

# **General Practitioner Telephone Numbers – A Consultation**

## **Analysis Report**

**September 2015**

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## Analysis Report

### 1. Acknowledgements

We would like to thank all the individuals and organisations who responded to the consultation and to all those who provided input and offered advice as required in the lead up to and throughout the consultation period.

### 2. Background

The National Health Service (General Medical Services Contracts) (Scotland) Amendment Regulations (SSI 2005/337) and the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations (2005/226) amended legislation to ensure that “premium-rate” numbers couldn’t be used by GP practices.

NHS bodies were allowed to continue using 084 numbers as these were classed as local calls by the regulator and would be as cheap when calling from a landline telephone as a geographical number.

In February 2011 Scottish Ministers issued guidance to the profession and in July 2013 restated guidance designed to curtail the use of 084 numbers as calls from mobile operators were being charged at rates akin to that of the aforementioned “premium-rate” numbers.

As independent contractors, decisions on the type of telephone system used in their practices are generally the responsibility of the practice partners.

The principal purpose of this consultation was to ensure that the regulatory framework regarding the use of telephone numbers by GP practices remains fit for purpose.

### 3. Executive Summary

#### Key Findings

- There was a good response to the consultation from GPs, health organisations, individual patients and patient groups alike.
- A total of 98 responses were received by Scottish Government over a three month consultation period.
- Of the 98 responses, 10 responses were co-ordinated responses from a group of GPs in NHS Ayrshire and Arran Health Board area.
- The majority of the respondents agreed that no person should be financially disadvantaged when contacting their GP practice.
- There was widespread support that no person should have to pay more to contact their GP practice than the standard price of a local call.
- Proposals on introducing an outright ban on 084 numbers attracted high levels of support.
- While the idea of a GP ring-back service had some support, in the main respondents did not support this.
- The proposal of introducing an NHS24 style 111 system to log calls and pass these through to the GP practices was overwhelmingly rejected by respondents.
- Most respondents didn't think that introducing a 030 number in every GP practice would be beneficial
- Many of the responses received were fully supportive of proposals which would put in place a requirement for practices to have a geographical contact number.

#### Conclusion

There was a good response to this consultation, with many respondents welcoming the opportunity to provide their comments on the proposals outlined. Across the consultation as a whole there was support for any move which stopped the high cost of calling GP practices with non-geographical phone numbers, with many respondents commenting on the adverse impact that has on the healthcare treatment of the more vulnerable members of society.

## **4. Introduction**

The National Health Service (General Medical Services Contracts) (Scotland) Amendment Regulations (SSI 2005/337) and the National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Amendment Regulations (2005/226) amended legislation to ensure that “premium-rate” numbers couldn’t be used by GP practices.

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Between 11 March 2015 and 11 June 2015, the Scottish Government conducted a consultation on proposals to ensure that the legislation surrounding General Practitioners telephone numbers is fit for purpose. The consultation contained 2 general questions and 5 proposals for possible service alterations. A list of the questions is included in Appendix 1.

### **Overview Of Responses**

In total, 98 responses were received; the breakdown of the responses shows that

- 30 responses were received from individuals
- 68 responses were received from individuals acting on behalf of a group or as part of a group.

### **Analysis and Reporting**

#### **The Consultation Questions**

All questions contained yes/ no options to allow respondents to indicate whether or not they agreed with a particular point. Results from these tick-box questions are presented in table format at each relevant question. Where respondents provided a comment but did not explicitly state one of the tick-box answers, these responses are recorded in the tables in a column headed ‘other’.

#### **Other points**

- The consultation gave everyone who wished to respond and comment the opportunity to do so. As such, we cannot make assumptions about the viewpoint of any organisation or individual who chose not to respond.
- The following chapters document the substance of the analysis and present the main views expressed in responses. These chapters follow the ordering of the sections in the consultation.

- Appropriate verbatim comments, from those who gave permission for their responses to be made public, are used throughout the report to illustrate themes or to provide extra detail for some specific points.

### Question 1

The Scottish Government’s policy is that no person should be financially disadvantaged when contacting their GP practice. Do you agree with this policy?

