Regulatory fees from April 2016 under the Health and Social Care Act 2008 (as amended)

Our response to the consultation

April 2016

The Care Quality Commission is the independent regulator of health and adult social care in England.

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can

Summary

This document is the Care Quality Commission's (CQC) response to comments we received on our recent consultation about regulatory fees from April 2016 under the Health and Social Care Act 2008 (as amended). It summarises the changes that will be made to the 2016/17 fees scheme following the consultation.

We have also published separate documents alongside this summary on our website:

- The legal scheme of fees from April 2016.
- An analysis report of the consultation responses.
- A regulatory impact assessment to assess the overall economic impact of the fees scheme.
- An equality and human rights duties impact assessment
- Fees guidance for providers.

The Health and Social Care Act 2008 includes powers for CQC to set regulatory fees, subject to consultation. Fees are a charge for providers to enter and remain in a regulated market. CQC is required by HM Treasury policy to recover our chargeable costs and we are committed to achieving that obligation. CQC is legally required to consult on proposals for making changes to our fees scheme but can implement a new scheme only if the Secretary of State consents to it.

As we set out in detail from page 6, we have set fees in 2016/17 in the context of the two year cost recovery trajectory for all providers except for community social care and dental providers. We acknowledge the strength of feeling expressed by providers about the amount and timing of fee increases, and the reasons they gave for their views. However, given the absolute requirement on us to achieve full chargeable cost recovery, the significant gap in funding that would result from adopting a different option in 2016/17, and the impact that would have on delivering our statutory responsibilities in regulating health and social care services, we intend to charge fees in 2016/17 as follows:

- For all providers, except community social care and dental providers, at the levels set out in our consultation under the two year timescale option,
- For community social care providers at the levels set out in our consultation under the four year timescale option, and
- For dental providers at the same level as those charged in the 2015/16 fees scheme.

We have set out the reasons for these decisions in the section on 'Responses to the proposals in our consultation'.

The Secretary of State has consented to the fees scheme as described above, and it will take legal effect from 1 April 2016. We will not make any further changes to the scheme in 2016/17 other than those outlined above. Our consultation on fee charges for 2017/18 will be published in the autumn of 2016.

We have sought to consult openly and comprehensively, with transparency about our costs and our income. We have read and analysed every response and are grateful to all who took part in the consultation.

The consultation proposals

Context

CQC is responsible for setting fees for registration under the Health and Social Care Act 2008 (as amended) (the '2008' Act). We consulted between 2 November 2015 and 15 January 2016 on our proposals for a fees scheme to take effect from 1 April 2016.

We are obliged by HM Treasury to recover the chargeable costs of our regulatory activities, and the purpose of this consultation was intended to inform how CQC can deliver to that requirement. We consulted on two proposals. The main proposal for 2016/17 was to achieve a path to full chargeable cost recovery by setting fee amounts in the context of a two or a four year trajectory for all sectors except for dentists. Our second proposal was to hold the current fee levels for the dental sector in 2016/17, which had already reached full cost recovery, and decrease them in 2017/18.

We set out our detailed proposals in the consultation document and sought respondents' views and preferences to the options and questions we posed.

We also set out our strategic approach to regulation and fees, and additional contextual information including reference to other consultations either planned or running in parallel with the fees one.

Changes from the previous (2015/16) fees scheme

Following our consultation, we have made adjustments to the current 2015/16 fees scheme as follows:

- We have decided to set fees in 2016/17 for all providers, except community social care and dental providers, at the levels set out in our consultation under the two year timescale option. Tables showing the full details for all fee categories are set out in Appendix 1 on page 16.
- We have decided to set fees in 2016/17 for community social care providers at the levels set out in our consultation under the four year timescale option. A table showing the full details for all fee categories are set out in Appendix 1 on page 20.
- We have decided to continue to charge fees for dental providers in 2016/17 at the same level as those charged in the 2015/16 fees scheme. Tables showing the full details for dental fee categories are set out in Appendix 1 on page 18.

Details about why we have made these changes follow from page 6. Further information is also available in our regulatory impact assessment, and our analysis of responses report, which are available on our website.

