



Regulatory fees 2019/20

Consultation summary report

01/03/2019



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1. Introduction

1.1. About Traverse

Traverse is an independent employee-owned research and consultancy organisation which supports and champions the delivery of social impact. We work with public, private and third sector organisations and deliver: research and insight, evaluation and impact analysis, public engagement, and organisational development and change management services. Our commitment to social value runs through all of the work we do. Everything that we do as a business is to improve social outcomes.

We have been commissioned by the Care Quality Commission (CQC) to analyse and report on the responses to their consultation on regulatory fees for 2019/20. This report presents our findings.

1.2. About this consultation

The Health and Social Care Act 2008 includes powers for CQC to set regulatory fees, subject to consultation. CQC is funded through both grant-in-aid from the Department of Health and fee income. CQC is required by Government policy to set fees that cover their chargeable costs, and in doing so reduce their reliance on grant-in-aid. Taking that obligation into account, CQC consulted on three proposals for the health and social care regulatory fees for 2019/20:

Proposal 1

- The first proposal related to the community social care sector for 2019/20, as the final year of the four-year trajectory to full chargeable cost recovery (FCCR). The proposed increase was of £1.5 million in invoiced fees to £24.5 million. This is less than the amount signalled last year.

Proposal 2

- The second proposal related to fees for dental providers. The proposal was to increase fees for the dental sector so that CQC collects £8 million. This will be an increase of £600,000 across the sector.

Proposal 3

- The third proposal related to fees for residential social care providers. The proposal was to decrease fees for the residential social care sector so that CQC collects £69 million. This will be a decrease of £800,000 across the sector.



Full details of the proposals can be found in the CQC consultation document: <https://www.cqc.org.uk/feesconsultation>.

The consultation was open from 25 October 2018 until 17 January 2019 and responses could be submitted via an online form, email or post.

Following this consultation, CQC will finalise the fees scheme for 2019/20 for approval by the Secretary of State.

1.3. Responses received

242 responses were received. Table 1 shows the breakdown of responses by respondent category.

Category	Count
Community social provider	66
Dental care provider	63
NHS GP	31
Care home provider	28
Service user / member of the public	21
Representative of a national organisation	11
NHS trust or Foundation trust	6
Service user's carer or next of kin	6
Healthcare commissioner	4
Community healthcare provider	3
Independent consulting doctor / private GP	3
Total	242

Table 1. Number of responses by respondent category

It should be noted that the consultation questionnaire asked respondents to select an option from a list of categories to indicate which one best described in what capacity they were responding. Those who chose 'other' were asked to provide a description of their service, sector, or role. Of these, some were re-categorised by CQC prior to analysis. Those who responded via email (and did not select from the list of categories) were categorised by CQC before their responses were sent to Traverse for analysis.



Although the number of responses from those categorised as 'Representatives of a national organisation' is relatively low as a proportion of the total number of responses (see Table 1), it should be noted that these organisations represent the interests of a large number of providers.

All responses were received by CQC and securely transferred to Traverse for analysis. Upon receipt the responses were imported into Traverse's analysis database, and each was read in its entirety. Using a coding framework, analysts applied codes to (parts of) the responses to each question, until every response was coded in its entirety. This report draws on this analysis.

1.4. Reading this report

The purpose of this report is to provide an overview of respondents' comments on CQC's proposals on regulatory fees for 2019/20, allowing the reader to obtain an idea of their views. The report does not aim to cover all the detail contained in the consultation responses and should be seen as a guide to their content. The CQC response to the consultation feedback is provided in a separate document, which can be obtained via the CQC website: www.cqc.org.uk.

The structure of the report mirrors the consultation questionnaire: each consultation question is reflected in a separate chapter. This is followed by a chapter covering comments on 'other issues' - issues raised by respondents that were not specific to any of the consultation questions.

Where respondents made comments relevant to the theme of one consultation question in their response to another consultation question, these were reported under the former. For example: comments about fees for dental care providers made in response to the consultation question about fees for residential social care providers (question 4), were reported in the chapter dedicated to the proposals for the dental care sector rather than in the chapter reporting on responses to question 4. This way, all comments relevant to each theme are reported together and repetition across chapters is minimised.

Throughout the report, a narrative summary of comments is interspersed with quotations from responses to further illustrate the issues highlighted. Charts are included to provide an overview of responses to the closed consultation questions, which asked respondents to tick a box to indicate their agreement or disagreement with each consultation proposal.

The focus of the analysis is on issues raised by respondents, and opinions are often shared across respondent categories. However, where appropriate the report specifies where views were expressed predominantly by respondents representing a specific sector.

For the benefit of brevity and clarity the report uses shorthand when it refers to respondent categories. For example, instead of referring to 'respondents who indicated that they responded on behalf of a provider of community



social care', the report uses 'community social care providers'.

1.5. Addressing the number of responses and representation of views

As with any consultation of this kind, it is important to remember that findings from responses are not representative of the views held by a wider population, chiefly because the respondents do not constitute a representative sample. Rather, the consultation was open to anyone who chose to participate.

Some responses, for example those submitted by national representative bodies, may represent the views of multiple individuals. It is worth remembering that the numbers in the report do not take account of this; each response is counted as one.

Where appropriate, the report gives an indication of the number of respondents that raised a particular theme or issue. Where it provides greater detail about the variety of comments relating to an issue in order to highlight the range of views expressed by respondents, such numbers are not provided, as they tended to be relatively small.

However, where this was thought helpful, the report uses words such as 'many' and 'a few' to give some further indication of the number of comments on an issue. If a specific issue was raised by a relatively large number of respondents, the report uses the phrase 'many respondents'; the phrases 'several', 'some', or 'a few' respondents are used to reflect smaller numbers of respondents.

Because of the qualitative nature of the data and variations in respondents' use of the consultation questionnaire, any numbers relating to the open questions are indicative.

2. Feedback on CQC's proposed approach to assessing costs and fees for all sectors

2.1. Overview of responses to question 1a

Question 1a: To what extent do you agree or disagree with our approach to assessing costs and fees for all sectors?

224 respondents answered this question. Figure 1 below breaks down these responses.

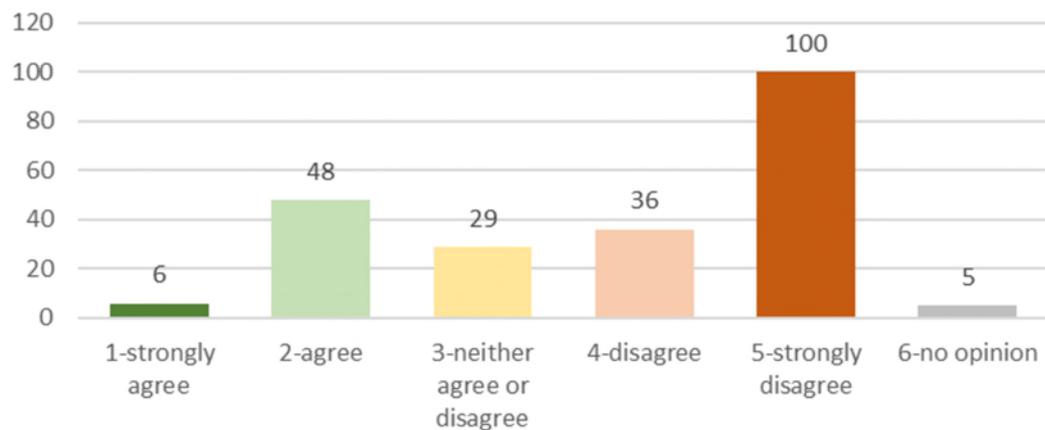


Figure 1 Distribution of responses to question 1a (n=224)

54 respondents (25 percent of those who expressed an opinion) indicated they agreed with CQC's approach to assessing costs and fees for all sectors. 136 respondents (62 percent of those who expressed an opinion) indicated that they disagreed with the approach; 100 of these respondents said that they strongly disagreed. 29 respondents indicated that they neither agreed or disagreed with the approach.

