Centre for Care

Economic and Social Research Council

FUNDED BY NIHR | National Institute for Health and Care Research

Working Paper 5 / May 2025

On hold: the Analogue-to-Digital Switchover and telecare

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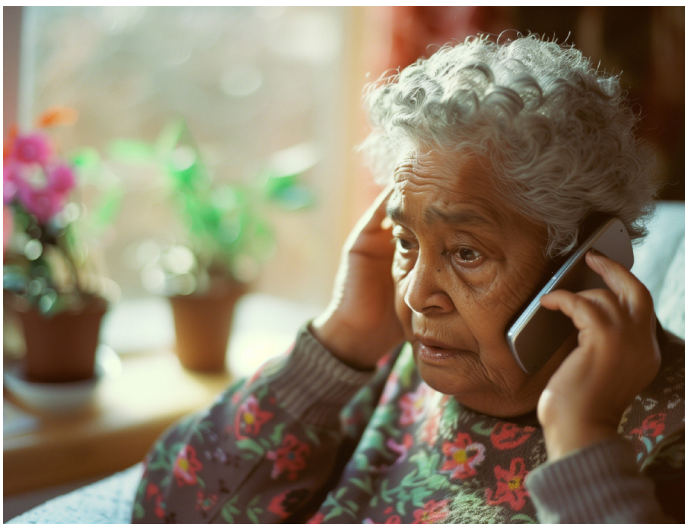
SUMMARY

A change is happening to the communication infrastructure in the UK as the landline telephone network is being migrated from analogue to digital. Technology-enabled care (TEC), or telecare devices and services have relied on analogue telecommunications networks to send signals from devices in people's homes to Alarm Receiving Centres, which in turn contact unpaid carers, or formal response or emergency services. Now, with infrastructure being 'switched over' to digital, this process will change, with new risks introduced. The switchover was initially announced in 2017 with a planned end-date of 2025. It has since been extended to 2027 following mounting concerns about the impact on 'vulnerable' users of telecare. This Working Paper examines these concerns, and confusion and subsequent attempts at clarifying lines of responsibility between national and local government, and telecare and telecommunications providers – and importantly the creation of various mechanisms to operationalise these responsibilities. It explores what has, this far, been a 'bumpy road', and suggests that it remains to be seen whether new plans can overcome more fundamental hurdles in the analogue-to-digital transition.

INTRODUCTION

Technologies – specifically 'Technology Enabled Care Services' (TECS) including telecare – are framed by UK policymakers as integral to alleviating pressures in the care sector (Department of Health and Social Care [DHSC], 2022). Yet if they are to deliver on aspirations to 'empower... [people] to manage their care in a way that is right for them' and resolve care sector workforce issues by 'transform[ing] performance' (DHSC, 2022), reliable infrastructure is required. In the UK , this infrastructure is undergoing change as part of the 'digital switchover' where the analogue telephone network will be or has been switched off and then replaced by digital networks. In 2017, British Telecom (BT) – one of the main telecommunications providers in the UK – announced they would start the process of migrating their analogue public switched telephone network (PSTN) to newer digital technology which carries calls over a broadband connection ('voice over internet protocol' [VoIP]). At that time, an end date was set for 2025; Virgin Media (now Virgin Media O2) adopted the same approach and timescales . The switchover was instigated by the costs related to maintaining the PSTN's deteriorating copper wiring as well as the potential of VoIP to offer clearer call quality and support the increasingly complex digital devices and services now on the market (OfCom, 2019). The switchover process is occurring gradually a region at a time, with providers taking a staged approach by initiating a 'stop sell' of analogue telecoms devices (though analogue products are not yet being withdrawn from homes). It is a transition which is not unique to the UK: the process is underway or has been already completed in France, Germany, Estonia, Japan, New Zealand, Portugal, Poland, Singapore, Spain and Switzerland (Forsyth et al. 2018; BT, 2023).



