

The Care Quality Commission

Provision for fees

National Health Service, England

Health and Social Care, England

This document makes provision for the payment of fees to the Care Quality Commission in accordance with section 85(1) of the Health and Social Care Act 2008¹.

CQC has consulted appropriate persons and obtained the Secretary of State's consent to these arrangements.

This legal fee scheme document will become effective on 1 April 2019.

A service provider will pay fees to CQC for the grant or subsistence of its registration under Chapter 2 of the Act or for reviews and performance assessments under Chapter 3 of the Act. The fee will be calculated as described in paragraphs 1-10 below.

For a full list of Interpretations please refer to [Annex 1](#) at the end of this document.

1. NHS trusts

The fee is determined by the provider's turnover, as shown in [Part 1](#) of the Schedule.

2. Health care hospital services

The fee is determined by the number of locations at or from where health care hospital services are provided, as shown in [Part 2](#) of the Schedule.

3. Hospice services

The fee is determined by the number of locations at or from where the hospices are providing palliative care (other than in a person's home), as shown in [Part 2](#) of the Schedule.

4. Community health care services and NHS Blood and Transplant

The fee is determined by the number of a health service body's locations or the number of locations at or from where community health care services are provided, as shown in [Part 2](#) of the Schedule.

¹ 2008 (c.14).

5. Health care single speciality services

The fee is determined by the number of locations at or from which health care single speciality services are provided, as shown in [Part 2](#) of the Schedule.

6. Individuals providing diagnostic and screening services

Where this is the only service provided a fee of £309 is payable. Where this service is offered from more than one location or additional services are provided the fee will be determined as community health care services in [Part 2](#) of the Schedule.

7. 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.

8. NHS GPs, out-of-hours services and/or walk-in-centres

8.1. For NHS GP services with a core contract the fee payable is determined by the number of registered patients at that location, as shown in [Part 4](#) of the Schedule. Therefore, the core contract held by a GP practice will determine the fee payable.

8.2. For out-of-hours services and/or walk-in centres the fee payable is determined by reference to the number of locations as shown in [Part 5](#) of the Schedule.

8.3. Where NHS GP services and out-of-hours services and/or walk-in centres are provided from the same location, the fee will be the total of the fees determined separately as shown in [Part 4](#) and [Part 5](#) of the Schedule.

9. Dental services

9.1. The fee is determined by the number of dental chairs at a single location as shown in [Part 6](#) of the Schedule.

9.2. Where services are provided at or from more than one location the fee is determined by the number of locations as shown in [Part 7](#) of the Schedule.

9.3. The fee for domiciliary dental services is £598.

10. Residential care

For residential care services the fee is determined for each location at which services are provided by the maximum number of service users who may be accommodated at that location as specified in the service provider's conditions of registration, as shown in [Part 8](#) of the Schedule.

11. Community social care services

11.1. The fee is to be determined by the number of service users supported with regulated activities from each location, as shown in [Part 9](#) of the Schedule.

- 11.2. However, where the service is nursing care provided through an agency which is directly responsible for the quality of the care and support provided by its staff (but does not include employment agencies) the fee is determined by the number of locations as shown in [Part 10](#) of the Schedule.

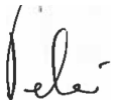
How to calculate the fee due

12. The fee to be paid where a location falls within more than one of paragraphs **1-11** above will be the total of the amounts payable under each category which applies.
13. Some fees are calculated by reference to turnover, others by the number of locations, chairs or persons supported with regulated activities depending on services provided.

Time at which fee is payable

14. The fee prescribed in paragraphs 1-11 above is payable in one of the following ways:
- 14.1. Annually, on a date to be notified to the service provider by CQC and thereafter on the anniversary of that date; or
- 14.2. where CQC consents, the fee may be paid in instalments of such amounts, at such intervals and on such dates notified by CQC and thereafter on the anniversary of those dates.

Dated 26th March 2019



Peter Wyman
Chair



Ian Trenholm
Chief Executive

SCHEDULE

Part 1

The fee payable under **paragraph 1** by **NHS trust** providers (registered by 1st April 2019) is calculated by determining the trust's turnover as a proportion of the turnover of all NHS trusts. Multiplying this figure by the cost of CQC regulating all NHS trusts produces the fee payable.

The fee payable under **paragraph 1** by **new NHS trust** providers (registered after 1 April 2019) is calculated by multiplying the trust's estimated operating revenue by 0.0768%.

