



Delivering confidence and transparency for users of NHS Primary Care telephony

A Response to Ofcom's consultation on Simplifying Non-Geographic Numbers from Network Europe Group

March 2011

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Letter to the Non-Geographic Numbers Review Team

On behalf of Network Europe Group, I am delighted to submit this contribution to Ofcom's consultation on "Simplifying Non-Geographic Numbers - Improving consumer confidence in 03, 08, 09, 118 and other non-geographic numbers."

My company is proud of the partnerships we have developed with GPs and other primary care professionals throughout the UK and the improvements and innovation in patient access, quality of service and standards of care we have helped them deliver to millions of their local patients.

As the market leader in the provision of enhanced telephony services to NHS Primary Care, securing investment of over £27 million directly into over 1,500 GP and dental surgeries since 2004, we feel uniquely able to provide insight and experience into your Review from the perspective of the main provider to one of the nation's pre-eminent socially important services.

We very much share your policy aims of protecting access to socially important services and promoting free and fair competition in a non-discriminatory way.

We also share your concern that people are confused about what NGN numbers mean and how much calls cost, and that as a result, they lack confidence and trust in these services.

We have some serious concerns about the possible unintended consequences of your draft proposals, which we set out in this Response, which we believe would actually achieve the opposite outcomes to your stated policy aims.

We have worked hard to ensure that all of our arguments and opinions are backed with hard evidence.

Finally, as you will see, we seek to work with you:

- To increase patient confidence in using non-geographic numbers to contact Primary Care;
- To reduce price confusion and increase transparency;
- To protect patient access to socially important services;
- To facilitate competition in a free and fair Primary Care market to reward companies who deliver the best deal to their customers and the patients they serve.

Yours sincerely,

Pat Gaffey
Managing Director
Network Europe Group

EXECUTIVE SUMMARY

We are the market leader in the provision of enhanced telephony services to NHS Primary Care and the preferred choice of the vast majority of GPs and other Primary Care professionals that use such services. Every month, around 5 million calls are made by patients to over 1,500 GP and dental surgeries in the UK using our unique Surgery Line solution. Quite simply, we know this business because it is **our** business and we are passionate about it.

We are well established and well connected, having built up our expertise over 19 years in the business. The market-leading services we provide are popular and valued by doctors and their patients.

NHS PRIMARY CARE – A SOCIALLY IMPORTANT SERVICE

The National Health Service serves over 60 million people in the UK and Primary Care is its jewel in the crown. Local GPs and other Primary Care professionals are its frontline interface with the nation. For most people, most of the time in their lives, NHS Primary Care is their first port of call for healthcare. Vaccinations, check-ups, travel inoculations and advice, parent and baby clinics, prescriptions, dentistry, ante-natal and post-natal care, health visiting – all of these and more are provided every day to millions of patients and their families by NHS Primary Care.

The Department of Health estimates that in 2008, there were just under 159 million face-to-face consultations with GPs, just under 101 million face-to-face consultations with practice nurses, plus just under 19 million consultations with Primary Care organisations by telephone. Activity across all three channels had doubled between 2002-2008. This level of activity correlates with an analysis by NEG derived from call volumes to its customer base, which suggests around 23 million calls a month to NHS Primary Care in 2010.

This demonstrates beyond doubt that NHS Primary Care is one of the

pre-eminent socially important services provided to citizens in the UK. It also demonstrates that the objective of protecting and improving access by patients via the telephone to NHS Primary Care is a significant domestic challenge facing the Government, clinicians, industry and Regulators.

HOW A FAIR AND COMPETITIVE MARKETPLACE FOR TELEPHONY CAN SUPPORT NHS PRIMARY CARE

The Health Bill is currently undergoing its passage through Parliament. Under its provisions, 151 Primary Care Trusts and 10 Strategic Health Authorities that currently oversee them are to be abolished. In their place are to be created GP-led Commissioning Consortia (GPCCs) to oversee commissioning of patient care and to hold direct responsibility for the vast majority of the NHS budget of around £80 billion.

Given the anticipated wide range of size, population coverage, geographical and organisational complexity of GPCCs – coupled with significant statutory duties, powers and functions to fulfil and combined with major challenges of commissioning and delivering healthcare to 60 million patients – the need is clear for them to be able to benefit from maximum choice, innovation and competition in procuring solutions and approaches to delivery of enhanced telephony infrastructure – by which we mean telephony solutions and infrastructure capable of delivering enhanced functionality and quality of service typically provided by a competitive marketplace offering both 084 and/or 03 based solutions.

This is precisely the policy aim of Department of Health Ministers announced in a Press Release on 15th September 2009 at the end of its consultation on the use of 084 numbers in the NHS, which stated Ministers' clear desire to "allow a marketplace to evolve where 084 numbers compete alongside 01, 02 and 03 numbers."

We strongly support the previous Government's support for a

marketplace in the NHS in which a range of providers – offering a complete range of numbers and solutions – can compete on an equal footing. NEG offers its current and potential customers the choice of 084 or 03 based solutions.

We believe that this approach also finds favour with the Coalition Government. We also believe that by encouraging competition at a local level whilst empowering GPs and other Primary Care professionals to make the right choice for their local patients, the Government and the NHS can maximise both the quality and the cost-efficiency of services provided thereby.

We also believe that our preference for a competitive marketplace offering a complete range of numbers and solutions fits well with Ofcom's legal duties to promote non-discriminatory choice, competition, transparency and innovation in the delivery of telephony services, including in the NHS Primary Care market.

Given this, we believe Ofcom will be concerned by our strong belief, backed by primary research (set out in detail on page 60) commissioned specifically to support this Response and derived from years of successfully delivering enhanced telephony to this market that, if unamended, the net effect of Ofcom's proposals could be to remove choice, restrict competition, reduce transparency and harm innovation in the delivery of NHS telephony in a way that is clearly discriminatory to existing market providers.

We believe this outcome will be caused because the proposals will unfairly and inaccurately reinforce the current prejudiced public perception of the cost of calling GP surgeries using certain 084 numbers, and thereby deliver a plainly discriminatory outcome for providers of some 084 based solutions.

Far from raising confidence in the use of non-geographic numbers in

the NHS, we believe that Ofcom's current proposals will actually unnecessarily reduce consumer confidence in the use of 084 numbers in the NHS and increase confusion.

This is because we can see no way, under Ofcom's current proposals for a new code for describing non-geographic numbers, whereby Primary Care organisations using 084 numbers for which a patient pays no more than an equivalent geographic rate to contact them can be distinguished from any other 084 numbers where the cost of calls to the patient is significantly more.

We believe this will lead to all 084 numbers in the NHS being unfairly and inaccurately perceived as being far more costly for patients to call than 01, 02 or 03 – even when in some cases the opposite is the case and the patient in some cases actually pays less.

THE FUTURE LEGISLATIVE FRAMEWORK WITHIN WHICH NHS PRIMARY CARE WILL BE DELIVERED

The current Health Bill proposes duties be placed upon the Secretary of State and the future NHS Commissioning Board to secure continuous improvement in effectiveness of services and quality of experience undergone by patients.

Clause 19 of the Bill also concerns the Secretary of State's Mandate to the proposed NHS Commissioning Board. It states:

"Before the start of each financial year, the Secretary of State must publish and lay before Parliament a document to be known as "the mandate". The Secretary of State must specify in the mandate the objectives that the Secretary of State considers the Board should seek to achieve in the exercise of its functions during that financial year"

The precise content of the proposed mandate from the Secretary of

State to the NHS Commissioning Board is still in its early stages of policy development. However, informal soundings we have taken with Department of Health officials suggest that it is highly possible that the mandate will include measures to promote a channel shift strategy for the NHS with the aim of securing continuous improvements in quantity, effectiveness, ease of use and quality of access and experience for patients to the NHS, via greater use of telephone and web.

The Department of Health estimates that just a 1 per cent shift in NHS patient transactions from face-to-face to telephone could release £0.2bn recurrent savings, which would make a significant contribution to the successful delivery of the DH financial strategy for the NHS, which is itself a cornerstone of the Coalition Government's economic, fiscal and deficit reduction strategies.

In addition, we understand that Connecting for Health are likely shortly to publish standards for NHS Primary Care telephony, under its National Infrastructure Maturity Model (NIMM) programme, which will further reinforce the drive to improve telephony standards throughout the NHS to a level delivered by enhanced telephony.

Given this likely changed legislative and standards landscape, combined with the current economic context, it would be extremely unfortunate if, as an unintended consequence of regulatory decisions taken by Ofcom, the numbers of patients choosing or able to deal with their GP or other Primary Care setting by telephone instead of face to face was actually reduced rather than increased.

However, that is precisely the outcome we believe could occur under the current Ofcom proposals.

This is because the unfair and inaccurate perception of the cost of using 084 numbers in the NHS which we believe would be created by Ofcom's proposed logos and code would cause unwarranted public pressure to mount for GP and other Primary Care organisations to abandon 084 solutions entirely. We do not believe that a significant proportion of them would be likely to use 03 numbers as an alternative, therefore the benefits of enhanced telephony could be lost to significant parts of the NHS, with attendant damage to quality of patient services and contrary to emerging standards.

This is important because, as we demonstrate in this Response, the predictable and well documented outcome of surgeries not using enhanced telephony is that millions of patients encounter the engaged tone when they try to contact their local surgery.

For many vulnerable citizens, for example the elderly or those with reduced mobility, access to their local Primary Care settings by telephone is particularly important. To our mind, there can be no greater exclusion to a socially important service than not being able to get through to the service at all.

REVENUE SHARING, MARKET BEHAVIOUR AND THE SUCCESSFUL BUSINESS MODEL FOR PRIMARY CARE TELEPHONY

There are two main ways in which enhanced telephony can be deployed in NHS Primary Care. These are either by 084-based solutions or solutions using an 03 number. Although NEG's business was built initially on an 084 based solution, we have since late 2008 also offered our customers the choice of using an 03 number. None to date has chosen to do so.

We are aware that there have also been several attempts in recent

years by other companies to build business in the NHS Primary Care marketplace by selling alternative enhanced telephony solutions and products, but restricting customers to 03-only solutions. We are not aware of any companies offering 03-only solutions being significantly successful in this regard.

At first sight, this might seem surprising, given the previous record of exhortation from Ministers and senior DH officials for the NHS to consider using 03 rather than 084 solutions to deliver non-geographical telephone solutions, particularly in the period 2005 to 2009 and often citing Ofcom itself.

Once the Department of Health made clear that they supported a level playing field between 084 and 03 numbers, and that they supported the principle of local primary care professionals being able to exercise free choice in the numbering solution adopted to deliver the desired extended functionality, strong growth resumed in the numbers of surgeries choosing to adopt 084 solutions.

Identical functionality can be provided to organisations through 084 and 03 numbers, therefore there has to be a logical explanation why this repeated endorsement of 03 numbers by Ministers and senior civil servant has not been heeded by large parts of NHS Primary Care and why the Primary Care marketplace, given free choice and competition, has consistently demonstrated preference for 084 solutions.

Our years of experience of delivering enhanced telephony solutions in NHS Primary Care organisations leads us to conclude that the reason is the crucial contribution made to their infrastructure and technology costs by revenue sharing, which is permitted on 084 numbers, but not on 03 numbers.

The reason why revenue sharing is so important to GP surgeries and

other Primary Care settings is the business model by which NHS Primary Care has been successfully delivered for over 60 years. Contrary to popular perception, most GPs and their surgeries are not directly employed by the National Health Service. Neither do they have access to centrally funded and managed telephony infrastructure, solutions and services.

Instead, most of them are independent contractors or effectively SMEs, supplying Primary Care to patients through national contractual arrangements with the Department of Health mainly negotiated on their behalf by the British Medical Association.

The Government has historically not provided taxpayers' funding for Primary Care telephony infrastructure and services, although in 2005 it did provide limited funding to support GP practices affected by its policy decision to ban the use of 087 numbers.

Given the lack of central funding, the contribution of revenue sharing towards meeting infrastructure costs has been one key factor in the consistent market decisions made by GPs and other Primary Care professionals, given the free choice between 084 and 03 solutions, to adopt the former.

The amount of investment generated for GP telephone systems through revenue sharing is not insignificant. Since 2004, £27 million has been able to be invested in GP Primary Care telephony by surgeries using NEG's Surgery Line solution. NEG surgeries account for 15% of the GP market, with market share growing month on month.

If all surgeries were forced to abandon revenue-sharing numbers, but still wanted to deploy enhanced telephony services for the benefit of their patients, they would be forced to adopt 03 numbered solutions, which would mean over £27 million being taken out of the NHS and given to OCPs (mainly BT) without any additional benefit or increase in quality of service to patients, but with financial harm caused to the Primary Care organisation and its ability to provide care to patients.

Perversely, the busiest surgeries treating the most patients and handling the most calls would face the heaviest potential financial burden and therefore be under most pressure to abandon enhanced telephony completely and revert to 01 or 02 numbers, with ensuing problems of patients encountering the engaged tone when trying to access the surgery and a retrograde channel shift away from telephone and back to face-to-face. This cannot be right.

In its 2005 study, Ofcom found that customers were more concerned about price transparency than revenue sharing.

The outcome of the DH consultation on the use of 084 numbers in the NHS, combined with Regulations issued by the Department of Health in April 2010 requiring all NHS bodies to review their arrangements for telephony to protect patients calling a GP surgery using a revenue sharing number from excessive call charges, strongly reinforces Ofcom's 2005 conclusions and makes the case even stronger for not banning revenue sharing.

Therefore it is important that a de facto ban on revenue sharing in NHS Primary Care should not be brought about indirectly as a by-product of the proposed new code for describing non-geographic numbers. However, it is the highly likely outcome of Ofcom's proposals because the proposed code and logos are likely to provoke unwarranted public pressure on GP surgeries to abandon their 084 based solutions.

We have not reached this conclusion simply by hunch or uninformed assertion. Instead, our conclusion is based upon focus group research commissioned specifically for the purposes of informing this Response to Ofcom's document.

We believe we have demonstrated that:

- the business model for primary care strongly leads GPs not to wish to adopt 03 numbers,
- market behaviour by GPs and primary care professionals over many years demonstrates clear market preference for the continued choice of 084 numbers;
- Ofcom's current proposals for a code and logos would unfairly prejudice the public perception of 084 numbers in the NHS and lead to mounting pressure on GPs to abandon their use;
- This would lead to a diminution in the ease of patient access to their local GP and the quality of service provided.

We therefore contend that the net effect of Ofcom's proposals would be to force GPs and other Primary Care professionals by a combination of public pressure and/or financial necessity to abandon their enhanced telephony solutions altogether and replace them with a standard geographic number based on 01 or 02. This would represent an indefensible distortion of market conditions and behaviour, whilst reducing access by patients to socially important services.

We strongly believe that this scenario fails the test which Ofcom has set for its proposals, namely that its policies and decisions should meet broader societal objectives and should protect access to socially important services.

We also believe that this outcome would run contrary to a number of Ofcom's legal responsibilities, including:

- Section 3(1) To further the interests of consumers in relevant markets, where appropriate by promoting competition;
- Section 3(4) (b) The desirability of promoting competition in relevant markets
- Section 3(4) (d) the desirability of encouraging investment and innovation in relevant markets
- Section 4(6) those numbers which are available must, as far as is practicable be allocated in a technology neutral manner that does not unnecessarily favour one form of network or technology over another;
- Section 60 (2) (b) those numbers which are available must be allocated in a manner that does not discriminate between individual providers; and
- Section 63 to secure the best use of numbers and to encourage efficiency and innovation for that purpose

We believe that we are a perfect example of the commercial behaviour that Ofcom wishes to promote in the marketplace. It would be heavily ironic if Ofcom were to introduce proposals that unfairly penalised and harmed the very type of company whose market behaviour most demonstrated alignment with Ofcom's stated policy intent.

THE 'HIDDEN' PROBLEM OF THE ENGAGED TONE IN NHS PRIMARY CARE

The NHS and the Department of Health like to talk of people's interaction with the NHS in terms of it being a 'patient journey'.

We would argue that the evidence proves that the initial departure point at the start of most patient journeys is picking up the telephone to make a call to the local GP surgery, dentist or other Primary Care setting.

That is why in 2010, we shared evidence in private with the Department

of Health derived from our company data that shows that every month for over 20 million patients, the 'patient journey' ends before it has begun with the brick wall of an engaged tone.

In February 2011, we also submitted this evidence to parliamentarians considering the Health Bill during its Public Bill Committee Stage.

This evidence suggests that any action taken by Ofcom which had the unintended consequence of leading GPs to downgrade their telephony systems would exacerbate an already significant problem and would certainly fail the test of protecting access to socially important services.

Until now, there has not been a relevant consultation being undertaken which would have led us to submit this evidence to Ofcom, so we can understand why the Regulator would not have been aware of this problem when formulating its initial proposals. However, we believe it provides a strong reason for Ofcom to adjust its current proposals.

A RESPONSE ROOTED IN FACTS

We suspect and appreciate that Ofcom will have received significant numbers of responses to its consultation document and that the regulatory issues involved are many and complex.

We believe that Ofcom may not have fully appreciated the importance of enhanced telephony incorporating revenue sharing to NHS Primary Care when formulating its draft proposals.

We also believe Ofcom's initial proposals, if left unamended, could have seriously damaging consequences for the care received from Primary Care for millions of people across the country. We wrote to Ofcom on 8th February 2011 highlighting our central concerns, so that they were flagged up at the earliest opportunity in advance of this more substantial response.

We believe we set out a compelling, logical and inarguable case for

Ofcom to make amendments to its draft proposals. However, we believe it important to be able to demonstrate that our case is rooted in hard evidence.

Therefore we have worked hard to root our Response in 10 key facts, which we explain in detail and back with hard evidence in Section Two of this document.

This evidence includes:

- Patient Survey data from the Department of Health, gathered independently of NEG and without our involvement;
- Company data derived from NEG's internal management processes and data collection;
- Case studies from NEG's customer base;
- Focus Group research commissioned from Dods Research specifically for the purposes of this Response and carried out independently without any NEG personnel present.

We believe Ofcom will want to demonstrate that it has taken this evidence into account when publishing its firm proposals in the Autumn. By doing so, Ofcom can demonstrate that it has listened to evidence and arguments from industry stakeholders directly involved in delivery of solutions based on non-geographic numbers to provide socially important services.

