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The Office of Communications (Ofcom) consultation: A three-digit number for non-emergency healthcare services

1. The College welcomes the opportunity to respond to Ofcom's consultation on the use of 111 as a number to access NHS non-emergency healthcare services in England.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education, training, research, and clinical standards. Founded in 1952, the RCGP has over 37,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

3. Access to Out-of-Hours (OOH) care is currently very confusing for patients and we would welcome proposals to simplify access to these services. If implemented properly and developed in consultation with key stakeholders and patients, such a service could prevent many unnecessary referrals to 999 and save resources.

4. It must be made clear to the public they should call 999 in an emergency as inappropriate delay can lead to unnecessary complication, or even death. In non-emergency situations, it is important that patients use their own GP services and local OOH services first, and only use 111 when they do not know who to where to go or who to ask for advice. The risk is that local services will get bypassed and the costs of the 111 service will increase.

5. It is mandatory that the pilot assessment of the "onward communication" strategy adopted includes clinical and NHS service impact. The 111 operators will be redirecting callers to different services, including daytime and OOH general practice services. Both the mode of onward referral (direct connection or general instruction to phone the local service) and the referral algorithm applied (to whom the caller is referred) will have a major impact on care quality and service workload. It would be feasible to assess different approaches to onward communications in different regions.

Answers to specific questions in the consultation document:

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.

6. Yes, a three digit number is obviously short and easy to remember and UK citizens are already accustomed to the use of 999. Consideration should be given to proposals for a pan-EU number, which would have to work in parallel with 111, or vice versa.

7. Non-elective admissions and A&E attendances are rising dramatically. The majority of these bypass the GP despite easier access to GPs, including extended hours. This is causing a financial burden on PCTs and unnecessary work for capacity stricken acute hospitals. People who are in greatest need of health advice, such as the elderly and those with long term conditions, will still wish to make first contact with their GP, which is the most appropriate response as the GP will have the care record and personal knowledge of the patient enabling more appropriate decision making.

8. However, with more mobile populations, less family support and the increasing numbers of people from different health systems, more people require instant access to information and advice. Therefore, a different way of delivering health care is essential to divert the expensive, often inappropriate use of health resources. For more complex patients, including those who are unable to access their GP out of hours, a more effective way of accessing community services (particularly) would be beneficial provided that the local service information is accurate and current. It should be possible for inappropriate 999 calls to be transferred to this service rather than having to use a rapid response vehicle.

9. One of the purposes of piloting the non-emergency number will be to ensure that it does not inadvertently fuel demand and increase secondary care usage because of lack of understanding of what primary care can deal with. This would risk diverting scarce resources from much needed community services into expensive acute services. It is essential that this service is managed from a primary care perspective and personnel staff should be familiar with community services and able to managing risk appropriately.

Question 2: 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.

10. We believe that a three-digit number is the best choice for the proposed service and that 111 is a particularly good option for disabled people. (Please also see paragraph 6).

11. Given that 111 calls are not intended to be emergency calls, there should be no problem with a four second gap. However, we also recommend that the pilot should be used to identify if faulty calls post a problem.

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

12. The service should be as low cost as possible to ensure that callers are not put off. A free service would be ideal, but as most people would pay to phone their GP this may seem unwarranted. Many people will (at least initially) continue to contact their GP surgery for OOH care options. We would welcome clarification as to whether they will continue to receive details of providers, as at present, or they will receive a standard message advising them to phone 111, which may mean an extra call and, possibly, additional cost. If calls are predicted to last between seven and 10 minutes this could have a significant cost to someone using a mobile phone. Our preferred option would be local charges (Option D), though this may still be costly from a mobile phone. Another option would be a fixed charge of 10p, irrespective of length, which seems reasonable in light of the research mentioned. As most calls will last more than three minutes this would be a cheaper option (and easier to understand) than 3p per minute.

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

13. No comment.

14. I gratefully acknowledge the contribution of RCGP Scotland, Mrs Ailsa Donnelly, Dr Chris Barry, Dr Pauline Brimblecombe, Professor David Mant and Dr Peter Davies towards these comments. While contributing to this response, it cannot be assumed that those named all necessarily agree with all of the above comments.

Yours sincerely

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