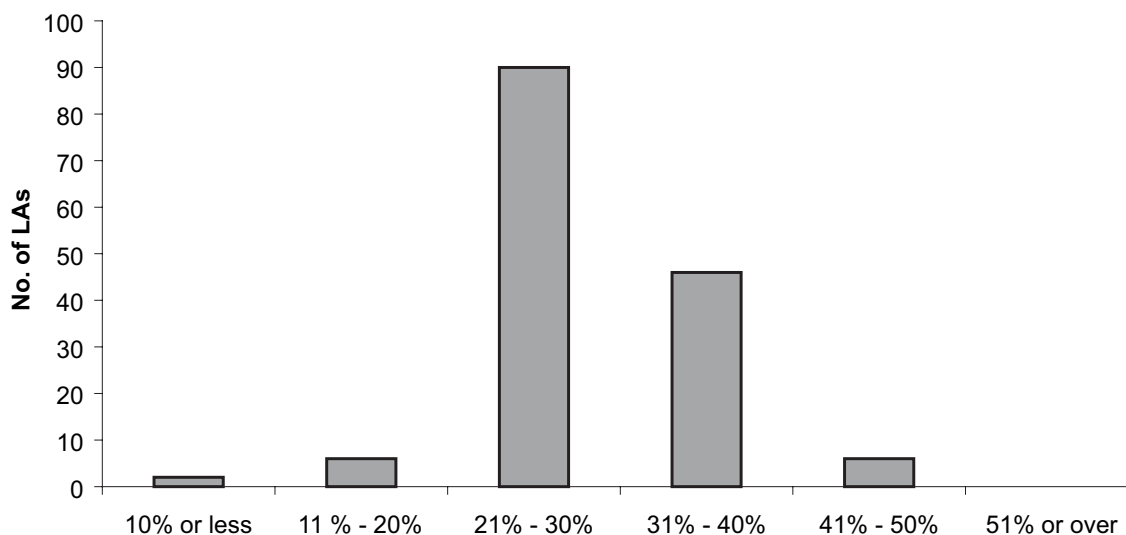


FIGURE 60e:
SALES, FEES AND CHARGES RECOUPMENT RATES, OLDER PEOPLE -
RESIDENTIAL ACCOMMODATION, 2004-05



4.6.6 *What proportion of (a) contact hours of home help/care and (b) supported residential care was purchased by local authorities from the independent sectors, nationally, by region and by local authority, in the latest year for which data are available? Could the Department comment on these data? (Q61)*

ANSWER

1. **Table 61** shows for each authority the percentage contribution of the independent sector in respect of two main elements of social services for adults (contact hours of home help/care and the percentage of local authority supported residents in independent sector residential care homes). Councils are continuing to make increased use of the independent sector.

2. For England as a whole, the independent sector provided 73% of the total contact hours of home help/care in 2005, compared with 69% in 2004 and 2% in 1992, prior to the introduction of the Community Care Reforms in 1993. Use of the independent sector varies considerably between authorities and between services within authorities. 9% of authorities have less than 50% of their home help/care services provided by the independent sector and 3% of authorities have all their provision from the independent sector. The variations in the use of the independent sector may reflect historical patterns of provision, local needs and local political priorities.

3. Local authorities place and financially support significant numbers (84% of all supported residents in residential care) of clients in independent sector residential care homes. This represents a slight increase on the 2004 figure of 83%. Over the last few years a substantial number of authorities have transferred some of their care homes to independent ownership. There is some variation in the use of the independent sector across local authorities. All councils have more than 50% of their supported residents in independent sector homes; of these 4 have all supported residents in such homes.

Table 61

PERCENTAGE OF SOCIAL SERVICES FOR ADULTS WHICH ARE PURCHASED BY THE
LOCAL AUTHORITY FROM THE INDEPENDENT SECTOR: ENGLAND: 2005 ⁽¹⁾

<i>Government Office region and local authority</i>	<i>Contact hours of home help/care %</i>	<i>Supported residents in residential care ⁽²⁾⁽³⁾⁽⁴⁾ %</i>
ENGLAND	73.4	84.3
EASTERN	83.0	89.3
Bedfordshire	75.2	96.8
Cambridgeshire	89.2	99.9
Essex	91.8	95.1
Hertfordshire	100.0	99.6
Luton	62.2	58.8
Norfolk	47.6	82.1
Peterborough	91.6	61.6
Southend	88.8	92.2
Suffolk	74.0	77.1
Thurrock	81.1	75.7
EAST MIDLANDS	65.4	79.7
Derby	52.7	65.8
Derbyshire	41.7	71.0
Leicester	81.1	79.2
Leicestershire	84.8	78.6
Lincolnshire	72.7	91.9
Northamptonshire	73.1	76.7
Nottingham	75.4	83.8
Nottinghamshire	71.6	81.6
Rutland	46.0	77.7
NORTH EAST	65.7	87.9
Darlington	63.8	99.8
Durham	76.4	89.5
Gateshead	34.6	86.1
Hartlepool	78.7	99.0
Middlesbrough	76.2	85.3
Newcastle upon Tyne	81.8	87.9
North Tyneside	37.2	93.1
Northumberland	63.3	90.5
Redcar and Cleveland	71.1	74.2
South Tyneside	66.2	87.5
Stockton on Tees	73.8	84.0
Sunderland	47.7	80.9
NORTH WEST	70.7	84.5
Blackburn with Darwen	63.8	76.8
Blackpool	59.8	90.4
Bolton	51.1	74.0
Bury	64.2	78.0
Cheshire	51.0	88.9
Cumbria	58.3	61.8
Halton	84.2	85.5
Knowsley	78.8	98.6
Lancashire	94.0	86.7
Liverpool	76.9	93.8
Manchester	74.5	97.3
Oldham	39.0	77.0
Rochdale	74.3	90.5
Salford	73.5	93.1
Sefton	81.5	93.7
St Helens	81.7	68.3
Stockport	47.9	98.5
Tameside	59.7	84.1
Trafford	53.0	63.0
Warrington	80.6	85.3
Wigan	45.1	92.8
Wirral	81.3	72.6

<i>Government Office region and local authority</i>	<i>Contact hours of home help/care %</i>	<i>Supported residents in residential care ⁽²⁾⁽³⁾⁽⁴⁾ %</i>
LONDON	82.8	86.9
Barking & Dagenham	78.5	77.4
Barnet	100.0	96.6
Bexley	99.4	99.9
Brent	100.0	75.3
Bromley	61.8	..
Camden	80.9	83.5
City of London	40.0	100.0
Croydon	82.3	79.6
Ealing	81.6	86.1
Enfield	80.5	86.5
Greenwich	88.6	88.3
Hackney	52.1	95.3
Hammersmith & Fulham	76.6	90.6
Haringey	71.9	71.2
Harrow	97.6	97.5
Havering	82.0	79.0
Hillingdon	81.2	89.0
Hounslow	77.8	79.4
Islington	88.7	88.2
Kensington & Chelsea	85.3	82.9
Kingston-upon-Thames	70.3	72.7
Lambeth	100.0	96.1
Lewisham	86.7	100.0
Merton	78.8	94.3
Newham	83.6	93.0
Redbridge	92.2	94.5
Richmond-upon-Thames	80.4	95.1
Southwark	100.0	100.0
Sutton	77.1	82.3
Tower Hamlets	72.1	99.2
Waltham Forest	59.5	63.0
Wandsworth	76.1	90.0
Westminster	98.9	90.5
SOUTH EAST	80.5	84.6
Bracknell Forest	78.3	69.3
Brighton & Hove	90.1	92.2
Buckinghamshire	72.0	96.3
East Sussex	88.8	91.7
Hampshire	81.9	69.8
Isle of Wight	64.6	94.4
Kent	81.5	91.3
Medway Towns	94.9	79.8
Milton Keynes	62.7	93.7
Oxfordshire	70.1	100.0
Portsmouth	85.7	64.8
Reading	60.3	58.7
Slough	62.0	58.1
Southampton	83.3	75.0
Surrey	68.2	88.4
West Berkshire	83.0	70.8
West Sussex	65.4	80.9
Windsor & Maidenhead	69.4	80.1
Wokingham	77.1	76.0
SOUTH WEST	68.6	87.0
Bath & N E Somerset	62.0	74.1
Bournemouth	76.5	96.9
Bristol	39.6	63.5
Cornwall	70.2	98.5
Devon	70.1	84.7
Dorset	58.0	75.8
Gloucestershire	79.0	92.5
Isles of Scilly	74.4	50.0
North Somerset	72.4	98.2
Plymouth	87.1	87.7

<i>Government Office region and local authority</i>	<i>Contact hours of home help/care %</i>	<i>Supported residents in residential care ⁽²⁾ ⁽³⁾ ⁽⁴⁾ %</i>
Poole	73.9	93.5
Somerset	50.3	89.3
South Gloucestershire	67.6	72.4
Swindon	77.2	79.3
Torbay	81.4	94.7
Wiltshire	87.4	95.2
WEST MIDLANDS	72.8	76.3
Birmingham	66.7	62.1
Coventry	76.9	86.9
Dudley	39.2	79.9
Herefordshire	87.2	94.5
Sandwell	81.6	72.4
Shropshire	87.7	92.0
Solihull	79.8	92.6
Staffordshire	62.1	72.5
Stoke-on-Trent	81.0	59.8
The Wrekin	85.6	93.7
Walsall	91.0	69.9
Warwickshire	73.6	82.6
Wolverhampton	85.2	67.6
Worcestershire	62.3	93.6
YORKSHIRE & THE HUMBER	60.7	82.3
Barnsley	60.0	92.5
Bradford	61.0	75.8
Calderdale	67.0	91.6
Doncaster	57.2	75.8
East Riding	86.2	96.0
Kingston-upon-Hull	70.6	91.7
Kirklees	53.6	82.9
Leeds	41.3	66.8
N E Lincolnshire	69.1	95.8
North Lincolnshire	76.5	93.6
North Yorkshire	68.3	67.8
Rotherham	59.6	79.6
Sheffield	62.8	86.9
Wakefield	54.4	84.5
York	55.4	59.9

Source: HH1 return for homecare and the SR1 return for Supported Residents information.

Footnotes:

1. Data collected on Information Centre (IC) annual returns HH1 (home help) for a survey week during September 2005, and SR1 (supported residents) as at 31 March 2005.
2. These figures do not include clients supported by local authorities in nursing care homes, which are all in the independent sector, or clients supported in any unstaffed homes.
3. Includes residents supported in other authorities.
4. Data includes clients formerly in receipt of preserved rights and Boyd Loophole residents.

4.6.7 *Could the Department comment on the replacement of Formula Spending Shares for Personal Social Services with Relative Needs Formula calculations? (Q62)*

ANSWER

1. Responsibility for the administration of the general formula grant resides with the Department for Communities and Local Government.
2. As some elements of the previous grant distribution system were misinterpreted as targets for council spending and council tax levels, central government will use a new method of allocating Formula Grant from 2006–07. This new allocation model contains four funding blocks: the central allocation, relative needs amount, relative resource amount and floor damping blocks.
3. The new Grant Distribution formulae concentrates on the allocation of actual grant to local authorities, without the use of misleading assumptions about councils' budget and council tax levels.
4. The Government have always been clear that the Grant Distribution System simply aims to distribute grant, not to pre-empt councils' budgeting decisions. We have therefore made sure that authorities' grant allocations have not changed simply as a result of the introduction of the new distribution system.

5. Activity, Performance and Efficiency

5.1 In-Patient Activity and Waiting

5.1.1 How many admissions, removals and decisions to admit were there in each year since 1988–89? What was non-emergency and emergency activity in each year? What was the waiting list, and how many suspensions and self-deferrals were outstanding, at the end of each year? (Q63)

ANSWER

The information requested is given in **Table 63a** to **Table 63c**.

Table 63a
NUMBERS OF DECISIONS TO ADMIT, ADMISSIONS AND REMOVALS

12 months to:	England		
	Decision to Admit	Ordinary and Day Case Admissions Admitted	Removed
March 1989	2,783,298	2,632,085	200,677
March 1990	2,943,658	2,768,482	260,503
March 1991	2,964,836	2,761,005	306,899
March 1992	3,257,615	2,993,532	387,980
March 1993	3,480,268	3,111,627	412,299
March 1994	3,501,715	3,110,477	451,559
March 1995	3,765,407	3,376,016	521,320
March 1996	3,968,825	3,500,353	547,863
March 1997	4,111,511	3,549,074	551,999
March 1998	4,192,037	3,543,634	558,242
March 1999	4,189,323	3,826,507	672,432
March 2000	4,159,078	3,682,180	622,787
March 2001	3,935,930	3,467,338	613,931
March 2002	3,781,437	3,244,185	581,534
March 2003	3,778,390	3,330,981	601,353
March 2004	3,802,744	3,391,644	621,345
March 2005	3,787,713	3,390,694	612,004
March 2006	4,031,519	3,577,104	613,626

Source: KH06 NHS Trust-based figures.

Notes:

1. In the year 1997–98, information was collected annually only.

Table 63b
IN-PATIENT WAITING LIST AND NUMBER OF SELF DEFERRALS AND SUSPENSIONS

Number at:	England		
	No of patients waiting for admission	Self Deferrals	Suspensions
March 1989	922,676	45,867	not collected
March 1990	958,976	46,176	not collected
March 1991	948,243	48,113	not collected
March 1992	917,717	44,116	not collected
March 1993	994,974	54,895	not collected
March 1994	1,064,369	64,374	not collected
March 1995	1,044,051	79,340	not collected
March 1996	1,048,029	90,020	52,544
March 1997	1,158,004	95,412	66,832
March 1998	1,297,662	121,160	77,635
March 1999	1,072,860	90,765	81,086
March 2000	1,037,066	81,041	74,993
March 2001	1,006,727	75,474	76,734
March 2002	1,035,365	71,663	71,030
March 2003	992,075	68,916	72,823
March 2004	905,753	65,875	78,813
March 2005	821,722	62,811	73,359
March 2006	784,554	64,995	71,897
June 2006	784,523	66,603	75,277

Source: KH07A NHS Trust-based figures.

Footnotes:

1. In the year 1997–98, information was collected annually only.

Table 63c

EMERGENCY AND NON-EMERGENCY GENERAL &
ACUTE ADMISSIONS^{(1), (2), (3)}

<i>Year</i>	<i>England</i>	
	<i>Non-Elective Admissions (Emergency)</i>	<i>Elective Admissions⁽⁴⁾ (Non-Emergency)</i>
1996–97	3,603,712	4,364,224
1997–98	3,735,690	4,450,266
1998–99	3,854,980	4,868,981
1999–2000	3,893,223	4,933,617
2000–01	3,949,302	5,044,678
2001–02 ⁽⁵⁾	3,967,554	5,080,176
2002–03 ⁽⁵⁾	4,013,674	5,307,871
2003–04	4,281,536	5,492,033
2004–05	4,504,295	5,606,534
2005–06 ⁽⁶⁾	4,677,746	5,691,325

Source: Health Authority Quarterly Monitoring, Monthly Monitoring Returns.

Footnotes:

1. These figures are for admissions purchased by the NHS (commissioner-based).
2. Figures for years prior to 2005–06 have been rebased to allow direct comparison.
3. General & Acute specialities do not include mental health, learning difficulties or maternity services.
4. Elective activity includes waiting list, booked and planned admissions.
5. Earlier figures are from Health Authorities. With the abolition of Health Authorities, figures for 2001–02 and 2002–03 are based on returns from NHS Trusts.
6. Figures are subject to revision when final outturn figures are received.

5.1.2 *What were (a) mean and (b) median waiting times for inpatient admission in each year since 1988–89? Could these data be shown in tabular and graphical form? (Q64)*

ANSWER

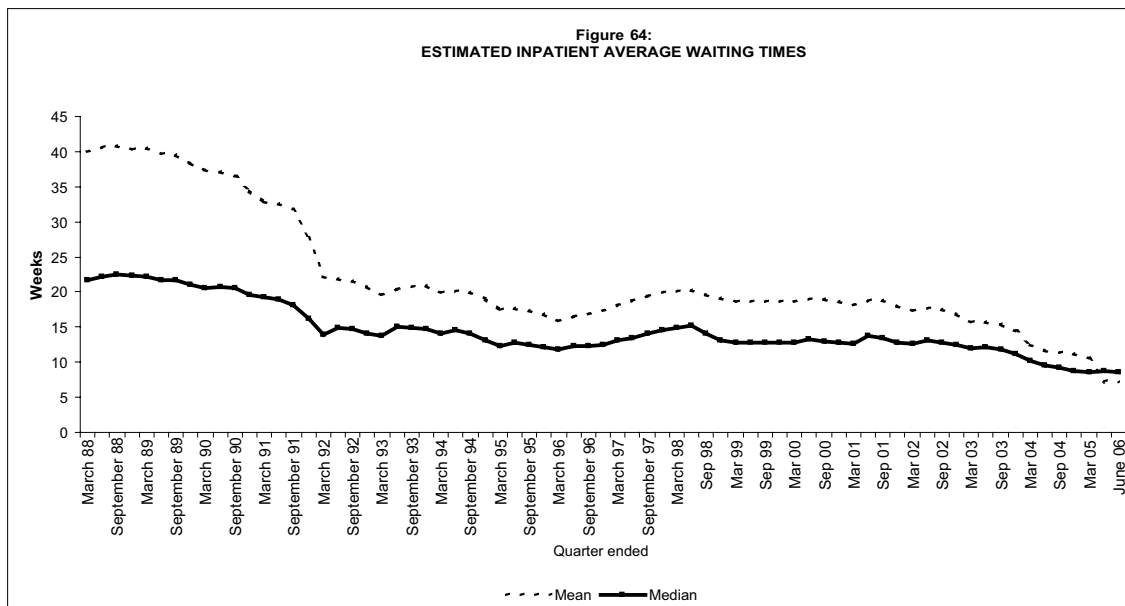
1. The information requested is given in **Table 64** and **Figure 64**.

Table 64

ESTIMATED MEAN AND MEDIAN INPATIENT WAITING TIMES (IN WEEKS)

<i>Qtr Ending</i>	<i>Mean</i>	<i>Median</i>
March 1988	40.0	21.7
March 1989	40.4	22.2
March 1990	37.4	20.5
March 1991	32.8	19.2
March 1992	22.2	13.9
March 1993	19.6	13.8
March 1994	20.0	14.0
March 1995	17.4	12.3
March 1996	15.9	11.8
March 1997	18.1	13.2
March 1998	20.0	14.8
March 1999	18.6	12.8
March 2000	18.7	12.9
March 2001	18.1	12.6
March 2002	17.4	12.7
March 2003	15.6	11.9
March 2004	12.4	10.2
March 2005	10.6	8.5
March 2006	8.7	7.3
June 2006	8.6	7.1

Source: QF01 commissioner-based.



5.1.3 Could the Department detail (a) numbers of First Finished Consultant Episodes (FFCEs), broken down into ordinary and day cases (b) admissions by type of admission and (c) episode/spell ratios by Strategic Health Authority in the past three years for which data are available? Could the Department comment on the use of FFCEs rather than Finished Consultant Episodes (FCEs)? (Q65)

ANSWER

1. The available information is given in **Table 65**.
2. From 30 June 1998, the Department's admissions data has been collected as First Finished Consultant Episodes (FFCEs) rather than Finished Consultant Episodes (FCEs). The reason for this change is that FFCEs are a better indicator of new demand (ie patients entering the system for a new episode of care), as for every single FFCE there can be a number of FCEs, meaning FCEs generally overstate demand.
3. Furthermore, it can be noted that "spell" based activity counts are based on completed episodes of care (ie the sum of the completed FCEs equals one "spell") and are thus similar in number to FFCE counts of activity. Essentially, spells are a count of discharges whereas FFCEs is a count of admissions, hence the two giving similar counts over any given period.
4. Note that the Department's data collections on ordinary and day-case admissions are not further subdivided by admission type. Also note that the Department does not collect data episode or spell which is available from the Information Centre's HES return (though this is not directly comparable with the Department's information as supplied).

Table 65

ORDINARY & DAYCASE ELECTIVE ADMISSIONS

<i>Code</i>	<i>Strategic Health Authority</i>	<i>2003-04 Ordinary Admissions</i>	<i>2003-04 Daycase Admissions</i>	<i>2004-05 Ordinary Admissions</i>	<i>2004-05 Daycase Admissions</i>	<i>2005-06 Ordinary Admissions</i>	<i>2005-06 Daycase Admissions</i>
Q01	Norfolk, Suffolk And Cambridgeshire SHA	74,976	173,282	73,238	185,008	74,310	203,086
Q02	Bedfordshire And Hertfordshire SHA	54,224	109,267	53,340	107,056	55,692	111,466
Q03	Essex SHA	50,216	118,410	47,508	115,747	50,782	120,075
Q04	North West London SHA	54,031	114,478	53,462	123,526	49,914	125,040
Q05	North Central London SHA	36,642	71,181	34,991	71,320	33,977	77,505
Q06	North East London SHA	42,918	110,099	41,812	106,108	43,529	108,835
Q07	South East London SHA	46,650	108,992	111,012	154,006	43,927	121,804
Q08	South West London SHA	35,015	81,090	33,749	81,753	32,140	85,343
Q09	Northumberland, Tyne & Wear SHA	57,754	150,989	56,305	157,520	56,291	161,554
Q10	County Durham And Tees Valley SHA	43,482	95,192	40,640	93,118	40,800	98,091
Q11	North And East Yorkshire And Northern Lincolnshire SHA	63,912	144,037	61,886	147,642	66,120	156,444
Q12	West Yorkshire SHA	78,591	161,013	75,255	161,255	74,851	171,138
Q13	Cumbria And Lancashire SHA	76,768	152,196	76,694	145,864	73,932	152,478
Q14	Greater Manchester SHA	111,953	191,285	103,863	186,710	105,020	198,315
Q15	Cheshire & Merseyside SHA	92,601	143,928	83,375	137,210	84,709	143,511
Q16	Thames Valley SHA	65,234	135,699	61,209	142,206	59,527	154,009
Q17	Hampshire And Isle Of Wight SHA	65,264	117,300	61,280	123,677	59,721	130,874
Q18	Kent And Medway SHA	52,380	95,127	51,520	92,166	49,412	87,649
Q19	Surrey And Sussex SHA	88,018	168,839	93,664	182,987	77,505	184,358
Q20	Avon, Gloucestershire And Wiltshire SHA	73,702	167,184	70,198	172,090	69,062	181,878
Q21	South West Peninsula SHA	80,086	128,901	75,871	129,798	74,038	138,238
Q22	Dorset And Somerset SHA	47,990	124,770	45,840	126,001	46,619	132,049
Q23	South Yorkshire SHA	49,752	127,248	47,432	132,750	49,878	139,265
Q24	Trent SHA	92,107	219,746	88,984	229,402	88,460	254,648
Q25	Leicestershire, Northamptonshire And Rutland SHA	49,241	118,857	47,604	123,110	51,252	137,156
Q26	Shropshire And Staffordshire SHA	52,131	126,063	51,172	133,136	51,638	137,378
Q27	Birmingham And The Black Country SHA	78,403	176,299	74,248	178,652	74,660	183,294
Q28	West Midlands South SHA	48,973	97,967	47,490	103,074	48,979	109,099

Source: Health Authority Quarterly Monitoring, Monthly Monitoring Returns.

Footnotes:

1. These figures are for admissions purchased by the NHS (commissioner based).
2. Figures for years prior to 2005-06 have been rebased to allow direct comparison.
3. General & Acute specialities do not include mental health, learning difficulties or maternity services.
4. Elective activity includes waiting list, booked and planned admissions.
5. Earlier figures are from Health Authorities. With the abolition of Health Authorities, figures for 2001-02 and 2002-03 are based on returns from NHS Trusts.
6. Figures are subject to revision when final outturn figures are received.

5.1.4 *How many patients were waiting for inpatient treatment, by time waiting and Strategic Health Authority in commissioner-based form at the last available count? What were the mean and median waiting times in each case? (Q66)*

ANSWER

The information requested is given in **Table 66**.

Table 66
IN-PATIENT WAITING LIST STATISTICS (ORDINARY AND DAY CASE ADMISSIONS) AT 30 JUNE 2006
(COMMISSIONER-BASED) TIME ON WAITING LIST

England by Strategic Health Authority

Strategic Health Authority	Total Waiting	Waiting Time (weeks)																												Mean	Median				
		0-1 week	1-2 weeks	2-3 weeks	3-4 weeks	4-5 weeks	5-6 weeks	6-7 weeks	7-8 weeks	8-9 weeks	9-10 weeks	10-11 weeks	11-12 weeks	12-13 weeks	13-14 weeks	14-15 weeks	15-16 weeks	16-17 weeks	17-18 weeks	18-19 weeks	19-20 weeks	20-21 weeks	21-22 weeks	22-23 weeks	23-24 weeks	24-25 weeks	25-26 weeks	26-27 weeks	27-28 weeks			28-29 weeks	29-30 weeks	30+	
Norfolk, Suffolk and Cambridgeshire	39,272	2,470	3,166	3,059	2,966	2,041	2,470	2,265	2,235	1,738	1,717	1,386	1,159	1,397	1,356	1,316	1,326	1,137	1,138	959	798	810	781	555	463	319	245	0	0	0	0	0	0	9.1	7.5
Bedfordshire and Hertfordshire	27,705	1,716	2,019	2,172	2,017	1,492	1,728	1,665	1,485	1,233	1,340	973	980	1,133	967	866	930	820	787	693	539	544	476	358	320	261	190	1	0	0	0	0	0	9.1	7.7
Essex	27,014	2,140	2,118	2,077	1,984	1,483	1,784	1,734	1,406	1,257	1,423	979	761	978	985	891	806	824	718	571	484	494	468	265	207	118	59	0	0	0	0	0	0	8.5	7.1
North West London	26,356	2,030	1,991	1,900	1,850	1,290	1,689	1,475	1,469	1,017	1,347	888	846	1,004	1,024	822	924	808	683	738	584	577	474	383	280	180	83	0	0	0	0	0	0	9.0	7.6
North Central London	18,384	1,412	1,340	1,283	1,267	903	1,239	1,109	987	747	912	560	592	681	678	637	612	589	483	399	386	387	385	249	230	194	123	0	0	0	0	0	0	9.1	7.6
North East London	21,818	1,624	1,692	1,549	1,557	1,122	1,402	1,279	1,232	973	1,039	836	709	825	698	707	673	670	626	557	450	432	487	291	226	120	41	1	0	0	0	0	0	8.9	7.6
South East London	22,404	1,657	1,800	1,640	1,648	1,173	1,422	1,418	1,269	998	1,066	804	695	807	815	740	654	648	668	534	412	445	321	271	196	188	115	0	0	0	0	0	0	8.8	7.4
South West London	17,679	1,483	1,482	1,366	1,308	939	1,233	1,055	1,069	809	923	662	605	536	612	515	573	492	400	394	313	295	225	166	135	73	15	1	0	0	0	0	0	8.3	7.0
Northumberland, Tyne and Wear	20,989	1,594	2,022	1,774	1,688	1,101	1,446	1,427	1,241	910	929	699	659	770	638	572	475	564	512	317	375	330	317	215	170	154	90	0	0	0	0	0	0	8.1	6.6
County Durham & Tees Valley	14,905	1,013	1,335	1,241	1,372	762	1,061	1,036	843	661	695	436	438	504	525	438	366	367	347	251	297	270	210	137	135	95	70	0	0	0	0	0	0	8.2	6.6
North and East Yorkshire and Northern Lincolnshire	27,212	2,113	2,214	2,041	2,032	1,316	1,862	1,609	1,607	1,108	1,248	879	875	1,128	1,064	810	744	718	619	512	535	490	525	357	333	299	174	0	0	0	0	0	0	8.8	7.3
West Yorkshire	31,436	2,982	2,928	2,902	2,624	1,710	2,099	1,983	1,779	1,346	1,461	1,040	975	1,119	891	877	852	795	649	484	546	402	304	272	183	153	79	0	0	0	0	1	7.7	6.2	
Cumbria & Lancashire	32,009	2,264	2,964	2,717	2,663	1,817	2,117	2,073	1,907	1,538	1,399	1,053	986	1,227	1,068	837	798	794	750	503	578	546	518	312	286	197	97	0	0	0	0	0	8.2	6.7	
Greater Manchester	47,361	3,862	4,283	4,097	3,913	2,757	3,436	3,135	3,051	2,226	2,187	1,451	1,637	1,800	1,503	1,334	1,261	1,127	964	710	757	648	453	291	269	163	46	0	0	0	0	0	7.7	6.4	
Cheshire & Merseyside	39,317	3,783	3,688	3,320	3,234	2,198	2,908	2,352	2,360	1,705	1,923	1,087	1,274	1,351	1,154	1,014	994	904	810	565	630	622	495	300	276	233	126	0	2	0	0	9	7.8	6.2	
Thames Valley	27,483	2,175	1,994	1,950	2,079	1,351	1,714	1,637	1,739	1,243	1,341	898	875	1,194	942	933	789	863	730	675	517	537	475	319	244	182	87	0	0	0	0	0	8.8	7.5	
Hampshire and Isle of Wight	26,703	1,711	2,014	2,147	2,069	1,420	1,977	1,859	1,745	1,329	1,550	965	980	995	942	883	780	651	598	535	361	360	275	227	168	105	48	1	1	0	1	6	8.3	7.1	
Kent and Medway	23,686	1,290	1,618	1,609	1,679	1,117	1,474	1,389	1,304	970	1,127	860	711	964	743	756	813	730	792	690	562	705	574	428	393	278	110	0	0	0	0	0	0	9.8	8.4
Surrey and Sussex	36,910	2,401	2,557	2,737	2,468	1,967	2,320	2,233	2,139	1,685	1,779	1,414	1,148	1,395	1,241	1,271	1,178	1,167	1,102	1,006	758	840	699	523	384	320	173	0	0	0	1	4	9.2	7.8	
Avon, Gloucestershire & Wiltshire	35,980	2,345	2,628	2,440	2,430	1,602	2,228	2,190	1,912	1,531	1,884	1,167	1,181	1,354	1,185	1,259	1,198	1,161	1,056	967	835	828	775	581	523	452	267	0	0	0	0	1	9.5	8.1	
South West Peninsula	29,084	2,233	2,043	2,048	1,868	1,289	1,790	1,751	1,644	1,146	1,537	955	1,002	1,123	1,012	959	1,043	977	859	688	734	688	548	418	337	248	144	0	0	0	0	0	9.3	7.9	
Somerset & Dorset	14,835	1,079	1,348	1,448	1,353	958	1,065	970	896	614	681	504	473	513	379	388	375	300	264	243	228	192	151	131	125	93	61	0	1	0	0	2	7.8	6.2	
South Yorkshire	20,194	1,865	2,103	1,918	1,793	1,279	1,397	1,227	1,075	860	918	633	582	643	554	518	484	444	383	293	302	256	250	164	119	86	48	0	0	0	0	0	7.4	5.8	
Trent	38,885	2,892	3,724	3,554	3,320	2,391	2,502	2,513	2,390	1,834	1,678	1,367	1,148	1,468	1,174	1,075	1,019	877	817	686	636	509	423	349	302	161	76	0	0	0	0	0	7.8	6.4	
Leicestershire, Northamptonshire & Rutland	25,312	1,755	2,097	1,939	1,837	1,192	1,731	1,383	1,495	1,071	1,156	820	898	941	881	883	820	764	710	668	528	545	420	315	225	175	63	0	0	0	0	0	8.9	7.5	
Shropshire and Staffordshire	21,733	1,498	1,651	1,609	1,485	1,091	1,387	1,407	1,256	954	1,023	611	708	900	712	674	653	653	565	561	447	481	466	278	248	224	182	4	0	0	0	5	9.2	7.6	
Birmingham and the Black Country	29,194	2,302	2,875	2,722	2,527	1,693	2,156	2,043	1,773	1,321	1,385	970	925	1,049	822	706	716	610	566	468	390	347	355	187	129	101	56	0	0	0	0	0	7.5	6.2	
West Midlands South	24,624	1,479	1,808	1,910	1,826	1,138	1,523	1,511	1,345	957	1,127	731	912	913	981	940	731	779	672	613	494	566	518	342	336	271	201	0	0	0	0	0	9.4	7.8	
England	768,484	57,168	63,502	61,169	58,857	40,592	51,160	47,728	44,653	33,781	36,795	25,628	24,734	28,712	25,546	23,621	22,587	21,233	19,268	16,280	14,476	14,146	12,368	8,684	7,242	5,443	3,069	8	4	0	2	28	8.6	7.1	

Source: QF01.

5.1.5 *In latest quarter for which data are available, how many patients waited (a) over three months and (b) over six months for inpatient treatment by Strategic Health Authority of residence and specialty? (Q67)*

ANSWER

1. The information requested is given in **Table 67a** and **Table 67b**.

Table 67a

NUMBER OF INPATIENTS NOT SEEN IN THE QUARTER ENDED 30 JUNE 2006 WHO WAITED OVER 13 WEEKS FOLLOWING A CONSULTANT DECISION TO ADMIT

<i>Strategic Health Authority</i>	<i>England by Strategic Health Authority and Specialty</i>											
	<i>General Surgery</i>	<i>Urology</i>	<i>Trauma and Orthopaedics</i>	<i>ENT</i>	<i>Ophthalmology</i>	<i>SPECIALTY</i>			<i>General Medicine</i>	<i>Dermatology</i>	<i>Gynaecology</i>	<i>All Specialties⁽¹⁾</i>
						<i>Oral Surgery</i>	<i>Plastic Surgery</i>					
Norfolk, Suffolk and Cambridgeshire	1,985	995	3,176	968	454	913	849	252	53	809	11,203	
Bedfordshire and Hertfordshire	947	432	2,550	816	325	479	426	13	55	639	7,752	
Essex	1,057	566	2,108	658	236	421	581	123	2	633	6,890	
North West London	1,566	463	2,227	1,015	418	183	313	34	1	636	7,560	
North Central London	890	512	1,299	638	419	153	163	19	42	592	5,352	
North East London	807	390	1,427	1,090	578	148	243	182	55	518	5,979	
South East London	1,223	381	1,715	528	411	132	115	133	6	770	6,007	
South West London	643	151	1,224	448	584	298	171	38	0	311	4,209	
Northumberland, Tyne and Wear	496	375	1,878	540	126	356	310	3	30	172	4,729	
County Durham and Tees Valley	470	501	1,279	138	132	310	147	1	1	313	3,508	
North and East Yorkshire and Northern Lincolnshire	1,713	460	2,022	554	200	322	452	330	0	467	7,180	
West Yorkshire	1,231	630	1,618	550	228	259	274	315	2	634	6,488	
Cumbria and Lancashire	1,687	507	2,781	508	249	214	338	86	0	360	7,284	
Greater Manchester	1,671	709	2,808	799	410	700	348	772	5	416	9,526	
Cheshire and Merseyside	1,445	594	2,849	1,173	393	407	236	67	197	248	8,134	
Thames Valley	799	459	2,682	581	255	502	684	3	0	783	7,293	
Hampshire and Isle of Wight	760	370	2,175	714	163	367	212	36	3	607	5,942	
Kent and Medway	1,069	568	3,125	758	277	233	152	20	0	779	7,574	
Surrey and Sussex	1,929	601	4,394	1,076	426	463	149	39	67	915	10,667	
Avon, Gloucestershire and Wiltshire	1,697	748	4,178	1,254	404	657	458	33	3	1,012	11,088	
South West Peninsula	1,460	458	2,829	957	214	502	421	95	204	845	8,655	
Somerset and Dorset	368	114	1,362	254	48	131	192	2	0	301	2,933	
South Yorkshire	687	240	1,141	364	233	225	121	89	18	217	3,901	
Trent	1,454	541	3,374	494	225	345	161	249	65	596	8,104	
Leicestershire, Northamptonshire and Rutland	1,058	504	1,954	598	222	1,029	442	14	7	709	6,997	
Shropshire and Staffordshire	865	212	2,933	579	199	311	146	87	0	488	6,153	
Birmingham and the Black Country	922	163	2,541	340	170	97	316	88	26	269	5,453	
West Midlands South	1,296	354	3,182	722	179	371	222	97	3	546	7,444	
England	32,195	12,998	66,831	19,114	8,178	10,528	8,642	3,220	845	15,585	194,005	

Source: QF01 commissioner based.

Footnotes:

1. Includes non-major specialties.

Table 67b

PERCENTAGE OF INPATIENTS NOT SEEN IN THE QUARTER ENDED 30 JUNE 2006 WHO WAITED OVER 26 WEEKS FOLLOWING A CONSULTANT DECISION TO ADMIT

<i>Strategic Health Authority</i>	<i>England by Strategic Health Authority and Specialty</i>										
	<i>General Surgery</i>	<i>Urology</i>	<i>Trauma and Orthopaedics</i>	<i>ENT</i>	<i>Ophthalmology</i>	<i>SPECIALTY</i>		<i>General Medicine</i>	<i>Dermatology</i>	<i>Gynaecology</i>	<i>All Specialties⁽¹⁾</i>
						<i>Oral Surgery</i>	<i>Plastic Surgery</i>				
Norfolk, Suffolk and Cambridgeshire	0	0	0	0	0	0	0	0	0	0	0
Bedfordshire and Hertfordshire	0	0	1	0	0	0	0	0	0	0	1
Essex	0	0	0	0	0	0	0	0	0	0	0
North West London	0	0	0	0	0	8	0	0	0	0	0
North Central London	0	0	0	0	0	0	0	0	0	0	0
North East London	0	0	1	0	0	0	0	0	0	0	1
South East London	0	0	0	0	0	0	0	0	0	0	0
South West London	0	0	1	0	0	0	0	0	0	0	1
Northumberland, Tyne and Wear	0	0	0	0	0	0	0	0	0	0	0
County Durham and Tees Valley	0	0	0	0	0	0	0	0	0	0	0
North and East Yorkshire and Northern Lincolnshire	0	0	0	0	0	0	0	0	0	0	0
West Yorkshire	0	0	0	0	0	1	0	0	0	0	1
Cumbria and Lancashire	0	0	0	0	0	0	0	0	0	0	0
Greater Manchester	0	0	0	0	0	0	0	0	0	0	0
Cheshire and Merseyside	3	4	1	2	1	0	0	0	0	0	11
Thames Valley	0	0	0	0	0	0	0	0	0	0	0
Hampshire and Isle of Wight	0	0	0	0	0	0	0	0	0	0	9
Kent and Medway	0	0	0	0	0	0	0	0	0	0	0
Surrey and Sussex	0	0	0	0	0	0	0	0	0	0	5
Avon, Gloucestershire and Wiltshire	1	0	0	0	0	0	0	0	0	0	1
South West Peninsula	0	0	0	0	0	0	0	0	0	0	0
Somerset and Dorset	1	0	0	0	0	0	0	0	0	0	3
South Yorkshire	0	0	0	0	0	0	0	0	0	0	0
Trent	0	0	0	0	0	0	0	0	0	0	0
Leicestershire, Northamptonshire and Rutland	0	0	0	0	0	0	0	0	0	0	0
Shropshire and Staffordshire	5	1	2	0	1	0	0	0	0	0	9
Birmingham and the Black Country	0	0	0	0	0	0	0	0	0	0	0
West Midlands South	0	0	0	0	0	0	0	0	0	0	0
England	10	5	6	2	2	1	0	0	0	0	42

Source: QF00 commissioner based.

Footnotes:

1. Includes non-major specialties

5.2 Outpatient Activity and Waiting

5.2.1 How many (a) GP referrals for first outpatient appointment (b) other first outpatient referrals (c) first attendances and (d) other attendances were there in each year since 1988–89? (Q68)

ANSWER

1. The available information is given in **Table 68**.

Table 68

REFERRALS AND OUTPATIENT APPOINTMENTS⁽¹⁾

Year	<i>GP and GDP⁽²⁾ Referrals to 1st Outpatient Appointment (Consultant Led)</i>	<i>Other Referrals to 1st Outpatient Appointment (Consultant Led)</i>	<i>First Outpatient Appointments (Consultant Led)</i>	<i>Subsequent Outpatient Appointments (Consultant Led)</i>
1987–88			8,513,705	28,332,392
1988–89			8,389,356	27,728,475
1989–90			8,519,361	27,785,860
1990–91			8,501,760	27,609,744
1991–92			8,941,526	27,952,184
1992–93			9,342,280	28,184,758
1993–94			9,680,593	28,519,690
1994–95	7,996,019	1,680,927	10,362,877	28,942,923
1995–96	8,547,633	2,322,463	10,989,334	29,128,357
1996–97	8,692,158	2,877,519	11,294,069	29,578,700
1997–98	8,991,722	3,328,204	11,529,432	30,105,837
1998–99	9,139,785	3,361,251	11,777,780	30,376,617
1999–2000	9,141,425	3,460,904	12,136,405	30,904,294
2000–01	9,362,770	3,717,471	12,466,233	31,103,107
2001–02	9,470,342	4,016,558	12,612,615	31,062,363
2002–03	9,655,874	4,299,402	12,878,799	30,886,026
2003–04	9,802,237	4,643,662	13,430,530	31,689,082
2004–05	9,776,914	4,960,972	13,370,173	31,397,428
2005–06	9,807,847	5,254,313	13,727,249	31,499,332

Source: Department of Health, QM08, KH09, monthly monitoring.

Footnotes:

1. This data is provider-based.

2. GDP = General Dental Practitioner. 3. GP referrals first collected in December 1993. 1994–95 is the first full financial year of data.

5.2.2 What were (a) mean and (b) median waiting times for outpatient appointments in each year since 1988–89? Could these data be shown in tabular and graphical form? (Q69)

ANSWER

1. The available information is given in **Table 69** and **Figure 69**. Outpatient waiting times figures were first collected in 1994–95. No data are available before this date.

Table 69

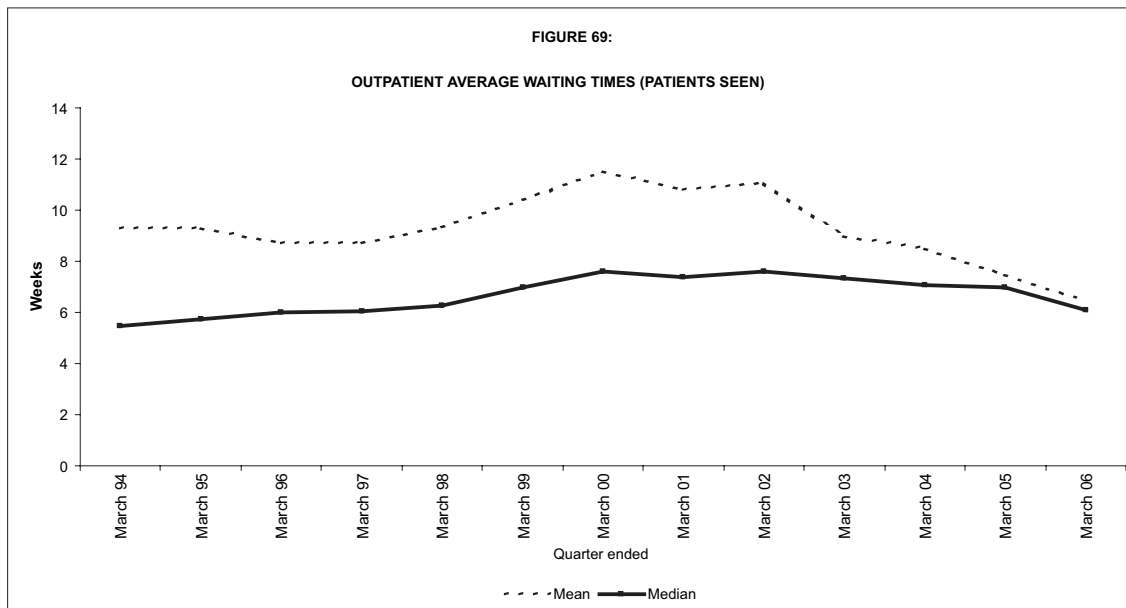
AVERAGE WAITING TIMES AND NUMBERS FOR FIRST OUTPATIENT APPOINTMENTS

<i>Quarter ending</i>	<i>Mean waiting time (weeks)</i>	<i>Median waiting time (weeks)</i>
March 1994	9.3	5.5
March 1995	9.3	5.7
March 1996	8.7	6.0
March 1997	8.7	6.0
March 1998	9.3	6.3
March 1999	10.4	7.0
March 2000	11.5	7.6
March 2001	10.8	7.4
March 2002	11.1	7.6
March 2003	9.0	7.3
March 2004	8.5	7.1
March 2005	7.4	7.0
March 2006	6.4	6.1

Source: QM08 NHS Trust-based figures.

Footnotes:

1. Figures not available prior to 1993–94.



5.2.3 How many new outpatient attendances were there by Strategic Health Authority in the past three years for which data are available? What are these data equivalent to per 1,000 population? (Q70)

ANSWER

The information requested is given in **Table 70**.

Table 70
FIRST OUTPATIENT ATTENDANCES (CONSULTANT LED)⁽¹⁾

<i>Org Code</i>	<i>Org Name</i>	<i>2003-04</i>	<i>2004-05</i>	<i>2005-06</i>	<i>2003-04 per 1,000 population</i>	<i>2004-05 per 1,000 population</i>	<i>2005-06 per 1,000 population</i>
Q01	Norfolk, Suffolk And Cambridgeshire SHA	571,772	580,166	606,199	260	263	275
Q02	Bedfordshire And Hertfordshire SHA	358,341	360,942	336,268	219	220	205
Q03	Essex SHA	371,588	387,496	387,339	230	240	240
Q04	North West London SHA	498,995	526,254	542,757	270	285	294
Q05	North Central London SHA	546,843	534,029	519,566	446	435	423
Q06	North East London SHA	464,216	470,983	427,890	301	306	278
Q07	South East London SHA	484,717	496,205	520,705	321	329	345
Q08	South West London SHA	392,241	388,223	408,016	299	296	311
Q09	Northumberland, Tyne & Wear SHA	582,230	464,759	499,139	418	334	358
Q10	County Durham And Tees Valley SHA	315,228	316,328	322,586	274	275	281
Q11	North And East Yorkshire And Northern Lincolnshire SHA	346,758	349,767	381,977	213	215	234
Q12	West Yorkshire SHA	508,450	483,902	496,095	240	229	234
Q13	Cumbria And Lancashire SHA	454,262	458,946	467,961	237	240	244
Q14	Greater Manchester SHA	814,389	795,465	812,415	316	309	316
Q15	Cheshire & Merseyside SHA	754,838	755,062	768,861	319	319	325
Q16	Thames Valley SHA	538,363	545,721	562,610	250	254	262
Q17	Hampshire And Isle Of Wight SHA	402,215	407,583	418,252	227	230	236
Q18	Kent And Medway SHA	349,308	362,704	381,968	217	226	238
Q19	Surrey And Sussex SHA	620,168	616,755	617,724	244	242	243
Q20	Avon, Gloucestershire And Wiltshire SHA	543,076	554,117	568,136	248	253	259
Q21	South West Peninsula SHA	400,480	395,894	419,069	250	247	262
Q22	Dorset And Somerset SHA	321,799	320,072	336,369	269	267	281
Q23	South Yorkshire SHA	488,668	474,743	509,859	381	370	398
Q24	Trent SHA	552,593	557,515	563,433	208	210	212
Q25	Leicestershire, Northamptonshire And Rutland SHA	332,253	346,510	376,176	220	229	249
Q26	Shropshire And Staffordshire SHA	349,698	354,629	348,294	237	241	236
Q27	Birmingham And The Black Country SHA	701,282	710,418	751,379	305	309	327
Q28	West Midlands South SHA	365,759	354,985	376,206	236	229	242
	England	13,430,530	13,370,173	13,727,249	269	268	275

Source: Department of Health, QM08, monthly monitoring. Population data, GP membership populations, The Information Centre for health and social care.

Footnote:

1. This data is provider based.

5.2.4 *Of patients not yet seen following written referral at the end of the latest quarter for which data are available, how many had been waiting (a) less than 13(b), 13–17(c), 17–21 and (d) more than 21 weeks, by Strategic Health Authority, in commissioner-based form? (Q71)*

ANSWER

1. The information requested is given in **Table 71**. It is not possible to show (c) and (d) separately.

Table 71

PATIENTS NOT YET SEEN FOLLOWING GP WRITTEN REFERRAL, TIME WAITING FROM REFERRAL TO QUARTER ENDED 30 JUNE 2006 (COMMISSIONER-BASED)

<i>Strategic Health Authority</i>	<i>GP written referrals not yet seen at end of quarter who have been waiting (weeks)</i>		
	<i>under 13</i>	<i>13 to under 17</i>	<i>17 +</i>
Norfolk, Suffolk and Cambridgeshire	47,193	0	0
Bedfordshire and Hertfordshire	36,160	2	0
Essex	43,545	0	0
North West London	43,720	1	0
North Central London	38,553	0	0
North East London	39,191	2	1
South East London	37,686	0	0
South West London	30,169	0	0
Northumberland, Tyne and Wear	37,534	0	0
County Durham & Tees Valley	23,898	0	0
North and East Yorkshire and Northern Lincolnshire	35,191	2	0
West Yorkshire	45,340	0	0
Cumbria & Lancashire	42,382	0	0
Greater Manchester	72,100	1	0
Cheshire & Merseyside	62,401	20	28
Thames Valley	39,158	1	0
Hampshire and Isle of Wight	36,151	0	0
Kent and Medway	40,094	0	0
Surrey and Sussex	53,413	1	0
Avon, Gloucestershire & Wiltshire	50,735	1	10
South West Peninsula	39,492	0	0
Somerset & Dorset	23,827	0	0
South Yorkshire	32,466	0	0
Trent	50,333	0	0
Leicestershire, Northamptonshire & Rutland	35,289	0	0
Shropshire and Staffordshire	31,410	18	88
Birmingham and the Black Country	59,725	2	0
West Midlands South	39,403	0	1
England	1,166,559	51	128

Source:

QM08R. (Commissioner based).

5.2.5 *Of patients seen following written referral in the latest quarter for which data are available, how many waited (a) less than 13 weeks and (b) more than 13 weeks, by Strategic Health Authority of residence and specialty? (Q72)*

ANSWER

1. The information requested is given in **Table 72a** and **Table 72b**.

Table 72a

NUMBER OF PATIENTS SEEN IN THE QUARTER ENDED 31 MARCH 2006 WHO WAITED UNDER 13 WEEKS FOLLOWING GP WRITTEN REFERRAL

England by Strategic Health Authority & Specialty

Strategic Health Authority	SPECIALTY										
	General Surgery	Urology	Trauma & Orthopaedics	ENT	Ophthalmology	Oral Surgery	Plastic Surgery	General Medicine	Dermatology	Gynaecology	All Specialties ⁽¹⁾
Norfolk, Suffolk and Cambridgeshire	11,343	3,847	6,960	7,925	7,555	4,027	1,098	3,387	5,607	7,011	79,456
Bedfordshire and Hertfordshire	6,853	2,033	5,697	4,531	4,930	2,464	1,274	1,966	3,248	4,722	49,201
Essex	8,363	2,497	6,186	6,460	5,895	3,410	1,157	2,835	5,469	5,364	65,388
North West London	8,626	2,703	6,095	5,429	7,673	2,592	1,012	1,031	5,156	6,711	68,254
North Central London	6,207	2,023	3,196	4,205	3,612	2,160	228	2,344	4,060	5,770	49,899
North East London	6,511	2,171	4,296	4,962	4,698	989	320	1,456	4,422	5,177	54,747
South East London	8,844	2,091	6,128	3,725	3,449	1,556	272	2,049	5,425	9,745	58,848
South West London	6,236	2,136	4,380	3,864	4,418	2,149	609	1,432	3,454	6,956	50,405
Northumberland, Tyne and Wear	8,013	2,643	5,495	6,390	4,717	1,567	799	3,051	5,486	6,755	62,767
County Durham & Tees Valley	6,079	2,120	3,426	4,628	3,247	1,450	833	4,017	3,344	4,282	43,655
North and East Yorkshire and Northern Lincolnshire	9,798	2,979	5,622	5,682	5,922	1,854	1,271	3,434	4,537	5,644	62,896
West Yorkshire	10,939	3,395	4,447	6,404	5,860	2,158	1,003	3,461	5,329	8,068	68,137
Cumbria & Lancashire	10,738	3,667	8,511	7,101	6,523	3,081	775	6,278	5,146	8,003	73,090
Greater Manchester	15,180	5,211	10,336	10,673	8,958	5,572	816	9,238	7,493	13,742	115,692
Cheshire & Merseyside	14,387	4,327	9,751	8,885	8,622	3,594	1,244	6,046	7,440	11,576	99,931
Thames Valley	7,708	2,703	8,524	5,794	6,616	3,870	2,092	2,091	6,401	6,005	68,646
Hampshire and Isle of Wight	9,289	3,292	5,925	5,394	6,450	3,489	249	2,779	5,946	7,422	66,490
Kent and Medway	8,924	2,717	5,600	6,194	4,712	2,398	590	3,090	3,991	5,644	56,796
Surrey and Sussex	13,377	5,037	10,628	9,341	10,236	4,585	1,170	4,441	6,762	8,038	94,682
Avon, Gloucestershire & Wiltshire	10,182	3,780	8,383	6,758	7,100	3,505	1,051	3,478	6,141	8,002	77,910
South West Peninsula	9,692	2,656	5,791	5,645	5,234	2,158	1,293	2,058	4,922	6,425	63,853
Somerset & Dorset	5,907	2,122	4,274	3,211	3,570	1,942	290	2,066	3,051	3,574	40,315
South Yorkshire	7,978	2,977	5,446	4,836	4,860	2,282	537	5,616	5,834	5,035	57,935
Trent	13,881	4,287	10,061	8,964	8,381	4,201	601	7,998	8,920	10,127	103,646
Leicestershire, Northamptonshire and Rutland	5,533	2,010	5,195	4,121	3,187	2,391	829	2,108	3,859	4,494	46,078
Shropshire and Staffordshire	5,302	1,517	2,349	2,235	2,096	706	199	2,400	2,153	3,050	29,126
Birmingham and the Black Country	12,249	3,772	9,677	8,661	10,168	2,474	1,305	6,564	8,277	9,846	103,403
West Midlands South	8,276	2,972	7,336	5,123	5,860	2,391	670	4,583	4,490	4,489	59,430
England	256,415	83,685	179,715	167,141	164,549	75,015	23,587	101,297	146,363	191,677	1,870,676

Source: QM08R commissioner-based.

Footnotes: 1. Includes non-major specialties.

Table 72b

NUMBER OF PATIENTS SEEN IN THE QUARTER ENDED 31 MARCH 2006 WHO WAITED OVER 13 WEEKS FOLLOWING GP WRITTEN REFERRAL

England by Strategic Health Authority & Specialty

<i>Strategic Health Authority</i>	<i>SPECIALTY</i>										
	<i>General Surgery</i>	<i>Urology</i>	<i>Trauma & Orthopaedics</i>	<i>ENT</i>	<i>Ophthalmology</i>	<i>Oral Surgery</i>	<i>Plastic Surgery</i>	<i>General Medicine</i>	<i>Dermatology</i>	<i>Gynaecology</i>	<i>All Specialties⁽¹⁾</i>
Norfolk, Suffolk and Cambridgeshire	469	128	900	218	144	145	108	153	153	331	3,518
Bedfordshire and Hertfordshire	373	187	630	1,321	491	285	124	152	305	203	5,064
Essex	68	18	74	60	70	40	30	14	65	44	683
North West London	622	344	889	487	132	257	28	39	613	407	5,324
North Central London	277	166	595	340	180	183	53	155	483	369	3,901
North East London	3	1	2	24	15	3	1	0	4	2	127
South East London	100	115	187	59	520	60	8	47	126	205	1,984
South West London	1	0	1	0	3	0	0	0	3	1	11
Northumberland, Tyne and Wear	111	79	512	438	31	266	27	47	81	178	2,403
County Durham & Tees Valley	155	75	373	51	45	86	80	107	137	54	1,653
North and East Yorkshire and Northern Lincolnshire	327	135	1,071	283	499	111	215	219	145	100	4,206
West Yorkshire	56	113	63	97	39	10	53	39	16	169	972
Cumbria & Lancashire	598	178	375	693	436	397	65	537	948	199	5,348
Greater Manchester	195	148	539	356	236	215	25	271	428	156	3,256
Cheshire & Merseyside	351	250	765	468	228	138	11	129	260	328	3,319
Thames Valley	21	19	210	76	30	3	54	8	70	9	586
Hampshire and Isle of Wight	86	51	17	239	115	24	0	69	62	51	840
Kent and Medway	0	15	33	0	10	0	0	2	0	4	75
Surrey and Sussex	5	3	7	12	3	13	2	1	0	7	76
Avon, Gloucestershire & Wiltshire	209	59	451	562	131	78	75	93	299	291	2,942
South West Peninsula	159	45	366	155	363	158	20	8	65	97	1,729
Somerset & Dorset	534	323	688	639	1,105	498	22	326	766	430	6,952
South Yorkshire	27	11	95	7	89	48	9	12	16	1	359
Trent	91	29	80	13	29	30	15	30	32	34	494
Leicestershire, Northamptonshire and Rutland	84	11	69	92	21	47	9	67	18	28	631
Shropshire and Staffordshire	1,975	778	3,673	2,656	2,002	1,169	224	1,656	1,364	1,786	21,879
Birmingham and the Black Country	58	21	142	83	253	26	56	32	62	32	987
West Midlands South	153	138	270	120	100	194	41	53	110	136	1,794
England	7,108	3,440	13,077	9,549	7,320	4,484	1,355	4,266	6,631	5,652	81,113

Source: QM08R commissioner-based.

