

Regulatory fees from April 2019

Final regulatory impact assessment

This final regulatory impact assessment has been published alongside Regulatory fees from April 2019 under the Health and Social Care Act 2008 (as amended): Our response to the consultation. We suggest that you read that document in full before reading this impact assessment.

This document sets out our final analysis of the impact of the proposed changes to our fees scheme from April 2019.

Introduction

- 1. The Care Quality Commission (CQC) is the independent regulator for health and adult social care in England. The fees it charges to registered providers make up a significant proportion of the income CQC needs to carry out its statutory duties.
- 2. Section 85 of the Health and Social Care Act 2008 (the 2008 Act) gives CQC powers to charge fees associated with its registration functions. Also, the Care Quality Commission (Fees) (Reviews and Performance Assessments) Regulations 2016 give CQC powers to charge fees associated with our review and performance assessment functions and enable us to charge fees to include all our activities associated with rating services. Like many public regulatory bodies, CQC is required by government to set fees in order to cover the costs of our chargeable activities.
- 3. CQC consulted on proposals to modify the current fees scheme in the consultation: <u>Regulatory fees have your say</u>. We published an initial regulatory impact assessment alongside this consultation which set out our initial analysis of the likely impacts of our proposals.

- 4. In line with guidance from HM Treasury, CQC is committed to publishing a two-stage impact assessment. This document is the final impact assessment of our two-stage impact assessment approach. It contains an overview of our updated analysis of the impacts on stakeholders of the proposals in our consultation document. These stakeholders include regulated providers, HM Treasury (representing the interests of taxpayers), people who use services, commissioners, the public and other regulators in the health and social care sector.
- 5. The Secretary of State for Health and Social Care has consented to the fees scheme and it will take legal effect from 1 April 2019.

Financial position

6. Our budget is made up of a combination of income from fees paid by providers and a small amount of grant-in-aid from central government budgets. The funding of our revenue budget is set out below. This table, which is in line with the four year spending review as agreed with the Department of Health and Social Care (DHSC), demonstrates that our budget is reducing over time and this directly impacts on fees. The 2019/20 budget shows CQC at full chargeable cost recovery. In order to be effective and efficient we have targeted our need to achieve and demonstrate value for money as a key priority in our strategy.

Year	2015/16 Actual £m	2016/17 Actual £m	2017/18 Actual £m	2018/19 Budget £m	2019/20 Plan £m
Grant-in-aid	140.0	85.0	37.3	31.2	26.5
Fees	109.0	151.0	193.7	201.0	208.3
Total with depreciation	249.0	236.0	231.0	232.2	234.8
Total without depreciation	239.0	226.0	221.3	224.2	224.0

- 7. The final budget for 2019/20 will be agreed with the DHSC, but is based on the assumptions from the spending review so we do not expect it to change.
- 8. On this basis our budget for 2019/20 will be £234.8 million. £26.5 million of the total budget will be covered by grant-in-aid which supports a range of activities where we cannot recover costs by charging fees.
- 9. The £208.3 million funded by fees from providers is used to resource our registration and review and assessment functions under the Health and Social Care Act 2008 (the 2008 Act). These functions include registering new providers and managers, making changes to existing registrations, and monitoring, inspecting and rating services.

- 10. We consult every year we make changes to the fees scheme. For the 2016/17 fees scheme, we set a trajectory that brought all sectors except one to full cost recovery within two years, with grant-in-aid reducing by an equivalent amount.
- 11. The one exception was for providers within the community social care (CSC) sector, where the trajectory was set for four years. This means that in 2019/20 all providers will be at full cost recovery and we will receive no formal subsidy for the cost of our regulatory activities.
- 12. The fees scheme for 2018/19 also saw a major restructure of the scheme for community social care providers, NHS trusts and NHS GPs to ensure both fairer charging of fees and protection of income for CQC.
- 13. Appendix A shows the cost and fee budgets by sector for 2018/19 and 2019/20. 2018/19 saw the last of the grant-in-aid contribution towards fees. This consisted of the final estimated funding increase required for community social care providers (£2.7 million) and the accounting adjustment that we had to apply because of the effect of deferred income (£4.2 million). The total figure reduces to nil for 2019/20. Funding for community social care will come solely from their fees and the effect of deferred income disappears as fees reach a more stable position.

