



Use of non-geographic telephone numbers (e.g. 0845) by the NHS and GPs' practices

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Under current rules, NHS bodies and GPs' practices are not prohibited from using non-geographic phone numbers, such as 0845 numbers, although the Department of Health has issued guidance about their use.

The DH states that they must be "satisfied that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the NHS body [or practice] than they would to make equivalent calls to a geographical number".

This rule came into force on 21 December 2010 for NHS bodies in England, and 1 April 2011 for GP's surgeries in England and Wales.

The DH did not specifically prohibit the use of 084 numbers (such as the 0845 prefix), despite a DH consultation on this issue finding that 87% of all public respondents and 58% of NHS organisations responding were of the opinion that 084 numbers should be banned.

While the DH conceded that "charges for those calling from mobiles and those on Pay As You Go tariffs [to 084 numbers] can remain more expensive", it said that banning the use of the 084 range could mean "another number range may then develop that operates in the same way".

NHS bodies and GP's surgeries had one year from the date the new rules came into force for them to review their arrangements to ensure they complied with the DH's policy. If they did not, the DH stated that they "must consider introducing a system under which if a caller asked to be called back, the NHS body will do so at its expense", although it was not made compulsory to introduce such a system.

In February 2012, the DH issued "further guidance" on the use of 084 numbers which included the following example: "if ... a person calls a GP surgery with an 084 number from a mobile, landline, or payphone, they, taking the arrangements as a whole, should not pay more for that call than if they were calling a geographical number from that mobile, landline, or payphone".

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1 Background – previous ban of premium and national rate numbers

The previous Government announced in February 2005 that “NHS organisations” would “not be able to set up new premium and national rate telephone numbers for patients contacting local services”. As a result, they banned the use of “premium rate” numbers such as those beginning 090 and 091, as well as the 0870 “national rate” number and the 0871 fixed tariff number; the ban was introduced on 1 April 2005.

The Government added that “the only special service numbers the NHS will be able to use in future are freephone numbers or those that offer patients a guaranteed low rate call, such as ‘0845’ or ‘0844’ numbers”.

The coverage of the changes also encompassed NHS dentists, NHS opticians and GP out of hours service providers. However, pharmacists were not included within the ban, and remained “able to use premium rate numbers to support their private commercial activities”.

The Department of Health (“DH”) noted that, at the time, “around 290 GP practices have established national rate lines [i.e. 0870], which charge up to 7.5p per minute for taking patient appointments or requesting repeat prescriptions”.¹ Those GP practices using national rate telephone lines would “be expected to change these to ‘lo-call’ rate numbers, which offer patients a guaranteed low call rate”. The DH said that the switch to these numbers should be completed by the spring of 2005, and that it would make funding of around £500 per practice available for them to switch from national rate to lo-call numbers.²

2 DH consultation on use of 084 numbers

2.1 Launch of the consultation

At the end of 2008, the DH launched a consultation entitled *The use of 084 telephone numbers in the NHS*. The DH explained:

Telephone numbers such as the 084 range are referred to as non-geographic numbers or Number Translation Services (NTS) ... In the past, 0845 numbers were defined as

¹ Directgov (National Archives website), [Ringling the changes for premium rate health lines](#), 29 April 2005, website [taken on 6 October 2011]

² Department of Health (wiredgov website), [National and Premium Rate Phone Numbers Banned From April](#), press notice, 24 February 2005

Business Rate Service, Special Services, Lower Rate or Lo-call Rate, due to their price originally being the same as a local call. These terms are no longer used and are more correctly defined as NTS numbers.³

On the issue of cost, the DH noted that 084 numbers no longer cost the same as calls made to local numbers, observing that “patients who use 084 numbers are paying more than the equivalent cost of a local rate call to access services provided by the NHS”.⁴

The DH added that the cost also often increased if the call was made from a mobile phone, especially for those callers using a “pay as you go” (also known as PAYG) tariffs:

Charges to NTS numbers can differ depending on whether the call is made from a fixed line or a mobile. Where mobile providers offer contracts with bundled call minutes, NTS numbers are often excluded from those packages. For those on Pay As You Go tariffs, calls to these numbers usually cost more than those made from a contract mobile account.⁵

The DH noted that, at the time, 084 numbers were “being increasingly used as a means of patients accessing NHS services” because “084 numbers allow the organisation receiving the calls to generate revenue from those making the calls”, at the cost of the caller.

