

Cabinet Secretary for Health and Wellbeing
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David Stewart MSP
Convener
Public Petitions Committee
Scottish Parliament
EDINBURGH
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Your ref: PE1285

23 January 2013

Dear David

Further to the recent letter to my officials from the Clerk to the Public Petitions Committee, and the ongoing consideration of PE1285, I wanted to provide an update on the considerations of the Scottish Government around adopting the 111 number in Scotland.

As the Committee will recall from previous correspondence, and following a consultation by Ofcom in summer 2009 on behalf of the Department of Health and the devolved administrations, a decision was made in December 2009 to designate the number 111 across the UK for access to NHS non-emergency healthcare services. In making this designation, Ofcom noted that the majority of the 214 consultation responses were supportive and that many respondents felt that the number would provide a simple and clear method for accessing non-emergency healthcare services, thereby reducing confusion and potentially alleviating pressure on the 999 ambulance service and on accident and emergency services. The number was designated 'free to caller'. Active consideration has been underway as to whether the 111 number should be adopted in Scotland in place of the existing number for NHS 24, and the Committee are aware that we awaited the evaluation by the University of Sheffield to inform our decision. That evaluation was published at the end of October 2012.

I am pleased to confirm that 111 will be adopted in Scotland in place of the current telephone number for NHS 24, and I will be announcing this decision today. The two key benefits of this are that the number is memorable (something that is not the case for 08454 24 24 24) and that it is free to caller (from landlines and mobile phones). Both of these benefits have the potential to broaden access to NHS 24, in support of our quality ambitions of providing person centred and effective care.

As part of our efforts to improve information available to the public, and to support messages about how patients might access unscheduled care support, adopting the 111 number offers an opportunity to consider a more strategic / NHS wide approach to our communications on unscheduled care. As such, I have asked for work to be taken forward on this aspect over the coming year, including ensuring that the public are given the information to enable them to choose the most appropriate service to meet their needs. At the core of the implementation planning for the new number will be the need to ensure that the communication around the number is clear and consistent so that the public and patient expectation is managed, while at the same time the implications for service demand are fully understood.

As the Committee will appreciate, it is important to ensure decisions affecting access to NHS services are based on the best available evidence and informed by engagement with stakeholders. As such, our anticipated timescale for the 111 number to go live in Scotland is April 2014. In announcing our decision now, planning and implementation with the range of partners and stakeholders can formally begin and I expect those involved to consider carefully the experience and learning from the sites in England. In addition, NHS 24 are currently in the process of implementing a new technology system and adopting the new number prior to April 2014 would represent a significant risk in terms of business continuity and system resilience.

On the separate matter outlined in the recent letter from the Committee Clerk in relation to 999 calls, the Scottish Government works closely with emergency services, telecoms companies and colleagues in the UK Government to ensure that the 999 service is effective and fit for purpose. It is essential that access to emergency services is available and not abused and we would urge the public to only dial 999 in a genuine emergency. However, we would be concerned that charging for calls to 999 could potentially jeopardise public safety and, as such, the Scottish Government has no plans to do so.

I hope this information is useful in further consideration of the original petition, and reassures the Committee that we have listened carefully, and responded, to the concerns raised.

I am copying this letter to the Clerk to the Public Petitions Committee.

ALEX NEIL