We believe that being seen to act in an impartial and non-discriminatory fashion is particularly important given Ofcom's close identification with the specific promotion of 03 numbers.

The current consultation on simplifying non-geographic numbers gives Ofcom the ideal opportunity to demonstrate that it does not have a prejudicial view on the use of 084 numbers or revenue-sharing in the NHS and that it adopts a non-discriminatory approach in its regulatory policies.

The 10 Key Facts which support our Response are:

A GENUINE OFFER OF PARTNERSHIP TO TRANSFORM PATIENT ACCESS

AND EXPERIENCE IN PRIMARY CARE

In Para 1.44 of its consultation document, Ofcom states “We also propose to work with industry to promote a new code for describing the numbers.”

We welcome this approach and, as the industry leader in the provision of enhanced telephony to NHS Primary Care, we want to play our part.

We hope that Ofcom will receive our Response in the spirit with which it is submitted, which is genuinely to seek to work with the Regulator to achieve what we consider to be shared policy aims:

- To increase patient confidence in using non-geographic numbers to contact Primary Care;
- To reduce price confusion and increase transparency;
- To protect patient access to socially important services;
- To facilitate competition in a free and fair Primary Care market to reward companies who deliver the best deal to their customers and the patients they serve.

Having set out our arguments and the evidence underpinning them, we conclude there are a number of high level options that could deal with the problems and challenges we have identified.

The core outcome that needs to be achieved is for there to be some way in which a revenue-sharing number charged at the geographic rate or below can be simply and accurately communicated as being such to a surgery’s patients and the wider public.

We would invite Ofcom to enter discussions with ourselves, the BMA, RCGP and other interested stakeholders as appropriate to work out the practicalities of implementing the principles we have outlined.

SECTION ONE: MEETING THE CHALLENGE OF PRIMARY CARE TELEPHONY

NETWORK EUROPE GROUP – THE MARKET LEADER

We are the market leader in the provision of enhanced telephony

services to NHS Primary Care and the preferred choice of the vast majority of GPs and other Primary Care professionals that use such services. Every month, around 5 million calls are made by patients to over 1,500 GP and dental surgeries in the UK using our unique Surgery Line solution. Quite simply, we know this business because it is **our** business and we are passionate about it.

We are well established and well connected, having built up our expertise over 19 years in the business. The market-leading services we provide are popular and valued by doctors and their patients.

We believe in partnership and are good at it.

We are valued strategic partners, working on a daily basis with some of the country's best known household names, including BT, Audi, the Bank of England and Opal, part of the Carphone Warehouse Group – who say of us “they are a partner who regularly over-deliver on their promises”.

We also are trusted by the world's leading provider of telephony equipment - Avaya - to be the human face of their product in UK Primary Care.

We understand public sector values and public sector ethos. 85 per cent of our business is involved in supporting the public sector, mainly in education and health. We are proud of our business success, but we are equally passionate about the way in which we achieve and retain that success, go about our business and deliver services for the public sector.

We pride ourselves on building long-term relationships with our clients, tailored around delivering a personalised service and going the extra mile when required for them and the people they serve.

We have retained our market leading position through a sustained ability to be agile and flexible, able to respond quickly when the market demands it, including with the Department of Health.



NEG's GP customers cover the whole UK

NHS PRIMARY CARE – A SOCIALLY IMPORTANT SERVICE

The National Health Service serves over 60 million people in the UK

and Primary Care is its jewel in the crown. Local GPs and other Primary Care professionals are its frontline interface with the nation. For most people, most of the time in their lives, NHS Primary Care is their first port of call for healthcare. Vaccinations, check-ups, travel inoculations and advice, parent and baby clinics, prescriptions, dentistry, ante-natal and post-natal care, health visiting – all of these and more are provided every day to millions of patients and their families by NHS Primary Care.

The Department of Health estimates that in 2008, there were just under 159 million face-to-face consultations with GPs, just under 101 million face-to-face consultations with practice nurses, plus just under 19 million consultations with Primary Care organisations by telephone. Activity across all three channels had doubled between 2002-2008. This level of activity correlates with an analysis by NEG derived from call volumes to its customer base, which suggests around 23 million calls a month to NHS Primary Care in 2010.

This demonstrates beyond doubt that NHS Primary Care is one of the pre-eminent socially important services provided to citizens in the UK. It also demonstrates that the objective of protecting and improving access by patients via the telephone to NHS Primary Care is a significant domestic challenge facing the Government, clinicians, industry and Regulators.

In this regard, we note that one of the five assessment criteria for Ofcom's review is to "protect access to socially important services" and that Ofcom's consultation document states "Ofcom's policy with respect to citizens' interests is concerned with ensuring that the outcome delivered by the communications market is fit for the purpose of meeting broader societal objectives."

HOW A FAIR AND COMPETITIVE MARKETPLACE FOR TELEPHONY CAN SUPPORT NHS PRIMARY CARE

It comes as no surprise to us that Primary Care plays a central role in the Government's strategy for the future of the NHS. The Secretary of State has made clear his desire to see a radical shift in power and decision-making away from Whitehall and downwards to GPs and other Primary Care professionals.

The Health Bill is currently undergoing its passage through Parliament. Under its provisions, 151 Primary Care Trusts and 10 Strategic Health Authorities that currently oversee them are to be abolished. In their place are to be created GP-led Commissioning Consortia (GPCCs) to oversee commissioning of patient care and to hold direct responsibility for the vast majority of the NHS budget of around £80 billion.

The eventual precise number, size and make-up of GPCCs is still unclear. The Health Bill has not yet become law and, under current plans, PCTs are not due to be formally wound up and replaced until April 2013. This aligns with Ofcom's indicative 2-year timetable for implementation of the conclusions of its review. However, in the meantime, potential GPCC arrangements and make-up are being piloted through a programme of GPCC Pathfinders.

On 2 March 2011, the Department of Health published a list containing the third tranche of GPCC pathfinders, bringing the number of groups of GPs involved in the government's plans for Primary Care to 177, covering 35m people in England.

The average third tranche consortia had an average of 27 GP practices with a combined list of 186,000. This is in between the average second wave pathfinder which had 24.5 GP practices with a combined list of 174,500, and the first wave, announced in December, which had an average size of 35 GP practices covering 239,000 people.

As with the first two waves, the latest tranche of pathfinders differed greatly in size. The Newquay Commissioning Consortium in Cornwall

has just three GP practices covering 28,000 patients, while Lambeth Commissioning Consortium in London has 52 practices with a total list of 377,624, and the East and North Hertfordshire GPCC group has 50 practices covering 463,692 people. A group of five consortia in Ashton Wigan and Leigh covers 62 practices and 373,740 patients.

In September 2010, the NHS Confederation's PCT Network and the Department of Health jointly published a list of 87 statutory duties and/or powers, plus 124 main functions, currently carried out by PCTs.

These included duties, powers and functions to ensure the PCT's estate & I.T are effective and enable the delivery of high quality and cost effective care.

Given the anticipated wide range of size, population coverage, geographical and organisational complexity of GPCCs – coupled with significant statutory duties, powers and functions to fulfil and combined with major challenges of commissioning and delivering healthcare to 60 million patients – the need is clear for them to be able to benefit from maximum choice, innovation and competition in procuring solutions and approaches to delivery of enhanced telephony infrastructure – by which we mean telephony solutions and infrastructure capable of delivering enhanced functionality and quality of service typically provided by a competitive marketplace offering both 084 and/or 03 based solutions.

This is precisely the policy aim of Department of Health Ministers announced in a Press Release on 15th September 2009 at the end of its consultation on the use of 084 numbers in the NHS, which stated Ministers' clear desire to "allow a marketplace to evolve where 084 numbers compete alongside 01, 02 and 03 numbers."

We strongly support the previous Government's support for a marketplace in the NHS in which a range of providers – offering a

complete range of numbers and solutions – can compete on an equal footing. NEG offers its current and potential customers the choice of 084 or 03 based solutions.

We believe that this approach also finds favour with the new Coalition Government. We also believe that by encouraging competition at a local level whilst empowering GPs and other Primary Care professionals to make the right choice for their local patients, the Government and the NHS can maximise both the quality and the cost-efficiency of services provided thereby.

We also believe that our preference for a competitive marketplace offering a complete range of numbers and solutions fits well with Ofcom's legal duties to promote non-discriminatory choice, competition, transparency and innovation in the delivery of telephony services, including in the NHS Primary Care market.

Given this, we believe Ofcom will be concerned by our strong belief, backed by primary research (set out in detail on page 60) commissioned specifically to support this Response and derived from years of successfully delivering enhanced telephony to this market that, if unamended, the net effect of Ofcom's proposals could be to remove choice, restrict competition, reduce transparency and harm innovation in the delivery of NHS telephony in a way that is clearly discriminatory to existing market providers.

We believe this outcome will be caused because the proposals will unfairly and inaccurately reinforce the current prejudiced public perception of the cost of calling GP surgeries using certain 084 numbers, and thereby deliver a plainly discriminatory outcome for providers of some 084 based solutions.

Far from raising confidence in the use of non-geographic numbers in the NHS, we believe that Ofcom's current proposals will actually

unnecessarily reduce consumer confidence in the use of 084 numbers in the NHS and increase confusion.

This is because we can see no way, under Ofcom's current proposals for a new code for describing non-geographic numbers, whereby Primary Care organisations using 084 numbers for which a patient pays no more than an equivalent geographic rate to contact them can be distinguished from any other 084 numbers where the cost of calls to the patient is significantly more.

We believe this will lead to all 084 numbers in the NHS being unfairly and inaccurately perceived as being far more costly for patients to call than 01, 02 or 03 – even when in some cases the opposite is the case and the patient in some cases actually pays less.

We note in this regard, Ofcom's confirmation in Para 3.10 of its consultation document

“calls to geographic numbers can be as high as 8.5pm with a call set up fee of up to 11p (fixed) and up to 25 ppm (mobile), and 084 numbers can be as low as 0.5ppm with a call set up fee of 3p (fixed) and 20ppm mobile.”

In addition, Ofcom will be aware that in many cases, the cost of a geographic call is rounded up to the nearest half minute, whereas a patient calling an 084 number only pays for the precise seconds used.

THE FUTURE LEGISLATIVE FRAMEWORK WITHIN WHICH NHS PRIMARY CARE WILL BE DELIVERED

The Health Bill is currently still undergoing its passage through Parliament, so its eventual final form is not yet decided. However, it is possible to anticipate the likely broad framework of duties, functions and responsibilities which will be in place by the time Ofcom's decisions from its consultation are implemented.

The current Bill proposes duties be placed upon the Secretary of State and the future NHS Commissioning Board to secure continuous improvement in effectiveness of services and quality of experience undergone by patients.

Clause 2 of the Bill is entitled “The Secretary of State's duty as to improvement in quality of services”. It states:

“The Secretary of State must exercise the functions of the Secretary of State in relation to the health service with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with:

- a) the prevention, diagnosis or treatment of illness, or
- b) the protection or improvement of public health.

In discharging the duty under subsection (1) the Secretary of State must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services.

The outcomes relevant for the purposes of subsection (2) include, in particular, outcomes which show—
a) the effectiveness of the services,

- b) the safety of the services, and
- c) the quality of the experience undergone by patients.”

Clause 19 of the Bill places an identical duty on the NHS Commissioning Board. It states:

“The Board must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with—

- a) the prevention, diagnosis or treatment of illness, or
- b) the protection or improvement of public health.

“In discharging its duty under subsection (1), the Board must, in particular, act with a view to securing continuous improvement in the outcomes that are achieved from the provision of the services.

The outcomes relevant for the purposes of subsection (2) include, in particular, outcomes which show—

- a) the effectiveness of the services,
- b) the safety of the services, and
- c) the quality of the experience undergone by patients.

In discharging its duty under subsection (1), the Board must have regard to any document published by the Secretary of State for the purposes of this section”

Clause 19 of the Bill also concerns the Secretary of State’s Mandate to the proposed NHS Commissioning Board.

It states:

”Before the start of each financial year, the Secretary of State must publish and lay before Parliament a document to be known as “the mandate”. The Secretary of State must specify in the mandate the objectives that the Secretary of State considers the Board should seek to achieve in the exercise of its functions during that financial year”

The precise content of the proposed mandate from the Secretary of State to the NHS Commissioning Board is still in its early stages of policy development. However, informal soundings we have taken with Department of Health officials suggest that it is highly possible that the mandate will include measures to promote a channel shift strategy for the NHS with the aim of securing continuous improvements in quantity, effectiveness, ease of use and quality of access and experience for patients to the NHS, via greater use of telephone and web.

The Department of Health estimates that just a 1 per cent shift in NHS patient transactions from face-to-face to telephone could release £0.2bn recurrent savings, which would make a significant contribution to the successful delivery of the DH financial strategy for the NHS, which is itself a cornerstone of the Coalition Government’s economic, fiscal and deficit reduction strategies.

In addition, we understand that Connecting for Health are likely shortly to publish standards for NHS Primary Care telephony, under its National Infrastructure Maturity Model (NIMM) programme, which will

further reinforce the drive to improve telephony standards throughout the NHS to a level delivered by enhanced telephony.

Given this likely changed legislative and standards landscape, combined with the current economic context, it would be extremely unfortunate if, as an unintended consequence of regulatory decisions taken by Ofcom, the numbers of patients choosing or able to deal with their GP or other Primary Care setting by telephone instead of face to face was actually reduced rather than increased.

We note that in Paragraph 6,13 of its consultation document, Ofcom states

“some NGCs numbers are used to deliver socially important services, such as access to welfare services (both government and charities), doctors’ surgeries and employment services. In our view, it is particularly important to ensure that “vulnerable” citizens and consumers do not run the risk of being excluded from using these services.”

However, that is precisely the outcome we believe could occur under the current Ofcom proposals.

This is because the unfair and inaccurate perception of the cost of using 084 numbers in the NHS which we believe would be created by Ofcom’s proposed logos and code would cause unwarranted public pressure to mount for GP and other Primary Care organisations to abandon 084 solutions entirely. We do not believe that a significant proportion of them would be likely to use 03 numbers as an alternative, therefore the benefits of enhanced telephony could be lost to significant parts of the NHS, with attendant damage to quality of patient services and contrary to emerging standards.

This is important because, as we demonstrate in this Response, the predictable and well documented outcome of surgeries not using enhanced telephony is that millions of patients encounter the engaged

tone when they try to contact their local surgery.

For many vulnerable citizens, for example the elderly or those with reduced mobility, access to their local Primary Care settings by telephone is particularly important. To our mind, there can be no greater exclusion to a socially important service than not being able to get through to the service at all.

REVENUE SHARING, MARKET BEHAVIOUR AND THE SUCCESSFUL BUSINESS MODEL FOR PRIMARY CARE TELEPHONY

There are two main ways in which enhanced telephony can be deployed in NHS Primary Care. These are either by 084-based solutions or solutions using an 03 number. Although NEG’s business was built initially on an 084 based solution, we have since late 2008 also offered our customers the choice of using an 03 number. None to date has chosen to do so.

We are aware that there have also been several attempts in recent years by other companies to build business in the NHS Primary Care marketplace by selling alternative enhanced telephony solutions and products, but restricting customers to 03-only solutions. We are not aware of any companies offering 03-only solutions being significantly successful in this regard.

At first sight, this might seem surprising, given the previous record of exhortation from Ministers and senior DH officials for the NHS to consider using 03 rather than 084 solutions to deliver non-geographical telephone solutions, particularly in the period 2005 to 2009 and often citing Ofcom itself.

For example, on 11th April 2005. Gary Belfield, DH Head of Primary Care issued a ‘Dear Colleagues’ letter to PCT Chief Executives, entitled “Telephone Numbers for GP Practices”. This stated:

“On the 24th February, the Department of Health announced it was stopping GP Practices adopting high cost telephone numbers. A ban on practices adopting 0870, 0871 and 09 numbers comes into force on 14th April.

“You may be aware that Ofcom recently consulted on proposals to change the regulatory regime that supports Number Translation Services (including the 0870, 0844, 0845 and 09 number ranges.)

“Ofcom is considering a number of options including changes to the pricing arrangements and withdrawing the regulatory support for revenue sharing on some or all of the NTS number ranges. This could mean that revenue sharing on 0844 numbers is not possible. We understand that Ofcom expects to publish a statement in the summer setting out its revised policy.

“PCTs need to be aware that the Department of Health is reviewing the use of all non-geographical numbers in practices in light of the Ofcom consultation, including whether such numbers should be used by practices or by the NHS at all. Practices should bear this in mind if they are considering a move to non - geographical numbers, such as 0844, particularly until Ofcom have published the outcome of the review and the implications are understood. I would be grateful if you would ensure that all practices in your PCT receive this information”

175 GP surgeries in NEG’s customer base switched from 087 solutions to 084 in 2005 and over the following year, 275 more surgeries chose to install such services and deliver easier access and enhanced quality of service to their patients.

On 19th December 2006, Health Minister Lord Warner issued a ‘Dear Colleagues’ letter to PCT Chief Executives, entitled “Use of Non-Geographical (‘084’) Telephone Numbers to contact NHS Services.” In this letter, Lord Warner stated

“On the 11 April 2005, the Department of Health wrote to PCT Chief Executive’s advising them that the Department was reviewing the use of non- geographical (‘084’) telephone numbers for patients to contact NHS services, in the light of a consultation being carried out by Ofcom.

“The purpose of the letter was to ensure that practices that were considering changing to non- geographical telephone numbers were aware of the review before making a decision.

“I am now writing to advise you that Ofcom, as a result of its latest consultation, has decided to create a new country-wide number range - ‘03’ - which would be charged to the consumer at the same rate as calling a geographical number and could be included in any inclusive or low-cost call packages offered by landline or mobile phone companies. The ‘03’ number range is due to be introduced in early 2007. There has been no explicit requirement made by Ofcom for practices to adopt a ‘03’ telephone number but this clearly has attractions.

“I would also like to draw your attention to the Central Office of Information (COI) guidance on telephone numbering and ask you to ensure that NHS dentists, NHS opticians and GP practices, including out-of-hours providers in your area, consider carefully the best option for their patients who should not have to pay over the odds to contact their local services.

“It is for individual practices to decide what is in their customer’s best interests, taking account of the COI guidance on Cost to the Citizen. Normally this will be the lowest cost per call to the patient (local geographic number or adopting a ‘03’ number).

