

# NHS Regulations – Supporting GPs with Compliance

## Effective November 2012

### Overview

At Surgery Line we take compliance issues extremely seriously, and we are committed to working with our customers to ensure GPs and patients alike continue to benefit from enhanced telephony.

To clarify, 084 numbers are not premium rate numbers, nor are they banned in the NHS provided that surgeries are satisfied that “having regard to the arrangement as a whole” persons will not pay more to make relevant calls to the practice than they would to make equivalent calls to a geographical number.

### Background

In April 2010, the National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2010 (the “Regulations”) came into force for NHS bodies. The Regulations provide that “having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the practice than they would to make equivalent calls to a geographical number.” Our interpretation of the Regulations has always been that the “arrangement as a whole” must be a reference to the arrangements relating to a surgery as a whole, rather than the individual arrangements “as a whole” of each and every single patient of the surgery. We have taken this view because it is impossible, in our opinion, for GP practices (or Surgery Line on behalf of its customers) to make an informed assessment of each and every individual patient’s own arrangements and circumstances.

With that in mind, and in order to help GPs satisfy themselves that Surgery Line is compliant with the Regulations, we have undertaken an extensive analysis and comparison of what we consider to be a suitable sample of the geographic and non-geographic call costs from a range of mobile and landline providers. In undertaking this analysis, we have

sought to reflect, where possible, packages which reflect arrangements for the majority of patients. Specifically, we have evaluated what research suggests is the ‘modal tariff’ for contract mobiles, meaning the most common type of package, as evidenced by data provided by independent analysts<sup>1</sup>. This analysis is summarised overleaf.

### New Guidance

Further guidance regarding the use of 084 numbers in the NHS was published by the Department of Health in February 2012. This guidance is, in our opinion, at times unclear and still leaves the “taking the arrangement as a whole” test open to interpretation. The new guidance does, however, helpfully provide that:

- (i) if evidence demonstrates that a specific number is not charging callers more than the cost of a call to an equivalent geographic number, then that number can be used; and
- (ii) where there is evidence that persons are being charged more than the cost of an equivalent geographical call, then all reasonable steps must be taken to ensure this does not continue, and such steps may include providing an alternative geographic rate number for patients to call. Separately, the Department of Health has also confirmed to Surgery Line its view that where there are “anomalous outliers”, “it would be reasonable for these to be discounted” in analysing compliance.

In light of the above, Surgery Line has offered all customers (free of charge) a concurrent local rate line for patients to call. From the February 2012 guidance it is clear that the final decision on compliance rests with GP practices and NHS bodies and it is down to each GP practice and NHS body to satisfy itself that its arrangements are compliant.

1. Analysis undertaken by bill Monitor, from analysis of over 30,000 anonymised bills

## Our Analysis

Comparing landline “in bundle” calls: landline, broadband and television bundles provide inclusive allowances in return for a monthly fee. In-bundle calls are therefore NOT free and it is important that patients understand this point when discussing costs of calls. Moreover, calls to surgeries largely happen during the day, and therefore these calls are often not included as part of paid bundles.

### Calls from Landlines & Payphones:

Approximately 70% of Surgery Line calls originate from landlines. Regarding payphones, OFCOM analysis published in January 2012 demonstrates that from survey data from a weighted group (to ensure data is representative of the UK adult population) less than 1% of respondents cited “public payphones” as their main method of making and receiving telephone calls<sup>2</sup>. Moreover, BT data suggests that the number of calls made by payphone is falling by 25% every year<sup>3</sup>. For an out-of-bundle daytime call to an 084 number, the standard tariff offerings currently available<sup>4</sup> for BT, Sky, Talk Talk & Virgin Media (for G11) are in fact cheaper than geographical rates. In respect of these providers, comparing the cost of an average out-of-bundle daytime call for geographic numbers and 084 numbers used by Surgery Line (G6/G11) from the point of connection, 084 numbers are on average more than 6 pence cheaper per call for the call period analysed<sup>5</sup>. Of those prices independently monitored, more than 87% were an equivalent cost or cheaper than 084 numbers<sup>6</sup>.