Respondents from some sectors were more likely to agree with CQC's proposed approach than others:

- Providers of **care home services** were fairly evenly split between agreeing (12 respondents) and disagreeing (10 respondents);
- Approximately three times as many **community social care providers** disagreed as agreed, mirroring the overall distribution shown in figure 1;
- A large majority of providers of **dental care services** disagreed with the proposed approach: 43 of these respondents indicated disagreement and six said they agreed;
- Among **NHS GPs**, no respondents agreed, while 22 said they disagreed.

Other groups of respondents were too small to consider separately.

2.2. Summary of comments

Question 1b asked respondents to explain their answer to question 1a: *To what extent do you agree or disagree with our approach to assessing costs and fees for all sectors?* Of the 224 respondents who answered question 1a, 170 provided comments to explain their answer; 54 made no comment.

This chapter covers all comments relevant to the proposed approach to assessing costs and fees for **all sectors**. This includes relevant comments in response to question 1b, as well as relevant comments made across other consultation questions.

When, in response to question 1b, respondents made sector-specific comments (comments relating specifically to community social care, dental care or residential social care), these are not included here but instead in the relevant chapters of this report; chapters 3, 4 and 5 respectively.

However, if providers from one of these sectors responded to question 1b without explicitly stating that their comments were sector-specific, those comments were analysed as applying to the proposed approach to assessing costs and fees for **all sectors** and therefore included in this chapter.

2.2.1. Expressions of overall support

37 respondents commented to emphasise or clarify their support for CQC's proposed approach. Just under half of these comments agreed that the approach would be fair and/or justified, stating for example that it would make sense for providers in each sector to pay a fair share of the income required to ensure effective regulation by CQC.

“We understand your need to recoup full costs and to align and balance the approach between sectors”

– provider, community social care

Some respondents said that they thought CQC had made a compelling argument, complimented the perceived transparency of the assessment, or expressed satisfaction with the figures CQC provided in the consultation documentation.

A few respondents linked their support for the proposed approach to an expectation that it would benefit the provider or sector on whose behalf they responded, saying for example that they welcomed a reduction in fees associated with the proposed approach.

A small number of respondents who expressed support did so while expressing reservations. For example, a few respondents were not in favour of the idea of full cost recovery by CQC, but supported the proposed approach as a way of ensuring that fees were fair.



2.2.2. Expressions of overall opposition

27 respondents commented to express overall opposition to CQC's proposed approach. Many of these respondents were concerned that the fees CQC would charge under the proposed approach would be unfair to some or all providers.

“Contrary to your consultation document CQC fees are not fair, efficient, effective or proportionate.”

– provider, community social care

Respondents' reasons for challenging the fairness of the proposed approach included a perception that providers in sectors where CQC interventions were rare should pay lower fees, a perception that what CQC does for providers fails to justify the level of fees they have to pay, and a perception that providers would be unable to increase their income sufficiently to account for increased fees.

2.2.3. Comments on how fees are determined

44 respondents commented on aspects of CQC's assessment methodology. A very small proportion of these comments were supportive of the methodology, stating for example that it was appropriate or fair. Most of those who commented on the methodology disagreed with some or all of it, or made suggestions for alternative approaches.

More than half of comments that were critical of the methodology were from community social care providers. A chief concern among these respondents was CQC's current legal fee scheme structure to set fee levels based on how many service users are registered with a provider. Several respondents highlighted that this was resulting in inflated fees, saying the number of service users for a provider may fluctuate throughout the year, or that the amount of care provided to a service user could be very small. For these reasons, respondents argued that CQC's approach to setting fees introduced inaccuracy and led to unfair outcomes.

Some community social care providers argued that the methodology could tempt providers to prioritise service users who need many hours of care and to refuse those needing short-term or occasional care, in order to keep their CQC fees down. A few respondents expressed concern that CQC's approach to determining fees would eventually cause some providers, especially smaller ones, to cease their services altogether.

“The new system of charges prevents providers taking on small / short care packages.”

– provider, community social care

Other criticisms of the methodology, from various types of respondents, included examples of measures that respondents perceived to be unfair, either because they would result in different fees for similar-sized providers, or



because they would result in similar fees for different-sized providers.

Some dental care providers believed it was unfair that the level of risk and/or compliance of each sector was not a factor in determining the fee. They argued in favour of linking the level of CQC fees to (sector) risk levels, saying that this would be fair because CQC's costs relate to its efforts in identifying and addressing risk.

“Each sector should be assessed at its risk to the public and charged appropriately.”

– provider, dental care

A few respondents from other provider sectors argued that a provider's turnover or profit should be taken into account in the determination of the fee. Other suggestions for how CQC fees could be set were to distinguish between commercial and charitable providers, to consider providers' ability to pay, and to introduce a ceiling to the CQC fee for bigger providers.

2.2.4. Challenges affecting the health and social care sector

25 respondents, mostly providers, commented on issues they saw as challenges affecting the health and social care sector, with most of these comments concentrating on the sector's funding crisis. Respondents highlighted that for many years the funding for services from local and/or national authorities has not increased, while costs associated with the delivery of services have increased through inflation, higher minimum wages, pension costs, and past increases in CQC fees.

“In an environment of austerity and belt tightening, the services that you regulate have to continue to run viable businesses without extra funding.”

– provider, dental care

A few respondents highlighted current challenges around care quality, expressing concern that as a result of funding issues, some providers were finding it difficult to (continue to) provide good quality care, as they lacked the means to invest in staff and other resources sufficiently.

2.2.5. Impacts of the proposed approach

31 respondents made comments about potential impacts of the proposed approach. Several of these respondents included information about a particular provider's situation to illustrate how they might be affected by changes to CQC's fee structure, or have been by changes implemented in recent years.

Among those who commented on impacts, many focused on the financial impacts the proposed approach would have on providers. The majority of these comments came from providers of community social care, with smaller numbers of comments made by other types of providers.



Respondents often referred to issues associated with the funding of health and social care services (see section 2.2.4) to support an argument that an increase in CQC fees would exacerbate the pressures on providers. Respondents suggested that the proposed fee increases would affect providers' profitability, their ability to pay staff a decent wage, and in some cases the viability of their business altogether.

Several respondents specified how much CQC fees had increased or would increase for a particular provider, sometimes contrasting this to the income or profit of the provider in question.

"This increase will most likely result in my closing the business down."

– provider, community social care

Other respondents argued that providers in some sectors had already absorbed substantial increases in CQC fees in recent years, complaining that further increases would be problematic. In similar comments, some respondents stated that CQC had a duty to consider the wider financial context before implementing (further) fee increases. A few respondents emphasised that financial impacts were experienced most acutely by smaller providers.

"CQC has failed to assess the impact on rural packages of care delivered by community based providers, in particular domiciliary care providers."

– representative of a national organisation

15 respondents commented on the potential impact of the proposed approach on service users or on the quality of care. A concern that some respondents put forward was that providers would respond to fee increases by charging self-financing service users more, thus impacting on the affordability of care for service users.

"If these costs go up and up, how will self-financing users manage?"

– service user's next of kin

Others expressed concern that providers would cease their activities as a result of fees increasing, impacting on the (local) availability of care for service users. Some respondents simply stated that fee increases for providers would take funds away from the delivery of care.

As highlighted above, a few providers said that they, or fellow providers, might become more selective because of CQC fees, potentially turning away service users in need of smaller care 'packages', as these would be perceived to negatively affect a provider's profitability or viability.

2.2.6. Other comments and suggestions

13 respondents made comments about how CQC regulates and charges



fees to provider types that the current consultation does not cover, such as GPs and NHS trusts. Most of these comments were from NHS GPs, often stating disagreement with how CQC regulates their sector.

