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# Unit Costs of Health and Social Care 2024

# Manual

Jones, K., Weatherly, H., Birch, S., Castelli, A., Chalkley, M., Dargan, A., Findlay, D., Gao, M., Hinde, S., Markham, S., Smith, D., Teo, H.















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# Professor Julien Forder (PhD, MSc, BSc (Hons)), 1969 to 2024



On the 28th of July, 2024, Julien (Jules) Forder passed away. There are no words to express our total sadness receiving this news.

Jules was a distinguished Economist renowned for his profound impact on social and healthcare research nationally and internationally. Throughout his career, he tirelessly pursued ways to enhance the lives of those reliant on these crucial services. One way to improve people's lives is to estimate robust unit costs for delivering health and social care services, which can inform those who hold the budget for public care services.

For 29 years, researchers at the Personal Social Services Research Unit (PSSRU) at the University of Kent have produced annual cost estimates for delivering health and social care services.

In 2022, PSSRU started a five-year partnership with the Centre for Health Economics (CHE) at the University of York. Jules was a significant team member, from developing the funding proposal to publishing our first two *Unit Costs of Health and Social Care* manuals in 2022 and 2023 within the current programme.

> *"I was delighted to have Jules on board when there was a funding call to estimate unit costs for health and social care in 2021. I knew that Jules and the new collaboration would bring innovative insights into how our unit cost estimations could be improved.*
>
> *Jules was more than a work colleague; he was a great friend and an inspiring person to work alongside."*
> (Karen, Principal Investigator for the programme)

The Unit Cost team came together in 2022 with the unwavering belief that the programme should be informed and guided by people with lived experiences of receiving services. Our three research advisors, Sarah Markham, Douglas Findlay, and Debs Smith, inform the programme. Their advice helps to ensure that all our outputs are accessible to everyone, supporting Jules' belief in the transformative power of research to drive positive change in the social and health care sectors.

Jules will be greatly missed by his colleagues and friends within PSSRU, the Unit Cost programme team, the wider academic community, policy colleagues, and other external stakeholders.

Sadly, Jules was not the only colleague the unit cost team lost. In 2023, we heard with great sadness that Della Ogunleye, a patient and public research advisor, had passed away. Della was involved right from the start during the proposal and application phase. Della celebrated with the team when we heard our proposal was successful and made a significant contribution during the first year.

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# Our new venture into exploring variation and uncertainty in unit cost estimations

This summary provides an overview of how variation and uncertainty in unit cost estimates have been identified as essential elements to include in our future estimations. We are developing an academic paper exploring the importance of considering variation and uncertainty in unit costs.

**The Unit Cost Manual**

Since 1992, researchers at the University of Kent have explored and developed methods for cost estimation.

In 2022, researchers at the Personal Social Services Research Unit (PSSRU) in Kent initiated a five-year partnership with the globally recognised Centre for Health Economics Research (CHE) at the University of York, to collaborate on the **Unit Cost Manual**. Funded by the National Institute of Health and Social Care Research (NIHR) Policy Research Programme (PRP), we will continually update the Unit Cost Manual to provide robust and consistent estimates of annually uprated unit costs of health and social care services (Unit Costs of Health and Social Care programme (2022 – 2027)).

Our work is designed to inform and support the development of health and social care policy for those with the budget for public health and social care services. We achieve this by providing essential information on the cost impact of budgetary decisions to those responsible for designing and commissioning services. Equally, our work is critical in academic and policy research, where health and social care activities and staff input costs are essential.

Knowing the cost of something is key to making informed decisions about what to buy or use. In many everyday situations, we can rely on the labelled price of items to quickly tell us what it will cost us to buy them. There are rarely published prices for health and social care services in the UK because most people do not pay directly or entirely for most of these services. In such settings, it is essential to be able to decide what needs to be given up, for example, to ensure the care costs of an individual with mental health needs are fully met. This is the motivation for calculating the annual costs of health and social care.

Knowing the costs of health and social care services is also central to *economic evaluation*, which compares the costs and benefits of competing alternatives (Drummond et al., 2015). Having reliable, clearly sourced unit costs makes it easier for analysts to conduct economic evaluations, as they do not need to determine the actual costs of items. It also means that different analysts working across studies can refer to consistent and accurate cost information, making it easier for everyone to understand and compare the results of different studies.

These unit costs are also helpful for other decisions, such as informing governments on how much money to allocate to various health and social care services.

**What do we mean by a 'unit cost'?**

Cost is always related to the amount (the unit) of something being bought. For example, when providing medicines, the unit is either an individual tablet or a standard course of treatment. In care services, the unit is usually a period of care, for instance, an appointment with a health or social care professional (e.g., Consultant, GP, nurse, and therapist), a week staying in a care or residential home, or a "session" or a complete package of care.

A helpful starting point for estimating costs is to recognise that resources are used to produce a good or service. We can regard the unit cost of health or social care services as the total of the costs of labour (e.g., salary costs and training costs), capital costs (e.g., building, land, and equipment costs), and other costs (e.g., the cost of providing an office or transport).

**The overall aim of the programme** is to provide the most robust estimations that can inform decision-makers as to the cost implications of budgetary decisions alongside informing academic and policy research where costing health and social care activities and staff input is an important element. Exploring variation and uncertainty in unit costs is a new venture that should improve our estimations.

**What do we mean by variation and uncertainty in unit costs?**

Given the Unit Costs Manual's aim of providing trustworthy estimates for use in various situations, it is crucial to understand why costs change and how much they may change. Costs vary depending on the organisation and the conditions where services are provided. These variations are not fully understood, and there is uncertainty surrounding our cost estimates. However, we recognise this is essential information and will include it in future estimates. In the current manuals, where possible, we report measures indicating variation in unit costs (e.g., the difference between the mean and median and some standard deviation values).

*What do we mean by variation in unit costs?*

The cost of providing the same good or service will likely differ across regions, local areas, hospitals, and care providers (Howdon et al., 2022). These differences could be due to actual differences between organisations and the local regions or a lack of trustworthy data (Jacobs and Dawson, 2003).

In general, we can think of variation in costs as coming from differences in how much it costs to provide a good or service (supply-side) and/or differences in the need and ability to pay for a good or service (demand-side):

1. **Supply-Side Variability:** For example, rent and hourly pay are likely to differ between urban and rural areas or between wealthy and more deprived areas. These factors contribute to differences in the cost of an hour of personal care, for example.

2. **Demand-Side Variability:** For example, as older people are more likely to require care, there is likely to be a greater need for hospital and care home beds in areas with a relatively high

population of older people. Similarly, the need for mental health support and other community services may differ across regions with different levels of deprivation.

Understanding these two types of variation can help us better understand how and why costs differ. We will explore how labour costs affect the overall cost of healthcare and social care services. We will look at:

1. **How wages are set:** This may include minimum wage laws, additional pay for specific tasks, and employer competition.
2. **Differences in costs across different areas:** We will examine how wages and costs vary between regions and public and private sector organisations.

Understanding these factors can help us estimate the cost of health and social care services more accurately.

*What do we mean by uncertainty in unit cost estimates?*
Unit costs are calculated based on the quantities of goods and services and the associated costs. For example, the average length of a GP consultation and the total costs involved. Uncertainty in unit cost estimations can occur when there is an error in measuring those quantities. This uncertainty can also arise when we summarise different information into a single number, the unit cost estimate. To minimise uncertainty in unit cost estimations and ensure that the best available information is used within the Unit Cost Manual, we search and review available data each year that could be used to calculate our unit cost estimates. Nonetheless, there is agreement that we should still recognise and, as far as possible, address uncertainty in the unit cost figures we produce.

Collecting new data, for example, from General Practice, could provide additional certainty. However, a trade-off exists between accuracy and the cost of running a new data collection. Furthermore, collecting new data, for example, from Local Authorities, may create unnecessary duplication with existing data collections already used in the unit cost estimations.

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Jacobs, R., & Dawson, D. (2003). Variation in unit costs of hospitals in the English National Health Service. *Journal of Health Services Research & Policy*, 8 (4), 202–208.

# The Cost of Lung Cancer Screening and Uptake Maximisation: Findings from the Yorkshire Lung Screening Trial

*Yingying Zhang, [1] Sebastian Hind, [1] Catriona Marshal, [2] Neil Hancock, [2] Rhian Gabe, [3] Philip Crosbie,[4] Matthew Callister [2,5]*

**Introduction**

In the UK (and internationally), lung cancer (LC) screening has become an increasingly implemented approach to reduce the rate of late-stage disease at diagnosis and subsequent LC mortality. However, despite widespread cost-effectiveness research in this field, little consideration has been given to the actual cost implications of extending screening capacity to achieve national screening programmes (Grover, 2022).

LC screening with low-dose computed tomography (LDCT) has been shown to reduce LC mortality in randomised controlled trials, and many high and middle-income nations are now at various stages of implementing national screening programmes (Hinde 2018). In September 2022, the UK National Screening Committee recommended implementing LDCT screening; a full roll-out is expected by the end of the decade (UK National Screening Committee, n.d.).

In this paper, we report the results of an extensive cost analysis of the screening approach taken in the Yorkshire Lung Screening Trial (YLST), an ongoing randomised control trial of invitation to community-based LDCT screening versus usual care in a targeted population at risk of LC (Crosbie 2020). This is the most extensive LC screening programme in the UK to undertake a health economic analysis (6,650 recruits at baseline round) and the first to do so over two rounds of screening. The Manchester Lung Health Check Pilot involved 1,384 individuals undergoing a baseline round of LDCT screening, while the UK Lung Screening Pilot included 1,994 individuals undergoing baseline screening (Hinde 2018). The paper considers the costs from the initial identification of at-risk individuals through to the diagnosis of cancer and false positives, with subsequent treatment costs outside the scope of this research.

YLST utilised mobile screening units that travelled to various community locations across Leeds every month. Mobile screening was utilised in YLST to enhance accessibility for participants, addressing capacity issues within fixed-site hospital radiology departments. A similar model based on community-based screening has been adopted by the NHS England Lung Cancer Screening Programme, which is currently being rolled out.

**Lung Health Check and LDCT Screening**

YLST conducts LDCT screening in mobile units at convenient community locations, as travel was identified as the most significant barrier to screening uptake in the UKLS (Ali, 2015). The mobile van comprises a mobile CT scanner and support accommodation. While the van and equipment were rented, Leeds Teaching Hospital (LTH) provided staffing.

Potentially eligible individuals were identified through GP records based on age and smoking status and eligibility was determined during a telephone-based risk assessment with the screening team. Eligible individuals were those who were aged between 55 and 80 years old and classified as at high

risk of developing LC using any of three risk criteria ($LLP_{v2}$ ≥5% risk of LC over the next 5 years, $PLCO_{M2012}$ ≥1.51% risk of LC over the next 6 years, $USPSTF_{2013}$ 30 pack year history of smoking, and quit time <15 years in people who had stopped smoking). Screening was offered if any of the tools returned a high-risk score. The full protocol has been previously published (Crosbie 2020).

**The source of cost data**

The number of individuals (1) in the randomisation cohort, (2) in the intervention group, (3) receiving invitation reminders, (4) who had a telephone triage call and (5) being invited for LC screening were provided by the YLST team. The unit cost of pre-invitation notices, GP-endorsed invitation letters, invitation reminders, screening appointment letters and the average duration of a telephone triage call were provided by the YLST finance team. The Unit Cost of Health and Social Care Manual (Jones et al., 2024) was used to extract information on staff salaries, including qualifications, overheads, and oncosts. Diagnostics items and consumption rates for both true and false positives were extracted from trial and clinical records by the YLST team, with unit costs updated based on the NHS Cost Collection for 2022/23 (NHS, 2023).

**Results**

Table 0.1 provides details of the costing elements considered, from the identification of potentially eligible individuals through to the final diagnostic decision, as well as the approach taken to derive values for each element. The total cost of each trial component is reported in the table, with the full cost of the YLST trial estimated at £5,009,145. As expected, the highest cost element is the delivery of screening itself, representing £3,259,949 of the total cost.

There are several ways this cost can be presented depending on the denominator of interest, a few of which are summarised here:

- £111 per individual invited to health check based on initial eligibility checks (106,822 were identified in the trial, with 44,943 randomised to the intervention arm).
- £17,763 per LC identified through screening (282 LCs were diagnosed in the first two rounds of YLST screening).
- £22,564 per early-stage lung cancer identified through screening (222 out of the 282 LCs diagnosed were at Stage I or II).

**Discussion and Conclusion**

In this paper, we have summarised the estimated costs associated with identifying eligible patients, offering health checks, including mobile CT scanning for those who are eligible, and requiring a diagnostic workup for all negative, false-positive, and true-positive scans for the YLST trial.

As this trial has taken place in the backdrop of the national rollout of LC screening in the UK, we have commented on the expected impact of the national rollout on the marginal cost of the different elements of LC screening in Table 0.1 In most cases, these would imply a reduced marginal cost as the scale increases; however, a national rollout will require significant investment in infrastructure, implying fixed costs beyond the marginal cost values estimated here. The funding for a nationwide roll-out is currently activity-driven, with providers being funded separately for each participant that completes a LC risk assessment, and each LDCT scan undertaken.

It is also important to note that many of the costing elements are sensitive to the approach taken in the trial. For example, three risk scores were used in YLST, which required both extra time to estimate the scores as well as resulted in a rate and distribution of LCs implying costs of diagnosis that will vary to different eligibility criteria.[1]

The costs reported here will provide valuable insight for local and national commissioners seeking to set up LC screening services and screening services more generally.

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[1] In the ongoing national rollout, two risk criteria ($LLP_{v2}$ and $PLCO_{M201}$) instead of three are used and a lower threshold ($LLP_{v2} \geq 2.5\%$ instead of 5%) results in more people become eligible for screening.

**Table 0.1 YLST costing elements, approach, sources, and resultant cost estimates**

| Element | Costing approach | Source or reference | Unit cost per person/event (2022/23 prices) | Frequency per screening round | | Total YLST cost | Future rollout implications |
|---|---|---|---|---|---|---|---|
| | | | | Prevalent | Incident | | |
| **Identification and engagement – total cost £302,807** | | | | | | | |
| Identifying eligible individuals for randomisation | 50-80 year-old ever smokers identified from GP data (n=106,822). Cost estimate based on previous patient index service costing (£36,000 one of costing) spread over an estimated 13 million ever smokers in England (Health Survey for England 2015) to get the unit cost per person | GOV.UK Digital Marketplace 2022 | £0.003 per person | One-off cost | N/A | £320 | Routine repeated access to existing data for incremental screening eligibility will likely remain at a minimal cost. |
| Pre-invitation notice | 44,943 individuals were randomized to the intervention group and sent information about the LHC service | YLST finance team | £0.671 | 44,943 | N/A | £30,157 | Unit cost may reduce as scale increases. |
| GP endorsed the invitation letter for participation | Intervention group invited to telephone risk assessment for lung cancer screening | YLST finance team | £0.803 | 44,943 | N/A | £36,089 | Unit cost may reduce as scale increases. |
| Invitation reminder | Non-responders receive up to two reminders. | YLST finance team | £0.854 per reminder, or £1.108 per person | 1st: 73.2% (32,898)<br>2nd: 56.5% (25,393) | N/A | £49,781 | Unit cost may reduce as scale increases. |
| Telephone triage call | Triage assessing screening eligibility and calculating LC risks. Nurse-led primary care based, median call duration of 3.6 mins for ineligible ever-smokers and 7.5 mins for eligible ever-smokers | YLST finance team and Unit Cost Manual (Jones, 2024) | £7.75 | 22,815 | N/A | £176,816 | It will likely remain similar; however, improved accuracy in routine smoking status data would save time wasted on ineligible individuals. |
| Screening appointment letter | Consenting eligible individuals sent letters with details of the appointment | YLST finance team | £0.712 | 7,069 | 6,476 | £9,644 | Unit cost may reduce as scale increases. |
| **Lung Health Check (LHC) and screening (conducted on a mobile CT scanner and support vehicle) – total cost £3,259,949** | | | | | | | |
| LHC and screening – including surveillance scans | Staffing is based on one band six nurses and either three band 4 SCTAs or two band 4 SCTAs and one band three admin officer. Salary per hour includes the costs of qualifications, salary on costs, and overheads.<br>Risk score conducted at baseline LHC only. | YLST finance team and researcher calculations of clinical waste[1], YLST management team and Unit Cost Manual (Jones, 2024) Estates Returns Information Collection (2023) | Per day: generator (£144.75), mobile CT (£2,595), support vehicle (£1,199), clinical waste (£2.45), staffing (£1,329).<br><br>Prevalent - £302.90 per person<br>Incident - £239.56 per person | 6,650 scans (over 384 days) | 5,184 scans (over 232 days) | £3,256,146 | A third round occurred after this study, which had a higher cost of £4,115 for mobile van rent per day.<br><br>It has been estimated that for the National rollout, 45 screens will be conducted per day at baseline and 60 at subsequent rounds, for a comparative cost of £146.31 and £109.73, including surveillance scans. |
| Taxi | The total taxi cost for T0 and T2 is £3,803.4 and was spread over the 11,834 individuals attending T0 and T2 screens to get the average taxi cost per person. | YLST finance team | £0.32 | | | £3,803.4 | It is likely to remain similar if offered consistently with YLST. |
| Diagnosis – total cost £1,446,388 | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| CT scan reporting | Sent to existing Leeds Teaching Hospital radiologists to be interpreted | YLST finance team | £40 per scan | 6650 plus 1392 surveillance | 5184 plus 910 Surveillance | £565,440 | The full rollout may reduce the marginal cost of scan reporting. |
| Screening review meeting | It discusses all the indeterminate, positive, and incidental scan reports or some adverse scan reports. It consists of one Band 4 Clinical Trial Assistant, one Band 5 nurse, a Consultant Respiratory Physician, a Research Fellow/Junior Doctor, and a Consultant Radiologist. One discussion takes, on average, 2 mins 48 secs. | YLST finance team, YLST data, Unit Cost Manual (Jones, 2024) | £20.01 per discussion | 4575 | 1806 | £127,675.52 | It is expected to remain unchanged for national rollout. |
| Double-read negative scans | According to the YLST protocol (Crosbie, 2020), 5% of all negative scans were randomly selected to be second-read by a different radiologist for quality assurance. According to the YLST finance team, 336 (5.05%) total T0 scans were double-read in T0. We use the same proportion to derive the number of double-read scans in T2. | YLST finance team, Crosbie 2020 | £40 per scan | 336 | 262 | £23,920 | There is no plan to do second reads of negative scans in the national programme. |
| False positive cases, diagnosis, and surgery | Positive cases from the screening were referred to the LTH lung cancer screening service, and almost all had further investigations, after which some cases were not diagnosed with lung cancer and were classified as false-positive cases. In a few cases, patients underwent surgery. | YLST finance team. NHS Cost Collection schedule 2022/2023 (NHS, 2023) | Average unit cost per false positive case: £1,791 (including £571 for surgery) | 81 | 35 | £207,806 | It is informed by national guidance and good practice, so it is unlikely to change in the short term but may reduce with scale. |
| Lung cancer diagnostics | This covers the referral of suspected cancers from the screening review team to the MDT to the final diagnosis. The YLST trial team provided diagnostic workup resources, and unit costs were applied based on the most appropriate Cost Collection value. Diagnostic costs were stratified by type and stage of cancer to reflect the different activities required. | YLST data, NHS Cost Collection schedule 2022/2023 (NHS, 2023) | Average unit cost by stage: I £1,736, II £2,074, III £2,425, IV £1,665, limited £2,347, extensive £829 | Stage I: 105, II: 23, III: 25, IV: 10, limited: 8, extensive: 4. | Stage I: 84, II: 10, III: 4, IV: 1, limited: 5, extensive: 3. | £521,547 | It is informed by national guidance and good practice, so it is unlikely to change in the short term but may reduce with scale. |

(Notes: 1. Cost of disposing of clinical waste was estimated using an estimated weight of 8kg per week and an average cost of incineration (clinical waste) per kilogram for Leeds Teaching Hospital NHS Trust (Estates Returns Information Collection (2023)).

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# SERVICES

# 1. Services for older people

1.1. Private sector nursing homes for older people (age 65+)

1.2. Private sector residential care for older people (age 65+)

1.3. Local authority own-provision residential care for older people (age 65+)

1.4. Local authority own-provision day care for older people (age 65+)

## 1.1 Private sector nursing homes for older people (age 65+)

The table below reflects the fees charged to self-funders, who are typically accommodated in homes that cater to a mix of local authority, NHS, and self-funded clients. The Competition and Markets Authority (CMA) (2017) found that self-funder fees are, on average, 41% higher than those paid by local authorities in the same care home.[1] Using Adult Social Care Finance Return (ASC-FR)[2] returns for 2023/2024, the median cost per person for supporting older people in private-sector nursing homes was £1,003 per week, and the mean cost was £1,026. We used the following unique identifiers within the ASC-FR: 8713501, 8714101, 8714701, 8715301, and 8715901 (the numerator in thousands of pounds), 8713502, 8714102, 8714702, 8715302, and 8715902 (the denominator in thousands of pounds). The standard NHS nursing care contribution is £236.[3] When we add the standard NHS nursing care contribution to the Personal Social Services (PSS) expenditure, the total expected median cost is £1,239, and the mean cost is £1,262. The fee has been taken from the Carterwood Index for 2024[4] to account for the finding that self-funder fees are, on average, 41% higher than those paid by local authorities.[5]

**Table 1.1.1: Costs and unit estimation for private sector nursing homes (age 65+)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Fees | £1,567 per week | The direct unit cost of private-sector nursing homes is assumed to be the fee. Where a market is competitive, such as that for private-sector nursing homes, it is reasonable to assume that the fee will approximate the full cost of providing the service (e.g., care costs and care home fees, including accommodation and utility costs). |
| External services<br>B. Nursing<br>C. GP services<br>D. Other external services | <br>£9.28 per week<br>£13.20 per week<br>£6.62 per week | Information has been drawn from the article in the 2018 volume by Sach et al. (2018),[6] which compares the mean cost of contacts per resident using data collected from general practitioner (GP) records versus care home records over seven months. The total costs incurred per resident per week are £29.10. Costs have been uprated using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1). |
| E. Personal living expenses | £30.15 per week | The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £30.15 per week.[7] This has been used as a proxy for personal consumption. |
| Short-term care | | No current information is available on whether residents in short-term care are less costly than those who live full-time in a nursing home. Short-term care can be provided for up to eight weeks.[8] |
| Dependency | | No current information is available on the relationship between dependency (e.g., a resident needing help with personal care) and cost. |
| Occupancy | 81 per cent [9] | |

| **Unit costs 2023/2024** | |
|---|---|
| Establishment cost per permanent resident week (A) | £1,567 |
| Establishment cost plus personal living expenses per permanent resident week (A to E) | £1,626 |
| Establishment cost per permanent resident per day (A divided by 7) | £224 |
| Establishment cost plus personal living expenses per permanent resident per day (A to E divided by 7) | £232 |

[1] CMA Competition & Markets Authority (2017) *Care homes market study, Final report*, https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf.

[2] NHS England (2024) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2023/2024, Adult Social Care Activity and Finance Report, England, 2023-24 - NHS England Digital, in collaboration with the Department of Health and Social Care.

[3] Department of Health and Social Care (2024) *Funding for nursing in care homes*, Department of Health & Social Care, London. https://www.gov.uk/government/news/increased-2024-funding-for-nursing-in-care-homes

[4] Carterwood Limited (2024) *Carterwood Index, Elderly care homes*. Carterwood Limited, Bristol. Carterwood Index | Elderly care homes - Carterwood, improve decision making.

[5] CMA Competition & Markets Authority (2017) *Care homes market study, Final report*, https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf.

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[7] Department of Health & Social Care (2024) *Social Care – Charging for care and support,* Department of Health & Social Care, London. https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2024-to-2025/social-care-charging-for-care-and-support-local-authority-circular

[8] Age UK (2024) *Paying for short-term and temporary care in a care home*. Age UK, London. Paying for short-term and temporary care in a care home

[9] Office for National Statistics (2023) *Care homes and estimating the self-funding population, England: 2022 to 2023*. Care homes and estimating the self-funding population, England - Office for National Statistics (ons.gov.uk).

## 1.2 Private sector residential care for older people (age 65+)

The table below reflects fees charged to self-funders, who are typically accommodated in homes that cater to a mix of local authority, NHS, and self-funded clients. The Competition & Markets Authority (CMA) (2017)[1] found that self-funder fees are, on average, 41% higher than those paid by local authorities in the same care home. Hence, the fees below do not necessarily represent what local authorities or self-funders pay. Using Adult Social Care Finance Return (ASC-FR) returns for local authority-funded clients for 2023/2024[2], the median cost per person for supporting older people in a residential care home provided by private-sector care homes was £897 per week, with a mean cost of £893 per week. We used the following unique identifiers within ASC-FR: 8713801, 8714401, 8715001, 8715601, and 8716201 (numerators in thousands of pounds), 8713802, 8714402, 8715002, 8715602, and 8716202 (denominator in thousands of pounds).

