

4 September 2025

Anna Collyer Chair Australian Energy Market Commission GPO Box 2603 Sydney NSW 2000

Lodged via the Commission's website: www.aemc.gov.au

Dear Ms Collyer,

## RRC0064 - National Energy Retail Amendment (Improving life support processes) Rule 2025 – Consultation Paper

Please find attached SA Power Networks' submission in response to the Australian Energy Market Commission's (AEMC) consultation paper on the proposed National Energy Retail Amendment (Improving Life Support Processes) Rule 2025, dated 31 July 2025.

As a proponent of this rule change, SA Power Networks has worked extensively with industry stakeholders, medical professionals, and consumer representatives to develop a framework that strengthens protections for Life Support Customers (LSCs) while addressing the practical challenges faced by customers, retailers, and distributors.

Our submission outlines our support for the proposed amendments, which we believe will deliver significant benefits to LSCs by:

- Introducing clearer definitions and classifications for Critical and Assistive Life Support Equipment to better prioritise and support customers based on their individual needs.
- Improving the accuracy and integrity of Life Support Registers through strengthened processes, including periodic medical confirmation.
- Enhancing communication and preparedness for planned and unplanned outages, including the introduction of nominated contact persons and standardised templates for medical confirmation and back-up planning.

We also provide detailed responses to the AEMC's consultation questions, offering practical recommendations to ensure the proposed changes are implemented effectively and equitably. Importantly, we believe the proposed reforms align strongly with the National Energy Retail Objective (NERO) by promoting the long-term interests of energy consumers, particularly in terms of safety, reliability, and equitable access to essential services.

SA Power Networks is committed to working collaboratively with the AEMC, the Australian Energy Regulator (AER), and other stakeholders to ensure a smooth transition to the new framework. We

believe these reforms will deliver improved safety, reliability, and fairness for LSCs, while maintaining consistency and transparency across the energy market.

Should you require further information or wish to discuss our submission in more detail, please do not hesitate to contact Debbie Voltz at debbie.voltz@sapowernetworks.com.au.

Yours sincerely,

Jessica Morris

Chief Customer & Strategy Officer

## **Executive Summary**

As a rule change proponent, SA Power Networks is committed to improving protections and outcomes for Life Support Customers (LSCs) through targeted reforms to the National Energy Retail Rules (NERR). The proposed rule change has been developed in close collaboration with industry, medical professionals, and consumer representatives to ensure they are clinically sound, administratively feasible, and capable of addressing the practical challenges faced by customers and service providers.

Energy requirements in the home are changing, with older Australians increasingly choosing to 'age in place' and participation in Hospitals in the Home (HITH) programs rising. Continuous power is vital for some LSCs to operate their equipment to sustain life. SA Power Networks currently has over 26,000 registered LSCs, a number that has grown by 18% in the last 18 months.

In 2021, an Australian Energy Foundation Report highlighted LSCs across all jurisdictions have high expectations and low preparedness for power outages, with 68% of LSCs surveyed incorrectly expecting power restoration within 2 hours during outages, and only 7% of LSCs having access to back-up power. LSCs who rely on power supply to sustain their life are at risk of fatality or lifelong irreversible injury during unplanned power outages through misinformation and inadequate back-up planning. With LSC numbers growing nationally, networks are increasingly constrained in the provision of additional support to this more vulnerable group.

In 2022 and 2023, SA Power Networks, together with Essential Energy and the Energy Charter, engaged and collaborated extensively with energy and health consumer representatives, including a Lived Experience Panel, a Life Support Medical Advisory Group (LMAG), the Justice and Equity Centre (previously Public Interest Advocacy Centre) and the Consumers Health Forum of Australia (CHF). This consultation identified opportunities to:

- Clearly distinguish between customers whose health depends critically on continuous supply (Critical LSCs) and those assisted by supply (Assistive LSCs).
- Improve register accuracy through strengthened processes and regular medical confirmation.
- Ensure customers and their support networks are better informed and prepared for outages.

The proposed rule change achieves these aims without reducing the services or protections afforded to any LSC under the NERR. Instead, it enables more effective prioritisation, targeted communications, and tailored support, particularly during emergencies, while ensuring ongoing fairness, transparency, and consistency across the energy market.

We acknowledge that some customers may have concerns regarding the proposed requirement to provide an updated medical certificate every four years. We consider that a four-year interval strikes the right balance between avoiding unnecessary administrative burden for customers and ensuring that the Life Support Register remains accurate and up to date. This periodic review is particularly important where a customer's medical circumstances may have changed, including cases where their condition has declined and their classification should be elevated from Assistive to Critical to ensure they receive the highest level of prioritisation and support.

We recognise that transitional arrangements will be required to implement the proposed framework effectively. Our expectation is that all existing LSCs will initially be recorded as Assistive, with reclassification to Critical occurring once medical confirmation is received. We note, Assistive customers will continue to receive the same protections currently afforded under the NERR, and therefore they will see no degradation of service or protections. SA Power Networks will work closely with the AEMC, AER, and industry stakeholders to design and implement these transitional arrangements in a coordinated and efficient manner.

