

## **A Three-digit Number for the Non-Emergency Healthcare Services. Response to Ofcom's consultation**

The following is Hadams Consultants Ltd response to Ofcom's consultation regarding access to a non-emergency healthcare number. Initially the response is against questions posed by Ofcom, with any additional points following.

***Question 1: 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.***

- It is our opinion that this service is an appropriate justification for the use of a three-digit code. It is, however, essential that the number allocated is fit for purpose. This includes appropriate consideration of technical aspects as well as other user considerations.

***Question 2: Do you agree with the DHs view that:***

***a) a three-digit number is the best choice for the proposed service;***

There are a number of options that can provide access to this service. The 3 digit option is only one, albeit the most obvious solution.

Our view is that the 116 XXX option should be given closer consideration. This will allow for a standardisation across the EU.

***b) of the three-digit numbers available, '111' is the best option? Please give reasons for your views.***

'111' is the worst option. This is the easiest number to imitate in fault conditions. This is because fault conditions can easily imitate loop-disconnect signalling. Typically a cable failure can be caused by construction work (the JCB effect) and the ageing process of installed wiring (for example dry joints).

There are a number of three-digit numbers that are more suitable. Of these 109 gives the best mix of high numbers (0 being ten pulses), however 119 is probably the most memorable.

It is suggested in the consultation that a policing mask is used to filter out misdialled/fault induced calls. This mask ensures that the switching system will wait for 4 seconds after 111 is dialled, if a further digit is detected within this period the call is rejected.

It is not certain that all communication providers can support this filtering process.

This approach to reducing misdialled/faulty calls has a number of unintended outcomes in both usability and tariff aspects. These are listed below:

The technical weaknesses affect the following aspects:

- **Usability –**
  - It should be noted that if a customer dials 1111 in error the call will be rejected if the final 1 is dialled within 4 seconds (this is contrary to the statement made in the consultation – page 50, A6.30)
  - If a customer dials 111, there will be a delay of 4 seconds before ring tone is connected. This delay will occur on all fixed calls (and potentially mobile – dependent upon implementation). This is a significant period, particularly when these days the customer expects connection to ring-tone as soon as the final digit is dialled. This will result in a high disconnection rate by the customer for a call that would have completed correctly (112 experiences this 4 second delay when dialled from fixed networks, however most valid emergency calls are made via 999 and hence do not experience it.)
  - Experience with 112 has shown that even for calls analysed as “correct” 90% are unintended calls. This is likely to be the case for 111.
- **Tariff implications –**
  - As this service will be chargeable (unlike 112) calls that are completed, even though as a result of fault conditions they will be charged. Hence these calls will appear on the customer’s bill. This will result in a high overhead cost for the provider when resolving these issues.

**Question 3: What are your views on the tariff options selected by the DH?**

We are content that appropriate tariffs will be selected, but the issue of charging incorrectly (see above) should be considered.

**Question 4: Do you have any comments on the proposed notification of modification to the Numbering Condition in Annex 8 of this document?**

No.

## **In Summary**

The main conclusions of Hadams Consultants Ltd are given below:

1. A three-digit number for use with a non-emergency healthcare service is appropriate.

2. The use of 116 XXX should be given more consideration in the light of European harmonisation. There may be the need for parallel working as with 999/112
3. 111 is not the best number to use, 119 would overcome many of the misdialling issues
4. It is likely that customers may be incorrectly charged
5. The use of a policeing mask that introduces the 4 second delay will not resolve all problems in this case.

### **Additional points**

It should be noted that unlike 999/112 the customer can withhold the CLI. This might result in reducing the ability to route calls to an appropriate answering point. The communication network providers can still use the CLI for routing, management and billing purposes, but the end user (the Department of Health, in this case) will not be able to rely upon its availability. This, of course, is a consideration for the operational aspects of the service.

Though a radical solution, the outlawing of loop disconnect signalling would resolve many of the issues associated with the use of 111. However, we believe that this would be an unacceptable approach, and hence do not recommend it.

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