

The Care Quality Commission

Provision for Fees

National Health Service, England

Health and Social Care, England

The Care Quality Commission makes the following provision for fees, in accordance with section 85(1) of the Health and Social Care Act 2008¹.

The Commission has consulted with such persons as it thinks appropriate, and has obtained the consent of the Secretary of State, before making this provision.

This provision shall come into force on 1 April 2017.

Interpretation and application

1. In this scheme –

“the Act” means the Health and Social Care Act 2008;

“the 2006 Act” means the National Health Service Act 2006²;

“the Regulations” means the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014³;

“the Board” means the National Health Service Commissioning Board⁴;

“care activities” are those activities prescribed by paragraphs 1 to 2 of Schedule 1 to the Regulations, and include –

(a) those health care services prescribed by paragraph 4 (treatment of disease, disorder or injury) to which the service type HPS applies, but only where the provision of palliative care is other than in a person’s home; and

(b) those activities prescribed by paragraph 13 (nursing care) where the nursing care is provided in a person’s own home;

“the Commission” means the Care Quality Commission;

¹ 2008 (c.14).

² 2006 (c. 41) (“the 2006 Act”)

³ S.I. 2014/2936; there are no relevant amending instruments.

⁴ The National Health Service Commissioning Board (known as “NHS England”) was established by section 1H of the 2006 Act. Section 1H was inserted into that Act by section 9(1) of the Health and Social Care Act 2012 (c. 7) (“the 2012 Act”).

“CCG” means a clinical commissioning group⁵;

“community health care services” means health care activities, except activities falling within paragraph 2(2)(a) to (b) or (c)(ii) to (d) below;

“dental chair” means a chair that is used for the purposes of carrying on the activity of dental services;

“dental services” are those health care activities –

- (a) provided as primary dental services in pursuance of Part 5 of the 2006 Act⁶, except where those services are provided by an NHS trust or NHS foundation trust; or
- (b) of a kind which, if provided in pursuance of the 2006 Act, would be provided as primary dental services under Part 5, except where those are provided in a hospital;

“health care activities” are those activities prescribed by paragraphs 3 to 14 of Schedule 1 to the Regulations, but exclude –

- (a) activities prescribed by paragraph 4 (treatment of disease, disorder or injury) to which the service type HPS applies, but only where the provision of palliative care is other than in a person’s home;
- (b) activities prescribed by paragraph 13 (nursing care) where the nursing care is provided in a service user’s home; and
- (c) any activities which are ancillary or incidental to the provision of care activities;

“health care hospital services” are those health care activities related to a hospital to which any of the following service types apply:

Acute services (ACS)

Hospital services for people with mental health needs, and/or learning disabilities, and/or problems with substance misuse (MLS)

Long-term conditions services (LTC)

but do not include –

- (a) activities carried on in a prison;
- (b) any activities carried on in relation to the provision of health care single specialty services;

“health care single specialty services” means any of the following health care activities, but only where they are carried on as the sole or main activity:

- (a) haemodialysis or peritoneal dialysis;
- (b) treatment carried out under general anesthesia or intravenously administered sedation;

⁵ Clinical commissioning groups were established by virtue of sections 11 and 14A to 14D of the 2006 Act, as inserted by sections 10 and 25(1) of the 2012 Act.

⁶ 2006 c.41; Part 5 was amended by sections 29, 49, 55(1), 203 and 204 of, and Part 5 of Schedule 4 to, the 2012 Act, and section 17(5) of, Part 3 of Schedule 9 to, the Crime and Courts Act 2013 (c.22).

- (c) the termination of pregnancies;
- (d) the provision of hyperbaric therapy, being the administration of oxygen (whether or not combined with one or more gases) to a person who is in a sealed chamber which is gradually pressurised with compressed air, where such therapy is carried out by or under the supervision or direction of a medical practitioner;
- (e) refractive eye surgery;
- (f) surgical procedures associated with in vitro fertilisation or assisted conception;
- (g) medical services provided in connection with childbirth;
- (h) cosmetic surgery;
- (i) activities to which the service type ACS applies, but which do not involve the provision of a bed or beds for the use of service users at night;

“health service body” means NHS Blood and Transplant;

“independent ambulance services” are those health care activities to which the service type AMB applies where the service provider is not a NHS trust;

“NHS primary medical services” means medical services provided as primary medical services

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- (a) under arrangements made pursuant to the following sections of the 2006 Act –
 - (i) section 3⁷ (duties of clinical commissioning groups as to commissioning certain health services)
 - (ii) section 83(2)⁸ (primary medical services); or
 - (iii) section 92⁹ (other arrangements for the provision of primary medical services)
- (b) under a contract entered into pursuant to section 84¹⁰ (general medical services contracts: introductory) of that Act;

“NHS trust” means an English NHS body;

“out of hours period” means –

- (a) in the case of arrangements made pursuant to section 83(2) of the 2006 Act-
 - (i) except where sub-paragraph (ii) applies, the period which falls outside the period defined as core hours under the terms of the arrangements, or

⁷ Section 3 was amended by section 13 of the 2012 Act.

