Regulatory fees 2018/19

Guidance for providers

Summary

This guidance is for all service providers. It gives an overview of the fees scheme for 2018/19.

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, our guidance about service types and our fees calculator which has been updated for 2018/19. All these documents are available on our website – www.cqc.org.uk

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 remain committed to achieving that obligation.
2. Why do I have to pay a fee?	Registered providers are required to pay the prescribed fee under Section 85(1)(b) of the HSCA. Non-payment of fees is a ground for cancelling the registration of a registered provider under the Care Quality Commission (Registration) Regulations 2009 (as amended) – see also question 72 for further details regarding non-payment of fees.

3. When did you consult on your proposals?	CQC consulted from October 2017 to January 2018 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.
4. What happens now you have consulted?	We reviewed and considered all the responses we received to the consultation. We received the Secretary of State's consent to the fees scheme in March 2018. 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.

Period covered by the fee scheme

5. When will the new fees scheme come into effect?	The fees scheme comes into effect on 1 April 2018. The scheme is available on our website.
6. 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 reflects the chargeable costs of regulating services in a fair and proportionate way.

What the fee scheme covers

7. 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 the costs of our activities associated with monitoring, inspecting and rating services.
8. Will I have to pay a fee for initial registration?	No. We don't charge a fee for initial registration.
9. 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.
10. 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.
11. 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.
12. 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 services 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

13. How will my fee be calculated?

The annual fee amount you will pay depends on what type of organisation you are. We have the following main fee categories:

- NHS trusts.
- Care services.
- Community social care services.
- Healthcare – hospitals.
- Healthcare – single speciality services.
- Community healthcare services.
- Primary care services (NHS GPs and NHS urgent care).

Our fees scheme is structured to calculate fees based primarily on the size of the provider, as this reflects the broad costs of our chargeable regulatory activities. Further information is provided in the section below – *Provider fee charges*

14. 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.

15. 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.
- hospices

16. 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 such as extra care housing, shared lives, or supported

living services
- Nurses agencies.

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

The Healthcare, hospital services fee category includes non-NHS providers of:

- Acute hospitals.
- Mental health hospitals.
- Learning disability hospitals.
- Inpatient substance misuse treatment services.
- Long term conditions services (see question 27)

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

The healthcare single speciality services fee category includes non-NHS trust providers of 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 the service type Acute Services (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.

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

The community health care 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
- Substance misuse treatment services providing accommodation (see questions 32 and 38)
- NHS Blood and Transplant.
- NHS 111 services.

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20. 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, minor injury units and urgent care centres (NHS Urgent care).
- NHS out-of-hours services.
- NHS dentists.
- Private dentists
- Domiciliary dentists.

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21. 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 separate annual fees for each fees category 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.

Any separate fees you are liable for will be combined together as one annual invoice normally issued in the anniversary month of your registration.

Provider fee charges

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22. My organisation is an NHS trust –

If your organisation is an NHS trust, your fee will be based on the total operating revenue given in your last published

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what fee will I pay?

audited accounts. Therefore in calculating the fee amount for 2018/19 we will use the trust's turnover for 2016/17. Alternatively where no such accounts are available, for example where the trust is newly registered following a merger, or has had services transferred to it from another trust, 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. In this case the estimated turnover for 2018/19 would be used.

If you are an NHS trust which has been granted foundation trust status since your last anniversary date, 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 became a foundation trust on 1 September 2017, the turnover figure from the final part-year published accounts of the NHS trust from 1 April to 31 August 2017, plus those from the first part-year published accounts of the foundation trust from 1 September to 31 March 2018, will form the 12 month turnover figure for the 2018/19 fee scheme.

Fee levels for NHS trusts are calculated as follows:

A. The calculation:

$\frac{\textbf{Turnover}}{\textbf{Total turnover}}$	**X**	**£ Cost**	**=**	**£ Fee payable**

B. Definitions:

1) **Turnover**: is

(a) the total operating revenue received by an NHS trust as shown in the latest audited accounts to be published for the trust as at the date the fee falls due, or

(b) where no such accounts are available, or where the trust is a new NHS trust or has had services transferred to it from another NHS trust since the date of those accounts, the estimated operating revenue as shown in the trust's business plan for the year in which the fee falls due.

