

Regulator Assessment: Qualifying Regulatory Provisions

Title of proposal	Moving CQC registration and notification processes online
Lead Regulator	CQC
Contact for enquiries	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> BITA@cqc.org.uk

Date of assessment	September 2017
Commencement date	Autumn 2015
Origin	Domestic
Does this include implementation of a Cutting Red Tape review?	No
Which areas of the UK will be affected?	England

Section 1: Brief outline of activity

In summer 2015 CQC announced *A Fresh Start for Registration*. As part of this programme of work CQC created digital versions of all CQC's major registration and notification forms. The big two changes for providers subsequent to this change were:

1. Extension of Provider Portal membership
2. New Provider online registration

We describe each of these changes below.

1. Extension of Provider Portal membership

CQC's Provider Portal (PP) is an online channel through which providers registered with CQC can amend their registration details (using forms known as registration variations) or submit notifications of significant events at their locations, for example, of deaths or allegations of abuse.

In November 2015 CQC completed the programme of creating digital versions of the 40 forms most frequently used by providers onto the Provider Portal. (Some other forms are required under special circumstances but are currently considered so low-volume as to deliver no benefits by digitising.) The Portal was originally set up with access restricted only to Primary Medical Services providers. Invitations to create accounts were sent to providers with up to 15 locations in other care sectors – Adult Social Care, NHS Healthcare organisations, Dentists, Independent

ambulances – in a rolling programme from August 2015 to January 2017. Providers can still submit forms to us through other means (e-mail and paper). Providers with 16 or more locations can only send us these forms by means other than the Portal; therefore the impacts described in this assessment for extension of Provider Portal membership are not experienced by these types of providers. As part of our current digital development work we are aiming to introduce changes which mean that all providers will be able to access the Portal. We will capture the impacts of these changes in a future assessment when they are implemented.

2. New Provider online registration

In November 2015 CQC launched a new online registration application tool. Any provider intending to provide health and care services in England must first be registered with CQC. The online system makes it easier for applicants wishing to register as a new provider to complete the main form and dependent forms. Dependent forms can be registration forms for registered managers to be registered with CQC because they are responsible for the activities in their provider that CQC regulates, or they can be partnership applications for all partners in a GP practice, for example, are known to CQC. Providers can still submit both main provider application and dependent forms by e-mail or paper.

As part of a validation process, application forms to register with CQC are either failed or accepted on the basis of whether they are correctly filled in and all the necessary paperwork is included. Because the digital system supplies the most up-to-date form, which is appropriate for the applicant's legal entity, and all sections and the form as a whole cannot be submitted until all the fields and all related forms are included, the success rate of digital applications is much higher than that of paper or e-mailed applications, thus saving applicants the time and trouble of having to re-apply. However, the rejection rate for some providers can be high if forms are not completed appropriately.

Section 2: Which type of business will be affected? How many are estimated to be affected?

In this section we describe how we estimate the number of forms we receive from businesses.

1. Extension of Provider Portal membership

The profile of providers we assume have joined and will join the Portal over the next few years is shown in table 2.1. We have had to make assumptions on the basis of internal expertise (a colleague in our Digital team responsible for monitoring and reporting on the extension of CQC's digital registration processes) to estimate these figures because CQC does not hold data on the number of providers joining the Portal as development of the Portal is undertaken by a third party and getting data regarding the Portal falls under this agreement. The external supplier could provide us with this data but it would be at a cost (£800 or £2,400 depending on the format of the report). We do not think it is reasonable to pay for this data especially since the figures below only feed into the smaller parts of the costing – see impacts 1.A and 1.B in section 3.

We anticipate that higher numbers of providers will join the Portal at the outset of membership extension in 2015/16, 2016/17 and 2017/18. We assume that some providers continue to join the Portal beyond the period when membership was extended: some might not have joined when they were initially invited and new providers registered with CQC might set up Portal accounts subsequently. As a reference point for our estimates in table 2.1 we have used the number of providers that could have been invited to join, and reduced this to account for providers that might not join, those that are already members and some those that are not businesses. Some context is that we regulate around 30,000 providers, of which only a few hundred will have more than 15 locations and it is these locations which cannot join the Portal.

Table 2.1: Number of providers we assume to be businesses joining the Provider Portal

Year	Numbers joining the Portal
2015/16	7,000
2016/17	4,000
2017/18	1,650
2018/19	1,500
2019/20	1,500
2020/21	1,500
2021/22	1,500
2022/23	1,500
2023/24	1,500
2024/25	1,500

There was no other suitable information we could use as a proxy for the number of providers joining the Portal. For example, currently there is no single form we require providers to submit to us once annually. If we did require such a submission then this could act as a proxy – as the providers using the Portal would send this form online once per year and the total number of these forms sent via the Portal would be a proxy for the number of providers that had signed up to the Portal. Another hypothetical alternative: if we were able to estimate a reliable average number of forms submitted to us by a provider each year we could try to use that ratio to estimate the number of providers using the Portal. This is not possible, however, because the number of forms submitted by a provider each year depends on events they face which are highly variable and dependent on their size; for example, providers have to submit forms whenever their management changes or when there is a death of someone in receipt of care from the provider. Therefore it would be a difficult exercise to proxy the number of providers using the Portal from an average number of forms submitted by a provider each year; its results would likely be inaccurate.

As indicated above, the number of providers signing up for the Portal is a key determinant of the costs of setting up an account (impact 1.A in section 3) and of familiarisation (impact 1.B in section 3). These are the smaller parts of the costing. The key assumption driving the other larger parts of the costing (1.C time saved when submitting forms online and 1.D fewer forms rejected) is the number of forms we receive via the Portal which we set out below. These parts of the costing are unaffected by the estimates set out in table 2.1.

Each provider with a Portal account is likely to send multiple forms per year through this platform. Table 2.2 sets our estimate of the number of forms we received in 2015/16 by sector. We use this information to estimate how many of these forms are from businesses by applying assumptions agreed with the Department of Health (DH) (table 2.2, column 4) around the

proportion of these sectors that are businesses. This assumes that businesses and public providers send forms in equal proportions which we think is a reasonable assumption to make for the purposes of this assessment. For more information on the DH assumptions see the final three paragraphs in this section of the assessment. We locate this information here because these assumptions also apply to the second change in this assessment: new provider online registration.

Data on the sector that forms relate to are only available for registration forms that have passed the first stage of the application process and have proceeded through our contact centre (i.e. have been allocated) (these are CQC Management Information data). At this point they move to the regulatory part of the registration process. We apply this split to the total number of registration forms received by CQC. We think this is a reasonable assumption to make that there is equal likelihood across the sectors that we regulate that their registration variations forms will be allocated.

Table 2.2: Average number of forms received per year between 2014/15 and 2016/17 & our estimate of how many of these came from businesses

Sector	Number of forms by sector		% of sector assumed to be from businesses	Est, number of forms from business	
	Registration variations	Notifications		Registration variations	Notifications
Independent Ambulance	168	406	20%	34	81
Independent Healthcare Org	2,168	41,632	100%	2,168	41,632
NHS Healthcare Organisation	507	17,227	0%	0	0
Primary Dental Care	2,136	2,296	30%	641	689
Primary Medical Services	5,678	7,518	6%	341	451
Social Care Org	8,660	299,140	91%	7,837	270,721
Total	19,317	368,219		11,020	313,575

Using the information presented in table 2.2 we estimate the proportion of forms that are from business.

We estimate that 57% of registration variations are submitted by businesses each year ($11,020 / 19,317 = 57\%$).

