

Unit Costs of Health and Social Care 2022

Manual

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Introduction

Knowing the cost of specific health and social care services is crucial information for making decisions about what support is provided to those who need help, assisting service providers to plan for the future of their services, and more generally for allocating scarce resources and budgets. To support resourcing decisions, the Unit Cost Programme has been carried out by the Personal Social Services Research Unit (PSSRU) at the University of Kent has produced the annual cost estimates for the delivery of health and social care services for 29 years. Lesley Curtis, a Senior Research Fellow at PSSRU led the Unit Costs of Health and Social Care programme, alongside Jennifer Beecham, Ann Netten and Amanda Burns. In 2020, Karen Jones, Co-Director of PSSRU, led the programme for two years.

The annual publication is freely available [online](#). The work is underpinned by three key principles:

1. The provision of *robust, consistent* estimates of costs based on economic theory and reflecting the long-run marginal opportunity cost.
2. *Comprehensive coverage* of available health and social care services, reflective of new service developments.
3. *Clarity and accessibility* in the presentation of cost estimates.

The annual volume included nationally-applicable costs for around 80 health and adult social care services (NHS, local authority, private and voluntary) as well as at least three articles by academics and practitioners each year. Unit costs represents the total expenditure incurred to produce one unit of output in health and social care. For example, the cost of one hour of a nurse or GP's time, or a face-to-face appointment with a social worker or perhaps a speech therapist. It could also be a week in a residential care or nursing home or the cost of a day care attendance.

The consistency, comprehensiveness and robustness of what was produced over time has seen the volumes become a cornerstone of economic evaluations and a resource to inform deliberations among decision-makers.

Acknowledgements

The Unit Cost of Health and Social Care contract was completed in 2022. We would like to thank our previous Advisory Group (Ross Campbell, Adriana Castelli, Ciara Donnelly, Sebastian Hinde, Tracey Sach, James Shearer, Adam Storrow and Jonathan White) for their input at our meetings. We would also like to thank colleagues from the Department of Health and Social Care, NHS Digital and the Department of Education who shared the relevant datasets so we can estimate the unit costs. In addition, we received invaluable assistance from Anna Peckham, Sarah Godfrey, Alan Dargan and Ed Ludlow from the University of Kent. Thank you to you all.

The Unit Costs of Health and Social Care Programme (2022-2027)

In 2022, PSSRU and the Centre for Health Economics (CHE) at the University of York began a new five-year collaboration to continue to estimate unit costs for health and social care and to deliver an annual volume.

Updating the Annual Unit Costs of Health and Social Care Manual

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New developments in the Unit Cost of Health and Social Care Programme

In 2022, PSSRU started a five-year partnership with the Centre for Health Economics (CHE) at the University of York, a globally recognised centre for health economics research, to collaborate on the Unit Cost Manual. Funded by the National Institute of Health and Care Research (NIHR) Policy Research Programme (PRP), PSSRU and CHE will update the Unit Cost Manual to support its aim of providing robust and consistent estimates of annually updated unit costs of health and social care services. A scoping review will be undertaken annually to ensure cost estimations are up to date and relevant, as well as identifying potential new datasets for the cost estimations.

Typically, the Manual will be published in December each year. We will work with people who use cost information to explore how best to produce and report on this information in a useful form. We will apply innovative cost estimation principles, methods and approaches to further enhance the quality, breadth and accessibility of available unit costs and related information, as covered below. This partnership will enable the Unit Cost Manual to continue to be responsive to the needs of researchers and decision-makers in health and social care.

Over the course of the first phase of our collaboration, we will address several objectives to inform the broader five-year programme of research:

1. To understand how the Unit Cost Manual has been used by stakeholders in the UK and globally.
2. To identify key new services to add to the Unit Cost Manual.
3. To explore existing sources of data that may be used to calculate unit costs.
4. To identify existing resource use and costing toolkits that may be used to inform future Unit Cost Manuals.

Throughout the five-year programme, public and patient engagement research advisors will be involved, providing their input from start to finish, or from conceptualising ideas through to implementing them, in order to ensure all outputs from the programme are accessible and available to everyone.

Supporting methods

Four key activities will underpin our efforts to support each objective, comprising citation searches, website analytics, a stakeholder survey, and a scoping review, as presented in Figure 1.

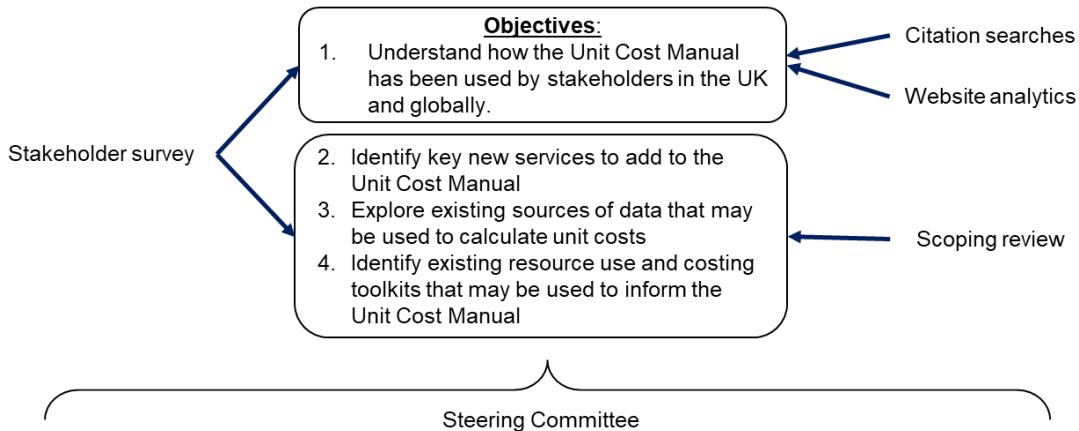


Figure 1: Objectives and supporting activities

Forward citation searching. To support our understanding of how the Unit Cost Manual is being used by stakeholders in the UK and globally, we will complete a search of forward citations using widely recognised online literature search facilities. These searches will enable us to understand the number of citations of the Unit Cost Manual by year, a list of primary authors who commonly cite the Unit Cost Manual, types of studies using the Manual, and the most active countries and regions utilising the Manual. A preliminary search of forward citations suggests the Unit Cost Manual was cited at least 6,450 times since its inception 30 years ago. The data was accessed from the websites [The Lens](#) and [Google Scholar](#) on 22.8.22 using the term Unit Costs of Health and Social Care (no citation information was available for years prior to 1996) with some editions of the Manual cited more frequently than others (Figure 2).

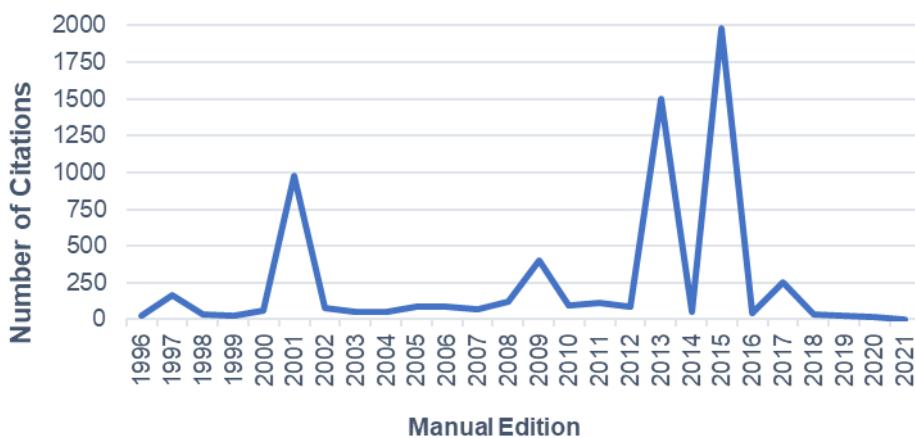


Figure 2: Forward citations, Unit Cost of Health and Social Care

Website analytics. The [PSSRU Unit Cost webpage](#) contains the Unit Cost Manuals from 2003 to present, as well as a database of guest editorials and articles included in the Unit Cost Manual since 1992. We will use website analytics to better understand the number of total first-time users as well as returning users to the Unit Cost webpage to date. We will also record the number of total downloads of the Unit Cost Manual across different years.

Scoping review. With the support of Information Scientists at the University of York and the University of Kent, we will develop a search strategy to conduct a scoping review of published and grey literature. This scoping review will identify new developments in the health and social care sectors, providing information on key new services, sources of data, and resource use and costing toolkits that may be incorporated into future editions of the Unit Cost Manual. A preliminary search strategy is provided in Figure 3, below.

- **Population:** Patients, Residents, Nurses, Health Care Professionals, Carers, Service Users
- **Intervention:** Health or social care intervention
- **Comparison:** An alternative health or social care intervention
- **Outcomes:** Cost, Resource use
- **Study design:** Cost-effectiveness analysis, cost-benefit analysis, cost analysis, cost utility analysis, randomised controlled trial, resource utilisation, toolkits

Other search parameters:

- England or UK Setting; English language; 2015 to present

Databases: Medline, Social Policy & Practice, Health Management Information Consortium (HMIC), Google Scholar

Figure 3: Preliminary search strategy, scoping review

The title and abstract review will centre on identifying studies that meet the outcomes, study design, and country setting criteria, as described in Figure 3.

Stakeholder engagement. We will consider stakeholder engagement in two ways. Firstly, we will develop a **steering committee** to oversee the five-year collaborative research programme between PSSRU and CHE. This committee will consist of key advisors in health and social care policy and practice in England, as well as public and patient engagement research advisors. The steering committee will review and provide input into the supporting methods for these objectives and will be provided with a summary of key findings as they become available. This input will be used to improve methods, contextualise key findings, identify next steps for the research programme, and support the enhancement of the Unit Cost Manual into the future.

Secondly, we will develop a **stakeholder survey** and pilot it with health and social care economists at PSSRU and CHE, alongside our research advisors. This survey will be provided to both users and non-users of the Unit Cost Manual. For users of the Manual, questions will focus on how the Unit Cost Manual has been used, satisfaction with the content, layout, organisation, and accessibility features, and whether participants have suggestions for additional costs, services, and resource use toolkits that may be added to future editions. For non-users, we will ask participants to describe their awareness of the Manual, why they do not presently use the Manual, their ideas on how we might identify and signpost the Manual to potential users who are not aware of it or who have not used it before, and whether they have suggestions for additional costs, services, or resource toolkits that may be added to future editions of the Manual.

Once the stakeholder survey has been piloted, we will expand the survey to gather input from health and social care researchers and decision-makers across the UK. A preliminary list of participants will be developed based on information found in the citation searches, where we will be able to identify the most active citers of the Unit Cost Manual. Using snowballing techniques, we will encourage invited individuals to share the stakeholder survey with other researchers and decision-makers in health and social care.

Summary

The purpose of the research collaboration between PSSRU and CHE is to further enhance the quality and breadth of available unit costs in future editions of the Unit Cost of Health and Social Care Manual. The objectives identified above will provide a first step to understanding how the Manual has been used in the past, in what ways and by whom, stakeholder satisfaction with the content, layout, and functionality, and areas where unit costs can be improved, updated and where its accessibility and availability can be enhanced.

This research, guided by a steering committee of policymakers, experts in the field, and research advisors and academics, will allow us to explore the available opportunities to inform and update existing cost estimates produced in the Manual. This research will also allow us to respond to stakeholder comments and concerns by identifying areas of improvement to the content, layout, functionality, and accessibility of future editions.

The objective of the enhancements proposed to the Unit Cost of Health and Social Care Manual is to best meet user needs, be they members of the public, researchers or decision makers, in drawing on the Unit Cost Manual as a core resource for public sector decision-making and resource allocation.

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 fees in the table below reflect fees charged to self-funders, albeit in homes with a mix of local authority, NHS and self-funded clients. The Competition & Markets Authority (CMA) (2017) found that local authority fees were on average 41% below those paid by self-funders in the same care home.¹ Using Adult Social Care Finance Return (ASC-FR)² returns for 2021/2022, the median cost per person for supporting older people in all nursing homes was £774 per week. We used the following unique identifiers within the ASC-FR: 8713501, 8714101, 8714701, 8715301 and 8715901 (numerators in thousands of pounds), 8713502, 8714102, 8714702, 8715302 and 8715902 (denominators). The mean cost was £810 per week. The standard NHS nursing care contribution is £187.60.³ When we add the standard NHS nursing care contribution to Personal Social Services (PSS) expenditure, the total expected median cost is £962 and the mean cost is £998.

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

Costs and unit estimation	2021/2022 value	Notes
A. Fees	£1,212 per week	The direct unit cost of private sector nursing homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector nursing homes, it is reasonable to assume that the fee will approximate the full cost of providing the service. The fee is taken from Carterwood Index 2022. ⁴
External services B. Nursing C. GP services D. Other external services	£8 per week £12 per week £6 per week	Information has been drawn from the article in the 2018 volume by Sach et al.(2018) ⁵ which compares the mean cost of contacts per resident using data collected from GP records compared to care home records over a seven-month period. The total costs incurred per resident per week are £26. Costs have been uprated using the NHS Cost Inflation Index.
E. Personal living expenses	£25.65 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £25.65. ⁶ This has been used as a proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a nursing home.
Dependency		No current information is available on the relationship of dependency with cost.
Occupancy	79 per cent ⁷	
Unit costs available 2021/2022		
£1,212 establishment cost per permanent resident per week (A); £1,264 establishment cost plus personal living expenses and external services per permanent resident per week (A to E).		
£173 establishment cost per permanent resident per day (A divided by 7); £181 establishment cost plus personal living expenses and external services per permanent resident per day (A to E divided by 7).		

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 Calculated using NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/22, [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

³ Funding for nursing in care homes. [NHS-funded nursing care rate to increase - GOV.UK \(www.gov.uk\)](#)

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

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 (2022) *Social Care – Charging for care and support*, Department of Health & Social Care, London. [Social care - charging for care and support: local authority circular - LAC\(DHSC\)\(2022\)1 - GOV.UK \(www.gov.uk\)](#)

⁷ Office for National Statistics. Care homes and estimating the self-funding population, England: 2021 to 2022.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2021to2022>

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

The fees in the table below reflect fees charged to self-funders, albeit in homes with a mix of local authority, NHS and self-funded clients. The Competition & Markets Authority (CMA) (2017) found that local authority fees were on average 41% below those paid by self-funders in the same care home¹, so the fees below are not necessarily representative of what local authorities or self-funders actually pay. Using Adult Social Care Finance Return (ASC-FR) returns for local authority funded clients for 2021/2022², the median cost per person for supporting older people in a residential care home provided by non-local authority run organisations was £729 per week, with a mean cost of £725 per week. We used the following unique identifiers within ASC-FR: 8713801, 8714401, 8715001, 8715601 and 8716201 (numerators in thousands of pounds), 8713802, 8714402, 8715002, 8715602 and 8716202 (denominators).

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

Costs and unit estimation	2021/2022 value	Notes
A. Fees	£916 per week	The direct unit cost of private sector nursing homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector residential homes, it is reasonable to assume that the fee will approximate the full cost of providing the service. The fee was taken from Carterwood Index for 2022. ³
External service B. Nursing C. GP services D. Other external services	£8 per week £12 per week £6 per week	Information has been drawn from the article in the 2018 volume by Sach et al. (2018) ⁴ which compares the mean cost of contacts per resident using data collected from GP records compared to care home records over a seven-month period. Costs have been uprated using the NHS Cost Inflation Index.
E. Personal living expenses	£25.65 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £25.65. ⁵ This has been used as a proxy for personal consumption.
Occupancy	82 per cent ⁶	
Unit costs available 2021/2022		
£916 establishment cost per permanent resident per week (A); £968 establishment cost plus personal living expenses and external services per permanent resident per week (A to E). £131 establishment cost per permanent resident per day (A divided by 7); £138 establishment cost plus personal living expenses and external services per permanent resident per day (A to E divided by 7).		