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

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

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

C. Except:

5) For any new NHS trust created after 1 April 2018 the calculation (with the definitions and amounts being identical to the calculation in Paragraph **A** of **Part 1 of the legal fee scheme**) will be as follows:

£ Cost / Total turnover	**=**	**0.071%**			
	Turnover	**X**	**0.071%**	**=**	**£ Fee payable**

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

The number of locations an NHS trust provider has registered as a condition of their registration is immaterial to the amount of fees they pay.

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23. My organisation is an NHS trust that provides a range of healthcare (in hospital/community /primary care settings) and adult social care services. What fee category do I fit in?

Irrespective of the range of services you provide, and the number or type of locations that are included as conditions of your registration, your fee will be calculated in line with question 22 above.

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

If you are a healthcare provider that is not an NHS trust, your annual fee will be based on the type of healthcare services 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, defined in the *Fee categories* section above:

- Hospital services.
- Single specialty services.
- Community healthcare services including Independent consulting doctors
- Primary care services (if you provide NHS primary medical services under PMS or GMS contracts)

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

If you are a health care hospital services provider, your fee will be based on the number of locations you are registered for and the bands set out in Part 2 column 2 of our fees scheme. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band.

The fees range from £10,968 to £193,390.

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

Health care hospital services providers are defined in our fees scheme 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) (see question 27 for an explanation of this service type).

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

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27. What do you mean by the service type of Long Term Conditions?

The service type of Long Term Conditions (LTC) (Guidance for providers - Annex D: Service types) refers only to providers of specialist neurological rehabilitation services, which are medically-led, in a hospital-type setting. Patients may receive neurological-rehabilitation treatment for many

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	years in these settings, but it is not classed as their place of residence, such as would be the case in a residential care home or a care home with nursing. There are currently only a very small number of providers that are classed within this service type. This service type does not include residential or nursing care homes, where the accommodation is classed as the person's home. It also does **not** include providers of treatment for long term medical conditions, such as heart failure, asthma, diabetes, and other conditions which are treated across a range of primary, community and hospital settings and which are commonly referred to as long term conditions. These types of services do not fall into the service type of LTC for the purposes of registration with CQC or for calculating fee amounts.
28. 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 specific activities described in question 18 above, you will fall into the category of a health care single specialty services provider for the purposes of paying annual fees.
29. 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 bands set out in Part 2 column 4 of our fees scheme. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. The fees range from £1,743 to £55,662.
30. 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 health care services fee category. Your fee will be based on the number of locations you are registered for and the bands set out in Part 2 column 3 of our fees scheme. Fee levels are distributed across six bands, which set out the

	minimum and maximum number of locations for each band. The fees range from £1,867 to £59,640.
31. What fees do I pay if I am a provider of 111 services?	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. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. Your fee will be based on the bands set out in Part 2 column 3 of our fees scheme. These range from £1,867 to £59,640.
32. What fees do I pay if I am a provider of substance misuse treatment services, providing accommodation to people receiving treatment?	Our review of providers who were registered for the regulated activity of 'accommodation for persons who require treatment for substance misuse' found that a number of care home providers were erroneously registered for this activity. While they were caring for people who have (or have had) problems with substance misuse, and were providing accommodation for them, they were not providing 'treatment', such as would be considered a recognised treatment intervention in substance misuse. This regulated activity therefore only applies to those services where the accommodation is provided to the same residents together with a recognised substance misuse treatment intervention or programme. The accommodation is provided because someone requires and accepts treatment as distinct from care. The service type of Residential Substance Misuse (RSM) (Guidance for providers - Annex D: Service types) applies to these providers only. If your service falls into this category, you will fall into the community health care services fee category. Your annual fee will be calculated in line with question 35 below.
33. 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 bands set out in Part 3 column 2 of our fees scheme. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. The fees range from £994 to £59,640.
34. I am a small provider of	If you are registered as an **individual**, AND you only have one location included as a condition of your registration, AND

