



TEC & TELECARE INFRASTRUCTURE BRIEFING

The UK TEC Switch-Off Guide

Preparing for the UK's Analogue Switch-Off with Confidence

The UK's move from analogue PSTN lines to Digital Voice will affect how telecare and Technology Enabled Care (TEC) services connect, communicate and respond. This guide sets out, in plain terms, what's changing, what it means for your connected devices, and the practical steps your organisation can take now — including the opportunities the transition opens up.

ABOUT AMPARO TECHNOLOGIES

Amparo Technologies helps Housing Associations, Local Authorities, Care Providers and NHS organisations modernise their connected care and safety services. We specialise in open, interoperable platforms that reduce risk and future-proof Technology Enabled Care infrastructure through the analogue switch-off and beyond.



Understanding the Switch-Off

What Is Changing

The UK's telephone network has, for decades, relied on analogue PSTN and ISDN lines. Openreach and other network providers are retiring this analogue infrastructure in favour of **Digital Voice** — a service that carries voice calls over an internet (IP) connection rather than traditional copper telephone lines.

This is not simply a change to household phone lines. Because so many telecare and building safety devices have historically connected via analogue telephone sockets, the switch-off has direct implications for how alarms, sensors and monitoring equipment communicate with monitoring centres.

Why the Switch-Off Is Happening

Analogue exchange equipment is old, increasingly difficult to maintain, and expensive to run compared with modern IP-based alternatives. Network providers across the UK are consolidating around digital infrastructure to deliver more reliable, scalable and future-ready services.

The telecommunications industry is migrating all services from the analogue Public Switched Telephone Network (PSTN) to digital IP-based services. The current industry target is for migration to be completed by **31 January 2027**. As implementation guidance may evolve, organisations should always refer to the latest publications from Openreach, Ofcom and the UK Government before making operational or procurement decisions.

What “Digital Voice” Means in Practice

Broadband becomes essential

A stable internet connection is required for any device relying on a telephone line to function.

Power resilience matters more

Power outages can affect phone lines differently than on the analogue network, making backup power an important consideration.

Compatibility isn't automatic

Devices designed for analogue signalling may not work on digital lines without assessment or reconfiguration.

The UK PSTN Switch-Off Timeline

The UK is moving from the analogue Public Switched Telephone Network (PSTN) to digital voice services. Here's what you need to know.

1 ANALOGUE PSTN

Up to 31 January 2027

The analogue PSTN and ISDN networks remain available. Organisations should act now to assess their services and plan for migration.

2 TRANSITION PERIOD

1 Feb 2027 - 31 Jan 2028

Openreach will withdraw analogue services in phases by area. Customers will be contacted in advance. Engineers will no longer install or repair most analogue services.

3 DIGITAL VOICE

From 1 February 2028

The analogue PSTN and ISDN networks will be withdrawn nationwide. All voice services will run over digital networks. Analogue services will not work after this date.

Important: If your organisation relies on analogue phone lines for telecare, lift alarms, warden call systems, fire alarms or other critical services, you must plan now to ensure continuity after February 2028. Don't leave it too late — assess, plan and migrate in plenty of time.

Verified source: Openreach — Network Switch Programme, Key Milestones; Ofcom — Guide to the PSTN and ISDN Switch-Off. Visit openreach.com/switchoff or ofcom.org.uk/switchoff for the latest information. Dates subject to change — always confirm against current published guidance.

Common Misconceptions

Misconception	Reality
"This only affects home phones."	Many connected care and building safety devices also rely on analogue lines.
"Our provider will handle everything automatically."	Some devices require assessment, reconfiguration or replacement.
"We have plenty of time."	Timelines vary by network provider and region; proper assessment and migration takes time.
"Digital means less reliable."	With the right planning — backup power and connectivity — digital services can be more resilient, not less.



What This Means for TEC

Telecare and building safety ecosystems often include a wide range of connected devices — many originally designed to communicate over analogue telephone lines. As networks transition to Digital Voice, each device type needs to be reviewed individually.