“I would also like you to consider what actions you need to take locally to ensure that patients telephoning practices do not pay more than they would if they called a local geographical telephone number. Any financial implications from actions undertaken locally will have to be

met within existing resources.

“I would be grateful if you would ensure that all NHS dentists, NHS opticians and GP practices, including out-of-hours providers in your area receive this information.

“We will be considering further any other action needed to optimise patient access to services.”

This was followed on 3 March 2008, by a further ‘Dear Colleagues’ letter to PCT Chief Executives from a senior civil servant, Mark Britnell, Director General, Commissioning & System Management, entitled “Use of ‘084’ telephone numbers by local NHS services.”

In this letter, Mark Britnell stated:

“On the 19 December 2006, the then Health Minister Lord Warner wrote to PCT Chief Executive’s advising them that Ofcom had introduced a new county wide number range – ‘03’. He also set out the advantages associated with this new number range and asked PCTs to ensure that patients telephoning practices do not pay more than a local geographical telephone number. The letter also asked local NHS services to consider the Central Office of Information (COI) guidance on telephone numbering when deciding what telephone numbers to use.

“I am now writing to ask you to alert Primary Care service providers that there have been a number of concerns raised about the use of 084 telephone numbers. The Department is currently gathering evidence and views on this subject, and will consider whether further action is necessary once that process is concluded. I expect this process to be completed by the end of March 2008.

“In the meantime, I would like to re-iterate the Government’s position that patients should not be expected to pay more than the equivalent of a local call, and ask you to consider what action would be necessary to ensure that this is achieved. This will be particularly relevant to Primary

Care service providers who are considering contracting or re-contracting for the provision of an 084 number system.”

Despite these repeated expressions of support for 03 numbers and increasingly negative comments about 084 numbers, between December 2006 and the end 2008, 413 further GP surgeries installed 084 solutions, although the rate of adoption slowed significantly throughout 2008.

In contrast, we have struggled to find any significant adoption of 03 numbers by GP surgeries throughout this period.

On 16th December 2008, the Department of Health issued a consultation document entitled “The use of 084 numbers in the NHS”. In doing so, the Department made clear it was “considering prohibiting the use of 084 numbers in the NHS.”

Throughout 2009, and before the results of the Department of Health consultation were known, market activity in NHS Primary Care enhanced telephony virtually halted. The number of surgeries adopting 084 numbers was minimal. However, there was not an attendant upsurge in surgeries choosing to adopt 03 numbers. We believe this provides the clearest evidence possible that the NHS Primary Care marketplace is not predisposed to adopt 03 solutions.

Ultimately, on 15th September 2009, the Department of Health announced its conclusions. Having considered evidence and arguments contained in almost 3,000 responses, the Department decided against a blanket ban on 084 numbers.

On 21st December 2009, DH Deputy Director, Nick Hall, issued a “Dear Colleagues” letter entitled “The use of 084 Numbers – Directions to NHS Bodies”, which stated:

“Following a public consultation on the future use of 084 numbers in the

NHS, the Department announced on September 14th that it would be prohibiting the use of telephone numbers which charged the patient more than the equivalent cost of calling a geographical number to contact the NHS.

“As a result of the consultation, Directions to Strategic Health Authorities and Primary Care Trusts, and to Special Health Authorities and NHS Trusts in England (with the exception of NHS Direct NHS Trust) have been issued today (21st December), which instruct those organisations not to use contact telephone numbers which have the effect of the patient paying a premium above the cost of a call to a geographical number. A copy of the Directions accompanies this letter for your information.

“These Directions do not prohibit an organisation from using specific number ranges for the purpose of contacting NHS services. Organisations remain free to use non-geographical number ranges such as 084, providing that patients are not charged more than the equivalent cost of calling a geographical number to do so.”

Once the Department of Health made clear that they supported a level playing field between 084 and 03 numbers, and that they supported the principle of local primary care professionals being able to exercise free choice in the numbering solution adopted to deliver the desired extended functionality, strong growth resumed in the numbers of surgeries choosing to adopt 084 solutions.

Since December 2009, a further 130 surgeries have introduced 084 based solutions, with the number and rate of adoption steadily growing month on month. This indicates to us the increasing appetite amongst

NHS Primary Care for enhanced telephony solutions based on the 084 number range.

The initial reasons given by Ofcom in Para 1.13 of its 2007 document for its decision to introduce 03 numbers and its description of the types of organisations who would find it attractive – namely “creating a new type of number, starting with 03, for those organisations who require a national presence, but who do not wish to make an additional charge to consumers for contacting them” - does not provide a natural fit with a Primary Care marketplace which is built upon thousands of locally based SMEs who do not require a national presence.

It is therefore perhaps not particularly surprising that a product which was not intended for the Primary Care marketplace has found it hard to find traction in that marketplace.

We also note Ofcom’s stated belief in Para 1.16 of its 2007 document that:

“In addition, 03 numbers will retain service provider (‘SP’) benefits that are available on 08 numbers, such as managing call volumes in a flexible way and collecting useful call data. We expect 03 numbers to be attractive to a variety of SPs, including public services.”

It was not unreasonable for Ofcom to make this assumption of attractiveness, but we believe it is equally reasonable to observe with the benefit of hindsight that 03 numbers have not proven to be attractive to clients of service providers in the Primary Care sector.

Also in Para 1.16 of its 2007 document, Ofcom cited the 2006 Varney Review as supporting the introduction of 03 numbers, asserting:

“The Varney Review on the delivery of public services, published as part of the Chancellor’s pre-budget report in December 2006, indicated the likely widespread adoption of 03 numbers by public bodies.”

But it is also worth noting in this regard that the Varney Review did not envisage 03 numbers as being attractive to a predominantly SME-dominated public sector marketplace, but instead at Para 7.30 urged the public sector to:

“improve immediate access to public service departments and agencies and then to rationalise telephone numbers by coordinating the implementation of a public sector wide number strategy, utilising the new 0300 number range, to simplify access and tariffs for citizens and businesses to all departments and local authorities.”

Identical functionality can be provided to organisations through 084 and 03 numbers, therefore there has to be a logical explanation why this repeated endorsement of 03 numbers by Ministers and senior civil servant has not been heeded by large parts of NHS Primary Care and why the Primary Care marketplace, given free choice and competition, has consistently demonstrated preference for 084 solutions.

Our years of experience of delivering enhanced telephony solutions in NHS Primary Care organisations leads us to conclude that the reason is the crucial contribution made to their infrastructure and technology costs by revenue sharing, which is permitted on 084 numbers, but not on 03 numbers.

The reason why revenue sharing is so important to GP surgeries and other Primary Care settings is the business model by which NHS Primary Care has been successfully delivered for over 60 years.

Contrary to popular perception, most GPs and their surgeries are not directly employed by the National Health Service. Neither do they have access to centrally funded and managed telephony infrastructure, solutions and services.

Instead, most of them are independent contractors or effectively SMEs, supplying Primary Care to patients through national contractual arrangements with the Department of Health mainly negotiated on their behalf by the British Medical Association.

The Government has historically not provided taxpayers’ funding for Primary Care telephony infrastructure and services, although in 2005 it did provide limited funding to support GP practices affected by its policy decision to ban the use of 087 numbers.

Given the lack of central funding, the contribution of revenue sharing towards meeting infrastructure costs has been one key factor in the consistent market decisions made by GPs and other Primary Care professionals, given the free choice between 084 and 03 solutions, to adopt the former.

The amount of investment generated for GP telephone systems through revenue sharing is not insignificant. Since 2004, £27 million has been able to be invested in GP Primary Care telephony by surgeries using NEG’s Surgery Line solution. NEG surgeries account for 15% of the GP market, with market share growing month on month.

If all surgeries were forced to abandon revenue-sharing numbers, but still wanted to deploy enhanced telephony services for the benefit of

their patients, they would be forced to adopt 03 numbered solutions, which would mean over £27 million being taken out of the NHS and given to OCPs (mainly BT) without any additional benefit or increase in quality of service to patients, but with financial harm caused to the Primary Care organisation and its ability to provide care to patients.

Perversely, the busiest surgeries treating the most patients and handling the most calls would face the heaviest potential financial burden and therefore be under most pressure to abandon enhanced telephony completely and revert to 01 or 02 numbers, with ensuing problems of patients encountering the engaged tone when trying to access the surgery and a retrograde channel shift away from telephone and back to face-to-face. This cannot be right.

In Paragraph 21.6 of its current consultation document, Ofcom states

“Ofcom became aware of increasing consumer disquiet about NTS call prices and what was perceived as a growing tendency of businesses to migrate from geographic to expensive NTS number ranges to help offset the costs of staffing call centres and providing other types of services.”

This is not the case with GP surgeries. GPs do not use revenue sharing to make profits at patients' expense, nor do they fund extensively staffed call centres. In the specific case of NEG's Surgery Line, customers receive no direct income from their telephone numbers. Instead, under the terms of the contract, part of the cost of telephony infrastructure can be offset on a limited and capped basis against revenue generated from call volumes.

In its 2005 study, Ofcom found that customers were more concerned

about price transparency than revenue sharing.

As Ofcom said "Evidence from focus group research indicates that consumers support measures to reduce confusion over call prices rather than to curtail revenue sharing."

"Ofcom does not consider that it currently has sufficient grounds to justify preventing public bodies using revenue sharing NTS numbers."

"An approach that singled out public sector services would be potentially discriminatory."

"Ofcom does not consider there is currently sufficient evidence of consumer detriment in relation to the use of 08 numbers by public services to justify such an extreme position."

"The responses from two other regulatory bodies, LACORS and ICSTIS, argued that a ban on revenue sharing would be disproportionate and that priority should be given to improving price transparency."

Since Ofcom reached those conclusions in 2005, the Department of Health has carried out its review into the use of 084 numbers in the NHS, which included reviewing the practice of revenue sharing. The Government, with the full support of the British Medical Association, concluded revenue sharing should continue.

The outcome of the DH consultation, combined with Regulations issued by the Department of Health in April 2010 requiring all NHS bodies to review their arrangements for telephony to protect patients calling a GP surgery using a revenue sharing number from excessive call charges, strongly reinforces Ofcom's 2005 conclusions and makes the case even stronger for not banning revenue sharing.

Therefore it is important that a de facto ban on revenue sharing in NHS

Primary Care should not be brought about indirectly as a by-product of the proposed new code for describing non-geographic numbers. However, it is the highly likely outcome of Ofcom's proposals because the proposed code and logos are likely to provoke unwarranted public pressure on GP surgeries to abandon their 084 based solutions.

We have not reached this conclusion simply by hunch or uninformed assertion. Instead, our conclusion is based upon focus group research commissioned specifically for the purposes of informing this Response to Ofcom's document. The full details of that focus group research is set out on page 60 of this document.

We believe we have demonstrated that:

- the business model for primary care strongly leads GPs not to wish to adopt 03 numbers,
- market behaviour by GPs and primary care professionals over many years demonstrates clear market preference for the continued choice of 084 numbers;
- Ofcom's current proposals for a code and logos would unfairly prejudice the public perception of 084 numbers in the NHS and lead to mounting pressure on GPs to abandon their use;
- This would lead to a diminution in the ease of patient access to their local GP and the quality of service provided.

We therefore contend that the net effect of Ofcom's proposals would be to force GPs and other Primary Care professionals by a combination of public pressure and/or financial necessity to abandon their enhanced telephony solutions altogether and replace them with a standard geographic number based on 01 or 02. This would represent an indefensible distortion of market conditions and behaviour, whilst reducing access by patients to socially important services.

We strongly believe that this scenario fails the test which Ofcom has

set for its proposals, namely that its policies and decisions should meet broader societal objectives and should protect access to socially important services.

We also believe that this outcome would run contrary to a number of Ofcom's legal responsibilities, including:

- Section 3(1) To further the interests of consumers in relevant markets, where appropriate by promoting competition;
- Section 3(4) (b) The desirability of promoting competition in relevant markets
- Section 3(4) (d) the desirability of encouraging investment and innovation in relevant markets
- Section 4(6) those numbers which are available must, as far as is practicable be allocated in a technology neutral manner that does not unnecessarily favour one form of network or technology over another;
- Section 60 (2) (b) those numbers which are available must be allocated in a manner that does not discriminate between individual providers; and
- Section 63 to secure the best use of numbers and to encourage efficiency and innovation for that purpose.

We note that in Para 4.5 of its consultation document, Ofcom states

“Neither SPs nor OCPs having sufficient incentives to take into account the impact of their retail pricing on the reputation of a number range or the NTS system as a whole, which ultimately harms other OCPs and SPs and ultimately consumers, e.g. through reduced demand for non-geographic calls.”

This view repeats an earlier observation made by Ofcom in its 2007 document, which stated

“Consumers have a poor level of confidence in many 08 numbers. Many people significantly over-estimate charges for these numbers, so are deterred from calling them. Many are not aware of the nature of revenue-share, and a number of ‘scams’ have emerged which exploit that system”.

We recognise this problem, indeed we believe we have been the innocent victims of this problem. Because of problems in the not too distant past associated in the public minds with the activities of other providers and users of 084 numbers, including a variety of TV game shows and in one case a highly respected children’s programme, confidence in the fairness of all 084 numbers has been harmed.

With due respect, we would assert that GPs and other Primary Care professionals are neither game show nor TV producers. They do not have a profit motive as their primary concern and are part of a medical profession whose ethics and professional standards demands that they act in the best interests of their patients. Telephony providers who sought to make undue profits out of their patients would not succeed in this marketplace.

Moreover, the DH Consultation on the use of 084 numbers in the NHS and the subsequent Directions issued to the NHS have provided the clearest incentive on potential providers of 084 numbers to the NHS to ensure that costs to the patient are kept as low as possible.

We were able to demonstrate to the Department of Health that, even before the DH consultation took place, the call rate charged to NHS patients from surgeries using Surgery Line was equivalent or less than the cost of a geographic call. However, we keep our prices under constant review to ensure we are able to deliver the best possible deal to patients.

We believe, therefore, that we are a perfect example of the commercial behaviour that Ofcom wishes to promote in the marketplace. It would be heavily ironic if Ofcom were to introduce proposals that unfairly penalised and harmed the very type of company whose market behaviour most demonstrated alignment with Ofcom’s stated policy intent.

This outcome would be particularly damaging to the NHS and to patients, given the centrality of telephony to patients’ experience in NHS Primary Care

THE CENTRALITY OF TELEPHONY TO PATIENTS’ EXPERIENCE IN NHS PRIMARY CARE

It is the telephone that most people turn to in the first instance when they wish to use Primary Care. Whether it is ringing up to make an appointment, access basic healthcare, seek reassurance, check what they need to do if their baby or partner falls ill, obtain test results or organise repeat prescriptions, most people use their telephone to do so and more people choose to make a call to their local GP than use any other method, despite the undoubted success of additional services such as NHS Direct and advice over the web.

They don’t just use the telephone because they have to, but because they wish to.

This is borne out by the most recent results of the Department of Health’s “GP Patient’s Survey” – published in March 2011.

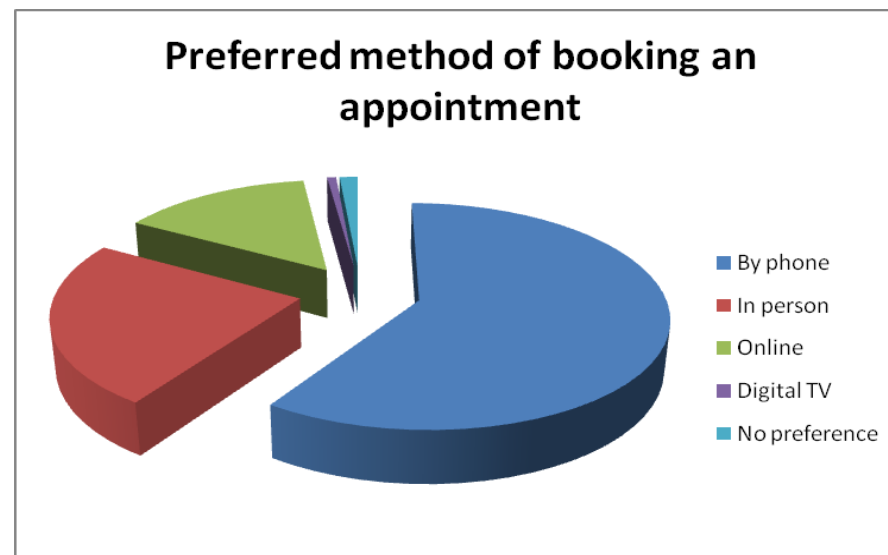
This showed that the vast majority of patients (89%) say they normally book appointments to see a doctor or nurse by phone. Three in ten (30%) book appointments in person, while only two per cent or fewer say they book appointments online, by fax machine or digital TV. One per cent of patients say this doesn't apply to them.

N.B The DH Report containing these findings explains that “where results do not sum to 100, this is due to multiple responses or computer rounding.”

When asked about preferences, as opposed to actual behaviour, this showed that when it comes to booking appointments – possibly the most common reason a patient contacts the GP's surgery:

- the vast majority prefer to book appointments by phone (85%);
- 33% prefer to book in person;
- Two in five (23%) prefer to book online;
- 1% or fewer would like to book by digital TV or fax machine;
- 2% say they have no preference or it doesn't apply to them.

It suggests that there is some opportunity for channel shift from face-to-face to online, to ensure that actual behaviour matches patient preferences. But it also confirms that the telephone is the pre-eminent existing and preferred method for patients to contact their GP surgery.