Footnote: 1. Includes non-major specialties.

5.2.6 *Could the Department comment on the progress of the Outpatient Commissioning Dataset? How much has been spent on the project, by year? How much is planned to be spent, by year? When are data likely to be published and in what form? Could the Department comment on the quality of these data? Could the Department comment on the possibility of making diagnosis and procedure mandatory in data submission? (Q73)*

ANSWER

1. The Outpatient Commissioning Dataset (CDS) flowed for the first time midway through 2001–02. Therefore, the dataset is relatively new. Like all new datasets, data quality and coverage were initially patchy. The advent of Payment by Results and the 18-week wait programme have raised the importance of the dataset significantly. Work is being undertaken to improve quality by:

- Publishing the data, so NHS organisations can view each others' figures and compare quality; and
- The national data improvement programme (NDIP). This is led by the Information Centre (IC) with the aim of improving data quality and fitness for purpose by working with NHS organisations and by influencing future dataset developments to ensure that they facilitate the submission of good quality data from the NHS.

2. **Table 73** shows the estimated historic and planning on selected projects around the outpatient CDS.

3. In July 2006, analysis of the record level information from the Outpatient Commissioning dataset was published for the first time by the Information Centre's Hospital Episode Statistics (HES) team. The published data covered 2004–05 and 2003–04 and were labelled as "experimental". The "experimental" status is used within Official Statistics to cover data which contain a great deal of useful and usable material but which are indicative and are not yet sufficiently robust to be definitive.

4. The publication can be downloaded from the IC website at the following address:

<http://www.ic.nhs.uk/pubs/hesoutpatients2003to2005/hespub/file>

5. The quality of the data is discussed in section 4 of the publication referenced above. The main findings on quality are:

- National attendance counts show close agreement between these data and existing DH aggregate returns and in many areas the data provide a good basis for national comparison;
- At local level the new data need to be treated with greater caution due to a few large local variations in completeness and recording practices;
- Data items that are well completed (above 90%) include age, referral source and personal information around the patient that is essential for tracking the patient's journey through the NHS; and
- Data items that are poorly completed are mainly those that are not mandated, such as information on whether the patient did not attend as well as procedure and diagnosis information.

6. In addition to publishing the analysis, customers have the opportunity to request the raw data, so that they can perform further analysis of the data and provide the IC with comments around their quality. A specific outpatient data quality publication is planned for late autumn 2006, that will explore quality issues in more detail based on this user feedback.

7. The possibility of mandating procedure and diagnosis is currently being actively discussed and explored. Clearly there would be a large cost to the NHS in additional staff time and enhanced systems to enable this information to be consistently recorded. However, having these items mandatory would make the dataset much richer and facilitate both the monitoring of the 18 week wait target and the funding of outpatient procedures and diagnoses under Payment by Results (PbR).

The current plan is that NHS providers will be paid for outpatient activity under Version 4 Healthcare Resource Groups under the PbR tariff from 2008–09. Procedure and, probably, diagnosis information will be needed to create these HRGs. Therefore, if NHS organisations do not start submitting the information at this point, they will not get paid, so this will produce a powerful incentive for this information to be submitted, regardless of whether its submission is mandated.

Table 73**ESTIMATED HISTORIC AND PLANNED SPEND ON SELECTED PROJECTS AROUND THE OUTPATIENT CDS**

	<i>thousands</i>						
	<i>2001-02</i>	<i>2002-03</i>	<i>2003-04</i>	<i>2004-05</i>	<i>2005-06</i>	<i>2006-07</i>	<i>2007-08</i>
Central system for receiving and processing providers' data ⁽²⁾	380	400	430	450	470	490	520
Suppliers of Hospital Episode Statistics System (Northgate)	0	40	382	58	58	93	93
Central Spend on Data Set Change Notices	40	20	60	24	28	50	60
National Data Improvement Programme (NDIP)	0	0	0	0	69	62	68
Producing Publication of Data from Outpatient CDS	0	0	0	2	26	46	75

Source:

Northgate Budgets, Information Centre Budgets, Connecting for Health Budgets.

Footnotes:

1. There is not a single project developing the Outpatient CDS, rather there are several interconnected project and work areas developing various aspects of it. This table gives the central expenditure on areas for which this can be estimated. Expenditure that would occur even without the Outpatient CDS has been omitted. Local expenditure in collecting the data has also been omitted as it is assumed that this information would be collected for local purposes even if it were not submitted centrally.
2. The central system for receiving and processing data is NHS Wide Clearing Service (NWCS) up until Quarter 3 2006-07 and Secondary Uses Service (SUS) from Quarter 4 2006-07 onwards. Additional developmental costs around Secondary Uses Service (SUS) have been excluded from the estimate as these would have occurred regardless of the Outpatient CDS. The costs around SUS transmitting data have been estimated by extrapolating the NWCS figures.

5.3 Primary Care Activity

5.3.1 How many NHS GP consultations are estimated to have taken place in each year since 1989? (Q74)

ANSWER

1. The data requested is given in **Table 74**.
2. The figures are estimated using results from the Office for National Statistics (ONS) general household survey (GHS) and ONS population estimates. These estimates are rounded to the nearest million and are subject to a large margin of error.
3. For additional data on the subject see the tables in section 7 of the GHS (www.statistics.gov.uk/ghs)

Table 74

ESTIMATED TOTAL NUMBER OF NHS GP AND PRACTICE NURSE CONSULTATIONS IN ENGLAND, PER YEAR

Year	All GP consultations ^{(1),(3),(4)}	Practice Nurse consultations ^{(3),(4),(5)}
1989	218,000,000	—
1990	243,000,000	—
1991	214,000,000	—
1992	232,000,000	—
1993	252,000,000	—
1994	224,000,000	—
1995	235,000,000	—
1996	254,000,000	—
1997 ⁽²⁾	—	—
1998	217,000,000	—
1999 ⁽²⁾	—	—
2000	221,000,000	64,000,000
2001	218,000,000	81,000,000
2002	243,000,000	85,000,000
2003	215,000,000	89,000,000
2004	223,000,000	91,000,000

Source: Office for National Statistics' General Household Survey and Population Statistics Database.

Footnotes:

1. GP consultations include home visits, telephone consultations and visits to the GP practice by the patient.
2. GP consultation estimates are not available for 1997 and 1999.
3. Population data used to calculate the estimated total numbers of consultations are revised 2001-based estimates from the ONS and may differ slightly from previous estimates.
4. Figures are rounded to the nearest million.
5. Practice nurse consultation estimates are not available prior to 2000.

5.3.2 Could the Department provide evidence of any shift in activity from secondary to primary care settings? Could the Department comment on these data and the likely impact of such service reconfiguration? (Q75)

ANSWER

1. The Department has been collecting data on total activity in primary care and outpatient settings though difficulties have been found in such data collections. These stem from data collection not being as well embedded in these areas as it is in secondary care, where data recording standards have been in place for decades. Hence, the recent Hospital Episode Statistics (HES) publication "Reporting Outpatient Journeys: Hospital Outpatient Activity in 2003–04 and 2004–05" has been marked "experimental".
2. Data showing total activity in primary care and outpatient settings is given in **Table 75**, though note the ranges used, reflecting data quality issues.
3. Direct collection of data pertaining to shifts in activity from secondary to primary care is not yet possible. While the Department is seeking to develop work in collecting information relating to shifts in activity, particularly following the recent White Paper "Our health, our care, our say" there are issues in defining activity that has "shifted".
4. The issues arise mainly from the different models of provision across the country. For example where certain activity may be "new" to a particular primary care provider in one part of the country it can have already become regular work for providers in other areas. Distinctions between "primary care settings" and "secondary care activity" as separate entities are thus difficult to apply nationally.

5. A project is underway to generate evidence for shifting care in six speciality areas—ENT, orthopaedics, gynaecology, dermatology, urology and general surgery. The Care Closer to Home Demonstration project is evaluating services in 30 locations across England, where care has been shifted or made more convenient for patients. The evaluation will look at the cost implications of shifting care in these areas but will also consider the safety, workforce and clinical governance implications of shifting care. The project is being carried out in association with a number of the Royal Colleges and speciality associations as well as the Healthcare Commission and the NHS Confederation. In addition the NHS Institute’s “Shifting Care” demonstration sites are looking to develop a practical evidence base of the effects of shifting to primary care, and lessons to be learnt in doing so. We are working with the NHS Institute to develop a joint implementation plan.

6. This work and wider learning will provide information on the effects of shifting from secondary to primary care, and as such will help inform future decisions on the benefits of, and how to make, the shift to primary care.

Table 75

NHS-FUNDED OPERATIVE PROCEDURES IN DIFFERENT SETTINGS

<i>Year</i> ^{(2) (4)}	<i>Procedures in Primary Care</i> ⁽¹⁾	<i>Procedures in Outpatients</i> ⁽³⁾
2001–02	—	1,111
2002–03	—	1,729
2003–04	527	2,045
2004–05	631	2,067
2005–06	656 to 681	2,153 to 2,175

Source:
LDPR Collection.

Footnotes:

1. Due to definitional issues, data prior to 2003–04 are not comparable.
2. Figures for years prior to 2005–06 have been rebased to allow direct comparison.
3. With the abolition of Health Authorities, figures for 2001–02 and 2002–03 are based on returns from NHS Trusts.
4. 2005–06 figures are subject to revision when final outturn figures are received.

5.4 Action on Waiting Lists

5.4.1 Could the Department comment on recent relative trends in waiting lists and times and rates of NHS activity? Could these comparative trends be shown graphically where appropriate? (Q76)

ANSWER

1. **Figure 76a** shows how waiting times have fallen since 1997. In particular, as at end June 2006, there were only 42 patients waiting over 26 weeks (six months), compared with 284,000 in March 1997. The figure shows how the number waiting over 15, 12, nine and six months have been reduced in order to meet PSA targets.

2. Similarly, **Figure 76b** shows that the number of patients on the total in-patient waiting list, rose from 826,000 in June 1987 to 1,158,000 in March 1997, and a peak of 1,313,000 in April 1998. It has subsequently fallen steadily to 785,000 in June 2006.

3. The number of decisions to admit for in-patient treatment per year rose from around 2.8 million in 1988 to 4.2 million 1998, before falling back to 4.0 million in 2005 (see **Figure 76c**). The number of admissions from the waiting list follow a very similar pattern, rising between 1988 and 1998, before falling back in the period up to 2005.

4. The gap between these two data series peaked in 1997–98, leading to the waiting list peaking in April 1998. The gap between the two series then reduced, allowing for the list to fall over the subsequent years. The recent fall in activity reflects the fact that more patients are now treated in an outpatient setting, rather than being admitted as in-patients. Hence, waiting times have fallen as less patients are added to the list.

Figure 76a : Inpatient waiting times by timeband (commissioner-based), 1997 - present

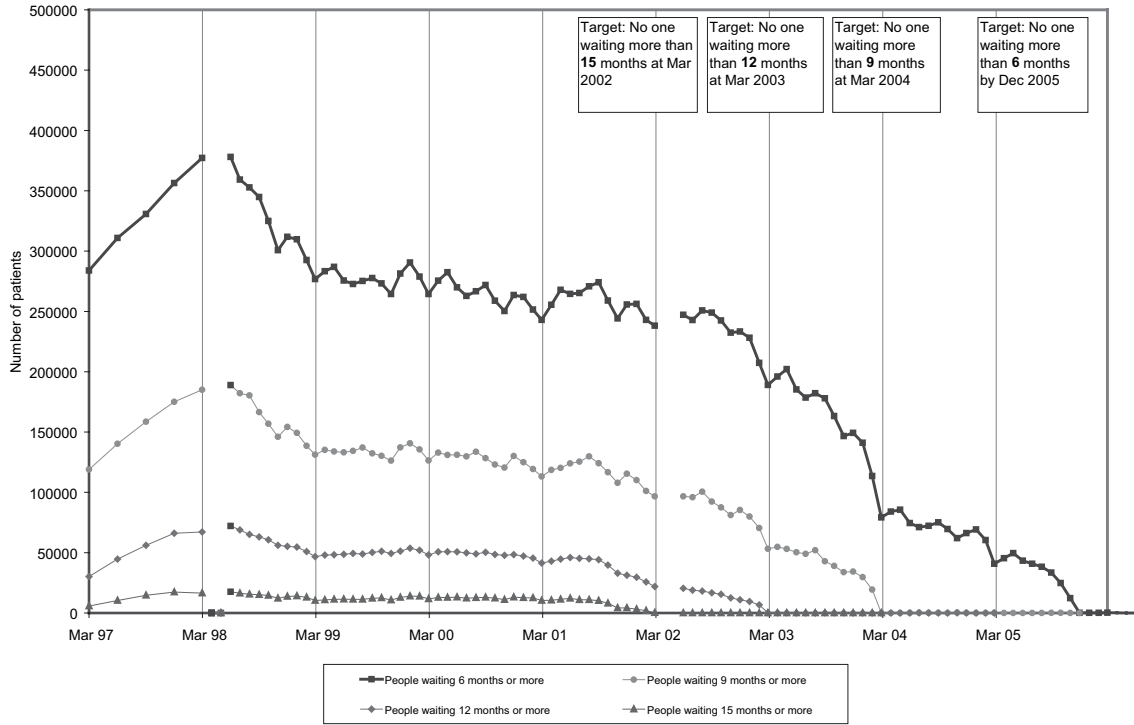
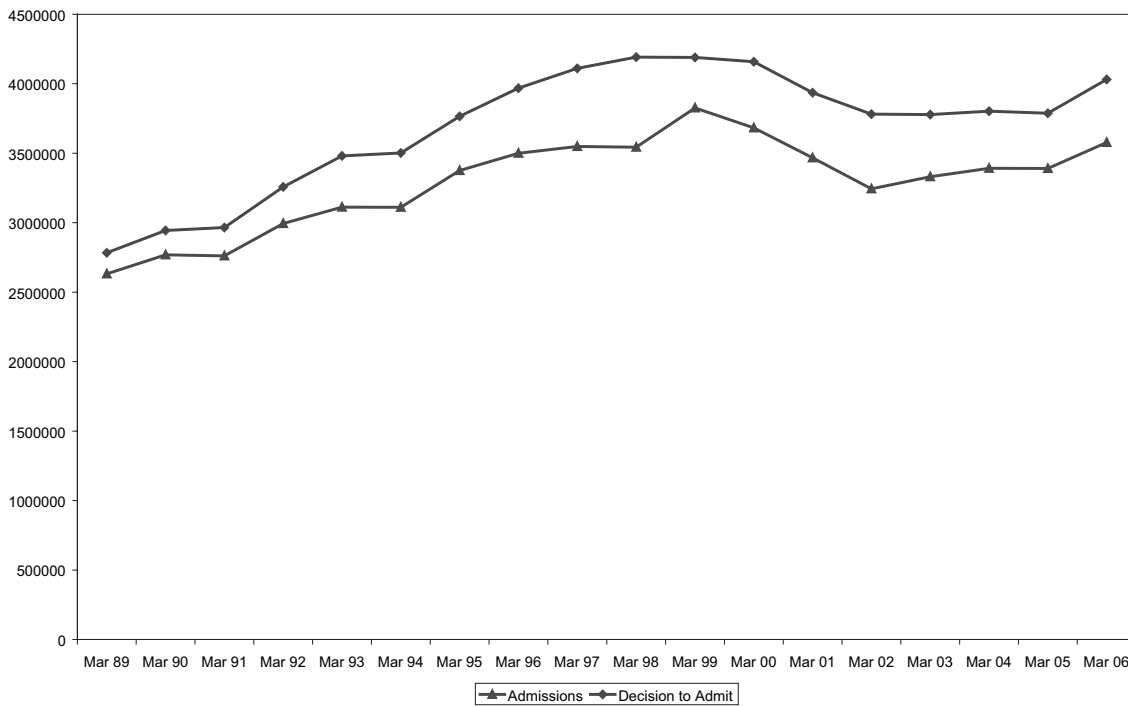


Figure 76b : In-patient waiting list (provider-based), 1987 - present



Figure 76c : Admissions and decisions to admit - Provider based, England



5.4.2 *What progress has been made towards monitoring the target of no patients waiting more than 18 weeks from GP appointment to treatment? Have any pilot studies taken place? If so, what were the results? When does the Department expect National Statistics accredited data to be published? (Q77)*

ANSWER

1. The Department has been working with eight local health economies since early this year on developing simple and practical measurement systems to capture and record referral to treatment (RTT) times to support delivery of the 18 weeks target. These health economies—known as pioneers—make use of one of a variety of existing patient administration systems; they reflect a range of local health environments and are focussing on a number of different specialties. The pioneers have developed practical approaches to RTT measurement that do not require significant additional investment in IT systems and that are transferable to others with similar IT systems. Each of the pioneer sites submitted a full report on their tactical approach to RTT measurement and these are available on the 18 weeks website. In addition the RTT approaches developed by the pioneers have been shared with the rest of the NHS through a series of roadshows covering the whole country.

2. The learning from the pioneers was instrumental in the creation of the recent dataset change notice (DSCN 17/2006) which mandates national data collection (for pioneers and non-pioneers alike) from January 2007 and for all patients from April 2007.

3. This particular collection will report for the first time on referral to treatment times and will be challenging for NHS organisations. However, as with other new collections the Department is committed to publishing and disseminating the RTT data once the requirements of national statistics (including coherence, completeness, timeliness and accuracy) have been met. It can take several months of data collection before this point is reached. Precise timing will depend on the quality of data submitted by the NHS.

5.4.3 *What additional mechanisms are in progress to deal with waiting lists and times, and what is expenditure and projected expenditure on these additional mechanisms? (Q78)*

ANSWER

1. Following the successful achievement of targets for 13 weeks and 26 weeks for first out-patient appointments and in-patient admissions respectively, the NHS is working towards a new waiting time target. By the end of 2008, patients will be treated within a maximum of 18 weeks from referral by their GP to the start of their treatment. For the first time, this will include all the out-patient consultations and diagnostic tests needed before treatment can commence.

2. Modelling of the extra resources needed to progress against the 18 week target was part of the Spending Review and resources are in place until 2007.

3. The NHS has been set interim milestones and each PCT will submit quantitative plans for achieving the milestones and then the 18-week target overall. The plans will include the volumes of extra hospital activity that PCTs expect to need in order to reduce waiting times to 18 weeks. SHAs will monitor the delivery of those plans against the agreed trajectories and the Recovery and Support Unit will work closely with SHAs to ensure rapid action and support where needed, including an intensive support team that will work in health economies where hands-on support is required.

4. Work is advanced in collecting data on waiting times that have not previously been measured. For diagnostics, national data collection began in January 2006. On a monthly basis, we are now collecting activity and waiting time band data for 15 key tests. This list was developed based on extensive piloting and extensive consultation with NHS clinicians and managers during 2005. To identify any other long waits, we have also introduced a bi-annual census of long waiting times for other diagnostic tests. The first bi-annual census took place in February 2006. The estimated cost of the diagnostic data collection is £460,000.

5. Work is on-going with eight pioneer sites to:

- develop ways to use existing NHS computer systems to measure full referral to treatment waiting times;
- demonstrate that 18-week waits can be achieved in key specialties; and
- explain to others what they did in order to achieve the target.

6. Each pioneer will be paid £25,000 to cover their costs—a total of £200,000.

7. Work is underway in diagnostics through national clinical leads to co-ordinate improvements in waiting times for three key areas of diagnostics: imaging, physiological measurement, endoscopy and pathology.

8. In order to provide extra capacity for key diagnostic tests, the Department of Health procured extra MRI scanning capacity from an independent sector provider, Alliance Medical. During 2005–06, this contract provided an additional 130,000 scans (an extra 15% on top of NHS capacity) and was procured at costs significantly below NHS costs. The costs of the contract however, are commercially confidential under the terms of the contract.

9. Choice of scan was introduced in late 2005 to incentivise reductions in waits for imaging tests such as MRI and CT. Patients who are waiting longer than 26 weeks are offered the choice of having their scan done at another provider. This has provided Trusts with an incentive to reduce their waiting times because neither doctors nor hospital managers like to “lose” patients. To date, over 40,000 patients have received their scans more quickly as a result of choice of scan. At April 2006, the average waiting time for a scan was seven and a half weeks. The funds associated with diagnostic imaging tests follow the patient between providers and responsibility for funding transferred activity rests with Originating Providers. This has enabled Choice of Scan to be delivered without the need for additional funding.

10. The Independent Sector Treatment Centre Programme represents an investment of £400 million per year over five years (from 2003–04 to 2007–08 onwards).

5.5 Beds

5.5.1 *By sector, in each year since 1997–98, (a) how many available beds were there (b) how many beds were occupied (c) what was the occupancy rate and (d) average length of stay? (Q79)*

ANSWER

1. The information requested is given in **Table 79**.

Table 79

AVERAGE DAILY NUMBER OF AVAILABLE AND OCCUPIED BEDS AND AVERAGE LENGTH OF STAY BY SECTOR, ENGLAND, 1997–98 TO 2004–05

Year	All specialties (exc day only)	General and acute	Acute	Geriatric	Mental illness	Learning disability	Maternity	Day only
Number of available beds								
1997–98	193,625	138,047	107,807	30,240	36,601	8,197	10,781	7,125
1998–99	190,006	136,426	107,729	28,697	35,692	7,491	10,398	7,568
1999–2000	186,290	135,080	107,218	27,862	34,173	6,834	10,203	7,938
2000–01	186,091	135,794	107,956	27,838	34,214	6,316	9,767	8,155
2001–02	184,871	136,583	108,535	28,047	32,783	5,694	9,812	8,036
2002–03	183,826	136,679	108,706	27,973	32,753	5,038	9,356	8,544
2003–04	184,019	137,247	109,793	27,454	32,252	5,212	9,309	8,813
2004–05	181,784	136,123	109,505	26,619	31,667	4,899	9,095	9,160
Average annual change	–0.9%	–0.2%	0.2%	–1.8%	–2.0%	–7.1%	–2.4%	3.7%
Number of occupied beds								
1997–98	156,549	111,112	85,038	26,074	31,647	7,221	6,568	5,812
1998–99	156,669	112,486	86,991	25,495	31,219	6,447	6,517	6,390
1999–2000	154,137	112,279	87,409	24,869	29,775	5,834	6,248	6,619

<i>Year</i>	<i>All specialties (exc day only)</i>	<i>General and acute</i>	<i>Acute</i>	<i>Geriatric</i>	<i>Mental illness</i>	<i>Learning disability</i>	<i>Maternity</i>	<i>Day only</i>
2000–01	156,290	114,982	89,730	25,252	29,918	5,504	5,886	6,891
2001–02	157,330	117,437	91,676	25,761	29,045	4,942	5,907	6,950
2002–03	156,933	118,278	92,712	25,565	28,654	4,315	5,686	6,900
2003–04	157,862	119,296	93,971	25,325	28,285	4,385	5,896	7,333
2004–05	154,931	117,227	92,904	24,323	27,832	4,134	5,738	7,457
Average annual change	–0.1%	0.8%	1.3%	–1.0%	–1.8%	–7.7%	–1.9%	3.6%
Occupancy rate								
1997–98	80.9%	80.5%	78.9%	86.2%	86.5%	88.1%	60.9%	81.6%
1998–99	82.5%	82.5%	80.8%	88.8%	87.5%	86.1%	62.7%	84.4%
1999–2000	82.7%	83.1%	81.5%	89.3%	87.1%	85.4%	61.2%	83.4%
2000–01	84.0%	84.7%	83.1%	90.7%	87.4%	87.1%	60.3%	84.5%
2001–02	85.1%	86.0%	84.5%	91.8%	88.6%	86.8%	60.2%	86.5%
2002–03	85.4%	86.5%	85.3%	91.4%	87.5%	85.6%	60.8%	80.8%
2003–04	85.8%	86.9%	85.6%	92.2%	87.7%	84.1%	63.3%	83.2%
2004–05	85.2%	86.1%	84.8%	91.4%	87.9%	84.4%	63.1%	81.4%
Length of stay (days)								
1997–98	8.8	7.0	5.5	22.6	60.3	176.9	2.3	n/a
1998–99	8.4	6.8	5.4	22.2	59.4	175.4	2.2	n/a
1999–2000	7.8	6.8	5.4	21.9	52.2	97.5	2.1	n/a
2000–01	8.2	7.0	5.6	23.4	58.2	133.0	2.1	n/a
2001–02	8.1	7.1	5.7	23.4	52.7	116.1	2.0	n/a
2002–03	7.9	7.1	5.7	23.1	52.2	101.4	1.9	n/a
2003–04	7.4	6.8	5.5	21.7	54.4	52.4	1.9	n/a
2004–05	7.1	6.4	5.3	20.1	55.7	74.1	1.7	n/a

Source: Department of Health form KH03, Hospital Episode Statistics (HES), Health and Social Care Information Centre.

Footnotes:

1. General and acute is defined as acute plus geriatric (excluding well babies).
2. Average (mean) length of stay for ordinary admissions per available bed. Figures exclude well babies.

5.5.2 *How many (a) general and acute and (b) total beds were available in each Strategic Health Authority in the latest year for which data are available? How many, and what proportion, were occupied? (Q80)*

ANSWER

1. The information requested is given in **Table 80**.

Table 80

**AVERAGE DAILY NUMBER OF AVAILABLE AND OCCUPIED BEDS BY SECTOR
STRATEGIC HEALTH AUTHORITIES ENGLAND, 2004–05**

<i>OrgID</i>	<i>Name</i>	<i>Total (Available)</i>	<i>General & Acute (Available)</i>	<i>Total (Occupied)</i>	<i>General & Acute (Occupied)</i>	<i>Total (% Occupancy)</i>	<i>General & Acute (% Occupancy)</i>
	England	181,784	136,123	154,931	117,227	85.2%	86.1%
Q20	Avon, Gloucestershire & Wiltshire HA	8,033	6,440	6,737	5,525	83.9%	85.8%
Q02	Bedfordshire and Hertfordshire HA	4,280	3,061	3,558	2,490	83.1%	81.3%
Q27	Birmingham and the Black Country HA	9,135	7,067	7,931	6,261	86.8%	88.6%
Q15	Cheshire & Merseyside HA	10,236	7,784	8,798	6,681	85.9%	85.8%
Q10	County Durham & Tees Valley HA	4,719	3,423	3,854	2,786	81.7%	81.4%
Q13	Cumbria & Lancashire HA	7,082	5,267	5,898	4,456	83.3%	84.6%
Q22	Dorset & Somerset HA	4,678	3,579	3,975	3,080	85.0%	86.1%
Q03	Essex HA	4,828	3,562	4,290	3,193	88.8%	89.6%
Q14	Greater Manchester HA	10,404	8,230	8,680	6,953	83.4%	84.5%
Q17	Hampshire and Isle of Wight HA	5,852	4,406	4,964	3,842	84.8%	87.2%
Q18	Kent and Medway HA	4,742	3,742	4,255	3,399	89.7%	90.8%
Q25	Leicestershire, Northamptonshire & Rutland HA	5,200	3,621	4,343	3,099	83.5%	85.6%
Q01	Norfolk, Suffolk and Cambridgeshire HA	8,276	6,318	7,051	5,489	85.2%	86.9%
Q11	North and East Yorkshire and Northern Lincolnshire HA	5,202	4,208	4,089	3,368	78.6%	80.0%
Q05	North Central London HA	5,768	4,205	5,104	3,673	88.5%	87.3%
Q06	North East London HA	5,960	4,381	5,478	4,017	91.9%	91.7%
Q04	North West London HA	6,719	4,867	6,008	4,391	89.4%	90.2%
Q09	Northumberland, Tyne and Wear HA	6,854	4,868	5,589	4,009	81.5%	82.4%
Q26	Shropshire and Staffordshire HA	4,892	3,744	4,242	3,317	86.7%	88.6%
Q07	South East London HA	5,807	3,987	5,069	3,403	87.3%	85.3%
Q08	South West London HA	4,760	3,473	4,070	3,023	85.5%	87.1%
Q21	South West Peninsula HA	6,010	4,779	4,971	4,007	82.7%	83.8%
Q23	South Yorkshire HA	5,922	4,613	4,824	3,823	81.5%	82.9%
Q19	Surrey and Sussex HA	8,312	6,101	7,266	5,413	87.4%	88.7%
Q16	Thames Valley HA	5,995	4,645	5,176	4,040	86.3%	87.0%
Q24	Trent HA	9,120	6,303	7,722	5,342	84.7%	84.8%
Q28	West Midlands South HA	4,800	3,530	4,284	3,197	89.3%	90.6%
Q12	West Yorkshire HA	8,199	5,920	6,706	4,950	81.8%	83.6%

Source: Department of Health form KH03.

Footnotes:

1. General and acute is defined as acute plus geriatric (excluding well babies).

5.6 Delayed Discharge

5.6.1 *How many delayed discharges from acute hospital beds were there in the last year, by Strategic Health Authority and broad reason for delay? What proportion of available beds are occupied by patients subject to delayed discharge by Strategic Health Authority? (Q81)*

ANSWER

1. The information requested is given in **Table 81a** to **Table 81c**.

Table 81a

ACUTE DELAYED TRANSFERS OF PATIENTS OF ALL AGES, 2003–04

		<i>Delays by reason</i>											
<i>Org code</i>	<i>Org name</i>	<i>Completion of assessment</i>	<i>Public Funding</i>	<i>Further non-acute NHS care</i>	<i>Care Home placement—Residential Home</i>	<i>Care Home placement—Nursing Home</i>	<i>Care package in own home</i>	<i>Community Equipment/adaptions</i>	<i>Patient or family choice</i>	<i>Disputes</i>	<i>Housing—patients not covered by NHS and Community Care Act</i>	<i>Total</i>	<i>Delayed Discharge Rate (per available bed)</i>
	England	587	78	801	214	354	184	98	451	111	17	2,895	2.5%
Q20	Avon, Gloucestershire & Wiltshire	13	1	26	12	16	11	4	19	1	0	103	2.0%
Q02	Bedfordshire & Hertfordshire	9	0	38	6	8	4	6	8	0	0	79	3.1%
Q27	Birmingham & the Black Country	28	1	24	22	32	36	5	11	5	4	168	2.6%
Q15	Cheshire & Merseyside	17	1	23	2	11	14	5	62	1	2	138	1.9%
Q10	County Durham & Tees Valley	2	1	7	2	1	2	4	1	0	0	20	0.7%
Q13	Cumbria & Lancashire	11	2	4	7	16	0	0	11	0	0	51	1.1%
Q03	Essex	35	5	9	9	6	2	8	19	1	0	94	3.2%
Q14	Greater Manchester	25	1	38	8	3	9	3	11	3	0	101	1.5%
Q17	Hampshire & the Isle of Wight	64	1	41	7	16	9	6	13	5	2	164	4.7%
Q18	Kent and Medway	7	0	7	4	16	3	3	28	1	0	69	2.2%
Q25	Leicestershire, Northamptonshire & Rutland	23	4	20	0	8	4	7	10	0	0	76	2.6%
Q01	Norfolk, Suffolk & Cambridgeshire	29	4	34	16	18	12	5	16	2	1	137	2.6%
Q11	North & East Yorkshire & Northern Lincolnshire	8	1	13	7	6	3	3	26	1	0	68	1.7%
Q05	North Central London	8	0	29	9	11	10	3	30	0	1	101	2.7%
Q06	North East London	18	3	19	7	7	2	3	5	8	2	74	2.1%
Q04	North West London	18	0	52	22	17	1	0	11	1	0	122	3.1%
Q09	Northumberland, Tyne & Wear	3	0	17	1	2	0	0	24	0	0	47	1.0%
Q26	Shropshire & Staffordshire	38	0	41	2	4	1	2	7	34	0	129	3.9%
Q22	Somerset & Dorset	20	1	80	8	8	9	2	5	0	1	134	5.3%
Q07	South East London	7	1	3	3	13	1	2	12	2	1	45	1.2%
Q08	South West London	39	12	24	3	22	1	4	14	3	0	122	4.4%
Q21	South West Peninsula	11	1	83	2	0	1	4	9	0	0	111	3.1%
Q23	South Yorkshire	32	4	1	2	3	8	2	13	1	0	66	1.8%
Q19	Surrey & Sussex	48	28	29	19	52	16	9	20	20	1	242	4.8%
Q16	Thames Valley	18	4	52	10	39	5	3	22	3	0	156	4.1%
Q24	Trent	18	0	35	7	3	9	4	26	15	0	117	2.1%
Q28	West Midlands South	35	1	43	11	11	6	0	15	0	2	124	4.2%
Q12	West Yorkshire	3	1	9	6	5	5	1	3	4	0	37	0.7%

Source: Situation Reports.

Table 81b

ACUTE DELAYED TRANSFERS OF PATIENTS OF ALL AGES, 2004–05

		<i>Delays by reason</i>											<i>Delayed Discharge Rate (per available bed)</i>
<i>Org code</i>	<i>Org name</i>	<i>Completion of assessment</i>	<i>Public Funding</i>	<i>Further non-acute NHS care</i>	<i>Care Home placement—Residential Home</i>	<i>Care Home placement—Nursing Home</i>	<i>Care package in own home</i>	<i>Community Equipment/adaptions</i>	<i>Patient or family choice</i>	<i>Disputes</i>	<i>Housing—patients not covered by NHS and Community Care Act</i>	<i>Total</i>	
	England	511	135	654	198	283	195	63	380	58	44	2,521	2.1%
Q20	Avon, Gloucestershire & Wiltshire	19	8	20	11	13	16	1	9	0	1	98	1.8%
Q02	Bedfordshire & Hertfordshire	3	2	8	11	7	3	0	19	0	0	53	2.1%
Q27	Birmingham & the Black Country	26	17	23	14	24	29	3	12	1	6	155	2.4%
Q15	Cheshire & Merseyside	15	0	20	5	12	16	5	40	0	2	115	1.6%
Q10	County Durham & Tees Valley	3	0	12	0	0	0	1	0	0	0	16	0.5%
Q13	Cumbria & Lancashire	5	5	14	7	11	4	3	15	0	1	65	1.5%
Q03	Essex	32	4	9	9	4	5	7	14	0	0	84	3.0%
Q14	Greater Manchester	13	0	27	5	6	8	0	20	2	0	81	1.2%
Q17	Hampshire & the Isle of Wight	47	4	43	10	25	9	2	7	1	5	153	4.7%
Q18	Kent and Medway	30	7	15	15	17	3	4	12	1	2	106	1.8%
Q25	Leicestershire, Northamptonshire & Rutland	29	7	50	6	4	7	6	7	0	0	116	3.9%
Q01	Norfolk, Suffolk & Cambridgeshire	27	6	38	23	19	26	3	14	0	3	159	3.0%
Q11	North & East Yorkshire & Northern Lincolnshire	7	0	5	4	5	0	1	19	4	1	46	1.2%
Q05	North Central London	1	1	12	10	9	3	2	14	0	2	54	1.4%
Q06	North East London	19	3	11	4	6	3	0	5	2	2	55	1.5%
Q04	North West London	24	10	24	8	14	2	3	20	1	4	110	2.9%
Q09	Northumberland, Tyne & Wear	3	0	5	0	4	11	2	14	0	0	39	0.9%
Q26	Shropshire & Staffordshire	38	0	29	0	6	2	3	19	0	2	99	3.1%
Q22	Somerset & Dorset	23	0	58	4	3	7	0	6	0	0	101	4.1%
Q07	South East London	1	0	13	14	12	1	1	3	0	2	47	1.2%
Q08	South West London	28	10	20	0	12	3	2	13	1	5	94	3.2%
Q21	South West Peninsula	7	0	32	2	0	1	1	3	0	0	46	1.3%
Q23	South Yorkshire	16	1	17	0	0	5	1	12	0	1	53	1.4%
Q19	Surrey & Sussex	31	38	31	12	22	8	3	29	22	3	199	4.0%
Q16	Thames Valley	3	5	32	12	28	3	1	12	4	1	101	2.7%
Q24	Trent	21	3	60	4	5	7	2	18	3	1	124	2.3%
Q28	West Midlands South	26	1	13	2	8	7	3	13	2	0	75	2.5%
Q12	West Yorkshire	14	3	13	6	7	6	3	11	14	0	77	1.5%

Source: Situation Reports.

Table 81c

ACUTE DELAYED TRANSFERS OF PATIENTS OF ALL AGES, 2005–06

Org code	Org name	<i>Delays by reason</i>										Total	Delayed Discharge Rate (per available bed)
		Completion of assessment	Public Funding	Further non-acute NHS care	Care Home placement—Residential Home	Care Home placement—Nursing Home	Care package in own home	Community Equipment/adaptions	Patient or family choice	Disputes	Housing—patients not covered by NHS and Community Care Act		
	England	455	109	574	215	272	188	75	381	53	44	2,366	2.1%
Q20	Avon, Gloucestershire & Wiltshire	20	28	19	18	37	15	6	21	0	1	165	3.2%
Q02	Bedfordshire & Hertfordshire	25	1	13	19	18	4	4	13	0	2	99	4.2%
Q27	Birmingham & the Black Country	42	9	27	18	16	34	1	22	2	6	177	2.8%
Q15	Cheshire & Merseyside	21	1	22	7	5	21	3	38	1	2	121	1.8%
Q10	County Durham & Tees Valley	1	0	10	1	3	0	5	1	0	0	21	0.7%
Q13	Cumbria & Lancashire	12	0	12	5	14	2	0	18	2	1	66	1.6%
Q03	Essex	5	3	11	11	2	8	1	13	2	0	56	2.0%
Q14	Greater Manchester	19	0	15	10	2	10	6	20	4	1	87	1.3%
Q17	Hampshire & the Isle of Wight	19	2	12	9	19	3	5	9	2	2	82	2.7%
Q18	Kent and Medway	21	8	16	7	19	4	6	11	3	1	96	3.2%
Q25	Leicestershire, Northamptonshire & Rutland	15	7	22	4	5	1	10	6	0	0	70	2.3%
Q01	Norfolk, Suffolk & Cambridgeshire	18	1	28	24	15	13	3	21	1	3	127	2.5%
Q11	North & East Yorkshire & Northern Lincolnshire	5	0	12	5	3	4	0	23	0	0	52	1.4%
Q05	North Central London	5	2	20	11	15	14	2	12	0	4	85	2.5%
Q06	North East London	22	2	6	6	5	1	4	17	1	1	65	1.8%
Q04	North West London	21	9	28	9	15	4	3	7	2	2	100	2.6%
Q09	Northumberland, Tyne & Wear	2	0	7	0	2	2	0	9	0	1	23	0.5%
Q26	Shropshire & Staffordshire	33	2	32	3	1	7	0	18	2	0	98	3.3%
Q22	Somerset & Dorset	5	0	38	2	9	2	0	5	0	2	63	2.6%
Q07	South East London	3	0	6	9	11	0	1	6	4	0	40	1.1%
Q08	South West London	19	6	19	8	9	1	0	10	2	0	74	2.7%
Q21	South West Peninsula	19	2	56	3	3	0	0	6	0	1	90	2.7%
Q23	South Yorkshire	16	2	30	1	1	9	1	3	0	0	63	1.8%
Q19	Surrey & Sussex	29	22	17	5	16	10	5	16	7	12	139	2.8%
Q16	Thames Valley	15	0	38	5	16	10	5	19	4	2	114	3.2%
Q24	Trent	20	2	30	5	2	2	2	13	14	0	90	1.7%
Q28	West Midlands South	7	0	15	4	5	4	0	8	0	0	43	1.4%
Q12	West Yorkshire	16	0	13	6	4	3	2	16	0	0	60	1.1%

Source: Situation Reports.

5.7 Mental Health

5.7.1 How many consultant episodes of patients with mental illness and how many per 1,000 population were there amongst residents of each (a) strategic Health Authority and (b) Primary care Trust area in 2003–04 and 2004–05? (Q82)

ANSWER

1. The information requested is given in **Table 82a** and **Table 82b**.

Table 82a

NUMBER OF CONSULTANT PATIENT EPISODES OF PATIENTS WITH MENTAL ILLNESS PER 1,000 POPULATION, BY STRATEGIC HEALTH AUTHORITY IN 2003-04 AND 2004-05

<i>Code</i>	<i>Strategic Health Authority</i>	<i>Total</i>	<i>2003-04 Rate per 1,000 population</i>	<i>Total</i>	<i>2004-05 Rate per 1,000 population</i>
	England	217,730	4.36	205,800	4.11
Q20	Avon, Gloucestershire & Wiltshire	9,630	4.39	7,140	3.22
Q02	Bedford & Hertfordshire	6,300	3.90	4,920	3.01
Q27	Birmingham & The Black Country	6,370	2.80	8,200	3.60
Q15	Cheshire & Merseyside	7,600	3.23	9,930	4.22
Q10	County Durham & Tees Valley	6,680	5.82	4,580	4.00
Q13	Cumbria & Lancashire	8,290	4.32	8,310	4.31
Q03	Essex	6,930	4.25	8,110	4.93
Q14	Greater Manchester	6,420	2.54	10,920	4.30
Q17	Hampshire & Isle Of Wight	4,990	2.78	9,640	5.32
Q18	Kent & Medway	5,530	3.46	4,850	2.99
Q25	Leicestershire, Northamptonshire & Rutland	10,750	6.80	7,260	4.54
Q01	Norfolk, Suffolk & Cambridgeshire	8,440	3.80	8,750	3.88
Q11	North & East Yorkshire & Northern Lincolnshire	11,340	6.91	5,210	3.16
Q05	North Central London	10,340	8.48	7,240	5.85
Q06	North East London	7,490	4.89	8,210	5.31
Q04	North West London	9,270	5.11	7,070	3.83
Q09	Northumberland, Tyne & Wear	4,490	3.22	6,060	4.37
Q26	Shropshire & Staffordshire	10,780	7.20	5,570	3.71
Q22	Somerset & Dorset	8,120	6.73	5,850	4.78
Q07	South East London	7,740	5.12	8,620	5.68
Q08	South West London	7,230	5.51	6,310	4.74
Q21	South West Peninsula	6,120	3.82	7,150	4.40
Q23	South Yorkshire	6,140	4.83	5,320	4.17
Q19	Surrey & Sussex	10,410	4.05	10,150	3.91
Q16	Thames Valley	9,380	4.44	6,540	3.07
Q24	Trent	6,390	2.39	9,330	3.46
Q28	West Midlands South	8,760	5.65	5,590	3.57
Q12	West Yorkshire	5,830	2.78	8,990	4.26

Source: HES.

Footnotes:

1. Rounded figures may not add up to the total rounded figure as they are rounded separately

Table 82b

NUMBER OF CONSULTANT PATIENT EPISODES OF PATIENTS WITH MENTAL ILLNESS
PER 1,000 POPULATION, BY PRIMARY CARE TRUST IN 2003-04 AND 2004-05

<i>England</i>	<i>2004-05</i>		<i>2003-04</i>	
	<i>Total</i>	<i>Rate per 1,000 Population</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
PCT	205,800	4.11	217,730	4.36
NORTHUMBERLAND, TYNE & WEAR				
5D7 NEWCASTLE PCT	1,270	4.69	1,310	4.93
5D8 NORTH TYNESIDE PCT	720	3.78	690	3.60
5KF GATESHEAD PCT	920	4.79	1,100	5.74
5KG SOUTH TYNESIDE PCT	860	5.68	910	5.99
5KL SUNDERLAND TEACHING PCT	1,060	3.76	1,080	3.81
TAC NORTHUMBERLAND CARE TRUST	1,240	3.98	1,340	4.32
COUNTY DURHAM & TEES VALLEY				
5D9 HARTLEPOOL PCT	250	2.80	320	3.58
5E1 NORTH TEES PCT	470	2.52	560	3.02
5J8 DURHAM DALES PCT	440	5.09	430	4.98
5J9 DARLINGTON PCT	610	6.15	570	5.79
5KA DERWENTSIDE PCT	460	5.37	460	5.42
5KC DURHAM AND CHESTER-LE-STREET PCT	680	4.69	750	5.25
5KD EASINGTON PCT	310	3.35	370	4.03
5KE SEDGFIELD PCT	460	5.25	460	5.27
5KM MIDDLESBROUGH PCT	580	3.25	720	3.99
5KN LANGBAURGH PCT	320	3.22	350	3.51
CUMBRIA & LANCASHIRE				
5CC BLACKBURN WITH DARWEN PCT	780	5.56	670	4.81
5D4 CARLISLE AND DISTRICT PCT	480	4.10	520	4.53
5D5 EDEN VALLEY PCT	190	2.69	200	2.89
5D6 WEST CUMBRIA PCT	550	4.11	660	5.04
5DD MORECAMBE BAY PCT	1,550	5.00	1,780	5.77
5F2 CHORLEY AND SOUTH RIBBLE PCT	720	3.47	540	2.60
5F3 WEST LANCASHIRE PCT	420	3.86	490	4.48
5G7 HYNDBURN AND RIBBLE VALLEY PCT	540	4.24	470	3.71
5G8 BURNLEY, PENDLE AND ROSSENDALE PCT	1,160	4.78	1,220	5.02
5HD PRESTON PCT	740	5.19	600	4.26
5HE FYLDE PCT	250	3.32	260	3.45
5HF WYRE PCT	320	2.88	340	3.14
5HP BLACKPOOL PCT	620	4.32	680	4.75
GREATER MANCHESTER				
5AA SOUTH MANCHESTER PCT	680	4.80	630	4.40
5CL CENTRAL MANCHESTER PCT	900	5.62	780	4.99
5CR NORTH MANCHESTER PCT	640	4.72	630	4.74
5CX TRAFFORD SOUTH PCT	350	2.84	350	2.91
5F4 HEYWOOD AND MIDDLETON PCT	250	3.42	320	4.29
5F5 SALFORD PCT	1,090	5.06	1,040	4.80
5F6 TRAFFORD NORTH PCT	330	3.63	320	3.49
5F7 STOCKPORT PCT	1,390	4.91	1,490	5.26
5HG ASHTON, LEIGH AND WIGAN PCT	1,120	3.67	1,200	3.96
5HQ BOLTON PCT	1,420	5.36	1,790	6.80
5J5 OLDHAM PCT	780	3.57	680	3.11
5JX BURY PCT	580	3.19	690	3.80
5JY ROCHDALE PCT	520	3.91	570	4.30
5LH TAMESIDE AND GLOSSOP PCT	1,030	4.18	980	3.98
CHESHIRE & MERSEYSIDE				
5F8 BEBINGTON AND WEST WIRRAL PCT	300	2.49	310	2.56
5F9 SOUTHPORT AND FORMBY PCT	560	4.80	420	3.62
5G9 NORTH LIVERPOOL PCT	630	6.15	600	5.79
5H2 BIRKENHEAD AND WALLASEY PCT	850	4.45	880	4.57
5H3 CHESHIRE WEST PCT	450	2.93	520	3.40
5H4 CENTRAL CHESHIRE PCT	360	1.40	700	2.72

<i>England</i>	<i>2004-05</i>		<i>2003-04</i>	
	<i>Total</i>	<i>Rate per 1,000 Population</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
5H5 EASTERN CHESHIRE PCT	740	3.95	930	4.97
5H6 ELLESMERE PORT AND NESTON PCT	240	2.94	270	3.35
5HA CENTRAL LIVERPOOL PCT	1,440	5.98	1,310	5.53
5HC SOUTH LIVERPOOL PCT	440	4.33	360	3.57
5J1 HALTON PCT	560	4.73	610	5.18
5J2 WARRINGTON PCT	940	4.87	930	4.80
5J3 ST HELENS PCT	790	4.48	800	4.54
5J4 KNOWSLEY PCT	790	5.25	870	5.80
5M5 SOUTH SEFTON PCT	830	5.01	820	4.97
NORTH & EAST YORKSHIRE & NORTHERN LINCOLNSHIRE				
5AN NORTH EAST LINCOLNSHIRE PCT	570	3.57	440	2.75
5E2 SELBY AND YORK PCT	1,180	4.27	1,180	4.29
5E3 EAST YORKSHIRE PCT	350	2.00	350	2.02
5E4 YORKSHIRE WOLDS AND COAST PCT	250	1.63	260	1.75
5E5 EASTERN HULL PCT	240	2.01	240	2.02
5E6 WEST HULL PCT	430	3.32	440	3.41
5EF NORTH LINCOLNSHIRE PCT	550	3.60	510	3.36
5KH HAMBLETON AND RICHMONDSHIRE PCT	330	2.71	320	2.67
5KJ CRAVEN, HARROGATE AND RURAL DISTRICT PCT	930	4.45	1,280	6.19
5KK SCARBOROUGH, WHITBY AND RYEDALE PCT	390	2.47	520	3.27
WEST YORKSHIRE				
5AW AIREDALE PCT	590	4.71	770	6.27
5CF BRADFORD CITY PCT	710	5.60	450	3.56
5CG BRADFORD SOUTH AND WEST PCT	450	3.20	300	2.13
5CH NORTH BRADFORD PCT	280	3.15	230	2.55
5E7 EASTERN WAKEFIELD PCT	760	4.36	960	5.55
5E8 WAKEFIELD WEST PCT	730	5.05	920	6.33
5HH LEEDS WEST PCT	610	5.49	710	6.42
5HJ LEEDS NORTH EAST PCT	550	4.98	710	6.47
5HK EAST LEEDS PCT	770	4.82	980	6.12
5HL SOUTH LEEDS PCT	890	5.91	1,120	7.44
5HM LEEDS NORTH WEST PCT	1,050	5.58	1,270	6.91
5J6 CALDERDALE PCT	510	2.60	730	3.78
5J7 NORTH KIRKLEES PCT	340	1.97	550	3.16
5LJ HUDDERSFIELD CENTRAL PCT	480	3.53	790	5.84
5LK SOUTH HUDDERSFIELD PCT	270	3.23	270	3.20
SOUTH YORKSHIRE				
5CK DONCASTER CENTRAL PCT	410	5.91	580	8.27
5EE NORTH SHEFFIELD PCT	480	4.03	500	4.37
5EK DONCASTER EAST PCT	350	3.07	560	4.94
5EL DONCASTER WEST PCT	300	2.87	430	4.10
5EN SHEFFIELD WEST PCT	570	4.51	530	4.83
5EP SHEFFIELD SOUTH WEST PCT	360	3.35	560	4.42
5EQ SOUTH EAST SHEFFIELD PCT	570	3.45	640	3.91
5H8 ROTHERHAM PCT	1,070	4.22	980	3.89
5JE BARNSELY PCT	1,210	5.49	1,380	6.25
TRENT				
5AL CENTRAL DERBY PCT	320	4.90	460	7.21
5AM MANSFIELD DISTRICT PCT	500	5.07	550	5.62
5AP NEWARK AND SHERWOOD PCT	320	2.94	450	4.11
5D2 WEST LINCOLNSHIRE PCT	790	3.44	810	3.59
5D3 LINCOLNSHIRE SOUTH WEST TEACHING PCT	350	2.04	410	2.40
5EA CHESTERFIELD PCT	430	4.32	460	4.63
5EC GEDLING PCT	280	2.49	300	2.70
5ED AMBER VALLEY PCT	390	3.27	440	3.71
5EG NORTH EASTERN DERBYSHIRE PCT	580	3.38	700	4.11
5EM NOTTINGHAM CITY PCT	1,400	5.10	1,440	5.27
5ER EREWASH PCT	250	2.25	390	3.57
5ET BASSETLAW PCT	410	3.74	380	3.48
5EV BROXTOWE AND HUCKNALL PCT	320	2.29	360	2.60
5EX GREATER DERBY PCT	620	3.68	700	4.15
5FA ASHFIELD PCT	410	4.89	510	6.14

<i>England</i>		<i>2004-05</i>		<i>2003-04</i>	
		<i>Total</i>	<i>Rate per 1,000 Population</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
5FC	RUSHCLIFFE PCT	330	3.09	330	3.10
5H7	DERBYSHIRE DALES AND SOUTH DERBYSHIRE PCT	300	2.66	340	3.00
5H9	EAST LINCOLNSHIRE PCT	790	2.89	780	2.88
5HN	HIGH PEAK AND DALES PCT	380	3.78	470	4.66
LEICESTERSHIRE, NORTHAMPTONSHIRE & RUTLAND					
5AC	DAVENTRY AND SOUTH NORTHAMPTONSHIRE PCT	320	3.01	320	3.04
5EH	MELTON, RUTLAND AND HARBOROUGH PCT	480	3.31	660	4.61
5EJ	LEICESTER CITY WEST PCT	870	7.71	1,100	9.86
5EY	EASTERN LEICESTER PCT	1,080	6.27	1,430	8.30
5JA	HINCKLEY AND BOSWORTH PCT	470	4.00	660	5.64
5JC	CHARNWOOD AND NORTH WEST LEICESTERSHIRE PCT	1,060	4.48	1,470	6.29
5JD	SOUTH LEICESTERSHIRE PCT	690	4.28	940	5.85
5LV	NORTHAMPTONSHIRE HEARTLANDS PCT	970	3.48	1,320	4.81
5LW	NORTHAMPTON PCT	1,200	5.70	1,330	6.31
SHROPSHIRE & STAFFORDSHIRE					
5DQ	BURNTWOOD, LICHFIELD AND TAMWORTH PCT	400	2.65	480	3.16
5HR	STAFFORDSHIRE MOORLANDS PCT	340	3.18	470	4.38
5HW	NEWCASTLE-UNDER-LYME PCT	540	5.20	530	5.14
5M2	SHROPSHIRE COUNTY PCT	1,070	3.70	1,180	4.12
5ME	NORTH STOKE PCT	820	6.70	980	8.01
5MF	SOUTH STOKE PCT	690	5.64	760	6.20
5MK	TELFORD AND WREKIN PCT	630	3.91	740	4.63
5ML	EAST STAFFORDSHIRE PCT	340	2.96	460	3.98
5MM	CANNOCK CHASE PCT	310	2.40	290	2.24
5MN	SOUTH WESTERN STAFFORDSHIRE PCT	430	2.14	500	2.52
BIRMINGHAM & THE BLACK COUNTRY					
5D1	SOLIHULL PCT	520	2.61	640	3.17
5HT	DUDLEY SOUTH PCT	620	3.21	650	3.38
5HV	DUDLEY BEACON AND CASTLE PCT	510	4.50	530	4.68
5M1	SOUTH BIRMINGHAM PCT	2,270	6.19	2,390	6.52
5M3	WALSALL PCT	740	2.92	780	3.09
5MG	OLDBURY AND SMETHWICK PCT	340	3.90	370	4.21
5MH	ROWLEY REGIS AND TIPTON PCT	300	3.18	300	3.21
5MJ	WEDNESBURY AND WEST BROMWICH PCT	300	2.89	350	3.37
5MV	WOLVERHAMPTON CITY PCT	650	2.70	710	2.96
5MW	NORTH BIRMINGHAM PCT	310	1.86	290	1.79
5MX	HEART OF BIRMINGHAM TEACHING PCT	1,000	3.95	1,030	4.09
5MY	EASTERN BIRMINGHAM PCT	650	3.11	730	3.48
WEST MIDLANDS SOUTH					
5CN	HEREFORDSHIRE PCT	640	3.60	720	4.06
5DR	WYRE FOREST PCT	440	4.30	600	5.86
5M9	RUGBY PCT	240	2.65	160	1.79
5MD	COVENTRY PCT	1,280	4.21	1,420	4.64
5MP	NORTH WARWICKSHIRE PCT	380	2.09	210	1.14
5MQ	SOUTH WARWICKSHIRE PCT	910	3.58	880	3.55
5MR	REDDITCH AND BROMSGROVE PCT	710	4.27	740	4.47
5MT	SOUTH WORCESTERSHIRE PCT	990	3.50	1,110	3.95
NORFOLK, SUFFOLK & CAMBRIDGESHIRE					
5A2	NORWICH PCT	680	5.44	720	5.86
5AF	NORTH PETERBOROUGH PCT	610	6.32	510	5.22
5AG	SOUTH PETERBOROUGH PCT	360	3.31	330	3.08
5CY	WEST NORFOLK PCT	560	3.46	770	4.78
5G1	SOUTHERN NORFOLK PCT	510	2.40	580	2.75
5GF	HUNTINGDONSHIRE PCT	540	3.66	2,390	16.41
5GT	GREAT YARMOUTH TEACHING PCT	310	3.30	390	4.20
5JH	CAMBRIDGE CITY PCT	1,110	9.33	540	4.66
5JJ	SOUTH CAMBRIDGESHIRE PCT	650	4.83	380	2.85
5JK	EAST CAMBRIDGESHIRE AND FENLAND PCT	710	4.86	490	3.37

