

## Your response

Question	Your response
<p><b>Question 1: Do you agree with the planning principles and methodologies that we will use in our work to refine the coverage area plan for small-scale DAB?</b></p>	<p>Yes, in principle although focus and weight should be given to no profit organisations willing to serve areas where there are currently no or limited commercial or community services.</p>
<p><b>Question 2: Do you agree with our proposed approach to the required technical licence conditions for small-scale radio multiplex services, and the proposed amendments to the Digital Radio Technical Code?</b></p>	<p>No View</p>
<p><b>Question 3: Do you agree with Ofcom's proposed approach to setting the level of reserved capacity for C-DSP services on small-scale radio multiplex services?</b></p>	<p>This appears generally acceptable to Radio Grapevine. However Ofcom need to recognise that hospital radio is the original community radio service and has been for well over 60 years across the UK.</p> <p>That being said hospital radio stations, like Radio Grapevine, need to embrace new technologies to reach their widening audience as healthcare develops into the community and resourcing and maintenance of hardwired systems drops in priority to NHS Trusts and Boards.</p> <p>Whilst Radio Grapevine are currently in strong position to consider C-DSP, we would ask that Ofcom reserved the capacity to enable Hospital, health and wellbeing services to be included post award.</p> <p>We encourage Ofcom to reconsider the non-coverage area of West Lothian and surrounding area and to include this area in any forthcoming licence award exercise.</p>

**Question 4: Do you agree with the factors we are proposing to take into account of in deciding the order and timescale in which Ofcom will advertise small-scale radio multiplex licences?**

Yes, his proposal appears acceptable.

<p><b>Question 5: Do you agree with our proposed approach for assessing the technical plans submitted in small-scale radio multiplex licence applications?</b></p>	<p>Radio Grapevine have a limited view on this proposal.</p> <p>Previous applications for FM or AM licences appeared to require less detail than what is proposed. Weight should be given to non for profit / non-commercial broadcasters – especially hospital, health and wellbeing providers who have been delicately been broadcasting through closed system of LPFM for many decades.</p>
<p><b>Question 6: Do you agree with our proposed approach for assessing the ability of applicants to establish their proposed small-scale radio multiplex service?</b></p>	
<p><b>Question 7: Should Ofcom require that the studio of a C-DSP licensee be located within the coverage area of the small-scale radio multiplex service it plans to broadcast on? Please explain the reasons for your view.</b></p>	<p>Whilst we agree the principle behind the need for location within the geographical area spread, coverage based on proposed Scotland South and Borders area doesn't include West Lothian where Radio Grapevine are based. However the extended populous who utilise NHS Healthcare services across Lothian are included within this proposed map area. This would exclude our ability to serve Lothian from our current location.</p>
<p><b>Question 8: We propose that holders of corresponding analogue community radio and DSP licences apportion their income equally across their licences, unless there are compelling reasons why a different apportionment is reasonable. Do you agree with our suggested approach?</b></p>	<p>No view</p>
<p><b>Question 9: Do you agree with our proposal that a prospective C-DSP service provider will be able to apply for a C-DSP licence once we have invited applications for the small-scale radio multiplex licence upon which their proposed C-DSP service is intended to be provided?</b></p>	<p>Radio Grapevine's view is that applications for C-DSP licences should be invited once a multiplex has been confirmed. This would provide reassurance to the licence holder (Radio Grapevine) that they would benefit from their application. For non-profit hospital community services, the annual fee and application would not be in vain.</p>

