

Unit Costs of Health and Social Care 2025

Manual

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Newly identified unit costs of health and social care services: findings from a scoping review

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To ensure that the Unit Costs of Health and Social Care Manual (UCM) remains current, comprehensive and high-quality, a scoping review of the literature was conducted as part of the Unit Costs of Health and Social Care Programme. The scoping review covered studies using data collected between 2015 and 2023 and had multiple objectives, including: identifying new services and estimates of their unit costs; identifying how current unit costs are used; identifying data sources used for estimating unit costs; exploring if and how uncertainty in cost estimates is addressed; and exploring if and how variation in unit costs is accounted for in the literature. This article will focus on the newly identified services and unit costs from the review and provide a self-contained, easily accessible overview of these estimates. Findings regarding the other objectives of the scoping review, along with details of the methodology used for the review, are reported elsewhere [in submission].

Findings

We identified 24 studies reporting 32 new unit costs. Where a study contained cost estimates for different treatments or services, these are differentiated and reported as separate unit costs in **Table 1**. The estimates are reported as originally published (Column 5) with their reference financial year (Column 6). To improve usability and comparability, we additionally report inflation-adjusted versions of these unit costs. There are multiple ways to adjust these cost estimates to current-year prices. One approach, used for estimates in the UCM, is to apply the relevant NHS or Personal Social Services (PSS) inflation index reported in Section 12.1 of the manual. This approach was used to derive the unit costs in 2024-25 prices (Column 7) in **Table 1**. Specifically, the PSS Pay and Prices Index (excluding capital) was used for the unit costs of homecare and nursing care services, while all other unit costs were adjusted using the NHS Cost Inflation Index for Pay and Prices.

Characteristics of the studies and estimates

All 24 studies collected primary data on costs. The main characteristics of these studies are summarised in **Table 2**. 19 of the 24 studies were primarily evaluation studies, aimed at analysing the cost and clinical effectiveness of treatments and services. At the same time, the remaining 5 were focused mainly on measuring and/or analysing costs. 15 of the studies were randomised controlled trials, where unit costs of the interventions under study were estimated from information collected within the trial. The remaining 9 studies used observational data, in which information was collected from surveys or from samples of people already receiving or due to receive treatments and services.

Unit costs for the listed treatments and services were estimated using various methods. 28 of the unit costs were estimated using a bottom-up approach, 3 using a top-down approach, and 1 using a combination of both approaches. A bottom-up approach uses detailed activity and input data (e.g., practitioner contact time, equipment costs) and multiplies each resource use by its respective unit cost to derive the cost of delivering a unit of treatment or service. A top-down approach takes aggregated input costs and apportions these to derive a unit cost. Given the variety of methods used in the literature, these unit cost estimates are not, in general, comparable with the unit costs derived in the UCM, which uses a broadly consistent approach across treatments and services.

Reporting of uncertainty also varied across unit costs, with 10 of the 32 estimates reported with either standard errors or confidence intervals. Systematic variation in unit costs was accounted for in 2 costing analyses, which reported variation in the prices of homecare services across the UK and in the costs of NHS-funded nursing care by provider size.

Overview of the treatments and services

We have grouped the unit costs into the following broad categories: "Health and care services", "Treatments and interventions", "Prevention and screening", and "Intermediate activity". The main distinction is that health and care services are typically provided over extended periods to individuals with chronic conditions requiring ongoing care (e.g., all homecare clients, all palliative care recipients), whereas treatments and interventions are typically time-limited and specific to individuals or narrow groups of health conditions.

Based on the above classification, 13 of the 32 unit cost estimates were for new treatments and interventions, two were for new health and care services, and two were for prevention and screening services. These unit costs were derived as part of wider economic evaluations. The remaining 15 unit costs are for established treatments and services for which estimates have not been previously reported. Of these, eight were for health and care services, three for prevention and screening, two for treatments and interventions, and two for intermediate activities.

We note that more up-to-date estimates for the unit costs reported here may already be available at the time of publication. This may be the case if the cost estimates were extracted from regularly published reports. However, as the primary purpose of this article is to report findings from our broader scoping review, we continue to present estimates from our one-off literature search. Where we are aware of more recent editions of the source publications, these are noted as a footnote in Table 1.

Discussion and conclusion

The scoping review of the literature on unit costs of health and social care identified a range of unit cost estimates covering both new treatments and services, as well as existing ones for which new or updated estimates are available. Different costing approaches were used to estimate these unit costs, which also differed in whether and how they accounted for estimation uncertainty and variation and in how they treated costs across locations and settings. The lack of consistency in estimating approaches and in reporting unit costs makes it difficult to compare them with unit costs derived from other sources. This highlights the value of the UCM in providing a collection of consistently and transparently estimated unit costs and reinforces the importance of continuously updating these estimates to reflect current health and social care activity. Future manuals will include the new unit costs in an appendix.

Various costing approaches and assumptions were used to estimate these unit costs. An example is the cost of home care services. Table 1 (Item 2) reports the Minimum Price for Homecare from the Homecare Association. This estimate was derived using a bottom-up costing approach, assuming that care workers are paid at the minimum wage.² This contrasts with the unit cost for a home care worker reported in the UCM (Table 10.4.1), which assumes workers are paid the average wage reported by Skills for Care. Furthermore, the two unit cost estimates differ in the assumptions used to derive on-costs and business costs.

The lack of consistency in estimating approaches and in reporting unit costs makes it difficult to compare them with unit costs derived from other sources. This highlights the value of the UCM in providing a collection of consistently and transparently estimated unit costs and reinforces the importance of continuously updating these estimates to reflect current health and social care activity.

² The Homecare Association rates also include travel time, mileage pay and profit.

Table 1: Newly identified unit costs

#	Category	Cost description(s)	Unit	Unit cost (as published)	Financial year	Unit cost (2024/25 prices) ³	Source
1	Health and care services	Homecare Association: Average price paid for home care services for older people ⁴	Per hour	UK: £16.12 England: £16.19 Wales: £16.78 Scotland: £16.54 N. Ireland: £13.70	2018	UK: £22.64 England: £22.74 Wales: £23.57 Scotland: £23.23 N. Ireland: £19.24	Angel et al., 2018
2	Health and care services	Homecare Association: Minimum Price for Homecare ⁵	Per hour	£18.01	2018	£25.29	
3	Health and care services	GP-led prescriptions for palliative care	Per prescription	New prescription: £79.50 Repeat prescription: £19.00	2019	New prescription: £97.66 Repeat prescription: £23.34	Campling et al., 2022
4	Health and care services	Community palliative care clinical nurse prescriptions for palliative care	Per prescription	New prescription: £59.97 Repeat prescription: £19.00	2019	New prescription: £73.67 Repeat prescription: £23.34	
5	Health and care services	24/7 telephone support line-based prescriptions for palliative care	Per prescription	New prescription: £91.05 Repeat prescription: £24.43	2019	New prescription: £111.84 Repeat prescription: £30.01	
6	Health and care services	NHS-funded nursing care, reported by operator size	Per resident per week	40 or more homes: £282.34 10 to 39 homes: £217.59 <10 homes: £175.26 Avg. (by bed capacity): £209.53	2021	£358.69 £276.43 £222.65 £266.19	Department of Health & Social Care, 2022
7	Health and care services	Palliative care day services (PCDS)	Per attendee per day	Excl. volunteer costs: £158 Incl. volunteer costs: £233	2018	Excl. volunteer costs: £197.19 Incl. volunteer costs: £290.79	Mitchell et al., 2020

³ Inflation-adjusted estimates for unit costs # 1, 2, 6 were derived using the PSS Pay and Prices Index (excluding capital). The remaining inflation-adjusted estimates were derived using the NHS Cost Inflation Index for Pay and Prices.

⁴ The Homecare Association's Average price paid estimates for 2025 are available in *The Homecare Deficit 2025*, <https://www.homecareassociation.org.uk/resource/the-homecare-deficit-2025.html>

⁵ The Homecare Association's Minimum Price for Homecare for 2025-26 is available in *The Homecare Deficit 2025*, <https://www.homecareassociation.org.uk/resource/the-homecare-deficit-2025.html>

8	Health and care services	Usual care for stroke survivors and carers	Per stroke survivor plus carer	£72	2017/18	£89.86	Patchwood et al., 2021
9	Health and care services	Person-centred support for carers of stroke survivors (Carer Support Needs Assessment Tool for Stroke)	Per stroke survivor plus carer	£96	2017/18	£119.81	
10	Health and care services	Greater Manchester Community Pharmacy Care Plan services	Per participant	£203.10	2017	£256.62	Seston et al., 2020
11	Intermediate activity	Face-to-face cardiac multidisciplinary team (MDT) meeting	Per year	£53,181.17 in 1st year £53,344.17 in 2nd year	2018/19	£65,326.92 in 1st year £65,527.15 second year	Dulai et al., 2020
12	Intermediate activity	Remote (video conferencing) cardiac multidisciplinary team (MDT) meeting	Per year	£35,196.25 in 1st year ⁶ £19,196.25 in 2nd year	2018/19	£43,234.52 in 1st year £23,580.37 in 2nd year	
13	Prevention and screening	Routine adult vaccination at GP practices	Per appointment	£14.05 95% CI: ⁷ £11.03–£17.08 Sample range: £7.59–£20.88	2017/18	£17.53	Crocker-Buque et al., 2019
14	Prevention and screening	Routine child vaccination at GP practices	Per appointment	£18.20 95% CI: £14.26–£22.15 Sample range: £9.71 - £25.97	2017/18	£22.71	
15	Prevention and screening	Physical activity plus behaviour maintenance programme for older adults at risk of mobility limitation	Per participant	£621.83 ⁸	2019	£763.85	Snowhill et al., 2022
16	Prevention and screening	Diabetes screening in community pharmacy	Per participant	£28.65 ⁹	2017	£36.20	Wright et al., 2019
17	Prevention and screening	Community-based lung cancer screening with low-dose computed tomography	Per invited participant	£111	2022/23	£118.31	Zhang et al., 2025

⁶ Cost in first year includes £16,000 set up cost

⁷ Confidence interval

⁸ Assuming an average of 15.2 participants per group and based on the cost of £9,466 per group session

⁹ Based on 40.9/73 individuals classified as Medium/High risk based on CRF

18	Treatments and interventions	Occupational therapist (OT) home visit, environmental assessment, and modification for reducing falls in people aged 65 and over	Per participant	£136.53 (SE ¹⁰ £3.58)	2017/18	£170.39	Cockayne et al., 2021
19	Treatments and interventions	Mental health drop-in centre for young people with long-term physical conditions	Per patient	Trial-based estimate: £1,500 Model-based estimate: £1,309	2019/20	Trial-based: £1,803.97 Model-based: £1,574.27	Clarke et al., 2022
20	Treatments and interventions	Structured Psychological Support (SPS) for people with personality disorders	Per participant	£360	2018	£449.29	Crawford et al., 2020
21	Treatments and interventions	Peer-supported self-management (PSM) for people discharged from a mental health crisis team	Per participant	Excl. staff training costs: £145 95% CI: £131 - £159 Incl. staff training costs: £537 95% CI: £523 - £551	2017	Excl. training costs: £183.21 Incl. training costs: £678.51	LeNovere et al., 2023
22	Treatments and interventions	Bespoke smoking cessation (BSC) package for people with severe mental illness	Per participant	£561 (SE £19)	2016/17	£708.83	Li et al., 2020
23	Treatments and interventions	Group cognitive rehabilitation for multiple sclerosis	Per participant	Excl. cognitive assessment: £209.21 Incl. cognitive assessment: £333	2017	Excl. assessment: £264.34 Incl. assessment: £420.75	Lincoln et al., 2020
24	Treatments and interventions	Treatment as usual for opioid use disorder	Per participant	£521 (SE £35)	2015/16	£672.05	Marsden et al., 2019
25	Treatments and interventions	Personalised psychosocial intervention	Per participant	£1,155 (SE £53)	2015/16	£1,489.86	

