

Regulatory fees 2016/17

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Summary

This guidance is for all service providers. It gives an overview of the fees scheme for 2016/17.

It includes:

- how we will calculate annual fees.
- when fees are to be paid.
- what the payment methods are.

You should read this alongside the [legal scheme of fees](#), which is referred to throughout this guidance. You may also find it helpful to refer to our [guidance on locations](#) and our [fees calculator](#) which has been updated for 2016/17.

Background to CQC's fees remit

1. On what basis can you charge a fee?

The Health and Social Care Act 2008 (as amended) (the HSCA) introduced a new, single registration system that applies to all health and adult social care providers who carry out defined regulated activities. Any provider of regulated activities must register under the HSCA.

Section 85 of the HSCA allows CQC to charge fees related to its registration and reviews and performance assessment functions. CQC is legally required to consult on its proposals for making changes to the fees scheme. Following consultation, the scheme will take effect if the Secretary of State consents to it.

CQC is required by HM Treasury policy to recover its chargeable costs in fees from providers and we are committed to achieving that obligation.

2. When did you consult on your proposals?

CQC consulted from November 2015 to January 2016 on proposals to make changes to the existing fees scheme.

We communicated our proposals to providers and stakeholder organisations and we published our consultation documents on our website. Although the consultation has closed, the proposals we made are available for information on our [website](#).

3. What happens now you have consulted?

We reviewed all the responses we received to the consultation. We received the Secretary of State's consent to the fees scheme in March 2016. Documents including our response to the consultation, analysis of the responses, regulatory and equality and human rights impact assessments and legal fees scheme are available on our [website](#). The fees scheme takes effect from 1 April 2016.

Period covered by the fee scheme

4. When will the new fees scheme come into effect?

The fees scheme comes into effect on 1 April 2016. The scheme is available on our [website](#).

5. How long will the fees scheme last for?

The fees scheme remains in effect until it is superseded by a new scheme.

Before we can make ANY changes to the fees scheme, we have to formally consult on our proposals for change.

We are committed to reviewing our fees scheme where necessary and ensuring that it is covering the chargeable costs of regulating services.

What the fee scheme covers

6. What is included in my fee?

The fees scheme consists of an annual fee.

This annual fee is charged once a service provider is registered.

The fee covers the costs of our registration and reviews and performance assessment activities, which includes initial registration, any changes you wish to make to vary or add to your registration during the year, and our activities associated with monitoring, inspecting, regulating and rating services.

7. Will I have to pay a fee for initial registration?

No. We don't charge a separate fee for any new applications for registration.

8. Will I have to pay a fee for an application to make a variation to a condition on my registration?

No. We don't charge a separate fee for any applications to make a variation to your conditions of registration.

9. Will I have to pay a fee to add a new regulated activity?

No. We don't charge a separate fee to add a regulated activity to your existing registration.

10. Will I have to pay a fee for a new registered manager application?

No. We don't charge a separate fee for any applications to register a manager.

11. What fee will I pay if I am a charitable provider?

Charitable organisations will pay the fee amount that is applicable to the type of health or social care service they provide.

Fees are set against the cost of regulating each of the sectors, and charitable organisations are treated in the same way as any other equivalent provider of their type and size.

Fee categories

12. How will my fee be calculated?

The annual fee amount you will pay depends on what category you fall into under our fees scheme. We have seven main fee categories:

- NHS trusts.
 - Care services.
 - Community social care services.
-

- Healthcare – hospitals.
 - Healthcare – single speciality services.
 - Community healthcare services.
 - Primary care services.
-

13. What type of provider does the NHS trusts fee category include?

The NHS trusts fee category includes all NHS foundation and non-foundation trusts:

- Acute.
 - Mental health.
 - Learning disability.
 - Ambulance.
 - Care trust.
 - Community trust.
-

14. What type of provider does the Care services fee category include?

The Care services fee category includes:

- Care homes without nursing.
 - Care homes with nursing.
 - Specialist colleges.
 - Residential substance misuse services.
 - Hospices.
-

15. What type of provider does the Community social care services fee category include?

The Community social care services fee category includes:

- Domiciliary care agencies.
 - Providers of care for people living in specialist housing.
 - Nurses agencies.
-