<i>England</i>		<i>2004-05</i>		<i>2003-04</i>	
		<i>Total</i>	<i>Rate per 1,000 Population</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
5JL	BROADLAND PCT	330	2.71	370	3.09
5JM	NORTH NORFOLK PCT	290	2.89	310	3.16
5JQ	IPSWICH PCT	770	5.35	560	3.94
5JR	SUFFOLK COASTAL PCT	300	2.95	250	2.47
5JT	CENTRAL SUFFOLK PCT	190	1.90	200	2.02
5JV	WAVENEY PCT	400	3.19	430	3.53
5JW	SUFFOLK WEST PCT	500	2.24	460	2.10
BEDFORD & HERTFORDSHIRE					
5CP	HERTSMERE PCT	160	1.68	210	2.22
5GC	LUTON PCT	750	4.08	890	4.82
5GD	BEDFORD PCT	670	4.41	640	4.24
5GE	BEDFORDSHIRE HEARTLANDS PCT	640	2.65	690	2.87
5GG	WELWYN HATFIELD PCT	270	2.73	410	4.19
5GH	NORTH HERTFORDSHIRE AND STEVENAGE PCT	710	3.92	1,220	6.74
5GJ	SOUTH EAST HERTFORDSHIRE PCT	500	3.08	630	3.84
5GK	ROYSTON, BUNTINGFORD AND BISHOP'S STORTFORD PCT	150	2.08	160	2.25
5GV	WATFORD AND THREE RIVERS PCT	430	2.65	490	2.98
5GW	DACORUM PCT	400	2.88	480	3.46
5GX	ST ALBANS AND HARPENDEN PCT	250	1.88	490	3.72
ESSEX					
5AH	TENDRING PCT	640	4.58	550	3.93
5AJ	EPPING FOREST PCT	390	3.18	340	2.82
5AK	SOUTHEND ON SEA PCT	1,550	9.69	1,010	6.32
5DC	HARLOW PCT	430	5.57	400	5.15
5GL	MALDON AND SOUTH CHELMSFORD PCT	300	3.37	270	3.11
5GM	COLCHESTER PCT	710	4.34	650	4.03
5GN	UTTLESFORD PCT	260	3.60	180	2.44
5GP	BILLERICAY, BRENTWOOD AND WICKFORD PCT	710	5.22	580	4.30
5GQ	THURROCK PCT	580	4.00	480	3.30
5GR	BASILDON PCT	620	6.09	460	4.53
5JN	CHELMSFORD PCT	620	4.89	510	4.07
5JP	CASTLE POINT AND ROCHFORD PCT	800	4.83	510	3.06
TAG	WITHAM, BRAINTREE & HALSTEAD CARE TRUST	520	3.73	430	3.15
NORTH WEST LONDON					
5AT	HILLINGDON PCT	740	2.96	960	3.88
5H1	HAMMERSMITH AND FULHAM PCT	850	4.79	1,140	6.52
5HX	EALING PCT	1,400	4.62	1,700	5.59
5HY	HOUNSLOW PCT	1,030	4.85	1,130	5.31
5K5	BRENT PCT	1,060	3.95	900	3.35
5K6	HARROW PCT	120	0.56	90	0.41
5LA	KENSINGTON AND CHELSEA PCT	710	3.85	590	3.39
5LC	WESTMINSTER PCT	1,170	5.10	1,100	4.94
NORTH CENTRAL LONDON					
5A9	BARNET PCT	810	2.48	880	2.72
5C1	ENFIELD PCT	1,490	5.31	1,590	5.67
5C9	HARINGEY TEACHING PCT	1,200	5.36	1,260	5.59
5K7	CAMDEN PCT	2,040	9.39	1,560	7.41
5K8	ISLINGTON PCT	1,700	9.46	1,390	7.71
NORTH EAST LONDON					
5A4	HAVERING PCT	830	3.67	830	3.71
5C2	BARKING AND DAGENHAM PCT	700	4.27	740	4.47
5C3	CITY AND HACKNEY PCT	1,670	7.72	1,390	6.42
5C4	TOWER HAMLETS PCT	1,060	5.06	1,060	5.12
5C5	NEWHAM PCT	1,390	5.61	1,360	5.42
5NA	REDBRIDGE PCT	1,040	4.21	1,270	5.17
5NC	WALTHAM FOREST PCT	1,530	6.91	1,640	7.42
5A7	BROMLEY PCT	1,140	3.81	1,280	4.29
5A8	GREENWICH PCT	1,470	6.50	1,600	7.14

<i>England</i>	<i>2004-05</i>		<i>2003-04</i>	
	<i>Total</i>	<i>Rate per 1,000 Population</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>
5LD LAMBETH PCT	2,210	8.24	1,830	6.82
5LE SOUTHWARK PCT	1,590	6.24	1,580	6.21
5LF LEWISHAM PCT	1,380	5.59	730	2.95
TAK BEXLEY CARE TRUST	840	3.81	1,100	5.01
5A5 KINGSTON PCT	830	5.48	880	5.82
5K9 CROYDON PCT	1,370	4.03	1,330	3.94
5LG WANDSWORTH PCT	1,610	5.82	1,800	6.58
5M6 RICHMOND AND TWICKENHAM PCT	910	4.95	990	5.54
5M7 SUTTON AND MERTON PCT	1,590	4.29	1,930	5.21
THAMES VALLEY				
5CQ MILTON KEYNES PCT	530	2.41	610	2.78
5DK NEWBURY AND COMMUNITY PCT	210	2.17	310	3.34
5DL READING PCT	580	2.99	750	3.83
5DM SLOUGH PCT	420	3.54	460	3.90
5DN WOKINGHAM PCT	210	1.38	330	2.17
5DP VALE OF AYLESBURY PCT	940	4.72	1,060	5.33
5DT NORTH EAST OXFORDSHIRE PCT	160	2.25	140	1.92
5DV CHERWELL VALE PCT	340	2.76	400	3.25
5DW OXFORD CITY PCT	840	5.07	920	5.66
5DX SOUTH EAST OXFORDSHIRE PCT	180	2.44	200	2.71
5DY SOUTH WEST OXFORDSHIRE PCT	530	2.70	550	2.79
5G2 BRACKNELL FOREST PCT	310	2.77	380	3.42
5G3 WINDSOR, ASCOT AND MAIDENHEAD PCT	470	3.14	550	3.75
5G4 CHILTERN AND SOUTH BUCKS PCT	480	2.95	500	3.08
5G5 WYCOMBE PCT	470	3.47	470	3.46
HAMPSHIRE & ISLE OF WIGHT				
5A1 NEW FOREST PCT	930	5.43	950	5.54
5DF NORTH HAMPSHIRE PCT	840	3.98	830	3.95
5DG ISLE OF WIGHT PCT	790	5.68	820	6.03
5E9 MID-HAMPSHIRE PCT	770	4.34	910	5.21
5FD EAST HAMPSHIRE PCT	1,180	6.91	850	4.97
5FE PORTSMOUTH CITY PCT	1,510	8.02	970	5.11
5G6 BLACKWATER VALLEY AND HART PCT	470	2.67	460	2.63
5L1 SOUTHAMPTON CITY PCT	1,380	6.24	1,910	8.66
5LX FAREHAM AND GOSPORT PCT	1,190	6.42	910	4.87
5LY EASTLEIGH AND TEST VALLEY SOUTH PCT	590	3.62	660	4.05
KENT & MEDWAY				
5CM DARTFORD, GRAVESHAM AND SWANLEY PCT	760	3.38	460	2.08
5FF SOUTH WEST KENT PCT	190	1.03	150	0.84
5L2 MAIDSTONE WEALD PCT	970	4.05	780	3.29
5L3 MEDWAY PCT	900	3.43	630	2.40
5L4 SWALE PCT	420	4.32	340	3.55
5LL ASHFORD PCT	230	2.14	340	3.20
5LM CANTERBURY AND COASTAL PCT	410	2.43	510	3.08
5LN EAST KENT COASTAL PCT	740	3.15	900	3.84
5LP SHEPWAY PCT	240	2.48	370	3.84
SURREY & SUSSEX				
5FH BEXHILL AND ROTHER PCT	290	3.33	350	4.02
5FJ HASTINGS AND ST LEONARDS PCT	550	6.52	590	6.88
5FK MID-SUSSEX PCT	600	4.55	440	3.35
5KP EAST ELMBRIDGE AND MID SURREY PCT	970	3.62	1,110	4.18
5KQ EAST SURREY PCT	520	3.27	600	3.78
5L5 GUILDFORD AND WAVERLEY PCT	820	3.66	910	4.07
5L6 NORTH SURREY PCT	560	2.80	360	1.82
5L7 SURREY HEATH AND WOKING PCT	660	3.21	560	2.69
5L8 ADUR, ARUN AND WORTHING PCT	870	4.01	1,030	4.77
5L9 WESTERN SUSSEX PCT	970	4.55	1,050	5.01
5LQ BRIGHTON AND HOVE CITY PCT	1,250	4.97	1,640	6.54
5LR EASTBOURNE DOWNS PCT	1,020	6.08	990	5.87
5LT SUSSEX DOWNS AND WEALD PCT	430	2.76	510	3.30
5MA CRAWLEY PCT	300	2.99	280	2.77
5MC HORSHAM AND CHANCTONBURY PCT	330	3.17	330	3.23

England	2004–05		2003–04	
	Total	Rate per 1,000 Population	Total	Rate per 1,000 Population
AVON, GLOUCESTERSHIRE & WILTSHIRE				
5A3 SOUTH GLOUCESTERSHIRE PCT	520	2.08	540	2.18
5DH WEST WILTSHIRE PCT	300	2.39	350	2.90
5DJ SOUTH WILTSHIRE PCT	490	4.12	550	4.65
5FL BATH AND NORTH EAST SOMERSET PCT	550	3.18	580	3.39
5JF BRISTOL NORTH PCT	960	4.47	1,170	5.47
5JG BRISTOL SOUTH AND WEST PCT	710	3.97	850	4.77
5K3 SWINDON PCT	440	2.34	340	1.81
5K4 KENNET AND NORTH WILTSHIRE PCT	510	2.50	550	2.75
5KW CHELTENHAM AND TEWKESBURY PCT	720	4.53	710	4.47
5KX WEST GLOUCESTERSHIRE PCT	800	3.60	880	3.99
5KY COTSWOLD AND VALE PCT	570	2.96	580	3.06
5M8 NORTH SOMERSET PCT	600	3.11	650	3.40
SOUTH WEST PENINSULA				
5CV SOUTH HAMS AND WEST DEVON PCT	450	3.96	520	4.66
5CW TORBAY Care Trust	0	0.00	0	0.00
5F1 PLYMOUTH PCT	1,090	4.47	1,170	4.83
5FM WEST OF CORNWALL PCT	680	4.21	620	3.84
5FQ NORTH DEVON PCT	640	4.19	690	4.63
5FR EXETER PCT	670	4.96	610	4.62
5FT EAST DEVON PCT	690	5.67	720	5.99
5FV MID DEVON PCT	450	4.65	430	4.56
5FY TEIGNBRIDGE PCT	460	4.26	400	3.75
5KR NORTH AND EAST CORNWALL PCT	670	4.08	720	4.43
5KT CENTRAL CORNWALL PCT	680	3.55	700	3.67
SOMERSET & DORSET				
5CD NORTH DORSET PCT	330	3.63	360	3.96
5CE BOURNEMOUTH PCT	870	5.95	1,050	7.16
5FN SOUTH AND EAST DORSET PCT	530	3.53	640	4.27
5FP SOUTH WEST DORSET PCT	560	4.11	590	4.38
5FW SOMERSET COAST PCT	650	4.46	640	4.42
5FX MENDIP PCT	540	4.91	420	3.89
5K1 SOUTH SOMERSET PCT	820	5.39	700	4.63
5K2 TAUNTON DEANE PCT	730	6.87	740	7.00
5KV POOLE PCT	830	4.67	990	5.59

Source: HES.

Footnotes:

1. PCTs grouped in Government Office Regions (GOR).
2. Population figures used:
2004 = 50,093,130
2003 = 49,885,740.
3. No data available for Torbay Primary Care Trust.

5.7.2 Could the Department update the information given in Tables 3.4.1, on patients under the care of a learning disability or mental illness consultant, including (a) numbers of patients (b) discharges by length of stay, age and destination and (c) beds and residential places available? How many repeat admissions of such patients were there? (Q83)

ANSWER

1. The available information is given in **Table 83a** to **Table 83g**.

CARE OF PATIENTS UNDER LEARNING DISABILITY AND MENTAL ILLNESS SPECIALITIES

2. The estimated number of in-patients under the care of the learning disability specialty, at the end of each year, fell to 3,139 in 2004–05 from 12,522 in 1994–95—**Table 83a**. This is mainly due to the fall in the number of very long stay patients, from 8,002 to 1,590 over the period. This is matched by a decrease in the number of in-patients under the care of the mental illness specialty, at the end of the year, to 25,752 in 2004–05 from 37,143 in 1994–95—**Table 83b**. This reflects a reduction in dependence on long stay hospital beds and growth in provision of alternative forms of supported residential and home based services and community teams.

3. There has been an increase in the proportion of patients with learning disability discharged from hospital after a short stay. **Table 83c** shows that 76% of patients in 2004–05 had been in hospital for less than a week. This compares with 73% of those in 1993–94.

4. **Table 83d** shows a decrease in the number of in-patient episodes of mental illness care lasting less than one month. There were 99,170 discharges in 2004–05 after short stay episodes—less than one month (59% of all discharges) compared with 133,343 in 1994–95 (65% of all discharges).

5. **Table 83e** shows that most learning disability patients under-65 discharged after a length of stay of less than a year return to their usual place of residence (98% in 2004–05). This compares with an estimated 87% for mental illness patients in the same year, **Table 83f**.

6. In the case of learning disability patients aged 65 or over, 68% returned to their usual place of residence in 2004–05, with a further 24% transferred to other NHS providers. This compares to 65% and 17% respectively for mental illness patients.

7. Of the learning disability patients under 65 discharged after a stay of a year or more (an estimated 310 in 2004–05), 3% returned to their usual place of residence, 41% transferred to another NHS provider and 50% to local authority homes or other non-NHS institutions. For discharged mental illness patients under 65 (an estimated 2,870 in 2004–05), 52% returned to their usual place of residence, 19% transferred to another NHS provider and 16% to local authority homes or other non-NHS institutions.

8. Only an estimated 90 learning disability patients aged 65 or over were discharged after a stay of a year or more in 2004–05, compared with 960 for mental illness patients; the estimates of destination on discharge are based on small numbers and are unlikely to be reliable.

9. **Table 83g** shows which sets out the maximum number of registered places for each client group with learning disability or mental disorder, broken down by age group (children, adults and the over sixty-fives) and provider category type (NHS, Independent, Voluntary, Local Authority and other).

10. It is difficult to aggregate capacity figures for different client groups, because a home may have places that are registered for more than one client group. For example, a home might have a total number of 23 places all registered for mental disorder, but some of the places might also be registered for learning disability. At the end of March 2006, there were over 8,500 registered places in NHS and Local Authority facilities and over 83,200 registered places in Independent and Voluntary facilities. For children with learning disabilities and/or mental disorders there are nearly 5,000 registered places—although there are no places registered for children with mental disorders within NHS facilities.

11. Detailed data on private hospitals and clinics is not available in a comparable form, due to service definitional issues. Data on Care Homes are not available at present, as discussions have not been concluded between the Adult Social Services Team in the Health and Social Care Information Centre (HSCIC) and the Commission for Social Care Inspection (CSCI).

NUMBER OF REPEAT DISCHARGES

12. Data on the number of times individual patients are discharged over a period of time after completing their spell in hospital is not yet reliable because coverage of patients in receipt of this care is patchy across the NHS.

13. The Department does however have available two indicators, compiled by the Healthcare Commission, reflecting the number of emergency psychiatric re-admissions. One, “psychiatric re-admissions (adults)”, for patients aged 17–64 re-admitted as an emergency to the care of psychiatric specialist within 28 days of discharge, relates to Mental Health National Service Framework standard 4. The other, “psychiatric re-admissions (older people)”, is for people aged over 65 the “psychiatric re-admissions (adults)” indicator covers patients under a consultant whose speciality is Mental Illness or Old Age Psychiatry and is based on HES data. However, it excludes any patients with a primary diagnosis of substance abuse or eating disorder (ICD 10 codes: F10 to F19, F50, Z50.2 and Z50.3). For these excluded conditions, re-admission is often considered a necessary part of the care. It should also be noted that any planned re-admissions are excluded from the count of re-admissions.

14. It is very important to note that the definition and coverage of this indicator differs from that applied to psychiatric discharges in **Table 83c** and **Table 83d**.

15. The Healthcare Commission has recently released England re-admission rates for the calendar years 2003 and 2004. There have been changes to the definition, so it is not comparable with information available for previous years. The changes have made the indicator more relevant by excluding re-admissions that are not related to psychiatric conditions.

16. 10.32% of adult patients were re-admitted in 2004, compared with 10.70% in 2003. For older people, the 2004 figure was 5.33%, compared with a 2003 figure of 5.65%. Each of these values is estimated to an accuracy of $\pm 0.25\%$.

Table 83a

PATIENTS UNDER THE CARE OF A LEARNING DISABILITIES CONSULTANT
AT 31 MARCH BY DURATION OF STAY, ENGLAND: 1994-95 AND 2004-05

<i>Numbers of Patients</i>	<i>1994-95</i>	<i>2004-05</i>
All durations	12,522	3,139
under 1 year	1,562	377
1-2 years	1,057	305
2-3 years	811	261
3-5 years	1,090	606
over 5	8,002	1,590
Rates per 100,000 population		
All durations	26	6
under 1 year	3	1
1-2 years	2	1
2-3 years	2	1
3-5 years	2	1
over 5	17	3

Source: HES.

Table 83b

PATIENTS UNDER THE CARE OF A MENTAL ILLNESS CONSULTANT AT 31 MARCH BY
DURATION OF STAY, ENGLAND 1994-95 AND 2004-05

<i>Numbers of Patients</i>	<i>1994-95</i>	<i>2004-05</i>
All durations	37,143	25,752
under 1 year	19,730	13,761
1-2 years	4,310	4,084
2-3 years	2,781	2,537
3-5 years	3,852	3,182
over 5	6,470	2,188
Rates per 100,000 population		
All Durations	77	51
under 1 year	41	27
1-2 years	9	8
2-3 years	6	5
3-5 years	8	6
over 5	13	4

Source: HES.

Table 83c

ESTIMATED DISCHARGES OF LEARNING DISABILITIES PATIENTS FROM NHS
FACILITIES BY DURATION OF STAY, ENGLAND 1994-95 AND 2004-05

<i>Duration of Stay</i>	<i>1994-95</i>	<i>2004-05</i>
All durations	47,306	25,088
under 1 week	34,617	19,056
1 week-1 month	9,000	4,520
1 month-3 months	887	489
3-months to 1 year	750	466
1 year-2 years	361	121
2 years-5 years	357	197
5 years-10 years	211	100
over 10 years	1,123	139
Duration unknown	0	0
Percentages		
under 1 week	73%	76%

<i>Numbers of Patients</i>	<i>1994-95</i>	<i>2004-05</i>
All durations	12,522	3,139
under 1 year	1,562	377
1-2 years	1,057	305
2-3 years	811	261
3-5 years	1,090	606
over 5	8,002	1,590
Rates per 100,000 population		
All durations	26	6
under 1 year	3	1
1-2 years	2	1
2-3 years	2	1
3-5 years	2	1
over 5	17	3
1 week-1 month	19%	18%
1 month-3 months	2%	2%
3-months to 1 year	2%	2%
1 year-2 years	1%	0%
2 years-5 years	1%	1%
5 years-10 years	0%	0%
over 10 years	2%	1%
Duration unknown	0%	0%

Source: HES.

Footnotes:

1. Percentages have been calculated using unrounded figures.
2. Data for 1 week to 1 month is for 7 to 29 days and data for 1 month begins on 30 days to ensure there is no double counting.
3. The currency of this table is the total number of discharge episodes.

Table 83d

ESTIMATED DISCHARGES OF MENTAL ILLNESS PATIENTS FROM NHS FACILITIES BY DURATION OF STAY, ENGLAND 1994-95 AND 2004-05

<i>Duration of Stay</i>	<i>1994-95</i>	<i>2004-05</i>
All durations	202,701	166,710
under 1 week	43,237	37,069
1 week-1 month	90,106	62,101
1 month-3 months	48,907	42,072
3-months-1 year	16,134	21,177
1 year-2 years	1,760	2,182
2 years-5 years	1,304	1,416
5 years-10 years	588	307
over 10 years	665	143
Duration unknown	0	243
Percentages		
under 1 week	21%	22%
1 week-1 month	44%	37%
1 month-3 months	24%	25%
3-months-1 year	8%	13%
1 year-2 years	1%	1%
2 years-5 years	1%	1%
5 years-10 years	0%	0%
over 10 years	0%	0%
Duration unknown	0%	0%

Source: HES.

Footnotes:

1. Percentages have been calculated using unrounded figures.
2. Currency of this table is the total number of discharge episodes.
3. Data for 1 week to 1 month is for 7 to 29 days and data for 1 month begins on 30 days to ensure there is no double counting.

Table 83e

ESTIMATED DISCHARGES OF LEARNING DISABILITY PATIENTS FROM NHS FACILITIES BY AGE, LENGTH OF STAY AND DESTINATION 1998-99 AND 2004-05

<i>England</i>		<i>Number and Percentages</i>			
<i>Intended Discharge Destination</i>	<i>1998-99</i>		<i>2004-05</i>		
	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>	
Aged under 65					
Number of discharges	35,940 (2)	1,060	24,360	310	
Percentage					
Usual Residence	98%	21%	98%	3%	
Temporary Residence	0%	2%	0%	1%	
Other NHS Provider	1%	36%	1%	41%	
LA Residential	0%	8%	0%	11%	
Non NHS Institution	0%	21%	0%	39%	
Other and not known	0%	13%	0%	5%	
Aged 65 and over					
Number of discharges	280	100	170	90	
Percentage					
Usual Residence	73%	16%	68%	13%	
Temporary Residence	1%	2%	2%	0%	
Other NHS Provider	12%	33%	24%	36%	
LA Residential	0%	2%	0%	0%	
Non NHS Institution	4%	19%	1%	51%	
Other and not known	9%	28%	5%	0%	

Source: HES.

Footnotes:

1. The currency of this table is the total number of discharge episodes.
2. The 1998-99 figures are almost 20,000 less than the previous year (not shown).

Table 83f

ESTIMATED DISCHARGES OF MENTAL ILLNESS PATIENTS FROM NHS FACILITIES BY AGE, LENGTH OF STAY AND DESTINATION, 1998-99 AND 2004-05

<i>England</i>		<i>Number and Percentages</i>			
<i>Intended Discharge Destination</i>	<i>1998-99</i>		<i>2004-05</i>		
	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>	<i>length of stay less than one year</i>	<i>length of stay of one year or more</i>	
Aged under 65					
Number of discharges	134,920	2,340	116,650	2,870	
Percentage					
Usual Residence	88%	45%	87%	52%	
Temporary Residence	3%	6%	4%	9%	
Other NHS Provider	6%	29%	7%	19%	
LA Residential	0%	3%	0%	3%	
Non NHS Institution	1%	9%	1%	13%	
Other and not known	2%	8%	1%	4%	
Aged 65 and over					
Number of discharges	62,230	1,540	44,320	960	
Percentage					
Usual Residence	71%	12%	65%	26%	
Temporary Residence	2%	2%	2%	4%	
Other NHS Provider	10%	23%	17%	37%	
LA Residential	2%	2%	2%	4%	
Non NHS Institution	10%	8%	11%	25%	
Other and not known	5%	53%	2%	5%	

Source: HES.

Footnotes:

1. The 1998-99 figures are over 10,000 less than the previous year (not shown) and the most recent data shows a drop in the number of discharges for length of stay over 1 year.

Table 83g

**MAXIMUM CAPACITY FOR SERVICES PROVIDING CARE FOR PEOPLE WITH LEARNING DISABILITIES
AND MENTAL DISORDERS AS AT 31 MARCH 2006**

<i>Max No of registered places in the home</i>	<i>Ownership Type</i>	<i>Maximum No of registered places for:</i>						<i>MD(E) Mental Disorder—over 65</i>	<i>Max No of registered places for learning disability & mental disorders</i>
		<i>LD Children learning disabilities</i>	<i>LD Learning disability—adults</i>	<i>LD(E) Learning disability—over 65</i>	<i>MD Children mental disorder</i>	<i>MD Mental Disorder—adults</i>			
1,333	NHS	18	1,054	152	0	123	32	1,294	
93,280	Independent	1,923	27,694	3,465	130	17,754	20,015	62,255	
26,488	Voluntary	955	14,542	2,442	35	4,028	2,093	20,954	
11,263	Local Authority	1,575	4,032	670	164	532	990	7,219	
1,826	Other	57	1,011	87	0	195	234	1,472	
134,190	Totals	4,528	48,333	6,816	329	22,632	23,364	93,194	

Source: CSCI R&J Extract, August 2006.

Footnotes:

Data Source: R&I Extract 1 August 2006. A home may have places which are dual registered, ie for more than one client group.

5.7.3 *How many people were admitted to (a) NHS facilities and (b) independent hospitals under the 1983 Mental Health Act in 2004–05, by Trust and type of section? (Q84)*

ANSWER

NUMBER OF PEOPLE SECTIONED BY TRUST AND THE TYPE OF SECTION

1. **Table 84a** presents information on the number of admissions to NHS facilities (Trusts, Care Trusts and Primary Care Trusts) where the patient was detained under the 1983 Mental Health Act at admission, and on the number of occasions a patient already in hospital as an informal patient was placed under detention. **Table 84b** shows similar information for independent hospitals, as defined by the Care Standards Act 2000, in each SHA area (these data were forwarded to the Department directly from the independent hospitals). There were a total of 25,100 formal admissions to NHS facilities in 2004–05 with a further 1,600 formal admissions to independent hospitals. Another 23,400 changes from informal to formal detentions were recorded (23,000 in the NHS and 400 in independent hospitals). There may be double counting of patients where a patient has been detained more than once in the year.

NUMBER OF PEOPLE SECTIONED IN PROPORTION TO SHA POPULATION

2. It is not possible to produce reliable figures on the numbers of people sectioned by SHA area of residence. The data provided on the aggregate return is provider-based and does not include geographic information on the area of residence. The Hospital Episode Statistics (HES) system does have some information on patients treated by area of residence, but the quality of data is poor on admissions of formally detained patients.

3. It is possible to look at the variation in the rate of psychiatric activity by Strategic Health Authority area of residence. **Table 84c** shows 2004–05 rate of consultant episodes varied from 2.99 to 5.85 per 1,000 population, with an average of 4.09 per 1,000 population. This does not imply similar variations in the rates for those sectioned.

NUMBER OF PEOPLE SECTIONED IN PROPORTION TO ADMISSIONS

4. In England, in 2004–05, there were 26,700 formal admissions to hospital (including high security hospitals and independent hospitals) under the Act and a further 23,400 changes from informal status to detention where patients were already in hospital. A patient subject to more than one period of detention under the Act during the year will be counted in these figures each time they are admitted to hospital under detention or have a change from informal status while in hospital. It is therefore not possible to determine the number of people sectioned. Around 14.2% of all admissions (estimated as 188,400) under psychiatric specialities in NHS hospitals in 2004–05 were formal admissions (26,700).

APPEALS

5. The Mental Health Review Tribunal is an independent judicial body that hears applications and references by and on behalf of patients detained under the Mental Health Act 1983 as amended by the Mental Health (Patients in the Community) Act 1995. This includes patients admitted for assessment and/or treatment, hospital orders, guardianship, after-care under supervision, and restricted patients who have come through the courts or transferred to hospital from prison. In some cases the nearest relative can also apply for the patient's detention to be reviewed. Most hearings are a result of applications by the patient or the patient's legal representative.

6. The act places a duty on Hospital Managers to refer a case to the tribunal at the end of specified periods where a patient has not had a hearing during that time. The Home Secretary in restricted cases is also obliged to refer cases to the Tribunal periodically and has a discretion to refer a patient's case at any time.

7. In the financial year 2005–06, there were 20,510 applications and references for appeals. During the same period 10,090 cases were aborted mostly because the patient was discharged by the hospital or the application was withdrawn before the hearing. There were 10,420 decided cases resulting in 1,570 discharges (absolute, conditional, deferred or delayed).

Table 84a

ADMISSIONS TO NHS FACILITIES UNDER THE MHA 1983 AND CHANGES FROM
INFORMAL TO DETAINED STATUS WHILE IN HOSPITAL, ENGLAND: 2004–05⁽¹⁾

	<i>Numbers</i>		
	<i>Admitted to hospital under Section</i>	<i>Subject to Section after admission⁽¹⁾</i>	<i>Total detentions in hospital</i>
England	25,113	22,957	48,070
North East	1,170	862	2,032
County Durham and Darlington Priority Services	253	87	340
Gateshead Health	9	14	23
Newcastle Upon Tyne Hospitals	5	4	9
Newcastle, North Tyneside and Northumberland Mental Health	340	238	578
Northgate and Prudhoe	53	17	70
Northumbria Health Care	16	39	55
South Of Tyne and Wearside Mental Health	220	283	503
Tees and North East Yorkshire	274	180	454
North West	3,226	4,078	7,304
Five Borough Partnership	283	423	706
Bolton Salford and Trafford Mental Health	465	428	893
Calderstones	14	5	19
Central Manchester and Manchester Children's University Hospitals	0	0	0
Cheshire and Wirral Partnership	342	552	894
Lancashire Care	591	550	1,141
Manchester Mental Health and Social Care Trust	523	433	956
Mersey Care	254	535	789
Morecambe Bay PCT	135	221	356
North Cumbria Acute Hospitals	2	4	6
North Cumbria Mental Health and Learning Disabilities	99	113	212
North West Surrey Mental Health NHS Partnership Trust	76	203	279
Pennine Care	439	608	1,047
Salford PCT	0	0	0
Southport and Ormskirk Hospital	3	3	6
Yorkshire and Humber	1,925	2,051	3,976
Barnsley PCT	76	102	178
Bradford District Health and Social Care Trust	265	231	496
Craven Harrogate & Rural District PCT	49	35	84
Doncaster and South Humber Healthcare	237	400	637
Hambleton and Richmondshire PCT	32	37	69
Harrogate Health Care	1	1	2
Humber Mental Health Teaching	195	166	361
Leeds Mental Health Teaching	332	311	643
Leeds Teaching Hospitals	0	31	31
Rotherham PCT	0	1	1
Selby and York PCT	103	71	174
Sheffield Care Trust	227	152	379
Sheffield Children's	1	0	1
South West Yorkshire Mental Health	406	510	916
York Health Services	1	3	4
East Midlands	1,903	1,567	3,470
Chesterfield PCT	24	5	29
Derbyshire Mental Health Services	340	456	796
High Peak and Dales PCT	7	6	13
Leicestershire Partnership	302	384	686
Lincolnshire Partnership	204	134	338
North Eastern Derbyshire PCT	9	10	19
Northampton General Hospital	1	5	6
Northamptonshire Healthcare	384	141	525
Nottinghamshire Healthcare	632	426	1,058
West Midlands	2,848	1,828	4,676
Birmingham and Solihull Mental Health	760	593	1,353
Birmingham Children's Hospital	20	5	25
Coventry Teaching PCT	208	149	357
Dudley Beacon and Castle PCT	95	66	161
Dudley South PCT	2	0	2
Heart Of England NHS Foundation Trust	0	4	4
Herefordshire PCT	59	85	144
North Staffordshire Combined Healthcare	226	188	414

	<i>Admitted to hospital under Section</i>	<i>Subject to Section after admission⁽¹⁾</i>	<i>Total detentions in hospital</i>
North Warwickshire PCT	114	57	171
Sandwell Mental Health NHS Social Care Trust	164	75	239
Shrewsbury and Telford Hospitals	15	2	17
Shropshire County PCT	356	130	486
Solihull PCT	0	0	0
South Birmingham PCT	0	0	0
South Staffordshire Healthcare	214	202	416
South Warwickshire PCT	101	44	145
Walsall Teaching PCT	168	51	219
Walsall Hospitals	2	6	8
Wolverhampton City PCT	126	74	200
Worcestershire Mental Health Partnership	218	97	315
East of England	2,263	1,868	4,131
Bedfordshire and Luton Community	299	177	476
Cambridgeshire and Peterborough Mental Health Partnership	294	225	519
Colchester PCT	14	0	14
Hertfordshire Partnership	307	240	547
Norfolk and Waveney Mental Health Partnership	402	189	591
Norfolk and Norwich University Hospital	0	28	28
North Essex Mental Health Partnership	388	497	885
Norwich PCT	6	1	7
South Essex Partnership	268	216	484
Suffolk Mental Health Partnership	239	245	484
West Norfolk PCT	46	50	96
London	5,598	5,555	11,153
Barnet, Enfield and Haringey Mental Health	681	509	1,190
Barts and The London	5	23	28
Brent Teaching PCT	2	2	4
Camden and Islington Mental Health and Social Care Trust	548	146	694
Central and North West London Mental Health	656	1,111	1,767
East London and The City Mental Health	542	722	1,264
Enfield PCT	63	8	71
Hillingdon PCT	95	157	252
King's College Hospital	2	6	8
Kingston Hospital	0	18	18
North East London Mental Health	427	534	961
Oxleas	258	255	513
South London and Maudsley	1,143	996	2,139
South West London and St George's Mental Health	525	502	1,027
University College London Hospitals NHS Foundation Trust	0	4	4
West London Mental Health	651	558	1,209
Westminster PCT	0	4	4
South East	3,943	3,209	7,152
Berkshire Healthcare	459	203	662
Buckinghamshire Hospitals	1	7	8
Buckinghamshire Mental Health	172	123	295
East Hampshire PCT	59	31	90
East Kent NHS and Social Care Partnership Trust	251	379	630
East Sussex County	251	189	440
Fareham and Gosport PCT	1	1	2
Hampshire Partnership	478	366	844
Isle Of Wight Healthcare	128	31	159
Milton Keynes PCT	112	77	189
Oxford Radcliffe Hospital	3	5	8
Oxfordshire Learning Disability	4	2	6
Oxfordshire Mental Healthcare	365	195	560
Portsmouth City Teaching PCT	129	66	195
South Downs Health	255	151	406
Southampton University Hospitals	0	26	26
Surrey Hampshire Borders	120	236	356
Surrey Oaklands	182	222	404
West Kent NHS and Social Care Trust	525	604	1,129
West Sussex Health and Social Care	447	291	738
Winchester and Eastleigh Healthcare	1	4	5
South West	2,237	1,939	4,176
Avon and Wiltshire Mental Health Partnership	790	385	1,175
Bath and North East Somerset PCT	1	5	6

	<i>Numbers</i>		
	<i>Admitted to hospital under Section</i>	<i>Subject to Section after admission⁽¹⁾</i>	<i>Total detentions in hospital</i>
Cornwall Partnership	247	185	432
Devon Partnership	330	305	635
Dorset Health Care	212	456	668
Gloucestershire Partnership	244	146	390
North Bristol	0	9	9
North Dorset PCT	58	132	190
Plymouth Hospitals	11	19	30
Plymouth PCT	115	161	276
Royal Cornwall Hospitals	0	16	16
Salisbury Health Care	4	4	8
Somerset Partnership NHS and Social Care Trust	224	110	334
Swindon and Marlborough	1	6	7

Source: KP90.

Footnotes:

1. Includes all changes from informal status to detention under the Act, and detentions where the patient was initially brought to hospital under Section 136 (Place of Safety Order).
2. The high security psychiatric hospitals are now the responsibilities of NHS Trusts.
3. Following transition of data from the Department of Health to the NHS Information Centre for health & social care, including subsequent data refresh, there is an apparent discrepancy of 23 cases out of a total of 26,752. This represents 0.08% of the total cases.

Table 84b

ADMISSIONS TO INDEPENDENT HOSPITALS UNDER THE MHS 1983 AND CHANGES FROM INFORMAL TO DETAINED STATUS WHILE IN HOSPITAL, ENGLAND: 2004–05⁽¹⁾

	<i>numbers</i>		
	<i>Admitted to hospital under Section</i>	<i>Subject to Section after admission⁽¹⁾</i>	<i>Total detentions in hospital</i>
<i>Independent Hospitals by GOR and SHA area</i>			
England	1,616	400	2,016
North East	19	5	24
County Durham and Tees Valley SHA	18	4	22
Northumberland, Tyne and Wear SHA	1	1	2
North West	216	57	273
Cheshire and Merseyside SHA	13	1	14
Cumbria and Lancashire SHA	26	10	36
Greater Manchester SHA	177	46	223
Yorkshire & Humber	116	17	133
North and East Yorkshire and Northern Lincolnshire SHA	81	17	98
South Yorkshire SHA	1	0	1
West Yorkshire SHA	34	0	34
East Midlands	168	17	185
Leicestershire, Northamptonshire and Rutland SHA	105	17	122
Trent SHA	63	0	63
West Midlands	67	7	74
Birmingham and the Black Country SHA	21	1	22
Shropshire and Staffordshire SHA	43	4	47
West Midland South	3	2	5
East of England	84	16	100
Bedfordshire and Hertfordshire SHA	0	0	0
Essex SHA	22	14	36
Norfolk, Suffolk and Cambridge SHA	62	2	64
London	711	189	900
North Central London SHA	34	30	64
North East London SHA	286	66	352
North West London SHA	255	48	303
South East London SHA	104	35	139
South West London SHA	32	10	42
South East	199	80	279
Hampshire and Isle of Wight SHA	48	26	74
Kent and Medway SHA	6	6	12
Surrey and Sussex SHA	47	39	86
Thames Valley SHA	98	9	107
South West	36	12	48
Avon, Gloucestershire and Wiltshire SHA	26	12	38
Dorset and Somerset SHA	2	0	2
South West Peninsula SHA	8	0	8

Source: KP90.

Footnotes:

1. Includes all changes from informal status to detention under the Act, and detentions where the patient was initially brought to hospital under Section 136 (Place of Safety Order).
2. Due to the transition of data from Department of Health to the Information Centre for health and social care and following data refresh there is a discrepancy of 23 cases out of a total of 26,752. This represents a 0.08% of the total number of cases.

Table 84c

ALL CONSULTANT EPISODES⁽¹⁾ OF PATIENTS WITH MENTAL ILLNESS BY STRATEGIC
HEALTH AUTHORITY⁽²⁾ OF RESIDENCE, 2004–05⁽³⁾

	<i>Total</i>	<i>Rate per 1,000 population⁽⁴⁾</i>
	205,803	4.09
Q20 Avon, Gloucestershire and Wiltshire Strategic HA	7,144	3.22
Q02 Bedfordshire and Hertfordshire Strategic HA	4,919	3.01
Q27 Birmingham and the Black Country Strategic HA	8,196	3.60
Q15 Cheshire and Merseyside Strategic HA	9,926	4.22
Q10 County Durham and Tees Valley Strategic HA	4,575	4.00
Q13 Cumbria and Lancashire Strategic HA	8,314	4.31
Q22 Dorset and Somerset Strategic HA	5,848	4.78
Q03 Essex Strategic HA	8,114	4.93
Q14 Greater Manchester Strategic HA	10,918	4.30
Q17 Hampshire and Isle of Wight Strategic HA	9,641	5.32
Q18 Kent and Medway Strategic HA	4,853	2.99
Q25 Leicestershire, Northamptonshire and Rutland Strategic HA	7,262	4.54
Q01 Norfolk, Suffolk and Cambridgeshire Strategic HA	8,752	3.88
Q11 North and East Yorkshire and Northern Lincolnshire Strategic HA	5,211	3.16
Q05 North Central London Strategic HA	7,240	5.85
Q06 North East London Strategic HA	8,213	5.31
Q04 North West London Strategic HA	7,071	3.83
Q09 Northumberland, Tyne & Wear Strategic HA	6,061	4.37
Q26 Shropshire and Staffordshire Strategic HA	5,566	3.71
Q07 South East London Strategic HA	8,623	5.68
Q08 South West London Strategic HA	6,306	4.74
Q21 South West Peninsula Strategic HA	7,146	4.40
Q23 South Yorkshire Strategic HA	5,317	4.17
Q19 Surrey and Sussex Strategic HA	10,147	3.91
Q16 Thames Valley Strategic HA	6,540	3.07
Q24 Trent Strategic HA	9,328	3.46
Q28 West Midlands South Strategic HA	5,587	3.57
Q12 West Yorkshire Strategic HA	8,985	4.26

Source: HES.

APPEALS

5. The Mental Health Review Tribunal is an independent judicial body that hears applications and references by and on behalf of patients detained under the Mental Health Act 1983 as amended by the Mental Health (Patients in the Community) Act 1995. This includes patients admitted for assessment and/or treatment, hospital orders, guardianship, after-care under supervision, and restricted patients who have come through the courts or transferred to hospital from prison. In some cases the nearest relative can also apply for the patient's detention to be reviewed. Most hearings are a result of applications by the patient or the patient's legal representative.

6. The act places a duty on Hospital Managers to refer a case to the tribunal at the end of specified periods where a patient has not had a hearing during that time. The Home Secretary in restricted cases is also obliged to refer cases to the Tribunal periodically and has a discretion to refer a patient's case at any time.

7. In the financial year 2005–06, there were 20,510 applications and references for appeals. During the same period 10,090 cases were aborted mostly because the patient was discharged by the hospital or the application was withdrawn before the hearing. There were 10,420 decided cases resulting in 1,570 discharges (absolute, conditional, deferred or delayed).

5.7.4 How many patients with (a) mental illness and (b) learning difficulties have been resident in each high secure hospital in each year since 1997? Are any data available for medium security hospitals and prisons? (Q85)

ANSWER

1. **Table 85a** and **Table 85b** show the total number of patients in the high security psychiatric hospitals at 31 December in each of the last nine years from 1997 to 2005, and the number of patients who were classified as having a learning disability (within the Mental Health Act 1983 categories of mental impairment or severe mental impairment) for the same period. The figures embrace mental illness, psychopathic disorder, mental impairment and severe mental impairment. The learning disabilities figures in the second part of the table are also included in the first part of the table and embrace the Mental Health Act 1983 classifications of mental impairment and severe mental impairment.

Table 85a

TOTAL NUMBER OF PATIENTS RESIDENT IN HIGH SECURE HOSPITALS

<i>As at</i>	<i>Ashworth</i>	<i>Broadmoor</i>	<i>Rampton</i>	<i>Total</i>
31.12.97	456	440	454	1,350
31.12.98	426	426	457	1,309
31.12.99	416	429	447	1,292
31.12.00	410	410	429	1,249
31.12.01	405	382	392	1,179
31.12.02	367	331	375	1,073
31.12.03	289	314	372	975
31.12.04	270	286	357	913
31.12.05	272	272	360	904

Source: High Security Hospitals.

Footnotes:

1. The figures embrace mental illness, psychopathic disorder, mental impairment and severe mental impairment.

Table 85b

TOTAL NUMBER OF PATIENTS WITH LEARNING DISABILITIES IN HIGH SECURE HOSPITALS

<i>As at</i>	<i>Ashworth</i>	<i>Broadmoor</i>	<i>Rampton</i>	<i>Total</i>
31.12.97	18	0	111	129
31.12.98	9	0	104	113
31.12.99	0	0	95	95
31.12.00	3	0	87	90
31.12.01	3	0	87	90
31.12.02	4	1	75	80
31.12.03	2	0	63	65
31.12.04	0	0	55	55
31.12.05	0	0	48	48

Source: High Security Hospitals.

Footnotes:

1. These figures are included in the first part of the table - embracing the Mental Health Act 1983 classifications of mental impairment and severe mental impairment.

2. The trend for a number of years has been for the high security psychiatric hospital patient population to reduce as secure psychiatric services more widely, particularly at a medium secure level, have been developed. This is in line with the Government policy that people should be treated in the least restrictive environment consistent with the need to protect themselves and the public, and as close to home as possible.

3. A high degree of priority has been given to moving inappropriately placed women patients out of the high security psychiatric hospitals. It is intended that a high security psychiatric women's service will only be provided at Rampton Hospital in the longer term. The women's service at Ashworth Hospital has already closed. There are currently 34 patients in the women's service at Broadmoor Hospital, with a target date of September 2007 for the closure of the service.

4. The ultimate impact of mental health prison in-reach teams on high security psychiatric hospital admissions remains uncertain. While these teams are preventing some psychiatric hospital admissions by improving the standard of community-type care available in prison, they are also improving the identification of prisoners who require transfer to psychiatric hospitals for treatment of mental health problems. Some of these individuals require a high security setting, although the effect on hospital facilities providing medium and other levels of security is more significant.

5. Broadmoor and Rampton Hospitals are involved in pilot projects for the assessment and treatment of people with dangerous and severe personality disorder (DSPD). Broadmoor Hospital is currently accommodating 23 patients in their DSPD Unit, while Rampton Hospital has 37 patients in their DSPD service. When both pilots are fully up and running Broadmoor and Rampton Hospitals will each provide 70 beds for DSPD patients.

6. There are also DSPD pilot projects in Whitemoor and Frankland Prisons. The impact on high security psychiatric hospital patient numbers in the longer term arising from the development of DSPD services will become clearer as the pilot projects are evaluated and decisions are taken about the type of settings in which this group of people should most appropriately be accommodated.

7. Each of the high security psychiatric hospitals remains the responsibility of an NHS Trust—Ashworth: Mersey Care NHS Trust, Broadmoor: West London Mental Health NHS Trust, Rampton: Nottinghamshire Healthcare NHS Trust. The three Trusts are performance managed by the relevant Strategic Health Authorities.

8. The High Security Psychiatric Services National Oversight Group has responsibility for co-ordinating the planning and delivery of high security psychiatric services and for ensuring that the Secretary of State's specific duties under Section 4 of the National Health Service Act 1977 to provide high security psychiatric care are properly discharged.

9. **Table 85a** indicates a continuing downward trend in the total number of high security psychiatric hospital patients and in the number of patients with a classification of mental impairment/severe mental impairment at 31 December 2005. All figures exclude patients on trial leave of absence.

NUMBER OF PEOPLE WITH MENTAL HEALTH PROBLEMS IN MEDIUM SECURE PSYCHIATRIC UNITS

10. The position remains, as in previous years, that we are unable to supply data over the last four years for the number of people with mental health problems and with learning disabilities who have been in medium secure psychiatric units. We know, however, that there has historically been pressure on medium secure and other secure psychiatric beds. Therefore, steps have been taken to increase the number of secure psychiatric beds over the last few years.

11. The increase in bed numbers has significantly improved the prospects of patients requiring psychiatric care and treatment in secure conditions being placed in the most appropriate settings to meet their needs.

12. More generally, the development and modernisation of mental health services, which is one of the Government's core national priorities, has placed a focus on the local development of services to meet the needs of the local population. This has provided a more focused mechanism for identifying the needs of local populations and the development of integrated local services.

13. High and medium secure psychiatric services are commissioned by Primary Care Trusts but in a collaborative manner around "Cluster Group" arrangements. The Cluster Groups are charged with taking forward the development of appropriate secure psychiatric services.

14. A review of the forensic mental health system that will provide information to inform the future planning of secure psychiatric services is currently being arranged.

PREVALENCE OF MENTAL HEALTH PROBLEMS IN THE PRISON POPULATION

15. It is not possible to state with any precision how many prisoners have mental health problems at any one time. That is not a question of the application of objective criteria but is essentially a matter for the clinical judgement of the psychiatrists responsible for each person's care and treatment. However, a survey of mental ill health in the prison population undertaken in 1997 by the Office for National Statistics estimated that around 90% of prisoners had at least one of the five disorders (personality disorder, psychosis, neurosis, alcohol misuse, and drug dependence) considered in the survey. Co-morbidity levels are also high. [Psychiatric Morbidity among Prisoners in England and Wales ONS 1998].

16. The NHS Plan included firm commitments that, by 2004, 300 additional staff would be involved in providing mental health services to prisoners and 5,000 prisoners at any one time would be receiving more comprehensive mental health services in prison. All prisoners with severe mental illness would be in receipt of treatment, and no prisoner with serious mental illness would leave prison without a care plan and a care co-ordinator.

17. These commitments have been met through the prison mental health in-reach project, under which the NHS has funded the introduction into prisons of multi-disciplinary mental health in-reach teams. The project began at 18 establishments in England and the four in Wales in 2001–02, and was extended to

another 26 during 2002–03 and a further 46 in 2003–04. Mental health in-reach teams are now operating at 102 establishments and since April 2006 all prisoners have access to them. The commitment in the NHS plan that 300 additional staff would be in post by the end of 2004 has been exceeded.

18. In December 2001, the then Prison Health Policy Unit and Task Force published, *Changing the Outlook, a Strategy for Developing and Modernising Mental Health Services in Prisons*. This set out the vision of where prison mental health services should be by 2006 and identified the steps that would have to be taken if it were to be realised. Every prison was expected to look critically, with its local NHS partner (Primary Care Trust) at its existing provision to establish whether it met the needs identified in the establishment's joint health needs assessment and conformed to the principles and standards set out in both the Department of Health's National Service Framework for Mental Health and *Changing the Outlook*.

19. The basic principle underpinning the Strategy is that mental health services for prisoners should, as far as possible, be provided in the same way as they would be in the wider community. Prisoners who, were they not in prison, would be treated in their own homes under the care of Community Mental Health Teams, should be treated on the wings, their prison home. Those needing more specialist care should be able to receive it in the prison health care centre, and there should be quick and effective mechanisms to transfer prisoners who need in-patient treatment for mental disorder to hospital.

20. Prisoners who are already receiving treatment for mental disorder in the community under, for example, the Care Programme Approach should continue to have access to that level of service while they are in prison and, if appropriate, on release. A more effective screening tool has been introduced at all establishments to identify those who have immediate and/or significant health needs, particularly mental health needs.

21. At the end of 2003, the National Institute for Mental Health in England (NIMHE) was commissioned to implement a national prison mental health programme to form part of a wider range of innovative NIMHE projects and work-streams. This work continues to be implemented by the Care Services Improvement Partnership (CSIP) of which the former NIMHE is a part. This "mainstreaming" of prison mental health is designed to ensure that front-line clinical staff and service users in prison are linked into a range of new developments, learning is shared and good practice disseminated. A nationally developed care pathway for prison mental health was published in January 2005 that provides detailed guidance to staff and service commissioners alike. By following the prisoner from arrest through custody and on to release, it underpins the concept of end to end offender management.

22. The number of prisoners transferred to hospital as restricted patients under sections 47 (sentenced) and 48 (unsentenced) of the Mental Health Act 1983 rose by 76% between 1991 and 1994 but thereafter remained relatively stable at an average of 745 each year until 1999. In 2005, the last year for which statistics have been published, 896 prisoners were transferred as restricted patients under those sections, a rise of 19% on the revised 2002 figure of 644.

23. Many prisoners, particularly those in the acute stage of a mental illness, are transferred to hospital within a reasonable timescale but problems of apparently excessive delay can still occur in some individual cases. Although considerable efforts have been made to reduce such delays, at any one time around 40 or so prisoners will have been waiting longer than three months for a hospital place following acceptance by the NHS. Tighter regular monitoring has already been introduced to identify any prisoners who have been waiting unacceptably long periods for transfer to hospital. A protocol issued in 2003 set out what must be done when a prisoner has been waiting for a hospital place for more than three months following acceptance by the NHS. As indicated by the rise in the number of transfers since 2003, both appear to have brought about an improvement.

24. However, there remains some lack of clarity around the arrangements for transferring prisoners with mental health problems to hospital. The Prison Service, Prison Health, the National Institute for Mental Health in England (NIMHE), and the commissioners and providers of NHS hospital services are now working collaboratively on a two year project that began in April 2005. Its principal objective is to establish a national waiting time standard for transfers between custodial settings and hospitals that is equivalent to the waiting time for referrals between mainstream NHS providers and hospital and which is maintained for all prisoners requiring transfer. In January 2006, it produced procedures for the transfer of prisoners under Sections 47 and 48 of the Mental Health Act 1983. This aimed to reduce unacceptable delays in the transfer of prisoners by providing clarification and a clear description of the transfer process.

5.7.5 Is there any evidence of increasing emphasis on "talking therapies" in NHS mental health treatment? (Q86)

ANSWER

1. There is robust clinical evidence of the effectiveness of talking treatments for various mental health problems such as depression, anxiety and schizophrenia which have been carefully considered by the National Institute for Health and Clinical Excellence during the development of clinical guidelines for such conditions.

2. More talking therapies are being provided over the NHS in recent years (as evidenced by the increasing investment in psychological therapies from £125 million in 2001–02 to £142 million in 2004–05 (The 2005–06 National Survey of Investment in Mental Health Services, Mental Health Strategies, <http://www.dh.gov.uk/>

assetRoot/04/13/50/11/04135011.pdf) and the significant increases in the number of clinical psychologists and qualified psychotherapists employed in the NHS (NHS Staff 1995–2005, The Information Centre for health and social care, <http://www.ic.nhs.uk/pubs/nhsstaff>). Our evidence shows, however, that services are not keeping pace with increasing demand from service users and that provision is not evenly spread across the country. To a large extent, psychological therapies can be seen as a victim of their own success.

3. The Office for National Statistics' Psychiatric Morbidity Survey 2000 found that 24% of people assessed as having a neurotic disorder were receiving treatment of some kind for a mental or emotional problem. Of those receiving treatment, only 9% were having talking therapies and a further 4% were receiving both medication and talking treatments (Surveys of Psychiatric Morbidity among Adults in Great Britain, Office for National Statistics, <http://www.dh.gov.uk/assetRoot/04/06/81/88/04068188.pdf>).

4. The NHS Patient Survey 2005 also reported that while 40% of the respondents received talking therapies in the previous year, one in three (33%) of those who had not had talking therapy said that they would have liked it (Survey of Mental Health Service Users 2005, Healthcare Commission, http://www.healthcarecommission.org.uk/_db/_documents/04019829.pdf). In the previous year's Patient Survey, 59% of service users said they would have liked talking therapy (Survey of Mental Health Service Users 2005, Healthcare Commission, http://www.healthcarecommission.org.uk/_db/_documents/04008183.pdf). The Department's consultation on patient choice also showed that the single most common request from people with mental health problems is for quick access to effective talking treatments (Building on the Best Mental Health Taskforce Report, December 2003, <http://www.dh.gov.uk/assetRoot/04/07/86/54/04078654.PDF>). There is also anecdotal evidence from primary care professionals that waiting times for talking therapies are too long (GP frustration over depression therapies, 10 September 2005, Pulse-i, <http://www.pulse-i.co.uk/articles/fulldetails.asp?aid=7759>).

5. Approximately 2.75 million people visit GP surgeries each year with mental health problems that could be treated effectively with psychological interventions. Only a minority of these people (8%) receive any form of talking therapy. So, despite the big increases in psychologists in recent years, the key challenge remains in making further stepped increases in the psychological therapy workforce and targeting and improving access for people that would benefit from this service.

6. There is evidence to suggest that the demand for psychological therapies has increased in recent years as more services have become available. For example, the Building on the Best Consultation exercise identified improved access to talking therapies as the top priority for mental health service users in extending the scope and range of choices available to them—a point reinforced in the more recent SCMHS study.

7. The Department's improving Access to Psychological Therapies Programme will make the case for investing in this additional psychological therapy workforce. As well as seeking to confirm clinical effectiveness, and to capture health and social benefits to service users, the programme will collect evidence to demonstrate the overall financial benefit to the economy that will be derived from investing in psychological therapy services by reducing the number of people with mental health problems on Incapacity (and other) Benefits and reducing sickness rates in the workplace (as part of the Treasury's cross-cutting review of Mental Health and Employment announced in Budget 2005).

8. The IAPT programme will define:

- the numbers of new staff required to deliver comprehensive, evidence based psychological interventions;
- training requirements and opportunities for retraining of existing staff;
- the provision of Computerised self-help; and,
- reform of care pathways based on the NICE recommendation for the provision of a "stepped care" model by which patients receive treatment according to the severity of their condition and their initial treatment response.

BACKGROUND

9. There has been a significant political and societal interest in the need for improved access to psychological interventions for individuals accessing health care (Turpin, G, Hope, R, Duffy, R, Fossey, M and Seward, J (2006) "Improving Access to Psychological Therapies: Implications for the Mental Health Workforce" (due for publication shortly). There has also been a recent move to demonstrate the effectiveness of introducing a stepped care approach to the delivery of psychological therapies (Department of Health (2006) "Our Health, Our Care, Our Say: A new direction for community services". White paper. Department of Health, London) and to examine the cost of service provision and the economic impact. Professor Lord Layard and his team at the London School of Economics have been commissioned by the DH to undertake this evaluation, initial findings expected early in 2007. In order to test different modalities of psychological therapy provision robustly, the Government have invested £3.7 million in two demonstration sites and, supported by Care Services Improvement Partnership and work in its eight regional centres, a national improving access to psychological therapies network has been developed.

10. Recent high profile reports have also highlighted the cost benefits (Layard *et al*, 2006 Centre for Economic Performance (2006). “The Depression Report: A New Deal for Depression and Anxiety Disorders”. London School of Economics) and the clinical effectiveness (Gillespie, K Duffy, M, Hackmann, A and Clark, DM (2002) Community based cognitive therapy in the treatment of posttraumatic stress disorder following the Omagh bomb, “Behaviour Research and Therapy 40”, 345–357) of appropriately delivered evidence-based psychological interventions. The National Institute for Health and Clinical Excellence (NICE) has developed guidelines that strongly endorse the use of psychological interventions for the treatment of a range of mental health disorders (eg Depression: National Institute for Health and Clinical Excellence (2004) Depression: Management of Depression in primary and secondary care. NICE, London.).

5.8 Performance Ratings

5.8.1 *Could the Department comment on trends in (a) NHS star ratings and (b) social services star ratings performance? How many NHS organisations and councils saw a drop in their rating in each year for which data are available? Can the Department comment on any common factors between organisations with a ratings drop? (Q87)*

ANSWER

1. Star Ratings and the number of NHS trusts whose rating has risen/fallen on the previous year are set out in the **Table 87a** to **Table 87d**. Because of changes to organisational configuration and the assessment process, data between years is not directly comparable.

2. Star ratings and the number of councils whose rating has risen/fallen on the previous year are shown in **Table 87e**.

Table 87a

ACUTE AND SPECIALIST TRUSTS^{(1) (2)}

Star rating	2000–01	2001–02	2002–03	2003–04	2004–05
***	35	52	63	76	73
**	103	88	68	58	53
*	23	36	31	29	38
Zero	12	10	14	10	9
Number risen on previous year	—	46	51	50	34
Number fallen on previous year	—	40	35	41	42

Source:

2000–01 to 2002–03 risen/fallen value is the Department of Health.