⁸ Section 83(2) was amended by section 55(1) of, and Part 4 of Schedule 4 to, the 2012 Act.

⁹ Section 92 was amended by section 55(1) of, and Part 4 of Schedule 4 to, the 2012 Act.

¹⁰ Section 84 was amended by section 55(1) of, and Part 4 of Schedule 4, to the 2012 Act.

(ii) where the primary medical services under the terms of the arrangements are required to be provided only outside the period beginning at 8:00 a.m. and ending at 6.30 p.m. on any day from Monday to Friday unless that day is Good Friday, Christmas Day or a bank holiday, the period which falls outside the period beginning at 8:00 a.m. and ending at 6.30 p.m. on any day from Monday to Friday unless that day is Good Friday, Christmas Day or a bank holiday;

(b) in all other cases –

(i) the period beginning at 6.30 p.m. on any day from Monday to Thursday and ending at 8:00 am on the following day,

(ii) the period between 6.30 p.m. on Friday and 8:00 a.m. the following Monday, and

(iii) Good Friday, Christmas Day and bank holidays;

and “part” of an out of hours period means any part of any one or more of the periods described in paragraphs (i) to (iii);

“out-of-hours services” means primary medical services provided in all or part of the out of hours period;

“provider of care services” means a person who carries on care activities involving the provision of either accommodation or bed or beds for the use of service users at night;

“provider of community social care services” means a person who carries on care activities not involving the provision of accommodation or bed or beds for the use of service users at night;

“provider of diagnostic and screening services” means an individual who carries on at or from one location only the activity prescribed by paragraph 7 of Schedule 1 to the Regulations (including mobile diagnostic and screening services provided in a person’s own home);

“provider of NHS primary medical services” means a person who carries on health care activities which involves the provision of medical services (including services other than NHS primary medical services) by one or more medical practitioners where the sole or main purpose of that person is the provision of NHS primary medical services;

“provider of out-of-hours services” means a person that provides out of hours services –

(a) as a provider of primary medical services under arrangements made pursuant to section 83(2) (primary medical services) of the 2006 Act to patients who are neither registered patients of that provider nor accepted as temporary residents by that provider;

(b) under arrangements made pursuant to section 92 (other arrangements for the provision of primary medical services) of the 2006 Act to patients who are neither registered patients of that provider nor accepted as temporary residents by that provider;

(c) as an out of hours services sub-contractor of a provider of primary medical services –

(i) arrangements made pursuant to section 83(2) (primary medical services) of the 2006 Act,

- (ii) a contract entered into pursuant to section 84 (general medical services contracts: introductory) of the 2006 Act, or
- (iii) arrangements made pursuant to section 92 (other arrangements for the provision of primary medical services) of the 2006 Act;

“registered patients” means a person –

- (a) who is recorded by the Board as being on the provider’s list of patients, or
- (b) whom the provider has accepted for inclusion on its list of patients (whether or not notification has been received by the Board) and who has not been notified by the Board to the provider as having ceased to be on that list;

“service types” means service types set out in guidance issued by the Commission under section 23 of the Act¹¹;

“service users” means persons who receive services provided in the carrying on of a regulated activity;

“turnover” means –

- (a) the total operating revenue received by a NHS trust as shown in the latest audited accounts to be published for the trust as at the date the fee falls due, or
- (b) where no such accounts are available, or where the trust has had services transferred to it from another NHS trust since the date of those accounts, the estimated operating revenue as shown in the trust’s business plan for the year in which the fee falls due;

“walk in centre” means a centre (or a minor injuries unit or urgent care centre) at which information and treatment for minor conditions is provided to the public under arrangements made by or on behalf of the Secretary of State or the Board or a CCG;

2. Fees for the grant or subsistence of registration

The fee payable by a service provider to the Commission in respect of the grant or subsistence of registration under Chapter 2 of the Act or reviews and performance assessments under Chapter 3 of the Act is to be calculated in accordance with the following provisions.

