

The response to the Department of Health Consultation on “The use of 084 telephone numbers in the NHS” from **Network Europe Group (NEG)**, provider of the **Surgery Line** telephone system for GPs, has recently been found published in interactive form on the internet here:

[084 numbers in Primary Care](#)

This commentary on that document reproduces the text of the Executive Summary and other elements. My numbered comments (referenced by annotations and links) cover the accuracy of the information provided, the proposed policy and omissions. I follow this with further comments.

I have prepared this commentary to supplement [my own response to the consultation](#), which is published, along with many other relevant materials relating to this issue, on my campaign resource website at <http://homepage.ntlworld.com/davidhickson/NHS.Patient/>.

The NEG response to the consultation suggests public policy that I oppose, however that is not the primary reason for publishing these comments. The submission invites the reader to consider “facts”, which are not objectively supported, and on one crucial point are FALSE.

**THE CRUCIAL ISSUE OF
THE RELATIVE COST OF CALLING 0844 TELEPHONE NUMBERS
AS AGAINST “ORDINARY” (01/02/03) NUMBERS
IS DISTORTED BY INACCRUATE FIGURES TO GIVE A CONCLUSION THAT IS FALSE**

[Direct link to my comments on this specific point](#)

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Text of Executive Summary

Health policymakers recognise that the only way to make good policy for the NHS is to put aside emotion and self-interest, set out clear principles and criteria, calmly and robustly establish the facts³, construct and understand the evidence base, and then assess a range of policy options against those principles and criteria, facts and evidence.

That is precisely the approach that NEG has taken¹ in developing this response to the Government's consultation on the use of 084 numbers in NHS Primary Care.

Network Europe Group - The Market Leader

We are the market leader in the provision of enhanced telephony services to GP services and the preferred choice of the majority of GPs using such services. In the first month of 2009, over 4.5 million calls were made by patients to over 1,100 GP 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 it⁴.**

Given our market share, we believe we must be part of any workable solution to the policy challenge of enhanced telephony services in primary care and want to play our part.

We would like to put our 17 years' experience and expertise at the service of the Department's policymakers to help agree the best way forward for everyone. We would then like to work with the Government to jointly agree and **help implement what they conclude to be the best possible solution - whether this is our proposed solution or not¹⁶**

A solution that works for everyone

We recognise that the right policy solution for enhanced telephony services for GP surgeries, indeed for primary care as a whole, has to work for everyone - patients, primary care professionals and the taxpayer.

That is why we have worked hard in drawing up our response to the Department's consultation to ensure that **our proposed solution does exactly that⁴.**

A solution that meets Ministers' concerns

We recognise the strength of feeling expressed by Ministers on the topic of enhanced telephony services for local GP surgeries. Although the language deployed to make their point has sometimes been highly emotive, we understand completely and in particular Ministers' core principle that **any proposed solution must ensure that a patient contacting their local GP surgery should not be expected to pay more than the cost of a local call².**

Given that some of the comments made by Ministers have been made in the form of oral commitments to Parliament during debates or responses to interventions on the floor of the House of Commons from MPs, we understand the importance of the requirement that any proposed solution should demonstrably deliver the commitments made.

We set out in this response the **costings³** and evidence that show that our proposed solution meets this requirement as well as a range of other statements made by Ministers and regulators.

A solution based on objective evaluation criteria

To test various solution options, we established 16 objective [key evaluation criteria](#) grouped within the core defining NHS priorities of:

- Access and Choice ⁴;
- Cost ³;
- Fairness ⁵; and
- Quality ⁶.

A range of solution options was considered, before we settled on [4 main options](#), which we assessed objectively against these 16 evaluation criteria.

The 4 main solution options we considered were ⁷:

- (i) Stay with the current situation;
- (ii) Ban 084 numbers;
- (iii) Mandate 03 numbers for all primary care providers and migrate existing 084 numbers;
- (iv) Promote choice ⁸ for primary care providers and competition ⁸ between 03 and 084 solutions.