We estimate that 85% of notifications are submitted by businesses each year ($313,575 / 368,219 = 85\%$)

Using the total number of forms we received in 2015/16 and 2016/17 and the proportion of these forms we estimate to come from business we forecast the number of forms we receive from

businesses (tables 2.3 and 2.4). These CQC data come from our information management system. It is difficult to predict how the number of forms we receive will change in future as this will depend on an interaction between the number of providers registered with CQC, events within providers, and whether higher allocation rates for registration variation forms affect the total number of these forms we receive. Therefore we assume that we receive the same number of forms each year from 2016/17 onwards.

Table 2.3: Forecast of registration forms from businesses

Year	Total number of forms	Percentage from business	Estimated number of forms from business
2015/16	74,227 (CQC data)	57%	42,347
2016/17	72,113 (CQC data)	57%	41,141
2017/18	72,113	57%	41,141
2018/19	72,113	57%	41,141
2019/20	72,113	57%	41,141
2020/21	72,113	57%	41,141
2021/22	72,113	57%	41,141
2022/23	72,113	57%	41,141
2023/24	72,113	57%	41,141
2024/25	72,113	57%	41,141

Table 2.4: Forecast of notification forms from businesses

Year	Total number of forms	Percentage from business	Estimated number of forms from business
2015/16	356,317 (data)	85%	303,439
2016/17	410,619 (data)	85%	349,682
2017/18	410,619	85%	349,682
2018/19	410,619	85%	349,682
2019/20	410,619	85%	349,682
2020/21	410,619	85%	349,682
2021/22	410,619	85%	349,682
2022/23	410,619	85%	349,682
2023/24	410,619	85%	349,682
2024/25	410,619	85%	349,682

2. New Provider online registration

The new online registration application tool will affect all businesses wishing to register with CQC to provide care services.

Our management information data shows that we received 9,087 new provider registrations in 2015/16 and 6,846 in 2016/17. Using DH assumptions (see fourth column in table 2.5 below and see section 4.i of this assessment) we estimate the proportion of these that came from businesses in 2015/16 (table 2.5). For more information on the DH assumptions see the final

three paragraphs in this section of the assessment.

We do not have the breakdown of total new provider application forms received by sector because at this stage of the process we only collect data on the number received and whether they are allocated (move to the next stage of the registration process) or not. Instead we use the sector breakdown of the applications which have moved to the next stage of the registration process as a proxy for the sector for all new provider applications received by CQC. This is from CQC management information data.

Table 2.5: Estimated number of new provider applications from business per year

Sector	Percentage of applications by sector	Estimated number of applications by sector	% of sector assumed to be businesses	Est. number of applications from businesses
Independent Ambulance	1%	46	20%	9
Independent Healthcare Org	9%	808	100%	808
NHS Healthcare Organisation	0%	26	0%	0
Primary Dental Care	27%	2,450	30%	735
Primary Medical Services	16%	1,438	6%	86
Social Care Org	48%	4,319	91%	3,909
Total	100%	9,087		5,547
Source	CQC information management data/ Assumptions	CQC calculations	DH assumptions	CQC estimate

Therefore we estimate that approximately 61% of these new provider application forms each year come from businesses ($5,547/9,087 = 61\%$).

Proportion of providers that are businesses

We used Department of Health (DH) assumptions to determine what proportion of providers in each sector are businesses. The assumed proportions that are businesses in the sectors Social Care, Dental Care, Primary Medical Services and NHS Healthcare Organisation are based on conventions that the RPC has already approved when applied to DH's work (see *RFG Policy paper (2014-06): public / private sector split when scoring impacts under OITO*).

The proportions that we assume are businesses in the Independent Ambulance and Independent Healthcare organisation sectors are based on further work by DH with their policy colleagues. The RPC has validated the proportion of Independent Ambulance providers that are businesses as set out in our BIT assessment called "Provider information request for independent ambulance services" (RPC reference: RPC-4094(1)-DH-CQC). In summary the

Independent Ambulance Association suggested that at least 80% of the work carried out by their members is publicly funded, while the remaining 20% are delivering privately commissioned services.

As for Independent Healthcare organisations, by their nature we assume that since they are independent organisations they are likely to be businesses and hence we treat 100% of them as businesses. These changes relate to all healthcare providers not just those undertaking NHS work. So although some independent sector organisations may be doing work on behalf of the NHS, the requirements relate equally to their privately funded work so therefore we have treated them all as businesses.

Table 2.6: Proportion of providers that are businesses in each sector

Sector	% of sector assumed to be from businesses
Independent Ambulance	20%
Independent Healthcare Org	100%
NHS Healthcare Organisation	0%
Primary Dental Care	30%
Primary Medical Services	6%
Social Care Org	91%

Summary of costs and benefits

Price base year	Implementation date	Duration of policy (years)	Net Present Value	Business Net Present Value	Net cost to business (EANDCB)	BIT score
2015	2015	10	-5.28	-5.28	0.6	3.0

Section 3: Please set out the impact to business clearly with a breakdown of costs and benefits

We think that both measures have broadly the same impacts on providers (table 3.1).

Table 3.1: Impacts on providers of moving notifications and registration processes online

Impacts on providers	Description of impact
A. Time costs of creating a digital account	Providers submitting forms online will have to spend time creating their digital account. This is a one-off activity for each entity creating a digital account.
B. Time costs of familiarising themselves with the digital portals	Providers setting up Provider Portal accounts or setting up an online new provider registration account will spend some time familiarising themselves with the portals.
C. Benefits from less time spent completing forms	<p>It should take providers less time to fill in and submit registration forms online. This is for the following reasons:</p> <ul style="list-style-type: none"> • Users log in with a unique identity, the information they are seeking is targeted at them. • The system pre-populates forms with relevant information, for example their address & e-mail address. • Providers do not have to draft e-mails or write letters to submit forms. • The system provides a history of which forms have been sent and when they were sent, providing an electronic audit trail.
D. Benefits from fewer rejected forms	<p>Forms submitted digitally are less likely to be wrong and rejected for the following reasons:</p> <ul style="list-style-type: none"> • Forms cannot be submitted until all relevant sections have been completed. • Use of the system ensures applicants are filling in the current up-to-date version of the form. • The system ensures applicants are filling in the correct form for their legal entity (there are three types: individual, partner, and organisation). • It is impossible to proceed in the system without completing all the relevant fields. • The system ensures data validation i.e. that all relevant fields are correctly filled in. • The system checks that the correct accompanying paperwork is included with the application and that all dependent applications are included.

We used CQC information management data for 2015/16, 2016/17 and where appropriate for 2017/18 (e.g. proportion of forms being submitted online) to inform the costs and benefits in this assessment. We sought expert opinion within the CQC Digital team to agree the forecast

assumptions set out in this section. We also used evidence gathered from providers to inform assumptions on who completes notifications and registration forms and how long it takes them to complete these forms. For more information about the evidence we collected from providers you can refer to section 4 of this assessment.

1. Costs and benefits of the extension of Provider Portal membership

1.A Time costs of joining the Provider Portal (PP)

On the basis of evidence from providers we think it takes around 5 minutes to create a PP account. This is based on an online survey of providers and we describe how we collected this evidence in section 4c of this assessment. This is a one-off activity for each entity setting up an account but the costs will be distributed over time as the invitations to join the Portal were staggered, and not all providers would join immediately after being invited to do so. We use a standard cost model approach and the assumptions in Table 3.2 to estimate this cost.

On the basis of a survey of people setting up Portal accounts we assume that the Manager of a service would set up the account. This is based on evidence from an online survey of providers (see section 4c). We use Office for National Statistics (ONS) data on hourly pay by job title (ASHE: Annual Survey of Hours and Earnings) to estimate the wage rate of these members of staff. We use the staff description “Managers and proprietors in health and care services” whose median hourly pay ONS estimate was £15.38 in 2015.