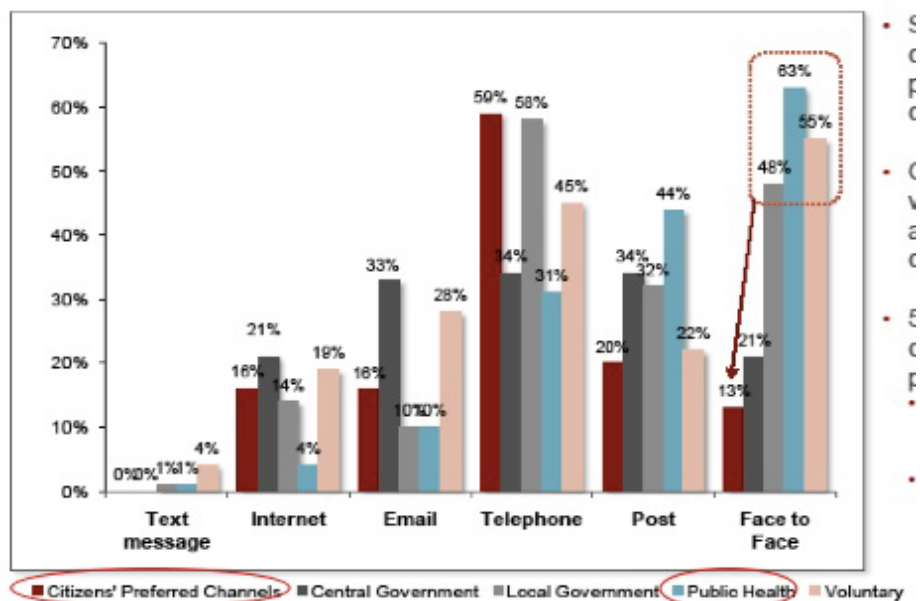
The Patient Survey data is confirmed by the survey findings produced by AT Kearney and highlighted in 2011 by the Department of Health as part of its Channel Shift strategy.

THE 'HIDDEN' PROBLEM OF THE ENGAGED TONE IN NHS PRIMARY CARE

This showed that the public’s preferred channel for contacting the public sector overall (not just NHS) was by telephone. The research showed the following ranked preferences amongst the public for access channels:

- Telephone (59%);
- Post (20%)
- Internet (16%)
- E-mail (16%)
- Face to Face (2%)

However the research also showed that the stated preference of public sector health bodies, including the NHS, currently lags behind other areas of the public sector in terms of providing these preferred channels.



The NHS and the Department of Health like to talk of people’s interaction with the NHS in terms of it being a ‘patient journey’.

We would argue that the evidence proves that the initial departure point at the start of most patient journeys is picking up the telephone to make a call to the local GP surgery, dentist or other Primary Care setting.

That is why in 2010, we shared evidence in private with the Department of Health derived from our company data that shows that every month for over 20 million patients, the ‘patient journey’ ends before it has begun with the brick wall of an engaged tone.

In February 2011, we also submitted this evidence to parliamentarians considering the Health Bill during its Public Bill Committee Stage.

This evidence is set out in more detail later in this Response, however at the highest level it shows the importance of enhanced telephony in dealing with this hitherto hidden problem.

This evidence suggests that any action taken by Ofcom which had the unintended consequence of leading GPs to downgrade their telephony systems would exacerbate an already significant problem and would certainly fail the test of protecting access to socially important services.

Until now, there has not been a relevant consultation being undertaken which would have led us to submit this evidence to Ofcom, so we can understand why the Regulator would not have been aware of this problem when formulating its initial proposals. However, we believe it provides a strong reason for Ofcom to adjust its current proposals.

A RESPONSE ROOTED IN FACTS

We suspect and appreciate that Ofcom will have received significant numbers of responses to its consultation document and that the regulatory issues involved are many and complex.

We believe that Ofcom may not have fully appreciated the importance of enhanced telephony incorporating revenue sharing to NHS Primary Care when formulating its draft proposals. We can see no other reason why Ofcom, in paragraph A3.705 of its consultation document could state in relation to Group 3: Revenue sharing ranges 0844 (0844/3) “unlike the 0845 or 03 ranges, there is currently little evidence that public bodies are choosing this range for hosting essential services. There have been no comments in this sense from respondents to the Call for Inputs, unlike for other ranges; we have therefore not identified this specific concern for calls to 0844 at this stage.”

We also believe Ofcom’s initial proposals, if left unamended, could have seriously damaging consequences for the care received from Primary Care for millions of people across the country. We wrote to Ofcom on 8th February 2011 highlighting our central concerns, so that they were flagged up at the earliest opportunity in advance of this more substantial response.

We believe we set out a compelling, logical and inarguable case for Ofcom to make amendments to its draft proposals. However, we believe it important to be able to demonstrate that our case is rooted in hard evidence.

Therefore we have worked hard to root our Response in 10 key facts, which we explain in detail and back with hard evidence in Section Two of this document.

This evidence includes:

- Patient Survey data from the Department of Health, gathered independently of NEG and without our involvement;
- Company data derived from NEG’s internal management processes and data collection;
- Case studies from NEG’s customer base;
- Focus Group research commissioned from Dods Research specifically for the purposes of this Response and carried out independently without any NEG personnel present.

We believe Ofcom will want to demonstrate that it has taken this evidence into account when publishing its firm proposals in the Autumn. By doing so, Ofcom can demonstrate that it has listened to evidence and arguments from industry stakeholders directly involved in delivery of solutions based on non-geographic numbers to provide socially important services.

By doing so, Ofcom can also demonstrate clearly that it has fulfilled its legal duties, including:

- Section 4(6) those numbers which are available must, as far as is practicable be allocated in a technology neutral manner that does not unnecessarily favour one form of network or technology over another;
- Section 60 (2) (b) those numbers which are available must be allocated in a manner that does not discriminate between individual providers; and
- Section 63 to secure the best use of numbers and to encourage efficiency and innovation for that purpose.

We believe that being seen to act in an impartial and non-discriminatory fashion is particularly important given Ofcom's close identification with the specific promotion of 03 numbers. For example, in Para 3.6 of its 2007 document, Ofcom even went as far as to state:

"Given the importance of 03 to Ofcom's numbering strategy, Ofcom considers it worthwhile to promote the early take-up of 03 numbers."

This statement of policy intent could be seen, rightly or wrongly, as evidence of a partial attitude on the part of Ofcom towards 03 and against its perceived 084 competitors for the enhanced telephony marketplace.

We have shown earlier in this section how a series of 'Dear Colleague' letters from senior civil servants to the NHS over a 2 year period specifically cited Ofcom's development and promotion of 03 numbers as arguments against the NHS using 084 numbers.

We are also aware that, on the day in September 2009 that Health Minister Mike O'Brien announced the conclusions of the Government's consultation on the use of 084 numbers in the NHS and the decision to allow 084 numbers to continue to be used by NHS Organisations and to be allowed to compete in a free marketplace against 01, 02 and 03 numbers, the decision was welcomed in the following terms.

Dr Richard Vautrey, on behalf of the BMA was variously quoted in the Daily Telegraph, BBC News Online, Health Service Journal on 14 to 17th September 2009

"There are many added benefits that telephone systems using these numbers have and which patients find helpful, for example better and quicker access, so it's good to see that the Government has recognised this and has not gone for a complete ban on the use of these numbers. Combining the benefits of 084 numbers with an assurance that they won't cost more than a local phone call is the best solution for patients and practices."

Katherine Murphy, director of the Patients' Association, was quoted variously in the Daily Telegraph and BBC News Online on 15th September saying: "It's great that the Department of Health has listened to patients. Asking them to pay extra costs for phone calls was unreasonable. Patients have had to wait long enough for the ruling-let's hope the change happens as quickly as possible."

Consumer organisation, Which.co.uk stated on its website

"The Department of Health recently concluded a consultation on a proposal to ban use of revenue-sharing 084 telephone numbers in the NHS. In its response to the consultation, which ended in March 2009, Which? highlighted consumer concerns about the high costs associated with calling 084 phone numbers. Which? stated that 'patients and the public should not have to pay anything other than low-cost call rates in order to access NHS services'. The result was good news for patients. Although it has not placed an all-out ban on 0844 numbers, the Department of Health has ruled that patients should not have to pay more to call their GP or other NHS services than they would to call a geographic (01 or 02) number."

The only negative reactions to the Department of Health's announcement we have been able to find are from various publications quoting a well-known anti-084 campaigner and from Ofcom itself which was quoted in the Daily Mail on 14th September 2009 as saying:

"A spokesman for Ofcom said it 'has advised the Government to use numbers charged at standard local and national rates (01, 02 and 03) rather than more expensive 084 and 087 numbers. We recently introduced 03 numbers, where calls are charged at standard national rates as an alternative to more expensive 08 numbers, and we are encouraging public bodies to use them.'"

BBC News Online reported on 14th September 2009

“Ofcom has previously said it would like public sector organisations to switch from 0845 numbers to a special suite of 03 numbers, which would be charged at the same rate as calling a normal landline number.”

Ofcom’s statements are important in that they continue to be cited by vendors of 03-only solutions for the NHS as evidence that OFCOM is hostile to the use of 084 numbers in the NHS.

For example, Surgery Connect, whose website

http://www.surgeryconnect.co.uk/03_medical_practice.htm states:

“Ofcom has responded to public disquiet about 08 numbers being used by organizations such as government services, utilities and the NHS. Ofcom have prohibited revenue sharing on 03 numbers and with charges for calling 03 numbers the same as calling standard 01/02 numbers, so the switch to 03 numbers is seen as a fairer alternative.”

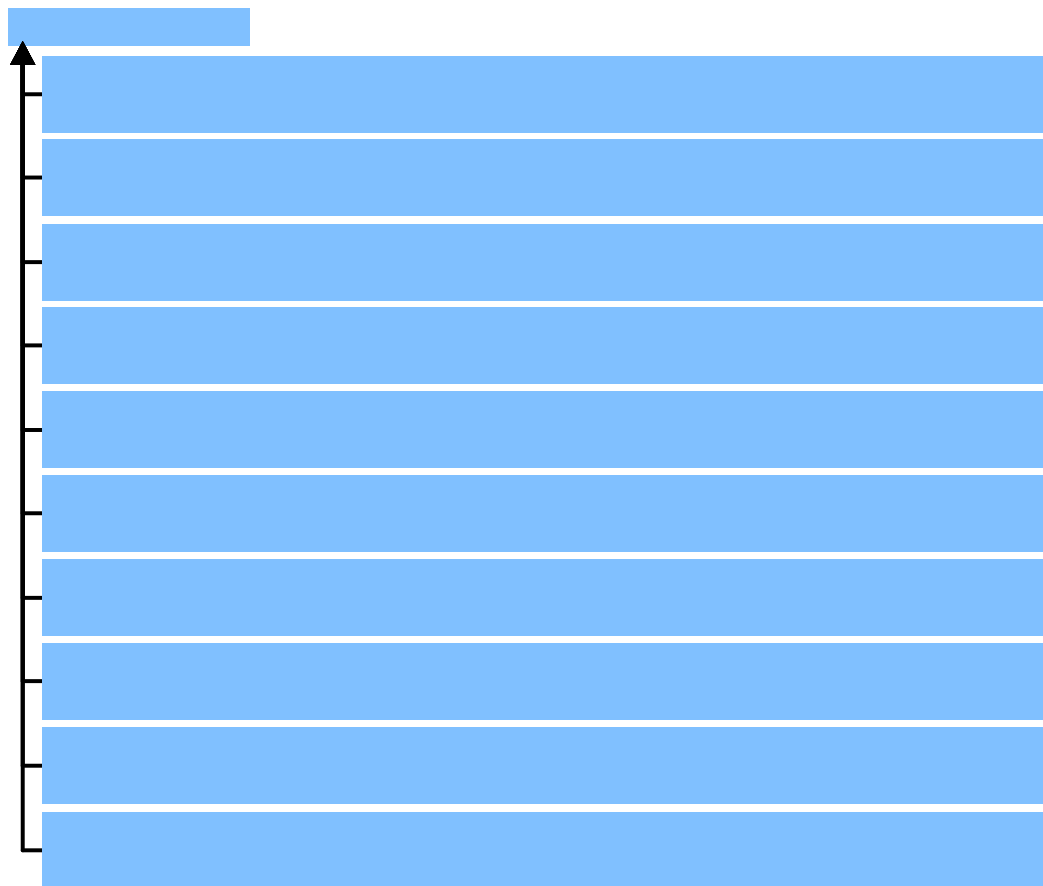
Also, x-on, whose website

http://www.x-on.co.uk/news/09_09_03number_pbx.htm states:

“With charges for calling 03 numbers the same as calling standard 01/02 numbers, the 03 local rate number range is intended as a replacement for 08 national rate numbers in organizations where public perception demands a fair approach. Ofcom has responded to public disquiet about 08 numbers being used by organizations such as Government Services, Utilities and the NHS. Ofcom have prohibited revenue sharing on 03 numbers, so the switch to 03 numbers is seen as a fairer alternative.”

The current consultation on simplifying non-geographic numbers gives Ofcom the ideal opportunity to demonstrate that it does not have a prejudicial view on the use of 084 numbers or revenue-sharing in the NHS and that it adopts a non-discriminatory approach in its regulatory policies.

The 10 Key Facts which support our Response are:



SECTION TWO: THE FACTS

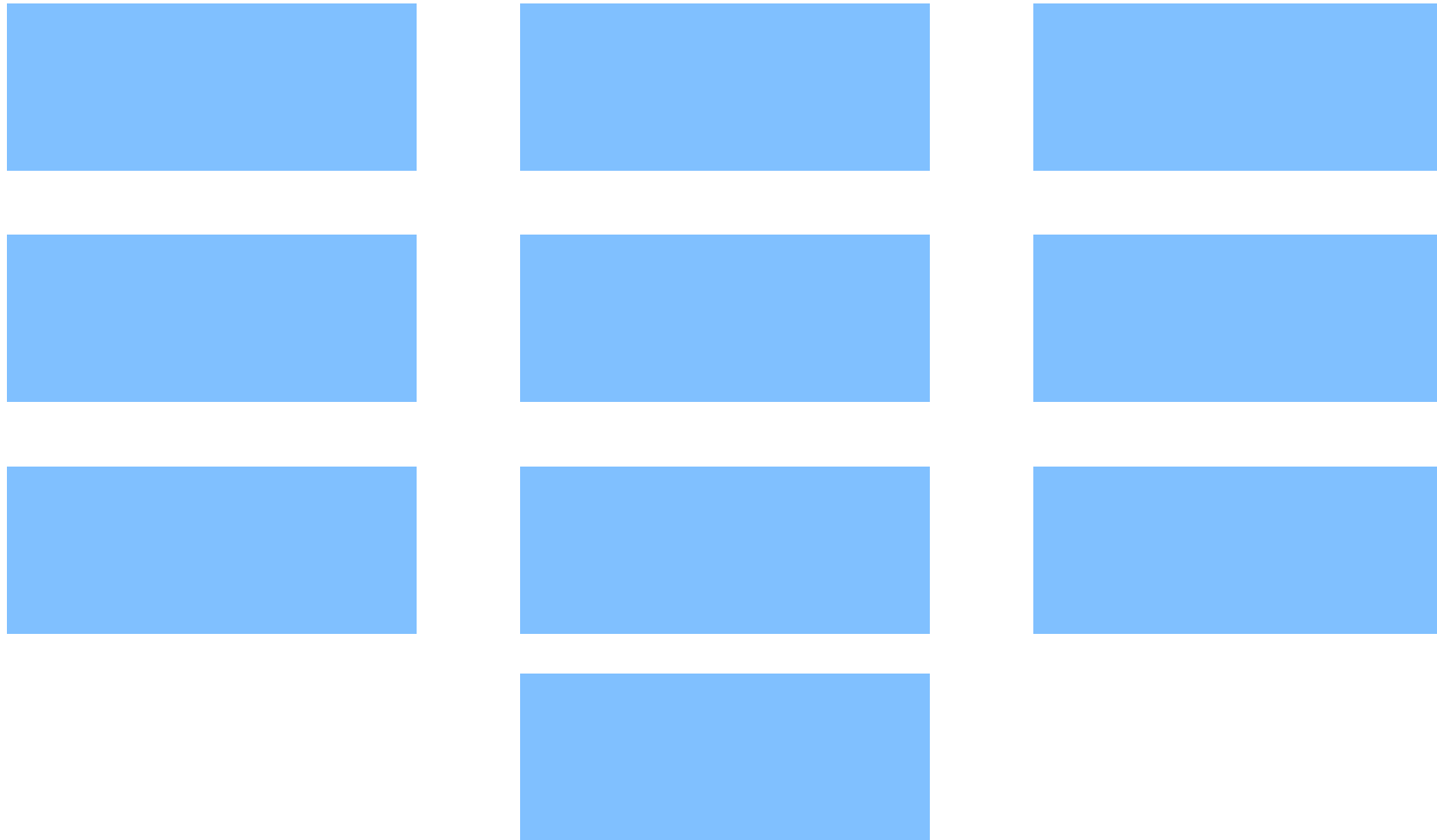
STICKING TO THE FACTS

In preparing this Response to Ofcom, we have been at pains to concentrate solely on solid facts supported by primary evidence.

In this Section, we set out each of our 10 key facts, each of which is backed by hard evidence produced through a combination of a systematic process of desk research, consultation with our client base of over 1,500 GP and dental surgeries and our own internal management information.

For each Key Fact, we provide:

- a narrative explaining the Key Fact in more detail; and
- tables and charts where useful to provide further illustration.



Every month, patients in over 1,500 GP and dental surgeries use the unique enhanced telephony solution for Primary Care provided by NEG to get through easily and reliably to their local GP and other Primary Care professionals - this is around 18 per cent of the total number of GP surgeries. Virtually all of the remaining 82 per cent of surgeries currently use normal landlines or non-enhanced telephony.

One of the main reasons GPs and other Primary Care professionals turn to us on behalf of their patients is to resolve the problem of their local patients attempting to get through to the surgery and being confronted with an engaged tone. This will be a painfully familiar problem to any patient or Primary Care manager whose local surgery uses a normal landline.

To get an idea of the problem, we often suggest to surgeries considering an enhanced telephony solution that they use a service provided by BT called the "Network Call Performance Report". This report, according to BT's website "reveals the true pattern of your call traffic throughout the day." The Report includes data on how many callers to a number receive an engaged tone.

Data provided to NEG from our customer base, using this BT service, reveals that a staggering 93% of calls to a typical GP surgery get an engaged tone if they use a normal landline without a queuing facility. **This means that fewer than 1 in 10 patients in surgeries using normal landlines get through first time to their doctor when they call.**

We know that over 5 million calls are made by patients to NEG GP sites each month. That means that it is safe to estimate that around 23 million calls are made each month to normal landlines. **The pattern analysis provided to GP surgeries by BT suggests that, for patients whose surgery uses normal landlines, whilst 1.6 million calls get through successfully to the local GP first time, over 20 million patient calls each month are confronted by the brick wall of an engaged tone.**

Awareness amongst GPs and their managers of the problem of the engaged tone was independently confirmed by participants in a BMJ Masterclass, conducted at BMA House on 1 December 2009. The audience, consisting of over 100 GPs and Practice Managers were asked for their estimate of how many patients a month encounter the engaged tone when they try to contact their local GP's surgery.