Summary of responses to our consultation

We received 1,127 responses to the consultation out of a total provider base of 30,842. The majority of responses were from individuals or small providers, including NHS general practitioners (GPs) (51%), adult social care providers (26%) and dentists (5%). Responses were also received from 24 of the major representative organisations for each of the main sectors, as well as a number of corporate provider groups.

The responses were broadly grouped around three issues across all sectors:

- Serious concern at the scale of the increases, irrespective of the options for their implementation, and corresponding concern about their impact on quality of care and sustainability of services.
- The timing of the fee proposals against the consultation on our five year strategy and the Department of Health's parallel consultation to extend CQC's fee-setting powers through new regulations.
- Positive comments and criticism about CQC's effectiveness, efficiency and value for money.

The responses we received to the specific proposals in our consultation are reviewed in the section below and in more detail in our separate analysis report.

Overview of our response to the consultation

Our consultation document set out the requirement for CQC to recover the chargeable costs from the providers we regulate – this is HM Treasury policy, and one we are obliged to meet. Our previous fee consultation in 2014 started to address the gap between fee income and recovery of chargeable costs. It did this by increasing fee charges in 2015/16 by the equivalent of 9% for all providers, except the dental sector, which had already reached full recovery. That increase brought the overall cost recovery level for chargeable activities in 2015/16 to 50%, meaning that a significant gap still needed to be filled.

This year's consultation set out two options for continuing to address that gap, by proposing fees for 2016/17 in the context of a two year or a four year trajectory. At the time we published the consultation, the budget for 2016/17 was still under negotiation with the Department of Health so, for consultation purposes, we assumed the budget to be around the same as for 2015/16 (£249 million). Figures in the consultation document were appraised against this figure.

We consulted on our fee proposals before final discussions had taken place with regard to the government's Spending Review in November 2015 and our budget for 2016/17. The timing of our consultation was necessary for a revised fee scheme to be ready for April 2016. The outcome of the Spending Review is that we will be required to save approximately 13% on our 2015/16 total costs over the four years of the Spending Review. This will reduce our operating costs over that period to £217 million. The calculations we show in this document reflect the latest budget position following discussions that have taken place during the consultation period with the Department of Health, and are based on an indicative budget figure of £236 million in 2016/17. Further details are set out in our regulatory impact assessment document.

Setting fees for 2016/17, as proposed, in the context of a two year trajectory would mean that £166.4 million in fee income would be recovered, so our indicative budget of £236 million would be met. Setting fees in 2016/17, as proposed, against a four year trajectory would mean that £137.7 million in fee income would be recovered, resulting in a gap of £28.7 million against our indicative budget. We have estimated that the indicative costs of £236 million for 2016/17 is the figure needed to undertake our functions and to deliver our programme, and our budget has been negotiated with the Department of Health on this basis.

Responses to the consultation showed a strong preference for cost recovery over a period of four years. However, this was in the context of overall opposition to the principle of cost recovery, with this preference being selected on the basis of it being the 'least worse' option, and not an indication that respondents supported the proposals. We fully considered all the consultation responses and acknowledge the significant strength of feeling expressed in the consultation and from wider engagement with stakeholder organisations during this period.

We looked at options for whether we could reconsider the indicative budget figure of £236 million for 2016/17, including options for making further efficiency savings, but had to take account of the level of funding required for us to be able to discharge our statutory functions. We also considered other options for whether it would be possible to differentiate fees for individual sectors in 2016/17, including setting fees for some at the level of those proposed for two years and others against the four year figures.

Discussions with the Department of Health following the Chancellor of the Exchequer's autumn statement have confirmed that the grant-in-aid required to pursue the four year trajectory to full chargeable cost recovery for all providers, as proposed, will not be available. The funding gap if we opted for the four year rather than the two year trajectory for all sectors would be £28.7 million, and having explored options for addressing the shortfall, the conclusion was reached that this would not be a sustainable position for CQC, because of the inevitable impact on delivery of our programme of work in 2016/17.

