(See email header below)

Use of 084 telephone numbers in the NHS

Ms Soubry

I must draw attention to the annotations I have added to your written answers to questions <u>118835</u> and <u>118837</u> on "They Work For You".

I also address Dr Poulter, as I understand that a subsequent confirmation of portfolios places this matter within his responsibilities.

Your three ministerial colleagues also have an interest, as we are addressing the integrity of the Department and the status of the principles of the NHS. I also copy other MPs known to have an interest in this matter.

I believe that we all now understand use of **084 telephone numbers to be** <u>effectively</u> **banned in the NHS** (except for NHS Direct and some other providers under nationally negotiated contracts). When *"having regard to the arrangement as a whole"*, considering current tariffs, there is no 084 number that does not cause many callers to pay more than they do for an equivalent call to a geographic number.

Those with existing contracts for telephone service on non-geographic numbers are able to migrate from a 084 number to the equivalent 034 number at any time as a *"reasonable step"*. There has been no evidence produced to show that any telephone service provider imposes unreasonable terms for such migration, as indeed there is no good reason why they should.

Although not explicitly stated, and widely disregarded, the ban is certainly in place.

Departmental responsibility

The written answer to question 118837 claims that the Department is unaware of how many 084 numbers are being used for patient contact with the NHS. I comment that this is odd, given that officials have been working on the issue for over 4½ years.

The written answer to question 118835 states that PCTs ensure compliance with Directions and guidance to GPs. I point out that it is compliance with the revised terms of their legally enforceable contracts which is at issue here.

As the terms of both the Directions and the GP contracts are being widely breached, it is surely vital that the Department and its Ministers accept this fact. Whilst many within the NHS are failing to discharge their duties, so direct responsibility can be denied, a widespread breach of the principles of the NHS must demand appropriate ministerial intervention, if a "National" Health Service is to be retained.

The principles of the NHS

There are three widely understood principles of the NHS which are being breached here.

The principle of a **universal service** is being disregarded by those who use a single exceptional type of situation as the basis for a claim that their 084 number is not more expensive to call. Spurious references to non-existent Ofcom regulations and false suggestions that BT serves more than 25% of the non-business telephone calls market and misrepresentation of what is its most widely used Call Plan, are commonly used to disguise a wholly improper disregard of many NHS patients.

The principle of "free at the point of need" acknowledges the fact that incidental third party costs may be incurred in accessing NHS services; e.g. the bus fare to the GP surgery or hospital, or the cost of a "normal" telephone call to a geographic number. Furthermore, parliament approves certain NHS fees on specified scales and with exemptions and limits based loosely on need and the ability to pay. A charge (even if collected indirectly) to the benefit of a NHS service provider is not permitted.

The concept of a "two-tier NHS", with enhanced NHS services available for a fee continues to be rejected. The option of choice of quality based on price within the NHS was explicitly rejected during debate on the Health and Social Care Act. Some believe that it is acceptable to offer a premium telephone service at a premium charge, so long as an inferior service is available without any premium charge. They may lobby for further legislation to introduce true consumerism to the NHS, but they may not anticipate what would amount to its abolition.

It is my concern for the retention of these principles in our beloved NHS which drives me to pursue this matter. As I understand it, the terms of the Directions and GP contract revisions were intended to affirm, rather than undermine or contradict, these principles.

NHS Bodies and direct sub-contractors

I refer to a published list of cases where the Directions to NHS bodies are seen to have been disregarded - <u>NHS bodies using 084 telephone numbers</u>.

The failure of the Department to engage in any form of timely "follow-up" to the issuing of the Directions throws doubt on the seriousness with which they were viewed. The fact that Further Guidance was issued more than 12 months after compliance was required to be achieved implies an unacknowledged and belated recognition that breaches have occurred.

It is surely unacceptable for the Department to have issued Directions that are being disregarded by NHS bodies, without even being aware of this and commenting, let alone taking action to ensure compliance.

David Hickson fair telecoms campaign

GPs

I also refer to a list of GP surgeries using these numbers which I provided to the previous responsible minister - <u>Burnslist</u>. This was one of a number of responses to his impassioned plea "<u>Send us the evidence!</u>". It is disappointing to learn that my responses, and those of others, have not even been noted, let alone acted upon.

I will shortly be publishing an up-to-date version of the NHS Choices-sourced database from which that list was extracted. The number of surgeries now stands at 1,056. Not all practices are renewing their expiring contracts - although renewals are taking place and new cases are being added.

A "beta" version of my new database (a couple of weeks old) includes a summary of <u>cases by parliamentary constituency</u> with an associated list. This refers to two surgeries likely to be used by Broxtowe constituents - <u>Moir Medical Centre (Toton</u> <u>branch)</u> and the <u>Hillside Surgery</u>.

Members may wish to check out how many GP surgeries in breach of their NHS contracts are serving their constituents. As constituency MPs, they may wish to make representations to their local PCT because, in almost every case, they appear ready to disregard guidance from DH officials.

As the newly responsible minister, Mr Poulter may wish to ponder whether Mr Burns was correct when he said (24 Jan 2012 - column 57WH) "GP practices are adhering to the regulations and not costing patients more than they should. The PCTs vigorously enforce the regulations.". It must be recognised that I most profoundly disagree with this statement and have offered a wealth of evidence to support my view.

I will be pleased to engage with anyone in support of efforts to see this matter properly resolved. As the NHS undergoes reform, it is especially important that its retained principles are not seen to have been set aside.

regards

<u>David</u>



Email Header

From: David Hickson (fair telecoms campaign) [mailto:david@fairtelecoms.org.uk] **Sent:** 14 September 2012 07:57

To: Anna Soubry MP - Parliamentary Under Secretary of State - Department of Health; Dr Dan Poulter MP - Health Services Minister

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