

**Fees Consultation 2015  
Care Quality Commission  
Finsbury Tower  
103/105 Bunhill Row  
London  
EC1B 1QW**

**Monday, 25 January 2016**

## **RCN Response to Care Quality Commission Fees Consultation**

With a membership of over 430,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector.

The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

### **General Comments**

While recognising the important work that the Care Quality Commission undertakes, we do not feel that the current financial climate is one in which such substantial fee increases are either appropriate or considered.

We acknowledge the difficult position in which the organisation finds itself, having been set the challenge by Government of achieving full cost recovery for a sizeable part of its function.

However, in light of the well-publicised economic and financial challenges facing all parts of the health and care sector (the recent King's Fund Quarterly report predicted an overspend by NHS provider organisations of over £2bn by the end of 2016<sup>1</sup>), we feel that the organisation would be better served by seeking to renegotiate its funding arrangements with government in relation to the balance between grant-in-aid funding and cost recovery monies such that the burden on health and care providers across the country is not increased to such a level as to cause detriment to patient care and staff well-being. Given current pressures, we are concerned that an increase in fees will result in providers having to divert funding away from patient care in order to meet the additional costs. Now, more than ever, it is important that funding is available to provide safe and high quality care through appropriate staffing levels in frontline services across all settings.

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<sup>1</sup> King's Fund. Quarterly monitoring report 17: how is the NHS performing? October 2015  
<http://qmr.kingsfund.org.uk/2015/17/>.

## Response to Questions

1. In setting fees for 2016/17, which of the two options for achieving full chargeable cost recovery would you prefer CQC to adopt (please select one option):

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?

**Response:** We would prefer that no fee increases were levied over the life of the current Parliament, however if this proves unable to be achieved our preference would be for option two, on the basis that the fee rises are staged in a more manageable manner, which may accommodate providers negotiating other means by which to counter-balance them.

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.

**Response:** As noted in our response to question 1, we would prefer that no or only modest increases be made to the CQC's fees.

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?

- Yes
- No
- Not applicable

If there are aspects of this proposal that you do not agree with, please explain why.

**Response:** We have no comment to offer on this question.



**Howard Catton**

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