(1) Subject to sub-paragraph (2) below, where the service provider is a NHS trust the fee payable is to be calculated with reference to the turnover of that provider, as shown in Part 1 of the Schedule.

(2) Unless sub-paragraph (1) above applies, the fee is to be determined with reference to sub-paragraphs (a) to (h) below.

(a) Where the service provider carries on one or more health care hospital services, the fee is to be determined by the number of locations at or from which those services are provided, as shown in Part 2 of the Schedule.

¹¹ Guidance for providers on meeting the regulations, February 2015.

(b) Where the service provider carries on one or more health care single specialty services, the fee is to be determined by the number of locations at or from which those services are provided, as shown in Part 2 of the Schedule.

(c) Where the service provider –

- (i) is a health service body or carries on one or more community health care services, the fee is to be determined by the number of locations at or from which those services are provided, as shown in Part 2 of the Schedule;
- (ii) is a provider of diagnostic and screening services, a fee of £309 is payable; or
- (iii) provides independent ambulance services, the fee is to be determined by the number of locations at or from which those services are provided, as shown in Part 3 of the Schedule.

(d) Where the service provider –

- (i) is a provider of NHS primary medical services who provides activities at or from only one location the fee payable is to be calculated by reference to the number of registered patients as shown in Part 4 of the Schedule, unless all or part of that location is a walk-in-centre, in which case a fee of £5,918 is payable;
- (ii) is a provider of NHS primary medical services who provides activities at or from more than one location, the fee payable is to be calculated by reference to the number of locations, as shown in Part 5 of the Schedule;
- (iii) is a provider of out-of-hours services, the fee payable is to be calculated by reference to the number of locations as shown in Part 5 of the Schedule, except where such a provider carries on activities at or from only one location a fee of £5,918 is payable; or
- (iv) provides dental services, the fee payable is to be calculated by reference to the number of dental chairs as shown in Part 6 of the Schedule except where a provider carries on such services at or from more than one location the fee is to be calculated by reference to the number of locations as shown in Part 7 of the Schedule, but in the case of a provider who provides domiciliary dental services a fee of £529 is payable.

(e) Where the service provider is a provider of care services the fee payable is to be determined in respect of each location at which such activities are provided by reference to the maximum number of service users who may be provided with such accommodation at that location, as stipulated in conditions imposed on the service provider's registration or otherwise determined by the Commission, as shown in Part 8 of the Schedule, unless such a provider provides bed or beds for the use of service users at night, in which case the fee is to be determined in accordance with the number of locations as shown in Part 9 of the Schedule.

(f) Where the service provider is a provider of community social care services the fee is to be determined by reference to the number of locations at or from which those services are provided, as shown in Part 10 of the Schedule.

(g) Subject to sub-paragraph (h) below, where a location falls within more than one of sub-paragraphs (a) to (f) above, for the purposes of calculating a fee, that location shall be taken into account in respect of each sub-category which applies, and the fee shall be the sum of the amounts payable under each sub-category.

(h) Notwithstanding sub-paragraph (g) above, a provider who carries on health care single speciality services at or from a location shall not pay a fee in respect of any community healthcare services which that provider provides at or from that location.

Time at which fee is payable

The fee prescribed in paragraph 2 above is payable either once a year on a date to be notified to the service provider by the Commission and thereafter on the anniversary of that date or, where the Commission consents that the fee prescribed is payable in instalments, by instalments of such amounts, at such intervals and on such dates in each interval to be notified to the service provider by the Commission and thereafter on the anniversary of those dates in that interval.

Dated the 31st day of March 2017



Peter Wyman
Chair



David Behan
Chief Executive

SCHEDULE

Paragraph 2

Part 1

The fee payable under paragraph 2(1) in respect of the turnover mentioned in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1</i> <i>Amount of turnover</i>	<i>Column 2</i> <i>Fee payable (for NHS trusts)</i>
Up to £75,000,000	£115,565
From £75,000,001 to £125,000,000	£158,902
From £125,000,001 to £225,000,000	£202,239
From £225,000,001 to £325,000,000	£245,652
From £325,000,001 to £500,000,000	£288,912
More than £500,000,000	£332,249

Part 2

The fee payable under paragraph 2(2)(a) to (c)(i) in respect of the number of locations mentioned in column 1 of the following table is –