Voting took place by means of an interactive multiple choice device through which each Masterclass participant could give their individual answer, with the collated results immediately being displayed to the audience and presenters, without the possibility of any intervention or massaging of figures.

The results were that 1 in 3 estimated that it was over 10 million (the highest possible option) and 2 out of 3 estimated it was over 1 million.

Awareness amongst patients of the problem of the engaged tone was also demonstrated in a Focus Group commissioned by NEG from Dods Research specifically for the purposes of informing this Response.

This Focus Group took place in Tunbridge Wells on the evening of 17th February 2011. It was designed, carried out and written up entirely by Dods Research personnel, with no editorial veto or input from NEG. The following is an extract from proceedings:

[Facilitator]: *Do any of you have any specific experiences of calling up GPs' services, good or bad, that you might like to share with the group?*

[1]: *Well my doctor's a nightmare. If you are ill and you need to see him you've got to phone at 8 o'clock in the morning, or you don't see him at all. If you phone a second before 8 o'clock it says "phone at 8 o'clock" and then you phone back and you could be there half an hour.*

[Facilitator]: *Half an hour on the phone?*

[1]: *And then they say all the appointments are gone. You think, "what's the point of that?"*

[Facilitator]: *And who did you speak to during that half hour?*

[1]: *You don't, you're just waiting for your phone to keep redialling*

[Facilitator]: *So you get an engaged tone the whole time?*

[1]: *Yeah, and the phone's redialling. You put it on redial so it catches it straight away.*

[Facilitator]: *Is that an experience that others in the room have shared?*

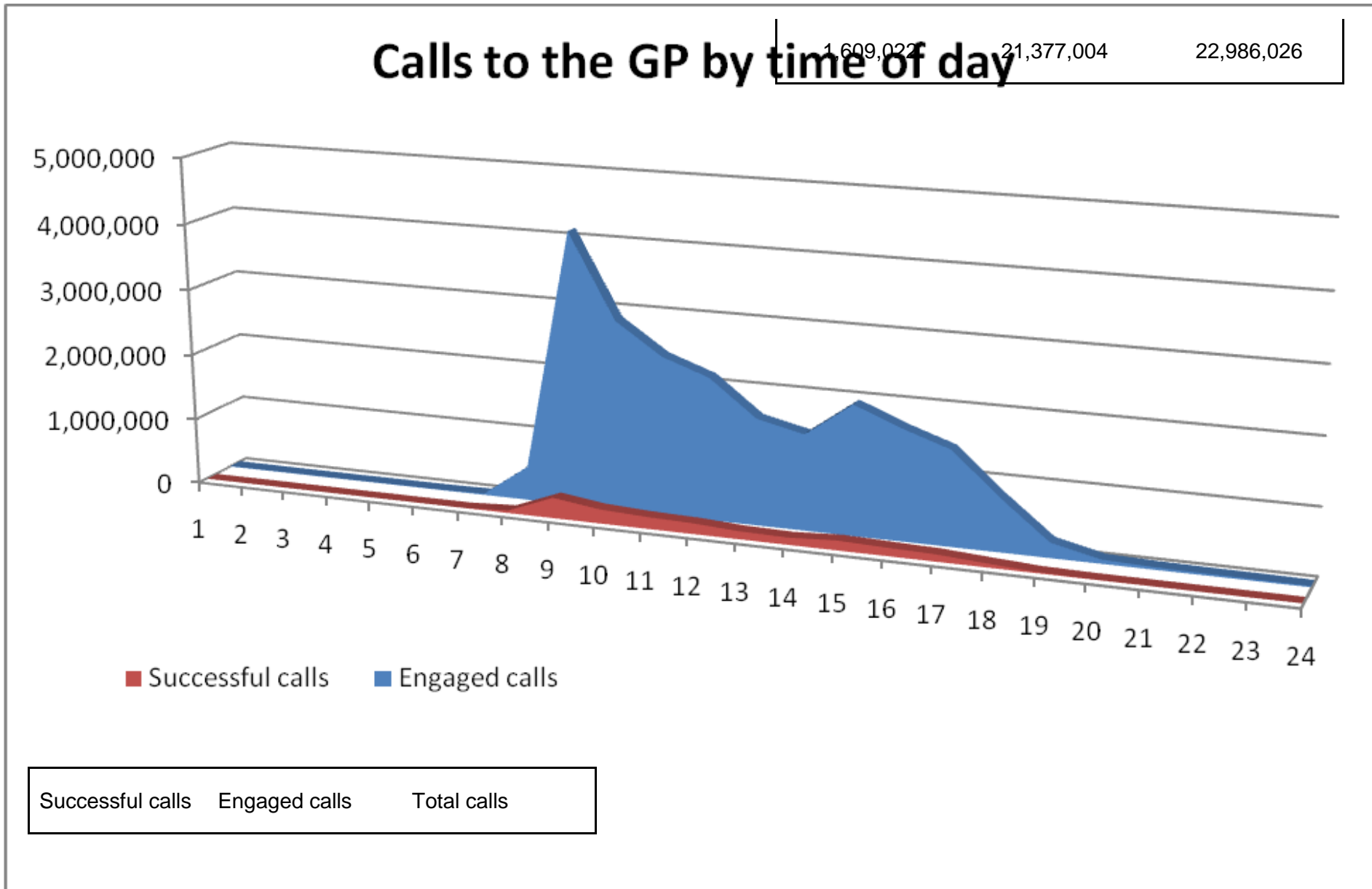
[2]: *Very much so.*

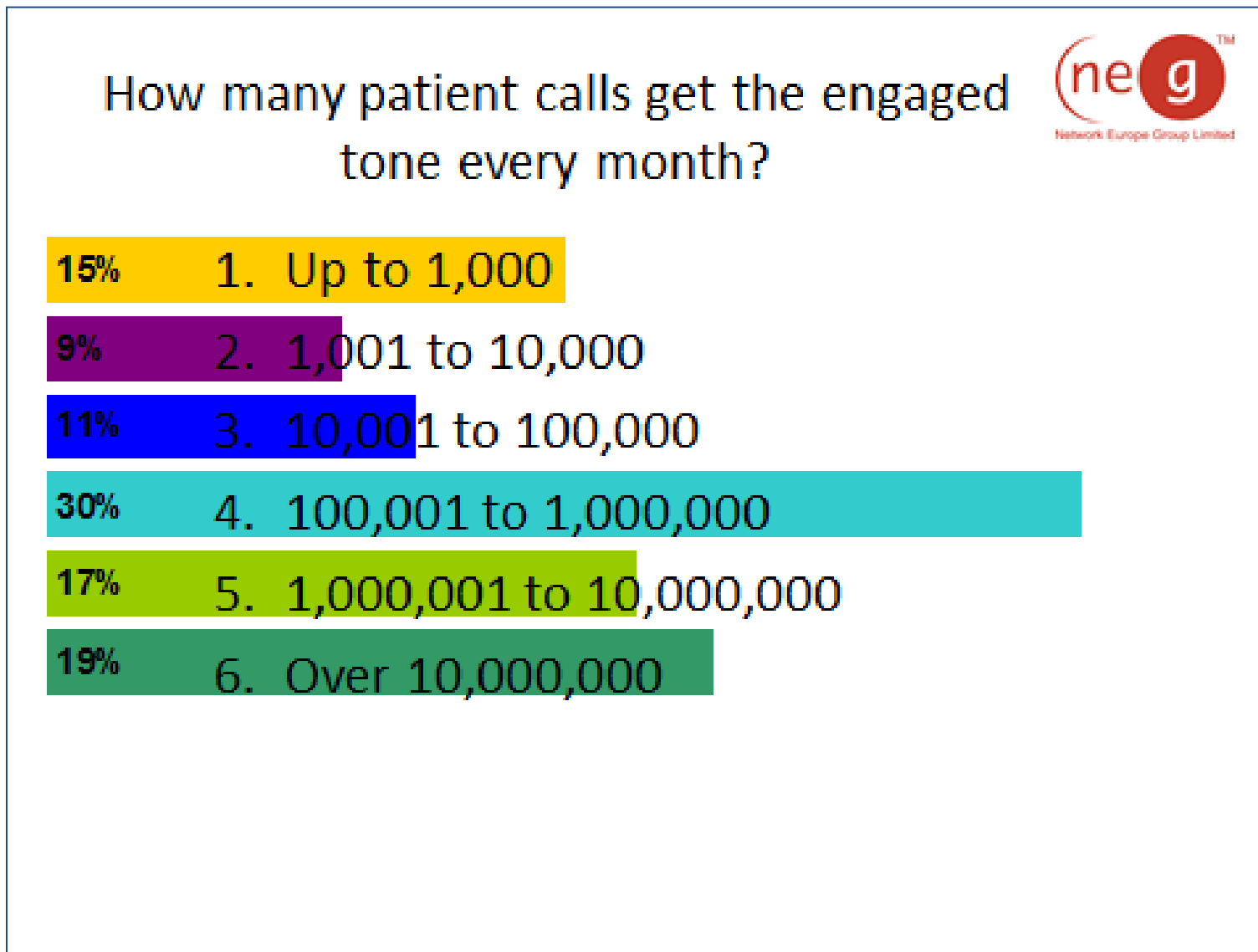
The problem of the engaged tone at the local doctor's surgery is clearly embedded in national consciousness and popular culture. This was most clearly evidence in a recent episode of the BBC's newest flagship drama "Silk. In this drama, the lead character - a female barrister - upon finding out she was pregnant, tried to contact her doctor by telephone first thing in the morning before going to work. The scene showed her sitting on her bed watching her bedside clock. The camera focussed in on the clock moving from 7:59 am to 8:00 am, at which point the barrister rang her doctor, only to be confronted with an engaged tone.

We note that in Paragraph 2.16 of its consultation document Ofcom states;

"Many consumers considered it wrong to have to pay higher prices to access services which either offered little perceived added value or where they had little or no option but to make the call: examples being banks, utilities and essential public services. Individual consumers and lobby groups such as "Saynoto0870"16 became increasingly vocal in their opposition to the use of NTS numbers, the principle of revenue sharing and perceived incentives for firms to deliberately prolong call durations (our investigations found no evidence of deliberate prolonging of calls)."

We believe there has been a failure on the part of industry, Government and regulators to communicate one crucial aspect of added value of enhanced telephony in NHS Primary Care, namely providing a solution to the problem of the engaged tone.





By definition, a patient is more likely to encounter an engaged tone when a surgery is at its busiest. However, the pattern of calls received by a typical surgery is so consistent across the country, so marked and so extreme that it means there must be some logical explanation for it.

Just under 33 per cent of all calls made to the GP surgery take place between 8.00 am and 10.00 am in the morning. This makes perfect sense. These will be people who need to contact the local surgery at this particular time of day:

- before they leave for work and cannot use the phone at work for personal use;
- before they get the children to school, childcare or playgroup;
- because they themselves or a family member has been ill during the night;
- possibly because they have got advice from NHS Direct during the night and have been advised to contact their GP; or
- in some cases, because the local surgery retains a significant proportion of appointment times for allocation solely on the day of the appointment.

This means that, while just over half a million patients get through to their local surgery at the busiest times on normal landlines, over 6 million patients a month are confronted with an engaged tone when they need help most.

Faced with the engaged tone at their local level, they are faced with the options of:

- trying an alternative and inappropriate access route, for example dialling 999 or even in some cases getting into the car to drive to the surgery;
- in the future, possibly placing undue and unnecessary stress on the proposed new national number for non-emergency care;
- keep trying to get through and possibly be late for work or miss their morning train or lift;
- use an expensive Ringback facility to jump the queue over other callers also trying to get through;
- get the children to school, childminder or playgroup late;
- decide not to persevere and, therefore, miss out on getting health advice which they need; or
- give up trying to get an appointment and possibly miss out on a needed treatment, e.g. vaccination or healthchecks.

management.

We note that our analysis of likely behaviours is shared by Ofcom, which states in its consultation document in Paragraph 1.12

“ Our research shows that 18% of respondents claim that they do not make calls to non-geographic numbers from their phones, either fixed or mobile. For some consumers, this seems to be leading to reduced access (that is, not calling numbers as often as they might, if they felt more confident about costs, for services they want or need) or efforts to avoid making calls (such as making a visit to, say, a bank in person rather than making a call). The inefficiency and inconvenience of these steps may, in many cases, exceed the cost of the call itself

Whatever option they choose, they are not getting the 21st Century high quality care the Government has promised them and which they deserve. They also are being denied the easy access to local health services which the Government recognises is the top priority for patients.

Ironically, by far the most expensive option for getting through to the local GP surgery is an option that is used often by patients frustrated at not being able to get through to the surgery on a local call. That is to use Ringback to deal with a constantly engaged tone. Often, this is an option that is used by people on low incomes, not aware of the cost they are incurring.

Every time a person gets through to their GP surgery having used Ringback, they are charged 25p plus VAT for the service **plus** the full costs of the call. This makes Ringback the most expensive way to contact the local GP surgery, particularly for those on low incomes

Ringback is not necessary when a patient can get through to the surgery using an 084 number, either straightaway or by automated call

In this context, any unintended consequences flowing from Ofcom's proposals that would have the effect of reducing the prevalence of enhanced telephony in NHS Primary Care, or exacerbate the problem of the engaged tone, could actually harm many patients on low incomes and harm access to socially important services.

Appendix 1 – “Voices from the Front Line - 35 case studies of excellence” contains full details of real life examples from all over the country of patients, GPs and their staff getting real value and benefit from the introduction of enhanced telephony services. Examples include:

“With the addition of three times as many lines, patients suddenly found a two hour engaged tone a thing of the past.”

"Eight months down the line, we have had less than 10 queries out of our 12,000 patient base. Most patients appreciate that it is now far easier to call the surgery and they are delighted that they can get through straight away," says Siri. "Even at peak times they are happier to queue for a few minutes rather than re-dialing, only to hear the engaged tone again."

“Paul explains one patient's reaction to the system as an example of how well it has been received by the majority: “He had been suffering from a serious illness and thanked us for saving him so much time as he needs to contact the surgery regularly; he now saves up to half an hour each time he contacts us as we are no longer constantly engaged in peak periods.”

“Since we have been using the system, our patients no longer complain about being unable to get through, or being cut off – it just isn't an issue any more.”

At the request of the Department of Health, we undertook some further internal analysis of call patterns and performance for our enhanced telephony solution – to act as a comparison against the 20 million engaged calls a month faced by patients using landlines.

There are a number of factors and technology options from which surgeries adopting enhanced telephony can choose, including:

- how many lines/extensions to introduce;
- whether to introduce direct dial facilities, to enable patients to call the doctor, or health visitor, or practice nurse directly rather than being managed and handled centrally by a surgery switchboard;
- whether to introduce a voice or telephone activated menu of options at the start of a patient call, to lower the number of calls requiring the human intervention of a receptionist or surgery call handler;
- whether to include pre-recorded locally tailored health information, for example about local arrangements for swine flu.

All of the options above can have an effect on the speed and efficiency with which patients experience telephone access to their local surgery – and, like the Government, we strongly believe that it is the local GPs and their practice staff who are best placed to make the decisions on what suits their patients best.

However, there is one overriding choice which makes the most significant difference to whether or not a patient phoning their surgery – particularly at the busiest time of the day – gets an engaged tone. This is whether or not to include an automatic call-queuing facility – whereby a patient who otherwise would get an engaged tone is placed in an automatic queue, which handles each call equally and fairly.

Being placed in a queue is not to everyone's liking. No solution ever pleases everyone. However, we believe it to be infinitely preferable to not being able to get through to the surgery at all. And we believe the facts speak for themselves.

The facts are that compared with 20 million patient calls (93 per cent) getting the engaged tone with a normal landline:

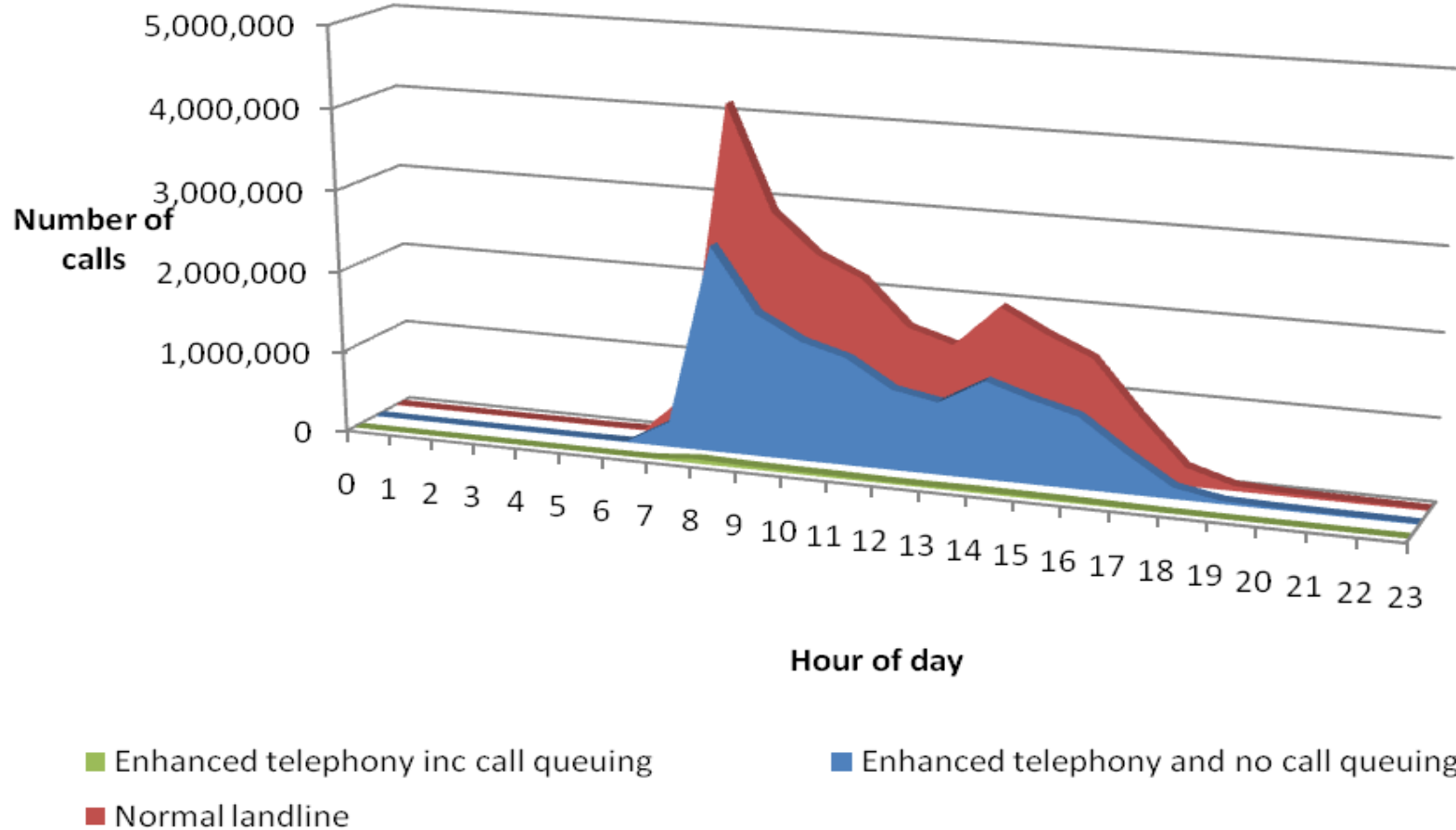
- the percentage of calls getting the engaged tone falls modestly but not insignificantly to 56.8% if the surgery introduces enhanced telephony incorporating additional lines, but no network queuing function – **this still means that less than half of patients get through first time to their doctor when they call;** and
- the percentage of calls getting the engaged tone plummets dramatically to 1.2% if the surgery introduces enhanced telephony incorporating **network queuing – this means that more than 98 out of 100 patients get through first time to their doctor when they call.**

Around 5 million calls are made by patients to NEG GP sites each month and approximately 23 million calls are made each month to surgeries using normal landlines.