¹⁰ Standard Error

26	Treatments and interventions	Computerised speech and language therapy (SLT) for people with long-term post-stroke aphasia	Per patient	Excl. volunteer costs: £728.50 Incl. volunteer costs: £785.33	2016/17	Excl. volunteer costs: £920.47 Excl. volunteer costs: £992.28	Palmer et al., 2020
27	Treatments and interventions	Telephone-based health coaching for older people with multimorbidity	Per patient	£148.27 ¹¹	2014/15	£192.02	Panagioti et al., 2018
28	Treatments and interventions	Community occupational therapy for people living with dementia	Per patient and carer pair	£619	2016/17	£782.12	Pizzo et al., 2022
29	Treatments and interventions	Mindfulness-Based Cognitive Therapy self-help for adults experiencing depression	Per participant	£174 (SD ¹² £76)	2017/18	£217.16	Strauss et al., 2023
30	Treatments and interventions	Cognitive Behavioural Therapy Self-help for adults experiencing depression	Per participant	£168 (SD £79)	2017/18	£209.67	
31	Treatments and interventions	Behavioural support to reduce smoking and increase physical activity	Per participant	£239.18	2019	£293.80	Taylor et al., 2023
32	Treatments and interventions	Counterweight-Plus weight management programme delivered within primary care	Per participant	£1,137 95% CI: £1071-£1205	2016/17	£1,436.62	Xin et al., 2019

¹¹ Assuming full course of 6 calls and based on within-trial mean of £79.29 (95% CI: £69.59-£88.99) which is lower due to incomplete take-up of coaching

¹² Standard Deviation

Table 2: Study characteristics

#	Cost description(s)	Costing method	Study type	Source
1	Homecare Association: Average price paid for home care services for older people	Top-down gross-costing	Observational – Costing study	Angel et al., 2018
2	Homecare Association: Minimum Price for Homecare	Bottom-up gross-costing		
3	GP-led prescriptions for palliative care	Bottom-up micro-costing	Observational – Costing study	Campling et al., 2022
4	Community palliative care clinical nurse prescriptions for palliative care	Bottom-up micro-costing		
5	24/7 telephone support line-based prescriptions for palliative care	Bottom-up micro-costing		
6	NHS-funded nursing care, reported by operator size	Top-down gross-costing	Observational – Costing study	Department of Health & Social Care, 2022
7	Palliative care day services (PCDS)	Bottom-up and top-down costing	Observational – Evaluation	Mitchell et al., 2020
8	Usual care for stroke survivors and carers	Bottom-up micro and gross costing	Experimental – Evaluation	Patchwood et al., 2021
9	Person-centred support for carers of stroke survivors (Carer Support Needs Assessment Tool for Stroke)	Bottom-up micro and gross costing		
10	Greater Manchester Community Pharmacy Care Plan services	Bottom-up costing	Observational – Evaluation	Seston et al., 2020
11	Face-to-face cardiac multidisciplinary team (MDT) meeting	Bottom-up micro and gross costing	Observational – Costing study	Dulai et al., 2020
12	Remote (video conferencing) cardiac multidisciplinary team (MDT) meeting	Bottom-up micro and gross costing		
13	Routine adult vaccination at GP practices	Time Driven Activity Based Costing	Observational – Costing study	Crocker-Buque et al., 2019
14	Routine child vaccination at GP practices	Time Driven Activity Based Costing		
15	Physical activity plus behaviour maintenance programme for older adults at risk of mobility limitation	Bottom-up costing	Experimental – Evaluation	Snowhill et al., 2022
16	Diabetes screening in community pharmacy	Bottom-up micro-costing	Observational – Evaluation	Wright et al., 2019
17	Community-based lung cancer screening with low-dose computed tomography	Bottom-up micro-costing	Experimental – Evaluation	Zhang et al., 2025
18	Occupational therapist (OT) home visit, environmental assessment, and modification for reducing falls in people aged 65 and over	Bottom-up micro-costing	Experimental – Evaluation	Cockayne et al., 2021

19	Mental health drop-in centre for young people with long-term physical conditions	Bottom-up micro-costing	Observational – Evaluation	Clarke et al., 2022
20	Structured Psychological Support (SPS) for people with personality disorders	Bottom-up micro-costing	Experimental – Evaluation	Crawford et al., 2020
21	Peer-supported self-management (PSM) for people discharged from a mental health crisis team	Bottom-up micro-costing	Experimental – Evaluation	LeNovere et al., 2023
22	Bespoke smoking cessation (BSC) package for people with severe mental illness	Bottom-up micro-costing	Experimental – Evaluation	Li et al., 2020
23	Group cognitive rehabilitation for multiple sclerosis	Bottom-up micro-costing	Experimental – Evaluation	Lincoln et al., 2020
24	Treatment as usual for opioid use disorder	Bottom-up costing	Experimental – Evaluation	Marsden et al., 2019
25	Personalised psychosocial intervention	Bottom-up costing		
26	Computerised speech and language therapy (SLT) for people with long-term post-stroke aphasia	Bottom-up micro-costing	Experimental – Evaluation	Palmer et al., 2020
27	Telephone-based health coaching for older people with multimorbidity	Bottom-up costing	Experimental – Evaluation	Panagioti et al., 2018
28	Community occupational therapy for people living with dementia	Bottom-up micro-costing	Experimental – Evaluation	Pizzo et al., 2022
29	Mindfulness-Based Cognitive Therapy self-help for adults experiencing depression	Bottom-up micro-costing	Experimental – Evaluation	Strauss et al., 2023
30	Cognitive Behavioural Therapy Self-help for adults experiencing depression	Bottom-up micro-costing		
31	Behavioural support to reduce smoking and increase physical activity	Top-down micro-costing	Experimental – Evaluation	Taylor et al., 2023
32	Counterweight-Plus weight management programme delivered within primary care	Bottom-up micro-costing	Experimental – Evaluation	Xin et al., 2019

Note: Bottom-up costing refers to when activity or input-level data (e.g., contact time, consumables) are individually costed and then summed to derive a unit cost of treatment/service. Top-down costing refers to the apportionment of aggregated cost data (e.g., monthly rental) to an individual activity, treatment/service. Micro-costing refers to when cost estimates are based on detailed resource use categories, while gross-costing refers to when estimates are based on aggregated resource use (e.g., annual expenditure on nursing care). Activity-based costing is a form of micro-costing that accounts for the activities required to produce or deliver a treatment/service. For detailed discussions, see, for example, Špacírová et al. (2020), Turner et al. (2025).¹³

¹³ Špacírová, Z., Epstein, D., García-Mochón, L. et al. A general framework for classifying costing methods for economic evaluation of health care. *Eur J Health Econ* **21**, 529–542 (2020). <https://doi.org/10.1007/s10198-019-01157-9>

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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 shows the fees charged to self-funders, who are typically accommodated in homes that serve a mix of local authority, NHS, and self-funded clients. The Competition and Markets Authority (CMA) (2017) found that the self-funded unit cost for the private sector is, on average, 41% higher than that paid by local authorities in the same care home.¹ Using Adult Social Care Finance Return (ASC-FR)² returns for 2024/2025, the median cost per person for supporting older people in private-sector nursing homes was £1,084 per week, and the mean cost was £1,102. 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 £254.³ When we add the standard NHS nursing care contribution to the Personal Social Services (PSS) expenditure, the total expected median cost is £1,338, and the mean cost is £1,356. The fee has been taken from the Carterwood Index for 2025⁴ 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	2024/2025 values	Notes
A. Fees	£1,696 per week	The direct unit cost of self-funder sector nursing homes is assumed to be the fee. Where a market is competitive, such as the private-sector nursing home market, it is reasonable to expect the fee to approximate the full cost of providing the service (e.g., care costs and care home fees, including accommodation and utility costs).
External services		
B. Nursing	£9.03 per week	Information has been drawn from the article by Sach et al. (2018), published in the 2018 volume, 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 weekly cost per resident is £28.32. Costs have been updated using the NHS Cost Inflation Index (Overall) (see Section 12.1).
C. GP services	£12.84 per week	
D. Other external services	£6.45 per week	
E. Personal living expenses	£30.65 per week	The Department of Health and Social Care personal allowance for people in residential care or a nursing home is £30.65 per week. ⁷ This has been used as a proxy for personal consumption.
Short-term care		No current information is available on the cost of short-term care. Short-term care can be provided for up to 8 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	85.8 per cent ⁹	Non-specialist nursing home (week ending 14 th April 2025) (typically 65+)
Unit costs 2024/2025		
Establishment cost per permanent resident week (A)		£1,696
Establishment cost plus personal living expenses per permanent resident week (A to E)		£1,755
Establishment cost per permanent resident per day (A divided by 7)		£242
Establishment cost plus personal living expenses per permanent resident per day (A to E divided by 7)		£251

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 (2025) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2024/2025, [Adult social care activity report, England: 2024 to 2025 - GOV.UK](#), in collaboration with the Department of Health and Social Care.

³ Department of Health and Social Care (2025). *Boost in funding for care homes providing nursing*, Department of Health & Social Care, London. [Boost in funding for care homes providing nursing - GOV.UK](#)

⁴ Carterwood Limited (2025) *Carterwood Index, Elderly care homes*. Carterwood Limited, Bristol. [Carterwood Index | Elderly care homes - Carterwood, improve decision making](#).

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⁶ 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.

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⁸ Age UK (2025) *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 Department of Health and Social Care (2026) *Adult social care provider statistics, England: quarterly update*, Department of Health & Social Care, London. [Adult social care provider statistics, England: quarterly update - GOV.UK](#)

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

The table below shows fees charged to self-funders, who are typically accommodated in homes that serve a mix of local authority, NHS, and self-funded clients. The Competition & Markets Authority (CMA) (2017)¹ found that the self-funded unit cost for the private sector is, on average, 41% higher than that 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 2024/2025², the median cost per person for supporting older people in private-sector residential care homes was £968 per week, with a mean of £960. 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 (denominators in thousands of pounds).

The fee has been taken from the Carterwood Index³ 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	2024/2025 values	Notes
A. Fees	£1,302 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 expect the fee to approximate the full cost of providing the service (e.g., care costs and care home fees, including accommodation and utility costs).
External service		Information is drawn from the article 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 seven months. The total weekly cost per resident is £28.32. Costs have been uprated using the NHS Cost Inflation Index (Overall) (see Section 12.1).
B. Nursing	£9.03 per week	
C. GP services	£12.84 per week	
D. Other external services	£6.45 per week	
E. Personal living expenses	£30.65 per week	The Department of Health and Social Care personal allowance for people in residential care or a nursing home is £30.65 per week. ⁶ This has been used as a proxy for personal consumption.
Occupancy	85.4 per cent ⁷	Non-Specialist residential care beds (week ending 14 th April 2025) (typically 65+)
Unit costs 2024/2025		
Establishment cost per permanent resident week (A)		£1,302
Establishment cost plus personal living expenses per permanent resident week (A to E)		£1,361
Establishment cost per permanent resident per day (A divided by 7)		£186
Establishment cost plus personal living expenses per permanent resident per day (A to E divided by 7)		£194

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 (2025) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2024/2025, [Adult social care activity report, England: 2024 to 2025 - GOV.UK](https://www.gov.uk/government/publications/adult-social-care-activity-report-england-2024-to-2025), collaboration with the Department of Health and Social Care.

³ Carterwood Limited (2025) *Carterwood Index, Elderly care homes*. Carterwood Limited, Bristol. [Carterwood Index | Elderly care homes - Carterwood](https://www.carterwood.co.uk/carterwood-index-elderly-care-homes), [improve decision making](https://www.carterwood.co.uk/carterwood-index-elderly-care-homes)

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>.

⁵ 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.

