

**Twelve months for mis-users (and users) of 070 numbers to mend their ways**

Ofcom has today published its [Final Statement: Review of the 070 number range](#).

This gives those who use 070 numbers 12 months to adapt their arrangements (if genuine) or switch to a properly regulated premium range – if they can justify premium charges on callers.

The 070 range was originally intended for those who moved around from one number to another and wanted to provide a consistent contact point. The cost of calling a number with this flexibility in call forwarding was however to be carried by the caller. Given the similarity with genuine mobile numbers, which also begin 07 and are subject to call cost regulation, this opened the door to many deceits, misunderstandings and outright scams.

Given the extension of mobile coverage (including roaming) and other network features, very few people need such a service. If they do, there is no good reason for them not to bear the cost.

To address all of these issues, **Ofcom** has now determined that the 070 range will be covered by the same call cost regulation as mobile numbers, with one year to make the necessary changes.

The hospital bedside phone rip-off

Ofcom rightly focuses on the many scams that will be eliminated by this move. A major issue of public concern is however the use of 070 numbers by providers of hospital bedside phones.

At present considerable funding for this service is derived from use of 070 numbers, where friends and family pay unregulated premium rates for calling patients.

This change means that the providers of these services will either have to switch to properly regulated premium rate numbers (which themselves carry an addition premium Access Charge of up to 55p per minute to the benefit of the caller's telephone company) or cease use of this method of funding the service.

The **fair telecoms campaign** has long argued that the best way for a patient on a hospital ward to stay in touch with friends and family is by using a mobile phone. Although there may be restrictions, this is now generally permitted.

For patients without access to a mobile phone, we have urged Leagues of Hospital Friends to arrange for donated pre-used handsets, with PAYG SIMS to cover calls made, to be loaned to patients in need.

This should obviate the need for bedside fixed line telephones in hospitals.

We recognise that the services offered by **Hospedia**, **Premier Telesolutions** and others derive from a time when very poor decisions were made about hospital bedside services. Advances in technology have rendered these decisions to be even more inappropriate. Widespread availability of wifi and use of streaming services on laptops, tablets and even smart-phones in hospital beds, make other of their services redundant.

These companies now have twelve months in which to decide what to do about the funding of their phone services.

We urge full engagement by the **Department of Health and Social Care**, **NHS bodies**, patient groups and **Leagues of Hospital Friends** to ensure that the correct decisions are made about the future of these services.

