THE SCOTTISH OFFICE

Department of Health

NHS
MEL(1997)5

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

13 February 1997

FOR REFERENCE ONLY

Dear Colleague

IN-YEAR CONTRACT PERFORMANCE MONITORING 1997/1998

Summary

1. The template for reporting contract activity and expenditure has been revised by a Working Group comprising representatives of Health Boards and GP fundholding practices. A copy of the amended template for use in 1997/1998 is attached at Annex C and the guidelines for its completion are at Annex D.

Action

2. The contracting template plays an important role in the management of contracted activity and expenditure at Health Board level. Health Boards should work with providers with whom they have contracts, and GP fundholders, to ensure that the information needed is submitted timeously and that considered returns are forwarded to me according to the timetable set out in Annex A. The small number of changes to the 1997/1998 template are outlined in Annex B. Although the changes are few in number, they should result in the provision of more detailed, robust and meaningful data on which to monitor the efficiency and effectiveness of Health Boards' contracted activity and expenditure in 1997/1998.

3. The calculation of in-year quarterly estimates of efficiency changes should be regarded as as integral part of the contracting template returns. The methodology for deriving these measures of efficiency and the returns for completion are at Annex E.

4. Health Boards should ensure that this circular is copied to GP fundholders in their respective areas, for their information.

Yours sincerely

KEVIN J WOODS
Director of Purchasing

COMMON SERVICES AGENCY	
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ANNEX A

TIMETABLE FOR SUBMISSION OF RETURNS

1. Contract template returns and an accompanying commentary should be formally signed off by Health Board General Managers and submitted to the Chief Executive, by:

1996/1997 Returns (based on MEL(1995)78)	**1997/1998 Returns (based on this MEL)**
28 February 1997 (3rd quarter figures)	21 February 1997 (initial plan for 1997/1998 + forecast outturn 1996/1997
30 May 1997 (final outturn)	27 June 1997 (final plan for 1997/1998)
	29 August 1997 (actual 1st quarter figures)
	28 November 1997 (2nd quarter figures)
	27 February 1998 (3rd quarter figures)
	29 May 1998 (final outturn)

ANNEX B

DETAILS OF CHANGES TO IN-YEAR CONTRACT PERFORMANCE MONITORING FOR 1997/1998

The main changes to the contracting template for 1997/1998 are:

Acute

1. A new line for Day Patient Attendances (number 05) has been introduced in this section.

Resource Transfer

2. Individual lines have been introduced (numbers 33-36) for each of the care groups affected, viz

Mental Health
Learning Disability
Geriatric Long Stay
Young Chronic Sick

3. To help ensure that hospice services are covered, line 37 has been re-titled "Funding Of Other Non-NHS Services (including Community Care)".

Health Promotion

4. A new line entry (number 39) to cover the cost of Boards' Health Promotion arrangements has been introduced.

IN YEAR CONTRACT PERFORMANCE MONITORING

ANNEX C

FORECAST OUTTURN

	1996-97 Outturn		1997-98 Plan		Forecast Outturn (1997/98)		% Variances	
	Actual Activity	Actual Expenditure	Contracted Value	Contracted Value	Actual Activity	Actual Expenditure	Activity	Expenditure
ACUTE								
01 Elective In-Patient Discharges								
02 Emergency In-Patient Discharges (inc Transfers)								
03 Total In-Patient Discharges (01+02)								
04 Day Cases								
05 Day Patient Attendances								
06 New Out-Patients Attendances								
07 A&E New Out-Patient Attendances (HBT)								
MATERNITY								
08 In-Patient Discharges (incl SCBU patients)								
09 Births								
10 Day Cases								
11 New Out-Patient Attendances								
12 Total Community Midwife Visits(HBT)								
MENTAL HEALTH								
13 Occupied Bed days - Adult & Child								
14 Occupied Bed days - Psychogeriatric								
15 New Out-Patient Attendances								
16 Attendances By Mental Health Patients At Day Hospitals (HBT)								
17 Community Psychiatric Team Contacts/Visits								
LEARNING DIFFICULTIES								
18 Occupied Bed Days								
19 New Out-Patient Attendances								
20 Attendances By Learning Difficulties Patients At Day Hospitals (HBT)								
21 Community Mental Handicap Team Contacts/Visits								
GERIATRIC ASSESSMENT								
22 In-Patient Discharges								
23 New Out-Patient Attendances								
24 Attendances At Geriatric Day Hospitals								
GERIATRIC LONG STAY								
25 Occupied Bed Days								
YOUNG CHRONIC SICK								
26 Occupied Bed Days								
COMMUNITY								
27 Community Nurses Or Health Visitors Contacts (HBT)								
28 Community PAMs Contacts								
29 Community Dental Services - Courses Of Treatment								
DIRECT ACCESS								
30 Laboratories & X-Ray								
31 PAMs & Other Technical Departments								
RESOURCE TRANSFER ETC								
32 Resource Transfer								
33 Mental Health								
34 Learning Disability								
35 Geriatric Long Stay								
36 Young Chronic Sick								
37 Funding Of Other Non-NHS Services (including Community Care)								
AMBULANCES								
38 Emergency Ambulance Services (Patient Journeys)								
39 HEALTH PROMOTION								
40 OTHER CONTRACTED VALUE								
41 TOTAL CONTRACTED VALUE								
42 TOTAL VALUE OF ALL ECRs								