#### Key points made

- There was a majority of support for this policy
- General consensus was that current arrangements go against the NHS mantra of being “free at the point of contact”
- The added stress and anxiety that is added to patients when they are faced with being financially disadvantaged and being potentially “locked out” of healthcare was a recurring theme throughout the responses to this question.
- Some respondents commented that people shouldn’t have to make a choice between money and their health.
- Out of those who didn’t agree, the overall consensus was that a person knows the cost of calling certain numbers from their telephone and it is up to them to work out if they can afford to make the call or not.

Under the existing law, numbers which start 087, 090 and 070 are banned from being used by GP practices, over the years guidance has been issued, reviewed and refreshed by Scottish Ministers. Latterly the guidance was issued with a request that NHS Boards encourage GP contractors in their areas to ensure that telephone calls to their practice incur as low a charge as possible and for the Board to review the telephone arrangements with each contractor with the aim to reduce any charge down to the equivalent of a local call.

Question 1	Yes	No	Other	Unanswered	Both
<b>Volume</b>	86	6	0	6	0
<b>Percentage</b>	87.8	6.1	0	6.1	0

#### In Summary

- Broad support for this policy
- Consideration to be given to whether the cost is prohibitive to some patients
- Respondents answered very strongly against the use of these numbers and claimed that this adds stress and anxiety to someone who may already be ill.

## Question 2

The Scottish Government considers that, given the above statement, no person should have to pay more than the standard cost of a local call when contacting their GP practice. Do you agree with this viewpoint?

### Key points made

- Over three quarters of all respondents agreed with the viewpoint.
- Some people voiced the opinion that while the term “local call” no longer exists, the principle of a low cost alternative was preferred
- Where there was a disagreement with the viewpoint the reason cited in the majority of responses was that it is an individual’s choice of phone contract and they know before taking out the tariff how much calls to these numbers are going to cost.
- Calls to a GP surgery should be the same regardless of the type of telephone used.
- Fully supported by RCGP
- One respondent said that these charges add to anxiety and stress for patients
- Onus should be on mobile phone companies not GPs to change their policies
- A lower cost to phone GP practices would negate the issue of practices being blocked with patients trying to make appointments.

Question 2	Yes	No	Other	Unanswered	Both
Volume	74	16	0	8	0
Percentage	75.5	16.3	0	8.2	0

### In Summary

- While the vast majority are in agreement there are a number of respondents who think that the responsibility for this should lie with the phone companies
- This has the full support of RCGP who believe that equal access should be given to all patients

## Proposal 1

Calls made to GP practices who have a telephone number beginning 084 can be very expensive if called from a mobile phone as, unlike geographical numbers (those beginning 01 and 02), these are not included in many call plans. Given this, would you support an outright ban on 084 numbers?

### Key points made

- Broad support for the outright ban on these numbers
- Many respondents think that due to people these days using mobile phones rather than a landline that these numbers have to be free from all telephones
- These charges go against the NHS policy of free at the point of use and therefore should be banned
- GPs are generally standalone businesses and therefore there is no need for them to have corporate style telephone numbers, especially when their target audience is local
- Mobile telephones are quickly becoming the primary method of cellular communication and a large number of people are being hit with a high cost, therefore a ban should be implemented.
- These numbers are incompatible with fair and reasonable service provision however the regulations should be tightened to ensure no loopholes can be exploited
- Some practices are tied into contracts and should be given time to let these come to a natural end
- There should be an outright ban on numbers to GP practices which impose a charge on the caller as the charges may be prohibitive for patients who do not have access to a landline telephone
- New guidelines should be impact assessed to ensure the introduction of the new proposal does not have any unintentional negative impacts on different population groups.
- RCGP in agreement so long as the ban was prospective and didn't require those GP practices under contract for a 084 number to incur early termination penalties.
- We have an 084 number at present which is being changed to a local number in June. Time spent with patients regarding complaints associated with this number is very time consuming and patients do have an issue with this type of number.