### Mobile Phones – Contract and Pay As You Go:

Mobiles account for less than 30% of call volumes to practices using Surgery Line. With this in mind, we have sought to evaluate the most common types of packages (modal) to reflect patients’ arrangements whilst also accommodating trends in the mobile market (selected trends). By way of background, independent<sup>7</sup> analysis indicates that average rental costs of mobile contracts have remained largely stable<sup>8</sup>, whilst the component parts of call packages are seeing some changes. 300 minutes is catching up with 600 minutes as the most popular in bundle call volume level,

with approximately 60% of packages sampled including this amount. SMS allowance is on the rise, but this is largely due to a reduction in unlimited packages and the rise of a 500 text limit. The mean data allowance, used largely in smart phones to access the internet, has remained stable but the number of packages including this element is on the rise. This information has helped us to identify independently selected tariffs to support you to make a decision about compliance. OFCOM notes that Pay as You Go (PAYG) phone call volume accounted for approximately 17% of total mobile call volume in 2011<sup>9</sup>, and saw a 20% drop in pre-pay call volume between 2010-2011 as people migrated to post-pay contracts. If we apply this 17% proportion to mobile call volumes for Surgery Line, this suggests only approximately 5% of the total call volume to practices using Surgery Line are Pay as You Go. In light of the above analysis, Surgery Line has commissioned independent analysis to review a range of PAYG and contract packages<sup>10</sup>. For post-pay we have reviewed the standard available, in addition to the modal and selected trend tariffs. These tariffs reflect other types of popular tariffs in the market, as well accommodating for future trends such as the growth in data allowance for smartphones. We believe that this will provide you with analysis of the position for the majority of patients, and also reflect future trends in the market.

### Comparing mobile “in bundle” calls:

The mobile phone market as a whole is a complex and difficult area to unravel. Due to the complexity of call/text/data bundles/packages, it is virtually impossible to ascertain the exact cost of making a call to a surgery. In fact, ascertaining the cost of a mobile “in-bundle” call is near impossible, since the true cost per minute depends on the extent to which users utilise their phone voice allowance. For example a call cost using 100 out of 600 in-bundle minutes will not be the same as the cost per minute of using all 600 minutes provided. It is therefore critical to highlight that contract mobile phone bundles/packages, as well as landline, broadband and television bundles provide inclusive allowances in return for a monthly fee. In-bundle calls are therefore NOT free and it is important that patients understand this point when discussing costs of calls.

2. Source: Technology Tracker Quarter 3 2011, Published January 2012 (All interviews were conducted between 1st October and 10th December 2011) 3.

BT Press Release, October 2011.4. Data current as of week commencing 7th August 2012

5. Comparison based on a 2.9 minute call, the average length of a landline call to surgeries using Surgery Line from the point of connection.

Calls from mobiles are on average 2.5 minutes from the point of connection.

6. Analysis of data provided by PurePricing

7. Data provided by billmonitor, from analysis of over 30,000 anonymised bills

8. Data analysed covered a six month period (October 2011 – April 2012)

9. Communications Market Review, 2012, published July 2012

10. Comparative cost data provided by Pure Pricing

### Comparing “out of bundle” calls:

We have therefore sought to clarify the comparative costs of calling geographic and non-geographic numbers outside of bundles/packages as this provides the most objective comparison. Our analysis from data provided by Pure Pricing, a consultancy used by OFCOM, shows that when comparing the average out-of-bundle call cost for standard, modal and trend tariffs to geographical numbers for seven providers, (Tesco, Virgin, Vodafone, T-Mobile, Orange, 02, 3) and for 084 numbers used by Surgery Line (G6/G11), the cost of calls is almost 10 pence per call cheaper for 084 numbers for the call period analysed<sup>11</sup>.

### Comparing Pay As You Go (PAYG) Mobile phones:

On average, PAYG owners use their phone significantly less frequently than contract users. The number of PAYG connections is reducing in favour of mobile contracts as consumers realise it is more cost effective to use contract mobile phone packages, where usage costs are typically much lower. We will of course continue to monitor the marketplace on behalf of our GP customers to support them in making a decision about their compliance. Our analysis of the standard tariffs used by leading providers (who between them have a 55% market share<sup>12</sup>) shows that in August 2012, calls using those tariffs were either the same price or less expensive to call non-geographic numbers than an equivalent local rate number for a 2.5 minute call (the average length of mobile call from the point of connection with the surgery).

Regarding call costs, we would draw your attention to the GPC guidance which states “In terms of call tariffs, the call rates which patients are charged depend on their mobile phone service provider. It is a matter for individual members of the public to ensure that they are happy with the terms and conditions of the mobile phone arrangements that they enter into with their mobile phone provider<sup>13</sup>”.

### Conclusion

We will of course continue to monitor the marketplace on behalf of GP customers to support them in making a decision about their compliance.