The fee has been taken from the Carterwood Index[3] to account for the finding that self-funder fees are, on average, 41% higher than those paid by local authorities in the same care home.[4]

**Table 1.2.1: Costs and unit estimations for private sector residential care (age 65+)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Fees | £1,200 per week | The direct unit cost of private-sector residential care homes is assumed to be the fee. Where a market is competitive, such as that for private-sector residential care homes, it is reasonable to believe that the fee will approximate the full cost of providing the service (e.g., care costs and care home fees, including accommodation and utility costs). |
| External service<br>B. Nursing<br>C. GP services<br>D. Other external services | <br>£9.28 per week<br>£13.20 per week<br>£6.62 per week | Information has been drawn from the article in the 2018 volume by Sach et al. (2018),[5] which compares the mean cost of contacts per resident using data collected from GP records versus care home records over a seven-month period. The total costs incurred per resident per week are £29.10. Costs have been uprated using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1). |
| E. Personal living expenses | £30.15 per week | The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £30.15 per week.[6] This has been used as a proxy for personal consumption. |
| Occupancy | 81 per cent[7] | |

| **Unit costs 2023/2024** | |
|---|---|
| Establishment cost per permanent resident week (A) | £1,200 |
| Establishment cost plus personal living expenses per permanent resident week (A to E) | £1,259 |
| Establishment cost per permanent resident per day (A divided by 7) | £171 |
| Establishment cost plus personal living expenses per permanent resident per day (A to E divided by 7) | £180 |

[1] CMA Competition & Markets Authority (2017) *Care homes market study, Final report,* https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf.

[2] NHS England (2024) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2023/2024, Adult Social Care Activity and Finance Report, England, 2023-24 - NHS England Digital, in collaboration with the Department of Health and Social Care.

[3] Carterwood Limited (2024) *Carterwood Index, Elderly care homes.* Carterwood Limited, Bristol. Carterwood Index | Elderly care homes - Carterwood, improve decision making

[4] CMA Competition & Markets Authority (2017) *Care homes market study, Final report,* https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf.

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# 1.3 Local authority own-provision residential care for older people (age 65+)

This table uses data from the Adult Social Care Finance Return (ASC-FR)[1] for 2023/2024 regarding local authority expenditures.

**Table 1.3.1: Costs and unit estimations for local authority own-provision residential care (age 65+)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| Capital costs<br>A. Buildings and on-costs<br>B. Land | <br>£339 per week<br>£45 per week | Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person.[2] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| C. Other capital costs | | The local authority expenditure costs include capital costs unrelated to buildings and on-costs. Therefore, no additional cost has been added for equipment and durables. |
| D. Total local authority expenditure (minus capital) | £1,368 (median) per week | The median estimate is taken from ASC-FR 2023/2024. Capital charges relating to buildings and on-costs have been deducted. The mean cost is £1,282 (minus capital) [using unique identifiers: 8713701, 8714301, 8714901, 8715501, 8716101 (numerators in thousands of pounds), 8713702, 8714302, 8714902, 8715502, 8716102 (denominator in thousands of pounds)]. It is reasonable to assume that the expenditure will approximate the full-service cost, including care costs, care home fees, accommodation, and utility costs. |
| E. Overheads | | Social services management and support services (SSMSS) costs are included in ASC-FR total expenditure figures. |
| External services<br>F. Community nursing<br>G. GP services<br>H. Other external services | <br>£9.28 per week<br>£13.20 per week<br>£6.62 per week | Information was drawn from the article in the 2018 volume by Sach et al.,[3] which compares the mean cost of contacts per resident using data collected from GP records versus care home records over a seven-month period. The total costs incurred per resident per week are £29.10. Costs have been uprated using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1). |
| I. Personal living expenses | £30.15 per week | The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £30.15 per week.[4] This has been used as a proxy for personal consumption. |
| Use of the facility by the client | 52.14 weeks in 2024 | |
| Occupancy | 78 per cent[5] | |

| **Unit costs 2023/2024** | |
|---|---|
| Establishment cost per permanent resident week (includes A to E) | £1,753 |
| Establishment cost plus personal living expenses and external services per permanent resident week (includes A to I) | £1,812 |
| Establishment cost per permanent resident day (includes A to E divided by 7) | £250 |
| Establishment cost plus personal living expenses and external services per permanent resident day (includes A to I divided by 7) | £259 |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] NHS England (2024) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2023/24, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2023-24, in collaboration with the Department of Health and Social Care.

[2] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data

[3] Sach, T., Desborough, J., Houghton, J. and Holland, R. (2018) A comparison of two sources of primary and social care resource use data in a care home setting, in L. Curtis and A. Burns (eds.) *Unit Costs of Health and Social Care 2018*, Personal Social Services Research Unit, University of Kent, Canterbury.

[4] Department of Health & Social Care (2024) *Social Care – Charging for care and support,* Department of Health & Social Care, London. https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2024-to-2025/social-care-charging-for-care-and-support-local-authority-circular

[5] Laing & Buisson (2022) *Laing & Buisson Care Homes Complete Dataset 2021/2022*, Laing & Buisson, London.

# 1.4 Local authority own-provision day care for older people (age 65+)

As day care expenditures are combined with other expenditures in the ASC-FR data collection, this table uses data from the Personal Social Services Expenditure return (PSS EX1) for 2013/14, which has been uprated using the Personal Social Services (PSS) Pay & Prices Inflator (excluding capital). For 2023/2024, the mean cost is £176 per week (excluding capital). These data do not report the number of sessions clients attended each week.

Based on information provided by ten local authorities, we have calculated the average cost per client attendance and the cost per client hour.[1] We have used this information to calculate the cost of a client session lasting 4.6 hours.

**Table 1.4.1: Costs and unit estimations for local authority own-provision day care (age 65+)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **Capital costs**<br>A. Buildings and on-costs<br><br><br>B. Land | <br>£14.21 per client attendance<br><br>£2.95 per client attendance | <br>Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client groups).[2] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| C. Other capital costs | | The local authority expenditure figures include capital costs unrelated to buildings and on-costs. Therefore, no additional cost has been added for equipment and durables. |
| D. Local authority expenditure per day (minus capital) | £70 per client attendance | The total local authority expenditure was taken from Personal Social Services (PSS) EX1 2013/14 and has been uprated using the PSS Pay & Prices Index. Based on PSSRU research, older people attend on average 2.5 times per week for 4.6 hours.[3] |
| E. Overheads | | Social services management and support services (SSMSS) costs are included in PSS EX1 total expenditure figures; therefore, no additional overheads have been added. |
| Use of the facility by the client | 2.5 times | Assumes clients attend 2.5 times per week.[3] |
| Occupancy | | No information is available. |
| **Unit costs 2023/2024** | | |
| Per client attendance for 2.5 hours (includes A to D) | £87 | |
| Per client hour (includes A to D/4.6 hours) | £19 | |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] Based on research carried out by PSSRU in 2014.
[2] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data
[3] Based on research carried out by PSSRU in 2014.

# 2. Services for people requiring mental health services

2.1 NHS National Cost Collection - Mental Health Services

2.2 Local authority own-provision residential care homes for adults requiring long-term mental health support

2.3 Local authority own-provision social services day care for adults requiring mental health support (age 18-64)

2.4 Private and voluntary sector day care for adults requiring mental health support (age 18-64)

2.5 Behavioural Activation delivered by a non-specialist

## 2.1 NHS National Cost Collection - Mental Health Services

These figures show the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on NHS England's National Cost Collection 2023/2024[1] to report on the national costing data for selected mental health services within the NHS. [2]

**Table 2.1.1: NHS National Cost Collection for mental health services**

| **Mental Health Care Contacts (with over 20 submissions)** | **2023/2024 Unit costs** |
|---|---|
| Crisis Resolution Team/Home Treatment Service | £338 |
| Primary Care Mental Health Service | £263 |
| Community Mental Health Service – Functional | £280 |
| Community Mental Health Service – Organic | £268 |
| Assertive Outreach Team | £313 |
| Community Rehabilitation Service | £291 |
| General Psychiatry Service | £289 |
| Psychiatric Liaison Service | £355 |
| Psychotherapy Service | £345 |
| Psychological Therapy Service (non IAPT) | £312 |
| Early Intervention Team for Psychosis | £300 |
| Personality Disorder Service | £292 |
| Memory Services/Clinic/Drop-in service | £238 |
| Single Point of Access Service | £303 |
| Forensic Mental Health Service | £500 |
| Autism Service | £459 |
| Specialist Perinatal Mental Health Community Service | £313 |
| Neurodevelopment Team | £369 |
| Community Eating Disorder Service | £320 |
| Community Team for Learning Disabilities | £371 |
| **Mental Health Provider Spell** | |
| Acute Adult Mental Health Care | £575 |
| Acute Older Adult Mental Health Care (organic and functional) | £630 |
| Adult Psychiatric Intensive Care Unit (acute mental health) | £611 |
| Adult High Secure | £950 |
| Adult Medium Secure | £786 |
| Adult Low Secure | £667 |
| Adult Learning Disabilities | £921 |
| Adult Community Rehabilitation Unit | £399 |
| Adult Longer-Term High Dependency Rehabilitation Unit | £478 |
| Adult Eating Disorders | £839 |
| Adult Admitted Patient Continuing Care | £545 |
| Adult Mental Health Admitted Patient Services for the Deaf | £899 |
| Adult Highly Specialist High Dependency Rehabilitation Unit | £740 |
| Adult Personality Disorder | £1,111 |
| Adult Neuro-psychiatry / Acquired Brain Injury | £132 |

[1] Calculated using the *National Cost Collection for the NHS 2023/2024* NHS England » National Cost Collection for the NHS

[2] National costs are calculated by dividing the total quantum of expenditure for a given activity/service by its total volume. Therefore, two potential sources of change between years exist regarding total volume and total costs. The source of change will lead to variations in the average unit costs for a specific activity or service between years.

## 2.2 Local authority own-provision residential care homes for adults requiring long-term mental health services

This table uses the Adult Social Care Finance Return (ASC-FR) [1] returns for 2023/2024 for expenditure data.

**Table 2.2.1: Costs and unit estimations for local authority residential care homes for adults requiring long-term mental health support**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **Capital costs**<br>A. Buildings and on-costs | £144 per resident per week | Based on the new-build and land requirements for homes for people requiring mental health support.[2] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| B. Total local authority expenditure (minus capital) | £1,040 per resident per week (aged 18-64) (median)<br><br>£705 per resident per week (aged 65 and over) (median) | The median weekly revenue cost estimate for adults aged 18-64 requiring long-term mental health support [using unique identifier: 8713001 (the numerator in thousands of pounds), 8713002 (the denominator in thousands of pounds)]. It is reasonable to assume that the expenditure will approximate the full-service cost, including care costs, care home fees, accommodation, and utility costs. |
| C. Overheads | | Social services management and support services (SSMSS) costs are included in ASC-FR expenditure figures, so no additional overheads have been added. |
| **Other costs**<br>D. Personal living expenses | £30.15 per week | The DWP personal allowance for people in residential care or nursing homes is £30.15 per week,[3] which has been used as a proxy for personal consumption. |
| E. External services | | No information is available. |
| Use of the facility by the client | 366 days in 2024 | |
| Occupancy | 100% | We have assumed 100% occupancy. |

| **Unit costs 2023/2024** | |
|---|---|
| **Age 18-64** | |
| Per resident week median establishment costs (includes A to B) | £1,185 |
| Per resident week (median) (includes A to D). | £1,215 |
| Per resident day establishment costs (includes A to B divided by 7) | £169 |
| Per resident day (includes A to D divided by 7) | £174 |
| **Age 65+** | |
| Per resident week median establishment costs (includes A to B) | £852 |
| Per resident week (median) (includes A to D). | £883 |
| Per resident day establishment costs (includes A to B divided by 7) | £122 |
| Per resident day (includes A to D divided by 7) | £126 |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] NHS England (2024) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2023/24, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2023-24, in collaboration with the Department of Health and Social Care.

[2] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data

[3] Department of Health & Social Care (2024) *Social Care – Charging for care and support,* Department of Health & Social Care, London. https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2024-to-2025/social-care-charging-for-care-and-support-local-authority-circular

## 2.3 Local authority own-provision social services day care for adults requiring mental health services (age 18-64)

As day care expenditures are combined with other expenditures in the ASC-FR data collection, this table uses the Personal Social Services Expenditure return (PSS EX1)[1] for 2013/2014 for local authority expenditures, which has been uprated using the PSS Pay & Prices Index (excluding capital). For 2023/2024, the mean cost is £157 per client week (excluding capital). These data do not include the number of sessions clients attended each week.

Based on information provided by ten local authorities,[2] we have calculated an average cost per client attendance and a cost per client hour. For day care for people requiring mental health support, the average number of sessions attended per week was three, which is also the number of sessions recommended as part of a total recovery programme.[3]

**Table 2.3.1: Costs and unit estimations for local authority own-provision social services day care for adults requiring mental health support (age 18-64)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **Capital costs**<br>A. Buildings and on-costs<br><br>B. Land | <br>£14.21 per client attendance<br><br>£2.95 per client attendance | Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client groups).[4] Capital and land costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| C. Other capital | | The local authority expenditure figures include capital costs unrelated to buildings and on-costs, so no additional cost has been added for other items such as equipment and durables. |
| D. Total local authority expenditure (minus capital)<br><br><br><br><br><br>E. Overheads | £52 per client attendance | The average weekly cost was taken from Personal Social Services (PSS) EX1 2013/2014 and was uprated using the PSS Pay & Prices Index (excluding capital).<br><br>Assuming people requiring mental health support attend on average 3 times per week (4.1 hours).<br><br>Capital charges relating to buildings have been deducted.<br><br>Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures, so no additional overheads have been added. |
| Use of the facility by the client | 3 times per week[3] | |
| Occupancy | 100% | We have assumed 100% occupancy. |
| **Unit costs 2023/2024** | | |
| Per client attendance (includes A to D) | | £69 |
| Per client hour (includes A to D divided by 4.1 hours) | | £17 |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] NHS England (2014) *PSS EX1* 2013/14, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/personal-social-services-expenditure-and-unit-costs-england-2013-14-final-release, NHS England, Leeds.
[2] Based on research carried out by PSSRU in 2014.
[3] Salford City Council (2011) *Mental health,* Salford City Council. http://www.salford.gov.uk/mentalhealth.htm.
[4] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.

## 2.4 Private and voluntary sector day care for adults requiring mental health services (age 18-64)

This table uses the Personal Social Services Expenditure return (PSS EX1)[1] for 2013/2014 for expenditure costs, which have been uprated using the PSS Pay & Prices Index (excluding capital) (see Section 12.1). For 2023/2024, the mean cost is £98 per week (excluding capital).

Based on information provided by ten local authorities,[2] we have calculated an average cost per client attendance and a cost per client hour. We have used this information to calculate the cost of a client session lasting 4.1 hours, a typical standard day care unit for most local authorities responding to our information request.

The average number of sessions attended per week at day care for people requiring mental health support was 3, which is also the number of sessions recommended as part of a total recovery programme.[3]

**Table 2.4.1: Costs and unit estimations for private and voluntary sector day care for adults requiring mental health support (age 18-64)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **Capital costs**<br>A. Buildings and on-costs<br><br>B. Land | £14.21 per client attendance<br><br>£2.95 per client attendance | Based on the new-build and land requirements for local authority day care facilities[4] (which do not distinguish client groups). Capital and land costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| C. Other capital | | The local authority expenditure figures include capital costs unrelated to buildings; therefore, no additional costs have been allocated for other items, such as equipment and durable goods. |
| D. Average expenditure (minus capital)<br><br><br><br>E. Overheads | £38 per client attendance | The mean weekly cost has been taken from Personal Social Services (PSS) EX1 2013/2014 and uprated using the PSS Pay & Prices Index (excluding capital). Assuming people requiring mental health support attend three times per week for 4.1 hours, [3] Capital charges relating to buildings have been deducted.<br><br>Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures, so no additional overheads have been added. |
| Use of the facility by the client | 3 times per week[3] | |
| Occupancy | | No information is available. |
| **Unit costs 2023/2024** | | |
| Per client attendance (includes A to D) | | £56 |
| Per client hour | | £14 |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] NHS England (2014) *PSS EX1 2013/14.* https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/personal-social-services-expenditure-and-unit-costs-england-2013-14-final-release, NHS England, Leeds.
[2] Based on research carried out by PSSRU in 2014.
[3] Salford City Council (2011) *Mental health,* Salford City Council. http://www.salford.gov.uk/mentalhealth.htm
[4] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.

## 2.5. Behavioural activation delivered by a non-specialist

Behavioural Activation (BA) provides a straightforward, effective treatment for depression, which can be delivered in a group setting or to individuals. This schema outlines the costs for group-based BA, delivered over 12 one-hour sessions by two mental health nurses on post-qualification pay bands, with no prior formal therapy training. They received five days of training in BA and one hour of clinical supervision fortnightly from the principal investigator.[1] On average, 10 people typically attend sessions. Costs are based on Agenda for Change (AfC) Band 7, the grade generally used for this service.

**Table 2.5.1: Costs and unit estimations for behavioural activation delivered by a non-specialist**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Wages/salary | £94,082 per year | Based on the mean full-time equivalent basic salary for two mental health nurses on AfC band 7 of the 2023/2024 NHS staff earnings estimates.[2] |
| B. Salary on-costs | £31,811 per year | 20.6 per cent has been included for the employer's contribution to superannuation. |
| C. Initial qualifications | £19,050 per year | Qualification costs have been calculated using the method described in Netten et al. (1998).[3] This cost is for two mental health nurses for the initial three years of training. |
| D. Specific training for behavioural activation | £813 | The cost has been uprated. |
| E. Overheads | | The overheads (below) have been sourced from HM Treasury's Public Expenditure Statistics Analysis.[4] |
| Management, administration, and estates staff | £28,074 per year | Management and other non-care staff costs included administration and estate staff. |
| Non-staff | £43,131 per year | Non-staff costs include expenses incurred by the provider for office space, travel and transportation, publishing, training courses and conferences, supplies and services (both clinical and general), and utilities such as water, gas, and electricity. |
| F. Capital overheads | £7,506 per year | Based on the new-build and land requirements of NHS facilities (2 offices) but adjusted to reflect shared use of both treatment and non-treatment space. Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| **Total cost** | **£224,506 per year** | |
| Working days per year | 206 | Working days are calculated by deducting from 260 weekdays per annum (e.g. eight statutory days, 28 annual leave days, five training/study days, 13 sick days).[5] |
| Working hours per week | 1,545 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours). |
| Working weeks per year | 41.2 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37.5 hours). |
| **Unit costs 2023/2024** | | |
| Cost per session per person attending the group | £19 | |
| Cost per session per person attending the group (with qualifications) | £21 | |
| Cost per 12 group sessions per person | £233 | |
| Cost per 12 group sessions per person (with qualifications) | £254 | |

[1] Ekers, D., Godfrey, C., Gilbody, S., Parrott, S., Richards, D., Hammond, D. & Hayes, A. (2011) Cost utility of behavioural activation delivered by the non-specialist, *British Journal of Psychology*, 199, 510-511.

[2] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds.

[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.

[4] HM Treasury (2024) *Public Expenditure: statistical analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024

[5] NHS England (2024) *NHS sickness absence rates*, NHS Sickness Absence Rates - NHS England Digital, NHS England, Leeds.

# 3. Services for adults who misuse drugs or alcohol

3.1. NHS National Cost Collection – unit costs for misuse of drugs or alcohol

3.2. Alcohol health worker/Alcohol liaison nurse/Substance misuse nurse

# 3.1. NHS National Cost Collection – unit costs for misuse of drugs or alcohol

These figures show the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on NHS England's National Cost Collection 2023/2024[1] to report on the NHS national costing data for misuse of drugs or alcohol services. [2]

**Table 3.1.1: NHS National Cost Collection – unit costs for misuse of drugs or alcohol**

| Drug and alcohol services (adults) | 2023/2024 Unit costs |
|---|---|
| Acute Alcohol Intoxication with CC Score 3+ – Non-Elective long stay | £3,102 |
| Acute Alcohol Intoxication with CC Score 3+ – Non-Elective short stay | £573 |
| Acute Alcohol Intoxication with CC Score 0-2 – Non-Elective long stay | £2,271 |
| Acute Alcohol Intoxication with CC Score 0-2 – Non-Elective short stay | £466 |
| Acute Drug Intoxication - Non-Elective Inpatient – Long Stay | £2,498 |
| Acute Drug Intoxication - Non-Elective Inpatient – Short Stay | £524 |
| Acute Combined Drug Intoxication - Non-Elective Inpatient – Long Stay | £2,006 |
| Acute Combined Drug Intoxication - Non-Elective Inpatient – Short Stay | £485 |
| Rehabilitation Inpatient for Drug or Alcohol Addiction | £52 |
| Mental and Behavioural Disorders Due to Drug or Alcohol Use, treated by a Non-Specialist Mental Health Service Provider - Non-Elective Inpatient – Long Stay | £3,024 |
| Mental and Behavioural Disorders Due to Drug or Alcohol Use, treated by a Non-Specialist Mental Health Service Provider - Non-Elective Inpatient – Short Stay | £602 |
| Mental and Behavioural Disorders Due to Drug or Alcohol Use, treated by a Non-Specialist Mental Health Service Provider – Rehabilitation Service | £486 |

[1] Calculated using the *National Cost Collection for the NHS 2023/2024* NHS England » National Cost Collection for the NHS

[2] National costs are calculated by dividing the total quantum of expenditure for a given activity/service by its total volume. Therefore, two potential sources of change between years exist regarding total volume and total costs. The source of change will lead to variations in the average unit costs for a specific activity or service between years.

## 3.2. Alcohol health worker/Alcohol liaison nurse/Substance misuse nurse

In the majority of hospitals, alcohol health workers are qualified nurses. However, they can also be staff with alternative qualifications (NVQ in health and social care, counselling skills) or experience in substance misuse. They work predominantly in non-emergency admission units followed by A&E, specialist gastroenterology/liver wards, and general medical wards.[1]

**Table 3.2.1: Costs and unit estimations for an Alcohol health worker/Alcohol liaison nurse/Substance misuse nurse**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Wages/Salary | £39,263 per year | Based on the mean full-time equivalent basic salary for Agenda for Change, band 6 of the 2023/2024 staff earnings estimates.[2] Refer to the NHS Terms and Conditions of Service Handbook for details on payment for unsocial hours and shift work.[3] |
| B. Salary on-costs | £12,989 per year | 20.6 per cent of the salary for the employer's contribution to superannuation has been included. |
| C. Initial qualifications | £9,525 per year | See Table 12.4.1 for detailed information on training costs for specific health and social care professionals. These have been calculated using the method described in Netten et al. (1998).[4] |
| **D. Overheads** | | The overheads (below) have been sourced from HM Treasury's public expenditure statistics analysis.[5] |
| Management, administration/estates staff | £11,652 per year | Management and other non-care staff costs include administration and estate staff. |
| Non-staff | £17,901 per year | Non-staff costs include the provider's expenses for drugs, office supplies, travel and transportation, publishing, training courses and conferences, supplies and services (both clinical and general), and utilities such as water, gas, and electricity. |
| E. Capital overheads | £7,506 per year | Based on the new-build and land requirements of NHS facilities, the design was adjusted to accommodate shared office space for administration, recreation, and changing facilities.[6] Treatment space has not been included. |
| **Total cost (without qualifications)** | **£89,311 per year** | |
| **Total cost (with qualifications)** | **£98,836 per year** | |
| **Working time** | | |
| Working weeks | 41.2 | Working weeks are calculated by dividing the working hours per annum by the hours per week (37.5 hours). |
| Working days | 206 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. eight statutory days, 28 annual leave days and five training/study days). |
| Working hours | 1,545 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours). |
| Ratio of direct to indirect time (face-to-face contact) | 1:0.47 | Marsden and colleagues (2019) reported that every hour of face-to-face time required 28 minutes of non-face-to-face time. |

| **Unit costs 2023/2024** | **without qualifications** | **with qualifications** |
|---|---|---|
| Per hour | £58 | £64 |
| Per hour (face-to-face contact) | £85 | £94 |

[1] Baker, S., & Lloyd, C. (2012) *A national study of acute care Alcohol Health Workers*, Alcohol Research UK. http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0115.pdf.

[2] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds.

[3] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers

[4] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS*, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.

[5] HM Treasury (2024) *Public Expenditure: statistical analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024

[6] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.

# 4. Learning disability support for adults

4.1. Local authority own-provision day care for adults requiring learning disability support (age 18-64)

4.2. Specialised supported housing

4.3. Positive behavioural support for adults with learning disabilities and behaviour that challenges

# 4.1. Local authority own-provision day care for adults requiring learning disability support (age 18-64)

As day care expenditures are combined with other expenditures in the ASC-FR data collection, this table uses the Personal Social Services Expenditure return (PSS EX1) (2013/2014)[1] for expenditure costs, which have been uprated using the PSS Pay & Prices Index (excluding capital costs). For 2023/2024, the mean cost is £407 per week (excluding capital). These data do not include the number of sessions clients attend each week.