diagnostic and screening services. What fee do I pay?	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 £309. If you are registered as an **organisation (partnership or limited company)**, 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 services fee category, set out in Part 2 column 3 of our fees scheme. For one location, the annual fee will be £1,867.
35. I am an independent healthcare provider, but I don't fit any of the above categories. What fee category do I fit into?	You will fall into the community health care services fee category. Your fee will be based on the number of locations you are registered for and the bands set out in Part 2 column 3 of our fees scheme. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. The fees range from £1,867 to £59,640.
36. 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 health care hospital services fee category. Your other locations that don't have overnight beds will fall into the health care 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.
37. What fee will I pay if I am a care home (with or without nursing)?	Your annual fee will be based on the maximum number of persons you can accommodate to receive nursing or personal care at each location you are registered for. The maximum number of people you can accommodate for nursing or personal care is set out as a condition of registration on your registration certificate. Fee levels for each location are distributed across eighteen bands, which set out the minimum and maximum number of people who can be accommodated for each band. Your fee

	will be based on the bands set out in Part 8 column 2 of our fees scheme. These range from £321 to £16,096.
38. What fee will I pay if I am a care home providing care for people who have (or have had) problems with substance misuse?	Our review of providers who were registered for the regulated activity of 'accommodation for persons who require treatment for substance misuse' found that a number of care home providers were erroneously registered for this activity. While they were caring for people who have (or have had) problems with substance misuse, and were providing accommodation for them, they were not providing 'treatment', such as would be considered a recognised treatment intervention in substance misuse. These care home providers should therefore not be registered for that activity, but should instead be registered for the regulated activity of 'accommodation for persons who require nursing or personal care'. The service type of Residential Substance Misuse (RSM) does not apply to these providers. If you think you are incorrectly registered, you will need to contact your Inspector for advice. If your service is a care home providing care (and not treatment) for people who have (or have had) problems with substance misuse, your will fall into the Care services fee category for being a care home (with or without nursing). Therefore, your fees will be calculated in line with question 37 above.
39. 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 students receiving education that also require nursing or personal care you accommodate at each location. 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 annual fee will be based on the maximum number of students you can accommodate for nursing or personal care at each location you are registered for. This number is set out as a condition of registration on your registration certificate. Fee levels for each location are distributed across eighteen bands, which set out the minimum and maximum number of

	people who can be accommodated for each band. Your fee will be based on the bands set out in Part 8 column 2 of our fees scheme. These range from £321 to £16, 096.
40. What fee will I pay if I am a Hospice service providing overnight beds for patients?	You will fall into the care services who also provide beds or beds for use at nights 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. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. Your fee will be based on the bands set out in Part 9 column 2 of our fees scheme. These range from £1,933 to £61,771.
41. 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. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. Your fee will be based on the bands set out in Part 2 column 3 of our fees scheme. These range from £1,867 to £59,640.
42. 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 and you are not a nursing agency, your annual fee will be calculated as follows: **A. The calculation:** **One location:** **Step 1** - work out the chargeable fee for that single location based on **Location service users (SUs):** **£ Floor + (Location SUs / Total SUs X £ Cost) = £ Fee payable** **More than one location:**

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

B. Definitions:

1) **Location SUs**: is the number of service users who received regulated activities from and/or were supported in their use of regulated activities from a single location by a provider of community social care services over a 7 day period.

2) **Total SUs**: is the total number of service users who received regulated activities and/or were supported in their use of regulated activities from providers of community social care services.

3) **£ Cost**: is the current full chargeable budgeted cost of regulating providers of community social care services

4) **£ Fee payable**: is the amount to be paid by providers with single locations (calculated using Step 1) or those with more than one location (calculated using Step 1 and Step 2).

5) **£ Floor**: is the minimum fee applicable to each provider (at location level) and represents the standing cost for regulatory activity regardless of the size of the provider.

6) **£ Ceiling**: the ceiling for a location will be a **Location SU's** figure of **1,700.** The maximum fee for a location will be calculated using that **Location SU's** figure where the total **Location SU's** figure exceeds **1,700**.