Using these totals, our analysis shows:

- **over 20 million** patient calls each month using landlines are confronted by the brick wall of an engaged tone when they try to get through to the local surgery and **1.6 million** calls get through first time;
- if surgeries adopted enhanced telephony solutions, but no network queuing function, this total would fall to **13 million** patient calls each month encountering the engaged tone and **10 million** patients getting through first time; and
- if surgeries adopted enhanced telephony solutions with network queuing function, the total would plummet to **under 270,000** patient calls each month being confronted by the brick wall of an engaged tone and **over 22 million** getting through first time.

Patient calls getting engaged tone by time of day



Every month, around 5 million calls are made to over 1,500 GP and dental surgeries using the NEG Surgery Line - an average of over 150,000 a day. To put that into perspective, according to its website, NHS Direct handles just 22,000 a day.

That is a massive number of calls and users for NEG Surgery Line and a concrete endorsement of enhanced telephony services. Yet levels of unhappiness about the service are miniscule.

The fact is that the provision of enhanced telephony to local GP surgeries, and the services provided, are very popular with the patients who use them.

The market-leading services we provide are popular and valued by doctors and their patients. Out of 1,500 clients fewer than 0.5% have ever left us once they have experienced the services we provide.

To put this in context, on 25th November 2008, Ofcom published its study into The Customer Experience, which showed consumer dissatisfaction with the level of communications services running at levels of 8% for digital TV subscribers, 9% for fixed line suppliers and 10% for broadband suppliers.

When asked about value for money, 12% of consumers of fixed line services were dissatisfied, 13% of digital TV consumers and 16% of broadband consumers.

The popularity with patients of surgeries using enhanced telephony is further borne out by the Government's own GP Patient Survey, published in May 2010, shortly after the new Coalition Government took office.

NEG carried out an analysis of the GP Patient Survey data, comparing the returns from a cohort of over 750 surgeries using NEG Surgery Line with the Survey's overall national findings. The NEG surgeries in this cohort serve over three quarters of a million patients. (NB, we have not had sufficient time to carry out similar analysis of the 2011 Patient Survey in time for this Response, but we have no reason to believe the underlying patterns will have altered in 12 months).

This analysis confirms that the introduction of enhanced telephony results in transformed access and services for patients and increased patient satisfaction: showing that:

- patients at NEG surgeries using enhanced telephony find it twice as easy to get through to the surgery on the phone;
- patients at NEG surgeries using enhanced telephony find it more than twice as easy to speak to a doctor on the phone;
- patients at NEG surgeries using enhanced telephony find it 3 times as easy to get test results on the phone; and
- more than 9 out of 10 patients at NEG surgeries using enhanced telephony get test results easily on the phone, compared with 1 in 3 nationally.

Awareness amongst GPs and their managers of benefits to patients from the introduction of enhanced telephony was independently confirmed by participants in the BMJ Masterclass, conducted at BMA House on 1 December 2009.

The audience, consisting of over 100 GPs and Practice Managers were asked for their estimate of what proportion of GP surgeries currently use enhanced telephony and how surgeries with enhanced telephony compare to the norm..

The audience was broadly accurate in its estimate of the percentage of GP surgeries who currently have adopted enhanced telephony. The audience was also broadly accurate in identifying the increased performance that comes with the adoption of enhanced telephony.

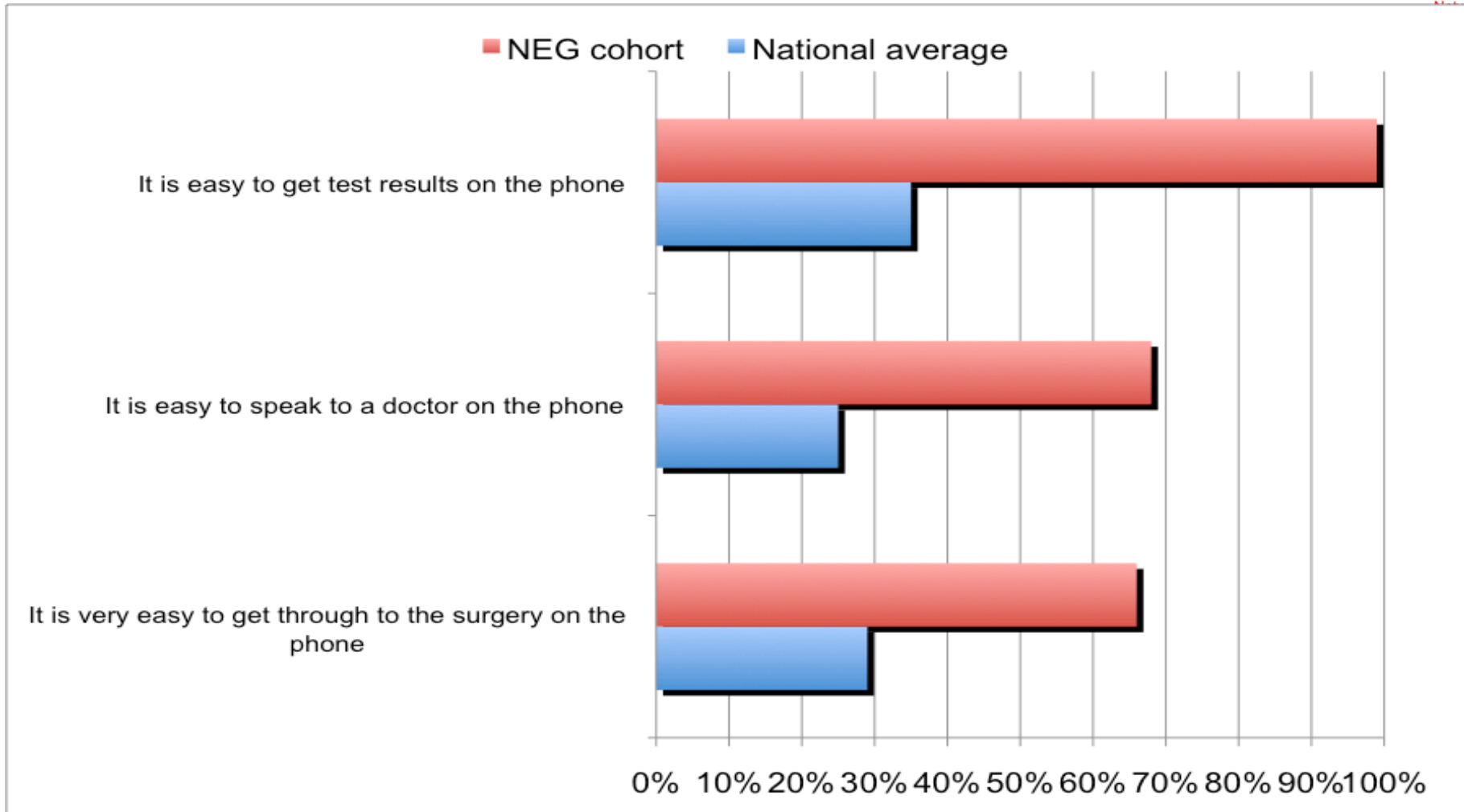
This strongly suggests that the Primary Care marketplace consists of intelligent buyers, fully aware of the market context within which they are making their buying decisions and also fully aware of the benefits that accrue from investing in enhanced telephony.

Appendix 1 – “Voices from the Front Line - 35 case studies of excellence” - contains full details of real life examples from all over the country of patients, GPs and their staff getting real value and benefit from the introduction of enhanced telephony services. Examples include:

“Our patients are now happy with the system. In fact, in the category ‘telephoning the surgery’ our patient satisfaction survey showed a 10 point increase this year. This category attracted the lowest score last year, but with the introduction of Surgery Line, is now the area in which we have shown greatest improvement.”

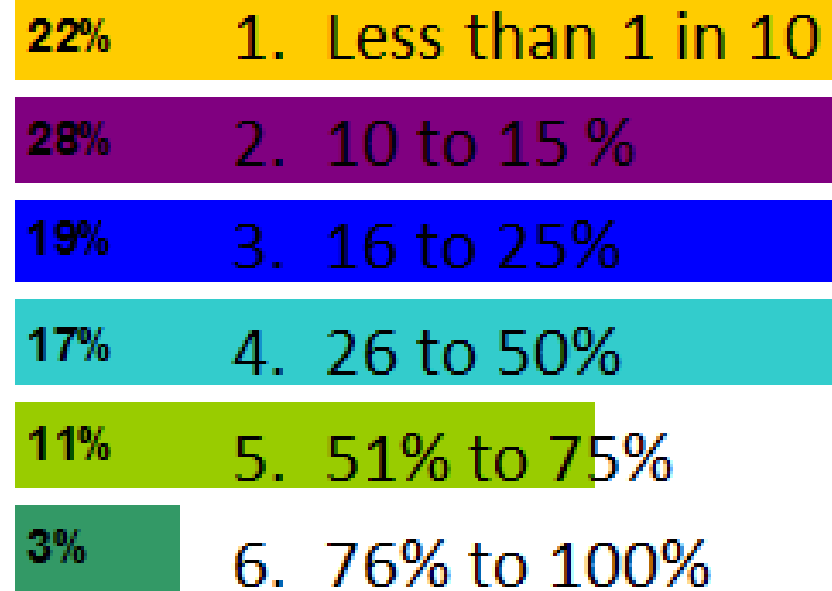
“We conducted a survey recently to gauge the patients’ reaction to our system and were pleased to see that over 60% of those who responded rated the system as good to excellent,” comments Brian. “They also feel that the Surgery Line system is more reliable and that it is now easier to make appointments and speak with the relevant member of staff.”

“The ultimate test of any product is whether the user would recommend it to others. Jean comments “I can only go by our experience, but in my view, the staff have found it makes their lives easier and the patients find it’s easier to get hold of staff when they need to. If patient care and staff welfare are important to your surgery, don’t even think twice.”

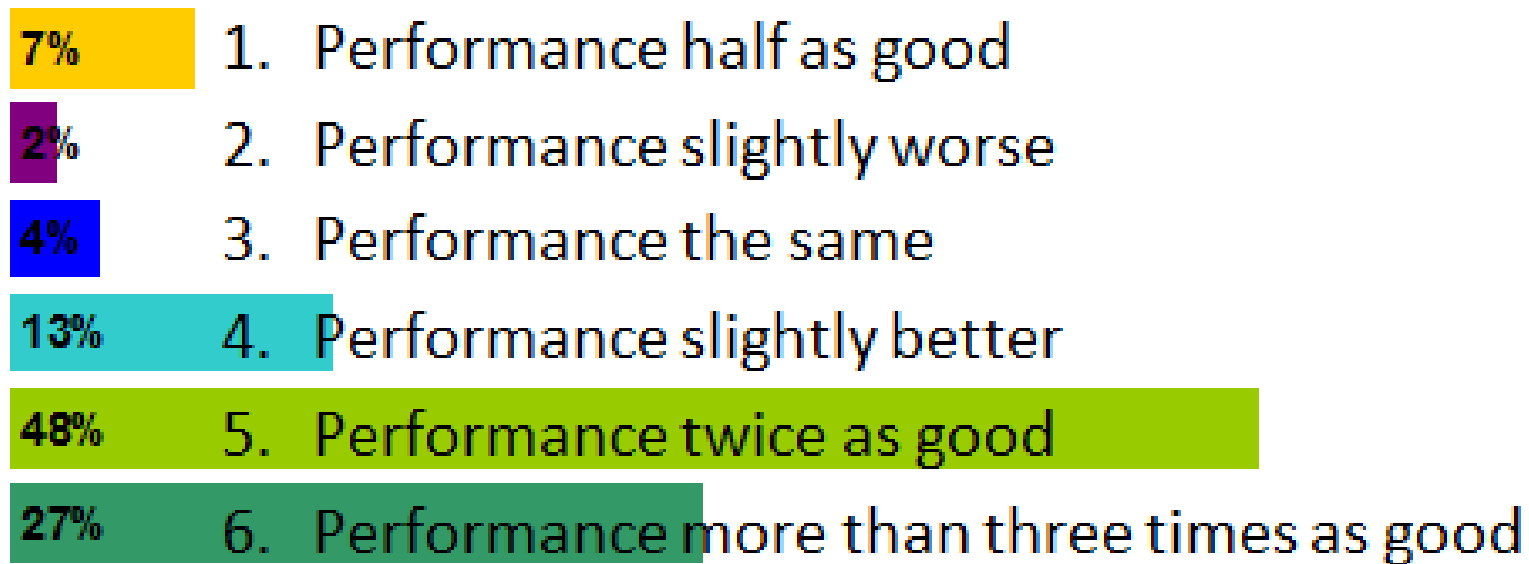


Fact	National average	NEG cohort
It is very easy to get through to the surgery on the phone	29%	66%
It is easy to speak to a doctor on the phone	25%	68%
It is easy to get test results on the phone	35%	99%

How many surgeries have enhanced telephony



How well do they do compared to the norm?



The ability for GPs to invest in their own local enhanced services clearly results in better quality services for patients and improved access, at no additional cost to the taxpayer.

During 2009, the Department of Health conducted a formal consultation exercise on the future of enhanced telephony services in the NHS provided through the use of 084 and/or 03 numbers.

We were not surprised that - following extensive consultation with patients, the public, the NHS and industry - the Government decided to support the continued delivery of innovation and improvements in access and quality in patient services through enhanced telephony in the NHS regardless of which number range is used, with protection built in for patients that they should pay no more than the cost of a calling a geographic number for these enhanced services.

We were also not surprised that the Government, supported by the British Medical Association, decided to continue to allow GPs and other Primary Care professionals to continue to choose if they wished to invest in their telephony services through a practice known as revenue sharing.

Under this practice, the GP surgery is allowed to retain a small proportion of the cost of each call it receives SOLELY to invest in the latest telephony infrastructure and equipment. Since 2004, this has involved over £27 million of investment by NEG with its GP clients (who we estimate make up 15% of all GP practices) which otherwise would not have been available to GPs and their patients.

The wider adoption of enhanced telephony by NHS Primary Care would not only increase patients' satisfaction and ease of access. It would also provide a mechanism whereby investment in GP and other Primary Care settings can actually INCREASE rather than DECREASE at a time of the tightest possible fiscal backdrop – at no additional cost to the central taxpayer.

The considerable body of primary evidence we are providing as part of our response, including 35 case studies from satisfied users of NEG Surgery Line, clearly demonstrates the enormous benefits that the use of enhanced telephony delivers for patients both in terms of increased quality of service and easier access.

Examples from Appendix 1 include:

“In the 12 months since installation we have seen a dramatic improvement in the way in which we are able to handle calls. For example, it has stopped people calling for repeat prescriptions at peak times. This alone has eased the congestion,” comments Jean. “Staff really like having direct dial numbers as it makes it easier for people to call us direct, and again it relieves the pressure on the switchboard. This makes it quicker and cheaper for the caller, and eases the level of congestion for the staff. Surgery Line has really helped us to manage our staff time more effectively.”

"We now have two phone lines which makes it easier for patients phoning into the surgery "explains Alison. "We were initially concerned about the queuing facility, but have actually found that it helps the patients to know where they are in the system."

"Pressure on the switchboard has been reduced due to the menu option and facility for cancelling appointments when we are shut. We also run regular reports on how things are working, and have used the data to make changes to rotas: for example, we now have the confidence to keep the switchboard open during the lunch hour which the patients love."

We were pleased to see that the Government's 2009 consultation document on enhanced telephony acknowledged some of the benefits that these services provide, and recognised that:

"the extra functions are designed to improve the quality of the service and access for the caller and the operational efficiency of the organisation"; and

"the Government recognises that the extra functions offered by an 084 number can improve access to services for patients."

We also note the view of the BMA's GP Committee, which has said :

"Many practices value the extra functions that a number such as 084 and 03 numbers can provide, as they want to improve access to patients by providing telephone numbers with extra functionality."

The massive body of primary evidence we are providing as part of our response clearly demonstrates that patient choice, patients' satisfaction and patient access all increase when enhanced telephony services are introduced into a Primary Care setting.

Examples from Appendix 1 include:

“Patients at Pershore were unhappy with the phone system in use at the practice prior to the switch to Surgery Line. This dissatisfaction was officially confirmed by responses to the annual patient survey. As Pam Ford, Business Manager at Pershore explains “When calling the surgery, there was a continuous engaged signal and it was also impossible to ascertain the usage of incoming and outgoing lines. However, patient response has improved as people have become more familiar with the new system. “Our patients are pleased to now be able to get through on the first attempt, even if they do sometimes have to queue at particularly busy times.””