2003–04 to 2004–05 risen/fallen value is the Healthcare Commission.

Footnotes:

1. Due to mergers of NHS organisations it is not always possible to compare an organisation’s star rating to the previous year.

2. For 2000–01, only acute trusts were performance rated.

Table 87b

AMBULANCE TRUSTS^{(1) (2)}

Star rating	2000–01	2001–02	2002–03	2003–04	2004–05
***	—	12	10	10	13
**	—	16	7	11	6
*	—	4	9	6	9
Zero	—	0	5	4	3
Number risen on previous year	—	—	2	9	8
Number fallen on previous year	—	—	14	7	7

Source:

2000–01 to 2002–03 risen/fallen value is the Department of Health.

2003–04 to 2004–05 risen/fallen value is the Healthcare Commission.

Footnotes:

1. Due to mergers of NHS organisations it is not always possible to compare an organisation’s star rating to the previous year.

2. For 2000–01, only acute trusts were performance rated.

Table 87c
MENTAL HEALTH TRUSTS^{(1) (2)}

<i>Star rating</i>	<i>2000–01</i>	<i>2001–02</i>	<i>2002–03</i>	<i>2003–04</i>	<i>2004–05</i>
***	—	4	13	15	21
**	—	67	42	38	45
*	—	13	26	23	12
Zero	—	2	3	7	5
Number risen on previous year	—	—	12	21	30
Number fallen on previous year	—	—	16	25	15

Source:

2000–01 to 2002–03 risen/fallen value is the Department of Health.

2003–04 to 2004–05 risen/fallen value is the Healthcare Commission.

Footnotes:

1. Due to mergers of NHS organisations it is not always possible to compare an organisation’s star rating to the previous year.

2. For 2000–01, only acute trusts were performance rated.

Table 87d
PRIMARY CARE TRUSTS^{(1) (2)}

<i>Star rating</i>	<i>2000–01</i>	<i>2001–02</i>	<i>2002–03</i>	<i>2003–04</i>	<i>2004–05</i>
***	—	—	45	45	58
**	—	—	139	181	158
*	—	—	98	63	80
Zero	—	—	22	14	7
Number risen on previous year	—	—	—	104	82
Number fallen on previous year	—	—	—	69	77

Source:

2000–01 to 2002–03 risen/fallen value is the Department of Health.

2003–04 to 2004–05 risen/fallen value is the Healthcare Commission.

Footnotes:

1. Due to mergers of NHS organisations it is not always possible to compare an organisation’s star rating to the previous year.

2. For 2000–01, only acute trusts were performance rated.

Table 87e
COUNCILS

<i>Star rating</i>	<i>2000–01</i>	<i>2001–02</i>	<i>2002–03</i>	<i>2003–04</i>	<i>2004–05</i>
***	—	11	16	20	26
**	—	52	74	82	86
*	—	75	52	40	33
Zero	—	12	8	8	5
Number risen on previous year	—	—	41	27	37
Number fallen on previous year	—	—	6	11	18

Source:

2000–01 to 2002–03 risen/fallen value is the Department of Health.

2003–04 to 2004–05 risen/fallen value is the Healthcare Commission.

Footnotes:

3. A high-level analysis of the areas where performance has been poor for 2004–05 is in **Table 87f**.

4. The table shows areas of poor performance for Trusts with a zero star rating. The figures reflect the number of zero star Trusts where more than one Trust has scored “Significantly Underachieved” on a particular Key Target, or “Low” on a particular Balance Scorecare indicator. The figures in brackets shows the total number of zero star Trusts by type.

5. A rules based approach was used to determine the overall rating, where penalty points are given for failure against Key Targets and the Balanced Scorecare indicators. The rating was then awarded according to the total amount of penalty points received, with particular weighting towards achieving Key Targets. Zero star trusts are therefore likely to have failed one or more key targets.

6. A high-level breakdown of all ratings is available in “NHS performance ratings 2004/2005” available on the Healthcare Commission’s website.

Table 87f
TRUSTS

	<i>Acute & Specialist Trusts</i> (9 zero stars)	<i>Mental Health Trusts</i> (5 zero stars)	<i>Primary Care Trusts</i> (7 zero stars)	<i>Ambulance Trusts</i> (3 zero stars)
<i>Key Targets</i>				
Elective patients waiting longer than the standard	6		2	
Financial Management	8	3	7	
Outpatients waiting longer than the standard	3			
Total time in A&E: four hours of less	3		2	
Category B Calls meeting 14/19 minute target				2
Crisis resolution team implementation		2		
<i>Balanced Scorecard</i>				
Clinical focus		3		
Patient focus	3	4		
Capacity and capacity focus	3			
Improving health			2	
Service provision			4	

7. A high-level analysis of the areas where performance has been poor for 204–05 is in **Table 87g**.

8. The table shows areas of poor performance for Councils with a zero star rating. The figures reflect the number of zero star Councils where more than one Council has scored “no” or “poor” on a particular Judgement. The number in brackets shows the total number of zero star Councils.

9. A high-level breakdown of all ratings is available in “Performance Ratings for Social Services in England, December 2005” available on the Commission for Social Care Inspection’s website.

Table 87g
COUNCILS

	<i>2004–05</i>
<i>Judgements</i>	<i>Councils</i> (5 zero stars)
Children’s social care services— Serving People Well?	4
Children’s social care services— Service Provision	3

HEALTHCARE

10. The publication of “NHS Performance Ratings” takes forward the Government’s commitment to provide both patients and the general public with comprehensive, easily understandable information on the performance of their local health services, and is seen as an important step towards delivering a more open and accountable NHS.

11. The performance ratings system provides a high-level overview of NHS organisations’ performance across a wide range of measures. The rating awarded is based on the trust’s performance against a number of key targets and a wider set of “balanced scorecard” performance indicators.

12. Since 2002–03, the Healthcare Commission has had responsibility for production of performance ratings. Prior to 2002–03, the Department of Health published performance ratings.

13. The indicators for rating performance were based on priorities and guidance set by the Department of Health. These indicators may change from year to year. They also reflect, for some priorities, the incremental changes made to targets to achieve year-on-year improvements to the service patients will receive.

14. Where organisations under perform, resource is available locally to support modernisation and improvement. In addition, DH’s Recovery and Support Unit work closely with SHAs to improve performance through supporting implementation and management.

15. From 2005–06, the Healthcare Commission will take forward a new approach to annually assessing each NHS organisation’s performance. The new annual health check will provide a richer and more comprehensive picture of the performance of the NHS. It will also establish a baseline of performance from which organisations can improve.

SOCIAL CARE

16. The publication of “Performance Ratings for Social Services in England” is in response to the 1998 social services white paper “Modernising Social Services”, in which the Government committed to put in place effective systems to monitor and manage performance.

17. The performance ratings system provides a high-level overview of Social Services organisations’ performance across adult and children’s services. The rating awarded is based on the council’s performance against information from a number of sources including performance data, evaluation through inspection/reviews and monitoring by the Commission for Social Care Inspection Business Relationship Managers.

18. Prior to 2003–04, the Social Services Inspectorate published performance ratings. Since 2003–04, the independent regulator the Commission for Social Care Inspection has had responsibility for production of performance ratings.

19. External support, such as Performance Action Teams, assist council staff in developing their capacity and systems to deliver improved social services. This support is provided to councils obtaining zero stars to improve their capacity and systems, and to one star trusts to prevent them slipping to zero stars. Also, attention is now being directed to councils whose performance judgements have remained static (“coasting”) over a period of three years.

20. The information for 2004–05 shown in table 5 includes the ratings for Children’s social care. From 2005–06, the Children’s Services ratings will be separate and Commission for Social Care Inspection will only publish Adult Social Care Ratings.

5.9 Management Costs

5.9.1 *What were management costs by type of NHS organisation and as a share of total NHS expenditure in each year since 1997–98? (Q88)*

ANSWER

1. The information requested is given in **Table 88**.

Table 88
MANAGEMENT COSTS 1997–98 to 2004–05 (ENGLAND)

	<i>£ millions</i>							
	1997–98	1998–99	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05
	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>
HA/SHA	432	414	497	536	463	97	115	133
PCT	—	—	—	24	224	723	847	986
NHS trust	1,296	1,290	1,287	1,307	1,306	1,311	1,425	1,457
GP Fundholding ⁽¹⁾	—	—	—	—	—	—	—	—
Total	1,728	1,704	1,784	1,867	1,993	2,131	2,387	2,576
Total NHS Expenditure ^{(2) (3)}	34,664	36,608	40,201	43,932	49,021	54,042	63,001	69,706
Management costs as % of NHS Spend	5.0%	4.7%	4.4%	4.3%	4.1%	3.9%	3.8%	3.7%

Source:

Audited health authority annual accounts 1997–98 to 1998–99.

Audited (strategic) health authority summarisation forms 1999–2000 to 2004–05.

Audited NHS Trust summarisation schedules 1997–98 to 2004–05.

Audited primary care trust summarisation schedules 2000–01 to 2004–05.

Footnotes:

1. Figures not available.

2. The large rise in expenditure between 2002–03 and 2003–04 is due to a change in accounting basis from stage 1 resource based budgeting in 2002–03 to stage 2 resource based budgeting in 2003–04. This involved a transfer of non cash items into the DEL. On a stage 2 basis, the value for the total expenditure in 2002–03 is £56,503 million.

3. Total Net NHS Expenditure (England), 2004–05 is estimated outturn expenditure.

4. Percentages and totals may not be precise owing to the rounding of figures to £m.

5. The Department of Health does not collect data from NHS Foundation Trusts therefore the table does not include management costs of NHS Foundation Trusts.

6. Management cost information is collected in audited returns, which provides external scrutiny on the figures. The Department does not have concerns over the quality of the data.

5.9.2 Could the Department detail expenditure on management consultants as part of turnaround teams, nationally and by organisation? Could the Department comment on the availability of more general data concerning NHS expenditure on external consultants? (Q89)

ANSWER

1. The information requested on turnaround teams is given in **Table 89**.
2. Organisations within the turnaround cohort were asked to outline the estimated costs of turnaround support at a local level ie turnaround director/advisor support. Some organisations have included ancillary/indirect costs to turnaround eg external legal, communications, training and benchmarking support.
3. More generally, the Department does not collect information from the NHS on this type of expenditure. Primary Care Trusts and NHS Trusts operate within the framework of Department of Health policy; they are held to account for this by SHAs, not directly by the Department. NHS organisations account separately for their financial performance, publishing their own set of annual financial accounts.

Table 89

ESTIMATED COST OF TURNAROUND SUPPORT FOR COHORT ORGANISATIONS

<i>Organisation</i>	<i>Category</i>	<i>£ millions</i>
		<i>External Turnaround Support Fees (January 2006–March 2007)</i>
George Eliot Hospital NHS Trust	1	0.1
Shrewsbury and Telford Hospital NHS Trust	1	0.6
South Warwickshire NHS Trust	1	0.0
North Cumbria PCT	1	0.6
The Royal West Sussex NHS Trust	1	0.8
Surrey and Sussex Healthcare NHS Trust	1	1.5
University Hospital of North Staffordshire NHS Trust	1	0.4
Mayday Hospital NHS Trust	1	0.4
Barnet & Chase Farm Hospitals NHS Trust	1	0.4
Mid Yorkshire Hospitals NHS Trust	1	1.2
Selby and York PCT	1	0.6
Dacorum PCT	1	0.2
Royal Cornwall Hospitals NHS Trust	1	0.4
Hammersmith Hospitals NHS Trust	1	0.9
Brighton & Sussex Univ Hospitals NHS Trust	1	0.8
North Cumbria NHS Trust (combined with North Cumbria PCT)	1	—
Sheffield PCTs	1	0.6
Weston Area Health NHS Trust	1	0.2
United Lincs Hospitals NHS Trust	1	0.7
Hillingdon PCT	1	0.8
Cheshire West PCT (5H3)	1	1.0
Kennet and North Wiltshire PCT	1	0.2
West Wiltshire PCT (5DH)	1	0.2
Royal Wolverhampton Hospital NHS Trust	2	0.2
Sandwell and West Birmingham Hospitals NHS Trust	2	0.2
North Stoke PCT (5ME)	2	0.0
Cambridge City PCT	2	0.3
North Middlesex Univ Hospital NHS Trust	2	0.3
Queen Mary's Sidcup NHS Trust	2	0.3
Queen Elizabeth Hospital Kings Lynn NHS Trust	2	0.3
Oxford Radcliffe Hospital NHS Trust	2	0.1
St George's Healthcare NHS Trust	2	0.3
West Hertfordshire Hospitals NHS Trust	2	0.5
Royal Free NHS Trust	2	0.0
Scarborough, Whitby and Ryedale PCT	2	0.4
Yorkshire Wolds and Coast PCT	2	0.3
West Middlesex University NHS Trust	2	0.5
Guildford and Waverley PCT	2	0.3
The Mid Cheshire Hospitals NHS Trust	2	0.0
Kensington and Chelsea PCT	2	0.3
East and North Hertfordshire NHS Trust	2	0.5
East Elmbridge and Mid Surrey PCT	2	0.5

		<i>£ millions</i>
<i>Organisation</i>	<i>Category</i>	<i>External Turnaround Support Fees (January 2006–March 2007)</i>
East Cheshire NHS Trust	2	0.0
Hounslow PCT (5HY)	2	0.5
North West London Hospitals NHS Trust	2	0.1
Southport and Ormskirk Hospital NHS Trust	2	0.1
Maidstone and Tunbridge Wells NHS Trust	2	0.2
Southampton University Hospitals NHS Trust	2	0.3
Bexley PCT	2	0.2
Colchester PCT	2	0.1
Maidstone Weald PCT	2	0.1
High Peak and Dales PCT	2	0.3
Kingston PCT	2	0.6
East Hampshire PCT	2	0.0
South Cambridgeshire PCT (combined with Cambridge City PCT)	2	—
Blackwater Valley and Hart PCT	2	0.1
SW Kent PCT (combined with Maidstone Weald PCT)	2	—
Fareham and Gosport PCT (combined with East Hampshire PCT)	2	—
Cotswold and Vale PCT	2	0.3
North Somerset PCT	2	0.2
Good Hope Hospital NHS Trust	3	0.0
North Tees and Hartlepool NHS Trust	3	0.0
Ashford and St Peters NHS Trust	3	0.3
Bedford Hospitals NHS Trust	3	0.0
Sedgefield PCT	3	0.0
Essex Rivers NHS Trust	3	0.1
South Tees Hospitals NHS Trust	3	0.0
Bedfordshire Heartlands PCT	3	0.0
Princess Alex Harlow NHS Trust	3	0.1
West Suffolk Hospitals NHS Trust	3	0.3
Queen Elizabeth Hospital NHS Trust	3	0.0
The Lewisham Hospital NHS Trust	3	0.0
Morecambe Bay NHS Trust	3	0.0
Isle of Wight NHS Trust (combined with Isle of Wight PCT)	3	—
RUH Bath NHS Trust	3	0.0
Suffolk Coastal PCT	3	0.0
North Devon Healthcare NHS Trust	3	0.2
Chelmsford PCT	3	0.0
Witham, Braintree & Halstead Care PCT	3	0.0
Broadlands PCT (5JL)	3	0.0
North Norfolk PCT	3	0.0
Southern Norfolk PCT (5GI)	3	0.0
Suffolk West PCT	3	0.3
Waveney PCT	3	0.0
Lewisham PCT	3	0.0
Wandsworth PCT (5LG)	3	0.0
Morecambe Bay PCT	3	0.0
Ipswich PCT (combined with Suffolk Coastal PCT)	3	—
Isle of Wight PCT	3	0.1
N Hants PCT	3	0.1
New Forest PCT (5A1)	3	0.0
South Wiltshire PCT (5DJ)	3	0.0
Bromley Hospitals NHS Trust	4	0.0
Bromley PCT	4	0.0
North Hampshire Hospitals NHS Trust	4	0.0
Tendring PCT	4	0.0
Barnsley PCT	4	0.0
TOTAL		22.1

Footnotes:

1. For category 1 and 2 organisations (as at May 2006), the estimated expenditure for external support on turnaround between January 2006–March 2006 was £4,769k. The projected costs for turnaround for the financial year 2006–07 is estimated to be £15,830k. These costs include DH contributions of £93k towards the cost of the first three months of turnaround support for the category 1 organisations.

2. For category 3 and 4 organisations (as at June 2006), the estimated expenditure for external support on turnaround between January 2006–March 2006 was £173k. The projected costs for turnaround for the financial year 2006–07 is estimated to be £1,306k.

5.10 Financial Balance

5.10.1 What has the NHS financial balance been in each year since 1997–98? (Q90)

ANSWER

- The information requested is given in **Table 90**.
- For all years, except 2005–06 the figures are from the audited summarisation schedules and are therefore definitive. The 2005–06 figures are from the Month 12 Financial Monitoring Returns with the exception of the foundation trust figures, which are from Monitor. These figures must therefore be treated as provisional until they are signed off by the NAO/Chief Executive.

Table 90
NHS SURPLUS/(DEFICIT) 1997–98 TO 2005–06

<i>£ millions</i>				
<i>Financial year</i>	<i>HAs/PCTs</i>	<i>NHS Trusts</i>	<i>Foundation Trusts</i>	<i>Total NHS position</i>
1997–98	(18)	(104)		(121)
1998–99	17	(36)		(18)
1999–2000	(52)	(77)		(129)
2000–01	56	56		112
2001–02 ⁽¹⁾	111	(40)		71
2002–03	189	(94)		96
2003–04	210	(138)		73
2004–05	100	(322)	(37)	(258)
2005–06 ⁽²⁾	48	(560)	(24)	(536)

Source:

1997–98 to 2004–05 Audited Summarisation Schedules.

2005–06 Month 12 Financial Monitoring Returns.

Footnotes:

- The total for NHS trusts in 2001–02 does not sum to the total of the individual organisations due to a central adjustment relating to a prior period adjustment being made in the underlying accounts following a change in the interpretation of FRS11.
- Provisional.

5.10.2 What have deficits and surpluses been in each (a) NHS Trust (b) Primary Care Trust and (c) Strategic Health Authority been in each year since 1997–98 for which data are available, in £s and as a percentage of turnover? (Q91)

ANSWER

- The information requested is given in **Table 91a** to **Table 91d**.
- Figures for 2005–06 are subject to audit and remain provisional.

Table 91a

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	Surplus/ (deficit)										% of turnover ⁽¹⁾										
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06			
RA0	CROYDON & SURREY DOWNS COMMUNITY NHS TRUST	0	0	114	6	26								0.0%	0.0%	0.5%	0.0%	0.1%				
RA1	EPSOM HEALTH CARE NHS TRUST	(846)	(4,721)											-1.5%	-8.1%							
RA2	ROYAL SURREY COUNTY HOSPITAL NHS TRUST	8	(1,238)	243	1,559	(2)	(3,565)	(1,549)	262	276				-0.0%	-1.7%	0.3%	1.8%	0.0%	-3.3%	-1.3%	0.2%	0.2%
RA3	WESTON AREA HEALTH NHS TRUST	60	64	(111)	(35)	(450)	(190)	(1,514)	(5,154)	(6,989)				0.2%	0.2%	-0.3%	-0.1%	-1.0%	-0.4%	-2.7%	-8.0%	-10.2%
RA4	EAST SOMERSET NHS TRUST	(490)	3	(784)	3	1,225	11	4	3	2				-1.2%	0.0%	-1.6%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%
RA5	EAST GLOUCESTERSHIRE NHS TRUST	339	305	81	41	45								0.3%	0.3%	0.1%	0.0%	0.0%				
RA7	UNITED BRISTOL HEALTHCARE NHS TRUST	200	(554)	(323)	(1,150)	(7,659)	(9,281)	80	52	3,285				-0.3%	-0.2%	-0.5%	-2.9%	-3.5%	0.0%	0.0%	0.0%	0.9%
RA8	TRECARE NHS TRUST	30	36											0.2%	0.3%							
RA9	SOUTH DEVON HEALTH CARE NHS TRUST	9	6	3	11	6	16	95	81	77				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%
RAB	THE FREEMAN GROUP OF HOSPS NHS TRUST	78												0.1%								
RAE	BRADFORD TEACHING HOSPS NHS FOUND TRUST	(303)	352	95	0	0	0	0	0	0				-0.3%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RAF	NORTHERN GENERAL HOSPITAL NHS TRUST	5	6	11	10	40								0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RAG	DONCASTER ROYAL INFIRM AND MONTAGU TRUST	190	46	58	40									0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RAH	ANGLIAN HARBOURS NHS TRUST	(1,230)												-11.5%								
RAJ	SOUTHDEN HOSPITAL NHS TRUST	300	159	75	105	17	4	57	17	524				0.4%	0.2%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.3%
RAL	ROYAL FREE HAMPSTEAD NHS TRUST	(628)	(2,964)	(4,613)	1,866	5,216	(847)	(961)	(10,217)	(4,845)				-0.4%	-1.4%	-1.9%	0.7%	2.0%	-0.3%	-3.0%	-1.3%	
RAN	ROYAL NAT ORTHOPAEDIC HOSP NHS TRUST	471	(274)	(184)	11	0	0	0	(3,793)	6				1.2%	-0.7%	-0.4%	0.0%	0.0%	0.0%	0.0%	-6.2%	0.0%
RAP	NORTH MIDDLESEX UNIVERSITY HOSP NHS TRUST	(2,660)	(987)	(3,291)	6,206	0	0	(989)	(4,106)	(8,166)				-4.4%	-1.5%	-4.6%	7.2%	0.0%	-0.9%	-3.3%	-6.4%	
RAQ	NORTH HERTFORDSHIRE NHS TRUST	(460)	(539)	(3,999)										-0.6%	-0.7%	-4.6%						
RAS	THE HILLINGDON HOSPITAL NHS TRUST	(883)	561	(426)	3	22	20	(963)	23	2,212				-1.4%	0.8%	-0.4%	0.0%	0.0%	0.0%	-0.8%	0.0%	1.5%
RAT	NORTH EAST LONDON MENTAL HEALTH NHS TRUST				7		84	91	151	352							0.0%	0.1%	0.1%	0.2%	0.3%	
RAU	CENTRAL MIDDLESEX HOSPITAL NHS TRUST	52	161											0.1%	0.3%							
RAW	LIFECARE NHS TRUST	3	(3,748)											0.0%	-14.4%							
RAX	KINGSTON HOSPITAL NHS TRUST	163	76	(1,030)	9	13	35	5	503	14				0.2%	0.1%	-1.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%
RAZ	ST HELIER NHS TRUST	142	(154)											0.1%	-0.1%							
RB1	AVON AMBULANCE SERVICE NHS TRUST	26	0	5	1	4	3	241	5	(947)				0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%
RB2	CLEVELAND AMBULANCE NHS TRUST	38	12											0.6%	0.2%							-3.7%
RB4	ESSEX AMBULANCE SERVICE NHS TRUST	14	54	92	5	10	(58)	22	134	1,445				0.1%	0.2%	0.4%	0.0%	0.0%	-0.1%	0.0%	0.3%	2.3%
RB5	GLOUCESTERSHIRE AMBULANCE SERVICES NHST	2	14	(318)	123	(14)	345	14	107	(488)				0.0%	0.2%	-4.0%	1.4%	-0.1%	3.2%	0.1%	0.7%	-2.6%
RB6	MERSEY REGIONAL AMBULANCE SERVICE TRUST	114	5	11	11	8	5	6	15	5				0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RB7	STAFFORDSHIRE AMBULANCE SERVICE TRUST	77	46	3	13	0	0	0	0	0				0.5%	0.3%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
RB8	SOUTH YORKSHIRE AMBULANCE SERVICE NHS TR	70	2	61	9	3	37	7	5	611				0.5%	0.0%	0.4%	0.1%	0.0%	0.2%	0.0%	0.0%	1.7%
RBA	TAUNTON AND SOMERSET NHS TRUST	51	97	(495)	1	7	5	5	3	16				0.1%	0.1%	-0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBB	ROYAL NAT HOSP RHEUM DISEASE NHS FOUN TRUST	163	52	2	2	2	13	8	15					2.0%	0.6%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%	0.0%
RBD	WEST DORSET GENERAL HOSPITALS NHS TRUST	(104)	(27)	137	7	2	2	3	(448)	(998)				-0.2%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	-0.4%	-0.9%
RBF	NUFFIELD ORTHOPAEDIC CENTRE NHS TRUST	(762)	15	161	(3,549)	(7)	3,744	(309)	82	229				-2.5%	0.0%	0.4%	-7.9%	0.0%	6.6%	-0.6%	0.1%	0.4%
RBG	FIRST COMMUNITY NHS TRUST	70	136	(203)	2									0.4%	0.6%	-0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBH	THE FOUNDATION NHS TRUST	88	3	27	0									0.5%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBJ	RUGBY NHS TRUST	(1,557)												-5.4%								
RBK	WALSALL HOSPITALS NHS TRUST	1,368	(461)	18	3	41	8	(1,057)	(1,845)	1,926				1.9%	-0.6%	0.0%	0.0%	0.0%	0.0%	-0.9%	-1.5%	1.4%
RBL	WIRRAL HOSPITAL NHS TRUST	(217)	273	64	17	13	19	16	25	20				-0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBN	ST HELENS AND KNOWSLEY HOSPITALS NHS TRUST	124	762	283	5	3	2	93	9	106				0.1%	0.7%	0.3%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%
RBP	CHESTER AND HALTON COMMUNITY NHS TRUST	14	0	50	52	9								0.1%	0.0%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
RBQ	THE CARDIOTHORACIC CNTR - LIVERPOOL NHST	12	42	22	9	1	0	0	0	0				0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBS	ROYAL LIVERPOOL CHILDRENS NHS TRUST	70	3	(334)	0	0	1	3	10	1				0.1%	0.0%	-0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBT	THE MID CHESHIRE HOSPITALS NHS TRUST	(570)	680	576	180	99	23	3	31	32				-0.9%	1.0%	0.8%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%
RBU	CENTRAL MANCHESTER HEALTHCARE NHS TRUST	(2,683)	869	(4,659)	857									-1.6%	0.4%	-2.3%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%
RBV	CHRISTIE HOSPITAL NHS TRUST	(114)	17	(249)	0	1	6	0	5	10				-0.2%	0.0%	-0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBW	NORTHUMBRIA AMBULANCE SERVICE NHS TRUST	11	(113)											0.1%	-0.5%							
RBX	LINCOLNSHIRE AMBULANCE NHS TRUST	6	2	0	4	0	2	2	3	3				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	199	25	126	(1)	1	0	372	(991)	(7,961)				0.4%	0.0%	0.2%	0.0%	0.0%	0.5%	-1.3%	-10.3%	
RC1	BEDFORD HOSPITAL NHS TRUST	36	4	5	10	(3,149)	2,741	120	(8,480)	(11,887)				0.1%	0.0%	0.0%	0.0%	-4.1%	2.9%	0.1%	-8.4%	-11.7%
RC3	EALING HOSPITAL NHS TRUST	354	34	(1,328)	47	98	(183)	7	1	1,059				0.7%	0.0%	-1.7%	0.1%	0.1%	-0.2%	0.0%	0.0%	1.0%
RC4	EAST HERTFORDSHIRE NHS TRUST	(938)	(1,119)	(5,167)										-1.4%	-1.2%	-5.4%						
RC5	HAREFIELD HOSPITAL NHS TRUST	97												0.3%								
RC8	HORIZON NHS TRUST	637	488	(265)	10									2.2%	2.1%	-1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RC9	LUTON AND DUNSTABLE HOSPITAL NHS TRUST	(729)	(595)	128	101	52	99	852	171	396				-1.2%	-0.9%	0.2%	0.1%	0.1%	0.1%	0.8%	0.1%	0.3%
RCA	NORTHALLERTON HEALTH SERVICES NHS TRUST	8	5	(805)	12	22								0.0%	0.0%	-1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RCB	YORK HOSPITALS NHS TRUST	9	20	23	6	7	9	4	1	3				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RCC	SCARBOROUGH AND NE YORKS NHS TRUST	11	9	(150)	10	41	32	62	(4,506)	(7,292)				0.0%	0.0%	-0.2%	0.0%	0.0%	0.0%	0.1%	-5.0%	-7.7%
RCD	HARROGATE AND DISTRICT NHS FOUND TRUST	28	350	401	6	34	51	7	4					0.0%	0.4%	0.4%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%

Table 91a (Continued)

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	1997-98 £000s	1998-99 £000s	1999-2000 £000s	Surplus/ (deficit)		2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	% of turnover ^(b)												
					2000-01 £000s	2001-02 £000s					1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06				
RCE	BRADFORD COMMUNITY HEALTH NHS TRUST	1,246	167	495	80	70					2.5%	0.3%	0.8%	0.1%	0.1%								
RCF	AIREDALE NHS TRUST	61	29	(86)	110	27	7	(1,448)	(3,288)	4,267	0.1%	0.0%	-0.1%	0.1%	0.0%	0.0%	0.0%	-1.8%	-3.8%	4.4%			
RCJ	NORTH TEES HEALTH NHS TRUST	39	1								0.1%	0.0%											
RCJ	SOUTH TEES HOSPITALS NHS TRUST	(141)	151	(63)	21	37					-0.1%	0.1%	0.0%	0.0%	0.0%								
RCJ	THE ROYAL VICTORIA INFIRMARY TRUST	(2,347)									-1.3%												
RCL	ALLINGTON NHS TRUST	13	(515)								0.0%	-1.5%											
RCN	BARNESLEY COMM AND PRIORITY SERV NHS TRUST	50	61	46	17	33					0.2%	0.2%	0.1%	0.0%	0.1%								
RCP	BASSETLAW HOSP AND COMM HEALTH SERV TRUST	33	30	28	46						0.1%	0.1%	0.1%	0.1%									
RCQ	DONCASTER HEALTHCARE NHS TRUST	116	512								0.3%	1.1%											
RCR	MULBERRY NHS TRUST	85	33								0.8%	0.3%											
RCS	NOTTINGHAM CITY HOSPITAL NHS TRUST	56	258	5	14	83	34	44	31	126	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RCT	NOTTINGHAM COMMUNITY HEALTH NHS TRUST	28	65	51	53						0.1%	0.2%	0.1%	0.1%									
RCU	SHEFFIELD CHILDREN'S NHS TRUST	9	65	40	30	113	23	11	39	1,379	0.0%	0.2%	0.1%	0.1%	0.2%	0.0%	0.0%	0.0%	0.1%	1.7%			
RCV	CENTRAL SHEFFIELD UNIV HOSPS NHS TRUST	66	4,307	54	30						0.0%	2.7%	0.0%	0.0%									
RCW	WESTON PARK HOSPITAL NHS TRUST	62	23								0.4%	0.1%											
RCX	THE QUEEN ELIZ HOSP KING'S LYNN NHS TRUST	(164)	(133)	(788)	736	0	1	(5,358)	(8,499)	(10,986)	-0.3%	-0.2%	-1.0%	1.0%	0.0%	0.0%	0.0%	-6.1%	-8.9%	-11.1%			
RCY	ASHFORD HOSPITAL NHS TRUST	(1,003)									-2.8%												
RCZ	BARNET COMMUNITY HEALTHCARE NHS TRUST	(11)	(1,179)	(4,927)	(2,358)						0.0%	-2.0%	-7.0%	-2.5%									
RD1	ROYAL UNITED HOSPITAL BATH NHS TRUST	(578)	(190)	25	(336)	2,079	(24,784)	(1,968)	(946)	(7,338)	-0.8%	-0.2%	0.0%	-0.3%	1.6%	-20.5%	-1.3%	-0.6%	-4.4%				
RD2	BATH AND WEST COMMUNITY NHS TRUST	1	48	(138)	(208)						-0.0%	0.2%	-0.5%	-0.4%									
RD3	POOLE HOSPITAL NHS TRUST	(1,249)	1,032	140	79	0	0	35	0	0	-1.8%	1.4%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
RD4	WILTSHIRE HEALTH CARE NHS TRUST	75	5	(92)							0.2%	0.0%	-0.5%										
RD5	AYLESBURY VALE COMM HEALTHCARE NHS TRUST	94	27	51	(523)						0.3%	0.1%	0.1%	-1.3%									
RD6	EAST BERKSHIRE NHS TRUST	78	47	54	35						0.6%	0.3%	0.3%	0.2%									
RD7	HEATHERWOOD AND WEXHAM PARK HOSPS TRUST	(182)	508	6	7	8	11	36	(4,186)	(3,691)	-0.2%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-2.6%	-2.2%			
RD8	MILTON KEYNES GENERAL HOSPITAL NHS TRUST	(101)	(201)	(637)	126	776	(1,394)	(3,172)	943	374	-0.2%	-0.4%	-1.1%	0.2%	1.1%	-1.7%	-3.5%	0.9%	0.3%				
RD9	MILTON KEYNES COMMUNITY HEALTH NHS TRUST	167	0	3	(21)						0.7%	0.0%	0.0%	-0.1%									
RDA	PARKSIDE NHS TRUST	13	27	5	139	0					0.0%	0.0%	0.0%	0.2%	0.0%								
RDB	SOUTH BEDFORDSHIRE COMM HC NHS TRUST	34	68								0.1%	0.2%											
RDC	WELLHOUSE NHS TRUST	(6,549)	(1,859)								-9.1%	-2.5%											
RDD	BASILDON & THURROCK UNI HOSP NHS FDTN TRUST	246	492	164	150	12	4,765	12	293	(1,439)	0.3%	0.6%	0.2%	0.1%	0.0%	3.7%	0.0%						
RDE	ESSEX RIVERS HEALTHCARE NHS TRUST	(2,384)	(2,897)	(2,705)	8,505	30	22	(5,843)	293	(1,439)	-2.8%	-2.7%	-2.2%	6.4%	0.0%	0.0%	-4.7%	0.2%	-0.9%				
RDF	FOREST HEALTHCARE NHS TRUST	(5,296)	(2,282)	(4,811)	(2,790)						-4.4%	-1.6%	-3.0%	-1.9%									
RDH	NEW POSSIBILITIES NHS TRUST	3	21	(152)	124	(4)	(2,300)				0.0%	0.1%	-0.5%	0.3%	0.0%	-8.2%							
RDJ	NORTH EAST ESSEX MENTAL HEALTH NHS TRUST	138	188	251	(105)						0.5%	0.7%	0.8%	-0.3%									
RDK	SOUTHEND COMMUNITY CARE SERV NHS TRUST	523	231	(329)							1.3%	0.5%	-0.7%										
RDL	EASTBOURNE HOSPITALS NHS TRUST	(124)	(118)	242	0	0					-0.2%	-0.1%	0.2%	0.0%	0.0%								
RDM	HASTINGS AND ROTHER NHS TRUST	13	187	(671)	(87)	17					0.0%	0.2%	-0.7%	-0.1%	0.0%								
RDP	OPTIMUM HEALTH SERVICES NHS TRUST	69	62								0.2%	0.2%											
RDQ	RAVENSBORNE NHS TRUST	6	9	2	4						0.0%	0.0%	0.0%	0.0%									
RDR	SOUTH DOWNS HEALTH NHS TRUST	(154)	309	(66)	(76)	214	216	124	69	2,457	-0.2%	0.5%	-0.1%	-0.1%	0.3%	0.2%	0.1%	0.1%	1.8%				
RDS	THAMESLINK HEALTHCARE SERVICES NHS TRUST	(698)									-2.4%												
RDT	LAMBETH HEALTHCARE NHS TRUST	345	(128)								0.6%	-0.2%											
RDU	FRIMLEY PARK HOSPITAL NHS FOUND TRUST	(41)	61	(343)	104	(330)	(1,904)	(524)	93		-0.1%	0.1%	-0.4%	0.1%	-0.3%	-1.7%	-0.4%	0.1%					
RDV	ST PETER'S HOSPITAL NHS TRUST	(1,110)									-2.1%												
RDX	BATH MENTAL HEALTH CARE NHS TRUST	4	2								0.0%	0.0%											
RDY	DORSET HEALTHCARE NHS TRUST	(19)	19	(4)	4	(4)	4	15	5	1,453	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.1%
RDZ	ROYAL BRNTHM AND CHRISTCRCH FOUN TRUST	(112)	106	(430)	103	62	25	38	(250)		-0.1%	0.1%	-0.5%	0.1%	0.1%	0.0%	0.0%	0.0%	-0.2%				
RE2	GATESHEAD HOSPITALS NHS TRUST	3									0.0%												
RE3	SOUTH CUMBRIA COMMUNITY AND MH NHS TRUST	7									0.0%												
RE4	SOUTH TEES COMMUNITY AND MH NHS TRUST	72	(6)								0.2%	0.0%											
RE5	WESTMORLAND HOSPITAL NHS TRUST	(176)									-1.0%												
RE6	CUMBRIA AMBULANCE SERVICE NHS TRUST	15	35	30	9	11	2	502	15	24	0.2%	0.4%	0.3%	0.1%	0.1%	0.0%	3.9%	0.1%	0.1%				
RE7	WEST CUMBRIA HEALTH CARE NHS TRUST	31	0	0	0						0.1%	0.0%	0.0%	0.0%									
RE8	NORTHUMBERLAND MENTAL HEALTH NHS TRUST	51	18	48	12						0.2%	0.1%	0.2%	0.0%									
RE9	SOUTH TYNESIDE NHS FOUNDATION TRUST	(1,244)	305	959	16	13	6	28	66		-2.0%	0.5%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%				
REA	EXETER AND DIST COMMTY HLTH SERV NHS TRUST	63	12	10	4						0.1%	0.0%	0.0%	0.0%									
REB	FRENCHAY HEALTHCARE NHS TRUST	52	13								0.0%	0.0%											
REC	PHOENIX NHS TRUST	216	71	(404)							0.6%	0.2%	-1.3%										
RED	PLYMOUTH COMMUNITY SERVICES NHS TRUST	3	1	0	0						0.0%	0.0%	0.0%	0.0%									
REE	SOUTHMEAD HEALTH SERVICES NHS TRUST	251	2								0.2%	0.0%											
REF	ROYAL CORNWALL HOSPITALS NHS TRUST	27	5	10	3	(4,225)	(5,210)	(5,845)	13,581	(15,687)	0.0%	0.0%	0.0%	0.0%	-2.7%	-3.0%	-3.1%	5.9%	-6.6%				

Table 91a (Continued)

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	Surplus/ (deficit)										% of turnover ⁽¹⁾												
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06					
REH	HEREFORDSHIRE COMMUNITY HEALTH NHS TRUST	(150)	(219)	(299)	2															-0.7%	-0.9%	-1.1%	0.0%	
REK	SOUTH WARWICKSHIRE HEALTH CARE NHS TRUST	13																			0.1%			
REM	AINTREE HOSPITALS NHS TRUST	259	456	486	62	5	5	5	7	6											0.2%	0.4%	0.4%	0.0%
REN	CLATTERBRIDGE CENTRE FOR ONCOLOGY TRUST	21	74	1	8	3	6	22	32	170											0.1%	0.4%	0.0%	0.0%
REP	LIVERPOOL WOMEN'S NHS FOUND TRUST	175	236	31	27	0	9	7													0.6%	0.7%	0.1%	0.1%
REQ	SOUTHPORT AND FORMBY HOSP SRVS NHS TRUST	(562)	14																		-1.3%	0.0%		
RES	ST HELENS AND KNOWSLEY COMM HEALTH TRUST	13	56	34	18	0															0.1%	0.3%	0.2%	0.1%
RET	NORTH MERSEY COMMUNITY NHS TRUST	636	210	477	244	40															1.0%	0.2%	0.5%	0.2%
REU	WALTON NEUROLOGY CENTRE NHS TRUST	49	10	12	16	15	15	10	10	10											0.3%	0.0%	0.1%	0.1%
REV	BURNLEY HEALTH CARE NHS TRUST	52	918	40	37	49	(626)														0.1%	0.9%	0.0%	0.0%
REW	LANCASTER ACUTE HOSPITALS NHS TRUST	(131)																			-0.3%			
REX	LANCASTER PRIORITY SERVICES NHS TRUST	(605)																			-2.0%			
REY	OLDHAM NHS TRUST	36	76	202	33	5															0.0%	0.1%	0.2%	0.0%
REZ	WRIGHTINGTON HOSPITAL NHS TRUST	89	47	45	9																0.6%	0.3%	0.2%	0.0%
RF2	ROCHDALE HEALTHCARE NHS TRUST	28	6	1,650	5	2															0.0%	0.0%	1.9%	0.0%
RF3	ROYAL HULL HOSPITALS NHS TRUST	6	40	30																	0.0%	0.0%	0.0%	0.0%
RF4	EAST YORKSHIRE HOSPITALS NHS TRUST	38	7	0																	0.1%	0.0%	0.0%	
RF5	BARKING, HAVERING AND REDBRIDGE HOSP NHS TRUST	0	0			6	5	4	5	(16,009)											0.0%	0.0%		
RF6	HUMBERSIDE AMBULANCE SERVICE NHS TRUST	(1,421)	338	237	22																-2.2%	0.5%	0.3%	0.0%
RF7	NORTH EAST LINCOLNSHIRE NHS TRUST	(1,068)	223	40	0																-1.9%	0.4%	0.1%	0.0%
RF8	SCUNTHORPE AND GOOLE HOSPITALS NHS TRUST	61	55	35																	0.3%	0.3%	0.5%	
RF9	SCUNTHORPE COMMUNITY HEALTH CARE NHS TRUST	21	23																		0.2%	0.2%		
RFA	NORTH YORKSHIRE AMBULANCE SERVICE TRUST	15	5																		0.2%	0.1%		
RFB	DURHAM COUNTY AMBULANCE NHS TRUST	782	415	90																	1.0%	0.5%	0.1%	
RFC	LEICESTER GENERAL HOSPITAL NHS TRUST	94	65																		0.7%	0.4%		
RFD	NOTTINGHAMSHIRE AMBULANCE SERV NHS TRUST	531	734	13	0																0.4%	0.5%	0.0%	
RFE	LEICESTER ROYAL INFIRMARY NHS TRUST	144	161	0	0																0.3%	0.3%	0.0%	0.0%
RFF	CHS SOUTHERN DERBYSHIRE NHS TRUST	36	45	14	4	7	3	3	2												0.1%	0.1%	0.0%	0.0%
RFG	BARNESLEY HOSPITAL NHS FOUNDATION TRUST	126	15	159	24	7															0.3%	0.0%	0.4%	0.1%
RFH	SOUTHERN DERBYSHIRE MENTAL HEALTH TRUST	25	15	144	0																0.1%	0.0%	0.4%	0.0%
RFJ	CENTRAL NOTTINGHAMSHIRE NHS TRUST	151	5	152	134																0.3%	0.0%	0.2%	0.2%
RFK	QUEEN'S MEDICAL NOTIS UNI HOSP NHS TRUST	(3,060)	56	127	54	73	61	41	52	29											-2.1%	0.0%	0.1%	0.0%
RFM	GLENFIELD HOSPITAL NHS TRUST	194	42	(125)																	0.3%	0.1%	-0.2%	
RFP	THE WEST LINDSEY NHS TRUST	1	8																		0.0%	0.1%		
RFQ	DERBY CITY GENERAL HOSPITAL NHS TRUST	39																			0.1%			
RFR	SOUTH LINCOLNSHIRE COMM AND MH SERV TRUST	86	9																		0.3%	0.0%		
RFS	THE ROTHERHAM NHS FOUNDATION TRUST	(176)	340	235	15	49	22	39	13	23											-0.3%	0.5%	0.3%	0.0%
RFT	CHESTERFIELD ROYAL HOSPITAL NHS FOUND TRUST	385	457	9	15	19	20	21	27												0.6%	0.7%	0.0%	0.0%
RFU	BEDFORD AND SHIRES HEALTH AND CARE NHS TRUST	(662)	365																		-2.1%	1.0%		
RFV	BEDS AND HERTS AMBULANCE AND PARAMEDIC TRUST	118	88	25	25	3	19	14	13	147											0.7%	0.5%	0.1%	0.1%
RFW	WEST LONDON HEALTHCARE NHS TRUST	312	25																		0.5%	0.0%		0.0%
RFX	WEST MIDDLESEX UNIVERSITY HOSP NHS TRUST	43	(700)	166	178	3	(779)	137	(3,991)	(9,024)											0.1%	-1.2%	0.2%	0.2%
RFY	HOUNSLOW AND SPELTHORNE COMM AND MH TRUST	(70)	36	28	5	(382)															-0.2%	0.1%	0.1%	0.0%
RFZ	RIVERSIDE MENTAL HEALTH NHS TRUST	341	321																		0.7%	0.6%		
RG1	NORTHWICK PARK AND ST MARKS NHS TRUST	(2,572)	(1,400)																		-2.7%	-1.4%		
RG2	MID KENT HEALTHCARE NHS TRUST	(270)	46	(595)																	-0.4%	0.1%	-0.7%	
RG3	QUEEN ELIZABETH HOSPITAL NHS TRUST	42	1,319	(7,909)	(1,583)	288	7,213	917	(9,186)	(19,199)											0.0%	1.4%	-7.8%	-1.3%
RG4	BROMLEY HOSPITALS NHS TRUST	(924)	(154)	1,128	5	(1,392)	507	0	10,755	(15,765)											-1.2%	-0.1%	0.8%	0.0%
RG5	REDBRIDGE HEALTH CARE NHS TRUST	(1,641)	72	(396)	19																-1.7%	0.1%	-0.3%	0.0%
RG6	BHB COMMUNITY HEALTH CARE NHS TRUST	(981)	(28)	(266)	18																-1.3%	0.0%	-0.3%	0.0%
RG7	HAVINGER HOSPITALS NHS TRUST	167	45	24	5																0.2%	0.0%	0.0%	0.0%
RG8	THAMESIDE COMMUNITY HEALTHCARE NHS TRUST	407	314	49																	0.9%	0.5%	0.1%	
RG9	CHASE FARM HOSPITALS NHS TRUST	(100)	0																		-0.2%	0.0%		
RGA	CALDERDALE HEALTHCARE NHS TRUST	482	2	0	45																0.6%	0.0%	0.0%	0.0%
RGB	HUDDERSFIELD HEALTH CARE SRVS NHS TRUST	205	211	1,091	24																0.2%	0.2%	1.1%	0.0%
RGD	WHIPPS CROSS UNIVERSITY HOSP NHS TRUST					51	2	3	7	(15,602)														
RGF	LEEDS MENTAL HEALTH TEACHING NHS TRUST	(1,674)	(2,332)	80	29	20	30	36	24	1,549											-1.8%	-2.5%	0.1%	0.0%
RGH	WAKEFIELD AND PONTFRACT COMM HEALTH TRUST	52	(1,393)	(1,910)	56	3															0.1%	-1.6%	-2.0%	0.1%
RGJ	WEST YORKSHIRE AMBULANCE SERVICE TRUST	2	111	0	1	1	1	0	20	(279)											0.0%	0.3%	0.0%	0.0%
RGK	EAST SUFFOLK LOCAL SERVICES NHS TRUST	26	(826)																		0.1%	-3.1%		
	NORTH WEST ANGLIA HEALTH CARE NHS TRUST	(122)	92	21	19	(2)															-0.3%	0.2%	0.0%	0.1%

Table 91a (Continued)

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	Surplus/ (deficit)										% of turnover ⁽¹⁾								
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	
RGL	MID ANGLIA COMMUNITY HEALTH NHS TRUST	5	(446)																0.0%	-1.7%
RGM	PAPWORTH HOSPITAL NHS FOUNDATION TRUST	63	24	16	17	14	3	(252)											0.2%	0.1%
RGN	P'BORO & STAMFORD HOSPS NHS FOUND TRUST	(1,271)	(652)	97	22	23	22	(969)											-1.8%	-0.9%
RGP	JAMES PAGET HEALTHCARE NHS TRUST	277	14	20	13	8	11	5											0.5%	0.0%
RGQ	IPSWICH HOSPITAL NHS TRUST	64	(769)	87	620	(992)	992	(1,404)	(6,443)	(11,905)	1,527							0.1%	-0.9%	
RGR	WEST SUFFOLK HOSPITALS NHS TRUST	(32)	28	(286)	290	(936)	947	(2,501)	(7,638)	(11,833)								-0.1%	0.0%	
RGS	LIFESPAN HEALTH CARE CAMBRIDGE NHS TRUST	18	85	12	6	0												0.0%	0.2%	
RGT	CAMBRIDGE UNI HOSPITAL NHS FOUND TRUST	(564)	30	(1,339)	4	0	1,904	(921)	(995)									-0.3%	0.0%	
RGU	BRIGHTON HEALTH CARE NHS TRUST	(1,456)	1,821	(1,721)	1,676	946												-1.5%	1.7%	
RGV	THANET HEALTH CARE NHS TRUST	3	(998)															0.0%	-2.2%	
RGW	KENT AND CANTERBURY HOSPITALS NHS TRUST	42	(304)															0.1%	-0.4%	
RGX	EASTBOURNE AND COUNTY HEALTHCARE NHS TRUST	(78)	16	(139)	3	0												-0.2%	0.0%	
RGY	CANTERBURY AND THANET COMMUNITY NHS TRUST	(383)																	-0.8%	
RGZ	QUEEN MARY'S SIDCUP NHS TRUST	17	11	(255)	5	23	(1,954)	41	(4,608)	(19,692)								0.0%	0.0%	
RH1	ROYAL BERKSHIRE AMBULANCE SERVICE TRUST	0	49	1	11	(29)	7	17	17	64								0.0%	0.4%	
RH2	SOUTH BUCKINGHAMSHIRE NHS TRUST	(749)	(133)	(567)	1,248	125	(2,974)											-0.9%	-0.2%	
RH3	HORTON GENERAL HOSPITAL NHS TRUST	(856)																	-3.7%	
RH4	W BERKSHIRE PRIORITY CARE SERV NHS TRUST	462	59	91	8		(1,774)	2,555	2	0	3							0.8%	0.1%	
RH5	SOMERSET PARTNERSHIP NHS AND SOC CARE TRUST	(60)	(8)	(273)	0													-0.3%	0.0%	
RH6	GLOUCESTERSHIRE ROYAL NHS TRUST	0	(163)	(33)	(27)	24												0.0%	-0.2%	
RH7	SEVERN NHS TRUST	71	18	15	16	46												0.1%	0.0%	
RH8	ROYAL DEVON & EXETER NHS FOUND TRUST	119	134	11	34	272	37	44	140	2,044								0.1%	0.1%	
RHA	NOTTINGHAMSHIRE HEALTHCARE NHS TRUST					35	5	614										0.0%	0.0%	
RHB	CAMDEN AND ISLINGTON COMM HEALTH NHS TRUST	91	94	44	76	62												0.0%	0.1%	
RHC	ENFIELD COMMUNITY CARE NHS TRUST	10	30	20	5													0.0%	0.1%	
RHD	ROYAL LONDON HOMOEOPATHIC HOSP NHS TRUST	(160)	(600)															-4.5%	-16.8%	
RHE	CRAWLEY HORSHAM NHS TRUST	(1,235)																	-2.4%	
RHF	MERTON AND SUTTON COMMUNITY NHS TRUST	134	(342)															0.4%	-0.9%	
RHG	RICHMOND, TWICKENHAM AND ROEHAMPTON TRUST	(2,787)	(9,734)																-3.4%	-20.6%
RHH	EAST SURREY HOSPITAL AND CHC NHS TRUST	(1,059)																	-1.9%	
RHJ	WORTHING PRIORITY CARE SERVICES TRUST	(31)	(198)	55	13	(591)												-0.1%	-0.6%	
RHK	N HAMPSHIRE, LODDON COMMUNITY NHS TRUST	404	53	66	(231)													1.0%	0.1%	
RHM	SOUTHAMPTON UNIVERSITY HOSPS NHS TRUST	(43)	34	163	24	(50)	160	(5,418)	(11,579)	(12,927)								0.0%	0.1%	
RHN	ANDOVER DISTRICT COMM HEALTH CARE TRUST	(224)	224	(918)														-2.5%	2.2%	
RHP	DORSET AMBULANCE NHS TRUST	(176)	72	71	2	1	1	0	0	250								-1.7%	0.7%	
RHQ	SHEFFIELD TEACHING HOSPITALS NHS TRUST					2	91	214	40									0.0%	0.0%	
RHR	WILTSHIRE AMBULANCE SERVICE NHS TRUST	6	4	7	8	1	4	4	9	125								0.1%	0.0%	
RHS	SOUTHAMPTON COMMUNITY HEALTH SERV TRUST	51	108	1	516	(344)												0.1%	0.0%	
RHU	PORTSMOUTH HOSPITALS NHS TRUST	97	450	(721)	22	(755)	20	85	882	1,096								0.1%	0.3%	
RHV	THE RADCLIFFE INFIRMARY NHS TRUST	221	38	(121)														0.5%	0.1%	
RHW	ROYAL BERKSHIRE AND BATTLE HOSPS NHS TRUST	(629)	666	(2,500)	2,750	0	(786)	5,486	2	26								-0.6%	0.6%	
RHX	OXFORD LEARNING DISABILITY NHS TRUST	32	6	11	15	28	3	8	64	88								0.2%	0.0%	
RHY	TWO SHIRES AMBULANCE NHS TRUST	4	0	4	2	15	2	3	184	413								0.0%	0.0%	
RHZ	EAST BERKSHIRE COMMUNITY HEALTH TRUST	614	259	131	110	(1,216)												1.6%	0.7%	
RJ1	GUY'S AND ST THOMAS' NHS FOUND TRUST	1,111	466	1,706	558	191	124	94	2,872	(8,805)								0.3%	0.1%	
RJ2	THE LEWISHAM HOSPITAL NHS TRUST	(107)	(146)	(311)	3	4	5	8	(7,505)									-0.1%	-0.2%	
RJ3	NW LONDON MENTAL HEALTH NHS TRUST	303	812															0.9%	2.3%	
RJ5	ST MARY'S NHS TRUST	(5,967)	(4,935)	(3,427)	12,901	2	2	(503)	(3,219)	3,094								-4.6%	-3.5%	
RJ6	MAYDAY HEALTHCARE NHS TRUST	107	31	(300)	0	4	4	(163)	252	(5,847)								0.1%	0.0%	
RJ7	ST GEORGE'S HEALTHCARE NHS TRUST	(1,223)	(1,466)	(5,753)	0	613	4,280	(650)	(21,656)	(33,569)								-0.7%	-0.8%	
RJ8	CORNWALL PARTNERSHIP NHS TRUST	125	2	3	3	(1,149)	550	471	481	21								0.2%	0.0%	
RJ9	WESTCOUNTRY AMBULANCE SERVICES NHS TRUST	29	7	0	8	5	7	403	35	32								0.1%	0.0%	
RJB	KIDDERMINSTER HEALTHCARE NHS TRUST	(549)	748	60														-1.4%	1.8%	
RJC	SOUTH WARWICKSHIRE GEN HOSPS NHS TRUST	97	36	(133)	0	87	19	2	(8,783)	(13,827)								0.2%	0.1%	
RJD	MID STAFFORDSHIRE GEN HOSPITALS TRUST	(721)	(73)	309	28	14	8	(509)	(2,158)	478								-0.1%	-0.1%	
RJE	UNIV HOSP NORTH STAFFORDSHIRE NHS TRUST	(1,199)	(1,246)	1,279	1,225	18	4	3	41	(14,985)								-0.8%	-0.8%	
RJF	BURTON HOSPITALS NHS TRUST	13	212	(326)	79	9	20	(179)	(2,507)	100								0.0%	0.4%	
RJH	GOOD HOPE HOSPITAL NHS TRUST	(1,574)	469	(139)	48	53	(839)	(5,014)	(3,576)	(5,972)								-2.8%	0.8%	
RJK	SHERBORNE'S MENTAL HEALTH NHS TRUST	165																	0.0%	0.0%
RJL	NORTH LINCOLNSHIRE AND GOOLE HOSPS NHS TRUST					4	0	0	0	0								0.0%	0.0%	
RJM	WALSALL COMMUNITY HEALTH NHS TRUST	30	0	1,463	1	0												0.1%	0.0%	
RJN	EAST CHESHIRE NHS TRUST	680	51	76	(180)	3	10	19	24	12								1.0%	0.1%	

Table 91a (Continued)