	Yes	No	Other	Unanswered	Both
Proposal 1					
<b>Volume</b>	71	22	0	5	0
<b>Percentage</b>	72.4	22.4	0	5.2	0

## In Summary

- Arguments against this came mainly from GPs
- Early termination penalties and the choice of GPs as independent businesses to choose their own phone lines were seen as big issues

## Proposal 2

If a patient rings the GP Practice and the line is engaged or they are held in a queue, it can be frustrating and expensive for the patient. One option may be to have a “ring back” service, where the patient types in their phone number and once the line is available or they reach first in the queue they are called back by the practice.

Would you agree with the introduction of this service?

### Key points made

- The majority of respondents opposed this proposal
- While this might save time and money for the patient it would be disadvantageous for the practice
- It is thought that this service, if introduced would be advantageous especially for the disabled or elderly who find it frustrating to ring the practice especially at busy times
- This would be counterproductive as the costs which are currently being met by patients would be passed on to practices
- Many respondents said that the practices do not have the resources for such a proposal
- Volume of calls, workload pressures and cost issues mean this wouldn't work for practices
- RCGP sees this as a decision to be made by practices on an individual basis rather than be determined by other means.
- While this is a good idea, it wouldn't work in practice
- Patients may miss their ring back and therefore not get the appointment they need
- There would have to be a set timescale for a ring back, which would put pressure on GP workload

	<b>Yes</b>	<b>No</b>	<b>Other</b>	<b>Unanswered</b>	<b>Both</b>
Proposal 2					
<b>Volume</b>	36	59	1	2	0
<b>Percentage</b>	36.7	60.2	1	2	0

## In Summary

- This would pass on the same costs from the patients to the practice
- Leaves too much to chance – patients could miss the call and therefore miss out on healthcare unless the GP rings back until they answer
- Practices do not have the resource needed to achieve this



### Proposal 3

One option may be to look into whether a call handling system could viably be introduced. This system, similar to that of the NHS 24 111 system, would see calls routed through a switchboard operator who would direct the call to the local practice. Do you agree with this proposal?

#### Key points made

- Vast majority of respondents did not agree with this proposal
- General consensus was this system would be too complicated to manage
- Direct access to your own surgery would be the best option
- A lack of local knowledge might hinder some patient's treatment
- A few respondents mentioned that the personal touch would be taken away, with the trust that patients have speaking to local staff on a regular basis
- This would prove fairly ineffectual as the calls, once answered would be re-routed to the practice and put on hold if the practice was busy
- Seen as an additional layer of complexity and an unwelcome barrier between patient and practice
- Additional expense for the NHS which is not required
- Regional dialects and accents may mean delays and problems with understanding.
- A number of respondents commented that in their opinion NHS 24's 111 system is not very effective and therefore to see this be copied into GP practices would be a mistake
- A centralised call system may increase the number of patients who do not attend their appointment and therefore the finite resources each practice has would be stretched even further.
- A respondent commented that the lack of ownership and responsibility would cause issues and it should be up to the local health service to manage local needs

Proposal 3	Yes	No	Other	Unanswered	Both
Volume	13	79	2	4	0
Percentage	13.3	80.6	2	4.1	0

#### In Summary

- This proposal would add extra complexity which is not needed
- This would also cost a lot of money to set up and ongoing running costs would prove prohibitive.

## Proposal 4

Each practice would obtain an 030 number, Ofcom introduced the 030 number range exclusively for public sector and not for profit bodies. 030 numbers offer the same extra functions as 084 numbers. All mobile operators have to charge 030 numbers in the same way as they would geographical numbers, ie included within a customer's bundle in their tariff. Although for the caller an 030 call is charged at the same as a local call, a charge is levied on the person or organisation receiving the call to cover the cost of the extra functions Would you agree with the introduction of these numbers?