Having objectively ⁴ assessed the options, our proposed solution is that the Government and the NHS adopt option (iv). That is, they promote choice and competition for primary care providers by insisting that all GP surgeries adopt enhanced telephony solutions, but that the choice of whether or nor to do so by an 03 number or an 084 number is left in the hands of the frontline professionals, trusted by the Department of Health to determine what is best for their local area and the patients they serve.

A need to be hard-headed and realistic

In arriving at our conclusions, we recognised the need to be hard-headed and realistic and to recognise that some proposed solutions simply won't work.

In particular, heeding some campaigners' calls for 084 numbers simply to be banned would be unfair, damaging to patient care, reduce efficiency and effectiveness of GP surgeries and would run totally contrary to the Government's vision of a high quality 21st Century NHS ⁹.

But also, in our view, a proposal to mandate 03 numbers for all primary care settings and to insist on an enforced migration of 084 numbers to 03 - whether in the immediate or medium term - would be equally unfair and contrary to the principles of choice and competition for quality at a local level that the Government has confirmed as its priorities for the NHS. It would also run contrary to the principle of trusting front line professionals to make the right informed decisions as to what works best for their local patients.

The forced migration of 084 to 03 numbers would remove competition for quality at a local level - forcibly remove existing valued providers from the marketplace - and, in our view, could require a massive and open-ended commitment to taxpayer subsidy which we consider to be unnecessary and unworkable in the medium to long term. We believe it may be possible to reduce the costings gap and investment benefits to GPs between an 03 and an 084 solution to an acceptable level in a competitive market between the two solutions, but not to eradicate it altogether without massive and indefensible market distortion whose costs would be borne by future generations of taxpayers. What is more, if every surgery was to receive an equal amount of subsidy, the surgeries currently handling the greatest number of calls and dealing - with the most patients' needs - would be disproportionately hardest hit.

Concentrating on facts not myth

The Department will share our concern and frustration that this policy area is fraught with emotion¹, myth³ and misconception. In our response we set out the facts in a calm and rational¹ way, backed by the evidence³.

In drawing up our response to the Department, we have been at pains to concentrate solely on solid facts³ supported by primary evidence³.

This is because we believe that there has been far too much reliance placed by campaigners and a few sections of the media on unsubstantiated myths³, unsupported by any evidence³ at all and repeated without question until it has become received 'wisdom'.

Our Response is submitted therefore against the backdrop of 10 Key Facts³. We set out each of our 10 Key Facts³ together with references to the Evidence Base underpinning them. The full Evidence Base is set out in Appendix 1 of this Response.

The Evidence Base has been produced through a combination of a systematic process of desk research³, conversations with some of the key players, our own internal management information and consultation with our customers.

For each Key Fact, we provide:

- a narrative explaining the Key Fact in more detail;
- tables³ and charts³ where useful to provide further illustration;
- references to specific items in the Evidence Bank (which can be directly accessed by mouse click in the CD-ROM version which is included with this Response.)

FACT ONE: For virtually all patients' calls, the local GPs' 084 number is not more expensive to call than using an ordinary number³

FACT TWO: Because of recent changes by BT to its pricing arrangements, it is now MORE expensive for 95% of patients to contact their local GP through a local number than through an 084 number³

FACT THREE: More than 4.5 million patients use an 084 number to contact their GP surgery every month

FACT FOUR: 084 services are popular with patients - Compared with the volume of calls and customers, complaints are significantly lower than in comparable services

FACT FIVE: The most expensive thing a patient can do is to use 'Ringback'¹⁰ to try to avoid the lengthy engaged tones which are a common danger with 01, 02 and 03 numbers - patients NEVER get an engaged tone with an 084 number¹¹

FACT SIX: Patients' main concerns are about access and quality of service, not about cost¹² - which is reflected in the Government's stated priorities for the 21st Century NHS

FACT SEVEN: When allowed to be given the choice, GPs choose 084 numbers rather than 03¹³ because it allows them to improve access and invest in quality services for patients