IN YEAR CONTRACT PERFORMANCE MONITORING

ANNEX C

YEAR TO DATE

	Year To Date		Year To Date		% Variances	
	Contracted Activity	Contracted Value	Actual Activity	Actual Expenditure	Activity	Expenditure
ACUTE						
01 Elective In-Patient Discharges						
02 Emergency In-Patient Discharges (inc Transfers)						
03 Total In-Patient Discharges (01+02)						
04 Day Cases						
05 Day Patient Attendances						
06 New Out-Patients Attendances						
07 A&E New Out-Patient Attendances (HBT)						
MATERNITY						
08 In-Patient Discharges (incl SCBU patients)						
09 Births						
10 Day Cases						
11 New Out-Patient Attendances						
12 Total Community Midwife Visits(HBT)						
MENTAL HEALTH						
13 Occupied Bed days - Adult & Child						
14 Occupied Bed days - Psychogeriatric						
15 New Out-Patient Attendances						
16 Attendances By Mental Health Patients At Day Hospitals (HBT)						
17 Community Psychiatric Team Contacts/Visits						
LEARNING DIFFICULTIES						
18 Occupied Bed Days						
19 New Out-Patient Attendances						
20 Attendances By Learning Difficulties Patients At Day Hospitals (HBT)						
21 Community Mental Handicap Team Contacts/Visits						
GERIATRIC ASSESSMENT						
22 In-Patient Discharges						
23 New Out-Patient Attendances						
24 Attendances At Geriatric Day Hospitals						
GERIATRIC LONG STAY						
25 Occupied Bed Days						
YOUNG CHRONIC SICK						
26 Occupied Bed Days						
COMMUNITY						
27 Community Nurses Or Health Visitors Contacts (HBT)						
28 Community PAMs Contacts						
29 Community Dental Services - Courses Of Treatment						
DIRECT ACCESS						
30 Laboratories & X-Ray						
31 PAMs & Other Technical Departments						
RESOURCE TRANSFER ETC						
32 Resource Transfer						
33 Mental Health						
34 Learning Disability						
35 Geriatric Long Stay						
36 Young Chronic Sick						
37 Funding Of Other Non-NHS Services (including Community Care)						
AMBULANCES						
38 Emergency Ambulance Services (Patient Journeys)						
39 HEALTH PROMOTION						
40 OTHER CONTRACTED VALUE						
41 TOTAL CONTRACTED VALUE						
42 TOTAL VALUE OF ALL ECRs						

ANNEX D

GUIDELINES FOR COMPLETION OF IN-YEAR CONTRACT MONITORING TEMPLATE 1997-1998

GENERAL NOTES

Forecast Outturn

The forecast annual plan for 1997-1998 and forecast outturn figures for 1996-1997 are required by 21 February 1997. Boards should complete the plan and 1996-1997 outturn based on their best estimate of expected activity and expenditure at that time. At the end of the first quarter and subsequent quarters, only the 1997-1998 plan and forecast outturn (1997-1998) columns require to be completed in respect of the Forecast Outturn sheet.

In-Year Changes to Plan

Service developments, planned changes in-year in activity levels and waiting list initiatives, which it is known will get underway in the course of the year, should be included in the figures within the template submitted for the forthcoming year.