Our decision on fee charges in 2019/20

14. The proposals and decisions are listed at Appendix B.

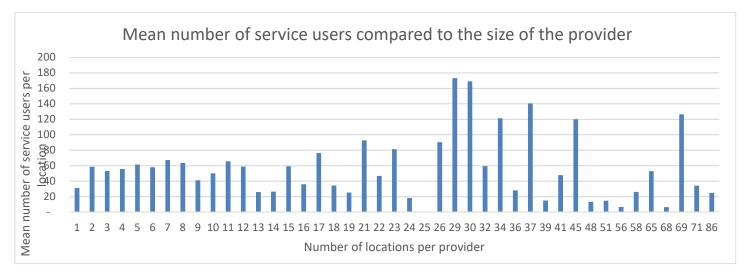
Impact of changes to the fees scheme on community social care (CSC) providers

- 15. We will increase fees for this sector by £1.5 million, as it is the final year of a four year trajectory to full chargeable cost recovery.
- 16. The floor will remain the same as for 2018/19 and the variable element will increase from 45.770 to 54.305. The ceiling will remain based on 1,700 service users, but because of the increased variable element, the maximum fee will increase from £78,047 to £92,558.
- 17. Appendix C details what this will mean for CSC locations of various sizes but examples are:
 - CSC locations with no service users (representing 9% of the sector) will see no increase in their fees and will pay £239 in 2019/20
 - CSC locations with 1 to 10 service users, and representing 25% of the sector, will see a fee increase of no more than £86
 - A CSC location with the mean average number of service users (44) will see their fees increase from £2,252 to £2,628

 A large CSC location with 1,000 service users will see their fees increase from £46,009 to £54,544 – an increase of 18.6%. Locations with at least 500 service users represent 0.4% of the sector.

Analysis of community social care sector

- 18. We analysed the community social care providers on the register on 1 August 2018 and 1 February 2019. This analysis shows that the sector has increased in size from 9,930 locations on 1 August 2018 to 10,194 on 1 February 2019. The profile has stayed relatively stable over this period as nearly 89% of CSC providers on both these dates had one location and an additional 9% had 2-4 locations. Only 0.4% of the sector had more than 20 locations. The largest number of service users supported at a location has gone up from 1,433 to 1,974 while the mean number of service users reduced from 46 to 44 for a location in that period.
- 19. We also looked at the profile of CSC providers and how the number of service users supported with regulated activities related to the size of the provider. We did not find any real trend as can be seen in the graph below. 89% of providers had one location and the mean number of service users was 31 for those providers. A provider with 29 locations supported the largest average number of service users per location (173). The provider with the largest number of locations (86) supported an average of 25 service users from each of its locations. We can see from this that community social care is not homogeneous.
- 20. Further analysis can be found in Appendix D.
- 21. We have been able to analyse more data than we were able to last year as we now have it from all our community social care locations. Overall, we believe the data indicates that the change we made from 1 April 2018 from a banded fee scheme linked to the number of locations to the current scheme based on the number of service users supported with regulated activities at a location is a closer fit to the way services are provided and fairer to the sector as well as to CQC. We will be reviewing the data on an ongoing basis to ensure that the fee scheme is as fair as possible to the community social care sector.



- 22. Comments received during last year's consultation indicated that some providers were concerned about the effect that increased fees would have on their financial viability. We wanted to see if the changes we made to the fee scheme last year impacted on how long providers took to pay and so we included an analysis of payments in this year's draft regulatory impact assessment. That analysis was criticised because of the data we used. We have now repeated this analysis using data for all community social care providers for the period April 2017 to September 2018. The analysis, which is shown in Appendix E, includes invoices that have been paid in full so the year-on-year comparison excludes those who paid by Direct Debit (60% of providers) and any provider de-registered since their 2017/18 invoice.
- 23. The data shows that a higher proportion of 2018/19 invoices were paid within 60 days (2018/19: 94%, 2017/18: 88%) and overall 53% of invoices were paid in less time while 44% took longer to pay. The data does suggest that for those that choose to pay their invoices in full then the changes to the fee scheme do not appear to have been a hindrance.
- 24. Clearly this data is not proof of the affordability of the fee scheme on its own but it is a useful indicator that we will continue to monitor.
- 25. We have also looked at the changes to fees paid by providers. The table below uses our register as at 1 February 2019 and looks at typical fees for providers of various sizes under the previous fee scheme (2017/18) and their fees in 2018/19 and 2019/20. It should be noted that the impact of the move to full chargeable cost recovery has been ignored in the examples.