⁶ Department of Health & Social Care (2025) *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-2025-to-2026/social-care-charging-for-care-and-support-2025-to-2026-local-authority-circular>

⁷ Department of Health and Social Care (2026) *Adult social care provider statistics, England: quarterly update*, Department of Health & Social Care, London. [Adult social care provider statistics, England: quarterly update - GOV.UK](https://www.gov.uk/government/publications/adult-social-care-provider-statistics-england-quarterly-update)

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 2024/2025 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	2024/2025 values	Notes
Capital costs		
A. Buildings and on-costs	£361 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.
B. Land	£45 per week	
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)	£1,390 (median) per week	The median estimate is taken from ASC-FR 2024/2025. Capital charges relating to buildings and on-costs have been deducted. The mean cost is £1,322 (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, care home fees, accommodation, and utilities.
E. Overheads		Costs for social services management and support services (SSMSS) are included in ASC-FR's total expenditure figures.
External services		Information was drawn from the 2018 article by Sach et al., which compares the mean cost of contacts per resident over seven months, using data collected from GP and care home records. The total weekly cost per resident is £28.32. Costs have been uprated using the NHS Cost Inflation Index (Overall) (see Section 12.1).
F. Nursing	£9.03 per week	
G. GP services	£12.84 per week	
H. Other external services	£6.45 per week	
I. Personal living expenses	£30.65 per week	The Department of Health and Social Care personal allowance for people in residential care or a nursing home is £30.65 per week. ³ This has been used as a proxy for personal consumption.
Use of the facility by the client	52 weeks in 2025	
Occupancy	85.4 per cent ⁴	Non-Specialist residential care beds (week ending 14 th April 2025) (typically 65+)
Unit costs 2024/2025		
Establishment cost per permanent resident week (includes A to E)		£1,796
Establishment cost plus personal living expenses and external services per permanent resident week (includes A to I)		£1,855
Establishment cost per permanent resident day (includes A to E divided by 7)		£257
Establishment cost plus personal living expenses and external services per permanent resident day (includes A to I divided by 7)		£265

Note: Where we do not have current information, we have uprated land costs to reflect current prices.

¹ NHS England (2025) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2024/25, [Adult social care activity report, England: 2024 to 2025 - GOV.UK](#), in collaboration with the Department of Health and Social Care.

² Building Cost Information Service Construction Data (2025). [BCIS | Building Cost Information Service Construction Data](#)

³ Department of Health & Social Care (2025) *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-2025-to-2026/social-care-charging-for-care-and-support-2025-to-2026-local-authority-circular>

⁴ Department of Health and Social Care (2026) *Adult social care provider statistics, England: quarterly update*, Department of Health & Social Care, London. [Adult social care provider statistics, England: quarterly update - GOV.UK](#)

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 2024/2025, the mean cost is £185 per week (excluding capital). These data do not report the number of sessions clients attended each week.

Based on information provided by 10 local authorities, we have calculated the average cost per client attendance and 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	2024/2025 values	Notes
Capital costs		
A. Buildings and on-costs	£14.82 per client attendance	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.
B. Land	£2.95 per client attendance	
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)	£74 per client attendance	The total local authority expenditure was taken from Personal Social Services (PSS) EX1 2013/2014 ³ 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. ⁴
E. Overheads		Costs for social services management and support services (SSMSS) 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 2024/2025		
Per client attendance for 2.5 hours (includes A to D)	£92	
Per client hour (includes A to D/4.6 hours)	£20	

Note: Where we do not have current information, we have uprated land costs to reflect current prices.

¹ Based on research carried out by PSSRU in 2014.

² Building Cost Information Service Construction Data (2025). [BCIS | Building Cost Information Service Construction Data](#)

³ NHS England (2014) *Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Final Release*. [Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Final release - NHS England Digital](#)

⁴ 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 on patient health care. We have drawn on NHS England's National Cost Collection 2024/2025¹ 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 20 submissions or more)	2024/2025
Day Care Services	£289
Crisis Resolution Team/Home Treatment Service	£357
Primary Care Mental Health Service	£254
Community Mental Health Service – Functional	£279
Community Mental Health Service – Organic	£258
Assertive Outreach Team	£338
Community Rehabilitation Service	£324
General Psychiatry Service	£317
Psychiatric Liaison Service	£346
Psychotherapy Service	£371
Psychological Therapy Service (non-IAPT)	£318
Early Intervention Team for Psychosis	£314
Personality Disorder Service	£311
Memory Services/Clinic/Drop-in service	£253
Single Point of Access Service	£223
24/7 Crisis Response Line	£185
Forensic Mental Health Service	£496
Autism Service	£481
Specialist Perinatal Mental Health Community Service	£329
Neurodevelopment Team	£355
Community Eating Disorder Service	£331
Criminal Justice Liaison and Diversion Service	£350
Individual Placement and Support Service	£244
Rough Sleeping Service	£327
Community Team for Learning Disabilities	£410
Education-based Mental Health Support Team	£316
Maternal Mental Health Service	£330
Other Mental Health Service - in scope of the National Tariff Payment System	£279
Other Mental Health Service - in scope of the National Tariff Payment System	£328
Mental Health Provider Spell	
Acute Adult Mental Health Care	£719
Acute Older Adult Mental Health Care (organic and functional)	£788
Adult Psychiatric Intensive Care Unit (acute mental health)	£1,266
Acute Mental Health Unit for Adults with a Learning Disability and/or Autism	£1,735
Adult Medium Secure	£916
Adult Low Secure	£759
Adult Mental Health Rehabilitation (Mainstream Service)	£604

Note 1: NHS England's National Cost Collection 2024/2025 - Mental Health Care Contacts and Mental Health Provider Spell datasets

¹ Calculated using the *National Cost Collection for the NHS 2024/2025* [NHS England » 2024/25 National Cost Collection Data Publication](#)

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 2024/2025 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	2024/2025 values	Notes
Capital costs		
A. Buildings and on-costs	£171 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)	£1,167 per resident per week (aged 18-64) (median) £760 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, care home fees, accommodation, and utilities.
C. Overheads		Costs for social services management and support services (SSMSS) are included in ASC-FR expenditure figures, so no additional overheads have been added.
Other costs		
D. Personal living expenses	£30.65 per week	The Department of Health and Social Care personal allowance for people in residential care or nursing homes is £30.65 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	52 weeks in 2025	
Occupancy	100%	We have assumed 100% occupancy.
Unit costs 2024/2025		
Age 18-64		
Per resident week median establishment costs (includes A to B)		£1,339
Per resident week (median) (includes A to D).		£1,369
Per resident day establishment costs (includes A to B divided by 7)		£191
Per resident day (includes A to D divided by 7)		£196
Age 65+		
Per resident week median establishment costs (includes A to B)		£931
Per resident week (median) (includes A to D).		£962
Per resident day establishment costs (includes A to B divided by 7)		£133
Per resident day (includes A to D divided by 7)		£137

Note: Where we do not have current information, we have uprated land costs to reflect current prices.

¹ NHS England (2025) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2024/25, [Adult social care activity report, England: 2024 to 2025 - GOV.UK](#), in collaboration with the Department of Health and Social Care.

² Building Cost Information Service Construction Data (2025) [BCIS | Building Cost Information Service Construction Data](#)

³ Department of Health & Social Care (2025) *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-2025-to-2026/social-care-charging-for-care-and-support-2025-to-2026-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 2024/2025, the mean cost is £166 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 the average cost per client attendance and per client hour. For day care for people requiring mental health support, the average number of sessions attended per week was 3, which is also the number 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	2024/2025 values	Notes
Capital costs		
A. Buildings and on-costs	£14.82 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.
B. Land	£2.95 per client attendance	
C. Other capital		The local authority expenditure figures include capital costs unrelated to buildings and on-costs, so no additional costs have been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£55 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).
		Assuming people requiring mental health support attend on average 3 times per week (4.1 hours per session).
		Capital charges relating to buildings have been deducted.
E. Overheads		Costs for social services management and support services (SSMSS) 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 2024/2025		
Per client attendance (includes A to D)		£73
Per client hour (includes A to D divided by 4.1 hours)		£18

Note: Where we do not have current information, we have uprated land costs to reflect current prices.

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 (2025). [BCIS | Building Cost Information Service Construction Data](https://www.bcis.co.uk/).

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 2024/2025, the mean cost is £121 per week (excluding capital).

Based on information provided by ten local authorities,² we have calculated the average cost per client attendance and per client-hour. We have used this information to calculate the cost of a client session lasting 4.1 hours, which is the typical standard for a 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	2024/2025 values	Notes
Capital costs	£14.82 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 discounted over 60 years at a 3.5 per cent discount rate, declining to 3 per cent after 30 years.
A. Buildings and on-costs		
B. Land	£2.95 per client attendance	
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)	£40 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 who require mental health support attend 3 times per week for 4.1 hours. ³
E. Overheads		
		Costs for social services management and support services (SSMSS) 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 2024/2025		
Per client attendance (includes A to D)	£58	
Per client hour	£14	

Note: Where we do not have current information, we have uprated land costs to reflect current prices.

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 (2025) [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 training in therapy. They received 5 days of BA training and 1 hour of fortnightly clinical supervision 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	2024/2025 values	Notes
A. Wages/salary	£99,258 per year	Based on the mean full-time equivalent basic salary for two mental health nurses on AfC band 7 of the 2024/2025 NHS staff earnings estimates. ²
B. Salary on-costs	£33,752 per year	20.6 per cent has been included for the employer's contribution to superannuation.
C. Initial qualifications	£19,615 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	£793	The cost has been updated.
E. Overheads		The overheads (below) have been sourced from HM Treasury's Public Expenditure Statistics Analysis (2025). ⁴
Management, administration, and estates staff	£28,597 per year	Management and other non-care staff costs included administration and estate staff.
Non-staff	£45,569 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	£7,789 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	£235,374 per year	
Working days per year	203	Working days are calculated by deducting 260 weekdays from the year (e.g., 8 statutory days, 28 annual leave days, five training/study days, 13 sick days). ⁵
Working hours per week	1,524	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	40.6	Working weeks are calculated by dividing the annual working hours by the weekly working hours (37.5 hours).
Unit costs 2024/2025		
Cost per session per person attending the group		£21
Cost per session per person attending the group (with qualifications)		£23
Cost per 12 group sessions per person		£248
Cost per 12 group sessions per person (with qualifications)		£270

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 (2025) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (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 (2025) *Public Expenditure: statistical analysis 2025*. HM Treasury, London, CP 1363 – [Public Expenditure Statistical Analyses 2025](#)

⁵ NHS England (2025) *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 on patient health care. We have drawn on NHS England's National Cost Collection 2024/2025¹ 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) (with 20 submissions or more)	2024/2025 Unit costs
Acute Alcohol Intoxication with CC Score 3+ – Non-Elective Inpatient - Long Stay	£3,303
Acute Alcohol Intoxication with CC Score 3+ – Non-Elective Inpatient - Short Stay	£650
Acute Alcohol Intoxication with CC Score 0-2 – Non-Elective Inpatient - Long Stay	£2,395
Acute Alcohol Intoxication with CC Score 0-2 – Non-Elective Inpatient - Short Stay	£476
Acute Drug Intoxication - Non-Elective Inpatient – Long Stay	£2,230
Acute Drug Intoxication - Non-Elective Inpatient – Short Stay	£510
Acute Combined Drug Intoxication – Non-Elective Inpatient – Short Stay	£517
Mental and Behavioural Disorders Due to Drug or Alcohol Use, treated by a Non-Specialist Mental Health Service Provider – Elective Inpatient, Acute	£5,035
Mental and Behavioural Disorders Due to Drug or Alcohol Use, treated by a Non-Specialist Mental Health Service Provider - Non-Elective Inpatient – Long Stay	£3,290
Mental and Behavioural Disorders Due to Drug or Alcohol Use, treated by a Non-Specialist Mental Health Service Provider - Non-Elective Inpatient – Short Stay	£645
Mental and Behavioural Disorders Due to Drug or Alcohol Use, treated by a Non-Specialist Mental Health Service Provider – Day Case	£442

Note: NHS England's National Cost Collection 2024/2025 - Admitted Patient Care dataset

¹ Calculated using the *National Cost Collection for the NHS 2024/2025* [NHS England » 2024/25 National Cost Collection Data Publication](#)

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 most 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	2024/2025 values	Notes	
A. Wages/Salary	£41,325 per year	Based on the mean full-time equivalent basic salary for Agenda for Change, band 6 of the 2024/2025 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	£13,762 per year	20.6 per cent of the salary for the employer's contribution to superannuation has been included.	
C. Initial qualifications	£9,808 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 analysis of public expenditure statistics (2025). ⁵	
Management, administration/estates staff	£11,844 per year	Management and other non-care staff costs include administration and estate staff.	
Non-staff	£18,873 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	£7,789 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	£93,592 per year	(without qualifications)	
Total cost	£103,400 per year	(with qualifications)	
Working time			
Working weeks	40.6	Working weeks are calculated by dividing the annual working hours by the weekly hours (37.5).	
Working days	203	Working days are calculated by deducting leave days from the 260 weekdays per annum (e.g., 8 statutory days, 28 annual leave days, and 5 training/study days).	
Working hours	1,524	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 2024/2025		without qualifications	with qualifications
Per hour		£61	£68
Per hour (face-to-face contact)		£90	£100

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 (2025) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (not publicly available), NHS England, Leeds.