“ Amanda reports that the patients are also happy with their improved phone service. “Most of our patients are really satisfied and we have had lots of compliments about the new system.”

By adopting an enhanced telephony solution, GPs are able to give their patients much greater choice of how to access them, including:

- 24x7 access to automated booking systems;
- 24x7 out of hours support;
- tailored messaging depended on date or time of call (e.g. on Bank Holidays and at weekends);
- leaving messages on individuals' voicemail accounts;
- tailored messages for specific requirements, guided by customer menu selection.
- bypassing reception direct to the relevant Primary Care specialist or advisory service
- obtaining test results direct;
- self-check in at the surgery;
- participating in GP patient surveys via touchscreen; and
- information displays via television or kiosks.

Increased access is particularly important at times of public anxiety. During Summer 2009, we were able to deploy instant access to tailored information for people ringing their local surgery about swine flu at no cost to the taxpayer. NEG GP sites handled over a million extra calls from patients during the month of July 2009 alone.

We were pleased to see that the previous Government's own consultation document on enhanced telephony last year acknowledged some of the benefits that these services provides, and recognised that "the extra functions are designed to improve the quality of the service and access for the caller and the operational efficiency of the organisation"

The considerable body of primary evidence we are providing as part of this Response, including 35 case studies from satisfied users of NEG Surgery Line, clearly demonstrates the enormous benefits that the use of enhanced telephony delivers for Primary Care organisations, particularly through increasing efficiency.

Examples from Appendix 1 include:

"We have completely changed the way we work in Reception: calls are now directly filtered to the correct people. We have freed up two of the positions to make the Reception area more user friendly and to get more administration work done. Before we had Surgery Line, the phones never stopped ringing and it was chaos. We have now channeled the calls through to two main telephones for appointments and test results. Home visits are directed to the Senior Receptionist. We also tend to get a more even spread of callers throughout the day which is all down to the new system. It is now so well organised that it has relieved the stress that was being put on the Reception staff whilst the telephone lines were open.

"Paul's independently produced reports show that call durations have decreased from an average of 3 minutes 41 seconds pre installation call in December 2004, to February's average of just 87 seconds per call."

"Ann has used the reporting facility to identify bottlenecks and has made changes accordingly. "As too many early morning calls were causing problems, we altered the time of our prescription service to avoid the busiest time on reception and this has improved things no end," she explains."

"We are able to monitor call workload and costs far more efficiently now – it shows the high volume of use which our previous provider was unable to do."

"Five months on from its installation, the staff at the Haydock Medical Centre are convinced that Surgery Line has made a substantial improvement to the service that they are now able to offer to their patients. The response from reception staff – usually the first in line when it comes to dealing with the public – has also been particularly enthusiastic. "The Surgery Line system is far easier to use than our previous system," says one of the reception staff, Sheila Mason. Receptionist, Pam Moran comments, "Because the calls are separated out by the time they reach us, we are able to book appointments more quickly." "It is also great to have a direct line," adds Jayne Chadwick, Quality Manager. In fact, the direct lines installed at the practice are another reason that congestion on the switchboard has been relieved."

aims to question anything that adds to the burden on general practice or simply gets in the way. Instead, it seeks to promote cooperation, understanding and dialogue with policy makers and with other NHS organisations.

Having worked in partnership with NHS Primary Care for nearly 2 decades, we have grown to respect and recognise the enormous reservoir of talent, experience and expertise that is contained therein. We also know that the success of NHS Primary Care is built upon the personal contributions from across the entire team of people making local GP surgeries, dental surgeries and health centres work, including the crucial contribution of local practice managers.

That is why we were delighted to see the creation in 2009 of the NHS Practice Management Network – in partnership and supported by:

- the Department of Health;
- the National Association of Primary Care;
- the Royal College of General Practitioners;
- the Family Doctor Association;
- the NHS Alliance;
- the British Medical Association; and
- the Institute of Healthcare Management.

The NHS Practice Management Network (PMN) is a national community of managers in general practice which aims to share their wide experience as business managers with colleagues in practice management and with others in the NHS. It aims to promote excellence, provide practical support and identify examples of good practice. It also aims to identify sources of expertise and encourage collaboration.

The Network supports policy that enables general practice to function more efficiently and contribute to improved standards of healthcare. It

One of the Practice Management Network's first priorities – in its own words – “was to create something on access, something that looks not only at the way in which we can improve things for patients but also for ourselves and our staff.” The result was *“Improving access, responding to patients: A ‘how-to’ guide for GP practices”* – described by the Network as “a complete source of good practice, sharing the successes from around the country and signposting to examples of innovation, things that make a real difference.

Having seen the massive improvements in access, efficiency and quality of services that are brought about in Primary Care by the introduction of enhanced telephony, we were delighted to see that one of the major aspects of the



The Telephony section of the 'how-to' guide is a comprehensive and accessible resource for NHS Primary Care, covering topics such as:

- Understanding your current telephone infrastructure;
- Making a decision;
- Wireless;
- Answering machines;
- Centrex;
- IP Centrex;
- Interactive Voice Response;
- Overall call handling;
- Computer Telephony Integration.

The Guide advises that negative phone experiences include:

- getting an engaged tone frequently;
- a ringing phone that no one answers;
- going through to an answering machine rather than to practice staff; and
- a telephone system that has a complex variety of options (e.g. press 1 for X and press 2 for Y etc).

It recommends that a practice's telephone system should be driven by its patients' needs and seeks to provide concrete advice to practice managers to enable them to:

- understand their current telephone system and help to make a decision to invest in a new system or upgrade an existing one;
- research and identify the options and solutions that are available using a current set-up; and
- use all this knowledge to invest in the most appropriate system for a practice.

We were not involved in the research and writing of the 'how-to' Guide, but we were struck by how closely its recommendations and approach towards maximising access, choice and quality of services matched our own experience and recommendations. That is not altogether surprising, as a large proportion of our customers are themselves forward thinking NHS Practice Managers looking to maximise the quality of the facilities and services they provide to local patients.



Most crucially, the Guide provides a simple checklist – reproduced opposite – which consists of 12 questions. The Practice Management Network recommend that if a person completing the checklist on behalf of an NHS body answers NO to most of these, then that NHS body may need to consider investing in a new telephone system. With an enhanced telephony system, a practice manager would be able to answer YES to all of these questions.

Practice Management Telephony Checklist

- Does your system have the capability to offer call transfers?
- Does your system allow you to put callers on hold?
 - If Yes, can you record information about the practice?
- Does your system offer call waiting?
- Does your system have the capability to store numbers in an internal phone directory?
- Does your system offer voicemail answering machine?
 - If Yes, can you record your own generic outgoing message as a practice?
 - If Yes, can you record your own individual messages on separate extensions?
- Can you purchase an add-on answering machine if your system does not offer this as an internal feature?
- Does your system have the capability to provide an IVR (interactive voice response) as an add-on module or do you already have IVR?
- Does your system have the capability to offer a variety of numbers/extensions that external callers can call directly (direct dialing inwards)?
- Can you purchase Headsets (wired or wireless) for your current system?
- Does your practice have a switchboard phone or master phone to transfer calls to others in the practice?
- Do you have a current maintenance contract?
- Have you considered adding an additional line to your telephone system?
 - (a) If Yes, then have you got enough members of staff to man the additional line(s)?

“It is entirely unacceptable for any professional working under the banner of the national health service to rip patients off by charging them more than the standard local call rate for contacting their surgeries. That is the Government’s position.”

We recognise the importance of Ofcom’s status as an independent Regulator, free from day to day political or Ministerial interference in its findings and work. However, we also share Ofcom’s own recognition in its consultation document that “Ofcom’s policy with respect to citizens’ interests is concerned with ensuring that the outcome delivered by the communications market is fit for the purpose of meeting broader societal objectives.”

This is why we think it is important that Ofcom recognises and acknowledges that the promotion of a competitive marketplace in NHS Primary Care telephony between 01, 02, 03 and 084 numbers is an explicit policy preference, taken in the interests of patients and the Primary Care professionals responsible for their care by the last Government after a full and comprehensive process of public consultation – supported by the BMA and industry.

As set out earlier in this Response, in the period 2005 to 2009, Ministers and senior DH officials issued a number of ‘Dear Colleague’ letters to the NHS asking it to consider using 03 rather than 084 solutions to deliver non-geographical telephone solutions, and often citing Ofcom itself.

In this same period, there are repeated examples of Ministers referring to 084 numbers as “rip-off” numbers. For example, in an adjournment debate in the House of Commons on 21st January 2008, Health Minister Ivan Lewis MP told the House:

Certainly, there had been a shift in ministerial tone in relation to 084 numbers since Health Minister John Hutton announced the abolition of 0870 numbers in the NHS on 24th February 2005. At that time, 084 numbers were seen as part of the solution for patients, not part of the problem. The ministerial press release issued to announce the banning of 0870 numbers even stated

“The only special service numbers the NHS will be able to use in future are Freephone numbers or those that offer patients a guaranteed low rate call, such as '0845' or '0844' numbers.”

Contrast that with the point of view expressed by the former Health Secretary – the Rt. Hon. Alan Johnson MP - to his local newspaper, the Hull Mail, on 8th March 2008:

“We don't want to have a service here where we tell GPs who are all privately employed how to run their businesses. But what we do is we send out guidance and the guidance we have recently sent out was very clear about not using these 084 numbers... We are having this consultation and the clear inference there is that if we have to take further measures, we will, because we want to get them to move across to these 03 numbers”

Ministers are not immune to parliamentary pressure or influence and it is worth noting that during this same period, a number of Early Day Motions had been tabled by backbench MPs, referring to the cost of

calling doctors surgeries from 084 numbers, sometimes citing Ofcom itself as an opponent of 084 numbers and all of which did not accept the possibility that an 084 number could be charged at an equivalent rate to a geographical call.

For example, EDM 1989: “Cost of Calling Doctor’s Surgeries” was tabled in July 2007 by Sharon Hodgson MP, which asked MPs to express support for the statement:

“That this House strongly deplores the practice of doctors' surgeries setting up more expensive telephone numbers with an 0844 prefix, which are up to four pence a minute more expensive to call from a standard BT landline, through which patients have to book appointments, although the telephone watchdog Ofcom is rightly critical of the idea; believes that this unfairly penalises the less well off; and urges the greater use of geographical telephone numbers for such purposes.”

This EDM received 52 signatories.

In November 2007, EDM 108: “Use of 0844 telephone numbers in GP Surgeries” was tabled by Graham Stuart MP, which asked MPs to express support for the statement:

“That this House notes that more than 1,200 GP surgeries across the country have installed telephone systems using 0844 numbers; further notes that these systems are more expensive to use than a local call with patients being charged 5 pence per minute from a landline and up to 40 pence per minute from a mobile; further notes that for many people, calling their local GP surgery can be a stressful and worrying time and that high call charges will have a particular impact on the chronically ill, the old, the disabled and those on low incomes; notes that the practice of charging people extra to call their local GP is unsatisfactory; and calls upon the Secretary of State for Health to put

an end to it with immediate effect.”

In part, we believe that MPs’ own views had been conditioned partly by a generally hostile context of reporting by some sections of the media which was itself recognised by OFCOM in its 2005 Report which stated:

"There has been growing concern over the inappropriate use of revenue sharing numbers by some public services, fuelled by several cases which have attracted a high level of media attention."

"Ofcom’s research shows that consumers have a very low level of awareness of the price of 084 and 087 calls, because most consumers believe that the calls cost much more than is really the case."

"Although consumers do have concerns about NTS numbers, overall they are a low engagement area for consumers and are not of major importance. Concerns about NTS numbers only seem to come to the fore in relation to events such as media coverage."

"The majority of residential consumers are aware of and use NTS numbers but are confused about the price of calls, and as a result are often apprehensive about making them."

Within this overall context, in December 2008, the Department of Health issued a consultation document entitled “The use of 084 telephone numbers in the NHS: A public consultation”.

In its consultation document, the Department of Health made clear that it was explicitly consulting “on whether it should prohibit the use of 084 numbers to access services provided by the NHS.”

functions.

The DH stated “We have not provided specific questions for the telecommunications industry and other interested parties, but we welcome their contribution to this debate and encourage them to submit their views and ideas to us.”

The view of the DH as stated in its consultation document at this time was:

“The Government is considering banning the use of 084 numbers in the NHS. This is because patients who use 084 numbers are paying more than the equivalent cost of a local rate call to access services provided by the NHS. The Department of Health has issued guidance on several occasions which has made its position clear on this, and does not expect this situation to continue.

“However, the Government recognises that the extra functions offered by an 084 number can improve access to services for patients. We wish to find out how valuable people think the enhanced functions provided by 084 numbers are, and how they might otherwise be provided without patients having to pay more than a local call rate for them.

“03 numbers were introduced by Ofcom in 2007 as an alternative to non-geographical numbers such as 084 numbers. 03 numbers offer the same extra functions as 084 numbers but are charged at the same rate as a call to a local number. However, a charge is levied on the person or organisation receiving the call.

“GP practices and other NHS organisations using 084 numbers do not make a profit from 084 numbers. The money generated by 084 numbers goes towards the cost of providing that number and the

“The Government does not expect patients to pay more than the equivalent cost of a local rate telephone call when they are accessing services provided by the NHS. In 2005, it banned the use of premium and national rate numbers to telephone local services provided by primary medical services providers (GPs) in England. The ban did not extend to 084 numbers.

“A number of people have raised concerns about GP practices that use 084 telephone numbers. The main concerns are:

- that it costs more to call a practice using an 084 number; and
- that GPs using 084 numbers are generating an income through revenue-sharing schemes.

“If the Government decides to ban the use of 084 numbers to stop there being a national disparity in accessing NHS services by telephone, one solution could be to use 03 numbers universally across the NHS. The use of 03 numbers would enable the NHS to offer a better quality service at no additional cost to patients. One of the questions we are asking is, who should pay any additional cost?

“If there are other options we have not identified that will provide the solution we are seeking, we would like to hear from you what they may be.

“Our aim is to try to find a solution that retains the benefits that the most valued extra functions offer and to make sure that, wherever you are in the country, you get the same quality of service and better access and pay no more than the equivalent of a local telephone call.”

It is worth noting that the DH concern about the use of revenue-sharing at this time mirrors Ofcom’s current stated concern at hostility to

revenue-sharing from some sections of the public.

The DH consultation took place over a 12 week period, 16 December 2008–31 March 2009.

The consultation initially was to include two public consultation events on 19 March 2009 one for the public and another for industry “to provide interested parties with a further opportunity to feed into the overall consultation. The event’s purpose is to listen to and capture all of the views and ideas that interested parties have on the issue. The output of these events will then be fed directly into the overall consultation process.”

In the event, the Department announced that “the public meeting scheduled for 19 March 2009 has been cancelled because of the low number of people registering to attend. Please note that everyone who originally accepted the invitation to attend the afternoon (public) session has been contacted to inform them of this change and to make alternative arrangements to hear their views. The morning session (industry) will proceed as originally planned.”

On 30th April 2009, Ben Bradshaw MP, Minister of State for Health Services, said: “The consultation period on the use of 084 numbers in the NHS ended on 31st March 2009. We have been very pleased with the level of public response to this consultation, having received a much higher volume of responses than expected. Whilst this is, of course, very positive news in itself in terms of demonstrating the strength of public feeling around this issue, it is important to ensure that in reaching an outcome, we fully take into account the breadth of responses received. We are currently analysing those responses as quickly as possible in order to identify the most appropriate course of action, and the outcome of this will be communicated as early as

possible.”

The Government’s conclusions were published on 14th September 2009 and contained in its publication “The use of 084 telephone numbers in the NHS - Department of Health response to consultation”

The Department of Health received almost 3,000 responses to the consultation. Of the responses received, almost 2,000 were from members of the public, around 1,000 were from NHS organisations and employees, and a small number were from other key stakeholders, including telecoms providers.

The Department’s considered conclusions were:

“It is clear from the consultation that the majority of both the public and NHS employees agree that the public should not be charged more than the cost of a call to an 01 or 02 number when accessing the NHS. However, it is also apparent from the consultation responses that solely prohibiting the use of 084 numbers will not address the core issue – that patients should not be paying more than the cost of a local call to contact the NHS. There is a possibility that in banning 084 numbers, another number range may then develop that operates in the same way.

It is therefore important that any action taken addresses the practice of callers to the NHS paying more than the cost of calling a geographic (i.e. 01 or 02) number, rather than focusing on the specific number being called. The Department’s view remains that calls to NHS services should cost no more than the equivalent of calling a geographic number.”

Ofcom will recognise that this approach fits well with its own duties not to act in a discriminatory manner against one particular number range

or provider.

The DH document also concluded

“There were differences in views between the public and NHS organisations. The public responses emphasised the importance of not getting an engaged tone and being able to transfer between departments. There was limited support from the public for the additional functions, with 63% saying they did not value the facility for functions such as automation and repeat prescriptions, and they did not think they should have to pay more for these functions. The NHS valued functions that enabled more efficient call handling and automatic transfer of calls to the correct department or individual. It also valued the ability to transfer automatically to an out-of-hours service and for patients to book appointments 24 hours a day, 7 days a week.”

We believe Ofcom should take note that the DH consultation shows the importance that the public attach to not getting an engaged tone when trying to contact the local GP.

The DH document stated:

“There were different views expressed as to whether additional call charges to the public should be banned or whether 084 number ranges themselves should be banned. There was evidence that some telecoms providers have chosen to charge no more for an 084 call than a call to a geographic number when dialling from a fixed line. However, the charges for those calling from mobiles and those on Pay As You Go tariffs can remain more expensive. Some respondents commented that there should be freedom to choose which approach works best.”

We believe Ofcom should note that the view that action should be taken specifically against 084 numbers was not supported by

responses to the DH consultation and that the DH accepted that some 084 numbers can be provided at a rate no greater than the cost of a call to a geographic number.

The overall conclusion from the Department of Health was as follows:

“The public and the NHS clearly do not support the principle of callers to the NHS paying more than the equivalent cost of a geographic call from either a fixed line or a mobile. For some individuals who are on a low income and are unable to access a fixed line, contacting the NHS can constitute a significant proportion of their weekly income.