Community social care: actual fees charged 2017/18 to 2019/20 for typical

providers of different sizes

Locations per provider	Mean number of service users per location	2017/18 fee (£)	2018/19 fee (£)	Fee change 2017/18 to 2018/19	2019/20 fee (£)	Fee change 2017/18 to 2019/20	% of sector
1	31	2,192	1,658	(24%)	1,922	(12%)	88.85%
2	59	6,093	5,833	(4%)	6,832	12%	5.66%
10	50	24,370	25,229	4%	29,488	21%	0.06%
12	59	24,370	35,136	44%	41,153	69%	0.08%
29	173	97,476	236,651	143%	279,488	187%	0.01%
69	126	97,476	415,468	326%	489,868	403%	0.01%
86	25	97,476	117,861	21%	136,006	40%	0.01%

- 26. This clearly shows that 89% of providers have seen reduced fees both in 2018/19 and in 2019/20 as compared to the previous fee scheme.
- 27. Generally it would be expected that providers with more locations would support more service users and thus their fees would be expected to be higher than providers with fewer locations. However the data shows that this is not always the case, as we have shown a 69 location provider which supports more service users (and pays higher fees) than an 86 location provider. They both paid the same maximum fee under the 2017/18 fee scheme.
- 28. Our intention was to make fees fairer for smaller providers with lower turnover and we believe our data demonstrates that we have succeeded in doing this. However we will be monitoring the sector and how it changes over to time to ensure that the fee scheme continues to be as fair as possible.

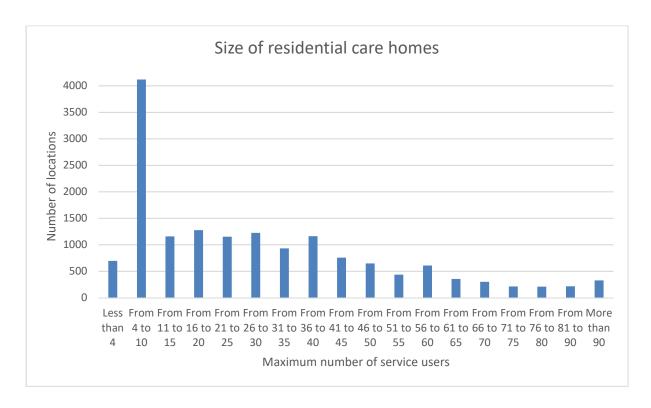
Impact of changes to the fees scheme on dental providers and an analysis of the sector

- 29. We will increase fees for this sector by £600,000 so that we collect £8 million in total from the sector. This is an increase of 13% on each fee band.
- 30. There were 8,334 dental providers on our register on 1 February 2019. 90% of them had one location with the majority of those having 1-4 dental chairs (78% of the sector). Their fees would increase by no more than £109 in 2019/20. The largest provider with over 99 locations on 1 February 2019 would see a fee

- increase of £6,871, from £52,857 to £59,728. Appendix F provides further analysis.
- 31. The consultation document outlines the reasons for increasing fees and what further work we intend to do, particularly in relation to the cost of registration and monitoring of the dental sector.

Impact of changes to the fees scheme for the residential social care sector

- 32. We will decrease fees for this sector by £800,000 so that we collect £69 million in total from the sector. This is a reduction of 2.4% on each fee band.
- 33. On 1 February 2019, 79% of residential care home locations were registered for up to 45 residents and they would see their fees reduce by up to £161 in 2019/20. The largest care home locations would see fee reductions in the range of £272 (66 to 70 residents) to £386 (over 90 residents).
- 34. Appendix G provides detail for each fee band



35. The above graph and the table in Appendix G clearly demonstrate that residential care home locations are fairly evenly distributed across the fee bands and the fees bands are generally narrow. The exception is the band for 4 to 10 beds. This latter band represents 26% of the sector (4,117 locations) while other bands typically represent 7% of the sector (1,200 locations). We will consider having a smoother fee scheme for this sector by reviewing the band for 4 to 10 beds.