However, the DH stated that “GP practices and other NHS organisations using 084 numbers do not make a profit from 084 numbers. The money generated by 084 numbers goes towards the cost of providing that number and the functions” (see below). The DH did note that concerns had been raised “that GPs using 084 numbers are generating an income through revenue-sharing schemes”, explaining:

Revenue-sharing arrangements allow for a proportion of the money paid to the supplier to go towards the ongoing cost of running an 084 number, which includes the cost of renting the equipment from the supplier.⁶

In contrast, using local call rate numbers create no revenue generation for the recipient of the call, and the caller is charged at the local rate.

The DH noted that a benefit of 084 is the extra functionality offered, such as allowing call queuing, call routing using push button selection, and redirection to out-of-hours services. The DH explained:

The extra functions enable GP practices to provide a better quality service to their patients, because they can:

- receive multiple incoming calls;
- receive comprehensive information on the volume of calls, which enables them to manage demand and provide better services to patients;
- provide a more efficient service to patients by providing them with the option to undertake certain tasks, such as booking appointments and ordering repeat prescriptions, via an automated system;

³ Department of Health, [The use of 084 telephone numbers in the NHS – Department of Health response to consultation](#), 14 September 2009, p2, section 1.2 (hereafter “DH 084 response”)

⁴ Department of Health, [The use of 084 telephone numbers in the NHS – A public consultation](#), 16 December 2008, p4 (hereafter “DH 084 consultation”)

⁵ [DH 084 response](#), p2, section 1.2

⁶ [DH 084 consultation](#), pp6 and 7

- have automated call recordings, which have been shown to reduce frustration among patients, reduce verbal abuse and improve staff training; and
- route calls to another location, especially out of hours.⁷

The DH noted that these functions are “not generally available with local rate numbers, although it is possible to buy equipment to run alongside a local rate number that enables extra functions to be provided”.

Alternatively, the new 03 numbers, introduced by the communications regulator, Ofcom, in 2007, “offer the same extra functions as 084 numbers”, according to the DH. For the caller, an 03 call is charged at the same as a local call, although a charge is levied on the person or organisation receiving the call, to cover the cost of the extra functions. The DH noted that “GP practices and other NHS organisations using 03 numbers are unable to offset these costs”.⁸

In terms of its proposals, the DH stated:

It is not an option to leave things as they are. If no action is taken, some patients will continue to pay more than the equivalent cost of a local rate call to access services provided by the NHS.

If the Government decides to ban the use of 084 numbers to stop there being a national disparity in accessing NHS services by telephone, one solution could be to use 03 numbers universally across the NHS. The use of 03 numbers would enable the NHS to offer a better quality service at no additional cost to patients. One of the questions we are asking is, who should pay any additional cost?⁹

2.2 Outcome of the consultation

The consultation ran from December 2008 to March 2009, and in September 2009 the DH published the findings of the consultation and its policy in the light of it.

The DH reported that, of the 1,938 responses from the public, “some 90% of the public respondents indicated that they agreed with the principle that patients should not be charged more than the cost of a local call to contact the NHS”, adding that “a total of 87% of all public respondents agreed that 084 numbers should be banned”.¹⁰ It also observed that “for some individuals who are on a low income and are unable to access a fixed line, contacting the NHS can constitute a significant proportion of their weekly income”.¹¹

Of the 1,025 responses by NHS organisations, 37% indicated that their organisation currently used a 084 number. The DH noted that “some 83% of all NHS respondents agreed with the principle that patients should not be charged more than the cost of a local rate call to contact the NHS”, and “some 58% agreed that 084 numbers should be banned”. However, “some 59% of respondents would like to offer patients the extra functions offered by 084 numbers”.¹²

⁷ [DH 084 consultation](#), pp5–6

⁸ [DH 084 consultation](#), p5

⁹ [DH 084 consultation](#), p8

¹⁰ [DH 084 response](#), p5, section 3.1

¹¹ [DH 084 response](#), p11, section 4

¹² [DH 084 response](#), p6, section 3.2

In its response, the DH said it was “clear from the consultation that the majority of both the public and NHS employees agree that the public should not be charged more than the cost of a call to an 01 or 02 number when accessing the NHS”.