Much of the discussion regarding the switchover focusses on its impact on telephone landlines, but the analogue PSTN is also used by people who use telecare – an estimated 1.8 million people in the UK . Such devices include 'pendant alarms' (to summon help in an emergency) and sensors (to remotely monitor for environmental changes, like fire, carbon monoxide, flood, and temperature extremes). Some of these devices, when triggered by the person or by changes in the home environment, communicate with an 'alarm receiving centre' (ARC). Communication using the analogue telephone network consists of a tone sent via the PSTN to an ARC operator. The person then attempts to speak to the person via a response unit in the home and either close the call or summon the appropriate help if necessary (i.e. calling a 'named responder' [typically a local family member, friend or neighbour], a dedicated response service, or the emergency services).

NEW RISKS AND REGULATION

The risks the switchover brings to people who use telecare were highlighted early in the switchover process by local authorities (Shropshire County Council, 2018), care providers, academics (Hamblin, 2020) and groups like the Local Government Association (Say, 2023) and the Technology Enabled Care Services Association (TSA – a sector body representing local authorities and TEC providers) (TSA, 2021). One area emphasised was telecare call failure or distortion, resulting from analogue tones being sent via digital networks. While reports on failure rates vary from 2.3-3.6 (TSA, 2021), 5 (FarrPoint, 2022) to 11 percent of calls (Hughes, 2019), given the TSA asserts ARCs across the UK receive in excess of 50 million calls per year (TSA, 2018), any of these percentages present a significant number. In addition, once a call has been received, ARCs may then need to connect with those assigned to respond to calls, so any unreliability in the phone connections of these respondents creates further risk.

Examples of call failure from the switch to VoIP networks were reported as early as 2017. In Falkirk, Scotland, 1,200 telecare calls failed to reach the ARC or had poor sound quality in one month (TSA, 2017). Though a seemingly obvious solution is for all local authorities and providers of telecare to replace analogue devices with digital versions immediately, this is hampered by significant costs. The TSA estimated this transition would require investment across the UK of some £150-£300m (TSA, 2017). To illustrate what this would look like at a local authority level, Liverpool City Council estimated that to transfer its existing 4,000 analogue telecare users to digital alternatives (SIM-enabled devices) would cost £234,000 (Williams

and Kay, 2018), without including new users of the service. In the wider context of demand on adult social care in the UK and falling resources in real terms, these additional costs are unsustainable; in England alone, it has been reported by the Association of Directors of Adult Social Services that £903 million in savings in adult social care are required for 2024/25 (ADASS, 2024).

The risk that analogue telecare devices will make unreliable connections via VoIP is exacerbated by the potential that people or telecare providers might not be aware that they need to ensure their devices are digitally compatible. That is, they may not be informed the switchover has taken place in their area. The United Kingdom Telecommunications regulator the Office of Communications (OfCom) – a body that is accountable to, but independent of, government – has been mediating between the telecoms and telecare sectors regarding the switchover. In discussions about roles, responsibilities and regulation in the digital switchover's initial stages, OfCom stated that:

> *'Although this change is being led by the broadband and phone companies, a number of organisations, including Ofcom, have a role to play in making sure customers experience minimal disruption and are protected from harm. Ofcom's rules mean that phone users must receive equivalent protections, however their landline is delivered' (OfCom, 2019: 1).*

A fundamental challenge in stakeholders taking action, though, relates to their organisational awareness: just as telecare providers/ commissioners do not always know that the switchover has occurred or will imminently occur in a particular area, similarly telecom providers do not know which of their customers receives telecare services. Early guidance from OfCom highlighted the need for telecom companies to communicate to ensure that appropriate actions are taken:

> *'Given the critical nature of some of the services that rely on the PSTN, we consider that communications providers should engage with key downstream service providers to help them understand and prepare for the change to ensure the transition is as smooth as possible and to mitigate the risk of any consumer harm' (OfCom, 2019: 7).*

'Downstream services' in this context include telecare, and also people using these systems, who were explicitly highlighted as a group of consumers who would need additional support during the digital switchover (OfCom, 2019). OfCom acknowledged that telecom companies do not always know which customers have telecare in place but at the same time stated that telecom providers should 'Identify customers who use critical downstream services (such as a telecare device), develop appropriate communications plans and put in extra protection measures. For example, this could include delaying a customer's migration until satisfied that their downstream service is compatible with VoIP' (OfCom, 2019: 8). Suggestions around identifying telecare customs, however, have led to questions regarding the sharing of data in line with data protection legislation between telecare and telecom providers (LGA, 2024), and questions as to whose responsibility it would be to provide the 'extra protection measures'.