16. What type of provider does the Healthcare, hospital services fee category include?

The Healthcare, hospital services fee category includes:

- Acute hospitals.
 - Mental health hospitals.
 - Learning disability hospitals.
 - Inpatient substance misuse services.
 - Long term conditions services.
-

17. What type of provider does the Healthcare, single speciality services fee category include?

The Healthcare, single speciality services fee category includes services where the **main** or **only** service provided is:

- Treatment carried out under general anaesthesia or intravenously administered sedation.
- Obstetric services and medical services in connection with childbirth.
- Termination of pregnancies.
- Cosmetic surgery.
- Haemodialysis or peritoneal dialysis.
- Refractive eye surgery.
- Surgical procedures associated with in vitro fertilisation or assisted conception.
- Activities where ACS applies, but which do not involve the provision of overnight beds for patients.
- The provision of hyperbaric therapy, carried out by or under the supervision of or direction of a medical practitioner.

18. What type of provider does the Community healthcare services fee category include?

The Community healthcare services fee category includes non-NHS trust providers of :

- Private doctors/clinics/slimming clinics/online services.
- Independent ambulance services.
- Diagnostic services (organisations or partnerships).
- Diagnostic services (individuals).
- Laboratories.
- Prison healthcare services.
- Rehabilitation services.
- Hospice at home.
- Community health visiting.
- District nursing.
- School nursing.
- Mental health/Learning disability community services.
- Community substance misuse services.
- NHS Blood and Transplant.
- NHS 111 services.

19. What type of provider does the Primary care services fee category include?

The Primary care services fee category includes:

- NHS GPs.
 - NHS walk-in-centres.
 - NHS GP out-of-hours services.
-

- NHS dentists.
 - Private dentists.
-

20. I provide a range of services that span across more than one of the fees categories. What fee will I have to pay? (N.B This paragraph does not apply to NHS trusts.)

If you are a provider of services that span over one or more of the fee categories, you will pay the separate annual fees associated with that category for each location where that applies.

This paragraph does **not** apply to NHS trusts.

An example where this would apply would be if you are a provider in the category of Care services and you run, for example a care home, and you also run a domiciliary care service from the same location, which falls into the Community social care services category. This would mean that you would need to pay the relevant level of fee from each category for that location.

However, if you are an independent healthcare provider who carries on both single specialty and community healthcare services at the same location, you will pay only the single specialty fee charge for that location.

Any separate fees you are liable for will be combined together as one annual payment on a single date.

Provider fee charges

21. My organisation is an NHS trust – what fee will I pay?

If your organisation is an NHS trust, your fee will be based on the total amount of operating revenue given in your last published audited accounts. Alternatively, where no such accounts are available, or where the trust has had other services transferred to it from another NHS trust since the accounts were published, then the estimated operating revenue shown in the trust's business plan for the year in which the fee falls due, will be used as the basis of the calculation.

If you are an NHS trust which is granted foundation trust status, your turnover figure will be calculated by combining the turnover shown in the final part-year published accounts for the NHS trust with that shown in the first part-year

published accounts for the foundation trust. For example, if a trust becomes a foundation trust on 1 September 2014, the turnover figure from the final part-year published accounts of the NHS trust from 1 April to 31 August 2014, plus those from the first part-year published accounts of the foundation trust from 1 September to 31 March 2015, will form the 12 month turnover figure for the year in which the fee becomes due.

Your fee will be based on the bandings set out in Part 1 column 2 of our [fees scheme](#). These range from £78,208 to £224,847.

22. My organisation is an NHS trust that provides both healthcare and adult social care services. What fee category do I fit in?

Irrespective of the range of services you provide, your fee will be based on the total amount of operating revenue given in your last published audited accounts. Alternatively, where no such accounts are available, or where the trust has had other services transferred to it from another NHS trust since the accounts were published, then the estimated operating revenue shown in the trust's business plan for the year in which the fee falls due, will be used as the basis of the calculation.

If you are an NHS trust which is granted foundation status, your turnover figure will be calculated from the combination of the turnover in the final published accounts for the period of the NHS trust status and the year-end published accounts for the foundation trust. For example, if a trust becomes a foundation trust on 1 September, the turnover figure from the final published accounts of the trust from 1 April to 31 August, plus those from the final published accounts of the foundation trust from 1 September to 31 March, will form the turnover figure for the year in which the fee becomes due.

