

What is your organisation? - Organisation	<b>NHS Partners Network</b>
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	While NHS Partners Network (NHSPN) supports the principle that providers should only be subject either to regulatory oversight by Monitor or by the NHS Commissioning Board, in the case of NHS Trusts, this produces the perverse anomaly of different oversight for directly comparable and often very important NHS providers. Given that all NHS Trusts are intended to receive foundation trust status in due course, it would perhaps be more sensible and consistent if during that transitional period the NHS Commissioning Board and Monitor exercised joint oversight in order to ensure complete consistency and seamless transition.
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	<£10m turnover
If not, on what basis should small and micro providers be exempt? - Q6	n/a
Is there anything you want to add? - Q7	n/a
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	Yes
Is there anything you want to add? - Q9	We are supportive of primary medical services and primary dental services which are under contracts with the NHS Commissioning Board to be initially exempt from the requirement to hold a licence from Monitor. If the forthcoming government review on how the licensing regime is operating during the next Parliament indicates that it would be appropriate to licence these providers, we would welcome a minimum period of three years before this takes place, in order to avoid almost continuous uncertainty about the regulatory environment.
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	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	<£10m Turnover
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	n/a

If you think there should be a different de minimis threshold, what is that threshold? - Q14	n/a
Is there anything you want to add? - Q15	n/a
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	n/a
Is there anything you want to add? - Q18	n/a
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	No
Is there anything you want to add? - Q22	We do not wish to add anything.
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	There is some merit in the calculation of total turnover in order to make sure that penalties hold a proportionate weight throughout the health system. However, we would caution that this may be an unfair calculation which serves to penalise some providers for their non-NHS income, raising fair playing field concerns. As a result, we would support a proposal for the calculation of turnover to be based on turnover from provision of NHS funded services.
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	