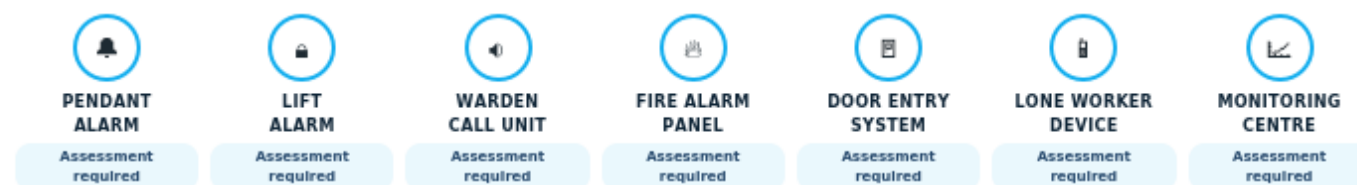
VERIFIED SOURCE

Approximately **2 million people** in the UK currently use telecare services. As the UK transitions from analogue to digital phone networks, organisations must ensure that telecare devices remain compatible with digital connectivity to protect service users.

Source: UK Government — Telecare National Action Plan: Protecting telecare users throughout the digital phone switchover (Department of Health and Social Care & Department for Science, Innovation and Technology, 2025).

Every Connected Device Counts

The UK analogue switch-off could impact a wide range of critical services.



Don't assume your devices are unaffected. Identify, assess and plan now to stay connected, compliant and future-ready.

Why Every Connected Device Needs Individual Assessment

It's tempting to treat the switch-off as a single, uniform event — but every device type behaves differently on a digital network. Some equipment is already IP-compatible; other equipment may need adapters, replacement or reconfiguration.

"The switch-off doesn't affect every device equally — which is exactly why a full audit matters more than assumptions."



Five Steps to Take Now

Preparing for the switch-off doesn't need to be overwhelming. Organisations that approach it methodically — starting early — tend to have the smoothest transitions.

1 Audit Your Connected Devices

Build a complete inventory of every device and system relying on a telephone line — pendant alarms, lift alarms, warden call systems, fire alarms, door entry systems, lone worker devices and monitoring equipment.

Tip: Include building-level infrastructure as well as individual service-user equipment — it's easy to overlook shared systems such as communal door entry or lift alarms.

2 Identify High-Risk Analogue Services

Prioritise devices that are safety-critical, serve vulnerable service users, or have no confirmed digital compatibility.

Tip: Rank devices by risk and urgency rather than migrating everything simultaneously — this keeps the process manageable.

3 Engage Suppliers Early

Speak to telecare equipment suppliers, monitoring service providers and network/broadband providers to confirm compatibility, timelines and required upgrades.

Tip: Ask suppliers directly whether equipment is confirmed Digital Voice compatible — don't assume based on age or brand alone.

4 Plan Your Migration

Develop a realistic migration plan with clear milestones, responsible owners, and contingency arrangements for service continuity during the transition.

Tip: Factor in broadband resilience and backup power at each site — connectivity becomes more central to service continuity in a digital environment.

5 Choose Open, Interoperable Platforms

Where equipment needs replacing, prioritise open platforms that aren't locked to a single vendor's proprietary ecosystem.

Tip: Ask potential suppliers how their platform integrates with third-party devices and monitoring systems.

QUICK CHECKLIST

- ✓ Full device audit completed
- ✓ High-risk analogue services identified
- ✓ Suppliers engaged and compatibility confirmed
- ✓ Migration plan with timeline and owners in place
- ✓ Open, interoperable platforms prioritised for replacements



Why Open Platforms Matter

As organisations replace or upgrade analogue equipment, the platform choices made now will shape operational flexibility for years to come.

Vendor independence

Select best-in-class devices from multiple manufacturers rather than one supplier's roadmap and pricing.

Interoperability

Integrate telecare devices, monitoring software and housing/NHS-facing platforms to improve data flow.

Scalability

Add new device types or sites, or adjust service models, without a full system replacement.

