

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. :

Yes.

999 is often inappropriately used for healthcare calls because people do not know how to categorise the urgency of their situation or what alternative services are available. Until they can be signposted to more appropriate but equally as responsive services - available locally, the well known and easily remembered 999 emergency number will continue to receive unnecessary calls. Inevitably this leads to inappropriate conveyances of people to hospital and sometimes admission (if the time of arrival is very late and the patient frail and living alone). A three digit number that is as easy to remember as 999, but represents a different degree of urgency, i.e. scaled down to 111, would support and enable the need for change.

The move to a national three digit number by the DH supports the commitment of the NHS as a whole to the reform needed to sustain and protect emergency care and improve non-emergency care. Using 111 would facilitate the scale and longevity of change needed to support a permanent and positive change.

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) Yes
- b) Yes

In developing a strategy for non-emergency healthcare services for Buckinghamshire the Urgent Care Leadership Group had already described a service such as that proposed by the DH as required to support our vision for change. In our estimation, and of our own accord, we branded that service in our strategy as '111'. The rationale was that a simple number which is easily memorised and fits with the public understanding and existing use of '999' was required. 111 meets that need with the same pattern of repetition as 999, yet being on the other end of the numbering spectrum, will prompt the public to appreciate the different nature of the reason for contact.

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

The four tariff options appear to cover the most feasible possibilities. It is our view that the most pragmatic option is to make a charge and cap it at 10 pence per call; appropriate use of the number by vulnerable groups could still be encouraged. A small charge may also prevent some of the abuse of the number that 999 currently experiences.

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

The wording is suitable for NHS Non-Emergency Healthcare Services. However, in Buckinghamshire we would like '111' to enable signposting to the social care services that support non-emergency health, wellbeing and enablement; the proposed descriptor restricts that potential. Social services keep people at home that might otherwise be admitted to hospital and it is our view that it would be a missed opportunity if social services were excluded from the use of 111 and thus need to be included in the notification of modification.