FACT EIGHT: GPs do not make a single penny of individual profit from 084 numbers¹⁴

FACT NINE: None of the industry regulators support a ban on 084 numbers¹⁵, but instead think a ban would be disproportionate and extreme

FACT TEN: If 084 numbers are banned, without massive and open-ended taxpayers' subsidy for 03 numbers, millions of patients' GP telephone services will suffer, deteriorate or disappear¹⁶

My Comments (numbered as annotated)

1. A contribution to a consultation should reflect self-interest. One cannot invite someone who is “passionate about their business” to offer truly objective comment on any issue that may undermine its very basis. It is absurd to assume that such a contributor could offer objective conclusions. The obsessive pretence that this submission is free of emotion devalues it enormously.
2. The only type of telephone number that guarantees a rate no greater than that of a “local” call (according to the particular tariff that applies) is a “local” number. No mobile tariff has a specific rate for “local” calls, for obvious reasons; all calls to 01/02 numbers are treated as “national”. In fact, the overwhelming majority of residential landline tariffs make no distinction between the rate for a “local” or “national” call, even though they may be identified separately.

The only non-geographic numbers that guarantee such a rate are those from the 03 range.

There is no general regulation of the rates charged for calls to revenue sharing 084 numbers. Because of the higher costs incurred by originating operators (in order to provide the revenue share) it is normal for all such calls to be charged at a higher rate.

BT is exceptionally subject to regulation of its charges for calls to 084 numbers, although not for “local” calls. Despite its major role, it therefore offers a poor example of the general situation.

Care must be taken when understanding use of the term “local rate”. It is sadly often used in contexts that have nothing to do with the cost of calling a geographically local number.

3. I address the specific “Call Costs” used in this response [in detail below](#). I cover the significant inaccuracy in the figures given, noting that the “error” is similar to mythical suggestions that have long been propagated by NEG.

The figures used are inaccurate – correct figures produce the opposite conclusion from that stated, destroying the basis of the first two “Key Facts” that support the submission.

4. It is accepted that patients who are readily able to do so will be prepared to pay for improved NHS services as they use them. As the NHS moves towards a “consumerist” approach, it seems natural (and even fair) for patients to have to pay for improved services.

When the payment is a surcharge on top of an incidental cost that is being incurred anyway, and its existence is even denied (as in the NEG document), it is very easily found to be acceptable.

Even without the clouds of obfuscation (and misinformation) propagated by those who seek to exploit the readiness of NHS patients to act as “consumers” by paying for NHS services, the underlying issue is hard to identify.

5. It is suggested that it is fair for patients to pay for enhanced services, by incurring the surcharge commonly associated with the call charge for 084 numbers.
6. The extensive benefits obtained by Surgery Line users are mostly unrelated to the type of number used; they are provided by equipment installed at the surgery. For these features the only relevance of the number is the financial benefit obtained from revenue sharing.
7. The outline solution contained in my published proposition [‘A Solution for “Surgery Line”](#) is not considered.

In considering financial support for GPs from the Department of Health in this context, I draw the important distinction between the benefits derived by the network features available on non-geographic telephone numbers and that provided by revenue sharing on 084 numbers.

NEG deliberately conflates these two distinct issues (as it does throughout its response) so as to misrepresent the options that are truly available.

I suggest that the benefits of these network features should not be paid for by patients. NEG proposes that GPs should be able to have not only these, but also the cost of leasing equipment installed in the surgery, paid for by use of revenue sharing numbers (i.e. by patients).

It is important to understand that many other NHS GPs have similar equipment installed at their surgeries to provide equivalent services, but behind an ordinary local telephone number and paid for out of their normal budgets. The simple challenge to be considered regards the way in which these GPs are able to provide effective telephone services without subsidy by patients.

The option of the Department of Health underwriting the cost “of enhanced telephony services in GP surgeries”, [as presented in the NEG response](#), is taken to include the full cost of the Surgery Line solution (presently largely funded out of revenue share).