The consultation also highlighted that “there was evidence that some telecoms providers have chosen to charge no more for an 084 call than a call to a geographic number when dialling from a fixed line”, although “charges for those calling from mobiles and those on Pay As You Go tariffs can remain more expensive”.

The DH said that it did not favour banning the 084 number range specifically, arguing that if it did so “another number range may then develop that operates in the same way”.¹³ It concluded:

The Department does not intend to ban the 084 number range, rather ... the Department intends to amend legislation and issue supporting guidance to NHS organisations to ensure that they review their current arrangements for telephony services and do not enter into future contracts/arrangements (or renew or extend an existing contract) ... to ensure that patients contacting the NHS do not pay more than the equivalent cost of a call to a geographic number, regardless of the number they call.¹⁴

In terms of automated services offered by 084 and 03 numbers, the DH noted that “the public responses emphasised the importance of not getting an engaged tone and being able to transfer between departments”. As such, the DH said that it intended to “issue guidance to the NHS on the use of telephony systems that facilitate automated answering, recommending that the option to speak to a person should always be made available to the caller”.¹⁵

3 Guidance on telephone numbers

3.1 NHS bodies

In December 2009, the DH issued the *Directions to NHS bodies concerning the cost of telephone call 2009*. The Directions applied to all NHS bodies (e.g. Strategic Health Authorities, Primary Care Trusts) except NHS Direct, and came into force on 21 December 2009 in England. However, they did not apply to GPs practices, because changes to the contractual regulations were required, which came into force on 1 April 2010 (see section 3.2).

Under the Directions, after 21 December 2009, an English NHS body was prohibited from entering into, renewing or extending a contract or other arrangement for telephone services “unless it is satisfied that, having regard to the arrangement as a whole, persons will not pay more to make relevant calls to the NHS body than they would to make equivalent calls to a geographical number”.¹⁶

Where an NHS body was already in such a contract or other arrangement, they had until 21 December 2010 to review the arrangement and “consider whether, having regard to the arrangement as a whole, persons pay more to make relevant calls than they would to make

¹³ *DH 084 response*, pp8 and 10, sections 3.4.1 and 3.4.3

¹⁴ *DH 084 response*, pp8 and 10, sections 3.4.1 and 3.4.3

¹⁵ *DH 084 response*, p9, section 3.4.2

¹⁶ Department of Health, *Directions to NHS bodies concerning the cost of telephone calls 2009*, 18 December 2009, p1, para 2(1)

equivalent calls to a geographical number”. If more was being paid, the NHS body had to “take all reasonable steps” to address this, including “varying the terms of the contract or other arrangement, renegotiating the terms of the contract or other arrangement, and terminating the contract or other arrangement”.¹⁷

In the event that it was still not possible to address the matter, the Directions state that “the NHS body must consider introducing a system under which if a caller asked to be called back, the NHS body will do so at its expense” [emphasis added].¹⁸ However, the use of the word “consider” meant that NHS bodies were not required to introduce a call back system.

In a “Dear Colleague” letter that accompanied the Directions, the DH explained that the Directions “instruct those organisations not to use contact telephone numbers which have the effect of the patient paying a premium above the cost of a call to a geographical number”. The DH added:

These Directions do not prohibit an organisation from using specific number ranges for the purpose of contacting NHS services. Organisations remain free to use non-geographical number ranges such as 084, providing that patients are not charged more than the equivalent cost of calling a geographical number to do so.¹⁹

Neither the Directions nor the “Dear colleague” placed any restrictions on the use of revenue sharing arrangements.

