

## Consultation response

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**TO:** Elizabeth Gannon  
**RESPONSE BY:** Claire Lilley

### **WHICH? RESPONSE TO OFCOM CONSULTATION ON A THREE-DIGIT NUMBER FOR NON-EMERGENCY HEALTHCARE SERVICES**

#### **ABOUT WHICH?**

Thank you for the opportunity to contribute to the consultation on a three-digit number for non-emergency healthcare services. As the largest consumer organisation in Europe, Which? has a strong and long-standing interest in consumers' experiences of and access to healthcare. Entirely independent of government and industry, we actively campaign on behalf of all consumers and are funded through our membership and the sale of our consumer magazines and books.

#### **ACCESS TO HEALTHCARE**

Over the years, Which? has developed a significant body of knowledge and expertise regarding the patient experience of healthcare and the potential barriers to it, as well as what patients and the public want and expect from the NHS. We are therefore well placed to comment on this consultation, which has the principle of ease of access at its core. We wholeheartedly support the proposal to introduce a three-digit number for non-emergency healthcare services.

**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.**

Yes. We believe that if any new number is to fulfil its potential as a central gateway to non-emergency healthcare services, the number must be memorable in order to increase public awareness and recall of it.



Our past research has found that although almost 9 out of 10 people said they felt confident that they knew who to contact to get the right sort of help outside normal GP surgery hours, in practice, they tended to default to top-of-mind service options, such as A&E and the 999-ambulance services<sup>i</sup>. We believe this is strongly related to the ease of recall facilitated by a simple three-digit number. Awareness of how to contact NHS Direct was poor. Less than one in five (17%) knew the number to call, compared with 96% who knew the number to call for an ambulance.

People seeking out-of-hours care need to know where and when services are available, what types of situations they are suitable for and how to access services. They want to take the quickest, most direct route to the most appropriate service for their condition or for the patient, but if they don't know what that is, they tend to default to A&E.

For most, information about out-of-hours services only becomes relevant when they need help. For this reason a simple, memorable three-digit number is necessary.

#### **Question 2: Do you agree with the DH's view that:**

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

Yes. In 2005 Which? drew attention to public confusion about how to access out-of-hours healthcare services, and emphasised in particular that nearly three quarters of people surveyed did not know the NHS Direct telephone number. We concluded that the NHS Direct number should be changed to a three-digit number.<sup>ii</sup> In our response to the Department of Health's consultation about urgent and emergency care, we drew particular attention to the importance of "*A single three-digit national number providing 24/7 access to information about available local services or an assessment of the urgency of need*".<sup>iii</sup>

Currently, widespread limited awareness of potential services, other than A&E and NHS Direct, is significantly hampering use of the full range of healthcare resources open to someone needing out-of-hours care. Newer types of services such as Walk-in Centres, Minor Injury Units and primary care centres are not available in all areas but even where they are, awareness is still poor. This limits their potential to take pressure off A&E.

One down-side of 'local solutions for local needs' is that there is no consistent pattern of alternatives. This makes it harder for patients to know which services there are in an area, particularly on first moving to a locality or if they are away from home on holiday or for other reasons. The fact that there is no consistent 'brand', such as applies to A&E, further hinders awareness.



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

We support option B - the three-digit number - but have no evidence of our own to support any preference as to the various number options from the Type A Access codes listed at paragraph 4.17.

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

We support Option 4: a cost of calling 111 linked to genuine local or national rate (i.e. charged the same as a call to a standard, geographic landline number or a call to an 03 number). This represents the fairest and most transparent charging structure for consumers, no matter what the duration of their call or their method of calling. We strongly believe that patients and the public should not have to pay anything more in order to access NHS services than they would pay for a standard call to an 01, 02 or 03 number.

Many people now have phone packages that include calls to 01, 02 or 03 numbers. If Option 4 is selected, 111 calls will also be included in inclusive call minutes - however this is unlikely to be the case if Options 2 (10 pence per call) or 3 (3 pence per minute) are selected.

A further drawback of Option 3 (3 pence per minute) is that non-inclusive off-peak calls to 01/02/03 numbers are often much lower than 3 pence per minute (e.g. 5 pence or 6 pence per call in some cases). Thus if a customer called 111 off-peak and was charged 3 pence per minute, this might well be significantly higher than making a genuine local or national rate call.

While we would not oppose Option 1 (free to caller), given the estimation of a three-digit number in England receiving between 14.4million to 30million calls per annum (paragraph 5.9) and the costs this would necessarily involve, we understand the Department of Health's rationale for assuming that callers should contribute to the cost of the telecommunications element of the proposed service.

We are encouraged to see that of the four tariff options proposed by the Department of Health, none are for premium or significantly higher than standard rate charges. Last year our research found that a fifth of Which? members would actively avoid calling 084 numbers which, with the notable exception of BT, are rarely included in inclusive call packages. This is a significant proportion and demonstrates that for some people, higher than standard numbers represent a barrier to accessing NHS services.



The impact of higher rate numbers or any numbers which are not either free to callers or genuine local or national rate numbers is likely to be felt more keenly by certain groups of consumers. For example:

- > older people or those with long-term conditions who contact their GP or NHS services regularly in order to obtain appointments or repeat prescriptions
- > low income consumers who are on the most restrictive phone tariffs
- > consumers who, for budgetary or other reasons, pay a fixed monthly fee for inclusive landline minutes
- > students or any other consumers who only own mobile phones rather than a fixed phone line

Finally, we believe that consistency of charging is key to reducing consumer confusion and are therefore disappointed with Ofcom's assertion that "because the call charge is a commercial decision by the provider, there is no guarantee that all providers will offer the same tariff". As one Which? member put it:

"Different phone providers have different charges and for those with chronic complaints and on tight budgets with inclusive calls it is hardly fair."

It's vital that all companies, including mobile phone providers, commit to making the charge for the proposed 111 number a genuine local or national rate number, and include it in the inclusive call minutes of all phone packages.

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

No comments.

**Other comments**

We support the stated aim of creating a 'strong brand' (paragraph 4.1) for the proposed number, and at such time as these proposals are agreed, we would like further details of how the Department of Health intends to promote the number. It is not enough for a three-digit number to access non-emergency healthcare to simply be created: it must also be publicised widely.

We urge the devolved governments in Scotland, Northern Ireland, Scotland and Wales to adopt the 111 number.

For further information please contact: Paula Pohja, Senior Public Affairs Officer,



Which? on 0207 770 7576 or [paula.pohja@which.co.uk](mailto:paula.pohja@which.co.uk).

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<sup>i</sup> In September 2005 a representative sample of the adult population in England was interviewed using computer assisted personal interviewing. A total of 1686 adults aged 15+ were interviewed. In June 2006 we spoke to 1367 adults aged 15+ in England to assess knowledge of how to contact the ambulance service, NHS Direct and the GP out-of-hours service. Experiences of Which? and other members of the public who had used out-of-hours services in the past year were gathered in response to an advertisement in Which? magazine and Which? On-line.

<sup>ii</sup> Which?, *Which Way - Negotiating the Out-of-hours Maze*, London, 2006.

<sup>iii</sup> Which? Response to Department of Health discussion document 'Direction of travel for urgent care', London, 2007.