Further details are set out below.

A. How NHS trust fees are calculated Part 1:

$\frac{\text{Turnover}}{\text{Total turnover}}$	X	£ cost	=	£ fee payable
---	---	--------	---	---------------

B. We use these definitions when calculating NHS trust fees:

1) **Turnover:** is

- (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 is a new NHS trust or 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;

2) **Total turnover:** is the total annual turnover of all NHS trusts.

3) **£ cost:** is the current full chargeable budgeted cost to CQC of regulating NHS trusts.

4) **£ fee payable:** is the amount to be paid by providers who are NHS trusts.

C. Calculating new NHS trust fees under Part 1:

- 5) For any new NHS trust created after 1 April 2019 the calculation (with the definitions and amounts being identical to those used in the calculation in Paragraph **A** of **Part 1**) will be as follows:

$\frac{\text{£ cost}}{\text{Total turnover}}$	=	0.0768%			
	Turnover	X	0.0768%	=	£ fee payable

Turnover in the calculation in C.5 is the estimated operating revenue as shown in the trust's business plan for the year in which the fee falls due.

- 6) Any recalculation of fees for NHS trusts (and guidance in relation to that) which may be necessary as a result of, for example, changes in their composition/structure will be published on the CQC website (www.cqc.org.uk/fees).

Part 2

The fee payable under **paragraphs 2-5** is in respect of the number of locations:

(i) for providers of **health care hospital services**, the fee is specified as follows;

<i>Number of locations</i>	<i>Fee payable (for providers of health care hospital services)</i>
1	£10,968
2 to 3	£21,917
4 to 6	£43,836
7 to 10	£87,670
11 to 15	£141,820
More than 15	£193,390

(ii) for providers of **hospice services**, other than in a person's home, the fee is specified as follows:

<i>Number of locations</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

(iii) for providers of **community health care services** or **NHS Blood and Transplant services**, the fee is specified as follows:

<i>Number of locations</i>	<i>Fee payable (for providers of community health care services or NHS Blood and Transplant)</i>
1	£1,867
2 to 3	£3,728
4 to 6	£7,456
7 to 10	£14,910
11 to 15	£29,820
More than 15	£59,640

(iv) for providers of **health care single speciality services**, the fee is specified as follows:

<i>Column 1 Number of locations</i>	<i>Column 4 Fee payable (for providers of health care single specialty services)</i>
1	£1,743
2 to 3	£3,479
4 to 6	£6,958
7 to 10	£13,915
11 to 15	£27,831
More than 15	£55,662

Part 3

The fee payable under **paragraph 7** by providers of **independent ambulance services** at 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</i> <i>Number of locations</i>	<i>Column 2</i> <i>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 8.1** by providers of **NHS GP services** is calculated by determining the registered patients at each location as a proportion of all registered patients. Multiplying this figure by the cost of CQC regulating all NHS GP services and adding a minimum standing cost of regulation provides the fee payable. The fee payable is limited where there are more than 100,000 registered patients.

The fee payable under **paragraph 8.1** by **new NHS GP service** locations (registered after 1 April 2019) is calculated by multiplying the number of registered patients by 1.7545 and adding the minimum standing cost of regulation.

A. How NHS GP service fees are calculated under Part 4:

One location:

Step 1 – work out the chargeable fee for that single location based on the number of **registered patients at that location ('RPAL')**

£ floor	+	(	$\frac{\text{RPAL}}{\text{Total RPALs}}$	X	£ cost	)	=	£ fee payable
---------	---	---	--	---	--------	---	---	---------------

More than one location:

Step 2 – repeat Step 1 for each *additional* location and then add together the **£ fee payable** for Step 1 and each of the locations in Step 2 to give the total **£ fee payable** by the provider.

B. We use these definitions when calculating fees under Part 4:

- 1) **RPAL / registered patients at that location**): is those –
 - (a) who are recorded by NHS England as being on the provider's list of patients at that location, or
 - (b) whom the provider has accepted for inclusion on its list of patients (whether or not notification has been received by NHS England) and who has not been notified by NHS England to the provider as having ceased to be on that list;
- 2) **Total RPALs**: is the total number of registered patients across all NHS primary medical services providers in Part 4.
- 3) **£ cost**: is the current full chargeable budgeted cost to CQC of regulating providers of NHS primary medical services.