C. And subject always to the following

1) Each location will pay the **£ Floor** of £**239** and a fee calculated by reference to **Location SUs**, which will be the **Location SUs multiplied by 45.770**

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

follows:

£ Cost / Total SUs	**=**	**45.770**				
	(Location SUs X 45.770)		**+**	**£ Floor (£239)**	**=**	**£ Fee payable**

3) Any recalculation of fees for Community Social Care providers (and guidance in relation to that) which may be necessary as a result of, for example, changes in the number of locations/Location SUs will be published on the CQC website (www.cqc.org.uk/fees).

43. How did you obtain the number of service users?

We wrote to community social care (CSC) providers on 23 February 2018 and, in advance of publishing our formal response, notified them of the upcoming changes to the measure we use for calculating fees and our intention to request information from them.

On 1 and 2 March 2018 we sent personalised emails and personalised forms to the first named contacts for each CSC location requesting the number of people being cared for by their service during a recent seven day period so that we could make appropriate preparations to calculate their fee accurately from 1 April 2018.

Where we didn't get responses we followed this with personalised emails and personalised forms to the second named contacts.

We sent letters to CSC services where we had no valid email addresses.

In our reminders we said that we required this information so that we could make appropriate preparations to calculate fees accurately from 1 April 2018. We also told recipients that failure to respond meant that we would have to charge them the maximum possible fee, calculated on the basis of **1,700 service users**.
In future we intend to gather this information regularly as part

of our provider information return, so this should be the only time we will need to send a separate email.

Question 58 explains what to do if the number of service users shown on the invoice is inaccurate.

44. What fee will I pay if I am a nursing agency?

If you are an agency who provides nursing care and you are directly responsible for the quality of the care and support provided by the staff you supply (but you are not an employment agency) your fee will be based on the number of locations you are registered for.

Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. Your fee will be based on the bands set out in Part 11 column 2 of our fees scheme. These range from £2,192 to £97,476.

45. What fee will I pay if I am provider of NHS GP services

If you are a provider of NHS primary medical services under a PMS or GMS contract your fee will be calculated as follows for each active location:

A. The calculation:

One location:

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

£ Floor	**+**	**(**	**RPAL / Total RPALs**	**X**	**£ Cost**	**)**	**=**	**£ Fee payable**

More than one location:

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

B. Definitions:

1. **RPAL (registered patients at that location)**: is those:

- who are recorded by the Board as being on the provider's list of patients at that location, or

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

2. **Total RPALs**: is the total number of registered patients across all NHS primary medical services providers in Part 4.
3. **£ Cost**: is the current full chargeable budgeted cost of regulating providers of NHS primary medical services.
4. **£ Fee payable**: is the amount to be paid by providers with single locations (calculated using Step 1) or those with more than one location (calculated using Step 1 and Step 2).
5. **£ Floor**: is the minimum fee applicable to each provider (at location level) and represents the standing cost for regulatory activity regardless of the size of the provider. This minimum fee is £509 for each location registered on the anniversary date.
6. **Ceiling**: is mechanism which will limit the maximum fee applicable to each provider (at location level). The Ceiling for a location will be a registered patient list size of 100,000 or more. The maximum fee payable is £57,505 for 2018/19.

C. And subject always to the following:

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

$\frac{\text{£ Cost}}{\text{Total RPALs}}$	=	1.7545				
(	$\frac{\text{RPAL}}{1.7545}$	)	+	£ 509	=	£ Fee payable

	3. Any recalculation of fees for NHS primary medical services providers (and guidance in relation to that) which may be necessary as a result of, for example, changes registered patient list size will be published on the CQC website (www.cqc.org.uk/fees).
46. How did you obtain the GP List size data?	The list size data is obtained from NHS Digital annually as close to 1 April as possible. For 2018/19 fee scheme, we are using the GP list size data provided to NHS Digital on 1 February 2018 and that is linked to the ODS code for each NHS GP location. For any new providers of NHS primary medical services under a PMS or GMS contract registered after 1 April 218, please see the separate guidance.
47. 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 in its own right. The majority of practices fall into the former scenario, i.e. the same registered patient list applies to the main practice location as well as the branch surgery/ies. 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. Branch surgeries incorrectly registered as locations will have a significant impact on the fees that are payable.
48. 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 your annual fee is set out in Part 5 column 2 of our fees scheme. These range from £5,918 to £104,614.
49. What fee will I pay if I am a provider of	If you provide services to NHS patients in a walk-in centre, a minor injuries unit or an urgent care centre your fee will be based on the bands set out in Part 5 column 2 of our fees