Where developments and other such changes are agreed for implementation in-year after the template has been submitted, the subsequent quarterly monitoring report should be amended to reflect these agreed changes: both the 'planned' and 'actual' activity and expenditure values should be adjusted, with the changes explained fully in the narrative which accompanies the Board's quarterly return.

GP Fundholder Purchased Activity

As in previous years, the template should cover **total care purchased** for residents in the Health Board area. It should therefore be an aggregation of care purchased by the Health Board and by GP Fundholders.

Cost Per Case Contracts

Where cost per case contracts have been negotiated without agreed activity levels, a forecast for the year of likely activity under the relevant heading(s) should be included on the annual plan and actual activity and values reported on the quarterly returns. **Irrespective of actual "currencies" used in contracting locally, the contracting template headings are mandatory for reporting contracted activity and expenditure (except as specified below).**

Financial Reporting and Reconciliation

It is of vital importance that expenditure reported in the template should relate to the activity reported and should be reconciled with the monthly income and expenditure monitoring forms. Expenditure should therefore be recorded on an "accruals" basis.

Non-Activity Generating Expenditure

Expenditure on ACT and other "off the tops" such as dental hospitals should be excluded from expenditure reported in the template. Expenditure incurred under contract on non-activity generating expenditure should be included in line 40. This will mean that only genuinely exceptional issues, such as the small residual elements of funding for Post Basic Nursing Training which Boards receive, and other ad hoc items will be included in line 40. (As a rule of thumb all expenditure by Health Boards and GP fundholders on purchasing health services should be included in the appropriate line of the template; HQ expenditure, Reserves, activity purchased by the Management Executive on behalf of Health Boards and "off the tops" should be excluded.)

Health Board of Residence

The template is a purchaser return and should be completed on a Health Board of Residence basis wherever possible. In some areas information on Health Board of Residence is not routinely available. In these areas the template asks for activity to be reported in terms of Health Board of Treatment (HBT). Expenditure should relate, however, to the actual contract negotiated, and if data on activity for Health Board of Residence are available, these should be included in a footnote.

DETAILED COMPLETION NOTES

The sections and numbering below relate to the relevant sections and rows on the template.

ACUTE

"Acute" is defined as all acute (including GP acute), supra-area, accident and emergency (A&E) and other special categories (excluding SCBU). Purchasers are required to identify emergency and elective activity separately.

01(04)	Elective in-patient (day case) discharges includes patients admitted from true, deferred and repeat waiting lists. It does not include transfers.
02	This should include both emergency admissions and transfers.
05	All attendances at day hospitals
06	New out-patient attendances in all acute specialties except A&E. Where contracts for out-patient care are for new and return out-patients, new attendances only should be included.

07 Includes all new A&E attendances in period; activity data is routinely collected only on area of treatment.

MATERNITY including SCBU

08 Maternity and SCBU discharges

09 Births (live & still)

} Contracts for maternity care tend to use either discharges or births as the contracting currency . Purchasers should report activity under both headings but contract value on the line appropriate to the currency used.

10 Maternity Day Cases.

11 New out-patient attendances should include specialist obstetrics and GP obstetrics specialties.

12 Activity and values of visits made by community midwifes.

MENTAL HEALTH (Comprises specialties mental illness, psychogeriatrics, child psychiatry, adolescent psychiatry reported on SMR4 returns)

13 Occupied bed days from the specialties mental illness, child and adolescent psychiatry.

14 Occupied bed days from the specialty psychogeriatrics.

15 New out-patient attendances in all the above specified specialties.

16 Total attendances made by patients to day hospitals in all the above specified specialties; activity data is routinely collected only on area of treatment.

17 Activity data should relate to all contacts/visits by community psychiatric team members.

LEARNING DIFFICULTIES

18 Occupied bed days in the period should include patients still resident at end of the period.

19 New out-patient attendances in the specialty of mental handicap.

20 Total attendances made by patients with learning difficulties at day hospitals; activity data is routinely collected only on area of treatment.

21 Activity data should relate to all contacts/visits by community mental handicap team members.

GERIATRIC ASSESSMENT

22 In-patient Discharges from specialty of geriatric assessment.

23 New out-patient attendances in the specialty of geriatric assessment.

24 Total attendances made by geriatric patients to day hospitals within the specialty of Geriatric Assessment (GP Acute day patient activity should be recorded in line 40 of the template and detailed in the commentary); activity data is routinely collected only on area of treatment.

