

What is your organisation? - Organisation	Katharine House Hospice
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	
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	Yes
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	No
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	The implications for <50 staff AND <£10m turnover are almost nonsensical to an average provider: £10m turnover Average spend on salaried staff in healthcare sector 75% = Wage roll c£7.5m On costs say 25% (top whack) = £6m in salaries Average salary of 50 employees £120k – feasible if they are all Consultants / GPs More realistic calculations: Average cost of employee with on-costs at £30,000 into c£7.5m waggeroll = 250 staff. Therefore if it is to be AND then figure of 250 employees (providing care) or <£10m. If it is one or the other then obviously <£10m
Is there anything you want to add? - Q7	
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	
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	Yes
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	No, Proceed to question 13
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	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)? - 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	
If you think there should be a different de minimis threshold, what is that threshold? - Q14	See previous response - the same thresholds should apply to all providers.
Is there anything you want to add? - Q15	
Do you think a 20% threshold would be suitable for the standard condition modification objection percentage? - Q16	Yes
If not, what figure do you think would be suitable? - Q17	
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	Yes
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	No
Is there anything you want to add? - Q22	Given that some big providers will have a huge influence, the % of supply should be much higher.
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	
Is there anything you want to add? - Q25	
Do you have any evidence that the proposals in this document will impact adversely or unfairly on any protected groups? - Q26a	No
Do you have any evidence that the proposals in this document will impact adversely or unfairly on any protected groups? - Q26b	