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	1997-98 £000s	1998-99 £000s	1999-2000 £000s	Surplus/ (deficit)		2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	% of turnover ⁽¹⁾									
					2000-01 £000s	2001-02 £000s					1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	
RM8	FURNESS HOSPITALS NHS TRUST	(2,410)									-6.9%									
RM9	ALEXANDRA HEALTH CARE NHS TRUST	(893)	0	(2,038)							-2.4%	0.0%	-4.7%							
RMA	GREATER MANCHESTER AMBULANCE NHS TRUST	(174)	388	(151)	(109)	19	8	91	20	780	-0.6%	1.3%	-0.5%	-0.3%	0.0%	0.0%	0.2%	0.0%	1.2%	
RMB	B'BURN, H'BURN & R'BLE VALLEY NHS TRUST	(396)	630	42	11	14	3				-0.5%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
RMC	BOLTON HOSPITALS NHS TRUST	(472)	1	2	0	0	0	3	(2,706)	3,278	-0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-1.9%	2.0%
RMD	LANCASHIRE AMBULANCE SERVICE NHS TRUST		267	68	5	1	10				1.4%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	
RME	COMMUNICARE NHS TRUST		54	84	46	3	4				0.2%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%		
RMF	PRESTON ACUTE HOSPITALS NHS TRUST	(474)	18	32	27	21					-0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
RMG	GUILD COMMUNITY HEALTHCARE NHS TRUST		71	114	17	40	29				0.2%	0.4%	0.0%	0.1%	0.1%					
RMH	MENTAL HEALTH SERV OF SALFORD NHS TRUST		10	1,017	192	28	0	11			0.0%	2.6%	0.5%	0.1%	0.0%	0.0%	0.0%			
RMJ	SALFORD COMMUNITY HEALTH CARE NHS TRUST		34	162	11	8					0.2%	0.9%	0.1%	0.0%						
RMK	NORTH MANCHESTER HEALTHCARE NHS TRUST		122	248	29	13	2				0.1%	0.2%	0.0%	0.0%	0.0%					
RML	BLACKPOOL, WYRE AND FYLDE COMMUNITY TRUST		502	420	(63)	4	32				0.9%	0.7%	-0.1%	0.0%	0.0%					
RMM	COMMUNITY HEALTHCARE BOLTON NHS TRUST	(156)		25	9	54	7				-0.9%	0.1%	0.0%	0.2%	0.0%					
RMN	BURY HEALTH CARE NHS TRUST		2	19	16	17	4				0.0%	0.0%	0.0%	0.0%	0.0%					
RMP	TAMESIDE AND GLOSSOP ACUTE SERV NHS TRUST		423	97	837	7	1	13			0.9%	0.2%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
RMQ	TAMESIDE AND GLOSSOP COMMUNITY NHS TRUST		21	36	1,189	3	4				0.1%	0.1%	2.5%	0.0%	0.0%					
RMR	BLACKPOOL VICTORIA HOSPITAL NHS TRUST	(284)	(358)	535	55	39					-0.3%	-0.3%	0.3%	0.0%	0.0%					
RMS	STOCKPORT ACUTE SERVICES NHS TRUST		338	485	440						0.5%	0.7%	0.6%							
RMT	STOCKPORT HEALTHCARE NHS TRUST	(245)		21	(1,156)						-0.4%	0.0%	-1.6%							
RMU	EAST YORKSHIRE COMM HEALTHCARE NHS TRUST		55	20	5						0.2%	0.1%	0.0%							
RMV	HULL AND HOLDERNESS COMMUNITY HEALTH TRUST		5	12	0						0.0%	0.0%	0.0%							
RMW	DEWSBURY HEALTH CARE NHS TRUST		933	710	928	43	0				1.6%	1.1%	1.3%	0.1%	0.0%					
RMX	NORWICH COMM HEALTH PARTNERSHIP NHS TRUST		89	(161)	73	(100)					0.2%	-0.3%	0.1%	-0.1%						
RMY	NORFOLK & WAVENEY MH PARTNERSHIP NHS TRUST		192	227	(172)	81	1	0	192	527	0.4%	0.3%	-0.2%	0.1%	0.0%	0.0%	0.3%	0.7%	1.2%	
RMZ	EAST ANGLIAN AMBULANCE NHS TRUST	(137)		47	(499)	4	39	473	747	1,103	-0.5%	0.2%	-1.6%	0.0%	0.1%	1.1%	1.4%	1.5%	0.7%	
RN1	WINCHESTER AND EASTLEIGH HLTHCARE NHS TRUST		0	(1)	(1,400)	1	0	1,000			0.0%	0.0%	-1.7%	0.0%	0.0%	1.0%	0.0%	0.1%	-2.5%	
RN2	EAST WILTSHIRE HEALTHCARE NHS TRUST		124	235	(214)						0.4%	0.8%	-1.3%							
RN3	SWINDON AND MARLBOROUGH NHS TRUST	(3,789)		813	1,268	1,496	16	13	11	4	(835)	-5.3%	1.0%	1.3%	1.6%	0.0%	0.0%	0.0%	0.0%	-0.5%
RN4	PORTSMOUTH HEALTH CARE NHS TRUST		40	85	(234)	57	(1,154)				0.0%	0.1%	-0.2%	0.0%	-1.1%					
RN5	NORTH HAMPSHIRE HOSPITALS NHS TRUST		2	(46)	(221)	(35)	(625)	314	37	94	26	0.0%	-0.1%	-0.3%	0.0%	-0.8%	0.3%	0.0%	0.1%	0.0%
RN6	DORSET COMMUNITY NHS TRUST		0	0	0	0					0.0%	0.0%	0.0%	0.0%						
RN7	DARTFORD AND GRAVESHAM NHS TRUST	(1,557)		793	(152)	(704)	(1,798)	(2,710)	61	(1,146)	(3,470)	2.7%	1.3%	-0.2%	-1.0%	-2.3%	-3.2%	0.1%	-1.2%	-3.4%
RN8	SOUTH KENT COMMUN HEALTHCARE NHS TRUST	(1,228)									-3.5%									
RN9	LEWISHAM AND GUYS MENTAL HEALTH NHS TRUST		40	(50)							0.1%	-0.1%								
RNA	DUDLEY GROUP OF HOSPITALS NHS TRUST		325	41	(320)	0	3	4	848	1,741	1,753	0.3%	0.0%	-0.2%	0.0%	0.0%	0.0%	0.6%	1.1%	0.9%
RNB	COVENTRY HEALTHCARE NHS TRUST		55	29	6	8	7				0.2%	0.1%	0.0%	0.0%	0.0%					
RNC	DUDLEY PRIORITY HEALTH NHS TRUST	(261)	(117)	15	0	1					-0.8%	-0.3%	0.0%	0.0%	0.0%					
RND	SOUTH BIRMINGHAM MENTAL HEALTH NHS TRUST		150	185	(488)	0	0	0			0.3%	0.3%	-1.0%	0.0%	0.0%	0.0%				
RNE	SANDWELL HEALTHCARE NHS TRUST		235	169	102	40	7				0.3%	0.2%	0.1%	0.0%	0.0%					
RNF	NORTHERN BIRMINGHAM MENTAL HEALTH TRUST	(45)	(94)	(218)	8	88	(2,245)				-0.1%	-0.2%	-0.5%	0.0%	0.2%	-3.5%				
RNG	PREMIER HEALTH NHS TRUST		35	154	566	1					0.1%	0.4%	1.2%	0.0%						
RNH	NEWHAM UNIVERSITY HOSPITAL NHS TRUST	(1,499)	(1,411)	(861)	3,517	11	0	20	3	13	-2.6%	-2.3%	-1.3%	4.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RNJ	BARTS AND THE LONDON NHS TRUST	(4,283)	(4,149)	(2,979)	10,149	38	24	43	21	3,414	-1.6%	-1.5%	-0.9%	3.1%	0.0%	0.0%	0.0%	0.0%	0.5%	
RNK	TAVISTOCK AND PORTMAN NHS TRUST		29	19	5	1	0	0	0	373	0.3%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	
RNL	NORTH CUMBRIA ACUTE HOSPITALS NHS TRUST					6	(1,803)	(4,133)	13	56		1.6%	0.0%	0.1%	-1.2%					
RNM	NEWCASTLE CITY HEALTH NHS TRUST																			
RNN	NTH CUMBRIA MH AND LEARNING DISAB NHS TRUST	1,386	8	67	(1,217)		1	0	0	69										
RNP	NEWC. N TYNESIDE AND N'THUMBERLND MH NHS TRUST						3	(1,941)	261	1,724	527									
RNQ	KETTERING GENERAL HOSPITAL NHS TRUST		220	92	(800)	1,374	(107)	(6)	(1,197)	(1,721)	40	0.4%	0.1%	-0.9%	1.5%	-0.1%	0.0%	-1.2%	-1.6%	0.0%
RNR	ROCKINGHAM FOREST NHS TRUST	(124)		28	(314)	(354)						-0.3%	0.1%	-0.8%	-0.8%					
RNS	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	(1,636)	(516)	(2,420)	5,883	(280)	6	(4,922)	46	(2,907)	-2.1%	-0.6%	-2.6%	5.4%	-0.3%	0.0%	-3.7%	0.0%	-1.8%	
RNT	STOKE MANDEVILLE HOSPITAL NHS TRUST	(562)	(64)	(866)	559	(253)	(2,404)				-1.0%	-0.1%	-1.3%	0.8%	-0.3%	-2.6%				
RNU	OXFORDSHIRE MENTAL HEALTHCARE NHS TRUST	(3,311)	(1,855)	(2,153)	7,343	8		1	2	2	3	-7.3%	-3.8%	-3.9%	10.9%	0.0%	0.0%	0.0%	0.0%	0.0%
RNV	OXFORDSHIRE COMMUNITY HEALTH NHS TRUST		504	26	86	987						1.3%	0.1%	0.2%	2.1%					
RNW	NORTHAMPTON COMM HEALTHCARE NHS TRUST	(1,171)	(279)	53	1,402							-2.8%	-0.6%	0.1%	3.0%					
RNX	OXFORD RADCLIFFE HOSPITAL NHS TRUST	(2,510)									-1.5%									
RNY	OXFORDSHIRE AMBULANCE NHS TRUST		36	(65)	(647)	47	45	590	1	50	281	0.5%	-0.8%	-7.0%	0.5%	0.4%	4.8%	0.0%	0.3%	1.6%
RNZ	SALISBURY HEALTH CARE NHS TRUST		413	0	0	4	0	0	0	0	0	0.5%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.0%
RP1	NORTHAMPTONSHIRE HEALTHCARE NHS TRUST						32	101	51	153	28									
RP2	HARINGEY HEALTH CARE NHS TRUST		511	15	11	(17)						1.0%	0.0%	0.0%	0.0%					
RP3	MID ESSEX COMM AND MENTAL HEALTH NHS TRUST		6	(263)	(27)	(414)						0.0%	-1.0%	-0.1%	-1.3%					

Table 91a (Continued)

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	Surplus/ (deficit)										% of turnover ⁽¹⁾							
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
RP4	GREAT ORMOND ST HOSP FOR CHILDREN NHS TRUST	801	695	(334)	33	10	1,122	1	(557)	1,983	0.7%	0.6%	-0.3%	0.0%	0.0%	0.7%	0.0%	-0.3%	0.9%
RP5	DOONCASTER AND BASSETLAW HOSPITALS NHS TRUST																		
RP6	MOORFIELDS EYE HOSPITAL NHS FOUND TRUST	752	0	0	20	1	0	0			2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RP7	LINCOLNSHIRE PARTNERSHIP NHS TRUST																		
RPA	MEDWAY NHS TRUST	(53)	(107)	(550)	(1,504)	766	(967)	2,372	(279)	210	-0.1%	-0.1%	-0.6%	-1.6%	0.0%	0.0%	0.0%	-0.2%	0.1%
RPC	QUEEN VICTORIA HOSPITAL NHS FOUND TRUST	(223)	143	(21)	3	0	68	39	216		0.0%	0.7%	-0.1%	0.0%	0.0%	0.2%	0.1%	2.4%	
RPD	KENT AND SUSSEX WEALD NHS TRUST	8	27	(487)							0.0%	0.0%	-0.8%						
RPF	SOUTH KENT HOSPITALS NHS TRUST	8	(655)								0.0%	-0.7%							
RPG	OXLEAS NHS TRUST	34	17	810	5	2	37	11	378	1,500	0.1%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.3%	1.2%
RPH	KENT AMBULANCE NHS TRUST	0	0	(80)	80	0	57	0	34	444	0.0%	0.0%	-0.4%	0.4%	0.0%	0.2%	0.0%	0.1%	1.2%
RPK	SUSSEX WEALD AND DOWNS NHS TRUST	53	(323)	62	(1,271)	(2,316)					0.1%	-0.7%	0.1%	-2.4%	-4.3%				
RPL	WORTHING AND SOUTHLANDS HOSPITALS TRUST	(1,817)	1,812	(4,147)	(2,734)	14	6,292	(27)	51	(10,623)	-2.8%	2.4%	-5.1%	-3.2%	0.0%	5.1%	0.0%	0.0%	-7.6%
RPM	NORTH DOWNS COMMUNITY HEALTH NHS TRUST	(902)									-2.1%								
RPN	KINGSTON AND DISTRICT COMMUNITY NHS TRUST	90	(300)	(231)	(873)						0.3%	-0.6%	-0.4%	-1.5%					
RPP	WANDSWORTH COMMUNITY HEALTH NHS TRUST	2	51								0.0%	0.2%							
RPQ	SURREY AMBULANCE SERVICE NHS TRUST	1	2	1	3	0	4	6	2	257	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%
RPR	ROYAL WEST SUSSEX NHS TRUST	40	32	(526)	0	(1,722)	(1,349)	(3,572)	(15,483)	(13,394)	0.1%	0.1%	-0.9%	0.0%	-2.4%	-1.6%	-4.3%	-17.1%	-13.6%
RPS	MID SUSSEX NHS TRUST	(236)	(599)	(1,552)	(807)	(2,683)					-0.5%	-1.2%	-2.7%	-1.3%	-4.0%				
RPT	HEATHLANDS MENTAL HEALTH SERVICES TRUST	(2,444)									-8.9%								
RPU	EAST SURREY PRIORITY CARE NHS TRUST	(99)									-0.4%								
RPV	RIVERSIDE COMMUNITY HEALTHCARE NHS TRUST	9	30	23	56	(110)					0.0%	0.1%	0.1%	0.1%	-0.2%				
RPW	ST ALBANS AND HEMEL HEMPSTEAD NHS TRUST	(299)	(1,330)	(2,755)							-0.5%	-2.3%	-3.6%						
RPX	ROYAL BROMPTON HOSPITAL NHS TRUST	180									0.3%								
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	323	514	337	777	49	68	36			0.5%	0.7%	0.4%	0.9%	0.1%	0.1%	0.0%		
RQ1	SURREY HEARTLANDS NHS TRUST	(471)									-1.1%								
RQ2	SUSSEX AMBULANCE SERVICE NHS TRUST	(6)	28	(1)	0	0	2	(229)	298	129	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	-0.6%	0.7%	0.2%
RQ3	BIRMINGHAM CHILDREN'S HOSPITAL NHS TRUST	202	(849)	(859)	35	11	996	9	12	1,618	0.3%	-1.2%	-1.0%	0.0%	0.0%	0.9%	0.0%	0.0%	1.1%
RQ4	BLACK COUNTRY MENTAL HEALTH NHS TRUST	(8)	(55)	(34)	0	3	11				0.0%	-0.3%	-0.1%	0.0%	0.0%	0.0%			
RQ5	WOLVERHAMPTON HEALTH CARE NHS TRUST	83	(8)	(64)	18	8	(67)				0.2%	0.0%	-0.2%	0.0%	0.0%	-0.4%			
RQ6	ROYAL LIVERPOOL BROADGREEN UNIV HOSP TRUST	333	215	(483)	12	8	0	0	0	18	0.2%	0.1%	-0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RQ7	MANCHESTER CHILDRENS HOSPITALS NHS TRUST	75	19	41	4						0.1%	0.0%	0.1%	0.0%					
RQ8	MID ESSEX HOSPITAL SERVICES NHS TRUST	106	(801)	(4,232)	1,374	71	1,062	513	(2,299)	1,003	0.1%	-0.8%	-4.0%	1.1%	0.1%	0.8%	0.3%	-1.3%	0.6%
RQ9	THE BETHLEM AND MAUDSLEY NHS TRUST	989	(280)								1.1%	-0.3%							
RQJ	WEST HERTS COMMUNITY HEALTH NHS TRUST	255	164	47	48						0.5%	0.3%	0.1%	0.1%					
RQK	HARROW AND HILLINGDON HEALTHCARE NHS TRUST	(486)	176	352	26	2					-1.2%	0.4%	0.8%	0.1%	0.0%				
RQL	MOUNT VERNON AND WATFORD HOSPITALS TRUST	(4,527)	(2,503)	(1,286)							-5.2%	-2.8%	-1.4%						
RQM	CHELSEA AND WESTMINSTER HEALTHCARE TRUST	(1,100)	(4,688)	459	285	401	88	(1,880)	105	2,204	-0.9%	-3.2%	0.3%	0.1%	0.2%	0.0%	-1.0%	0.1%	1.0%
RQN	HAMMERSMITH HOSPITALS NHS TRUST	(1,421)	(77)	(1,947)	134	119	82	19	(17,819)	(18,484)	-0.6%	0.0%	-0.7%	0.0%	0.0%	0.0%	0.0%	-4.4%	-4.3%
RQQ	HINCHINGBROOKE HEALTH CARE NHS TRUST	(372)	206	(295)	6	(220)	221	5	(1,566)	(6,535)	-0.8%	0.4%	-0.5%	0.0%	-0.3%	0.4%	0.0%	-2.2%	-8.8%
RQR	ST JAMES'S AND SEACROFT UNIV HOSP TRUST	(2,393)									-1.3%								
RQS	UNITED LEEDS TEACHINGS HOSPITALS TRUST	(4,878)									-2.2%								
RQT	FOSSE HEALTH, LEICESTERSHIRE COMM TRUST	33	40								0.0%	0.0%							
RQU	GRANTHAM AND DISTRICT HOSPITAL NHS TRUST	(176)	16	163							-0.7%	0.1%	0.6%						
RQV	ESSEX AND HERTFORDSHIRE COMM NHS TRUST	(61)	(150)	(228)	(981)						-0.1%	-0.3%	-0.4%	-2.5%					
RQW	PRINCESS ALEXANDRA HOSPITAL NHS TRUST	(930)	(1,485)	(1,567)	1,412	(880)	(3,714)	(495)	156	(5,857)	-1.6%	-2.4%	-2.3%	1.6%	-0.9%	-3.8%	-0.5%	0.1%	-4.7%
RQX	HOMERTON UNIV HOSPITAL NHS FOUND TRUST	6	64	497	33	41	32	2			0.0%	0.1%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RQY	SW LONDON AND ST GEORGE'S MENTAL HLTH TRUST	43	25	35	75	24	73	12	114	1,534	0.1%	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	1.0%
RQZ	BOURNEWOOD COMMUNITY AND MH NHS TRUST	248	(25)	(32)	1	6					0.6%	-0.1%	-0.1%	0.0%	0.0%				
RR1	HEART OF ENGLAND NHS FOUNDATION TRUST	264	628	(989)	5	(1)	0	0	0		0.2%	0.4%	-0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RR2	ISLE OF WIGHT HEALTHCARE NHS TRUST	(859)	7	36	5	(431)	(3,704)	23	12	9	-1.4%	0.0%	0.0%	0.0%	-0.5%	-3.8%	0.0%	0.0%	0.0%
RR3	INVICTA COMMUNITY CARE NHS TRUST	185	283	79	9	15					0.4%	0.6%	0.1%	0.0%	0.0%				
RR4	PINDERFIELDS AND PONTEFRAC HOSP NHS TRUST	(1,002)	15	(2,391)	5	2,548					-0.9%	0.0%	-1.7%	0.0%	1.6%				
RR5	WIRRAL AND WEST CHESHIRE COMM NHS TRUST	9	117	10	16	2					0.0%	0.2%	0.0%	0.0%	0.0%				
RR7	GATESHEAD HEALTH NHS FOUNDATION TRUST		48	10	19	8	10	6	6		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RR8	LEEDS TEACHING HOSPITALS NHS TRUST		(5,800)	(4,132)	36	0	3,473	(309)	178	309	-1.3%	-0.9%	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%
RR9	NORTH DURHAM HEALTH CARE NHS TRUST		25	50	4	30					0.0%	0.1%	0.0%						
RRD	NORTH ESSEX MENTAL HEALTH PARTNERSHIP NHS TRUST					(1,502)					5	694	616	2,474					2.5%
RRE	SOUTH STAFFORDSHIRE HEALTHCARE NHS TRUST										0	0	4	1	-2.0%	0.0%	0.9%	0.7%	0.0%
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS TRUST					2	2	254	(743)	1,697					0.0%	0.0%	0.1%	-0.4%	0.9%
RRG	TOWER HAMLETS HEALTHCARE NHS TRUST	(1,097)	(514)	(483)	0						-1.8%	-0.8%	-0.7%	0.0%					
RRH	NEWHAM COMMUNITY HEALTH SERVS NHS TRUST	375	123	114	156						1.1%	0.3%	0.2%	0.4%					

Table 91a (Continued)

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	Surplus/ (deficit)									% of turnover ⁽¹⁾								
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
RRJ	ROYAL ORTHOPAEDIC HOSPITAL NHS TRUST	267	259	207	229	219	37	303	608	514	1.3%	1.1%	0.7%	0.8%	0.7%	0.1%	0.8%	1.4%	1.0%
RRK	UNI HOSPITAL BIRMINGHAM NHS FOUND TRUST	10	17	23	30	39	33	38	3		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
RRL	CITY AND HACKNEY COMM SERVICES NHS TRUST	30	(27)	34	2						0.1%	-0.1%	0.1%	0.0%					
RRM	NORTH WARWICKSHIRE NHS TRUST	0	0	0	0	0					0.0%	0.0%	0.0%	0.0%	0.0%				
RRP	BARNET, ENFIELD AND HARINGEY MH NHS TRUST					4	(686)	(924)	849	53					0.0%	0.0%	-0.5%	-0.6%	0.5%
RRQ	CAMDEN AND ISLINGTON MENTAL HEALTH NHS TRUST					41													
RRR	TEDDINGTON MEMORIAL HOSP AND COMM NHS TRUST	24	(102)	90	0						0.9%	-3.9%	1.4%	0.0%					
RRU	LONDON AMBULANCE SERVICE NHS TRUST	(163)	485	(1,073)	101	46	94	89	332	1,273	-0.2%	0.4%	-0.9%	0.1%	0.0%	0.1%	0.1%	0.2%	0.6%
RRV	UNI COLL LONDON HOSP NHS FOUND TRUST	(649)	(3,846)	(4,992)	3	6,762	47	9,394	(4,930)		-0.3%	-1.5%	-1.8%	0.0%	2.2%	0.0%	2.4%	-4.6%	
RRW	SOUTH DURHAM NHS TRUST	(2,997)									-7.1%								
RRX	LINCOLN AND LOUTH NHS TRUST	437	241	(636)							0.6%	0.3%	-0.7%						
RRY	HARTLEPOOL AND EAST DURHAM NHS TRUST	237	2								0.4%	0.0%							
RRZ	WORCESTERSHIRE COMM HEALTHCARE NHS TRUST	(145)	0	(784)							-0.3%	0.0%	-1.2%						
RT1	CAMBS & PETERBOROUGH MH PARTNERSHIP TRUST						1,371	1,649	(348)	92					1.4%	1.6%	-0.3%	0.1%	
RT2	PENNINE CARE NHS TRUST						0	0	7	82					0.0%	0.0%	0.0%	0.1%	
RT3	ROYAL BROMPTON AND HAREFIELD NHS TRUST	297		50	148	50	20	6	(3,217)	3,240				0.3%	0.0%	0.1%	0.0%	-1.8%	1.7%
RT5	LEICESTERSHIRE & RUTLAND HLTH NHS TRUST			5	6	4		9	11	18				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RT6	LOCAL HEALTH PARTNERSHIPS NHS TRUST			24	58	20		(489)	1,004	177				0.0%	0.1%	0.0%	0.0%	0.0%	0.2%
RTA	SOUTH DURHAM HEALTH CARE NHS TRUST		67	15	8	49								0.0%	0.0%	0.0%	-0.7%	1.3%	0.2%
RTC	COUNTY DURHAM AND DARLINGTON PRIOR SRV TRUST		35	19	29	13	51	6	22	259				0.1%	0.0%	0.1%	0.0%	0.0%	0.3%
RTD	NEWCASTLE UPON TYNE HOSPITALS NHS TRUST		128	146	17	53	130	63	192	234				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RTE	GLOUCESTERSHIRE HOSPITALS NHS FOUND TRUST						37	40	25					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RTF	NORTHUMBRIA HEALTH CARE NHS TRUST		205	208	3	6	55	26	10	40				0.1%	0.1%	0.0%	0.0%	0.0%	0.0%
RTG	DERBY HOSPITALS NHS FOUNDATION TRUST		399	10	5	2	9	4	10					0.3%	0.0%	0.0%	0.0%	0.0%	0.0%
RTH	OXFORD RADCLIFFE HOSPITALS NHS TRUST	(1,638)	(2,664)	6,819	5	(179)	200	1,580	(19,409)		-0.8%	-0.9%	2.3%	0.0%	0.0%	0.0%	0.3%	-4.1%	
RTJ	SURREY HAMPSHIRE BORDERS NHS TRUST		29	17	16	(920)	46	476	33					0.0%	0.0%	0.0%	-0.9%	0.1%	0.1%
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS TRUST		82	(1,613)	(4,846)	(1,409)	(1,328)	5	61	(7,560)				0.1%	-1.5%	-4.4%	-1.1%	0.0%	-4.5%
RTL	THAMES GATEWAY NHS TRUST		6	20	(377)	0								0.0%	0.0%	-0.5%	0.0%		
RTM	EAST KENT NHS AND SC PARTNERSHIP TRUST		458	(319)	280	562	(310)	(225)	289	400				0.6%	-0.4%	0.3%	0.6%	-0.5%	0.7%
RTN	SURREY OAKLANDS NHS TRUST		143	(274)	(94)	3	216	292	116					0.2%	-0.2%	-0.1%	0.0%	0.2%	0.1%
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST		510	(5,021)	(4,573)	(193)	6,657	(4,149)	(30,657)	(40,834)				0.5%	-4.6%	-4.0%	-0.1%	4.5%	-25.5%
RTQ	GLOUCESTERSHIRE PARTNERSHIP NHS TRUST						74	5	109	(1,319)					0.0%	0.0%	0.1%	-1.6%	
RTR	SOUTH TEES HOSPITALS NHS TRUST					(826)		(1,712)	(8,898)	(21,395)					0.0%	-0.6%	-2.7%	-6.7%	
RTT	SOUTH WARWICKSHIRE COMBINED NHS TRUST	(152)	0	0										-0.4%	0.0%	0.0%	-1.8%		
RTV	5 BOROUGHS PARTNERSHIP NHS TRUST						30	15	38	342					0.0%	0.0%	0.0%	0.4%	
RTW	SHROPSHIRE'S COMMUNITY AND MENTAL HS NHS TRUST	111	249	1	5									0.2%	0.4%	0.0%	0.0%		
RTX	MORECAMBE BAY HOSPITALS NHS TRUST	175	(498)	8	11	18	19	(1,548)	(6,357)					0.2%	-0.4%	0.0%	0.0%	-0.8%	-3.2%
RTY	BAY COMMUNITY NHS TRUST	3	(131)	3										0.0%	-0.2%	0.0%			
RV1	TEES EAST & NTH YORKSHIRE AMB SERV NHS TRUST			19	0	28	0	0	0	0				0.1%	0.0%	0.1%	0.0%	0.0%	0.0%
RV2	EALING, HAMMERSMITH & FULHAM MH NHS TRUST			29	13									0.0%	0.0%				
RV3	BRENT KENS'TON CHELSEA & WESTMER MH TRUST			23	35	15	7	16	70	1,258				0.0%	0.0%	0.0%	0.0%	0.0%	0.8%
RV4	COMMUNITY HEALTH SOUTH LONDON NHS TRUST			152	49	1								0.2%	0.1%	0.0%			
RV5	SOUTH LONDON AND MAUDSLEY NHS TRUST			(480)	22	0	1	38	39	719				-0.2%	0.0%	0.0%	0.0%	0.0%	0.2%
RV6	EAST MIDLANDS AMBULANCE SERVCE NHS TRUST			21	5	4	0	1	1	311				0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
RV7	BEDFORDSHIRE & LUTON COMMUNITY NHS TRUST			26	(360)	(1,221)	1,561	102	545	1,250				0.0%	-0.4%	-1.8%	2.3%	0.2%	1.6%
RV8	NORTH WEST LONDON HOSPITALS NHS TRUST			(668)	21	17	16	(3,099)	(11,744)	(24,064)				-0.4%	0.0%	0.0%	0.0%	-1.2%	-8.8%
RV9	HULL & EAST RIDING COMM HEALTH NHS TRUST			1	24	0	8	27	1	3				0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
RVJ	NORTH BRISTOL NHS TRUST			90	44	(6,232)	(44,620)	20	2,402	1,480				0.0%	0.0%	-2.3%	-16.1%	0.0%	0.4%
RVK	NORTH EAST AMBULANCE SERVICE NHS TRUST			7	5	17	304	28	46	554				0.0%	0.0%	0.0%	0.6%	0.1%	1.0%
RVL	BARNET & CHASE FARM HOSPITALS NHS TRUST			(2,376)	(2,996)	0	(2,145)	(4,398)	0	(8,994)				-1.6%	-2.0%	0.0%	-1.1%	-2.1%	-3.6%
RVM	SOUTH WEST LONDON COMMUNITY NHS TRUST			(314)	491	35								-0.3%	0.5%	0.0%			
RVN	AVON & WESTERN WILTSHIRE MHC NHS TRUST			5	3	(2,298)	(994)	99	43	(2,789)				0.0%	0.0%	-1.9%	-0.8%	0.1%	-1.7%
RVP	SOUTH LINCOLNSHIRE HEALTHCARE NHS TRUST			13	19									0.0%	0.1%				
RVQ	WILTSHIRE & SWINDON HEALTHCARE NHS TRUST			363	1	0								0.9%	0.0%	0.0%			
RVR	EPSOM & ST HELIER NHS TRUST			(271)	0	46	(2,193)	94	588	229				-0.1%	0.0%	0.0%	-1.1%	0.0%	0.1%
RVT	N SEFTON & W LANCASHIRE COMM NHS TRUST			17	4	22								0.0%	0.0%	0.2%			
RVV	EAST KENT HOSPITALS NHS TRUST			(1,197)	601	600	(11,371)	65	453	(2,606)				-0.5%	0.2%	0.2%	-4.1%	0.0%	-0.7%
RVW	NORTH TEES & HARTLEPOOL NHS TRUST			2	5	4	23	6	66	(12,812)				0.0%	0.0%	0.0%	0.0%	0.0%	-7.2%
RVX	TEES & NORTH EAST YORKSHIRE NHS TRUST			19	12	19	5	120	315					0.1%	0.0%	0.0%	0.0%	0.1%	0.3%
RVY	SOUTHPORT & ORMSKIRK HOSPITAL NHS TRUST			(377)	3	17	7	1	(1,189)	0				-0.4%	0.0%	0.0%	0.0%	-1.0%	0.0%
RW1	WEST HAMPSHIRE NHS TRUST					(12)	24	1	3	9					0.0%	0.0%	0.0%	0.0%	0.0%
RW2	SOUTHERN DERBYSHIRE COMM AND MH SRVS NHS TRUST					0									0.0%				

Table 91a (Continued)

NHS TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2005-06

Code	NHS trust	Surplus/ (deficit)									% of turnover ⁽¹⁾								
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
RW3	CENT MANCHESTER/ MANCHESTER CHILD NHS TRUST					3	19	128	(7,727)	6,472					0.0%	0.0%	0.0%	-1.8%	1.3%
RW4	MERSEY CARE NHS TRUST					37	2,428	0	9	12					0.1%	1.6%	0.0%	0.0%	0.0%
RW5	LANCASHIRE CARE NHS TRUST						9	8	14	20					0.0%	0.0%	0.0%	0.0%	0.0%
RW6	PENNINE ACUTE HOSPITALS NHS TRUST						10	226	1,398	56					0.0%	0.1%	0.3%	0.0%	0.0%
RW7	NORTH WEST SURREY MH NHS PARTNERSHIP TRUST						(2)	(1,261)	7						0.0%	-4.6%	0.0%	0.0%	0.0%
RW8	WEST SUSSEX HEALTH AND SOCIAL CARE NHS TRUST						(324)	757	34	2,089					-0.4%	1.0%	0.0%	2.3%	0.0%
RW9	SOUTH OF TYNE AND WEARSIDE MH NHS TRUST						25	7	2	29					0.0%	0.0%	0.0%	0.0%	0.0%
RWA	HULL & EAST YORKSHIRE HOSPITALS NHS TRUST	85			28	4	18	17	(5,461)	(12,268)			0.1%	0.0%	0.0%	0.0%	-1.8%	-3.7%	
RWC	DONCASTER & SOUTH HUMBER HLTHCARE NHS TRUST	343			61	38	38	121					0.5%	0.1%	0.1%	0.0%	0.1%		
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST				9	3	79	66	(4,913)	(15,145)					0.0%	0.0%	0.0%	-1.8%	-5.2%
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST				47	13	18	52	64	60					0.0%	0.0%	0.0%	0.0%	0.0%
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST				104	(4,153)	(4,040)	(8,968)	87	113					0.1%	-2.6%	-2.3%	-4.6%	0.0%
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST				17	(11,487)	11,668	(519)	(9,978)	(28,284)					0.0%	-6.6%	5.3%	-0.2%	-4.2%
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST				(3,297)	62	2,495	19	(8,557)	(22,380)					-1.7%	0.0%	1.4%	0.0%	-4.1%
RWJ	STOCKPORT NHS TRUST				33	115	176	38							0.0%	0.1%	0.1%	0.0%	0.0%
RWK	EAST LONDON AND THE CITY MH NHS TRUST				67	51	48	37		3,553					0.1%	0.1%	0.0%	0.0%	2.3%
RWL	BIRMINGHAM SPECIALIST COMM HEALTH NHS TRUST				85	4									0.1%	0.0%			
RWN	S ESSEX MENTAL HEALTH AND COMM CARE NHS TRUST				45	2	365	116	217	1,377					0.0%	0.0%	0.5%	0.1%	0.2%
RWP	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST				9	6	(9,926)	(12,801)	2	(4,975)					0.0%	0.0%	-5.4%	-6.7%	0.0%
RWQ	WORCESTERSHIRE COMM AND MENTAL HEALTH TRUST				0	0	0	0	243	(1,585)					0.0%	0.0%	0.0%	0.4%	-2.8%
RWR	HERTFORDSHIRE PARTNERSHIP NHS TRUST				0		296	77	48	821					0.3%	0.1%	0.0%	0.5%	0.0%
RWT	BUCKINGHAMSHIRE MENTAL HEALTH NHS TRUST				8		(916)	(1,689)	(1,049)	(461)					0.0%	-2.2%	-3.5%	-2.1%	-0.9%
RWV	DEVON PARTNERSHIP NHS TRUST				0	12	93	(535)	(1,720)						0.0%	0.0%	0.1%	-0.6%	-1.9%
RWW	NORTH CHESHIRE HOSPITALS NHS TRUST				8	8	25	84	83						0.0%	0.0%	0.0%	0.1%	0.1%
RWX	BERKSHIRE HEALTHCARE NHS TRUST				96	(4,357)	(851)	1	5,102						0.1%	-4.6%	-0.9%	0.0%	4.8%
RWY	CALDERDALE AND HUDDERSFIELD NHS TRUST				6	13	16	7	166						0.0%	0.0%	0.0%	0.0%	0.1%
RXA	CHESHIRE AND WIRRAL PARTNERSHIP NHS TRUST					3	33	13	38						0.0%	0.0%	0.0%	0.0%	0.0%
RXC	EAST SUSSEX HOSPITALS NHS TRUST					(1,450)	(1,787)	(4,983)	9	1,330					-0.8%	-0.9%	-2.4%	-2.2%	
RXD	EAST SUSSEX COUNTY HEALTHCARE NHS TRUST					(747)	(1,025)		9						-1.4%	-1.6%	0.0%	1.8%	
RXE	DONCASTER & SOUTH HUMBER HCARE NHS TRUST							456	349								0.5%	0.4%	
RXF	MID YORKSHIRE HOSPITALS NHS TRUST					3	(18,637)	(19,876)	(14,589)						0.0%	-7.5%	-7.4%	-4.9%	
RXG	SOUTH WEST YORKSHIRE MENTAL HEALTH NHS TRUST					18	21	129	172						0.0%	0.0%	0.1%	0.2%	
RXH	BRIGHTON AND SUSSEX UNIV HOSPS NHS TRUST					2,695	(7,912)	(10,035)	(11,290)						1.1%	-3.1%	-3.5%	-3.6%	
RXJ	WEST KENT NHS AND SOCIAL CARE TRUST					16	24	28	(210)						0.0%	0.0%	0.0%	-0.2%	
RXK	SANDWELL & WEST BIRMINGHAM HOSPS NHS TRUST					5	(1,593)	(7,806)	(5,737)						0.0%	-0.6%	-2.8%	-1.8%	
RXL	BLACKPOOL, FYLDE AND WYRE HOSPS NHS TRUST					62	(929)	84	23						0.0%	-0.5%	0.0%	0.0%	
RXM	DERBYSHIRE MENTAL HEALTH SERVICES NHS TRUST					0	0	0	0						0.0%	0.0%	0.0%	0.0%	
RXN	LANCASHIRE TEACHING HOSPITALS NHS TRUST					33	4	(2,882)							0.0%	0.0%	-1.2%		
RXP	CO DURHAM & DARLINGTON ACUTE HOSP NHS TRUST					508		179	338	114					0.2%	0.1%	0.1%	0.0%	
RXQ	BUCKINGHAMSHIRE HOSPITALS NHS TRUST							(5,237)	2,518	28						-2.6%	1.1%	0.0%	
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST							(3,934)	(4,025)	153						-1.7%	-1.6%	0.1%	
RXT	BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHSTRUST							0	0	0						0.0%	0.0%	0.0%	
RXV	BOLTON, SALFORD AND TRAFFORD MENTAL HEALTH NHS TRUST							367	163	271						0.4%	0.2%	0.2%	
RXW	SHREWSBURY AND TELFORD HOSPITAL NHS TRUST							(791)	(10,115)	(12,142)						-0.5%	-5.7%	-6.4%	
RXX	SURREY AND BORDERS PARTNERSHIP NHS TRUST								70									0.0%	
TAD	BRADFORD DISTRICT CARE TRUST						38	347	0	1,992						0.0%	0.4%	0.0%	1.7%
TAE	MANCHESTER MENTAL HLTH & SOCIAL CARE TRUST						0	0	89	66						0.0%	0.0%	0.1%	0.1%
TAF	CAMDEN & ISLINGTON MH & SOCIAL CARE TRUST						29	1,883	494	2,449						0.0%	1.9%	0.4%	1.9%
TAH	SHEFFIELD CARE NHS TRUST							2	72	570							0.0%	0.1%	0.6%
TAJ	SANDWELL MH SOCIAL CARE NHS TRUST							1	6	30							0.0%	0.0%	0.1%

Source:
Audited NHS Trust Summarisation Schedules 1997-98 to 2004-05, and 2005-06 Month 12 Financial Monitoring Returns.

Footnotes:
1. Turnover is Total Operating Income.

Table 91b

HEALTH AUTHORITIES SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2001-02

Code	Strategic health authority	Surplus/(deficit)					% of turnover ⁽¹⁾				
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02
QD8	AVON HA	581	(2,337)	(592)	545	55	0.1%	-0.4%	-0.1%	0.1%	0.0%
QAP	BARKING & HAVERING HA	100	570	(155)	18	3	0.0%	0.2%	-0.1%	0.0%	0.0%
QAQ	BARNET HA	(2,719)	829	(4,452)	67		-1.3%	0.4%	-1.8%	0.0%	
QEW	BARNET, ENFIELD AND HARINGEY HA					19					0.0%
QCG	BARNESLEY HA	342	(896)	(7)	500	495	0.3%	-0.6%	0.0%	0.3%	0.3%
QA6	BEDFORDSHIRE HA	891	775	916	0	76	0.3%	0.2%	0.2%	0.0%	0.2%
QA7	BERKSHIRE HA	1,398	2,495	778	1,036	1,101	0.3%	0.6%	0.2%	0.2%	0.6%
QAA	BEXLEY & GREENWICH HA	9	1,650	(3,608)	140		0.0%	0.5%	-1.0%	0.0%	
QEY	BEXLEY, BROMLEY AND GREENWICH HA					8					0.0%
QD9	BIRMINGHAM HA	(1,1,462)	2,466	(1,899)	766	7,377	-1.7%	0.3%	-0.2%	0.1%	0.9%
QDD	BRADFORD HA	(1,385)	1,773	827	802	594	-0.5%	0.6%	0.2%	0.4%	0.5%
QAR	BRENT & HARROW HA	397	1,800	1,914	626	63	0.1%	0.5%	0.5%	0.2%	0.0%
QAC	BROMLEY HA	1,455	2,255	(1,352)	15		0.8%	1.0%	-0.5%	0.0%	
QA8	BUCKINGHAMSHIRE HA	261	2,196	993	187	864	0.1%	0.6%	0.2%	0.0%	0.4%
QCT	BURY & ROCHDALE HA	1,256	(455)	2,226	0	0	0.5%	-0.2%	0.8%	0.0%	0.0%
QDT	CALDERDALE & KIRKLEES HA	1,688	2,114	203	0	100	0.5%	0.6%	0.0%	0.0%	0.0%
QA9	CAMBRIDGE & HUNTINGDON HA	1,007	1,112				0.4%	0.4%			
QER	CAMBRIDGESHIRE HA			(1,007)	15	8,852			-0.2%	0.0%	3.8%
QAT	CAMDEN & ISLINGTON HA	3,400	2,554	(198)	122	36	1.0%	0.6%	0.0%	0.0%	0.0%
QDV	CORNWALL & ISLES OF SCILLY HA	(1,457)	(1,843)	(1,530)	5	0	-0.5%	-0.6%	-0.4%	0.0%	0.0%
QDE	COUNTY DURHAM HA	1,604	2,141	5,332	49	455	0.4%	0.5%	1.1%	0.0%	0.1%
QEA	COVENTRY HA	(391)	(566)	(5,230)	2,263	2,339	-0.2%	-0.3%	-2.2%	0.9%	0.9%
QAD	CROYDON HA	(1,537)	(1,780)	(394)	2,036	12	-0.8%	-0.8%	-0.2%	0.8%	0.0%
QCK	DONCASTER HA	(1,221)	1,358	(1,680)	1,250	2,173	-0.7%	0.6%	-0.7%	0.6%	3.0%
QDW	DORSET HA	4,625	4,136	1,804	3,157	236	1.1%	0.9%	0.3%	1.0%	0.3%
QEC	DUDLEY HA	(2,778)	107	(51)	585	834	-1.7%		0.0%	0.3%	0.4%
QAV	EALING, HAMMERSMITH & HOUNSLOW HA	(10,144)	.698	5,624	26	0	-2.2%	0.1%	0.9%	0.0%	0.0%
QEP	EAST & NORTH HERTFORDSHIRE HA	(2,605)	(3,749)	(2,121)	22		-0.9%	-1.3%	-0.6%	0.0%	
QAE	EAST KENT HA	(1,384)	2,244	134	1,000	119	-0.4%	0.6%	0.0%	0.2%	0.0%
QCX	EAST LANCASHIRE HA	2,398	(1,657)	905	0	15	0.7%	-0.5%	0.2%	0.0%	0.0%
QAW	EAST LONDON & THE CITY HA	3,647	395	(615)	500	44	0.7%	0.1%	-0.1%	0.1%	0.0%
QCA	EAST NORFOLK HA	(681)	(1,482)				-0.2%	-0.4%			
QDF	EAST RIDING HA	(713)	47	(1,300)	130	200	-0.2%	0.0%	-0.3%	0.0%	0.4%
QAK	EAST SURREY HA	(2,365)	(1,264)	(309)	0	1,369	-0.9%	-0.4%	-0.1%	0.0%	0.3%
QAM	EAST SUSSEX, BRIGHTON & HOVE HA	1,285	559	146	663	402	0.3%	0.1%	0.0%	0.1%	0.1%
QA4	ENFIELD & HARINGEY HA	4,593	5,309	3,078	759		1.5%	1.6%	0.8%	0.2%	
QDG	GATESHEAD & SOUTH TYNESIDE HA	(682)	2,490	(323)	1,216	18	-0.3%	1.0%	-0.1%	0.4%	0.0%

Table 91b (Continued)

HEALTH AUTHORITIES SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2001-02

Code	Strategic health authority	Surplus/(deficit)					% of turnover ⁽¹⁾				
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02
QDY	GLOUCESTERSHIRE HA	297	2,583	(3,596)	0	74	0.1%	0.8%	-0.9%	0.0%	0.0%
QED	HEREFORDSHIRE HA	(464)	893	822	220	193	-0.5%	0.9%	0.6%	0.3%	2.1%
QEX	HERTFORDSHIRE HA					9,102					4.9%
QA2	HILLINGDON HA	(730)	(476)	1,641	7	3	-0.5%	-0.3%	0.9%	0.2%	0.1%
QD4	ISLE OF WIGHT HA	556	(10)	(328)	76		0.6%	0.0%	-0.3%	0.1%	
QEV	ISLE OF WIGHT, PORTSMOUTH & SE HANTS HA					3,331					1.7%
QA3	KENSINGTON, CHELSEA & WESTMINSTER HA	5,784	1,129	(5,091)	1,480	3,101	1.8%	0.3%	-1.2%	0.3%	0.6%
QAG	KINGSTON & RICHMOND HA	(776)	(2,841)	(5,509)	0	70	-0.4%	-1.2%	-2.2%	0.0%	0.1%
QAH	LAMBETH, SOUTHWARK & LEWISHAM HA	788	86	10	520	4,522	0.1%	0.0%	0.0%	0.1%	0.5%
QDH	LEEDS HA	(330)	3,674	2,979	0	2,242	-0.1%	0.7%	0.5%	0.0%	0.4%
QCL	LEICESTERSHIRE HA	(4,924)	1,793	1,201	250	639	-1.0%	0.3%	0.2%	0.0%	0.2%
QCM	LINCOLNSHIRE HA	(2,134)	1,280	1,270	320	1,542	-0.6%	0.3%	0.3%	0.1%	0.7%
QC2	LIVERPOOL HA	3,226	(714)	(2,219)	0	586	1.0%	-0.2%	-0.5%	0.0%	0.1%
QC3	MANCHESTER HA	(651)	(3,638)	353	1	0	-0.2%	-1.0%	0.1%	0.0%	0.0%
QAJ	MERTON, SUTTON & WANDSWORTH HA	404	2,135	(2,037)	0	4	0.1%	0.5%	-0.4%	0.0%	0.0%
QC4	MORECAMBE BAY HA	(218)	(2,590)	(1,926)	0	0	-0.1%	-1.0%	-0.6%	0.0%	0.0%
QDJ	NEWCASTLE & NORTH TYNESIDE HA	7	(31)	106	500	385	0.0%	0.0%	0.0%	0.1%	0.7%
QET	NORFOLK HA			1	0	1,812			0.0%	0.0%	0.6%
QDX	NORTH & EAST DEVON HA	751	1,104	374	99	144	0.3%	0.4%	0.1%	0.0%	0.1%
QD1	NORTH & MID HAMPSHIRE HA	(2,636)	(173)	472	0	2,872	-0.9%	-0.1%	0.1%	0.0%	2.0%
QCV	NORTH CHESHIRE HA	(423)	260	(1,974)	601	2	-0.2%	0.1%	-0.9%	0.3%	0.0%
QDK	NORTH CUMBRIA HA	0	1,140	(1,932)	849	24	0.0%	0.6%	-0.8%	0.4%	0.3%
QCH	NORTH DERBYSHIRE HA	1,807	(160)	(1,518)	202	611	0.8%	-0.1%	-0.6%	0.1%	0.6%
QAX	NORTH ESSEX HA	1,103	(1,969)	(703)	0	30	0.2%	-0.4%	-0.1%	0.0%	0.0%
QCN	NORTH NOTTINGHAMSHIRE HA	57	(136)	(5,294)	0	532	0.0%	-0.1%	-1.9%	0.0%	1.6%
QEH	NORTH STAFFORDSHIRE HA	1,418	945	(625)	0	1,151	0.5%	0.3%	-0.2%	0.0%	0.5%
QCD	NORTH WEST ANGLIA HA	1,502	(1,231)				0.6%	-0.5%			
QCY	NORTH WEST LANCASHIRE HA	632	35	(1,703)	5,113	93	0.2%	0.0%	-0.5%	1.4%	0.0%
QDR	NORTH YORKSHIRE HA	198	1,921	(2,130)	701	816	0.0%	0.4%	-0.4%	0.1%	0.2%
QCC	NORTHAMPTONSHIRE HA	(1,308)	(2,291)	130	0	1,060	-0.4%	-0.6%	0.0%	0.0%	0.3%
QDM	NORTHUMBERLAND HA	(466)	706	(96)	0	363	-0.2%	0.3%	0.0%	0.0%	0.1%
QCP	NOTTINGHAM HA	(99)	4,276	3,257	1,693	4,815	0.0%	1.0%	0.7%	0.3%	3.2% ⁰
QCE	OXFORDSHIRE HA	1,704	3,062	(2,481)	450	4,548	0.5%	0.9%	-0.6%	0.1%	8.0%
QD2	PORTSMOUTH & SOUTH EAST HAMPSHIRE HA	1,645	113	1,980	0		0.6%	0.0%	0.5%	0.0%	
QA5	REDBRIDGE & WALTHAM FOREST HA	(1,772)	(1,956)	2,533	2,713	0	-0.6%	-0.6%	0.7%	0.7%	0.0%
QCQ	ROTHERHAM HA	(58)	882	851	900	1,088	0.0%	0.6%	0.5%	0.5%	0.5%
QC6	SALFORD & TRAFFORD HA	1,108	(9)	1,874	3	10	0.4%	0.0%	0.5%	0.0%	0.0%

Table 91b (Continued)

HEALTH AUTHORITIES SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 1997-98 TO 2001-02

Code	Strategic health authority	Surplus/(deficit)					% of turnover ⁽¹⁾				
		1997-98 £000s	1998-99 £000s	1999-2000 £000s	2000-01 £000s	2001-02 £000s	1997-98	1998-99	1999-2000	2000-01	2001-02
QEE	SANDWELL HA	(365)	(3,506)	(2,896)	0	2	-0.2%	-1.7%	-1.2%	0.0%	0.0%
QC7	SEFTON HA	(636)	(1,724)	(597)	0	20	-0.3%	-0.9%	-0.3%	0.00	0.0%
QCR	SHEFFIELD HA	949	(518)	(1,368)	1,496	2,499	0.2%	-0.1%	-0.3%	0.3%	1.1%
QEF	SHROPSHIRE HA	(3,472)	(1,344)	(1,729)	180	2,845	-1.5%	-0.6%	-0.6%	0.1%	0.9%
QEG	SOLIHULL HA	166	(601)	(133)	625	983	0.1%	-0.5%	-0.1%	0.5%	4.8%
0135	SOMERSET HA	(3,244)	836	(1,166)	0	155	-1.2%	0.3%	-0.4%	0.0%	0.1%
QD6	SOUTH & WEST DEVON HA	1,220	2,981	(2,632)	26	168	0.3%	0.8%	-0.6%	0.0%	0.4%
QCW	SOUTH CHESHIRE HA	691	(1,463)	(1,053)	1,344	174	0.2%	-0.3%	-0.2%	0.3%	0.0%
QCJ	SOUTH DERBYSHIRE HA	1,196	3,433	2,499	670	1,355	0.4%	1.0%	0.6%	0.2%	1.7%
QAY	SOUTH ESSEX HA	227	(902)	(775)	0	54	0.1%	-0.2%	-0.2%	0.0%	0.0%
QDL	SOUTH HUMBER HA	(1,064)	(1,643)	(344)	700	350	-0.5%	-0.8%	-0.1%	0.5%	0.8%
QC1	SOUTH LANCASHIRE HA	(1,644)	(2,215)	(869)	0	69	-0.9%	-1.2%	-0.4%	0.0%	0.3%
QEJ	SOUTH STAFFORDSHIRE HA	(2,489)	61	(4,593)	2,025	2,010	-0.8%	0.0%	-1.2%	0.5%	0.6%
QD3	SOUTHAMPTON & SOUTH WEST HAMPSHIRE HA	1,453	43	(165)	0	667	0.5%	0.0%	0.0%	0.0%	0.3%
QC5	ST HELENS & KNOWSLEY HA	(1,000)	(3,444)	103	0	30	-0.5%	-1.6%	0.0%	0.0%	0.0%
QC8	STOCKPORT HA	1,105	(317)	281	1	8	0.7%	-0.2%	0.1%	0.0%	0.2%
QCF	SUFFOLK HA	(178)	(964)	(1,921)	0	910	0.0%	-0.3%	-0.4%	0.0%	0.2%
QDN	SUNDERLAND HA	(1,005)	(2,053)	(109)	0	118	-0.6%	-1.0%	0.0%	0.0%	0.1%
QDP	TEES HA	(1,537)	(1,904)	(128)	219	1,008	-0.5%	-0.5%	0.0%	0.1%	0.4%
QDQ	WAKEFIELD HA	(2,319)	(3,283)	(1,400)	202	2,656	-1.1%	-1.4%	-0.6%	0.1%	5.8%
QEK	WALSALL HA	1,221	(675)	(909)	577	259	0.8%	-0.4%	-0.5%	0.3%	0.1%
QEL	WARWICKSHIRE HA	2,181	623	(8,661)	3,167	369	0.7%	0.2%	-2.6%	1.0%	0.1%
QEQ	WEST HERTFORDSHIRE HA	(1,681)	(1,116)	455	0	0	-0.5%	-0.3%	0.1%	0.0%	0.0%
QAF	WEST KENT HA	5,077	7,036	3,633	1,922	0	0.9%	1.2%	0.5%	0.3%	0.0%
QC9	WEST PENNINE HA	1,648	20	67	722	50	0.6%	0.0%	0.0%	0.2%	0.0%
QAL	WEST SURREY HA	(4,541)	1,023	4,830	850	1,867	-1.2%	0.3%	1.0%	0.2%	0.4%
QAN	WEST SUSSEX HA	(770)	(1,070)	(4,800)	268	3,093	-0.2%	-0.2%	-0.9%	0.1%	0.6%
QDA	WIGAN & BOLTON HA	1,125	(960)	596	0	0	0.3%	-0.3%	0.1%	0.0%	0.0%
QD7	WILTSHIRE HA	(2,102)	(1,242)	(3,091)	12	549	-0.6%	-0.4%	-0.7%	0.0%	0.2%
QDC	WIRRAL HA	1,824	(769)	473	0	597	0.9%	-0.3%	0.2%	0.0%	0.3%
OEM	WOLVERHAMPTON HA	(684)	(671)	(2,812)	41	4	-0.5%	-0.4%	-1.6%	0.0%	0.0%
QEN	WORCESTERSHIRE HA	(4,396)	(2,070)	(1,482)	1,199	301	-1.4%	-0.6%	-0.4%	0.3%	0.1%

Source:

Audited Health Authority Summarisation Schedules 1997-98 to 2001-02.

Footnotes:

1. Turnover is Total Income for 1997-98 through to 1999-00, Illustrative Resource Limit for 2000-01, and Revenue Resource Limit for 2001-02.