'Extra protection measures' relate to another risk raised by the digital switchover for people who use telecare. Whereas the PSTN has its own electrical current, allowing people to make phone calls during a power failure, the VoIP does not and therefore in a power cut, devices are unable to operate via the digital network. After switchover, people will need battery backup for their telecare devices should a power cut occur or a mobile with a SIM card (which is charged and has access to a mobile network). These risks became less abstract in 2021 when Storms Arwen and Barra resulted in widespread loss of power in northeast England and Scotland lost power for days. More than 1 million people were without power. The effects on individuals were highlighted by the BBC, with coverage citing someone who had been left with 'no way of calling for an ambulance, no way of asking for less urgent help and no way of talking to his power company' (Williams, 2021). Similar issues were evident during Storms Dudley and Eunice in 2022 (Telecare 24, 2023), which prompted BT to pause their digital network roll out (Beresford, 2022). Reflecting on this obstacle, the CEO of the Consumer Division at BT, Marc Allera, said:

> *'We underestimated the disruptive impact this upgrade would have on some of our customers. With hindsight we went too early ... we have more work to do on getting better back-up solutions in place for when things disrupt the service like storms and power cuts' (quoted in Smith, 2023).*

OfCom had previously issued guidance regarding battery backups (GCA3.2[b], OfCom, 2018b) as part of their General Conditions for telecom providers following a consultation. Concerns were raised during the consultation regarding the implications of power failures for 'those who are at risk as they are dependent on their landline' (OfCom, 2018a) to summon help in an emergency, including TEC customers (TSA, 2018; Shropshire County Council, 2018). The General Condition GCA3.2[b] consultation included several principles relevant to people using telecare:

> *'Principle 1: Providers should have at least one*

solution that enables access to emergency organisations for a minimum of one hour in the event of a power outage in the premises

Principle 2: The solution should be suitable for customers' needs and should be offered free of charge to those who are at risk as they are dependent on their landline

Principle 3: Providers should i) take steps to identify at-risk customers and ii) engage in effective communications to ensure all customers understand the risk and eligibility criteria and can request the protection solution' (OfCom, 2018a).

These principles garnered significant debate in the consultation process. The TSA highlighted that Principle 1's stipulation of one hour of power back-up runs counter to standards for 'social alarm systems' which require 24-hour secondary power source in the event of a primary power failure (TSA, 2018; 2020). There were concerns raised that OfCom also did not included ARCs as an 'emergency service' (Communications Consumer Panel, 2018; Shropshire Council, 2018; TSA, 2018). The TSA highlighted that with ARCs inaccessible, the burden on the emergency services would increase in times of power cuts as these centres resolve 95-97% of the calls they receive, diverting the need to call 999 (TSA, 2018). OfCom's response in the final guidance was that 'no additional organisations are currently classified as 'Emergency Organisations', including ARCs and the national power cut and electricity network safety service' and therefore 'Ofcom cannot compel providers to ensure their customers have access to those organisations during a power outage' (2018b: 23).

Principle 2 also provoked debate regarding the definition of 'those who are at risk as they are dependent on landlines', and who should bear the cost of the 'protection solution'. Telecom provider responses indicated that the cost should be borne by other stakeholders, including consumers themselves (BT, 2018; FCS, 2018; the Post Office, 2018; Verizon, 2018; Virgin, 2018; Voipfone, 2018). BT in their submission argued that it is 'disproportionate and impractical to expect CPs [communications providers] to provide protection for customers experiencing power cuts of significant duration; this is properly the energy companies' responsibility' (BT, 2018: 1).