Analysis of residential social care sector

36.75% of providers on the register on 1 February 2019 had one location and 2.2% of providers had 11 to 250 locations. This means that a typical provider with one location and up to 45 residents will pay a fee of no more than £6,533 in 2019/20. See Appendix H for more information.

Changes to calculations requiring no consultation

37. We made changes to the fee scheme for NHS GPs and NHS trusts in 2018/19. The significance of this is outlined below.

The fee scheme for NHS GPs

- 38. The fee calculation for NHS GPs will remain unchanged from that for 2018/19 (shown in Appendix I), but because of changes to individual patient list sizes, as well as changes to the sector overall, individual NHS GP providers are likely to see changes in their fees for 2019/20.
- 39. The fee scheme for NHS GPs was changed on 1 April 2018 from banded fees linked to patient list size for one location providers and banded fees linked to the number of locations for multi-location NHS GP providers to one based on patient list size for each NHS GP location. This means that the fees are recalculated each year based on the number of NHS GPs in the sector and the total number of patients in the sector.
- 40. The number of NHS GP practices has reduced from 7,278 to 6,794 from 1 January 2018 to 1 January 2019 a reduction of 7%. The average list size has increased from 8,095 to 8,642 (a 7% increase) while the overall number of patients has broadly stayed the same. The table below summarises the changes. The fee that will be paid by an NHS GP provider with an average list size of 8,642 will be £15,671. Further examples fees for 2019/20 are provided in Appendix I.

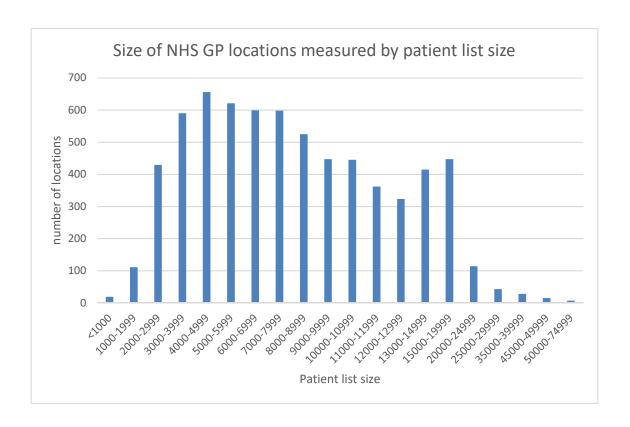
PATIENT LIST SIZE ON:	1 JANUARY 2019	1 JANUARY 2018
Number of NHS GP practices/locations	6,794	7,278
Total number of patients	58,712,257	58,914,146

Mean list size	8,642
Median	7,609
Smallest NHS GP practice	12
Largest NHS GP practice	73,488

8,095	
7,176	
1	
72,412	

Analysis of NHS GP sector

- 41.97% of NHS GP providers have one location while 0.5% have 5 or more locations. Of the latter, 5 providers have 15 or more locations. See Appendix J for more information.
- 42. As with community social care we think the data indicates that the change we made from 1 April 2018 from banded fees linked to patient list size for one location providers and banded fees linked to the number of locations for multilocation NHS GP providers to one based on patient list size for each NHS GP location is a closer fit to the way services are currently provided as well as the direction of travel for the sector overall. We think that it is therefore fairer to the sector as well as to CQC. We will be reviewing the data on an ongoing basis to ensure that the fee scheme continues to be as fair as possible.



The fee scheme for NHS trusts

- 43. The fee scheme for NHS trusts will remain unchanged from that for 2018/19 but because of changes to turnover for individual trusts as well as changes to the size of the sector overall, individual NHS trusts are likely to see changes in their fees for 2019/20.
- 44. The fee scheme for NHS trusts was changed from 1 April 2018 from banded fees linked to turnover to a more granular calculation linked to the turnover of each NHS trust as a proportion of the total turnover of the sector (Appendix K shows the calculation factor for 2019/20). This means that the fees are recalculated each year based on the number of NHS trusts in the sector and the total turnover

value of the sector.