Table 91c

PRIMARY CARE TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2000-01 TO 2005-06

Code	Primary care trust	Surplus/(deficit)						% of turnover ⁽¹⁾					
		2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
5L8	ADUR, ARUN AND WORTHING PCT			968	1,690	3,653	2,972			0.4%	0.7%	1.4%	1.0%
5AW	AIREDALE PCT	10	458	17	824	96	105	0.0%	0.6%	0.0%	0.7%	0.1%	0.1%
5ED	AMBER VALLEY PCT		16	415	57	93	87		0.0%	0.4%	0.1%	0.1%	
5FA	ASHFIELD PCT		193	141	259	542	1,800		0.4%	0.2%	0.4%	0.6%	1.9%
5LL	ASHFORD PCT			51	104	157	97			0.1%	0.1%	0.1%	0.1%
5HG	ASHTON, LEIGH AND WIGAN PCT			1	557	4	300			0.0%	0.2%	0.0%	0.1%
5C2	BARKING AND DAGENHAM PCT		0	1	2	263	1,583		0.0%	0.0%	0.0%	0.1%	0.7%
5A9	BARNET PCT		24	110	1,501	591	541		0.0%	0.0%	0.4%	0.1%	0.1%
5JE	BARNSELEY PCT			2,995	1,328	250	413			1.4%	0.5%	0.1%	0.1%
5GR	BASILDON PCT		6	10	450	98	738		0.0%	0.0%	0.5%	0.1%	0.6%
5ET	BASSETLAW PCT		97	242	826	382	267		0.1%	0.3%	0.9%	0.3%	0.2%
5FL	BATH AND NORTH EAST SOMERSET PCT		12	85	5	8	1,194		0.0%	0.1%	0.0%	0.0%	0.6%
5F8	BEBINGTON AND WEST WIRRAL PCT		7	103	282	213	440		0.0%	0.1%	0.3%	0.2%	0.3%
5GD	BEDFORD PCT		216	715	109	646	154		0.2%	0.6%	0.1%	0.4%	0.1%
5GE	BEDFORDSHIRE HEARTLANDS PCT		250	(526)	(3,008)	(14,536)	(20,925)		0.2%	-0.3%	-1.6%	-6.5%	-9.0%
5FH	BEXHILL AND ROTHER PCT			50	18	25	332		0.1%	0.0%	0.0%	0.3%	0.5%
TAK	BEXLEY CARE PCT				(4,296)	(2,749)	(7,730)				-2.2%	-1.2%	-3.3%
5AX	BEXLEY PCT	0	9	4				0.0%	0.0%	0.0%			
5GP	BILLERICAY, BRENTWOOD AND WICKFORD PCT		1	434	721	(1,123)	(1,386)		0.0%	0.4%	0.6%	-0.8%	-0.9%
5H2	BIRKENHEAD AND WALLASEY PCT			13	44	14	97			0.0%	0.0%	0.0%	0.0%
5AY	BIRMINGHAM NORTH EAST PCT	19	1					0.1%	0.0%				
5CC	BLACKBURN WITH DARWEN PCT	0	0	219	103	368	2,112	0.0%	0.0%	0.2%	0.1%	0.2%	1.1%
5HP	BLACKPOOL PCT			598	700	933	974			0.4%	0.4%	0.5%	0.5%
5G6	BLACKWATER VALLEY AND HART PCT			32	(658)	(2,676)	(8,252)			0.0%	-0.5%	-1.6%	-4.6%
5HQ	BOLTON PCT			0	117	39	328			0.0%	0.0%	0.0%	0.1%
5GA	BOOTLE AND LITHERLAND PCT		0										
5CE	BOURNEMOUTH PCT	925	4	159	1,249	442	35	1.7%	0.0%	0.1%	0.8%	0.2%	0.0%
5G2	BRACKNELL FOREST PCT			11,206	9,200	86	(1,836)			13.2%	10.4%	0.1%	-1.8%
5CF	BRADFORD CITY PCT	472	4	169	291	371	19	1.2%	0.0%	0.1%	0.2%	0.2%	0.0%
5CG	BRADFORD SOUTH & WEST PCT	68	9	66	328	320	155	0.2%	0.0%	0.1%	0.2%	0.2%	0.1%
5K5	BRENT PCT			1,006	2,063	750	2,800			0.4%	0.6%	0.2%	0.7%
5LQ	BRIGHTON AND HOVE CITY PCT			98	34	431	21			0.0%	0.0%	0.1%	0.0%
5JF	BRISTOL NORTH PCT			0	172	1,088	2,826			0.0%	0.1%	0.4%	0.9%
5JG	BRISTOL SOUTH AND WEST PCT			(289)	356	43	(208)			-0.2%	0.2%	0.0%	-0.1%
5JL	BROADLAND PCT			280	(1,506)	(4,444)	(8,763)			0.3%	-1.4%	-3.6%	-7.2%
5A7	BROMLEY PCT		6	17	32	35	35		0.0%	0.0%	0.0%	0.0%	0.0%
5EV	BROXTOWE AND HUCKNALL PCT		88	275	349	405	789		0.1%	0.2%	0.3%	0.3%	0.5%
5G8	BURNLEY, PENDLE AND ROSSENDALE PCT			(350)	33	252	115			-0.2%	0.0%	0.1%	0.0%
5DQ	BURNWOOD, LICHFIELD AND TAMWORTH PCT		1,160	194	8	(2,111)	(4,243)		1.2%	0.2%	0.0%	-1.5%	-2.7%
5JX	BURY PCT			34	46	8	393			0.0%	0.0%	0.0%	0.2%
5JH	CALDERDALE PCT			94	91	22	54			0.1%	0.0%	0.0%	0.0%
5JH	CAMBRIDGE CITY PCT			577	(2,881)	(7,621)	(13,678)			0.6%	-2.5%	-5.5%	-9.8%
5K7	CAMDEN PCT			508	34	114	175			0.2%	0.0%	0.0%	0.0%
5MM	CANNOCK CHASE PCT			397	118	(1,235)	101			0.4%	0.1%	-1.0%	0.1%
5LM	CANTERBURY AND COASTAL PCT			18	18	(2,276)	(490)			0.0%	0.0%	-1.2%	-0.3%
5D4	CARLISLE AND DISTRICT PCT		9	15	24	90	86			0.0%	0.0%	0.1%	0.1%
5CJ	CARRICK PCT	0	0					0.0%	0.0%				

Table 91c (Continued)

PRIMARY CARE TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2000-01 TO 2005-06

Code	Primary care trust	2000-01 £000s	2001-02 £000s	Surplus/(deficit)			% of turnover ⁽¹⁾						
				2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
5CJ	CARRICK PCT	0	0					0.0%	0.0%				
5JP	CASTLE POINT AND ROCHFORD PCT			52	481	245	3,207			0.0%	0.3%	0.2%	1.8%
5H4	CENTRAL CHESHIRE PCT			4	2	14	22			0.0%	0.0%	0.0%	0.0%
5KT	CENTRAL CORNWALL PCT			(5,650)	(4,390)	(5,294)	18			-3.3%	-2.4%	-2.4%	0.0%
5AL	CENTRAL DERBY PCT	23	2	8	31	63	1,169	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%
5HA	CENTRAL LIVERPOOL PCT			1	0	18	185			0.0%	0.0%	0.0%	0.0%
5CL	CENTRAL MANCHESTER PCT	0	8	10	558	3,519	161	0.0%	0.0%	0.0%	0.2%	1.3%	0.1%
5JT	CENTRAL SUFFOLK PCT			5	(1,831)	(3,837)	(765)			0.0%	-2.3%	-4.1%	-0.8%
5JC	CHARNWOOD AND NW LEICESTERSHIRE PCT			0	0	(1,200)	(2,517)			0.0%	0.0%	-0.5%	-1.0%
5JN	CHELMSFORD PCT			(48)	(3,997)	(7,144)	(13,070)			-0.1%	-3.9%	-5.8%	-11.0%
5KW	CHELTENHAM AND TEWKESBURY PCT			1,810	9	249	1,226			1.5%	0.0%	0.2%	0.7%
5DV	CHERWELL VALE PCT		0	277	(852)	(4,404)	(3,395)		0.0%	0.3%	-0.9%	-3.8%	-2.8%
5H3	CHESHIRE WEST PCT			4	50	(548)	(16,468)			0.0%	0.0%	-0.3%	-8.0%
5EA	CHESTERFIELD PCT		552	509	9	316	583		0.7%	0.5%	0.0%	0.2%	0.4%
5G4	CHILTERN AND SOUTH BUCKS PCT			102	31	(1,494)	(5,970)			0.1%	0.0%	-1.0%	-4.0%
5C7	CHINGFORD, WANSTEAD AND WOODFORD PCT		1	(658)					0.0%	-0.6%			
5F2	CHORLEY AND SOUTH RIBBLE PCT		5	6	0	41	150		0.0%	0.0%	0.0%	0.0%	0.1%
5C3	CITY AND HACKNEY PCT		86	64	204	43	4,316		0.0%	0.0%	0.1%	0.0%	1.2%
5GM	COLCHESTER PCT		2	48	142	(1,470)	(4,395)		0.0%	0.0%	0.1%	-0.9%	-2.6%
5KY	COTSWOLD AND VALE PCT			1,178	29	(4,809)	(6,779)			0.8%	0.0%	-2.4%	-3.2%
5MD	COVENTRY PCT			0	1	477	(2,900)			0.0%	0.0%	0.1%	-0.7%
5KJ	CRAWEN, HARROGATE AND RURAL DISTRICT PCT			458	84	32	(2,000)			0.3%	0.0%	0.0%	-0.9%
5MA	CRAWLEY PCT			11	36	29	142			0.0%	0.0%	0.0%	0.1%
5K9	CROYDON PCT			83	12	116	102			0.0%	0.0%	0.0%	0.0%
5GW	DACORUM PCT		0	503	467	(4,840)	(5,656)			0.4%	0.4%	-3.4%	-3.8%
5J9	DARLINGTON PCT			235	84	10	(1,275)			0.2%	0.1%	0.0%	-1.0%
5CM	DARTFORD, GRAVESHAM & SWANLEY PCT	299	4	(1,189)	(5,592)	(1,086)	(4,316)	0.4%	0.0%	-0.6%	-2.7%	-0.4%	-1.7%
5AC	DAVENTRY & SOUTH NORTHAMPTONSHIRE PCT	20	0	971	238	14	(4,595)	0.0%	0.0%	1.4%	0.3%	0.0%	-4.6%
5H7	DERBYSHIRE DALES & SOUTH DERBYSHIRE PCT			227	8	48	(2,778)			0.4%	0.0%	0.1%	-2.8%
5KA	DERWENTSIDE PCT			168	149	53	(916)			0.2%	0.2%	0.1%	-0.8%
5CK	DONCASTER CENTRAL PCT	103	0	1,715	1,045	540	1,335	0.4%	0.0%	1.9%	1.0%	0.4%	1.0%
5EK	DONCASTER EAST PCT		11	1,056	282	592	504		0.0%	1.3%	0.3%	0.6%	0.4%
5EL	DONCASTER WEST PCT		13	1,136	398	442	2,334		0.0%	1.2%	0.4%	0.3%	1.6%
5HV	DUDLEY BEACON AND CASTLE PCT			603	758	2,683	1,180			0.7%	0.7%	2.3%	0.9%
5HT	DUDLEY SOUTH PCT			173	7	20	1,599			0.1%	0.0%	0.0%	0.7%
5KC	DURHAM AND CHESTER-LE-STREET PCT			23	155	212	(2,914)			0.0%	0.1%	0.1%	-1.6%
5J8	DURHAM DALES PCT			567	238	333	375			0.7%	0.3%	0.3%	0.3%
5HX	EALING PCT			5	9	12	2,090			0.0%	0.0%	0.0%	0.5%
5KD	EASINGTON PCT			31	31	62	188			0.0%	0.0%	0.0%	0.1%
5JK	EAST CAMBRIDGESHIRE AND FENLAND PCT			1,393	831	158	446			1.2%	0.7%	0.1%	0.3%
5FT	EAST DEVON PCT		19	34	81	127	37		0.0%	0.0%	0.1%	0.1%	0.0%
5KP	EAST ELMBRIDGE AND MID SURREY PCT			448	(241)	(2,563)	(5,789)			0.2%	-0.1%	-0.9%	-1.8%
5FD	EAST HAMPSHIRE PCT		29	67	104	(5,199)	459		0.0%	0.0%	0.1%	-2.6%	0.2%
5LN	EAST KENT COASTAL PCT			19	35	89	920			0.0%	0.0%	0.0%	0.3%
5HK	EAST LEEDS PCT			52	100	111	203			0.0%	0.1%	0.1%	0.1%
5H9	EAST LINCOLNSHIRE PCT			691	108	(4,483)	(7,482)			0.3%	0.0%	-1.5%	-2.3%
5ML	EAST STAFFORDSHIRE PCT			32	35	25	97			0.0%	0.0%	0.0%	0.1%
5KQ	EAST SURREY PCT			212	869	137	756			0.1%	0.5%	0.1%	0.4%

Table 91c (Continued)

PRIMARY CARE TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2000-01 TO 2005-06

Code	Primary care trust	2000-01 £000s	2001-02 £000s	Surplus/(deficit)			% of turnover ⁽¹⁾						
				2002-03 £000s	2003-04 £000s	2004-05 £000s	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	
5E3	EAST YORKSHIRE PCT		95	2	2	0			0.1%	0.0%	0.0%	0.0%	0.0%
5LR	EASTBOURNE DOWNS PCT			(1,394)	(3,533)	(964)				-0.8%	-1.9%	-0.5%	-3.2%
5MY	EASTERN BIRMINGHAM PCT			134	4	24				0.1%	0.0%	0.0%	0.0%
5H5	EASTERN CHESHIRE PCT			95	285	196				0.1%	0.2%	0.1%	0.1%
5E5	EASTERN HULL PCT		189	0	0	192			0.2%	0.0%	0.0%	0.1%	0.1%
5EY	EASTERN LEICESTER PCT		255	2,657	1,733	29			0.2%	1.9%	1.1%	0.0%	0.1%
5E7	EASTERN WAKEFIELD PCT		10	15	208	1,735			0.0%	0.0%	0.1%	0.8%	0.0%
5LY	EASTLEIGH AND TEST VALLEY SOUTH PCT			22	42	(1,283)				0.0%	0.0%	-0.9%	0.5%
5D5	EDEN VALLEY PCT		4	24	8	33			0.0%	0.0%	0.0%	0.0%	0.1%
5H6	ELLESMERE PORT AND NESTON PCT			371	139	111				0.5%	0.2%	0.1%	0.2%
5C1	ENFIELD PCT		36	43	321	103			0.0%	0.0%	0.1%	0.0%	0.1%
5AJ	EPPING FOREST PCT		0	8	(3)	166			0.0%	0.0%	0.0%	0.2%	0.1%
5ER	EREWASH PCT		13	124	4	49			0.0%	0.1%	0.0%	0.0%	0.1%
5FR	EXETER PCT		31	37	170	359			0.0%	0.0%	0.1%	0.3%	0.0%
5LX	FAREHAM AND GOSPORT PCT			51	11	(6,757)				0.0%	0.0%	-3.6%	0.1%
5AE	FENLAND PCT		1	0					0.0%	0.0%			
5HE	FYLDE PCT			23	28	41				0.0%	0.0%	0.1%	0.5%
5KF	GATESHEAD PCT			411	22	46				0.2%	0.0%	0.0%	0.0%
5EC	GEDLING PCT		10	146	7	284			0.0%	0.2%	0.0%	0.3%	0.5%
5GT	GREAT YARMOUTH PCT			2	906	374			0.0%	1.1%	0.4%	1.0%	-1.5%
5EX	GREATER DERBY PCT			4	89	106			0.0%	0.1%	0.1%	0.1%	0.8%
5CA	GREATER YARDLEY PCT		120	1					0.5%	0.0%			
5A8	GREENWICH PCT		14	3	83	132			0.0%	0.0%	0.0%	0.0%	0.1%
5L5	GUILDFORD AND WAVERLEY PCT			(476)	58	(5,887)				-0.2%	0.0%	-2.3%	-0.7%
5J1	HALTON PCT			9	512	141				0.0%	0.4%	0.1%	0.0%
5KH	HAMBLETON AND RICHMONDSHIRE PCT			32	3	3				0.0%	0.0%	0.0%	-3.7%
5H1	HAMMERSMITH AND FULHAM PCT			(3,215)	(8,504)	679				-1.6%	-4.2%	0.3%	1.8%
5C9	HARINGEY PCT		23	17	12	1			0.0%	0.0%	0.0%	0.0%	0.0%
5DC	HARLOW PCT		7	30	34	186			0.0%	0.0%	0.0%	0.2%	-0.6%
5K6	HARROW PCT			(946)	(667)	(969)				-0.5%	-0.3%	-0.4%	-4.0%
5D9	HARTLEPOOL PCT		0	369	49	140			0.0%	0.4%	0.0%	0.1%	-4.8%
5FJ	HASTINGS AND ST LEONARDS PCT		111	(432)	2	954			0.2%	-0.5%	0.0%	0.8%	1.2%
5A4	HAVERING PCT		59	57	68	(3,258)			0.0%	0.0%	0.0%	-1.2%	0.0%
5MX	HEART OF BIRMINGHAM TEACHING PCT			2,025	6,469	9,491				0.7%	2.1%	2.6%	1.5%
5CN	HEREFORDSHIRE PCT		3	793	6	467			0.0%	0.7%	0.0%	0.3%	0.0%
5CP	HERTSMERE PCT		0	0	40	223			0.0%	0.0%	0.1%	0.3%	-4.8%
5F4	HEYWOOD AND MIDDLETON PCT			0	6	310			0.0%	0.0%	0.4%	0.6%	0.5%
5HN	HIGH PEAK AND DALES PCT			245	124	55				0.3%	0.1%	0.0%	-1.6%
5AT	HILLINGDON PCT		43	4	22	(672)			0.0%	0.0%	0.0%	-0.3%	-5.0%
5JA	HINCKLEY AND BOSWORTH PCT			23	20	1				0.0%	0.0%	0.0%	-5.0%
5MC	HORSHAM AND CHANCTONBURY PCT			66	54	4				0.1%	0.1%	0.0%	-0.5%
5HY	HOUNSLOW PCT			(1,599)	(372)	(6,171)				-0.8%	-0.2%	-2.1%	-3.8%
5LJ	HUDDERSFIELD CENTRAL PCT			82	32	6				0.1%	0.0%	0.0%	-2.2%
5GF	HUNTINGDONSHIRE PCT		0	2,687	3,086	(1,516)			0.0%	2.3%	2.5%	-1.0%	0.8%
5G7	HYNDBURN AND RIBBLE VALLEY PCT			9	13	9				0.0%	0.0%	0.0%	0.0%
5JQ	IPSWICH PCT			(413)	(5,598)	(10,119)				-0.3%	-4.1%	-6.5%	-5.2%
5DG	ISLE OF WIGHT PCT		19	5	17	(361)			0.0%	0.0%	0.0%	-0.2%	-3.7%
5K8	ISLINGTON PCT			2,203	2,809	20				0.9%	1.1%	0.0%	0.0%

Table 91c (Continued)

PRIMARY CARE TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2000-01 TO 2005-06

Code	Primary care trust	2000-01 £000s	2001-02 £000s	Surplus/(deficit)		2004-05 £000s	2005-06 £000s	2000-01	2001-02	% of turnover ⁽¹⁾			
				2002-03 £000s	2003-04 £000s					2002-03	2003-04	2004-05	2005-06
5K4	KENNET AND NORTH WILTSHIRE PCT			1,826	(2,067)	(10,159)	(12,612)			1.2%	-1.2%	-5.6%	-6.2%
5LA	KENSINGTON AND CHELSEA PCT			744	(1,199)	(19,152)	(22,052)			0.3%	-0.5%	-7.1%	-7.8%
5A5	KINGSTON PCT		24	18	8	(1,853)	(7,916)		0.0%	0.0%	0.0%	-1.0%	-4.1%
5J4	KNOWSLEY PCT			3	61	3	9			0.0%	0.0%	0.0%	0.0%
5LD	LAMBETH PCT			108	498	713	2,554			0.0%	0.1%	0.2%	0.5%
5KN	LANGBAURGH PCT			553	126	108	553			0.6%	0.1%	0.1%	0.4%
5HJ	LEEDS NORTH EAST PCT			47	60	928	113			0.0%	0.0%	0.5%	0.1%
5HM	LEEDS NORTH WEST PCT			57	87	210	38			0.0%	0.1%	0.1%	0.0%
5HH	LEEDS WEST PCT			60	112	322	58			0.1%	0.1%	0.2%	0.0%
5EJ	LEICESTER CITY WEST PCT		22	1,005	632	(957)	(5,129)		0.0%	0.8%	0.5%	-0.6%	-3.1%
5LF	LEWISHAM PCT			226	2	193	170			0.1%	0.0%	0.1%	0.0%
5D3	LINCOLNSHIRE SOUTH WEST TEACHING PCT		0	976	559	430	39		0.0%	0.7%	0.4%	0.2%	0.0%
5DE	LOWESTOFT PCT		3						0.0%				
5GC	LUTON PCT		58	869	381	(6,038)	(8,689)		0.0%	0.6%	0.2%	-3.0%	-4.3%
5FG	MAIDSTONE AND MALLING PCT		0						0.0%				
5L2	MAIDSTONE WEALD PCT			491	3	(3,714)	279			0.3%	0.0%	-1.6%	0.1%
5GL	MALDON AND SOUTH CHELMSFORD PCT		4	77	15	(1,489)	(2,659)		0.0%	0.1%	0.0%	-2.0%	-3.4%
5AM	MANSFIELD DISTRICT PCT	0	30	99	71	119	305	0.0%	0.0%	0.1%	0.1%	0.1%	0.3%
5L3	MEDWAY PCT			9	23	(196)	(2,398)			0.0%	0.0%	-0.1%	-0.8%
5EH	MELTON, RUTLAND AND HARBOROUGH PCT		0	1,801	2,874	356	240		0.0%	1.8%	2.5%	0.3%	0.2%
5FX	MENDIP PCT		9	18	5	9	41		0.0%	0.0%	0.0%	0.0%	0.0%
5FV	MID DEVON PCT		17	25	1,158	18	(2,383)		0.0%	0.0%	1.2%	0.0%	-2.0%
5KM	MIDDLESBROUGH PCT			372	130	381	50			0.2%	0.1%	0.2%	0.0%
5E9	MID-HAMPSHIRE PCT		5	35	13	(826)	1,423		0.0%	0.0%	0.0%	-0.5%	0.8%
5FK	MID-SUSSEX PCT		71	218	92	88	(1,949)		0.1%	0.2%	0.1%	0.1%	-1.3%
5CQ	MILTON KEYNES PCT	8	0	0	(388)	(4,860)	(2,347)	0.0%	0.0%	0.0%	-0.2%	-2.3%	-1.0%
5DD	MORECAMBE BAY PCT		3	0	1,218	170	104		0.0%	0.0%	0.4%	0.0%	0.0%
5AV	NELSON & WEST MERTON PCT	177	0					0.2%	0.0%				
5A1	NEW FOREST PCT		0	10	(1,326)	(8,592)	358		0.0%	0.0%	-0.8%	-4.4%	0.2%
5AP	NEWARK & SHERWOOD PCT	0	37	204	564	154	2,231	0.0%	0.0%	0.2%	0.5%	0.1%	1.5%
5DK	NEWBURY AND COMMUNITY PCT		477	107	872	(114)	0		0.7%	0.2%	1.1%	-0.1%	0.0%
5D7	NEWCASTLE PCT		26	69	51	59	46		0.0%	0.0%	0.0%	0.0%	0.0%
5HW	NEWCASTLE-UNDER-LYME PCT			820	95	(597)	(1,392)			0.9%	0.1%	-0.5%	-1.1%
5C5	NEWHAM PCT		422	340	15	279	62		0.2%	0.1%	0.0%	0.1%	0.0%
5KR	NORTH AND EAST CORNWALL PCT			(5,498)	(3,353)	(6,668)	(2,876)			-4.1%	-2.4%	-4.0%	-1.5%
5MW	NORTH BIRMINGHAM PCT			368	149	(1,339)	(3,999)			0.3%	0.1%	-0.7%	-2.0%
5CH	NORTH BRADFORD PCT	57	147	22	36	106	131	0.2%	0.2%	0.0%	0.0%	0.1%	0.1%
5FQ	NORTH DEVON PCT		11	30	(5,381)	(5,263)	301		0.0%	0.0%	-3.9%	-3.3%	0.2%
5CD	NORTH DORSET PCT	0	0	0	173	1,298	6	0.0%	0.0%	0.0%	0.2%	1.3%	0.0%
5AN	NORTH EAST LINCOLNSHIRE PCT	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
5DT	NORTH EAST OXFORDSHIRE PCT		848	0	(258)	(1,938)	(573)		2.1%	0.0%	-0.5%	-3.0%	-0.8%
5EG	NORTH EASTERN DERBYSHIRE PCT		525	234	20	34	787		0.5%	0.2%	0.0%	0.0%	0.4%
5DF	NORTH HAMPSHIRE PCT		0	0	(548)	(890)	(4,375)		0.0%	0.0%	-0.3%	-0.5%	-2.2%
5GH	NORTH HERTFORDSHIRE AND STEVENAGE PCT		0	555	186	(3,860)	(6,728)		0.0%	0.4%	0.1%	-2.1%	-3.4%
5J7	NORTH KIRKLEES PCT			61	14	291	124			0.0%	0.0%	0.2%	0.1%
5EF	NORTH LINCOLNSHIRE PCT		0	0	0	36	(1,005)		0.0%	0.0%	0.0%	0.0%	-0.6%
5G9	NORTH LIVERPOOL PCT			4	131	20	131			0.0%	0.1%	0.0%	0.1%
5CR	NORTH MANCHESTER PCT	0	0	5	22	827	3	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%

Table 91c (Continued)

PRIMARY CARE TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2000-01 TO 2005-06

Code	Primary care trust	Surplus/(deficit)						% of turnover ⁽¹⁾					
		2000-01 £000s	2001-02 £000s	2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
5JM	NORTH NORFOLK PCT			386	(1,662)	(5,294)	(12,219)			0.4%	-1.7%	-4.7%	-10.4%
5AF	NORTH PETERBOROUGH PCT	0	233	2,102	524	105	3,558	0.0%	0.3%	2.1%	0.5%	0.1%	2.3%
5EE	NORTH SHEFFIELD PCT		106	477	382	241	247		0.1%	0.4%	0.3%	0.1%	0.1%
5M8	NORTH SOMERSET PCT			251	(1,452)	(5,202)	(4,213)			0.2%	-0.9%	-2.7%	-2.0%
5CT	NORTH STOKE PCT	75	16					0.2%	0.0%				
5ME	NORTH STOKE PCT			1,385	23	(6,810)	(8,487)			1.1%	0.0%	-4.2%	-4.9%
5L6	NORTH SURREY PCT			40	116	50	92			0.0%	0.1%	0.0%	0.0%
5E1	NORTH TEES PCT		1	182	104	107	435		0.0%	0.1%	0.1%	0.2%	
5D8	NORTH TYNESIDE PCT		17	121	(816)	64	209		0.0%	0.1%	-0.4%	0.0%	0.1%
5MP	NORTH WARWICKSHIRE PCT			0	11	105	1,688			0.0%	0.0%	0.1%	0.8%
5LW	NORTHAMPTON PCT			1,059	423	259	(4,243)			0.6%	0.2%	0.1%	-1.8%
5LV	NORTHAMPTONSHIRE HEARTLANDS PCT			1,988	344	183	(1,967)			0.9%	0.1%	0.1%	-0.6%
TAC	NORTHUMBERLAND CARE PCT			244	(4,424)	98	814			0.1%	-1.4%	0.0%	0.2%
5A2	NORWICH PCT		0	987	1,543	(108)	(1,336)		0.0%	0.8%	1.2%	-0.1%	-0.8%
5EM	NOTTINGHAM CITY PCT		775	31	59	177	342		0.4%	0.0%	0.0%	0.1%	0.1%
5MG	OLDBURY AND SMETHWICK PCT			27	2	(179)	(3,647)			0.0%	0.0%	-0.1%	-2.7%
5J5	OLDHAM PCT			12	91	458	570			0.0%	0.0%	0.2%	0.2%
5DW	OXFORD CITY PCT		0	1,179	320	540	263			0.7%	0.2%	0.3%	0.1%
5F1	PLYMOUTH PCT		3	1	0	9	0			0.0%	0.0%	0.0%	0.0%
5AQ	POOLE BAY PCT	808	18					1.5%	0.0%				
5AR	POOLE CENTRAL & NORTH PCT	713	8					1.4%	0.0%				
5KV	POOLE PCT			282	658	413	1,311			0.2%	0.4%	0.2%	0.6%
5FE	PORTSMOUTH CITY PCT		3	93	13	17	634		0.0%	0.1%	0.0%	0.0%	0.3%
5HD	PRESTON PCT			4	4	260	102			0.0%	0.0%	0.2%	0.1%
5DL	READING PCT		1,179	166	281	26	0		0.8%	0.1%	0.2%	0.0%	0.0%
5C8	REDBRIDGE PCT		5	0					0.0%	0.0%			
5NA	REDBRIDGE PCT				30	82	2,047				0.0%	0.0%	0.7%
5MR	REDDITCH AND BROMSGROVE PCT			4	92	385	824			0.0%	0.1%	0.2%	0.5%
5M6	RICHMOND AND TWICKENHAM PCT			107	479	117	1,751			0.1%	0.3%	0.1%	0.8%
5JY	ROCHDALE PCT			9	349	581	558			0.0%	0.3%	0.4%	0.3%
5H8	ROTHERHAM PCT			1,311	1,363	275	1,475			0.6%	0.5%	0.1%	0.5%
5MH	ROWLEY REGIS AND TIPTON PCT			217	502	389	(1,301)			0.3%	0.6%	0.4%	-1.2%
5GK	ROYSTON, BUNTINGFORD AND BISHOP'S STORTFORD PCT		207	1,080	260	22	(4,318)		0.5%	1.9%	0.4%	0.0%	-5.6%
5M9	RUGBY PCT			0	3	8	0			0.0%	0.0%	0.0%	0.0%
5FC	RUSHCLIFFE PCT		380	8	109	369	923		0.5%	0.0%	0.1%	0.3%	0.8%
5F5	SALFORD PCT		5	28	1,179	180	85		0.0%	0.0%	0.4%	0.1%	0.0%
5KK	SCARBOROUGH, WHITBY AND RYEDALE PCT			584	7	1	(5,932)			0.4%	0.0%	0.0%	-3.1%
5KE	SEDGFIELD PCT			64	218	378	(3,723)			0.1%	0.2%	0.3%	-3.1%
5E2	SELBY AND YORK PCT		20	52	7	(6,598)	(23,651)		0.0%	0.0%	0.0%	-2.4%	-7.9%
5EP	SHEFFIELD SOUTH WEST PCT		354	600	839	1	52		0.5%	0.5%	0.7%	0.0%	0.0%
5EN	SHEFFIELD WEST PCT		302	492	444	34	8		0.4%	0.5%	0.4%	0.0%	0.0%
5LP	SHEPWAY PCT			18	139	410	552			0.0%	0.1%	0.3%	0.4%
5M2	SHROPSHIRE COUNTY PCT			938	394	1,043	733			0.4%	0.2%	0.4%	0.2%
5DM	SLOUGH PCT		731	507	74	85	(3,159)		0.8%	0.5%	0.1%	0.1%	-2.3%
5D1	SOLIHULL PCT		632	3,194	6	8	345		0.5%	1.9%	0.0%	0.0%	0.1%
5FW	SOMERSET COAST PCT		120	73	466	214	17		0.1%	0.1%	0.4%	0.1%	0.0%

Table 91c (Continued)

PRIMARY CARE TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2000-01 TO 2005-06

Code	Primary care trust	2000-01 £000s	2001-02 £000s	Surplus/(deficit)		2004-05 £000s	2005-06 £000s	2000-01	2001-02	% of turnover ⁽¹⁾			
				2002-03 £000s	2003-04 £000s					2002-03	2003-04	2004-05	2005-06
5FN	SOUTH AND EAST DORSET PCT		2	26	(386)	(2,424)	1,491		0.0%	0.0%	-0.3%	-1.5%	0.8%
5M1	SOUTH BIRMINGHAM PCT			3,438	2,025	9	324			1.0%	0.6%	0.0%	0.1%
5JJ	SOUTH CAMBRIDGESHIRE PCT			1,357	6	(2,583)	(6,137)			1.6%	0.0%	-2.7%	-5.5%
J	SOUTH EAST HERTFORDSHIRE PCT		2	1,183	293	(446)	(812)		0.0%	0.9%	0.2%	-0.3%	-0.5%
5DX	SOUTH EAST OXFORDSHIRE PCT		0	86	55	40	59		0.0%	0.1%	0.1%	0.1%	0.1%
5EQ	SOUTH EAST SHEFFIELD PCT		116	608	829	59	56		0.1%	0.4%	0.5%	0.0%	0.0%
5A3	SOUTH GLOUCESTERSHIRE PCT		0	264	1,220	912	145		0.0%	0.1%	0.6%	0.4%	0.1%
5CV	SOUTH HAMS & WEST DEVON PCT	130	0	0	545	21	226	0.4%	0.0%	0.0%	0.6%	0.0%	0.2%
5LK	SOUTH HUDDERSFIELD PCT			14	(1,098)	9	(2,772)			0.0%	-1.5%	0.0%	-3.0%
5HL	SOUTH LEEDS PCT			53	59	15	36			0.0%	0.0%	0.0%	0.0%
5JD	SOUTH LEICESTERSHIRE PCT			259	(100)	(966)	(8,500)			0.2%	-0.1%	-0.7%	-5.6%
5HC	SOUTH LIVERPOOL PCT			0	904	19	64			0.0%	0.7%	0.0%	0.0%
5AA	SOUTH MANCHESTER PCT	0	0	1,121	323	2,955	3,339	0.0%	0.0%	0.8%	0.2%	1.6%	1.6%
5AG	SOUTH PETERBOROUGH PCT	0	0	541	541	4	69	0.0%	0.0%	0.8%	0.7%	0.0%	0.1%
5M5	SOUTH SEFTON PCT			1	0	0	0			0.0%	0.0%	0.0%	0.0%
5K1	SOUTH SOMERSET PCT			268	273	172	23			0.2%	0.2%	0.1%	0.0%
5EW	SOUTH STOKE PCT		34						0.0%				
5MF	SOUTH STOKE PCT			1,274	43	(1,719)	72			1.0%	0.0%	-1.1%	0.0%
5KG	SOUTH TYNESIDE PCT			3,693	6	9	6			2.3%	0.0%	0.0%	0.0%
5MQ	SOUTH WARWICKSHIRE PCT			203	497	675	220			0.1%	0.2%	0.3%	0.1%
5FP	SOUTH WEST DORSET PCT		24	0	714	764	1,340		0.0%	0.0%	0.5%	0.5%	0.8%
5FF	SOUTH WEST KENT PCT		0	131	109	14	(5,855)		0.0%	0.1%	0.1%	0.0%	-3.1%
5DY	SOUTH WEST OXFORDSHIRE PCT		0	47	36	(5,172)	(2,834)		0.0%	0.0%	0.0%	-2.9%	-1.4%
5MN	SOUTH WESTERN STAFFORDSHIRE PCT			105	19	(3,750)	(4,911)			0.1%	0.0%	-2.1%	-2.6%
5DJ	SOUTH WILTSHIRE PCT		6	58	(1,102)	(1,535)	(5,846)		0.0%	0.1%	-1.1%	-1.2%	-4.3%
5MT	SOUTH WORCESTERSHIRE PCT			702	30	45	11			0.3%	0.0%	0.0%	0.0%
5GY	SOUTHAMPTON CITY PCT		0						0.0%				
5L1	SOUTHAMPTON CITY PCT			0	0	0	781			0.0%	0.0%	0.0%	0.3%
5AD	SOUTHAMPTON EAST HEALTHCARE PCT	3						0.0%					
5AK	SOUTHEND ON SEA PCT	2	4	24	17	13	3,977	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%
5G1	SOUTHERN NORFOLK PCT			1,080	(1,690)	(7,152)	(10,506)			0.7%	-1.0%	-3.5%	-4.9%
5F9	SOUTHPORT AND FORMBY PCT		15	44	1,084	140	(6,200)		0.0%	0.0%	0.8%	0.1%	-4.1%
5LE	SOUTHWARK PCT			1,184	345	146	855			0.4%	0.1%	0.0%	0.2%
5GX	ST ALBANS AND HARPENDEN PCT		158	401	100	(1,526)	(5,754)		0.2%	0.4%	0.1%	-1.2%	-4.5%
5J3	ST HELENS PCT			2	673	9	211			0.0%	0.4%	0.0%	0.1%
5HR	STAFFORDSHIRE MOORLANDS PCT			190	54	(3,725)	(4,893)			0.2%	0.1%	-3.3%	-4.1%
5F7	STOCKPORT PCT		9	29	3	48	51		0.0%	0.0%	0.0%	0.0%	0.0%
5JR	SUFFOLK COASTAL PCT			(432)	(3,480)	(6,174)	(5,167)			-0.6%	-4.0%	-6.2%	-4.9%
5JW	SUFFOLK WEST PCT			(1,581)	(4,423)	(12,510)	(11,460)			-0.9%	-2.3%	-5.6%	-4.9%
5KL	SUNDERLAND TEACHING PCT			89	26	87	19			0.0%	0.0%	0.0%	0.0%
5DA	SUNDERLAND WEST PCT		308						0.4%				
5LT	SUSSEX DOWNS AND WEALD PCT			(298)	99	(1,819)	(3,994)			-0.3%	0.1%	-1.2%	-2.5%
5M7	SUTTON AND MERTON PCT			1,807	0	0	(6,708)			0.5%	0.0%	0.0%	-1.5%
5L4	SWALE PCT			63	27	(449)	(3,307)			0.1%	0.0%	-0.4%	-2.9%
5K3	SWINDON PCT			592	13	563	748			0.4%	0.0%	0.3%	0.3%
5LH	TAMESIDE AND GLOSSOP PCT			39	59	48	100			0.0%	0.0%	0.0%	0.0%
5K2	TAUNTON DEANE PCT			298	418	723	453			0.3%	0.4%	0.6%	0.4%

Table 91c (Continued)

PRIMARY CARE TRUSTS SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2000-01 TO 2005-06

Code	Primary care trust	2000-01 £000s	2001-02 £000s	Surplus/(deficit)			% of turnover ⁽¹⁾							
				2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	
5A6	TEDDINGTON, TWICKENHAM AND HAMPTONS PCT		2						0.0%					
5FY	TEIGNBRIDGE PCT		10	59	2,101	474	4		0.0%	0.1%	2.0%	0.4%	0.0%	
5MK	TELFORD AND WREKIN PCT			1,650	1,173	140	1,790			1.4%	0.9%	0.1%	1.0%	
5AH	TENDRING PCT	55	62	149	150	384	149	0.1%	0.1%	0.1%	0.1%	0.2%	0.1%	
5GQ	THURROCK PCT		5	7	477	(755)	1,287		0.0%	0.0%	0.4%	-0.5%	0.8%	
5CW	TORBAY PCT	203	14	50	175	188	260	0.4%	0.0%	0.0%	0.1%	0.1%	0.1%	
5C4	TOWER HAMLETS PCT		47	15	8	493	627		0.0%	0.0%	0.0%	0.2%	0.2%	
5F6	TRAFFORD NORTH PCT		6	18	16	6	261		0.0%	0.0%	0.0%	0.0%	0.2%	
5CX	TRAFFORD SOUTH PCT	0	2	9	2	7	483	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	
5GN	UTTLESFORD PCT		2	5	25	2	(1,457)		0.0%	0.0%	0.0%	0.0%	-1.5%	
5DP	VALE OF AYLESBURY PCT		11	148	10	(4,916)	(8,470)		0.0%	0.1%	0.0%	-2.6%	-4.4%	
5E8	WAKEFIELD WEST PCT		5	4	8	12	9		0.0%	0.0%	0.0%	0.0%	0.0%	
5M3	WALSALL PCT			62	1,318	1,944	3,634			0.0%	0.5%	0.7%	1.1%	
5NC	WALTHAM FOREST PCT				4	(2,538)	(1,962)				0.0%	-0.9%	-0.7%	
5C6	WALTHAMSTOW, LEYTON AND LEYTONSTONE PCT		26	19					0.0%	0.0%				
5LG	WANDSWORTH PCT			2,071	611	(8,237)	(8,935)			0.7%	0.2%	-2.3%	-2.5%	
5J2	WARRINGTON PCT			26	330	100	490			0.0%	0.2%	0.0%	0.2%	
5GV	WATFORD AND THREE RIVERS PCT		0	910	603	(1,928)	(3,764)	0.0%		0.6%	0.4%	-1.0%	-2.0%	
5JV	WAVENEY PCT			(176)	(474)	(1,533)	(3,133)			-0.2%	-0.4%	-1.1%	-2.0%	
5MJ	WEDNESBURY AND WEST BROMWICH PCT			5	130	696	149			0.0%	0.1%	0.5%	0.1%	
5GG	WELWYN HATFIELD PCT		12	196	430	(128)	(643)	0.0%		0.2%	0.5%	-0.1%	-0.6%	
5D6	WEST CUMBRIA PCT		5	7	15	208	103	0.0%		0.0%	0.0%	0.1%	0.1%	
5KX	WEST GLOUCESTERSHIRE PCT			1,267	(159)	(3,110)	(3,863)			0.7%	-0.1%	-1.3%	-1.5%	
5E6	WEST HULL PCT		17	529	22	35	14	0.0%		0.4%	0.0%	0.0%	0.0%	
5F3	WEST LANCASHIRE PCT		30	13	7	44	75	0.0%		0.0%	0.0%	0.0%	0.1%	
5D2	WEST LINCOLNSHIRE PCT		0	496	463	826	6	0.0%		0.3%	0.2%	0.4%	0.0%	
5CY	WEST NORFOLK PCT	0	0	785	(239)	(1,482)	(813)	0.0%		0.6%	-0.2%	-1.0%	-0.5%	
5FM	WEST OF CORNWALL PCT		0	(5,059)	(3,416)	(5,669)	10	0.0%		-3.8%	-2.4%	-3.3%	0.0%	
5DH	WEST WILTSHIRE PCT		162	1,471	37	(2,803)	(9,735)	0.2%		1.6%	0.0%	-2.5%	-8.0%	
5L9	WESTERN SUSSEX PCT			221	529	118	108			0.1%	0.3%	0.1%	0.0%	
5LC	WESTMINSTER PCT			6,275	3	13	800			2.1%	0.0%	0.0%	0.2%	
5G3	WINDSOR, ASCOT AND MAIDENHEAD PCT			1,024	169	108	(2,182)			0.8%	0.1%	0.1%	-1.3%	
TAG	WITHAM, BRAINTREE AND HALSTEAD CARE PCT			0	1	(3,141)	(5,156)			0.0%	0.0%	-2.4%	-3.8%	
5L7	WOKING PCT			616	319	98	30			0.4%	0.2%	0.1%	0.0%	
5DN	WOKINGHAM PCT		694	322	1,322	37	0	0.8%		0.3%	1.3%	0.0%	0.0%	
5MV	WOLVERHAMPTON CITY PCT			85	(2,821)	50	1,315			0.0%	-1.2%	0.0%	0.4%	
5G5	WYCOMBE PCT			81	536	(429)	(3,188)			0.1%	0.5%	-0.3%	-2.2%	
5DR	WYRE FOREST PCT		1	6	7	(1,968)	17	0.0%		0.0%	0.0%	-1.9%	0.0%	
5HF	WYRE PCT			0	24	712	2,554			0.0%	0.0%	0.5%	1.7%	
5E4	YORKSHIRE WOLDS AND COAST PCT		9	10	9	(6,116)	(11,540)	0.0%		0.0%	0.0%	-4.1%	-7.0%	

Source:

Audited PCT Summarisation Schedules 2000-01 to 2004-05, and 2005-06 Month 12 Financial Monitoring Returns.

Footnotes:

1. Turnover is the Illustrative Resource Limit for 2000-01, and Revenue Resource Limit from 2001-02 onwards.

Table 91d

STRATEGIC HEALTH AUTHORITIES SURPLUS/(DEFICIT) FOR THE FINANCIAL YEARS 2002-03 TO 2005-06

Code	Strategic health authority	Surplus/(deficit)				% of turnover ⁽¹⁾			
		2002-03 £000s	2003-04 £000s	2004-05 £000s	2005-06 £000s	2002-03	2003-04	2004-05	2005-06
Q20	AVON, GLOUCESTERSHIRE AND WILTSHIRE STHA	7,362	1,668	20,219	11,418	7.0%	1.4%	12.6%	7.3%
Q02	BEDFORDSHIRE AND HERTFORDSHIRE STHA	363	1,408	1,976	19,318	0.5%	2.1%	2.7%	20.7%
Q27	BIRMINGHAM AND THE BLACK COUNTRY STHA	5,268	5,910	20,518	31,295	3.1%	3.2%	9.9%	13.8%
Q15	CHESHIRE & MERSEYSIDE STHA	189	5,234	6,483	3,169	0.1%	3.3%	3.6%	1.4%
Q10	COUNTY DURHAM AND TEES VALLEY STHA	244	1,439	7,127	46,738	0.2%	1.3%	5.5%	28.9%
Q13	CUMBRIA AND LANCASHIRE STHA	41	10,584	15,800	33,079	0.0%	2.3%	13.9%	24.6%
Q22	DORSET AND SOMERSET STHA	497	5,063	5,446	5,510	1.2%	10.4%	9.9%	9.8%
Q03	ESSEX STHA	3,907	9,562	1,015	11,127	3.6%	14.0%	1.3%	12.5%
Q14	GREATER MANCHESTER STHA	104	8,967	33,299	10,041	0.1%	4.5%	13.2%	4.2%
Q17	HAMPSHIRE AND ISLE OF WIGHT STHA	840	96	77	4,419	0.9%	0.1%	0.1%	3.3%
Q18	KENT AND MEDWAY STHA	6	7,103	5,365	15,442	0.1%	11.1%	7.2%	16.8%
Q25	LEICS, NORTHANTS AND RUTLAND STHA	4,794	4,581	2,166	6,233	5.6%	4.5%	1.8%	4.5%
Q01	NORFOLK, SUFFOLK AND CAMBRIDGESHIRE STHA	5,877	15,714	16,282	15,737	4.5%	10.9%	10.3%	9.2%
Q11	NORTH & EAST YORKSHIRE & NORTH Lincs STHA	384	1,415	13,937	28,426	0.8%	2.1%	15.1%	26.0%
Q05	NORTH CENTRAL LONDON STHA	4,605	6,092	22,498	22,578	2.8%	3.1%	10.0%	9.7%
Q06	NORTH EAST LONDON STHA	1,071	8,552	11,874	18,981	0.6%	4.9%	6.1%	9.3%
Q04	NORTH WEST LONDON STHA	3,622	4,045	5,977	21,923	2.2%	2.1%	3.0%	9.7%
Q09	NORTHUMBERLAND, TYNE & WEAR STHA	12,587	13,146	18,431	17,173	16.7%	14.0%	17.4%	16.7%
Q26	SHROPSHIRE AND STAFFORDSHIRE STHA	3,122	5,189	10,535	10,390	5.7%	8.1%	14.0%	14.1%
Q07	SOUTH EAST LONDON STHA	8,222	6,377	11,009	16,637	4.9%	3.3%	5.2%	7.3%
Q08	SOUTH WEST LONDON STHA	2,745	6,286	9,639	13,573	2.7%	5.6%	7.5%	9.7%
Q21	SOUTH WEST PENINSULA STHA	0	10,220	5,889	13,270	0.0%	12.0%	5.3%	11.1
Q23	SOUTH YORKSHIRE STHA	4,975	1,619	13,072	27,308	3.0%	0.9%	6.6%	12.6%
Q19	SURREY AND SUSSEX STHA	1,219	14,845	32,069	12,238	0.7%	11.7%	19.2%	8.9%
Q16	THAMES VALLEY STHA	1,238	4,221	16,261	17,751	1.2%	3.8%	11.5%	12.4%
Q24	TRENT STHA	9,154	6,420	21,037	30,096	7.0%	4.3%	11.4%	15.3%
Q28	WEST MIDLANDS SOUTH SHA	12,474	16,867	(390)	9,181	18.0%	20.6%	-0.5%	10.3%
Q12	WEST YORKSHIRE STHA	1,482	23,647	45,125	50,993	1.3%	13.0%	21.5%	22.2%

Source:

Audited SHA Summarisation Schedules 2002-03 to 2004-05, and 2005-06 Month 12 Financial Monitoring Returns.

Footnotes:

1. Turnover is the Revenue Resource Limit.

5.10.3 *What steps is the Department taking to improve the ability of NHS bodies to make accurate forecasts of their year-end financial position? What action is being taken to break the typical cycle identified by the Audit Commission of NHS bodies giving little credence to financial information early in the financial year, only to enter into corrective action after finding themselves in danger of overspending later in the year? What was the impact of the publication of mid-year financial position forecasts in 2005–06? (Q92)*

ANSWER

1. Further to the response given in 2005, we are continuing to work with SHAs to adopt a more comprehensive approach to monitoring. As part of this process, we are working with SHAs to finalise a monthly performance metrics report that will focus on both activity and financial data. The key indicators in this report will be used as a central element of the challenge function at monthly face-to-face performance management meetings, enable early identification of trends and allow robust conclusions to be drawn. It is intended that SHAs will be able to adopt the same reporting tool to better collate data and manage performance across their organisations.

2. In addition, we now require more data from all NHS bodies on a monthly basis, and have improved the level of performance analysis of this data. We are also more active in challenging SHAs about the quality of the data.

3. To make the monthly monitoring forms simpler for the NHS to complete they have now been changed to resemble the accounts forms where possible.

4. We have also issued more comprehensive guidance to the NHS, both at the start of the year and where issues of data quality are identified. For example, we sought reasons for the significant change in the financial position between 2004–05 month 12 forecasts and final audited accounts and subsequently issued guidance on the issues identified to avoid a re-occurrence of the problems.

5. In February 2006 the department set up a National Programme Office (NPO) for turnaround for those organisations with significant deficits. The role of the NPO is to provide co-ordination, review, monitoring and scrutiny of all turnaround projects. This additional scrutiny of the most financially challenged organisations further adds to the accuracy of the forecasts provided.

6. The department has taken steps to bring performance and financial management closer together to help ensure that financial and non-financial data received from the NHS is consistent and to enable challenge where it is not. These steps include the appointment of the NHS Financial Controller, who is responsible for liaising more closely with SHAs and the department performance colleagues.

7. In a further step towards this aim, the department has agreed the publication of a set of productivity metrics—covering clinical productivity, finance, workforce, prescribing and procurement—to effectively encourage benchmarking of performance. This should improve the quality of the data provided by the NHS in its financial forecasts, and support the identification and take up of best practice.

8. The publication of the mid-year financial position in 2005–06 provided a more accurate forecast of the provisional outturn position for the year than has traditionally been provided at the mid-year stage in recent years.

9. With the aim of improved transparency and a continuation in the improvement in the accuracy of financial forecast the department has committed to publish the quarterly financial position in 2006–07. The first of these quarterly reports was published on 11 August.

10. The problems with in-year forecasting identified by the Audit Commission is partly due to over-pessimistic forecasting by NHS bodies. The measures set out above aim to make the forecasting more reliable.

5.10.4 *Is there evidence of correlation between the 2005-06 financial position of Primary Care Trusts and (a) 2005–06 per cent distance from target revenue allocation and (b) 2005–06 revenue allocation per unweighted head of population? Could these data be shown in graphical form? (Q93)*

ANSWER

1. Provisional analysis of the 2005–06 forecast outturn position has shown that there is not one single simple cause for deficits. There is no single cause of financial problems. Our analysis shows very little correlation between the size of deficits and any of the factors relating to funding—including allocations per head, and distance from target.

2. The PCT economy¹ position is shown as requested in **Figure 93a** and **Figure 93b**. The graphs show there is no significant relationship between the factors. **Figure 93c** shows the NHS financial position by SHA area.

3. This analysis was included in the NHS Financial Performance Report 2005–06 published 7 June 2006, and the Chief Economic advisor has been commissioned to do a more comprehensive analysis.

¹ Primary care trust economy looks at the combined financial position of PCTs and the NHS trusts from whom they commission activity. This is done by mapping the financial position of NHS trusts to each of their commissioner PCTs in proportion to their costed activity with each commissioner. The data used was 2004–05 hospital episode statistics costed and using the tariff. These figures do not include SHA surpluses as it is not possible to map these to PCTs or NHS trusts.

Figure 93a: 2005/06 PCT health economy surplus/deficit versus closing distance from target

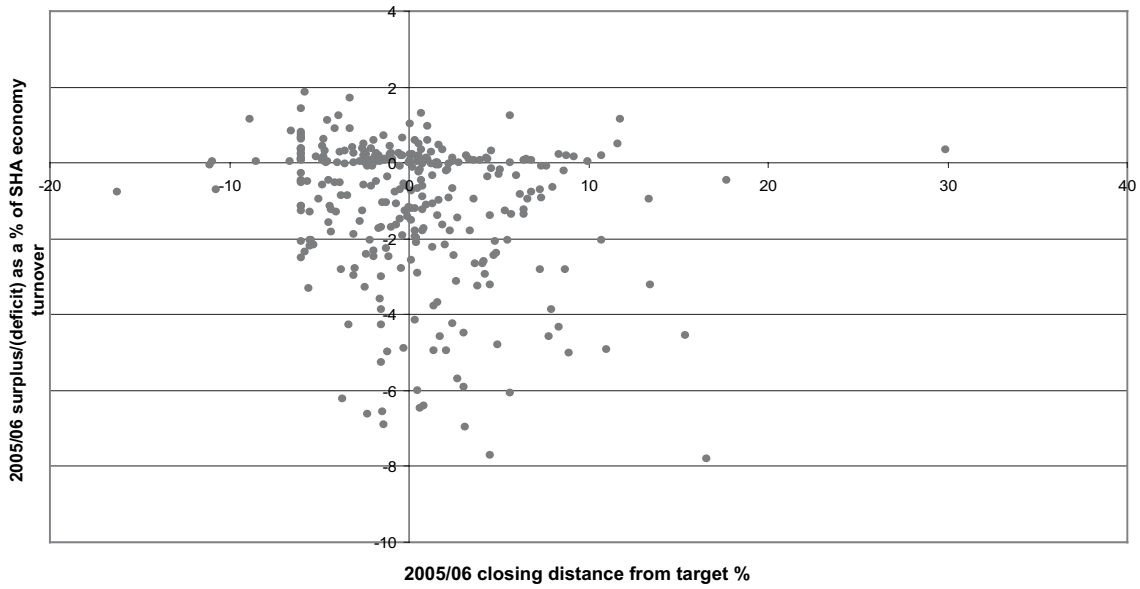


Figure 93b: 2005/06 PCT health economy surplus/deficit versus allocation per unweighted head of population

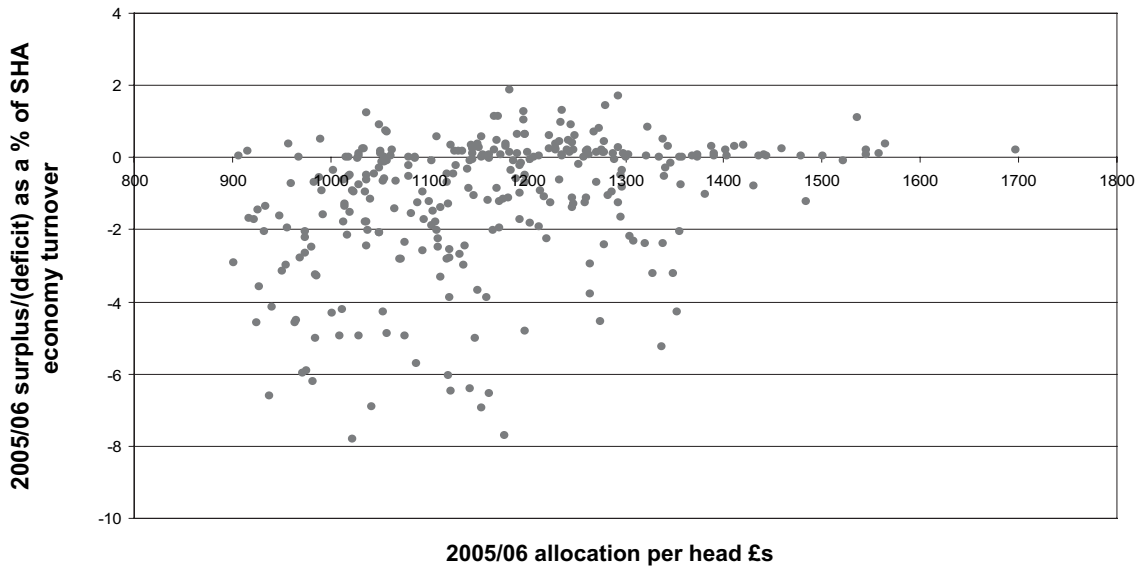


Figure 93c: NHS Financial Position by Strategic Health authority

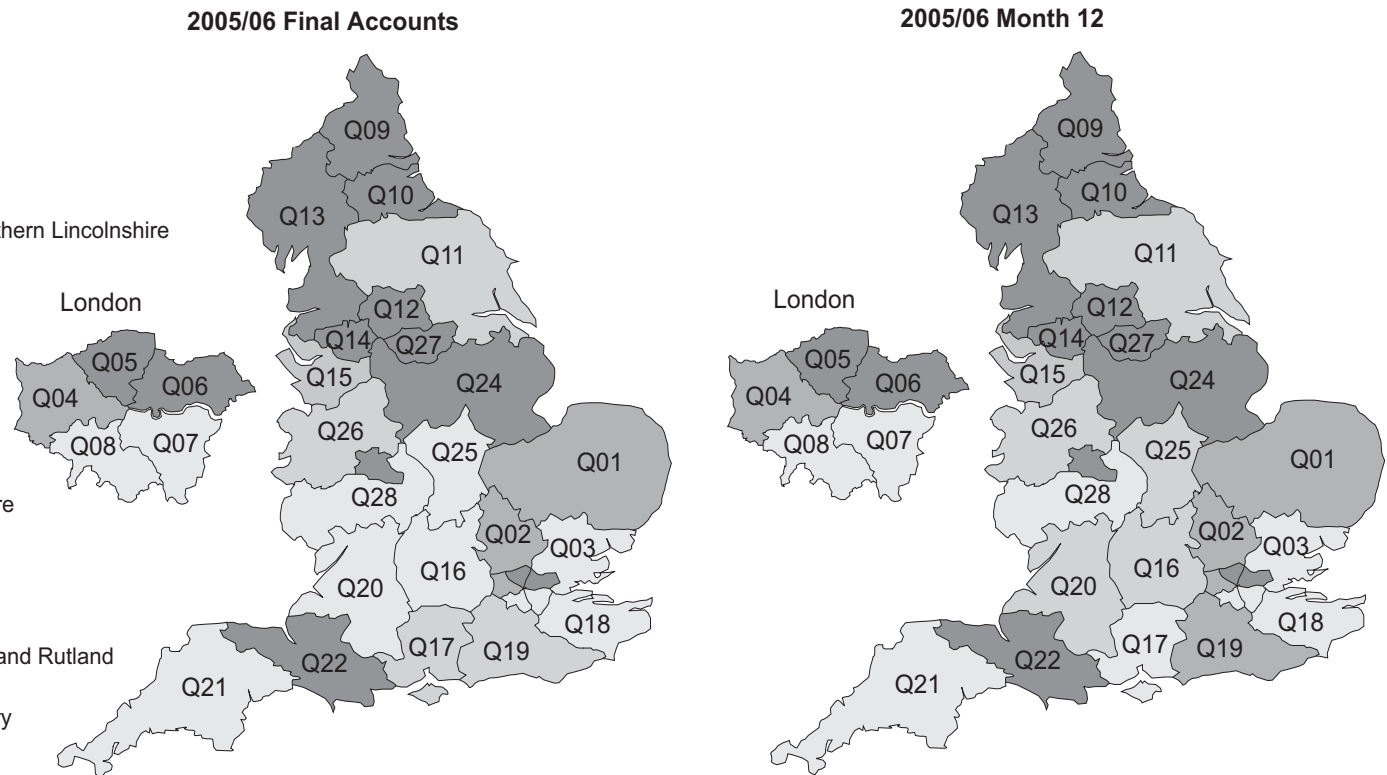
NHS FINANCIAL POSITION BY SHA

SHA Health Economy Under/Overspends

Key

- Q01 Norfolk, Suffolk and Cambridgeshire
- Q02 Bedfordshire and Hertfordshire
- Q03 Essex
- Q04 North West London
- Q05 North Central London
- Q06 North East London
- Q07 South East London
- Q08 South West London
- Q09 Northumberland, Tyne and Wear
- Q10 County Durham and Tees Valley
- Q11 North and East Yorkshire and Northern Lincolnshire
- Q12 West Yorkshire
- Q13 Cumbria and Lancashire
- Q14 Greater Manchester
- Q15 Cheshire and Merseyside
- Q16 Thames Valley
- Q17 Hampshire and Isle Of Wight
- Q18 Kent and Medway
- Q19 Surrey and Sussex
- Q20 Avon, Gloucestershire and Wiltshire
- Q21 South West Peninsula
- Q22 Dorset and Somerset
- Q23 South Yorkshire
- Q24 Trent
- Q25 Leicestershire, Northamptonshire and Rutland
- Q26 Shropshire and Staffordshire
- Q27 Birmingham and The Black Country
- Q28 West Midlands South

KEY	
	breakeven or u/spend
	o/spend up to and incl. £25m
	o/spend between £25m and £50m
	o/spend greater than £50m



5.11 NHS Inflation

5.11.1 *Could the Department give an explanation as to the level of funding set aside for inflation in 2006–07? In particular, can it give the average pay awards to each (subjective) staff group and the inflation assumptions for non pay including capital charges? (Q94)*

ANSWER

1. NHS funding will rise by £6.6 billion to £84.4 billion in 2006–07 from £77.8 billion in 2005–06, equivalent to 5.8% real terms growth. This funding will help the NHS to meet healthcare pressures reflected in Local Delivery Plans. However, it is for health economies, including strategic health authorities in partnership with NHS Trusts, Primary Care Trusts and local authorities to determine how best to use their funds to meet national and local priorities for improving health and modernising services; to provide greater choice and better access for patients. The significant additional resources available will aid them in this process.

