5 August 2020

Commerce Commission
PO Box 2351
Wellington NZ 6140

Submission on
Draft 111 Contact Code and Draft Copper Withdrawal Code

Thank you for the opportunity to make a submission on the draft 111 Contact Code and the draft Copper Withdrawal Code. This submission is from Tunstall New Zealand Limited, an Assistive Technology and Medical Alarm Monitoring Provider; and a subsidiary company of Tunstall Group Limited UK. Tunstall has been delivering our services and solutions into the New Zealand and Australian markets since 2000.

The following information is an industry perspective only and does not reflect a perspective of all providers or any other stakeholders. Background and facts provided are sourced from information in the public domain.

The Introduction of NBN and the Australian Experience for Medical Alarm Users

In 2016, upon the introduction of a National Broadband Network in Australia the nation's medical alarm consumer products became non-compliant to the AS4607 standards. Many older Australians were not aware that the rollout of the nbn™ access network impacted their medical alarm. Users of monitored and unmonitored (autodialling) medical devices and alarm buttons that are incompatible found that their devices did not work on the NBN. Also, nbn™ had not considered back up power support in the development of their technologies. This created a situation by which all medical alarms in the Australian market, when connected to an NBN, would become disabled in a power outage making them non-compliant to the AS4607 standard and putting vulnerable people at risk.

What happened

With industry engagement, including submission hearings to a government led Joint Steering Committee, nbn™ launched the $100 million Medical Alarm Subsidy Scheme (MASS) in July 2016. The scheme provided subsidies to alarm companies so that they could assist existing alarm users update to GSM alarms at no cost to them. However, this scheme only covered PSTN compliant monitored alarms, not unmonitored alarms; and only AS4607 complaint monitoring companies were allowed to participate in the scheme.

The nbn™ setup a Medical Alarm Register (MAR) for medical alarm users to register their device and receive the subsidy assistance to make the switch. The aim was to ensure device users upgraded to a 3G alarm so if there was a power outage and the NBN connection cut out, their alarm service would continue to work.

Tunstall took part in nbn™ Medical Alarm Subsidy Scheme (MASS) as an approved Alarm Service Provider (ASP). The scheme ran from 2016-2018 and was designed to assist eligible end users, within the context of the deployment of the NBN network, to migrate to alternative medical alarm equipment. This migration was essentially a subsidised upgrade from landline based medical alarms to GSM based alarms. The scheme allowed for installation services and high gain antennas for areas with poor GSM coverage. An "eligible end user" was deemed to be someone who already had a PSTN medical alarm installed in their place of residence as at September 2015. The scheme was delivered by an independent nbn™ provider and was strictly managed under contracted guidelines and KPIs.

Alarm Service Providers (ASPs) were expected to do the following:

- Test alarm offerings over NBN-based telecommunications services at test facilities with RSPs and/or provided by NBN Co. to satisfy themselves of device operation. (Tunstall's alarms and third party alarms it monitored were tested and found to be compatible).
- Proactively contact customers as the NBN rolls out and advise customers about potential impacts on their alarm service, and if their alarm is expected to work with their chosen RSP. If an incompatibility is expected, discuss options with the customer.
- Publish alarm compatibility information which had been determined both by testing over RSP's NBN-based telecommunications services and from field experience.
- Produce and promote alarm specific telecommunications wiring requirements and manuals for alarm device installers, and alarm test procedures, for use during new alarm installation and NBN migration.
- Advise customers that wiring modifications need to be undertaken by a registered cabler in accordance with the cabling standards.
- Contribute data to nbn™ medical alarm register about the premises where medical alarms are present
- Cease from distributing and installing PSTN analogue alarms

Issues and problems to manage

SIM cards – the large number of Tunstall's end users (55,000) and corporate groups (220) had never had to pay for mobile service delivery. Affordability was an issue for corporate groups and consumers.

Communications – the volume of correspondence and face to face to meetings with corporate groups and carers was significant. Many corporate groups were unhappy and ready to vent their frustration on providers, government and the nbn™. Special information contact centres and website had to be set up and resourced and access for consumers and their carers provided to ensure issues and complaints were managed.