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 Calculated using NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/22, [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

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

⁴ 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.

⁵ Department of Health & Social Care (2022) *Social Care – Charging for care and support*, Department of Health & Social Care, London. [Social care - charging for care and support: local authority circular - LAC\(DHSC\)\(2022\)1 - GOV.UK \(www.gov.uk\)](#)

⁶ Laing & Buisson (2022) *Laing & Buisson Care Homes Complete Dataset 2021/22*, Laing & Buisson, London.

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 return for 2021/2022 for local authority expenditure.

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

Costs and unit estimation	2021/2022 value	Notes
Capital costs A. Buildings and oncosts	£187 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	£33 per week	
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure costs, therefore no additional cost has been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£1,222 per week	The median estimate is taken from ASC-FR 2021/2022. Capital charges relating to buildings and oncosts have been deducted. The mean cost is lower at £1,138, per week [using unique identifiers: 8713701, 8714301, 8714901, 8715501, 8716101 (numerators in thousands of pounds), 8713702, 8714302, 8714902, 8715502, 8716102 (denominators)].
E. Overheads		Social services management and support services (SSMSS) costs are included in ASC-FR total expenditure figures, therefore no additional overheads have been added.
External services F. Community nursing G. GP services H. Other external services	£8 per week £12 per week £6 per week	Information has been drawn from the article in the 2018 volume by Sach et al. ³ which compares the mean cost of contacts per resident using data collected from GP records compared to care home records over a seven-month period. The total costs incurred per resident per week are £26. Costs have been uprated using the NHS Cost Inflation Index.
I. Personal living expenses	£25.65 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £25.65. ⁴ This has been used as a proxy for personal consumption.
Use of facility by client	52.18 weeks per year	
Occupancy	78 per cent ⁵	
Unit costs available 2021/2022		
£1,442 establishment cost per permanent resident week (includes A to E); £1,494 establishment cost plus personal living expenses and external services per permanent resident week (includes A to I).		
£206 establishment cost per permanent resident day (includes A to E divided by 7); £213 establishment cost plus personal living expenses and external services per permanent resident day (includes A to I divided by 7).		

¹ Calculated using NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/22, [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), collaboration with the Department of Health and Social Care.

² Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#)

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

⁴ Department of Health & Social Care (2022) *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-2022-to-2023/social-care-charging-for-care-and-support-local-authority-circular-lacdhs20231>

⁵ Laing & Buisson (2022) *Laing & Buisson Care Homes Complete Dataset 2021/22*, Laing & Buisson, London.

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

As day care expenditure is now combined with other expenditure in the ASC-FR data collection¹, this table uses data from the Personal Social Services Expenditure return (PSS EX1) for 2013/14,² which has been uprated using the PSS Pay & Prices Inflator. For 2021/2022, the mean cost is £172 per week (including capital costs). These data do not report on the number of sessions clients attended each week.

Based on information provided by ten local authorities,³ we have calculated an average cost per client attendance and also a cost per client hour. We have then 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	2021/2022 value	Notes
Capital costs		
A. Buildings and oncosts	£7.26 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). 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.
B. Land	£2.15 per client attendance	
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures, therefore no additional cost has been added for items such as equipment and durables.
D. Local authority expenditure per day (minus capital)	£69 per client attendance	The total local authority expenditure was taken from PSS EX1 2013/14 and has been uprated using the PSS Pay & Prices Index. Based on PSSRU research, ³ older people attend on average 2.5 times per week for 4.6 hours. Capital charges relating to buildings have been deducted.
E. Overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 total expenditure figures, therefore no additional overheads have been added.
Use of facility by client	2.5 times	Assumes clients attend 2.5 times per week. ³
Occupancy		No information is available.
£78 per client attendance for 2.5 hours (includes A to D); £17 per client hour (includes A to D/4.6 hours)		

¹ Calculated using NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/22, [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

² NHS Digital (2014) *PSS EX1 2013/14, Personal Social Services: Expenditure and Unit Costs, England - 2013-14*, Provisional release - NHS Digital

³ Based on research carried out by PSSRU in 2014.

⁴ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#)

2. Services for people requiring mental health support

- 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 (age 18-64, summary provided for 65+)
- 2.3 Local authority own-provision social services day care for adults requiring mental health support (age 18-64)
- 2.4 Private and voluntary sector day care for adults requiring mental health support (age 18-64)
- 2.5 Behavioural activation delivered by a non-specialist

2.1 NHS National Cost Collection - mental health services

These figures show the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.¹ We have drawn on NHS England, National Cost Collection 2020/2021 to report on the NHS national costing data for selected mental health services. Costs have been uprated to 2021/2022 prices using the appropriate NHS Cost Inflation Index.

Table 2.1.1: NHS National Cost Collection for mental health services

	Mean £
MENTAL HEALTH SERVICES	
Mental Health Care Contacts (PLICS)	
IAPT Contacts	£140
Mental health care clusters (per bed day)	£241
Mental health care clusters (initial assessment)	£341
	£294
Mental health specialist teams (per care contact)	
A&E mental health liaison services	£304
Criminal justice liaison services	£300
Prison health adult and elderly	£200
Forensic community, adult and elderly	£509
Secure mental health services	
High dependency secure provision personality disorder	£687
Specialist mental health services	
Eating disorder (adults) – admitted (per bed day)	£645
Specialist perinatal – admitted (per bed day)	£1,070

¹ Calculated using National Cost Collection for the NHS 2020/2021. [NHS England » National Cost Collection for the NHS](#)

2.2 Local authority own-provision residential care homes for adults requiring long-term mental health support (age 18-64, summary provided for 65+)

This table uses the Adult Social Care Finance Return (ASC-FR)¹ returns for 2021/2022 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 (age 18-64, summary provided for 65+)

Costs and unit estimation	2021/2022 value	Notes
Capital costs A. Buildings and oncosts	£131 per resident 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)	£884 per resident week	The median revenue weekly cost estimate for adults age 18-64 requiring long-term mental health support [using unique identifier: 8713001 (numerator in thousands of pounds), 8713002 (denominator)]. ¹ Capital costs have been deducted.
C. Overheads		Social services management and support services (SSMSS) costs are included in ASC-FR expenditure figures, so no additional overheads have been added.
Other costs D. Personal living expenses	£25.65 per week	The DWP personal allowance for people in residential care or a nursing home is £25.65. ³ This has been used as a proxy for personal consumption.
E. External services		No information is available.
Use of facility by client	365.25 days per year	
Occupancy		No information is available.
Unit costs available 2021/2022		
Age 18-64 (using unique identifier 8713001; numerator in thousands of pounds, 8713002; denominator) £1,015 per resident week median establishment costs (includes A to B); median £1,041 per resident week (includes A to D). £145 per resident day establishment costs (includes A to B divided by 7); £149 per resident day (includes A to D divided by 7).		
Age 65+ (using unique identifier 8716001; numerator in thousands of pounds, 8716002; denominator) £687 per resident week median establishment costs per resident week; median £713 per resident week (includes A to D). £98 per resident day median establishment costs (includes A to B divided by 7); median £102 per resident day (includes A to D divided by 7).		

¹ Calculated using NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/2022, [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

² Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#)

³ Department of Health & Social Care (2022) *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-2022-to-2023/social-care-charging-for-care-and-support-local-authority-circular-lacdhs20231>

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

As day care expenditure is now combined with other expenditure in the ASC-FR data collection,¹ this table uses the Personal Social Services Expenditure return (PSS EX1)² for 2013/2014 for local authority expenditure, which has been uprated using the PSS Pay & Prices Index. For 2021/2022, the mean cost is £155 per client week (including capital costs). These data do not include the number of sessions clients attended each week.

Based on information provided by ten local authorities,³ we have calculated an average cost per client attendance and also a cost per client hour. For day care for people requiring mental health support, the average number of sessions attended per week was three, which is also the number of sessions recommended as part of a total recovery programme.⁴

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	2021/2022 value	Notes
Capital costs A. Buildings and oncosts	£7.26 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). ⁵ 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	£2.15 per client attendance	
C. Other capital		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures, so no additional cost has been added for other items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£49 per client attendance	The average cost per week has been taken from PSS EX1 2013/2014 ² and uprated using the PSS Pay & Prices Index. Assuming people requiring mental health support attend on average 3 times per week (4.1 hours). Capital charges relating to buildings have been deducted.
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 facility by client	3 times per week ³	
Unit costs available 2021/2022		
£58 per client attendance (includes A to D); £14 per client hour (includes A to D divided by 4.1 hours);		

¹ Calculated using NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/2022. [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

² NHS Digital (2014) *PSS EX1 2013/14 Personal Social Services: Expenditure and Unit Costs, England - 2013-14*, Provisional release - NHS Digital.

³ Based on research carried out by PSSRU in 2014.

⁴ Salford City Council (2011) *Mental health*, Salford City Council. <http://www.salford.gov.uk/mentalhealth.htm>.

⁵ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

2.4 Private and voluntary sector day care for adults requiring mental health support (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. For 2021/2022, the mean cost is £103 per week (including capital costs).

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

For day care for people requiring mental health support, the average number of sessions attended per week 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	2021/2022 value	Notes
Capital costs		
A. Buildings and oncosts	£7.26 per client attendance	Based on the new-build and land requirements for local authority day care facilities ⁴ (which do not distinguish client group). 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	£2.15 per client attendance	
C. Other capital		Capital costs not relating to buildings are included in the local authority expenditure figures, so no additional cost has been added for other items such as equipment and durables.
D. Average expenditure (minus capital)	£31 per client attendance	The mean cost per week has been taken from PSS EX1 2013/2014 ¹ and uprated using the PSS Pay & Prices Index. Assuming people requiring mental health support attend 3 times per week for 4.1 hours in duration. ³ Capital charges relating to buildings have been deducted.
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 facility by client	3 times per week ³	
Occupancy		No information is available.
Unit costs available 2021/2022		
£41 per client attendance (includes A to D); £10 per client hour.		

¹ NHS Digital (2014) PSS EX1 2013/14. [Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Provisional release - NHS Digital](#)

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 (2022). [BCIS | Building Cost Information Service Construction Data.](#)

2.5. Behavioural activation delivered by a non-specialist

Behavioural activation (BA) provides a simple, effective treatment for depression which can be delivered in a group setting or to individuals. This schema provides the costs for group-based BA which is delivered over 12 one-hour sessions by two mental health nurses on post-qualification pay bands with no previous formal therapy training. They received five days training in BA and one-hour clinical supervision fortnightly from the principal investigator.¹ Sessions are usually attended by 10 people. Costs are based on Agenda for Change (AfC) band 7, the grade normally used for this service.

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

Costs and unit estimation	2021/2022 value	Notes
A. Wages/salary	£87,258 per year	Based on the mean full-time equivalent basic salary for two mental health nurses on AfC band 7 of the 2021/2022 NHS staff earnings estimates. ²
B. Salary oncosts	£26,918 per year	20.6 per cent of salary for employer's contribution to superannuation has been included.
C. Qualifications	£17,005 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.
D. Training for behavioural activation	£755 per year	Individual therapist 5-day training costs were £641.55. The costs have been uprated to 2021/2022 values using the NHS Cost Inflation Index.
E. Overheads		Taken from the 2018/2019 financial accounts. ⁴
Management, administration and estates staff	£35,726 per year	Management and other non-care staff costs included administration and estates staff.
Non-staff	£51,836 per year	Non-staff costs include costs to the provider for office, travel/transport, publishing, training courses and conferences, supplies and services (clinical and general), and utilities such as water, gas and electricity.
F. Capital overheads	£10,732 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	£230,230 per year	
Working time	41.4 weeks per year 37.5 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 27 annual leave days, 5 training/study days, 13 sick days).⁵ 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). <p>Working days = 207; working hours = 1,553; working weeks = 41.4</p>
Duration of contact		One hour sessions included direct treatment time of 40-50 minutes and administration.
Unit costs available 2021/2022 (costs including qualifications given in brackets)		
Cost per session per person attending the group £20 (£22); Cost per 12 group sessions per person £240 (£259).		

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 Digital (2021) *NHS staff earnings estimates, 12-month period from May 2021 – April 2022* (not publicly available), NHS Digital, 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.

⁴ NHS Improvement (2019) *NHS Foundation Trusts: Consolidated Accounts 2018/19* [Consolidated foundation trust accounts 2018_19.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/statistics-and-data/statistics/statistical-compendium/nhs-foundation-trusts-consolidated-accounts-2018-19/)

⁵ NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>

3. Services for adults who misuse drugs or alcohol

- 3.1. NHS National Cost Collection – unit costs for misuse of drugs or alcohol
- 3.2. Alcohol health worker/Alcohol liaison nurse/Substance misuse nurse

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

These figures show the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.¹ We have drawn on NHS England's National Cost Collection 2020/2021 to report on the NHS national costing data for selected alcohol and drug services. All costs have been uprated to 2021/2022 prices using the NHS Cost Inflation Index.

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

Drug and alcohol services (adults)	£ Mean
Alcohol services – community contacts	£95
Drug services – community contacts	£110
Alcohol services – outpatients	£99
Drug services – outpatients	£122

¹ Calculated using National Cost Collection for the NHS 2020/2021. [NHS England » National Cost Collection for the NHS](#)

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

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

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

Costs and unit estimation	2021/2022 value	Notes
A. Wages/salary	£36,051 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 6 of the 2021/2022 staff earnings estimates. ² See NHS Terms and Conditions of Service Handbook for information on payment for unsocial hours and shift work. ³
B. Salary oncosts	£10,894 per year	20.6 per cent of salary for employer's contribution to superannuation has been included.
C. Qualifications	£8,502 per year ⁴	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). ⁵
D. Overheads		Taken from NHS Foundation Trusts: Consolidated Accounts 2018/2019. ⁶
Management, administration and estates staff	£14,689 per year	Management and other non-care staff costs include administration and estates staff.
Non-staff	£21,313 per year	Non-staff costs include costs to the provider for drugs, office, travel/transport, publishing, training courses and conferences, supplies and services (clinical and general), utilities such as water gas and electricity.
E. Capital overheads	£6,317 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared office space for administration, and recreational and changing facilities. ⁷ Treatment space has not been included.
Total cost	£97,767 per year	Including initial qualifications
Working time	43.6 weeks per year 37.5 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 29 annual leave days and 5 training/study days). Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours). Working weeks are calculated by dividing the working hours per annum by the hours per week (37.5 hours). <p>Working days = 218; working hours = 1,635; working weeks = 43.6</p>
Ratio of direct to indirect time- face-to-face contact	1:0:47	Marsden & colleagues (2019) reported that every hour of face-to-face time required 28 minutes of non-face-to-face time. ⁸
Unit costs available 2021/2022 (costs including qualifications given in brackets)		
£55 (£60) per hour; £80 (£88) per hour (face-to-face contact)		

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 Digital (2021) *NHS staff earnings estimates, 12-month period from May 2021 – April 2022* (not publicly available), NHS Digital, Leeds.

³ NHS Employers (2016) *NHS Terms and Conditions of Service Handbook (Agenda for Change)*, <http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook>.

⁴ The cost of training for health service professionals include 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 where staff are away from their posts. Although further training is available to all professionals to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

⁵ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS*, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury.

⁶ NHS Improvement (2019) *NHS Foundation Trusts: Consolidated Accounts 2018/19* [Consolidated foundation trust accounts 2018_19.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/statistics-and-data/statistics/nhs-foundation-trusts-consolidated-accounts-2018-19/).

⁷ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁸ 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 personalised psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: a pragmatic, open-label, randomised controlled trial, *Lancet Psychiatry* 2019; 6:391-402 (supplementary appendix).