The two sectors furthest from full chargeable cost recovery are NHS GPs and the community social care sector. Their fees in 2016/17 would see the steepest increase of all sectors under a two year trajectory. We had full and detailed discussions with the Department of Health about the totality of all the responses we received. The Government has recently announced additional funding to cover the expense of the required increase to fees for NHS GPs in 2016/17, and we have agreed that the impact of increases for the community social care sector should be mitigated by setting fees for 2016/17 in the context of those proposed under a four year trajectory.

Therefore, on this basis, we invited the consent of the Secretary of State to allow CQC to charge fees in 2016/17 based on the two year trajectory towards cost recovery for all providers except community social care and dental providers. Given the absolute requirement on us to achieve full chargeable cost recovery, the significant gap in funding that would result from adopting a different option for 2016/17, and the impact that would have on delivering our statutory responsibilities in regulating health and social care services, the outcome is that, from 1 April 2016, we will:

- Set fees for all providers, except community social care and dental providers, at the levels set out in our consultation under the two year timescale option,
- Set fees for community social care providers at the levels set out in our consultation under the four year timescale option, and
- Hold the current fee levels for dental providers at those set out in the 2015/16 fee scheme.

Setting fees for 2016/17 as set out above will mean that £158.3 million in fee income will be recovered, our indicative budget of £236 million will be met, and overall cost recovery for 2016/17 will be 67%.

We did not propose making any other amendments to the scheme for 2016/17, so there will be no changes to the fee scheme structure or the fee charges in 2016/17 except those we have specified above.

There is more detail about our decisions below. Further information is also available in our regulatory impact assessment, which is available on our website.

Analysis of responses

We have prepared a detailed report of our analysis, the methods we used and the results we obtained. The report is available on our website. We have summarised the main areas of feedback from respondents in this consultation response document, but the detail, including direct quotes from specific responses, is contained in our report.

We asked three questions in our consultation. The first and second, regarding options for achieving full chargeable cost recovery, impacts on all providers except for the

dental sector. The third question impacts only on dental providers. When assessing the responses to the third question, we took into account whether respondents would be directly affected by it, as only 6% of responses were made by those categorised as dental sector respondents. Further detail about how we conducted this analysis is included in our separate report.

Responses to the proposals in our consultation

Question 1. In setting fees for 2016/17, which of the two options for achieving full chargeable cost recovery would you prefer CQC to adopt:

- **Option 1 – recovery of the fees amount over two years between 2016-2018, as set out in Annex A, or**
- **Option 2 – recovery of the fees amount over four years between 2016-2020, as set out in Annex B?**

Your response to question 1

Of the 1,127 total responses to the consultation, 62% indicated a preference for option 2 (4 years), 5% for option 1 (2 years) and 33% did not give a preference. 30,843 providers are registered. Numerically this represents a small percentage of our provider base, but this includes responses from 24 organisations that represent a large number of providers from the different sectors, and a number of corporate providers responding on behalf of their organisations. The total number of responses was 34% greater than that received for last year's consultation, when we proposed an across-the-board fee increase. A small number of individual respondents attached the response sent to us by their representative organisation to emphasise the points being made on their behalf.

Summary of comments

The three main trends across all sectors were:

- Serious concern at the scale of the increases, irrespective of the timescale options for their implementation, and corresponding concern about their impact on quality of care and sustainability of services.
- The timing of the fee proposals against the forthcoming consultation on our five year strategy, and the Department of Health's parallel consultation to extend CQC's fee-setting powers through new regulations.
- Positive comments and criticism about CQC's effectiveness, efficiency and value for money.

The responses from the stakeholder organisations mirrored those from individuals but covered all the points in more detail, and these are described below.

We also received a number of comments about our draft regulatory impact assessment, which we have addressed in our final impact assessment document, available on our website. Comments were also received about the consultation itself, which fell into three broad categories – criticism of the consultation document and process, suggestions for further engagement and requests for further information.

General comments from all sectors

The sectors gave different accounts of the perceived impact of proposed fees increases, although all talked about the squeeze on their total costs and the consequential impact on the quality of care.

