

## **Ambulance Service Network consultation response**

### **Ofcom consultation: A Three-digit Number for non-emergency Healthcare Services**

**24/07/09**

#### **Background and Introduction**

The Ambulance Service Network (ASN) is the representative body for NHS and public ambulance services in the UK. The ASN was established as part of the NHS Confederation in January 2008 to give a strong, independent voice for its members and to ensure the ambulance service works more closely with other parts of the health service. The NHS Confederation is the independent membership body for the full range of organisations that make up today's NHS across the UK.

The Ambulance Service Network (ASN) welcomes the opportunity to respond to the Ofcom consultation: *A Three-digit Number for non-emergency Healthcare Services*.

#### **ASN response to Ofcom's consultation questions**

**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.**

The Ambulance Service Network supports the proposal to introduce a new single phone number for non-emergency healthcare services to sit alongside 999. We also agree with Ofcom's analysis that the proposed non-emergency healthcare service represents a justified use of a three-digit number as the service meets Ofcom's four eligibility criteria for such an allocation. These criteria are:

**(i) An overwhelming public interest argument** – The ASN agrees that the non-emergency healthcare service would be in the public interest.

Currently patients and the public are often unsure about who to contact for their urgent care needs. They do not know whether to call their GP out of hours service or NHS Direct, and so many will go to A&E or call 999. As noted in the consultation, ambulance services in England handle a high volume of non-emergency calls; 2.2 million of the 7.5 million calls received (2008/09). Many of these calls could be dealt with by an alternative care pathway accessible via a new three-digit number for non-emergency healthcare. This would then free up ambulance services to focus on meeting the emergency care needs of patients. Therefore, we anticipate that a non-emergency healthcare service would help both patients with non-urgent and those with emergency care needs.

**(ii) The proposed service has a national impact and/or national provision** – The ASN is aware of the intention to make the 3-digit number non-emergency healthcare service available nationwide in the future. We support this move as this will ensure that all patients in the UK have the same opportunity to non-emergency healthcare wherever their location via a simple route.

**(iii) The service is not only of the public good but also used where there is high demand** – The Department of Health has said that there could be between 14.4 million and 30 million calls to the three-digit number non-emergency healthcare service in England. The ASN anticipates that these calls would include a significant number of the 2.2 million non-emergency calls which are currently handled by ambulance services in England. The potential to reduce such calls to 999 would help our members as they could then focus increased resources on emergency requests from the public.

**(iv) The proposed service benefits everyone or at least a very wide part of society**

We agree that the proposed service would benefit everyone in need of non-emergency care. However to ensure this works in practice, the Department of Health must launch a publicity campaign about the proposed new three-digit number so that the non-emergency service is not limited to only certain sections of society. This measure would also help to ensure that patients do not continue to use the 999 emergency number when their care needs could be dealt with more appropriately by the non-emergency healthcare service.

**Q2 Do you agree with the DH's view that:**

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

The ASN and its members support the establishment of the proposed non-emergency healthcare three-digit number. In the ASN 2008 report, *A Vision for Emergency and Urgent Care: the role of Ambulance Services*, we called for a new, easily remembered national three-digit telephone number for urgent care to provide a simple route to obtain non-emergency healthcare services and so transform patient care.

A three-digit number is the most memorable number option in comparison to the other proposed options considered by the Department of Health and detailed in the Ofcom consultation document. These numbers are longer and may be more difficult for patients to remember particularly if they are in a distressed frame of mind.

We hope that overtime the public will see the proposed three-digit phone number in the same way as the 999 emergency number in terms of it being an easily remembered, recognised and established brand.

**and**

**B) of the three-digit numbers available, 111 is the best option?**

**Please give reasons for your views.**

The three-digit telephone number 111 is easy to remember and simple to use. The ASN agrees that its introduction would be a good choice in that whilst it is aligned to the three digit emergency number, the fact that it is at the other end of the scale will be helpful to the public in distinguishing between emergency and urgent care requirements.

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

The ASN would like to propose the following tariff Option 1: free to callers to assist with the successful development of the three-digit number and its usage by all sections of society.

Ambulance data has shown that calls to the 999 service are four times more likely to be made from deprived areas – this may be because of a lack of support networks. If there were to be a charge for the proposed three-digit number, this could lead to a number of people in socially deprived areas of England who need non-emergency healthcare defaulting to the free 999 emergency number. (This could of course also happen in more affluent areas of the country).

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

We have no comments to make on this point.

### **Other comments**

The Ambulance Service Network has been calling for a new phone number for urgent care for some time to simplify access to non-emergency healthcare services. However, for the number to be of real benefit to the public, it should be part of a wider change in emergency and urgent care so that patients get appropriate and timely care.

In our report, *A Vision for Emergency and Urgent Care: the role of Ambulance Services*<sup>1</sup>, we set out how a new single phone number to access non-emergency healthcare services must be backed up by a real time directory of health and social care services available 24 hours a day, 7 days a week. This should include GPs in and out of hours, walk in and urgent care centres, minor injuries units, social care and mental health services, and community nursing teams as well as ambulance services to provide a more, effective coordination of care to patients.

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<http://www.nhsconfed.org/Publications/Documents/A%20vision%20for%20emergency%20and%20urgent%20care.pdf>