Three respondents commented on how the proposed approach would be implemented and reviewed, with one respondent expressing hope that CQC would continue to review its models, one emphasising the importance of transparency in justifying CQC fees, so that providers would understand and accept them, and one offering support for the proposed implementation of the approach.

“I hope that the models you rely on will continue to be reviewed and updated to ensure they are as accurate as possible.”

– provider, dental care

3. Feedback on CQC's reasons for increasing fees for community social care providers

3.1. Overview of responses to question 2a

Question 2a: To what extent do you agree or disagree with our reasons for increasing fees for community social care providers by £1.5 million overall for 2019/20?

221 respondents answered this question. Figure 3 below breaks down these responses.

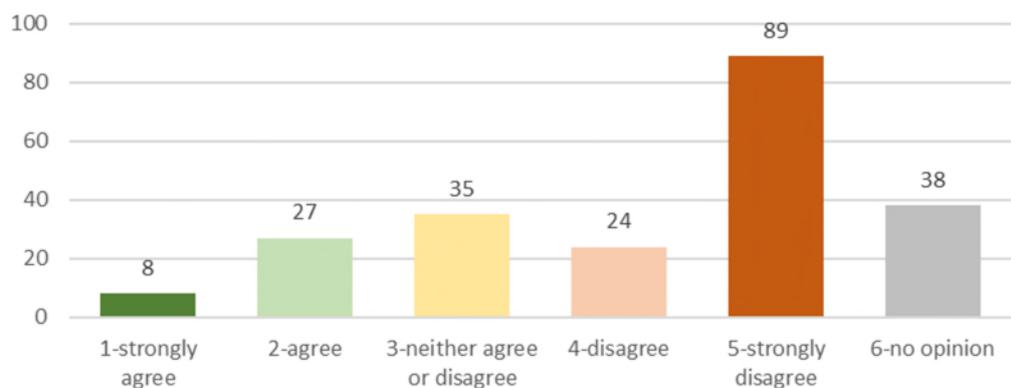


Figure 2 Distribution of responses to question 2a (n=221)

35 respondents (19 percent of those who expressed an opinion) indicated they agreed with CQC's reasons for increasing fees for community social care providers by £1.5 million overall for 2019/20. 113 respondents (62 percent of those who expressed an opinion) indicated that they disagreed with the reasons; 89 of these respondents said that they strongly disagreed. 35 respondents indicated that they neither agreed or disagreed with the approach.

Figure 3 below looks at how **community social care** providers responded to question 2a, also showing how their responses compare to those of other respondents. Around three-quarters of community social care providers disagreed with the proposal: 47 out of 61. Of these, 41 strongly disagreed.

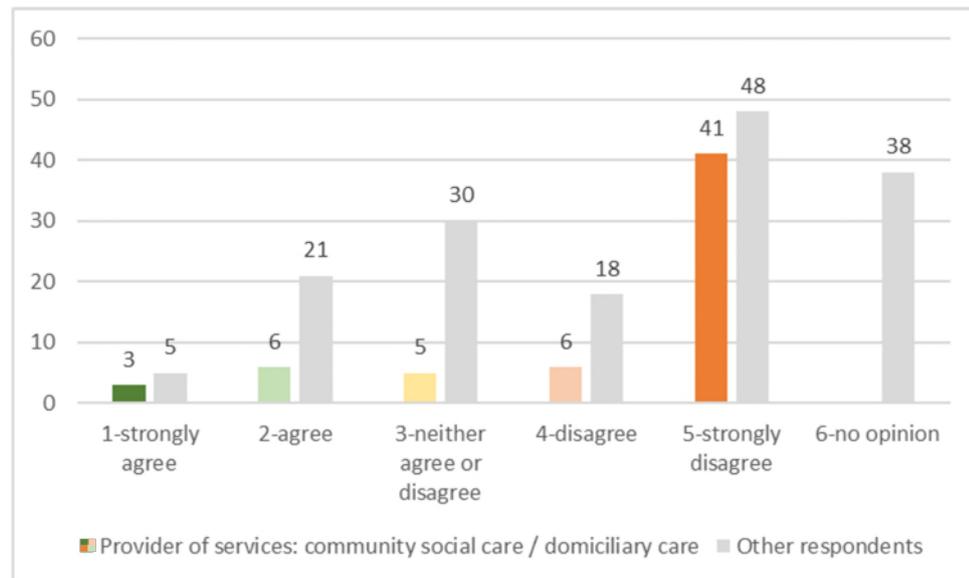


Figure 3 Responses to question 2a: highlighting responses from community social care providers (61 of 221)

The responses to question 2a from 'other respondents' can be broken down further for some other sectors:

- While most **dental care providers** selected either 'no opinion' or 'neither agree or disagree', those who expressed an opinion overwhelmingly disagreed with the proposal;
- Opinions of **care home providers** were split: 10 of these respondents agreed with the proposed fee increase and 10 disagreed;
- Most NHS GPs disagreed with the proposed fee adjustment.

Other groups of respondents were too small to consider separately.

3.2. Summary of comments

Question 2b asked respondents to explain their answer to question 2a: To what extent do you agree or disagree with our reasons for increasing fees for community social care providers by £1.5 million overall for 2019/20? Of 221 respondents who answered question 2a, 170 provided comments to explain their answer; 51 made no comment.

This chapter covers all comments relevant to the proposed fee increase for **community social care providers**. This includes relevant comments made in response to question 2b, as well as relevant comments made across other consultation questions.

Separate sections within this chapter offer a summary of comments made by community social care sector providers (section 3.2.1), comments from national organisations in the social care sector (section 3.2.2), and comments made by other respondents (section 3.2.3).



3.2.1. Comments from community social care respondents

53 community social care providers commented on the proposed fee increase for their sector.

Expressions of support and opposition

Eleven community social care providers commented to express support or qualified support for the proposed fee increase, saying for example that they understood CQC's reasons for increasing fees or that they believed the proposed approach was a fair one. A few respondents said they believed it was justified that CQC sought to ensure that providers from all sectors were making a proportional contribution to their full cost recovery.

“Agree that costs should increase to cover CQC costs in registering, monitoring and inspecting of services.”

– provider, community social care

40 community social care providers, including two who also expressed a degree of support, commented to express their opposition to (aspects of) the proposed fee increase.

Among these respondents who were critical of the proposal, 14 commented that in their view the proposed fee adjustment would be unfair and/or unjustified. Some of these respondents argued that the proposed increase would not be proportionate to the service and regulation that CQC offered in return. Others thought that the additional cost the proposals would introduce to providers would not be in keeping with providers' income.

Challenges affecting the community social care sector

Where respondents highlighted potential impacts of the proposed fee increases, they often referred to the funding crisis affecting their sector, caused by a combination of decreasing public funding, inflation, minimum wage increases, pension costs and various other expenses and restrictions. A few respondents highlighted community social care providers' difficulties in recruiting qualified staff. Respondents asserted that the rates paid by local authorities for social care provision were not keeping pace with the rising costs that providers were experiencing.

“With the low hourly rate paid from Local Government, CCG's to provide care, increase in living wage, N.I, increase in pension IT'S THE WRONG time to put more pressure on services. The social sector is on its knees already.”

– provider, community social care

Impacts of the proposed approach

25 respondents expressed concern that the proposed fee increase would put further financial pressure on providers of community social care and



could force some – especially smaller and rural – providers to close. A few respondents stated that CQC should reconcile its ambitions for full cost recovery with its duty to provide market oversight, describing the current state of the market as ‘fragile’ or ‘vulnerable’ and encouraging CQC to review its fee proposals in this light.

“We are struggling to justify the existence of this business sometimes. It’s 24/7 and the rates paid by councils are pathetic. [...] the direct cost vs. income means that we are now down to pennies profit and quite often deliver care at weekends when the pay scale is higher, at a loss.”

