



Ofcom own-initiative investigation into the price of making telephone calls to hospital patients

**A case closure document issued by the Office of
Communications**

Case: CW/00844/06/05

18 January 2006

**Note: This is the non-confidential version of the
document. Confidential information and data have
been redacted. Redactions are indicated by “[]”.**

Contents

Section		Page
1	Introduction	1
2	Background	2
3	The investigation	10
4	Conclusion	14

Section 1

Introduction

Ofcom's investigation

1. On 21 July 2005, Ofcom opened an investigation responding to concerns raised in consumer complaints about the cost of making inbound calls to bedside telephones in NHS hospitals (in most cases 49 pence per minute peak and 39 pence per minute off peak). The investigation was undertaken on Ofcom's own initiative.
2. In its investigation Ofcom has considered not only the price charged for making an inbound call to a bedside telephone (taking into account the presence of a recorded message at the outset of each call which further raises the cost) but also related features of the exclusive arrangements between the NHS and providers of these services, including their scope and duration. The investigation has focussed on prices charged by two particular providers of these services, Patientline plc ('Patientline') and Premier Telecom Contracts Limited ('Premier').
3. Ofcom has requested information and documentary evidence from all parties during the course of the investigation, including the Department of Health, certain NHS Trusts, Patientline and Premier. In addition to these parties, Ofcom has also met with representatives from a further provider of hospital bedside entertainment services, Hospital Telephone Services Limited ('HTS'), the Patients Association and the Medicines and Healthcare Products Regulatory Agency ('MHRA').
4. This document sets out the background to Ofcom's investigation and includes details of Ofcom's conclusions and recommendations arising out of the investigation.

Section 2

Background

Government policy

5. As part of its ongoing reforms of the NHS, Government published an NHS Plan in 2000. The NHS Plan included a Government commitment to modernise bedside communications systems in hospitals, a programme which became known as the 'Patient Power' programme.
6. The Patient Power programme is essentially a Government commitment to provide a "*personal bedside TV and telephone for every patient*"¹ at major NHS hospitals². The NHS Plan included a commitment to ensure that the systems would be available in all such hospitals by the end of 2004 and an executive agency of the Department of Health (NHS Estates) was asked to implement the Patient Power programme.
7. Implementation was achieved through a series of licence agreements. Firstly, prospective providers of bedside communications systems were required to tender for a framework licence (a 'National Licence') which was entered into with NHS Estates. Holders of a National Licence were subsequently able to tender directly with NHS Trusts for the exclusive right to install and operate the system at their hospital sites. These subsequent concession agreements between National Licensees and the NHS Trusts were entered into substantially in the form of a model concession agreement incorporated within and appended to the National Licence.
8. Taken together, Government policy as set out in the NHS Plan, the terms of the National Licences and the individual concession agreements all place requirements and impose restrictions on providers of the bedside systems. For example, the NHS Plan imposes a requirement to install at every bedside (with limited clinical exceptions), regardless of actual or projected use. The NHS Plan also imposes a price cap on charges for outgoing calls from the bedside telephones, setting the maximum at no more than the standard national call rate. This is driven by Government social objectives to ensure that there was no cost to the NHS or Government for installation and/or provision of the services, whilst ensuring that patients did not bear a disproportionate level of the costs.
9. The National Licence imposes further restrictions on all providers by effectively requiring the provision of telephony and television services from a single integrated unit and increasing the scope of the free services required to include radio, children's TV and a hospital TV channel. The National Licence also incorporates other elements of Government policy such as the price cap on outgoing calls.

¹ Paragraph 1.17 of the "NHS Plan – a plan for investment, a plan for reform" July 2000.

² The 2000 Plan applied to major NHS hospitals in England (NHS Estates subsequently identified 155 major hospitals in which bedside telephones and televisions should be installed and stated that units could be installed in other hospitals if required). In practice Ofcom understands that the funding model applied to major NHS hospitals in England has been rolled out to certain NHS Hospitals in Scotland, Northern Ireland and Wales.

The 2000 NHS Plan

10. In July 2000 the Secretary of State for Health published “The NHS Plan: A plan for investment, a plan for reform” (the “NHS Plan”).³ This document sets out Government policy for investment in the NHS and for reform of the way the NHS delivers care for patients. The Plan also considers the provision and roll out of bedside communications and entertainment systems to all patients in major NHS hospitals.