³ NHS Employers (2026) *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 (2025) *Public Expenditure: statistical analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

⁶ Building Cost Information Service Construction Data (2025) [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 2024/2025, the mean cost is £429 per week (excluding capital). These data do not include the number of sessions clients attend each week.

We have calculated the average cost per client attendance and 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, which is the typical standard for day care units in 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	2024/2025 values	Notes
Capital costs		
A. Buildings and on-costs	£14.82 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. ³
B. Land	£2.95 per client attendance	
C. Other capital		Capital costs not related to buildings and on-costs are included in revenue costs, so no additional costs have been added for other capital items, such as equipment and durables.
D. Local authority expenditure (minus capital)	£107 per client attendance (median)	The mean weekly cost has been taken from Personal Social Services (PSS) EX1 (2013/2014) ⁴ 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		Costs for social services management and support services (SSMSS) 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 2024/2025		
Per client attendance (includes A to D)		£125
Per client hour (includes A to D divided by 4.8 hours)		£26

Note 1: Where we do not have current information, we have uprated land costs to reflect current prices.

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 (2025). [BCIS | Building Cost Information Service Construction Data](#).

⁴ NHS England (2014) *Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Final Release*. [Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Final release - NHS England Digital](#)

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 LIN¹ 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 that a person with a learning disability living in Specialised Supported Housing requires, on average, state funding of £2,262 per week for care and housing costs.

Table 4.2.1: Specialised supported housing

2024/2025				
	Average weekly rent	Average weekly service charge	Care packages	Total costs
Shared SSH	£267	£76	£1,925	£2,268
Self-contained SSH	£280	£70	£1,925	£2,275
All SSH	£263	£73	£1,925	£2,262

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 who have 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 Lemmi 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 15-month PBS intervention is estimated at £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. Lemmi 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 costs 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 updated to 2024/2025 using the Personal Social Services (PSS) Pay and Prices Index (excluding capital) and the NHS Cost Pay Inflation Index (Overall) (see Section 12.1). The standard deviations have also been updated.

¹ Lemmi, 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 (2024/2025) mean	SD
Health and social care					
Supported housing (days)	1	182		£476	£824
Other than residential home (days)	1	35.5		£143	£248
Total residential care				£619	£1,072
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)	£195	£84
Care worker	1	182	24	£2,097	£3,633
Other services (paid through direct payments)	2	78		£200	£173
Total community-based care				£2,518	£3,909
Day care centre	1	78	6	£89	£108
Total health and social care				£3,226	£5,089
Positive behavioural support for adults with intellectual disabilities and behaviour that challenges				£351	
Total health and social care (+PBSS)				£3,577	£5,089

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	2024/2025 values	Notes
Capital costs		
A. Buildings and on-costs	£337 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)	£1,793 per resident week (median)	The data comes from the ASC-FR data return (ASC-FR) for 2024/2025. ² The mean weekly cost is £2,122, 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	£30.65 per week	The Department of Health and Social Care personal allowance for people in residential care or nursing homes is £30.65 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 weeks in 2025	
Occupancy		No information is available.
Unit costs 2024/2025		
Cost per resident week establishment costs (A to C)		£2,165
Cost per resident week care package costs (A to E)		£2,196
Per resident day establishment costs (includes A to C divided by 7)		£309
Per resident day (includes A to E divided by 7).		£314

Note: Where we do not have current information, we have uprated land costs to reflect current prices.

¹ Building Cost Information Service Construction Data (2025) [BCIS | Building Cost Information Service Construction Data](#).

² NHS England (2025) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2024/2025, [Adult social care activity report, England: 2024 to 2025 - GOV.UK](#), in collaboration with the Department of Health and Social Care.

³ Department of Health & Social Care (2025) *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-2025-to-2026/social-care-charging-for-care-and-support-2025-to-2026-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	2024/2025 values	Notes
Capital costs	£172 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.
A. Buildings and on-costs		
B. Land costs	£35 per resident per week	
C. Total expenditure (minus capital)	£1,217 per resident per week (median)	Data are sourced from the ASC-FR data return (ASC-FR) for the 2024/2025 period. ² The mean weekly cost is £1,254, 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	£30.65 per week	The DWP personal allowance for people in residential care or nursing homes is £30.65 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 weeks in 2025	
Occupancy		No information is available.
Unit costs 2024/2025		
Cost per resident week establishment costs (A to C)		£1,424
Cost per resident week care package costs (A to E)		£1,455
Per resident per day establishment costs (includes A to C divided by 7)		£203
Per resident per day (includes A to E divided by 7).		£208

Note: Where we do not have current information, we have uprated land costs to reflect current prices.

¹ Building Cost Information Service Construction Data (2025) [BCIS | Building Cost Information Service Construction Data](#).

² NHS England (2025) *Adult Social Care Finance Return (ASC-FR)*, NHS England 2024/2025, [Adult social care activity report, England: 2024 to 2025 - GOV.UK](#) in collaboration with the Department of Health and Social Care.

³ Department of Health & Social Care (2025) *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-2025-to-2026/social-care-charging-for-care-and-support-2025-to-2026-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 2024/2025, the mean cost is £283 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 the average cost per client attendance and the cost per client hour. We have used this information to calculate the cost of a 4.25-hour client session.

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

Costs and unit estimation	2024/2025 values	Notes
Capital costs		
A. Buildings and on-costs	£14.82 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
B. Land	£2.95 per client attendance	
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)	£111 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 total). 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 2024/2025		
Total cost per attendance (includes A to D)	£129	
Cost per hour (includes D/4.25 hours)	£26	

¹ Based on research carried out by PSSRU in 2014.

² Building Cost Information Service Construction Data (2025) [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 on health care for patients. We have drawn on NHS England's National Cost Collection 2024/2025¹ to report on the NHS national costing data for hospital services.²

Table 6.1.1: Unit costs for hospital services

Hospital Services (with 20 or more submissions from providers)	2024/2025 Unit Costs
Elective inpatient stays	£6,620
Non-elective inpatient stays (long stays)	£5,395
Non-elective inpatient stays (short stays)	£824
Consultant Led	£203
Non-Consultant Led	£132
Community Care Inpatient	£8,304
Regular Day or Night Admissions	£448
Cancer MDT	£150
Directly Accessed Diagnostic Services	£68
Directly Accessed Pathology Services	£2
Day cases	£1,077
Critical care	£1,997
Critical care transport	£3,641
Outpatient Procedures	£232
Mental Health Provider Spell	£838
High-Cost Drugs	£593
High-Cost Devices	£2,148
Rehabilitation inpatient	£656
Nuclear Medicine	£525
Regular Day or Night Admissions	£448
Emergency care	£280
Ambulance	£272
Hear & Treat ²	£62
See & Treat ²	£364
See & Convey ²	£489
Other ²	£28
Renal Dialysis	£201
NHS Talking Therapy Care Contact	£169
Diagnostic Imaging	£139
Directly Accessed Audiology	£87
Community Health Service	£89
National screening programmes	£37

Note 1: NHS England's National Cost Collection 2024/2025 – Index ([Microsoft Power BI](#))

Note 2: NHS England's National Cost Collection 2024/2025 – Summary: other currencies

¹ Calculated using the *National Cost Collection for the NHS 2024/2025* [NHS England » 2024/25 National Cost Collection Data Publication](#)

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 on patient health care. We have drawn on NHS England's National Cost Collection 2024/2025¹ 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	2024/2025 Unit Costs
Occupational Therapist, Adult, One to One	£133
Occupational Therapist, Adult, Group	£371
Physiotherapist, Adult, One to One	£79
Physiotherapist, Adult, Group	£102
Speech and Language Therapist, Adult, One to One	£133
Speech and Language Therapist, Adult, Group	£117
Other Therapist, Adult, One to One	£111
Other Therapist, Adult, Group	£156
Dietitian	£103
Podiatrist, Tier 1, General Podiatry	£77
Podiatrist, Tier 2, Minor Surgery	£105
Podiatrist, Tier 3, Management of at-Risk Complex Foot	£83
Intermediate Care, Crisis Response and Early Discharge Services	£126
District Nurse, Adult, Face to Face	£60
District Nurse, Adult, Non-face-to-face	£43
Specialist Nursing, Active Case Management (Community Matrons), Adult, Face to face	£145
Specialist Nursing, Active Case Management (Community Matrons), Adult, Non-face-to-face	£87
Specialist Nursing, Asthma and Respiratory Nursing/Liaison, Adult, Face to face	£120
Specialist Nursing, Asthma and Respiratory Nursing/Liaison, Adult, Non-face-to-face	£65
Specialist Nursing, Cancer Related, Adult, Face to face	£130
Specialist Nursing, Cancer Related, Adult, Non-face-to-face	£84
Specialist Nursing, Continence Services, Adult, Face to face	£126
Specialist Nursing, Continence Services, Adult, Non-face-to-face	£67
Specialist Nursing, Diabetic Nursing/Liaison, Adult, Face to face	£109
Specialist Nursing, Diabetic Nursing/Liaison, Adult, Non-face-to-face	£77
Specialist Nursing, Intensive Care Nursing, Adult, Face-to-face	£213
Specialist Nursing, Intensive Care Nursing, Adult, Non-face-to-face	£266
Specialist Nursing, Palliative/Respite Care, Adult, Face-to-face	£155
Specialist Nursing, Palliative/Respite Care, Adult, Non-face-to-face	£80
Specialist Nursing, Parkinson's and Alzheimer's Nursing/Liaison, Adult, Face to face	£110
Specialist Nursing, Parkinson's and Alzheimer's Nursing/Liaison, Adult, Non-face to face	£75
Specialist Nursing, Stoma Care Services, Adult, Face to face	£67
Specialist Nursing, Tuberculosis Specialist Nursing, Adult, Face to face	£124
Specialist Nursing, Tuberculosis Specialist Nursing, Adult, Non-face-to-face	£54

Note: NHS England's National Cost Collection 2024/2025 – Summary: Other Currencies dataset.

¹ Calculated using the *National Cost Collection for the NHS 2024/2025* [NHS England » 2024/25 National Cost Collection Data Publication](#)

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 on health care for patients. We have drawn on NHS England's National Cost Collection 2024/2025¹ to report on the NHS national costing data for wheelchairs.²

Table 6.3.1: NHS wheelchair costs

	Total values 2024/2025	2024/2025 Unit costs	Notes
Capital costs (adult)			The capital value has been depreciated over five years at a 3.5 per cent discount rate to account for the expected life of a new chair. In practice, 50 per cent of the wheelchairs supplied have been reconditioned rather than worn out when their first users no longer need them.
Wheelchair Package - equipment, low need	£411	£91	
Wheelchair Package -equipment, medium need	£699	£155	
Wheelchair Package - equipment, high need, manual	£759	£168	
Wheelchair Package - equipment, high need, powered	£1,525	£338	
Revenue costs			Revenue costs exclude therapists' time but include staff costs for maintenance and all other expenses related to pressure relief. The cost of reconditioning has not been factored into the maintenance cost.
Repair And Maintenance, All needs, manual	£54	£12	
Repair And Maintenance, All needs, powered	£272	£75	
Overheads			No estimate of management overheads is available. They are likely to be minimal.

Note: NHS England's National Cost Collection 2024/2025 – Summary: Other Currencies dataset.

¹ Calculated using the *National Cost Collection for the NHS 2024/2025* [NHS England » 2024/25 National Cost Collection Data Publication](#)

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 in the NHS Five Year Forward View, and the King's Fund has provided a summary of several 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 on a study that provides the programme's costs. 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 improvements in depression scores, reductions in hospital admissions, and reductions in general practice visits warrant further evaluation.

