

The use of 084 numbers in the NHS

Further guidance

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Executive summary

In December 2009, the Department issued Directions to NHS bodies prohibiting the use of telephone numbers that charge callers more than an equivalent call to a geographic number. Amendments were also made in April 2010 to the National Health Service (General Medical Services Contracts) Regulations 2004, the National Health Service (Personal Medical Services Agreements) Regulations 2004 and the Alternative Provider Medical Services Directions 2010 to regulate the use of numbers that charge more than the equivalent cost of calling a geographical number. These Directions and Regulations gave NHS bodies and primary medical services contractors one year to review their telephony arrangements. Since then a number of questions have been raised about what this means, and what these directions include and exclude.

This guidance attempts to clarify some of these issues, including:

- What types of calls are included in the Directions and Regulations;
- The role evidence should play when considering the use of 084 numbers; and
- The roles of the GP practices and other primary medical services contractors or Primary Care Trusts, other NHS bodies, and the Department in resolving disputes.

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Background

In February 2005 the Department announced a ban on premium rate telephone numbers (0870 or 09). However, this did not include 084 numbers, which are not 'premium rate' numbers. The Department has been clear that calls to access NHS services should not cost more than equivalent calls to a geographical number.

On 16 December 2008, the Department published a consultation document on the use of 084 numbers in the NHS. We received approximately 3,000 individual responses.

The Department published its response to this consultation on 21 December 2009, issuing Directions to NHS bodies, such that NHS bodies must not enter into, renew or extend a telephone contract unless it is satisfied that having regard to arrangements as a whole persons will not be charged more to make relevant calls than if they made the equivalent call to a geographic number.

Amendments were also made in April 2010 to the National Health Service (General Medical Services Contracts) Regulations 2004, the National Health Service (Personal Medical Services Agreements) Regulations 2004 ("the Regulations") and the Alternative Provider Medical Services Directions 2010 to regulate the use of numbers that charge patients more than the equivalent cost of calling a geographical number. These amendments made provision which had the effect of incorporating a similar provision as a contractual terms of a primary medical contractors. The Directions and Regulations require NHS bodies and primary medical services contractors such as GPs to review their current telephony arrangements, and where it is found that they are not comparable to calling a normal geographical number, they must take all reasonable steps to rectify this.

Interpretation of the Regulations and Directions

The Regulations and Directions make it a contractual term that contractors must not enter into, renew or extend a contract or make arrangements for telephone services unless satisfied that people will not pay more to make a call to the practice than they would to make equivalent calls to a geographical number. It is also worth noting that the Regulations and 2010 Directions relate to calls to the practice and these do not necessarily need to be made only by patients. This does not mean that all calls to GP

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practices and NHS bodies must be charged at the same rate as an Ofcom-regulated call from a BT landline.

While the legislation does not require any specific commitment to look at the actual costs of calling a surgery, it does refer to the “arrangements as a whole”, which would mean looking at all means of telephoning the practice – including from payphones, mobile phones and landlines. Therefore, an assessment should look at mobile phones, and NHS bodies and primary medical services contractors have to ensure that when entering into the contract with the telephony provider callers using mobile phones are not, taking the arrangement as a whole, charged more to call the 084 number than if they called a geographical number from that mobile – whatever the actual cost of that call may be. The legislation is clear in that if, for example, a person calls a GP surgery with an 084 number from a mobile, landline, or payphone, they, taking the arrangements as a whole, should not pay more for that call than if they were calling a geographical number from that mobile, landline, or payphone.

Where there is evidence that persons are being charged more than the cost of an equivalent geographical call to contact an NHS body or their GP then all reasonable steps must be taken to ensure this does not continue. This could include the following:

- Varying or renegotiating the terms of the contract or arrangement that a primary medical services contractor, or NHS body, holds with its chosen telephony supplier;
- Terminating the terms of the contract or arrangement that the primary medical services contractor, or NHS body, holds with its chosen telephony supplier; or
- Providing an alternative geographic-rate number for patients to call, which could be part of a renegotiated contract or arrangement with the telephony supplier.

If evidence demonstrates that a specific number is not charging callers more than the cost of a call to an equivalent geographic number, then a primary medical services contractor or NHS body should be free to continue using that number.