11. Paragraphs 4.19 and 4.20 of the NHS Plan set out the Government’s objectives in respect of the availability of bedside televisions and telephones:

“4.19. In an age of cable and digital TV, with over half the population owning mobile phones, people increasingly expect to have access to these services wherever they are. It is no longer acceptable for patients to have to wait for a nurse to wheel a trolley to their bed or have to stand in a draughty corridor if they want to make a call. With the new resources, the NHS can do much more to provide better facilities at the bedside.

4.20. A number of hospitals have already negotiated contracts with a private company to install bedside TVs and phones. There are modest charges for the service – though normally there are no charges on children’s wards. Patients are able to make outgoing calls at a level below the standard national call rate. They can also watch videos and one of the channels is dedicated to use by the hospital to show programmes that will help patients prepare for their operation or to explain aspects of their treatment. As a result of this NHS Plan:

- *The contract to extend this service nationwide will be advertised by the autumn*
- *Bedside televisions and telephones will be available in every major hospital by 2004”.*

12. Paragraph 1.17 of the NHS Plan set out Government’s intention that bedside communications and entertainment services would be provided at all beds, stating that “[t]here will be a personal bedside TV and telephone for every patient”. In practice, this has been interpreted as a requirement to install units at all bedsides, with the exception of those specifically excluded for clinical reasons (e.g. intensive care wards).⁴

The award of National Licences by NHS Estates

13. Following publication of the NHS Plan, the Department of Health appointed NHS Estates, an Executive Agency of the Department of Health, to manage a tendering process which would lead to successful applicants being granted a

³ At <http://www.dh.gov.uk/assetRoot/04/05/57/83/04055783.pdf>

⁴ Schedule 1 of each provider’s model Concession Agreement states that “The Licensee’s service is provided to suitable beds”. During the selection process, NHS Estates stated that there were certain limited exceptions to the requirement to provide services to all beds (for example at the Patient Power meeting of 06/09/00 NHS Estates stated that “It is expected that there will be areas where it is not appropriate to install the system. Examples are intensive care and perhaps very young children. The precise nature of these “exceptions” is a matter for local discussion and agreement.”

licence to roll-out bedside communications and entertainment services across all major NHS hospitals. Prospective providers were invited to tender for a National Licence allowing them to bid for contracts to install systems in each Trust. NHS Trusts were permitted to enter into concession agreements only with those companies who had first been awarded a National Licence by NHS Estates.

14. In July 2000 NHS Estates published an advertisement which invited companies to tender for a National Licence. In this advertisement NHS Estates confirmed the following:

- the concession was being granted for the delivery of services direct to patients, and was a commercial service made available to patients in return for a charge (i.e. NHS Trusts would not contribute towards the cost of installing the required services, and providers would recover the costs of installation and operation by levying charges directly for use of the services);
- during the selection process preference would be given to companies who could provide an integrated service solution (i.e. combining at least television and telephony services in one bedside system);
- the charging strategies of successful providers would be subject to some payment exemptions and/or discounting requirements for particular categories of patients; and
- duration of the individual agreements to be concluded with NHS Trusts would vary according to individual circumstances, but was likely to be significantly longer than the three year duration of the National Licence⁵.

15. NHS Estates subsequently issued further documentation to the companies who responded to this advertisement. Amongst other things, this documentation confirmed the following:

- the Patient Power programme would seek to deliver the installation of bedside systems *“by the involvement of the private sector without diverting capital or revenue from NHS funds and thereby not exposing the NHS Trusts to risks or costs”*⁶;
- preference would be given to providers who were *“able to show an integrated approach to installation, and operation of the system”*⁷;
- it was important that providers bear in mind that *“there may be a significant future potential requirement for equipment to support access by patients to health information service channels...and also by medical and other hospital professionals to access information from the bedside”*⁸;
- National Licences would be awarded on the basis of *“the most economically advantageous offer(s) judged on price, quality of product*

⁵ This information was set out in the announcement placed in Government Opportunities on 14 July 2000

⁶ The Patient Power Project Requirements Document (paragraph 1(g))

⁷ The Patient Power Project Requirements Document (paragraph 1(i))