services to NHS patients, in a walk-in centre, a minor injuries unit or an urgent care centre?	scheme. These range from £5,918 to £104,614.
50. What fee will I pay if I am a provider of both NHS GP services under a PMS or GMS contract and walk-in, minor injuries or urgent care or out of hours services to NHS Patients?	You will pay the appropriate fees under both parts of the fee scheme, namely a fee based on GP list size (under Part 4 for the PMS or GMS contract) and a fee under Part 5 column 2 for the walk-in, minor injuries, urgent care or out of hours services to NHS patients.
51. What fee will I pay if my organisation provides additional NHS primary medical services?	Additional services are any services contracted for by CCGs that are not part of the core services provided under PMS and GMS contracts. They include out of hospital services provided in primary care (ie, services that would otherwise be provided in outpatient clinics in hospitals) and extended hours. If your organisation is **only** contracted to provide additional services, you will fall under the community health care services fee category. Your fee will be based on the number of locations you are registered for and the bands set out in Part 2 column 3 of our fees scheme. Fee levels are distributed across six bands, which set out the minimum and maximum number of locations for each band. The fees range from £1,867 to £59,640. If your organisation provides core GP services under a PMS or GMS contract as well as additional services then you will fall under the NHS GP part of the fee scheme.
52. What fee will I pay if I provide dental services 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 bands set out in Part 6 column 2 of our fees scheme. Fee levels are distributed across six

	bands, which set out the number of dental chairs for each band. These range from £529 to £1,145.
53. What fee will I pay if I provide domiciliary dental services 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 under paragraph 2(2)(d)(iii), on the first banding set out in Part 6 column 2 of our fees scheme. This fee is £529.
54. What fee will I pay if I am a provider of dental services with more than one registered location?	Your fee will be based on the number of locations you are registered for and the bands set out in Part 7 column 2 of our fees scheme. Fee levels are distributed across eight bands, which set out the minimum and maximum number of locations for each band The fees range from £1,410 to £52,857.

Determining categories

55. How do you define what fees apply to different categories of provider?	In order to accurately define the annual fees that apply to the categories of independent healthcare provider in particular, 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.
56. Why are service types relevant to fee categories?	When we consulted on our Guidance document, 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 for them to use in demonstrating their compliance with the regulations. At the time, the service types were not written with fee categories in mind. 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 correct.

57. 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 - Annex D: Service types.
58. How can I check that my fee calculation has been based on the correct information?	We have a fees calculator on our website that will indicate what your fee will be. We also provide information on your invoice about how we have calculated your annual fee. If you have any queries about your invoice, you can contact NHS Shared Business Services: Email: sbs-b.cqc@nhs.net Phone: 0303 123 1155 Please quote your: Customer Number (e.g. T70-A-000000000), Provider ID (e.g. 1-123456789) and Invoice number (e.g. 40000001) on all correspondence.
59. 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

60. Will I pay separate fees and be separately invoiced for each of my locations at different times of the year?	No, each provider will pay a single annual fee and you will be invoiced only once during the course of the year. The invoice is normally raised on the same date every year. This is called the “anniversary date” and is normally the anniversary of the date you were first registered or the anniversary of your last annual invoice. Your anniversary date is shown on your invoice.