– provider, community social care

Eight respondents expressed concern about the potential impact on service users associated with the proposed fee increase. Respondents argued that a fee increase could negatively affect the offer and availability of community social care, which they said would particularly affect vulnerable patients. One respondent thought the proposed fee increase might set off a wave of detrimental knock-on effects across the sector, which would first and foremost affect service users.

A small number of respondents commented that the proposed fee increase would negatively impact on care quality. A few said that if providers are struggling to keep their service viable, they were more likely to compromise on quality. One respondent argued that if community social care providers were struggling, it would make it harder to meet the government’s objective to minimise hospital ‘bed blocking’. One respondent expressed concern that providers would seek to move some of their activity into unregulated areas.

“These obligatory costs [...] are forcing providers to change their business model in favour of unregulated services using self-employed workers and micro workers.”

– provider, community social care

Comments on how fees are determined

21 community social care providers commented on CQC’s approach to setting fees. Most of these respondents either expressed disagreement with it or made suggestions for alternative approaches. One provider offered support for the CQC’s methodology, stating that they agreed with a fee based on the number of service users instead of a fee based on the number of locations.

Several of those who commented on the fee-setting methodology disagreed with the mechanism to determine community social care providers’ fees by the number of clients who use the service. Respondents argued that because the sector provides frequent short-term care, measuring numbers of service users might give an inflated picture of the amount of care provided and lead to providers being charged disproportionately high fees.



“Basing the fees on number of [service users] is disproportionate. A provider could have 30 SUs and be providing 15 hours a week. Yet another provider could have 30 SUs and be providing 150 hours a week - the 2 services are vastly different in size, staffing and operational requirements - yet your fee would be the same.”

– provider, community social care

Several respondents argued that CQC's methodology for setting fees did not accurately account for fluctuation in service provision over time. One respondent believed that the methodology had been derived from that used for setting residential care providers' fees, which they thought was inappropriate.

Suggestions

A handful of respondents suggested that CQC fees should be calculated based on the hours of care provided, arguing that this would be a more accurate measure of a provider's size than the number of service users. Another suggestion made by some was to determine fees on the basis of turnover or profit. Two respondents argued that the burden a provider poses on CQC should be a factor in determining its fee.

Three respondents highlighted variations between the rates local authorities pay for social care provision, suggesting that CQC takes this into consideration when setting its fees for community social care providers. One respondent requested that providers' charitable status is factored in, and four respondents requested provisions to relieve smaller providers. Finally, one respondent suggested that CQC delays changes for another two years, to give the sector time to deal with the pressures at hand.

Other individual suggestions were:

- One respondent suggested that micro providers should be charged fees too.
- One respondent suggested that CQC should better align its regulatory efforts with other relevant bodies to prevent duplication and to save costs.
- One respondent requested an impact analysis to review the effect of the full cost recovery model on the sector.

3.2.2. Comments from national organisations

Three national organisations from the social care sector commented on the proposed fee increase for community social care providers. The comments from all three of these organisations were predominantly critical of the proposals. One organisation said that while it understood CQC's rationale, it disagreed that the proposed fee increase was warranted. Another argued that CQC had provided insufficient justification in its consultation document

and impact assessment.

Challenges affecting the community social care sector

Representatives of national organisations reiterated providers' comments about the funding crisis. They argued that there was an imbalance between the commissioning of community social care services by local authorities and the costs providers incur to deliver care that meets all standards and requirements. One organisation highlighted that government policy for vulnerable people depended on the community social care sector, expressing concern about the sector's resilience in the light of the funding crisis. One respondent mentioned that given their financial predicament, some providers were considering handing back care packages.

One respondent emphasised how community social care providers struggled to recruit qualified staff, and thought that the potential impact of the UK's ending membership of the EU would exacerbate this issue.

“However, we are deeply concerned with the increase for the community social care sector who face substantial challenges in recruitment and will be undeniably affected by the impending Brexit outcome.”

- representative of a national organisation, community social care / domiciliary care and care home

Impacts of the proposed approach

Respondents complained that community social care providers had seen very substantial fee increases since CQC began its move towards a full cost recovery model, and emphasised that these increases had impacted on providers' ability to deliver high-quality care.

“Providers may have to cut services and staff in order to meet the significantly increased fees currently being suggested. Such an action would discriminate against the most vulnerable home care clients. We believe this conflicts with the CQC commitment to ensure that people receive safe, effective, compassionate and high quality care.”

- representative of a national organisation, community social care / domiciliary care and care home

One organisation provided an overview of how proposed fee increases would impact on providers of different sizes, suggesting that larger providers would see their fees multiplied by up to 10 times compared to 2017-18. This respondent argued that the impact assessment did not provide supporting evidence to justify greater increases for larger providers.

One organisation asserted that providers were not seeing value for money from the fees they pay to CQC, giving the example of a provider paying £27,000 over three years and being inspected by CQC once in that period.



“We firmly believe that the fees which CQC charges should reflect the costs of regulation and inspection in relation to each provider, rather than the scale of providers' activities in delivering service.”

- representative of a national organisation, community social care / domiciliary care

One respondent said that there was a risk that providers would resort to the under-reporting of service users in order to avoid higher fees.

Comments on how fees are determined

One respondent argued that through their CQC fees, good and outstanding providers were subsidising inadequate providers, who pay the same despite using more of CQC's resource. This respondent added that the focus on poorer providers also meant that good providers had fewer opportunities to obtain an 'outstanding' rating.

Suggestions

One respondent suggested that CQC replaces its metric based on fee collection time with one that measures the impact on service users.

3.2.3. Comments from other respondents

There were comments on the proposed fee increase for the community social care sector from 48 respondents who responded in a different capacity than as a provider of community social care or a national organisation in the social care sector.

Other respondents made similar comments to community social care providers when they expressed their **support or opposition** to the proposed fee increase. Among these respondents, 12 commented to express support and 31 commented to express opposition.

One respondent who expressed support asserted that the fee increase would apply to private sector providers and as such reduce costs for the NHS. One respondent who expressed opposition argued that CQC fees would be unevenly distributed across sectors.

“There is no even increase amongst all care providers. So some are propping up others and no explanation will make me disbelieve that.”

– provider, dental care

Comments that community social care providers made with respect to the **funding crisis** in their sector were echoed by 17 other respondents.

Other respondents expressed similar concerns about **potential impacts** on service users and on the quality of care to those raised by respondents from the community social care sector. Nine respondents mentioned these



impacts. Some argued that an increase in fees would result in higher charges to service users.

Eight other respondents expressed concerns about the financial impact of the proposed fee increase on providers of community social care, citing similar reasons to those argued by providers in the sector.

Six respondents from outside the community social care sector commented on CQC's **approach for setting fees** for this sector, reiterating providers' concerns about the fairness or accuracy of the methodology.

“This sector has the most fluidity of numbers. A firm may have 100 clients one day and only 50 another.”

– member of the public

Two respondents suggested alternative ways CQC could set fees for community social care providers:

- One respondent suggested that CQC switch to a so-called capitated budget;
- One respondent suggested that CQC divide its fee into an annual fee, an inspection fee and an interventions fee.

4. Feedback on CQC's reasons for increasing fees for dental providers

4.1. Overview of responses to question 3a

Question 3a: To what extent do you agree or disagree with our reasons for increasing fees for dental providers by £600,000 overall for 2019/20?

218 respondents answered this question. Figure 4 below breaks down their responses.