To estimate the annual cost of self-management support, we used the costs reported by Farmer & colleagues (2017)¹ and assumed the equipment would be replaced every 5 years. We have uprated the costs to 2024/2025 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))	£478	£106
Bluetooth-enabled pulse oximeter probe	£599	£133
The clinician reviewed a summary of the oxygen saturation, heart rate, and symptom diary module once a week following the review.		£407
Total costs		£646

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 on patient health care. We have drawn on NHS England's National Cost Collection 2024/2025 to report on national costing data for sexual health services.^{1,2}

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

Unit costs for sexual health (with 20 submissions or more)	2024/2025 Unit costs
Genito-urinary medicine (GUM) infections – Non-Elective Inpatient, short stay ¹	£339
Genito-urinary medicine (GUM) infections – Non-Elective Inpatient, long stay ¹	£2,985
Genito-urinary medicine (GUM) infections – Elective Inpatient ¹	£1,349
Genito-urinary medicine (GUM) infections – Daycase ¹	£683
Genito-urinary medicine (GUM) infections – Outpatient (Consultant-led) ²	£414
Genito-urinary medicine (GUM) infections – Outpatient (Non-Consultant-led) ²	£30
HIV, AIDS and STD (outpatients)	
Consultant-led ²	£221
Non-consultant-led ²	£133

Note 1: NHS England's National Cost Collection 2024/2025 – Summary: Admitted Patient dataset.

Note 2: NHS England's National Cost Collection 2024/2025 – Summary: Outpatient Attendances dataset.

¹ Calculated using the *National Cost Collection for the NHS 2024/2025* [NHS England » 2024/25 National Cost Collection Data Publication](#)

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 men in the captain-led group accepted, 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 2024/2025 using the Personal Social Services (PSS) Pay and Prices Inflation Index (excluding capital) (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 2024/2025	Total costs 2024/2025
Intervention costs					
Recruitment of the club	Per club		2	£815	£1,629
Poster pack	Per pack		2	£88	£176
Test kit	Per player		46	£9	£426
Promotion	Per club	Captain led ¹	2	£197	£394
		Health visitor led ²	2	£355	£709
		Poster-only ³	2	£197	£394
Specimen collection box ⁴	Per club		2	£91	£182
Transport of the specimen collection box	Per club		2	£222	£444
Processing costs					
Additional storage facilities			2	£19	£38
Sample processing	Per player tested	Captain led	28	£18	£494
		Health visitor-led	31		£547
		Poster-only	31		£547
Patient admin, result notification	Per player tested	Captain led	28	£7.42	£208
		Health visitor-led	31		£230
		Poster-only	31		£230
Total cost per intervention		Captain led	28		£3,991
		Health visitor-led	31		£4,381
		poster-only	31		£4,066
Average cost per player screened		Captain led	28		£143
		Health visitor-led	31		£141
		Poster-only	31		£131

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 who would undertake 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 accurate identification of those who require admission and the discharge of those who can be managed in an ambulatory setting. The Acute Medicine Outcome Study (AMOS), conducted by Franklin et al. (2014), found that readmission rates among 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 2024/2025 prices using the NHS Cost Inflation Index (overall) (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 £2,239, and £2,212 for the 250 patients with complete resource-use data (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)	£1,875	£1,789
Inpatient care ^(b)	119 (2)	£1,288	£1,176
Day case care	71 (1)	£158	£168
Outpatient care	358 (3)	£420	£429
Critical care ^(c)	3 (1)	£9	£16
Ambulance service	17 (2)	£21	£17
Intermediate care	5 (Not applicable)	£12	£4
Mental health care	28 (4)	£46	£52
Social care	76 (4)	£183	£248
Total costs (ex. primary care)	377 (5)	£2,136	£2,111
Primary care ^(d)	243 (6)	-	£269
Consultations	113 (3)	-	£35
Home visits	42 (7)	-	£28
Procedures	25 (3)	-	£5
Other events ^(e)	202 (22)	-	£63
Medication	232 (21)	-	£126
Wound dressings	64 (4)	-	£12
Total costs, including primary care ^(f)	248 (7)	-	£2,380

a) The 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) The mean length of hospital stay for those patients with an inpatient admission over the trial period was 12 days.

c) The mean length of intensive care stay for those patients with an intensive care admission was 15 days.

d) The 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) The 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., Gkoutouras, 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 we 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 'decendent' 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 2024/2025 using the Personal Social Services (PSS) Pay and Prices Index (without capital) and NHS Cost Inflation Index (overall) (see Section 12.1). Hospital care accounted for 64% of total care costs per decedent, while social care costs accounted for 37%. Emergency hospital admission accounted for 71% of all hospital costs per user in the final year of life and 17% 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	£601	£8,210	66%	65,624	£10,996
Inpatient emergency	£427	£5,834	47%	54,577	£7,830
Inpatient non-emergency	£114	£1,556	12%	58,165	£1,959
Outpatient	£49	£670	5%	50,155	£978
A&E	£11	£150	1%	48,000	£229
Social care	£372	£5,075	34%	20,330	£36,536
Residential and nursing care	£298	£4,069	28%	10,896	£27,354
Homecare	£58	£787	5%	10,970	£5,253
Other	£16	£219	1%	4,084	£3,929
Total	£973	£13,285	100%	85,954	£47,531

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 Georgiou, 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 2024/2025			
	Number	Hospital care	Social care	Hospital and social care
All people	73,243	£8,210	£5,076	£13,286
No diagnoses	22,118	£4,042	£6,238	£10,280
Any diagnosis	51,125	£10,011	£4,573	£14,585
Hypertension	21,241	£11,205	£4,196	£15,401
Cancer	19,934	£11,737	£1,960	£13,696
Injury	17,540	£12,091	£6,096	£18,187
Atrial fibrillation	13,567	£11,320	£4,969	£16,290
Ischaemic heart disease	13,213	£11,484	£4,234	£15,718
Respiratory infection	11,136	£12,566	£3,371	£15,937
Falls	10,560	£11,109	£7,718	£18,826
Congestive heart failure	10,474	£11,538	£4,809	£16,347
Chronic obstructive pulmonary disease	9,392	£11,272	£3,789	£15,061
Anaemia	9,210	£13,236	£4,570	£17,805
Diabetes	8,697	£11,520	£4,719	£16,240
Cerebrovascular disease	8,290	£11,344	£6,280	£17,625
Peripheral vascular disease	6,780	£13,071	£4,186	£17,257
Dementia	6,735	£9,462	£13,454	£22,916
Renal failure	6,570	£13,192	£4,831	£18,022
Angina	6,549	£12,335	£4,281	£16,616
Mental disorders, not dementia	4,814	£12,372	£5,438	£17,810
Iatrogenic conditions	4,190	£17,830	£3,813	£21,643
Asthma	3,480	£11,975	£3,738	£15,713
Alcoholism	2,437	£10,921	£1,746	£12,666
Non-rheumatic valve disorder	2,059	£13,445	£3,296	£16,741

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 will generally take longer to cover triaging and discussions of 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 prescribed pharmacotherapy 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 updated to 2024/2025 values using the NHS Cost Inflation Index (overall) (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	£60,374	£119	116	23%	£520
	20-29	1189	£156,677	£132	296	25%	£529
	30-49	3911	£629,493	£161	1262	32%	£499
	50-69	2955	£516,049	£175	1068	36%	£483
	70+	538	£92,221	£171	192	36%	£480
Gender	Male	4249	£689,852	£162	1425	34%	£484
	Female	4867	£765,697	£157	1510	31%	£507
Treatment	NRT	7373	£1,044,712	£142	2117	29%	£493
	Varenicline	1708	£405,546	£237	799	47%	£508
	Bupropion	35	£5,290	£151	19	54%	£278
FTND	0-3	1534	£290,693	£189	622	41%	£467
	4-5	1884	£367,855	£195	727	39%	£506
	6-7	1676	£332,006	£198	641	38%	£518
	8-10	766	£147,690	£193	236	31%	£626
Deprivation	1-3	886	£167,164	£189	319	36%	£524
	4-6	1838	£326,982	£178	635	35%	£515
	7-8	2157	£369,037	£171	698	32%	£529
	9-10	3321	£554,621	£167	1180	36%	£470

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 on good practice, such as in 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 GP practices' capacity 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 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 Doncaster³ 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 updated to 2024/2025 prices 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)

2024/2025 costs	Year 1	Year 2	Total	Cost per person referred per year
Grants to providers + additional support grants	£448,480	£426,434	£874,913	£272
Salaries and overheads	£309,763	£391,194	£700,957	£218
Total	£758,244	£817,628	£1,575,870	£490

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 in to the system and were 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 impeding it.
- 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 (10-minute) scheduled telephone calls from a PWP, with one initial session of up to 60 minutes (either face-to-face or by telephone, depending on patient preference), followed by up to 10-30-minute sessions over 12 weeks (total direct clinical input: 6 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 7.4.2 presents the total societal costs, including health and social care costs, as well as the intervention costs, employment losses, out-of-pocket expenses, and out-of-pocket savings. The costs have been uprated to 2024/2025 prices using the PSS Pay and Prices Index (excluding capital) (see Section 12.1).

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

Cost component	Intervention mean cost (2024/2025)	
	Supported cCBT	Guided self-help
Number of sessions attended	2.00	4.11
Total session minutes	30.20	143
Cost of materials (£)	£90	£7.76
Cost of training (£)	£27	£49
Cost of PWP contacts (£)	£102	£484
Total cost (£)	£218	£540

Table 7.5.2 (overleaf) shows that from baseline to 12 months, guided self-help was the least expensive option (£3,066), compared with £3,114 for the CBT group and £3,613 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, P., 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	
2024/2025 costs	N	Mean	N	Mean	N	Mean
Intervention cost	157	£192	158	£474	158	£0
Baseline to 3 months						
Health and social care services	118	£453	130	£390	129	£495
Employment losses	118	£108	130	£127	129	£66
Out-of-pocket expenses	118	£171	130	£88	129	£140
Out-of-pocket savings	118	£0	130	£0	129	-£4
Total employment losses, out-	118	£278	130	£215	129	£202
Total costs	118	£731	130	£605	129	£697
Between 3 and 6 months						
Health and social care services	102	£504	115	£455	117	£655
Employment losses	102	£124	115	£31	117	£35
Out-of-pocket expenses	102	£54	115	£59	117	£121
Out-of-pocket savings	102	-£4	115	-£1	117	-£11
Total employment losses, out-	102	£174	115	£89	117	£145
Total costs	102	£678	115	£544	117	£799
Between 6 and 12 months						
Health and social care services	88	£820	100	£676	100	£980
Employment losses	88	£12	100	£79	100	£246
Out-of-pocket expenses	88	£162	100	£158	100	£247
Out of pocket savings	88	-£77	100	£0	100	-£16
Total employment losses, out-	88	£98	100	£238	100	£478
Total costs	88	£918	100	£913	100	£1,458
Baseline to 12 months (including intervention costs)						
Health and social care services	157	£1,969	100	£1,995	100	£2,130
Employment losses	157	£244	100	£238	100	£346
Out-of-pocket expenses	157	£387	100	£306	100	£509
Out of pocket savings	157	£372	100	£389	100	£464
Total employment losses, out-	157	£1,004	100	£932	100	£1,319
Total costs	157	£2,972	100	£2,977	100	£3,449

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 2024/2025 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 2024/2025 values using the NHS Cost Inflation Index (Overall) and the Personal Social Services (PSS) Pay and Prices Index (excluding 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	£1,110	£933	£914
Post-diagnosis support	£528	£439	£445
Follow-up	£656	£614	£473
Total	£2,293	£1,986	£1,833

^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	£74	£0	£0-£8,534	£37	£0	£0-£681	£73	£2	£0-£1,105
Social care	£105	£0	£0-£5,127	£140	£0	£0-£8,283	£235	£0	£0-£10,987
Psychosocial	£17	£0	£0-£2,094	£6	£0	£0-£513	£17	£0	£0-£1,025
Social security	£191	£0	£0-£929	£198	£0	£0-£929	£253	£18	£0-£929
Total formal care	£2,192	£2,077	£0-£5,919	£2,242	£1,973	£0-£5,848	£2,380	£1,973	£0-£5,919
Informal Care	£196	£0	£0-£15,755	£184	£0	£0-£9,477	£325	£2	£0-£13,118
Total societal cost	£2,579	£2,077	£0-£22,603	£2,624	£1,973	£0-£16,254	£2,958	£1,994	£0-£19,966

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 7.6.1: 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 2024/March 2025 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 the 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 postgraduate training is known only for doctors.

To calculate the cost per hour, including qualifications for scientific and professional staff, the appropriate expected annual cost, as 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 (2025).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 shared 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. 8 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).

¹ NHS England (2025) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (not publicly available), NHS England, Leeds

² NHS Employers (2026) *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 (2025) *Public Expenditure: statistical analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

⁵ Building Cost Information Service Construction Data (2025). [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>.