GERIATRIC LONG STAY

25 Occupied bed days in specialty of geriatric long stay. Activity should be reported on a Health Board of Residence basis (ie using SMR50).

YOUNG CHRONIC SICK

26 Occupied bed days in specialty of young chronic sick. Return should be based on Health Board of Residence data (ie younger physically disabled quarterly census/ SMR50).

COMMUNITY

27 The activity column should include community nurse and health visitor face to face contacts (including child health); activity data is routinely collected only on area of treatment.

28 The activity column should include face to face patient contacts by professions allied to medicine (which are covered by community based contracts); activity data is routinely collected only on area of treatment.

29 The <u>total</u> contract value for the community dental service should be shown, together with the number of courses of treatment purchased.

DIRECT ACCESS

30 This should include contract values for work carried out by laboratories or diagnostic radiology departments (X-ray) on a direct access basis. It is not necessary to record activity figures.

31 Values should be recorded, in aggregate, for all direct access work carried out by the various professions allied to medicine and other hospital departments (except laboratories and X-ray) offering a direct access service.

RESOURCE TRANSFER ETC

32 The total value of resource transfer funds in the period should be shown.

33-36 The value of resource transfer funds in the period for these categories should be shown.

37 The value of any funding of other non-NHS services, including community care, in the period should be shown.

The totals of 32 and 37 should reconcile with the sum of lines 6.1 and 6.2 plus 6.3 on the monthly monitoring form 2. 1.

AMBULANCES

38 The number of patient journeys by the emergency ambulance service, and the associated value, should be shown.

HEALTH PROMOTION

39 The cost of health promotion activities in the period should be shown.

OTHER CONTRACTED VALUE

40 The value in the period of other HCH expenditure on health services for the resident population (excluding ECRs), not reported elsewhere on the template, should be shown. A breakdown into the main expenditure headings covered (including values) should be included in the commentary.

TOTAL CONTRACTED VALUE

41 Total HCH expenditure in the period on contracts for health services for residents by Health Board and GP fundholders should be shown. This total should reconcile with the sum of lines 1-5 of the monthly monitoring form 2.2 plus the sum of lines 3.1 to 3.5 of the monthly monitoring form 3.1, plus lines 6.1- 6.3 of the monthly monitoring form 2. 1, plus line 4 of the monthly monitoring form 3.1.

ECRs

42 The total value in the period of all ECRs should be shown. This should reconcile with line 5, monthly monitoring form 2.1.

EFFICIENCY CHANGES

1. Estimates of year-on-year changes in efficiency should be calculated for each of the following service groups:

(a) acute, maternity and geriatric assessment;

(b) geriatric long stay (including young chronic sick);

(c) mental health;

(d) learning difficulties;

(e) community services.

The definition of these service groups and the methods to be used in estimating efficiency changes are explained in the accompanying notes. These notes also include worksheets which can be used in estimating efficiency changes.

2. Boards should provide estimates of planned efficiency changes to accompany the submission of the forecast plan for 1997/1998 by 21 February 1997. The planned efficiency changes will be based on a comparison between planned activity and expenditure for 1997/1998 and forecast outturn activity and expenditure for 1996/1997. Table 1 shows the form in which this information should be submitted. The planned estimates of efficiency changes submitted by 21 February may need to be revised as planned levels of activity and expenditure are revised following the completion of contract negotiations.

3. At the end of the first quarter and subsequent quarters of 1997/1998 Boards should also provide a return with the contracting template return showing the forecast outturn efficiency changes for 1997/1998 and the planned efficiency changes. The forecast outturn estimates of efficiency changes will be based on a comparison between forecast outturn activity and expenditure for 1997/1998 and actual activity and expenditure for 1996/1997. Table 2 shows the form in which this information should be provided with the quarterly returns of the contracting template. This form should show planned estimates of changes in activity, expenditure and efficiency alongside the forecast outturn estimates. The commentary which accompanies the contracting template should explain the reasons for differences between planned and forecast outturn figures.

