

**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. :**

NHS Direct fully agrees with Ofcom's view that a three digit number for non-emergency healthcare services is justified. We know from the research we have undertaken that, despite there being a high awareness of the NHS Direct brand, the telephone number is not easily memorable. We believe that a three-digit number will provide a memorable number that will be accessible and beneficial to the majority of the population in England, and will simplify access to non emergency healthcare within the NHS, leading to less confusion, and inappropriate presentations and misuse of services. However, this can only be achieved by using the three-digit number as the single entry point for telephone access to health information and advice for non-urgent care, rather than simply to add another layer on top of existing numbers.

**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) Considering the options available within the document, we are in agreement with the DH view that option B, to make available the three digit number is the best choice for the proposed service as this is the only option that offers a simple and memorable number.

(b) In consideration of the Independent research conducted (Cragg Ross Dawson, Three Digit Number for Urgent Care to help identify the most appropriate number, April 2009) NHS Direct would agree that of the three digit numbers available 111 is the most suitable number to endorse, it is distinctive, basic and easy to use in its own right, and it benefits from associations with 999 without losing its distinctiveness.

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

Option 1 - NHS Direct supports the principle that NHS services should be available and free to every citizen at the point of access. However making telephone services available free does alter people's behaviour, they tend to stay on hold indefinitely if lines are busy; and evidence suggests that free to caller services can increase the number of hoax calls received. These factors would need to be taken into account in any decision to make the service free.

Option 2 and Option 3 - both options could penalise the user as they both incur a charge even if the user has a special tariff rate in place with their telephone service provider (e.g. free local calls, free minutes for telephone use etc.)

Option 4: this would be the preferred choice for patients who access services such as NHS Direct. We would prefer the cost of the call to be the same as making a local call regardless of the network that the caller was using.

NHS Direct supports the DH's objective in negotiating an appropriate tariff with

communications providers to ensure that, as a minimum, the public will not have to pay more to access non-emergency healthcare services than they currently do in accessing NHS Direct.

In addition we would also want to note that whichever option the DH decides on, there should be an equality of cost regardless of how the originating call was made, so that landline and users of mobile phones are charged an equal tariff.

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

NHS Direct notes the proposed notification of modification and has no additional comments.