⁸ Schedule 5 (“Future Possible Developments which may affect Selection of Licensees”) of the Patient Power Project Requirements Document

and service, delivery performance, risk and overall cost effectiveness”⁹;
and

- it would be acceptable for companies to “submit more than one scheme, including alternative suggestions for cost recovery. The evaluation panel reserves the right to accept or reject any or all proposals or to negotiate with companies as necessary to achieve the objectives [of the Project Requirements Document]”¹⁰

16. NHS Estates also met with potential providers during this process. In advance of one such meeting a potential provider asked NHS Estates to confirm whether it was acceptable for it to cross-subsidise the cost of the integrated units via the incoming call charges. In response to this question NHS Estates confirmed that the service “*would be viewed as a whole service, cross-subsidy between income streams of this project is not excluded. If issues arise during the course of this procurement exercise where the view of the Government needs to be tested, then the appropriate questions will be asked*”¹¹

17. Twelve companies originally submitted expressions of interest to NHS Estates in response to the advertisement. Following this tender National Licences were awarded to three companies (Patientline, the Wandsworth Group (‘Wandsworth’) and HTS, with provisional licences awarded to a further four companies¹². Premier was granted a National Licence by NHS Estates following a second NHS Estates tender process. The only companies with National Licences in the market today are Patientline, Premier and HTS¹³.

The Bedside Communications and Entertainment Systems

18. Whilst the technical specification of each terminal differs from provider to provider, they all share a number of common characteristics, including an integrated unit offering a screen, telephone handset, headset and radio, attached to the wall by an articulated arm. An example of such a terminal is set out at Figure 1 below:

⁹ Concession and National Licence for Developing Bedside Communication and Entertainment in NHS Hospitals: Terms of Offer (paragraph 7.1)

¹⁰ The Patient Power Project Requirements Document (paragraph 1(j))

¹¹ Notes of a meeting of: Patient Power Project, Question and Answer session, 6 September 2000. This note was subsequently circulated to NHS Estates Steering Group members, all tenderers attending and also all tenderers not represented.

¹² A provisional licence enabled the licensee to roll out its services to a pilot hospital, with a view to the licence being ‘upgraded’ to full status depending on performance at this pilot.

¹³ Ofcom understands that Wandsworth’s National Licence was not renewed by NHS Estates and that a number of its previously contracted hospitals are now supplied by either Premier or Patientline.

Figure 1: A bedside communications and entertainment terminal



19. Payment is generally made on a per use basis by the patient (for example, TV access may be purchased for a daily fee, with additional payments to access movie channels, and outgoing calls are charged on a per minute basis). Patients generally pay for the system using pre-paid cards from vending machines and these can be topped up if desired. Alternatively, some systems allow calls to an operator from the terminal who will take credit or debit card payment and apply credits directly to that terminal as appropriate.
20. Incoming calls are paid for by the caller through their telephone bill in the usual manner that is, a per minute charge is levied according to the numbering range chosen by the telephony provider.

The National Licence

21. Each National Licence acts as an overall framework agreement for each provider, conditioning the terms and conditions that will apply to any subsequent concession agreements agreed with the individual NHS Trusts. For example, the National Licence includes a template for the concession agreements, forming part of the National Licence. This template must be followed in all material respects by parties entering into agreements with individual NHS Trusts. In the event of any inconsistency between the terms of a Concession Agreement and the National Licence, the terms of the National Licence prevail¹⁴.
22. The National Licence sets out the basic elements of the service to be provided, including a description of the various services to be offered. Government documentation submitted to potential providers at the time that National Licences were awarded indicates that in practice providers were required to install an integrated telephony and television unit capable of offering additional features (e.g. delivery of electronic patient records to a patient's bedside – see further paragraph 15 above).
23. The National Licence also sets maximum charges which can be levied for each part of the service to be offered. In respect of all providers, this includes the Government policy that the cost of outgoing local and national calls should be capped at no more than 10p per minute¹⁵.

¹⁴ Clause 4.1 of the National Licence states that "In the event of any inconsistency between the terms of that offer and the terms of Schedule 1 to this Form of Agreement, Schedule 1 shall prevail".

¹⁵ Government policy as set out in the NHS Plan required that outgoing calls be set at a level below the standard national call rate.