We have calculated an average cost per client attendance and a cost per client hour using information provided by 10 local authorities.[2] We have used this information to calculate the cost of a client session lasting 4.8 hours, a typical standard day care unit for most local authorities responding to our information request.

**Table 4.1.1: Local authority own-provision day care for adults requiring learning disability support (age 18-64)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| Capital costs<br>A. Buildings and on-costs<br><br><br>B. Land | <br>£14.21 per client attendance<br><br>£2.95 per client attendance | <br>Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client groups). Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.[3] |
| C. Other capital | | Capital costs not related to buildings and on-costs are included in the revenue costs, so no additional cost has been added for other capital items, such as equipment and durables. |
| D. Local authority expenditure (minus capital) | £102 per client attendance (median) | The mean weekly cost has been taken from Personal Social Services (PSS) EX1 (2013/2014) and uprated using the PSS Pay & Prices Index (excluding capital). This assumes people requiring learning disability support attend for an average of 4.8 hours.[3] |
| E. Overheads | | Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures, so no additional overheads have been added. |
| Use of the facility by the client | 4 times per week | Assumes clients attend 4 times per week.[3] |
| Occupancy | | No information is available. |
| **Unit costs 2023/2024** | | |
| Per client attendance (includes A to D) | £119 | |
| Per client hour (includes A to D divided by 4.8 hours) | £25 | |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] NHS England (2014) *PSS EX1 2013/14*, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/personal-social-services-expenditure-and-unit-costs-england-2013-14-final-release, NHS England, Leeds.

[2] Based on research carried out by PSSRU in 2014.

[3] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.

## 4.2. Specialised supported housing

Supported living schemes offer care and support for people in communal living settings. Support includes:

- Assessment of ongoing care needs
- Hands-on care and practical assistance
- Skills training
- Escort to community settings
- Advice and support

A sub-category of supported housing is 'Specialised Supported Housing' (SSH), provided or managed by registered providers regulated by the Regulator of Social Housing. This relates to supported housing exempted entirely from social rent requirements and defined as properties developed in partnership with local authorities or the health service (See Housing LIN[1] for a more detailed definition).

Housing LIN's research collected costs from 29 registered providers.[1] The costs have been uprated to current prices using the PSS Pay and Prices Index (excluding capital) (see Section 12.1). The table below illustrates how a person with a learning disability living in Specialised Supported Housing requires state funding of, on average, £2,136 per week for care and housing costs.

**Table 4.2.1: Specialised supported housing**

| | 2023/2024 | | | |
|---|---|---|---|---|
| | **Average weekly rent** | **Average weekly service charge** | **Care packages** | **Total costs** |
| Shared SSH | £252 | £72 | £1,818 | £2,141 |
| Self-contained SSH | £264 | £66 | £1,818 | £2,148 |
| All SSH | £249 | £69 | £1,818 | £2,136 |

[1] Housing LIN (2018) *Funding supported housing for all, Specialised Supported Housing for people with a learning disability,* https://www.mencap.org.uk/sites/default/files/2018-04/2018.052%20Housing%20report_FINAL_WEB.pdf.

## 4.3. Positive behavioural support for adults with learning disabilities and behaviour that challenges

Positive Behavioural Support (PBS) is a flexible service that aims to maintain people with learning disabilities whose behaviour challenges in the community and to increase the ability of carers and professionals to cope with such behaviours https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Supporting-people-with-challenging-or-distressed-behaviour/Positive-behavioural-support.aspx

The service supports adults (18 years old and over) in four areas of practice: early intervention for high-risk groups (e.g. training workshops for carers and professionals working with people with learning disabilities and behaviour that challenges); crisis prevention and management (e.g. early identification of behaviours that may lead to placement breakdowns); technical support for those with the most complex issues (e.g. intensive behavioural intervention); and placement development (e.g. returning people in out-of-area placements to their 'home' borough).

A study carried out by Iemmi et al. (2015) [1] found that the service was effective in improving the outcomes (behaviours that challenge, activity engagement, community participation) of individuals at a total cost of services of £2,709 per week (see table 4.3.1 (overleaf) which uses average costs for a sample of three people). The economic analysis adopted a public service perspective, encompassing health, social care, and criminal justice services. The PBS intervention accounted for nearly ten per cent of this cost (£270). The total cost of the PBS intervention lasting 15 months is estimated to be £17,264 per adult. The total cost of services received for adults receiving additional support was £140,957 per year.

These costs were calculated using a representative high-intensity case, and the PBS intervention includes staff costs (behaviour analyst, assistant behaviour analyst, support worker), overheads (IT, telephone, photocopying, training, human resources cost, accommodation costs, meetings, analysis, and report formulation), travel costs, and clinical supervision. Iemmi et al. (2015) noted that by maintaining people with less severe challenges in the community (£9 to £180 per week) and those with more severe behavioural needs in less service-intensive residential accommodations (£1,293 to £4,066 per week), the service may potentially reduce public services cost in the long term.[1]

See Hassiotis et al. (2014)[2] for a study addressing the clinical and cost-effectiveness of staff training in PBS.

Where appropriate, the costs have been uprated to 2023/2024 using the Personal Social Services (PSS) Pay and Prices Index (excluding capital) and the NHS Cost Pay Inflation Index (Pay and Prices) (see Section 12.1). The standard deviations have also been uprated.

[1] Iemmi, V., Knapp, M., Saville, M., McWade, P., McLennan, K. & Toogood, S. (2015) Positive behavioural support for adults with intellectual disabilities and behaviour that challenges: an initial exploration of the economic case, *International Journal of Positive Behavioural Support*, 5,1, 16-25.

[2] Hassiotis, A., Strydom, A., Crawford, M., Hall, I., Omar, R., Vickerstaff., V., Hunter, R., Crabtree, J., Cooper, V., Biswas, A., Howie, W. & King, M. (2014) Clinical and cost effectiveness of staff training in Positive Behaviour Support (PBS) for treating challenging behaviour in adults with intellectual disability: a cluster randomised controlled trial, *BMC Psychiatry*, 14: 219.

**Table 4.3.1: Service use and cost for adults over the first 6 months of PBS (N=3)**

| | No. using | No. contacts mean (SD) | Contact: hours, mean (SD) | Weekly cost (2023/2024) mean | SD |
|---|---|---|---|---|---|
| **Health and social care** | | | | | |
| Supported housing (days) | 1 | 182 | | £447 | £775 |
| Other than residential home (days) | 1 | 35.5 | | £134 | £233 |
| **Total residential care** | | | | **£582** | **£1,008** |
| | | | | | |
| **Community-based care** | | | | | |
| Psychiatrist | 2 | 2 (0) | 0.9 (0.2) | £17 | £15 |
| Nurse | 3 | 5 (2.6) | 0.8 (0.1) | £9 | £5 |
| Social worker | 3 | 48.3 (17.2) | 0.4 (0) | £183 | £79 |
| Care worker | 1 | 182 | 24 | £1,971 | £3,414 |
| Other services (paid through direct payments) | 2 | 78 | | £188 | £162 |
| **Total community-based care** | | | | £2,368 | £3,675 |
| Day care centre | 1 | 78 | 6 | £84 | £102 |
| **Total health and social care** | | | | **£3,034** | **£4,785** |
| Positive behavioural support for adults with intellectual disabilities and behaviour that challenges | | | | £330 | |
| **Total health and social care (+PBSS)** | | | | **£3,364** | **£4,785** |

# 5. Services for adults requiring physical support

5.1. Local authority own-provision residential care homes for adults requiring physical support (age 18-64)

5.2. Voluntary and private sector care homes for adults requiring physical support (age 18-64)

5.3. Local authority own-provision day care for adults requiring physical support (age 18-64)

# 5.1. Local authority own-provision residential care homes for adults requiring physical support (age 18-64)

**Table 5.1.1: Costs for local authority own-provision residential care homes for adults requiring physical support (age 18-64)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **Capital costs** | | |
| A. Buildings and on-costs | £319 per resident week | Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person.[1] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| B. Land costs | £35 per resident week | |
| C. Total local authority expenditure (minus capital) | £1,494 per resident week (median) | The data comes from the ASC-FR data return (ASC-FR) for 2023/2024.[2] The mean weekly cost is £843, excluding capital. Capital charges relating to buildings and land have been deducted. It is reasonable to assume that the expenditure will approximate the full-service cost, including care costs, care home fees, accommodation, and utility costs. |
| D. Overheads | | No additional overheads have been added. |
| Other costs | | |
| E. Personal living expenses | £30.15 per week | The DWP personal allowance for people in residential care or nursing homes is £30.15 per week.[3] This has been used as a proxy for personal consumption. |
| F. External services | | No information is available. |
| Use of the facility by the client | 366 days in 2024 | |
| Occupancy | | No information is available. |
| **Unit costs 2023/2024** | | |
| Cost per resident week establishment costs (A to C) | £1,849 | |
| Cost per resident week care package costs (A to E) | £1,879 | |
| Per resident day establishment costs (includes A to C divided by 7) | £264 | |
| Per resident day (includes A to E divided by 7). | £268 | |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.

[2] NHS England (2024) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2023/2024, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2023-24, in collaboration with the Department of Health and Social Care.

[3] Department of Health & Social Care (2024) *Social Care – Charging for care and support,* Department of Health & Social Care, London. https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2024-to-2025/social-care-charging-for-care-and-support-local-authority-circular

## 5.2. Voluntary and private sector residential care homes for adults requiring physical support (age 18-64)

**Table 5.2.1: Costs for voluntary and private sector residential care homes for adults requiring physical support.**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **Capital costs**<br>A. Buildings and on-costs<br><br>B. Land costs | £127 per resident per week<br><br>£35 per resident per week | Based on the new-build and land requirements for residential care establishments. These allow for 57.3 square metres per person.[1] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| C. Total expenditure (minus capital) | £1,185 per resident per week (median) | Data are sourced from the ASC-FR data return (ASC-FR) for the 2023/2024 period.[2] The mean weekly cost is £1,182, excluding capital. Capital charges relating to buildings and land have been deducted. It is reasonable to assume that the expenditure will approximate the full cost of providing the service (e.g. care costs and care home fees, including accommodation and utility costs). |
| D. Overheads | | No additional overheads have been added. |
| Other costs | | |
| E. Personal living expenses | £30.15 per week | The DWP personal allowance for people in residential care or nursing homes is £30.15 per week.[3] This has been used as a proxy for personal consumption. |
| F. External services | | No information is available. |
| Use of the facility by the client | 52.14 weeks in 2024 | |
| Occupancy | | No information is available. |
| **Unit costs 2023/2024** | | |
| Cost per resident week establishment costs (A to C) | | £1,347 |
| Cost per resident week care package costs (A to E) | | £1,377 |
| Per resident per day establishment costs (includes A to C divided by 7) | | £192 |
| Per resident per day (includes A to E divided by 7). | | £197 |

Note: Where we do not have current information, we have uprated land costs to reflect current prices. The capital costs are higher than outlined in the 2023 manual.

[1] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.

[2] NHS England (2024) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2023/2024, Adult Social Care Activity and Finance Report, England, 2023-24 - NHS England Digital, in collaboration with the Department of Health and Social Care.

[3] Department of Health & Social Care (2024) *Social Care – Charging for care and support,* Department of Health & Social Care, London. https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2024-to-2025/social-care-charging-for-care-and-support-local-authority-circular

# 5.3. Local authority own-provision day care for adults requiring physical support (age 18-64)

As day care is now combined with other expenditures in the ASC-FR data collection, this table uses the Personal Social Services Expenditure return (PSS EX1) for 2013/2014 for expenditure costs that have been uprated using the Personal Social Services (PSS) Pay & Prices Index (excluding capital) (see Section 12.1). For 2023/2024, the mean cost is £268 per week (excluding capital costs). These data do not include the number of sessions clients attend each week.

Based on information provided by ten local authorities,[1] we have calculated an average cost per client attendance and a cost per client hour. We have used this information to calculate the cost of a client session lasting 4.25 hours.

**Table 5.3.1: Costs for local authority day care for adults requiring physical support (age 18-64)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **Capital costs** | | |
| A. Buildings and on-costs<br><br>B. Land | £14.21 per client attendance<br><br>£2.95 per client attendance | Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client groups). Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.[2] |
| C. Other capital costs | | The local authority expenditure figures include capital costs unrelated to buildings and on-costs. Therefore, no additional costs have been incurred for items such as equipment and durable goods. |
| **Revenue costs** | | |
| D. Per day expenditure (minus capital) | £100 per client attendance | The average weekly cost was taken from the Personal Social Services (PSS) EX1 2013/2014 and uprated using the PSS Pay & Prices Index (excluding capital). Assuming people with physical disabilities attend on average 2.7 times per week (4.25 hours in duration).[2] |
| E. Overheads | | Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures, so no additional overheads have been added. |
| Use of the facility by the client | | Assumes clients attend 2.7 times per week.[2] |
| Occupancy | | No information is available. |
| **Unit costs 2023/2024** | | |
| Total cost per attendance (includes A to D) | £118 | |
| Cost per hour (includes D/4.25 hours) | £24 | |

[1] Based on research carried out by PSSRU in 2014.
[2] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.

# 6. Hospital and related services

6.1. NHS National Cost Collection – unit costs for hospital services

6.2. NHS wheelchairs

6.3. Self-management programmes

6.4. NHS National Cost Collection – unit costs for sexual health

6.5. Screening interventions for sexually transmitted infections (STIs)

# 6.1. NHS National Cost Collection – unit costs for hospital services

National Cost Collection costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on NHS England's National Cost Collection 2023/2024[1] to report on the NHS national costing data for hospital services.[2]

**Table 6.1.1: Unit costs for hospital services**

| Hospital Services | 2023/2024 Unit Costs |
|---|---|
| Elective inpatient stays | £6,215 |
| Non-elective inpatient stays (long stays) | £5,134 |
| Non-elective inpatient stays (short stays) | £792 |
| Day cases | £1,031 |
| Critical care | £1,907 |
| Critical care transport | £3,403 |
| Outpatient Procedures | £230 |
| Consultant Led | £198 |
| Non Consultant Led | £129 |
| High-Cost Devices | £1,972 |
| Rehabilitation inpatient | £634 |
| Nuclear Medicine | £451 |
| Regular Day or Night Admissions | £402 |
| Emergency care | £273 |
| Ambulance | £250 |
| Hear & treat | £66 |
| See & treat | £327 |
| See and convey | £459 |
| Other | £22 |
| Renal Dialysis | £193 |
| NHS Talking Therapy Care Contact | £163 |
| Diagnostic Imaging | £116 |
| Audiology | £93 |
| Community Health Service | £86 |
| National screening programmes | £55 |

[1] Calculated using the *National Cost Collection for the NHS 2023/2024* NHS England » National Cost Collection for the NHS

[2] National costs are calculated by dividing the total quantum of expenditure for a given activity/service by its total volume. Therefore, two potential sources of change between years exist regarding total volume and total costs. The source of change will lead to variations in the average unit costs for a specific activity or service between years.

## 6.2. NHS National Cost Collection – unit costs for community health services

National Cost Collection costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on NHS England's National Cost Collection 2023/2024[1] to report on the NHS national costing data for community health services.[2]

**Table 6.2.1: National average unit costs for community health services**

| District Nursing Services | 2023/2024 Unit Costs |
|---|---|
| Occupational Therapist, Adult, One to One | £68 |
| Physiotherapist, Adult, One to One | £41 |
| Speech and Language Therapist, Adult, One to One | £100 |
| Speech and Language Therapist, Adult, Group | £55 |
| Other Therapist, Adult, One to One | £108 |
| Other Therapist, Adult, Group | £1,672 |
| Dietitian | £62 |
| Podiatrist, Tier 1, General Podiatry | £54 |
| Podiatrist, Tier 3, Management of at Risk Complex Foot | £92 |
| Older patients | £116 |
| Other patients | £96 |
| Intermediate Care, Crisis Response and Early Discharge Services | £131 |
| Intermediate Care Home-Based Services | £123 |
| District Nurse, Adult, Face to Face | £57 |
| District Nurse, Adult, Non-face-to-face | £38 |
| Specialist Nursing, Active Case Management (Community Matrons), Adult, Face to face | £114 |
| Specialist Nursing, Active Case Management (Community Matrons), Adult, Non-face-to-face | £107 |
| Specialist Nursing, Asthma and Respiratory Nursing/Liaison, Adult, Face to face | £171 |
| Specialist Nursing, Asthma and Respiratory Nursing/Liaison, Adult, Non-face-to-face | £154 |
| Specialist Nursing, Cancer Related, Adult, Face to face | £102 |
| Specialist Nursing, Cancer Related, Adult, Non-face-to-face | £100 |
| Specialist Nursing, Continence Services, Adult, Face to face | £66 |
| Specialist Nursing, Continence Services, Adult, Non-face-to-face | £59 |
| Specialist Nursing, Diabetic Nursing/Liaison, Adult, Face to face | £43 |
| Specialist Nursing, Diabetic Nursing/Liaison, Adult, Non-face-to-face | £32 |
| Specialist Nursing, Intensive Care Nursing, Adult, Face-to-face | £304 |
| Specialist Nursing, Intensive Care Nursing, Adult, Non-face-to-face | £239 |
| Specialist Nursing, Palliative/Respite Care, Adult, Face-to-face | £180 |
| Specialist Nursing, Palliative/Respite Care, Adult, Non-face-to-face | £69 |
| Specialist Nursing, Parkinson's and Alzheimer's Nursing/Liaison, Adult, Face to face | £70 |
| Specialist Nursing, Parkinson's and Alzheimer's Nursing/Liaison, Adult, Non-face to face | £46 |
| Specialist Nursing, Stoma Care Services, Adult, Face to face | £28 |
| Specialist Nursing, Tuberculosis Specialist Nursing, Adult, Face to face | £145 |
| Specialist Nursing, Tuberculosis Specialist Nursing, Adult, Non-face-to-face | £56 |

[1] Calculated using the *National Cost Collection for the NHS 2023/2024* NHS England » National Cost Collection for the NHS

[2] National costs are calculated by dividing the total quantum of expenditure for a given activity/service by its total volume. Therefore, two potential sources of change between years exist regarding total volume and total costs. The source of change will lead to variations in the average unit costs for a specific activity or service between years.

## 6.3. NHS wheelchairs

National Cost Collection costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on NHS England's National Cost Collection 2023/2024[1] to report on the NHS national costing data for wheelchairs.[2]

**Table 6.3.1: NHS wheelchair costs**

| | Total values 2023/2024 | 2023/2024 Unit costs | Notes |
|---|---|---|---|
| **Capital costs (adult)** | | | The capital value has been depreciated over five years at a discount rate of 3.5 per cent to account for the expected life of a new chair. In practice, 50 per cent of the wheelchairs supplied have been reconditioned and not worn out when their first users cease to need them. |
| Wheelchair Services - equipment, low need | £311 | £69 | |
| Wheelchair Services -equipment, medium need | £637 | £141 | |
| Wheelchair Services - equipment, high need, manual | £689 | £153 | |
| Wheelchair Services - equipment, high need, powered | £1,548 | £343 | |
| Wheelchair Services - equipment, specialist needs, manual | £903 | | |
| Wheelchair Services - equipment, specialist needs, powered | £1,778 | | |
| **Revenue costs** | | | Revenue costs exclude therapists' time but include staff costs for maintenance and all other costs related to pressure relief. The cost of reconditioning has not been factored into the maintenance cost. |
| Repair And Maintenance, All needs, manual | £126 | £28 | |
| Repair And Maintenance, All needs, powered | £86 | £19 | |
| Overheads | | | No estimate of management overheads is available. They are likely to be minimal. |

[1] Calculated using the *National Cost Collection for the NHS 2023/2024* NHS England » National Cost Collection for the NHS

[2] National costs are calculated by dividing the total quantum of expenditure for a given activity/service by its total volume. Therefore, two potential sources of change between years exist regarding total volume and total costs. The source of change will lead to variations in the average unit costs for a specific activity or service between years.

# 6.4. Self-management programmes

Empowering patients is one of the key priorities listed for the NHS Five Year Forward View, and the King's Fund has provided a summary of a number of well-established self-management programmes that aim to empower people to improve their health (https://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/self-management).

Here we draw from a study that has provided the costs of the programme. We will continue to add to this section as new costs become available.

### Self-management support using a digital health system for chronic obstructive pulmonary disease (COPD)

Farmer and colleagues (2017)[1] conducted a randomised controlled trial of a digital health system supporting clinical care through monitoring and self-management support in community-based patients with moderate to severe chronic obstructive pulmonary disease. The study aimed to determine the efficacy of a fully automated internet-linked, tablet computer-based monitoring and self-management support (EDGE, sElf-management and support program) in improving quality of life and clinical outcomes. Patients were informed that the EDGE platform was not a replacement for their usual clinical care, and the conclusion drawn was that there appears to be an overall benefit in generic health status. The effect sizes for improved depression scores, reductions in hospital admissions, and general practice visits warrant further evaluation.

To provide an annual cost for the self-management support, we have used the costs provided by Farmer & colleagues (2017)[1] and assumed that the equipment would be replaced every 5 years. We have uprated the costs to 2023/2024 values using the Personal Social Services (PSS) Pay, Independent Sector, Adults Social Care Index (excluding capital) (see Section 12.1).

**Table 6.4.1: Costs of self-management support using a digital health system for chronic obstructive pulmonary disease.**

| | Fixed costs | Annual costs |
|---|---|---|
| **Equipment costs** | | |
| Tablet computer (Android tablet computer (Samsung Galaxy Tab)) | £444 | £98 |
| Bluetooth-enabled pulse oximeter probe | £557 | £123 |
| The clinician reviewed a summary of the oxygen saturation, heart rate, and symptom diary module once a week following the review. | | £407 |
| **Total costs** | | **£629** |

[1] Farmer, A., Williams, V., Verlardo, C., Ahmar Shah, S. Mee Yu, L.., Rutter, H., Jones, L., Williams, N., Heneghan, C., Price, J., Hardinge, M. & Tarassenko, L. (2017) Self-management support using a digital health system compared with usual care for chronic obstructive pulmonary disease: randomized controlled trial, *Journal of Medical Internet Research*, https://www.jmir.org/2017/5/e144

# 6.5. National Cost Collection – unit costs for sexual health

These figures show the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on the NHS England's National Cost Collection 2023/2024 to report on the NHS national costing data for sexual health services.[1,2]

**Table 6.5.1: National Cost Collection - unit costs for sexual health**

| | 2023/2024 Unit costs |
|---|---|
| **Genito-urinary medicine (GUM) infections (total)** | |
| Elective inpatient stays | £2,015 |
| Non-elective inpatient stays (extended stay)[3] | £1,170 |
| Non-elective inpatient stays (short stays) | £309 |
| Day cases | £248 |
| **HIV, AIDS and STD (outpatients)** | |
| Consultant-led | £83 |
| Non-consultant-led | £118 |

[1] Calculated using the *National Cost Collection for the NHS 2023/2024* NHS England » National Cost Collection for the NHS

[2] National costs are calculated by dividing the total quantum of expenditure for a given activity/service by its total volume. Therefore, two potential sources of change between years exist regarding total volume and total costs. The source of change will lead to variations in the average unit costs for a specific activity or service between years.

# 6.6. Screening interventions for sexually-transmitted infections (STIs)

In 2013, Jackson and colleagues (2014)[1] carried out a study to compare the costs and outcomes of two sexually transmitted infection (STI) screening interventions. The participants were men aged 18 and over within six amateur football clubs in London. Similar characteristics grouped eligible football clubs into three pairs, and each pair was randomised to one of three study arms (captain-led, sexual health advisor-led, and poster-only). After this, resource use data were collected prospectively, and unit costs were applied. In total, 153 men received the screening offer; 50% of the men in the captain-led group accepted the offer, 67% in the sexual health advisor-led group, and 61% in the poster-only group.

Table 6.6.1 shows the costs of each intervention. All costs have been uprated to 2023/2024 using the Personal Social Services (PSS) Pay and Prices Inflation Index (See Section 12.1).

**Table 6.6.1: Health service costs per screening intervention for sexually-transmitted infections**

| Resources used | Cost item | | N | Unit costs 2024 | Total costs 2024 |
|---|---|---|---|---|---|
| **Intervention costs** | | | | | |
| Recruitment of club | Per club | | 2 | £783 | £1,566 |
| Poster pack | Per pack | | 2 | £96 | £192 |
| Test kit | Per player | | 46 | £10 | £463 |
| Promotion | Per club | Captain led[1] | 2 | £189 | £379 |
| | | Health visitor led[2] | 2 | £341 | £682 |
| | | Poster-only[3] | 2 | £189 | £379 |
| Specimen collection box [4] | Per club | | 2 | £99 | £198 |
| Transport of specimen collection box | Per club | | 2 | £241 | £483 |
| **Processing costs** | | | | | |
| Additional storage facilities | | | 2 | £21 | £41 |
| Sample processing | Per player tested | Captain led | 28 | £19 | £538 |
| | | Health visitor-led | 31 | | £595 |
| | | Poster-only | 31 | | £595 |
| Patient admin and result notification | Per player tested | Captain led | 28 | £7.14 | £200 |
| | | Health visitor-led | 31 | | £221 |
| | | Poster-only | 31 | | £221 |
| **Total cost per intervention** | | **Captain led** | **28** | | £4,059 |
| | | **Health visitor-led** | **31** | | £4,441 |
| | | **poster-only** | **31** | | £4,138 |
| **Average cost per player screened** | | **Captain led** | **28** | | £145 |
| | | **Health visitor-led** | **31** | | £143 |
| | | **Poster-only** | **31** | | £133 |

1) The cost of a Captain-led and poster STI screening promotion includes the costs for a staff member (healthcare assistant) from the clinic to undertake sample processing, notification, material preparation, and safe return of samples to the clinic. The foregone time the team captain took to prepare for and deliver the intervention was excluded.