“In amending legislation and guidance, the Department of Health aims to facilitate access to the NHS and enable the telephone as one of the digital channels for the provision of healthcare services.

“In the course of the consultation it became apparent that in addition to reducing the cost of calling the NHS there are also opportunities for the NHS to reduce its expenditure on telephony. There is currently limited use of negotiated framework contracts that are already in place for ranges such as 03 and 08. The Department will work with the NHS to develop awareness of these frameworks and with the Office of Government Commerce to review options for developing new framework contracts.

“The recent report Digital Britain (Department for Culture, Media and Sport and Department for Business, Innovation and Skills, 2009) identifies a government priority to improve its service to the taxpayer through digital delivery of public services. The Department will work with the NHS to develop an understanding of how digital channels, including the telephone, can provide opportunities for PCTs to meet their commissioning requirements.”

In its press release accompanying the publication of the Consultation Response, the Department made clear additional aspects of Ministers' thinking, conclusions and intentions.

This stated

"The Department of Health will work with the British Medical Association's GP Committee over the coming months to integrate the legislative changes into the GP contracts

"The ban on the use of numbers charging patients a premium rate to call NHS services will allow a marketplace to evolve where 084 numbers compete alongside 01, 02 and 03 numbers, but where patients will pay no more than the cost of a local call. The ban means that GPs and other NHS organisations remain free to use 084 numbers, providing patients are not charged more than a local rate number.

"It is not our intention to prohibit 'revenue sharing' as part of our proposals – the important thing is to ensure that patients are not being made to pay more than the equivalent cost of calling an 01 or 02 number. 'Revenue-sharing' arrangements allow for a proportion of the money paid to the supplier to go towards the on-going cost of running an 084 number, which includes the cost of renting the equipment from the supplier."

Also on 15th September 2010, NEG issued its own statement welcoming the outcome of the DH consultation. This stated

"We applaud the Government's decision to allow patients, GPs and other NHS professionals to continue to benefit from the increased

services, convenience and choice that are provided by the use of 084 numbers. We were always confident that, once the full facts about NHS telephony services were considered objectively by the Department of Health, the retention of the option to choose 084 numbers would be seen to be the best solution for patients, GPs and the NHS."

On 21st December 2009, Nick Hall, senior civil servant at the Department of Health issued Directions to the NHS, with an accompanying 'Dear Colleagues' letter which made Ministers' policy intentions crystal clear.

"These Directions do not prohibit an organisation from using specific number ranges for the purpose of contacting NHS service. Organisations remain free to use non-geographical number ranges such as 084, providing that patients are not charged more than the equivalent cost of calling a geographical number to do so.

In January 2010, the BMA issued guidance to its members which confirmed the Association's shared understanding of the policy position.

This stated

"GP practices (and all other bodies within the NHS using 084 numbers) should obtain written confirmation from their phone service supplier that the charge for a call to their number is no more expensive than making an equivalent local call. The DH has been assured by the main phone service supplier, NEG (Network Europe Group, a national provider of telephony services such as Surgery Line), that this is the case.

This does not mean that the use of 084 numbers in itself has been banned. As long as the tariff is equivalent to local rates, and the practice obtains a written guarantee from their phone supplier (usually NEG) that they are charging rates in line with local geographic calls, then they will be deemed to have fulfilled their medical services

contract.”

The policy conclusions reached by Ministers were translated into the GP contracts in the Spring of 2010, through the “The National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2010”.

These stated

“The contractor must not enter into, renew or extend a contract or other arrangement for telephone services unless it is satisfied that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the practice than they would to make equivalent calls to a geographical number.”

The Directions required NHS bodies to review their arrangements before April 2011 to ensure compliance. In our letter of 8th February 2011 to OFCOM, we explained

“Almost all have now done so. Despite a significant effort on the part of anti-084 campaigners to misrepresent and exaggerate the cost of 084 numbers in NHS Primary Care, thereby alarming patients and putting pressure on GP surgeries and Primary Care Trusts, virtually all of the existing 084 user base in NHS Primary Care have retained their existing infrastructure and 084 services.”

In considering how to factor the DH consultation and Ministerial conclusions into its own thinking on how to improve customer confidence in non-geographic numbers, Ofcom could be tempted only to concentrate on the aspect of the DH conclusions that concern price transparency and seek to argue that clarity over costs is all that is required to deliver a satisfactory policy outcome for the NHS.

We believe this would be a serious mis-reading of the situation.

We believe that Ofcom should also take into equal account that:

- the public attach just as great importance to not getting the engaged tone when they try to contact their GP or other Primary Care setting;
- the DH recognises that in some cases 084 numbers can be provided within NHS Primary Care at a rate that means that patients pay no more than the equivalent cost of a geographic call;
- the DH recognises and supports the important contribution that revenue sharing makes towards enabling GPs and other Primary Care professionals to have the necessary telephony infrastructure to meet the needs of their patients;
- the DH explicitly rejected an approach that would have the effect of singling out a particular number range for discriminatory treatment;
- All parts of the NHS have now fulfilled their legal requirements to review their telephony provision to ensure patients interests are protected in a way which has the full support of the BMA and industry.

It is also worth noting that the previous Government’s policy on this matter was confirmed by the current Government as recently as 11th February 2011, in a parliamentary written answer from Health Minister Simon Burns MP, which stated:

“Organisations remain free to use non-geographical number ranges such as 084, providing that patients are not charged more than the equivalent cost of calling a geographical number to do so.”

Our concerns are mainly centred on Ofcom’s proposals for a new code and logos to communicate the comparative cost of calling an organisation. The current proposals are for logos set out opposite.

Ofcom states that its policy aim in carrying out its consultation on simplifying non-geographic numbers is to address problems faced by consumers when making calls to these numbers including confusion about price and the fact that call charges are not advertised.

We support this policy aim. In particular, we entirely share Ofcom’s concern that “people are confused about what these numbers mean and how much calls cost. As a result, they lack confidence and trust in these services. Consequently, consumers make fewer calls and sometimes go to great lengths to contact organisations in other ways, possibly at higher cost or inconvenience.”

We also share Ofcom’s concern that “Call charges are not clearly advertised. Under the current system, those providing services via a non-geographic number cannot easily advertise the price of calls to their service (since the price varies between phone companies). This leaves consumers unsure, and prevents competition between providers from working as well as it might.”

However, our very strong belief is that Ofcom’s proposals, if unamended, could actually increase patient confusion over the cost of contacting NHS Primary Care and thereby discourage access to socially important services. In short, our contention is that Ofcom’s proposals will have the diametrically opposite effect to Ofcom’s stated policy aims.

Geographic 01 02 03	
Mobile 07	
Free 0800	
Business Rate 0843/4/5 0871/2/3	
Premium Rate 090/1 098	

We do not know whether Ofcom proposes that only the logo picture should be required to be displayed or the logo plus the number range (01, 02, 03, 084 etc.).

We note Ofcom's statement in Para 1.43 of its consultation document that "We should maintain a non-geographic range charged at the same rate as geographic numbers. Ideally this should be confined to the 03 range, whose proximity to the geographic ranges would make it easily recognisable as a geographically rated number." We take from the insertion of the word "ideally" into this statement that Ofcom do not rule out completely the possibility of another number being able to be charged at the geographic rate if its 'ideal' option would not deliver the policy outcomes required.

We believe the evidence we are submitting proves that Ofcom's 'ideal' option would actually harm the achievement of the stated policy outcomes, therefore an alternative option is required. We also understand that Ofcom's preference is that only 01, 02 and 03 numbers should be allowed to adopt the blue logo and description "Geographic".

The problem is that the sum total of these draft proposals would render it impossible for any revenue-sharing number, such as NEG's Surgery Line, which is charged at the geographic rate or below, to be accurately distinguished from other 084 or revenue-sharing numbers where the consumer pays more than the geographic rate to contact the organisation.

This in turn would mean that any doctor's surgery using a revenue-sharing number would be forced to use at the very least an Amber logo with a £ sign next to it and the description "Business rate". This would continue to be the case even if the revenue-sharing number used by

the doctor's surgery in question was charged at less than the geographic rate, whereas a second surgery down the road using an 03 number charged at exactly the geographic rate was permitted to use the blue logo and the description 'Geographic'.

Far from reducing customer confusion over the relative costs of calling a surgery, it would actually convey a false impression that the 'business rate, amber-badged' surgery charged its patients more to contact them than its 'geographic, blue-badged' neighbour

Far from increasing price transparency, it would actually reduce price transparency in a wholly discriminatory manner against providers of revenue-sharing 084 numbers who had reduced the cost of calling their number to the geographic rate or below.

Ironically, this in itself would mitigate against users of 084 numbers choosing to reduce their prices as there would be little incentive to refrain from increasing their prices, given that they would be banded together and associated in the public's mind with higher price business rate numbers. So it would actually constitute an anti-competitive measure.

Our belief in the predictable and inevitable outcome of forcing all revenue-sharing numbers in the NHS to adopt the amber logo, complete with pound sign and description "business rate", is drawn from years of having to fend off inaccurate and unwarranted attacks on customers of our product and solutions from a combination of anti-084 campaigners, certain sections of the media and ill-informed commentators.

To be fair, we also have had to work hard over the years to explain the truth to many genuinely concerned and confused patients or users, many of whom Ofcom would recognise from its own analysis which shows the over-estimation of costs and lack of confidence in 084 numbers amongst the general public.

stressed that the NHS should be free at the point of use.

- There was general concern that calls to business rate numbers were significantly more expensive than calls to geographic number if made from mobiles.

But we wished to submit a stronger case to Ofcom than one based solely on our years of market experience, convinced as we are of its accuracy. We therefore commissioned Dods Research to carry out a Focus Group specifically for the purposes of this Response and including specifically to test patients’ reaction to Ofcom’s proposed code and logos. We did not approve or seek to veto the specific questions asked. We were not consulted on the specific individuals invited to take part. Neither did we attend proceedings or contribute to discussions, so that there can be no worry that we influenced the views expressed therein.

The full, unedited and verbatim transcript and facilitator’s summary of the relevant part of the Focus Group proceedings is reproduced below. We have chosen to submit the unedited transcript so that Ofcom can have confidence we have not used selective editing to give a false impression. For example, Ofcom will recognise in the proceedings expressions of some extreme views with which we strongly disagree and believe to be impractical, such as “it should be free to contact the NHS”, which are genuinely held and advanced by campaigners.

“Summary - The following themes emerged from the discussion:

- Difficulty of calling through to surgeries during peak hours
- Concern that labelling a number as business or premium rate could deter people from calling
- No consensus on the meaning of 08 numbers. Some showed concern – “alarm bells” – while others pointed to 0845 numbers being local rates
- Revenue sharing also produced mixed feelings. Some felt that there was no problem as long as calls cost no more than the geographic rate, while others stressed issues of trust and

“Ofcom proposals

[Facilitator]: Ofcom is suggesting that, to make it easier to understand the cost of calling a number, a new set of brands. What we want from you is your initial reaction to these new images. What options do you think you would be most and least likely to use.

[The focus group discuss the pictures amongst themselves]

[Facilitator]: Would anyone here be more likely to call the premium rate number for any reason?

[2]: If I thought I could get through straight away I think you’d be pounds in.

[1]: You’ve only got to look at the psychology. It’s red, and it’s got lots of pound notes on it.

[3]: If it was a pound for the whole call, I’d call if it was something important that you need to do, but not if it was a minute rate – then no way.

[Facilitator]: Most importantly in this context, when calling a doctor’s surgery what call rate would you expect to pay?

[There is general agreement on calls to doctors being free]

[12]: It should be free.

[2]: It should be free. No more than landlines cost.

[Facilitator]: They aren't free at the moment.

[2]: Well they should be.

[Facilitator]: Fair enough, but if you look at the images in front of you which would you most associate with calls to doctors' surgeries.

[The general consensus is to associate calls to doctors with the geographic rate]

[2]: Definitely geographic. We're going backwards in life as a human race, aren't we?

[10]: As minimal as possible. These are people who are not well

[8]: That said, a business rate call can be the same price as a local call. It just means to me that that service is being managed centrally, so we're calling one number to access potentially a service that could be delivered around the county.

[Facilitator]: Could I ask how you know that a business rate number can be as little or indeed less than a geographic number?

[8]: Because I've set them up, but I also know I can make a profit on them if I really want to. So [the image] doesn't tell me how much I'm going to pay for the call. It just tells me that someone else is controlling it.

[Facilitator]: You're incredibly well informed on this, which most people wouldn't be. Most people wouldn't have set up a business rate number. That is indeed true: because it says business rate doesn't mean that it's actually going to cost you more than a geographic rate. You could be paying less.

[4]: Most people can spot geographic numbers. As soon as it's something else, a little alarm bell goes off. I think, if you're a business for example, you actually want a geographic number. You might use 0800 or something like that, because it gives people a lot of confidence. Doctors using anything other than geographic [numbers] I think are going to have a problem.

[Facilitator]: Is that a unanimous feeling in the room?

[2]: If it uses 0845 it means you pay local rate – people recognise that one.

[4]: Just about maybe. I'm not sure what in percentage terms.

[7]: It's not going to stop people from ringing though, even if the rate robs you blind.

[Facilitator]: One of the key questions here today is whether people would be aware of the differences between geographic rates and business rates. The fact that you've brought it up has negated that question completely.

[8]: I had to do some digging around to get to that. That's not something that I knew before I had to deal with it personally.

[Facilitator]: So it's not something that you'd expect a member of the public to really know unless you'd been involved in that process.

[9]: Especially the elderly and vulnerable. We haven't really touched on the fact that using the internet based [services]. Most people in their 80s and 90s – my aunt is 94 for example – don't have a TV, let alone a PC. [My aunt] doesn't have a landline, she's only just acquired a mobile, and that's because the cat's sick to keep in touch with the vet.

[Facilitator]: Looking at this through a vulnerable person's perspective,

would it put someone off calling because it's a premium rate or it's a business rate, or it's a geographic rate? Or the fact that there are all these different rates and it's just confusing?

[9]: Definitely. If you're relying on a pension – which is going to be a high proportion of people in doctors' surgeries. If you are elderly, and by definition more vulnerable and you're only relying on your pension then yes, of course they'll worry, especially at winter time, when you've got high fuel bills.

[4]: I think we'd find old people walking to surgeries to make a point. I think the situation could be that extreme.

[Facilitator]: Which is worrying if they're ill, depending on how ill they are.

[10]: The general principle is the NHS is supposed to be free at delivery, and that includes the ancillary services, which should be free or as little as possible, including phone services.

The group was then asked to give their reactions to the proposed Ofcom imagery to advertise geographic, business, and premium rate numbers.

To general agreement, a member of the group stated that geographic “just means normal”, while another noted that the image for premium rate – red with a lot of pound notes – meant that “you wouldn't call it”. Another said they would be more relaxed if there was a fixed price for the whole call, but would not call if it was a case of pounds per minute.

The group generally agreed that calls to surgeries should be free, or as little as possible. One participant asserted that it was not right to make money off people who were ill, while another said that surgeries should be geographic-rate only.

One participant explained that business rate numbers could cost as little as geographic numbers. He said that the imagery did not indicate how a caller would pay, just that “someone else is controlling the rate”.

A member of the group contended that “most people can spot geographic numbers”, adding that when other number formats were used “alarm bells are going to be ringing”. However, this was qualified by another speaker, who pointed out that 0845 was known as a local rate.

Elderly and vulnerable people – those in their 80s and 90s – did not have access to the internet, a group member stated, adding that they doubted if this group knew about the difference between geographic and other rates. People reliant on a pension would worry about the cost of calls and might walk to surgeries to make an appointment instead of using the phone, they claimed.

Another participant pointed out that the NHS was meant to be free at the point of delivery, and argued that ancillary services – including telephone services – ought to be free, or delivered at minimal cost to patients.

SECTION FOUR: AN OFFER OF PARTNERSHIP

A GENUINE OFFER OF PARTNERSHIP TO TRANSFORM PATIENT ACCESS AND EXPERIENCE IN PRIMARY CARE

In Para 1.44 of its consultation document, Ofcom states “We also propose to work with industry to promote a new code for describing the numbers.”

We welcome this approach and, as the industry leader in the provision of enhanced telephony to NHS Primary Care, we want to play our part.

We hope that Ofcom will receive our Response in the spirit with which it is submitted, which is genuinely to seek to work with the Regulator to achieve what we consider to be shared policy aims:

- To increase patient confidence in using non-geographic numbers to contact Primary Care;
- To reduce price confusion and increase transparency;
- To protect patient access to socially important services;
- To facilitate competition in a free and fair Primary Care market to reward companies who deliver the best deal to their customers and the patients they serve.

We note that in Paragraph 2.74 of its consultation document, Ofcom states

“Our primary focus is on the consumer intended as the caller and/or subscriber; we have also had regard for the impact on SPs and the other market participants insofar as it has a bearing on the welfare of consumer.”

We hope that Ofcom will recognise the similar approach and focus of our Response, which is to concentrate on the impact Ofcom’s proposals may have on our ability, and the ability of GPs and other Primary Care professionals, to provide adequate telephone access for patients to their local Primary Care setting.

Having set out our arguments and the evidence underpinning them, we conclude there are a number of high level options that could deal with the problems and challenges we have identified.

The core outcome that needs to be achieved is for there to be some way in which a revenue-sharing number charged at the geographic rate or below can be simply and accurately communicated as being such to a surgery’s patients and the wider public.

It seems obvious to us that there can be only 1 of 3 options:

- Permit 03 numbers to allow revenue share;
- Permit 084 numbers which are charged at the geographic rate or below to adopt the blue logo and description “Geographic”;
- Introduce a new number range which is capped at the geographic rate, but which incorporates revenue-sharing.

We note that in Paragraph 1.41 of its consultation document, Ofcom states:

“We are seeking to create an overall numbering scheme that is simpler for consumers, while minimising changes needed to be undertaken by phone companies and service providers – particularly avoiding migration to different numbers where we can.”

We would invite Ofcom to enter discussions with ourselves, the BMA, RCGP and other interested stakeholders as appropriate to work out the practicalities of implementing the principles we have outlined.

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APPENDIX 1: “VOICES FROM THE
FRONT LINE”:

35 CASE STUDIES OF EXCELLENCE