Your fee will be based on the bandings set out in Part 1 column 2 of our [fees scheme](#). These range from £78,208 to £224,847.

23. What fee will I pay if I am a healthcare provider but not an NHS trust?

If you are a healthcare provider your annual fee will be based on the type of healthcare service you provide and the number of locations you are registered for.

There are four categories of healthcare providers for the purposes of our fees scheme:

- Hospital services.
 - Single specialty services.
-

- Community healthcare services.
 - Primary care services.
-

24. What fee will I pay if I am a Healthcare, hospital services provider?

If you are a Healthcare, hospital services provider, your fee will be based on the number of locations you are registered for and the bandings set out in Part 2 column 2 of our [fees scheme](#).

The fees range from £10,646 to £187,699.

25. How do I know if I am a Healthcare, hospital services provider?

Hospital services providers are defined as those who carry on healthcare activities under specific service types that are set out in our [Guidance for providers - Annex D: Service types](#)

The service types are:

- Acute services (ACS).
- Mental health hospitals (MLS).
- Learning disability hospitals (MLS).
- Inpatient substance misuse services (MLS).
- Long term conditions services (LTC).

All these types of services provide beds for the overnight accommodation of patients.

26. I provide healthcare acute services under the service type of ACS, but I am not sure if I am a Hospital. I think I might be a Single specialty services provider. How do I check?

Some services that are included within the descriptions of acute services (ACS) in our [Guidance for providers - Annex D: Service types](#) are not classed as hospitals for the purposes of paying annual fees. If your service is one where your **sole** or **main** activity is **one** of the following, you will fall into the category of a Single specialty services provider for the purposes of paying annual fees.

The specific activities are:

- Treatment carried out under general anaesthesia or intravenously administered sedation.
 - Obstetric services and medical services in connection with childbirth.
 - Termination of pregnancies.
 - Cosmetic surgery.
 - Haemodialysis or peritoneal dialysis.
 - Refractive eye surgery.
 - Surgical procedures associated with in vitro fertilisation or assisted conception.
-

- Activities where ACS applies, but which do not involve the provision of overnight beds for patients.
- The provision of hyperbaric therapy, carried out by or under the supervision of or direction of a medical practitioner.

27. Yes, I think the example above describes my organisation, so how will my fee be calculated?

Your fee will be based on the number of locations you are registered for and the bandings set out in Part 2 column 4 of our [fees scheme](#).

The fees range from £1,679 to £53,628. The fees for single specialty services providers have remained unchanged from 2015/16.

28. I am the NHS Blood and Transplant service – what fee will I pay?

As a health service body, but not an NHS trust, you will fall into the Community healthcare services fee category. Your fee will be based on the number of locations you are registered for and the bandings set out in Part 2 column 3 of our [fees scheme](#).

The fees range from £1,763 to £56,309.

29. What fees do I pay if I am a provider of 111 services?

You will fall into the Community health care service fee category. Your annual fee will be based on the number of locations you are registered for.

Your fee will be based on the bandings set out in Part 2 column 3 of our [fees scheme](#). These range from £1,763 to £56,309.

30. I am an independent ambulance service – what fee will I pay?

Your fee will be based on the number of locations you are registered for and the bandings set out in Part 3 column 2 of our [fees scheme](#).

The fees range from £939 to £56,309.

31. I am a small provider of diagnostic and screening services. What fee do I pay?

If you are registered as an **individual**, AND you only have one location included as a condition of your registration, AND you provide only the single regulated activity of diagnostic and screening procedures, your annual fee is set out in paragraph 2(2)(c)(ii) of our [fees scheme](#). The fee is £292.

If you are registered as an **organisation**, AND you only have one location included as a condition of your registration, AND you provide only the single regulated activity of diagnostic and

screening procedures, you will fall into the Community health care service fee category, set out in Part 2 column 3 of our [fees scheme](#). For one location, the annual fee will be £1,763.

32. I am an independent healthcare provider, but I don't fit any of the above categories. What fee category do I fit into?