The option of the Department simply funding the differences in cost of 03 numbers (over that of ordinary numbers) to cover only the additional features available on the telephone network is not considered by NEG. I believe that this is highly worthy of consideration.

Additional funding for all use of “enhanced telephony” by GPs cannot be taken as a serious proposition. Furthermore, any special funding should treat all GPs equally, with no special consideration in general for those who are presently using funding from patients. This should not however preclude the opportunity for PCTs to intervene in particular exceptional cases where, for example, mis-management of a practice (by becoming financially reliant on payments by patients) threatens local provision.

8. The proposal to allow the price paid by patients and the consequent cost to the provider to become part of Choice and Competition in the NHS must be considered extremely radical.
9. Reversing a situation where financial contributions from patients have become a feature of NHS services will undoubtedly have some negative effects. It is however understood that the vision for the 21st Century NHS includes retention of the principle of “free at the point of need”.

Application of that principle undoubtedly imposes limits on what can be achieved. For example, it may indeed be seen as unfair, inefficient and damaging to deny patients who can afford to do so the opportunity to pay for enhanced NHS services as they use them and to deny providers the opportunity to fund their services in this way.

10. It is important to distinguish between “ringback” - a chargeable network feature that is often not available on commonly engaged lines such as GP surgeries, and “redial” - the cost-free feature used to avoid re-dialling all of the digits of the number after receiving an engaged tone.

Waiting in a queue to speak to someone is probably more convenient, but is inevitably more expensive (if paying for the call) than repeated re-dialling, as an unconnected call is not charged.

11. The assertion that “patients NEVER get an engaged tone” relates to the equipment deployed behind the number, whatever it may be.

Network queuing, which prevents engaged tone, is a feature readily available on all non-geographic numbers (e.g. 03 and 084). It is an option that is paid for, either out of the revenue share or as part of the charge for receiving calls. It is commonly deployed on revenue sharing numbers and can be used to keep callers on the line for an excessive time, simply to earn extra revenue from the call, before the call is queued to be answered by a person. (Surgery Line users have alleged that they have been encouraged to use this particular feature to help make good shortfalls in the revenue they rely on to meet the lease payments on their surgery equipment.)

Investigations have suggested that network queuing may be the only network-based feature that forms part of the Surgery Line solution. Where the geographic number used to connect with the surgery has been discovered, it has been found that all the call-handling features such as menus and voicemail are available by calling this number.

The important point is that the technical situation to automatically answer calls immediately, so as to prevent engaged tone is equally available with both 03 and 084 numbers. The difference between the two is only in the funding. Those earning revenue share are more likely to want to keep callers on hold whilst waiting for someone to become available to speak, however the feature may be of service benefit in any situation.

12. Patients' lack of concern about cost could be because cost is not an issue for a NHS "free at the point of need". Aside from charges for ophthalmic and dental services, the only major issue in primary care is prescription charges. These are already subject to exemptions based loosely on need and the ability to pay and the governments (led by the Welsh Assembly) are set on course to remove them, at least in stages.

The NEG comment contradicts this, implying that the UK Government is inclined to introduce further charges for NHS services. A declared tolerance of the use of revenue sharing telephone numbers would provide clear evidence of such an intention.

13. The suggestion that GPs invariably prefer 084 numbers ignores the position of GPs who are committed to the principles of the NHS. Many would echo the comment of my own Head of Practice who said that he "would not touch one of these revenue sharing numbers with a bargepole".

If the benefits available with non-geographic numbers are to be promoted to GPs then the possibility of providing funding for those specific features, through use of 03 numbers, could be considered. (This suggestion does not extend to proposing replacement for the funding available from revenue sharing, as suggested by NEG).

14. If profit is what remains for a partnership or commercial operation after costs incurred in providing its services have been subtracted from income, then it cannot be said that beneficiaries of revenue sharing do not profit from it. Without the revenue share used to offset costs that would otherwise be incurred, the profit figure would be lower, assuming that the same service was provided.

