

# Annex: Summary of consultation responses per question

Our public consultation [Regulatory fees for integrated care system assessments](#) was open between 26 October 2023 and 21 December 2023. We published the consultation on our website, and respondents could respond online. We asked 5 questions; all questions were optional to complete:

- Question 1: Do you agree with our proposed approach to recovering our regulatory costs for assessing integrated care systems by charging integrated care boards an annual regulatory fee?
- Question 2: Please tell us the reasons for your answer
- Question 3: Are there any other options we should consider?
- Question 4: Are there any other regulatory impacts we should consider?
- Question 5: Are there any other equality impacts we should consider?

We note some responses covered issues that are beyond scope for this consultation. For example, some respondents raised points relating to healthcare in general, or regulatory oversight of integrated care systems, (including our methodology for their assessment). In our analysis summary, we don't discuss every point made by those who responded to our consultation. In making our decision, however, we considered all the points made in response to the consultation.

# Who responded

We received 41 responses to our consultation. We asked respondents to identify whether their response was on behalf of an organisation or whether they were responding with an individual view. We received 17 responses on behalf of an organisation and 24 responses from individuals. While responses submitted on behalf of organisations or bodies are likely to represent the views of any number of individuals, the numbers within the analysis do not account for this, as each response is counted as 1.

Of the responses from organisations, we received responses categorised as:

- integrated care boards (8)
- representing a national or regional body (2)
- health care provider (2)
- trade association or other body that represents health and social care providers (4)
- organisation representing people (1)

## Summary analysis of responses for each question

We next summarise the consultation responses for each question.

**Question 1: Do you agree with our proposed approach to recovering our regulatory costs for assessing integrated care systems by charging integrated care boards an annual regulatory fee?**

For question 1 we asked respondents to tell us the extent to which they agreed or disagreed with our proposed approach using a 5-point response scale (strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree).

We received a total of 40 responses to question 1 (see table 1). Of these total respondents, 16 agreed with our proposed approach (10 strongly agree, 6 agree) and 23 respondents disagreed with our proposed approach (16 strongly disagree, 7 disagree). One respondent neither agreed nor disagreed and 1 respondent didn't complete a response to question 1.

For respondents on behalf of an organisation, we received 16 responses to question 1 (see table 1). Of respondents on behalf of an organisation 5 agreed with our proposed approach (2 strongly agree, 3 agree) and 11 disagreed with our proposed approach (7 strongly disagree, 4 disagree). One respondent on behalf of an organisation didn't complete a response to question 1.

For individual respondents, we received 24 responses to question 1 (see table 1). Of the individual respondents 11 agreed with our proposed approach (8 strongly agree, 3 agree) and 12 disagreed with our proposed approach (9 strongly disagree, 3 disagree). One individual respondent neither agreed nor disagreed.

### Number of responses from question 1, whether respondents agree with our proposed approach

	<b>Total responses</b>	<b>Number of responses 'on behalf of an organisation'</b>	<b>Number of responses 'from an individual'</b>
Strongly agree	10	2	8

	<b>Total responses</b>	<b>Number of responses 'on behalf of an organisation'</b>	<b>Number of responses 'from an individual'</b>
Agree	6	3	3
Neither agree or disagree	1	0	1
Disagree	7	4	3
Strongly disagree	16	7	9
<b>TOTAL</b>	<b>40</b>	<b>16</b>	<b>24</b>

Of the 8 responses directly from integrated care boards care boards, 7 responded to question 1. One integrated care board didn't complete a response to question 1. Of organisations representing views of integrated care boards, 2 responded to question 1. These 9 respondents all disagreed with our approach (6 strongly disagree, 3 disagree).

## Question 2: Please tell us the reasons for your answer

In question 2 we asked respondents to tell us the reasons for their answer to question 1. We received a total of 36 responses to question 2 (17 responses on behalf of an organisation and 19 responses from individuals). We received a rich range of responses, which we summarise below.