Your fee will be based on the number of locations you are registered for and the bandings set out in Part 2 column 3 of our [fees scheme](#).

The fees range from £1,763 to £56,309.

33. I provide healthcare services under the service type of ACS, and some of my locations have overnight beds for patients, others are day surgery units with no beds. What fee category do I fall in?

If you are a provider of services of the ACS service type and some of your locations have overnight beds, those locations will fall into the Healthcare, hospital services fee category. Your other locations that don't have overnight beds will fall into the Healthcare, single speciality services fee category.

This means that you are a provider of services that span over more than one of the fee categories. You will pay the separate annual fees associated with that category at each location where that applies.

This paragraph does **not** apply to NHS trusts.

Any separate fees you are liable for will be combined together as one annual payment on a single date.

34. What fee will I pay if I am a care home (with or without nursing)?

Your annual fee will be based on the number of registered places you have at each location you are registered for. The number of registered places is set out as a condition of registration on your registration certificate.

Your fee will be based on the bandings set out in Part 8 column 2 of our [fees scheme](#). These range from £309 to £15,499.

35. What fee will I pay if I am a Residential substance misuse service?

You will fall into the Care services fee category. Your annual fee will be based on the number of beds at the location where the accommodation is provided together with treatment for substance misuse.

Your fee will be based on the bandings set out in Part 8 column 2 of our [fees scheme](#). These range from £309 to £15,499.

36. What fee will I pay if I am a Specialist college service?

You will fall into the Care services fee category. Your annual fee will be based on the number of beds at the location used to accommodate students receiving education who also require nursing or personal care.

From April 2015, the regulated activity (RA) of 'accommodation and nursing or personal care in the further education sector' was incorporated into the RA of 'accommodation for persons who require nursing or personal care'. However, this change does not affect your fee category which will continue to be calculated as in previous years.

Your fee will be based on the bandings set out in Part 8 column 2 of our [fees scheme](#). These range from £309 to £15,499.

37. What fee will I pay if I am a Hospice service providing overnight beds for patients?

You will fall into the Care services fee category, even if you also provide outreach or community services from one or more of your locations where you have overnight beds. Your annual fee will be based on the number of locations you are registered for.

Your fee will be based on the bandings set out in Part 9 column 2 of our [fees scheme](#). These range from £1,861 to £59,478.

38. What fee will I pay if I am a Hospice service providing services in the community only?

If you are a hospice service providing community services only, such as hospice at home or respite healthcare in the community, you will fall into the Community health care services fee category. Your annual fee will be based on the number of locations you are registered for.

Your fee will be based on the bandings set out in Part 2 column 3 of our [fees scheme](#). These range from £1,763 to £56,309.

39. What fee will I pay if I am included in the Community social care services category?

If you fall into the Community social care services fee category, your annual fee will be based on the number of locations you are registered for.

Your fee will be based on the bandings set out in Part 10 column 2 of our [fees scheme](#). These range from £1,369 to £60,893.

40. What fee will I pay if I am an NHS GP provider with one registered location only?

If you are a provider of primary medical services who has registered one location, you will pay an annual fee dependent on your registered patient list size.

Your fee will be based on the bandings set out in Part 4 column 2 of our [fees scheme](#). These range from £2,187 to £3,365.

41. I have a main surgery and one or more branch surgeries. Do they all need to be counted as locations?

In the case where a main practice has one or more branch surgeries, and where the patients seen in those branch surgeries are on the same registered patient list as at the main practice, you will only need to register the main practice as the single location, as the branch surgeries will be included under the main practice location. Only if a branch surgery has a different patient list to the main practice would that branch surgery be considered a location its own right. The majority of practices fall into the former scenario. If you think your branch surgeries have been incorrectly classed as locations in their own right, please go to [Provider application: Remove a location](#), on our website.

42. What fee will I pay if I am an NHS GP provider with more than one registered location?

If you have more than one registered location, you will pay an annual fee depending on the number of locations you have registered.

Your fee will be based on the bandings set out in Part 5 column 2 of our [fees scheme](#). These range from £4,761 to £59,494.