All sectors gave similar comments about the timing of our proposals. Several stakeholder organisations suggested that no fee increases should be implemented until a fully-costed strategy was in place and until the outcome of the Department of Health's parallel consultation had concluded on new regulations being laid.

All sectors made similar criticism of CQC's effectiveness, efficiency and value for money. They cited the recent Public Account Committee report to support the view that CQC needs to evidence clear progress in improving our efficiency, effectiveness and achieving significant cost reductions before increasing fees.

Several stakeholders commented that they did not believe CQC would take any notice of the consultation feedback, and that the current goodwill in support of the new approach could be jeopardised should CQC not take account of the negative impact of fee increases on the delivery of services.

Scale and impact of proposals

Most of the responses indicated serious concern at the scale of the increases, irrespective of the timescale options for their implementation, and corresponding concern about their impact on quality of care and sustainability of services.

Most of the stakeholder organisations commented in detail on the impact of any increase in fees at a time when most were experiencing reductions in their income or funding, alongside increased costs. This was very similar to the responses to last year's consultation regarding the 9% uplift in fees. Relevant contextual factors included the wider economic climate, increasing demand for services, increased complexity and changing social demographics.

Specific examples were given by the adult social care and NHS GP sectors to illustrate their experience of reductions in funding in recent years and the increased demand on their services, neither of which were anticipated to change in the foreseeable future. The adult social care sector's main reason for opposing fee increases was providers' inability to recover the full costs of their services in fees from local authorities or CCGs. They also cited increased costs associated with the introduction of the National Living Wage, employer pension contributions, and recruitment and retention of staff. The domiciliary care sector gave market instability as a specific additional factor. NHS stakeholders commented on the efficiency savings the NHS was expected to make, and about the impact of fee increases on front-line services. Representatives of NHS GPs gave future recruitment of GPs and potential closure of practices as some of their reasons for criticism of the increases.

Many respondents commented that increasing fees would have a detrimental impact on quality and/or sustainability and that CQC's proposals did not recognise the operating environment and operating margins that providers were working within. A number commented on providers' inability to pass on increased costs to the users of their services, and that the cost recovery requirement placed on CQC by government was not matched by a similar requirement of state funding of care services. Charitable organisations commented on their reliance on donations to meet the shortfall in funding for services they provide on behalf of the NHS, which they considered unfair. Others disagreed with the principle that fees should be based on full recovery of chargeable costs. They argued that CQC's regulatory activities are driven by public interest, and that while providers have a part to play in meeting chargeable costs, this should not be exclusively borne by them.

Timing of the fee proposals

Respondents were critical of the publication of the fee proposals in advance of CQC's consultation on our five year strategy, and the Department of Health's parallel consultation to clarify CQC's fee-setting powers through new regulations. Respondents argued that changes to fees should be postponed until both consultations had concluded and the implications had been fully understood and costed. Responses also suggested that fee increases should be delayed until CQC had completed the first full round of comprehensive inspections and we had demonstrated that clear progress had been made in our own effectiveness and efficiency. Representatives of adult social care residential homes also commented that, as that sector was closest to cost recovery, their fees should be frozen until such time as NHS trusts reached a similar level of recovery.

CQC's effectiveness, efficiency and value for money

Despite the critical nature of many of the responses to the consultation, a number of positive comments were received about CQC's value, particularly from representative organisations and community social care providers. Improvements to regulation were noted, and positive experiences were commented on. However, it was also clear that respondents thought CQC had not yet sufficiently demonstrated value for money, and that there were a number of areas where our efficiency and effectiveness were critically questioned, such as the timescale for reporting, consistency of judgements and aspects of our registration processes.

51% of responses had been made by NHS GPs. This sector was particularly critical of CQC to an extent that others weren't, arguing that regulation of the sector had been imposed on it by government, and that it was an unnecessary, unwelcome and costly burden.