I am not familiar with the term "individual profit", indeed very few NHS GPs are sole traders. If some or all the financial residue is invested in the practice, as is claimed in relation to revenue share, then perhaps the term "gross profit" would be more correct.

15. There is indeed no industry regulator that has banned use of revenue sharing numbers by the NHS. This responsibility rests firmly with the Department of Health.

PhonePay Plus (formerly ICSTIS) is responsible for the regulation of the higher rate revenue sharing numbers that are classified by Ofcom as being used for "Premium Rate Services". The principles involved with these numbers are exactly the same as those with 084 numbers, the only difference is the scale of charges and the regulatory regime. Use of "Premium Rate Services" numbers for delivery of NHS services is already banned. As a self-regulatory body, PhonePay Plus exists to promote the interests of those who use revenue sharing numbers. It would therefore be unlikely to contemplate or recommend any form of ban on their use!

LACORS is concerned with regulation of the private sector, where it is acceptable for a trader to levy any fee for its services, so long as this is transparent and honest. It may be of interest to put the pricing information in the NEG document before LACORS for comment.

Ofcom, as a public body, has shown a proper reluctance to pre-empt decisions made by other public bodies. It has a duty to promote the interests of all consumers of communications services, including public sector bodies and GPs. It has however clearly expressed its view about the unsuitability of use of 084 numbers in the delivery of public services, reserving 03 sub-ranges for exclusive use by public sector and charitable bodies. These may not be suitable for those presently using 0844 numbers, as the 0344 equivalent is available for a ready number change.

There remains the possibility for revenue sharing numbers to be validly used for public services, where a service fee is appropriate. The self-funding Land Registry uses revenue sharing telephone numbers for contact from business customers as a means of covering some of its costs, which are all recovered by fees from service users. It is for the Department of Health to decide whether the NHS is to be “free at the point of need” or potentially subject to access fees on top of the incidental cost of an ordinary telephone call.

16. Given NEG’s proudly proclaimed role, the suggestion that GP telephone services rely entirely on income from revenue sharing telephone numbers sounds more like a threat than a “fact”. If this is stated to be a “fact” so far as NEG is concerned, then the promised willingness to contribute to implementing “the best possible solution - whether this is our proposed solution or not” must be called into question.

The suggestion that all of this income would need to be replaced by “taxpayers’ subsidy” is totally unreasonable. I cover this point in my comment [7](#) above.

The “Call Costs”

The principles

There are many different classes of 084 telephone number, calls to which are charged differently. Every telephone service provider has their own tariff structures and package options. It is only BT that is subject to price regulation on its rates for these calls. It must however be noted that BT's rates for other calls and the terms of its packages are not regulated. In the absence of any defined clear and lasting position, one must look at the underlying issues for the sake of the future as well as understanding the true position as it exists today.

Calls to revenue sharing numbers provide additional income to the Terminating Communications Provider through enhanced termination fees. This money may be used to offset the cost of provided features that would otherwise be subject to charges (this is why 03 numbers are more expensive to use), offset against the cost of other telephone services and / or used to provide income to the renter of the line. It may be (as in the case of Surgery Line) that such income is signed away to cover other costs.

The payment of enhanced termination fees by the Originating Communications Provider generally means that higher call charges are imposed than for other calls – charges would normally reflect costs.

There is much confusion regarding the position of calls to 0845 numbers. This could be covered at length, however the costing detail in the NEG response to the consultation only addresses the costs of the “call type” “g6” 0844 numbers used for Surgery Line. It does however make general statements covering all 084 numbers based on this. I will return to the broader issues later, concentrating for now only on the 0844 numbers used by NEG.

The NEG example

For some unspecified reason NEG uses only one tariff from one provider to give the cost for calling a 0844 number. It compares this with an example of a call to a 01/02/03 number from this and also from another tariff. This selective and unbalanced approach is not explained, however it is used as the basis for some sweeping general statements. I will return to this, after addressing the specific figures given.