Data – existing monitoring companies were well placed to deliver essential data of which end users already had an alarm, which corporate organisations were caring for those end users and who were their immediate carers and responders; and what were their unique requirements regarding their care plans and support already in existence. Most if not all end users were being supported under some form of government/community funding or via a retirement village entity. Permissions to provide data to facilitate the transition and upgrade program had to be sorted, tracked, recorded and reported on.

Technology - Peripheral compatibility was an issue that needed to be addressed. End users had peripherals already in the market, and these were only compatible with certain products. High gain antennas were required to manage connectivity in areas where the GSM coverage was not strong enough. This was highlighted as a cost that needed to be covered under the scheme. High gain antennas also required specifically trained installers and two installers which again added further costs to the roll out. Training and education was required for on-site installers, corporate customers, on site managers and end users. These costs were not included in the scheme.

Operational matters - This was a complete disruption to the market and timelines were unprecedented in order to meet the requirements of the agreements. Reputation and business risks were not insignificant and had to be managed carefully. Completely new project teams dedicated to the program had to be installed. Comprehensive changes and additions to policies, procedures, guidelines and training were required. The program involved complex contract management and reporting, significant involvement by senior management at all times and extensive governance controls and risk management was required.

Lessons learnt

Seek engagement as early as possible with decision makers and technology providers who have the capacity to impact on end users, especially those most vulnerable in communities and for those groups and stakeholders who support them.

Develop and introduce agnostic and interoperable technologies that are not entirely dependent on single infrastructure or telecommunications organisations that hold a monopoly in the market.

Recommendations for Draft 111 Contact Code

a) Process for being identified as a vulnerable consumer

RSPs do not have the experience or resources to make assessments of vulnerable people. Assessments for assistive technology are generally done by professionals who are trained in aged care, allied health or disabilities. Equally, vulnerable people under Domestic Violence Protection orders are assessed by trained people in protective services.

Recommendation - that assessment processes remain in the hands of professionals who are trained and certified to conduct such assessments.

Additionally, existing users of assistive technology, medical alarms and 24/7 monitoring services should not have to be reassessed as vulnerable simply because technology infrastructure has changed. This process creates unnecessary bureaucracy, costs and burden to people already in vulnerable situations and to those organisations that care for them.

Recommendation - that the Code address separately the process for supporting people who already have an existing PSTN medical alarm due to their vulnerability. That a registry be established, the process to be streamlined, and the requirement for approval to receive an alternative service should be waivered, providing an end user can produce evidence of an existing service.

Recommendation – that consideration be paid to those vulnerable people with medical alarms who cannot afford to upgrade their equipment and a subsidy program, similar to the MASS, be taken under consideration to support them to transition.

Recommendation – that procedures and solutions be established to address special needs end users who utilise their copper service to activate specialty alarms and peripherals and do not have GSM coverage where they live.

b) Requirement for resubmitting applications after 12 months

An end user should not have to re-submit an application when the alternative device/service has already been installed and they have already gone through the process of proving their eligibility to receive an upgrade. What action would occur post the 12 month re-submission and what criteria would need to be met to enable them to keep their device? RSPs should not have the authority to remove a customer's device and therefore their ability to communicate via technology. Under a scenario whereby a client within the 12 months, has gone into high care, or moved premises and no longer requires their device, does this mean they will be required to make some sort of restitution to the RSP? Is there an expectation this requirement will be for every 12 month period thereafter? This seems an onerous requirement that only increases further cost and burden on the RSP and on the end user and the organisations that care for them.

Recommendation – remove this requirement.

c) Communication for consumers

Recommendation – set up of a national hot line and dedicated website for consumers and their carers to access information and submit requests for information and which provides for existing medical alarm users.

Thank you for the opportunity to make a submission on the draft codes. Any further enquiries regarding this submission please don't hesitate to contact our offices.

Yours sincerely

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