- 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 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 that provides time-use estimates for community staff.

I. London multiplier and non-London multiplier

See information produced by NHS Employers² 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](https://doi.org/10.1192/bjo.2019.57)

² NHS Employers (2026) *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	£27,808	£31,565	£41,162	£49,893	£57,320	£67,443	£80,185	£95,411	£113,159
B. Salary on-costs	£8,693	£10,102	£13,701	£16,975	£19,760	£23,556	£28,335	£34,045	£40,700
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	£7,848	£8,959	£11,796	£14,377	£16,572	£19,565	£23,332	£27,833	£33,080
Non-staff	£12,505	£14,275	£18,796	£22,909	£26,408	£31,176	£37,179	£44,352	£52,712
E. Capital overheads	£7,965	£7,965	£7,965	£7,965	£7,965	£7,965	£7,965	£7,965	£7,965
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)	£64,819	£72,866	£93,420	£112,118	£128,025	£149,705	£176,995	£209,605	£247,615
Working time									
Working days per year	207	207	207	207	207	207	207	207	207
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	1,553	1,553	1,553	1,553	1,553	1,553	1,553	1,553	1,553
Working weeks	41.41	41.41	41.41	41.41	41.41	41.41	41.41	41.41	41.41
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 2024/2025									
Cost per working hour	£42	£47	£60	£72	£82	£96	£114	£135	£159

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 2024/March 2025 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 postgraduate training is known only for doctors.

D. Overheads

The overheads have been sourced from HM Treasury's Public Expenditure Statistics Analysis (2025).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 shared 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., 8 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 (2025) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (not publicly available), NHS England, Leeds.

² NHS Employers (2026) *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 (2025) *Public Expenditure: statistical analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

⁵ Building Cost Information Service Construction Data (2025) [BCIS | Building Cost Information Service Construction Data](#)

⁶ NHS Employers (2026) *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 (2025) *NHS sickness absence rates*, [NHS Sickness Absence Rates - NHS England Digital](#), NHS England, Leeds.

H. Ratio of direct to indirect time

Based on a study by Ball & Philippou (2014)¹ Grade 5 community nurses, on average, spent 44 per cent of their time on direct care and an additional 18 per cent 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 report¹ 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	£26,606	£33,281	£41,325	£49,629	£56,857	£66,560	£78,801	£93,666	£112,331
C. Initial qualifications	£8,243	£10,746	£13,762	£16,876	£19,587	£23,225	£27,816	£33,390	£40,390
D. Ongoing training	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808
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	£7,492	£9,466	£11,844	£14,299	£16,435	£19,304	£22,922	£27,317	£32,835
Non-staff	£11,939	£15,084	£18,873	£22,785	£26,190	£30,761	£36,527	£43,530	£52,322
F. Capital overheads	£7,789	£7,789	£7,789	£7,789	£7,789	£7,789	£7,789	£7,789	£7,789
G. 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
H. Total costs per year (including qualifications)	£71,877	£86,173	£103,400	£121,185	£136,665	£157,447	£183,662	£215,500	£255,475
Working time									
Working days per year	203	203	203	203	203	203	203	203	203
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	1,524	1,524	1,524	1,524	1,524	1,524	1,524	1,524	1,524
Working weeks	40.63	40.63	40.63	40.63	40.63	40.63	40.63	40.63	40.63
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 2024/2025									
Cost per working hour	£41	£50	£61	£73	£83	£97	£114	£135	£161
Cost per working hour, including qualifications	£47	£57	£68	£80	£90	£103	£121	£141	£168

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	2024/2025 values	Notes
A. Wages/salary	£33,281 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the April 2024/March 2025 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	£10,746 per year	20.6 per cent of the salary for the employer's contribution to superannuation has been included.
C. Initial qualifications	£9,808 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 pre-registration tuition, infrastructure costs (such as libraries), the costs or benefits of 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 (2025). ⁴
Management and administration	£9,466 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)	£15,084 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 the total salaries of all GP employees.
F. Capital overheads		
Buildings	£7,789 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
G. Travel		No information is available on the average mileage covered per visit. Since 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
Total cost	£86,173 per year	
Work time		
Working days per year	203	
Working hours per week	37.50	
Working hours per year	1,524	
Working weeks	40.63	
H. 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 2024/2025		
£50	per hour	
£57	per hour with qualifications	

¹ NHS England (2024) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (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 (2025) *Public Expenditure: statistical analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

⁵ Building Cost Information Service Construction Data (2025). [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	2024/2025 values	Notes
A. Net remuneration	£122,448 per year	Average income before tax for the GPMS ¹ contract in the UK. ²
B. Practice expenses:		
Direct care staff	£32,710 per year	Each FTE-equivalent practitioner employed 0.63 FTE nurses (including practice nurses, advanced-level nurses, extended-role nurses, and specialist nurses), including salary and on-costs. ³
Administrative and clerical staff	£46,430 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	£14,054 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 the total salaries of all GP employees. Based on information taken from the GP earnings and expenses report. ² Overall, the cost for office and general business is £49,916 (uprated to 2024/2025 using the NHS Cost Inflation Index (Overall) – see Section 12.1). It is assumed that the costs are shared equally between GPs and staff.
Premises	£27,923 per year	Overall, the running cost of the premises is £27,907 (updated to 2024/2025 using the NHS Cost Inflation Index (Overall)—see Section 12.1). ² It is assumed that the premises are shared equally between GPs and staff
Other: includes advertising, promotion, and entertainment	£29,817 per year	It is assumed that the costs are shared equally between GPs and staff.
Car and travel	£1,030 per year	
C. Qualifications	£56,848	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. 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	£22,056 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., 8 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 2024/2025 are given in the table overleaf.		

¹ A combined General Medical Service (GMS) and a Primary Medical Service (PMS) contract.

² NHS England (2024) *GP earnings and expenses 2023/2024* NHS England, Leeds. [GP Earnings and Expenses Estimates, 2024/25 - NHS England Digital](#)

³ NHS England (2025) *General Practice Workforce, 2024*, NHS England, Leeds. [General Practice Workforce, 31 December 2025 - 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 Estimates of expected working life have been calculated using the 2001 census and where possible, the 2017/18 Labour Force Survey.

⁶ Department of Health and Social Care (2022). *Education and training tariff guidance and prices for 2024 to 2025*. [Healthcare education and training tariff: 2024 to 2025 - GOV.UK](#)

⁷ Building Cost Information Service Construction Data (2025) [BCIS | Building Cost Information Service Construction Data](#).

⁸ NHS England (2025) *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 2024/2025	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)	£355,384	£296,536	£320,674	£263,826
Annual (excluding travel)	£354,374	£295,506	£319,644	£262,796
Per hour of GMS activity	£171	£144	£155	£128
Per hour of patient contact	£285	£239	£259	£213
Per minute of patient contact	£4.76	£3.99	£4.32	£3.55
Per surgery consultation lasting 10 minutes ¹	£48	£40	£43	£36
Prescription costs per consultation	£38			
Prescription costs per consultation (actual cost)	£36			

¹ Previous manuals used 9.22 minutes per consultation time.

9.5 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 38,200 FTE in 2024/2025.¹ FTE practice staff included 16,742 practice nurses (specialist nurses, advanced level nurses, extended role, and specialist nurses), 17,772 direct patient care staff, and 76,717 administrative and clerical staff.

Direct care staff. In 2024/2025, each FTE equivalent practitioner employed 0.59 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 12.4.2. 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.³ 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.⁴

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 (2025) *General Practice Workforce, 2024*, 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 Estimates of expected working life have been calculated using the 2001 census and where possible, the 2017/18 Labour Force Survey.

⁴ 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](#)

9.6 Online consultation costs

Information for this schema was taken from a one-month observational study in South-West England by Edwards and colleagues¹ 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 estimated the average cost of all initial primary care actions in response to an e-consultation at £37.70. The cost was driven mainly by the time required for a GP to triage e-consultations (5 minutes, based on interviews with practice staff) and the relatively high proportion of e-consultations that led to a face-to-face or telephone consultation with a GP. When considering follow-up actions taken in the subsequent 30 days, the average cost of 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 2024/2025 values using the NHS Cost Inflation Index (Overall) (see Section 12.1).

Table 9.6.1: 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 (2024/2025)
GP face-to-face appointments	186	39	£15.73
GP telephone calls	187	39	£9.59
Nurse face-to-face contacts	70	15	£2.17
Nurse telephone appointments	0	0	£0.00
Prescriptions	151	31	£1.54
Fit notes	31	6	£0.46
Routine referral letters	56	12	£0.83
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			£14.33
Average cost of e-consultation			£44.83

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:e016901.

9.7 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 colleagues¹ 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 the mean clinician contact time for interventions was 4 minutes (SD 2.83) for GP-led triage and 6.56 minutes (SD 3.83) for nurse-led triage. Using national cost estimates, a detailed breakdown is provided below. Mean costs per intervention, including training, were £20 for GP-led triage and £9 for nurse-led triage (including computer decision-support software). The costs have been uprated to 2024/2025 using the NHS Cost Inflation Index (Overall) (see Section 12.1).

Table 9.7.1: Costs and unit estimations for a telephone triage

Costs and unit estimation	Nurse-led triage	GP-led triage
	2024/2025 values	2024/2025 values
A. Wages/salary and on-costs	£44,027 ² per year	£122,448 ³ per year
B. Overheads		
Staff overheads	£9,466 per year	£46,430 per year
Non-staff	£15,084 per year	£137,787 per year
C. Initial qualifications	£9,808	£56,848
D. Capital ⁴	£7,789 per year	£22,056 per year
E. Other costs		
Staff training	£6,689	£3,727
Computer decision support software	£9,266	
Working time ⁵		
Weeks per year	40.63	43.00
Hours per week	37.5	48
Hours per year	1,524	2,064
Average time per intervention (minutes) ⁶	6.56	4.00
Standard deviation	3.83	2.83
Unit costs 2024/2025		
Total annual costs (including set-up costs)	£102,128	£389,295
Cost per hour of face-to-face contact (including set-up costs)	£87	£302
Cost per intervention	£9.53	£20.12

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 (2025) *Public Expenditure: statistical analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

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

⁶ See Table 23 in Campbell et al²

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). Costs have been updated to 2024/2025 using the NHS Cost Inflation Index (Overall) (see Section 12.1).

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

Costs and unit estimation	2024/2025 values	Notes
A. Net remuneration	£68,061 per year	This is the average taxable income (average gross earnings less average total expenses) for self-employed primary care Performer-Only dentists in 2023/2024. ²
B. Practice expenses: Direct care staff	£64,911 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	£3,980 per year	All practice expenditures - office and general business, premises, and other expenses, including advertising, promotion, and entertainment. ²
Premises	£2,347 per year	This includes insurance, repairs, maintenance, rent, and utilities.
Car and travel	£1,122 per year	
Other	£17,653 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). 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	£6,492 per year	Total equipment costs (e.g., dental chairs, cabinetry, and all dental technology) per practice with any 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)	£164,565 per year	
Working time ⁴		
Hours per week	33.7 hours	
Hours per year	1,580 hours	
Weeks per year	42.14 weeks	
Ratio of direct to indirect time:		
Clinical time	1:0:15	Dentists spent 87 per cent of their working time on clinical activities.
Unit costs 2024/2025		
Per hour	£104	
Per hour of patient contact time	£120	

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 (2025) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS England Leeds. [Dental Earnings and Expenses, 2023/24 - NHS England Digital](#)

³ Building Cost Information Service Construction Data (2025) [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 updated to 2024/2025 costs using the NHS Cost Inflation Index (Overall) (see Section 12.1).

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

Costs and unit estimation	2024/2025 values	Notes
A. Net remuneration	£151,529 per year	This is the average taxable income of self-employed primary care Providing-Performer dentists in 2023/2024. ²
B. Practice expenses:		
Employee expenses	£95,816 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	£21,020 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	£26,530 per year	This includes insurance, repairs, maintenance, rent, and utilities.
Car and travel	£2,347 per year	
Other	£15,815 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	£6,492	Total equipment costs (e.g., dental chairs, cabinetry, and all dental technology) per practice with any NHS activity were 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	£459,549 per year	
Working time ³		
Hours per week	41.1 hours	
Hours per year	2,143 hours	
Weeks per year	42.4 weeks	
Ratio of direct to indirect time:	1:0:34	Based on information from the Dental Working Hours Survey, Providing-Performer dentists spent 75% of their working time on clinical activities.
Unit costs 2024/2025		
Per hour	£214	
Per hour of patient contact	£285	

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 (2025) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS England, Leeds. [Dental Earnings and Expenses, 2023/24 - 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 2025 by treatment band.