Reduced long-term costs

Avoid vendor lock-in and support more competitive procurement over time.

Easier integration

Open standards simplify integration with existing IT, housing and care record systems.

Better resilience

Interoperable systems are easier to adapt if a supplier discontinues a product line.

Future readiness

Positions organisations to adopt future digital transformation initiatives without repeat disruption.

"Open platforms aren't just a technical preference — they're a long-term risk management strategy."

Platform Choice. Long-Term Impact.

Choosing the right platform today shapes your flexibility, costs and capability tomorrow.

	🔒 Closed / Proprietary Platform	🔓 Open / Interoperable Platform
Flexibility	✗ Locked into one vendor's roadmap	✓ Freedom to choose best-in-class devices
	✗ Harder to adapt to changing needs	✓ Future-proof, technology-independent
Cost Predictability	✗ Higher long-term, vendor-dependent costs	✓ More competitive pricing through choice
	✗ Hidden costs for changes/integrations	✓ Invest in what you need, when you need it
Integration Ease	✗ Proprietary interfaces and data silos	✓ Open APIs and standard protocols
	✗ Slower to implement new capabilities	✓ Faster deployment, true digital transformation

How Amparo Technologies Can Help

Navigating the analogue switch-off doesn't have to be a solo effort. Amparo Technologies works with Housing Associations, Local Authorities, Care Providers, Telecare Providers, Assisted Living Providers and NHS organisations to plan and deliver a smooth transition to digital-ready Technology Enabled Care.



The switch-off is usually framed as a risk to manage — and the rest of this guide treats it that way for good reason. But it is also a genuine opportunity. Moving to digital, IP-connected care does not simply preserve what analogue did; it opens the door to something analogue never could: understanding a person's wellbeing over time, rather than only responding after something has gone wrong.

The Shift From Reactive to Proactive

Traditional telecare is reactive. It waits for a pendant to be pressed or a fall to be detected, then raises an alarm. Digital, data-connected care can add a second, quieter layer — continuously learning a person's normal patterns so that meaningful changes are noticed early, often before they become an emergency. This is not a fringe idea: DHSC and TSA both describe the digital transition as a chance to move toward smarter, more proactive, data-driven care rather than a like-for-like replacement of old equipment.

What “Activities of Daily Living” Monitoring Means

Using unobtrusive sensors — typically motion, door and appliance-use sensors, with no cameras or microphones — a connected system can learn an individual's Activities of Daily Living (ADL): when they are usually up and about, how often they use the kitchen or bathroom, and their broad sleep and movement patterns. Over time this builds a picture of what is *normal for that person* — the essential baseline against which change can be spotted.

Turning Data Into Early Warning

Analytics — and, increasingly, machine-learning techniques — can then flag meaningful deviations from that baseline: a marked drop in activity, disrupted sleep, reduced kitchen use, or changed bathroom frequency. Such shifts can be early indicators of a developing infection, deterioration, reduced mobility or low mood, prompting a carer to check in a day or two earlier than they otherwise would. The aim is not surveillance; it is noticing the change that allows a timely, human response.

“The organisations that treat the switch-off purely as a compliance exercise will end up where they started — on newer wires. Those that treat it as a chance to move from alarms to insight can deliver better-informed, more preventative, more person-centred care.”

Why This Needs an Open, Data-Capable Platform

None of this is possible on a closed, single-purpose alarm box. It requires a platform that can ingest data from many device types, store and analyse it securely, and integrate with the people and systems that act on it. Openness also changes the *cost* model: when care is software-defined rather than tied to one proprietary unit, the service can run as an app on a resident's own smartphone, a low-cost provider-supplied device, or alongside genuinely open third-party peripherals — provided the choice is matched to each resident's acuity (see “Rethinking the Cost Model”, overleaf).