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 expenditure is now combined with other expenditure in the ASC-FR data collection,¹ this table uses the Personal Social Services Expenditure return (PSS EX1) (2013/2014)² for expenditure costs, which have been uprated using the PSS Pay & Prices Index. For 2021/2022, the mean cost is £379 per week (including capital costs). These data do not include the number of sessions clients attended each week.

Based on information provided by ten local authorities,³ we have calculated an average cost per client attendance and also a cost per client hour. We have then used this information to calculate the cost of a client session lasting 4.8 hours, which is a typical standard unit of day care for most local authorities responding to our information request.

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

Costs and unit estimation	2021/2022 value	Notes
Capital costs		
A. Buildings and oncosts	£7.26 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). 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. ⁴
B. Land	£2.15 per client attendance	
C. Other capital		Capital costs not relating to buildings and oncosts are included in the revenue costs so no additional cost has been added for other capital such as equipment and durables.
D. Local authority expenditure (minus capital)	£92 per client attendance	The mean cost per week has been taken from PSS EX1 (2013/2014) ² and uprated using the PSS Pay & Prices Index. Assuming people requiring learning disability support attend on average for 4.8 hours in duration. ³ Capital charges relating to buildings have been deducted.
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 facility by client	4 times	Assumes clients attend 4 times per week. ³
Occupancy		No information is available.
Unit costs available 2021/2022		
£102 per client attendance (includes A to D); £21 per client hour (includes A to D divided by 4.8 hours).		

¹ NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/2022. [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

² NHS Digital (2014) *PSS EX1 2013/14. Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Provisional release - NHS Digital*.

³ Based on research carried out by PSSRU in 2014.

⁴ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

4.2. Specialised supported housing

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

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

A sub-category of supported housing is 'Specialised Supported Housing' (SSH) which is provided or managed by registered providers which are all regulated by the Regulator of Social Housing. This relates to supported housing that is exempted entirely from social rent requirements and is defined as those properties developed in partnership with local authorities or the health service (See Housing LIN¹ for a more detailed definition).

Costs were collected from 29 registered providers from research carried out by Housing LIN.¹ The costs have been uprated to the current prices using the PSS Pay and Prices Index. The table below illustrates how a person with a learning disability living in Specialised Supported Housing requires state funding of on average £1,855 per week for care and housing costs.

Table 4.2.1: Specialised supported housing

	Average weekly rent	Average weekly service charge	Care package	Total cost
Shared SSH	£219	£62	£1,576	£1,857
Self-contained SSH	£229	£58	£1,576	£1,863
All SSH	£216	£60	£1,576	£1,852

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

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

Positive behavioural support (PBS) is a flexible service that aims to maintain people with learning disabilities whose behaviour challenges the community, and to increase the ability of carers and professionals to cope with such behaviours (<http://www.skillsforcare.org.uk/Topics/Learning-disability/Positive-behavioural-support/Positive-behaviour-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, including health and social care services and criminal justice services. The PBS intervention formed nearly ten per cent of this cost (£270). The total cost of the PBS intervention lasting 15 months is estimated to cost £17,264 per adult. The total cost of services received for adults in receipt of 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 noted that by maintaining people with less severe challenges in the community (£9 to £180 per week) and those with more severe behavioural needs in less service-intensive residential accommodations (£1,293 to £4,066 per week), the service may potentially reduce public services cost in the long term.¹

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

The costs have been uprated to 2021/2022 values using the PSS Pay and Prices Index and the Hospital and Community Health Services (HCHS) Pay and Prices Inflation Index, where appropriate.

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 (2021/2022), mean (SD)
Health and social care				
Supported housing (days)	1	182		£388 (£672)
Other than residential home (days)	1	35.5		£117 (£202)
Total residential care				£505 (£874)
Community-based care				
Psychiatrist	2	2 (0)	0.9 (0.2)	£15 (£13)
Nurse	3	5 (2.6)	0.8 (0.1)	£29 (£4.96)
Social worker	3	48.3 (17.2)	0.4 (0)	£159 (£69)
Care worker	1	182	24	£1,709 (£2,960)
Other services (paid through direct payments)	2	78		£163 (£141)
Total community-based care				£2,075 (£3,188)
Day care centre	1	78	6	£73 (£89)
Total health and social care				£2,652 (£4,150)
Positive behavioural support for adults with intellectual disabilities and behaviour that challenges				£286
Total health and social care (+PBS)				£2,938 (£4,150)

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	2021/2022 value	Notes
Capital costs A. Buildings and oncosts	£180 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	£26 per resident week	
C. Total local authority expenditure (minus capital)	£1,243 per resident week	Data comes from the ASC-FR data return (ASC-FR) for 2021/2022. ² The median revenue weekly cost estimate (£1,243) for adults requiring physical support in own-provision residential care. Capital costs relating to buildings and land have been deducted. The mean cost per client per week is reported as being £1,227 [using unique identifiers: 8710701 (numerator in thousands of pounds), 8710702 (denominator)].
D. Overheads		No additional overheads have been added.
Other costs E. Personal living expenses	£25.65 per week	The DWP personal allowance for people in residential care or a nursing home is £25.65. ³ This has been used as a proxy for personal consumption.
F. External services		No information is available.
Use of facility by client	365.25 days per year	
Occupancy		No information is available.
Unit costs available 2021/2022		
Age 18-64 (using unique identifier 8710701; numerator in thousands of pounds, 8710702; denominator) £1,594 per resident week establishment costs (includes A to C); £1,620 per resident week (includes A to E). £228 per resident day establishment costs (includes A to C divided by 7); £231 per resident day (includes A to E divided by 7).		

¹ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

² NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/2022, [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

³ Department of Health & Social Care (2022) *Social Care – Charging for care and support*, Department of Health & Social Care, London. [Social care - charging for care and support: local authority circular - LAC\(DHSC\)\(2022\)1 - GOV.UK \(www.gov.uk\)](#).

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	2021/2022 value	Notes
Capital costs		
A. Buildings and oncosts	£169 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.
B. Land costs	£26 per resident per week	
C. Total expenditure (minus capital)	£921 per resident per week	Data comes from the ASC-FR data return (ASC-FR) for 2021/2022. ² The median weekly expenditure (£921) for adults requiring physical support in residential care provided by others [using unique identifiers: 8710801 (numerator in thousands of pounds), 8710802 (denominator)]. Capital charges relating to buildings and land have been deducted.
D. Overheads		No additional overheads have been added.
Other costs		
E. Personal living expenses	£25.65 per week	The DWP personal allowance for people in residential care or a nursing home is £25.65. ³ This has been used as a proxy for personal consumption.
F. External services		No information is available.
Use of facility by client	365.25 days per year	
Occupancy		No information is available.
Unit costs available 2021/2022		
Age 18-64 (using unique identifier 8710801; numerator in thousands of pounds, 8710802; denominator)		
£1,251 per resident week establishment costs (includes A to C); £1,276 per resident week (includes A to E). £179 per resident per day establishment costs (includes A to C divided by 7); £182 per resident per day (includes A to E divided by 7).		

¹ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

² NHS Digital (2022) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2021/2022, [Adult Social Care Activity and Finance Report, England, 2021-22 - NHS Digital](#), in collaboration with the Department of Health and Social Care.

³ Department of Health & Social Care (2022) *Social Care – Charging for care and support*, Department of Health & Social Care, London. [Social care - charging for care and support: local authority circular - LAC\(DHSC\)\(2022\)1 - GOV.UK \(www.gov.uk\)](#).

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

As day care is now combined with other expenditure in the ASC-FR data collection, 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. For 2021/2022, the mean cost is £254 per week (including capital costs). These data do not include the number of sessions clients attended each week.

Based on information provided by ten local authorities,² we have calculated an average cost per client attendance and also a cost per client hour. We have then used this information to calculate the cost of a client session lasting 4.25 hours.

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

Costs and unit estimation	2021/2022 value	Notes
Capital costs		
A. Buildings and oncosts	£7.26 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). 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	£2.15 per client attendance	
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures, therefore no additional cost has been added for items such as equipment and durables.
Revenue costs D. Per day expenditure (minus capital)	£92 per client attendance	The average cost per week has been taken from PSS EX1 2013/2014 ¹ and uprated using the PSS Pay & Prices Index. Assuming people with physical disabilities attend on average 2.7 times per week (4.25 hours in duration), ² the average cost per client attendance is £92. Capital charges relating to buildings have been deducted.
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 facility by client		Assumes clients attend 2.7 times per week. ²
Occupancy		No information is available.
Unit costs available 2021/2022		
£101 per client attendance (includes A to D); £22 per client hour.		

¹ NHS Digital (2014) PSS EX1 2013/14 [Personal Social Services: Expenditure and Unit Costs, England - 2013-14, Provisional release - NHS Digital](#)

² Based on research carried out by PSSRU in 2014.

³ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data.](#)

6. Hospital and related services

- 6.1. NHS National Cost Collection – unit costs for hospital services
- 6.2. NHS wheelchairs
- 6.3. Self-management programmes
- 6.4. NHS National Cost Collection – unit costs for sexual health
- 6.5. Screening interventions for sexually-transmitted infections (STIs)

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

National Cost Collection costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on NHS England, National Cost Collection 2020/2021 to report on the NHS costs for selected mental health services.¹ All costs have been uprated to 2021/2022 prices using the NHS Cost Inflation Index.

Table 6.1.1: Unit costs for hospital services

	National average
Elective/non-elective Health Care Resource Group (HRG) data, average cost per episode	
Elective inpatient stays	£7,076
Non-elective inpatient stays (long stays)	£4,974
Non-elective inpatient stays (short stays)	£985
Day cases HRG data (finished consultant episodes)	
Weighted average of all stays	£1,224
Outpatient attendances	
Weighted average of all outpatient attendances	£235
PALLIATIVE CARE	
Inpatient, specialist palliative care (19 years and over), average cost per bed day	£349
Inpatient, specialist palliative care (19 years and over)	£713
Hospital specialist palliative care support (19 years and over)	£238
Outpatient, medical specialist palliative care attendance (19 years and over)	£166
Outpatient, medical specialist palliative care attendance (18 years and under)	£289
Outpatient non-medical specialist palliative care attendance	£133
AMBULANCE SERVICES (Weighted average of attendances)	
Calls	£92
Hear and treat and refer	£87
See and treat and refer	£276
See and treat and convey	£367
Average of all	£276
COMMUNITY SERVICES, average cost per group session (one-to-one)	
Physiotherapy	£92 (£144)
Occupational therapy	£63 (£118)
Speech therapy services	£215 (£130)
Dietician	£100

¹ Calculated using National Cost Collection for the NHS 2020/2021. [NHS England » National Cost Collection for the NHS](#)

6.2. NHS wheelchairs

There are two main wheelchair types:¹ those propelled by an attendant or self-propelled and powered wheelchairs. The cost of modifications is included in the estimated capital value, but this is a very approximate mid-range figure so specific information should be used wherever possible.

Although we have been unable to identify any recent studies on wheelchairs, current price information² suggests that powered wheelchairs range from £1,070-£2,975 and self- or attendant-propelled wheelchairs range from £170-£1,000.

Table 6.2.1: NHS wheelchair costs

Type of chair	Total value 2021/2022	Annual cost 2021/2022	Notes
Capital costs			
Self- or attendant-propelled	£371	£82	Capital value has been depreciated over five years at a discount rate of 3.5 per cent to allow for the expected life of a new chair. In practice, 50 per cent of wheelchairs supplied have been reconditioned, not having been worn out by the time their first users ceased to need them.
Active			
Powered	£1,711	£379	
Revenue costs			
Maintenance			Revenue costs exclude therapists' time but include the staff costs of maintenance, and all costs for pressure relief. The cost of reconditioning has not been included in the cost of maintenance. ³
- non-powered		£50	
- powered		£83	
Overheads			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2021/2022			
£132 per self- or attendant-propelled chair per year; £461 per powered chair per year.			

¹ Previous volumes have included a third category: a lighter type of chair especially designed for active users. There are no costs available for this type of wheelchair.

² UK wheelchairs - <https://www.uk-wheelchairs.co.uk/>

³ Repairs & Service - Better Mobility - Wheelchairs, Powerchairs, Scooters and Living Aids

6.3. Self-management programmes

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

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

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

Andrew 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 very severe chronic obstructive pulmonary disease. The aim of the study was to determine the efficacy of a fully automated internet-linked, tablet computer-based system of monitoring and self-management support (EDGE, sElf-management anD support proGrammE) in improving quality of life and clinical outcomes. Patients were informed that the EDGE platform was not a replacement for their usual clinical care, and the conclusion drawn was that there appears to be an overall benefit in generic health status. The effect sizes for improved depression score, reductions in hospital admissions, and general practice visits, warrant further evaluation.

To provide an annual cost for the self-management support, we have used the costs provided by Farmer & colleagues (2017)¹ and assumed that the equipment would be replaced every 5 years. We have uprated the costs to 2021/2022 values using the PSS Pay, Independent Sector, Index.

Table 6.3.1: 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) Bluetooth-enabled pulse oximeter probe	£386 £483	£86 £107
Clinician reviewing summary of the oxygen saturation, heart rate, and symptom diary module, once a week following the review.		£406
Total costs		£599

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>

6.4. National Cost Collection – unit costs for sexual health

These figures show the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients. We have drawn on NHS England, National Cost Collection 2020/2021 to report on the NHS national costing data for selected sexual health services.¹ All costs have been uprated to 2021/2022 prices using the NHS Cost Inflation Index.

Table 6.4.1: National Cost Collection - unit costs for sexual health

2021/2022 costs	National average
Genito-Urinary Medicine (GUM) infections	
Elective/non-elective Health Care Resource Group (HRG) data, average cost per episode	£3,776
Elective inpatient stays	£3,898
Non-elective inpatient stays	£3,054
Non-elective inpatient stays (short stays)	£567
Day cases	£577
Consultant-led (Multi-professional)	
Non-admitted, face-to-face, first	£844
Non-consultant-led	
Non-admitted, face-to-face, first	£136
Non-admitted, face-to-face, follow-up	£122
Community health services	
HIV/AIDS specialist nursing (adult)	
Face-to-face	£242
Non-face-to-face	£88
Outpatient attendances	
Family planning clinic, consultant led	£131
Family planning clinic, non-consultant led	£154

¹ Calculated using National Cost Collection for the NHS 2020/2021. [NHS England » National Cost Collection for the NHS](#)

6.5. Screening interventions for sexually-transmitted infections (STIs)

In 2013, Louise 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 years and over within six amateur football clubs in London. Eligible football clubs were grouped by similar characteristics into three pairs, and each of the pairs was randomised to a study arm (captain-led, sexual health advisor-led and poster-only), after which resource use data were collected prospectively and unit costs were applied. In total, 153 men received the screening offer; 50 per cent of the men in the captain-led accepted the offer, 67 per cent in the sexual health advisor-led and 61 per cent in the poster-only.

The costs of each intervention are shown in Table 6.5.1. All costs have been uprated to 2021/2022 costs using the PSS Pay and Prices Inflation Index.

