



EENA's response to the consultation

"A Three-digit Number for Non-Emergency Healthcare Services"

Q1 Do you agree with Ofcom's view that the proposed non-emergency healthcare service represents a justified use of a three-digit number? Please give reasons for your views.

Every year, the large number of false and hoax emergency calls in the UK and in the EU hampers emergency services from providing the best service possible to citizens in distress. In the UK, the Estimated share of hoax/false calls is of 44% for mobile calls (112 and 999). For fixed calls - 28% for calls to 999 on BT's network and 93% for calls to 112 on BT's network (COCOM UK Response, 2008). The creation of a non-emergency healthcare number that would filter the less urgent calls could ultimately help emergency services to provide a better service by reducing the number of calls they have to handle. EENA believes that the choice of a 3 digits number could be appropriate and in line with the experience of other countries such as the 311 non-emergency number in the United States.

EENA however believes that:

- The creation of an additional number in addition to 112, 999, 101 (non-emergency number), 116 000 (missing children) will create confusion and it is largely probable that citizens will not be able to remember all these numbers and therefore continue using 999 and 112 as reference number.
- The creation of an additional service for non-emergency healthcare creates new challenges: who will answer the calls? Based on which quality standards? Will the call-taking technology be appropriate (caller-location, accessibility for people with disabilities, call transferring, etc)? The creation of a new service would require the creation of strong ties between 111 and 112/999 services so that citizens can be quickly transferred to the appropriate service.

Based on the above, EENA believes that the non-emergency healthcare service should be integrated into a general non-emergency service (such as 101 or other number) that should respond to a common European three-digit number.

Q2 Do you agree with the DHs view that:

- A) a three-digit number is the best choice for the proposed service and**
- B) of the three-digit numbers available, 111 is the best option?**

Please give reasons for your views.

A three-digit number is the most appropriate number for non-emergencies as they are easy to remember and fit in the traditional format. As mentioned above, EENA believes that the non-emergency healthcare service should be integrated into a general non-emergency service such as 101 or other number.

EENA believes that 111 is not the best option:

- Another non-emergency number has been tested in the UK – 101. Creating another number (111) would add confusion for citizens who already are not well informed of traditional numbers (e.g. only 6% of UK citizens are correctly informed about 112 – Eurobarometer 2009).



- EENA believes that 111 and 112 are too similar numbers. As UK citizens are already not enough informed about the number that they can dial to access emergency services all over the EU, we believe that the creation of 111 would lead to additional hoax calls to 112 (and therefore 999) because of the confusion.
- 111 has a high risk of misdials and can be typed unintentionally on mobile phones thus hamper the service from functioning appropriately. Moreover, it appears that by random pulses in fixed networks could create additional false calls to 111.
- EENA believes that the creation of a general non-emergency number should be discussed at the EU level in order to create a single common non-emergency number all over the EU that would be easy to recall for European citizens. The first three digits of the 116 xxx numbers (namely 116) could be a good choice for re-directing calls to the dozens of 116 xxx numbers as well as to other existing or future non-emergency numbers.

Q3 What are your views on the tariff options selected by the DH?

The DH has decided not to regulate the tariffs of calls to 111. Citizens will therefore have the choice between:

- Calling a free-number (999 and 112)
- Calling a GP or the local medical services at a local standard rate
- Calling 111 at a rate that may be higher.

If costs are higher for calls to 111, there is no doubt that a large share of supposed non-emergency calls will actually be made through the other channels detailed above.

Q4 Do you have any comments on the proposed notification of modification to the Numbering Condition in Annex 8 of this document

EENA supports the creation of an EU-wide single non-emergency number including non-emergency healthcare that would reduce the number of false and hoax calls to the European emergency number 112 and other national emergency numbers. EENA therefore believes that the creation of the non-emergency number should be discussed at the EU-level and invites the UK authorities to engage the necessary resources to lead the debate with EU partner countries.