- (i) if the service provider is a provider of health care hospital services, the fee specified in the corresponding entry in column 2 of that table;
- (ii) if the service provider is a health service body or carries on one or more community health care services, the fee specified in the corresponding entry in column 3 of that table
- (iii) if the service provider is a provider of health care single specialty services, the fee specified in the corresponding entry in column 4 of that table

<i>Column 1</i> <i>Number of locations</i>	<i>Column 2</i> <i>Fee payable (for providers of health care hospital services)</i>	<i>Column 3</i> <i>Fee payable (for health service bodies or providers of community health care services)</i>	<i>Column 4</i> <i>Fee payable (for providers of health care single specialty services)</i>
1	£10,968	£1,867	£1,743
2 to 3	£21,917	£3,728	£3,479
4 to 6	£43,836	£7,456	£6,958
7 to 10	£87,670	£14,910	£13,915
11 to 15	£141,820	£29,820	£27,831
More than 15	£193,390	£59,640	£55,662

Part 3

The fee payable under paragraph 2(2)(c)(iv) in respect of the number of locations mentioned in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1 Number of locations</i>	<i>Column 2 Fee payable (for providers of independent ambulance services)</i>
1	£994
2 to 3	£1,988
4 to 10	£4,970
11 to 50	£12,425
51 to 100	£29,820
More than 100	£59,640

Part 4

The fee payable under paragraph 2(2)(d)(i) in respect of the number of registered patients in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1 Number of registered patients</i>	<i>Column 2 Fee payable (for provider of NHS primary medical services having only one location)</i>
Up to 5,000	£3,845
5,001 to 10,000	£4,526
10,001 to 15,000	£5,237
More than 15,000	£5,918

Part 5

The fee payable under paragraph 2(2)(d)(ii) and (iii) in respect of the number of locations in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1 Number of locations</i>	<i>Column 2 Fee payable (for provider of NHS primary medical services or providers of out-of-hours services having more than one location)</i>
2	£8,371
3	£11,161
4	£13,951
5	£16,736
6 to 10	£20,924
11 to 40	£41,848
More than 40	£104,614

Part 6

The fee payable under paragraph 2(2)(d)(iv) in respect of the number of dental chairs mentioned in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1</i> <i>Number of dental chairs</i>	<i>Column 2</i> <i>Fee payable (for providers of dental services having one location)</i>
1	£529
2	£661
3	£749
4	£837
5 or 6	£969
More than 6	£1,145

Part 7

The fee payable under paragraph 2(2)(d)(iv) in respect of the number of locations mentioned in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1</i> <i>Number of locations</i>	<i>Column 2</i> <i>Fee payable (for providers of dental services having more than one location)</i>
2	£1,410
3	£2,114
4	£2,819
5	£3,524
6 to 10	£4,229
11 to 40	£8,810
41 to 99	£26,429
More than 99	£52,857

Part 8

The fee payable under paragraph 2(2)(e) in respect of the maximum number of service users mentioned in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1</i> <i>Maximum number of service users</i>	<i>Column 2</i> <i>Fee payable (for providers of care services who also provide accommodation)</i>
Less than 4	£321
From 4 to 10	£836
From 11 to 15	£1,674
From 16 to 20	£2,447
From 21 to 25	£3,348
From 26 to 30	£4,375
From 31 to 35	£5,147
From 36 to 40	£5,921
From 41 to 45	£6,694
From 46 to 50	£7,468
From 51 to 55	£8,235
From 56 to 60	£9,008
From 61 to 65	£10,295
From 66 to 70	£11,322
From 71 to 75	£12,355
From 76 to 80	£13,383
From 81 to 90	£14,415
More than 90	£16,096

Part 9

The fee payable under paragraph 2(2)(e) in respect of the number of locations mentioned in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1</i> <i>Number of locations</i>	<i>Column 2</i> <i>Fee Payable (for providers of care services who also provide beds or beds for use at nights)</i>
1	£1,933
2 to 3	£3,861
4 to 6	£7,721
7 to 10	£16,242
11 to 15	£30,885
More than 15	£61,771

Part 10

The fee payable under sub-paragraph 2(2)(f) in respect of the number of locations mentioned in column 1 of the following table, is the fee specified in the corresponding entry in column 2 of that table –

<i>Column 1</i> <i>Number of locations</i>	<i>Column 2</i> <i>Fee payable (for providers of community social care services)</i>
1	£2,192
2 to 3	£6,093
4 to 6	£12,184
7 to 12	£24,370
13 to 25	£48,740
More than 25	£97,476