Table 6.5.1: Health service costs per screening intervention for sexually-transmitted infections

Resources used	Cost item	Unit cost £	N	Total cost £
<i>Intervention costs</i>				
Recruitment of club	Per club	£678	2	£1,357
Poster pack	Per pack	£85	2	£169
Test kit	Per player	£8.88	46	£408
Promotion	Per club	Captain-led ¹ £164 Health advisor-led ² £295 Poster-only ³ £164	2	¹ £328 ² £591 ³ £328
Specimen collection box ⁴	Per club	£87	2	£174
Transport of specimen collection box	Per club	£213	2	£425
<i>Processing costs</i>				
Additional storage facilities ⁴		£18	2	£36
Sample processing	Per player tested	£17	Captain-led 28 Health advisor-led 31 Poster-only 31	£474 £525 £525
Patient admin and notification of results	Per player tested	£6.18	Captain-led 28 Health advisor-led 31 Poster-only 31	£173 £191 £191
Total cost per intervention				Captain-led £3,545 Health advisor-led £3,877 Poster-only £3,615
Average cost per player screened			Captain-led 28 Health advisor-led 31 Poster-only 31	Captain-led £127 Health advisor-led £125 Poster-only £117

1) Captain-led and poster STI screening promotion; includes the costs for a member of staff (healthcare assistant) from the clinic to undertake the sample processing, notification, preparing of materials and safe return of samples to the clinic. The forgone time taken by the team captain 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 screening 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 member of staff (healthcare assistant) from the clinic undertaking the testing and notification would need to be on-site before and after the promotion.

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

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

7. Care packages

- 7.1. Patient costs following discharge from acute medical units
- 7.2. End of life care
- 7.3. Smoking cessation services
- 7.4. Social prescribing
- 7.5. Low intensity interventions for the management of obsessive-compulsive disorder
- 7.6. The cost of diagnosis and early support in patients with cognitive decline

7.1. Patient costs following discharge from acute medical units

Acute medical units (AMU) are the first point of entry for patients who are admitted for urgent investigation or care by their GP, an outpatient clinic or the Emergency Department. They allow for those who need admission to be correctly identified, and for those who could be managed in ambulatory settings to be discharged. The Acute Medicine Outcome Study (AMOS) carried out by Franklin et al. (2014) found that readmission rates for older people in the year following discharge from AMUs are high¹. Further work was therefore carried out to identify the resource use of 644 people, aged over 70, based in Nottingham and Leicester and who had been discharged from an acute medical unit within 72 hours of admission.

Data were taken from Electronic Administrative Record (EAR) systems on a range of health and social care services potentially used by all patients participating in the study, collected for three months post-AMU discharge (January 2009–February 2011). Resource use was then combined with national unit costs to derive total patient costs, which have been updated to current prices using the NHS Cost Inflation Index. The table below provides the secondary care and social care resource use and costs for 456 patients residing in Nottingham, and also for a subset of these patients (250) for which the primary care costs were available. The mean cost for the 456 patients (excluding primary care) was £1,961, and £2,431 for the 250 patients for which all resource use was available (see Table 7.1.1).

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

	No. of service users (mean number of events per service user) ^(a)	Mean cost (£) for 456 patients	Mean cost (£) per patient including primary care (n = 250)
Hospital care			
Inpatient care ^(b)	360 (4)	£1,721	£1,642
Day case care	119 (2)	£1,181	£1,079
Outpatient care	71 (1)	£145	£154
Critical care ^(c)	358 (3)	£385	£393
	3 (1)	£8	£15
Ambulance service	17 (2)	£19	£16
Intermediate care	5 (Not applicable)	£11	£3
Mental health care	28 (4)	£42	£48
Social care	76 (4)	£168	£228
Total costs (exc. primary care)	377 (5)	£1,961	£1,937
Primary care ^(d)			
Consultations	243 (6)	-	£247
Home visits	113 (3)	-	£32
Procedures	42 (7)	-	£26
Other events ^(e)	25 (3)	-	£5
Medication	202 (22)	-	£58
Wound dressings	232 (21)	-	£116
	64 (4)	-	£11
Total costs including primary care^(f)	248 (7)	-	£2,431

SD: standard deviation

a) Mean number of events for inpatient care is based on mean number of episodes, and not number of spells. Mean number of events for 'total' does not include primary care events classed as 'other events', 'medication' or 'wound dressing'.

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

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

d) Mean number of events for primary care service users only includes face-to-face contacts (i.e. consultations, home visits, and procedures)

e) 'Other events' includes all non-face-to-face entries on the EAR system that require staff time to execute, i.e. administration, telephone calls etc. Entries that were electronic and external to the practice or created by an electronically automated system (i.e. did not require staff time to execute) were excluded from this analysis.

f) Mean number of events includes only face-to-face contacts across all services apart from mental health care (see also point (d))

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

7.2. End of life care

Research carried out by the Nuffield Trust¹ on behalf of the National End of Life Care Intelligence Network examined the health and social care service use patterns across seven local authorities for a cohort of 73,243 people who died.

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

The costs have been uprated to 2021/2022 prices using the Personal Social Services (PSS) and NHS Pay & Prices Index. Hospital care accounted for 64 per cent of total care costs, and social care costs for 36 per cent of total costs. Emergency hospital admissions were responsible for 71 per cent of all hospital costs in the final year of life, and 46 per cent of total costs.

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

	Total cost	Total cost per decedent	% total	No. of users	Total cost per user
Hospital care	£584	£7,979	66%	65,624	£10,687
Inpatient emergency	£415	£5,670	47%	54,577	£7,610
Inpatient non-emergency	£111	£1,512	12%	58,165	£1,904
Outpatient	£48	£651	5%	50,155	£950
A&E	£11	£146	1%	48,000	£223
Social care	£324	£4,418	34%	20,330	£30,558
Residential and nursing care	£259	£3,543	28%	10,896	£22,564
Home care	£50	£685	5%	10,970	£4,574
Other	£14	£191	1%	4,084	£3,420
Total	£908	£12,397	100%	73,243	N/A

NB The total cost per decedent for any of the services is total cost of the service/the number of people who died. The total cost per user is total cost of the services/number of users of that service.

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, while people with cancer were least likely to use social care (even when adjusted for age). Table 7.2.2 shows these costs by diagnostic group. A person may have more than one condition so the groups are not mutually exclusive, and the sum of individual rows exceeds the total. Hospital costs were higher for those with more than one long-term condition, and social care costs decreased with an increasing number of long-term conditions.

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

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

Diagnostic group	Number	Average costs, final year, £ per person		
		Hospital care	Social care	Hospital and social care
All people	73,243	£7,979	£4,419	£12,398
No diagnoses	22,118	£3,928	£5,430	£9,359
Any diagnosis	51,125	£9,730	£3,981	£13,712
Hypertension	21,241	£10,890	£3,653	£14,543
Cancer	19,934	£11,407	£1,706	£13,113
Injury	17,540	£11,751	£5,307	£17,058
Atrial fibrillation	13,567	£11,002	£4,326	£15,328
Ischaemic heart disease	13,213	£11,161	£3,686	£14,847
Respiratory infection	11,136	£12,213	£2,935	£15,147
Falls	10,560	£10,797	£6,719	£17,515
Congestive heart failure	10,474	£11,214	£4,186	£15,400
Chronic obstructive pulmonary disease	9,392	£10,955	£3,299	£14,254
Anaemia	9,210	£12,864	£3,978	£16,842
Diabetes	8,697	£11,197	£4,109	£15,305
Cerebrovascular disease	8,290	£11,025	£5,468	£16,493
Peripheral vascular disease	6,780	£12,703	£3,644	£16,347
Dementia	6,735	£9,196	£11,713	£20,909
Renal failure	6,570	£12,821	£4,205	£17,026
Angina	6,549	£11,989	£3,727	£15,715
Mental disorders, not dementia	4,814	£12,024	£4,734	£16,758
Iatrogenic conditions	4,190	£17,329	£3,319	£20,649
Asthma	3,480	£11,638	£3,254	£14,892
Alcoholism	2,437	£10,614	£1,520	£12,134
Non-rheumatic valve disorder	2,059	£13,068	£2,869	£15,937

7.3. Smoking cessation services

Quit 51 offer a smoking cessation service in accordance with National Institute for Health and Care Excellence (NICE) guidelines (<https://www.nice.org.uk/guidance/ng92>). 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 duration although the introduction to a session will generally take longer in order to cover triaging and discussions around individual background and requirements. Assuming a patient continues with the service for the full duration, they should receive a minimum of 90 minutes contact time with an adviser covering a period 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 for each individual using the service was estimated based on the pharmacotherapy prescribed and 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: 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 that included the cost of the adviser, room, equipment, travel and advertising. Central overhead costs for the service were not included and neither were costs to the individual for travel and parking.

The following table provides the average cost per person quitting (with approximate 95% CI) calculated at the 12-week time point, with supporting information. Costs have been uprated to 2021/2022 values using the NHS Cost Inflation Index. 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	Total cost	Cost per head	Number quitting	Quit rate (%)	Mean cost per quit (£)
Age	12-19	509	£55,491	£109	116	23	£478
	20-29	1189	£144,003	£121	296	25	£486
	30-49	3911	£578,573	£148	1262	32	£458
	50-69	2955	£474,306	£161	1068	36	£444
	70+	538	£84,761	£158	192	36	£441
Gender	Male	4249	£634,049	£149	1425	33	£445
	Female	4867	£703,759	£145	1510	31	£466
Treatment	Nicotine replacement therapy	7373	£960,205	£130	2117	29	£454
	Varenicline/champix	1708	£372,741	£218	799	47	£467
	Bupropion/Zyban	35	£4,862	£139	19	54	£256
FTND	0-3	1534	£267,179	£173	622	41	£430
	4-5	1884	£338,099	£179	727	39	£465
	6-7	1676	£305,150	£182	641	38	£476
	8-10	766	£135,744	£177	236	31	£575
Deprivation	1-3	886	£153,642	£173	319	36	£482
	4-6	1838	£300,532	£164	635	35	£473
	7-8	2157	£339,186	£157	698	32	£486
	9-10	3321	£509,758	£153	1180	36	£432

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 a range of local, non-clinical services. Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports: <https://www.kingsfund.org.uk/publications/social-prescribing>.

There is a growing body of evidence assessing the impact of social prescribing to healthcare demand and cost.¹ Much of the focus has been on the benefit of social prescribing where policy makers and commissioners have drawn from areas of good practice like Rotherham. In 2014, the Healthy London Partnership published evidence demonstrating the effectiveness of social prescribing in reducing patients' use of hospital resources by a fifth in the 12 months following referral to a scheme: http://i5health.com/SPReports/COP_Report_SP_EPP_SouthWestLondonSTP_ver2.0.pdf.

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 programme to provide 'additional investment in the community'. Funded for two years from April 2012 to March 2014, it aimed to increase the capacity of GP practices to meet the non-clinical needs of their patients with long-term conditions. The five most common types of referral 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.

A number of 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 longer 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 dropped off at a rate of 33 per cent each year, they could lead to total cost reductions of £807,000; a return on investment of £1.41 for each pound (£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, but excludes other costs such as for the time taken to develop the service model and consultations with GPs and voluntary sector organisations, costs to the Foundation Trust which supported the development of a complex client management system and also volunteer time. All costs have been uprated to 2021/2022 levels using PSS Pay and Prices Index.

Table 7.4.1: Overview of Social Prescribing Pilot (Inputs)

	Year 1	Year 2	Total	Cost per person referred per year
Grants to providers and additional support grants	£379,822	£361,151	£740,972	£231
Salaries and overheads	£262,341	£331,305	£593,646	£185
Total	£642,163	£692,456	£1,334,618	£416

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

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) delivered using OCFighter (received by 157 people in the study), a commercially produced computerised cognitive behavioural therapy (cCBT) program 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 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 had been able to access OCFighter, reviewing progress and solving any difficulties that were impeding progress.
- b) Guided self-help (received by 158 people in the study) which consisted of a self-help book focused on information about OCD, maintenance and guidance on how to implement the NICE-recommended treatment for OCD (i.e. CBT using exposure response therapy). Participants received six brief (ten minute) scheduled telephone calls from a PWP, with one initial session of up to 60 minutes (either face-to-face or by telephone, dependent on patient preference) followed by up to 10-30 minute sessions over a 12-week period (total direct clinical input six hours).
- c) Waiting list for high-intensity CBT (received by 158 people).

Table 7.5.1 provides a breakdown of mean costs associated with the supported cCBT and guided self-help intervention. Table 7.5.2 provides total societal costs: health and social care costs which include the cost of the intervention and employment losses, out-of-pocket expenses and out-of-pocket savings. The costs have been uprated to 2021/2022 values using the PSS Pay and Prices Index.

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

Cost component	Intervention mean cost	
	Supported cCBT	Guided self-help
Number of sessions attended	2.30	4.11
Total session minutes	30.20	142.90
Cost of materials (£)	£77	£6.69
Cost of training (£)	£23	£42
Cost of PWP contacts (£)	£88	£417
Total cost (£)	£188	£466

Table 7.5.2 (overleaf) shows that from baseline to 12 months guided self-help was the least expensive group (£1,908) compared with £2,153 for the cCBT group and £3,338 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

Costs	Intervention					
	Supported cCBT		Guided self-help		Waiting list	
	Valid n	Mean cost £	Valid n	Mean cost £	Valid n	Mean cost £
Baseline to 3 months						
Health and social care costs	118	£419	130	£361	129	£458
Employment losses, out-of-pocket expenses and out-of-pocket savings.	118	£258	130	£199	129	£187
Total costs	118	£677	130	£560	129	£645
Between 3 and 6 months						
Health and social care costs	102	£466	115	£421	117	£606
Employment losses, out-of-pocket expenses and out-of-pocket savings.	102	£161	115	£82	117	£740
Total costs	102	£627	115	£503	117	£1,345
Between 6 to 12 months						
Health and social care costs	88	£759	100	£625	100	£907
Employment losses, out-of-pocket expenses and out-of-pocket savings.	88	£90	100	£220	100	£442
Total costs	88	£849	100	£845	100	£1,349
Between baseline to 12 months						
Health and social care costs	157	£1,644	158	£1,407	158	£1,970
Employment losses, out-of-pocket expenses and out-of-pocket savings.	157	£509	158	£501	158	£1,368
Total costs	157	£2,153	158	£1,908	158	£3,338

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

Average costs of health and social care of mild, moderate and severe dementia are estimated to be £27,666, £31,125 and £52,215, respectively, per person per year which includes one-off costs of £7,274 per person related to end-of-life care.¹ The costs have been uprated to 2021/2022 using the PSS Pay and Prices Index and the NHS Cost Inflation Index.

Research carried out by Pennington & 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) and the mean patient age was 78 years (range 42-98 years). These costs were estimated using 2013/14 sources of data and have been uprated to 2021/2022 values using the NHS Cost Inflation Index and PSS Pay and Prices Index.

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

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

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

	Mean (£)	Standard Deviation (£)	Median (£)
Assessment (including imaging) ^a	£1,027	£864	£847
Post diagnosis support	£488	£406	£412
Follow-up	£607	£569	£438
Total	£2,122	£140	£1,801

^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	£69	£0	£0-£7,901	£34	£0	£0-£630	£67	£2	£0-£1,023
Social care	£87	£0	£0-£4,255	£117	£0	£0-£6,874	£195	£0	£0-£9,118
Psychosocial support	£14	£0	£0-£1,738	£5	£0	£0-£426	£14	£0	£0-£851
Social security benefits	£158	£0	£0-£771	£165	£0	£0-£771	£210	£15	£0-£771
Total cost of formal care	£170	£0	£0-£13,893	£156	£0	£0-£7,930	£276	£2	£0-£10,992
Informal Care	£1,854	£1,757	£0-£5,008	£1,896	£1,669	£0-£4,948	£2,013	£1,669	£0-£5,008
Total societal cost	£2,024	£1,757	£0-£18,901	£2,052	£1,669	£0-£12,878	£2,290	£1,671	£0-£16,000

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: <http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation/national-job-profiles>. Examples of roles by band are shown below and in more detail by job type in Table 12.3. Reference should also be made to the explanatory notes when interpreting the unit costs.

