

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. :

Three digit numbers are rightly reserved for special services. In particular the 999 number for emergency services is the best known and remembered telephone number in the UK. Whilst the highly popular and successful NHS Direct number is well-used by many, its number - for instance - is rarely usually remembered by the population in the same way as 999. NHS Direct is just one, albeit the best known, non-emergency access number. Others include GP out of hours services, in-hours GP surgeries, the whole raft of community services and many, many others.

Harmoni provides urgent primary care (i.e. non emergency) services to 6m English patients. Patient surveys undertaken by Harmoni and many conversations between calling patients and our front line staff consistently point to patient confusion about how to easily and quickly access clinical and advice services.

It is Harmoni's firm view that an urgent (non-emergency) healthcare service merits a memorable three digit number.

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. :

We do agree with both points.

(A). A memorable three digit number will ease patient access. This has to be the overriding driver for such a significant change as the one proposed by Ofcom and the Department of Health. (This does not, of course, trivialise the mammoth effort that will be required to align the plethora of non emergency healthcare and other care providers beneath the single telephone number).

(B). We like 111 as a proposal. A three digit number is immediately memorable - as 999 is - and the fact that 111 falls at the start of a numerical spectrum that terminates in the well-known emergency number works to link the 111 and 999 access points in the minds of users whilst simultaneously placing urgent healthcare access away from the emergency services.

The only reason why 111 might not work would be if there might be any future consideration to introduce a generic (i.e. non healthcare) public access number in the future. In that case 555 or 444 (but not 666!) might sit more appropriately along the spectrum of which general, non specialist advice sits at one end and emergency services at the other, with non emergency healthcare (linked into specialist, dedicated providers) somewhere in the middle.

Given the difficulties and costs associated with any future public call line for all general issues 111 would seem to us to be a very sensible number to reserve for single telephone access to non emergency healthcare services.

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

The DH - rightly in Harmoni's view - appears to be assuming that there will be a number of localised / regional providers of 111 services rather than a single monolithic national provider.

We support this assumption on the basis that in our own experience people want to speak with someone who understands their own geography and services within that geography, ideally working in that same area. Natural variations in regional cost bases suggest that some providers will be able to provide services at a lower cost than others; this fact must somehow be reflected in the tariff (or payment to provider mechanisms).

We would encourage the DH to seek to develop national quality standards in the 111 service so that someone in Newcastle will receive the same high quality and helpful 111 service at home and when holidaying in Newquay.

The imposition of a single tariff nationally could lead to those regions with a higher cost base compromising on 111 service quality were a single national tariff set too low. Conversely, a national tariff set too high could lead to unacceptable profiteering and an associated loss of public confidence and trust in 111 services.

Whilst the precise method of commissioning of 111 services is to be agreed, Harmoni would support a regional / local commissioning regime supported by national guidance and advisors. With local / regional commissioning decisions made in accordance with national standards, 111 service quality will be essentially assured across England, whilst some variation of cost is inevitable (but ultimately tolerable).

A decision will need to be made as to whether the 111 (or other three digit number) is free to users and funded by the NHS (PCTs) or whether the service is paid for by service users (patients / callers).

Harmoni sees the 111 as a vital and parallel service to 999. One of the great advantages of the 999 service is that people in need can easily contact the emergency services if they have no credit on their mobile phones or if they are at a phone box and have no coins / credit card. A free-to-call number to meet patients' urgent needs would represent a great advance in UK healthcare, consistent with the founding principles of the NHS. However, the principle of whether calls should be charged for or not falls outside the scope of this consultation exercise)/

The DH seemingly assumes that calls will be paid for at the point of access. On that Harmoni would encourage all 111 service providers to follow Ofcom's transparency guidelines and allow callers to the 111 service to see exactly what they will be paying for the call.

Whilst different regional cost bases point to differential tariffs, we would propose a target 'tariff band' within which all 111 operators would be obliged to operate.

This would require all providers of 111 services and bidders for such services to offer a tariff within a national price range between xx and yy pence per minute. The range would need to be sufficiently broad to support regional cost differences but be sufficiently narrow to avoid

any possible accusations of a 'postcode lottery' for paying for calls to 111 services from different parts 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:

Harmoni has no comment on Annex 8