It is important to be clear about the responsibilities of each partner in this arrangement:

Primary medical services contractor or NHS body: must review its telephony contract or arrangements to ensure they are compliant with the legislation.

Primary Care Trusts: Regulation 26 of, and Schedule 6 to the NHS (General Medical Services Contracts) Regulations 2004, regulation 18 of, and Schedule 5 to, the NHS (Primary Medical Services Agreements) Regulations 2004 and direction 6 of the Alternative Provider Medical Services Directions 2010 require there to be a contractual term of the contract or agreement which reflect the above.

Department of Health: The Department has issued Directions and amended the relevant Regulations, however the Department cannot be an arbiter in individual disputes.

Collection of evidence

The legislation is clear that action should be taken where there is evidence that suggests people making calls to NHS bodies or to the practice of primary medical services contractors are being charged more to call a number than if they were calling a geographic number. While there is no requirement for a specific level of evidence or action to be undertaken, the GP practice or NHS body must have satisfied itself that callers are not charged more to call its number, than they would to call a geographical number in the same manner.

It is not for Department to Health to give a set list of what evidence is sufficient. PCTs and other NHS bodies are independent statutory bodies and any guidance received from the Department should not fetter their discretion. Further, NHS bodies including PCTs and primary care contractors need to satisfy themselves that their telephony services are not charging callers more than the equivalent for a geographical call, and they need to decide what evidence they need to so satisfy themselves. If evidence is inconclusive on this point then the contractors will not have satisfied themselves sufficiently and should take further steps to comply with their duties.

Primary Medical Services Contractors and NHS bodies should seek evidence regarding costs to call their specific telephone numbers. This should be the cost patients would pay to contact the number. There are several methods of doing this, such as:

- Primary Medical Services contractors or NHS bodies could request cost-per-call information from telephony providers. A suitable sample should be considered, thinking about the different contracts patients may have selected.
- It may also be possible to look at information volunteered by patients, particularly around specific costs to them of calling the GP practice of NHS body, and information provided by any other bodies and compare this with the cost to them of calling a geographical number in the same manner (i.e. from the same phone).

Conclusion

The Department's position on the use of 084 numbers has not changed since the response to the consultation in 2009. Persons should not be charged more to contact an NHS body or Primary Medical Service contractor, than they would if they were calling a geographic number in the same manner. NHS bodies and GP practices are still free to use 084 numbers, providing these conditions are met. As discussed, all Primary Medical Services contractors and NHS bodies must review their telephony arrangements to

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ensure that callers are not charged more than if they were calling an equivalent geographic number. If the use of an 084 number does not meet these conditions, then all reasonable steps must be taken as described above.

Frequently Asked Questions

Why hasn't the Department done more to date to control the use of numbers which cost patients more to call?

We believe that decisions about local services are best taken locally, where the local situation and local priorities are best understood. We expect PCTs and primary medical services contractors locally to ensure telephone systems do not place a financial burden on patients or by persons making calls to the contractor's practice in relation to primary medical services, and we have been very clear over the past few years that patients telephoning the NHS should not pay more than the equivalent cost of a geographical call. However, clearly, this is not happening in a number of local areas and so we have amended legislation to ensure this does happen, without patients receiving a reduction in the level of service they receive.

What action did the Department take as a result of the consultation?

The Department introduced secondary legislation to stop the use of any telephone numbers that charge patients more than the equivalent cost of a call to a geographical number (i.e. an 01 or 02 number) to contact the NHS.

Why aren't you just issuing a blanket ban on 084 numbers in the same way you did with 087 numbers previously? After all, it's the 084 numbers which are the real problem.

While we could have banned 084 numbers outright, this won't necessarily solve the real issue — that some patients are paying more than the cost of calling a normal geographical number to contact the NHS. As we learnt from the ban on 087 numbers, banning a specific number range simply leads to the use of other number ranges, and exactly the same issues will present themselves again. The action we are taking prevents the use of any number, now and in the future, which costs patients more than the cost of calling a geographical number.

Did the department encourage local NHS Services to move from 087 numbers to 084 numbers?

We did not encourage a move specifically to 084 numbers. What we did was work with the industry and with PCTs to encourage a move away from the use of 087 numbers, which were the most expensive premium rate numbers at the time. Since then, we have made our position absolutely clear - that patients should not be required to pay more than the cost of a geographical number to contact NHS services.