Our response to your feedback on question 1

In reviewing all the feedback, we looked carefully at the trends and issues described in the paragraphs above. We acknowledge the clear views expressed by respondents from all sectors about the amount of the increase irrespective of the trajectory that would be implemented, and its impact set against rising provider costs, increased demand and decreased income that providers and stakeholders told us about. We also acknowledge the views about the timing of the increase given that our strategy for the next five years is still to be published and the precise costs of our regulatory approach are yet to be fully established. We noted the suggestions about differentiating the fee increase against current levels of cost recovery and the comments made about CQC's efficiency and effectiveness. We also took note of the constructive and positive support for CQC's work, set against reservations expressed about issues such as inconsistency and timeliness of reporting.

The proposal to set fees in 2016/17 against a context of a two or a four year trajectory for all providers except dentists was made as a further step towards increasing recovery of the chargeable costs of regulation, as required by HM Treasury of CQC and other fee-setting regulatory bodies. Our cost recovery rate would rise from 50% to 76%, based on 2015/16 figures, if we implemented the two year proposal, and 63% if we implemented the four year one. The associated increase in income would enable us to move closer to cost recovery, as we are obliged to do, and to secure the appropriate level of funding that would enable us to deliver our programme of work in 2016/17.

We have considered the non-negotiable requirement on us to achieve full chargeable cost recovery against the significant gap in funding that would result from adopting a different option than fees for 2016/17 set in the context of a two year trajectory for all providers except the dental sector, and the impact that would have on delivering our programme of work. We fully acknowledge the strength of feeling expressed by providers about the amount and timing of fee increases, and the reasons they gave for their views, and considered those in detail in discussions with the Department of Health about increasing the level of grant-in-aid funding in 2016/17. The outcome of those discussions is that the Secretary of State has consented to our recommendation that fee amounts will be set in 2016/17 in the context of those we proposed under the two year trajectory for most providers, and in the context of those we proposed under the four year trajectory for community social care providers.

We understand that the scheme that we have put forward is not the one the majority of those who took part in our consultation would have preferred. However, the public need to know that services provide safe, effective, compassionate and high-quality care. As the quality regulator, it is our role to monitor, inspect and regulate services to ensure they meet fundamental standards, to publish what we find to help people choose care, and to take action where necessary to protect people from poor care. In order to do this, and to achieve our commitment to the government and the taxpayer, we need to rapidly come to full chargeable cost recovery.

At the same time, we are acutely aware of the financial pressures that providers of health and social care continue to face in an economically challenging environment. The impact on the two sectors furthest from cost recovery, whose proposed fee increases were the highest, has been taken into account through the contract negotiations for NHS GPs and by introducing a lower fee increase for community social care providers by implementing fee amounts in the context of those we proposed under a four year trajectory. By examining the savings and efficiencies that we will make, CQC has already committed to a continuation of cost-savings over the next five financial years, resulting in a budget reduction of £32 million in this period.

In May, we will publish our 2016-21 strategy, which will set out how we will be an efficient and effective regulator with fewer resources. We fully recognise that our evolving approaches under our future strategy are yet to be implemented and that we still have work to do to evidence our value for money and demonstrate our effectiveness and efficiency. It is important that, while we make efficiency savings, we can continue to carry out our role effectively.

Impact on the fees scheme in 2016/17

All providers, except the community social care and dental sectors, will see fee charges set at the level we proposed in our consultation under the figures for a two year trajectory, while those for community social care providers will be set at the level we proposed in our consultation under the figures for a four year trajectory. There are no changes to the fees for dental providers.

These changes are shown in the tables on pages 16-20.

The effect of these changes is set out in our regulatory impact assessment document, which is available on our website.

Question 2. Would you prefer CQC to adopt another option for setting fees for 2016/17? For example:

- **A different option for how and when CQC should achieve full chargeable cost recovery.**
- **A different option on how we divide fees between different types of provider.**

Please explain what option you recommend to CQC and your reasons for proposing this.

Your response to question 2

Of the 809 responses to this question, many repeated their comments in respect of question 1 above, using question 2 to reiterate their thoughts about the proposed options for cost recovery.

General comments

Respondents provided suggestions about alternative options, often expressing a preference for a slower or later introduction of fee increases. Some also commented on ways to promote equity between providers in the way the fees structure is developed, and made suggestions for directly linking fees to the amount of inspection time required by individual services.