Table 3.2: Assumptions used in costing of creating a digital PP account

Assumption	Size	Source
Average time spent joining portal	5 mins	Based on online survey of providers (see section 4c)
Person creating portal account	Manager of service	Based on online survey of providers (see section 4c)
Hourly pay of person creating account	£15.38	ONS ASHE 2015 data for <i>Managers and proprietors in health and care services</i>
Overheads	20.2%	Eurostat non-wage costs, 2016

In 2015/16 we estimate these assumptions yielded a cost of £421 (0.08 hours x £15.38 per hour x 7,000 businesses x 1.2 for 20% overheads = £421).

The assumptions described in table 3.2 were the same in each year of the costing. The number of providers we assumed join the PP changes from year to year (table 3.3). We assume there was a spike in the number of providers creating accounts in 2015/16 and 2016/17 as membership was extended. See table 2.1 and accompanying explanation for the estimated number of providers joining the Portal. We assume that new providers will continue to join the Portal and so there are ongoing costs (table 3.3) from this activity.

Table 3.3: Estimated number of businesses setting up an account and the associated cost

Year	Number of businesses setting up an account	Cost (£)
2015/16	7,000	10,784
2016/17	4,000	6,162

2017/18	1,650	2,542
2018/19	1,500	2,311
2019/20	1,500	2,311
2020/21	1,500	2,311
2021/22	1,500	2,311
2022/23	1,500	2,311
2023/24	1,500	2,311
2024/25	1,500	2,311

1.B Time providers spend familiarising themselves with the Provider Portal

Providers setting up Provider Portal accounts will spend a limited amount of time familiarising themselves with the Portal. This will be a one-off cost for all providers joining the Portal. We do not have Google Analytics data on the length of time provider spend on each page. Instead to approximate familiarisation costs we use reading time for all pages of the Portal. We have not used information from providers as we have not had the time to get this evidence from them, and it would not be proportionate to seek this evidence given the relative size of this aspect of the costing. We also do not believe providers would need to receive training in the Portal given how easy it is to navigate the Portal.

Table 3.4: Pages in the Provider Portal & reading time

Page in Provider Portal	Number of words	Speed of reading (words per minute)	Time spent per page (minutes)
Front page	340	75	4.5
Registration	444	75	5.9
Notifications	525	75	7.0
All forms	253	75	3.4
Mental health notifications & SOAD	185	75	2.5
My account	215	75	2.9
Manage users	80	75	1.1
History	47	75	0.6
Total time			28

We think the text on the pages of the Portal would be read at the speed of 75 words per minute as it presents relatively technical information. In total there are 2,089 words on the Portal, which we estimate would take 28 minutes to read (table 3.4).

We believe the number of providers going through the familiarisation process is the same as the numbers of providers who set up accounts (see table 3.3). We also believe it is the same person who sets up the account who is the person familiarising themselves with the Portal (see section 4c). Table 3.5 sets out our estimate of this costing over a ten year period.

In 2015/16 using the assumptions we estimate that familiarisation with the Portal yielded providers a cost of £60,074 (0.46 hours x £15.38 per hour x 7,000 businesses x 1.2 for 20% overheads = £60,074)

Table 3.5: Estimated number of businesses setting up an account and the associated cost

Year	Number of businesses setting up an account	Cost (£)
2015/16	7,000	60,074
2016/17	4,000	34,328
2017/18	1,650	14,160
2018/19	1,500	12,873
2019/20	1,500	12,873
2020/21	1,500	12,873
2021/22	1,500	12,873
2022/23	1,500	12,873
2023/24	1,500	12,873
2024/25	1,500	12,873

1.C Benefits from less time spent completing registration notifications and variations

By inviting more providers to submit forms via the Portal we believe we are reducing the time they spend completing these forms if they choose to submit them via the Portal rather than by e-mail or paper. We use a standard cost model approach and the assumptions in Table 3.6 to estimate the benefits of this to business.

We should note that there are many different types of notification and registration variation forms, some which will take longer to fill in than others. For ease of calculation we have assumed an average time that it would take to fill in each type of form (table 3.6). We base the time it takes to fill in these forms on evidence from providers gathered in two surveys for online forms and internal expertise for offline forms. We had to consult internal expertise for the time providers spend filling in forms offline because we could not get reliable information from our surveys. The colleagues we consulted for these estimates were a Digital Product Manager in our Digital team, a Public Information Manager in our Engagement team and an Operations Manager in our customer contact centre. All of these colleagues have worked on the portals, our website or have engagement with providers who use the portal and offline forms. For further detail on the results from these surveys and our internal estimates please refer to see section 4 of this assessment and table 4.2.

Evidence from providers through online surveys indicates that those in providers completing registration variation forms are generally Nominated Individuals who tend to be at Director level or very senior manager level (see section 4, table 4.2). We use the role description of “Health and social services managers and directors” in the ONS ASHE 2015 data set to approximate their hourly wage rate (£21.78).

Table 3.6: Assumptions used to estimate savings from less time spent completing forms online

Assumption	Size	Source
Person filling in notification forms	Manager of service	Based on online survey of providers (see section 4, table 4.2)

Hourly wage rate of person filling in notification forms	£15.38	ONS ASHE 2015 data for <i>Managers and proprietors in health and care services</i>
Person filling in registration variation forms	Nominated individual (usually a Director)	Based on online survey of providers (see section 4, table 4.2)
Hourly wage rate of person filling in registration variation forms	£21.78	ONS ASHE 2015 data for <i>Health and social services managers and directors</i>
Overheads	20.2%	Eurostat non-wage costs, 2016
Total registration variations from business (2015/16)	42,347	See table 2.3
Total notifications from business (2015/16)	303,493	See table 2.4
Time spent completing forms notification online & offline	Online: 1.25 hours Offline: 1.32 hours	Online time estimates from providers; offline estimates based on internal expertise (see section 4b & table 4.2)
Time spent completing registration variation forms	Online: 2 hours Offline: 2.35 hours	

Table 3.7 shows the assumptions that change from year to year in this costing. The counterfactual in this costing assumes that had we not extended membership of the Provider Portal we would have continued to receive the same proportion of forms through the Portal as in 2015/16 (8% for registration variation forms and 4% for notifications).

That providers can choose to submit papers online or offline, and some choose to submit these forms online shows that there must be some advantages to those submitting them online (table 3.7), for example, time savings. Latest CQC information management data indicate that 21% of registration variation forms are being submitted online, and that 19% of notification forms are being submitted online. Table 3.7 shows that there is a smaller percentage increase in the proportion of forms being submitted through the Portal between 2017/18 and 2016/17 than between 2016/17 and 2015/16.

We think that the proportion of forms submitted online will gradually increase to 30% for registration variations and to 35% for notifications. We think a higher proportion of notification forms will be submitted online as anecdotal evidence suggests that some providers continue prefer to submit registration variation forms offline. These upper limits were informed by discussions with an internal expert: a Digital Product Manager in our Digital team who anticipates that many forms will continue to be submitted offline – either because providers are not eligible to join the Portal or because they prefer submitting forms offline. We then went out to 14 Trade Associations which represent providers of health and social care to test these forecast assumptions. We sought feedback from Trade Associations via e-mail having sent them a Word document. In this document we shared our forecasts with them and the assumptions and data underpinning these forecasts. We asked Trade Associations whether they thought these were reasonable. We received feedback from four Trade Associations that provided no challenge to the forecasts, though they noted that they would have preferred to have more time to gather feedback from providers on the forecast.

Two of these Trade Associations represent the Care Sector. The majority of our registration

activity comes from Adult Social Care providers. The first body we received feedback from was Care England, which is the representative body for independent care services in England. Care England tells us they cannot be precise but they estimate that they represent about 20% of care homes and 28% of care home beds. The second was the National Care Forum (NCF) which has approximately 100 member organisations. The NCF is unique in that its members are only from the not-for profit care sector. When asked how representative they are of the sector, they provided the following information:

- Around 76% of the care sector is for-profit of which around 16% are large corporates which means around 60% are small independent providers
- Around 20% of the sector is not-for-profit of which NCF has about 65% in its membership. Not for profit organisations do fall under the definition of businesses for Business Impact Target purposes.
- The remaining 4% of providers are still operated by public bodies.