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

Job titles by band	
Band 2	Clinical support worker (Physiotherapy, Occupational therapy, Speech and language therapy).
Band 3	Clinical support worker, 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), Counsellor (entry level).
Band 6	Physiotherapist specialist, Occupational therapist specialist, Speech and language therapist specialist, Podiatrist specialist, Clinical psychology trainee, Counsellor, Pharmacist, 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), Arts therapist principal.
Band 8a-c	Counsellor professional manager, Counsellor consultant, Consultant speech and language therapist.
Band 8c-d	Clinical psychologist consultant, Podiatric consultant (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 2021/March 2022 NHS staff earnings estimates for allied health professionals.¹ See NHS Terms and Conditions of Service Handbook for information on payment for unsocial hours.²

B. Salary oncosts

Employer's national insurance is included plus 20.6 per cent of salary for 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 scientific and professional staff 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 where staff are away from their posts. Although further training is available to scientific and professional staff to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

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

D. Overheads

Taken from the 2018/2019 financial accounts.⁴ Management and other non-care staff costs include administration and estates staff. Non-staff costs to the provider for office, travel/transport, publishing, training courses and conferences, supplies and services (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, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.⁵

F. Travel

No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled of 56p per mile, and a reduced rate thereafter of 20p per mile, 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, 29 annual leave days and 5 training/study days).
- Working hours are calculated by multiplying the number of working days per annum by the number of hours per day (7.5 hours).
- Working weeks are calculated by dividing the number of working hours per annum by the number of hours per week (37.5 hours).

Working days = 218 days per annum; working hours = 1,635 hours per year; working weeks = 43.6

¹ NHS Digital (2022) *NHS staff earnings estimates, 12-month period from April 2021 – March 2022* (not publicly available), NHS Digital, Leeds.

² NHS Employers (2022) *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.

⁴ NHS Improvement (2019) *NHS Foundation Trusts: Consolidation Accounts 2018/19*, [Consolidated_foundation_trust_accounts_2018_19.pdf \(england.nhs.uk\)](#).

⁵ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

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

H. Ratio of direct to indirect time

Based on a study by Shearer et al. (2019),¹ the ratio of direct to indirect time was 1:0.91; every hour of face-to-face time required 55 minutes of non-face-to-face time. See Table 12.5 for information on a PSSRU survey carried out in 2014/2015 providing estimates of time use 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 (2021) High cost area supplements, [HCAS pay scales 2021/22 | 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 notes facing for assistance in interpreting each cost item. See Chapter 18 for examples of roles in each band. Please note that there are no staff on Bands 1-3 for this staff group.

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	£23,876	£27,507	£36,051	£43,793	£50,409	£59,609	£71,249	£84,997	£103,035
B. Salary oncosts	£6,773	£8,002	£10,894	£13,515	£15,754	£18,868	£22,809	£27,462	£33,568
C. Qualifications	See note								
D. Overheads									
Management, admin and estates staff	£9,590	£11,111	£14,689	£17,932	£20,703	£24,555	£29,431	£35,188	£42,743
Non-staff	£13,914	£16,121	£21,313	£26,018	£30,038	£35,629	£42,702	£51,056	£62,018
E. Capital overheads	£6,317	£6,317	£6,317	£6,317	£6,317	£6,317	£6,317	£6,317	£6,317
F. Travel	See note								
Total costs per year¹	£60,470	£69,059	£89,264	£107,575	£123,222	£144,978	£172,508	£205,021	£247,682
G. Working time	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week	43.6 weeks (1,635 hours) per year, 37.5 hours per week
H. Ratio of direct to indirect time	See note								
London/non-London multipliers	See note								
Unit costs 2021/2022									
Cost per working hour	£37	£42	£55	£66	£75	£89	£106	£125	£151

¹ Excludes qualifications.

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 2021/March 2022 NHS staff earnings estimates for qualified nurses.¹ See NHS Terms and Conditions of Service Handbook for information on payment for unsocial hours.² See Table 12.3 for further information on pay scales.

B. Salary oncosts

Employer's national insurance is included, plus 20.6 per cent of salary for 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 have been calculated using the method described in Netten et al. (1998).³

The cost of training nurses 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 where staff are away from their posts. Although further training is available to nurses to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

D. Overheads

Taken from the 2018/2019 financial accounts for ten community trusts.⁴ Management and other non-care staff costs include administration and estates staff. Non-staff costs include costs to the provider for office, travel/transport, 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, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.⁵

F. Travel

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

G. Working time

- Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 27 annual leave days, 5 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).

Working days = 207; working hours = 1,553; working weeks = 41.4.

¹ NHS Digital (2022) *NHS staff earnings estimates, 12-month period from Apr 2021 – Mar 2022* (not publicly available), NHS Digital, Leeds.

² NHS Employers (2022) *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.

⁴ NHS Improvement (2019) *NHS Foundation Trusts: Consolidated Accounts 2018/19* [Consolidated_foundation_trust_accounts_2018_19.pdf](#) (england.nhs.uk)

⁵ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#)

⁶ NHS Employers (2022) *Mileage allowances – Section 17*, NHS Employers, [NHS Terms and Conditions of Service Handbook | NHS Employers](#)

⁷ NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>

H. Ratio of direct to indirect time

Based on a study by Ball & Philippou (2014)¹ on average Grade 5 community nurses spent 44 per cent of their time on direct care and a further 18 per cent of their time on care planning, assessment and co-ordination. For Grade 6 these figures were 34 per cent and 21 per cent and for Grade 7/8, 27 per cent and 22 per cent. Also see the McKinsey report,² for comparative purposes.

¹ Ball, J. & Philippou, J., Pike, G. & Sethi, J. (2014) *Survey of district and community nurses in 2013*, Report to the Royal College of Nursing, King's College London.

² 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 notes facing for assistance in interpreting each cost item. See Table 12.4.1 for examples of roles in each band. Refer to notes on facing page for references. **Please note that there are no staff on 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	£22,654	£29,064	£36,415	£43,629	£49,634	£58,443	£69,234	£82,132	£98,483
B. Salary oncosts	£6,359	£8,529	£11,017	£13,459	£15,492	£18,474	£22,127	£26,493	£32,027
C. Qualifications	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502
D. Ongoing training	See note								
E. Overheads									
Management, admin and estates staff	£9,078	£11,762	£14,841	£17,862	£20,377	£24,067	£28,586	£33,988	£40,836
Non-staff	£13,172	£17,067	£21,534	£25,918	£29,567	£34,920	£41,478	£49,316	£59,252
F. Capital overheads	£5,366	£5,366	£5,366	£5,366	£5,366	£5,366	£5,366	£5,366	£5,366
G. Travel									
Total cost per year (including qualifications)	£65,133	£80,291	£97,676	£114,737	£128,938	£149,773	£175,293	£205,797	£244,466
H. Working time	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week	41.4 weeks (1,553 hours) per year, 37.5 hours per week
I. Ratio of direct to indirect time	See note								
Unit costs 2021/2022									
Cost per working hour	£36	£46	£57	£68	£78	£91	£107	£127	£152
Cost per working hour including qualifications	£42	£52	£63	£74	£83	£96	£113	£133	£157

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	2021/2022 value	Notes
A. Wages/salary	£29,064 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the April 2021/March 2022 staff earnings estimates for nurses. ¹ See 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 oncosts	£8,529 per year	20.6 per cent of salary for employer's contribution to superannuation has been included.
C. Qualifications	£8,502 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been gathered from various sources. The cost of training a GP practice nurse includes the cost of pre-registration tuition; infrastructure costs (such as libraries); costs or benefits from clinical placement activities; and lost production costs during the period of training where staff are away from their posts.
D. Ongoing training	No costs available	Although further training is available to nurses to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.
E. Overheads		Taken from the 2018/2019 financial accounts. ⁴
Management and administration	£11,763 per year	No information available on management and administrative overheads for practice nurses. The same level of support has been assumed for practice nurses as for other NHS staff.
Office, general business and premises (including advertising and promotion)	£17,076 per year	No information available on overheads for a practice nurse. All information on office and general business expenses is drawn from the GP earnings and expenses report. Office and general business, premises and other expenses calculated as the ratio of practice nurse salary costs to all GP employees' salary costs.
F. Capital overheads		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 and 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 available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled of 56p per mile, and a reduced rate thereafter of 20p per mile, irrespective of the type of car or fuel used. ⁶
Working time	41.4 weeks per year 37.5 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 27 annual leave days, 5 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). <p>Working days = 207; working hours = 1,553; working weeks = 41.4.</p>
Total cost	£80,292 per year	Including qualifications
Ratio of direct to indirect time		No current information available.
Duration of contact		No current information available.
Patient contacts		No current information available.
London multiplier		Review NHS Employers ⁸ and NHS Improvement ⁹ 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 available 2021/2022 (costs including qualifications given in brackets)		
£46 (£52) per hour.		

¹ NHS Digital (2021) *NHS staff earnings estimates, 12-month period from April 2021 – March 2022* (not publicly available), NHS Digital, Leeds.² NHS Employers (2022) *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.⁴ NHS Improvement (2019) *NHS Foundation Trusts: Consolidated Accounts 2018/19* [Consolidated_foundation_trust_accounts_2018_19.pdf](#) (england.nhs.uk)⁵ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.⁶ NHS Employers (2018) *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>.⁷ NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>⁸ NHS Employers (2019) Annex 9: High cost area supplements, <https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements>.⁹ 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	2021/2022 value	Notes
A. Net remuneration	£145,862 per year	Average income before tax for GPMS contractor GPs for England. ¹
B. Practice expenses:		
Direct care staff	£31,822 per year	Ninety one per cent of FTE equivalent practitioners (excluding GP registrars and GP retainers) employed 0.62 FTE nurse (including practice nurses, advanced level nurses and extended role and specialist nurses) includes salary and oncosts. ²
Administrative and clerical staff	£43,079 per year	Each FTE equivalent practitioner (excluding GP registrars and GP retainers) employed 1.18 FTE administrative and clerical staff, includes salary and oncosts. ^{1,2}
Office and general business	£10,716 per year	All office and general business, premises and other expenses, including advertising, promotion and entertainment, are based on expenditure taken from the GP earnings and expenses report. ¹ Each GP employs 3.02 members of staff, including practice nurses, other patient care staff, plus administrators and clerical staff. ¹ Office and general business, premises, and other expenses calculated as the ratio of GP salary costs to all GP employees salary costs.
Premises	£14,540 per year	
Other: includes advertising, promotion and entertainment	£18,600 per year	
Car and travel	£1,027 per year	Based on information taken from the GP earnings and expenses report. ³
C. Qualifications	£49,374 per year ⁴	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁵ The cost of training a GP 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 where staff are away from their posts. The investment in training has been depreciated over the expected working life of the doctor. ⁶ 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. ⁷
D. Capital costs: Premises	£13,366 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. ⁸
Working time	44.7 weeks per year 48 hours per week ⁹	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 10 statutory days, 30 annual leave days and 5 sick days).¹⁰ 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 (48 hours). <p>Working days = 215; working hours = 2,150; working weeks = 44.7.</p>
Direct patient care (excludes travel time)		The 11 th National GP Worklife Survey, ¹¹ highlights that direct patient care (e.g. surgeries, clinics, & home visits) takes 60 per cent of a GP's time. Indirect patient care (referral letters) absorbs 20 per cent of time. General administration (practice management etc.) forms 9 per cent of time, 4 per cent is spent on external meetings, with other activities (continuing education etc.) taking 7 per cent of a GP's time.
Indirect patient care		
Consultations	9.22 minutes	
Unit costs for 2021/2022 are given in table overleaf		

¹ NHS Digital (2020) *GP earnings and expenses 2020/21*, NHS Digital, Leeds. <https://digital.nhs.uk/data-and-information/publications/statistical/gp-earnings-and-expenses-estimates/2020-21>.

² NHS Digital (2019) *General Practice Workforce, Final 31 March 2019, experimental statistics, England*, NHS Digital, <https://digital.nhs.uk/data-and-information/publications/statistical/general-practice-workforce-archive/final-31-march-2019>

³ GP Earnings and expenses Estimates 2020/2021.

<https://app.powerbi.com/view?r=eyrjioiTkNzlhNDAtOGIxMS00NmY2LWJiYjctYzE3MWJlNmY2MzU1liwidCI6ijUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTy3Mzc0OGU2MjIIMilslmMiOih9&pageName=ReportSection9>

⁴ The expected annual cost discounted at 3.5%.

⁵ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS*, Vols 1 & 2, Personal Social Services Research Unit, University of Kent, Canterbury.

⁶ 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.

⁷ Department of Health and Social Care. Education and training tariff guidance and prices for 2021 to 2022. [Education and training tariff guidance and prices for 2021 to 2022 financial year - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/education-and-training-tariff-guidance-and-prices-for-2021-to-2022-financial-year)

⁸ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](https://bcis.org.uk/).

⁹ The British Medical Association outlines that the UK version of the European Working Time Directive requires the working week to be an average of 48 hours per week

¹⁰ NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>

¹¹ Odebiyi, B., Walker, B., Gibson, J., Sutton, M., Spooner, S. and Checkland, K. (2021). Eleventh National GP Worklife Survey, University of Manchester, Manchester. [Eleventh GPWLS 2021.pdf \(prucomm.ac.uk\)](https://www.prucomm.ac.uk/EleventhGPWLS2021.pdf)

Table 9.4.2: Unit costs for a GP

Unit cost 2021/2022	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) ¹	£328,386	£279,012	£296,565	£247,191
Annual (excluding travel)	£327,359	£277,985	£246,164	£276,958
Per hour of GMS activity ²	£159	£135	£144	£120
Per hour of patient contact ²	£265	£225	£239	£200
Per minute of patient contact ²	£4.42	£3.76	£3.99	£3.33
Per surgery consultation lasting 9.22 minutes ³	£41	£35	£37	£31
Prescription costs per consultation	£33			
Prescription costs per consultation (actual cost)	£29			

¹ The qualification cost represents the expected annual qualification cost discounted at 3.5%. Table 12.4.2 highlights the total investment to train a GP.² The number of hours worked per annum = 2,064 hours. Includes travel.³ Hobbs, R., Bankhead, C., Mukhtar, T., Stevens, S., Perera-Salazar, R., Holt, T., & Salisbury, C. (2016) Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14, *The Lancet*, 387, 10035, 2323-2330.<http://www.sciencedirect.com/science/article/pii/S0140673616006206>.

9.4.1. Commentary for GPs

General note about GP expenditure. NHS England and the British Medical Association's General Practitioners Committee agreed an initial set of funding and contractual arrangements for 2021/22: [Letter: update to GP contract arrangements for 2021/22 \(england.nhs.uk\)](https://www.England.nhs.uk)

Allowing for full time equivalence (FTE). NHS Digital has estimated that the number of FTE practitioners (excluding GP registrars and GP retainers) was 27,752 FTE in June 2021 up by 331 or 1.2% on the previous year.¹ FTE practice staff included 16,316 practice nurses (includes specialist nurses, advanced level nurses, extended role and specialist nurses), 14,062 direct patient care staff, and 69,621 administrative and clerical staff.

Direct care staff. On average in 2020, approximately 91 per cent of FTE equivalent practitioners (excluding GP registrars and GP retainers) employed 0.59 FTE nursing staff. All direct care staff have been costed at the same level as a band 6 GP practice nurse.

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

The cost of training GPs include 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 where staff are away from their posts. The investment in training has been depreciated over the expected working life of the doctor.³ 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.⁴

Prescription costs. Prescription costs per consultation are £33 (net ingredient cost) and £29 (actual cost). The net ingredient cost (NIC) is the basic cost of the drug, while the actual cost is the NIC less the assumed average discount plus the container allowance, plus on-cost for appliance contractors. The NIC does not take account of 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. Hobbs and colleagues (2016)⁵ carried out a retrospective analysis of GP and nurse consultations of non-temporary patients registered at 398 English general practices between April 2007 and March 2014. They used data from electronic health records routinely entered in the Clinical Practice Research Datalink (CPRD), and linked CPRD data to national datasets. The dataset comprised 101,818,352 consultations and 20,626,297 person-years of observation. The mean duration of GP surgery consultations increased by 6.7 per cent, from 8.65 minutes to 9.22 minutes during that time.

