

What is your organisation? - Organisation	InHealth Group Limited
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	We have stated 'no' above because of concerns about the absolute consistency of applicatoin of the licensing regime if NHS Trusts are subject to different regulatory oversight from NHSFTs and other licensed providers. The literature currently uses phraseology such as 'equivalent' and 'similar' requirements being applied respectively by Monitor and the NHSTDA. We beleive that in the context of establishing confidence in the regulatory system it is vital that there is absolute confidence that consistent rules are applied to all providers. This may be more difficult to establish if different bodies have oversight at different times and will inevitably affect the perception of a level playing field being established.
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	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)? - Q5b	<£10m turnover
If not, on what basis should small and micro providers be exempt? - Q6	
Is there anything you want to add? - Q7	It will be important to ensure that the threshold can not be artificially manipulated as a means to avoid regulation on a national basis, particularly where the service provided have a significant potential impact on patients, to ensure confidence in the system.
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	As far as possible all risks of inconsistency in regulatory approach need to be eliminated.
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	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	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	<£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	
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	
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	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	We believe that as long as the concept of MFF is applied in the context of pricing, then that concept and its principles should be taken into account in establishing impacts. However we note that this may increase the burden of calculating impacts and that burden may not be merited by the advantages delivered.
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	