



Two-tier telephone access to NHS GPs

Many people have asked me to expand on the points I have made about NHS GPs running a 084 telephone number alongside a geographic number. **This IS a two-tier NHS.**

Below, I offer simple quotations from relevant sources, with comment. Overleaf, I offer [actual examples](#), a [detailed explanation](#) and [concluding comment](#). The fact that calls to 084 numbers are, in almost all cases, more expensive than calls to geographic numbers is fully addressed elsewhere.

In a publication of April 2012, entitled “**Supporting GPs with Compliance**”, **Andrew Woollard**, Managing Director of **Surgery Line**, part of the **Daisy Group**, opined and advised:

“installation of a concurrent Daisy local rate line alongside an 084 line will ensure compliance and allow both patients and staff to continue to benefit from the enhanced telephony system (although patients calling the Daisy local rate line will not receive the enhanced features available on the 084 number).”



Click on the image to see this text, near the foot of the document, in place. (Other material, that is highly 'contentious', is dimmed.)

The rather particular interpretation of "compliance" suggested above overlooks a key provision of the relevant terms of the GP contract, which requires contractors ...

“to ensure that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls than they would to make equivalent calls to a geographical number”



Click on the image and refer to new clause 29B.2.2 of the GMS contract. Identical provisions apply to other contracts.

If “enhanced features” are offered on the concurrent 084 number, a GP cannot ‘ensure that’ patients ‘will not’ take advantage of them, to obtain better access to its NHS services by paying.

In another document “**Enhanced Telephony - The facts**”, **Daisy Group** outlines some of the benefits which practices offer to patients through the “enhanced features”.

- So you can contact us more easily and more conveniently
- So we can deliver targeted health information to you when you need it, for example about arrangements for flu injections
- So you don't constantly get the engaged tone when you need to get through



Click on the image to view only, “**Why do we chose a better telephone system for our patients?**” (contentious remarks are addressed elsewhere)

PCTs and contracted GPs have a [statutory duty](#) to “have regard to the NHS Constitution”.



Click on the image to read the principles of the NHS: #1, and notably #2 - “**Access to NHS services is based on clinical need, not an individual's ability to pay**”



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Actual examples

Although aware that every case may be different, I have happened upon the following examples where practices admit to offering a two-tier service (notwithstanding false cost statements).

I quote from the web pages linked to from the name.

Cross Hills Group Practice	<i>0844 477 3030 & 01535 631813 (single line only)</i>
Guiseley & Yeadon Medical Practice	<i>There is now an alternative number to contact the practice on which is 0113 887 9742. This will get you through to the same services as our other number (0844 815 1159) but please be aware that this is a single line and so can be engaged.</i>
Lupset Surgery	<i>You can now use either the 0844 number or 01924 291820, but please remember that the local number will show as engaged if already in use.</i>
Eastgate Medical Group	<i>We have installed some additional local phone numbers as an alternative to the 0844 number which will still stay in use until the end of our contract in 2013. However we must stress you may get an engaged tone when calling these local numbers and we will endeavour to answer all calls as promptly as possible. However we must stress in case of emergency please ring 0844 477 3316</i>

The last quoted sentence may provide all that some readers require!

The detailed explanation

The essential point about non-geographic numbers is that they provide direct access to many network-based services, which cannot normally be deployed on geographic numbers.

This applies equally to all non-geographic ranges, including 03, 080, 084, 087 and 09. The only distinction between these ranges is the way in which the services are funded, and how money changes hands more broadly.

A key feature is the ability to hold an unlimited number of waiting calls at the telephone exchange, rather than the length of a queue being limited to the actual number of lines into the surgery. Other features include the ability to direct calls to different physical locations (e.g. two surgeries) and the provision of recorded information and message taking services. Use of all of these features is identified in the benefits listed above.

Because these facilities come at a cost, it would be absurd for a practice to adopt a 084 number unless it intended to take advantage of them. Where a geographic number is to be operated in parallel with a 084 number, it is most unlikely that a practice would go to the enormous expense of somehow also providing identical facilities on the geographic number.

Without knowing the full situation of any surgery, and the behaviour of those who call it, one may only speculate about the precise difference in experience between calling the two numbers in any particular case. The benefit of an unlimited queue on the 084 number is easy to appreciate. I will explain below the different experience found when calling an "additional" geographic number.



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How the two tier system operates

Any surgery will have a finite number of incoming lines. This need only be sufficient to match the maximum number of people ever taking calls. If queuing is handled at the telephone exchange (through the 084 number) there is no need to provide any additional lines.

