Rural and Regional Affairs and Transport References Committee

Inquiry into the shutdown of the 3G network

Questions taken on notice by the National Rural Health Alliance at the public hearing held on 23/07/2024

Personal Emergency Response Services devices – number remaining that need to be upgraded and cost to transfer the device to 4G.

Senator COLBECK: In respect of the assistive technology devices, do you have any understanding of the number and extent of those remaining in the system that will require change as part of the shutdown?

Is there a repository of information somewhere that the Committee could look at to find that with these private companies? Who has what, basically, in terms of the equipment that needs to be changed over?

Because we don't have the full detail of what's there, do you have any information with respect to the cost to transfer all of this? Trying to find out what the broader cost is, to be frank.

The question that I'm asking is: do we know the extent of what's going on but also what the conversion effort is going to have be? And then the next question is what is the cost?

Answer

- Personal Emergency Response Services Limited (PERSL) (persl.com.au) is the self-governing body that represents manufacturers, service providers and consumers of PERS devices. In relation to a repository of information listing the private companies, the Committee may wish to visit the PERSL website. PERSL membership includes MePACS, INS Lifeguard and CareAlert.

- According to information on the PERSL website, many PERS devices do not have a unique identifier that unambiguously identifies a device as a healthcare or PERS device and without this information, mobile network operator (MNOs) cannot identify these devices and associate them with its users.

- The National Rural Health Alliance (NRHA) has not been able to access information on the number of assistive technology devices that remain impacted by the 3G network shutdown and indicative costs.

Commonwealth Home Support Program and RFDS telehealth services

Senator DARMANIN: In your submission, you made some comments about lack of support for the CHSP, the home care program. I wonder if you could talk a bit more

about that and whether, to your knowledge, the telcos have been communicating with relevant home-care providers to address that.

<u>Answer</u>

- Advice from the Aged and Community Care Providers Association indicates that it is unlikely that home care providers would negotiate with telcos directly regarding the 3G network shutdown. Providers would implement a more individualised approach with their consumers, and a reasonable process would include steps such as:
    - Identifying clients with a pendent alarm/emergency device (whether or not purchased by Government funding) and prioritise direct contact to check if they are 3G or 4G without VoLTE.
    - For those identified clients, determine if assistance is required for the change and schedule those supports (by a care manager or care worker).
    - Contact other clients as required to discuss the changes.
    - Provide general newsletter notifications to clients, advocates and next of kin.

- The Older Persons Advocacy Network (OPAN) has advised that aged care technology providers such as Talius may have some data on the number of providers they have assisted to change over to newer generation medical alert and emergency call devices. However, this type of data would not capture the impact on older people or their carers still using older personal mobile phones.

Senator DARMANIN: In your opening, you talked about 80,000 telehealth appointments and you said that many were on 3G. How many is 'many' out of the 80,000? Do you know?

<u>Answer</u>

- Based on advice from the RFDS, the 80,000 calls come from outside major cities (i.e. MMM 3-7) and a large majority from MMM 5-7.

- In order to show the calls coming from rural and remote locations and whether they are on the 3G network, these locations would need to be overlayed on a detailed 3G network coverage map. The NRHA does not have access to this type of information.