In response to Principle 3, telecom providers argued that they would not be well-placed to identify 'at-risk' consumers (Sky, 2018; TalkTalk, 2018; Vonage, 2018). OfCom had suggested in the proposal that receipt of telecare be an indicator (2018a) but TalkTalk's (2018) response highlighted the regulator themselves had previously decided not to include this group in the 'priority fault repair' policy (OfCom, 2013). The regulator had instead stated that there was a lack of evidence that doing so would lead to 'significant consumer benefit'. OfCom acknowledged that whilst the EU's Universal Service Directive requires Member States to ensure equivalent access to telecom services for disabled people, and 'having a care alarm could be seen as a proxy for being disabled or having a chronic long-term illness', the organisation concluded 'this would be likely to be imprecise since anyone can buy one without having to provide evidence of need' (OfCom, 2013: 22) (echoing a point made by BT (2018) in their submission to the consultation).

Following these contributions, the final version (OfCom, 2018b) of the guidance on accessing emergency services was clear that communications providers should provide at least one means of battery back-up for a minimum period of an hour and that this would be free to 'those who are at risk as they are dependent on their landline' (p. 2), with providers bearing the costs. However, fundamentally ARCs were not considered an emergency service, and people receiving telecare would not be considered by default to be 'at-risk' or dependent on a landline.

GOVERNMENT RESPONSES ACROSS THE UK NATIONS

While OfCom engaged in discussions around the switchover and its implications for telecare from the announcement in 2017, responses from the governments across the four UK nations were slower to emerge. Scottish Government via Digital Health and Care Directorate and the Digital Office for Scottish Local Government provided a 'roadmap' in 2020, drawing on learning from nations where the switchover had already taken place. From 2020-2021, Scottish Government's Digital Health and Care Directorate co-ordinated a Digital Health Europe (DHE) EU Horizon 2020-funded project. Scottish Local Government produced a

National Briefing Document (2021), articulating the risks around the reliability of analogue telecare operating on digital networks, a timeline for the switchover and a 'playbook' 'which explores the stepping stones to achieve a digital transition through three phases: Discovery, Planning and Implementation' . Scotland's approach also included the shift to a nationwide ARC service, as opposed to a fragmented approach with individual local authorities and councils commissioning their own (Future Scot, 2023).

In Wales, TEC Cymru, funded by the Welsh Government and Aneurin Bevan University collaborated with consultancy FarrPoint to map local authority actions to mitigate the switchover in Wales in 2021. The report found there were an estimated 77,000 telecare users in Wales and only 1 in 5 local authorities had a plan in place for the digital switchover of their telecare connections; almost all felt unsupported by the telecom sector to manage the transition (TEC Cymru and Farrpoint, 2021). TEC Cyrmu has since developed a suite of resources and guidance to support local authorities. Interestingly, in Northern Ireland, Digital Health and Care Northern Ireland apportioned decision for the switchover to the UK government, rather than the major players in the telecom sector and made no mention of the transition in the 2022 national strategy document 'Health and Wellbeing 2026: Delivering Together' (DH, 2022).

The English Government also took longer to engage with these issues, explicitly stating that DHSC was working with stakeholders on this issue 'since 2021' – four years after the switchover was announced (DHSC, 2022b). In Autumn 2021, NHSX commissioned FarrPoint to conduct a study including a survey and interviews with telecare providers and suppliers into their readiness for the digital switchover (FarrPoint, 2022). At this time, concerns were being raised about central government's inattention and a lack of concerted action on the part of some local authorities to prepare telecare (Hamblin, 2020; Needham and Hall, 2022; Wright, 2021). FarrPoint found that of the providers and suppliers surveyed (n=51), around half had experienced issues with their existing telecare because of the switchover, including a lack of communication that people with telecare would be migrated to digital connections, then devices not functioning reliably or re-connecting at all. They also reported that providers' plans for adapting their services for the digital shift are at an early stage, with many plans still being developed, or yet to move into their implementation phase' (FarrPoint, 2022: 6). Mitigating factors highlighted in the report include a lack of resources (both in terms of finances and equipment availability), which 'suggests that there is likely to be a risk that a significant number of service users will not be migrated to a digital service by 2025' (p. 6).