The proposal advanced by **Daisy Surgery Line** is that a single additional line be acquired to take calls on an additional geographic number. The practice must pay for both.

When a line assigned to the 084 number comes free, a call is released from the queue to the surgery switchboard. Calls to the geographic number are connected directly to the switchboard. If there are more incoming lines than people taking calls at the time, then the caller may have to wait before their call is answered. (This is a "secondary queue", not to be confused with the main queue of callers, which is only accessible via the 084 number.)

Whilst a call is connected on the line dedicated to the geographic number, anyone else trying to access it will receive the engaged tone - they will not join any form of queue. They may choose to continue trying the number until they are lucky enough to hit a time when no call is connected.

They obviously have the option of calling the 084 number, so as to join a queue and ensure that they get through in turn. It could be that if no other callers are waiting or connected via the 084 number at that time, then they would get through on that number immediately.

A practice may choose to acquire more than one line for the geographic number.

Ultimately it could choose to pay for sufficient additional lines to provide a suitable level of service on the geographic number, so to ensure equality of access. If it did this however, it would be effectively paying for two telephone systems and would have no use for the 084 number. This is one way in which a practice may achieve compliance with the terms of its NHS contract.

One may therefore say with confidence that if the two numbers are offered, then callers to the geographic number are receiving an inferior level of access. Regardless of any arguments about the terms of any particular contract, "our NHS" simply cannot operate on this basis.

Breach of contract

Some may argue that the NHS GP contracts permit use of expensive numbers if there are other ways of contacting the practice, e.g. in person, online or via an alternative number. This is untrue.

The contracts simply prohibit use of numbers which cause persons to pay more than for an equivalent call to a geographic number. The prohibition is not conditional upon other factors.

Those already using expensive non-geographic numbers when the revised terms were applied, in April 2010, are required to take "reasonable steps" to ensure that callers pay no more than the cost of an equivalent call to a geographic number.

Offering a geographic number, whilst the superior option of calling a more expensive number continues to be offered, cannot be said to **ensure** that the superior option is never taken.

Only if no "reasonable step" is available, must mitigating measures, such as a callback arrangement be considered. That is however unnecessary as a "reasonable step" is available.





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The obvious "reasonable step"

Telephone service providers allow users to migrate from a 084 number to the equivalent (geographic rate) 034 number. This is a standard facility, made available by Ofcom, with regulatory protection for both users of the number and their callers.

The option of migration to 034 is offered by providers, including **Daisy Surgery Line**, as a variation to the existing arrangement, without penalty. Customers are however warned that if they take this option they will thereby lose the benefit of the "revenue share", which is applied as a discount against the costs of their telephone system. Furthermore, they will have to meet the cost of using a non-geographic number and the associated queuing facility - this is normally charged "per call".

The net effect of this change is that the practice has to meet the full cost of the system to which it contracted, without the benefit of subsidy at the expense of patients. In some cases it could be recognised that this (true) cost of this solution is far greater than that of providing sufficient lines on a geographic number to enable a realistic, albeit finite, amount of queuing.

Not only could there be good reason why a practice would be unwilling to meet this, possibly excessive, cost, there also could be good reason why a provider would not wish a customer to become aware of the true cost of the system it has provided.

Notwithstanding issues between the practice and its system provider, if a practice is committed to retain a system using a non-geographic number, then migration to the equivalent 034 number must be seen as "reasonable" in terms of its relationship with patients, through the NHS contract.

We need go no further, but this needs to be seen in the context of a NHS undergoing "reform".

The future of the NHS

"Patient Choice" is seen as an important principle to be introduced to our National Health Service. It is however clear that any choice made by a NHS patient cannot be on the basis of cost.

When providing telephone access to a GP surgery using a geographic number, a concurrent "premium" option on a 084 number cannot be offered in addition. This applies regardless of the sequence in which the numbers were adopted.

The NHS Constitution states:

"Access to NHS Services is based on clinical need, not an individual's ability to pay."

Personal circumstances (including wealth) will always mean that some patients are able to access their GP more easily than others. That fact of life is however very different from a NHS provider offering a choice of telephone access, differentiated by price and quality.

NHS GPs have to find other ways of paying for their telephone systems. NHS patients cannot be paying customers. NHS GPs must cease taking calls (and subsidy) on 0844 numbers.

It must be clear to all that a TWO-TIER NHS is unacceptable

... at its very front door (access to GPs) ... and obviously beyond!