24. With respect to other elements of the service (i.e. charges for incoming calls, television etc.), maximum charges are contained in the National Licence on the basis of levels agreed between NHS Estates and the Licensee. Such charges must clearly take into account all aspects of the service to be provided, including the requirement to cap outgoing call charges, to offer free television to certain patients and to provide a certain minimum level of functionality on the unit, whilst allowing the Licensee a reasonable return on its investment. It should be recalled that all the capital risk of installation and operation of the system lies with the Licensee.

The Concession Agreements

25. As stated above, the concession agreements are based in almost all material respects on the template agreement¹⁶ included in the National Licences. There is limited ability for Trusts to negotiate individual terms – a number of provisions are intentionally left blank (specifically, the duration of the concession agreement), whilst others such as the exclusivity provisions are contained in standard clauses present in all agreements.

26. Ofcom has obtained copies of all of the concession agreements entered into by Patientline and Premier with NHS Trusts. The following general features are of note:

- each concession agreement grants the Licensee the exclusive right to install and operate telephone and television transmission systems in the wards and at patient bedsides (excluding communal television sets provided by the Trust in day rooms);
- each concession agreement states that the NHS Trust:

“will prohibit the use of mobile phones within the Healthcare Premises in circumstances where it is lawful and there is proper reason to do so, including but not limited to the risk of interference with the functioning of medical equipment or the care of patients. The Authority undertakes to maintain this prohibition for as long as it is lawful and there are reasonable grounds for so doing”; and

- most concession agreements have an initial duration of 15 years, with a provision for an extension for a further 5 years (in some cases 3 years).

27. In addition, Ofcom has noted the following significant differences contained in some of the individual agreements:

- a small number of agreements with far longer durations (20 or 30 years);
- one NHS Trust which makes an annual payment of £[3<] in order that all patients are able to access free terrestrial television at all times (however Ofcom understands that the Trust in question has recently decided to remove this subsidy);
- certain NHS Trusts have negotiated the receipt of commission from general area payphones (i.e. those installed in non-ward areas). Whilst these

¹⁶ The model concession agreement attached to the National Licence.

payphones are installed under the same agreement as bedside communications and entertainment services, they do not form part of the Patient Power service; and

- one NHS Trust has negotiated the use of [3<] free channels on the system (where the vast majority have only 1)¹⁷.

28. At this stage Ofcom has not sought to analyse whether any of the above provisions are restrictive of competition on an individual basis.

29. Ofcom's investigation has established that, taken together, there are a number of fixed features of the system which all relate to the costs of providing these services to NHS patients. These include:

- the requirement to provide the services from a single integrated unit;
- the requirement for all units to offer enhanced functionality, allowing patients to access value added services (e.g. food ordering from hospital menus, access to electronic patient records) which could be purchased by the Trusts. In practice, there has been little or no uptake by the Trusts of these services which have largely not been used;
- the requirement to install at all suitable bedsides, irrespective of actual or projected use; and
- the requirement to cap outgoing local and national call charges at no more than 10p per minute.

30. As a result, it is clear that providers have been forced to turn to incoming call revenues in order to recover their costs of installation and operation. Indeed, NHS Estates explicitly recognised that cross-subsidisation from incoming call revenues might be necessary and would not be excluded in order for investment to be viable (see further paragraph 16).

31. Furthermore, it has been put to Ofcom that overall revenues from the system have been materially lower than projected. The reasons for this include the immaturity of some sites, disappointing usage of the system (due to low occupancy rates or adverse patient mix), the requirement to provide the system at all bedsides, even those where the system is not used and the very limited uptake by NHS Trusts of the value added services which the terminals are capable of providing. Ofcom also notes that Patientline reported an operating loss of £4.5m for the year ended 25 March 2005¹⁸.

32. By the end of 2004 roll-out and installation was complete in 122 of the 155 NHS Trust hospital sites identified by the Patient Power programme, with over 75,000 hospital beds having access to bedside communications services under the Patient Power programme. At the present time, Patientline currently has

¹⁷ Ofcom understands that use of these channels is free with respect to network capacity, but that the NHS Trust would be required to pay the costs of equipment etc necessary for the transmission of services on these channels.

¹⁸ Patientline's consolidated profit and loss account (as set out in its published annual report) for the year ended 25 March 2005 shows an operating loss of £4,596,000.

contracts in place with [redacted] hospitals within the Patient Power programme, Premier [redacted]¹⁹ and HTS [redacted]²⁰.

¹⁹ Including [redacted] sites which Premier operates under a sub-contracting agreement with Wandsworth.