2) Sexual health advisor-led and poster STI screening promotion; included a sexual health advisor to lead the promotion. It was assumed that the health advisor would also take the materials to the club, prepare the 'promotion,' and ensure the safe return of completed specimen samples to the clinic in accordance with trial processes and clinical governance requirements. Travel costs are included.

3) Poster-only STI screening promotion (control/comparator). It was assumed that a staff member (healthcare assistant) from the clinic undertaking the testing and notification would need to be on-site before and after the promotion.

4) Includes costs for the first year of the design elements of the posters, test kit, pens and specimen collection boxes and for the first year of the storage facilities, depreciated at three per cent over three years.

[1] Jackson, L., Roberts, T., Fuller, T., Sebastian, S., Sutcliffe, L., Saunders, J., Copas, A., Mercer, C., Cassell, J. & Estcourt, C. (2014) Exploring the costs and outcomes of sexually transmitted infection (STI) screening interventions targeting men in football club settings: preliminary cost-consequence analysis of the SPORTSMART pilot randomised controlled trial. *Sexually Transmitted Infections*, 91 (2). Pp. 100-105. http://sro.sussex.ac.uk/53486/1/100.full.pdf.

# 7. Care packages

7.1. Patient costs following discharge from acute medical units

7.2. End of life care

7.3. Smoking cessation services

7.4. Social prescribing

7.5. Low-intensity interventions for the management of obsessive-compulsive disorder

7.6. The cost of diagnosis and early support in patients with cognitive decline

# 7.1. Patient costs following discharge from acute medical units

Acute medical units (AMUs) are the first point of entry for patients admitted for urgent investigation or care by their general practitioner, an outpatient clinic, or the Emergency Department. They enable those who require admission to be accurately identified and those who can be managed in an ambulatory setting to be discharged. The Acute Medicine Outcome Study (AMOS) carried out by Franklin et al. (2014) found that readmission rates for older people in the year following discharge from AMUs are high.[1] Further work was therefore carried out to identify the resource use of 644 people, aged over 70, based in Nottingham and Leicester, who had been discharged from an acute medical unit within 72 hours of admission.

Data were collected from Electronic Administrative Record (EAR) systems on a range of health and social care services potentially used by all patients participating in the study, spanning three months post-AMU discharge (January 2009 to February 2011). Resource use was then combined with national unit costs to derive total patient costs, which have been uprated to current prices using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1). The table below presents the secondary care and social care resource use and costs for 456 patients residing in Nottingham, as well as for a subset of these patients (250) for whom primary care costs were also available. The mean cost for the 456 patients (excluding primary care) was £2,191, and £2,441 for the 250 patients for whom all resource use data were available (see Table 7.1.1).

**Table 7.1.1: Summary of patient resource use and costs following discharge from acute medical units**

| | No. of service users (mean number of events per service user) [(a)] | Mean cost (£) for 456 patients | Mean cost (£) per patient including primary care (n = 250) |
|---|---|---|---|
| Hospital care | 360 (4) | £1,923 | £1,835 |
| Inpatient care [(b)] | 119 (2) | £1,321 | £1,207 |
| Day case care | 71 (1) | £162 | £172 |
| Outpatient care | 358 (3) | £431 | £440 |
| Critical care [(c)] | 3 (1) | £9 | £16 |
| Ambulance service | 17 (2) | £22 | £18 |
| Intermediate care | 5 (Not applicable) | £13 | £4 |
| Mental health care | 28 (4) | £47 | £53 |
| Social care | 76 (4) | £188 | £255 |
| **Total costs (ex. primary care)** | **377 (5)** | **£2,191** | **£2,165** |
| Primary care [(d)] | 243 (6) | - | £276 |
| Consultations | 113 (3) | - | £35 |
| Home visits | 42 (7) | - | £29 |
| Procedures | 25 (3) | - | £5 |
| Other events [(e)] | 202 (22) | - | £65 |
| Medication | 232 (21) | - | £129 |
| Wound dressings | 64 (4) | - | £13 |
| **Total costs, including primary care [(f)]** | **248 (7)** | **-** | **£2,441** |

a) Mean number of events for inpatient care is based on the mean number of episodes and not the number of spells. Mean number of events for 'total' does not include primary care events classed as 'other events', 'medication' or 'wound dressing'.
b) Mean length of hospital stay for those patients with an inpatient admission over the trial period was 12 days.
c) Mean length of intensive care stay for those patients with an intensive care admission was 15 days.
d) Mean number of events for primary care service users only includes face-to-face contacts (i.e. consultations, home visits, and procedures)
e) 'Other events' includes all non-face-to-face entries on the EAR system that require staff time to execute, i.e. administration, telephone calls etc. Entries that were electronic and external to the practice or created by an electronically automated system (i.e. did not require staff time to execute) were excluded from this analysis.
f) Mean number of events includes only face-to-face contacts across all services apart from mental health care (see also point (d))

[1] Franklin, M., Berdunov, V., Edmans, J., Conroy, S., Gladman, J. Tanajewski, L., Gkountouras, G. & Elliott, R. (2014) Identifying patient-level health and social care costs for older adults discharged from acute medical units in England, *Age and Ageing*, 43, 703-707.

## 7.2. End of life care

Research carried out by the Nuffield Trust (2012)[1] on behalf of the National End of Life Care Intelligence Network examined the health and social care service use patterns across seven local authorities for a cohort of 73,243 people who died.

Table 7.2.1 provides the total cost of care services received in the last twelve months of life and the average cost per 'decedent' and per user of each type of service. Estimated social care costs include only the most common services local authorities provide.

The costs have been uprated to 2023/2024 using the Personal Social Services (PSS) Pay and Prices Index (with capital) and NHS Cost Inflation Index (Pay and Prices). Hospital care accounted for 64% of total care costs, while social care costs accounted for 36%. Emergency hospital admissions accounted for 71 per cent of all hospital costs in the final year of life and 46 per cent of total costs.

**Table 7.2.1: Estimated average cost of care services in the last twelve months of life**

| | Total cost | Total cost per decedent | % total | No. of users | Total cost per user |
|---|---|---|---|---|---|
| **Hospital care** | **£617** | **£8,420** | **66%** | **65,624** | **£11,278** |
| Inpatient emergency | £438 | £5,984 | 47% | 54,577 | £8,030 |
| Inpatient non-emergency | £117 | £1,596 | 12% | 58,165 | £2,009 |
| Outpatient | £50 | £687 | 5% | 50,155 | £1,003 |
| A&E | £11 | £154 | 1% | 48,000 | £235 |
| **Social care** | **£365** | **£4,988** | **34%** | **20,330** | **£35,911** |
| Residential and nursing care | £293 | £4,000 | 28% | 10,896 | £26,886 |
| Home care | £57 | £773 | 5% | 10,970 | £5,164 |
| Other | £16 | £215 | 1% | 4,084 | £3,861 |
| **Total** | **£982** | **£13,409** | **100%** | **85,954** | **N/A** |

One of the key findings of the research was that there were significant differences in the use of social care between groups of individuals with certain long-term conditions: people with dementia, falls, and stroke were more likely to use social care services. In contrast, people with cancer were the least likely to use social care (even when adjusted for age). Table 7.2.2 shows these costs by diagnostic group. A person may have more than one condition, so the groups are not mutually exclusive, and the sum of individual rows exceeds the total. Hospital costs were higher for those with more than one long-term condition, and social care costs decreased with an increasing number of long-term conditions.

[1] Georghiou, T., Davies, S., Davies, A. & Bardsley, M. (2012) *Understanding patterns of health and social care at the end of life*, Nuffield Trust, London.

**Table 7.2.2: Cost of hospital and social care services by diagnostic group per decedent in the final year of life**

| | Average costs, final year, £ per person 2023 | | | |
|---|---|---|---|---|
| | **Number** | **Hospital care** | **Social care** | **Hospital and social care** |
| All people | 73,243 | £8,421 | £4,989 | £13,410 |
| No diagnoses | 22,118 | £4,146 | £6,131 | £10,277 |
| Any diagnosis | 51,125 | £10,268 | £4,495 | £14,764 |
| Hypertension | 21,241 | £11,492 | £4,124 | £15,617 |
| Cancer | 19,934 | £12,038 | £1,926 | £13,964 |
| Injury | 17,540 | £12,401 | £5,992 | £18,393 |
| Atrial fibrillation | 13,567 | £11,611 | £4,885 | £16,495 |
| Ischaemic heart disease | 13,213 | £11,778 | £4,162 | £15,940 |
| Respiratory infection | 11,136 | £12,888 | £3,313 | £16,202 |
| Falls | 10,560 | £11,394 | £7,586 | £18,979 |
| Congestive heart failure | 10,474 | £11,834 | £4,727 | £16,561 |
| Chronic obstructive pulmonary disease | 9,392 | £11,561 | £3,725 | £15,286 |
| Anaemia | 9,210 | £13,575 | £4,491 | £18,067 |
| Diabetes | 8,697 | £11,816 | £4,639 | £16,455 |
| Cerebrovascular disease | 8,290 | £11,635 | £6,173 | £17,808 |
| Peripheral vascular disease | 6,780 | £13,406 | £4,114 | £17,520 |
| Dementia | 6,735 | £9,705 | £13,224 | £22,929 |
| Renal failure | 6,570 | £13,530 | £4,748 | £18,278 |
| Angina | 6,549 | £12,652 | £4,208 | £16,860 |
| Mental disorders, not dementia | 4,814 | £12,689 | £5,345 | £18,035 |
| Iatrogenic conditions | 4,190 | £18,288 | £3,748 | £22,036 |
| Asthma | 3,480 | £12,282 | £3,674 | £15,956 |
| Alcoholism | 2,437 | £11,201 | £1,716 | £12,917 |
| Non-rheumatic valve disorder | 2,059 | £13,790 | £3,240 | £17,030 |

## 7.3. Smoking cessation services

Quit 51 offers a smoking cessation service in accordance with National Institute for Health and Care Excellence (NICE) guidelines. The remit of the service is to provide a maximum of 12 sessions of support with an accredited adviser and provision of tailored pharmacotherapy to smokers attempting to quit. A session is typically 15 minutes long, but the introduction to a session will generally take longer to cover triaging and discussions around individual backgrounds and requirements. Assuming a patient continues with the service for the entire duration, they should receive a minimum of 90 minutes of contact time with an adviser covering a period of up to 12 weeks after quitting.

Information for this schema has been drawn from Walker et al. (2018),[1] who analysed data from Quit 51 smoking cessation services across five English regions between March 2013 and March 2016 (n=9116). A cost was estimated for each individual using the service based on the pharmacotherapy prescribed and the time spent with an adviser. With respect to pharmacotherapy, the costs, including prescription and value-added tax (VAT) for each treatment, were as follows within the analysis carried out by Walker et al. - Nicotine Replacement Therapy (NRT) (combination) - £19.95 per week; Varenicline - £76.80 per month and Bupropion £69.45 per month. Service use data was multiplied by an hourly charge of £29.31, including the adviser's cost, room, equipment, travel, and advertising. Central overheads for the service were not included, nor were the individual's travel and parking costs.

The following table presents the average cost per person who quit (with an approximate 95% confidence interval) at the 12-week time point, along with supporting information. Costs have been uprated to 2023/2024 values using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1). See https://www.herc.ox.ac.uk/publications/830311 for a summary of the background and method used to derive the costs reported here.

**Table 7.3.1 Average cost per quit (with approximate 95% CI) calculated at the 12-week time point, with supporting information.**

| Variable | Levels | 12 weeks (N) | Total cost (£) | Cost per head | Number quitting | Quit rate (%) | Mean cost per quit (£) |
|---|---|---|---|---|---|---|---|
| Age | 12-19 | 509 | £62,022 | £122 | 116 | 23% | £535 |
| | 20-29 | 1189 | £160,953 | £135 | 296 | 25% | £544 |
| | 30-49 | 3911 | £646,676 | £165 | 1262 | 32% | £512 |
| | 50-69 | 2955 | £530,135 | £179 | 1068 | 36% | £496 |
| | 70+ | 538 | £94,738 | £176 | 192 | 36% | £493 |
| Gender | Male | 4249 | £708,682 | £167 | 1425 | 34% | £497 |
| | Female | 4867 | £786,597 | £162 | 1510 | 31% | £521 |
| Treatment | NRT | 7373 | £1,073,229 | £146 | 2117 | 29% | £507 |
| | Varenicline | 1708 | £416,616 | £244 | 799 | 47% | £521 |
| | Bupropion | 35 | £5,434 | £155 | 19 | 54% | £286 |
| FTND | 0-3 | 1534 | £298,628 | £194 | 622 | 41% | £480 |
| | 4-5 | 1884 | £377,896 | £201 | 727 | 39% | £520 |
| | 6-7 | 1676 | £341,069 | £204 | 641 | 38% | £532 |
| | 8-10 | 766 | £151,722 | £198 | 236 | 31% | £643 |
| Deprivation | 1-3 | 886 | £171,727 | £194 | 319 | 36% | £538 |
| | 4-6 | 1838 | £335,907 | £183 | 635 | 35% | £529 |
| | 7-8 | 2157 | £379,110 | £176 | 698 | 32% | £543 |
| | 9-10 | 3321 | £569,760 | £172 | 1180 | 36% | £483 |

[1] Walker, N., Yang, Y., Kiparoglou, V., Pokhrel, S., Robinson, H. & van Woerden, H. (2018) An examination of user costs in relation to smokers using a cessation service based in the UK, *BMC Health Services Research* (2018) 18:182.

## 7.4. Social prescribing

Social prescribing enables GPs, nurses, and other primary care professionals to refer people to local, non-clinical services. Social prescribing schemes can involve various activities typically provided by voluntary and community sector organisations. Examples include volunteering, art activities, group learning, gardening, befriending, cookery, healthy eating advice, and various sports.

There is a growing body of evidence assessing the impact of social prescribing on healthcare demand and cost.[1] Much of the focus has been on its benefits, and policymakers and commissioners have drawn from areas of good practice like Rotherham.

The Rotherham Social Prescribing pilot was commissioned by NHS Rotherham as part of a GP-led Integrated Case Management Pilot and delivered by Voluntary Action Rotherham (VAR). It received around £1m as part of a program to provide 'additional investment in the community.' Funded for two years, from April 2012 to March 2014, it aimed to increase the capacity of GP practices to meet the non-clinical needs of their patients with long-term conditions. The five most common types of referrals to funded services were for information and advice, community activity, physical activities, befriending, and enabling. Twenty-four voluntary and community organisations (VCOs) received grants to deliver a menu of 31 separate social prescribing services. 1,607 patients were referred to the service.[2]

Excluding the grants provided to the VCOs for delivering the social prescribing services, the average cost per person per year for those referred to the scheme was £177. Including grants to providers and additional support grants, the average cost per person referred per year was £398.

Several positive economic benefits to commissioners linked to the Social Prescribing Pilot were estimated: total NHS cost reductions by the end of the pilot of £552,000; a return on investment of 50 pence for each pound (£1) invested and potential NHS cost reductions of £415,000 in the first year post-referral when the service was running at full capacity.

If the benefits identified were fully sustained over a more extended period, the authors estimated that the costs of delivering the service for a year would be recouped after between 18 and 24 months and the five-year cost reductions for commissioners for each full year of service delivery could be as high as £1.9 million: a return on investment of £3.38 for each pound (£1) invested. The authors also estimated that even if the benefits were sustained but declined at a rate of 33% per year, they could lead to total cost reductions of £807,000, representing a return on investment of £1.41 for every £1 invested. See also an evaluation of a Social Prescribing Service set in Doncaster[3] for cost information on a different service.

Table 7.4.1 provides the direct costs to the Clinical Commissioning Group of commissioning the pilot, excluding other costs such as the time taken to develop the service model and consultations with GPs and voluntary sector organisations. It also includes costs to the Foundation Trust that supported the development of a complex client management system, as well as the cost of volunteer time. All costs have been uprated to 2023/2024 levels using the Personal Social Services (PSS) Pay and Prices Index (excluding capital) (see Section 12.1).

**Table 7.4.1: Overview of Social Prescribing Pilot (Inputs)**

| 2023/2024 costs | Year 1 | Year 2 | Total | Cost per person referred per year |
|---|---|---|---|---|
| Grants to providers + additional support grants | £425,901 | £404,965 | £830,865 | £259 |
| Salaries and overheads | £294,168 | £371,499 | £665,667 | £207 |
| Total | **£720,069** | **£776,464** | **£1,496,531** | **£466** |

[1] Polley, M., Bertotti, M. Kimberlee, R., Pilkinton, K., & Refsum, C. (2017) *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*, University of Westminster.

[2] Dayson, C. & Bashir, N. (2014) *The social and economic impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report*, Centre for Regional Economic Research, Sheffield Hallam University, Sheffield. https://shura.shu.ac.uk/18961/1/Dayson-SocialAndEconomicImpact-Rotherham%28VoR%29.pdf

[3] Dayson, C., & Bennett, E. (2016) *Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact*, https://shura.shu.ac.uk/17298/1/eval-doncaster-social-prescribing-service.pdf

# 7.5. Low-intensity interventions for the management of obsessive-compulsive disorder (OCD)

Information for this schema has been drawn from a study carried out by Lovell et al. (2017)[1] to explore the cost-effectiveness of three low-intensity interventions for the management of obsessive-compulsive disorder (OCD):

a) Cognitive behavioural therapy (CBT) was delivered using OCFighter (received by 157 people in the study), a commercially produced computerised Cognitive Behavioural Therapy (cCBT) program designed for people with OCD to design, carry out, and monitor their treatment progress. Participants randomised to OCFighter were given an access ID and password to log into the system and advised to use the program at least six times over a 12-week period. OCFighter was available to patients for 12 months following activation. Participants received six brief (ten-minute) scheduled telephone calls from a psychological wellbeing practitioner (PWP) (total direct clinical input 60 minutes). The support offered consisted of a brief risk assessment, ensuring patients could access OCFighter, reviewing their progress, and addressing any difficulties that impeded their progress.

b) Guided self-help (received by 158 people in the study), which consisted of a self-help book focused on information about OCD, maintenance, and guidance on how to implement the NICE-recommended treatment for OCD (i.e., CBT using exposure response therapy). Participants received six brief (ten-minute) scheduled telephone calls from a PWP, with one initial session of up to 60 minutes (either face-to-face or by telephone, dependent on patient preference) followed by up to 10-30 minute sessions over 12 weeks (total direct clinical input six hours).

c) Waiting list for high-intensity CBT (received by 158 people).

Table 7.5.1 shows the mean costs of the supported cCBT and guided self-help intervention. Table 7.5.2 presents the total societal costs, which include health and social care costs, as well as the costs of the intervention, employment losses, out-of-pocket expenses, and out-of-pocket savings. The costs have been uprated to 2023/2024 values using the PSS Pay and Prices Index (with capital) (see Section 12.1).

**Table 7.5.1: Cost of supported cCBT and guided self-help**

| | Intervention mean cost (2023/2024) | |
|---|---|---|
| **Cost component** | **Supported cCBT** | **Guided self-help** |
| Number of sessions attended | 2.3 | 4.11 |
| Total session minutes | 30.20 | 142.90 |
| Cost of materials (£) | £87 | £7.52 |
| Cost of training (£) | £26 | £47 |
| Cost of PWP contacts (£) | £99 | £469 |
| Total cost (£) | £212 | £524 |

Table 7.5.2 (overleaf) shows that from baseline to 12 months, guided self-help was the least expensive option (£2.867) compared with £2,912 for the CBT group and £3,378 for the waiting list option.

[1] Lovell, K. Bower, P., Gellatly, J., Byford, S., Bee, P., McMillan, D., Arundel, C., Gilbody, S., Gega, L., Hardy, G., Reynolds, S., Barkham, M., Mottram, Pl, Lidbetter, N., Pedley, R., Molle, J., Peckham, E., Knopp-Hoffer, J., Price, O., Connell, J., Heslin, M., Foley, C., Plummer, G. and Roberts, C. (2017) Clinical effectiveness, cost-effectiveness and acceptability of low-intensity interventions in the management of obsessive-compulsive disorder: the Obsessive-Compulsive Treatment Efficacy randomised controlled Trial (OCTET). *Health Technology Assessment* (Winchester, England) 21(37).pp.1-132.

### Table 7.5.2: Total societal costs between baseline and 12 months

| | Supported cCBT | | Guided self-help | | Waiting list | |
|---|---|---|---|---|---|---|
| **2023/2024 costs** | **N** | **Mean** | **N** | **Mean** | **N** | **Mean** |
| Intervention cost | 157 | £197 | 158 | £486 | 158 | £0 |
| **Baseline to 3 months** | | | | | | |
| Health and social care services | 118 | £464 | 130 | £400 | 129 | £507 |
| Employment losses | 118 | £110 | 130 | £131 | 129 | £67 |
| Out-of-pocket expenses | 118 | £175 | 130 | £90 | 129 | £143 |
| Out-of-pocket savings | 118 | £0 | 130 | £0 | 129 | -£4 |
| **Total employment losses, out-of-pocket expenses and out-of-pocket savings.** | **118** | **£285** | **130** | **£221** | **129** | **£207** |
| **Total costs** | **118** | **£750** | **130** | **£620** | **129** | **£714** |
| **Between 3 and 6 months** | | | | | | |
| Health and social care services | 102 | £516 | 115 | £467 | 117 | £671 |
| Employment losses | 102 | £127 | 115 | £32 | 117 | £36 |
| Out-of-pocket expenses | 102 | £56 | 115 | £61 | 117 | £124 |
| Out-of-pocket savings | 102 | -£4 | 115 | **-£1** | 117 | -£11 |
| **Total employment losses, out-of-pocket expenses and out-of-pocket savings.** | **102** | £179 | **115** | **£91** | **117** | **£148** |
| **Total** | **102** | **£695** | **115** | £558 | **117** | **£819** |
| **Between 6 and 12 months** | | | | | | |
| Health and social care services | 88 | £841 | 100 | £693 | 100 | £1,005 |
| Employment losses | 88 | £13 | 100 | £81 | 100 | £252 |
| Out-of-pocket expenses | 88 | £166 | 100 | £162 | 100 | £254 |
| Out of pocket savings | 88 | -£79 | 100 | £0 | 100 | -£16 |
| **Total employment losses, out-of-pocket expenses and out-of-pocket savings.** | **88** | £100 | **100** | £244 | **100** | £490 |
| **Total** | **88** | **£941** | **100** | **£936** | **100** | **£1,494** |
| **Baseline to 12 months (including intervention costs)** | | | | | | |
| Health and social care services | 157 | £2,018 | 100 | £2,045 | 100 | £2,183 |
| Employment losses | 157 | £250 | 100 | £244 | 100 | £355 |
| Out-of-pocket expenses | 157 | £397 | 100 | £313 | 100 | £521 |
| Out of pocket savings | 157 | £382 | 100 | £398 | 100 | £476 |
| **Total employment losses, out-of-pocket expenses and out-of-pocket savings.** | **157** | **£1,029** | **100** | **£955** | **100** | **£1,352** |
| **Total** | **157** | **£3,047** | **100** | **£3,000** | **100** | **£3,535** |

# 7.6. The cost of diagnosis and early support in patients with cognitive decline

The average costs of health and social care for mild, moderate, and severe dementia are estimated to be £27,666, £31,125, and £52,215 per person per year, respectively. These costs include one-off expenses of £7,274 per person related to end-of-life care.[1] The costs have been uprated to 2023/2024 using the PSS Pay and Prices Index and the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1).

Research carried out by Pennington and colleagues (2016)[2] investigated the costs of supporting patients with suspected dementia, including assessment and support six months after diagnosis. The study is based on the costs incurred by 1,353 patients from 69 Memory Assessment Services (MAS), with a mean patient age of 78 years (range, 42-98 years). These costs were estimated using 2013/14 data sources and have been uprated to 2023/2024 values using the NHS Cost Inflation Index (Pay and Prices) and the Personal Social Services (PSS) Pay and Prices Index (including capital) (see Section 12.1).

Table 7.6.1 shows that slightly under half of all costs were attributed to assessment, with post-diagnosis support accounting for 23%, and follow-up accounting for 29%.