Also in 2022, Local Government Association and ADASS 'Partners in Care and Health' Digital Switchover Working Group conducted a survey of local authorities (n=59), indicating a more positive picture of local authorities' preparedness to manage the switchover. Most surveyed had plans and some had already been implemented, but a 'number of councils [were] yet to identify how they will fund the move and some are considering increasing their charges to service users' (LGA, ADASS and PHC, 2022: 5). In the same year, the English Government published a telecare 'action plan' (DHSC, 2022b) – five years after the switchover was announced – with an update in 2023 (DHSC, 2023). The plan cited the reports by FarrPoint, (2022) and LGA, ADASS and PHC (2022) and noted risks identified by other stakeholders in early discussions around the switchover:

- *'telecommunications providers not knowing which of their customers are also telecare users*
- *telecommunications providers not giving telecare users enough notice of their switchover or communicating this in an unclear way*
- *telecare equipment not being assessed or updated by the telecare service provider prior to a service user's digital telephone upgrade*
- *good switchover practices not being developed in time. There is currently no requirement or set process for a telecommunications engineer, if present in a vulnerable person's property, to reconnect a telecare device to a digital telephone line, nor accepted practice across the telecommunications industry for testing the functionality of reconnected devices' (DHSC, 2022b).*

The action plan noted variations in local authorities and telecare providers' 'digital maturity', and lack of awareness among relevant sector actors and people who use services. It included an 'action tracker' as well as highlighting the creation of resources such as a 'Digital switchover telecare checklist' (funded by DHSC and produced by FarrPoint). The updated version of the action plan in August 2023 then referenced a number of developments, such as BT's decision to pause 'bulk migrations' of customers who met specific criteria, one of which was receiving telecare, until March 2024. Another change was Virgin Media O2 offering an additional three months notice for migration to telecare users (in addition to the standard three months), as well as providing a backup line:

> *'to ensure voice calls to emergency services can continue in the event of a power cut or broadband network disruption. However, this does not support third-party devices and customers are advised to speak to their*

telecare device provider about obtaining a device that has a separate, dedicated back-up, such as its own battery and a SIM card' (DHSC, 2023).

The revised plan also included an 'update on advances in telecare devices', outlining new developments made by TEC manufacturers to develop devices with their own integrated battery backups, that are interoperable between analogue and digital networks and/ or have their own SIM cards to enable connection regardless of power to the digital router at the property. The telecare market was thus acting to fill a void in action from other stakeholders.

RISKS BECOME REALITY

In December of 2023, Technology Secretary Michelle Donelan 'summoned' (Field, 2023) telecom providers including Virgin Media O2, BT, TalkTalk and Sky to a meeting to discuss 'serious incidents' where telecare had failed following migration to digital networks. News outlets reported telecom providers were 'being ordered' by Donelan to 'stop forcing digital phone lines on the elderly after power and internet outages left pensioners stranded' (Field, 2023). Sir John Whittingdale, the Minister of State for Data and Digital Infrastructure at the time commented: 'When people need help, they should have every confidence that the services provided to them will get them the assistance they need, and I am clear that recent failings must never happen again' (Department for Science, Innovation and Technology [DSIT], 2023).

Following the meeting in December 2023 with ministers, representatives from Virgin Media O2 made public statements regarding the role of care providers, including local authorities, in the switchover process. Rob Orr, Virgin Media O2's chief operating officer emphasised 'repeated efforts to inform local authorities and telecare companies of our plans' but claimed that 'often engagement is too slow or doesn't occur at all' (Orr in Warrington, 2023). Orr called on the Government to create 'a new telecare charter' or 'new rules to ensure nobody is left behind'. Whilst stakeholders were sceptical as to the usefulness of this proposition (Tims, 2023), the English Government then in 2024 published via the DSIT (2024) a voluntary charter for telecom providers: the 'Public Switched Telephone Network charter'. It includes ways to protect vulnerable users, such as going beyond the required 1-hour battery back-up and pausing 'non-voluntary' migration of users until 'we have full confidence that we are taking all possible steps'. Orr argued, 'Without local authorities and telecare providers engaging and fulfilling their responsibility, there's a danger that the UK never quite finds its digital voice'. To date, nine telecom providers have signed the charter (Ogi, BT, Virgin Media O2, Sky, TalkTalk, Vodafone, Shell Energy, KCOM, Zen Internet).