The other two responses we received were from Trade Associations representing independent health providers: the Association of Independent Healthcare Organisations and the NHS Partners Network. The former represents over 250 hospitals that provide services to insured, self-paying and NHS-funded patients. Members vary from large hospital groups to smaller, specialist providers. The latter, the NHS Partners Network, is part of NHS Confederation, and it represents independent sector providers of NHS clinical services. They have 23 full members and 6 associate members. AIHO and NHS Partners essentially cover the independent acute sector between them, but there are other trade associations that cover different areas of the independent sector.

We made the judgement that Trade Associations were the most appropriate route for representing input from providers because it would be difficult to get representative perspective from individual providers and to undertake this sort of exercise would have been disproportionate. If we want to run targeted surveys in the health and care sectors, we must seek approval from NHS Digital through the Burden Assessment process. This process takes a number of weeks. Therefore, we did not feel that a survey of this nature was not a proportionate approach to gathering evidence from providers for this assessment.

Table 3.7: Percentage of forms submitted through the Portal, before and after the membership extension

Year	Registration variations submitted through the Portal (online)			Notifications submitted through the Portal (online)		
	Counterfactual (%)	After membership extension (%)	Additional forms submitted online	Counterfactual (%)	After membership extension (%)	Additional forms submitted online
2015/16	8	10	721	4	9	15,880
2016/17	8	18	4,289	4	15	40,371
2017/18	8	21	5,380	4	19	51,510
2018/19	8	25	6,988	4	25	73,643
2019/20	8	30	9,045	4	30	91,127
2020/21	8	30	9,045	4	35	108,611
2021/22	8	30	9,045	4	35	108,611
2022/23	8	30	9,045	4	35	108,611
2023/24	8	30	9,045	4	35	108,611

2024/25	8	30	9,045	4	35	108,611
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In 2015/16 we estimate that additional forms sent through the Portal yielded a benefit of £25,979 for businesses:

Additional registration variations (2015/16): £6,666

(0.4 hour time saving per form online x £21.78 per hour x 721 forms additional forms online x 1.2 for 20% overheads = £6,666)

Additional notifications submitted online (2015/16): £19,313

(0.1 hour time saving per form online x £15.38 per hour x 15,880 forms additional forms online x 1.2 for 20% overheads = £19,313).

This is a £9.20 saving per registration form submitted online and a £1.20 saving per notification form submitted online.

Table 3.8: Benefits to business of time saved submitting forms via the Portal

Year	Benefits from additional forms submitted via the Portal (£)		
	Registration variations	Notifications	Total benefits
2015/16	6,666 = 721 x £9.20	19,313 = 15,880 x £1.20	25,979
2016/17	39,632	49,101	88,732
2017/18	49,709	62,648	112,357
2018/19	64,566	89,567	154,133
2019/20	83,573	110,832	194,405
2020/21	83,573	132,096	215,670
2021/22	83,573	132,096	215,670
2022/23	83,573	132,096	215,670
2023/24	83,573	132,096	215,670
2024/25	83,573	132,096	215,670

1.D Fewer rejected registration variation forms

Only registration variations need to be approved to move to the next stage of the registration process (meaning they are “allocated”); notifications do not require approval. In 2017/18 to date the allocation rate for registration variations submitted online is 64% compared to 35% for forms submitted offline (source: CQC information management data).

As we receive more forms through the Portal a higher number of these are likely to be allocated when first submitted to CQC than forms submitted by paper or e-mail (see allocation rates described in the previous paragraph). This would save the providers submitting them time as they would not need to complete the form again. Therefore we assume that the time saving to the provider is the time that it would have taken to fill in the form one more time. There is the possibility that providers have to complete a form several times before it is accepted. Anecdotal evidence confirms this does happen. We believe there are savings for providers if they do not need to complete applications multiple times. However, we do not have data which tells us how many times forms are submitted to CQC before they are accepted and how this might vary by the source of the application (online, e-mail, paper).

Since we have already accounted for the shorter time it takes to fill in forms online in the previous part of the costing (1.C), we assume all forms take 2 hours to fill in – the time it takes to fill in an online form (table 3.6). This ensures that we are not double-counting benefits from time savings.

We use a standard cost model approach and the assumptions in Table 3.9 to estimate this impact.

Table 3.9: Assumptions used to estimate savings from fewer rejected registration variation forms

Assumption	Size	Source
Person filling in form	Nominated individual (usually a Director)	Based on an online survey of providers (see section 4b & table 4.2)
Hourly wage rate of person creating account	£21.78	ONS ASHE 2015 data for <i>Health and social services managers and directors</i>
Overheads	20.2%	Eurostat non-wage costs, 2016
Time spent completing registration variations online	2 hours to complete form online	CQC estimate based on internal expertise (see section 4b & table 4.2)

Assumptions that change year to year in the costing are described in table 3.10.

Table 3.10: Assumptions related to registration variations that vary year to year

	Registration variations submitted online		Allocation rate (%)		Additional forms allocated the first time after the change
	Percentage	Additional forms submitted online	Offline	Online	
2015/16	10	721	33	60	191
2016/17	18	4,289	32	53	901
2017/18	21	5,380	35	64	1,600
2018/19	25	6,988	35	64	2,078
2019/20	30	9,045	35	64	2,690
2020/21	30	9,045	35	64	2,690
2021/22	30	9,045	35	64	2,690
2022/23	30	9,045	35	64	2,690
2023/24	30	9,045	35	64	2,690
2024/25	30	9,045	35	64	2,690
Source	CQC information management data (2015/16, 16/17 & 17/18) CQC estimates (2018/19 onwards)	CQC estimate	CQC information management data (2015/16, 16/17 & 17/18) CQC estimates (2018/19 onwards))	CQC estimate	

In 2015/16 these assumptions yield a benefit of £9,983 (2 hours x £21.78 per hour x 1.2 for 20%

overheads X 191 additional forms allocated when first submitted = £9,983).

We estimate that this yields businesses the annual savings presented in table 3.11.

Table 3.11: Estimated benefits to business from time from registration variations being allocated when first submitted

Year	Benefits (£)
2015/16	9,983
2016/17	47,165
2017/18	83,763
2018/19	108,799
2019/20	140,826
2020/21	140,826
2021/22	140,826
2022/23	140,826
2023/24	140,826
2024/25	140,826

Costs and benefits of introducing new provider online registration

2.A Time cost of setting up an online account for new provider registration

Providers submitting a new provider registration application online spend time setting up an online account to create and access their application. This is a one-off cost the first time they do this. We use a standard cost model approach to estimate this cost using assumptions in table 3.13. Evidence from our survey of providers indicated that Nominated Individuals (who tend to be Directors) were the most likely people to submit these forms online (see section 4, table 4.2). And so we assume that these are the same people who set up the digital account.

The number of providers setting up digital logins is not the same as the number who submit new provider applications online. This is because some online applicants will already have used the portal – either because they are an existing provider registering a new entity or because their previous application failed. We have had to make assumptions on the basis of internal expertise to estimate these figures because CQC does not hold data on the number of accounts created as development of the portal is undertaken by a third party and getting data on the portal falls under this agreement. The external supplier could provide us with this data but it would be at a cost. We do not think it is reasonable to pay for this data.

While we do not have data on the number of providers that submit new provider applications that are part of existing providers, we believe that the number of providers that do this is relatively small since a large proportion of corporate provider prefer/are required to fill in paper forms. We do however have data on the proportion of forms that are not moved onto the next stage of registration after being sent to CQC, i.e. they are not allocated. Around one-third of new provider online registration forms are not allocated on first receipt by CQC. We have used this to proxy for the number of providers submitting forms that will already have set up a digital account and hence remove them from the population we are estimating who have to set up new accounts (table 3.12). We think that this is a reasonable assumption to make given the available information.