¹ NHS Digital (2019) General Practice Workforce, England, Bulletin Tables March 2019. Experimental Statistics, <https://digital.nhs.uk/data-and-information/publications/statistical/general-practice-workforce-archive/final-31-march-2019>

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.

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.

⁴ Department of Health and Social Care. Education and training tariff guidance and prices for 2021 to 2022. [Education and training tariff guidance and prices for 2021 to 2022 financial year - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/education-and-training-tariff-guidance-and-prices-for-2021-to-2022-financial-year)

⁵ Hobbs, R., Bankhead, C., Mukhtar, T., Stevens, S., Perera-Salazar, R., Holt, T., & Salisbury, C. (2016) Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14, *The Lancet*, 387, 10035, 2323-2330.

<http://www.sciencedirect.com/science/article/pii/S0140673616006206>.

9.5. Online consultation costs

Information for this schema was taken from a one-month observational study carried out in South West England by Hannah Edwards and colleagues¹ to evaluate an online consultation system in primary care. Thirty-six general practices covering 396,828 patients took part in the pilot and 7,472 patients completed an 'e-consultation'. Patient records (n=485) were abstracted for eight practices.

To contact their GP, a patient completed an online form describing the nature of their problem (hereafter referred to as an 'e-consultation'). This was submitted to their practice, which committed to responding by the end of the next working day. The study calculated the average cost of all initial primary care actions in response to an e-consultation was £37.70. The cost was driven mainly by the time needed for a GP to triage the e-consultations (5 minutes assumed based on interviews with practice staff) and the relatively high proportion of e-consultations that resulted in a face-to-face or telephone consultation with a GP. When considering further follow-up actions taken in the subsequent 30 days, the average cost associated with an e-consultation increased to £50.72. Staff time was valued using data from the Unit Costs of Health & Social Care 2015 and then uprated to current 2021/2022 values using the Hospital and Community Health Services (HCHS) Inflation Index.

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

All initial response actions	Number	% all e-consultations (n=482)	Average cost per e-consultation
GP face-to-face appointments (in surgery)	186	39	£14.43
GP telephone calls	187	39	£8.80
Nurse face-to-face contacts	70	15	£2.00
Nurse telephone appointments	0	0	£0.00
Prescriptions	151	31	£1.42
Fit notes	31	6	£0.42
Routine referral letters	56	12	£0.76
2-week wait referral letters	10	2	£0.14
GP-given advice by email	125	26	£0.00
Other GP actions	108	22	£0.00
Unknown GP actions	15	3	£0.00
GP-led triage cost	15	3	£13.15
Average cost of e-consultation			£41.13

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

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

Telephone triage is increasingly used to manage workloads in primary care. A study carried out between 1 March 2011 and 31 March 2013 by John Campbell and colleagues^{1,2} aimed to assess the effectiveness and cost consequences of GP-led and nurse-led triage compared with usual care for requests for same-day appointments. Based on a review of 5,567 clinician contact forms for GP-led triage and 5,535 forms for nurse-led triage, the study found that mean clinician contact times for interventions were 4 minutes (SD 2.83) for GP triage and 6.56 minutes (SD 3.83) for nurse triage. Using national cost estimates, a detailed breakdown of the costs is provided below. Mean costs per intervention, including training, were £15.32 for GP-led triage and £8.61 (including computer decision support software) for nurse-led triage. The figures have been uprated to 2021/2022 values using the Hospital and Community Health Services (HCHS) annual inflator.

Table 9.6.1: Costs and unit estimations for a telephone triage

Costs and unit estimation	Nurse-led triage 2021/2022 value	Notes	GP-led triage 2021/2022 value	Notes
A. Wages/salary and oncosts	£37,593 per year	Based on the salary of a GP practice nurse (AfC band 5) plus oncosts	£145,862 per year	Average income before tax.
B. Overheads				
Staff overheads	£11,763 per year		£43,079 per year	
Non-staff	£17,067 per year		£44,884 per year	
C. Qualifications	£8,502 per year		£45,998 per year	
D. Capital	£5,366 per year		£13,366 per year	
E. Other costs				
Staff training	£6,137 per year	Taken from Table 25 in Campbell et al ² and uprated using the PSS Pay & Prices Index	£3,420 per year	Taken from Table 25 in Campbell et al ² and uprated using the PSS Pay & Prices Index
Computer decision support software	£8,502 per year			
Working time	41.4 weeks per year 37.5 hours per week	Based on 1,553 hours per year	44.7 weeks per year 48 hours per week	Based on 2,150 hours per year
Average time per intervention (minutes)	6.56 (SD 3.83)	See Table 23 in Campbell et al ²	4 (SD 2.83)	See Table 23 in Campbell et al ²
Unit costs available 2021/2022				
Total annual costs (including set-up costs)	£94,932		£299,984	
Cost per hour of face-to-face contact (including set-up costs)	£79		£233	
Cost per intervention (including other costs)	£8.69		£15.50	

¹ Campbell, J., Fletcher, E., Britten, N., Green, C., Holt, T., Lattimer, V., Richards, D., Richards, S., Salisbury, C., Calitri, R., Bowyer, V., Chaplin, K., Kandiyali, R., Murdoch, J., Roscoe, J., Varley, A., Warren, F., & Taylor, R. (2014) Telephone triage for management of same-day consultation requests in general practice (the ESTEEM trial): a cluster-randomised controlled trial and cost-consequence analysis, *The Lancet*. [https://doi.org/10.1016/S0140-6736\(14\)61058-8](https://doi.org/10.1016/S0140-6736(14)61058-8)

² 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>

9.7. 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. In total, responses were received from 251 practices with some or all NHS activity. See article in Units Costs of Health & Social Care 2017 for more information. The costs below apply only to Performer-Only dentists with registered NHS activity. Dentists who performed only private dentistry have been excluded (n=50). Values have been uprated using the Hospital and Community Health Services (HCHS) annual inflator to uprate the costs to 2021/2022 values.

Table 9.7.1: Costs and unit estimations for a Performer-Only dentist

Costs and unit estimation	2021/2022 value	Notes
A. Net remuneration	£67,651 per year	This is the average taxable income (average gross earnings less average total expenses) for self-employed primary care Performer-Only dentists in 2018/2019. ²
B. Practice expenses:		Employee expenses are taken from the Dental Earnings and Expenses report ² . All office and general business, premises and other expenses including advertising promotion and entertainment are based on expenditure taken from the Dental Earnings and Expenses report. ²
Direct care staff	£59,661 per year	
Office and general business	£5,082 per year	All office and general business, premises and other expenses including advertising, promotion and entertainment are based on expenditure taken from the Dental Earnings and Expenses report. ²
Premises	£3,388 per year	
Car and travel	£1,016 per year	Includes insurance, repairs, maintenance, rent and utilities.
Other	£25,299 per year	Includes a variety of expenses, including laboratory costs, materials costs, advertising, promotion and entertainment costs.
C. Qualifications	No costs available	
D. Ongoing training	No costs available	
E. Capital costs		Assumed to be included as rent (see above). Based on the new-build and land requirements of a dentist surgery, but adjusted to reflect shared use of both treatment and non-treatment space, depreciated capital costs would be £8,617 per annum. ³
F. Equipment costs	£5,967 per year	Total equipment costs (e.g. dentist chairs, cabinetry and all dental technology) per practice with all or some NHS activity was valued at £60,417 per FTE dentist. Costs have been depreciated over ten years as this was the most frequently-cited replacement time.
Total cost⁴	£168,064 per year	
Working time	35.7 hours per week	The average total number of weekly hours worked by Performer-Only dentists in 2017/2018 was 35.7. ⁵
Ratio of direct to indirect time: Clinical time	1:0.27	Based on information taken from the Dental Working Hour's survey, Performer-Only dentists spent 78.5 per cent of their working time on clinical activities.
Unit costs available 2021/2022		
£108 per hour; £138 per hour of patient contact.		

¹ NHS Digital (2019) *A guide to NHS dental publications*, NHS Digital, Leeds. <https://files.digital.nhs.uk/AD/73DD0A/nhs-dent-stat-eng-18-19-anx4-gui.pdf>.

² NHS Digital (2019) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS Digital, Leeds. <https://digital.nhs.uk/data-and-information/publications/statistical/dental-earnings-and-expenses-estimates/2017-18>.

³ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁴ Excluding the qualification cost.

⁵ NHS Digital (2018) *Dental Working Hours: Working Patterns, Motivation and Morale 2016/17 and 2017/18*, NHS Digital, Leeds.

<https://files.digital.nhs.uk/D5/AB5837/Dental-Working-Hours-2016-17-and-2017-18-Working-Patterns-Motivation-and-Morale-Report.pdf>

9.8. Dentist – Providing-Performer

The costs below relate to a Providing-Performer, which is a dentist who holds a health service contract and who also 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. In total, responses were received from 251 practices with some or all NHS activity. See article in Unit Costs of Health & Social Care 2017 for more information. The costs below apply only to Providing-Performer dentists with registered NHS activity. Dentists who performed only private dentistry have been excluded. The data has been uprated to 2021/2022 values using the Hospital and Community Health Services (HCHS) annual inflator.

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

Costs and unit estimation	2021/2022 value	Notes
A. Net remuneration	£133,608 per year	This is the average taxable income of self-employed primary care Providing-Performer dentists in 2018/2019. ²
B. Practice expenses:		
Employee expenses	£59,661 per year	As salary expenses for Performer-Only dentists are declared as 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	£8,022 per year	All office and general business, premises and other expenses including advertising promotion and entertainment are based on expenditure taken from the <i>Dental Earnings and Expenses</i> report and uprated using the Health Services Inflator. ²
Premises	£8,841 per year	Includes insurance, repairs, maintenance, rent and utilities.
Car and travel	£2,146 per year	
Other	£50,122 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. Qualifications	No costs available	
D. Ongoing training	No costs available	
E. Capital costs		Assumed to be included as rent (see above). Based on the new-build and land requirements of a dentist surgery, but adjusted to reflect shared use of both treatment and non-treatment space, depreciated capital costs would be £8,617 per annum. ³
F. Equipment costs	£5,967 per year	Total equipment costs (e.g. dentist chairs, cabinetry and all dental technology) per practice with all or some NHS activity was valued at £60,417 per FTE dentist. Costs have been depreciated to reflect that ten years was the most frequently-cited replacement time.
Total cost⁴	£268,366 per year	
Working time	41.3 hours per week.	The average total number of weekly hours worked by Providing-Performer dentists in 2017/2018 was 41.3, with 25.5 hours devoted to NHS work.
Ratio of direct to indirect time: Clinical time	1:0.41	Based on information taken from the <i>Dental Working Hours survey</i> , ⁵ Providing-Performer dentists spent 70.7 per cent of their working time on clinical activities.
Unit costs available 2021/2020		
£150 per hour; £208 per hour of patient contact		

¹ NHS Digital (2019) *A guide to NHS dental publications*, NHS Digital, Leeds. <https://files.digital.nhs.uk/AD/73DD0A/nhs-dent-stat-eng-18-19-anx4-gui.pdf>

² NHS Digital (2019) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS Digital, Leeds. <https://digital.nhs.uk/data-and-information/publications/statistical/dental-earnings-and-expenses-estimates/2017-18>

³ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁴ Excluding a qualification cost.

⁵ NHS Digital (2018) *Dental working hours: Working Patterns, Motivation and Morale 2016/17 and 2017/18*, NHS Digital, Leeds.

<https://files.digital.nhs.uk/D5/AB5837/Dental-Working-Hours-2016-17-and-2017-18-Working-Patterns-Motivation-and-Morale-Report.pdf>.

9.9. 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 2022, by treatment band.

Table 9.9.1: NHS dental charges

Treatment Band	Charges from 1 April 2022 ¹	
Emergency dental treatment	£23.80	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
Band 1	£23.80	Examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if needed, and application of fluoride varnish or fissure sealant.
Band 2	£65.20	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth.
Band 3	£282.80	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures and bridges and other laboratory work.

¹ [Help with NHS dental costs | NHSBSA](#)

COMMUNITY-BASED SOCIAL CARE

10. Social care staff and services

- 10.1. Social worker (adult services)
- 10.2. Social work assistant
- 10.3. Community occupational therapist (local authority)
- 10.4. Home care worker
- 10.5. Home care manager
- 10.6. Support and outreach worker
- 10.7. Reablement

10.1. Social worker (adult services)

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

Costs and unit estimation	2021/2022 value	Notes
A. Salary	£36,113 per year	Information taken from the Adult Social Care Workforce Data (Skills for Care, 2021/2022) ¹ showed that the mean basic salary, based on the weighted mean annual salary for a local authority and independent sector social worker working in adult services was £36,113.
B. Salary oncosts	£10,193 per year	Employer's national insurance contribution is included, plus 18.6 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications	£9,103 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 care include 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 where staff are away from their posts.
D. Ongoing training		No current information is available. Although further training is available to social workers to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.
E. Overheads		
Direct overheads	£13,429 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	£7,409 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£3,488 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 available on average mileage covered per visit.
Total cost (including qualifications)	£79,733 per year	
Working time	43 weeks per year 37 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 10 statutory days, 25 annual leave days and 10 sick days).⁵ 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 are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). <p>Working days = 215; working hours = 1,591; working weeks = 43.</p>
Ratios of direct to indirect time on: Client-related work		No current information is available on client-related activity.
Duration of visit		No current information is available on the number or duration of visits.
Unit costs available 2021/2022 (costs including qualifications given in brackets)		
£42 (£50) per hour.		

¹ Skills for Care (2021/2022) *Adult social care workforce estimates*, <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx>.

² Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. <http://lgpsboard.org/index.php/schemedata>

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.

⁴ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁵ Skills for Care (2021). The workforce employed by adult social services departments, England 2021

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.skillsforcare.org.uk%2FAdult-Social-Care-Workforce-Data%2FWorkforce-intelligence%2Fdocuments%2FThe-workforce-employed-by-adult-social-services-departments-Reference-Tables.xlsx&wdOrigin=BROWSELINK>

10.2. Social work assistant

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

Costs and unit estimation	2021/2022 value	Notes
A. Salary	£26,610 per year	The mean basic salary of a social work assistant in 2022. ¹
B. Salary oncosts	£7,166 per year	Employer's national insurance contribution is included, plus 18.6 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications		No information available.
D. Ongoing training		No information available.
E. Overheads		
Direct overheads	£9,795 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	£5,404 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£3,488 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 available on average mileage covered per visit.
Total cost⁴	£52,463 per year	
Working time	43 weeks per year 37 hours per week	<ul style="list-style-type: none"> • Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 10 statutory days, 25 annual leave days and 10 sick days).⁵ • 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 are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). <p>Working days = 215; working hours = 1,591; working weeks = 43.</p>
Ratios of direct to indirect time on: Client-related work		No current information is available about the proportion of social work assistant time spent on client-related outputs.
Unit costs available 2021/2022		
£33 per hour.		

¹ Social work assistant salary 2022. https://www.glassdoor.co.uk/Salaries/social-work-assistant-salary-SRCH_K00,21.htm#:~:text=Salary%3A%20Social%20Work%20Assistant%20%28November%2C%202022%29%20%7C%20Glassdoor,the%20total%20pay%2C%20recent%20salaries%20shared%20and%20more%21

² Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. <http://lgpsboard.org/index.php/schemedata>

³ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁴ Excluding qualification costs.

⁵ Skills for Care (2021). The workforce employed by adult social services departments, England 2021

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.skillsforcare.org.uk%2FAdult-Social-Care-Workforce-Data%2FWorkforce-intelligence%2Fdocuments%2FThe-workforce-employed-by-adult-social-services-departments-Reference-Tables.xlsx&wdOrigin=BROWSELINK>

10.3. Community occupational therapist (local authority)

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

Costs and unit estimation	2021/2022 value	Notes
A. Wages/salary	£37,900 per year	Information taken from the Adult Social Care Workforce Data (Skills for Care, 2021/2022) ¹ showed that the mean basic salary, based on the mean annual salary for a local authority occupational therapist working in adult services was £37,508.
B. Salary oncosts	£10,762 per year	Employer's national insurance contribution is included, plus 18.6 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications	£5,297 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 community occupational therapists include 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 where staff are away from their posts..
D. Ongoing training		Although further training is available to community occupational therapists to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.
E. Overheads		
Direct overheads	£14,112 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	£7,786 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£3,488 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 cost	£79,344 per year	
Working time	43 weeks per year 37 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 10 statutory days, 25 annual leave days and 10 sick days).⁵ 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 are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). <p>Working days = 215; working hours = 1,591; working weeks = 43.</p>
Ratio of direct to indirect time on: Client-related work		No current information is available on the proportion of time spent with clients.
Unit costs available 2021/2022 (costs including qualifications given in brackets)		
£47 (£50) per hour.		

¹ Skills for Care (2021/2022) *Adult social care workforce estimates*, <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx>.

² Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. <http://lgpsboard.org/index.php/schemedata>

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.

⁴ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](https://bcis.org.uk/Building-Cost-Information-Service-Construction-Data).

⁵ Skills for Care (2021). The workforce employed by adult social services departments, England 2021

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.skillsforcare.org.uk%2FAdult-Social-Care-Workforce-Data%2FWorkforce-intelligence%2Fdocuments%2FThe-workforce-employed-by-adult-social-services-departments-Reference-Tables.xlsx&wdOrigin=BROWSELINK>

10.4. Home care worker

Table 10.4.1 provides information on the costs of a home care worker. Salary information is taken from the Adult Social Care Workforce Data (Skills for Care, 2021/2022).¹

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

Costs and unit estimation	2021/2022 value	Notes
A. Wages/salary	£20,284 per year	Based on the weighted mean annual salary for a local authority and independent sector care worker for 2021/2022. ¹
B. Salary oncosts	£5,151 per year	Employer's national insurance contribution is included, plus 18.6 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications		No information available.
D. Ongoing training		No information available.
E. Overheads Direct overheads	£7,376 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	£4,070 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Travel		No information available on average mileage covered per visit.
Total cost³	£36,880 per year	
Working time	43 weeks per year 37 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 10 statutory days, 25 annual leave days, 10 sick days).⁴ 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 are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). <p>Working days = 215; working hours = 1,591; working weeks = 43.</p>
Ratios of direct to indirect time on: Face-to-face contact		No current information is available.
Duration of visit		No current information is available.
Service use		In England, 827,915 people received long-term support from local authorities in 2021/2022. ⁵ No current information is available on the number of hours that clients receive.
Unsocial hours		No current information is available.
Unit costs available 2021/2022		
£23 per weekday hour.		

¹ Skills for Care (2021) *Adult social care workforce estimates*, <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx>

² Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. <http://lgpsboard.org/index.php/schemedata>

³ Excluding qualification costs.

⁴ Skills for Care (2021). The workforce employed by adult social services departments, England 2021 <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.skillsforcare.org.uk%2FAdult-Social-Care-Workforce-Data%2FWorkforce-intelligence%2Fdocuments%2FThe-workforce-employed-by-adult-social-services-departments-Reference-Tables.xlsx&wdOrigin=BROWSELINK>

⁵ NHS Digital (2022) *Adult Social Care Statistics in England: An Overview* [Adult Social Care Statistics in England: An Overview - NDRS \(digital.nhs.uk\)](https://digital.nhs.uk)

10.5. Home care manager

Salary information in this table is taken from the Adult Social Care Workforce Data (Skills for Care, 2021/2022)¹ and has been based on the salary of a registered manager.

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

Costs and unit estimation	2021/2022 value	Notes
A. Wages/salary	£33,578 per year	Based on the weighted mean annual salary for a local authority and independent sector registered manager for 2021/2022. ¹
B. Salary oncosts	£9,385 per year	Employer's national insurance contribution is included, plus 18.6 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications		No information available.
D. Ongoing training		No information available.
E. Overheads:		
Direct	£12,459 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	£6,874 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£3,488 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 available on average mileage covered per visit.
Total cost⁴	£65,784 per year	
Working time	43 weeks per year 37 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 10 statutory days, 25 annual leave days and 10 sick days).⁵ 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 are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). <p>Working days = 215; working hours = 1,591; working weeks = 43.</p>
Ratios of direct to indirect time on:		No current information is available on the proportion of time spent with clients.
Client-related work		
Unit costs available 2021/2022		
£41 per hour.		

¹ Skills for Care (2021/2022) *Adult social care workforce estimates*, <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx>

² Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. <http://lgpsboard.org/index.php/schemedata>

³ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁴ Excluding qualification costs.

⁵ Skills for Care (2021). The workforce employed by adult social services departments, England 2021

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.skillsforcare.org.uk%2FAdult-Social-Care-Workforce-Data%2FWorkforce-intelligence%2Fdocuments%2FThe-workforce-employed-by-adult-social-services-departments-Reference-Tables.xlsx&wdOrigin=BROWSELINK>

10.6. Support and outreach worker

Community outreach workers act as a liaison 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	2021/2022 value	Notes
A. Wages/salary	£20,181 per year	Information taken from the Adult Social Care Workforce Data (Skills for Care, 2021/2022) ² showed that the mean basic salary for a support and outreach worker, based on the weighted mean annual salary for a local authority and independent sector outreach worker was £20,181.
B. Salary oncosts	£5,118 per year	Employer's national insurance contribution is included, plus 18.6 per cent of salary for employer's contribution to superannuation. ³
C. Qualifications		No information available.
D. Ongoing training		No information available.
E. Overheads		
Direct overheads	£7,337 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	£4,048 per year	Indirect overheads include general management and support services such as finance and human resource departments.
F. Capital overheads	£3,488 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 cost⁵	£40,171 per year	
Working time	43 weeks per year 37 hours per week	<ul style="list-style-type: none"> Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 10 statutory days, 25 annual leave days and 10 sick days).⁶ 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 are calculated by dividing the number of working hours per annum by the number of hours per week (37 hours). <p>Working days = 215; working hours = 1,591; working weeks = 43.</p>
Ratio of direct to indirect time on: Client-related work		No current information is available on the proportion of time spent with clients.
Unit costs available 2021/2022		
£25 per hour.		

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 (2021/2022) *Adult social care workforce estimates*, <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx>

³ Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. <http://lgpsboard.org/index.php/schemedata>

⁴ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁵ Excluding qualification costs.

⁶ Skills for Care (2021). The workforce employed by adult social services departments, England 2021

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.skillsforcare.org.uk%2FAdult-Social-Care-Workforce-Data%2FWorkforce-intelligence%2Fdocuments%2FThe-workforce-employed-by-adult-social-services-departments-Reference-Tables.xlsx&wdOrigin=BROWSELINK>

10.7. Reablement

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

In 2015, Beresford et al. (2019)¹ surveyed reablement services in 139 local authorities of the 152 local authorities in England. When collecting costs, data collection and analysis took the perspective of the NHS and Personal Social Services, therefore the relevant costs were those falling on the budgets of the Clinical Commissioning Group (CCG) (representing the NHS) and/or local authorities (representing Personal Social Services). Although the authors recognised that overheads should be included but they were unsure whether overheads were given. Beresford et al were not able to check with participants in the survey as to what they included in the costs (see page 21 of the referenced report for more information). The planned duration of reablement was, on average, six weeks, with one or two home visits per day. Actual duration was, on average, four weeks.

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

- 1) Functional reablement (services which reported that they re-enabled in the areas of personal care, domestic, skills, safety, information, helping people to move about inside, health-related needs and confidence-building).
- 2) Comprehensive reablement (services which stated that they re-enabled in all of the domains. Thus, they were similar to services delivering 'functional' reablement, but also helped people with getting out and about, and with social activities).
- 3) Social reablement (services which reported that they re-enabled in the areas of safety, information, getting out and about, social activities and confidence-building).

Of the 143 reablement services which were reported in the survey, 42 (29%) provided information on expenditure, and 100 (70%) provided information on annual caseload or the typical number of cases per month. Overall, the authors were able to calculate the cost per case for 37 (26%) reablement services.

The average cost per case was £1,626 for comprehensive services. Another study² referenced in the NICE guidelines (2017)³ reported a mean cost per person of £1,484, based on 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 2021/2022 values using the PSS Pay and Prices Index.

Table 10.7.1: Cost per case of reablement services

Expenditure on reablement services as reported by services	Average cost per case	Minimum cost per case	Maximum cost per case
Total expenditure for functional services (n=10)	£1,691	£593	£2,396
Total expenditure for comprehensive services (n=24)	£1,621	£21	£3,574
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://britishgeriatricssociety.wordpress.com/2015/11/11/national_audit_intermediate_care/.

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

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

HOSPITAL-BASED HEALTH CARE STAFF

11. Hospital-based health care staff

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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: <http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation/national-job-profiles>. Examples of roles by band are shown below and in more detail by job type in Table 12.3. Reference should also be made to the explanatory notes when interpreting the unit costs.

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), Counsellor (entry level).
Band 6	Physiotherapist specialist, Occupational therapist specialist, Speech and language therapist specialist, Podiatrist specialist, Clinical psychology trainee, Counsellor, Pharmacist, 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), Arts therapist principal.
Band 8a-c	Counsellor professional manager, Counsellor consultant, Consultant speech and language therapist.
Band 8c-d	Clinical psychologist consultant, Podiatric consultant (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 2021/April 2022 NHS staff earnings estimates for allied health professionals.¹ See 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 oncosts

Employer's national insurance is included, plus 20.6 per cent of salary for 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 include 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 where staff are away from their posts. Although further training is available to hospital-based scientific and professional staff to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

To calculate the cost per hour including qualifications for hospital-based scientific and professional staff, the appropriate expected annual cost 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

Taken from NHS Foundation Trusts: Consolidated Accounts 2018/2019.⁴ Management and other non-care staff costs include administration and estates staff. Non-staff costs include costs to the provider for drugs, office, travel/transport, publishing, training courses and conferences, supplies and services (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, but adjusted to reflect shared use of office space for administration, and recreational 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 7.5 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).

Working days = 215; working hours = 1,613; working weeks = 43.

¹ NHS Digital (2021) *NHS staff earnings estimates, 12-month period from April 2021 – March 2022* (not publicly available), NHS Digital, Leeds.

² NHS Employers (2022) *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.

⁴ NHS Improvement (2019) *NHS Foundation Trusts: Consolidation Accounts 2018/19*, [Consolidated foundation trust accounts 2018 19.pdf \(england.nhs.uk\)](#).

⁵ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁶ NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>

H. Ratio of direct to patient-related time

See previous editions for time spent on patient-related activities. See also Table 12.5 for information on a PSSRU survey carried out in 2014/2015 providing estimates of time use for hospital-based staff.

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 Employers (2019) Annex 9: High cost area supplements, <https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements>

2 NHS Improvement (2019) 2019/20 payment reform proposals, <https://improvement.nhs.uk/resources/201920-payment-reform-proposals/>.

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 facing 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 on 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	£23,876	£27,507	£36,051	£43,793	£50,409	£59,609	£71,249	£84,997	£103,035
B. Salary oncosts	£6,773	£8,002	£10,894	£13,515	£15,754	£18,868	£22,809	£27,462	£33,568
C. Qualifications	See note								
D. Ongoing training	See note								
E. Overheads									
Management, admin and estates staff	£6,347	£7,354	£9,722	£11,869	£13,703	£16,253	£19,479	£23,290	£28,291
Non-staff	£14,371	£16,650	£22,013	£26,872	£31,024	£36,798	£44,104	£52,732	£64,053
F. Capital overheads	£4,004	£6,680	£6,680	£6,680	£6,680	£6,680	£6,680	£6,680	£6,680
G. Travel									
Total costs per year¹	£55,371	£66,193	£85,360	£102,728	£117,570	£138,207	£164,321	£195,161	£235,627
H. Working time	43 weeks (1,613 hours) per year, 37.5 hours per week								
I. Ratio of direct to indirect time	See note								
London/non-London multipliers	See note								
Unit costs 2021/22									
Cost per working hour¹	£34	£41	£53	£64	£73	£86	£102	£121	£146

¹ Excluding qualification costs.

11.2. Hospital-based nurses

The table overleaf provides the unit costs for hospital nurses bands 2-9. Each Agenda for Change (AfC) band can be matched to professionals using the AfC generic profiles: <http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation/national-job-profiles>. Reference should be made to the explanatory notes when interpreting the unit costs. 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 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 2021/April 2022 NHS staff earnings estimates for nurses.¹ See 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 oncosts

Employer's national insurance is included, plus 20.6 per cent of salary for 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 include 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 where staff are away from their posts. Although further training is available to nurses to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

D. Overheads

Taken from NHS Foundation Trusts: Consolidated Accounts 2018/2019.⁴

Management and other non-care staff costs include administration and estates staff. Non-staff costs include costs to the provider for drugs, office, travel/transport, publishing, training courses and conferences, supplies and services (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, but adjusted to reflect shared use of office space for administration, and recreational 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 15 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).

Working days = 207; working hours = 1,553; working weeks = 41.4.

G. Ratio of direct to patient-related time

See Table 12.5 for further information.

¹ NHS Digital (2021) *NHS staff earnings estimates, 12-month period from May 2021 – April 2022* (not publicly available), NHS Digital, Leeds.

² NHS Employers (2022) *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.

⁴ NHS Improvement (2019) *NHS Foundation Trusts: Consolidation Accounts 2018/19*, [Consolidated_foundation_trust_accounts_2018_19.pdf \(england.nhs.uk\)](#)

⁵ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁶ NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>

11.2.2. Annual and unit costs for hospital-based nurses

This table provides the annual and unit costs for hospital-based nurses (see the notes facing 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 on 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	£22,654	£29,064	£36,415	£43,629	£49,634	£58,443	£69,234	£82,132	£98,483
B. Salary oncosts	£6,359	£8,529	£11,017	£13,459	£15,492	£18,474	£22,127	£26,493	£32,027
C. Qualifications	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502	£8,502
D Ongoing training	See note								
E. Overheads									
Management, admin and estates staff	£6,009	£7,786	£9,823	£11,823	£13,487	£15,930	£18,921	£22,496	£27,029
Non-staff	£13,605	£17,627	£22,241	£26,769	£30,537	£36,067	£42,839	£50,934	£61,196
F. Capital overheads	£3,348	£3,348	£3,348	£3,348	£3,348	£3,348	£3,348	£3,348	£3,348
Total cost per year¹	£60,477	£74,856	£91,346	£107,530	£121,000	£140,763	£164,971	£193,906	£230,585
G. Working time	41.4 weeks (1,553 hours) per year, 37.5 hours per week								
H. Ratio of direct to indirect time on:									
Face to face contacts	See note								
Cost per working hour	£33	£43	£53	£64	£72	£85	£101	£119	£143
Cost per hour (with qualifications)	£39	£48	£59	£69	£78	£90	£106	£125	£148

¹ Including initial qualification costs.