TABLE 1 - PLANNED EFFICIENCY CHANGES : 1997-1998

	1997/1998 Plan Against 1996/1997 Forecast Outturn		
	Activity %	Expenditure %	Efficiency %
(a) Acute, maternity and geriatric assessment			
(b) Geriatric long stay			
(c) Mental Health			
(d) Learning Difficulties			
(e) Community Services			

The planned changes in expenditure on each service group should be estimated after allowing for expected inflation

TABLE 2 - FORECAST OUTTURN EFFICIENCY CHANGES : 1997-1998

	Planned And Forecast Outturn Changes In Efficiency					
	Activity		Expenditure		Efficiency	
	Plan %	Forecast Outturn %	Plan %	Forecast Outturn %	Plan %	Forecast Outturn %
(a) Acute, maternity and geriatric assessment						
(b) Geriatric long stay						
(c) Mental Health						
(d) Learning Difficulties						
(e) Community Services						

THE MEASUREMENT OF EFFICIENCY CHANGES

This note explains the methods which should be used to estimate planned and forecast outturn changes in efficiency for 1997-1998. These estimates are based on a comparison between planned (or forecast outturn) activity and expenditure in 1997-1998 and actual activity and expenditure in 1996-1997. The estimates cover the following service groups:

(a) acute, maternity and geriatric assessment;

(b) geriatric long stay (including young chronic sick);

(c) mental health;

(d) learning difficulties;

(c) community services.

Tables AI - El show the information required to estimate planned changes in efficiency for these service groups for 1997-1998. Tables A2 - E2 show the information required to provide forecast outturn estimates of efficiency changes on a quarterly basis during 1997-1998.

Planned Efficiency Changes in 1997-1998

Table A1: Acute, Maternity and Geriatric Assessment

Column (a) shows the forecast outturn estimates of activity and expenditure in 1996/1997.

Column (b) shows the planned levels of activity and expenditure in 1997-1998.

Column (c) shows the ratio of the planned levels of activity and expenditure in 1997/1998 to the forecast outturn levels in 1996-1997. This ratio is obtained by dividing the figures in Column (b) by the figures in Column (a).

Column (d) shows the expenditure weights which should be used to estimate the overall change in activity. The expenditure weights are the shares of expenditure on this service group accounted for by the different activities. These expenditure weights should be based on the forecast outturn expenditure data for 1996-1997.

The measures of patient activity used in Table A1 are derived from the information provided in the contracting template. The rows in the template from which the figures in Table AI are derived are as follows:

Acute

inpatient and day cases (the sum of rows 3 and 4)

day patient attendances (row 5)

new outpatient attendances (row 6)

A&E new outpatient attendances (row 7)

Maternity

inpatient discharges (row 8)

day cases (row 10)

new outpatient attendances (row 11)

Geriatric Assessment

inpatient discharges (row 22)

new outpatient attendances (row 23)

attendances at geriatric day hospitals (row 24)

Row 11 of Table AI shows the weighted change in activity between 1996-1997 and 1997-1998. This is found by multiplying the activity ratios in Column (c) by the corresponding expenditure weights in Column (d) and taking the sum of these figures.

Row 12 of Table AI shows the forecast outturn expenditure on acute, maternity and geriatric assessment services in 1996-1997, the planned expenditure in 1997-1998 and the ratio of planned to forecast outturn expenditure.

To estimate planned changes in efficiency, the planned change in cash expenditure on this group of services has to be adjusted for inflation. Row 13 shows in ratio form the expected increase in pay and prices in 1997-1998.

Row 14 shows the 'real' change in expenditure between 1996-1997 and 1997-1998. This is simply the ratio of the change in cash expenditure (row 12) divided by the inflation ratio (row 13).

The planned change in efficiency between 1996-1997 and 1997-1998 (row 15) is obtained by dividing the weighted activity ratio in row 11 by the real expenditure change in row 14.

Table B1: Geriatric Long Stay

The rows in the contracting, template from which the patient activity measures in this table are derived are as follows:

geriatric long stay occupied bed days (row 25)

young chronic sick occupied bed days (row 26)

Row 3 of Table BI shows the weighted change in activity for this service group between 1996-1997 and 1997-1998.

Rows 4 - 6 show the planned change in cash expenditure, the expected inflation increase and the planned change in real expenditure.

Row 7 shows the planned change in efficiency. As in Table A1, this efficiency measure is derived as the ratio of the planned change in (weighted) activity to the planned change in real expenditure.