	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 your anniversary date.
61. What happens to my fee if I make changes to my registration by adding or removing locations or amend the service types?	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, or the service types you have selected as your fee is based on turnover. If you provide community services or NHS GP services, the fee is not determined by the number of locations. Please see questions 42 and 51 respectively For all other types of providers, if you apply to remove locations from your registration after your anniversary date, and this takes you into a lower fee band, any reduction in your fee won't take effect until your next annual fee invoice. 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 your anniversary date, and this takes you into a higher fee band, the increase in your fee will not take effect until your next annual fee invoice. 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. Similarly if you make changes to service types, any impact on fees will not take effect until your next annual fee invoice.
62. 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 anniversary date (refer to question 60), and for the full amount that applies to your type of service in the fees scheme at the time.
63. If I am not currently operating a service, am I still	Yes. Any provider who is registered is liable to pay fees so you will be charged an annual fee on the anniversary date (refer to question below), and for the full amount that applies

required to pay an annual fee?	to your type of service in the fees scheme at the time.
64. When will I be invoiced?	We issue invoices once per month, on or around the 15th of each month. For new providers, your invoice date will be the month of the date that your registration as a provider first takes effect, or as soon as possible thereafter. For existing providers, the invoice date will fall in the month of the anniversary of your last annual fee invoice (the anniversary date). Your anniversary date is shown on your invoice.
65. I submitted an application to change my registration before my anniversary date, but the change has not yet been confirmed. How will my invoice be calculated?	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 anniversary date, irrespective of whether you have an application in process. Should the change in registration subsequently affect your fee charge, this will be reflected in the following year's invoice. Please refer also to question 61.
66. I am an NHS trust and my turnover includes non-operating income. Can I offset this income and pay a reduced fee?	No. Your fee charge is calculated against the total operating revenue that is shown in your latest published accounts. This figure will include any non-operating income.
67. What happens to my invoice date in future years?	We will continue to invoice you on your anniversary date, even if you increase the number of your locations or you make other changes to your registration that affect your fee charges.

68. 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.

It is your responsibility to inform us if your invoice address changes.

If you wish to change an invoice address please contact NHS Shared Business Services quoting your Customer Number (e.g. T70-A-000000000):

Telephone: 0303 123 1155
Email: sbs-b.cqc@nhs.net

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

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69. How do I make payment for my annual fee?

If you have not registered to pay by direct debit the full invoice will be payable within 30 days of the invoice date.

Payment can be made by debit card, BACS/CHAPS/book transfer or by cheque. Details of payment options are included on your invoice.

For all payment enquiries please contact NHS Shared Business Services quoting your
Customer Number (e.g. T70-A-000000000),
Provider ID (e.g. 1-123456789) and
Invoice number (e.g. 40000001)
on all correspondence.

Telephone: 0303 123 1155
Email: sbs-b.cqc@nhs.net

Eligible providers can choose to pay their annual registration fee by Direct Debit.

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

Direct debit is one of the most secure ways to pay and is protected by the Direct Debit Guarantee.

Under this option, payment will be collected over 10 months in equal instalments on the 5th of each month. In cases of default, the outstanding balance will become immediately payable

If you have not previously enrolled in the Direct Debit scheme, our partner NHS Shared Business Services will send you a letter a month before your invoice date, inviting you to pay your annual registration fees by Direct Debit.

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.

Further information about how to register for payment by Direct Debit is available on our website at: www.cqc.org.uk/content/payment-instalment

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70. 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 will be entitled to a refund 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 refund of fees will be due to you in these cases.

If you think you may be entitled to a refund of your fee, you will need to contact our finance team:

Email: Invoice.Query@cqc.org.uk

Post:
CQC Finance Department,
6th Floor, Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

We will calculate any refund that may be due.

	Refunds 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 refund policy that will apply in these circumstances.
71. What happens if I don't agree with the invoice I have received?	If you think that your invoice is incorrect please contact NHS Shared Business Services: Email: sbs-b.cqc@nhs.net Phone: 0303 123 1155 Please explain why you think the invoice is incorrect and to help us with your query please quote your: Customer Number (e.g. T70-A-000000000), Provider ID (e.g. 1-123456789) and Invoice number (e.g. 40000001) on all correspondence. All of these details are found on your invoice.
72. What happens if I don't pay my fee?	Non-payment of fees is a ground for cancelling the registration of a registered provider under the Care Quality Commission (Registration) Regulations 2009 (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.