Table 3.12: Number of new provider applications submitted online & estimated number of new digital logins created

Year	Number of new provider applications submitted online	Allocation rate	Estimated number of new logins created
2015/16	227	61%	138
2016/17	1,743	65%	1,125
2017/18	2,303	70%	1,604
2018/19	2,426	70%	1,689
2019/20	2,647	70%	1,843
2020/21	2,647	70%	1,843
2021/22	2,647	70%	1,843
2022/23	2,647	70%	1,843
2023/24	2,647	70%	1,843
2024/25	2,647	70%	1,843
Source	2015/16 – 2017/18: CQC information management data 2018/19 onwards is a CQC forecast		CQC estimate

Table 3.13: Assumptions used in costing of creating a digital login for a new provider application

Assumption	Size	Source
Average time spent creating login	5 minutes	We assume that it takes the same time to set up this account as a Portal account as we think they are equally straightforward (see section 4c). This estimate was based on an online survey of providers.
Person creating portal account	Director	Assume that the person submitting the form is the same person who sets up the online account (Section 4c). This is based on an online survey of providers.
Hourly pay of person creating account	£21.78	ONS ASHE 2015 data for <i>Health and social services managers and directors</i>
Overheads	20.2%	Eurostat non-wage costs, 2016

In 2015/16 these assumptions yielded a cost of £421 (0.08 hours x £21.78 per hour x 193 businesses x 1.2 for 20% overheads = £421).

Table 3.14: Estimated costs of setting up a digital account for a new provider application

Year	Cost (£)
2015/16	301
2016/17	2,455
2017/18	3,499
2018/19	3,686

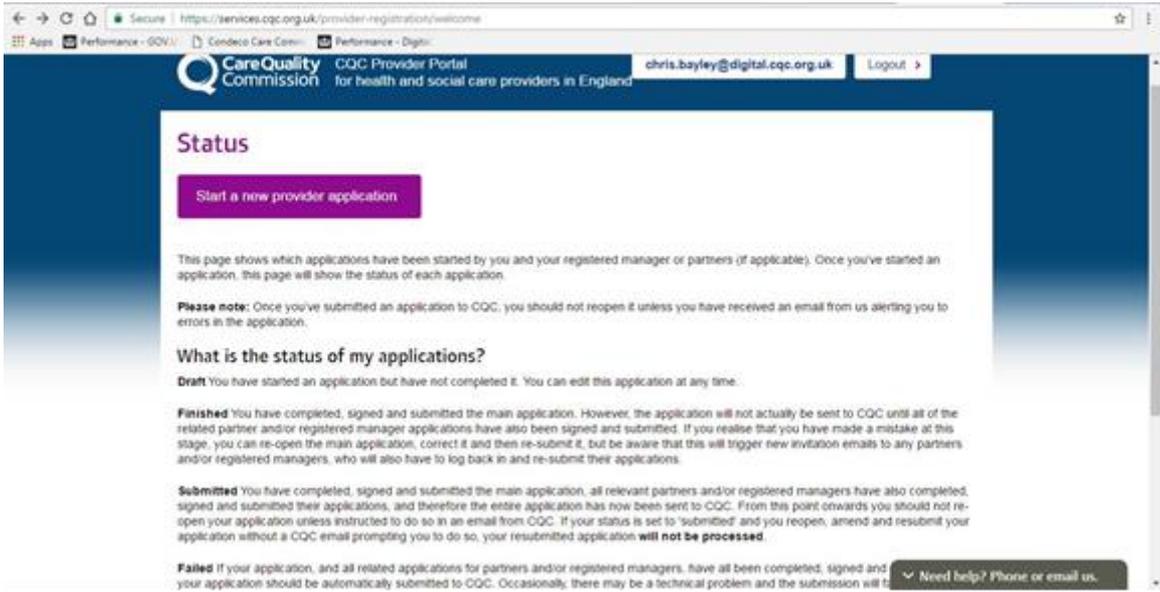
2019/20	4,021
2020/21	4,021
2021/22	4,021
2022/23	4,021
2023/24	4,021
2024/25	4,021

2. B Time providers spend familiarising themselves with the digital portal

The screenshot below is a screenshot of the portal for submitting new provider online registrations forms. The portal consists of one front page and then the option to fill in their new provider application form. (The time providers spend filling in forms is accounted for in impact C.) Therefore we think familiarisation costs for the portal for new provider registration will be small; no training should be required for providers to help them use the portal as it is so simple. It would be disproportionate to seek evidence from providers on how long they spent familiarising themselves with the portal.

We estimate familiarisation costs by estimating the time providers would spend reading this front page. There are 416 words on the front page. We analysed the readability of the text and it indicated it would be read at the speed of between 50 and 100 words per minute. Therefore it would take around 5.5 minutes for familiarisation. We assume it is the same person who creates a digital account who would familiarise themselves with the portal: a staff member at Director level (see table 3.13), and the same number of people setting up accounts would familiarise themselves with the portal.

Screenshot: Landing page of the digital portal for submitting new provider online registration forms



In 2015/16 we estimate these assumptions yielded a cost of £334 (0.09 hours x £21.78 per hour x 138 businesses x 1.2 for 20% overheads = £334).

Table 3.15 shows how the number of businesses changes over time (see table 3.12) and how this affects the familiarisation costs to the sector.

Table 3.15: Estimated number of businesses setting up an account and the associated estimated cost of familiarisation

Year	Number of businesses setting up an account	Cost (£)
2015/16	138	334
2016/17	1,125	2,723
2017/18	1,604	3,882
2018/19	1,689	4,089
2019/20	1,843	4,460
2020/21	1,843	4,460
2021/22	1,843	4,460
2022/23	1,843	4,460
2023/24	1,843	4,460
2024/25	1,843	4,460

2.C Benefits from less time spent completing new provider application online compared to offline

By allowing new providers to submit their registration applications online we believe we are reducing the time they will spend completing this form and the dependent forms if they choose to submit them online instead of by e-mail or paper. Table 3.16 shows the new provider application forms we have received since 2015/16 by source. In November 2015/16 we introduced the online forms. We use a standard cost model approach and the assumptions in table 3.17 to estimate the benefits of this to business.

We base the time it takes to fill in these forms on evidence from providers gathered in three surveys for online forms and internal expertise for offline forms. We had to consult internal expertise for the time providers spend filling in forms offline because we could not get reliable information from our surveys. The colleagues we consulted for these estimates were a Digital Product Manager in our Digital team, a Public Information Manager in our Engagement team and an Operations Manager in our customer contact centre. All of these colleagues have worked on the portals, our website or have engagement with providers who use the portal and offline forms. For further detail on the results from these surveys and our internal estimates please refer to see section 4 of this assessment and table 4.2.

Table 3.16: Breakdown of forms by source

Year	Online	E-mail	Letter
Apr – Oct 2015/16	4%	96%	4%
Nov – Mar 2015/16	12%	82%	6%
2015/16	4%	91%	5%
2016/17	41%	55%	3%
2017/18 (to date)	52%	47%	1%
2018/19	55%	44%	1%
2019/20 and each subsequent year	60%	39%	1%
Source	CQC management information data up to 2017/18; CQC forecast in 2018/19 and beyond		

When it comes to who fills in the dependent forms, as required by the process, it is the people who are becoming registered who need complete these forms, so these are the managers or partners themselves.

