

What is your organisation? - Organisation	Independent Ambulance Association
Do you think NHS trusts should be exempt from the requirement to hold a licence, but expected to meet equivalent requirements to those in the general, pricing (where appropriate), choice and competition and integrated care sectors of Monitor's licence? - Q1	No
Is there anything you want to add? - Q2	There should not be an exemption for NHS Trusts. In the interests of streamlining the system Monitor is trying to implement, it is vital that all comply with the system. However, we find it difficult to comment as we do not have working knowledge of the remit of the NHSTDA. We question why NHS Foundation Trusts are not included for the same reasons as above. We feel that NHS Foundation Trusts should be included within the Monitor system.
Do you agree that it is not appropriate to license small and micro providers of NHS funded services, at this stage, pending further review of costs and benefits? - Q3	No, Proceed to Question 7
If so, do you agree that providers of NHS services with fewer than 50 employees (FTEs) and income from the provision of NHS hospital and community healthcare services of less than £10 million should be exempt from the requirement to hold a licence? - Q4	Not Answered
Alternatively, do you think a de minimis threshold based on a provider fulfilling one of the two conditions would be more appropriate (eg. <50 staff (WTEs) or <£10m turnover)? - Q5a	No, proceed to question 6
Alternatively, do you think a de minimis threshold based on a provider fulfilling one of the two conditions would be more appropriate (eg. <50 staff (WTEs) or <£10m turnover)? - Q5b	Not Answered
If not, on what basis should small and micro providers be exempt? - Q6	We feel that Monitor should license all providers of Independent Ambulance Services. We recognise that small and medium providers should not be burdened with regulatory red tape and costs, therefore feel that the licence system should be effective on a gradient structure allowing for a system of expansion and retraction to support both growth and decline. We also suggest that there is a system of application for NHS licence that excludes those who do not supply NHS Services. It is unfair for those Companies who only provide non-NHS funded event medicine support and do not work for the NHS to be asked to apply for a licence. If a Company provides both NHS-funded PTS work and non NHS-funded event medicine support they should apply for a licence for the portion that is NHS funded. We feel that all NHS providers should be required to hold a licence but that the de minimis calculation is not appropriate. Within our industry, most providers will fall below this threshold and very few that are above. Therefore we feel there should be a more detailed banding under the de minimis threshold.
Is there anything you want to add? - Q7	We feel that Monitor should license all providers of Independent Ambulance Services. We recognise that small and medium providers should not be burdened with regulatory red tape and costs, therefore feel that the licence system should be effective on a gradient structure allowing for a system of expansion and retraction to support both growth and decline. We also suggest that there is a system of application for NHS licence that excludes those who do not supply NHS Services. It is unfair for those Companies who only provide non-NHS funded event medicine support and do not work for the NHS to be asked to apply for a licence. If a Company provides both NHS-funded PTS work and non NHS-funded event medicine support they should apply for a licence for the portion that is NHS funded.
Do you agree that providers of primary medical services and primary dental services under contracts with the NHS Commissioning Board should initially be exempt from the requirement to hold a licence from Monitor? - Q8	No
Is there anything you want to add? - Q9	We expect them to be included based on the current and future CQC fee framework, i.e. list sizes.
Do you think providers of adult social care who also provide NHS services should be required to hold a licence, unless they fall below a de minimis threshold? - Q10	No, proceed to question 15

If so, do you think that threshold should be fewer than 50 employees (FTEs) and income from the provision of NHS hospital and community healthcare services of less than £10 million? - Q11	Not Answered
Alternatively, do you think a de minimis threshold based on an adult social care provider fulfilling one of the two conditions would be more appropriate (ie <50 staff (FTEs) or <£10m turnover)? - Q12a	No
Alternatively, do you think a de minimis threshold based on an adult social care provider fulfilling one of the two conditions would be more appropriate (ie <50 staff (FTEs) or <£10m turnover)? - Q12c	Not Answered
Do you know of any adult social care providers who also provide NHS services who would not fall below this specific de minimis threshold? - Q13a	
Do you know of any adult social care providers who also provide NHS services who would not fall below this specific de minimis threshold? - Q13b	We are not aware of this industry
If you think there should be a different de minimis threshold, what is that threshold? - Q14	The current framework for the CQC is a reasonable method of calculating fees, and we do not feel there should be a threshold for reasons stated above.
Is there anything you want to add? - Q15	We expect them to be included based on the current and future CQC fee framework, i.e. list sizes.
Do you think a 20% threshold would be suitable for the standard condition modification objection percentage? - Q16	No
If not, what figure do you think would be suitable? - Q17	We do not understand fully but feel a more democratic percentage of 51% more realistic.
Is there anything you want to add? - Q18	
Do you think the share of supply threshold should be calculated by defining share of supply as the number of licence holders affected by the proposed modification, weighted by NHS turnover? - Q19	No
Do you think the threshold itself should be 20% as with the objections percentage? - Q20	No
Do you think variations in the costs of providing NHS services should be taken into account when calculating share of supply? - Q21	Yes
Is there anything you want to add? - Q22	We do not understand fully but feel a more democratic percentage of 51% more realistic.
Do you think the calculation of turnover for the purposes of the variable monetary penalty maximum should be based on turnover from provision of NHS funded turnover? - Q23	Yes, proceed to question 25
If not, how do you think turnover should be calculated? - Q24	In principle we agree but this needs defining. The tariff notion of a penalty makes sense. But it has to be more proportionate to the breach of licence. In our industry, a 10% of turnover fine would be catastrophic to the business. A published structure of fines relevant to the seriousness of the misdemeanour would support transparency.
Is there anything you want to add? - Q25	No
Do you have any evidence that the proposals in this document will impact adversely or unfairly on any protected groups? - Q26a	Not Answered
Do you have any evidence that the proposals in this document will impact adversely or unfairly on any protected groups? - Q26b	See comment section 7. In addition to this, it is important that the voluntary aid societies are included in this if they supply to the NHS.