Table 7.6.2 shows the costs of additional health and social care reported by carers after imputing missing data and excluding psychosocial support that MAS may have provided.

### Table 7.6.1: Cost per new patient associated with memory assessment services

| | Mean (£) | Standard Deviation (£) | Median (£) |
|---|---|---|---|
| Assessment (including imaging)[a] | £1,138 | £957 | £938 |
| Post diagnosis support | £541 | £450 | £456 |
| Follow-up | £673 | £630 | £485 |
| **Total** | **£2,352** | **£2,037** | **£1,880** |

[a] Costs include a proportion of administration, management, and audit costs

### Table 7.6.2: Cost of care and services received outside memory assessment services reported by carers

| | Baseline (£) | | | 3-month follow-up | | | 6-month follow-up | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Mean** | **Median** | **Range** | **Mean** | **Median** | **Range** | **Mean** | **Median** | **Range** |
| Health care | £76 | £0 | £0-£8,753 | £38 | £0 | £0-£698 | £75 | £3 | £0-£1,133 |
| Social care | £100 | £0 | £0-£4,890 | £134 | £0 | £0-£7,900 | £224 | £0 | £0-£10,479 |
| Psychosocial | £16 | £0 | £0-£1,997 | £6 | £0 | £0-£489 | £16 | £0 | £0-£978 |
| Social security | £182 | £0 | £0-£886 | £189 | £0 | £0-£886 | £242 | £17 | £0-£886 |
| **Total formal care** | **£192** | **£0** | **£0-£15,639** | **£178** | **£0** | **£0-£9,087** | **£315** | **£3** | **£0-£12,590** |
| Informal Care | £2,117 | £2,006 | £0-£5,716 | **£2,165** | **£1,905** | £0-£5,648 | £2,298 | £1,905 | £0-£5,716 |
| **Total societal cost** | **£2,491** | **£2,006** | **£0-£22,242** | **£2,532** | **£1,905** | **£0-£15,622** | **£2,855** | **£1,925** | **£0-£19,193** |

[1] Wittenberg, R., Knapp, M., Hu, B., Comas-Herrera, A., King, D., Rehill, A., Shi, C., Banerjee, S., Patel, A., Jagger, C. & Kingston, A. (2018) The costs of dementia in England, Research Article, *Geriatric Psychiatry*, DOI: 10.1002/gps.5113.

[2] Pennington, M., Gomes, M., Chrysanthaki, T., Hendriks, J., Wittenberg R., Knapp, M., Black, N. & Smith, S. (2016) The cost of diagnosis and early support in patients with cognitive decline, *Geriatric Psychiatry*, https://doi.org/10.1002/gps.4641.

# COMMUNITY-BASED HEALTH CARE STAFF

# 8. Scientific and professional staff

The table provides the unit costs for community-based allied health professionals (bands 4-8). Each Agenda for Change (AfC) Band can be matched to professionals using the AfC generic profiles. Examples of roles by band are shown below, and in more detail by job type in Section 12.3. When interpreting the unit costs, reference should also be made to the explanatory notes.

**Table 8.1: Agenda for Change bands for scientific and professional staff**

| Job titles by band | |
|---|---|
| **Band 2** | Clinical support worker (Physiotherapy, Occupational Therapy, Speech and Language Therapy). |
| **Band 3** | Clinical support worker at a higher level (Physiotherapy, Occupational Therapy, Speech and Language therapy). |
| **Band 4** | Occupational therapy technician, Speech and language therapy assistant/associate practitioner, Podiatry technician, Clinical psychology assistant practitioner, Pharmacy technician. |
| **Band 5** | Physiotherapist, Occupational Therapist, Speech and Language Therapist, Podiatrist, Clinical psychology assistant practitioner (higher level), and Counsellor (entry-level). |
| **Band 6** | Physiotherapist specialist, Occupational Therapist specialist, Speech and Language Therapist Specialist, Podiatrist specialist, Clinical psychology trainee, Counsellor, Pharmacist, and Arts Therapist (entry-level). |
| **Band 7** | Physiotherapist (advanced), Specialist physiotherapist (respiratory problems), Specialist physiotherapist (community), Physiotherapy team manager, Speech and Language Therapist (advanced), Podiatrist (advanced), Podiatry team manager, Clinical psychologist, Counsellor (specialist), Arts Therapist. |
| **Band 8a** | Physiotherapist principal, Occupational therapist principal, Speech and Language Therapist principal, Podiatrist principal. |
| **Band 8a-b** | Physiotherapist consultant, Occupational Therapist consultant, Clinical psychologist principal, Speech and Language Therapist principal, Podiatric consultant (surgery), and Arts Therapist principal. |
| **Band 8a-c** | Counsellor professional manager, Counsellor consultant, Consultant Speech and Language Therapist. |
| **Band 8c-d** | Clinical psychologist consultant, Podiatrist (surgery), head of arts therapies, arts therapies consultant. |
| **Band 8d-9** | Clinical psychologist consultant (professional), Lead/head of psychology services, Podiatric consultant (surgery), Head of service. |

# 8.1. Cost components for scientific and professional staff

**A. Wages/salary**

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) Bands 4-9 of the April 2023/March 2024 NHS staff earnings estimates for allied health professionals.[1] Refer to the NHS Terms and Conditions of Service Handbook for details on payment for unsocial hours.[2]

**B. Salary on-costs**

Employer's national insurance plus 20.6 per cent of salary for employer's contribution to superannuation is included.

**C. Qualification costs**

See Table 12.4.1 for detailed information on training costs for specific health and social care professionals. These calculations were performed using the method described in Netten et al. (1998).[3]

The cost of training for scientific and professional staff includes pre-registration tuition, infrastructure costs (such as libraries), and costs or benefits associated with clinical placement activities, as well as lost production costs during the training period when staff are away from their posts. Although further training is available to scientific and professional staff to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

To calculate the cost per hour, including qualifications for scientific and professional staff, the appropriate expected annual cost shown in Table 12.4.1 should be divided by the number of working hours. This can then be added to the cost per working hour.

**D. Overheads**

The overheads have been sourced from HM Treasury's public expenditure statistics analysis (2024).[4] Management and other non-care staff costs include administration and estates staff. Non-staff costs to the provider include office expenses, travel and transportation, publishing, training courses and conferences, supplies and services (both clinical and general), and utilities such as water, gas, and electricity.

**E. Capital overheads**

Based on the new-build and land requirements of NHS hospital facilities, the design was adjusted to accommodate the shared use of office space for administration, recreation, and changing facilities.[5]

**F. Travel**

No information is available on the average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate of 56p per mile for the first 3,500 miles travelled, and a reduced rate of 20p per mile thereafter, irrespective of the type of car or fuel used.[6]

**G. Working time**

- Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. eight statutory days, 28 annual leave days and five training/study days).
- Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours).
- Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37.5 hours).

[1] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds

[2] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers

[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS*, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.

[4] HM Treasury (2024) *Public Expenditure: statistical analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024

[5] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.

[6] NHS Employers (2017) *Mileage allowances – Section 17*, NHS Employers, http://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/nhs-terms-and-conditions-of-service-handbook/mileage-allowances.

**H. Ratio of direct to indirect time**

Based on a study by Shearer et al. (2019),[1] the ratio of direct to indirect time was 1:0.91; every hour of face-to-face time required 55 minutes of non-face-to-face time. See Table 12.5.1 for information on a PSSRU survey conducted in 2014/2015, which provides time-use estimates for community staff.

**I. London multiplier and non-London multiplier**

See information produced by NHS Employers[2] for information on Inner and Outer London supplements and the Market Forces Factor (MFF), which estimates the unavoidable cost differences between healthcare providers based on their geographical location.

[1] Shearer, J. Lynch, T., Chamba, R., Clarke, S., Hempel, R., Kingdon, D., O'Mahen, H., Remington, B., Rushbrook, S., Russell, I., Stanton, M., Swales, M., Watkins, A., Whalley, B. & Byford, S. (2019) refractory depression – cost-effectiveness of radically open dialectical behaviour therapy: findings of economic evaluation of RefraMED trial, *BJPsych Open*, DOI: 10.1192/bjo.2019.57

[2] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook, Annex 9: High cost area supplements*. NHS Terms and Conditions of Service Handbook | NHS Employers

# 8.2. Annual and unit costs for community-based scientific and professional staff

The table provides the annual and unit costs for community-based scientific and professional staff. See the notes for assistance in interpreting each cost item. See Section 12.3 for examples of roles in each band. **Please note that this staff group does not have staff on Bands 1-3.**

**Table 8.2.1: Annual and unit costs for community-based scientific and professional staff**

| | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 |
|---|---|---|---|---|---|---|---|---|---|
| **A. Wages/salary** | £26,399 | £30,142 | £39,133 | £47,336 | £53,824 | £62,965 | £75,154 | £89,458 | £107,488 |
| **B. Salary on-costs** | £8,165 | £9,569 | £12,940 | £16,016 | £18,449 | £21,877 | £26,448 | £31,812 | £38,573 |
| **C. Qualifications** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **D. Overheads** | | | | | | | | | |
| Management, admin, and estates staff | £7,708 | £8,855 | £11,612 | £14,128 | £16,117 | £18,920 | £22,657 | £27,043 | £32,572 |
| Non-staff | £11,842 | £13,605 | £17,840 | £21,704 | £24,761 | £29,067 | £34,809 | £41,547 | £50,041 |
| **E. Capital overheads** | £7,689 | £7,689 | £7,689 | £7,689 | £7,689 | £7,689 | £7,689 | £7,689 | £7,689 |
| **F. Travel** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **Total costs (excluding qualifications)** | **£61,803** | **£69,860** | **£89,215** | **£106,873** | **£120,841** | **£140,519** | **£166,758** | **£197,550** | **£236,363** |
| **Working time** | | | | | | | | | |
| Working days per year | 210 | 210 | 210 | 210 | 210 | 210 | 210 | 210 | 210 |
| Working hours per week | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 |
| Working hours per year | 1,574 | 1574 | 1,574 | 1,574 | 1,574 | 1,574 | 1,574 | 1,574 | 1,574 |
| Working weeks | 41.98 | 41.98 | 41.98 | 41.98 | 41.98 | 41.98 | 41.98 | 41.98 | 41.98 |
| **H. Ratio of direct to indirect time** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| London/non-London multipliers | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **Unit costs 2023/2024** | | | | | | | | | |
| **Cost per working hour** | **£39** | **£44** | **£57** | **£68** | **£77** | **£89** | **£106** | **£125** | **£150** |

[1] Please refer to Section 8.1 above

# 9. Nurses, doctors and dentists

9.1. Qualified nurses

9.2. Annual and unit costs for qualified nurses

9.3. Costs and unit estimations for a General Practitioner (GP) practice nurse

9.4. Costs and unit estimations for a GP

9.5. Online consultation costs

9.6. Telephone triage – GP-led and nurse-led

9.7. NHS dentist - Performer-Only

9.8. Dentist - Providing-Performer

9.9. NHS dental charges

# 9.1. Qualified nurses

**A. Wages/salary**

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) Bands 4-9 of the April 2023/March 2024 NHS staff earnings estimates for qualified nurses.[1] Refer to the NHS Terms and Conditions of Service Handbook for details on payment for unsocial hours.[2] Refer to Section 12.3 for additional information on pay scales.

**B. Salary on-costs**

Employer's national insurance is included, plus 20.6 per cent of salary for the employer's contribution to superannuation.

**C. Qualifications**

See Table 12.4.1 for detailed information on training costs for specific health and social care professionals. These calculations were performed using the method described in Netten et al. (1998).[3]

Training nurses includes pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during training when staff are away from their posts. Although further training is available to nurses to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

**D. Overheads**

The overheads have been sourced from HM Treasury's Public Expenditure Statistics Analysis (2023).[4] Management and other non-care staff costs include administration and estates staff. Non-staff costs include expenses incurred by the provider for office space, travel and transportation, publishing, training courses and conferences, supplies and services, and utilities such as water, gas, and electricity.

**E. Capital overheads**

Based on the new-build and land requirements of NHS hospital facilities, the design was adjusted to accommodate the shared use of office space for administration, recreation, and changing facilities.[5]

**F. Travel**

No information is available on the average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate of 56p per mile for the first 3,500 miles travelled and a reduced rate of 20p per mile thereafter.[6]

**G. Working time**

- Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 28 annual leave days, five training/study days, 13 sick days).[7]
- Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours).
- Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37.5 hours).

[1] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds.
[2] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS*, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.
[4] HM Treasury (2024) *Public Expenditure: statistical analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024
[5] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data
[6] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook, Mileage allowances – Section 17*, NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers
[7] NHS England (2024) *NHS sickness absence rates*, NHS Sickness Absence Rates - NHS England Digital

**H. Ratio of direct to indirect time**

Based on a study by Ball & Philippou (2014)ᵛ on average, Grade 5 community nurses spent 44 per cent of their time on direct care and a further 18 per cent of their time on care planning, assessment, and coordination. For Grade 6, these figures were 34 per cent and 21 per cent; for Grade 7/8, 27 per cent and 22 per cent. Also, please see the McKinsey report[1] for comparative purposes.

[1] Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: The McKinsey Report,* Department of Health, London.

# 9.2. Annual and unit costs for qualified nurses

This table provides the annual and unit costs for qualified nurses. See the notes for assistance in interpreting each cost item. See Table 12.4.1 for examples of roles in each band. Refer to the notes on the facing page for references. **Please note that there are no staff members in Bands 1-3 in this staff group**.

**Table 9.2.1: Annual and unit costs for qualified nurses**

| | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 |
|---|---|---|---|---|---|---|---|---|---|
| **A. Wages/salary** | | | | | | | | | |
| **B. Salary on-costs** | £25,562 | £31,609 | £39,263 | £47,041 | £53,145 | £61,975 | £73,339 | £87,044 | £104,940 |
| **C. Initial qualifications** | £7,851 | £10,119 | £12,989 | £15,906 | £18,195 | £21,506 | £25,767 | £30,907 | £37,618 |
| **D. Ongoing training** | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 |
| **E. Overheads** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| Management, admin, and estates staff | | | | | | | | | |
| Non-staff | £7,451 | £9,305 | £11,652 | £14,037 | £15,909 | £18,616 | £22,101 | £26,303 | £31,790 |
| **F. Capital overheads** | £11,448 | £14,296 | £17,901 | £21,565 | £24,441 | £28,601 | £33,954 | £40,410 | £48,840 |
| **G. Travel** | £7,506 | £7,506 | £7,506 | £7,506 | £7,506 | £7,506 | £7,506 | £7,506 | £7,506 |
| **H. Total costs per year (including qualifications)** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **Working time** | **£69,344** | **£82,361** | **£98,836** | **£115,580** | **£128,721** | **£147,729** | **£172,192** | **£201,696** | **£240,220** |
| Working days per year | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 | 206 |
| Working hours per week | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 | 37.50 |
| Working hours per year | 1545 | 1545 | 1545 | 1545 | 1545 | 1545 | 1545 | 1545 | 1545 |
| Working weeks | 41.20 | 41.20 | 41.20 | 41.20 | 41.20 | 41.20 | 41.20 | 41.20 | 41.20 |
| **I. Ratio of direct to indirect time** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **Unit costs 2023/2024** | | | | | | | | | |
| Cost per working hour | £39 | £47 | £58 | £69 | £77 | £89 | £105 | £124 | £149 |
| Cost per working hour, including qualifications | £45 | £53 | £64 | £75 | £83 | £96 | £111 | £131 | £155 |

[1] Please refer to Section 9.1 above

# 9.3. Costs and unit estimations for a GP practice nurse

**Table 9.3.1: Costs and unit estimations for nurses working in a GP practice nurse (Band 5)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Wages/salary | £31,609 per year | Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the April 2023/March 2024 staff earnings estimates for nurses.[1] See the NHS Terms and Conditions of Service Handbook for information on payment for unsocial hours.[2] See Section 12.2 for further information on pay scales. |
| B. Salary on-costs | £10,119 per year | 20.6 per cent of the salary for the employer's contribution to superannuation has been included. |
| C. Initial qualifications | £9,525 per year | Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been gathered from various sources. The cost of training a GP practice nurse includes the cost of pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during training when staff are away from their posts. |
| D. Ongoing training | | No information is available. |
| E. Overheads | | The overheads (below) have been taken from the HM Treasury Public Expenditure Statistics Analysis (2024). [4] |
| Management and administration | £9,305 per year | No information is available on management and administrative overheads for practice nurses. The same level of support has been assumed for them as for other NHS staff. |
| Office, general business, and premises (including advertising and promotion) | 14,296 per year | No information is available on overheads for a practice nurse. All office and general business expense information is drawn from the GP earnings and expenses report. Office and general business, premises, and other expenses are calculated as the ratio of practice nurse salaries to all GP employees' salaries. |
| F. Capital overheads | | |
| Buildings | £7,506 per year | Calculated as the ratio of GP practice nurse salary costs to net remuneration of GP salary and based on new-build and land requirements for a GP practitioner's suite, depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.[5] |
| F. Travel | | No information is available on the average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate of 56p per mile for the first 3,500 miles travelled and a reduced rate thereafter of 20p per mile, irrespective of the type of car or fuel used.[6] |
| **Total cost** | **£82,361 per year** | |
| Working days per year | 206 | |
| Working hours per week | 37.5 | |
| Working hours per year | 1,545 | |
| Working weeks | 41.20 | |
| The ratio of direct to indirect time | | No current information is available. |
| Duration of contract | | No current information is available. |
| Patient contacts | | No current information is available. |
| London multiplier | | Review NHS Employers[7] and NHS Improvement[8] for information on London supplements and the Market Forces Factor (MFF), which estimates the unavoidable cost differences between healthcare providers based on their geographical location. |
| **Unit costs 2023/2024** | | |
| £47 | per hour | |
| £53 | per hour with qualifications | |

[1] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds.

[2] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers

[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.

[4] HM Treasury (2024) *Public Expenditure: Statistical Analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024

[5] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data

[6] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook, Mileage allowances – Section 17*, NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers

[7] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook, Annex 9: High cost area supplements*. NHS Terms and Conditions of Service Handbook | NHS Employers

[8] NHS Improvement (2019) *2019/20 payment reform proposals*, https://improvement.nhs.uk/resources/201920-payment-reform-proposals/.

# 9.4. Costs and unit estimations for a General Practitioner (GP)

**Table 9.4.1: Costs and unit estimations for a General Practitioner (GP)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **A. Net remuneration** | 114,741 per year | Average income before tax for GPMS[1] contract in the UK.[2] |
| **B. Practice expenses:** | | |
| Direct care staff | £31,606 per year | Each FTE equivalent practitioner employed 0.63 FTE nurses (including practice nurses, advanced-level nurses, extended role nurses, and specialist nurses), which includes salary and on-costs.[3] |
| Administrative and clerical staff | £43,675 per year | Each FTE equivalent practitioner (excluding GP registrars and GP retainers) employed 2.02 FTE administrative and clerical staff, including salary and costs.[3] |
| Office and general business | £12,222 per year | All office and general business, premises, and other expenses, including advertising, promotion, and entertainment, are based on expenditures taken from the GP earnings and expenses report.[2] Each GP employs 2.91 staff members, including practice nurses, other patient care staff, administrators, and clerical staff.[3] Office and general business, premises, and other expenses are calculated as the ratio of GP salary costs to all GP employees' salaries.<br>Based on information taken from the GP earnings and expenses report.[2] Overall, the cost for office and general business is £23,011 (uprated to 2023/2024 using the NHS Cost Inflation Index (Pay and Prices) – see Section 12.1). It is assumed that the costs are shared equally between GPs and staff. |
| Premises | £24,169 per year | Overall, the running cost of the premises is £44,203 (updated to 2023/2024 using the NHS Cost Inflation Index (Pay and Prices)—see Section 12.1).[2] It is assumed that the premises are shared equally between GPs and staff |
| Other: includes advertising, promotion, and entertainment | £25,986 per year | It is assumed that the costs are shared equally between GPs and staff. |
| Car and travel | £1,043 per year | |
| C. Qualifications | £57,788 | Qualification costs have been calculated using the method described in Netten et al. (1998).[4] The cost of training a GP includes pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during training.<br>The investment in training has been depreciated over the doctor's expected working life.[5] This includes the cost of the two-year foundation programme, two years on a General Practice Vocational Training Scheme (GP-VTS), and a further year as a general practice registrar.[6] |
| D. Capital costs: Premises | £21,168 per year | Based on new-build and land requirements for a GP practitioner suite. Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.[7] |
| Working days per year | 217 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 28 annual leave days, and 13 sick days).[8] |
| Working weeks per year | 43 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (48 hours). |
| Hours per week | 48 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (10 hours). |
| Surgery | 10 minutes[9] | |
| **Unit costs for 2023/2024 are given in table overleaf.** | | |

[1] A combined General Medical Service (GMS) and a Primary Medical Service (PMS) contract.
[2] NHS England (2024) *GP earnings and expenses 2022/2023*, NHS England, Leeds. GP Earnings and Expenses Estimates - NHS England Digital
[3] NHS England (2024) *General Practice Workforce, 2022,* NHS England, Leeds. General Practice Workforce, 31 December 2023 - NHS England Digital
[4] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.
[5] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.
[6] Department of Health and Social Care (2022). Education and training tariff guidance and prices for 2022 to 2023. Healthcare education and training tariff: 2022 to 2023 - GOV.UK
[7] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.
[8] NHS England (2024) *NHS sickness absence rates*, NHS Sickness Absence Rates - NHS England Digital
[9] Previous manuals used 9.22 minutes per consultation time.

**Table 9.4.2: Unit costs for a GP**

| Unit cost 2023/2024 | Including direct care staff costs | | Excluding direct care staff costs | |
|---|---|---|---|---|
| | With qualification costs | Without qualification costs | With qualification costs | Without qualification costs |
| Annual (including travel) | £332,398 | £274,610 | £300,793 | £243,005 |
| Annual (excluding travel) | £331,355 | £273,567 | £299,750 | £241,961 |
| Per hour of GMS activity | £161 | £133 | £146 | £118 |
| Per hour of patient contact | £268 | £222 | £243 | £196 |
| Per minute of patient contact | £4.47 | £3.70 | £4.05 | £3.27 |
| Per surgery consultation lasting 10 minutes[1] | £45 | £37 | £40 | £33 |
| Prescription costs per consultation | £33 | | | |
| Prescription costs per consultation (actual cost) | £27 | | | |

[1] Previous manuals used 9.22 minutes per consultation time.

### 9.4.1. Commentary for GPs

**This is a general note about GP expenditure. NHS England and the British Medical Association's General Practitioners Committee agreed on** an initial set of funding and contractual arrangements for 2021/22.

**Allowing for full-time equivalence (FTE).** NHS England has estimated that the number of FTE practitioners was 38,216 FTE in 2023/2024.[1] FTE practice staff included 16,916 practice nurses (specialist nurses, advanced level nurses, extended role, and specialist nurses), 17,274 direct patient care staff, and 76,243 administrative and clerical staff.

**Direct care staff**. In 2023/2024, each FTE equivalent practitioner employed 0.61 FTE nurses (including practice nurses, advanced-level nurses, and extended-role and specialist nurses). All direct care staff have been costed at the same level as a band 6 GP practice nurse.

**Qualifications**. The equivalent annual cost of pre-registration and postgraduate medical education. See Table 12.4.1 for detailed information on training costs for specific health and social care professionals. These have been calculated using the method described in Netten et al. (1998).[2]

The cost of training GPs includes pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during training when staff are away from their posts. The investment in training has been depreciated over the doctor's expected working life. [2] This includes the two-year foundation program cost, two years on a General Practice Vocational Training Scheme (GP-VTS), and a further year as a general practice registrar.[3]

**Prescription costs.** Prescription costs per consultation are £33 (net ingredient cost) and £27 (actual cost). The net ingredient cost (NIC) is the essential cost of the drug, while the actual cost is the NIC less the assumed average discount, container allowance, and on-cost for appliance contractors. The NIC does not consider dispensing costs, fees, or prescription charges income. The prescription cost per consultation has been calculated by first dividing the number of prescriptions per GP by the number of consultations per GP to give the number of prescriptions per GP consultation and multiplying this by the actual cost per GP prescription and the NIC per GP prescription.

**Activity.** The average length of GP consultations in the UK is 10 minutes.

[1] NHS England (2024) *General Practice Workforce, 2023,* NHS England, Leeds. General Practice Workforce, 31 December 2023 - NHS England Digital

[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS*, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury.PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.

[3] Department of Health and Social Care (2022). Education and training tariff guidance and prices for 2022 to 2023. Healthcare education and training tariff: 2022 to 2023 - GOV.UK

# 9.5. Online consultation costs

Information for this schema was taken from a one-month observational study in South West England by Edwards and colleagues[1] to evaluate an online consultation system in primary care. Thirty-six general practices covering 396,828 patients participated in the pilot, and 7,472 patients completed an 'e-consultation.' Patient records (n=485) were abstracted for eight practices.