2. In 2006–07, payment by results (PbR) covers elective, non-elective, outpatient and A&E activity for NHS Trusts. The national price tariff underpinning the system is adjusted annually for unavoidable cost pressures. The uplift is based on the same assumptions that underpin the revenue allocations to PCTs. The uplift includes:

- the expected impact on pay, including Agenda for Change and the consultant contract;
- increases in the cost of drugs and other technology, including increases arising from NICE appraisal and guidelines;
- price inflation for goods and services; and,
- an overall 2.5% efficiency gain assumption.

3. For 2006–07, the total uplift for the national tariff is 4%. The components of this are shown in **Table 94a**.

Table 94a

NHS TARIFF UPLIFT 2006–07

	2006–07 (over 2005–06 baseline)	
	£ millions	%
Baseline	49,806	
<i>Increase in pay and prices</i>		
Pay	1,028	2.06
Non-pay inflation (prices)	253	0.51
Clinical Negligence Costs	141	0.28
Secondary care drugs	287	0.58
Revenue cost of capital	218	0.44
Gross pay and price increase	1,927	3.87
Efficiency at 2.5% in 2006–07	–1,245	–2.50
Net pay and price increase	682	1.37
<i>Reform and quality</i>		
Consultant Contract	50	0.10
NCCG reform	50	0.10
Agenda for Change	635	1.27
NICE appraisals and guidelines	291	0.58
Investment in new capital	101	0.20
Total reform and quality	1,127	2.26
<i>Information Technology</i>		
NHS Connecting for Health	163	0.33
Total information technology	163	0.33
<i>Technical adjustments</i>		
Revaluation of NHS estate	0	0.0
Total technical adjustments	0	0.0
Overall	4.0	

Pay

4. **Table 94b** shows the settlements awarded to those staff whose pay arrangements are determined by the Review Bodies.

Prices

5. The GDP deflator is used as a proxy for underlying non-pay inflation in the NHS. This needs to be adjusted for assumptions about the level of procurement and other efficiency savings that the NHS is expected to make.

Capital Charges

6. At national level, the cost of capital charges paid by the NHS is a circular flow of funds. The total of the capital charges estimates made by NHS Trusts forms part of the total cash resources available through PCT allocations.

7. Indices for land, buildings and equipment are produced for the Department each year by the Valuation Office, in order that the NHS may calculate capital charges in advance of the financial year.

8. The aggregate index used to uplift capital charges from 2003–04 to 2004–05 levels was 7.6%.

Table 94b
REVIEW BODY PAY SETTLEMENTS 2006

<i>Group</i>	<i>Settlement %</i>
Nursing and Midwifery	2.50
Allied Health Professionals	2.50
Consultants Old Contract ⁽¹⁾	1.00
Consultants New Contract ⁽¹⁾	1.00
Juniors	2.20
NCCGs	2.40
FHS Doctors (GPs)	2.20

Source:

DDRb and NOHPRB 2005

Footnotes:

1. Pay settlement staged, 1% from April 2006 increasing to 2.2% from November 2006.

5.11.2 *Can the Department show trends in components of HCHS and FHS inflation indices in each year since 1997–98 in as much detail as possible? (Q95)*

ANSWER

HCHS pay and prices inflation.

1. Trends in the Hospital and Community Health Service (HCHS) inflation index is shown in **Table 95a**. The index is calculated by combining the indices for pay inflation and price inflation.

Pay

2. Pay inflation is calculated as a weighted average of increase in unit staff cost for each of the staff groups within the HCHS sector.

Prices

3. HCHS price inflation (ie the non-pay component) is measured by the Health Service Cost Index (HSCI). The HSCI weights together price increases for a broad range of items used by the health service—for example, drugs, medical equipment, fuel, telephone charges—using weights derived from expenditure on these various goods and services reported in financial returns.

Table 95a
TRENDS IN COMPONENTS OF THE HCHS INFLATION INDEX

	1997–98	1998–99	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05
	%	%	%	%	%	%	%	%
Total Staff Pay	2.5	4.9	6.9	7.2	8.3	5.0	7.3	4.5
Review Body Staff	2.2	5.1	7.6	7.5	9.4	5.1	8.3	3.7
Non-Review Body Staff	3.5	3.9	4.5	5.8	6.0	4.8	4.1	7.4
Prices	0.4	2.5	1.2	–0.3	0.1	1.0	1.5	1.0
HCHS Total	1.7	4.0	4.5	4.2	5.1	3.5	5.2	3.4

Footnotes:

1. Prices and total HCHS inflation for 2002–03 and 2003–04 have been updated following a validation exercise.

2. Pay inflation for 2004–05 includes Foundation Trusts.

FHS Inflation

4. The components of the Family Health Service (FHS) inflation index are set out in **Table 95b**. For General Medical and Personal Medical Services (GMS/PMS) and General Dental and Personal Dental Services (GDS/PDS), service specific inflation is calculated as the increase year on year in the average cost per practitioner. For both services, the changes in unit costs include volume and quality effects (eg increase in practice staff numbers or the provision of a changing range of services) as well as pure price effects. For the Pharmaceutical Service (PhS) and General Ophthalmic Service (GOS), service inflation is assumed equal to movements in the GDP deflator.

5. We are currently reviewing both indices and considering alternative data sources.

Table 95b
TRENDS IN COMPONENTS OF THE FHS INFLATION INDEX

	1997–98	1998–99	1999–2000	2000–01	2001–02	2002–03	2003–04	2004–05
	%	%	%	%	%	%	%	%
GMS/PMS	5.1	2.3	10.4	3.7	1.0	5.2	9.7	n/a
GDS/PDS	0.3	4.6	1.0	4.0	2.8	4.0	1.8	2.5
PhS	2.8	2.9	2.3	1.9	2.5	3.2	2.6	2.7
GOS	2.8	2.9	2.3	1.9	2.5	3.2	2.6	2.7
FHS Total	3.0	3.0	4.1	2.7	2.1	3.9	4.6	n/a

Footnotes:

1. Due to increasing significance of Personal Medical and Personal Dental Services, from 2001–02 onwards, the medical and dental indices have been calculated based on combined GMS and PMS expenditure, and GDS and PDS expenditure. Prior to this only GMS and GDS figures have been used.
2. The new GP contract was introduced from 1 April 2004, the new contract data is practice base and therefore not comparable with GMS/PMS data used for this index. As a consequence, no data is available for GMS/PMS for 2004–05.
3. The comparatively high GMS/PMS inflation figure for 2002–03 and 2003–04 is due to a significant increase in expenditure on PMS.
4. GDP deflator as at June 2006 have been used for PhS and GOS in 2004–05.

5.11.3 *What have trends in (a) the NHS inflation index (b) sub-indices of the NHS inflation index and (c) relative weights given to each sub-index been in each year since 1993–94? What assumptions underlie the construction of the index and any changes in weighting? (Q96)*

ANSWER

1. The trends in the NHS inflation index and sub-indices are shown in **Table 96a**.
2. The NHS inflation index is constructed using five sub-indices. These are:
 - HCHS pay index: This measures the change in average paybill per head of those employed within the HCHS;
 - HCHS price inflation: This measures the change in the price of goods and services supplied to the HCHS, it is measured by the Health Service Cost Index;
 - HCHS Capital Inflation Index: This reflects the changes in prices experienced in HCHS capital projects and is calculated using a mixture of the construction price index and the GDP deflator;
 - FHS Index: This is produced using different assumptions for each of the main groups. Details and changes are explained in question 94. From 2004–05 the FHS index is no longer available due to the introduction of the new GMS contract leading to a discontinuity in the GMS/PMS data series; and,
 - The “other” Index: This comprises of the revenue and capital expenditure on Central Health Miscellaneous Services (CHMS) and Departmental Administration (including the Medicines Control Agency and NHS Estates). The GDP deflator is used in the absence of service specific deflators.
3. The discontinuity of the FHS index also affects the construction of the NHS index. We are currently reviewing the methodology and exploring other data sources.
4. The weights attached to each of the elements for each of the years are shown in **Table 96b**.
5. The weights attached to each of the elements are similar in magnitude to last year; however, they have changed considerably since 2001–02. This is due to an increase in the number of PCTs from 164 to 304. PCTs have progressively taken over the commissioning of healthcare from health authorities but also the provision of some services from NHS trusts. The revenue expenditure for the provider function cannot be accurately eliminated from the total revenue expenditure hence year on year increases in total revenue expenditure are not comparable.
6. Change in weights (specifically FHS and HCHS) from 2002–03 is due to a shift in responsibility of healthcare to PCTs.

Table 96a

NHS INFLATION INDEX—TRENDS

<i>Year</i>	<i>HCHS pay</i>	<i>HCHS prices</i>	<i>HCHS capital</i>	<i>FHS</i>	<i>Other</i>	<i>NHS total</i>
1992–93	100.0	100.0	100.0	100.0	100.0	100.0
1993–94	104.2	101.4	103.4	100.6	102.5	102.7
1994–95	107.7	102.3	112.9	102.9	103.8	105.4
1995–96	112.5	105.6	118.0	105.5	106.8	109.3
1996–97	116.2	107.2	119.7	109.0	110.2	112.4
1997–98	119.1	107.6	124.7	112.2	113.6	114.8
1998–99	124.9	110.3	128.5	115.6	116.7	119.3
1999–2000	133.5	111.6	132.1	120.3	119.5	124.8
2000–01	143.1	111.2	139.7	123.6	122.2	130.1
2001–02	155.0	111.3	148.8	126.2	125.3	136.2
2002–03	162.8	112.5	155.4	131.1	129.5	141.1
2003–04	174.7	114.1	149.5	137.2	133.2	147.9
2004–05	182.6	115.3	154.6	n/a	136.9	n/a

Table 96b

NHS INFLATION INDEX—WEIGHTS

<i>Year</i>	<i>HCHS pay</i>	<i>HCHS prices</i>	<i>HCHS capital</i>	<i>FHS</i>	<i>Other</i>	<i>NHS total</i>
1992–93	49.0	21.0	6.0	21.0	3.0	100.0
1993–94	49.0	21.0	5.0	22.0	3.0	100.0
1994–95	49.0	21.0	6.0	22.0	3.0	100.0
1995–96	49.0	21.0	5.0	22.0	3.0	100.0
1996–97	50.0	21.0	4.0	23.0	2.0	100.0
1997–98	47.0	25.0	3.0	23.0	2.0	100.0
1998–99	47.0	25.0	3.0	22.0	2.0	100.0
1999–2000	46.0	24.0	3.0	24.0	2.0	100.0
2000–01	46.0	22.0	4.0	26.0	2.0	100.0
2001–02	47.0	21.0	4.0	26.0	2.0	100.0
2002–03	48.0	32.0	4.0	14.0	2.0	100.0
2003–04	45.0	30.0	4.0	18.0	2.0	100.0
2004–05	47.0	32.0	4.0	14.0	2.0	100.0

5.12 *Efficiency*

5.12.1 *What progress has been made towards a replacement for the Cost Weighted Activity Index? What assessment has been made of recent trends in NHS productivity? (Q97)*

ANSWER

1. To measure progress against the 2002 spending review value for money PSA target, the Department developed an interim cost efficiency measure. The measure is calculated by comparing increases in NHS expenditure adjusted for both input cost inflation and increases in expenditure on improving the quality of NHS services, with increases in NHS outputs as calculated by the new NHS output index. This latter index, replaced the Cost Weighted Activity Index (CWAI) and is calculated using data primarily published in the “National Schedule of Reference Costs” and using over 1,900 individual activity categories. The new NHS Outputs index represents an improvement over the old CWAI, as:

- CWAI only included 12 activity types and placed 60% of the expenditure weight on in-patients and a further 20% of the weight on outpatients which means;
- CWAI gave no credit for more complex case-mix; and
- By shifting activity to more cost effective settings, such as from in-patients to outpatients, CWAI reduced recorded output (whilst still an issue with the new NHS Outputs index, its effect is minimised).

In addition;

- CWAI had a secondary care focus and failed to include new types of NHS activity; and
- quality of care was not considered.

2. One of the principal recommendations of the “Atkinson Review of the Measurement of Government Output and Productivity for the National Accounts” was that quality of care should be included in NHS output and productivity measures. In response to the Atkinson Review, on 7 December 2005, the Department published “Healthcare Output and Productivity: Accounting for Quality Change” a technical paper which explains progress in developing more accurate methods of measuring healthcare output and productivity, including quality change. The paper builds on the key recommendations of the Atkinson Review, research by the University of York, National Institute of Economic and Social Research (NIESR), and by the Department.

3. On 27 February 2006, ONS published their second article on health productivity “Public Service Productivity: Health”. ONS estimate that including adjustments for quality, (originally outlined in “Accounting for Quality Change”) such as lower hospital mortality, estimated benefits from hospital treatment, shorter waiting times, improved blood pressure control, lives saved from statins, in addition to the increasing value of health, NHS productivity has risen on average by up to 1.6% a year between 1999 and 2004.

5.12.2 *What are the expected redundancy costs of the current re-organisation of Strategic Health Authorities and Primary Care Trusts? (Q98)*

ANSWER

1. There will be a number of redundancies in SHAs and PCTs following the restructuring brought about by Commissioning a Patient-Led NHS.

2. Redundancy costs are very heavily influenced by the number and age profile of the staff leaving. The detail is not yet finalised, but assuming an average profile costs estimates would be somewhere around £325 million under existing NHS redundancy rules.

5.13 *Managing the Department of Health*

5.13.1 *What was the total expenditure, grant-in-aid funding and whole time equivalent staffing of each of the Department of Health’s Arm’s Length Bodies in 2005–06? (Q99)*

ANSWER

The information requested is given in **Table 99**.

Table 99

GRANT IN AID, EXPENDITURE AND STAFFING OF ARM’S LENGTH BODIES IN 2005–06

<i>Department of Health Arm’s Length Body</i>	<i>Grant in Aid (see note 7) £ thousands</i>	<i>Gross Operating Costs (see note 8) £ thousands</i>	<i>Headcount WTE</i>	<i>Information Source</i>
Healthcare Commission (HC)	68,851	76,879	780	Fig from 2005–06 Annual Accounts
Mental Health Act Commission (MHAC)	5,310	5,665	42	Fig from 2005–06 Annual Accounts
Commission for Social Care Inspection (CSCI)	82,864	141,153	2,479	Fig from 2005–06 Annual Accounts
Independent Regulator of NHS Foundation Trusts (Monitor)	16,200	15,869	49	Fig from 2005–06 Annual Accounts
Commission for Patient and Public Involvement in Health (CPPIH)	31,515	30,458	173	Fig from 2005–06 Annual Accounts
Human Fertilisation and Embryology Authority (HFEA)	5,489	10,933	190	Fig from 2005–06 Annual Accounts
Human tissue Authority (HTA)	1,224	1,201	18	Fig from 2005–06 Annual Accounts
Council for Healthcare Regulatory Excellence (CHRE)	2,232	2,399	116	Fig from 2005–06 Annual Accounts
General Social Care Council (GSCC)	10,675	13,293	237	Fig from 2005–06 Annual Accounts
Postgraduate Medical Education and Training Board (PMETB)	3,229	5,145	15	Provisional figures given by DoF John Tuck

<i>Department of Health Arm's Length Body</i>	<i>Grant in Aid (see note 7) £ thousands</i>	<i>Gross Operating Costs (see note 8) £ thousands</i>	<i>Headcount WTE</i>	<i>Information Source</i>
Dental Vocational Training Authority (DVTA)	272	222	3	Fig from 2005–06 Annual Accounts
Medicines and Healthcare products Regulatory Agency (MHRA)	63,000	70,000	819	Provisional figures given by MHRA Brian Pocknall
National Institute for Clinical Excellence (NICE)	27,031	26,178	185	Fig from 2005–06 Annual Accounts
National Patient Safety Agency (NPSA)	32,935	33,264	304	Fig from 2005–06 Annual Accounts
Health Protection Agency (HPA)	142,655	227,296	3,012	Fig from 2005–06 Annual Accounts
National Biological Standards Board (NBSB)	10,807	17,425	302	Fig from 2005–06 Annual Accounts
National Treatment Agency (NTA)	12,187	12,219	137	Fig from 2005–06 Annual Accounts
National Blood & Transplant (NHS BT)	37,728	402,830	5,986	Fig from 2005–06 Annual Accounts
NHS Litigation Authority (NHS LA)	0	13,022	167	Fig from 2005–06 Annual Accounts
Health and Social Care Information Centre (HSC IC)	43,843	44,316	358	Fig from the Draft 2005–06 Annual Accounts
NHS Connecting for Health (NHS CfH) (12)	0	538,321	1,412	Fig from Connecting for Health data
NHS Institute for Innovation and Improvement (NIII)	37,970	42,478	701	Fig from 2005–06 Annual Accounts
NHS Appointments Commission (NHSAC)	4,156	5,420	57	Fig from 2005–06 Annual Accounts
NHS BSA	432	477	3	Fig from 2005–06 Annual Accounts
Prescription Pricing Authority (PPA)	74,054	73,749	2,849	Fig from 2005–06 Annual Accounts
Dental Practice Board (DPB)	23,811	27,104	250	Fig from 2005–06 Annual Accounts
NHS Pensions Agency (NHSPA)	27,595	27,249	391	Fig from 2005–06 Annual Accounts
NHS Counter Fraud and Security Management Service (NHS CFSMS)	16,474	17,719	268	Fig from 2005–06 Annual Accounts
NHS Purchasing and Supply Agency (NHS PASA)	25,843	26,497	350	Fig from 2005–06 Annual Accounts
NHS Logistics	0	72,100	1,474	Fig from 2005–06 Annual Accounts
NHS Direct (NHS D)	7,296	149,136	3,154	Fig from 2005–06 Annual Accounts
NHS Professionals (NHS P)	43,927	32,950	649	Fig from 2005–06 Annual Accounts
NHS Estates (NHS E)	2,288	6,323	207	Fig from 2005–06 Annual Accounts
Total	861,893	2,169,290	27,033	

Source: As stated in table.

Footnotes:

1. The Human Tissue Authority came into being on 1 April 2005 and hence is a new ALB this year.
2. Health Development Agency merged with the National Institute for Clinical Excellence on 1 April 2005 and hence is not on this years' list.
3. National Clinical Assessment Authority merged with the National Patient Safety Agency on 1 April 2005 and hence is not on this years list.
4. NHS Modernisation Agency (NHSMA) and NHSU merged to form the NHS Institute for Innovation and Improvement (NIII).
5. National Blood Authority and UK Transplant Merged mid year to form NHS Blood and Transplant and are shown as the new body. The Income and Expenditure shown above is comprised of the sixmonths to 30 September 2005 of NBA and UKT and six months to 31 March 2006 of NHS BT.
6. NHS BSA has run in shadow form in 2005–06 and whilst not part of the ALB sector until it goes live in 2006–07 is included here for completeness.
7. NHS Information Service dissolved. The Health and Social Care Information Centre and NHS connecting for Health (NHS CfH) were created to move IT inthe Health sector forward.
8. NHS Estates (NHSE) was dissolved mid year, figures shown to closure at 30 September 2006.

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9. Grant in Aid refers to Revenue only.
 10. Gross operating costs exclude:
 - Depreciation and Amortisation.
 - Capital Charges.
 - Profit/Loss on Disposal of Fixed Assets.
 - Impairments.

11. The figures for Connecting for Health (CfH) comprise those for the whole agency, as it is not possible to provide a breakdown for that element of their organisation that was previously part of the NHS Information Authority. As part of the Department of Health, CfH receives an allocation of DH funds rather than Grant in Aid. The figure given in the "Gross Operating Costs" column is the near-cash spend of CfH for 2005–06, which excludes the non-cash items listed in note 10. The figure of 1,412 represents CfH headcount not WTEs.

5.13.2 Could the Department detail and comment on the extent of savings from its own change programme and the review of Arm's Length Bodies? What further savings are anticipated in 2006–07 and 2007–08? What risk assessment has been undertaken to accompany these change programmes and to indicate the limits to further savings? What have the redundancy and relocation costs of these change programmes been? (Q100)

ANSWER

1. The Change Programme was undertaken to support the transformation of the whole NHS and social care system. The predominant aim was to have a smaller strategic Department with operational responsibility devolved throughout the health and social care system. There was no specific financial target set as part of the DH Change Programme. However, the administration costs agreed in the 2004 Spending Review reflected the reduction in size and shape of the Department as a consequence of the Change Programme.

2. From the review of arm's length bodies (ALBs), £55 million recurrent cash releasing savings were achieved in 2005–06 and a further £95 million is expected in 2006–07 and £50 million in each of the following two years.

3. The Department's Change Programme was managed as a project, and operational risks—for example, the risk of failing to complete the necessary human resources work to the planned timetable—were managed using project management principles. The risk assessments for these were reviewed by the Programme Board regularly. In addition, the Change Programme presented a variety of strategic risks to the Department's business, for example the possibility of a sustained decline in morale, or that the balance of skills in the Department's staff might not match the needs of the continuing business. These were not subject to formal risk assessments in the same way, but were reviewed by senior managers and the Departmental Board during the course of the programme.

4. The limits to further savings are also subject to continuing review, in the light of changes to the Department's workload. Savings in future years will be settled as part of the Comprehensive Spending Review.

5. ALBs' capability to deliver these savings has been assessed in an extensive business planning cycle for each body covering this year and the next two. In addition, delivery will be monitored using the Department's standard performance management procedures for its ALBs including quarterly balanced scorecards and review meetings with the bodies themselves.

6. Transition costs for relocation and redundancies as a result of the ALB review were £10 million in 2005–06 and are expected to be around £13 million in 2006–07.

5.13.3 Could the Department detail (a) administrative and (b) programme expenditure on consultants in 2005–06? Could the Department comment on these data and the quality of them? (Q101)

ANSWER

1. DH expenditure on consultancy services for 2005–06 is given in **Table 101**.

2. We have previously been unable to report spending against our programme budgets due to definitional difficulties. For example, the term "consultancy" is very broad and not well defined; this has led to a number of financial transactions being scored inappropriately.

3. To assist in the re-coding of data and for the purpose of interpretative analysis, we have now defined "consultancy" where all of the following criteria are met:

- an arrangement where an individual or organisation is engaged to provide expert analysis and advice which facilitates decision making;
- to perform a specific one off task or set of tasks; and,
- to perform a task involving skills or perspectives which would not normally be found within the Department.

4. We have undertaken considerable work to validate the 2005–06 programme and administrative data, and this has enabled us to provide a much more accurate figure for consultancy expenditure.

Table 101**DH EXPENDITURE ON CONSULTANCY SERVICES, 2005–06**

	<i>£ millions</i>
Administrative expenditure	6.0
Programme expenditure	127.0
Total	133.0

6. Departmental Report**6.1 Public Service Agreement (PSA) Targets**

6.1.1 *SR 2004, target 1. The department has not reported on the latest life expectancy figures. What are the current life expectancy figures for newborns? (Q102)*

ANSWER

1. The latest published data relate to the three-year period 2002–04. In England in 2002–04, the period of life expectancy at birth was as follows:

Male—76.6 years; and

Female—80.9 years.

2. These have risen from a baseline of 75.0 years for males and 79.9 years for females in 1997–99.

3. The SR 2004 target 1 is to reach a period life expectancy of 78.6 years for males and 82.5 years for females, by 2009–11 (the 3-year average centred around 2010).

4. The next data update, to incorporate figures for 2005, is due for publication in late November 2006.

5. Period life expectancy for a given area and time period is calculated using age specific mortality rates for that area and time period and makes no allowance for changes in mortality rates in future years.

6. Period life expectancy at birth figures for England are available calculated by the Government Actuary's Department from data for single calendar years and also calculated using data averaged over a period of three consecutive years. The latter has the effect of smoothing year-by-year variations.

6.1.2 *SR 2004, target 2. Why has the gap in infant mortality between "routine and manual" and other groups widened? Why has the relative gap in life expectancy at birth increased, and why has the gap for females widened so much more than for males (by 8% and 1% respectively)? (Q103)*

ANSWER

1. We know that health inequalities are persistent, stubborn and difficult to change. We have been very open about the high degree of challenge the target represents. The drivers of infant mortality and low life expectancy are complex and there is no simple answer to the question of why gap continues to widen.

2. The Status Report on the Programme for Action (2005) showed that the infant mortality gap between "routine and manual groups" and the whole population widened from 13% in 1997–99, to 16% in 2000–02, and 19% in 2001–03, in line with the previously reported trend. However, the latest data for 2002–04 show no further widening in the gap—it remains at 19%. The infant mortality rate has fallen for all social groups since 1997–99, the baseline period for the target. It stands at a historic low—4.9 deaths per 1,000 live births for the population as a whole and 5.9 per 1,000 live births for "routine and manual" groups. It has fallen faster in higher social groups than in "routine and manual" groups resulting in a widening of the relative health inequalities gap.

3. An internal review of the infant mortality aspect of the target is in hand to actively address the widening gap identified in the Status Report. Its aim is to improve local delivery of the target by focusing action in areas with the highest incidence of infant mortality in "routine and manual" groups, and on interventions most likely to be effective in reducing the rate among these groups.

4. It should be noted that there is a time lag between the implementation of new policy initiatives and achievement as reflected in the data. Infant mortality rates are published annually—currently the latest data available are for 2004.

5. Life expectancy is improving across England for both men and women, but it is currently improving more slowly in the Spearhead Group of areas with the worst health and deprivation and the relative gap in life expectancy continues to widen.

6. The Status Report identified a range of indicators, many of which continue to show no narrowing of the gap. However, there are some signs of progress, for example on child poverty and housing. We have already seen reductions in Cancer and Cardiovascular (CVD) inequalities, with a 9.4% reduction in the absolute cancer inequality gap and a 24.7% reduction in the absolute CVD inequality gap.

7. It is expected that changes in the long established gap in life expectancy across geographical areas will take time to halt and reverse, and there are different “lead times” (the gap between change in exposure to risk and change in disease rate) for different diseases, some of which are very lengthy.

8. Reversing the widening trend in the inequalities gap will need sustained commitment at national and local level. The Status Report shows how far we have to go and signals where action is needed.

9. Initial work to partition the change in the inequality gap by age group and disease category shows that although changes in mortality for females in the ages of five to 74 have worked to reduce the gap, deaths in the under one years and deaths in the 75 and over age group have actually widened the overall gap.

10. In terms of the major diseases which are causing the widening for women, although action on CVD is narrowing the gap in inequalities, cancer and a range of “all other causes” are widening the gap.

6.1.3 *SR 2004, target 2. What action has the Health Inequalities Unit identified as necessary to improve the Department’s ability to hit the life expectancy target? (Q104)*

ANSWER

1. At the end of 2005, a review of the Health Inequalities Life Expectancy Target, commissioned by DH and Treasury, identified the following key actions to deliver the target:

- Improving our understanding of the key interventions which will impact on life expectancy in Spearhead areas by 2010. The main diseases, which are leading to shorter lives in Spearhead areas, are cardiovascular diseases and respiratory diseases. Fast gains in life expectancy can be made by reducing the prevalence of smoking, effective control of blood pressure and cholesterol and good care of people with long-term conditions.
- Improving performance management. We have made health inequalities a “Top 6” priority for the NHS and a mandatory target within Local Area Agreements, with the aim of seeing faster improvements in Spearhead areas compared to the England average. We need to ensure that inequalities is addressed through Local Delivery Plans and the new commissioning agenda.
- Communication and engagement. An essential part of this will be spreading best practice across the Spearhead areas and providing support for areas that are struggling. We know, for example, that some Spearhead areas have the best smoking cessation services and highest rates of quitters, others are well below average. People in Spearhead areas have high needs and need the best quality services. That will be the challenge for the new SHAs and PCTs.

2. We also need better mechanisms to engage with people living in deprived communities as, in general, the aspirations and expectations they have about health and life expectancy are lower than elsewhere.

6.1.4 *CSR 1998, targets 3 and 4. Both these targets show slippage. Why has this happened and what action is being taken to address it? (Q105)*

ANSWER

1. The most recent position, based on the latest available data and analysis by the Department of Health, is provided in the **Table 105a** to **Table 105d**.

2. Latest data for 2002–04 (three-year average) for CSR 1998 target 3 (reduction in the death rate from accidents) show an increase of 1% from the baseline (1995–97).

3. On the basis of one year’s extra data we would not expect to see much change on the position reported last year, especially as the monitoring data for target 3 are three-year average rates and there are two overlapping years of data between the latest three-year average and the figures reported last year (the average of 2002, 2003, 2004 compared with the average of 2001, 2002, and 2003). Based on data to 2002–04, the 65 and over group continues to account for the main part of the increase in the death rate from accidents. Falls account for the main part of the increase in the death rate from accidents in those over 65.

4. Latest data for financial year 2003–04 for CSR 1998 target 4 (reduction in the rate of hospital admission for serious accidental injury) show an increase of 4.5% from the baseline (1995–96), again based on one year’s extra data from that reported last year. As before, the 65 and over group accounts for the main part of the increase in the admission rate. Falls account for nearly three-quarters of admissions for serious accidental injury in the 65 and over group, and are a key factor in the increase in the admission rate.

5. The latest data available for CSR 1998 targets 3 and 4 pre-dates a key milestone of the National Service Framework for Older People for “all local health and social care systems to establish an integrated falls service by April 2005”. Falls services may help address the current slippage against CSR 1998 targets 3 and 4 once these become fully established and integrated.

6. Despite the slippage in the 65 and over age range, the latest data show a continuing reduction in accident death rates in age bands under 15 and 15–24 years. Serious accidental injury rates among children are also continuing to decrease. This is associated with work being taken across Government to prevent, for example, land transport accidents, fire deaths and falls from height in the construction industry.

Table 105a

DEATH RATES FROM ACCIDENTS—PROGRESS BY SELECTED AGE GROUPS

Death rate from accidents per 100,000 population)⁽¹⁾⁽³⁾

<i>Age group</i>	<i>1995–97</i>	<i>2001–03</i>	<i>2002–04</i>	<i>% change 1995–97 to 2002–04⁽²⁾</i>
Under 15	4.1	3	2.9	–29%
15 to 24	17.8	15.3	15.2	–15%
25 to 64	13	13.1	12.9	–1%
65 and over	50.1	56.6	57.6	15%

Source: Office for National Statistics*Footnotes:*

1. Death rates are directly age-standardised rates for all persons, England.
2. A % change less than 0 is a reduction, greater than 0 is an increase.
3. 1995–97 data coded used ICD9 (codes E800-E928 exc. E870-E879 used for accidents); 2001–03 and 2002–04 data coded using ICD10 (codes V01-X59 used for accidents). Due to the change from ICD9 to ICD10 there are small discontinuities in the comparison between the periods.

Table 105bDEATH RATES FROM ACCIDENTS AMONG 65 AND OVER—
CONTRIBUTION OF SELECTED ACCIDENT CATEGORIES(Death rate from accidents per 100,000 population)⁽¹⁾⁽⁴⁾

<i>Accident category</i>	<i>1995–97</i>	<i>2001–03</i>	<i>2002–04</i>	<i>% change for ages 65 and over 1995–97 to 2002–04⁽²⁾⁽³⁾⁽⁵⁾</i>
Land transport	7.8	7.0	6.6	–2%
Falls	14.1	19.0	20.0	12%
Drowning and submersion	0.4	0.4	0.4	0%
Smoke, fire and flames	2.3	1.6	1.6	–1%
Poisoning	1.1	0.9	0.8	–1%
Other and unspecified incidents	24.3	27.7	28.1	8%

Source: Office for National Statistics.*Footnotes:*

1. Death rates are directly age-standardised rates for all persons, England.
2. The contributions from each accident category are the impact of each category on the % change for all accidents (not the % change in the death rate for each category).
3. A contribution to % change less than 0 is a reduction, greater than 0 is an increase.
4. 1995–97 data coded used ICD9 (codes E800-E928 exc. E870-E879 used for accidents); 2001–03 and 2002–04 data coded using ICD10 (codes V01-X59 used for accidents). Due to the change from ICD9 to ICD10 there are small discontinuities in the comparison between the periods.
5. The contributions from each category sum to the % change for all accidents for ages 65 and over.

Table 105c

**ADMISSION RATES FOR SERIOUS ACCIDENTAL INJURY—
PROGRESS BY SELECTED AGE GROUPS**

(Admission rate for serious accidental injury per 100,000 population)⁽¹⁾

<i>Age group</i>	<i>1995–96⁽³⁾</i>	<i>2002–03</i>	<i>2003–04</i>	<i>% change 1995–96 to 2003–04⁽²⁾</i>
Under 15	131.7	97.2	90.2	– 31%
5 to 14	120.8	84.1	77.8	– 36%
15 to 64	221.2	223.3	226.1	2%
65 and over	1,280.2	1,442.5	1,459.4	14%

Source: Data based from Hospital Episode Statistics (ICD10 codes Vo1-X59, Y40-Y84 used for all accidents).

Footnotes:

1. Admission rates are directly age-standardised rates for all persons, England.
2. A % change less than 0 is a reduction, greater than 0 is an increase.
3. Figures for 1995–96 are estimates based on trend for subsequent years (due to data quality problems for some areas in 1995–96).

Table 105d

**ADMISSION RATES FOR SERIOUS ACCIDENTAL INJURY AMONG AGES 65 AND OVER—
CONTRIBUTION OF SELECTED ACCIDENT CATEGORIES**

(Death rate from accidents per 100,000 population)⁽¹⁾

<i>Accident category</i>	<i>1996–97</i>	<i>2003–04</i>	<i>% change for ages 65 and over⁽²⁾⁽³⁾</i>
Land transport	52.7	48.4	– 0.3%
Falls	941.9	1,057.7	8.8%
Drowning and submersion	0.1	0.2	0.0%
Smoke, fire and flames	4.3	2.3	– 0.2%
Poisoning	9.7	9.6	0.0%
Other and unspecified incidents	300.4	341.2	3.1%

Source: Data based from Hospital Episode Statistics (ICD10 codes Vo1-X59, Y40-Y84 used for all accidents).

Footnotes:

1. Admission rates are directly age-standardised rates for all persons, England.
2. The contributions from each accident category are the impact of each category on the % change for all accidents (not the % change in the admission rate for each category).
3. A contribution to % change less than 0 is a reduction, greater than 0 is an increase.
4. Comparison is with 1996–97 rather than 1995–96 due to data quality problems for some areas in 1995–96.

6.2 Capital Investment

6.2.1 *A number of changes have been made to the commissioning of PFI projects. In particular, SHAs have been asked to work with Trusts and PCTs to reaffirm their capital investment plans in light of movement of services into community settings, and the introduction of Payment by Results. Furthermore, trusts with significant deficits have been prevented from proceeding to market with large capital projects without plans to deal with the deficits before financial close. How many capital projects, and to what value, have been delayed or cancelled by PCTs and Trusts as a result of these reviews since April 2005? (Q106)*

ANSWER

1. Since the announcement of the PFI revalidation process on 26 January the PFI schemes at the following trusts have all had reviews completed by the Department (the capital value of each scheme is given in brackets after the name of the trust):

- Walsall Hospitals NHS Trust (£142 million).
- Salford Royal Hospitals NHS Trust (£112 million).
- South Devon Healthcare NHS Trust (£163 million.)
- Tameside and Glossop (£68 million).

-
- University Hospitals Leicester (£711 million).
 - University Hospital of North Staffordshire (£272 million).
2. On 18 August 2006, it was announced that these schemes had been reviewed and would be allowed to proceed to the next stage of the approvals process.
 3. In addition, two other Trusts had schemes that were very close to financial close when the revalidation process was announced:
 - Barts and The London NHS Trust (£1 billion).
 - St. Helen's and Knowsley NHS Trust (£338 million).
 - University Hospital Birmingham NHS Trust (£627 million).
 4. These schemes had their key assumptions tested by the main principles of the review process in March and April 2006, but were not subject to a formal review.
 5. A consideration of the financial health of the trust and the local health economy has been a key element of the review process. One of the conditions under which approval was given to the six schemes announced on 18 August was that before contracts could be signed trusts will need to be in good financial health, delivering at least run-rate balance (which means month on month balance where a trust has an underlying deficit) prior to the date of signature.
 6. The review process concerns only those schemes with a capital value greater than £75 million (Tameside and Glossop NHS Trust had its scheme reviewed because it was batched with the scheme at Salford Royal Hospitals NHS Trust). The purpose of the process is to ensure that all schemes properly take account of the current reforms to the NHS such as choice, a movement of services into primary and community settings and the new financial regime. The reviews ensure that only schemes that have clearly demonstrated their long-term affordability and sustainability are allowed to proceed.
 7. The reviews have not resulted in delay to any schemes since they focus on aspects that would usually have been considered as part of the approval of final business cases.
 8. One scheme, at Essex Rivers NHS Trust (£185 million), has been cancelled as a result of the review process. This was announced by the Trust itself on 14 June.
 9. A further 27 schemes are still to be reviewed. We intend to announce the outcomes of these reviews in due course.

6.2.2 *A May 2006 BMA survey concluded that three quarters of GP practices felt their premises were not suitable for their future needs and six in every 10 practices worked from premises unsuitable for their current needs. The Association called for a "sustained and consistent government commitment to recurrent revenue to back up capital investments". What is the Department's assessment of the suitability of those GP surgeries which have not benefited from LIFT funding for meeting current and future needs? What plans, if any, does the Department have to increase funding to support capital investment in primary care outside LIFT schemes? (Q107)*

ANSWER

1. The Department holds no recent comprehensive survey data on the *circa* 9,000 GP premises in England. It is expected that PCTs should be aware of the condition of the GP premises in their areas and the priorities for capital investment.
2. It should be pointed out that the BMA's survey was far from comprehensive, covering just 3% of GP premises, and its conclusions are surprising, given that between publication of the NHS plan in July 2000 and the end of 2004 approaching 3,000 premises were replaced or substantially refurbished.
3. Most of these premises improvements were achieved without NHS LIFT, but now that NHS LIFT is very much on stream it is delivering on average one new building per week during 2006 with 80 facilities open to date. The PCTs where LIFT companies are established cover more than half of the country's population.
4. We are nevertheless aware that much remains to be done and this year we have allocated over £2 billion in operational and strategic capital to the NHS to address local investment priorities, including the condition of primary care estate that isn't covered by LIFT schemes. These capital allocations represent on average 19% growth compared to 2005–06s allocations.

6.2.3 *The Department has not allocated £1 billion (19%) of its capital budget as there may be additional costs arising from accelerated Foundation Trust capital expenditure and implementation of the White Paper. Given that Monitor would be expected to hold data on Foundation Trust's planned capital expenditure, why is the Department unable to forecast this more accurately? Has the Department finalised its use of the unallocated budget yet, and if so, how will it be applied? (Q108)*

ANSWER

1. A potential acceleration of Foundation Trusts' capital expenditure was just one of the factors, which, at the time of producing the Departmental Report and the slightly earlier main estimate for Parliament, might have given rise to a significant increase in recorded capital expenditure. Two other major issues were:

- Connecting for Health, where a review of capitalisation policies was under consideration, which might have increased the proportion of the planned expenditure to be capitalised; and,
- The White Paper Community Hospitals programme, which had not at the time been fully defined and costed.

2. It was because of all three factors, that we considered it reasonable to regard the £1,009 million that at the time had not been earmarked for other uses as a necessary contingency, of which £500 million had already been agreed with the Treasury as Departmental Unallocated Provision (DUP) ie only to be drawn when need could be demonstrated.

3. Forecasting NHS capital expenditure has always been problematic whatever basis is used. We chose to use the same basis for our initial forecasting of Foundation Trusts' capital expenditure as we used for NHS Trusts, which was to aggregate a *pro-rata* (based on Turnover) share of each investment programme aimed at the Trust sector. At the time, DH Finance was not in possession of a recent forecast from Monitor of 2006–07 Foundation Trust capital expenditure to use as an alternative scenario, to inform our assumptions about capital spend.

4. Now that the year is underway and we are in the process of agreeing Public Dividend Capital Allocations for Foundation Trusts, we will have a bottom-up, project-based estimate for Foundation Trust capital expenditure to inform our Spring Supply estimates for Parliament and we will undertake a further check using Monitor's forecast of capital spend.

5. We will continue to consider further uses for DH's unspent capital until "Spring Supply" though we do not expect further large allocations to be made. The capital commitments as at 14 August 2006 are shown in Table 108. This shows an under-commitment including the DUP agreed with Treasury of £733 million.

Table 108

APPLICATION OF CAPITAL RESOURCES AS AT 27 JULY COMPARED TO APPLICATIONS IN APRIL'S 2006 DEPARTMENTAL REPORT

	<i>£ millions</i>	
	<i>Disposition of resources agreed at time of February 2006 main estimates & DR2006</i>	<i>Disposition of resources agreed at 27 July 2006 "Finance & Investment Sub-Committee" of DH Board</i>
Total capital resource for Investment in Health	6,543	6,543
Less: PFI Investment	-1,111	-1,111
Gross Public Capital available for investment in DH and NHS	5,432	5,432
Less:		
Capital funding for Department of Health operations	18	16
Capital grants to independent sector parties	66	66
Costs from the management and disposal of the "retained estate":	10	0
NHS Trust Receipts from asset sales (normally re-invested locally)	120	120
CFH central capital spend	1,000	920
Other central capital spend, including Capital Funding for ALBs and funds for innovations in capital procurement	144	201
	-1,358	-1,323
HCHS capital available for allocation to NHS Organisations:	4,074	4,109
<i>To be allocated as follows:</i>		
Direct allocations to Strategic Health Authorities, NHS Trusts and Primary Care Trusts		
SHA Statagic Capital	941	941
Trust and PCT Operational Capital	1,100	1,101
Total Direct Allocations for local prioritisation	2,041	2,041
Programme Capital Budgets and un-committed funds		
Unspent Programme Capital b/f from 2005–06		23
PACS & other local implementation of CfH	124	207
Community Hospitals	20	20
Choose & Book Incentives	55	55

	<i>£ millions</i>	
	<i>Disposition of resources agreed at time of February 2006 main estimates & DR2006</i>	<i>Disposition of resources agreed at 27 July 2006 “Finance & Investment Sub-Committee” of DH Board</i>
Resource cover and enabling for IS procurements	114	114
Coronary Heart Disease	40	40
CAMHS Specialist Services and other Childrens investements	37	50
Drugs Misuse	38	38
DSPD	20	20
Mental health place of safety and PICU development	65	65
High Secure Facilities	23	23
Older people, including funds for Audiology and improving environments in care-homes and hospices	26	30
Dental School expansion	20	20
Medical school places & radiology Academies	18	7
Improving provision of decontamination services in the NHS	43	43
Public capital elements of major PFI schemes and other investments in physical capacity	15	109
Estimated capital expenditure by first 32 FTs	365	326
Dentistry - funding for premises improvements		40
Emergency Care (ambulance performance incentives)		25
Learning Disability transferring service users from NHS to tenented accommodation in line with policy		25
Funding to improve environments in care homes and hospices		50
Emergency preparedness		2
Various small pilot schemes		1
Cancer—Radiotherapy training		2
Contingency (including £500 million DUP)	1,009	733
	2,033	2,068

6.2.4 *In its submission to the Committee’s inquiry into NHS Deficits, the Department identified that there was slippage in capital expenditure of £1,162 million in 2005–06, compared with £547 million in 2004–05. What steps has the Department taken to speed up the delivery of capital projects? Based on the most recent data from NHS bodies, what is the expected underspend at the end of 2006–07? (Q109)*

ANSWER

1. As stated in the report on 2005–06’s financial performance that was published on 7 June alongside the Chief Executive’s Report, rather than being due exclusively due to the NHS lacking the capacity to deliver capital projects, the NHS £1,162 million underspend was due to range of factors, including deliberate slippage to free up cash to finance revenue overspends.

2. Furthermore, capital investment is not a free good and gives rise to revenue capital charges. As a consequence, it may be one of the first things to be postponed in organisations that have deficits to tackle. It is therefore improved revenue performance and the measures that are being put in place to achieve this (eg introducing turnaround teams at Trusts with large deficits) which will have the greatest impact in increasing the rate of capital investment in the NHS.

3. At Month 3, the NHS was forecasting a capital underspend of £416 million against the capital earmarked for it in 2006–07. Although the outturn may end up being higher than this, it does look as though there will be a lower capital underspend than in 2005–06.

6.3 *Reforms to the Management of the NHS*

6.3.1 *A review by the King’s Fund, Assessing the New NHS Consultant Contract, has identified significant variation in the implementation of the consultant contract. For example, (i) 7am to 7pm working days have been classified as two PAs by some trusts and three PAs by others; (ii) there are disparities in the classification of emergency work between Bands; and, (iii) there are differing ceilings on the number of PAs a consultant can be contracted for in a week. Why has there been such variation in the implementation of the consultant contract? (Q110)*

ANSWER

1. With the exception of work done in premium time (7 pm to 7 am in the week and work done at weekends), a programmed activity has a timetable value of four hours. Therefore, a normal 12-hour working day cannot be covered by two programmed activities. We understand the report is referring to one trust in London. We have no reason to believe variations such as this are widespread.

2. “A Practical Guide to Calculating On-Call Work” was issued in March 2004 and a “Guide to Determining On-Call Availability Supplements” was issued in August 2004.

3. This depends on what is agreed at job plan reviews with individuals. Consultants may choose to contract with their employer for additional programmed activities; indeed, it is a requirement of the contract that they offer their employer first call on an additional programmed activity before they undertake any private work.

4. The 2003 contract was neither implemented at a uniform rate or in exactly the same way in each and every NHS organisation. Those organisations with a large number of consultants or more complex multi site structures or less well developed HR or medical management structures or less relaxed working relationships understandably took longer than others. In some organisations job planning was already well established whilst others were undertaking this activity, in any meaningful or robust sense, for the first time.

6.3.2 The same review also identified that “the first round of job planning has been largely a retrospective mapping exercise of how consultants spend their time”, rather than a prospective exercise intended to enable Trusts to meet their aims better. What specific steps is the Department taking to ensure that Trusts take a prospective approach to job planning, and what evidence is there that progress is being made? What process would a Trust have to go through to alter the terms of those contracts made under the new arrangements which it already holds with its consultants? (Q111)

ANSWER

1. The Consultant Contract Implementation Team produced a number of guidance documents including “Consultant Job Planning: Standards of Best Practice”, January 2004, and the “Consultant Job Planning Toolkit”, January 2005. The Toolkit included a section on effective job planning; a training package; a reference manual; and an evaluation framework. It was jointly launched with the BMA at a national conference and this was followed by roadshows and training days around the country—all SHAs and Trusts were given the chance to attend these. The Toolkit is available on line and includes a training package which trusts can use locally.

2. The Consultant Contract Benefits Realisation Team (CCBRT) worked for SHAs from March 2005 to 31 May 2006 to collect and share examples of good practice in producing jobs plans across the NHS. Their report has been delivered to the office of the SHAs. We understand that it suggests that Trusts are becoming more proactive in their attitude towards job planning.

3. Job plans agreed under the contract should be kept under regular review and renewed annually through negotiation between individual consultants and their employers. A survey carried out in October 2005 by the Health and Social Care Information Centre for the Department of Health showed that the number of programmed activities per week per consultant had fallen slightly from a similar survey carried out by the Department of Health in October 2004. The PAs had fallen from an average of 11.17 in October 2004 to 10.83 in October 2005.

4. The process for trusts to alter the terms of a consultant’s contract lies in the Job Plan review. The Job Plan sets out all of a consultant’s NHS duties and responsibilities and the service to be provided for which the consultant is accountable. As well as listing the NHS duties of the consultant, the Job Plan also lists the number of programmed activities for which s/he is contracted and paid, his/her objectives and agreed supporting resources.

5. It is a requirement of the contract that the Job Plan is reviewed annually, and this may result in a revised prospective Job Plan. However, the consultant and manager may conduct interim reviews and agree changes (if necessary) where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the year.

6.3.3 There is evidence that a number of consultants in London are working beyond the number of PAs they are contracted for eg the Royal College of Physicians reported that the average consultant physician is working for 14.9 PAs per week compared to the average consultant contract of 11.1 PAs. How has the Department assessed the real working hours of consultants beyond their contracted hours and what implications do you see for service quality and morale? (Q112)

ANSWER

1. Consultants enjoy a high level of independence and professional autonomy and may through personal choice and preference work additional hours in any given period whilst reducing their hours at other times. Furthermore, the additional contribution may be of their own choosing and not at the direction of the employer.

2. Also, it was never expected that excess working hours for any or all would be eradicated overnight—the contract is a way of bringing hours under control by agreement.

3. The most effective way of narrowing any gap is in effective management and skilful job planning, especially objective setting. A survey in October 2005 carried out by the Health and Social Care Information Centre for the Department of Health showed that the average number of PAs per consultant had fallen from 11.17 in 2004 to 10.83 in 2005.

4. The Healthcare Commission's staff survey, conducted in October 2005, found that the staff were "generally satisfied with their jobs" with evidence of sustained improvement in key areas such as training, learning and development, access to flexible working, support staff with dependents and staff safety work. This is despite the challenging times faced by the NHS. All 570 NHS trusts and 25 Strategic Health Authorities in England took part in the survey. A total of 209,124 NHS employees responded, which 58% of those staff who were invited to take part in the survey. The occupational group distribution of respondents to the survey was broadly similar to that of the NHS workforce in England as a whole.

5. Consultants are paid for the work they agree in their job plan. Consultants may through personal choice and preference work additional hours in any given period whilst reducing their hours at other times. Furthermore, the additional contribution may be of their own choosing and not at the direction of the NHS employer. If the job plan is for more than 11 PAs then the NHS Trust should challenge and address this through its approach to job planning.

6.3.4 *Based on the unaudited accounts, please explain how much PCTs' expenditure on GMS in 2005–06 is expected to have been compared to the allocation made? (Q113)*

ANSWER

The information requested is given in **Table 113**.

Table 113
2005–06 NGMS ALLOCATION AND GIG ENVELOPE AGAINST Q4 INTERIM
YEAR-END SPEND

	<i>£ millions</i>		
	<i>Total Allocation</i>	<i>2005–06 provisional figure based on un-audited accounts)</i>	<i>Variance (under)/over</i>
GMS (Global Sum and MPIG)	1,941	1,993	51
PMS Contracts	2,254	2,023	– 231
Quality Outcome Framework (QOF)	927	1,098	171
Enhanced Services	676	649	– 26
PCO Admin (discretionary payments)	94	182	88
Premises (including actual/notional rents and improvement grants)	452	413	– 38
Information Technology	65	68	4
Out of hours	105	346	242
Other	65	45	– 20
Dispensing	917	873	– 44
Total	7,495	7,691	196

Source: Quarter 4 FIMS (FHS)4 2005–06 unaudited returns from 303 PCTs, England.

6.3.5 *Where PCTs have made available additional resources to support the GP contract, how have these additional resources been financed? Please provide specific details. (Q114)*

ANSWER

1. The new contracts were backed by a guaranteed 36% increase in resources in England, rising from £5 billion in 2002–03 to £6.8 billion in 2005–06. Such increases for primary care are unprecedented and a measure of the Government's commitment to improved care for all.

2. Evidence from PCT expenditure forecasts show that PCTs have made available additional resources to secure the range of services and improvements in care to meet national and local priorities. The overall increase in resources is now forecast to be nearly 50% for the three-year period (equating to spend on primary medical care services of around £7.5 billion in 2005–06²).

3. The increased investment is directly benefitting the vast majority of patients who are experiencing improvements not only in the range of services available locally but also improvements in the quality of clinical services they receive.

² Forecast outturn—still subject to final validation.

4. We identified for 2004–05 that PCTs had to manage a financial pressure of £150 million. Current 2005–06 forecasts identify there is likely to be a similar financial pressure that PCTs will be managing overspends of £150 million to £200 million, however, final figures will not be available until late autumn to confirm in the context of up to a £7 billion allocation as a consequence of resourcing the contracts.

5. This is a consequence of continued overspend on allocation primarily from:

- high achievement in the Quality and Outcomes Framework;
- increased spend on out-of-hours; but
- offset by further efficiency savings in PMS contracts.

6. High levels of achievement in the Quality and Outcomes Framework are to be congratulated. It shows we have a system in place that motivates general practice to provide high quality evidence based clinical care. This benefits the vast majority of patients and improves health prevention in ten of the most common long-term illnesses as well as impacting on the wider NHS, for example, fewer avoidable hospital admissions due to better chronic disease management.

7. Increased spending on out-of-hours shows that PCTs are maximising use of their unified budgets in order to establish integrated networks of unscheduled care provision so that when patients contact out-of-hours services they can be assured that their clinical needs will be consistently met through fast and convenient access to care, delivered by the most appropriate professional in the most appropriate place.

8. Revisions to the GMS contract negotiated by NHS Employers ensure the contract will continue to:

- deliver better services for patients—through investment in new services including incentives for improved access and choice;
- be fair to the profession—in view of the substantial investments made over the last three years, practices can maintain their profit levels where they deliver our priorities; and
- represent good value for money to taxpayers—and for 2006–07 introduce zero increase for inflation and new service investments funded in the main from recycled efficiency savings.

9. The agreement also includes an ongoing commitment that the GP contract will continue to deliver efficiencies and productivities in the future.

10. Information specifically on how PCTs have made available resources over and above allocated sums is not available centrally.

6.3.6 *In its recent report on out-of-hours care, the NAO found that, if all PCTs matched the best in their rural/urban classification, up to £134 million could be saved in the commissioning of primary care. What steps has the Department taken to address the variation in costs, and what value of savings does it expect PCTs to make and when? (Q115)*

ANSWER

1. There is considerable scope to provide a more cost effective out-of-hours service. The NAO report makes clear that it is unrealistic to expect savings of £134 million but that savings of some £50 million should be achievable if the least efficient services upped their game. PCTs and service providers can look to improve cost effectiveness in a number of ways:

- Driving value for money from future tendering processes based on real competition.
- Continuing to test the cost effective use of other health professionals alongside GPs in out-of-hours teams.
- Developing activity and cost data to better understand what is happening and where there is room to improve performance.
- Analysing case mix to see if particular patient groups can be targeted to reduce reliance on the out-of-hours services and respond better to their needs.
- Commissioning integrated urgent care services to reduce duplication and multiple hand-offs between services which patients experience as a disjointed journey to the care they need.
- Providers making further operational improvements to deliver more effective use of staff and infrastructures

2. We have supported the NHS in this in two ways:

- We wrote to PCTs on the day of publication of the NAO report with data showing their position compared to the most cost effective service in their grouping. We expect PCTs will consider the data and take action to improve their respective position. SHAs will have a key performance management role in ensuring this.
- The National Audit Office and Department hosted a joint conference for SHAs, PCTs and out-of-hours providers on the 20 July 2006. The main focus of the conference was for PCTs and out-of-hours providers to learn from the many examples of best practice that were shared on the day. The conference also involved master classes to ensure PCTs could identify and take action on the changes required in their benchmark groupings as well as any general lessons.

3. We have not set a specific timetable for savings to be achieved, Primary care trusts (PCTs) are responsible for the commissioning of local services and are expected to plan for and achieve financial balance. We expect each PCT to consider the NAO's report and to look for appropriate measure to improve their effectiveness in the cost of out-of-hours services.

6.3.7 *In the Departmental Report, the Department states that 32 Trusts have now achieved Foundation status, and a further 24 have applied to Monitor for FT status. It is envisaged in the Report that "most acute and mental health trusts will apply for Foundation status within the next three years". Subsequent reports in the press suggest that "well under 50% of Trusts are set to achieve Foundation status by April 2008. Others may be held back for years by their inability to break even and by the cost of hospital building schemes under private finance initiatives". What is the Department's current assessment of the number of trusts that will achieve foundation status in each of the next three years, and how does this compare to your original projections? (Q116)*

ANSWER

1. There are now 48 NHS foundation trusts, 45 of these are acute trusts and three are mental health trusts. Further waves of NHS foundation trusts are set to follow.