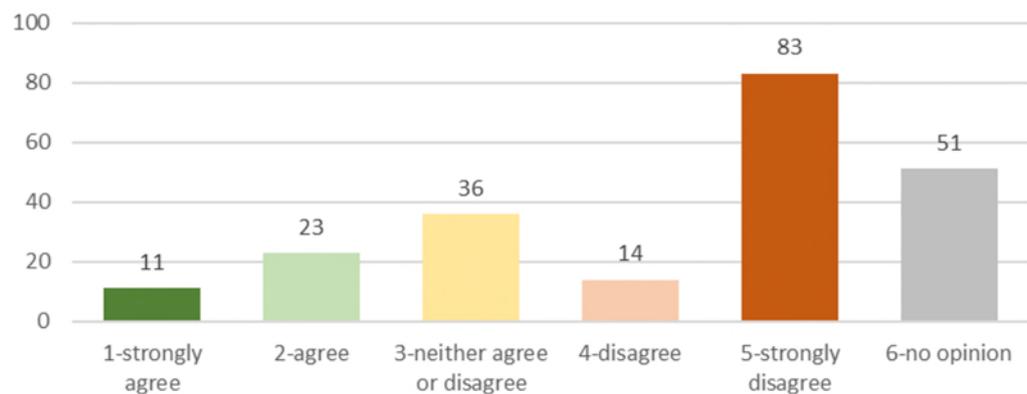


Figure 4 Distribution of responses to question 3a (n=218)

34 respondents (20 percent of those who expressed an opinion) indicated they agreed with CQC's reasons for increasing fees for dental care providers by £600,000 overall for 2019/20. There were 97 respondents (58 percent of those who expressed an opinion) who indicated that they disagreed with the reasons; 83 of these respondents said that they strongly disagreed. 36 respondents indicated that they neither agreed or disagreed with the approach.

Figure 5 below looks at the responses to question 3a from **providers of dental care services**, also showing how their responses compare to those of other respondents. Dental care providers were almost unanimous in their disagreement with the proposed fee increase: 56 disagreed (of whom 51 strongly) and two agreed. One respondent from this group indicated that they neither agreed nor disagreed.

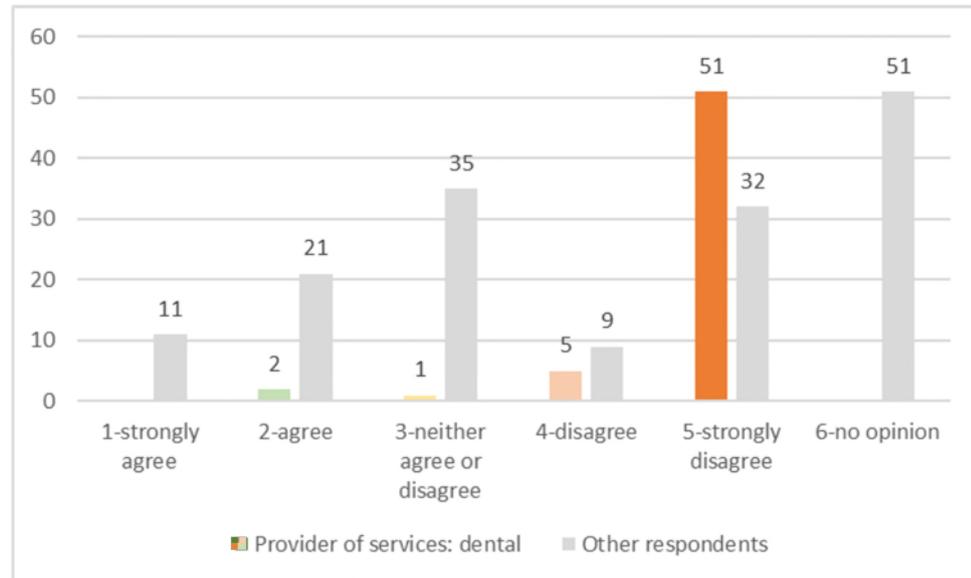


Figure 5 Responses to question 3a: highlighting responses from dental care providers (59 of 218)

A further breakdown of the responses from 'other respondents' shows that among **providers of community social care services** and **providers of care home services**, most respondents selected 'no opinion' or 'neither agree or disagree'.

4.2. Summary of comments

Question 3b asked respondents to explain their answer to question 3a: *To what extent do you agree or disagree with our reasons for increasing fees for dental providers by £600,000 overall for 2019/20?* Of 218 respondents who answered question 3a, half (109) provided comments to explain their answers; the other 109 made no comments.

This chapter covers all comments relevant to the proposed fee increase for **dental care providers**. This includes relevant comments in response to question 3b, as well as relevant comments made across other consultation questions.

Separate sections in this chapter offer a summary of comments made by dental care sector providers (section 4.2.1), comments from national organisations in the dental care sector (section 4.2.2), and comments made by other respondents (section 4.2.3).

4.2.1. Comments from dental care providers

57 dental care providers commented on the proposed fee increase for their sector.

Expressions of support and opposition

One dental care provider commented to express support for the proposed fee increase. This respondent explained that they understood the reasoning

behind the proposal.

51 dental care providers commented to express their opposition to (aspects of) the proposed fee increase.

Among respondents who were critical of the proposal, 43 argued that in their view the fee increase would be unfair and/or unjustified. Respondents' reasons for questioning the fairness of the proposed approach included a perception that the dental care sector had been more compliant with CQC requirements than other sectors. Many argued that what they considered the sector's good performance at minimising risk to service users should be reflected in lower fees. (See below under "Comments and suggestions on how fees are determined".)

"The dental sector is acknowledged to be more compliant than other sectors, and is penalised for this."

– provider, dental care

A few respondents complained that in their view, CQC's fee proposals were favouring providers in other sectors over those of dental care, arguing that in comparison, fees for dental providers would be disproportionately high.

Some respondents said that what they perceived as unfair about the proposed approach was that the fee increase would have a disproportionate impact on small and part-time dental care providers. (See below under "Comments and suggestions on how fees are determined".)

Challenges affecting the dental care sector

Nine respondents commented on the funding crisis in the dental care sector, which they believed was relevant to the proposed fee increase for dental care providers. Respondents highlighted the extent of the funding crisis affecting their sector, which they said was exacerbated by inflation and CQC fee increases, alongside stagnant or declining incomes. Some linked concerns about the financial situation to their concerns about dentists leaving the NHS or the industry altogether.

"...this excessive increase in costs is leading to the loss of NHS dentists from the sector as it is becoming [financially] untenable to continue [...] Further increases will accelerate the loss of dentists from an already disillusioned profession."

– provider, dental care

One respondent thought that the UK's anticipated exit from the European Union would cause the cost of dental equipment to increase, and demand for dental care to decrease, resulting in financial hardship for smaller practices.

Impacts of the proposed approach

14 respondents expressed concern about the proposal's potential financial



impact on providers of dental care. Some said that the proposed fee increases would reduce an already small profit margin; others commented that the fee increases would make dental care provision unviable and potentially lead to the closure of dental care practices.

“The cumulative cost of increasing regulation is financially crippling.”

– provider, dental care

Five respondents expressed concern about the potential impact on service users associated with the proposed fee increase. They argued that service users would be affected either because dental care providers would have fewer resources available for patient care, or because of providers increasing their charge to service users to offset the proposed fee increase. One respondent asserted that the proposed fee increase would ultimately deter some service users from getting dental care when they might need it.

Six respondents thought the proposed fee increases needed to be considered in the light of the monitoring and regulation of the dental care sector by bodies other than CQC. They emphasised that dental care providers are paying bodies like the General Dental Council and the British Dental Association to regulate the industry, saying that this makes CQC's fee adjustment appear excessive.

Comments and suggestions on how fees are determined

27 dental care providers commented on CQC's methodology for setting dental care providers' fees. Respondents either expressed disagreement with it or made suggestions for alternative approaches.

14 respondents expressed concern that CQC's methodology does not account for what they see as the dental care sector's low-risk status compared with other sectors. Several of these respondents highlighted the dental care sector's perceived strong record of compliance with CQC regulations. Some respondents argued that the proposed fee increase would mean that the dental care sector would be subsidising the regulation of other sectors.

“There seems to be no correlation between risk factors and fees.”

– provider, dental care

Some of the respondents who commented on risk and compliance in relation to CQC fees went on to suggest that CQC should determine its fees based on how much CQC needs to spend to inspect and support providers in each sector.

