



## **RESPONSE OF THE BRITISH MEDICAL ASSOCIATION TO OFCOM 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**

### **About the BMA**

The BMA welcomes the opportunity to respond to the consultation on the Ofcom consultation 'A three-digit number for non-emergency healthcare services'. The BMA is a voluntary, professional association that represents all doctors from all branches of medicine across the UK. Over 100,000 practising doctors are members, as are nearly 20,000 medical students. The BMA is an independent trade union, a scientific and educational body and a limited company, funded largely by its members.

### **BMA response to the Ofcom consultation 'A Three-digit Number for Non-Emergency Healthcare Services'**

The BMA supports the creation of a single, easily memorable telephone number for access to non-emergency healthcare, providing that the system behind the number is properly planned, resourced and integrated into current urgent and emergency healthcare provision. The proposed '111' number is easy to remember and reflects the current '999' number. The non-emergency care line must have the capacity to handle all calls, which must be directed appropriately and in a timely fashion. The public will only make use of the service if they have confidence that their calls will receive a prompt response at all stages. The cost of calls must be free or low cost, for both landline and mobile telephone users.

The current variety of telephone numbers providing access to non-emergency care can result in confused patients, delays in accessing care and wasted NHS resources. It must be ensured that the proposal to alter the telephone number for non-emergency care really does result in the system being more patient-friendly. The introduction of a new number must be coupled with a public awareness campaign explaining to patients the differences between emergencies and non-emergencies.

It should be noted that altering the number to access non-urgent care services will not overcome the problems inherent in the NHS Direct system. The BMA believes that the NHS Direct service is seriously flawed, particularly with regard to ease of access to help for the genuinely sick, and to other issues of clinical safety in relation to triage: the system requires radical rethinking to clearly improve safety mechanisms and also restore a responsive local aspect to out-of-hours care. NHS Direct has not been shown to reduce inappropriate demands on medical services. We would like the pilots for the proposed '111' number to be properly evaluated before being rolled out nationally.

**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.**

The BMA supports Ofcom's view that it would be justified to use a three-digit number to aid patient access to non-emergency healthcare services. It would be much easier for patients to remember a three digit number, rather than the current NHS Direct number, reducing inappropriate demand on the emergency services.

It must be ensured that introduction of the proposed new number really does simplify things for patients rather than adding to the confusion as to which part of the NHS they should be going to for care. Patients must not become so confused that genuine life-threatening emergencies are missed. A public awareness campaign, rolled out at the same time as the new number, explaining the differences between non-emergencies and emergencies would be helpful to patients.

**Question 2: Do you agree with the Department of Health's (DH's) view that:**

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

The BMA supports option B, the use of a 3 digit number to provide access to non-urgent care services. It is logical that if there is to be a telephone advice/triaging/non-urgent medical contact number that it should be single access, simple, and memorable. There are clearly current issues with memorisation of the current 8 digit NHS direct number amongst the public, and a 3-digit number is likely to be used to a greater degree.

It must be made clear to the public that the non-urgent care number should not be used for emergency calls; the public may associate a 3-digit number with those currently in operation, and wrongly believe that it is an alternative emergency service portal. Steps must be taken to ensure that calls can be put through the 999 operator if required.

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

The BMA agrees that the proposed '111' number is the best option, as it is simple to remember, and resonant with the number '999'.

However, it would be useful for the pilot areas to trial the different 3-digit number options, in order to clearly gauge which selection of digits provided would be best. The BMA's Patient Liaison Group have suggested that a '117' number could be viewed as providing more of a directory-type service by patients, while having different digits within the telephone code would prevent the incidence of mis-dials. '114' would be easier for blind or partially sighted people to dial.

It is important that any pilots for the 111 proposals are properly evaluated before being rolled out nationally.

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

The BMA believes that the tariff must be low-cost, clear and evident; certainly no more than the cost of calling a GP. We support the imposition of either a local rate call tariff, of low cost to landline and mobile telephone users, or a low-cost fixed fee per call. It must be ensured that the tariff selected does not cause a repeat of the problems involved with those of '0844' numbers, which were expensive to call from mobile telephones.

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

The BMA does not have any comments to make in response to this question.