2. The DH is establishing a timeframe for when the remaining acute and mental health NHS trusts are likely to become NHS foundation trusts. All acute NHS trusts have completed the Whole Health Community Diagnostic Programme. This process identifies the key areas each trust should address in order to be able to apply successfully for foundation trust status. It is a rigorous 10-week assessment covering strategy and business planning, governance, service performance and external relations. Mental health NHS trusts are also completing a diagnostic exercise. In the light of the diagnostic process, a trajectory is being developed for when the remaining NHS acute health trusts are likely to be able to become foundation trusts. Until this is confirmed, we cannot legitimately answer the question in full.

3. Today, NHS foundation trusts account for some of the best-performing elements of the NHS, supported by local communities, and providing new, innovative services to patients. It remains the Government's policy that all NHS acute and mental health trusts should be in a position to apply for foundation status at the earliest available opportunity. The Whole Health Community Diagnostic Programme will provide a sense of readiness for each acute Trust that has not yet applied for foundation status and a clear view of actions needed to secure a successful application.

6.3.8 *The Department expects that the cost of Wave 1 and Wave 2 ISTCs may amount to an investment of £3 billion over five years. Overall, what is the total minimum payment which will be made to suppliers during this period, irrespective of levels of demand? (Q117)*

ANSWER

1. The figure stated is incorrect. As set out in the 2006 Departmental Report, it is expected that the second phase of our procurement from the independent sector for elective procedures will represent an investment of approximately £3 billion over five years.

2. This is in addition to Wave 1 of the programme which represents an investment of approximately £1.6 billion over five years. For Wave 1 this amount is the minimum take payment to providers over the life of the contracts. Figures for the Phase 2 electives procurement are not yet available as the procurement is ongoing and contracts, which are not expected to be on the same level of take-or-pay basis as wave 1, are subject to negotiation.

6.3.9 *How many practices are currently making use of the opportunities to commission using an indicative budget offered by PBC and what proportion of the total budget available for PBC is managed in this way? How do these figures compare with the Department's targets? (Q118)*

ANSWER

1. As of 31 August 2006, 6,260 GP practices (74%) had taken up an incentive payment to become involved in practice based commissioning (PBC).

2. Practice indicative budgets must include as a minimum:

- all services covered by the national tariff under payment by results in 2006–07; and
- prescribing.

3. Further to this, the Department does not collect data on the proportion of the total PCT budget devolved as indicative budgets to practices.

4. There are no Department targets for practice uptake of PBC, or the proportion of the total PCT budget devolved as indicative budgets.

5. This is the only data available for this year. This year is a foundation year to ensure that the building blocks are in place. Practice uptake is an indication of the success of this policy, but it only provides information of practice interest, not change in behaviour. We are considering the indicators for next year

(following achieving universal coverage) which will look to understand in more detail the changes made under PBC. The intention is to publish these indicators towards the end of the year.

6.3.10 *What incentive do practices have to make use of PBC? (Q119)*

ANSWER

1. PBC gives practices greater freedoms to redesign services to better meet the needs of their patients, therefore improving patient care. It gives primary care clinicians access to commissioning decisions which were previously not available to them. It incentivises better use of resources, and facilitates demand management.

2. In addition to this, the new GMS contract contains a directed enhanced service (DES) for PBC. The PBC DES enables practices to access resources to support PBC.

3. The DES has two components; the first is payable to practices on the production of a plan which sets out how services will be redesigned. The plan will be agreed with the PCT. The first component amounts to 95 pence per patient.

4. The second component is available for reinvestment in redesigned services for patients. It is made available once practices have delivered the objectives set out in the plan. As a minimum, component two amounts to 95 pence per patient. Where practices free up resources above this amount, they can instead choose to access these freed up resources to reinvest in patient care.

6.3.11 *How is commissioning being integrated at the primary care and social care interface, and in particular how is PBC coordinating with Local Area Agreements and Local Strategic partnerships? (Q120)*

ANSWER

1. Integrating commissioning at a primary care and social care level is a significant driver behind many of the recent NHS reforms.

2. Following on from "Health reform in England—update and commissioning framework" (July 2006), a second phase of the commissioning framework will be published in December 2006. This will address commissioning for primary care services, health and wellbeing, long-term conditions, and joint commissioning with local government. It will build upon the existing commissioning flexibilities established in Section 31 of the 1999 Health Act.

3. Practice based commissioning (PBC) gives practices greater flexibilities to redesign local services to ensure they better meet the needs of their patients. To achieve this they need to engage with other partners when reshaping health services.

4. The process of practices identifying what service improvements will be made, how this will free up resources and the subsequent use of such resources must take into account the priorities in Local Area Agreements agreed with local partners.

6.3.12 *The technical guidance for the implementation of Payment by Results in 2006–07 suggests that there were some data quality issues associated with the 2004–05 reference costs data. What were these issues and how have they been addressed? What implications do these data quality issues have for the fairness of the PBR tariff? (Q121)*

ANSWER

1. The technical guidance was referring to the normal data cleaning stage within the tariff calculation process. It did not mean that there were abnormal data quality issues with 2004–05 reference costs compared to previous years.

2. For the purposes of calculating the tariff, outliers are removed to ensure that the average cost data used are representative and not skewed. This process ensures that the PBR tariff is fair to organisations and they will not suffer any consequence of unrepresentative costing information submitted as part of the reference costs.

6.3.13 *Some changes have been made to strengthen the labour element of the market forces factor (MFF) eg it has been expanded from 119 to 303 zones. However, it is based on labour market data from 2001–03. How accurate will this labour market data be for 2006–07 and 2007–08, especially given the significant economic and wage growth in England since then? (Q122)*

ANSWER

1. The calculations for the MFF are based on geographical wage differentials between areas. Economic and wage growth will not affect the calculated MFF values, if that growth is fairly general across the country. It is only if parts of the country grow very differently from others that geographical wage differentials will be affected. The differentials are expected to be reasonably stable over short to medium timescales, for example, over five years.

2. 2003 was the latest year for which labour market earnings data were available at the time of the last resource allocation round. 2005 is now the latest year available. The Office for National Statistics (ONS) does not produce projections of geographical labour market earnings.

3. Research currently underway for the Department of Health and the Advisory Committee on Resource Allocation (ACRA) includes updating labour market information that the MFF calculations are based on. The research is specifically looking at updating the labour market information from 2001–03 to 2003–05.

4. Provisional results indicate that the wage differentials have not changed substantially between 2001–03 and 2003–05.

6.3.14 *The adjustment to the tariff for capital costs is based on average capital costs. For some trusts with large capital programmes, this might underfund their expenditure. How many Trusts receive an allocation for capital costs which is lower than their capital costs, and how much is the shortfall in each case? What steps is the Department taking to adjust for this? (Q123)*

ANSWER

1. Under Payment by Results (PbR), providers do not receive a specific allocation for the revenue cost of their capital investments.

2. The national tariff is currently based on average costs reported by NHS organisations. These average costs will show the full cost of providing the service, including the cost of buying and maintaining buildings. The annual tariff uplift takes account of anticipated increases in capital charges, and the revenue impact of new Private Finance Initiative projects becoming operational.

3. We recognise that a tariff based on national average costs may not always fully reflect the local costs of a brand new facility. For this reason, the NHS Bank has provided additional funding, above and beyond the national tariff, to help pay the procurement costs of large PFI hospitals, and to help with the running costs of any major capital investment, whether PFI or publicly funded, for the first five years of its operation. In future SHAs will be responsible for managing these arrangements.

4. Sound capital investment can contribute to increased productivity, for example, through economies of scale by consolidation of multiple sites, better clinical adjacencies, more efficient use of utilities, and so on. The overall affordability of large capital programmes ultimately depends on effective financial management by Trusts. To obtain the necessary approvals, Trusts will need to demonstrate that they are planning operational efficiencies for their new facilities—eg through more aggressive benchmarking of Length Of Stay, day case rates and unit costs.

5. We are implementing a more flexible financial regime under the Foundation Trust model in parallel with the roll-out of PbR. The more flexible financial regime allows Trusts greater access to different capital funding options.

6.3.15 *Data from Monitor has identified bad debts in Foundation Trusts of £28m because Primary Care Trusts may not pay for treatment of local patients. What is the value of disputed payments between Primary Care Trusts and NHS Trusts and how many Trusts and PCTs are involved? What mechanisms exist to resolve disputes, and how have these mechanisms been employed since the introduction of PBR? (Q124)*

ANSWER

1. The pre-audited Foundation Trust (FT) accounts state that the charge to I&E for provisions for bad and doubtful debts (including disputed balances) is £28 million in 2005–06.

2. The Department does not collect information on the value or number of disputed payments between PCTs and NHS trusts.

3. The NHS Bank issued best practice guidance to all NHS bodies on the mechanisms to resolve disputes between NHS organisations in April 2004. Briefly, where an agreement cannot be reached between individual organisations the billing organisation should seek conciliation from the local SHA. In the event of the conciliation failing to secure resolution the SHA should make a ruling which is binding on both parties. This does not apply to disputes between FTs and PCTs as they have contracts that are legally binding.

4. The Departments model contract for FTs includes a dispute resolution procedure. Briefly, this is in three stages:

- (1) First the Parties will attempt to settle any dispute that arises out the Agreement by negotiation represented by senior clinicians or commissioning officers on each side for an initial period and then by Chief Executives on each side for second period, (both periods need to be agreed locally: 10 and five Operational Days is suggested);
- (2) Secondly if negotiation fails, the Parties will attempt to resolve the dispute by submitting it to mediation, within a short period to be agreed locally (five Operational Days is suggested) by a mediation service provider agreed by the Parties, or, in default, The Centre for Effective Dispute Resolution (CEDR); and
- (3) If the dispute remains unsolved by mediation after a further period to be agreed locally (20 Operational Days is suggested) the Parties will submit the dispute to a decision by a panel of

experts, who are appointed during a short period to be agreed locally (5 Operational Days is suggested), of either one or two experts from each side with a third or fifth appointed jointly by agreement or in default by CEDR and the decision of the panel will be final and binding and (33.4) enforceable in the courts.

5. The FT may be using its own contract rather than the Departments model, and therefore other dispute arrangements may apply.

6. The Department does not collect information relating to the application of dispute resolution mechanisms by individual bodies. There has been no change to the recommended best practice guidance issued since the introduction of PBR.

6.3.16 To what extent does PBR create incentives for Trusts to improve and potentially manipulate the coding of their activity to increase their income? We understand that coding will be audited by the Audit Commission. How will errors in the coding be corrected and what sanctions applied if trusts are found to have over-reported their activity? (Q125)

ANSWER

1. Clinical and administrative data will drive reimbursement under PbR and there is therefore a very strong incentive to ensure that the data is correct. Where data quality is currently poor, changes designed to improve data quality could legitimately result in increased income without increased productivity. In these cases, the Code of Conduct provides guidance on how such changes should be agreed between provider and commissioner and cannot result in changes in payment in-year.

2. There is also a theoretical possibility of data manipulation not in order to improve data quality but to increase income. The Department is therefore working with the Audit Commission on an Assurance Framework for PbR which aims to support the improvement of data quality and to ensure that those improvements are legitimate.

3. The Framework will strengthen existing arrangements for the local monitoring of data quality but also proposes the introduction of national benchmarking of data between providers (so that unusual practice can be identified) and independent external audit of clinical coding against case notes. The audits can be targeted using the results of the national benchmarking as well as random to monitor general standards of data quality.

4. Where such an audit reveals error which has resulted in payments already made being identified as inaccurate it will usually be too late to amend the payment and the emphasis will be on improving future reconciliation. The Commission is therefore recommending that specific actions should flow from audits. These could include financial penalties for poor data quality; further investigations at the expense of the trust where data quality is poor or specific concerns are raised and referral of cases of suspected fraud to the NHS Counter Fraud and Security Management Service.

5. The Department is currently considering these recommendations.

6.4 Expenditure

6.4.1 What common traits has the Department identified in those PCTs which are under or over target share? For example, are they predominantly urban or rural, or disadvantaged or prosperous at either extreme. (Q126)

ANSWER

1. **Figure 126a to Figure 126d** show that under target PCTs are proportionately more likely to be in the East and West Midlands and East of England. They are more likely to be disadvantaged and predominantly rural. Over target PCTs are proportionately more likely to be in London and the South East. They are also more likely to be prosperous and urban.

2. There are 88 Spearhead PCTs, based upon the Local Authority areas that are in the bottom fifth nationally for three or more of the following five indicators:

- Male life expectancy at birth.
- Female life expectancy at birth.
- Cancer mortality rate in under 75s.
- Cardio Vascular Disease mortality rate in under 75s.
- Index of Multiple Deprivation 2004 (Local Authority Summary), average score.

3. There are 44 Growth Area PCTs in one of four DCLG growth areas:

- Ashford.
- London, Stansted, Cambridge, Peterborough.
- Milton Keynes and South Midlands.
- Thames Gateway.

4. The DEFRA rural and urban classification of PCTs is according to the level and type of rurality found within each PCT at the time of the 2001 Census.

Figure 126a: Range of 2006-07 opening DFTs by SHA

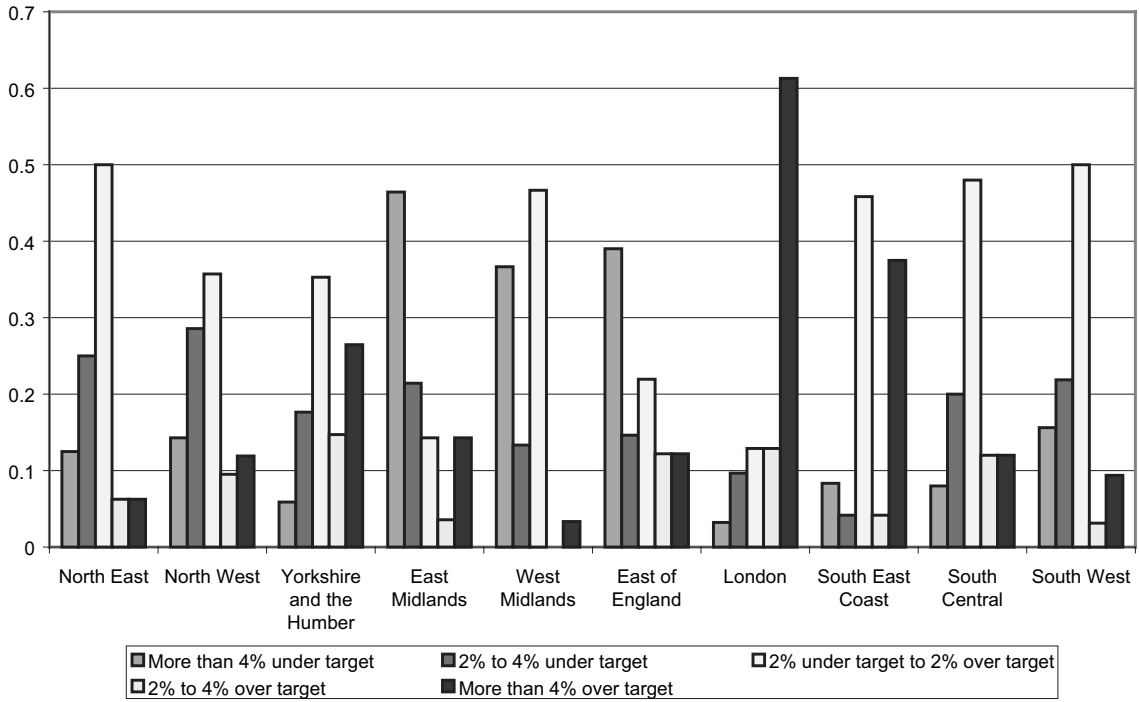


Figure 126b: Range of 2006-07 opening DFTs by spearhead classification

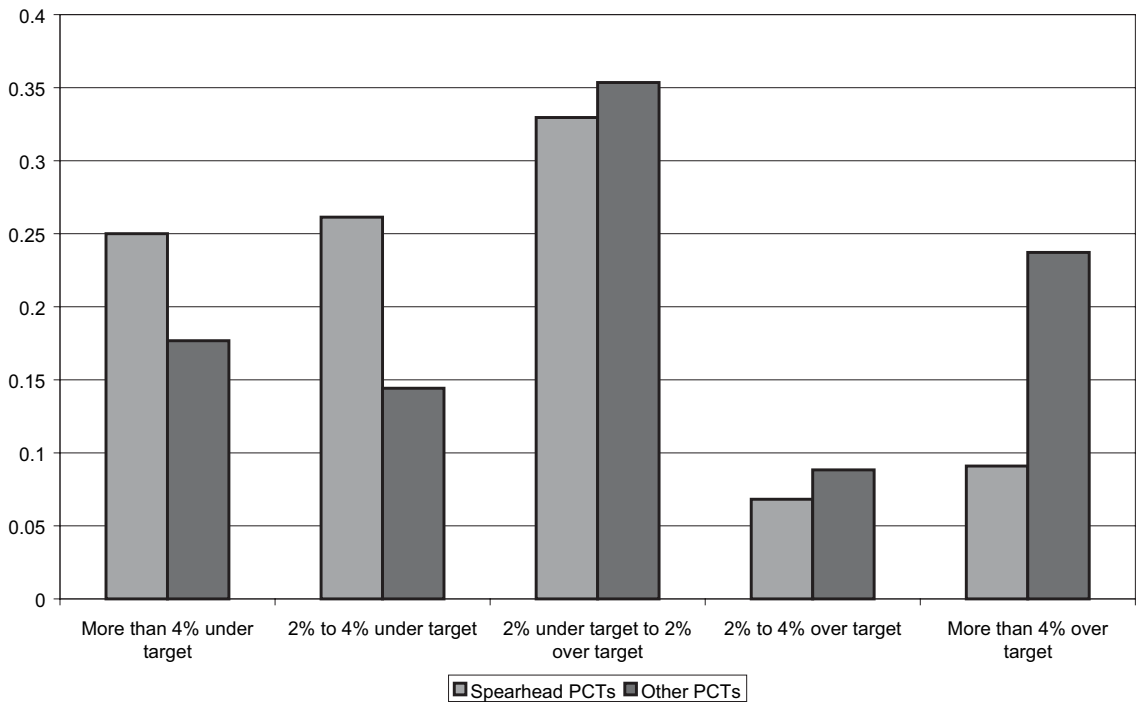


Figure 126c: Range of 2006-07 opening DFTs by growth area

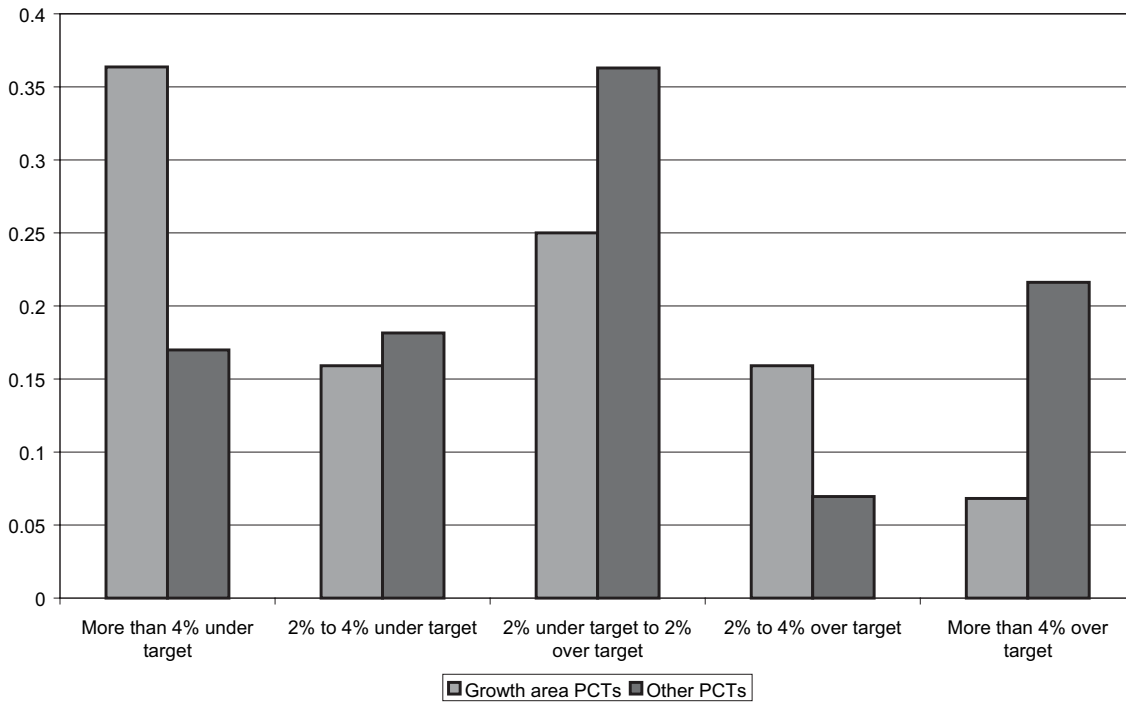
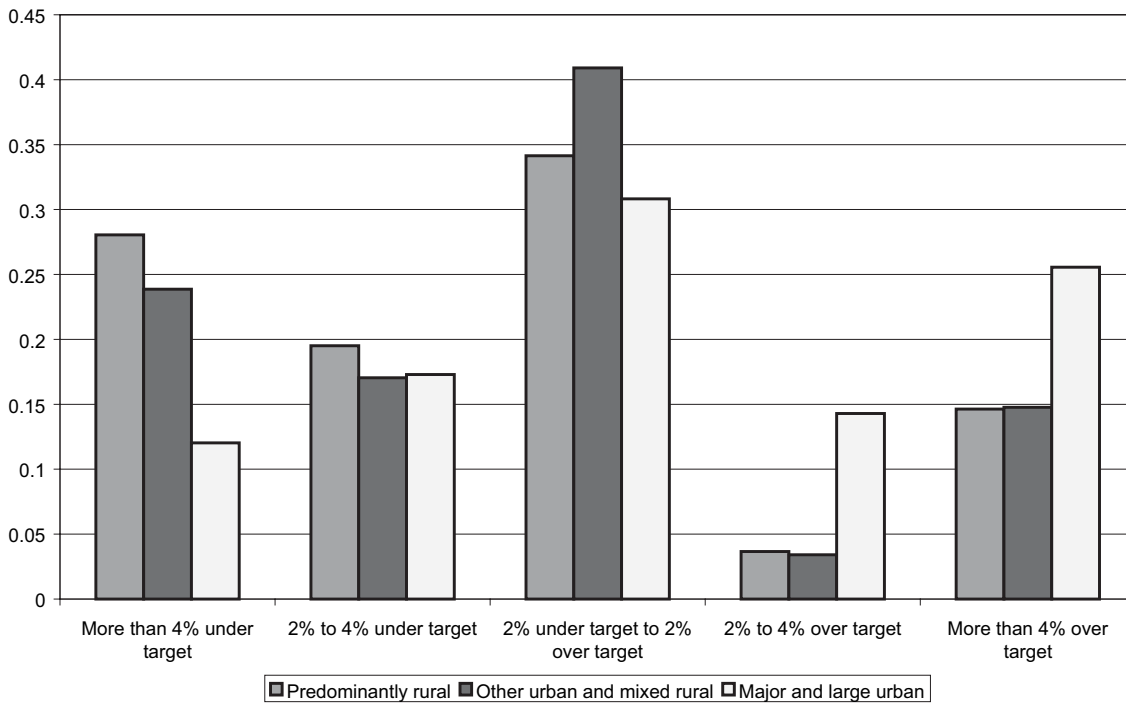


Figure 126d: Range of 2006-07 opening DFTs by rurality



6.4.2 For those PCTs who face higher costs under PBR, what will the financial impact of the decision to change the purchasing parity adjustment from 100% to 50% be, and how many PCTs will be affected? (Q127)

ANSWER

The impact at PCT level of the decision to change the purchasing parity adjustment from 100% to 50% in 2006–07 is presented in **Table 127**.

Table 127

IMPACT OF 2006–07 PPA (AT 50% AS ALLOCATED) COMPARED TO
WHAT PPA WOULD HAVE BEEN AT 100%

<i>PCT Code</i>	<i>PCT Name</i>	<i>Variance (50%–100%) £000s (–ve means lower adjustment under 50% PPA, +ve higher)</i>
5L8	Adur, Arun and Worthing PCT	– 2,609
5AW	Airedale PCT	– 1,038
5ED	Amber Valley PCT	– 2,710
5FA	Ashfield PCT	1,079
5LL	Ashford PCT	1,199
5HG	Ashton, Leigh and Wigan PCT	5,581
5C2	Barking and Dagenham PCT	844
5A9	Barnet PCT	3,944
5JE	Barnsley PCT	2,592
5GR	Basildon PCT	– 852
5ET	Bassetlaw PCT	288
5FL	Bath and North East Somerset PCT	2,373
5F8	Bebington and West Wirral PCT	138
5GD	Bedford PCT	– 122
5GE	Bedfordshire Heartlands PCT	– 4,452
5FH	Bexhill and Rother PCT	1,140
TAK	Bexley PCT	1,272
5GP	Billericay, Brentwood and Wickford PCT	– 2,688
5H2	Birkenhead and Wallasey PCT	3,074
5CC	Blackburn with Darwen PCT	3,011
5HP	Blackpool PCT	– 565
5G6	Blackwater Valley and Hart PCT	– 3,868
5HQ	Bolton PCT	6,693
5CE	Bournemouth Teaching PCT	261
5G2	Bracknell Forest PCT	– 1,113
5CF	Bradford City Teaching PCT	– 902
5CG	Bradford South and West PCT	– 958
5K5	Brent Teaching PCT	– 2,220
5LQ	Brighton and Hove City PCT	3,372
5JF	Bristol North PCT	250
5JG	Bristol South and West PCT	1,944
5JL	Broadland PCT	1,518
5A7	Bromley PCT	– 3,921
5EV	Broxtowe and Hucknall PCT	1,344
5G8	Burnley, Pendle and Rossendale PCT	4,410
5DQ	Burntwood, Lichfield and Tamworth PCT	– 1,041
5JX	Bury PCT	1,316
5J6	Calderdale PCT	3,832
5JH	Cambridge City PCT	– 121
5K7	Camden PCT	6,384
5MM	Cannock Chase PCT	41
5LM	Canterbury and Coastal PCT	1,343
5D4	Carlisle and District PCT	4,569
5JP	Castle Point and Rochford PCT	– 3,022
5H4	Central Cheshire PCT	– 15
5KT	Central Cornwall PCT	– 310
5AL	Central Derby PCT	– 3,572
5HA	Central Liverpool PCT	7,331
5CL	Central Manchester PCT	– 2,553

<i>PCT Code</i>	<i>PCT Name</i>	<i>Variance (50%–100%) £000s (– ve means lower adjustment under 50% PPA, + ve higher)</i>
5JT	Central Suffolk PCT	– 1,229
5JC	Charnwood and North West Leicestershire PCT	– 325
5JN	Chelmsford PCT	– 705
5KW	Cheltenham and Tewkesbury PCT	– 2,787
5DV	Cherwell Vale PCT	– 3,821
5H3	Cheshire West PCT	1,725
5EA	Chesterfield PCT	– 655
5G4	Chiltern and South Bucks PCT	– 931
5F2	Chorley and South Ribble PCT	– 4,131
5C3	City and Hackney Teaching PCT	– 1,290
5GM	Colchester PCT	– 2,459
5KY	Cotswold and Vale PCT	– 1,134
5MD	Coventry Teaching PCT	– 5,877
5KJ	Craven, Harrogate and Rural District PCT	– 1,373
5MA	Crawley PCT	– 2,054
5K9	Croydon PCT	– 1,716
5GW	Dacorum PCT	– 2,141
5J9	Darlington PCT	2,603
5CM	Dartford, Gravesham and Swanley PCT	1,621
5AC	Daventry and South Northamptonshire PCT	– 706
5H7	Derbyshire Dales and South Derbyshire PCT	– 645
5KA	Derwentside PCT	2,783
5CK	Doncaster Central PCT	13
5EK	Doncaster East PCT	673
5EL	Doncaster West PCT	842
5HV	Dudley Beacon and Castle PCT	1,499
5HT	Dudley South PCT	198
5KC	Durham and Chester – le – Street PCT	4,181
5J8	Durham Dales PCT	– 846
5HX	Ealing PCT	276
5KD	Easington PCT	866
5JK	East Cambridgeshire and Fenland PCT	– 4,297
5FT	East Devon PCT	– 1,974
5KP	East Elmbridge and Mid Surrey PCT	– 4,176
5FD	East Hampshire PCT	– 598
5LN	East Kent Coastal PCT	3,395
5HK	East Leeds PCT	3,059
5H9	East Lincolnshire PCT	2,840
5ML	East Staffordshire PCT	– 522
5KQ	East Surrey PCT	– 389
5E3	East Yorkshire PCT	1,152
5LR	Eastbourne Downs PCT	1,011
5MY	Eastern Birmingham PCT	– 4,523
5H5	Eastern Cheshire PCT	531
5E5	Eastern Hull PCT	2,257
5EY	Eastern Leicester PCT	– 2,054
5E7	Eastern Wakefield PCT	– 8,918
5LY	Eastleigh and Test Valley South PCT	– 1,202
5D5	Eden Valley PCT	420
5H6	Ellesmere Port and Neston PCT	– 999
5C1	Enfield PCT	– 1,838
5AJ	Epping Forest PCT	– 626
5ER	Erewash PCT	– 499
5FR	Exeter PCT	– 1,636
5LX	Fareham and Gosport PCT	– 951
5HE	Fylde PCT	303
5KF	Gateshead PCT	999
5EC	Gedling PCT	1,071
5GT	Great Yarmouth PCT	– 403
5EX	Greater Derby PCT	– 4,336
5A8	Greenwich Teaching PCT	4,078

		£000s
<i>PCT Code</i>	<i>PCT Name</i>	<i>Variance (50%–100%) £000s (– ve means lower adjustment under 50% PPA, + ve higher)</i>
5L5	Guildford and Waverley PCT	– 4,323
5J1	Halton PCT	2,417
5KH	Hambleton and Richmondshire PCT	– 463
5H1	Hammersmith and Fulham PCT	– 675
5C9	Haringey Teaching PCT	148
5DC	Harlow PCT	173
5K6	Harrow PCT	– 3,476
5D9	Hartlepool PCT	– 1,420
5FJ	Hastings and St Leonards PCT	843
5A4	Havering PCT	2,606
5MX	Heart of Birmingham Teaching PCT	612
5CN	Herefordshire PCT	1,220
5CP	Hertsmere PCT	1,231
5F4	Heywood and Middleton PCT	1,424
5HN	High Peak and Dales PCT	– 1,582
5AT	Hillingdon PCT	1,577
5JA	Hinckley and Bosworth PCT	– 1,231
5MC	Horsham and Chancetonbury PCT	– 2,362
5HY	Hounslow PCT	– 1,620
5LJ	Huddersfield Central PCT	2,183
5GF	Huntingdonshire PCT	– 6,668
5G7	Hyndburn and Ribble Valley PCT	1,666
5JQ	Ipswich PCT	– 1,874
5DG	Isle of Wight PCT	– 720
5K8	Islington PCT	– 110
5K4	Kennet and North Wiltshire PCT	– 687
5LA	Kensington and Chelsea PCT	645
5A5	Kingston PCT	766
5J4	Knowsley PCT	– 1,341
5LD	Lambeth PCT	– 4,399
5KN	Langbaugh PCT	1,019
5HJ	Leeds North East PCT	1,489
5HM	Leeds North West PCT	1,019
5HH	Leeds West PCT	– 596
5EJ	Leicester City West PCT	– 1,552
5LF	Lewisham PCT	1,940
5D3	Lincolnshire South West Teaching PCT	– 916
5GC	Luton PCT	1,682
5L2	Maidstone Weald PCT	1,834
5GL	Maldon and South Chelmsford PCT	– 2,493
5AM	Mansfield District PCT	749
5L3	Medway PCT	2,130
5EH	Melton, Rutland and Harborough PCT	– 1,392
5FX	Mendip PCT	1,264
5FV	Mid Devon PCT	– 2,064
5KM	Middlesbrough PCT	– 1,552
5E9	Mid – Hampshire PCT	1,704
5FK	Mid – Sussex PCT	– 936
5CQ	Milton Keynes PCT	1,099
5DD	Morecambe Bay PCT	3,259
5A1	New Forest PCT	– 2,804
5AP	Newark and Sherwood PCT	– 812
5DK	Newbury and Community PCT	– 940
5D7	Newcastle PCT	– 613
5HW	Newcastle – under – Lyme PCT	1,778
5C5	Newham PCT	– 1,135
5KR	North and East Cornwall PCT	981
5MW	North Birmingham PCT	– 511
5CH	North Bradford PCT	– 731
5FQ	North Devon PCT	1,235
5CD	North Dorset PCT	– 368

<i>PCT Code</i>	<i>PCT Name</i>	<i>Variance (50%–100%) £000s (– ve means lower adjustment under 50% PPA, + ve higher)</i>
5AN	North East Lincolnshire PCT	3,246
5DT	North East Oxfordshire PCT	138
5EG	North Eastern Derbyshire PCT	11
5DF	North Hampshire PCT	– 861
5GH	North Hertfordshire and Stevenage PCT	– 1,556
5J7	North Kirklees PCT	6,181
5EF	North Lincolnshire PCT	1,448
5G9	North Liverpool PCT	– 1,809
5CR	North Manchester PCT	5,999
5JM	North Norfolk PCT	278
5AF	North Peterborough PCT	– 3,281
5EE	North Sheffield PCT	3,025
5M8	North Somerset PCT	– 4,435
5ME	North Stoke PCT	3,366
5L6	North Surrey PCT	– 5,305
5E1	North Tees PCT	4,455
5D8	North Tyneside PCT	– 984
5MP	North Warwickshire PCT	– 4,723
5LW	Northampton PCT	– 3,268
5LV	Northamptonshire Heartlands PCT	– 3,093
TAC	Northumberland PCT	– 3,739
5A2	Norwich PCT	4,011
5EM	Nottingham City PCT	3,153
5MG	Oldbury and Smethwick PCT	1,586
5J5	Oldham PCT	2,088
5DW	Oxford City PCT	– 8,609
5F1	Plymouth Teaching PCT	– 2,786
5KV	Poole PCT	– 376
5FE	Portsmouth City Teaching PCT	81
5HD	Preston PCT	– 1,270
5DL	Reading PCT	– 1,707
5NA	Redbridge PCT	– 387
5MR	Redditch and Bromsgrove PCT	1,535
5M6	Richmond and Twickenham PCT	74
5JY	Rochdale PCT	3,397
5H8	Rotherham PCT	– 273
5MH	Rowley Regis and Tipton PCT	898
5GK	Royston, Buntingford and Bishop's Stortford PCT	– 678
5M9	Rugby PCT	– 782
5FC	Rushcliffe PCT	818
5F5	Salford PCT	1,659
5KK	Scarborough, Whitby and Ryedale PCT	– 448
5KE	Sedgefield PCT	2,393
5E2	Selby and York PCT	1,949
5EP	Sheffield South West PCT	553
5EN	Sheffield West PCT	4,078
5LP	Shepway PCT	1,196
5M2	Shropshire County PCT	– 2,568
5DM	Slough PCT	– 1,547
5D1	Solihull PCT	– 2,941
5FW	Somerset Coast PCT	171
5FN	South and East Dorset PCT	342
5M1	South Birmingham PCT	– 2,818
5JJ	South Cambridgeshire PCT	– 3,605
5GJ	South East Hertfordshire PCT	– 3,005
5DX	South East Oxfordshire PCT	55
5EQ	South East Sheffield PCT	3,179
5A3	South Gloucestershire PCT	– 2,539
5CV	South Hams and West Devon PCT	328
5LK	South Huddersfield PCT	1,192
5HL	South Leeds PCT	1,459

		£000s
<i>PCT Code</i>	<i>PCT Name</i>	<i>Variance (50%–100%) £000s (– ve means lower adjustment under 50% PPA, + ve higher)</i>
5JD	South Leicestershire PCT	– 916
5HC	South Liverpool PCT	1,648
5AA	South Manchester PCT	– 3,812
5AG	South Peterborough PCT	– 326
5M5	South Sefton PCT	1,769
5K1	South Somerset PCT	1,089
5MF	South Stoke PCT	1,217
5KG	South Tyneside PCT	4,684
5MQ	South Warwickshire PCT	– 5,945
5FP	South West Dorset PCT	8
5FF	South West Kent PCT	3,762
5DY	South West Oxfordshire PCT	1,359
5MN	South Western Staffordshire PCT	– 334
5DJ	South Wiltshire PCT	– 864
5MT	South Worcestershire PCT	– 2,059
5L1	Southampton City PCT	– 3,058
5AK	Southend on Sea PCT	– 489
5G1	Southern Norfolk PCT	1,003
5F9	Southport and Formby PCT	1,234
5LE	Southwark PCT	– 5,146
5GX	St Albans and Harpenden PCT	448
5J3	St Helens PCT	5,284
5HR	Staffordshire Moorlands PCT	1,534
5F7	Stockport PCT	– 4,212
5JR	Suffolk Coastal PCT	– 1,680
5JW	Suffolk West PCT	– 3,455
5KL	Sunderland Teaching PCT	9,125
5L7	Surrey Heath and Woking PCT	– 5,419
5LT	Sussex Downs and Weald PCT	– 143
5M7	Sutton and Merton PCT	991
5L4	Swale PCT	1,425
5K3	Swindon PCT	2,254
5LH	Tameside and Glossop PCT	2,953
5K2	Taunton Deane PCT	– 743
5FY	Teignbridge PCT	127
5MK	Telford and Wrekin PCT	632
5AH	Tendring PCT	158
5GQ	Thurrock PCT	– 1,398
TAL	Torbay PCT	3,255
5C4	Tower Hamlets PCT	10,976
5F6	Trafford North PCT	– 2,054
5CX	Trafford South PCT	1,551
5GN	Uttlesford PCT	– 64
5DP	Vale of Aylesbury PCT	– 4,790
5E8	Wakefield West PCT	3,866
5M3	Walsall Teaching PCT	382
5NC	Waltham Forest PCT	2,651
5LG	Wandsworth PCT	2,325
5J2	Warrington PCT	– 835
5GV	Watford and Three Rivers PCT	60
5JV	Waveney PCT	1,691
5MJ	Wednesbury and West Bromwich PCT	– 967
5GG	Welwyn Hatfield PCT	1,947
5D6	West Cumbria PCT	869
5KX	West Gloucestershire PCT	– 860
5E6	West Hull PCT	2,986
5F3	West Lancashire PCT	3,723
5D2	West Lincolnshire PCT	886
5CY	West Norfolk PCT	– 6,117
5FM	West of Cornwall PCT	1,335
5DH	West Wiltshire PCT	– 1,749

		£000s
		<i>Variance (50%–100%) £000s (–ve means lower adjustment under 50% PPA, +ve higher)</i>
<i>PCT Code</i>	<i>PCT Name</i>	
5L9	Western Sussex PCT	– 2,640
5LC	Westminster PCT	376
5G3	Windsor, Ascot and Maidenhead PCT	– 1,178
TAG	Witham, Braintree and Halstead PCT	651
5DN	Wokingham PCT	– 2,818
5MV	Wolverhampton City PCT	1,233
5G5	Wycombe PCT	922
5DR	Wyre Forest PCT	– 290
5HF	Wyre PCT	1,131
5E4	Yorkshire Wolds and Coast PCT	– 562
	Total	0

Source: 2006–07 PbR Baseline Exercise.

6.4.3 *The Human Resources Development Strategy will fall from £62.8 million in 2005–06 to £49.8 million in each of the subsequent years. What are the reasons for this? (Q128)*

ANSWER

1. The sum of overall funding for the Human Resource Development Strategy (HRDS) Grant and the National Training Strategy (NTS) Grant is the same as in 2005–06, £157.609 million.

2. We have however, re-aligned funding by moving a £13 million sub-programme, to support post-qualifying training of registered social workers and other key professional groups in the social care workforce, from the HRDS Grant into the NTS Grant. Therefore, although the HRDS grant has been reduced to £49.750 million the NTS grant has increased to £107.859 million.

3. This transfer of funding was approved by the Local Government Association.

6.4.4 *From 2006–07, the method of allocating the funding “Formula” grant to local authorities is changing based on a Relative Needs Formula (RNF) for each service block. It is intended that the resource allocation will more accurately reflect need for services. What difference does the change make for individual councils? Will there be cuts in funding and, if so, how much will be cut and which councils will be affected? (Q129)*

ANSWER

1. Responsibility for the administration of the general formula grant resides with the Department for Communities and Local Government.

2. The new adult social services RNF formula incorporates the latest available 2001 census data, is based on up to date surveys of social service clients and has been developed following a rigorous process of academic research. As a result, it better reflects the actual need for services for older people, younger adults and children and will therefore achieve a more equitable allocation of resources.

3. The Department of Health recognised that introducing the new formula will cause a step-change in allocations for a number of councils, especially in relation to funding for younger adults services and have therefore applied appropriate floor damping mechanisms to help local authorities manage any redistributive effect.

4. A floor of 2.7% above 2005–06 allocations has therefore been applied to the Younger Adults RNF formulae to help local authorities to manage this change.

5. The calculation of Formula Grant is subject to a funding floor and therefore no councils will receive a cut in funding. The current Local Government Finance Settlement announced that the overall grant allocated to local authorities would increase by £2.7 billion (4.5%) in 2006–07, and by £3.1 billion (5%) in 2007–08.

6. In 2006–07, every local authority providing social services received at least a 2.0% increase in formula grant compared to 2005–06, on a like-for-like basis.

6.5 Activity, Performance & Efficiency

6.5.1 *The Department expects to save £500 million annually through the reduction of the number of arm’s length bodies (ALBs), SHAs and PCTs in its delivery chain. The Technical Note states that the transitional costs of restructuring the ALBs (eg early retirement or redundancy costs) will not be taken into account in assessing the efficiency savings. Are the savings on the restructuring of the SHAs and PCTs also gross of transitional costs? How much are the transitional costs for restructuring ALBs, SHAs and PCTs expected to be? (Q130)*

ANSWER

1. The Efficiency Technical Note sets out how Gershon efficiency benefits will be calculated. These are defined as annual savings sustainable beyond March 2008 that can be reinvested into front-line services. Transitional costs are one-off costs occurring during implementation of business changes.

2. During the Gershon reporting periods up to 2008, we therefore state the sustainable benefit that has been realised after excluding known non-recurrent transition costs.

3. However, for both the ALB and SHA/PCT programmes, transitional costs will have ceased before March 2008. The full expected £500 million saving in 2008 is therefore cash releasing as defined by Gershon, available for reinvesting in front-line care from 2008–09.

4. As noted in the response to Question 98, at this time it is not possible to confirm or accurately forecast transitional (redundancy) costs for SHA/PCT restructuring.

5. Transition costs for relocation and redundancies as a result of the ALB review were £10 million in 2005–06 and are expected to be around £13 million in 2006–07.

6.5.2 What steps has the Department taken to ensure that there is no adverse impact on service quality arising from the PCT and SHA restructuring programme? (Q131)

ANSWER

1. At an organisational level, transition arrangements are in place to make sure that all NHS bodies can continue to carry out their core functions and commission quality care for patients. The new PCTs have been set up in “shadow” form as old PCTs are winding down, so the handover of management functions will be seamless.

2. Stronger commissioning with more involvement from front-line staff like GPs will mean that NHS services reflect patients’ needs more closely and should help to accelerate improvements in local services—not set services back.

3. The reconfiguration of PCTs is the first stage in delivering a robust infrastructure from which to strengthen the commissioning function of PCTs. The next stage focuses on ensuring that each PCT has the necessary leadership skills and capability. A “fitness for purpose” programme is being implemented in some PCTs and will be rolled out across all PCTs between now and March 2007.

4. This programme, alongside a broader development programme for PCTs, will ensure that all PCTs—including those where no changes are being made to the boundaries—are strong, confident organisations with a high degree of professionalism and a constructive culture. They will be led by people who will be able to demonstrate to their staff and the communities they serve that PCTs are fit for driving forward the NHS reforms that we are currently implementing.

6.5.3 A component of the Department’s Efficiency targets was a reduction or elimination of central budgets. This is expected to save £500 million. The Technical Note makes clear the review of current budgets was intended to take place in autumn 2005 with benefits occurring from April 2006. However, the central revenue and capital budgets planned for 2006–07 of £14.8 billion (Fig 3.8) are higher than those planned for 2005–06 of £13.7 billion (Fig 3.8 of the 2005 Departmental Report). What savings and reductions has the Department planned to make in 2006–07, and why has the overall figure for central budgets gone up between 2006–07 and 2005–06? (Q132)

ANSWER

1. The figures quoted include capital expenditure forecasts for each year. However, the estimated efficiency saving related to revenue expenditure and specifically to the reduction or elimination of existing individual revenue budgets so that the underlying rate of growth would be reduced. This was the principle on which the original forecast as part of our Gershon target was agreed with Treasury and the Office of government Commerce.

2. The equivalent figures for revenue from Fig 3.8 of DR 2005 and DR2006 are £11.7 billion and £11.9 billion ie a 2% growth.

3. This 2% growth in central budgets compares to an overall revenue growth of 7.8% in 2006–07 over 2005–06. Had central budgets been allowed to grow at the level of the revenue settlement then the value for 2006–07 central budgets would have been £12.6 billion, an increase of £0.9 billion on 2005–06.

4. Therefore, the figures illustrate that the Department has achieved significant real savings on central budgets. However we have recognised the inherent difficulties of presenting these as solely down to “efficiency” and advised OGC at our last review in May that we would not include these in our declared Gershon efficiency gains.

5. It is not possible to supply a like for like comparison of individual budgets in 2005–06 and 2006–07 because, as a consequence of the review of 2006–07 budgets, responsibility and resource for a significant proportion have been transferred to the NHS via SHAs.

6. This reflects the desire to ensure better, more timely targeting of central funding to meet local priorities.

6.5.4 *The basis of measurement for the Department's efficiency under the Public Funding & Regulation workstream is the Department's administration cost limit. However, this will be affected in 2006–07 by the reclassification of the Health and Social Care Information Centre from administration to programme budgets. Will this reclassification be counted as an efficiency saving? (Q133)*

ANSWER

1. The DH Change programme resulted in some functions and their related headcount and staffing costs being eliminated or reduced, and also in some other functions being transferred to other organisations outside of the core department.

2. The Efficiency Technical Note makes clear that the latter reductions are not counted as efficiency savings—declared efficiency savings are lower less than the absolute reduction in ACL expenditure. To ensure this, the 2003 baseline ACL, is reduced by the operating cost of any transferred functions.

3. The Health & Social Care Information Centre falls within this category of transferred organisations and as such is now funded from programme budgets. The above adjustment ensures that this reclassification does not count as part of our efficiency saving.

6.5.5 *A further component of the efficiency plans is to increase the income recoverable where personal injury compensation is payable. Income has only increased by £8 million (7%) between 2003–04 and 2004–05, even though the law has enabled income to be collected in a greater range of circumstances since 2003. What targets does the Department have for revenue collection going forward, and how does it plan to strengthen revenue collection? (Q134)*

ANSWER

1. The increase in income of £8 million relates only to recoveries from the existing road traffic accident (RTA) scheme introduced by the Road Traffic (NHS Charges) Act 1999, which allows costs to be recovered in road traffic accident cases only and represents a significant increase on the previous year.

2. Part 3 of the Health and Social Care (Community Health and Standards) Act 2003 made provision for the establishment of a scheme to recover the costs of providing treatment to an injured person where that person has made a successful personal injury compensation claim against a third party. This builds on the existing scheme.

3. For a variety of reasons, Part 3 of the 2003 Act has not yet been commenced, and the expanded Injury Costs Recovery (ICR) scheme is therefore not yet in effect. The intention is that it will be implemented from 29 January 2007. Once bedded in, we envisage that the expanded scheme could result in recovered income of approximately £190 million pa over and above the £120 million + pa that the RTA scheme already recovers (using the recovery rates currently in place for the RTA scheme), money that will be returned direct to the NHS trusts that provided treatment.

4. However, as with the RTA scheme, the ICR scheme will only come into play if the injured person makes a personal injury compensation claim which is successful. Moreover, injured persons have up to three years after the incident in which to make a claim, which may then take several months, perhaps years, to reach a settlement. All of this is entirely outside the Department of Health's control, and rightly so. Thus, it will be several years before the ICR scheme is fully bedded in, and it is inappropriate to set targets for the level of income recovered when we have no influence on the fundamental trigger point for the scheme.

5. Nevertheless, there is already a centralised and efficient method of recovery for the RTA scheme, which is administered on behalf of the Department of Health by the Compensation Recovery Unit (CRU—part of the Department for Work and Pensions). These arrangements will continue to apply in respect of the ICR scheme. Compensators will have a legal obligation to inform the CRU of all compensation claims made and the CRU carries out regular compliance checks to ensure this action is being taken.

6.5.6 *The Main Estimates suggest that the Department will only recover £25 million of the costs of treating visitors from the European Economic Area. This is down from £27 million in 2005–06. Why is revenue declining given the increasing numbers of overseas visitors, and the increasing costs of healthcare? What steps is the Department taking to boost recovery? More generally, what is the Department's estimate of the costs of treating all overseas visitors, and how much is actually recovered, either by Trusts or the Department? (Q135)*

ANSWER

1. Successive Governments have not required the NHS to provide statistics on the number of overseas visitors seen or treated under the provisions of the NHS (Charges to Overseas Visitors) Regulations 1989, as amended, or on the costs of treatment. It is therefore not possible to provide the information requested on the estimated costs of treating all overseas visitors, nor the amounts recovered.

2. However, the UK has bilateral arrangements with several EEA Member States and claims are made against other member states. These claims are mainly based on statistical data and depend on a number of factors. This means that the amount recovered may fluctuate from year to year. The estimated outturn is shown in **Table 135**, which shows the amount recovered in each year since 2002–03 and is more than the main estimated budgets.

3. The Department is currently reviewing the collection of information on EEA visitors to ensure that it is as accurate and comprehensive as possible to ensure that the correct amount of money is recovered from other EEA states.

Table 135

UK CLAIMS AGAINST MEMBER STATES

Year	Claim type	<i>UK claims against Member States £ thousands</i>
2002–03	Actual cost	14,200
	Lump sums	17,300
	Total	31,500
2003–04	Actual cost	15,248
	Lump sums	9,926
	Total	25,174
2004–05	Actual cost	18,700
	Lump sums	12,500
	Total	31,200
2005–06	Actual cost	20,600
	Lump sums	14,400
	Total	35,000

Source: The 2005–06 Resource Accounting and Budgeting (RAB) Outturn exercise.

Footnotes:

1. The information is compiled in line with the requirements of “Government Accounting 2000” and National Audit Office (NAO).
2. Claims against the UK are made in national currency and converted in to sterling by using the quarterly mean exchange rates published by the EU commission.
3. Actual costs under Article 93 of Regulation 574/72 include E111s/EHIC (temporary visitors and E112 cases (referred patients)).
4. Lump sums under Articles 94 & 95 of Regulation 574/72 include 121s (pensioners).
5. Figures may not add up due to rounding.

6.5.7 *Expenditure on NHS Pensions is expected to be £11.1 billion in 2007–08, an increase of 193% on 2000–01. During this time, its share of the total resource budget of the Department of Health will have climbed from 7.7% to 11.1%. How does the Department propose to address the significant increase in NHS pension costs? (Q136)*

ANSWER

1. The figures quoted of 7.7% to 11.1% are not directly comparable figures, due to a transfer of funds from the Departmental annually managed expenditure (AME) to cover pension indexation in 2003–04 of £1.6 million.

2. To calculate actual percentage of resource budget (DEL) in 2000–01 the pensions transfer has been included at £1.1 million (deflated by the overall DEL growth from 2000–01 to 2003–04).

3. The actual comparable figures are 10% in 2000–01 and 11% in 2007–08, the actual increase forecast being in the region of 1%.

4. Growth in pay and pensions forms a key part of the analysis of baseline pressures forecasts that are used to inform discussions with HMT at spending review. Also, new policy commitments are subject to robust affordability analysis which cover workforce and pension implications.

5. The Department also suggests in evidence to the pay review bodies that pensions implications are considered in their overall pay settlement recommendations.

6. Under the reformed NHS pension Scheme, normal pension age will increase from 60 to 65 for new entrants, reducing the long-term pressure on the scheme.

6.5.8 *The BMA has stated that the increased pay under the new GMS contract will result in an increase in the number of GPs taking early retirement in the next two years. The same issue may apply in other areas of the Health Service. What impact did the Department expect the pay arrangements to have on the retirement plans for GPs, consultants and other NHS staff when the reforms were introduced, and how do these compare to the actuary’s current expectations? Based on the latest data available, how do current rates of early retirement compare to these expectations and to previous years? What evidence is there of increased interest in early retirement eg more purchases of added years or AVCs or greater numbers of enquiries to NHS Pensions on the subject? Can we have what figures you have available? (Q137)*

ANSWER

1. The available data on GP retirements provided by the Business Services Authority Pensions Division is given in **Table 137**. The data suggests that there has been an increase in voluntary early retirements in the years ending in March 2006 and that this has continued so far in the year ending March 2007. But, because of the restrictions in terms of the data, as explained in the table notes, it is not possible to confirm the scale of any change.

2. The overall numbers of GPs retiring, significantly reduced in the period 2004—2006 but then appear (based on initial 2007 data) to be returning to historic levels. Whilst choosing to take early retirement may be a factor in the increase, the levels of retirement down to ill-health has significantly reduced due possibly to the way the new contract allows GPs to better manage individual workload. But, overall it is not possible to say what the overall long-term effects of new contractual arrangements might be in terms of an increase in early retirement.

3. Following the introduction of the “pensions on-line” system, which has enabled many enquiries about early retirement to be handled locally, it is not possible to give useful information about levels of enquiries.

4. Information on experience compared to actuarial assumptions is normally produced in the regular cycle of pension scheme valuations, the next of which is expected to be published next year.

5. We expected no significant effects on retirements from Agenda for Change or the Consultant contract.

Table 137

GENERAL PRACTITIONERS RETIREMENTS AND REASONS FOR RETIREMENT

<i>Year end 31 March</i>	<i>Age</i>	<i>Ill Health</i>	<i>Reasons for retirement</i>		<i>Total pension awards</i>
			<i>Deferred pension benefit</i>	<i>Unknown and voluntary early retirement</i>	
1997	465	185	82	49	781
1998	451	171	72	46	740
1999	394	140	61	35	630
2000	330	142	62	34	568
2001	536	151	63	39	789
2002	564	196	93	35	888
2003	524	147	77	34	782
2004	452	117	37	33	639
2005	355	90	47	43	535
2006	392	70	31	74	567
2007	572	28	2	125	727
Total	5,035	1,437	627	547	7,646

Source: Business Services Authority Pensions Division.

Footnotes:

1. The NHS Pension Division administers the scheme for members in England and Wales. The data reflects all retirements. It has not been possible to disaggregate Welsh doctor data.

2. Retirement data held by the NHS Pensions Division is designed primarily to record scheme membership to allow the calculation and payment of retirement pensions and to support periodic actuarial investigations by the government Actuary to ensure that contribution rates will allow the scheme to meet its future liabilities. This means that data can only, be routinely extracted by individual member, to calculate benefits, or for actuarial groups for valuation.

3. The NHS Pension Divisions’s data recording system manages over 1.2 million active records Most of which are subject to regular updates year on year. Retirement data will therefore represent a “snapshot” at a given period, which will be subject to change over time.

4. The table above does not reflect accurately the position of all retirement pensions awarded in scheme year-end 2006. Whilst the data is always representative of a “snapshot” at the time of the extract, systems that record certain types of pension awards have not yet been updated to reflect those completed in the final three to four months of the scheme year-end 2006. This time lag of updating will cause a shortfall in all the figures stated. It is impossible to project how many awards processed have not yet been updated on the system.

5. The figures include all retirements on grounds of age, ill health, premature retirements following redundancy or interests of efficiency and voluntary early retirement before age 60 (introduced from 6 March 1995). Where possible data is shown separately for each category.

6.5.9 *Based on the Department's reporting of progress against CSR 1998, target 32, there has been little progress in reducing sickness absence across the NHS since 2000. How is the 4.6% absence rate broken down between long- and short-term absences and between different kinds of staff? The Department has reported a £65 million efficiency gain for reduced sickness and use of agency staff. Of this, how much relates to reduced use of agency staff, and how much to reduced sickness? (Q138)*

ANSWER

1. The national sickness and absence figure for the NHS is based on an overall sickness and absence rate provided by each NHS organisation. In 2005, the overall sickness and absence figure for the NHS fell slightly to 4.5% from 4.6% in 2004. This figure is the percentage of working days lost due to sickness within an organisation and the national average is calculated using a weighted average based on the staff numbers at each organisation. Statistics on the length of absences and absence rates for different types of staff are not collected.

2. The annual national sickness and absence figures since 2000 are given in **Table 138**.

3. £41 million of the £65 million relates to reduced sickness. This is the calculated reduced cost of labour resulting from the 0.1% reduction in paid sickness hours.

Table 138

NATIONAL NHS SICKNESS AND ABSENCE RATES, ENGLAND

<i>Year</i>	<i>Annual rate (%)</i>
2000	4.7
2001	4.5
2002	4.6
2003	4.7
2004	4.6
2005	4.5

Source: The Information Centre for Health and Social Care.

7. Full List of Questions

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