Table 9.10.1: NHS dental charges

Treatment Band	Charges from 1 April 2025 ¹	
Emergency dental treatment	£27.90	This covers emergency care in a primary care NHS dental practice, such as pain relief or a temporary filling.
Band 1	£27.90	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	£76.60	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work, or tooth removal.
Band 3	£332.10	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges, and other laboratory work.

¹ [How much NHS dental treatment costs - NHS](#)

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** Homecare worker
- 10.5** Homecare 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	2024/2025 values	Notes
A. Salary	£40,925 per year	The information from the Adult Social Care Workforce Data (Skills for Care, 2024/2025) ¹ showed that the mean basic salary was the weighted mean annual salary for local authority and independent sector social workers working in adult services.
B. Salary on-costs	£13,612 per year	The employer's national insurance contribution is included, plus 19.8 per cent of salary for the employer's superannuation contribution. ²
C. Initial qualifications	£10,380 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. 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	£15,816 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	£8,726 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£5,952 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	£95,411 per year	
Working time		
Working days per year	213	Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., 8 statutory days, 29 annual leave days, and 10.5 sick days). ⁵
Working hours per week	37	
Working hours per year	1,573	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	42.5	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 2024/2025		
Per hour with qualifications	£61	
Per hour without qualifications	£54	

¹ Skills for Care (2025) *Adult social care workforce estimates*, [Workforce estimates \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/Workforce-estimates)

² Local Government Pension Scheme Advisory Board (2024) *Fund Valuations 2023*, LGPS Advisory Board, London. [LGPS Scheme Advisory Board - Fund Annual Reports 2023](https://www.lgps.gov.uk/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](https://www.pssru.ac.uk/publications/pssru-discussion-paper-1412-2); [PSSRU Discussion Paper 1476/2](https://www.pssru.ac.uk/publications/pssru-discussion-paper-1476-2).

⁴ Building Cost Information Service Construction Data (2025). [BCIS | Building Cost Information Service Construction Data](https://www.bcis.co.uk/).

⁵ Skills for Care (2025). The workforce employed by adult social services departments, [The workforce employed by adult social services departments - 2025](https://www.skillsforcare.org.uk/Workforce-estimates)

10.2 Social work assistant

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

Costs and unit estimation	2024/2025 values	Notes
A. Salary	£28,500 per year	The mean basic salary of a social work assistant in 2025. ¹
B. Salary on-costs	£8,953 per year	The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's superannuation contribution. ²
C. Initial qualifications		No information is available.
D. Ongoing training		No information is available.
E. Overheads		
Direct overheads	£10,861 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	£5,992 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£5,952 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	£60,259 per year	
Working time		
Working days per year	213	Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., 8 statutory days, 29 annual leave days, and 10.5 sick days). ⁴
Working hours per week	37	
Working hours per year	1,573	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	42.5	Working weeks are calculated by dividing the number of working hours per annum by the weekly working hours (37 hours).
Ratios of direct to indirect time		
Client-related work		No current information is available
Unit costs 2024/2025		
Per hour without qualifications	£38	

¹ Social work assistant salary 2025. [Social Worker Assistant Salary \(UK 2026\) | Jobted 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 (2025) [BCIS | Building Cost Information Service Construction Data](#).

⁴ Skills for Care (2025). The workforce employed by adult social services departments, England 2024 [The workforce employed by adult social services departments - 2025](#)

10.3 Community occupational therapist (local authority)

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

Costs and unit estimation	2024/2025 values	Notes
A. Wages/salary	£42,164 per year	The information from the Adult Social Care Workforce Data (Skills for Care, 2024/2025) 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	£14,077 per year	Employer's national insurance contribution is included, plus 19.8 per cent of salary for the employer's contribution to superannuation. ¹
C. Initial qualifications	£6,118 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. The cost of training for community occupational therapists includes pre-registration tuition, infrastructure costs (such as libraries), costs or benefits of 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 postgraduate training is known only for doctors.
F. Overheads		
Direct overheads	£16,310 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	£8,998 per year	Indirect overheads include general management and support services such as finance and human resource departments.
G. Capital overheads	£5,952 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	£93,619 per year	With qualifications
Working time		
Working days per year	213	Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., 8 statutory days, 25 annual leave days, and 10.5 sick days). ⁴
Working hours per week	37	
Working hours per year	1,573	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	42.5	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 2024/2025		
Per hour with qualifications	£60	
Per hour without qualifications	£56	

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 (2025). [BCIS | Building Cost Information Service Construction Data](#).

⁴ Skills for Care (2025). The workforce employed by adult social services departments, England 2024 [The workforce employed by adult social services departments - 2025](#)

10.4 Homecare worker

Table 10.4.1 provides information on the costs of a homecare worker. Salary information is taken from the Adult Social Care Workforce Data (Skills for Care, 2024/2025).¹

Table 10.4.1: Costs and unit estimations for a homecare worker

Costs and unit estimation	2024/2025 values	Notes
A. Wages/salary	£24,883 per year	Based on the weighted mean annual salary for a local authority and independent sector homecare worker for 2024/2025. ¹
B. Salary on-costs	£7,596 per year	The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's superannuation contribution. ²
C. Initial qualifications		No information is available.
D. Ongoing training		No information is available.
E. Overheads		
Direct overheads	£9,419 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	£5,197 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	£47,095 per year	
Working time		
Working days per year	213	Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., 8 statutory days, 29 annual leave days, and 6 sick days). ³
Working hours per week	37	
Working hours per year	1,573	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	42.5	Working weeks are calculated by dividing the number of working hours per annum by the weekly working hours (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 2024/2025		
Per weekday hour	£30	

¹ Skills for Care (2025). *Adult social care workforce estimates*, [Workforce estimates \(skillsforcare.org.uk\)](https://www.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](https://www.lgps.gov.uk/publications/fund-valuation-reports)

³ Skills for Care (2025). *The workforce employed by adult social services departments*, England 2024 [The workforce employed by adult social services departments - 2025](https://www.skillsforcare.org.uk/publications/workforce-reports)

10.5 Homecare manager

The salary information in this table is taken from the Adult Social Care Workforce Data (Skills for Care, 2024/2025)¹ and is based on the salary of a registered manager.

Table 10.5.1: Costs and unit estimations for a homecare manager

Costs and unit estimation	2024/2025 values	Notes
A. Wages/salary	£39,328 per year	Based on the weighted mean annual salary for a local authority and independent sector registered homecare manager for 2024/2025. ¹
B. Salary on-costs	£13,013 per year	The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's superannuation contribution. ²
C. Initial qualifications		No information is available.
D. Ongoing training		No information is available.
E: Overheads: Direct	£15,179 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	£8,375 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£5,952 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	£81,847 per year	
Working time		
Working days per year	213	Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., 8 statutory days, 29 annual leave days, and 6 sick days). ⁴
Working hours per week	37	
Working hours per year	1,573	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	42.5	Working weeks are calculated by dividing the number of working hours per annum by the weekly working hours (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 2024/2025		
Per weekday hour	£52	

¹ Skills for Care (2025) *Adult social care workforce estimates*, [Workforce estimates \(skillsforcare.org.uk\)](https://www.skillsforcare.org.uk/Workforce-estimates)

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 (2025). [BCIS | Building Cost Information Service Construction Data](#).

⁴ Skills for Care (2025). *The workforce employed by adult social services departments*, England 2024 [The workforce employed by adult social services departments - 2025](#)

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	2024/2025	Notes
A. Wages/salary	£24,910 per year	The information from the Adult Social Care Workforce Data (Skills for Care, 2024/2025) ² showed that the mean basic salary for a support and outreach worker was based on the weighted mean annual salary for a local authority and independent sector outreach worker.
B. Salary on-costs	£7,607 per year	The employer's national insurance contribution is included, plus 19.8 per cent of the salary for the employer's superannuation contribution. ³
C. Initial qualifications		No information is available.
D. Overheads: Direct overheads	£9,430 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	£5,203 per year	Indirect overheads include general management and support services such as finance and human resource departments.
E. Capital overheads	£5,952 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	£53,102 per year	
F. Working time		
Working days per year	213	Working days are calculated by deducting leave days from 260 weekdays per annum (e.g., 8 statutory days, 29 annual leave days, and 6 sick days). ⁵
Working hours per week	37	
Working hours per year	1,573	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	Working weeks are calculated by dividing the number of working hours per annum by the weekly working hours (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 2024/2025		
Per hour.	£34	

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 (2025) *Adult social care workforce estimates*, [Workforce estimates \(skillsforcare.org.uk\)](https://workforceestimates.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 (2025). [BCIS | Building Cost Information Service Construction Data.](#)

⁵ Skills for Care (2025). The workforce employed by adult social services departments, England 2024 [The workforce employed by adult social services departments - 2025](#)

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 of 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 NHS and the Personal Social Services' perspectives when estimating costs. Therefore, the relevant costs fell on the budgets of the Clinical Commissioning Groups (CCGs) (representing the NHS) and/or local authorities (representing the Personal Social Services). Although the authors recognised that overheads should be included, they were unsure whether they had been provided. 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, 6 weeks, with 1 or 2 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 study² 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 2024/2025 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)	£2,080	£729	£2,947
Total expenditure for comprehensive services (n=24)	£1,994	£26	£4,395
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. & Aspinall, 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://britishgeriatricsociety.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 2024/April 2025 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 postgraduate training is known only 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 (2025).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 shared 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. 8 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 conducted in 2014/2015 that provided estimates of time use among hospital-based staff.

¹ NHS England (2025) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (not publicly available), NHS England, Leeds.

² NHS Employers (2026) *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 (2025) *Public Expenditure: statistical analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

⁵ Building Cost Information Service Construction Data (2025). [BCIS | Building Cost Information Service Construction Data](#).

⁶ NHS England (2025) *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 Employers¹ and NHS Improvement² 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 Improvement (2013) Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme
[NHS England » Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme](#)

² NHS Employers (2025) *NHS Terms and Conditions of Service Handbook*, Annex 9: High cost area supplements. [NHS Terms and Conditions of Service Handbook | NHS Employers](#)

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	£27,808	£31,565	£41,162	£49,893	£57,320	£67,443	£80,185	£95,411	£113,159
B. Salary on-costs	£8,693	£10,102	£13,701	£16,975	£19,760	£23,556	£28,335	£34,045	£40,700
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	£8,140	£9,292	£12,235	£14,912	£17,189	£20,293	£24,200	£28,869	£34,311
Non-staff	£12,520	£14,292	£18,818	£22,936	£26,439	£31,213	£37,222	£44,403	£52,774
F. Capital overheads	£7,458	£7,458	£7,458	£7,458	£7,458	£7,458	£7,458	£7,458	£7,458
G. Travel									
Total cost (without a qualification cost)	£64,619	£72,709	£93,374	£112,173	£128,166	£149,962	£177,400	£210,186	£248,401
H. Working time									
Working days per year	212	212	212	212	212	212	212	212	212
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	1,590	1,590	1,590	1,590	1,590	1,590	1,590	1,590	1,590
Working weeks	42.4	42.4	42.4	42.4	42.4	42.4	42.4	42.4	42.4
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 2024/2025									
Cost per working hour	£41	£46	£59	£71	£81	£94	£112	£132	£156

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 2024/April 2025 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 postgraduate training is known only for doctors.

D. Overheads

The overheads have been taken from the HM Treasury Public Expenditure Statistics Analysis (2025).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 shared 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., 8 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 previous editions for time spent on patient-related activities. See Table 12.5.1 for information on a PSSRU survey conducted in 2014/2015 that provided estimates of time use among hospital-based staff.

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¹ NHS England (2025) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (not publicly available), NHS England, Leeds.

² NHS Employers (2026) *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 (2025) *Public Expenditure: Statistical Analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

⁵ Building Cost Information Service Construction Data (2025). [BCIS | Building Cost Information Service Construction Data](#).