3.2 GPs practices

The Government made regulations to amend the terms of the contracts for GPs practices, so that the same rules about the cost of calls applied to them.²⁰ The regulations came into force on 1 April 2010, through changes to both the General Medical Services (GMS) contracts and the Personal Medical Services (PMS) agreements. The changes applied to England and Wales only.²¹

The wording of the regulations was “almost identical” to the Directions given to NHS bodies (see above):²² from the date the regulations came into force, a GP’s practice was unable to enter into, renew or extend a contract or other arrangement for telephone services unless “it is satisfied that, having regard to the arrangement as a whole, persons will not pay more to make calls to the practice than they would to make equivalent calls to a geographical number”.²³

On this point, the British Medical Association’s General Practitioner’s Committee (or “BMA’s GPC”), which issued guidance on the use of 084 number in July 2011, noted:

One way for practices considering signing a new contract for telephone services to satisfy themselves of this is to ensure that, before agreeing to the contract, they obtain a statement from the telephone services provider that confirms that the contract is fully

¹⁷ As above, pp1-2, paras 2(2) to 2(4)

¹⁸ As above, p2, para 2(5)

¹⁹ Department of Health, *Re: The use of 084 Numbers - Directions to NHS Bodies (Dear Colleague letter)*, 21 December 2009

²⁰ The regulations were the *National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2010* (SI 2010/578), which amended both the *National Health Service (General Medical Services Contracts) Regulations 2004* and the *National Health Service (Personal Medical Services Agreements) Regulations 2004* (amended by regulations 6 and 10 respectively of SI 2010/578).

²¹ British Medical Association, *GPC Guidance: Use of 084 Numbers by GP Practices*, July 2011, p1

²² British Medical Association, *GPC Guidance: Use of 084 Numbers by GP Practices*, July 2011, p3

²³ [SI 2010/578](#), regulations 6(2) and 10(2)

in compliance with the requirement of the GMS and PMS regulations, and that the cost of calls to the practice will be no more expensive than the cost of calls to an equivalent geographical number. The main telephone service providers are aware of the changes to the GMS and PMS regulations, and should be able to provide this statement on request.²⁴

If a GP's practice was already under contract, they had one year from the date the regulations came into force (i.e. until 1 April 2011) to review their arrangements. If, "having regard to the arrangement as a whole, persons pay more to make relevant calls than they would to make equivalent calls to a geographical number", then the practice must take "all reasonable steps" to address the situation, namely varying or renegotiating the terms of the contract or arrangement, or terminating the contract or arrangement.

On this point, the BMA's GPC guidance notes:

If a practice has considered the options open to it and believes that no reasonable steps can be taken, it is not necessarily obliged to vary, renegotiate or terminate its current contract. This is important because many GP practices have signed multi-year contracts with telephone services providers which cannot be varied, renegotiated or terminated without substantial financial penalty. In cases such as this, we believe that practices would be able to argue that it would not be reasonable for them to take action until the end of their current contract, at which point they are required to negotiate a new contract which is in line with the requirements of the GMS and PMS regulations for new contracts.²⁵

If it was not possible to vary, renegotiate or terminate a contract or take other reasonable steps to ensure that, "having regard to the arrangement as a whole, persons will not pay more to make calls to the practice than they would to make equivalent calls to a geographical number", the practice "must consider introducing a system under which if a caller asks to be called back, the contractor will do so at the contractor's expense"; the use of the word "consider" is noted.

In terms of monitoring compliance with the new regulations, the Minister for Health, Simon Burns, told the House in June 2011 that "it is currently the responsibility of primary care trusts [PCTs] to ensure that local practices are compliant with the Directions and guidance".²⁶ However, the BMA's GPC guidance states that local PCTs do not have a role to play:

Practices should note that the regulation requires the practice to satisfy itself as to the cost of calls, and makes no mention of a role for other organisations, such as PCTs.

[...]