11.3. Hospital-based doctors

The table overleaf provides the unit costs for hospital doctors. Reference should be made to the explanatory notes when interpreting the unit costs. 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 doctors are a grade of medical practitioner undertaking a two-year, general postgraduate medical training programme, which forms the bridge between medical school and specialist/general practice training. They have the opportunity to gain experience in a series of posts in a variety of specialty and healthcare settings. ¹
Registrar	A registrar is a specialist in training for medical consultancy. ²
Associate specialist	An associate specialist grade is normally reached by doctors taking a non-consultant career path involving becoming a staff grade after being a foundation doctor. ²
Consultant: medical, surgical and psychiatric	Consultants are senior hospital-based physicians or surgeons who have completed their entire specialist training and been placed on the specialist register in their chosen speciality. A consultant typically leads a team of doctors which comprises specialty 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 (2016) *The Foundation Programme*, <http://www.foundationprogramme.nhs.uk/pages/home>

² Prospects (2016) *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 2021/April 2022 NHS staff earnings estimates for doctors.¹ See NHS Terms and Conditions of Service Handbook for information on payment for unsocial hours and shift work.² See section 12.2 for further information on pay scales.

B. Salary oncosts

Employer's national insurance is included, plus 20.6 per cent of salary for employer's contribution to superannuation has been 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 include 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 where staff are away from their posts. Each year after registration a substantial proportion of the salary (100% or 60% depending on the level of seniority) can be attributed to the investment costs of training for subsequent stages in the doctor's career. This cost, together with additional expenditure representing infrastructure costs for maintaining post-graduate medical education, is taken as the total training cost for that year. During training Health Education England pays 50 per cent of the professional's salary plus oncosts to the employing NHS Trust.

D. Overheads

Taken from NHS Foundation Trusts: Consolidated Accounts 2018/2019.⁴

Management and other non-care staff costs include administration and estates staff. Non-staff costs include costs to the provider for drugs, office, travel/transport, publishing, training courses and conferences, supplies and services (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.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
- The British Medical Association outlines that the UK version of the EWT (European Working Time Directive) requires the working week to be an average of 48 hours per year.⁷
- 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 Digital (2021) *NHS staff earnings estimates, 12-month period from April 2021 – March 2022* (not publicly available), NHS Digital, Leeds.

² NHS Employers (2022) *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.

⁴ NHS Improvement (2019) NHS Foundation Trusts: Consolidation Accounts 2018/19, [Consolidated foundation trust accounts 2018_19.pdf \(england.nhs.uk\)](#)

⁵ Building Cost Information Service Construction Data (2022). [BCIS | Building Cost Information Service Construction Data](#).

⁶ NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>

⁷ British Medical Association. Pay and contracts. <https://www.bma.org.uk/pay-and-contracts/working-hours/european-working-time-directive-ewtd/doctors-and-the-european-working-time-directive>

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 Employers (2019) *Annex 9: High cost area supplements*, <https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements>

² NHS Improvement (2019) *2019/2020 payment reform proposals*, <https://improvement.nhs.uk/resources/201920-payment-reform-proposals/>.

11.3.2. Annual and unit costs for hospital-based doctors

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

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

	Foundation doctor FY1	Foundation doctor FY2	Registrar	Associate specialist	Consultant: medical	Consultant: surgical	Consultant: psychiatric
A. Wages/salary	£28,653	£33,089	£47,203	£101,081	£102,185	£100,628	£102,248
B. Salary oncosts	£8,390	£9,891	£14,669	£32,907	£33,280	£32,753	£33,302
C. Qualifications	£26,223	£28,441	£41,565	£50,192	£66,984	£66,984	£66,984
D. Overheads							
Management, admin and estates staff	£7,671	£8,901	£12,814	£27,749	£28,055	£27,623	£28,072
Non-staff	£17,369	£20,154	£29,012	£62,827	£63,520	£62,542	£63,559
E. Capital overheads	£4,737	£4,737	£4,737	£4,737	£6,149	£6,149	£6,149
Total costs per year	£93,043	£105,214	£150,000	£279,492	£300,173	£296,680	£300,314
F. Working time	43.05 weeks (2,066 hours) per year 48 hours per week ¹	43.05 weeks (2,066 hours) per year 48 hours per week ¹	42.95 weeks (2,062 hours) per year 48 hours per week ²	42.40 weeks (2,035 hours) per year 48 hours per week ³	43.13 weeks (2,070 hours) per year 48 hours per week ⁴	43.13 weeks (2,070 hours) per year 48 hours per week ⁴	43.13 weeks (2,070 hours) per year 48 hours per week ⁴
London/non-London multiplier	See note						
Units costs available 2021/2022							
Cost per working hour (excluding qualifications)	£32	£37	£53	£113	£113	£111	£113
Cost per working hour (including qualifications)	£45	£51	£73	£137	£145	£143	£145

¹ Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 25 annual leave days, 15 training/study days and 5.4 sick days).

² Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 30 annual leave days, 10 training/study days and 5.8 sick days).

³ Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 30 annual leave days, 10 training/study days and 8.5 sick days).

⁴ Working days are calculated by deducting leave days from 260 weekdays per annum (e.g. 8 statutory days, 30 annual leave days, 10 training/study days and 5 sick days).

⁵ Sick days - NHS Digital, *NHS sickness absence rates*, April 2022 to June 2022. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/april-2022-to-june-2022-provisional-statistics/introduction>

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 (NHSCI)

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

Table 12.1.1: The NHS Cost Inflation Index

Annual % increases on previous year (NHS Providers)			
	NHSCI prices	NHSCI pay	NHSCI pay and prices
2015/2016	0.54%	0.31%	0.39%
2016/2017	2.00%	2.10%	2.06%
2017/2018	1.31%	1.22%	1.25%
2018/2019	1.65%	1.60%	1.62%
2019/2020	1.41%	2.59%	2.18%
2020/2021	0.78%	3.42%	2.47%
2021/2022*	2.15%	3.04%	2.72%

* 2021/2022 figures are provisional, next year's publication will use additional data that becomes available.

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 has been used to calculate the pay percentages from 2019/20 onwards, in place of the Annual Survey of Hours and Earnings (ASHE) data used for previous years. Skills for Care data are taken from the Adult Social Care Workforce Data Set (ASC-WDS) which consists of non-mandatory returns from the independent sector (covering 51% of all CQC regulated locations) and mandatory returns from all local authorities in England. Skills for Care weight the independent sector returns to remove any geographical, service type and sector biases.

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

Year	PSS all sectors, adults only ¹			
	Annual % increases			
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay	Pay data source
2008/2009	3.2	2.7	3	ASHE
2009/2010	2.3	0.8	2.4	ASHE
2010/2011	2.4	2.3	2.2	ASHE
2011/2012	0.7	1	-0.4	ASHE
2012/2013	0.8	1.1	0.2	ASHE
2013/2014	1	1.6	0.7	ASHE
2014/2015	1	1.6	0.9	ASHE
2015/2016	1.8	1.7	2.3	ASHE
2016/2017	3.2	3.8	3.8	ASHE
2017/2018	2.7	3.6	2.7	ASHE
2018/2019	3	3.1	3.4	ASHE
2019/2020	3.3	3.1	3.8	SfC
2020/2021	3.8	3.3	4.9	SfC
2021/2022	3.9	3.8	3.9	SfC

¹Provided by the Department of Health and Social Care, 2022.

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

Year	PSS local authority, adults only[1]			
	Annual % increases			
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay	Pay data source
2008/2009	3.3	2.8	3.2	ASHE
2009/2010	2.2	0.7	2.3	ASHE
2010/2011	2.1	2.1	1.9	ASHE
2011/2012	1.1	1.3	0.2	ASHE
2012/2013	0.5	0.9	-0.1	ASHE
2013/2014	1.6	2	1.4	ASHE
2014/2015	1	1.6	0.9	ASHE
2015/2016	3.1	2.9	4.1	ASHE
2016/2017	1	1.9	0.9	ASHE
2017/2018	2.9	3.7	2.9	ASHE
2018/2019	2.6	2.7	2.8	ASHE
2019/2020	3.3	3.1	3.8	SfC
2020/2021	1.1	0.9	1.3	SfC
2021/2022	3	3	2.8	SfC

Provided by the Department of Health and Social Care, 2022.

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

Year	PSS independent care, adults only ¹			
	Annual % increases			
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay	Pay data source
2010/2011	2.4	2.3	2.2	ASHE
2011/2012	0.7	0.9	-0.4	ASHE
2012/2013	0.8	1.1	0.2	ASHE
2013/2014	1	1.5	0.6	ASHE
2014/2015	1	1.6	0.9	ASHE
2015/2016	1.7	1.6	2.1	ASHE
2016/2017	3.4	4	4.1	ASHE
2017/2018	2.7	3.6	2.7	ASHE
2018/2019	3.1	3.1	3.4	ASHE
2019/2020	3.3	3.1	3.9	SfC
2020/2021	4.2	3.6	5.4	SfC
2021/2022	4	3.9	4.1	SfC

Provided by the Department of Health and Social Care, 2022.

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	£29,209
Administration and estates staff	£32,340
Healthcare assistants and other support staff	£20,148
Nursing, midwifery and health visiting staff	£33,326
Nursing, midwifery and health visiting learners	£24,499
Scientific, therapeutic and technical staff	£35,989
Healthcare scientists	£32,880

Table 12.2.2: Mean annual basic pay per FTE for nursing, midwifery & 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	£22,654
Band 5	£29,064
Band 6	£36,415
Band 7	£43,629
Band 8a	£49,634
Band 8b	£58,443
Band 8c	£69,234
Band 8d	£82,132
Band 9	£98,483

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	£23,876
Band 5	£27,507
Band 6	£36,051
Band 7	£43,793
Band 8a	£50,409
Band 8b	£59,609
Band 8c	£71,249
Band 8d	£84,997
Band 9	£103,035

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

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

Band	Mean annual basic pay per FTE
Band 1	£18,490
Band 2	£19,524
Band 3	£21,265
Band 4	£23,954
Band 5	£28,892
Band 6	£35,684
Band 7	£43,119
Band 8a	£49,684
Band 8b	£58,866
Band 8c	£70,425
Band 8d	£84,008
Band 9	£101,315

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	£35,778
Support to nurses, health visitors and midwives	£21,104
ST&T staff - Allied Health Professions	
Allied Health Professions	£38,300
Support to Allied Health Professions	£22,123
ST&T staff	
ST&T staff	£41,435
Support to ST&T staff	£23,672
Ambulance staff¹	
Registered Ambulance Staff	£35,335
Support to Registered Ambulance Staff	£23,422
Former Pay Negotiating Council Groups	
Senior managers	£85,643
Managers	£57,607
Admin & Clerical	£27,223
Maintenance & works	£24,835

Source of tables: NHS Digital (2022) *NHS staff earnings estimates, 12-month period from April 2021– March 2022* (not publicly available), NHS Digital, Leeds.

General notes for NHS earnings estimates

Inspection of data suggests that discretionary point payments are sometimes included with basic pay for consultants.

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

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

12.3. Examples of roles in each Agenda for Change band

Table 12.3.1: Agenda for Change bands for physiotherapists

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

Table 12.3.2: Agenda for Change bands for occupational therapist

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

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-Band 9	Professional manager pharmaceutical services

12.4. Training costs of health and social care professionals

Tables 12.4.1 and 12.4.2 provide a breakdown of 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. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training, rather than NHS trusts. The tables show details of the total investment incurred during the working life of the professional after allowing for the distribution of the costs over time. The expected working life of the professional, based on previous research carried out at PSSRU, has been noted in brackets in Table 12.4.1 after the title of the professional group.²

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

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

Professional (working life in years)	Pre-registration			Total investment	Expected annual cost discounted at 3.5%
	Tuition³	Living expenses/lost production costs⁴	Clinical placement⁵		
Scientific and professional					
Physiotherapist (24.3)	£26,822	£32,152	£5,645	£64,619	£5,288
Occupational therapist (23.5)	£26,822	£32,152	£5,645	£64,619	£5,297
Speech and language therapist (24.7)	£26,822	£32,152	£5,645	£64,619	£5,430
Dietitian (23.3)	£26,822	£32,152	£5,645	£64,619	£5,495
Radiographer (24.3)	£26,822	£32,152	£5,645	£64,619	£5,266
Hospital pharmacist (27.6)	£35,165	£42,153	£20,757	£98,075	£7,729
Nurse (24)	£26,822	£32,152	£5,645	£64,619	£8,502
Social worker (19) (degree)	£26,822	£32,152	£6,474	£65,448	£9,103

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

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

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

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	£45,256	£51,815	£147,659	NA	NA	£244,730	£20,092
Foundation officer 1 (included in pre-reg training)	£45,256	£51,815	£147,659	£10,390	£56,932	£312,051	£26,223
Foundation officer 2	£45,256	£51,815	£147,659	£20,276	£62,068	£327,074	£28,441
Registrar group	£45,256	£51,815	£147,659	£40,155	£127,106	£411,991	£41,565
Associate specialist	£45,256	£51,815	£147,659	£48,496	£176,570	£469,796	£50,192
GP	£45,256	£51,815	£147,659	NA	£185,810	£430,540	£49,374
Consultant	£45,256	£51,815	£147,659	£65,144	£274,229	£584,102	£66,984

12.5. Time use of community care professionals

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

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) (bands 7 and 8)	44 31	39 40	54% 42%	29% 33%	13% 19%	5% 6%	102 71	1:0.20 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 contacts to all activity: 1:2.03 based on information taken from a study by Professor John Marsden and Colleagues.¹

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

12.6. Glossary

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

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

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

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

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

Durables Items such as furniture and fittings.

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

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

Oncosts Essential associated costs: salary oncosts, for example, include the employer's national insurance contributions.

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

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

Time preference rate The rate at which future costs or benefits are valued in comparison to current or base year's costs or benefits.

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, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.

Local authority overheads

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

Indirect overheads include general management and support services, such as finance and human resource departments.

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

12.6.2. Time use and unit costs

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

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

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

Per consultation Cost per attendance in a clinic or surgery. This also allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients.

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

Per example episode Cost of a typical episode of care, comprising several hours of a professional's time.

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

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

Per hour in clinic Cost of one hour spent by a professional in a clinic. Time spent on non-clinical activity is allocated to the total time spent with clients/patients in any setting.

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

Per hour on duty Hourly cost of time spent by a hospital doctor when on duty. This includes time spent on call when not actually working.

Per hour worked Hourly cost of time spent by a hospital doctor when working. This may be during the normal working day or during a period of on-call duty.

Per inpatient day Cost per person of one day and overnight in hospital.

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

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

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

Per client attendance Cost per person per attendance.

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

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

Price base The year to which cost information refers.

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

12.7. List of useful websites

Adult Social Care Finance Return (ASC-FR): <http://content.digital.nhs.uk/datacollections/ASC-FR>

Building Cost Information Service: <http://www.bcis.co.uk/site/index.aspx>

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

Care Quality Commission: <http://www.cqc.org.uk/>

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

Chartered Institute of Public Finance and Accountancy (CIPFA): <http://www.cipfa.org/>

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

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

Department for Work and Pensions: <http://www.dwp.gov.uk/>

Federation of Ophthalmic & Dispensing Opticians: <http://www.fodo.com/>

Hospital Episode Statistics (HES): <http://www.hesonline.nhs.uk/>

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

Joseph Rowntree Foundation: <http://www.jrf.org.uk/>

This website provides information on housing and care.

LaingBuisson: <http://www.laingbuisson.co.uk/>

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

Livability: <http://www.livability.org.uk/>

National Audit Office: <https://www.nao.org.uk/>

National Council for Palliative Care: <http://www.ncpc.org.uk/>

National End of Life Care Intelligence network: <http://www.endoflifecare-intelligence.org.uk/home/>

NHS Digital: <https://digital.nhs.uk/>

National Institute for Health and Clinical Excellence: <http://www.nice.org.uk/>

Personal Social Services Expenditure Data (PSS EX1 data): <http://www.ic.nhs.uk/statistics-and-data-collections/>

Pub Med: <http://www.ncbi.nlm.nih.gov/>

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

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

Social Care Institute for Excellence: <http://www.scie.org.uk/>

Social Care Online: <http://www.scie-socialcareonline.org.uk/>

YoungMinds: <http://www.youngminds.org.uk/>

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