### Key points made

- Vast majority of respondents would not agree with the introduction of these numbers
- Those GP respondents who already use a local geographical number said this would confuse their patients
- Many respondents said the cost would be too high for what would be an unnecessary change
- Patients have benefitted from the additional services that 084 numbers bring and therefore why should the practice bear the brunt of the cost?
- This would be a partial solution, it gets round the high cost of traditional non-geographical numbers but stops short of being as low as possible for all patients
- This proposal might be supported on the proviso that the public were told up front about the costs of calling the number; this was mentioned a few times, including an advertising campaign.
- Confusing as people whose GP surgeries already have geographical numbers would have to type in more digits as the area code can be omitted
- One respondent commented that if Ministers want to impose this proposal then they would have to be responsible for the advertising of the new numbers and the purchase of new stationary.
- RCGP oppose this proposal, saying they support the autonomy of individual practices in these decisions to best suit their own needs
- One respondent thought it was a good idea as long as the cost was shared jointly with mobile phone providers

Proposal 4	Yes	No	Other	Unanswered	Both
<b>Volume</b>	15	75	1	6	1
<b>Percentage</b>	15.3	76.5	1	6.1	1

### In Summary

- While these would be included in most mobile phone call plans it would take away from the local attachment many GP surgeries have with their own local number
- The added complexity and cost of setting this up make this an unworkable solution

## Proposal 5

All GP practices would be required to use geographical numbers. There would be a grace period for each practice which had to change to enable current contracts to end without incurring unnecessary financial penalty to the practice. Do you agree with this proposal?

### Key points made

- 5 out of every 6 respondents agreed this would be a good course of action
- Gives no extra costs for practices or government and gives affordable access to patients
- Any grace period should be kept to a minimum as it is free to migrate from 084 to 034 numbers now
- This is the best option especially for the elderly in the community who might get confused with an 084 or 034 prefix
- Geographical numbers now have all the facilities that previously only used to be available to 084 so therefore there is no reason not to change back
- People feel happier with a local number speaking to local people
- This reduces the impact of change without the drawbacks of alternative proposals
- A number of responses stated that this was a sensible solution
- Some practices have stated that they have already taken this particular course of action

Proposal 5	Yes	No	Other	Unanswered	Both
<b>Volume</b>	82	11	0	5	0
<b>Percentage</b>	83.7	11.2	0	5.1	0

### In Summary

- Out of the 5 proposals this one gathered most support amongst the respondents with the majority happier to have local numbers for a local service
- There would have to be a grace period factored in to the timescale to allow for practices who are within contracts to negotiate an exit

## **Conclusion**

The consultation has given us a breadth of opinion on the current situation as well as some new issues to consider. It has been very helpful and insightful in raising some specific areas of concern amongst the population. It has also contributed to considering further the potential impact of GP telephony for Scotland's patients. We welcome the views provided up to this point by users, providers, support organisations and local authorities.

## **Key Issues and Trends**

Concerns were raised by individuals and patient groups alike regarding the negative impact the costs associated with calling non-geographical numbers has on the health of a population. The main concern raised was that those who would be most likely to need the NHS services (the elderly or the less affluent members of society) could be effectively locked out of receiving the healthcare they need because they find the cost of calling their GP practice prohibitive.

In contrast, a large number of responses received from the GP community were in favour of a practice's right to choose its own telephone range. A high percentage stating that as independent contractors they should be allowed to choose any number range that suits their business style.

There was staunch opposition to the introduction of an NHS 24 style 111 telephone number across the board with added complexity, added bureaucracy and a lack of local identity being the main themes given in reason for this view.

The proposal which would see a GP practice ring back service received a lot of support from patients however the drawbacks of this proposal were evident from a lot of the respondents including patients not answering and therefore missing a call, the cost of calling mobiles from the practice being prohibitive and workload pressures being just a few.

Several respondents across the stakeholder groups felt that a blanket ban on 084 numbers would be the best course of action as it would ensure fairness of pricing for all members of society, however caveated with allowing a grace period to allow those practices who are in contracts to expire naturally rather than pay compensation for early termination.

The majority of people thought that the most obvious and sensible solution would be to have every GP surgery with a local geographical number (01). Several reasons were cited for this including local identity, cost of calling kept at its lowest and that it would also be easier for the elderly or infirm to type the number as the area code could be omitted if calling locally.



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