Table C1: Mental Health

The rows in the contracting template from which the patient activity measures in this table are derived are as follows:

occupied bed days (sum of rows 13 and 14)

new outpatient attendances (row 15)

attendances at day hospitals (row 16)

Row 4 of Table C I shows the weighted change in activity for this service group between 1996-1997 and 1997-1998.

Rows 5 - 7 show the planned change in cash expenditure, the expected inflation increase and the planned change in real expenditure.

Row 8 shows the planned change in efficiency. As in Table A1, this efficiency measure is derived as the ratio of the planned change in (weighted) activity to the planned change in real expenditure.

Table D1: Learning Difficulties

The rows in the contracting template from which the patient activity measures in this table are derived are as follows:

occupied bed days (row 18)

new outpatient attendances (row 19)

attendances at day hospitals (row 20)

Row 4 of Table D1 shows the weighted change in activity for this service group between 1996-1997 and 1997-1998.

Rows 5 - 7 show the planned change in cash expenditure, the expected inflation increase and the planned change in real expenditure.

Row 8 shows the planned change in efficiency. As in Table A1, this efficiency measure is derived as the ratio of the planned change in (weighted) activity to the planned change in real expenditure.

Table E1: Community Services

The rows in the contracting template from which the patient activity measures in this table are derived are as follows:

community midwife visits (row 12)

community psychiatric team contacts/visits (row 17)

community mental handicap team contacts/visits (row 21)

community nurses or health visitors contacts (row 27)

community PAMs contacts (row 28)

community dental services - courses of treatment (row 29)

Row 7 of Table E1 shows the weighted change in activity for this service group between 1996-1997 and 1997-1998.

Rows 8 - 10 show the planned change in cash expenditure, the expected inflation increase and the planned change in real expenditure.

Row 11 shows the planned change in efficiency. As in Table Al, this efficiency measure is derived as the ratio of the planned change in (weighted) activity to the planned change in real expenditure.

Forecast Outturn Efficiency Changes in 1997-1998

The structure of Tables A2 - E2 is similar to Tables AI - E1 and the method of estimating changes in efficiency is essentially the same. The column headings are slightly different since the estimates of efficiency changes which will be produced on a quarterly basis during 1997-1998 are based on a comparison between forecast outturn activity and expenditure for 1997-1998 and actual activity and expenditure in 1996-1997.

Column (a) in Tables A2 - E2 shows the actual activity and expenditure in 1996-1997.

Column (b) shows the forecast outturn activity and expenditure for 1997-1998. These figures will be revised and updated on a quarterly basis during 1997-1998.

Column (c) shows the ratio of the forecast outturn levels of activity and expenditure in 1997-1998 to the actual levels in 1996-1997. This ratio is obtained by dividing the figures in Column (b) by the figures in Column (a).

Column (d) shows the expenditure weights. These expenditure weights should be based on the actual expenditure figures for 1996/1997.

TABLE A1 : ACUTE, MATERNITY & GERIATRIC ASSESSMENT

	(a) 1996-97 Forecast Outturn	(b) 1997-98 Plan	(c) Ratio (b)/(a)	(d) Expenditure Weights
Acute				
1. Inpatient & Day Cases				
2. Day Patient Attendances				
3. New Outpatient Attendances				
4. A&E New Attendances				
Maternity				
5. Inpatient Discharges				
6. Day Cases				
7. New Outpatient Attendances				
Geriatric Assessment				
8. Inpatient Discharges				
9. New Outpatient Attendances				
10. Attendances At Day Hospitals				
Total Activity				
11. Weighted Activity				
Expenditure				
12. Expenditure (Cash)				
13. Inflation				
14. Expenditure (Real)				
Efficiency				
15. Efficiency				

TABLE B1 : GERIATRIC LONG STAY

	(a) 1996-97 Forecast Outturn	(b) 1997-98 Plan	(c) Ratio (b)/(a)	(d) Expenditure Weights
Occupied Bed Days				
1. Geriatric Long Stay				
2. Young Chronic Sick				
3. Weighted Activity				
Expenditure				
4. Expenditure (Cash)				
5. Inflation				
6. Expenditure (Real)				
Efficiency				
7. Efficiency				