²⁰ [redacted]

Section 3

The investigation

Background

33. Ofcom opened this own-initiative investigation on 21 July 2005, following numerous complaints from consumers (including from MPs on behalf of consumers) about the cost of making inbound telephone calls to the bedside telephones of hospital patients (in most cases 49 pence per minute peak and 39 pence per minute off peak)²¹. Complaints were also made about the duration of the recorded message which callers are required to listen to at the start of each call (there is no facility for repeat callers to skip the recorded message), which further increases the cost of the calls.
34. The investigation has considered whether the cost of making such inbound calls is contrary to the competition rules, in particular the prohibitions contained in Chapters I and II of the Competition Act and/or Articles 81 and 82 of the EC Treaty.
35. Ofcom has requested information and documentary evidence from all parties during the course of the investigation and has met with representatives of the Department of Health and Patientline and Premier. Ofcom has also met with HTS, the Patients Association and the Medicines and Healthcare Products Regulatory Agency ("MHRA") to discuss certain issues connected with the investigation.

The Chapter II Case

36. The Chapter II prohibition of the Competition Act mirrors the wording of Article 82 of the EC Treaty, targeting anti-competitive conduct by dominant undertakings. It prohibits:
- abusive conduct;
 - by one or more undertakings which, either singly or collectively hold a dominant position on a market; and
 - which may affect trade (within the UK for the purposes of the Chapter II prohibition or between Member States for the purposes of Article 82).
37. Ofcom notes that, within each hospital, the licensed provider is the only provider of bedside telephony and entertainment services to patients, and the only operator able to terminate incoming calls to patients, and that there are no obvious good alternative services within those hospitals. However, for the reasons below, Ofcom has not needed to conclude on the definition of the relevant market or markets or the existence or otherwise of a dominant position in this case.

²¹ As of 11 January 2006 Ofcom had received 162 complaints from consumers and 7 letters from MPs relating to the cost of making telephone calls to hospital patients (including the use of the recorded message). A significant number of these complaints were received after Ofcom opened this investigation. Certain consumers have also made representations to Ofcom in respect of the use of mobile phones in hospitals.

38. In this case, Ofcom's investigation has revealed that the high prices charged for making inbound calls are a result of a complex web of Government policy and agreements between the providers and the NHS (both directly and individual Trusts) and not as a result of unilateral conduct by the providers themselves. In particular:

- providers are required to install, with limited clinical exceptions, units at every bedside within a hospital site, irrespective of use. This had a significant impact on the capital cost of installing the system;
- providers are required to offer their services through a combined, integrated telephone and television unit, which is capable of offering certain value added services to the Trusts such as electronic patient level access;
- providers are required to cap outgoing local and national call charges at no more than 10p per minute; and
- providers are required to offer some services free of charge, including radio and children's TV.

The Chapter I Case

39. The Chapter I prohibition of the Competition Act mirrors the wording of Article 81 of the EC Treaty, prohibiting anti-competitive agreements and practices between undertakings.

40. Ofcom has considered the contractual framework put in place by the Patient Power programme, including the restrictions contained in the individual concession agreements. In particular Ofcom has considered the exclusivity provisions contained in the agreements (and the existence or otherwise of additional agreements between the parties in respect of exclusivity, including in particular policies on the use of mobile phones in hospitals) and the duration of the agreements in question.

41. Ofcom has also considered the issue of whether the NHS Trusts are acting as undertakings when entering into the concession agreements. If the answer to this question is in the negative, there can be no breach of the Chapter I prohibition as there will be no agreement between undertakings. Ofcom has not come to a final conclusion on whether the NHS Trusts are acting as undertakings when entering into the concession agreements.