- 4) **£ fee payable:** is the amount to be paid by providers with single locations (calculated using Step 1) or those with more than one location (calculated using Step 1 and Step 2).
- 5) **£ floor:** is the minimum fee applicable to each provider (at location level) and represents the standing cost for regulatory activity regardless of the size of the provider.
- 6) **Ceiling:** is the ceiling for a location with a registered patient list size of 100,000. The maximum fee for a location will be calculated using that list size where the registered patient list size exceeds 100,000.

C. £ floor and calculating new NHS GP service fees under Part 4:

- 7) Each location will pay the **£ floor** of £509 and a fee calculated by reference to registered patient list size, which will be the registered patient list size divided by 1.7545.
- 8) For any new locations created after collation of the reference data the calculation (with the definitions and amounts being identical to those used in the calculation in Paragraph **A** of **Part 4**) will be as follows:

£ cost						
Total RPALs	=	1.7545				
(	$\frac{\text{RPAL}}{1.7545}$	)	+	£ floor (£509)	=	£ fee payable

- 9) Any recalculation of fees for NHS GP service locations (and guidance in relation to that) which may be necessary as a result of, for example, changes to registered patient list size will be published on the CQC website (www.cqc.org.uk/fees).

Part 5

The fee payable under **paragraph 8.2** by providers of **NHS out of hours services and/or walk in centres** at 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</i> <i>Number of locations</i>	<i>Column 2</i> <i>Fee payable for providers of NHS out-of-hours services and/or providers of NHS walk-in centres</i>
1	£5,918
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 9.1** by providers of **dental services** at a single location for 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	£598
2	£747
3	£846
4	£946
5 or 6	£1,095
More than 6	£1,294

Part 7

The fee payable under **paragraph 9.2** in respect of **dental services** at more than one location, for 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</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	£1,593
3	£2,389
4	£3,185
5	£3,982
6 to 10	£4,779
11 to 40	£9,955
41 to 99	£29,865
More than 99	£59,728

Part 8

The fee payable under **paragraph 10** by **providers of care services who also provide accommodation** for 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	£313
From 4 to 10	£816
From 11 to 15	£1,634
From 16 to 20	£2,388
From 21 to 25	£3,268
From 26 to 30	£4,270
From 31 to 35	£5,023
From 36 to 40	£5,779
From 41 to 45	£6,533
From 46 to 50	£7,289
From 51 to 55	£8,037
From 56 to 60	£8,792
From 61 to 65	£10,048
From 66 to 70	£11,050
From 71 to 75	£12,058
From 76 to 80	£13,062
From 81 to 90	£14,069
More than 90	£15,710

Part 9

The fee payable under **paragraph 11.1** by providers of **community social care services** is calculated by determining the number of service users at each location as a proportion of all service users. Multiplying this figure by the cost of CQC regulating all community social care services and adding a minimum standing cost of regulation provides the fee payable. The fee payable is limited where there are more than 1,700 service users.

The fee payable under **paragraph 11.1** by **new community social care service** providers (registered after 1 April 2019) is calculated by multiplying the number of service users at the location by 54.305 and adding the minimum standing cost of regulation.

A. How community social care service fees are calculated under Part 9:

One location:

Step 1 – work out the chargeable fee for that single location based on **Location SUs**:

£ floor	+	(	$\frac{\text{Location SUs}}{\text{Total SUs}}$	X	£ cost	)	=	£ fee payable
---------	---	---	--	---	--------	---	---	---------------

More than one location:

Step 2 – repeat Step 1 for each *additional* location and then add together the **£ fee payable** for Step 1 and each of the locations in Step 2 to give the total **£ fee payable** by the provider.

B. We use these definitions when calculating fees under Part 9:

- 1) **Location SUs**: is the number of service users who received regulated activities from and/or were supported in their use of regulated activities from a single location by a provider of community social care services over a 7-day period.
- 2) **Total SUs**: is the total number of service users who received regulated activities and/or were supported in their use of regulated activities from providers of community social care services.
- 3) **£ cost**: is the current full chargeable budgeted cost to CQC of regulating providers of community social care services
- 4) **£ fee payable**: is the amount to be paid by providers with single locations (calculated using Step 1) or those with more than one location (calculated using Step 1 and Step 2).
- 5) **£ floor**: is the minimum fee applicable to each provider (at location level) and represents the standing cost for regulatory activity regardless of the size of the provider.