TABLE C1 : MENTAL HEALTH

	(a) 1996-97 Forecast Outturn	(b) 1997-98 Plan	(c) Ratio (b)/(a)	(d) Expenditure Weights
Activity				
1. Occupied Bed Days				
2. New Outpatient Attendances				
3. Attendances At Day Hospitals				
4. Weighted Activity				
Expenditure				
5. Expenditure (Cash)				
6. Inflation				
7. Expenditure (Real)				
Efficiency				
8. Efficiency				

TABLE D1 : LEARNING DIFFICULTIES

	(a) 1996-97 Forecast Outturn	(b) 1997-98 Plan	(c) Ratio (b)/(a)	(d) Expenditure Weights
Activity				
1. Occupied Bed Days				
2. New Outpatient Attendances				
3. Attendances At Day Hospitals				
4. Weighted Activity				
Expenditure				
5. Expenditure (Cash)				
6. Inflation				
7. Expenditure (Real)				
Efficiency				
8. Efficiency				

TABLE E1 : COMMUNITY SERVICES

	(a) 1996-97 Forecast Outturn	1 1997-98 Plan	(c) Ratio (b)/(a)	(d) Expenditure Weights
Community Activity				
1. Midwife Visits				
2. Psychiatric Team Contacts				
3. Mental Handicap Team Contacts				
4. Nurse/Health Visitors				
5. PAMs				
6. Dental Services				
7. Weighted Activity				
Expenditure				
8. Expenditure (Cash)				
9. Inflation				
10.Expenditure (Real)				
Efficiency				
11. Efficiency				

TABLE A2 : ACUTE, MATERNITY & GERIATRIC ASSESSMENT

	(a) 1996-97 Actual	(b) 1997-98 Forecast Outturn	(c) Ratio (b)/(a)	(d) Expenditure Weights
Acute				
1. Inpatient & Day Cases				
2. Day Patient Attendances				
3. New Outpatient Attendances				
4. A&E New Attendances				
Maternity				
5. Inpatient Discharges				
6. Day Cases				
7. New Outpatient Attendances				
Geriatric Assessment				
8. Inpatient Discharges				
9. New Outpatient Attendances				
10. Attendances At Day Hospitals				
Total Activity				
11. Weighted Activity				
Expenditure				
12. Expenditure (Cash)				
13. Inflation				
14. Expenditure (Real)				
Efficiency				
15. Efficiency				

TABLE B2 : GERIATRIC LONG STAY

	(a) 1996-97 Actual	(b) 1997-98 Forecast Outturn	(c) Ratio (b)/(a)	(d) Expenditure Weights
Occupied Bed Days				
1. Geriatric Long Stay				
2. Young Chronic Sick				
3. Weighted Activity				
Expenditure				
4. Expenditure (Cash)				
5. Inflation				
6. Expenditure (Real)				
Efficiency				
7. Efficiency				

TABLE C2 : MENTAL HEALTH

	(a) 1996-97 Actual	(b) 1997-98 Forecast Outturn	(c) Ratio (b)/(a)	(d) Expenditure Weights
Activity				
1. Occupied Bed Days				
2. New Outpatient Attendances				
3. Attendances At Day Hospitals				
4. Weighted Activity				
Expenditure				
5. Expenditure (Cash)				
6. Inflation				
7. Expenditure (Real)				
Efficiency				
8. Efficiency				

TABLE D2 : LEARNING DIFFICULTIES

	(a) 1996-97 Actual	(b) 1997-98 Forecast Outturn	(c) Ratio (b)/(a)	(d) Expenditure Weights
Activity				
1. Occupied Bed Days				
2. New Outpatient Attendances				
3. Attendances At Day Hospitals				
4. Weighted Activity				
Expenditure				
5. Expenditure (Cash)				
6. Inflation				
7. Expenditure (Real)				
Efficiency				
8. Efficiency				

TABLE E2 : COMMUNITY SERVICES

	(a) 1996-97 Actual	(b) 1997-98 Forecast Outturn	(c) Ratio (b)/(a)	(d) Expenditure Weights
Community Activity				
1. Midwife Visits				
2. Psychiatric Team Contacts				
3. Mental Handicap Team Contacts				
4. Nurse/Health Visitors				
5. PAMs				
6. Dental Services				
7. Weighted Activity				
Expenditure				
8. Expenditure (Cash)				
9. Inflation				
10.Expenditure (Real)				
Efficiency				
11. Efficiency				