Table 3.17: Assumptions used to estimate the benefits from filling in forms online

Assumption	Size	Source
Person filling in new provider application form	Director	Based on an online survey of providers (see section 4, table 4.2)
Hourly pay of person filling in form	£21.78 per hour	ONS ASHE 2015 data for <i>Health and social services managers and directors</i>
Overheads	20.2%	Eurostat non-wage costs, 2016
New main provider applications from business now submitted online	227(2015/16)	See table 3.13
Time saved completing main new provider registration form online as opposed to offline (e-mail & paper)	0.8 hours	7 hours online 7.8 hours offline . Online time estimates from providers; offline estimates based on internal expertise (see section 4, table 4.2)
Average dependent applications per new registration application (partnership & organisation)	<ul style="list-style-type: none"> • 3 registered manager applications per main new provider application for an organisation • 2 partnership applications per main new provider application for a partnership 	How many dependent applications are submitted depends entirely on the form of the organisation, its size and how many regulated activities it delivers. To make our calculations more straightforward we have assumed that these are the average number of dependent forms per main provider application
Person filling in dependent application form	Registered Manager for organisations Partners fill in partnership applications	This is dictated by the process – the person who the registration relates to completes their own form
Hourly wage cost of person filling in dependent application form	£15.38 for Registered Managers £21.78 for Partners	ONS ASHE 2015 data for <i>Managers and proprietors in health and care services</i> and <i>Health and social services managers and directors</i>
Time saved completing dependent form online as opposed to offline (e-mail & paper)	0.4 hours	Online time estimates from providers; offline estimates based on internal expertise (see section 4, table 4.2)

Table 3.18 shows the assumptions in the costing that change over the forecast period. Latest CQC data from our information management system indicates that 52% of forms are currently being submitted online (see table 3.16). Table 3.18 shows that there is a smaller percentage increase in the proportion of forms being submitted online between 2017/18 and 2016/17 than between 2016/17 and 2015/16. We think the proportion of forms submitted online will gradually increase to 60% and will not increase beyond this point. This estimated forecast upper limit of 60% is based on internal intelligence from a Digital Product Manager in our Digital team our Digital team. They anticipate that many forms will continue to be submitted offline because some prefer to submit paper forms. Anecdotal evidence suggests that this is the case for some corporate providers (the very largest providers CQC regulate).

Furthermore some applications will continue to be submitted offline, because corporate providers have to use our paper application form when they acquire another provider, because all of the Registered Managers at the old provider are transferred this way (this is called 'continuation'). The online system does not enable this. We do not have management information data which shows us how many new provider applications are submitted by existing providers.

We assume the proportion of forms submitted by letters stays the same beyond 2017/18 at 1%. This is because we anticipate that some providers will continue to prefer sending forms by letter. We assume the increase in forms submitted online comes at the expense of forms submitted by e-mail, so the proportion of forms submitted by e-mail declines to 39% over the forecast period (table 3.16).

The challenge in collecting input from providers on the forecast for new provider registration is that by definition many of them are not registered with us yet and hence we could not get their views on their preferred future platform for registration.

We do recognise, however, that some existing providers do go through this process. So we went out to 14 Trade Associations which represent providers of health and social care to test our forecast assumptions. We received feedback from three Trade Associations that provided no challenge to the forecasts, though they note they would have preferred to have more time to gather feedback from providers on the forecast. We describe this exercise in more detail on pages 12 & 13 in section 1.C.

We made the judgement that Trade Associations were the most appropriate route for representing input from providers because it would be difficult to get representative perspective from individual providers and to undertake this sort of exercise would have been disproportionate. If we want to run targeted surveys in the health and care sectors, we must seek approval from NHS Digital through the Burden Assessment process. This process takes a number of weeks. Therefore, a survey of this nature was not a proportionate approach to gathering evidence from providers for this assessment.

Table 3.18: Total new provider & dependent forms submitted online after November 2015

Year	Total number of main provider forms submitted by businesses	Percentage of main provider forms submitted online		Forms submitted online	
		Counterfactual	Post-change	Main provider forms	Dependent forms
2015/16	5,547	0	4%	227	561
2016/17	4,202	0	41%	1,743	4,338

2017/18	4,411	0	52%	2,303	5,799
2018/19	4,411	0	55%	2,426	6,108
2019/20	4,411	0	60%	2,647	6,664
2020/21	4,411	0	60%	2,647	6,664
2021/22	4,411	0	60%	2,647	6,664
2022/23	4,411	0	60%	2,647	6,664
2023/24	4,411	0	60%	2,647	6,664
2024/25	4,411	0	60%	2,647	6,664

We estimate that in 2015/16 businesses saved £8,285 from submitting forms online instead of offline.

Saving for main provider applications: £4,624 (0.8 hours saved x £21.78 per hour x 227 main provider application forms x 1.2 for 20% overheads = £4,624)

Saving for dependent applications: £3,661

(0.4 hours saved x £15.38 per hour x 519 dependent forms for registered managers X 1.2 for 20% overheads) + (0.4 hours saved x £21.78 per hour x 42 dependent forms for partners X 1.2 for 20% overheads)

We estimate that the saving per main new provider application form is around £20.40.

We estimate that the saving per Registered Manager form is around £6.50 and that the saving per partnership application form is around £9.20.

The benefits of this change are set out in table 3.19.

Table 3.19: Time savings from forms being submitted online

Year	Benefits from time savings of forms being submitted online (£)			
	Main new provider application forms	Registered Manager forms	Partnership application forms	Total benefits
2015/16	4,624 = 227 x £20.40	3,388 = £6.50 x 519	273 = 42 x £9.20	8,285
2016/17	35,486	26,229	2,077	63,791
2017/18	46,902	35,151	2,687	84,740
2018/19	49,402	37,025	2,831	89,258
2019/20	53,893	40,391	3,088	97,373
2020/21	53,893	40,391	3,088	97,373
2021/22	53,893	40,391	3,088	97,373
2022/23	53,893	40,391	3,088	97,373
2023/24	53,893	40,391	3,088	97,373
2024/25	53,893	40,391	3,088	97,373

2.D Benefits from fewer rejected new provider application forms if submitted online

Forms submitted online are more likely to progress to the next stage of the registration process than forms submitted via paper or e-mail, i.e. their allocation rates are higher. In 2017/18 to date the allocation rate for new provider applications submitted online is 70% whereas it is 30% for forms submitted via e-mail.

As we receive more applications online a higher number of these are likely to be allocated when first submitted to CQC than applications submitted by paper or e-mail (see allocation rates described in the previous paragraph). This would save the providers submitting them time as they would not need to complete the application again. Therefore we assume that the time saving to the provider is the time that it would have taken to complete the application one more time. There is the possibility that providers have to complete applications several times before they are accepted. Anecdotal evidence confirms this does happen. We can assume there are savings for providers if they do not need to complete applications multiple times. However, we do not have data which tells us how many times forms are submitted to CQC before they are accepted and how this might vary by the source of the application (online, e-mail, paper).

We assume it takes the same time to fill in online and offline applications in this part of the costing since we already take account of the difference in time to fill in the forms in impact 2.C of this costing. This ensures that we are not double-counting benefits from time savings.

We use a standard cost model approach and the assumptions in Table 3.20 to estimate the size of this impact to businesses.

Table 3.20: Assumptions in costing of a higher allocation rate for applications submitted online

Assumption	Size	Source
Person filling in new provider application form	Director	Based on online surveys of providers (see section 4, table 4.2)
Wage cost of person filling in form	£21.78	ONS ASHE 2015 data for <i>Health and social services managers and directors</i>
Person filling in dependent application form	Registered Manager/Partner	As demanded by the process it is the Registered Managers and Partners themselves who have to fill in and submit these forms.
Hourly wage cost of person filling in dependent application form	£15.38/£21.78	ONS ASHE 2015 data for <i>Managers and proprietors in health and care services</i>
Overheads	20.2%	Eurostat non-wage costs, 2016
Forms submitted online (2015/16)	227 main applications and 561 dependent applications	See table 3.18
Time spent filling in a main new provider registration form online	7 hours	Based on an online survey of providers (see section 4, table 4.2)
Time spent filling in subsidiary dependent form online	2 hours	Based on an online survey of providers (see section 4, table 4.2)

Table 3.21 shows the assumptions that change over the period forecast. We assume allocation rates stay constant at their current 2017/18 level throughout the forecast period.