43. What fee will I pay if I am a provider of GP out-of-hours services to NHS patients?

If you provide an out of hours service to NHS patients and you are registered for one location only, your annual fee is set out in paragraph 2(2)(d)(iii) of our [fees scheme](#). The fee is £3,365.

If you have more than one registered location, you will pay an annual fee depending on the number of locations you have registered. Your fee will be based on the bandings set out in Part 5 column 2 of our [fees scheme](#). These range from £4,761 to £59,494.

44. What fee will I pay if I am a provider of walk-in services to NHS patients?

If you provide walk-in services to NHS patients and you are registered for one location only, your fee is set out in paragraph 2(2)(d)(i) of our [fees scheme](#). The fee is £3,365.

If you have more than one registered location, you will pay

an annual fee depending on the number of locations you have registered. Your fee will be based on the bandings set out in Part 5 column 2 of our [fees scheme](#). These range from £4,761 to £59,494.

45. What fee will I pay if I am a dental provider with one registered location only?

You will pay an annual fee dependent on the number of dental chairs used for the purposes of carrying on a regulated activity.

Your fee will be based on the bandings set out in Part 6 column 2 of our [fees scheme](#). These range from £600 to £1,300. The fees for all dental providers have remained unchanged from 2015/16.

46. What fee will I pay if I am a dental provider providing a domiciliary service only?

You will pay an annual fee equivalent to a dental provider who has one dental chair in use for a single registered location.

Your fee will be based on the first banding set out in Part 6 column 2 of our [fees scheme](#). This fee is £600. The fees for all dental providers have remained unchanged from 2015/16.

47. What fee will I pay if I am a dental provider with more than one registered location?

Your fee will be based on the number of locations you are registered for and the bandings set out in Part 7 column 2 of our [fees scheme](#).

The fees range from £1,600 to £60,000. The fees for all dental providers have remained unchanged from 2015/16.

Determining categories

48. How do you define what fees apply to different categories of provider?

In order to accurately define the annual fees that apply particularly to the categories of independent healthcare provider, we have referred to a number of “service types” in our fees scheme. The service types are taken from descriptions we have used in our [Guidance for providers - Annex D: Service types](#) document.

49. Why are service types relevant to fee categories?

When we consulted on our Guidance document above, and subsequently published it, the definitions of service types were intended only to provide a guide for providers to help them identify the service-specific prompts that applied to their type of service.

We now also use the service types within our fees scheme for some providers. Depending on what service types you have told us you provide, we will charge an annual fee against that description. It will therefore be very important that your service types are accurately identified, so that the annual fee we charge you is the correct amount.

50. I think that the service types I told you about might not be correct. What should I do?

We recognise that you may have told us that you provide a number of different services but did not identify those with an annual fees charge in mind. You may want to revisit the service types you told us about and change those to more accurately reflect the services that you provide. If that is the case, you will need to discuss this with your Inspector.

Our registration guidance and forms will also assist new providers, applying to register for the first time, to select the most appropriate service types from the Guidance for providers on meeting regulations document. [Our Provider application: Vary or remove a condition](#) – advises what to do if you are an existing provider applying to add a new location to your registration.

51. How can I check that my fee calculation has been based on the correct information?

We will provide information on your invoice about how we have calculated your annual fee. If you have any queries about your invoice, you can contact:

Care Quality Commission
T70 Receivables F179
Shared Business Services
Phoenix House
Topcliffe Lane
WAKEFIELD
WF3 1WE

52. Are service types important if I am an NHS trust?

Service types are not used to calculate fees for NHS trusts, so they are not important from a fees perspective to those providers.

Payment of fees

53. Will I pay separate fees on different dates for each location?

No, each provider will pay a single annual fee on the same date every year.

If you are not an NHS trust provider, the calculation of the total amount of annual fee you will need to pay will take account of all locations that are included as conditions of registration on your certificate of registration on the date the invoice is raised.

54. I have more than one location. Will I receive separate invoices for each of my locations at different times of the year?

No, you will be invoiced only once during the course of the year.

55. What happens to my fee payment if I make changes to my registration by adding or removing locations?

If you are an NHS trust, your fee won't be affected if you make any changes to the number of locations you have registered, as your fee is based on turnover.