Eight respondents thought that CQC's methodology was unfair to smaller providers, with some of them complaining that the level of fees appeared to be the same for providers with one or multiple practices, and others



suggesting that the calculation of fees resulted in a discount for larger providers.

“The fee structure penalises the small service provider. The multiple practices / corporates should be paying per practice site and not be subsidised by the single practices.”

– provider, dental care

One respondent believed that CQC fees should not be based on a dental care provider's number of chairs. They argued that this metric was not an accurate measurement for variation between providers, suggesting that the number of patients seen by a provider would be a fairer measure.

One respondent worried that dentists sharing a practice, but registered as self-employed providers, were required to each pay CQC fees separately. Another suggested that instead of practice size, CQC should consider a provider's income when determining their fee.

4.2.2. Comments from national organisations in the dental care sector

One representative of a national organisation in the dental care sector commented on the proposed fee increase for dental care providers.

The organisation expressed opposition to the proposed fee increase for dental care providers. It commented that the proposed fee increase was unwarranted, saying that it was proposed while the number of CQC inspections of dental care providers had decreased.

The respondent argued that the consultation documentation was lacking in detail, saying that it was unclear how the proportion of fees to be paid by dental care providers has been derived. To support its argument, the organisation made detailed comments about various cost figures included in the consultation documentation, questioning their merits or accuracy.

The national organisation representative argued that CQC could be more transparent about its fee assessment and its methodology, requesting that CQC shared its calculation model.

“Without the means to understand how the figures have been arrived at, it is impossible for the profession to have confidence that they are correct and fair.”

– representative of a national organisation, dental

The respondent argued that it was understood that CQC had already achieved full cost recovery, asking that if that was not the case, why the dental care sector had not been alerted.

4.2.3. Comments from other respondents

There were comments on the proposed fee increase to the dental care



sector from 38 respondents who were not providers or national representative organisations of dental care.

Among these respondents, **expressions of support** for the proposed fee increase for dental care providers were more common than among providers themselves, with 16 respondents arguing that the proposed adjustment would be fair and/or justified. Respondents' reasons included a perception that the increase would be proportional to the service provided, that CQC needed to cover its costs, as well as a perception that dental care providers' contributions to CQC needed to be corrected upwards.

“Dental practices campaigned very strongly for a reduced fee when they were first included within the CQC regulatory framework. It now seems time to address the shortfall so they contribute to cover their element of costs”

– provider, care home

20 respondents **expressed opposition** to the proposed fee increase for dental care providers, often citing similar concerns to those expressed by dental care providers themselves.

A small number of other respondents echoed comments by dental care providers about the **challenges affecting their sector**, highlighting the funding crisis and Brexit uncertainty.

16 respondents from outside the dental care sector commented on the potential **impacts of the proposed approach**. Their comments largely reflected those of dental care providers, although the emphasis was more often on impacts on service users than on impacts on providers.

“Assuming we are happy with the dental health of the population this is fair. If, however we are trying to encourage people to attend the dentist increasing the cost is not going to do this!”

– provider, NHS GP

One respondent stated a concern that dentists might be deterred from providing for the NHS if fees would continue to rise.

Five respondents commented on **how fees for dental care providers are determined**, either stating disagreement or suggesting alternative approaches.

A few respondents expressed concern that CQC's methodology did not distinguish between NHS and private dental care providers. They stated that in their view, NHS funds should not be contributing to CQC's fees. One respondent suggested that CQC charge higher fees to private dental care practices. Another proposed that providers' profits should be taken into account when their fee is set.

5. Feedback on CQC's reasons for decreasing fees for residential social care providers

5.1. Overview of responses to question 4a

Question 4a: To what extent do you agree or disagree with our reasons for decreasing fees for residential social care providers by £800,000 overall for 2019/20?

218 respondents answered this question. Figure 6 below breaks down their responses.

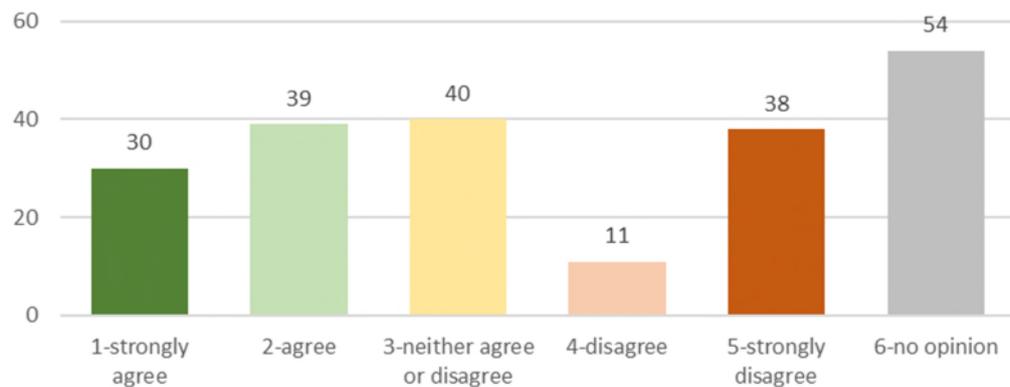


Figure 6 Distribution of responses to question 4a (n=212)

69 respondents (44 percent of those who expressed an opinion) indicated they agreed with CQC's reasons for decreasing fees for residential social care providers by £800,000 overall for 2019/20; of these respondents, 30 indicated that they strongly agreed. 49 respondents (31 percent of those who expressed an opinion) indicated that they disagreed with the reasons; 38 of these respondents said that they strongly disagreed. 40 respondents indicated that they neither agreed or disagreed with the approach.

Figure 7 below looks at the responses to question 4a from **providers of care home services**, also showing how their responses compare to those of other respondents. Providers of care home services were mostly in agreement with the proposed fee adjustment: 18 expressed agreement (including 11 who strongly agreed), while six expressed disagreement - all of whom strongly disagreed.

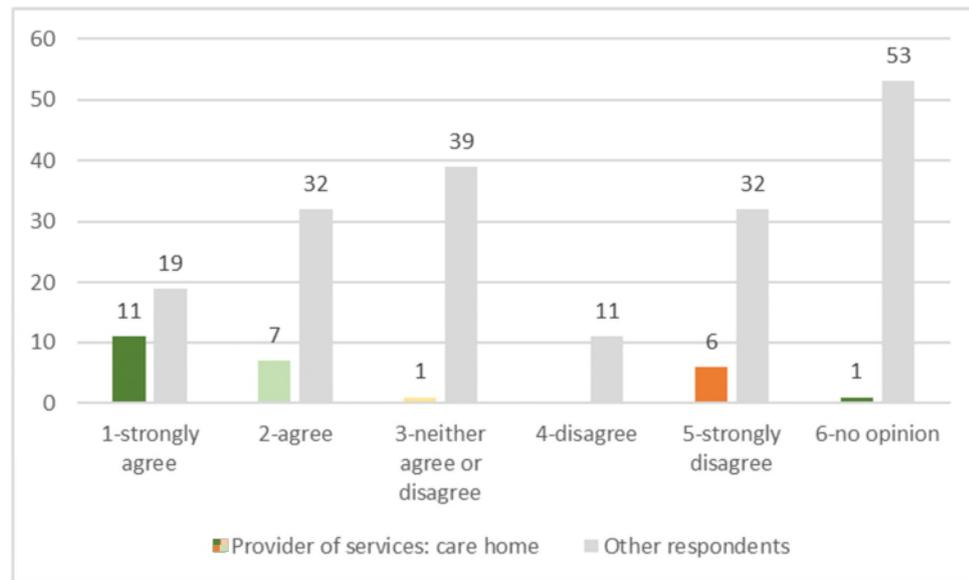


Figure 7 Responses to question 4a: highlighting responses from residential social care providers (26 of 212)

A further breakdown of the responses from 'other respondents' shows that:

- Opinions of **providers of community social care services** were divided: 21 said they disagreed and 16 said they agreed;
- Most **providers of dental care** expressed no opinion, or selected 'neither agree or disagree';
- Among **NHS GPs**, those with an opinion on the proposal for residential care fees most often agreed.

