

## **RCN Response**

### **Care Quality Commission Consultation**

### **Regulatory Fees**

#### **General Comments**

The RCN recognises the important work that the Care Quality Commission (CQC) undertakes and acknowledges the requirements imposed upon the organisation by Government in relation to cost recovery.

In our response to the January 2016 CQC consultation on regulatory fees we stated that we did not feel that the financial climate was one in which such substantial fee increases were either appropriate or considered.

A year on from this consultation our position has not changed and the financial climate for providers is now even more challenging. The RCN believes that the CQC would be better served by seeking to urgently renegotiate its funding arrangements with government in relation to the balance between grant-in-aid funding and cost recovery monies. However if this cannot be achieved our preference would be that the fee rises are modest and staged in a more manageable manner.

#### **Response to consultation questions**

##### **Question 1 (proposal 1): What are your views on the proposals for fees for 2017/18 which take us to full chargeable cost recovery for most sectors?**

Given the very challenging financial climate across the health and social care sectors, the RCN cannot support any further fee increases being levied over the remaining life of the current Parliament.

We feel that the CQC should as a matter of urgency seek to renegotiate its funding arrangements with government, in relation to the balance between grant-in-aid funding and cost recovery monies, to ensure that the burden on health and care providers does not force them into decisions that will compromise frontline care.

Our understanding of the current situation facing the health and care system is that the current trajectory of fee increases set out in Proposal 1 would have a significant impact on the financial sustainability of many providers. This was stated most clearly in the National Audit Office (NAO)<sup>1</sup> report of last November 2016, where it found that while the demand for services is at unprecedented levels, government spending decisions are forcing the system to do more with less real money.

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<sup>1</sup> National Audit Office, Financial sustainability of the NHS, November 2016

If a renegotiation cannot be achieved by the CQC our preference would be that more modest fee rises are made and that they are staged or staggered, to enable organisations to be able to pay them.

We would also welcome further detail on the relationship between these proposed fee increases and the phasing of the new inspection regime, and whether a different approach could be taken, which would support our position, that of no increase, or more modest ones to accommodate the realities of the situation.

It is essential that regulatory fees are seen by both the public and health and care providers as offering genuine value for money, and that they demonstrably deliver a robust and cost-effective inspection regime that supports quality improvement and timely intervention in situations where care quality failings are identified.

The RCN notes that the risk impact assessment document for this consultation did not look in detail at the impact of the fee increases on individual sectors within health and social care, for example on general practice, and this is something we would expect to see in any follow up work by the CQC.

**Question 2 (proposal 2): What are your views on the proposal to change a definition in the fees scheme to reclassify providers of substance misuse treatment services as providers of healthcare activities.**

We support this proposal.

**Proposal 3: To change a definition in the fees scheme to ensure that single location providers of NHS primary medical services, where all or part of that location is a minor injuries unit or an urgent care centre, are charged on the same basis as single-location providers of NHS primary medical services where all or part of that location is a walk-in centre.**

We support this proposal.

**Royal College of Nursing**

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For further information please contact:

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