For respondents who agreed with our approach, their reasons include:

- a consideration of the proposed approach being fair and proportionate and bringing parity to organisations paying regulatory fees within the health and social care system. For example, health and social care providers already pay regulatory fees for our regulatory oversight.
- an acknowledgement that regulatory fees are necessary in order for our required regulatory activity to be funded. For example, a respondent noted how we needed to cover our costs of regulatory activity.
- an agreement that integrated care systems should be regulated.

For respondents who disagreed with our approach, their reasons include:

- the impact on financial constraints where respondents highlight the current pressure on NHS finances and expected continued financial strain over the next few years. Respondents note how financial restraints will impact on the integrated care board delivering its objectives and, on its workforce.
- disagreement with regulatory process where respondents note a disagreement with assessing integrated care systems in addition to our current regulatory activity assessing health and social care providers. Some respondents also noted disagreement with the principle of charging any fee for regulatory oversight.
- the impact on patient care acknowledging money used for regulatory fees means less money available for patient care.
- costs should be covered by government or more centrally where respondents suggest we should instead gather fees from other sources. Some respondents suggest we recover fees from a wider range of organisations across the integrated care system, for example including health and social care providers.
- lack of clarity on value of assessment where respondents consider there is insufficient information about how assessing integrated care systems will offer value or provide value for money.

The respondent who neither agreed nor disagreed did not respond to question 2.

## Question 3: Are there any other options we should consider?

In question 3 we asked respondents whether there are any other options we should consider. We received 29 total responses to question 3 (16 responses on behalf of an organisation and 13 responses from individuals). We outline our considered response to question 3 responses within the earlier section 'summary of respondent key themes and our response'.

Respondents noted the following suggestions for us to recover our regulatory costs for assessing integrated care systems:

- recover our regulatory costs from more central funding, for example, directly from government or from NHS England
- adapt our planned regulatory activity for assessing integrated care systems to reduce our regulatory costs. Examples include for us to adapt our regulatory activity to include evidence from integrated care boards' peer review or existing evidence from NHS England assessments of integrated care boards. Further examples include using evidence from existing independent external audits (relating to value for money or scrutiny of processes). Another suggestion from respondents was for us not to undertake any activity relating to assessing integrated care system and therefore we would not incur any regulatory costs.
- to change the level of regulatory fees we charge for regulatory oversight of other organisations. For example, we recover our costs from wider organisations within an integrated care system, for example from health and social care providers and/or local authorities.
- to directly fund our regulatory oversight of integrated care systems by absorbing costs from our current fees scheme

## Question 4: Are there any other regulatory impacts we should consider?

In question 4 we asked respondents whether there are any other regulatory impacts we should consider. We received 23 responses in total to question 4 (11 responses on behalf of an organisation and 12 responses from individuals).

Of the responses to question 4:

- respondents noted the level of regulatory fees would directly impact on integrated care board finances. For example, integrated care boards already need to reduce the level of future running cost allowances along with already paying other fees to organisations.
- a respondent listed the areas of regulatory impact we considered in our consultation. For example, we consider the regulatory impact on integrated care boards, health and social care providers, local authorities, the public, innovation, and sustainable economic growth.
- some respondents just stated 'no' (3 responses) or 'yes' (2 responses) without any further context.

Respondents also took the opportunity to highlight the importance of clarity of roles and responsibilities of organisations across government and across the health and care sector (including the role of CQC and integrated care boards). Respondents consider there could be potential duplication with other regulators and processes such as local authority peer reviews.

## Question 5: Are there any other equality impacts we should consider?

In question 5 we asked respondents whether there are any other equality impacts we should consider. We received 20 responses in total to question 5 (10 responses on behalf of an organisation and 10 responses from individuals).

Of the responses to question 5:

- respondents highlighted the impact the level of regulatory fees would have on patients and equality of care. Respondents note a regulatory fee would result in reprioritisation of organisational activities which would directly impact patients.
- some respondents just stated 'no' (6 responses) or 'yes' (1 response) without any further context.

Respondents also took the opportunity to highlight the importance of clarity of roles and responsibilities of organisations in tackling health inequalities (2 responses), including the role of CQC and other organisations within an integrated care system. A respondent also noted a specific healthcare expectation for people with a protected characteristic in receiving healthcare.