Other groups of respondents (based on the option they selected in their consultation questionnaire) were too small to consider separately.

5.2. Summary of comments

Question 4b asked respondents to explain their answer to question 4a: *To what extent do you agree or disagree with our reasons for decreasing fees for residential social care providers by £800,000 overall for 2019/20?* Of 212 respondents who answered question 4a, 90 provided comments to explain their answers; 122 made no comments.

This chapter covers all comments relevant to the proposed fee decrease for **residential social care providers**. This includes relevant comments in response to question 4b, as well as relevant comments made across other consultation questions.

Separate sections in this chapter offer a summary of comments made by residential social care sector providers (section 5.2.1), comments from national organisations in the care home sector (section 5.2.2), and comments made by other respondents (section 5.2.3).



5.2.1. Comments from residential social care sector respondents

Of all respondents who commented on CQC's reasons for decreasing fees for residential care providers, 16 were care home providers.

Expressions of support and opposition

Ten care home providers commented to express support for the proposed fee decrease. Several of these respondents said they welcomed the proposed reduction in fees, emphasising the precarious financial circumstances in which providers often operate. Some respondents expressed a belief that the proposed fee decrease would result in greater fairness between sectors, with a few arguing that care home providers had been paying inflated fees in recent years.

“Residential services have borne the brunt of higher costs for several years. It's good that these are being aligned with the actual cost and not subsidising other services”

– provider, care home

Four care home providers commented to express their opposition to the proposed fee decrease for residential care providers. A few of these appeared to express disagreement with increasing fees, even though the consultation proposed a decrease in fees for this sector.

One respondent argued that they would prefer if CQC invested the sum of £800k in improving its services to residential care providers, especially its registration services. They asserted that this would benefit larger providers of residential care more than a minor reduction of their fees.

“As a large provider, the proposed reduction in fees would not mitigate the loss of earnings and cost of the delays to registering locations.”

– provider, care home

Challenges affecting the care home sector

Five respondents mentioned the funding crisis in the care home sector. These respondents argued that some care home providers received modest incomes for the care they provide, while their costs were rising as a result of various circumstances, including CQC fees to date. A few respondents said that the sector was struggling and that numerous care homes were closing as a result.

One respondent commented on the behaviour of local authorities, which they believed had been self-serving and counterproductive to care home providers' ability to deliver good-quality care.

Comments and suggestions on how fees are determined

Two respondents made comments about the CQC's approach to setting fees for residential social care providers. One of these only stated that they disagreed with CQC's methodology; the other thought that the methodology should take greater account of the differences between smaller and larger providers of residential care and look at other factors than the number of beds alone.

"This is good however I don't agree that the fee is set according to the number of beds you have."

– provider, care home

5.2.2. Comments from national organisations

Two responses which included comments on the proposal to decrease fees for residential social care providers were from national organisations within the social care sector. Both these respondents expressed support for the proposal, saying it was welcome given the difficult financial conditions that providers experienced. One respondent thought that the proposed fee decrease might contribute to stabilising the volatile market.

"[Organisation name] welcomes the recognition that the residential social care sector has been overburdened by the cost of registration and that it will now be charged more in line with [...] the actual costs of delivering regulation to the sector."

– representative of a national organisation, community social care / domiciliary care and care home

However, one respondent argued that the decrease proposed was insufficient, stating that it would not be enough to create or restore parity between sectors. In their view, residential social care providers had been charged too much in CQC fees in the past and needed a greater decrease in fees to offset this.

"Indeed, there is a proposed continued over-recovery from residential social care providers and a corresponding under-recovery from NHS Trusts."

– representative of a national organisation, community social care / domiciliary care and care home

One respondent wondered whether the Department of Health and Social Care could become responsible for paying the CQC fees of care homes, as it was already doing this for NHS GPs.

5.2.3. Comments from other respondents

There were comments on the proposed fee decrease for the residential care sector from 51 respondents who responded in a different capacity than as a

care home provider or a national organisation within the social care sector.

21 respondents **expressed support** for the proposed fee decrease for residential social care providers, citing similar reasons to those offered by care home providers.

“[A] decrease in fees for struggling residential care providers on any level would be a good thing.”

– service user's next of kin

32 respondents **expressed opposition** to (aspects of) the proposed fee decrease for residential social care providers. About half of the respondents who criticised the proposed decrease in fee were community social care providers.

A common criticism among community social care providers was that the proposed decrease in fees for residential care providers would be unfair in the light of the proposed increase for their own sector. A few dental care providers expressed similar concerns.

An argument some of these respondents employed was that fees for community social care providers had gone up in recent years, which led respondents to wonder why that sector could not be awarded a reduction this time around. A few others commented on perceived compliance issues in the residential social care sector, which in their view did not warrant a CQC fee decrease. A third line of argument proposed by providers of community social care and dental care was that the proposed fee decrease for residential social care would benefit private providers in that sector, while not-for-profit operators in the community social care and dental care sectors would be subjected to a fee increase. A few respondents argued that (private) providers of residential social care were well-placed to recoup any fee increase through their charges to service users, which providers in other sectors would find more difficult.

“Bears no resemblance to what you are charging non-profit home support. Not a fair alignment.”

- provider, community social care

Six respondents, including three NHS GPs, argued that the proposed fee reductions were not enough. A few respondents believed that further reductions could be achieved through efficiency savings on the part of CQC. A few members of the public expressed scepticism about the proposed fee reduction for residential social care, suggesting that it might not materialise or make any difference.

Ten respondents commented on **challenges facing the residential social care sector**, echoing comments made by respondents from the sector.

“The Social Care sector MUST be viewed as a high value place to work and remove the current minimum wage label.”

– member of the public



A few respondents commented on issues of staff recruitment and retention affecting providers of residential social care. They asserted that providers found it difficult to recruit and retain qualified staff and mentioned the anticipated end of the UK's membership of the EU as well as the low wage levels for care staff as aggravating factors.

Three respondents made comments about the quality of residential social care, which they believed to be varied and needing close oversight from regulators.

Some of the respondents who mentioned the funding crisis said that they did not think the proposed fee decrease would make a substantial difference to providers in alleviating the pressures they experienced.

Four respondents expressed concern about **the potential impact of the proposed fee decrease** on providers and/or service users. A few of these comments appeared to stem from a misapprehension that residential social care fees would increase rather than decrease. One respondent thought the combined impact of the proposed fee decrease for residential social care and the proposed fee increase for community social care would negatively affect service users who opted to remain in their homes, instead of moving into residential care.

“It seems as though you are passing the cost on to people who wish to remain at home.”

– provider, community social care

A few respondents commented that CQC had provided insufficient justification for the proposed fee decrease for residential social care.

20 respondents commented on **CQC's approach to setting fees for residential social care providers**. All but three of these were providers of community social care, the remaining respondents were dental care providers or NHS GPs.

Most of the community social care providers who commented on CQC's methodology for setting fees did so to emphasise their belief that CQC is has not sufficiently justified why it proposes a fee increase for community social care and a fee decrease for residential social care.

“One size does not fit all and CQC should use more accurate and fairer tools to determine appropriate fee levels.”

– provider, community social care

Two providers of dental care argued that providers of residential social care needed closer monitoring than providers in some other sectors, which they thought would need to be reflected in CQC's fee structure. A few other respondents commented that the methodology could end up benefiting private sector providers more than public and charitable care providers, which they believed was undesirable. A few respondents argued that CQC



fees should be based on providers' turnover or profit.

One respondent echoed a care home provider's concern that the methodology for setting residential social care providers' fees appeared to favour larger providers.