In April 2024, the deaths of two people in June and November 2023 who had pendant alarms but experienced device failure when their analogue system had been switched off were made public – potentially the 'serious incidents' and 'recent failings' alluded to by ministers Donelan and Whittingdale in December 2023. The Telegraph, which had made a Freedom of Information Act Request, reported 'One customer died in June six to eight days after their device failed, while the other died in November four to six days following their device failing – although their deaths have not been formally linked to non-functioning devices or landline switches' (Eastwood, 2024). Following the second death, ministers met with OfCom and Lutz Schüler, the chief executive of Virgin Media O2. OfCom then opened an investigation in December 2023 (but made public in February 2024) to establish whether Virgin Media O2 had complied with their duty to provide 'all necessary measures to ensure uninterrupted access to emergency organisations' and to follow 'effective policies and procedures for the fair and appropriate treatment of vulnerable consumers'. As noted above, OfCom (2013) had previously argued that being in receipt of a telecare was a poor proxy for disability or vulnerability, but in these cases it appears to have been an indication that additional support was needed. For their part, Virgin Media O2, maintained that there was no reason to believe that the switchover contributed to the two deaths, as both people had 'underlying health conditions' - a claim which can serve to devalue disabled people and those in ill-health through its emphasis on pre-existing conditions (Liddiard, n.d.)' DSIT, meanwhile, 'cautioned it doesn't have information on whether the device failures were a "significant contributing factor or cause of death"' (Lydon, 2024).

Amid mounting concerns from local authorities, politicians and stakeholder groups (Thewlis, 2023; Say, 2024a, b), in April 2024 the timescales for the switchover were amended, with BT announcing a revised end-date of January 2027 (BT, 2024). Virgin Media O2 followed suit, but also restarted new digital connections following the pause

in December 2023 (Orr, 2024). However, the continuing human cost has been evidenced in accounts in the Guardian newspaper (and in the comment sections below the articles) too. In February 2025, a letter to the newspaper describes a 95 year old struggling to move to a new number, when their telephone line was switched. The response from Anna Tims (2025) states, 'the switchover has grave implications for vulnerable customers as digital lines do not work during power outages and may be incompatible with vital telecare buttons ... your friend was indeed transferred without his knowledge'. An article from the previous year highlight instances like:

> *'My 101-year-old father was left without a landline and a functioning panic button after BT switched his phone service from analogue to digital without warning' (Tims, 2024).*

And another describes how,

> *'BT somehow managed to convince my 75-year-old mother that it would be a good idea for her to switch her landline over to its new Digital Voice service ... she was left without a working phone line or access to the internet' (Brignall, 2024).*

CLARIFYING AND OPERATIONALISING RESPONSIBILITY

While the extended deadline for the switchover is positioned as an endpoint, with the services of people who use telecare being migrated from any time between now and 2027, immediate action is still needed to address the risks described above. Action to help communication providers identify people using telecare was laid out in further guidance published in November 2024, and in a more extensive 'Telecare National Action Plan' policy paper which came out in February 2025. At the start of the paper, Ministers Stephen Kinnock and Chris Bryant emphasise:

> *No one organisation or set of stakeholders can ensure the safety of telecare users. It requires a joint effort, and this government wants to ensure that effort is coordinated and impactful.*

The paper refers to 'outcomes', and allocates actions and 'owners' as well as including specific mechanisms to help operationalise the various responsibilities. The first outcome is that telecare users will not be migrated to digital services without ensuring that their telecare service will be functional. Actions include identifying telecare users, not migrating the network of anyone who still has analogue telecare devices, and ensuring that 'users who are most at risk are identified and prioritised'. The Action Plan states it is the responsibility of telecare providers to notify telecoms companies of telecare users living in particular areas, and includes links to template data sharing agreements to support the delivery of this outcome. This identification and definition of who is 'at risk' reignites previous debates regarding telecare and vulnerability – and whether having the former is necessarily a good indicator for the latter. The November 2024 guidance on 'Supported journeys: defining vulnerability' during the PSTN migration' begins by (somewhat paradoxically given the guidance's title) explicitly stating they will not do so:

> *The commitment in the PSTN charter refers to agreeing a definition of 'vulnerability'. However, it has been agreed collectively that 'vulnerability' is not the most suitable term to use in this guidance. This is because not all people who require additional support with the migration consider themselves to be vulnerable, and also to avoid confusing this guidance with what has already been issued by Ofcom regarding telecoms and vulnerability. Instead, the focus on this document is on those who will, or will be likely to, require additional support (also referred to as "supported journeys") specifically in the context of their landlines being migrated from analogue to digital.*

The February 2025 policy paper, the 'Telecare National Action Plan' continues in this vein by defining vulnerability according to whether the person is on a 'supported journey', stating that:

> *This guidance does not explicitly seek to identify 'vulnerable' groups, but rather those that communication providers should provide additional assistance to during their migration journeys. This includes customers that are telecare device users, and those that are entirely landline dependent. Customers (or their carers) also have the option of self-identification if they feel they require additional support during the migration.*

The second outcome is that analogue telecare devices will be 'phased out', with a 'feasible timeline' to be established by Government, telecare suppliers, and telecare service providers. Where analogue telecare devices are still in use, the outcome includes that they should be regularly tested for reliability and 'The results of tests should be shared, with this action's owners designated as 'telecare service providers and communication providers'. This phasing out action, however, raises questions regarding what happens to existing devices already purchased (e.g., by

local authorities purchasing telecare in bulk, or by 'personal telecare buyers'), with no reference to what will happen to the obsolete analogue devices in terms of their decommissioning and disposal.

The third outcome focusses on raising awareness of the switchover, with a plan for a 'national communication campaign in early 2025'. In relation to this outcome, there is some acknowledgement of unevenness in how far telecare service providers have progressed in migrating their services. Sharing migration plans is presented as vital to improving awareness - yet this requires communication providers knowing which of their customers need to know about the switchover and its impact on the services they use. It also requires clarity around language and terminology: the paper itself refers variously to 'telecare' and 'technology enabled care', 'TEC' and 'telehealth'.

The fourth outcome of the paper, for stakeholders to collaborate to safeguard telecare users, will be driven by the Telecare Action Board formed of stakeholders from across industry and government bodies, with representation from people who access services. What is apparent up until this point, though, is that some of these stakeholder groups have been at odds when allocating responsibility and accountability for actions around the digital switchover.

In outlining these aims the government seems to have woken up to the complexity of the switchover. However, a remaining obstacle is the coordination of communication and information across a wide range of stakeholders from sectors that are, to varying degrees, fragmented with various telecoms providers and telecare services (some provided by local authorities themselves or charities) and a 'customer base' that spans local authorities, housing associations and a private purchase market.

LOOKING BACK, MOVING FORWARD

Reflecting on the period since the announcement of the digital switchover nearly ten years ago, messages have been mixed. At times the Government positions its roles as significant – e.g, the 'UK government has decided that the 'analogue network' currently used by most home phones will be switched over by 2025' (DH, 2022). Simultaneously, the Government has emphasised that the switchover is 'industry-led' , with the Government 'encouraging' 'the TEC and telecommunications sectors to work together to mitigate risks' (Clark, 2024). As part of risk mitigation, 'Decisions on migrating customers are made by the companies that operate and provide services on the network' (Clark, 2024). More confusion is introduced by the difficulty of ascertaining who is responsible for this operation and provision of services. When Virgin Media O2 responded to the deaths of two of their customers, they emphasised that they only provided the network their telecare devices were reliant on; the telecare themselves could have been privately purchased or commissioned by a local authority and then provided by a contracted telecare provider, on a local authorities' own 'in-house' service in part or totality (Lydon, 2024). Ascertaining who is a telecare user and who is 'vulnerable' is another remaining difficulty. The move from language of vulnerability to 'supported journeys' in the recent Telecare National Action Plan may be less stigmatising, yet does not illuminate the nature of the support. Instead, the plan refers to an 'expectation that these groups of customers should receive additional support' but 'does not seek to be prescriptive as to how communication providers provide this'. As with the other action points listed to achieve the Plan's four outcomes, there remains a collective sense of responsibility. So far, however, collective responsibility has meant organisations deflecting accountability and blame while people fall through the gaps.