To contact their GP, a patient completed an online form describing the nature of their problem (hereafter referred to as an 'e-consultation'). This was submitted to their practice, which committed to responding by the end of the next working day. The study calculated that the average cost of all initial primary care actions in response to an e-consultation was £37.70. The cost was driven mainly by the time needed for a GP to triage the e-consultations (5 minutes assumed based on interviews with practice staff) and the relatively high proportion of e-consultations that resulted in a face-to-face or telephone consultation with a GP. When considering further follow-up actions taken in the subsequent 30 days, the average cost associated with an e-consultation increased to £36.28. Staff time was valued using the Unit Costs of Health & Social Care 2015 data and then uprated to current 2023/2024 values using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1).

**Table 9.5.1: Average cost for all initial primary care actions in response to an e-consultation**

| All initial response actions | Number | % all e-consultations (n=482) | Average cost per e-consultation (2023/2024) |
|---|---|---|---|
| GP face-to-face appointments | 186 | 39 | £16.13 |
| GP telephone calls | 187 | 39 | £9.83 |
| Nurse face-to-face contacts | 70 | 15 | £2.23 |
| Nurse telephone appointments | 0 | 0 | £0.00 |
| Prescriptions | 151 | 31 | £1.58 |
| Fit notes | 31 | 6 | £0.47 |
| Routine referral letters | 56 | 12 | £0.85 |
| 2-week wait referral letters | 10 | 2 | £0.15 |
| GP advised by email | 125 | 26 | £0.00 |
| Other GP actions | 108 | 22 | £0.00 |
| Unknown GP actions | 15 | 3 | £0.00 |
| GP-led triage cost | | | £14.70 |
| **Average cost of e-consultation** | | | £45.98 |

[1] Edwards, H., Marques, E, Hollingworth, W., Horwood, J., Farr, M., Bernard, E., Salisbury, & Northstone, K. (2017) Use of a primary care online consultation system, by whom, when and why: evaluation of a pilot observational study in 36 general practices in South West England, *BMJ Open* 2017:7:eO16901.

# 9.6. Telephone triage – GP-led and nurse-led

Telephone triage is increasingly used to manage workloads in primary care. A study conducted between 1 March 2011 and 31 March 2013 by Campbell and colleagues[1] aimed to assess the effectiveness and cost consequences of GP-led and nurse-led triage compared with usual care for requests for same-day appointments. Based on a review of 5,567 clinician contact forms for GP-led triage and 5,535 forms for nurse-led triage, the study found that mean clinician contact times for interventions were 4 minutes (SD 2.83) for GP triage and 6.56 minutes (SD 3.83) for nurse triage. Using national cost estimates, a detailed breakdown of the costs is provided below. Mean costs per intervention, including training, were £20 for GP-led triage and £9 (including computer decision support software) for nurse-led triage. The figures have been uprated to 2023/2024 using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1).

**Table 9.6.1: Costs and unit estimations for a telephone triage**

| **Costs and unit estimation** | **Nurse-led triage** | **GP-led triage** |
|---|---|---|
| | **2023/2024 values** | **2023/2024 values** |
| A. Wages/salary and on-costs | £41,728[2] per year | £114,741[3] per year |
| B. Overheads | | |
| Staff overheads | £9,305 per year | £43,675 per year |
| Non-staff | £14,296 per year | £119,226 per year |
| C. Initial qualifications | £9,525 | £57,788 |
| D. Capital[4] | £7,506 per year | £21,168 per year |
| E. Other costs | | |
| Staff training | £6,860 | £3,822 |
| Computer decision support software | £9,504 | |
| **Working time[5]** | | |
| Weeks per year | 41.20 | 43.00 |
| Hours per week | 37.5 | 48 |
| Hours per year | 1,545 | 2,064 |
| Average time per intervention (minutes)[6] | 6.56 | 4.00 |
| Standard deviation | 3.83 | 2.83 |
| **Unit costs 2023/2024** | | |
| Total annual costs (including set-up costs) | £98,725 | £360,421 |
| Cost per hour of face-to-face contact (including set-up costs) | £83 | £279 |
| Cost per intervention excluding other costs (including other costs) | £9.08 | £18.63 |

[1] Campbell, J., Fletcher, E., Britten, N., Green, C., Holt, V., Lattimer, V., Richards, D., Richards, S., Salisbury, C., Taylor, R., Calitri, R., Bowyer, V., Chaplin, K., Kandiyali, R., Murdoch, J., Price, L., Roscoe, J., Varley, A. & Warren., F. (2015) The clinical effectiveness and cost-effectiveness of telephone triage for managing same-day consultation requests in general practice: a cluster randomised controlled trial comparing general practitioner-led management systems with usual care (the ESTEEN trial), *Health Technology Assessment, 19,13,* https://doi.org/10.3310/hta19130

[2] Based on the salary of a GP practice nurse (AfC band 5) plus on-costs

[3] Average income before tax.

[4] HM Treasury (2024) *Public Expenditure: statistical analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024

[5] Taken from Table 25 in Campbell et al and uprated using the PSS Pay & Prices Index.

[6] See Table 23 in Campbell et al[2]

# 9.8. NHS dentist – Performer-Only

A Performer-Only dentist is a qualified dentist who works in a Providing-Performer practice (e.g., a local dental practice). They are sometimes referred to as Associates.[1] In 2015, a survey of dentists carried out by PSSRU in collaboration with the General Dental Council provided information to estimate practice staff overheads and equipment used by dentists working all or some of the time with NHS patients. Responses were received from 251 practices with some or all NHS activity. See the Units Costs of Health & Social Care 2017 article. The costs below apply only to Performer-Only dentists with registered NHS activity. Dentists who performed only private dentistry have been excluded (n=50). Values have been uprated using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1).

**Table 9.8.1: Costs and unit estimations for a Performer-Only dentist**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Net remuneration | £67,071 per year | This is the average taxable income (average gross earnings less average total expenses) for self-employed primary care Performer-Only dentists in 2022/2023.[2] |
| B. Practice expenses: Direct care staff | £66,683 per year | As salary expenses for Performer-Only dentists are declared an expense by Providing-Performer dentists,[2] to avoid double-counting, employee expenses have been calculated using the PSSRU survey. This found that, on average, each FTE dentist (carrying out some or all NHS activity) employs 1.43 FTE of a dental nurse, 0.17 FTE of a hygienist/dental therapist, 0.23 FTE of a practice manager (AFC band 6) and 0.50 FTE of 'other' staff (AfC band 2, e.g., receptionist, dental technician, cleaner). |
| B. Practice expenses: Office and general business, | £4,068 per year | All practice expenditures - office and general business, premises, and other expenses, including advertising, promotion, and entertainment.[2] |
| Premises | £2,399 per year | This includes insurance, repairs, maintenance, rent, and utilities. |
| Car and travel | £1,147 per year | |
| Other | £18,046 per year | Includes a variety of expenses, including laboratory costs, materials costs, advertising, promotion, and entertainment costs. |
| C. Qualifications | | No cost is available. |
| D. Ongoing training | | No cost is available. |
| E. Capital costs | | It is assumed to be included in the rent (see Premises).<br>Based on the new-build and land requirements of a dental surgery, but adjusted to reflect the shared use of treatment and non-treatment space, depreciated capital costs would be £8,617 per annum.[3] |
| F. Equipment costs | £6,669 per year | Total equipment costs (e.g., dentist chairs, cabinetry, and all dental technology) per practice with all or some NHS activity were valued at £60,417 per FTE dentist. Costs have been depreciated over a ten-year period, as this was the most frequently cited replacement time. |
| **Total cost (excluding qualifications)** | **£116,084 per year** | |
| Working time[4] | | |
| Hours per week | 33.7 hours | |
| Hours per year | 1,580 hours | |
| Weeks per year | 42.14 weeks | |
| The ratio of direct to indirect time: | | Dentists spent 87 per cent of their working time on clinical activities. |
| Clinical time | 1:0.15 | |
| **2023/2024 unit costs** | | |
| Per hour | £105 | |
| Per hour of patient contact time | £121 | |

[1] NHS England (2019) *A guide to NHS dental publications,* NHS England, Leeds. https://files.digital.nhs.uk/AD/73DD0A/nhs-dent-stat-eng-18-19-anx4-gui.pdf.
[2] NHS England (2024) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS England Leeds. Dental Earnings and Expenses, 2022/23 - NHS England Digital.
[3] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.
[4] NHS England (2024) *Dental Working Hours: Working Patterns, Motivation and Morale 2022/23,* NHS England, Leeds. Dentists' Working Patterns, Motivation and Morale - 2022/23 - NHS England Digital.

# 9.9. Dentist – Providing-Performer

The costs below relate to a Providing-Performer, a dentist who holds a health service contract and acts as a Performer, delivering dental services themselves.[1] In 2015, a survey of dentists carried out by PSSRU in collaboration with the General Dental Council provided information to estimate practice staff overheads and equipment used by dentists working all or some of the time with NHS patients. Responses were received from 251 practices with some or all NHS activity. See the Unit Costs of Health & Social Care 2017 article for more information. The costs below apply only to providing-performer dentists who have registered NHS activity. Dentists who performed only private dentistry have been excluded. All data has been uprated using the NHS Cost Inflation Index (Pay and Prices) (see Section 12.1).

**Table 9.9.1: Costs and unit estimations for a Providing-Performer dentist**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| **A. Net remuneration** | £134,351 per year | This is the average taxable income of self-employed primary care Providing-Performer dentists in 2020/2021. [2] |
| **B. Practice expenses:** | | |
| Employee expenses | £118,534 per year | As salary expenses for Performer-Only dentists are declared an expense by Providing-Performer dentists,[2] to avoid double-counting, employee expenses have been calculated using the PSSRU survey. This found that, on average, each FTE dentist (carrying out some or all NHS activity) employs 1.43 FTE of a dental nurse, 0.17 FTE of a hygienist/dental therapist, 0.23 FTE of a practice manager (AFC band 6) and 0.50 FTE of 'other' staff (AfC band 2, e.g., receptionist, dental technician, cleaner). |
| Office and general business expenses | £21,488 per year | All office and general business, premises, and other expenses, including advertising, promotion, and entertainment, are based on expenditure from the Dental Earnings and Expenses report.[2] |
| Premises | £27,121 per year | This includes insurance, repairs, maintenance, rent, and utilities. |
| Car and travel | £2,399 per year | |
| Other | £159,281 per year | Includes a variety of expenses, including laboratory costs, materials costs, advertising, promotion, and entertainment costs, which have been divided equally between the dental staff (dentists and nurses/hygienists).[2] |
| **C. Initial qualifications** | | No costs available |
| **D. Ongoing training** | | No costs available |
| **E. Capital costs** | | It is assumed to be included in the rent (see Premises). |
| **F. Equipment costs** | £6,669 | Total equipment costs (e.g., dentist chairs, cabinetry, and all dental technology) per practice with all or some NHS activity was valued at £60,417 per FTE dentist. Costs have been depreciated to reflect that ten years was the most frequently cited replacement time. |
| **Total cost** | **£469,843 per year** | |
| Working time[3] | | |
| Hours per week | 41.1 hours | The average total number of weekly hours worked by Providing-Performer dentists in 2019/2020 was 34.85. |
| Hours per year | 1,955 hours | |
| Weeks per year | 42.4 weeks | |
| The ratio of direct to indirect time: | 1:033 | Based on information from the Dental Working Hours survey, Providing-Performer dentists spent 75% of their working time on clinical activities. |
| **2023/2024 unit costs** | | |
| Per hour | £219 | |
| Per hour of patient contact | £292 | |

[1] NHS England (2019) *A guide to NHS dental publications,* NHS England, Leeds. https://files.digital.nhs.uk/AD/73DD0A/nhs-dent-stat-eng-18-19-anx4-gui.pdf.
[2] NHS England (2024) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS England, Leeds. Dental Earnings and Expenses, 2022/23 - NHS England Digital
[3] NHS England (2024) *Dental Working Hours: Working Patterns, Motivation and Morale 2022/2023.* NHS England, Leeds. Dentists' Working Patterns, Motivation and Morale - 2022/23 - NHS England Digital

# 9.10. NHS dental charges

Paying adults are charged according to the treatment band. The table below shows the NHS dental charges applicable to paying adults from 1 April 2024 by treatment band.

**Table 9.10.1: NHS dental charges**

| Treatment Band | Charges from 1 April 2024[1] | |
|---|---|---|
| Emergency dental treatment | £26.80 | This covers emergency care in a primary care NHS dental practice, such as pain relief or a temporary filling. |
| Band 1 | £26.80 | Examination, diagnosis (including x-rays), advice on preventing future problems, a scale and polish if needed, and fluoride varnish or fissure sealant application. |
| Band 2 | £73.50 | This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, or tooth removal. |
| Band 3 | £319.10 | This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges, and other laboratory work. |

[1] https://questions-statements.parliament.uk/written-statements/detail/2024-03-07/hcws317

# COMMUNITY-BASED SOCIAL CARE

# 10. Social care staff and services

10.1. Social worker (adult services)

10.2. Social work assistant

10.3. Community occupational therapist (local authority)

10.4. Home care worker

10.5. Home care manager

10.6. Support and outreach worker

10.7. Reablement

# 10.1. Social worker (adult services)

**Table 10.1.1: Costs and unit estimations for a social worker (adult services)**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Salary | £40,076 per year | The information from the Adult Social Care Workforce Data (Skills for Care, 2023/2024)[1] showed that the mean basic salary, based on the weighted mean annual salary for a local authority and independent sector social worker working in adult services, was £40,076. |
| B. Salary on-costs | £13,294 per year | The employer's national insurance contribution is included, plus 19.8 per cent of salary for the employer's contribution to superannuation.[2] |
| C. Initial qualifications | £10,082 per year | Qualification costs have been calculated using the method described in Netten et al. (1998).[3] See Table 12.4.1 for detailed information on training costs for specific health and social care professionals.<br><br>The cost of training for a social worker includes the cost of pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during the period of training when staff are away from their posts |
| D. Ongoing training | | No current information is available. Although social workers can receive further training to progress to higher grades, postgraduate training costs are only known for doctors. |
| E. Overheads | | |
| Direct overheads | £15,477 per year | Direct overheads include costs to the provider for administration and management, office space, training, and utilities such as water, gas, and electricity. |
| Indirect overheads | £8,539 per year | Indirect overheads include general management and support services such as finance and human resource departments. |
| F. Capital overheads | £5,543 per year | Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews, and clerical support.[4] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| G. Travel | | No information is available on the average mileage covered per visit. |
| **Total costs** | **£93,011 per year** | |
| | | |
| **Working time** | | |
| Working days per year | 217 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 29 annual leave days, and six sick days).[5] |
| Working hours per week | 37 | |
| Working hours per year | 1,607 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.4 hours). |
| Working weeks per year | 43.42 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). |
| **Ratios of direct to indirect time** | | |
| Client-related work | | No information is available. |
| Duration of visit | | No information is available. |
| **Unit costs 2023/2024** | | |
| Per hour with qualifications | £58 | |
| Per hour without qualifications | £52 | |

[1] Skills for Care (2023/2024) *Adult social care workforce estimates*, Workforce estimates (skillsforcare.org.uk)
[2] Local Government Pension Scheme Advisory Board (2024) *Fund Valuations 2023*, LGPS Advisory Board, London. LGPS Scheme Advisory Board - Fund Annual Reports 2023
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.
[4] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.
[5] Skills for Care (2024). The workforce employed by adult social services departments, England 2023 The workforce employed by adult social services departments England 2023

## 10.2. Social work assistant

**Table 10.2.1: Costs and unit estimations for a social work assistant**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Salary | £29,949 per year | The mean basic salary of a social work assistant was £27,990 in 2023.[1] The salary was uprated to 2023/2024 using the PSS Pay and Prices Index (see Section 12.1). |
| B. Salary on-costs | £9,496 per year | The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's contribution to superannuation.[2] |
| C. Initial qualifications | | No information is available. |
| D. Ongoing training | | No information is available. |
| E. Overheads | | |
| Direct overheads | £11,439 per year | Direct overheads include costs to the provider for administration and management, office, training, and utilities such as water, gas, and electricity. |
| Indirect overheads | £6,311 per year | Indirect overheads include general management and support services such as finance and human resource departments. |
| F. Capital overheads | £5,543 per year | Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews, and clerical support.[3] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| G. Travel | | No information is available on the average mileage covered per visit. |
| **Total costs** | **£62,739 per year** | |
| **Working time** | | |
| Working days per year | 217 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 29 annual leave days, and six sick days). [4] |
| Working hours per week | 37 | |
| Working hours per year | 1,607 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.4 hours). |
| Working weeks per year | 43.4 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). |
| **Ratios of direct to indirect time** | | |
| Client-related work | | No current information is available |
| **Unit costs 2023/2024** | | |
| Per hour without qualifications | £39 | |

[1] Social work assistant salary 2022. Skills for Care (2022/2023) *Adult social care workforce estimates*, Workforce estimates (skillsforcare.org.uk)
[2] Local Government Pension Scheme Advisory Board (2024) *Fund Valuations 2022*, LGPS Advisory Board, London. LGPS Scheme Advisory Board - Fund Annual Reports 2023
[3] Building Cost Information Service Construction Data (2024) BCIS | Building Cost Information Service Construction Data.
[4] Skills for Care (2024). The workforce employed by adult social services departments, England 2023 The workforce employed by adult social services departments England 2023

# 10.3. Community occupational therapist (local authority)

**Table 10.3.1: Costs and unit estimations for a community occupational therapist**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Wages/salary | £39,158 per year | The information from the Adult Social Care Workforce Data (Skills for Care, 2023/2024) showed that the mean basic salary, based on the mean annual salary for a local authority occupational therapist working in adult services, was £39,158. |
| B. Salary on-costs | £12,950 per year | Employer's national insurance contribution is included, plus 19.8 per cent of salary for employer's contribution to superannuation.[1] |
| C. Initial qualifications | £5,942 per year | Qualification costs have been calculated using the method described in Netten et al. (1998).[2] See Table 12.4.1 for detailed information on training costs for specific health and social care professionals.<br><br>The cost of training for community occupational therapists includes the cost of pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during training when staff are away from their posts. |
| E. Ongoing training | | Although further training is available to community occupational therapists to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors. |
| F. Overheads | | |
| Direct overheads | £15,111 per year | Direct overheads include costs to the provider for administration and management, as well as for office, training, and utilities such as water, gas and electricity. |
| Indirect overheads | £8,337 per year | Indirect overheads include general management and support services such as finance and human resource departments. |
| G. Capital overheads | £5,543 per year | Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews, and clerical support.[3] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| **Total costs** | **£87,042 per year** | |
| **Working time** | | |
| Working days per year | 217 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 25 annual leave days, and six sick days). [4] |
| Working hours per week | 37 | |
| Working hours per year | 1,607 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.4 hours). |
| Working weeks per year | 43.4 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). |
| **The ratio of direct to indirect time** | | |
| Client-related work | | No current information is available on the proportion of time spent with clients. |
| **Unit costs 2023/2024** | | |
| Per hour with qualifications | £54 | |
| Per hour without qualifications | £50 | |

[1] Local Government Pension Scheme Advisory Board (2024) *Fund Valuations 2022*, LGPS Advisory Board, London. LGPS Scheme Advisory Board - Fund Annual Reports 2023

[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.

[3] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.

[4] Skills for Care (2024). The workforce employed by adult social services departments, England 2023 The workforce employed by adult social services departments England 2023

## 10.4. Home care worker

Table 10.4.1 provides information on the costs of a home care worker. Salary information is taken from the Adult Social Care Workforce Data (Skills for Care, 2023/2024).[1]

**Table 10.4.1: Costs and unit estimations for a home care worker**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Wages/salary | £22,964 per year | Based on the weighted mean annual salary for a local authority and independent sector home care worker for 2023/2024.[1] |
| B. Salary on-costs | £6,877 per year | The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's contribution to superannuation.[2] |
| C. Initial qualifications | | No information is available. |
| D. Ongoing training | | No information is available. |
| E. Overheads | | |
| Direct overheads | £8,654 per year | Direct overheads include costs to the provider for administration and management, office, training, and utilities such as water, gas, and electricity. |
| Indirect overheads | £4,775 per year | Indirect overheads include general management and support services such as finance and human resource departments. |
| F. Travel | | No information is available on the average mileage covered per visit. |
| **Total costs** | **£43,270 per year** | |
| **Working time** | | |
| Working days per year | 217 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 29 annual leave days, and six sick days).[3] |
| Working hours per week | 37 | |
| Working hours per year | 1,607 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.4 hours). |
| Working weeks per year | 43.42 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). |
| Ratios of direct to indirect time | | No current information is available on the proportion of time spent with clients. |
| Face-to-face contact | | No current information is available. |
| Duration of visit | | No current information is available. |
| Service use | | No current information is available |
| | | |
| **Unit costs 2023/2024** | | |
| Per weekday hour | £27 | |

[1] Skills for Care (2024) *Adult social care workforce estimates*, Workforce estimates (skillsforcare.org.uk)

[2] Local Government Pension Scheme Advisory Board (2024) *Fund Valuations 2022*, LGPS Advisory Board, London. LGPS Scheme Advisory Board - Fund Annual Reports 2023

[3] Skills for Care (2024). The workforce employed by adult social services departments, England 2023 The workforce employed by adult social services departments England 2023

## 10.5. Home care manager

The salary information in this table is taken from the Adult Social Care Workforce Data (Skills for Care, 2023/2024)1 and is based on the salary of a registered manager.

**Table 10.5.1: Costs and unit estimations for a home care manager**

| Costs and unit estimation | 2023/2024 values | Notes |
|---|---|---|
| A. Wages/salary | £37,930 per year | Based on the weighted mean annual salary for a local authority and independent sector registered home care manager for 2023/2024.[1] |
| B. Salary on-costs | £12,489 per year | The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's contribution to superannuation.[2] |
| C. Initial qualifications | | No information is available. |
| D. Ongoing training | | No information is available. |
| E: Overheads: Direct | £14,622 per year | Direct overheads include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. |
| E: Indirect | £8,067 per year | Indirect overheads include general management and support services such as finance and human resource departments. |
| F. Capital overheads | £5,543 per year | Based on the new-build and land requirements of a local office and shared facilities for waiting, interviews and clerical support.[3] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| G. Travel | | No information is available on the average mileage covered per visit. |
| **Total costs** | **£78,651 per year** | |
| **Working time** | | |
| Working days per year | 217 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 29 annual leave days, and six sick days).[4] |
| Working hours per week | 37 | |
| Working hours per year | 1,607 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.4 hours). |
| Working weeks per year | 43.42 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). |
| **Ratios of direct to indirect time** | | |
| Client-related work | | No current information is available on the proportion of time spent with clients. |
| **Unit costs 2023/2024** | | |
| Per weekday hour | £49 | |

[1] Skills for Care (2024) *Adult social care workforce estimates*, Workforce estimates (skillsforcare.org.uk)
[2] Local Government Pension Scheme Advisory Board (2024) *Fund Valuations 2022*, LGPS Advisory Board, London. LGPS Scheme Advisory Board - Fund Annual Reports 2023
[3] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.
[4] Skills for Care (2024). *The workforce employed by adult social services departments*, England 2023 The workforce employed by adult social services departments England 2023

## 10.6. Support and outreach worker

Community outreach workers liaise between community programmes, services, and community members. Their focus might be on health or education, and they often assist a particular ethnic group or segment of the population, such as older people. The job description varies according to the organisation and responsibilities.[1]

**Table 10.6.1: Costs and unit estimations for a support and outreach worker**

| Costs and unit estimation | 2023/2024 | Notes |
|---|---|---|
| A. Wages/salary | £22,651 per year | The information from the Adult Social Care Workforce Data (Skills for Care, 2023/2024)[2] showed that the mean basic salary for a support and outreach worker, based on the weighted mean annual salary for a local authority and independent sector outreach worker, was £22,651. |
| B. Salary on-costs | £6,759 per year | The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's contribution to superannuation.[3] |
| C. Initial qualifications | | No information is available. |
| D. Overheads: Direct overheads | £8,529 per year | Direct overheads include costs to the provider for administration and management, office space, training, and utilities such as water, gas, and electricity. |
| D. Overheads: Indirect overheads | £4,706 per year | Indirect overheads include general management and support services such as finance and human resource departments. |
| E. Capital overheads | £5,543 per year | Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[4] Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. |
| **Total costs** | **£48,188 per year** | |
| **F. Working time** | | |
| Working days per year | 217 | Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 29 annual leave days, and six sick days). [5] |
| Working hours per week | 37 | |
| Working hours per year | 1607 | Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.4 hours). |
| working weeks | 43.4 | Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). |
| Ratio of direct to indirect time | | |
| Client-related work | | No current information is available on the proportion of time spent with clients. |
| **Unit costs 2023/2024** | | |
| Per hour. | £30 | |

[1] Career Trend (2017) What is the job description of a community outreach worker? https://careertrend.com/about-4618849-job-description-community-outreach-worker.html

[2] Skills for Care (2024) *Adult social care workforce estimates*, Workforce estimates (skillsforcare.org.uk)

[3] Local Government Pension Scheme Advisory Board (2024) *Fund Valuations 2022*, LGPS Advisory Board, London. LGPS Scheme Advisory Board - Fund Annual Reports 2023

[4] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.