The analysis set out above is provided to help GPs satisfy themselves that Surgery Line is compliant with the Regulations. Even if GPs are unable to satisfy themselves of compliance based on this analysis, the Department of Health guidance indicates that the installation of a concurrent local rate line alongside an 084 line will help ensure compliance, and therefore allow both patients and staff to continue to benefit from the enhanced telephony system (although patients calling the local rate line will not receive the enhanced features available on the 084 number).

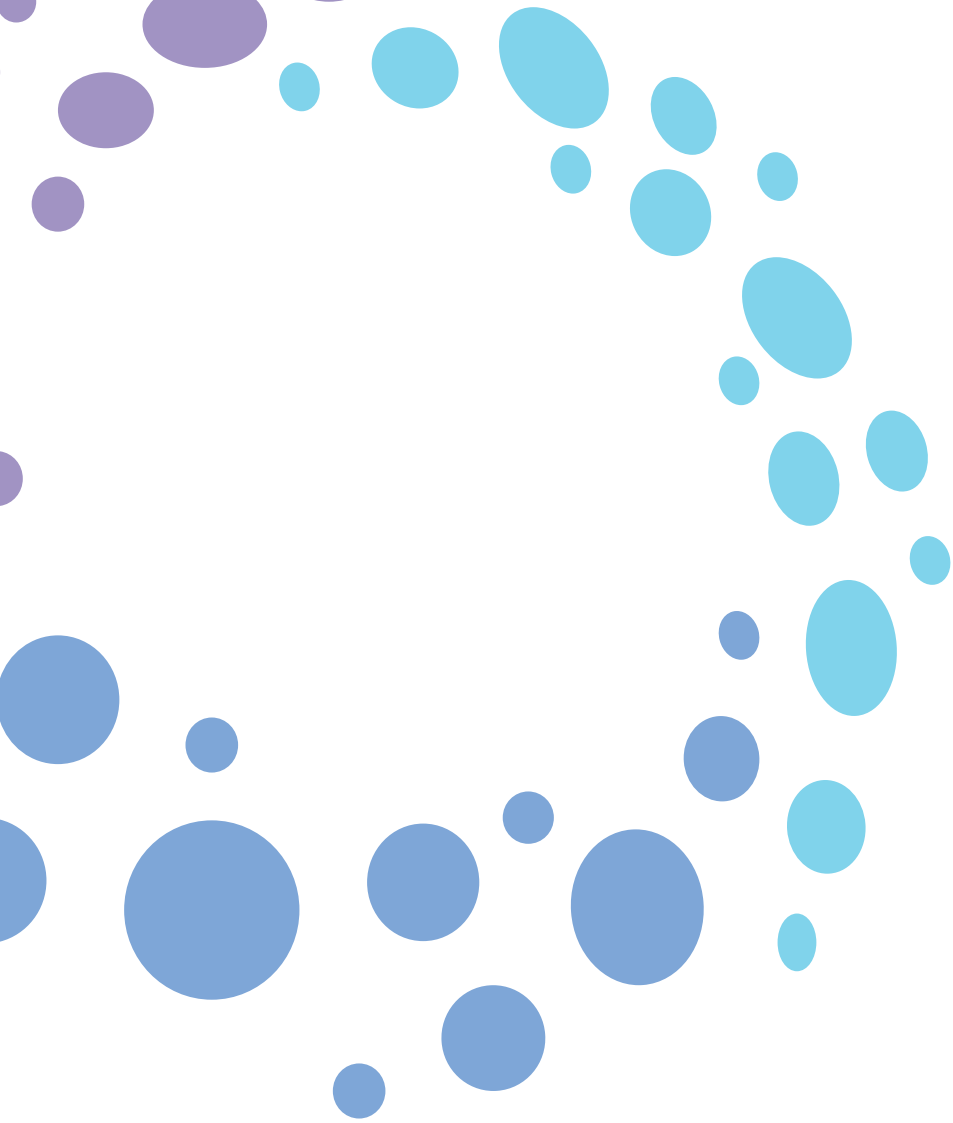
For further information please call us on **0800 988 33 33**.

Andrew Goldwater  
**Managing Director, Surgery Line**

11. From data provided by PurePricing and OFCOM market share data

12. From data provided by PurePricing and OFCOM market share data

13. GPC GUIDANCE: USE OF 084 NUMBERS BY GP PRACTICES, Revised June 2012 (first edition published July 2011)



[www.surgeryline.com](http://www.surgeryline.com)

**Tel: 0844 477 3956**  
Email: [am@surgeryline.com](mailto:am@surgeryline.com)