The legislation is too confusing – can the NHS use 084 numbers or not?

GP practices and NHS bodies are free to continue using 084 numbers, providing patients are not charged more than the equivalent of calling a geographic number in the same manner.

A telephony supplier has told me that the Department is fully supportive of its product, but my PCT is saying I have to abandon it. What do I do?

The Department does not approve or disapprove of any individual products, as it is not party to the details of individual contracts. When a situation like this occurs, you must look at evidence of how much patients are being charged to contact the number, compared with calls to a geographical number. If patients are being charged more and the primary medical services contractor is already in a contract, then it is the responsibility of the primary medical services contractor to take all reasonable steps to ensure this doesn't happen. If no solution is found, then the contractor must introduce a system whereby if a caller asks to be called back, the contractor will do so at its own expense. If there is no contract in place and persons would be charged more, then the contract should not be entered into.

What do you mean by 'reasonable steps'?

Essentially, it will be down to the primary medical services contractor or NHS body to satisfy itself that its telephony arrangements meet the legislative requirements — but typically, where calls are charged at more than the equivalent of a geographical number, this might include a practice seeking to vary or renegotiate the terms of its existing contract, terminating its existing contract, or offering a ring back service to patients who do not wish to call the practice on a higher-rate number.

Are you suggesting that primary medical services contractors should break their contracts with existing telephone providers?

We are not suggesting that existing contracts need to be terminated. Where there is evidence that callers are being charged more, then we would expect primary medical services contractors to take all reasonable steps to stop this from happening. While terminating their contract is an option open to them, the primary medical services contractor could also consider varying or renegotiating the terms of their contract, providing a call-back facility for patients who don't want to pay a premium rate, or other options, such as offering an alternative number.

What will happen if costs are disputed?

Either party in a dispute should be able to provide clear evidence that calls to 084 numbers are either more or less expensive than an equivalent call to a normal geographical number. Where there is evidence that calls are costing more, we expect the NHS or as the case may be primary medical services contractors to take reasonable steps to address this.

How much more do numbers, such as 084 numbers, cost the patient or persons who call the practice in relation to health services ?

There are many variables that contribute to the cost of a call. These include:

- The telephony supplier
- The tariff
- The length of the call
- The time of day a call is made
- Whether the call is made from a landline or a mobile

Given the number of variables, it is not possible to say they are X pence more or less expensive. In some cases they will be more expensive, but in others, they will not. That is why we have chosen to ban the use of any tariffs or numbers which charge the caller more than the equivalent of a geographical call, rather than simply banning the 084 number range.

Does this guidance mean that the Department's policy on this issue now changed?

No - we have consistently said that patients should not be expected to pay more than the equivalent of a geographical number to contact their GPs.

If practices move away from numbers such as 084, won't they miss out on the added functionality these numbers can provide?

No. Solutions are available for rental or purchase which work with 01, 02 or 03 number schemes. These solutions can streamline calls, queue calls and provide automated appointment handling so that patients can call 24 hours a day to book, amend or cancel appointments.

What does this mean for NHS Direct?

The NHS Direct telephone advice service currently operates on 0845 4647, for which calls cost a maximum of 5 pence per minute from a BT landline (although calls from mobiles and other networks may vary). However, Ofcom has expressed its preference that in due course public sector organisations should move from 0845 numbers to a special suite of 03 numbers. These will be charged at the same rate as calling a normal geographical number. NHS Direct has reserved one of these 03 numbers.

The NHS is currently introducing a new number for urgent health problems – NHS 111. This will be available across England by April 2013, when NHS Direct's 0845 4647 number will be switched off. NHS 111, currently being piloted in County Durham & Darlington, Lincolnshire, Nottingham City, Luton, Derbyshire and Isle of Wight, is free to call from mobiles, landlines and payphones.

Who will bear the cost of the call to GP Surgeries now?

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The cost of a call to a GP surgery is met by the caller - but we want to ensure that they will not be charged more than the cost of a geographic call when they need to contact their GP or Hospital.

Why don't you just insist that all practices move to 03 numbers?

It is not the job of DH to micro-manage the contracts that general practices have with telephony providers. It is, however, our job to set clear guidelines, which is what the legislation and this guidance intends to do.

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