42. With regard to the restrictive nature of the agreements in question, Ofcom has noted that:

- the duration of the agreements differs substantially, but all have lengthy exclusive periods. For example, the shortest contract is for 10 years and the longest 30 years. In general the agreements terminate at the end of that period unless one party gives notice to extend (generally for a further period of five years) and the other party does not give notice to the contrary;
- all the concession agreements grant the provider exclusivity at a given hospital site in respect of bedside systems. This is reinforced by a

commitment by the Trusts to prohibit mobile phone use where there is proper reason to do so (including, but not limited to reasons of interference with medical equipment); and

- whilst there is no outright ban on mobile phones (as set out above, the provision in the agreement requires each NHS Trust to prohibit use only where it is lawful to do so, and where there is proper reason), in some cases there is evidence that a provider has applied pressure on the Trusts to maintain a total ban on the use of mobile phones, in an apparent attempt to extend and widen the provision contained in the written agreement. Ofcom has not concluded at this stage whether an outright ban would be lawful under competition law.
43. Following discussions with Ofcom, the Department of Health and providers have agreed to enter into discussions to examine whether services can viably be provided on a basis that does not involve charging high incoming call prices, and have also agreed to discuss the abovementioned concerns relating to the concession agreements. Consequently Ofcom has not concluded whether the individual agreements contain restrictions contrary to competition law. Given that discussions between the parties may result in changes to the existing agreements, Ofcom does not propose to commit further resources to consideration of the individual concession agreements at this stage.
44. Ofcom notes that a third, smaller operator (HTS) offers bedside entertainment and communications systems to its hospital sites, whilst apparently charging less for inbound calls. Ofcom expects that the Department of Health will be considering the services provided and charges levied by HTS when it conducts its overall review of the market in accordance with Ofcom's recommendation.
45. Finally, Ofcom welcomes the positions of the parties on the issue of the recorded message at the start of each call. The Department of Health has confirmed that it does not in principle object to the insertion of skip facility during the recorded message (subject to full consideration of any providers' concerns over the impact of the facility on the economic viability of the overall service). Patientline has stated to Ofcom that it will discuss with the Department of Health the economic feasibility and other implications of trialing a skip facility for repeat callers at a number of hospitals to establish its technical feasibility, the effect on customer satisfaction, including the risk of callers incurring significant costs inadvertently, and the economics of rolling out this functionality across its hospitals. Premier has also confirmed to Ofcom its willingness to consider how this solution could be implemented. Inclusion of this facility will enable callers to skip the vast majority of this message if they are aware of the information that is contained within it. Clearly this will have an immediate reducing effect on the price of making a call to a hospital patient.

The Enterprise Act

46. Ofcom has also considered whether it would be appropriate to make a reference to the Competition Commission under section 131 of the Enterprise Act 2002 in order to address the significant concerns that remain with regard to the prices consumers are charged for contacting hospital patients.
47. Section 131 of the Enterprise Act gives the OFT (and Ofcom under the concurrency provisions of section 370 of the Communications Act 2003) the power to make a reference to the Competition Commission if there are "*reasonable grounds for suspecting that any feature, or combination of features,*

of a market in the United Kingdom for goods or services prevents, restricts or distorts competition in connection with the supply or acquisition of any goods or services in the United Kingdom or part of the United Kingdom”.

48. However, the OFT's Guidelines on market investigation references (to which Ofcom is a party) make clear that a referral to the Competition Commission will not normally be appropriate where the adverse effects appear to derive from Government policy. In such circumstances, the OFT will submit a separate report to Government on the issues it has identified²². Consequently, Ofcom is writing to the Secretary of State for Health setting out its ongoing concerns with regard to the level of charges for inbound calls to hospital patients, highlighting as appropriate the degree to which the commercial freedom of providers of bedside entertainment services appears to have been severely constrained from the outset by Government policy, as set out in the NHS Plan and as subsequently implemented by NHS Estates.

²² Market Investigation References (Guidance about the making of References under Part 4 of the Enterprise Act), OFT 511, March 2003. At para 2.31.

Section 4

Conclusion

49. Ofcom continues to have significant concerns about the level of charges for incoming calls to hospital patients.
50. However, for the reasons set out above, Ofcom has concluded that it would not be appropriate at this stage to continue with the Competition Act investigation. Ofcom considers that the best outcome for consumers would be achieved by:
- the submission to the Department of Health of Ofcom's concerns regarding the basis on which bedside communications and entertainment services are provided in major NHS hospitals; and
 - the Department of Health and providers entering into discussions to examine whether services can viably be provided on a basis that does not involve charging high prices for incoming calls.
51. Ofcom has met with the Department of Health and Patientline and Premier in the course of the investigation and has highlighted its concerns to them. All parties have expressed their willingness to review the manner in which bedside communications and entertainment services are provided, with a view to reviewing all aspects of the charging structure. For these reasons, Ofcom has decided to close its Competition Act investigation.