Table 3.21: Source of new provider forms and allocation rate by source

Year	Percentage of forms by source (post-change)			Allocation rate			Additional forms allocated first time	
	Online	E-mail	Paper	Online	E-mail	Paper	Main provider forms	Dependent forms
2015/16	4%	91%	5%	61%	32%	24%	66	281
2016/17	41%	55%	3%	65%	36%	24%	507	1,276
2017/18	52%	47%	1%	70%	30%	42%	884	2,367
2018/19	55%	44%	1%	70%	30%	42%	933	2,488
2019/20	60%	39%	1%	70%	30%	42%	1,019	2,706
2020/21	60%	39%	1%	70%	30%	42%	1,019	2,706
2021/22	60%	39%	1%	70%	30%	42%	1,019	2,706
2022/23	60%	39%	1%	70%	30%	42%	1,019	2,706
2023/24	60%	39%	1%	70%	30%	42%	1,019	2,706
2024/25	60%	39%	1%	70%	30%	42%	1,019	2,706

Source: CQC information management data up to 2017/18; post-2017/18 this is a CQC forecast

We estimate that in 2015/16 these assumptions yielded a saving of £22,604 = £12,035 + £10,569.

Saving for main provider applications: £12,035

(7 hours x £21.78 per hour x 66 extra main provider forms allocated on first review x 1.2 for 20% overheads = £12,035)

Saving for dependent applications: £10,569

(2 hours x £15.38 per hour x 269 additional registered manager forms allocated first time x 1.2 for 20% overheads) + (2 hours x £21.78 per hour x 12 additional partnership application forms allocated first time x 1.2 for 20% overheads) = £9,934 + £634 = £10,569

The benefits arising from this are shown in table 3.22.

Table 3.22: Benefits from a higher number of forms being allocated when first submitted

Year	Benefit (£)
2015/16	22,604
2016/17	141,435
2017/18	252,017
2018/19	265,470
2019/20	289,632
2020/21	289,632
2021/22	289,632
2022/23	289,632
2023/24	289,632
2024/25	289,632

Total net impact of both changes

Table 3.23: Impacts of extension of Provider Portal membership

Year	Impact A	Impact B	Impact C	Impact D	Net benefit (£)
2015/16	10,784	60,074	- 25,979	- 9,983	34,895
2016/17	6,162	34,328	- 88,732	- 47,165	95,407
2017/18	2,542	14,160	- 112,357	- 83,763	179,418
2018/19	2,311	12,873	- 154,133	- 108,799	247,748
2019/20	2,311	12,873	- 194,405	- 140,826	320,047
2020/21	2,311	12,873	- 215,670	- 140,826	341,312
2021/22	2,311	12,873	- 215,670	- 140,826	341,312
2022/23	2,311	12,873	- 215,670	- 140,826	341,312
2023/24	2,311	12,873	- 215,670	- 140,826	341,312
2024/25	2,311	12,873	- 215,670	- 140,826	341,312

Table 3.24: Impacts of New Provider online registration

Year	Impact A (£)	Impact B (£)	Impact C (£)	Impact D (£)	Net benefit (£)
2015/16	301	334	- 8,285	- 22,604	30,255
2016/17	2,455	2,723	- 63,791	- 141,435	200,048
2017/18	3,499	3,882	- 84,740	- 252,017	329,377
2018/19	3,686	4,089	- 89,258	- 265,470	346,954
2019/20	4,021	4,460	- 97,373	- 289,632	378,523
2020/21	4,021	4,460	- 97,373	- 289,632	378,523
2021/22	4,021	4,460	- 97,373	- 289,632	378,523
2022/23	4,021	4,460	- 97,373	- 289,632	378,523
2023/24	4,021	4,460	- 97,373	- 289,632	378,523
2024/25	4,021	4,460	- 97,373	- 289,632	378,523

Table 3.26: Total net costs and benefits of both changes

Year	Provider Portal extension	New Provider online registration	TOTAL
2015/16	34,895	- 30,255	4,641
2016/17	- 95,407	- 200,048	- 295,455
2017/18	- 179,418	- 329,377	- 510,313
2018/19	- 247,748	- 346,954	- 594,702
2019/20	- 320,047	- 378,523	- 698,571
2020/21	- 341,312	- 378,523	- 719,836
2021/22	- 341,312	- 378,523	- 719,836
2022/23	- 341,312	- 378,523	- 719,836
2023/24	- 341,312	- 378,523	- 719,836
2024/25	- 341,312	- 378,523	- 719,836

Other costs and benefits

Fewer failed forms means providers will not spend as much time on the phone to our customer contact centre (NCSC). This would be a saving to them (as well as to CQC). We do not have sufficient evidence to quantify this impact.

There may be further savings we have not been able to quantify: time savings from re-submitting forms online compared to re-submitting forms offline. When forms are rejected initially, amending forms submitted online should be quicker in terms of correcting errors and re-submitting the revised form because they can amend the existing form online. If these forms were sent offline instead, this would require the provider to fill in an entirely new form (if it is a paper form) and to draft a new e-mail with the form attached for re-submission (if a form is submitted by e-mail).

Section 4: Please provide any additional information (if required) that may assist the RPC to validate the BIT Score

Evidence from providers

We sought evidence from providers to establish who completes these forms in providers and how long it takes to complete them both online and offline. We ran four separate exercises to get information because we did not get all the information we needed from any one survey. Even having run this many surveys we were not able to get all the information we needed for this assessment from providers directly.

Table 4.1: Exercises we ran to get evidence from providers

Survey/exercise	Description of questions asked	Number of responses
1. Survey of those who had submitted new provider registration forms online (2016)	Length of time it took to complete forms and who completed them.	36
2. Survey of those setting up a Provider Portal account (2016)	Length of time it took to set up an account and questions about the respondent & the provider they work for.	Seven
3. CQC website pop-up survey (2017)	Whether they completed registration forms offline, how long it took them, and who in the provider completed them.	Around 20 provided some useable data
4. Questions sent to trade associations to forward to providers (2017)	Whether they completed registration forms offline, how long it took them, and who completes them.	21

a) Description of the surveys

We ran these surveys in the order that they were listed in table 4.1. From these exercises we got good data on who in providers fill in these forms (see table 4.2). When it came to evidence on the time these staff spend filling in forms through the first survey we got evidence on the time it takes to complete new provider registration forms online. It did not tell us how long it took to complete forms offline, and neither did it cover the forms that come through the Provider Portal. We put a pop-up survey (item 2 in table 4.1) on our website to get evidence on forms submitted online and offline for both new provider registration and the Provider Portal. Only one respondent to this survey had submitted a form online; the rest reported submitting forms digitally.

Finally, to get information about the time it takes to complete forms offline we sent questions to providers via Trade Associations about the length of time it takes them to complete forms offline. The time providers reported spending completing forms offline looked similar to the times that other providers reported completing forms online. In some cases they reported spending less time filling in forms offline than respondents to our previous surveys said they spent completing forms online.

b) Estimated time savings

Having reflected on these responses it is clear that if there are time savings to filling forms online they might be relatively modest. Furthermore we might only be able to establish these time savings accurately if we were to do this research on a provider by provider basis to work out the average time saving per organisation per form. The best way to do this would be to interview or survey providers who have recently moved from submitting forms offline to submitting them digitally. We have not had sufficient time or resources to do this research.