AN HONEST WORD ON EVIDENCE AND ETHICS

The research base for ADL monitoring and anomaly detection is promising and growing, with many peer-reviewed studies showing that changes in a person's routine can be detected reliably. Robust, large-scale evidence on improved patient outcomes is still developing, and detection is never perfect. Used well, these tools add a valuable preventative layer — but they should enhance, never replace, human judgement and response. Any deployment must handle personal data lawfully and proportionately (UK GDPR, with a data protection impact assessment), keeping the person's consent, privacy and dignity at the centre.

Sources: DHSC & DSIT Telecare National Action Plan (2025); TSA analogue-to-digital and future-proof telecare guidance; peer-reviewed reviews and studies on ADL telemonitoring and anomaly detection. Evidence on clinical outcomes remains an emerging field; claims here are framed as opportunity, not guaranteed result.



For decades, telecare has meant a piece of dedicated hardware in every home: a proprietary alarm unit, an engineer visit to install and configure it, and a replacement cycle every few years. The move to digital, IP-connected care makes a different model possible — one where the service is software-defined and no longer tied to a single dedicated box. For providers under budget pressure, and for the public sector especially, the cost implications are significant.

One Model, Three Tiers — Matched to the Resident

A software-defined, open platform does not force an all-or-nothing choice. The same system can be delivered in the way that fits each resident, scaling from an app on their own phone up to full peripheral hardware where their needs require it:

1 BRING YOUR OWN DEVICE

Lower acuity, digitally confident

The app runs on the resident's own smartphone. No dedicated alarm unit, no engineer install — the largest hardware and installation costs simply disappear.

2 LOW-COST PROVIDED DEVICE

No smartphone, or shared setting

A basic, inexpensive Android device carries the app — still far cheaper than a proprietary dispersed-alarm unit, and quick to deploy.

3 OPEN PERIPHERALS WHERE NEEDED

Higher acuity / specific needs

Genuinely open third-party peripherals (open API, MQTT and similar) plug into the same platform — so provision scales up without switching systems.

Where the Savings Come From

The saving is concentrated in two places analogue-era telecare could never avoid: the **per-resident hardware unit** and the **engineer installation**. Where a resident uses their own device, both largely disappear; where a low-cost device is provided, both fall sharply. The 24/7 monitoring and response service — the part that actually answers an alarm — is unchanged, so this is a saving on equipment and deployment, not on the safety-critical response itself.

WHAT THIS CAN BE WORTH — AMPARO'S OWN ESTIMATES

Drawing on published UK reference points — for example a digital dispersed-alarm base unit and pendant at around **£200**, and one local authority charging roughly a third less per week for a 'use your own mobile' option than for an installed unit — Amparo estimates that a software / bring-your-own-device model can avoid in the region of **£200-£370 per resident** in one-off hardware and installation cost, and cut recurring cost by around **30%**, for residents it genuinely suits. Across the UK public sector — councils, social services and social housing — Amparo's modelling puts the potential avoided one-off hardware and installation cost in the order of **tens to low-hundreds of millions of pounds** during the switchover replacement window, concentrated in the cohort suitable for a device-light approach.

These are Amparo's own estimates, built from public reference points and stated assumptions; actual figures vary by provider and procurement.

The Honest Boundaries

This is a genuine opportunity, not a universal answer. It suits a *cohort*, not every resident: acuity, cognition, dexterity, digital confidence and the presence of a suitable device all matter. A bring-your-own-device model also shifts some responsibility to the resident — a charged, updated, working device — which is a duty-of-care consideration, not only a cost one. And the software licence is a real cost that offsets part of the hardware saving. Assess it resident by resident.

"None of this is possible on a closed, single-purpose alarm box. It is the open, interoperable architecture — the same openness that guards against vendor lock-in — that lets the service be decoupled from any one piece of hardware in the first place. The cost model changes precisely because the platform is open."



The points below draw on published guidance from DHSC and DSIT, Ofcom, Openreach, the House of Commons Library, the Technology Enabled Care Services Association (TSA) and related telecare sources. A quick-reference companion to the five steps on page 3 — not a replacement for supplier- and site-specific testing.