Mean turnover

Median turnover

Smallest trust

Largest trust

45. The number of NHS trusts has reduced from 234 in 2018/19 to 227 currently and the total turnover of the sector has reduced by 8.5% to £73.7 billion. The table and graph below show key data for the sector for 2018/19 and 2019/20 as well as indicative fees. Further fee information can be found in Appendix K.

	2019/20
Number of NHS trusts and FTs	227
Total turnover of sector	73.725.090

 2018/19
234
80,570,270

2019/20

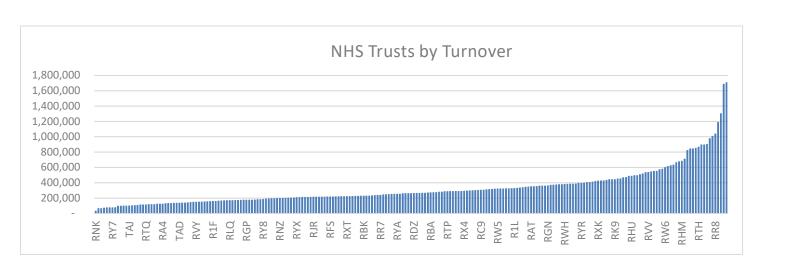
1,310,304

indicative fee £
248,226
199,207
21,271

1,706,000

	2018/19
_	indicative

TURNOVER £000	indicative fee £
344,317	243,521
274,858	193,974
50,117	35,393
1,546,539	1,092,171



Appendix A: Cost and fee income by sector for 2018/19 and 2019/20

	2	018/19	20)19/20
	TOTAL COSTS	FORECAST FEE INCOME	TOTAL COSTS	PLANNED FEE INCOME
	£'M	£'M	£'M	£'M
NHS trusts	60.0	56.0	59.5	56.5
Independent healthcare - hospitals	4.9	4.3	4.6	4.3
Independent healthcare - single specialty	1.0	1.0	1.0	1.0
Independent healthcare - community	5.9	5.7	7.2	7.0
Adult social care - residential	66.0	69.8	66.1	69.0
Adult social care - community	26.6	19.5	26.3	24.5
NHS GPs	34.1	37.8	34.1	38.0
Dentists	9.4	7.4	9.5	8.0
Grant-in-aid subsidy		6.4		-
	207.9	207.9	208.3	208.3
Non-chargeable work	23.7		26.5	
TOTAL	231.6	207.9	234.8	208.3

Note: The in figures in this table for 2018/19 are forecast and the high-level figures in the table on page two are budget and is the reason for the difference between them.

Appendix B: Our decision on fee charges in 2019/20

We intend to charge fees in 2019/20 as proposed in our consultation, as follows:

Proposal one: Community social care providers

We will increase fees for this sector by £1.5 million, as it is the final year of a four year trajectory to full chargeable cost recovery.

Proposal two: Dental providers

We will increase fees for this sector by £600,000 so that we collect £8 million in total from the sector.

Proposal three: Residential social care providers

We will decrease fees for this sector by £800,000 so that we collect £69 million in total from the sector.

Appendix C: Fees for community social care providers

Fees are calculated as follows for 2019/20:

Total number of service users supported with regulated activities times 54.305 plus floor of £239

Further detail can be found in the published fee scheme (link)

2019/20 fees for community social care locations:

Number of service users	Number of locations	Example 2019/20 fee	Example 2018/19 fee	Fee increase		% of Sector Fee increase		Sector	calculated on
0	888	£ 239	£ 239	٤		0.00%	9.3%	9.3%	
0	000	£	£		_	0.0070	9.570	3.5 /0	
1	327	293	284	£	9	3.17%	3.4%		
2	305	£ 347	£ 330	£	17	5.15%	3.2%		
	303	£	£		17	3.1370	J.Z /0		
3	251	401	376	£	25	6.65%	2.6%		
4	241	£ 456	£ 422	£	34	8.06%	2.5%		
	271	£	£	~	0-1	0.0070	2.070		
5	243	510	467	£	43	9.21%	2.6%		
6	236	£ 564	£ 513	£	51	9.94%	2.5%		
J	200	£	£		0.	0.0.70	2.070		
7	199	619	559	£	60	10.73%	2.1%		
8	199	£ 673	£ 605	£	68	11.24%	2.1%		
Ü	100	£	£	~	- 00	11.2170	2.170		
9	183	727	650	£	77	11.85%	1.9%		
10	195	£ 782	£ 696	£	86	12.36%	2.1%	25.0%	
		£	£			12.0070			
11-25	1,956	1,379	1,200	£	179	14.92%		20.6%	21 SUs
26-50	1,909	£ 2,628	£ 2,252	£	376	16.70%		20.1%	44 SUs
		£	£						
51-75	882	4,311	3,671	£	640	17.43%		9.3%	75 SUs
76-100	523	£ 5,669	£ 4,816	£	853	17.71%		5.5%	100 SUs
70-100	323	5,009 £	4,010 f		000	17.7170		J.J /0	100 303
101-200	653	11,100	9,393	£	1,707	18.17%		6.9%	200 SUs
201-300	188	£ 16,530	£ 13,970	r.	2,560	18.32%		2.0%	300 SUs
201-300	100	10,530 £	13,970 £	L	۷,500	10.32 /0		4.U /0	300 308
301-500	93	27,391	23,124	£	4,267	18.45%		1.0%	500 SUs
501+	39	£ 54,544	£ 46,009	£	8,535	18.55%		0.4%	1000 SUs

Appendix D: Analysis of the community social care sector (CSC)

REGISTER ON:	1 Feb 2019	1 Aug 2018
Number of locations providing		
data	9,510	8,915
Number of CSC locations	10,194	9,930
Total number of service users	414,253	408,328
missing data aka unbillable	6.71%	
Average CSC location with mean number of service users	44	46
Median	21	23
Smallest CSC location (SUs)	zero	zero
Largest CSC location (SUs)	1,974	1,433

CSC locations on the 1 February 2019 register

number number Total number service service Locations Number users users service per per per % of provider providers users provider location sector 1 6,274 194,181 31 31 88.85% 46,620 117 2 400 59 5.66% 3 143 22,797 159 53 2.03% 4 65 14,422 222 56 0.92% 307 5 33 10,147 61 0.47% 29 347 6 10,069 58 0.41% 7 20 9,404 470 0.28% 67 8 21 10,674 508 64 0.30% 9 11 4,075 370 41 0.16% 0.06% 10 4 1,997 499 50

And 1 August 2018 register

register						
Locations per provider	Numb provi					
1	6,070	88.7%				
2	398	5.8%				
3	141	2.1%				
4	65	0.9%				
5	31	0.5%				
6	27	0.4%				
7	24	0.4%				
8	22	0.3%				
9	9	0.1%				
10	7	0.1%				
11	4	0.1%				

2,882

721

66

0.06%

4

11

12	6	4,230	705	59	0.08%	12	2	0.0%
13	2	669	335	26	0.03%	13	3	0.0%
14	3	1,108	369	26	0.04%	14	5	0.1%
15	3	2,661	887	59	0.04%	15	1	0.0%
16	2	1,150	575	36	0.03%	16	2	0.0%
17	3	3,886	1,295	76	0.04%	17	3	0.0%
18	4	2,470	618	34	0.06%	18	4	0.1%
19	4	1,904	476	25	0.06%	19	2	0.0%
21	4	7,786	1,947	93	0.06%	21	2	0.0%
22	2	2,054	1,027	47	0.03%	22	! 1	0.0%
23	1	1,869	1,869	81	0.01%	23	3	0.0%
24	1	432	432	18	0.01%	24	1	0.0%
26	1	2,351	2,351	90	0.01%	25	2	0.0%
29	1	5,019	5,019	173	0.01%	29	1	0.0%
30	1	5,070	5,070	169	0.01%	32	2	0.0%
32	3	5,687	1,896	59	0.04%	34	1	0.0%
34	1	4,122	4,122	121	0.01%	36	1	0.0%
36	1	1,012	1,012	28	0.01%	37	1	0.0%
37	1	5,200	5,200	141	0.01%	38	1	0.0%
39	1	579	579	15	0.01%	41	1	0.0%
41	1	1,959	1,959	48	0.01%	45	1	0.0%
45	1	5,398	5,398	120	0.01%	48	1	0.0%
48	1	629	629	13	0.01%	53	2	0.0%
51	1	744	744	15	0.01%	56	1	0.0%
56	1	363	363	6	0.01%	62	2	0.0%
58	1	1,510	1,510	26	0.01%	67	1	0.0%