Respondents also commented on CQC's operating costs, suggesting overhead costs should be reduced, the inspection process should be more efficient and targeted and that CQC should work more closely with other organisations to reduce regulatory burden, duplication and costs. While respondents made many suggestions about how CQC could increase efficiency, through, for example, greater use of data monitoring, they considered it counterintuitive to increase fees if there would be greater monitoring requirements on providers themselves.

Our response to your feedback on question 2

Respondents provided many useful and constructive views and observations in commenting on this question. We have not been able to take account of them in this year's fees scheme, but will commit to fully reviewing them in consultation with provider representative organisations in advance of our next fee consultation later in 2016. In addition, as we develop our final strategy for 2016-2021, we will be putting plans in place with other oversight bodies to streamline the overall monitoring requirements on providers, by reducing duplication and improving alignment, and will closely monitor the impact on our costs of implementing this approach.

Impact on fees scheme

There is no impact on the 2016/17 fees scheme.

Question 3. Do you agree with our proposal to maintain full chargeable cost recovery levels for the dental sector by decreasing their fees in 2017/18?

Your response to question 3

Of the 761 responses to this question, 51 were received from dental respondents. 84% of those respondents agreed with the proposal. Of the other categories of respondent who replied to this question, 76% indicated it was not applicable to them and 15% disagreed with the proposal.

Summary of comments

We proposed to hold fees at 2015/16 levels for the dental sector, as it is already at full chargeable cost recovery, and reduce them in 2017/18, when costs are expected to fall.

As the sector affected by this proposal, the dental respondents were in broad agreement with it, commenting that it was an appropriate approach. However, some argued that fees should be decreased further than those estimated for 2017/18 and implemented sooner than April 2017. Several individual respondents and the main representative organisation commented that the fee for single location dental practices was high in comparison to the 'per location' multi-site, corporate provider fees. They felt that this was inequitable, and asked for consideration that the fees for corporate providers should be increased in 2016/17.

Of the 155 other respondent types who disagreed with this proposal, the reasons given included a challenge as to why the dental sector appeared to be receiving a more favourable approach, and that private dentists would be able to pass on costs to patients while other providers would not be able to do this.

Our response to your feedback on question 3

We will implement this proposal as set out in the consultation. We will commit to review the issues highlighted in the responses about the 'per location' fee for corporate dental providers over the summer and consider whether to make any proposals for change in our next consultation later in 2016.

Impact on fees scheme

Providers of dental services will see no change to their fees in 2016/17. These fee charges are set out in the tables on pages 18-19.

The effect of these changes is set out in our regulatory impact assessment document, which is available on our website.

Timetable for future fees strategy

We welcome the feedback this consultation has generated. It has identified a number of important areas we will actively consider in the next stages of planning our fees strategy, such as suggestions about the structure of the fees scheme.

We aim to consult again in the autumn of this year, following regular engagement with stakeholders including discussions about the feedback and suggestions set out in this consultation response. We will undertake a full assessment of the financial impact of our emerging strategy and ensure that assessment is fully shared and transparent. We will use information from our evaluation programme to inform this work.

The consultation will set out specific proposals that will come into effect on 1 April 2017, subject to the Secretary of State's consent to our fees scheme. We do not know yet precisely what those proposals will be. We anticipate that we will consult in the autumn, and publish our response and the fees scheme before the end of March 2017.

Appendix 1 – Table of fee charges in 2016/17 for all providers by fee category

NHS trusts (Part 1 of Schedule of existing fee scheme)

	Fee charge 2016/17
Amount of turnover	**2016/17**
Up to £75,000,000	£78,208
From £75,000,001 to £125,000,000	£107,536
From £125,000,001 to £225,000,000	£136,864
From £225,000,001 to £325,000,000	£166,243
From £325,000,001 to £500,000,000	£195,519
More than £500,000,000	£224,847

Healthcare hospital services (Part 2, column 2 of Schedule of existing fee scheme)

	Fee charge 2016/17
Number of locations	**2016/17**
1	£10,646
2 to 3	£21,272
4 to 6	£42,545
7 to 10	£85,090
11 to 15	£137,646
More than 15	£187,699