The Do's

1 Audit every device — including shared infrastructure.

Build a complete inventory of anything relying on a phone line: pendant alarms, lift alarms, warden-call units, fire panels, door entry and lone-worker base units. Communal equipment is the most commonly missed category.

3 Prioritise genuinely open, interoperable equipment.

TSA's future-proofing guidance points to open transmission protocols and interoperability so you can mix peripherals, medical devices and record systems from different suppliers without lock-in.

5 Register vulnerable users for a supported (assisted) migration.

Under the PSTN and Network Operator Charters, providers should offer an 'assisted journey'. BS 8684:2024 links each person's needs and risks to the service and technology chosen — use risk-profiling to prioritise.

7 Test the whole path — device to response centre.

A device that lights up is not a working service. Build genuine end-to-end testing — and re-testing after any network or firmware change — into every migration.

9 Check it integrates with housing and care-record systems.

Open APIs and published interfaces let telecare, monitoring and housing/NHS systems share data — cutting double-keying and speeding response.

11 Consider software-based and bring-your-own-device options.

Running as an app on a resident's own smartphone (or a low-cost provided device) removes much of the per-resident hardware, installation and refresh cost — a substantial saving for public-sector budgets. Assess by resident acuity; deploy where it genuinely fits (see "Rethinking the Cost Model").

2 Demand written, tested confirmation of compatibility.

Ask for evidence that a specific device has been tested as digital-voice compatible. Openreach offers a laboratory testing route for exactly this.

4 Build resilience into the device, not the router.

Modern units carry their own battery (around 24 hours); a cellular route can alert independently of home broadband. Providers must supply a free backup unit for identified vulnerable customers — request it, don't build it.

6 Plan for the mobile 2G/3G sunset too.

UK 3G is switched off nationwide and 2G is being withdrawn on its own timeline. Ofcom has flagged telecare roaming SIMs losing 2G coverage. Any cellular alarm path should run on 4G (VoLTE).

8 Treat the switch as a chance to modernise, not just replace.

DHSC and TSA frame digital as an opportunity for smarter, more proactive, data-driven care. Consider ADL data and anomaly detection to notice meaningful change early (see "From Alarms to Insight").

10 Favour quality-assured, independently audited suppliers.

Look for devices meeting TSA's Quality Standards Framework (QSF); QSF-certified suppliers can no longer manufacture analogue-only equipment.



The Don'ts

1 Assume 'no fault yet' means 'compatible'.

Analogue-signalling faults on a digital line are often intermittent and can appear after a router firmware update, months after migration. Absence of a reported problem is not evidence of safety.

2 Treat an ATA as a default long-term fix.

An Analogue Terminal Adaptor may corrupt an alarm's tone-based signalling and depends on mains power. Use only where compatibility is verified end-to-end, and plan to replace it.

3 Plug telecare equipment into the wrong port.

Some providers' handset voice adapters have not been tested with telecare and will not work in a power cut. Analogue alarms should only connect via the port the provider designates.

4 Accept lock-in — or a dead-end platform.

Avoid a closed 'alarm-only' box that can never evolve: choose open, published interfaces that let you add data, analytics and integration as your service matures.

5 Wait for the national deadline to act.

Migration is happening in phased waves, exchange by exchange — some sites have already moved. 31 January 2027 is a backstop; the 2G/3G sunset is a second, independent deadline.

6 Rely on 2G or 3G for any alarm path.

3G is already switched off and 2G is being withdrawn; devices on legacy roaming SIMs are specifically at risk. Confirm every cellular device is 4G-capable.

7 Overlook the monitoring and response (ARC) end.

The Alarm Receiving Centre and its connectivity must be digital-ready, or a perfectly good device can still fail to raise help. Confirm your monitoring provider's own migration status.

8 Migrate a user before the device is confirmed working.

The single most consequential mistake. In December 2025, Ofcom fined one provider £23.8 million for disconnecting telecare customers during migration, leaving them unable to reach monitoring centres.