- 6) **Ceiling:** the ceiling for a location will be a **Location SUs** figure of 1,700. Namely, the maximum fee for a location will be calculated using that **Location SUs** figure where the total **Location SUs** figure exceeds 1,700. The maximum fee will be £92,558.

C. £ floor and calculating new community social care service fees under Part 9:

Each location will pay the **£ floor** of £239 and a fee calculated by reference to **Location SUs**, which will be the **Location SUs** multiplied by 54.305.

- 8) For any new locations created after collation of the reference data the calculation (with the definitions and amounts being identical to those used in the calculation in Paragraph **A** of **Part 10**) will be as follows:

£ cost Total SUs	=	54.305				
	(Location SUs X 54.305)		+	£ floor (£239)	=	£ fee payable

- 9) Any recalculation of fees for community social care providers (and guidance in relation to that) which may be necessary as a result of, for example, changes in the number of locations/location SUs will be published on the CQC website (www.cqc.org.uk/fees).

Part 10

The fee payable under **sub-paragraph 11.2** where the community social care service provided is **Nursing care** for the number of locations mentioned in column 1 of the following table, the fee is 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 (where the community social care service provided is Nursing care)</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

Annex 1. Interpretation and application

(a) In this scheme –	
“the Act”	means the Health and Social Care Act 2008
“the 2006 Act”	means the National Health Service Act 2006 ² ;
“the Regulations”	means the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ³ ;
“CQC”	means the Care Quality Commission
“care activities”	are those activities prescribed by paragraphs 1 to 2 of Schedule 1 to the Regulations, and include – (a) those activities prescribed by paragraph 13 (nursing care) where the nursing care is provided in a person’s own home;
“CCG”	means a clinical commissioning group ⁴ ;
“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 – (b) provided as primary dental services in pursuance of Part 5 of the 2006 Act ⁵ , except where those services are provided by an NHS trust or NHS foundation trust; or (c) 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;
“independent ambulance services”	This refers to ambulance services providing health care activities which are not provided by an NHS trust.
“Hospice services”	This refers to those health care services prescribed by paragraph 4 of Schedule 1 to the Regulations (treatment of disease, disorder or injury) to which the service type HPS (Hospice services) applies, but only where the provision of palliative care is other than in a person’s home.
“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 (Hospice services) applies, but only where the provision of palliative care is other than in a person’s home;

² 2006 (c. 41)

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

⁴ 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.

⁵ 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).

	(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 – (d) activities carried on in a prison; (e) any activities carried on in relation to the provision of health care single speciality 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; (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;
"NHS England"	means the National Health Service Commissioning Board ⁶ ;

⁶ 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").

“NHS GP services”	means services delivered in accordance the 2006 Act being – (a) services commissioned by a CCG under the duty imposed by section 3; (b) services provided as a result of NHS England (i) making arrangements under section 83(2); (ii) making other arrangements under section 92; or (iii) entering into a general medical services contract under section 84.
“NHS trust”	means all forms of trust or body delivering regulated activities in England which fall under the umbrella organisation NHS Improvement
“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 (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 pm on any day from Monday to Thursday and ending at 8:00 am on the following day, (ii) the period between 6:30 pm on Friday and 8:00 am 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);
“NHS out-of-hours services”	means NHS GP services provided in all or part of the out of hours period;
“provider of residential care services”	means a person who carries on care activities involving the provision of accommodation 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 for the use of service users at night;
“individual 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 out-of-hours services”	means a person that provides NHS out of hours services – (a) as a provider of GP 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 NHS 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;
“reference data”	means data relating to providers taken from set points in time, such as – • total operating revenue/estimated operating revenue; • number of locations; • number of service users; • number of dental chairs; • registered patient list size; which is used together with the current full chargeable budgeted cost to CQC of regulating providers to produce figures used in the calculation of fees at Parts 1-11 of the Schedule
“registered patients”	means a person – (a) who is recorded by NHS England 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 NHS England) and who has not been notified by NHS England to the provider as having ceased to be on that list;
“service types”	means service types set out in guidance issued by CQC under section 23 of the Act⁷;
“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

⁷ Guidance for providers on meeting the regulations, February 2015.

	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 is a new trust or 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. This figure will include any non-operating income.
"NHS 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, NHS England or a CCG;