NEG’S FIGURES ARE INCORRECT. CORRECTED FIGURES REVERSE THE CONCLUSION DRAWN

This is sadly tiresome and requires care to verify, however it must be addressed, as it forms the basis of a myth that NEG has long been propagating regarding the cost of calling 0844 numbers.

At times, NEG has claimed that BT does not charge any call setup fee whatsoever on calls to 0844 numbers. In this submission it has adopted a more sophisticated approach. It has used the call setup fee applied to the rarely-applicable BT “Standard” tariff (2.94p) to calculate the cost of a call to a 0844 number, whereas it has used that from the “Unlimited” tariff (8p) to calculate the cost of a chargeable call to a 01/02/03 number on both the “Unlimited” and “Standard” tariff. In fact, the same setup fee applies to both types of call on each of the tariffs, and so has no place in determining the differences.

The difference could be readily established from the respective basic pence per minute rates, which are actually the same for each type of call on both tariffs. The unbalanced and inaccurate comparison offered is therefore also unnecessarily complicated, as well as being untrue.

(The figure of 3.91 pence per minute given for the 01/02/03 call on the “Unlimited” tariff is out of date, from 1 April 2009 this was 4.5 ppm.) – I must repeat my apology for this being tiresome.

The respective incorrect and corrected tables of the costs for a 3 minute call are as follows:

As reproduced from the [NEG submission](#)

| Pence inc VAT at 15% | | per min | Set-up | 3 min call | Total | Saving on 0844 |
|----------------------|----------------|---------|--------|------------|-------|----------------|
| 01 or 02 or 03 | BT Standard | 4.50 | 8.00 | 13.50 | 21.50 | 18% |
| 01 or 02 or 03 | BT "Unlimited" | 3.91 | 8.00 | 11.73 | 19.73 | 11% |
| 0844 (g6) | BT Standard | 4.89 | 2.94 | 14.67 | 17.61 | |

As corrected (differences highlighted)

| Pence inc VAT at 15% | | per min | Set-up | 3 min call | Total | Saving on 0844 |
|----------------------|----------------|---------|--------|------------|-------|----------------|
| 01 or 02 or 03 | BT Standard | 4.50 | 2.94 | 13.50 | 16.44 | -7% |
| 0844 (g6) | BT Standard | 4.89 | 2.94 | 14.67 | 17.61 | |
| 01 or 02 or 03 | BT "Unlimited" | 4.50 | 8.00 | 13.50 | 21.50 | -5% |
| 0844 (g6) | BT "Unlimited" | 4.89 | 8.00 | 14.67 | 22.67 | |

Because the call set-up fee is the same in comparable cases, the complication of having to consider call durations is removed, as the duration of the call makes no difference to which is cheaper. The graphics in the submission are therefore of no value whatsoever.

The essential point is that even use of this selective example in an attempt to demonstrate that calls to g6 0844 numbers are not more expensive than calls to “local numbers” is flawed to the point of delivering the wrong conclusion. The opposite of what is suggested is true. Using the examples offered with correct figures shows the 0844 call to be invariably more expensive.

Other considerations relevant to cost comparison

There are two major factors relevant to the BT tariffs. Firstly, its retail charge for calls to 0844 numbers is fixed by regulation. Other operators are not subject to this constraint and therefore reflect their costs by charging rates that are much higher than those for calling 01/02/03 numbers.

Secondly, the terms of BT’s packages and the rates for calling 01/02 (and therefore 03) numbers are not regulated. BT is not obliged to, and does not, include calls to 0844 numbers in its packages. The current rate of 4.5 ppm for chargeable calls to 01/02/03 represents a sizeable increase over the last 12 months. This is because BT is seeking to encourage its customers to adopt its “Unlimited” packages to cover those times when they make calls (Weekends, Evenings and Weekends, Anytime).

For a BT customer on the “Unlimited” package in effect at the time, a call to a 01/02/03 number (of up to one hour) would have a charge of zero, whereas the three minute call to a g6 0844 number would cost 22.67 pence (this rate applies at any time, including evenings and weekends).