9 Assume cellular is immune to power cuts.

A mobile fallback still depends on a working local mast, and Ofcom has not mandated battery backup at mobile sites. Treat cellular as one layer of resilience, not a guarantee.

10 Forget the cyber-security and data-protection dimension.

IP-connected devices carry risks analogue never did. The PSTI regime (in force since April 2024) sets baseline security for connectable products — look for security-by-design.

A Closer Look: Analogue-to-Digital Converters (ATAs)

An ATA — sometimes built into a broadband router, sometimes a separate box — lets an existing analogue telecare alarm plug into a digital line. It's often presented as the low-cost, no-replacement way to survive the switch-off. Government and industry guidance treat it as a genuine but limited option, not a substitute for a digital-native device.

Signal corruption — voice-codec compression can distort or drop the DTMF/modem tones that carry device ID, location and alarm type, so a call may connect while the alarm data fails silently.

Power dependency — an ATA depends on the router's power, so without battery backup at the router the alarm can lose its path exactly when it's needed most.

Unpredictable behaviour — reliability varies by alarm/ATA/network combination and can change after a router firmware update.

Wrong-port failures — a separate handset voice adapter may not be tested for telecare and won't work in a power cut.

The responsible position: an ATA can be a legitimate bridge for a specific, tested combination — never an assumed-safe default. Every ATA installation should be individually tested end-to-end, documented, monitored, and treated as an interim measure on a path to a fully digital or hybrid device.



The Do's and Don'ts supplement, and the timelines and figures used throughout this guide, draw on the following published sources. As with the rest of this guide, organisations should confirm current timelines, technical requirements and equipment compatibility directly with their network provider, telecare equipment supplier, and the latest Ofcom / Openreach / TSA published guidance before acting.

Sources Consulted

GOV.UK — Telecare National Action Plan: protecting telecare users through the digital phone switchover (DHSC & DSIT, 2025)

GOV.UK — 2G Switch-Off Charter (2026) and preparing-for-the-2G-switch-off guidance

Ofcom — 2G/3G switch-off guidance, including telecare roaming-SIM coverage; General Conditions A3.2 and C5; penalty against Virgin Media, £23.8m (December 2025)

Ofcom — battery backup and Network & Service Resilience Guidance

House of Commons Library — 'The switch to digital landlines' and 'Switching off 2G and 3G in the UK'

Openreach — Network Switch Programme key milestones and copper switch-off exchange lists

TSA (Technology Enabled Care Services Association) — Quality Standards Framework (QSF); Essential Guide to Future-Proof Telecare; Analogue-to-Digital campaign; BS 8521 and TS 50134-9

BSI — BS 8684:2024 (needs- and risk-based telecare)

Digital Telecare Playbook — Digital Office for Scottish Local Government (cyber security; Alarm Receiving Centres)

GOV.UK / DSIT — Product Security and Telecommunications Infrastructure (PSTI) regime; ETSI EN 303 645 baseline

UKTelehealthcare — Digital Phone Switchover guidance, including incorrect use of Digital Voice Adapters with telecare

A NOTE ON THIS GUIDE

This guide is provided for general informational purposes. Organisations should confirm specific timelines, technical requirements and compatibility directly with their network provider, telecare equipment suppliers, and Ofcom / Openreach published guidance. Figures presented as Amparo estimates are built from public reference points and stated assumptions; actual figures vary by provider and procurement.



How We Can Support Your Organisation

- ▶ **Technology assessments** — reviewing your existing device estate and identifying priority risks
- ▶ **Digital migration planning** — building a realistic, phased roadmap tailored to your organisation
- ▶ **Device integration** — connecting telecare, monitoring and building safety systems through open standards
- ▶ **Open platform & software-defined solutions** — reducing vendor lock-in and unlocking bring-your-own-device savings
- ▶ **Consultancy** — independent, practical advice grounded in real-world TEC and telecare experience
- ▶ **Demonstrations** — seeing our platform in action, in the context of your own services

Ready to prepare your organisation for the future?

Visit amparotechnologies.com

or contact us to discuss your migration strategy

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