[5] Skills for Care (2024). The workforce employed by adult social services departments, England 2023 The workforce employed by adult social services departments England 2023

# 10.7. Reablement

Reablement is a goals-focused intervention comprising intensive, time-limited (typically up to 6 weeks) assessment and therapeutic work delivered in the usual place of residence. Its purpose is to restore/regain self-care and daily living skills for individuals at risk of needing social care support or an increase in its intensity to continue living in their own homes.[1]

In 2015, Beresford et al. (2019)[1] surveyed reablement services in 139 of the 152 local authorities in England. Data collection and analysis took the perspective of the NHS and Personal Social Services when collecting costs. Therefore, the relevant costs fell on the budgets of the Clinical Commissioning Groups (CCGs) (representing the NHS) and/or local authorities (representing Personal Social Services). Although the authors recognised that overheads should be included, they were unsure whether overheads were given. Beresford et al. could not check with survey participants what they included in the costs (see page 21 of the referenced report for more information). The planned duration of reablement was, on average, six weeks, with one or two home visits per day. The actual duration was, on average, four weeks.

Using cluster analysis, the authors derived three types of reablement input:

1) Functional reablement (services reported as re-enabled in personal care, domestic, skills, safety, information, helping people move about inside their homes, health-related needs, and confidence-building).

2) Comprehensive reablement (services that stated they were re-enabled in all the domains). Thus, they were similar to services delivering 'functional' reablement, but also helped people get out and about and with social activities.

3) Social reablement (services that reported being re-enabled in safety, information, getting out and about, social activities, and confidence-building).

Of the 143 reablement services reported in the survey, 42 (29%) provided information on expenditure, and 100 (70%) provided information on annual caseload or the typical number of monthly cases. The authors calculated the cost per case for 37 (26%) reablement services.

The average cost per case for comprehensive services was £1,626. Another study[2] referenced in the NICE guidelines (2017)[3] reported a mean cost per person of £1,484, based on the annual service budgets of the commissioners and providers that voluntarily participated in the Audit. The mean duration of reablement was 34.5 days (see Bauer et al. 2019). [4]All costs have been uprated to 2023/2024 values using the Personal Social Services (PSS) Pay and Prices Index (see Section 12.1).

**Table 10.7.1: Cost per case of reablement services**

| Expenditure on reablement services as reported by services | Average cost per case | Minimum cost per case | Maximum cost per case |
|---|---|---|---|
| Total expenditure for functional services (n=10) | £1,945 | £682 | £2,757 |
| Total expenditure for comprehensive services (n=24) | £1,865 | £25 | £4,111 |
| Total expenditure for social reablement services (n=3) | N/R | N/R | N/R |

N/R: Not reported, given the small number of services reporting cost data.

[1] Beresford, B., Mann, R., Parker, G., Kanaan, M., Faria, R., Rabiee, P., Weatherly, H., Clarke, S., Mayhew, E., Duarte, A., Laver-Fawcett, A. & Aspinal, F. (2019) *Reablement services for people at risk of needing social care: the MoRe mixed-methods evaluation*, https://www.ncbi.nlm.nih.gov/books/NBK540371/

[2] NAIC (2015) *National Audit of Intermediate Care 2015*, NAIC, London. https://britishgeriatricssociety.wordpress.com/2015/11/11/national_audit_intermediate_care/.

[3] National Institute for Health and Care Excellence (2017) *Intermediate care including reablement*, NICE, London https://www.nice.org.uk/guidance/ng74/resources/intermediate-care-including-reablement-pdf-1837634227909

[4] Bauer, A., Fernandez, J.L., Henderson, C., Wittenberg, R. & Knapp, M. (2019*) Cost-minimisation analysis of home care reablement for older people in England: A modelling study*, https://pubmed.ncbi.nlm.nih.gov/31006936/.

# HOSPITAL-BASED HEALTH CARE STAFF

# 11. Hospital-based health care staff

## 11.1. Hospital-based scientific and professional staff

### 11.1.1. Hospital-based scientific and professional staff – unit cost components

### 11.1.2. Annual and unit costs for hospital-based scientific and professional staff

## 11.2. Hospital-based nurses

### 11.2.1. Hospital-based nurses – cost components

### 11.2.2. Annual and unit costs for hospital-based nurses

## 11.3. Hospital-based doctors

### 11.3.1. Hospital-based doctors – cost components

### 11.3.2. Annual and unit costs for hospital-based doctors

# 11.1. Hospital-based scientific and professional staff

The table overleaf provides the unit costs for hospital-based scientific and professional staff and replaces the individual schema previously found in this section. Each Agenda for Change (AfC) Band can be matched to professionals using the AfC generic profiles. Examples of roles by band are shown below and in more detail by job type in Section 12.3. When interpreting the unit costs, reference should also be made to the explanatory notes.

**Table 11.1.1: Hospital-based scientific and professional staff – Agenda for Change (band)**

| | **Job titles by band** |
|---|---|
| **Band 2** | Clinical support worker (Physiotherapy, Occupational Therapy, Speech and Language Therapy). |
| **Band 3** | Clinical support worker (higher level) (Physiotherapy, Occupational Therapy, Speech and Language Therapy). |
| **Band 4** | Occupational therapy technician, Speech and Language Therapy assistant/associate practitioner, Podiatry technician, Clinical psychology assistant practitioner, Pharmacy technician. |
| **Band 5** | Physiotherapist, Occupational Therapist, Speech and Language Therapist, Podiatrist, Clinical psychology assistant practitioner (higher level), and Counsellor (entry-level). |
| **Band 6** | Physiotherapist, Occupational Therapist, Speech and Language Therapist, Podiatrist, Clinical psychology trainee, Counsellor, Pharmacist, and Arts therapist (entry-level). |
| **Band 7** | Physiotherapist (advanced), Specialist Physiotherapist (respiratory problems), Specialist Physiotherapist (community), Physiotherapy team manager, Speech and Language Therapist (advanced), Podiatrist (advanced), Podiatry team manager, Clinical psychologist, Counsellor (specialist), Arts Therapist. |
| **Band 8a** | Physiotherapist principal, Occupational Therapist principal, Speech and Language Therapist principal, Podiatrist principal. |
| **Band 8a-b** | Physiotherapist consultant, Occupational Therapist consultant, Clinical psychologist principal, Speech and Language Therapist principal, Podiatric consultant (surgery), and Arts Therapist principal. |
| **Band 8a-c** | Counsellor professional manager, Counsellor consultant, Consultant Speech and Language Therapist. |
| **Band 8c-d** | Clinical psychologist consultant, Podiatrist (surgery), Head of arts therapies, arts therapies consultant. |
| **Band 8d-9** | Clinical psychologist consultant (professional), Lead/head of psychology services, Podiatric consultant (surgery), Head of service. |

## 11.1.1. Hospital-based scientific and professional staff – unit cost components

**A. Wages/salary**

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) Bands 4-9 of the May 2023/April 2024 NHS staff earnings estimates for allied health professionals.[1] Refer to the NHS Terms and Conditions of Service Handbook for details on payment for unsocial hours.[2] Refer to Section 12.2 for additional information on pay scales.

**B. Salary on-costs**

Employer's national insurance is included, plus 20.6 per cent of salary for the employer's contribution to superannuation.

**C. Qualification costs**

See Table 12.4.1 for detailed information on training costs for specific health and social care professionals. These have been calculated using the method described in Netten et al. (1998).[3]

The cost of training for hospital-based scientific and professional staff includes pre-registration tuition, infrastructure costs (such as libraries), costs or benefits associated with clinical placement activities, and lost production costs incurred during training when staff are away from their posts. Although further training is available to hospital-based scientific and professional staff to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

To calculate the cost per hour, including qualifications for hospital-based scientific and professional staff, the appropriate expected annual cost, as shown in Table 12.4.1, should be divided by the total number of working hours. This can then be added to the cost per working hour.

**D. Overheads**

The overheads (below) are sourced from the HM Treasury Public Expenditure Statistics Analysis for 2024.[4] Management and other non-care staff costs include administration and estates staff. Non-staff costs include the provider's expenses for drugs, office supplies, travel and transportation, publishing, training courses and conferences, supplies and services (both clinical and general), and utilities such as water, gas, and electricity.

**E. Capital overheads**

Based on the new-build and land requirements of NHS hospital facilities, the design was adjusted to accommodate the shared use of office space for administration, recreation, and changing facilities.[5]

**F. Working time**

- Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. eight statutory days, 28 annual leave days, and nine sick days).[6]
- Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours).
- Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37.5 hours).

**H. Ratio of direct-to-patient-related time**

See previous editions for time spent on patient-related activities. See Table 12.5.1 for information on a PSSRU survey carried out in 2014/2015 that provided estimates of time use for hospital-based staff.

[1] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds.
[2] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook.* NHS Terms and Conditions of Service Handbook | NHS Employers
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.
[4] HM Treasury (2024) *Public Expenditure: statistical analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024
[5] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.
[6] NHS England (2024) *NHS sickness absence rates*, NHS England, Leeds. NHS Sickness Absence Rates - NHS England Digital

**I. London and non-London multipliers**

See information produced by NHS Employers[1] and NHS Improvement[2] for information on Inner and Outer London supplements and the Market Forces Factor (MFF), which estimates the unavoidable cost differences between healthcare providers based on their geographical location.

[1] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* Annex 9: High cost area supplements. NHS Terms and Conditions of Service Handbook | NHS Employers

[2] NHS Improvement (2013) Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme NHS England » Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme

## 11.1.2. Annual and unit costs for hospital-based scientific and professional staff

This table provides the annual and unit costs for hospital-based scientific and professional staff. See notes for assistance in interpreting each cost item and the beginning of this chapter for examples of roles in each band. **Please note that there are no staff members in Bands 1-3 for this staff group.**

**Table 11.1.2: Annual and unit costs for hospital-based scientific and professional staff**

| | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 |
|---|---|---|---|---|---|---|---|---|---|
| **A. Wages/salary** | £26,399 | £30,142 | £39,133 | £47,336 | £53,824 | £62,965 | £75,154 | £89,458 | £107,488 |
| **B. Salary on-costs** | £8,165 | £9,569 | £12,940 | £16,016 | £18,449 | £21,877 | £26,448 | £31,812 | £38,573 |
| **C. Initial qualifications** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **D. Ongoing training** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **E. Overheads** | | | | | | | | | |
| Management, admin and estates staff | £7,708 | £8,855 | £11,612 | £14,128 | £16,117 | £18,920 | £22,657 | £27,043 | £32,572 |
| Non-staff | £11,856 | £13,621 | £17,861 | £21,730 | £24,790 | £29,101 | £34,850 | £41,596 | £50,099 |
| **F. Capital overheads** | £6,514 | £6,514 | £6,514 | £6,514 | £6,514 | £6,514 | £6,514 | £6,514 | £6,514 |
| **G. Travel** | | | | | | | | | |
| **Total cost** (without a qualification cost) | **£60,642** | **£68,701** | **£88,060** | **£105,723** | **£119,695** | **£139,378** | **£165,623** | **£196,424** | **£235,246** |
| **H. Working time** | | | | | | | | | |
| Working days per year | 215 | 215 | 215 | 215 | 215 | 215 | 215 | 215 | 215 |
| Working hours per week | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 |
| Working hours per year | 1613 | 1613 | 1613 | 1613 | 1613 | 1613 | 1613 | 1613 | 1613 |
| Working weeks | 43.0 | 43.0 | 43.0 | 43.0 | 43.0 | 43.0 | 43.0 | 43.0 | 43.0 |
| **I. Ratio of direct to indirect time** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **London/non-London multiplier** | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] | See note[1] |
| **Unit costs 2023/2024** | | | | | | | | | |
| Cost per working hour | £38 | £43 | £55 | £66 | £74 | £86 | £103 | £122 | £146 |

[1] Please see Section 11.1.1 above.

## 11.2. Hospital-based nurses

The table overleaf provides the unit costs for hospital nurses in bands 2-9. Each Agenda for Change (AfC) Band can be matched to professionals using the AfC generic profiles. When interpreting the unit costs, reference the explanatory notes. See below for examples of roles in each band.

**Table 11.2.1: Agenda for Change (AfC) bands for hospital-based nurses**

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

## 11.2.1. Hospital-based nurses – unit cost components

**A. Wages/salary**

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) Bands 2-9 of the May 2023/April 2024 NHS staff earnings estimates for nurses.[1] Refer to the NHS Terms and Conditions of Service Handbook for details on payment for unsocial hours.[2] See section 12.2 for further information on pay scales.

**B. Salary on-costs**

Employer's national insurance is included, plus 20.6 per cent of salary for the employer's contribution to superannuation

**C. Qualification costs**

See Table 12.4.1 for detailed information on training costs for specific health and social care professionals. These have been calculated using the method described in Netten et al. (1998).[3]

The cost of training for hospital-based nurses includes pre-registration tuition, infrastructure costs (such as libraries), costs or benefits associated with clinical placement activities, and lost production costs during the training period when staff are away from their posts. Although further training is available to nurses to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

**D. Overheads**

The overheads have been taken from the HM Treasury Public Expenditure Statistics Analysis 2024.[4] Management and other non-care staff costs include administration and estates staff. Non-staff costs include the provider's expenses for drugs, office supplies, travel and transportation, publishing, training courses and conferences, supplies and services (both clinical and general), and utilities such as water, gas, and electricity.

**E. Capital overheads**

Based on the new-build and land requirements of NHS hospital facilities, the design was adjusted to accommodate the shared use of office space for administration, recreation, and changing facilities.[5]

**F. Working time**

- Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., eight statutory days, 30 annual leave days, and 13 sick days).[6]
- Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours).
- Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37.5 hours).

**G. Ratio of direct-to-patient-related time**

See Table 12.5.1 for further information.

[1] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds.
[2] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.
[4] HM Treasury (2024) *Public Expenditure: Statistical Analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024
[5] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.
[6] NHS England (2024) *NHS sickness absence rates*, NHS England, Leeds. NHS Sickness Absence Rates - NHS England Digital

## 11.2.2. Annual and unit costs for hospital-based nurses

This table provides hospital-based nurses' annual and unit costs (see the notes for assistance interpreting each cost item). See also the beginning of this chapter for examples of roles in each band. Please note that there are no staff members in Bands 1-3 for this staff group.

**Table 11.2.2: Annual and unit costs for hospital-based nurses**

| | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Band 9 |
|---|---|---|---|---|---|---|---|---|---|
| **A Wages/salary** | £25,562 | £31,609 | £39,263 | £47,041 | £53,145 | £61,975 | £73,339 | £87,044 | £104,940 |
| **B Salary on-costs** | £7,851 | £10,119 | £12,989 | £15,906 | £18,195 | £21,506 | £25,767 | £30,907 | £37,618 |
| **C Initial qualifications** | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 | £9,525 |
| **D Ongoing training** | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] |
| **E Overheads** | | | | | | | | | |
| Management, admin, and estates staff | £7,451 | £9,305 | £11,652 | £14,037 | £15,909 | £18,616 | £22,101 | £26,303 | £31,790 |
| Non-staff | £11,461 | £14,313 | £17,922 | £21,591 | £24,470 | £28,634 | £33,993 | £40,457 | £48,897 |
| **F Capital overheads** | £5,141 | £5,141 | £5,141 | £5,141 | £5,141 | £5,141 | £5,141 | £5,141 | £5,141 |
| **Total cost (with qualification cost)** | **£66,992** | **£80,013** | **£96,492** | **£113,241** | **£126,385** | **£145,397** | **£169,867** | **£199,378** | **£237,912** |
| **G Working time** | | | | | | | | | |
| Working days per year | 209 | 209 | 209 | 209 | 209 | 209 | 209 | 209 | 209 |
| Working hours per week | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 | 37.5 |
| Working hours per year | 1553 | 1553 | 1553 | 1553 | 1553 | 1553 | 1553 | 1553 | 1553 |
| Working weeks | 41.4 | 41.4 | 41.4 | 41.4 | 41.4 | 41.4 | 41.4 | 41.4 | 41.4 |
| **H Ratio of direct to indirect time** | | | | | | | | | |
| Face-to-face contacts | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] | See note [1] |
| **Unit costs 2023/2024** | | | | | | | | | |
| Cost per working hour | £37 | £45 | £56 | £67 | £75 | £88 | £103 | £122 | £147 |
| Cost per hour (including qualifications) | £43 | £52 | £62 | £73 | £81 | £94 | £109 | £128 | £153 |

[1] See Section 11.2.1 above

# 11.3. Hospital-based doctors

The table overleaf provides the unit costs for hospital doctors. When interpreting the unit costs, refer to the explanatory notes. See below for examples of work performed under each title.

**Table 11.3.1: Work performed under each job title for hospital-based doctors**

| Work performed under each job title | |
|---|---|
| **Foundation doctor FY1**<br><br>**Foundation doctor FY2** | Foundation doctors are a grade of medical practitioners undertaking a two-year general postgraduate medical training programme. This programme bridges medical school and specialist/general practice training. Foundation doctors have the opportunity to gain experience in a series of posts in a variety of specialities and healthcare settings.[1] |
| **Registrar** | A registrar is a specialist in training for medical consultancy.[2] |
| **Associate Specialist** | Doctors taking a non-consultant career path usually reach an associate specialist grade after becoming a staff grade after being a foundation doctor.[2] |
| **Consultant: medical, surgical, and psychiatric** | Consultants are senior hospital-based physicians or surgeons who have completed their entire specialist training and have been placed on the specialist register in their chosen speciality. A consultant typically leads a team of doctors, which comprises speciality registrars and foundation doctors, all training to work in the consultant's speciality, as well as other 'career grade' doctors such as clinical assistants, clinical fellows, speciality doctors, associate specialists, and staff grade doctors.[2] |

[1] NHS, UK (2024) *The Foundation Programme*, UK Foundation Programme - UK Foundation Programme
[2] Prospects (2024) *Job profile, hospital doctors*, https://www.prospects.ac.uk/job-profiles/hospital-doctor

## 11.3.1. Hospital-based doctors – unit cost components

**A. Wages/salary**

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) of the May 2023/April 2024 NHS staff earnings estimates for doctors.[1] Refer to the NHS Terms and Conditions of Service Handbook for details on payment for unsocial hours and shift work.[2] Refer to Section 12.2 for additional information on pay scales.

**B. Salary on-costs**

Employers' national insurance and 20.6 per cent of the salary for the employer's contribution to superannuation are included.

**C. Qualification costs**

See Table 12.4.2 for detailed information on qualifications for each grade of hospital-based doctors. These costs have been calculated using the method described in Netten et al. (1998).[3]

The cost of training for hospital-based doctors includes the cost of pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during training when staff are away from their posts. Each year after registration, a substantial proportion of the salary (100% or 60%, depending on the level of seniority) can be attributed to the investment costs of training for subsequent stages in the doctor's career. This cost and additional expenditures representing infrastructure costs for maintaining postgraduate medical education are considered the total training cost for that year. Health Education England pays 50 per cent of the professional's salary, plus on-costs to NHS Trust employees during training.

**D. Overheads**

The overheads have been sourced from HM Treasury's Public Expenditure Statistics Analysis 2024.[4] Management and other non-care staff costs include administration and estates staff. Non-staff costs include the provider's expenses for drugs, office supplies, travel and transportation, publishing, training courses and conferences, clinical and general supplies and services, and utilities such as water, gas, and electricity.

**E. Capital overheads**

Based on the new build and land requirements for NHS hospital facilities,[5] Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been depreciated over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.

**F. Working time**

- Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., statutory days, annual leave days, training/study days, and sick days for specific doctor categories).[6]
- Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (10 hours).
- Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (see Table 11.3.2).

[1] NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2023 – April 2024* (not publicly available), NHS England, Leeds.
[2] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. NHS Terms and Conditions of Service Handbook | NHS Employers
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.
[4] HM Treasury (2024) *Public Expenditure: Statistical Analysis 2024*. HM Treasury, London, CP 1131 – Public Expenditure Statistical Analyses 2024
[5] Building Cost Information Service Construction Data (2024). BCIS | Building Cost Information Service Construction Data.
[6] NHS England (2024) *NHS sickness absence rates*, NHS England, Leeds. NHS Sickness Absence Rates - NHS England Digital

**G. London and non-London multiplier**

See information produced by NHS Employers[1] and NHS Improvement[2] for information on Inner and Outer London supplements and the Market Forces Factor (MFF), which estimates the unavoidable cost differences between healthcare providers based on their geographical location.

[1] NHS Employers (2024) *NHS Terms and Conditions of Service Handbook,* Annex 9: High cost area supplements. NHS Terms and Conditions of Service Handbook | NHS Employers

[2] NHS Improvement (2023) Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme NHS England » Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme

## 11.3.2. Annual and unit costs for hospital-based doctors

This table provides the annual and unit costs for hospital-based doctors. The beginning of this chapter provides examples of work performed under each title.

**Table 11.3.2: Annual and unit costs for hospital-based doctors**

| | Hospital-based doctors | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Foundation doctor FY1** | **Foundation doctor FY2** | **Registrar** | **Associate Specialist** | **Consultant: Medical** | **Consultant: surgical** | **Consultant: psychiatric** |
| **A Wages/salary** | £29,974 | £34,957 | £51,917 | £98,314 | £113,133 | £111,252 | £113,125 |
| **B Salary on-costs** | £9,506 | £11,374 | £17,734 | £35,133 | £40,690 | £39,985 | £40,687 |
| **C Qualifications** | £31,504 | £34,128 | £48,319 | £58,079 | £75,632 | £75,632 | £75,632 |
| **E Overheads** | | | | | | | |
| Management, admin, and estates staff | £8,804 | £10,332 | £15,532 | £29,759 | £34,303 | £33,726 | £34,300 |
| Non-staff | £13,542 | £15,891 | £23,890 | £45,772 | £52,761 | £51,874 | £52,758 |
| **F Capital overheads** | £7,097 | £7,097 | £7,097 | £3,742 | £9,894 | £9,894 | £9,894 |
| **Total costs** | **£100,427** | **£113,779** | **£164,490** | **£270,798** | **£326,413** | **£322,363** | **£326,396** |
| **G Working time** | | | | | | | |
| Working days per year | 207 | 207 | 207 | 207 | 207 | 207 | 207 |
| Working hours per week | 48 | 48 | 48 | 48 | 48 | 48 | 48 |
| Working hours per year | 2073 | 2073 | 2073 | 2073 | 2073 | 2073 | 2073 |
| Working weeks | 43.19 | 43.19 | 43.19 | 43.19 | 43.19 | 43.19 | 43.19 |
| **London/non-London multiplier** | See note | See note | See note | See note | See note | See note | See note |
| **Units costs 2023/2024** | | | | | | | |
| Cost per working hour | £33 | £38 | £56 | £103 | £121 | £119 | £121 |
| Cost per working hour (including qualifications) | £48 | £55 | £79 | £131 | £157 | £155 | £157 |

# 12. Sources of information

12.1. Inflation indices

12.2. NHS staff earnings estimates

12.3. Examples of roles in each Agenda for Change (AfC) Band

12.4. Training costs for health and social care professionals

12.5. Time use of community care professionals

12.6. Glossary

12.7. List of useful websites

# 12.1. Inflation indices

## 12.1.1. The NHS Cost Inflation Index (NHSCII)

The DHSC constructed the NHS Cost Inflation Index (NHSCII) in conjunction with the ONS, which has worked with the NHS and the University of York to address the gap. The NHSCII identifies an appropriate inflation measure for each spending item in four broad categories: NHS providers, general practice, prescribing and dentistry to create an overall inflation measure for the NHS. This index gives a more accurate measure of productivity than previously.

**Table 12.1.1: The NHS Cost Inflation Index**

| | **Annual % increases on the previous year** | | |
|---|---|---|---|
| | **(NHS Providers)** | | |
| | **NHSCII prices** | **NHSCII pay** | **NHSCII pay and prices** |
| | | | |
| 2015/2016 | 0.56% | 0.30% | 0.40% |
| 2016/2017 | 2.06% | 2.10% | 2.09% |
| 2017/2018 | 1.30% | 1.21% | 1.24% |
| 2018/2019 | 1.59% | 1.60% | 1.60% |
| 2019/2020 | 1.30% | 2.58% | 2.14% |
| 2020/2021 | 0.84% | 3.41% | 2.49% |
| 2021/2022 | 1.72% | 3.07% | 2.58% |
| 2022/2023 | 7.15% | 7.41% | 7.32% |
| 2023/2024* | 3.45% | 4.79% | 4.31% |

*2023/2024 figures are provisional; next year's publication will use additional data that becomes available.

Information provided by the Department of Health and Social Care, 2024.

## 12.1.2. The Personal Social Services (PSS) Pay & Prices Index

The Adult PSS Pay & Prices Index is calculated by the Department of Health and Social Care (DHSC). Skills for Care (SfC) data have been used to calculate the pay percentages from 2019/20 onwards, in place of the Annual Survey of Hours and Earnings (ASHE) data used for previous years. Skills for Care data are taken from the Adult Social Care Workforce Data Set (ASC-WDS), consisting of non-mandatory returns from the independent sector (covering 51% of all CQC-regulated locations) and mandatory returns from all local authorities in England. Skills for Care weight the independent sector returns to remove geographical, service type and sector biases.