Community healthcare services (Part 2, column 3 of Schedule of existing fee scheme) – includes health service bodies (NHS Blood and Transplant) under paragraph 2(c)(i) of existing fee scheme

	Fee charge 2016/17
Number of locations	**2016/17**
1	£1,763
2 to 3	£3,520
4 to 6	£7,039
7 to 10	£14,077
11 to 15	£28,155
More than 15	£56,309

Healthcare – Single specialty services
(Part 2, column 4 of Schedule of existing fee scheme)

	Fee charge 2016/17
Number of locations	2016/17
1	£1,679
2 to 3	£3,352
4 to 6	£6,704
7 to 10	£13,407
11 to 15	£26,814
More than 15	£53,628

Community healthcare services (independent ambulance services)
(Part 3 of Schedule of existing fee scheme)

	Fee charge 2016/17
Number of locations	2016/17
1	£939
2 to 3	£1,877
4 to 10	£4,692
11 to 50	£11,732
51 to 100	£28,155
More than 100	£56,309

Community healthcare services – Individual registered at one location providing only diagnostic and screening services (Paragraph 2(c)(ii) of existing fee scheme)

	Fee charge 2016/17
Number of locations	2016/17
1	£292

Primary care services (Medical) – One location
(Part 4 of Schedule of existing fee scheme)

	Fee charge 2016/17
Number of registered patients	2016/17
Up to 5,000	£2,187
5,001 to 10,000	£2,574
10,001 to 15,000	£2,978
More than 15,000	£3,365

Primary care services (Medical) – One location where walk-in-centre forms part or all of location (Paragraph 2(d)(i) of existing fee scheme)
and
Primary care services (Medical) – One location providing out-of-hours services (Paragraph 2(d)(iii) of existing fee scheme)

	Fee charge 2016/17
Location	2016/17
1	£3,365

Primary care services (Medical) – More than one location
(Part 5 of Schedule of existing fee scheme)

	Fee charge 2016/17
Number of locations	2016/17
2	£4,761
3	£6,347
4	£7,934
5	£9,518
6 to 10	£11,900
11 to 40	£23,799
More than 40	£59,494

Primary care services (Dental) – One location
(Part 6 of existing fee scheme) – includes domiciliary dental services under paragraph 2(d)(iv) of existing fee scheme where the fee charge is the same as for one dental chair

	Fee charge 2016/17
Number of dental chairs	2016/17
1	£600
2	£750
3	£850
4	£950
5	£1,100
6	£1,100
More than 6	£1,300

Primary care services (Dentists) – More than one location (Part 7 of existing fee scheme)

	Fee charge 2016/17
Number of locations	2016/17
2	£1,600
3	£2,400
4	£3,200
5	£4,000
6 to 10	£4,800
11 to 40	£10,000
41 to 99	£30,000
More than 99	£60,000

Care services – Providers of care services who also provide accommodation (Part 8 of Schedule of existing fee scheme)

	Fee charge 2016/17
Maximum number of service users	2016/17
Less than 4	£309
From 4 to 10	£805
From 11 to 15	£1,612
From 16 to 20	£2,356
From 21 to 25	£3,223
From 26 to 30	£4,212
From 31 to 35	£4,956
From 36 to 40	£5,701
From 41 to 45	£6,446
From 46 to 50	£7,190
From 51 to 55	£7,930
From 56 to 60	£8,673
From 61 to 65	£9,913
From 66 to 70	£10,902
From 71 to 75	£11,897
From 76 to 80	£12,886
From 81 to 90	£13,880
More than 90	£15,499

Care services – Hospices (Part 9 of Schedule of existing fee scheme)

	Fee charge 2016/17
Number of locations	2016/17
1	£1,861
2 to 3	£3,717
4 to 6	£7,435
7 to 10	£15,639
11 to 15	£29,738
More than 15	£59,478

Community social care services (Part 10 of Schedule of existing fee scheme)

	Fee charge 2016/17
Number of locations	2016/17
1	£1,369
2 to 3	£3,806
4 to 6	£7,611
7 to 12	£15,224
13 to 25	£30,447
More than 25	£60,893