What is your organisation? - Organisation	**Nottingham CityCare Partnership CIC (social enterprise)**
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	Could this create disparity between commissioners designating CRS in some areas and not in others, (where these are provided by NHS trusts? Could it then be construed that other providers are therefore being treated differently? Could this be argued as unfair ? – I would say, not if NHS trusts will have exactly the same requirements from the NHSTDA as licensed providers are, and that this is clear in the guidance so that all parties are aware of this (for example financial and other reporting requirements) but yes if they are different and less burdensome for NHS trusts. The other element is any potential licensing cost (which has not yet been agreed upon) – will other providers have to pay and NHS trusts will not – again might this be an unfair disparity? Overall administrative costs of regulation have to be amalgamated somewhere by a provider, so if an organisation does not have to pay this, does this create an unfair financial advantage to those providers? Could they potentially be able to offer services at lower cost and therefore gain advantage during tendering.
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	Yes
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	<50 Staff (WTEs)
If not, on what basis should small and micro providers be exempt? - Q6	For question 5 would say Yes either/ or (but the question would not allow me to tick this option) however, insisting these providers still have to be licensed if they provide CRS, does nothing to reduce the burden on those smaller providers and widens the gap between smaller and larger providers rather than creating a 'level playing ground'. For example economies of scale apply, larger organisations have the infrastructure to be able to more easily absorb these costs and may well have may processes already underway (particularly FTs and NHS trusts) whereas others (smaller-medium organisations) may not.
Is there anything you want to add? - Q7	There is a similar burden on medium sized organisations like social enterprises (for example previous provider arms of PCTS, like ours) which have attracted and continue to attract increasing costs that traditional NHS organisations do not have to pay (for eg VAT, maintaining the electronic staff record, access to the N3 network etc). The burden of regulation will only add to those costs and create environments which actually create extreme difficulty financially for those organisations, may negatively influence their ability to compete on a 'level playing field and may actually create anti-competitiveness due to economies of scale which may eventually prevail. Perhaps an alternative approach to this might be for commissioners to ring-fence a budget for ensuring continuation of those services, they could still go through a designation process and still review potential other providers in the event of difficulty to ensure continuation but that the provider themselves is not licensed, but is monitored by commissioners (which they are anyway via performance/contractual monitoring).

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	They are licensed by the Care Quality Commission and therefore should have a license, according to the condition for registration, unless they fulfil the de minimis rule. GPs may be commissioned by the National Commissioning Board but local agreements still apply. Could there also be situations where GPs actually deliver services that commissioners feel ought to be protected (enhanced services)? E.g. Weekend opening, minor surgery, services for traveller populations, provision of care to care homes.
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	Yes
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	Yes
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	No – I don't think should be a different one. Think also the CRS rule should apply - if delivering CRS should be registered
Is there anything you want to add? - Q15	Question 12 - I would have said either or to the options rather than one above the other.
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	Yes to question 16 but it is important that Monitor ensures it raises awareness widely with relevant license holders so they know when a consultation is ongoing, the importance of taking part but importantly what it means if they do not respond or object – that the 20% rule applies and that if not enough respondents the condition change will be implemented unilaterally
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	Yes
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	Could it be that a provider might have a larger share of the market? But a lower amount of NHS turnover depending on the cost of a contract? If so, then would simply looking at a providers market share be a more appropriate option?
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	n/a
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	