**Table 12.1.2: The PSS annual percentage increases for adult services (all sectors)**

| | Annual % increases | | | |
|---|---|---|---|---|
| | **Pay & prices (excluding capital)** | **Pay & prices (including capital)** | **Pay** | **Pay data source** |
| 2008/2009 | 3.20% | 2.70% | 3.00% | ASHE |
| 2009/2010 | 2.40% | 0.90% | 2.40% | ASHE |
| 2010/2011 | 2.50% | 2.50% | 2.20% | ASHE |
| 2011/2012 | 0.90% | 1.10% | -0.40% | ASHE |
| 2012/2013 | 0.80% | 1.20% | 0.20% | ASHE |
| 2013/2014 | 1.10% | 1.60% | 0.70% | ASHE |
| 2014/2015 | 1.00% | 1.60% | 0.90% | ASHE |
| 2015/2016 | 1.70% | 1.70% | 2.30% | ASHE |
| 2016/2017 | 3.10% | 3.70% | 3.80% | ASHE |
| 2017/2018 | 2.80% | 3.60% | 2.70% | ASHE |
| 2018/2019 | 3.10% | 3.10% | 3.40% | ASHE |
| 2019/2020 | 3.30% | 3.10% | 3.80% | SfC |
| 2020/2021 | 3.80% | 3.30% | 4.90% | SfC |
| 2021/2022 | 3.90% | 3.90% | 3.90% | SfC |
| 2022/2023 | 7.20% | 7.40% | 6.20% | SfC |
| 2023/2024 | 7.40% | 7.00% | 8.10% | SfC |

Information provided by the Department of Health and Social Care, 2024.

**Table 12.1.3: The PSS annual percentage increases for adult local authority services**

| | Annual % increases | | | |
|---|---|---|---|---|
| | Pay & prices (excluding capital) | Pay & prices (including capital) | Pay | Pay data source |
| 2008/2009 | 3.30% | 2.80% | 3.20% | ASHE |
| 2009/2010 | 2.30% | 0.80% | 2.30% | ASHE |
| 2010/2011 | 2.30% | 2.30% | 1.90% | ASHE |
| 2011/2012 | 1.30% | 1.50% | 0.20% | ASHE |
| 2012/2013 | 0.60% | 1.00% | -0.10% | ASHE |
| 2013/2014 | 1.60% | 2.10% | 1.40% | ASHE |
| 2014/2015 | 1.00% | 1.60% | 0.90% | ASHE |
| 2015/2016 | 3.00% | 2.80% | 4.10% | ASHE |
| 2016/2017 | 0.90% | 1.80% | 0.90% | ASHE |
| 2017/2018 | 2.90% | 3.80% | 2.90% | ASHE |
| 2018/2019 | 2.60% | 2.80% | 2.80% | ASHE |
| 2019/2020 | 3.30% | 3.10% | 3.80% | SfC |
| 2020/2021 | 1.10% | 0.90% | 1.30% | SfC |
| 2021/2022 | 3.10% | 3.10% | 2.80% | SfC |
| 2022/2023 | 4.90% | 5.30% | 3.00% | SfC |
| 2023/2024 | 7.00% | 6.70% | 7.50% | SfC |

Information provided by the Department of Health and Social Care, 2024.

**Table 12.1.4: The PSS annual percentage increases for adult independent sector services**

| | Annual % increases | | | |
|---|---|---|---|---|
| | Pay & prices (excluding capital) | Pay & prices (including capital) | Pay | Pay data source |
| 2010/2011 | 2.50% | 2.50% | 2.20% | ASHE |
| 2011/2012 | 0.80% | 1.10% | -0.40% | ASHE |
| 2012/2013 | 0.80% | 1.20% | 0.20% | ASHE |
| 2013/2014 | 1.00% | 1.60% | 0.60% | ASHE |
| 2014/2015 | 1.00% | 1.60% | 0.90% | ASHE |
| 2015/2016 | 1.60% | 1.50% | 2.10% | ASHE |
| 2016/2017 | 3.30% | 3.90% | 4.10% | ASHE |
| 2017/2018 | 2.70% | 3.60% | 2.70% | ASHE |
| 2018/2019 | 3.10% | 3.20% | 3.40% | ASHE |
| 2019/2020 | 3.30% | 3.10% | 3.90% | SfC |
| 2020/2021 | 4.10% | 3.60% | 5.40% | SfC |
| 2021/2022 | 4.10% | 4.00% | 4.10% | SfC |
| 2022/2023 | 7.50% | 7.70% | 6.60% | SfC |
| 2023/2024 | 7.50% | 7.10% | 8.20% | SfC |

Information provided by the Department of Health and Social Care, 2024.

# 12.2. NHS staff earnings estimates[1]

**Table 12.2.1: Mean annual basic pay per FTE for non-medical occupational groupings**

| Non-medical occupational grouping | Mean annual basic pay per FTE |
|---|---|
| Ambulance staff | £32,191 |
| Administration and estates staff | £35,631 |
| Healthcare assistants and other support staff | £22,984 |
| Nursing, midwifery and health visiting staff | £36,486 |
| Nursing, midwifery and health visiting learners | £27,214 |
| Scientific, therapeutic and technical staff | £39,071 |
| Healthcare scientists | £36,000 |

**Table 12.2.2: Mean annual basic pay per FTE for nursing, midwifery, and health visiting staff by Agenda for Change band**

| Band | Mean annual basic pay per FTE |
|---|---|
| Band 2 | Not available |
| Band 3 | Not available |
| Band 4 | £25,562 |
| Band 5 | £31,609 |
| Band 6 | £39,263 |
| Band 7 | £47,041 |
| Band 8a | £53,145 |
| Band 8b | £61,975 |
| Band 8c | £73,339 |
| Band 8d | £87,044 |
| Band 9 | £104,940 |

**Table 12.2.3: Mean annual basic pay per FTE for allied health professional staff by Agenda for Change band**

| Band | Mean annual basic pay per FTE |
|---|---|
| Band 4 | £26,399 |
| Band 5 | £30,142 |
| Band 6 | £39,133 |
| Band 7 | £47,336 |
| Band 8a | £53,824 |
| Band 8b | £62,965 |
| Band 8c | £75,154 |
| Band 8d | £89,458 |
| Band 9 | £107,488 |

Source of tables: NHS England (2024) *NHS staff earnings estimates, 12-month period from April 2023– March 2024* (not publicly available), NHS England, Leeds.

[1] Salaries have been provided by NHS England and more specific enquiries relating to pay by grade or staff group should be directed to them: https//digital.nhs.uk/.

**Table 12.2.4: Mean annual basic pay per FTE for administration and estate staff by Agenda for Change band**

| Band | Mean annual basic pay per FTE |
|---|---|
| Band 1 | £22,358 |
| Band 2 | £22,359 |
| Band 3 | £23,716 |
| Band 4 | £26,466 |
| Band 5 | £31,427 |
| Band 6 | £38,560 |
| Band 7 | £46,707 |
| Band 8a | £53,346 |
| Band 8b | £62,775 |
| Band 8c | £74,841 |
| Band 8d | £89,148 |
| Band 9 | £107,287 |

**Table 12.2.5: Mean annual basic pay per FTE for NHS staff groups**

| NHS staff group | Mean basic salary per full-time equivalent |
|---|---|
| | |
| **All Nurses, health visitors and Midwives** | |
| Nurses, health visitors and midwives | £38,897 |
| Support to nurses, health visitors and midwives | £23,954 |
| | |
| **ST&T staff - Allied Health Professions** | |
| Allied Health Professions | £41,813 |
| Support to Allied Health Professions | £24,735 |
| | |
| **ST&T staff** | |
| ST&T staff | £43,487 |
| Support to ST&T staff | £25,034 |
| | |
| **Ambulance staff [1]** | |
| Registered Ambulance Staff | £38,897 |
| Support to Registered Ambulance Staff | £26,319 |
| | |
| **Former Pay Negotiating Council Groups** | |
| Senior managers | £90,859 |
| Managers | £62,428 |
| Admin & Clerical | £30,238 |
| Maintenance & works | £27,587 |

Source of tables: NHS England (2024) *NHS staff earnings estimates, 12-month period from April 2023– March 2024* (not publicly available), NHS England, Leeds.

**General notes for NHS earnings estimates**

Data inspection suggests that discretionary point payments are sometimes included with basic pay for consultants.

These figures represent payments made using the Electronic Staff Record (ESR) to NHS staff who are directly paid by NHS organisations. It does not include, for example, elements of pay for clinical staff paid to the individual by universities or other non-NHS organisations providing NHS care.

Figures are based on data from all NHS organisations using ESR (two Foundation Trusts have not taken up ESR).

# 12.3. Examples of roles in each Agenda for Change Band

**Table 12.3.1: Agenda for Change Bands for Physiotherapists**

| | |
|---|---|
| Band 2 | Clinical support worker (physiotherapy) |
| Band 3 | Clinical support worker higher level (physiotherapy) |
| Band 5 | Physiotherapist |
| Band 6 | Physiotherapist specialist |
| Band 7 | Physiotherapist advanced, specialist physiotherapist, physiotherapy team manager |
| Band 8a | Physiotherapist principal |
| Bands 8a-b | Physiotherapist consultant |

Note: No band 4

**Table 12.3.2: Agenda for Change Bands for Occupational Therapists**

| | |
|---|---|
| Band 2 | Clinical support worker (occupational therapy) |
| Band 3 | Clinical support worker higher level (occupational therapy) |
| Band 4 | Occupational Therapy technician |
| Band 5 | Occupational Therapist |
| Band 6 | Occupational Therapist Specialist |
| Band 7 | Occupational Therapist advanced/team manager |
| Band 8a | Occupational Therapist principal |
| Bands 8a-b | Occupational Therapist consultant |

**Table 12.3.3: Agenda for Change Bands for Speech and Language Therapists**

| | |
|---|---|
| Band 2 | Clinical support worker (speech and language therapy) |
| Band 3 | Clinical support worker higher level (speech and language therapy) |
| Band 4 | Speech and Language Therapy Assistant/associate practitioner |
| Band 5 | Speech and Language Therapist |
| Band 6 | Speech and Language Therapist Specialist |
| Band 7 | Speech and Language Therapist advanced |
| Band 8a | Speech and Language Therapist principal |
| Bands 8a-c | Speech and Language Therapist consultant |

**Table 12.3.4: Agenda for Change Bands for Chiropodists/Podiatrists**

| | |
|---|---|
| Band 2 | Clinical support worker (podiatry) |
| Band 3 | Clinical support worker higher level (podiatry) |
| Band 4 | Podiatry technician |
| Band 5 | Podiatrist |
| Band 6 | Podiatrist specialist |
| Band 7 | Podiatrist advanced/team manager |
| Band 8a | Podiatrist principal |
| Bands 8a-b | Podiatric registrar |
| Bands 8c-d | Podiatric consultant |
| Band 9 | Podiatric consultant |

**Table 12.3.5: Agenda for Change Bands for Psychologists**

| | |
|---|---|
| Band 4 | Clinical psychology assistant practitioner |
| Band 5 | Clinical psychology assistant practitioner higher level, Counsellor entry level |
| Band 6 | Clinical psychology trainee, Counsellor |
| Band 7 | Clinical Psychologist, Counsellor Specialist |
| Bands 8a-b | Clinical Psychologist principal |
| Bands 8a-c | Counsellor professional manager/consultant |
| Bands 8c-d | Clinical psychologist consultant |
| Bands 8d & 9 | Professional lead/Head of psychology services |

**Table 12.3.6: Agenda for Change Bands for Pharmacists**

| | |
|---|---|
| Band 2 | Pharmacy support worker |
| Band 3 | Pharmacy support worker higher level |
| Band 4 | Pharmacy technician |
| Band 5 | Pharmacy technician higher level/Pharmacist entry level |
| Band 6 | Pharmacist |
| Band 7 | Pharmacist specialist |
| Bands 8a-b | Pharmacist advanced |
| Bands 8b-c | Pharmacist team manager |
| Bands 8b-d | Pharmacist consultant |
| Bands 8c-9 | Professional manager pharmaceutical services |

# 12.4. Training costs of health and social care professionals

Tables 12.4.1 and 12.4.2 show the training costs incurred using standard estimation approaches.[1] The investment costs of education should be included when evaluating the cost-effectiveness of different approaches to using health service staff so that all the costs implicit in changing the professional mix are considered. These investment costs are borne mainly by the wider NHS and individuals undertaking the training rather than NHS Trusts. The tables show details of the total investment incurred during the professional's working life after allowing for the distribution of the costs over time. Based on previous research carried out at PSSRU, the expected working life of the professional has been noted in brackets in Table 12.4.1 after the title of the professional group.[2]

The cost of training for health service professionals includes the cost of pre-registration tuition, infrastructure costs (such as libraries), costs or benefits from clinical placement activities, and lost production costs during training when staff are away from their posts. Although further training is available to all professionals to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors (see Table 12.4.2). Each year after registration, a substantial proportion of the salary (100% or 60%, depending on the level of seniority) can be attributed to the investment costs of training for subsequent stages in the doctor's career. This cost and additional expenditure representing infrastructure costs for maintaining post-graduate medical education are taken as the total training cost for that year. Health Education England pays 50 per cent of the professional's salary plus on-costs to the employing NHS Trust during training.

**Table 12.4.1: Training costs of health and social care professionals, excluding doctors**

| Pre-registration | | | | | |
|---|---|---|---|---|---|
| **Professional (working life in years)** | **Tuition[3]** | **Living expenses/lost production costs[4]** | **Clinical placement[5]** | **Total investment** | **Expected annual cost discounted at 3.5%** |
| **Scientific and professional** | | | | | |
| Physiotherapist (24.3) | £26,822 | £38,415 | £7,500 | £72,487 | £5,932 |
| Occupational therapist (23.5) | £26,822 | £38,415 | £7,500 | £72,487 | £5,942 |
| Speech and language therapist (24.7) | £26,822 | £38,415 | £7,500 | £72,487 | £6,091 |
| Dietitian (23.3) | £26,822 | £38,415 | £7,500 | £72,487 | £6,164 |
| Radiographer (24.3) | £26,822 | £38,415 | £7,500 | £72,487 | £5,908 |
| Hospital pharmacist (27.6) | £35,165 | £50,364 | £26,343 | £108,486 | £8,549 |
| Nurse (24) | £26,822 | £38,415 | £7,500 | £72,487 | £9,525 |
| Social worker (19) (degree) | £26,822 | £38,415 | £7,500 | £72,487 | £10,082 |

[1] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury. PSSRU Discussion Paper 1412/2; PSSRU Discussion Paper 1476/2.

[2] Estimates of expected working life have been calculated using the 2001 census and where possible, the 2017/18 Labour Force Survey.

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

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

[5] The placement tariff for non-medical placements is £3,270+MFF per annum in 2019/20 Gov.uk (2019) Education & Training Tariffs, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf.

**Table 12.4.2: Training costs of doctors (after discounting)**

| Doctor (working life in years) | Tuition | Living expenses/lost production costs | Clinical placement | Placement fee plus Market Forces Factor | Salary (inc overheads) and post-graduate centre costs | Total investment | Expected annual cost discounted at 3.5% |
|---|---|---|---|---|---|---|---|
| Doctor (22) | | | | | | | |
| Pre-registration training: years 1-5 | £51,014 | £73,063 | £180,277 | NA | NA | £304,355 | £24,988 |
| Foundation Officer 1 (included in pre-reg training) | £51,014 | £73,063 | £180,277 | £10,486 | £60,055 | £374,895 | £31,504 |
| Foundation officer 2 | £51,014 | £73,063 | £180,277 | £20,766 | £67,348 | £392,469 | £34,128 |
| Registrar group | £51,014 | £73,063 | £180,277 | £40,525 | £134,061 | £478,941 | £48,319 |
| Associate specialist | £51,014 | £73,063 | £180,277 | £48,943 | £190,318 | £543,615 | £58,079 |
| GP | £51,014 | £73,063 | £180,277 | NA | £199,558 | £503,912 | £57,788 |
| Consultant | £51,014 | £73,063 | £180,277 | £66,018 | £289,137 | £659,509 | £75,632 |

# 12.5. Time use of community care professionals

The table provides information from an online survey carried out by PSSRU in 2014/2015 (see Preface to the Unit Costs of Health & Social Care 2015 for more details). The survey link was distributed non-selectively through various channels. Given the small sample from which the ratios of direct to indirect time have been calculated, the ratios have not been used in the unit cost calculations but have been tabulated here so that readers can use them where appropriate.

**Table 12.5.1: Time use of community care professionals**

| Community professionals | Sample size | Average number of hours worked (including unpaid overtime) | % of hours worked spent with patients | % of hours worked spent on other patient-related tasks (a) | % of hours worked spent on non-direct activities (b) | Other time (definition not provided but includes travel) | Average mileage per professional per week | Ratios of direct to indirect time on client-related work |
|---|---|---|---|---|---|---|---|---|
| **Nurses** | | | | | | | | |
| (Bands 5 and 6) | 44 | 39 | 54% | 29% | 13% | 5% | 102 | 1:0.20 |
| (Bands 7 and 8) | 31 | 40 | 42% | 33% | 19% | 6% | 71 | 1:0.33 |
| **Physiotherapists** (Bands 5-8) | 11 | 41 | 35% | 38% | 22% | 5% | 132 | 1:0.37 |
| **Occupational therapists** (Bands 4-7) | 6 | 40 | 51% | 36% | 11% | 2% | 42 | 1:0.15 |
| **Speech and language therapists** (Bands 5-6) | 7 | 40 | 38% | 50% | 9% | 3% | 84 | 1:0.14 |

Clinical psychologists: Ratio of direct to indirect time on face-to-face contact with all activities: 1:2:03 based on information taken from a study by Professor John Marsden and colleagues.[1]

[1] Marsden, J., Stillwell, G., James, K., Shearer, J., Byford, S., Hellier, J., Kelleher, M., Kelly, J., Murphy, C. & Mitcheson, L. (2019) Efficacy and cost-effectiveness of an adjunctive personalized psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: a pragmatic, open-label, randomized controlled trial, *The Lancet*, 6, 5, 391-402.

# 12.6. Glossary

**Annuitising:** Converting a capital investment (such as the cost of a building) into the annual equivalent cost for the period over which the investment is expected to last.

**Capital overheads:** are the cost of buildings, fixtures, and fittings employed in the production of a service.

**Care package costs:** Total costs for all services received by a patient.

**Department for Work and Pensions (DWP):** is the largest government department in the United Kingdom, created on 8 June 2001, from the merger of the employment part of the Department for Education and Employment and the Department of Social Security and headed by the Secretary of State for Work and Pensions, a Cabinet position.

**Discounting:** Adjusting costs using the time preference rate spread over a period of time to reflect their value at a base year.

**Durables:** Items such as furniture and fittings.

**Long-term**: The period during which fixed costs, such as capital, can be varied.

**Marginal cost:** The cost of an additional unit of a service.

**On-costs** Essential associated costs: salary on-costs, for example, include the employer's national insurance contributions.

**Opportunity cost:** The value of the alternative use of the assets tied up in the production of the service.

**Short-term:** The period during which durable assets cannot be immediately added to or removed from the existing stock of resources.

**Time preference rate:** The rate at which future costs or benefits are valued compared to current or base year's costs or benefits.

### 12.6.1. Overheads

**NHS overheads**

Management and other non-care staff overheads include administration and estates staff.

Non-staff overheads include costs to the provider for office expenses, travel and transportation, telephone, education and training, supplies, and services (both clinical and general) and utilities such as water, gas, and electricity.

**Local authority overheads**

Direct overheads include costs to the provider for administration and management, office supplies, training, and utilities such as water, gas, and electricity.

Indirect overheads encompass general management and support services, including finance and human resource departments.

**SSMSS** Social services management and support services: the overheads incurred by a local authority, as defined by CIPFA guidelines. These include indirect overheads such as finance and personnel functions.

### 12.6.2. Time use and unit costs

**Per average stay:** The Cost per person for the average duration of a typical stay in that residential facility or hospital.

**Per client/patient hour:** The cost of providing the service for one hour of client/patient attendance. The costs of time not spent with clients are allocated to the time spent with clients.

**Per clinic visit:** The cost of one client attending a clinic. This allows overall time spent on non-clinical activity to be allocated to the total time spent with clients in any setting.

**Per consultation**: The cost per attendance in a clinic or surgery. This also allocates the time spent on non-clinical activities to the total time spent with clients.

**Fee per resident week:** In care homes, the fee charged is assumed to cover care costs, accommodation and hotel costs, ancillary costs, and the operator's profit.

**Per example episode:** The cost of a typical episode of care comprises several hours of a professional's time.

**Per home visit:** The cost of one visit to a client/patient at home. This includes the cost of time spent travelling for the visit, the proportion of time spent on non-clinical activity that is attributable to visiting patients in their own homes, and the time spent on visiting patients at home.

**Per hour of home visiting:** The cost of one hour spent by a professional undertaking visits to clients/patients at home. This includes the cost of time spent travelling. It also allows overall time spent on non-clinical/patient activity to be allocated to the total time spent with clients/patients in any setting.

**Per hour in clinic**: The cost of one hour spent by a professional in a clinic. In any setting, time spent on non-clinical activities is allocated to the total time spent with clients/patients.

**Per hour of direct contact/per hour of face-to-face contact:** Hourly cost of time spent with, or in direct contact with, the client/patient. Some studies include travel time in this cost. When this is the case, it has been noted in the schema.

**Per hour on duty**: The hourly cost of time a hospital doctor spends on duty. This includes time spent on call when not working.

**Per hour worked:** Hourly cost of time a hospital doctor spends when working. This may be during the typical working day or on-call duty.

**Per inpatient day:** Cost per person for one day and overnight in hospital.

**Per patient day:** Cost per person of receiving a service for one day.

**Per procedure:** Cost of a procedure undertaken in a clinic or surgery. This includes the cost of time spent on non-clinical activity and the total time spent with clients.

**Per resident week:** Cost per person per week spent in a residential facility.

**Per client attendance:** Cost per person per attendance.

**Per client session:** Cost for one person attending one session. The length of a session will be specified in the schema and may vary between services.

**Per short-term resident week:** Total weekly cost of supporting a temporary resident of a residential facility.

**Price base:** The year to which cost information refers.

**Ratio of direct to indirect time spent on client/patient-related work/direct outputs/face-to-face contact/clinic contacts/home visits:** The relationship between the time spent on direct activities (such as face-to-face contact) and time spent on other activities. For example, if the ratio of face-to-face contact to other activities is 1:1.5, each hour spent with a client requires 2.5 paid hours.

## 12.7. List of useful websites

Adult Social Care Finance Return (ASC-FR)

Building Cost Information Service

BCIS is the UK's leading provider of cost and price information for construction and property occupancy.

Care Quality Commission

The Care Quality Commission is the health and social care regulator for England. It replaces the Healthcare Commission, Commission for Social Care Inspection, and Mental Health Act Commission, which all ceased to exist on 31 March 2009.

Chartered Institute of Public Finance and Accountancy (CIPFA):

The CIPFA Statistical Information Service (SIS) was established as a partnership between individual authorities and CIPFA. SIS has been undertaking detailed annual surveys of local authority operations for more than a century, and the 'CIPFA Statistics' remain the only impartial and comprehensive account of the extent and achievements of each individual council. Surveys are conducted in the following areas: education, environmental services, environmental health, housing, leisure, planning, public protection, social services and transport.

Department of Health and Social Care

Department for Work and Pensions

Federation of Ophthalmic & Dispensing Opticians

Hospital Episode Statistics (HES):

This is England's national statistical data warehouse of the care provided by NHS hospitals and for patients treated elsewhere. HES is the data source for many healthcare analyses for the NHS, the government, and other organisations and individuals. The HES database is a record-level database of hospital admissions. It is currently populated by taking an annual snapshot of a subset of the data submitted by NHS Trusts to the NHS-Wide Clearing Service (NWCS). Quarterly information is also collected. A separate database table for each financial year contains approximately 11 million admitted patient records from all NHS Trusts in England.

Joseph Rowntree Foundation

This website provides information on housing and care.

LaingBuisson

LaingBuisson, an independent company, provides data, statistics, analysis and market intelligence on the UK health services.

Livability

National Audit Office

National Council for Palliative Care

National End of Life Care Intelligence network

NHS England

National Institute for Health and Care Excellence

National Library of Medicine

Personal Social Services Expenditure Data (PSS EX1 data)

NHS National Cost Collection

This website gives details on how and on what NHS expenditure was used. The publication NHS National Cost Collection is the richest source of financial data on the NHS. As in previous years, its main purpose is to provide a basis for comparison within (and outside) the NHS between organisations, and down to the level of individual treatments.

Social Care Institute for Excellence

Social Care Online

YoungMinds

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