Whilst the trend in BT call pricing has reduced the differential with 0844 numbers for those who pay for calls to 01/02/03 numbers, at the same time it has increased it dramatically (to 100%) for the increasing number of people who have a package in effect.

(I am reluctant to stray from the issue of Surgery Line numbers, however NEG draws conclusions regarding all 084 numbers and refers to “recent changes by BT in its pricing arrangements”. Furthermore, the decisions to be taken in relation to a ban on 084 numbers have to stand for some time to come, and cannot only consider the current state of a fast moving environment.

I therefore make further comment on recent developments in BT’s particular pricing structures.)

Ofcom has introduced new regulations covering the pricing of calls to 0870 numbers. Revisions to the regulations regarding 0845 are being considered, although it is unlikely that this will amount to a prohibition on revenue sharing, as with 0870, and may only regularise the bizarre position that BT has got into with its rates for 0845 calls long having been working as a “loss leader”.

BT has used a combination of anticipating these changes and its capacity for cross-subsidy on account of its significant market presence to add these numbers (0845 and 0870) to those included in its packages. This has been done in order to further promote subscription to its packages and to gain competitive advantage, as no other provider could afford to do the same. It should be noted that this move, in January 2009, was accompanied by an increase to the call set-up fee for all chargeable calls on the same day. It was followed by sizeable increases to package fees and call charges in April.

There is no reason to suspect a similar move in respect of any of the 22 different 0844 call types, as this would incur quite enormous costs and raise untold complications regarding termination fees. It should not be expected that other providers will follow what BT has done with 0845, as they do not have the resources or market power held by BT, nor do they share its preference for cross-subsidy and they start from a different position anyway.

Conclusion

The conclusion drawn by NEG regarding relative costing is false, even on the basis of the highly selective example used. Any other honest example, e.g. from another landline provider or a mobile tariff, would have shown a greater difference, and with less opportunity for obfuscation by dragging out the wickedly misnamed “BT Standard”.

A significant proportion of BT subscribers calling GP surgeries may not be benefitting from inclusive calls to 01/02/03 numbers at the time they call, however they do suffer the impact of the additional charge when calling a Surgery Line number, if to a modest degree. This is contrary to the false suggestion made by NEG, based on inaccurate figures.

Those with packages in effect, subscribers to Virginmedia and other providers, all mobile users and all payphone users suffer a most considerable impact. Surcharges go up to 35p per minute.

There is no residential telephone tariff of which I am aware that does not charge a premium over the rates for 01/02/03 numbers for calling Surgery Line 0844 numbers on a call of any duration.

A basic sanity check on this issue may be helpful. If the contention that 084 numbers are not more expensive to call were to be true, then the financial benefits of revenue sharing would be provided completely at the cost of the telephone companies. BT’s regulatory status and the consequent need for it to cross-subsidise regulated services from other areas does produce some perverse effects, however NEG’s fundamental proposition should always have been a little hard to swallow. One may express astonishment that so few apparently look twice at the suggestion that simply by changing their telephone number GPs could receive money to invest in services without it costing patients any more to call. There have however been many much bigger scams.

I must urge all those reading, and perhaps seeking to rely on, the information given here to verify it with the appropriate bodies. As my comments are admittedly partial, I cannot directly seek endorsement from Ofcom and BT. I must also repeat a request to be notified of any errors found in the assertions made here.

The underlying issue

The essential proposal being advanced by NEG is that the NHS should not be “free at the point of need” in this respect. It proposes that GPs should be free to fund their activities using revenue sharing telephone numbers, where patients can be persuaded to accept the cost involved, as it is advised to them. (This would however only represent acknowledgment of what has been happening for some time.)

In making this proposal NEG has a significant ally.

The BMA response to the consultation (as reported in [its February 2009 newsletter](#)) indicates its support for this proposal, stating that “*people should be charged as low a cost as possible to call NHS services but that this has to be balanced by the quality of service the patients are accessing*”.