If you apply to remove locations from your registration after you have paid your annual fee, and this takes you into a lower fee band, the reduction in your fee won't take effect until your next annual fee is due. We do not make in-year adjustments to fees for any changes to the number of locations.

If you apply to add locations to your registration after you have paid your annual fee, and this takes you into a higher fee band, the increase in your fee will not take effect until your next annual fee is due. We do not make in-year adjustments to fees for any changes to the number of locations as long as you have been continuously registered with the CQC.

56. If I am no longer carrying out a regulated activity, but I wish to remain registered (dormant), am I still required to pay an annual fee?

Yes. A provider's registration status is not changed by dormancy, so you will still be charged an annual fee on the same date as previous invoices, and for the full amount that applies to your type of service in the fees scheme at the time.

57. When will I be invoiced?

For new providers, your invoice date will be the date your registration as a provider first takes effect.

For existing providers, the invoice date will fall on the anniversary of your last annual fee invoice.

58. What happens to my invoice date in future years?

We will continue to invoice you on the same date in subsequent years, even if you increase the number of your locations or you make other changes to your registration that affect your fee charges.

59. Where will my invoice be sent to?

We will send your annual fee invoice to the address you have given to us as the nominated invoice address for your organisation. The invoice address is held separately from the provider address and is **not** automatically updated if your address is changed. If you wish to change an invoice address please contact the NHS Shared Business Services on 0303 123 1155 or at sbs-b.cqc@nhs.net, quoting your Provider ID or SBS Customer Number.

If you are a provider who has more than one location, we will not send individual invoices to your separate location addresses.

60. Will I be able to pay my invoice by instalments?

Most providers can choose to spread the cost of their annual registration fee over the course of a year. The option of payment by instalments is currently unavailable to NHS trusts.

To be considered eligible you must have paid your previous annual fee invoices in full.

Under this option, payment will be taken by Direct Debit in equal instalments over a maximum of 10 months. Otherwise the full amount will be payable by the due date on the invoice.

If you are eligible, our partner NHS Shared Business Services will send you a letter a month before your invoice, inviting you to pay your annual registration fees by instalments.

If you have already set up a Direct Debit to pay your fees, the instruction will remain open for this year. Your next annual invoice will automatically be paid via Direct Debit, and a new payment schedule will be sent to you.

61. Is there a refund policy?

If you are no longer going to be carrying on **any** regulated activities and you apply to cancel your registration as a service provider, you may be entitled to a rebate of a proportion of your annual fee if you have already paid it for the year.

Applications to cancel a registered manager's registration, or remove one or more of your locations, or cancel registration for individual regulated activities (where you will be continuing to provide others) do **not** constitute a cancellation of registration as a service provider, and no rebate of fees will be due to you in these cases.

If you think you may be entitled to a rebate of your fee, you will need to write to our finance department at:

CQC Finance Department
PO Box 1259
Citygate
Gallowgate
Newcastle upon Tyne
NE99 5AW

We will calculate any rebate that may be due.

Rebates are calculated to the nearest month and will only be payable once we have processed your application to cancel your registration as a service provider.

There may be circumstances where cancellation of registration is as a consequence of government policy or changes to the scope of regulation which result in whole groups of providers no longer being required to be registered.

In these situations, we will review any financial impact on the specific group(s) of providers and on CQC before we determine the rebate policy that will apply in these circumstances. Full details of the refund policy are published on our website and cover a few common scenarios. However, we encourage providers to contact us if they do not feel that their particular circumstance has been recognised.

In cases where we have taken enforcement action to suspend or cancel your registration, and you have already paid your annual fee, you will not be eligible for any rebate of your fee.

62. Where do I send my annual fee payment?

The address to send annual fee payments is:

Care Quality Commission
T70 Payables F179
Shared Business Services
Phoenix House
Topcliffe Lane
WAKEFIELD
WF3 1WE

Please do not send annual fee payments to our Newcastle address.

63. What happens if I don't pay my fee?

Non-payment of fees is an offence under the Health and Social Care Act 2008 (as amended).

We will send you reminder letters and statements notifying you of our debt collection procedure if you do not send us your fee payment when it is due.

If CQC proceed with any enforcement action due to non-payment of fees, this may affect your continued registration.