A few respondents made **suggestions** about the proposed fee decrease for providers of residential social care:

- One respondent suggested a five-year freeze of fees instead of the proposed reduction.
- One respondent suggested that CQC could pass back budget savings it makes to providers.
- One respondent suggested that the proposed fee decrease should be accompanied by a shift in CQC's approach to regulating residential social care providers, with a greater focus on supporting providers to improve quality.

6. Feedback on other issues

This chapter summarises respondents' comments on issues outside the scope of the consultation questionnaire. It covers two types of comments: those referring to the consultation process (summarised in 6.1) and those referring to CQC in a general manner (summarised in 6.2).

6.1. Comments on the consultation process

Although there was no specific question about this topic, across the consultation questions 32 respondents made comments about the consultation process.

6.1.1. Comments expressing support

Five respondents expressed support for the consultation process. A few expressed approval of the consultation document, saying it was clear or well-argued. A few respondents welcomed the opportunity to give feedback on CQC's proposed approach.

"We welcome the open and transparent approach that CQC takes to setting its fees."

– representative of a national organisation, NHS trust or foundation

6.1.2. Comments on the consultation document

22 respondents made comments about the consultation document. Several of these complained that they found the document insufficiently clear, arguing for example that it was vague or lacking detail. One respondent thought there was too much jargon in the consultation document.

14 respondents said they thought essential information had been omitted from the consultation documentation. Some respondents thought CQC should provide more information on the model and methodology used to calculate its fees. A few respondents requested that CQC provides impact assessments with its proposals, or urged CQC to provide evidence of how the income generated from fee increases would contribute to its mission.

"No evidence has been provided that CQC has assessed the true impact of the fees' structure on service provision nor provided evidence that the fees represent value for money"

– Representative of a national organisation, community social care

6.1.3. Criticism of the consultation process

Eleven respondents expressed criticism of the consultation process, arguing that responses to the consultation would be unlikely to make a difference to the outcome, or that CQC had already made up its mind about the fee



structure for 2019-20. One respondent thought that the wording of the consultation questions revealed little intention on CQC's part to reconsider its proposals.

"I do not feel confident that you will take my views into account anyway. You have already made your decision and it won't change so this is a pointless exercise"

– provider, community social care

One respondent complained that there would be insufficient time between the consultation and the envisaged implementation of the new fees structure for further meaningful engagement to take place between CQC and sector representatives. Another respondent expressed disappointment about CQC's handling of previous consultations on fees.

6.2. Summary of comments on CQC

Although the consultation questionnaire did not ask respondents for their view of CQC or its activities, 73 respondents offered an opinion on this topic.

6.2.1. Comments on existing fees

30 respondents argued that regardless of the proposed approach, CQC fees for providers were too high. Some linked their disapproval of current fee levels to their perceptions of CQC's budget, the service it provides, and the current funding climate. A few respondents argued that CQC's current fees were putting financial pressure on smaller providers; some respondents thought that fees CQC imposed on providers amounted to an abuse of power.

"Your current level of fees means that we are paying £50,000 to £60,000 for an inspection."

– provider, community social care

One respondent believed that financial pressures could tempt providers to manipulate their CQC returns in order to reduce the fee they would be charged.

6.2.2. Suggestions for alternative funding models

21 respondents argued that in one way or another, CQC should be publicly funded, instead of being dependent on fees from the providers they regulate. Respondents said that as a regulator created by the government and providing a public service, it would be appropriate for CQC to receive its funding from the government.

"CQC is working on behalf of the public --- therefore the public should pay for the service."

– NHS provider



One respondent argued that CQC should demand a greater level of support from the treasury.

Another respondent disagreed with the principle of those who are being regulated – providers – having a financial relationship with their regulator - CQC. They cited other industries where similar relationships had resulted in undesirable outcomes.

6.2.3. Comments on existing regulation

25 respondents made comments about how CQC regulates the sector; among them mostly NHS GPs and dental care providers. Many described the regulation as placing a burden on providers. Some argued that CQC's regulation increases provider's operating costs or that it impedes frontline care, with a few concluding that regulation might work counter to its goal of making care safer.

“Our fear is that necessary regulation and inspection has become restrictive red tape; expensive, wasteful and detracting from the work on the frontline.”

– provider of service, community social care

A few respondents emphasised that in their view, some of CQC's regulatory activity duplicated activities from other bodies, suggesting that savings could be made by better alignment.

6.2.4. Comments on the service CQC provides

19 respondents expressed criticisms of the service CQC provided to providers. Some of these comments concentrated on the quality of provider inspections, which respondents perceived as variable. Respondents believed that inspectors were not always sufficiently qualified and/or consistent, or complained that inspections took place too infrequently, or without the necessary level of rigour.

“CQC inspections do not look for quality but take a deconstructive approach to look at a list of tick boxes. The organisation fails to discriminate high quality care from unnecessary bureaucracy.”

– provider NHS GP

Several respondents referred to various aspects of the process as overly bureaucratic. As discussed in section 6.2.1, where respondents commented on CQC's services, they often also reflected on the fees to providers, questioning whether providers were receiving value for money.

6.2.5. Suggestions

23 respondents made suggestions relating to CQC's work. Some of these respondents made a variety of suggestions on the theme of efficiency and



cost reduction. Respondents urged CQC to reduce its costs, either in general terms or by making specific suggestions, such as greater automation, salary reductions, or outsourcing of services. Some respondents specified that CQC should review and improve its cost-efficiency in a public, transparent way.

A few respondents suggested that CQC carries out impact analyses to gauge the effect on providers of the fees it charges. For this too, respondents suggested CQC takes a public and transparent approach.

A few respondents argued that in their view, CQC should do more to support providers and help them to improve their services. Others urged CQC to use its advocacy role to seek to influence government and local authorities to acknowledge, understand and address issues on the funding and quality of care.

“We value also our good working relationship with CQC, and hope that CQC will continue to highlight to government and the public the need for fair funding for social care providers.”

– representative of a national organisation, community social care / domiciliary care and care home



Appendix – Consultation questionnaire

QUESTION 1

The proposals in this consultation are part of our ongoing review to make sure that the full costs of regulation are broadly aligned between sectors. We propose to balance fees between sectors carefully so fees do not fluctuate more than is necessary. (Questions 2 to 4 relate specifically to the community social care, dental and residential social care sectors)

1a. To what extent do you agree or disagree with our approach to assessing costs and fees for all sectors? Please choose from:

- strongly agree
- agree
- neither agree or disagree
- disagree
- strongly disagree
- no opinion

1b. Please explain your answer

QUESTION 2

This is the fourth and final year of our four-year trajectory to full chargeable cost recovery. This was addressed in previous consultations. We propose to increase fees for community social care providers by £1.5 million overall for 2019/20. The proposed increase is lower than the amount we stated previously.

2a. To what extent do you agree or disagree with our reasons for increasing fees for community social care providers by £1.5 million overall for 2019/20? Please choose from:

- strongly agree
- agree
- neither agree or disagree
- disagree
- strongly disagree
- no opinion

2b. Please explain your answer

QUESTION 3

We propose to increase fees for dental providers by £600,000 overall for 2019/20. This better aligns the amount of fees collected with the costs of regulating this sector.

3a. To what extent do you agree or disagree with our reasons for increasing fees for dental providers by £600,000 overall for 2019/20? Please choose from:



- strongly agree
- agree
- neither agree or disagree
- disagree
- strongly disagree
- no opinion

3b. Please explain your answer

QUESTION 4

We propose to decrease fees for residential social care providers by £800,000 overall for 2019/20. This better aligns the amount of fees collected with the costs of regulating this sector.

4a. To what extent do you agree or disagree with our reasons for decreasing fees for residential social care providers by £800,000 overall for 2019/20?

Please choose from:

- strongly agree
- agree
- neither agree or disagree
- disagree
- strongly disagree
- no opinion

4b. Please explain your answer



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