



20 August 2009

Elizabeth Gannon
Competition Policy
Ofcom

By email elizabeth.gannon@ofcom.org.uk

Dear Ms Gannon

A Three-digit Number for Non-Emergency Healthcare Services

Vodafone welcomes the opportunity to respond to Ofcom's consultation: 'A Three-digit Number for Non-Emergency Healthcare Services: Proposals for the number and tariff; including notification of a proposed modification to General Condition 17', undertaken to meet a request made by the Department of Health, published on 9 July.

Executive summary

Vodafone is not convinced that the case has been made for the allocation of 111 and has concerns over the implementation of 111 on operational and technical grounds. Vodafone's preference would be for NHS Direct's current number to continue in use and be promoted further.

Response

Vodafone's response is focused around three sets of issues:

- public policy concerns over the increasing use of short-dial numbers
- the challenges of 111 on operational and technical grounds
- the financial implications of the proposed cost structure

Public policy concerns over the increasing use of short-dial numbers

Vodafone would suggest that there is a law of diminishing returns with each successive use of a three-digit short-dial number.

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The more three digit numbers there are in use, the less memorable each one becomes, as the public try to remember the respective functions of 100, 101, 111, 112, 123, 141, 153 and 999, as well as the three digit number for accessing voicemail; in Vodafone's case 121. In this context, we would also agree with Ofcom's comment at paragraph 4.58 about opportunity cost, given that these numbers are a particularly scarce resource.

Vodafone would also suggest that the NHS might be overstating its case for the benefits of a three-digit number and would maintain that NHS Direct's 0845 4647's 25% awareness score is in reality quite impressive. 0845 4647 is a good, memorable number. By way of comparison with a three-digit short-dial number, European Commission research revealed in 2008 that only 22% of Europeans surveyed recognised 112 as a pan-European number for emergency services – some 17 years after its introduction¹. Furthermore, this research revealed that in some countries (of which the UK was one) up to 90% of calls were hoax or false calls. In this context we would also observe that 111 is right next to 112, which we would suggest cannot help engender clarity in people's minds and therefore militates against its use.

Given the plethora of numbers and passwords people have to remember, the important thing is not that people remember specific numbers but that they know where to access it when needed – for instance having the number stored in their phones – and this where the Government awareness and promotional efforts should be directed. For healthcare alone, according to the NHS's plans, 111 would be another number alongside NHS Direct, GPs' surgeries as well as 999 and 112.

The NHS appears to accept that 111, if introduced, may, or may not, apply across the whole of the UK. It is accepted that there may be different numbers in England, Scotland, Wales and Northern Ireland. Vodafone would suggest that this fact does not lend itself to 111 being well-used, with all promotion of the service on a UK basis having to be made with heavy caveats as to its operational extent. This is especially the case as the NHS observes that one of the functions of 111 is for use on holiday. Scots in England or Welsh in Northern Ireland may not appreciate the subtlety of telephone numbers being allocated on a UK basis but being deployed on a nations and regions basis.

A further concern over the use of 111 is that we understand that the European Commission is planning a similar sounding service to the non-emergency number for health on the 116 xxx number range, which presumably would be another number that members of the public are supposedly meant to remember.

Vodafone would point Ofcom to the Government's last allocation of a three-digit short-dial number, 101, the single non-emergency number (known as SNEN), when considering the allocation of 111. This service, despite initial plans to the contrary, is still very much a regional service with no real take-up outside the pilot areas. It would be

¹ http://ec.europa.eu/cyprus/news/emergency_number112_en.htm

prudent to assess the success, or otherwise, of SNEN before proceeding with another project of such a similar nature².

Vodafone is not convinced that the case has been made for the allocation of 111 on public policy grounds and it is Vodafone's strong preference that the NHS and other Government departments select and use numbers from Ofcom's existing numbering plan; in this case continue to use and promote further 0845 4647.

The challenges of 111 on operational and technical grounds

Vodafone would suggest that there is a substantially greater risk of mis-dials, hoax and malicious calls from a short-dial number like 111, than from a longer number such 0845 4647³. The problem of mis-dials – especially what is known as pocket or handbag dialling – is compounded by choosing a number made up of three simultaneous same digits. 999, in a historical sense, makes perfect sense, but it is well accepted that it does cause particular problems for a mobile world. The implementation of the silent solution on 999 to deal with pocket / handbag dialling gives a sense of the challenges that have to be overcome and we would suggest that Ofcom should give this issue careful consideration.

Vodafone would also observe that there are technical challenges in deploying these short-dial numbers in communications networks. They are not business as usual and require special programming. We would observe that getting 101 operational (especially on our 3G network) was very problematic.

The financial implications of the cost structure set out in the consultation

Ofcom states that it does not propose to intervene in the setting of the tariff for this short-dial number. Whilst Vodafone might suggest that were Ofcom to suggest such a course of action it could be considered to be acting outside its powers, the statement is nonetheless welcome.

Vodafone would observe, in relation to the tariff structure, that it is unlikely to accept running 111, a non-emergency service, in such a way that would have serious negative financial implications. The cost of intervention in a competitive market is ultimately borne by the consumers in that market; making intervention especially unwelcome in the current challenging economic climate.

² We would also question whether SNEN's current name can remain the same, when it ceases to be the *single* non-emergency number, as 111 will also be a non-emergency number

³ The imperative to have a short-dial number for an emergency can perhaps be readily understood, as it can be dialled faster, but 111 is explicitly *not* intended for emergencies.

Vodafone naturally zero-rates calls to the emergency services, but we would add that we also zero-rate other 'crisis lines' as appropriate as they emerge (e.g. the National Pandemic Flu Service or calls to the 2004-5 Asian Tsunami helpline). Vodafone does not see that 111 fits with the above, precisely because it is not for emergencies or crises⁴.

Vodafone would conclude by reminding the NHS that it does get a small revenue share from running its service on the 0845 number range and that it should note its own potential revenue loss at a time of budgetary constraint for the public sector.

If you have any questions about this response, please do not hesitate to contact me.

Yours sincerely

Richard Sullivan

Richard Sullivan
Regulatory Affairs Manager

⁴ Vodafone also zero rates over 200 charity lines on the Telephone Helplines Association list