It is the practice's responsibility to satisfy itself that the requirements of the regulations are met. One way for a practice to do this is to contact the company providing telephone services for the practice, and ask them to confirm that the practice's contract is compliant with the current GMS and PMS regulations. As noted above, the main telephone service providers are aware of the new regulations, and should be able to provide this statement on request.²⁷

²⁴ British Medical Association, [GPC Guidance: Use of 084 Numbers by GP Practices](#), July 2011, p2

²⁵ British Medical Association, [GPC Guidance: Use of 084 Numbers by GP Practices](#), July 2011, p2 (original emphasis)

²⁶ [HC Deb 9 June 2011 c440W](#)

²⁷ British Medical Association, [GPC Guidance: Use of 084 Numbers by GP Practices](#), July 2011, pp1 and 2

Again, the DH did not specifically ban GPs' practices from using 084 numbers, a point highlighted by the Health Minister in June 2011.²⁸ However, dialling 084, as noted above, can cost more if dialled from a mobile phone for example. On this point, the guidance from the BMA's GPC stated:

The regulations do not include any specific requirement for practices to consider the cost of calls from mobile phones. 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.²⁹

In addition, an earlier version of the BMA's note stated that "The guidance notes that "revenue sharing (this is where the supplier of the 084 line receives a proportion of the call charge as well as the caller's telephone line supplier) has not been banned by the Government".³⁰

3.3 Continuing Concerns

There have continued to be concerns about their use of 084 number, despite the new Directions and regulations.

Two written parliamentary questions have been tabled on GPs practices' use of 084 numbers during 2011 to date:

David Morris: To ask the Secretary of State for Health when he expects non-geographic telephone numbers for GP surgeries to be phased out; and if he will make a statement. [39560]

Mr Simon Burns: Following a public consultation on the future use of 084 numbers in the national health service, Directions to strategic health authorities and primary care trusts, and to special health authorities and NHS trusts in England (with the exception of NHS Direct NHS Trust) were issued in December 2009. The Directions instruct those organisations not to use contact telephone numbers which have the effect of the patient paying a premium above the cost of a call to a geographical number. Corresponding regulations were issued as an amendment to the General Medical Services Regulations in spring 2010.

The regulations do not prohibit an organisation from using specific number ranges for the purpose of contacting NHS services, Organisations remain free to use non-geographical number ranges such as 084, providing that patients are not charged more than the equivalent cost of calling a geographical number to do so.³¹

Caroline Nokes: To ask the Secretary of State for Health whether he has any plans to take steps in relation to the use by/of GP surgeries using 084 telephone numbers after April 2011. [58349]

Mr Simon Burns: The Department does not plan to take steps in relation to general practitioner surgeries using 084 numbers. The Department issued guidance and Directions to national health service bodies in December 2009 on the cost of telephone calls, which prohibit the use of telephone numbers which charge the patient more than the equivalent cost of calling a geographical number to contact the NHS. It is currently

²⁸ [HC Deb 9 June 2011 c440W](#)

²⁹ British Medical Association, *GPC Guidance: Use of 084 Numbers by GP Practices*, July 2011, p4

³⁰ British Medical Association, *GPC Guidance: Use of 084 Numbers in the NHS*, January 2010, p2

³¹ [HC Deb 11 February 2011 c478W](#)

the responsibility of primary care trusts to ensure that local practices are compliant with the Directions and guidance.³²

An article in the *Guardian's* "Healthcare Network", entitled "Time for the NHS to reverse the charges", by David Hickson stated:

Somehow the DH was misled into believing that there are some 084 telephone numbers which do not fall into this category ... [of being] more expensive to call than geographic rate numbers, those beginning with 01, 02 and 03 ... and that the necessary determination could be made by NHS service providers. This is a fallacy – unless the NHS provider blocks calls from mobiles, public payphones, non-BT landlines and, in the case of 0844 numbers, BT customers who have a call plan in effect at the time of the call.³³

The issue was also raised by *Which?*, who said:

And the DH directions didn't ban 0844 specifically – it's the call cost, not the code, that's important. 0844 is sometimes cheaper (slightly) to call than 01 and 02 numbers, from some operators, at some times of day. But not always, particularly if you're calling from a mobile, and certainly not if you have inclusive call minutes.