When discussing this matter with Dr Richard Vautrey of the BMA GPC [on the Today programme](#), I invited him to consider whether he saw this same principle (pay more for higher quality) as applying to all NHS services.

As we seek to secure the future of the NHS, this is the matter that should be debated.

The NHS Constitution gives the right to receive NHS services without charge as the very first of its rights, “apart from certain limited exceptions sanctioned by parliament”. If the NEG / BMA proposal for the status quo to remain continues to be accepted, or if the same principle is to be applied elsewhere in the NHS, the matter would therefore have to go before parliament.

I note that the Health Bill [Lords] will be returning to the floor of the Commons for its Report Stage immediately after the Summer Recess. If the Department of Health is persuaded not to proceed with a ban on use of revenue sharing telephone numbers in the NHS, then an amendment to this Bill would provide an opportunity for the necessary parliamentary sanction to be provided.

The Bill contains a provision requiring all those engaged in the NHS, including contractors, to “have regard to” the Constitution. If there is no formal ban on use of revenue sharing numbers, in the absence of a specific sanction of their use by parliament the meaning of “have regard to” is likely to be tested in this context once the Bill has received Royal Assent.

I trust that NEG is ready to brief MPs to gain their support for the necessary amendment.

There is a serious and valid topic for debate here. There are undoubtedly benefits to be derived from allowing NHS providers to levy charges on NHS patients, however this stands against the valued principles of the NHS, which I campaign to defend. This debate is obstructed by the pretence that there is no cost to patients involved when revenue sharing telephone numbers are used.

Final Comments

The NEG response, whilst pretending an open and co-operative approach, makes no reference to **the contractual position it holds with many GPs**. Nor does it refer to the positions of **one or more leasing companies**, its equipment provider **Avaya** or its telephone service provider **Talk Talk** (formerly known as Opal). These other companies are undoubtedly parties to the various contractual and financial arrangements in place around the Surgery Line solution. They are therefore likely to have a part to play in the development of a way forward for those who are presently benefitting from revenue sharing in the provision of NHS services. I would not wish to suggest exactly how the engagement of these reputable companies and their contribution to a resolution could be achieved, however I do not believe that the possibility should be ignored.

Many benefits may be properly derived from the features of non-geographic telephone numbers and from the other features delivered by systems such as Surgery Line. It is unfortunate that these issues are conflated with the use of revenue sharing as a means of funding them.

The ways in which telephone operators levy charges on callers, through their various tariffs, in order to collect the money passed on as revenue share, should not be regarded as material to the issue. The fact that some telephone companies collect the money indirectly through cross-subsidy and package deals should not be allowed to obscure the essential issue, nor the fact that most telephone tariffs do directly reflect the costs of placing the respective types of call.

The extent to which patients and service providers benefit from the deployment of certain telephony features is similarly of no direct concern, and should not be allowed to distort consideration of a point of fundamental principle. This consultation should have provided the opportunity for a general open debate about whether improvements in NHS services should be funded by payments from NHS patients as they use them.

I find the principles of the NHS to be a highly **emotive** subject for myself and for many others, not least those who work in it. In pursuing its **self-interest** NEG has no reason to get involved in such matters, or even to show any respect for these principles. In offering allegedly objective advice to Ministers, it is, at best, seen to be a little negligent in not directly addressing the issue of “free at the point of need”, as this is fundamental to the point under consideration and it occupies the primary position in the list of rights in the NHS Constitution. The suggestion that this principle is overridden by others and should therefore be dismissed is however clear from the arguments presented.

Attempting to fudge the matter by use of inaccurate costing information as the basis for highly significant false conclusions simply makes the task of addressing the issues more difficult. I regret the fact that this commentary may make the task yet more difficult, however it is offered in the hope of ensuring that a clear outcome emerges from the consultation exercise.

I have offered to place my skills as well as my knowledge and understanding of this issue at the disposal of the Department of Health; I repeat that offer here.

David Hickson

Sunday, 12 July 2009