Such ambiguities and confusions regarding responsibility also reflect broader complexities in the sector around 'duty' for different aspects of care. Local authorities are (under the Care Act, 2014) responsible for ensuring that care needs are met, but not for delivering the services that will actually meet those needs; telecare providers and telecom organisations become additional moving parts within this dynamic, and bring with them their own agendas and own ideas of who is responsible for resolving and mitigating risk. While the recently launched Telecare Action Plan takes some steps forward to clarifying responsibility, as well as outlining concrete steps to enable the 'owners' of various actions to deliver on them, these broader tensions around responsibility remain.

ENDNOTES

[1] https://www.england.nhs.uk/telecare/

[2] The switchover is UK-wide, but adult social care as a policy area is devolved to the four UK nations.

[3] BT's share of the fixed line market in 2023 was 49.3%; Virgin Media O2's was 16.5% and other providers accounted for 34.2% (Ofcom, 2023).

[4] https://www.openreach.co.uk/cpportal/products/the-all-ip-programme/stopsell-updates/

[5] Of these 1.8 million people, 1.3 million live in their own homes and 0.5 million in a range of care homes, supported housing and sheltered living arrangements (DHSC, 2023).

[6] Specifically BS EN 50134 and BS EN 50134-2: https://knowledge.bsigroup.com/products/alarm-systems-social-alarm-systems-trigger-devices?version=tracked.

[7] Police, fire, ambulance and coastguard services.

[8] https://www.digihealthcare.scot/our-work/international-engagement/digital-telecare-roadmap/

[9] https://telecare.digitaloffice.scot/

[10] 'The UK government has decided that the 'analogue network' currently used by most home phones will be switched over by 2025 and replaced with a new 'digital network'. https://dhcni.hscni.net/news/telephone-land-lines-are-going-digital/.

[11] Established in 2019 to bring together information technology teams from DHSC, NHS England, and NHS Improvement; it was merged into NHS England transformation directorate in 2021.

[12] Local authority, housing provider, or other organisation providing / commissioning telecare (FarrPoint, 2022: 65).

[13] Organisations that sell TEC equipment and services (FarrPoint, 2022: 66).

[14] https://www.local.gov.uk/publications/digital-switchover-telecare-checklist

[15] https://www.ofcom.org.uk/phones-and-broadband/vulnerable-customers/investigation-into-virgin-medias-compliance

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ABOUT THE RESEARCH

The Centre for Care is a collaboration between the universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, Carers UK, the National Children's Bureau and the Social Care Institute for Excellence. Working with care sector partners and leading international teams, it addresses the urgent need for new, accessible evidence on care. Led by Centre Director Sue Yeandle and Deputy Director Matt Bennett, its research aims to make a positive difference in how care is experienced and provided in the UK and internationally.

This working paper was written by Grace Whitfield and Kate Hamblin as part of the Centre's work on Digital Care: roles, risks, realities and rewards. The paper was designed and typeset by Dan Williamson.

To cite: Hamblin, K. and Whitfield, G. (2025). On hold: the Analogue-to-Digital Switchover and telecare. Centre for Care Working Paper 5, CIRCLE, Sheffield: University of Sheffield

ISBN 978-1-8382688-5-5

The Centre for Care is funded by the Economic and Social Research Council (ESRC), award ES/W002302/1, with contribution from the National Institute for Health Research (NIHR) (Department of Health and Social Care). The views expressed are those of the author(s) and not necessarily those of the ESRC, UKRI, NHS, the NIHR or the Department of Health and Social Care.

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