That's my main gripe with GPs' continued use of 0844. Mobile and landline operators alike are often keen for us to opt for inclusive call plans. They can help us manage our phone call spend, so many of us take up their offers.

But unlike 01 or 02 numbers (and sometimes 0845 and 0870), 0844 calls are never included in mobile or landline call plan inclusive minutes".³⁴

The matter was the subject of a Westminster Hall debate in January 2012, with Bob Ainsworth leading the debate. He noted that "GP practices were given until April 2011 to comply with the amended terms, but unfortunately, now, nine months after the deadline, Which? and other organisations estimate that 13% of surgeries in England continue to use 084 or 085 numbers that cost more than the equivalent geographical call", and raised concerns that "the people affected are disproportionately the more deprived members of our community".³⁵

In response, the Minister for Health, Simon Burns, told the House:

Since the rules came into force, I understand that there has been confusion in the NHS about what the regulations and the directions include. I am grateful for this opportunity to clarify some of those misconceptions in the NHS and elsewhere. There have been claims that mobile phones are not covered by the 2010 regulations, but that is not true. The regulations cover landlines, mobiles and payphones equally. The legislation is absolutely clear that if a person calls a GP surgery with an 084 number from a mobile, landline or payphone, they should not pay more than they would if they called a local landline number from the same phone.

[...]

³² [HC Deb 9 June 2011 c440W](#)

³³ "Time for the NHS to reverse the charges", *The Guardian Healthcare Network*, 10 March 2011

³⁴ "GPs – stop using expensive phone numbers", *Which? Conversation*, 20 April 2011

³⁵ [HC Deb 24 January 2012 cc51–52WH](#)

I also reconfirm that we are issuing clarification guidance to GPs, which I hope addresses another point that the right hon. Gentleman made.³⁶

4 Further guidance issued by the Department of Health

In February 2012, the DH published *The use of 084 numbers in the NHS – Further guidance*, which noted that since the December 2009 guidance was published, “a number of questions have been raised about what this means, and what these directions include and exclude”.³⁷

While stating that the DH’s “position on the use of 084 numbers has not changed since the response to the consultation in 2009”,³⁸ the guidance highlighted that the previous direction and regulations:

- relate to calls to the practice and these do not necessarily need to be made only by patients;
- does not mean that all calls to GP practices and NHS bodies must be charged at the same rate as an Ofcom-regulated call from a BT landline.³⁹

The guidance noted that “the legislation does not require any specific commitment to look at the actual costs of calling a surgery”, and continued:

The legislation is clear in that if, for example, a person calls a GP surgery with an 084 number from a mobile, landline, or payphone, they, taking the arrangements as a whole, should not pay more for that call than if they were calling a geographical number from that mobile, landline, or payphone.⁴⁰

In terms of action, the DH stated that:

Where there is evidence that persons are being charged more than the cost of an equivalent geographical call to contact an NHS body or their GP then all reasonable steps must be taken to ensure this does not continue. This could include the following:

- Varying or renegotiating the terms of the contract or arrangement that a primary medical services contractor, or NHS body, holds with its chosen telephony supplier;
- Terminating the terms of the contract or arrangement that the primary medical services contractor, or NHS body, holds with its chosen telephony supplier; or
- Providing an alternative geographic-rate number for patients to call, which could be part of a renegotiated contract or arrangement with the telephony supplier.

If evidence demonstrates that a specific number is not charging callers more than the cost of a call to an equivalent geographic number, then a primary medical services contractor or NHS body should be free to continue using that number.⁴¹

³⁶ [HC Deb 24 January 2012 c55WH](#)

³⁷ Department of Health, *The use of 084 numbers in the NHS – Further guidance*, 23 February 2012, p4

³⁸ As above, p7

³⁹ As above, pp5–6

⁴⁰ As above, p6

⁴¹ As above, p7