65	1	3,438	3,438	53	0.01%
68	1	426	426	6	0.01%
69	1	8,717	8,717	126	0.01%
71	1	2,416	2,416	34	0.01%
86	1	2,126	2,126	25	0.01%
		,	, -		

75	1	0.0%
82	1	0.0%

Appendix E: CSC analysis of invoice payments

- this only contains comparison of provider that have (a) NOT paid by direct debit; and (b) have cleared both invoices from 2017/18 and 2018/19 through payment ie no credits included.

2017/18 invoices (non-DD) payment within...

Year	Within terms	1-30 days past due	31-60 days past due	61-180 days past due	181 days plus past due	Total
2017/18	34%	42%	12%	7%	5%	3,070
2018/19 (to Sep)	44%	39%	11%	5%	n/a	2,247

only includes those that have been paid.

Locations per provider	No. in sample	Longer (number)	No change (number)	Shorter (number	Longer (%)	No change (%)	Shorter (%)
1	979	428	26	525	44%	3%	54%
2	58	24	1	33	41%	2%	57%
3	23	16	1	6	70%	4%	26%
4	18	8	2	8	44%	11%	44%
5	13	6	-	7	46%	0%	54%
6	6	1	-	5	17%	0%	83%
7	5	1	-	4	20%	0%	80%
8	7	4	-	3	57%	0%	43%
9	-	-	-	-	0%	0%	0%
10	2	-	-	2	0%	0%	100%
11-86	11	6	-	5	55%	0%	45%

1,122 494 30 598

Appendix F: 2019/20 fees and analysis of the dental sector

Number of locations	Number of providers on 1 February 2019		2018/19 fee	2019/20 fee	Fee increase
2	556	7%	1,410	1,593	183
3	118	1%	2,114	2,389	275
4	42	1%	2,819	3,185	366
5	19	0%	3,524	3,982	458
6 to 10	38	0%	4,229	4,779	550
11 to 40	15	0%	8,810	9,955	1,145
41 to 99	9	0%	26,429	29,865	3,436
More than 99	2	0%	52,857	59,728	6,871
Subtotal multi location providers	799	10%			

Providers with one location – number of dental chairs	Number of providers on 1 February 2019		2018/19 fee	2019/20 fee	Fee increase
1	1,417	17%	529	598	69
2	2,258	27%	661	747	86
3	1,751	21%	749	846	97
4	1,033	12%	837	946	109
5-6	748	9%	969	1,095	126
More than 6	328	4%	969	1,095	126
Subtotal single location providers	7,535	90%	1,145	1,294	149
Total number of providers	8,334				

Appendix G: 2019/20 fees for residential social care sector

Maximum number of service users	Number of locations	% of sector	2018/19 fee	2019/20 fee	Fee :	reduction
Less than 4	696	4.4%	321	313	8	2.5%
From 4 to 10	4117	26.1%	836	816	20	2.4%
From 11 to 15	1157	7.3%	1,674	1,634	40	2.4%
From 16 to 20	1274	8.1%	2,447	2,388	59	2.4%
From 21 to 25	1152	7.3%	3,348	3,268	80	2.4%
From 26 to 30	1223	7.8%	4,375	4,270	105	2.4%
From 31 to 35	930	5.9%	5,147	5,023	124	2.4%
From 36 to 40	1162	7.4%	5,921	5,779	142	2.4%
From 41 to 45	755	4.8%	6,694	6,533	161	2.4%
From 46 to 50	646	4.1%	7,468	7,289	179	2.4%
From 51 to 55	435	2.8%	8,235	8,037	198	2.4%
From 56 to 60	607	3.8%	9,008	8,792	216	2.4%
From 61 to 65	355	2.3%	10,295	10,048	247	2.4%
From 66 to 70	299	1.9%	11,322	11,050	272	2.4%
From 71 to 75	211	1.3%	12,355	12,058	297	2.4%
From 76 to 80	210	1.3%	13,383	13,062	321	2.4%
From 81 to 90	215	1.4%	14,415	14,069	346	2.4%
More than 90	326	2.1%	16,096	15,710	386	2.4%