⁶ NHS England (2025) *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 in 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	£26,606	£33,281	£41,325	£49,629	£56,857	£66,560	£78,801	£93,666	£112,331
B Salary on-costs	£8,243	£10,746	£13,762	£16,876	£19,587	£23,225	£27,816	£33,390	£40,390
C Initial qualifications	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808	£9,808
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	£7,771	£9,818	£12,284	£14,831	£17,047	£20,022	£23,775	£28,334	£34,057
Non-staff	£11,953	£15,101	£18,895	£22,811	£26,220	£30,796	£36,569	£43,580	£52,383
F Capital overheads	£6,116	£6,116	£6,116	£6,116	£6,116	£6,116	£6,116	£6,116	£6,116
Total cost (with qualification cost)	£70,496	£84,869	£102,189	£120,070	£135,634	£156,528	£182,884	£214,894	£255,084
G Working time									
Working days per year	206	206	206	206	206	206	206	206	206
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	1,590	1,590	1,590	1,590	1,590	1,590	1,590	1,590	1,590
Working weeks	42.4	42.4	42.4	42.4	42.4	42.4	42.4	42.4	42.4
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 2024/2025									
Cost per working hour	£38	£47	£58	£69	£79	£92	£109	£129	£154
Cost per hour (including qualifications)	£44	£53	£64	£76	£85	£98	£115	£135	£160

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 Foundation doctor FY2	Foundation doctors are a category of medical practitioners who undertake 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 the associate specialist grade after becoming a staff grade, following foundation doctor training. 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 2024/April 2025 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 pre-registration tuition, infrastructure costs (such as libraries), costs or benefits of 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 investment costs in training for subsequent stages of the doctor's career. These costs, along with additional expenditures for infrastructure supporting 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 (2025).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 (2025) *NHS staff earnings estimates, 12-month period from May 2024 – April 2025* (not publicly available), NHS England, Leeds.

² NHS Employers (2026) *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 (2025) *Public Expenditure: Statistical Analysis 2025*. HM Treasury, London, [CP 1363 – Public Expenditure Statistical Analyses 2025](#)

⁵ Building Cost Information Service Construction Data (2025). [BCIS | Building Cost Information Service Construction Data](#).

⁶ NHS England (2025) *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 Employers¹ and NHS Improvement² 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 Improvement (2023) Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme
[NHS England » Consultation: Proposed amendments to the 2023/25 NHS Payment Scheme](#)

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](#)

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	£34,059	£39,063	£58,226	£107,402	£125,412	£127,395	£126,562
B Salary on-costs	£11,037	£12,914	£20,100	£38,541	£45,295	£46,038	£45,726
C Qualifications	£32,987	£35,809	£49,800	£57,818	£74,909	£74,909	£74,909
E Overheads							
Management, admin, and estates staff	£10,056	£11,591	£17,467	£32,545	£38,068	£38,676	£38,420
Non-staff	£15,468	£17,828	£26,866	£50,058	£58,552	£59,488	£59,095
F Capital overheads	£8,151	£8,151	£8,151	£4,038	£10,535	£10,535	£10,535
Total costs	£111,758	£125,355	£180,611	£290,402	£352,771	£357,041	£355,248
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	1,985	1,985	1,985	1,985	1,985	1,985	1,985
Working weeks	41.4	41.4	41.4	41.4	41.4	41.4	41.4
London/non-London multiplier	See note	See note	See note	See note	See note	See note	See note
Unit costs 2024/2025							
Cost per working hour	£40	£45	£66	£117	£140	£142	£141
Cost per working hour (including qualifications)	£56	£63	£91	£146	£178	£180	£179

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 worked with the ONS, NHS England, and the University of York to provide the following estimates of inflation specific to NHS providers, i.e., all NHS trusts and NHS foundation trusts.

Non-pay inflation estimates are based on ONS indicators of inflation experienced by the wider economy, but are weighted by the amount the NHS spends on the item. This limits the applicability of the non-pay inflation measure. Pay inflation is based on NHS ESR data, which is derived directly from NHS pay data.

Table 12.1.1: The NHS Cost Inflation Index

	Annual % increases on the previous year		
	(NHS Providers)		
	NHSCII non-pay	NHSCII pay	NHSCII overall
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	2.98%	2.18%	2.47%
2024/2025*	2.04%	5.11%	4.02%

*2024/2025 figures are provisional; next year's publication will use additional data that becomes available.
Information provided by the Department of Health and Social Care, 2025.

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 drawn from the Adult Social Care Workforce Data Set (ASC-WDS), comprising 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 weights 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)

	PSS all sectors, adults only ¹		
	Annual % increases		
	Pay & Prices (excluding capital)	Pay	Pay data sources
2008/2009	3.2	3.0	ASHE
2009/2010	2.3	2.4	ASHE
2010/2011	2.4	2.2	ASHE
2011/2012	0.7	-0.4	ASHE
2012/2013	0.8	0.2	ASHE
2013/2014	1.0	0.7	ASHE
2014/2015	1.0	0.9	ASHE
2015/2016	1.8	2.4	ASHE
2016/2017	3.1	3.8	ASHE
2017/2018	2.7	2.7	ASHE
2018/2019	3.0	3.4	ASHE
2019/2020	3.2	3.7	SfE
2020/2021	3.8	4.9	SfE
2021/2022	3.9	3.9	SfE
2022/2023	6.9	6.2	SfE
2023/2024	7.4	8.0	SfE
2024/2025	6.5	7.7	SfE

¹ Information provided by the Department of Health and Social Care, 2025.

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

	PSS local authority, adults only ¹		
	Annual % increases		
	Pay & Prices (excluding capital)	Pay	Pay data sources
2008/2009	3.3	3.2	ASHE
2009/2010	2.2	2.3	ASHE
2010/2011	2.1	1.9	ASHE
2011/2012	1.1	0.2	ASHE
2012/2013	0.5	-0.1	ASHE
2013/2014	1.6	1.4	ASHE
2014/2015	1.0	0.9	ASHE
2015/2016	3.1	4.1	ASHE
2016/2017	1.0	0.9	ASHE
2017/2018	2.9	2.9	ASHE
2018/2019	2.6	2.8	ASHE
2019/2020	3.2	3.8	SfE
2020/2021	1.1	1.3	SfE
2021/2022	3.0	2.8	SfE
2022/2023	4.6	3.0	SfE
2023/2024	6.9	7.5	SfE
2024/2025	5.7	6.6	SfE

¹ Information provided by the Department of Health and Social Care, 2025.

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

	PSS independent care, adults only ¹		
	Annual % increases		
	Pay & Prices (excluding capital)	Pay	Pay data sources
2010/2011	2.4	2.2	ASHE
2011/2012	0.7	-0.4	ASHE
2012/2013	0.8	0.2	ASHE
2013/2014	1.0	0.6	ASHE
2014/2015	1.0	0.9	ASHE
2015/2016	1.7	2.1	ASHE
2016/2017	3.4	4.1	ASHE
2017/2018	2.7	2.7	ASHE
2018/2019	3.1	3.4	ASHE
2019/2020	3.2	3.7	SfE
2020/2021	4.2	5.4	SfE
2021/2022	4.0	4.1	SfE
2022/2023	7.3	6.7	SfE
2023/2024	7.5	8.2	SfE
2024/2025	6.5	7.7	SfE

¹ Information provided by the Department of Health and Social Care, 2025.

12.2 NHS staff earnings estimates¹

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	£33,991
Administration and estates staff	£37,702
Healthcare assistants and other support staff	£24,340
Nursing, midwifery and health visiting staff	£38,680
Nursing, midwifery and health visiting learners	£28,930
Scientific, therapeutic and technical staff	£41,249
Healthcare scientists	£38,000

Source of table: NHS England (2025) *NHS staff earnings estimates, 12-month period from April 2024– March 2025* (not publicly available), NHS England, Leeds.

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	£26,606
Band 5	£33,281
Band 6	£41,325
Band 7	£49,629
Band 8a	£56,857
Band 8b	£66,560
Band 8c	£78,801
Band 8d	£93,666
Band 9	£112,331

Source of table: NHS England (2025) *NHS staff earnings estimates, 12-month period from April 2024– March 2025* (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 12.2.3: 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	£27,808
Band 5	£31,565
Band 6	£41,162
Band 7	£49,893
Band 8a	£57,320
Band 8b	£67,443
Band 8c	£80,185
Band 8d	£95,411
Band 9	£113,159

Source of table: NHS England (2025) *NHS staff earnings estimates, 12-month period from April 2024– March 2025* (not publicly available), NHS England, Leeds.

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	£23,554
Band 2	£23,541
Band 3	£25,017
Band 4	£27,888
Band 5	£33,275
Band 6	£40,773
Band 7	£49,390
Band 8a	£57,060
Band 8b	£67,385
Band 8c	£80,173
Band 8d	£95,542
Band 9	£114,588

Source of table: NHS England (2025) *NHS staff earnings estimates, 12-month period from April 2024– March 2025* (not publicly available), NHS England, Leeds.

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	£41,013
Support to nurses, health visitors and midwives	£25,316
ST&T staff - Allied Health Professions	
Allied Health Professions	£44,053
Support to Allied Health Professions	£26,140
ST&T staff	
ST&T staff	£45,986
Support to ST&T staff	£26,435
Ambulance staff ¹	
Registered Ambulance Staff	£40,765
Support to Registered Ambulance Staff	£27,706
Former Pay Negotiating Council Groups	
Senior managers	£97,277
Managers	£65,591
Admin & Clerical	£31,943
Maintenance & works	£28,489

Source of table: NHS England (2025) *NHS staff earnings estimates, 12-month period from April 2024– March 2025* (not publicly available), NHS England, Leeds.

General notes for NHS earnings estimates

Data inspection suggests that discretionary point payments are sometimes included in consultants' basic pay.

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

Figures are based on data from all NHS organisations that use ESR (two Foundation Trusts have not adopted 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 of 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 by individuals undertaking the training, rather than by NHS Trusts. The tables show details of the total investment incurred during the professional's working life, after accounting for the distribution of costs over time. Based on previous research conducted at PSSRU, the expected working life of each professional is noted in brackets after the professional group title in Table 12.4.1.²

The cost of training for health service professionals includes pre-registration tuition, infrastructure costs (such as libraries), costs or benefits of 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 postgraduate training is known only 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 allocated to training costs for subsequent stages of the doctor's career. The 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)	£27,649	£39,737	£7,500	£74,635	£6,108
Occupational therapist (23.5)	£27,649	£39,737	£7,500	£74,635	£6,118
Speech and language therapist (24.7)	£27,649	£39,737	£7,500	£74,635	£6,272
Dietitian (23.3)	£27,649	£39,737	£7,500	£74,635	£6,347
Radiographer (24.3)	£27,649	£39,737	£7,500	£74,635	£6,083
Hospital pharmacist (27.6)	£36,249	£52,098	£27,746	£112,525	£8,867
Nurse (24)	£27,649	£39,737	£7,500	£74,635	£9,808
Social worker (19) (degree)	£27,649	£39,737	£7,500	£74,635	£10,380

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	£52,586	£75,578	£193,203	NA	NA	£321,367	£26,385
Foundation Officer 1 (included in pre-reg training)	£52,586	£75,578	£193,203	£11,720	£59,460	£392,547	£32,987
Foundation officer 2	£52,586	£75,578	£193,203	£23,054	£67,380	£411,801	£35,809
Registrar group	£52,586	£75,578	£193,203	£45,294	£126,961	£493,622	£49,800
Associate specialist	£52,586	£75,578	£193,203	£54,703	£165,109	£541,179	£57,818
GP	£52,586	£75,578	£193,203	NA	£174,349	£495,716	£56,848
Consultant	£52,586	£75,578	£193,203	£73,647	£258,194	£653,208	£74,909

12.5 Time use of community care professionals

The table provides information from an online survey conducted by PSSRU in 2014/2015 (see the 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 size from which the ratios of direct to indirect time have been calculated, the ratios have not been used in the unit cost calculations but are tabulated here for readers to use 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

Annuity: 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 a patient receives.

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 the overall time spent on non-clinical activities to be allocated to the total time spent with clients across settings.

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 activities attributable to visiting patients in their own homes, and the time spent 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 the time a hospital doctor spends on duty. This includes time spent on call when not working.

Per hour worked: The hourly cost of the 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 the 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 records of admitted patients 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 provides details on how and for what the 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.