One challenge in comparing results across different providers for the time spent filling forms offline versus online is that we could be comparing two very different groups. The first is that the time saving is completely dependent on how each provider submits forms. We believe the respondents to this final exercise through Trade Associations were predominantly medium to larger providers (some of which are not eligible for Provider Portal membership given their size). Some of these larger providers have governance teams who submit forms on behalf of their

locations, which means that they could have submitted the same form numbers times and will have learned how to fill these forms in quickly and efficiently. This could be a different population to those responding to our first two surveys which might be smaller organisations that do not have governance teams to fill in forms on their behalf.

We maintain that filling in forms online in general must save providers time. This because sections of forms are pre-populated, parts of forms that do not need to be completed are hidden, and providers do not need to draft letters or e-mails alongside their forms. To estimate this time saving per type of form we consulted internal experts who work in and around the Digital area of CQC – developing the products themselves and in the operational part of the organisation overseeing the registration process. .

The colleagues we consulted for these estimates were a Digital Product Manager in our Digital team, a Public Information Manager in our Engagement team and an Operations Manager in our customer contact centre. All of these colleagues have worked on the portals, our website or have engagement with providers who use the portal and offline forms. We discussed the results of the time providers reported spending on forms offline and considered the differences between the online and offline forms for each type of change, determining what we thought would be a central estimate of the time saving providers would make if filling forms online.

Table 4.2 shows our assumptions based on the discussions with this group of the time we think providers save by submitting forms online and our justification for these assumptions.

c) Who sets up portal accounts?

In the second survey in table 4.1 seven providers setting up Provider Portal accounts told us how much time they spent doing this. Of the seven responses we received, six said it took less than 5 minutes to do this. One provider told us it took them between 10 and 20 minutes to do this. We therefore assume in our costing that it takes five minutes to set up a Provider Portal account. While the majority of respondents took less than five minutes, there might be some providers who take longer to undertake this process, therefore we believe the 5 minutes setting up the account to be a central estimate. The process to set up digital accounts for new provider registration is similar to the process for setting up Provider Portal accounts. Therefore we assume these accounts also take five minutes to set up and we are comfortable that this also represents a central estimate.

In terms of the job title of people setting up the accounts, all of them reported being managers (e.g. “Practice Manager”, “General Manager”, “Registered Manager”); therefore we assume that a manager of the service is the person setting up the account in our costing. We acknowledge that these seven responses might not be representative of all of the providers we regulate but given the relative size of this aspect of the costing it would not be proportionate to seek further data from providers.

d) How long does it take to set up digital accounts?

In table 4.1 we indicate that we ran a short and small survey of providers opening Provider Portal accounts. Here we describe the evidence gathered from this exercise which informs our assumption on the time providers spend opening digital accounts. Of the seven responses we received to the survey 6 reported spending “Less than 5 minutes” on creating an account. The final respondent reported spending “between 10 and 20 minutes” on this activity. We have used the assumption that providers spend 5 minutes setting up their account. It could in reality be less than 5 minutes given that most responses said it took less than 5 minutes but we would

then have had to guess which number of minutes below 5 would be appropriate to assume. Also, by opting for 5 minutes, it might account for those providers which did and do take a longer time to set up their account.

The process of setting up an account should be straightforward: you need to enter minimal personal details including an e-mail address. An e-mail is then sent to the account which requires the recipient to open and click a link contained within it confirming that it was them who opened the account. Then the account is considered open. The Provider Portal is already pre-populated with details about the provider.



Creating an
account.docx

The document embedded above describes the process to set up an account on the Provider Portal and also includes screenshots showing how simple the process is.

The New Provider Registration process to set up an account is even simpler; applicants only have to provide an email address and password to create the account to the start the registration process. They provide details about themselves and the service they want to register as part of the registration application form.

Table 4.2: Assumptions on who completes forms and how long it takes them to fill in these forms

Type of form	Who completes the forms	Justification for assumption on who completes forms	Time spent completing forms online	Time filling in forms offline	% of time saving to fill in these forms online	Estimated time saving	Justification for % of time saving to fill in these forms online
Main new provider registration form	Director (Nominated Individual)	<ul style="list-style-type: none"> 10 respondents to surveys 1 and 3 in table 4.2 had completed these forms. Of these 10 respondents 8 reported involving Directors or Partners. The final two only involved Registered Managers. These were corroborated by results from survey 4 in this list which indicated that 5/7 new provider applications were completed by Directors, Business owners or nominated individuals. 2/7 said it was central teams completing this task. Therefore on balance we believe it is reasonable to assume Directors fill in these forms. 	<p>7 hours</p> <p>(Mean: 9 hours Max: 52 hours Min: 1 hour)</p> <p>Source: Survey 1 in table 4.2 above</p>	7.78 hours	10%	0.78 hours	Online form is tailored such that only the sections that need to be filled in are visible. The form is presented in a way that is more easily navigated than offline forms.
Registered Manager form following main new provider registration form	Registered Manager	By the design of the process, it is the managers themselves who have to fill in and submit these forms.	<p>2 hours</p> <p>(Mean: 7 hours Max: 50 hours Min: 1 hours)</p> <p>Source: Survey 1 in table 4.2 above</p>	2.35 hours	15%	0.35 hours	Online form is tailored such that only the sections that need to be filled in are visible. Parts of the form are also pre-populated with information about the services the registered manager will oversee.
Partnership application form following main new provider registration form	Director	By the design of the process, it is the Partners themselves who have to fill in and submit these forms.	<p>2 hours</p> <p>(Mean: 4 hours Max: 20 hours Min: 0.5 hours)</p> <p>Source: Survey 1 in table 4.2 above</p>	2.35 hours	15%	0.35 hours	Online form is tailored such that only the sections that need to be filled in are visible. Parts of the form are also pre-populated with information about the services the partner is registering for.
Registration variation form (average of all forms)	Director (Nominated Individual)	<ul style="list-style-type: none"> Responses to survey 4 in table 4.1 indicated that 4/7 registration variations were completed by Directors, Business owners or nominated individuals. 2/7 said it was central teams completing this task and 1/7 said it was the registered manager undertaking this activity. We did ask a question in survey 3 about who completes forms ("What is the job description of the person who submits registration variation and notification 	<p>2 hours</p> <p>(Mean: 4.4 hours Max: 20 hours Min: 1 hours)</p> <p>Source: Survey 3 in table 4.2 above</p>	2.35 hours	15%	0.35 hours	Online form is tailored such that only the sections that need to be filled in are presented. Parts of the form are pre-populated with information about the services delivered by the provider

		<p>forms”), but we asked about notifications and registration forms in the same question therefore we have better evidence from the fourth survey to base our answers from. Responses to this question showed that either managers or directors tend to fill in these forms.</p> <ul style="list-style-type: none"> • Therefore on balance we believe it is reasonable and central to assume Directors fill in these forms. 					
Notification forms (average of all forms)	Registered Manager	<ul style="list-style-type: none"> • Responses to survey 4 in table 4.1 indicated that 6/7 registration variations were completed by registered managers. 1/7 said administrators completed this task. • We did ask a question in survey 3 about who completes forms (“What is the job description of the person who submits registration variation and notification forms”), but we asked about notifications and registration forms in the same question therefore we have better evidence from the fourth survey to base our answers from. Responses to this question showed that either managers or directors tend to fill in these forms. • Therefore on balance we believe it is reasonable and central to assume service managers fill in these forms. 	<p>1.25 hours</p> <p>(Mean: 1.5 hours Max: 5 hours Min: 0.25 hours)</p> <p>Source: Survey 3 in table 4.2 above</p>	1.32 hours	5%	0.07 hours	Some parts of forms are pre-populated but we think the time saving is smaller for notifications because these are generally relatively easy to complete whether online or offline
Source	CQC-determined processes/ All surveys described in table 4.1		Median of times reports in surveys	CQC calculation	CQC estimate		Discussions with internal experts working in our Digital area and working in the operational part of the organisation overseeing registration.