Appendix H: Analysis of the residential social care sector

Number of locations	Number of providers	% of sector
1	5,765	75.6%
2	854	11.2%
3	348	4.6%
4	170	2.2%
5	121	1.6%
6	63	0.8%
7	44	0.6%
8	44	0.6%
9	28	0.4%
10	21	0.3%
11-25	113	1.5%
26-50	34	0.4%
51-75	11	0.1%
76-100	4	0.1%
101-200	3	0.0%
201-300	1	0.0%

Appendix I: Fee calculation for NHS GPs for 2019/20

Fees for NHS GP fee for each location continue to be calculated as follows for 2019/20:

Patient list size divided by 1.7545 plus fee of £509. The maximum fee is achieved with a patient list size of 100,000

Further detail can be obtained in the published fee scheme (link)

Patient list size range	Number of locations on 1 January 2019	Example Fee 2019/20	% of Sector	Calculated on patient list size of
<1000	19	1,386	0.3%	500
1000-1999	111	2,264	1.6%	1,000
2000-2999	429	4,018	6.3%	2,000
3000-3999	590	5,773	8.7%	3,000
4000-4999	656	7,527	9.7%	4,000
5000-5999	621	9,282	9.1%	5,000
6000-6999	599	11,036	8.8%	6,000
7000-7999	598	12,791	8.8%	7,000
8000-8999	525	14,545	7.7%	8,000
9000-9999	447	16,300	6.6%	9,000
10000-10999	445	18,054	6.5%	10,000
11000-11999	362	19,809	5.3%	11,000
12000-12999	323	21,563	4.8%	12,000
13000-14999	415	23,318	6.1%	13,000
15000-19999	447	26,827	6.6%	15,000
20000-24999	114	35,599	1.7%	20,000
25000-29999	43	44,372	0.6%	25,000
35000-39999	28	61,917	0.4%	35,000
45000-49999	15	79,462	0.2%	45,000
50000-74999	7	88,234	0.1%	50,000

Appendix J: Analysis of NHS GP practices on 1 February 2019

Number of locations	Number of providers	Percentage of providers
1	6,250	97.1%
2	130	2.0%
3	24	0.4%
4	10	0.2%
5	6	0.1%
6	4	0.1%
7	2	0.0%
8	2	0.0%
9	1	0.0%
10	1	0.0%
11-25	3	0.0%
26-40	2	0.0%
TOTAL	6,435	100.0%

Appendix K: Fee calculation for NHS trusts for 2019/20

Fees for NHS trusts continue to be calculated as follows for 2019/20:

Turnover multiplied by 0.0768%.

Further detail can be obtained in the published fee scheme (link)

Turnover range of NHS trust £000	Number of NHS trusts	% of sector	Example fee 2019/20	Example fee 2018/19	Calculated on turnover of
<=100,000	14	6.2%	76,800	71,000	£100Million
100,001 -150,000	26	11.5%	115,200	106,500	£150million
150,001 - 200,000	31	13.7%	153,600	142,000	£200million
200,001 - 300,000	66	29.1%	230,400	213,000	£300million
300,001 - 400,000	39	17.2%	307,200	284,000	£400million
400,001 - 500,000	19	8.4%	384,000	355,000	£500million
500,001 - 750,000	17	7.5%	576,000	532,500	£750million
750,001 - 1,000,000	9	4.0%	768,000	710,000	£1,000million
1,000,001 - 1,250,000	3	1.3%	960,000	887,500	£1,250million
1,250,001 - 1,500,000	1	0.4%	115,200	106,500	£1,500million
1,500,001 - 1,750,000	2	0.9%	1,344,000	1,242,500	£1,750million
	227	100.0%			