Specific responses to the AEMC's consultation questions are provided below.

## **Response to AEMC Consultation questions**

## Question 1: Theme 1. What is your view of the proposed definitions and whether they should be included in the NERR?

What do you see as the key issues for including the proposed definitions in the NERR, for example:

- Would adding/amending these definitions improve outcomes for life support consumers?
- Would they appropriately capture all needs of life support customers, including those that do not involve equipment, such as refrigeration for insulin pumps?
- Is it appropriate to have the same list of equipment from which to draw the definitions of critical and assistive life support equipment? Are two different sets of lists needed, one for each type of equipment?
- Are there any specific needs related to equipment that requires gas connection that we need to capture?

### **SA Power Networks response:**

SA Power Networks supports the inclusion of the proposed definitions for Life Support Equipment, Critical Life Support Equipment, and Assistive Life Support Equipment in the National Energy Retail Rules (NERR). These definitions are foundational in achieving more targeted, person-centred protections for LSCs and are a central pillar of the #BetterTogether Life Support Customers Rule Change Request developed collaboratively with the Energy Charter, medical professionals, and consumer representatives.

As detailed in the rule change request, these definitions were co-designed with the Life Support Medical Advisory Group (LMAG), comprising customer advocates, clinicians, and industry representatives. The proposed definitions were tested with medical professionals from the LMAG and the Lived Experience Panel, such that the changes align with contemporary medical and social care practices. We consider it is appropriate for decisions associated with life support categorisation to be made by Registered Medical Practitioners, who are best placed to determine the specific needs of the Life Support User.

The current singular definition of 'Life Support Equipment' lacks sufficient granularity to enable distributors and retailers to differentiate levels of customer vulnerability. Introducing separate classifications for **Critical** and **Assistive** Life Support Equipment, determined by a Registered Medical Practitioner, provides greater opportunity, where appropriate, for energy providers to:

- Proactively triage and support those whose health and safety depend on continuous energy supply;
- Target communications and back-up planning more effectively; and
- Prioritise responses during unplanned outages, particularly in high-risk scenarios (e.g. extreme weather events, rural/remote settings).

The February 2024 Victorian storm event<sup>1</sup>, which left more than 500,000 customers without power, illustrated this gap. Emergency services and electricity distributors had no ability to distinguish which LSCs were at immediate risk of death or irreversible injury. With more accurate data and visibility between *Critical* and *Assistive* categories, response efforts could be prioritised to those whose loss of supply would most likely result in loss of life. A key recommendation from the Victorian Government

<sup>&</sup>lt;sup>1</sup> The catastrophic storm event of 13 February 2024 that swept across Victoria significantly damaged electricity networks, leaving more than 530,000 homes and businesses at the storms peak without power. For some, this power outage extended for days and weeks.



response to the Network Outage Review<sup>2</sup> recommended the Victorian Government and energy sector work with The Energy Charter #BetterTogether Life Support Customer Initiative to support and implement in a National approach, which could be applied in Victoria, to achieve better outcomes, and strong consumer protection standards for LSCs. The Essential Services Commission undertook a review to strengthen protections for LSCs in Victoria, releasing its consultation paper on 31 July 2025.

The 20221 Australian Energy Foundation (AEF) report found that 59% of surveyed customers use life support equipment to sustain life, yet 68% mistakenly believe their registration guaranteed priority restoration within two hours, and 54% lacked a back-up plan. The proposed definitions directly respond to these risks by supporting clearer identification and engagement with the most critical customers.

The proposed definitions, developed in collaboration with the LMAG, are sufficiently inclusive to cover both equipment- and non-equipment-based energy needs. This includes, for example, refrigeration for temperature-sensitive medication such as insulin or the charging of mobility devices. The inclusion of a catch-all clause for other medical equipment (clause (k) under "Life Support Equipment"), provides flexibility for Registered Medical Practitioners to nominate the life support equipment required, including providing coverage for gas-powered or atypical equipment, ensuring these customers are not overlooked.

We consider it appropriate to maintain a single list of Life Support Equipment, with a medical practitioner determining whether the equipment is Critical or Assistive, based on the individual's needs. The same equipment may be critical for one customer and assistive for another. A dual classification system, rather than separate lists, reflects this clinical nuance while supporting streamlined implementation and avoiding duplication or ambiguity in the Retail Rules.

Question 2: Theme 1. What is your view of the proposed amendments to civil penalty provisions for breaches relating to notification and deregistration - based on proposed changes to definitions as outlined in section 2.1.1 above?

Are there unintended risks from the proposed changes as suggested in the rule change request?

#### SA Power Networks response:

SA Power Networks recommends the proposed amendments to civil penalty provisions relating to notification and deregistration, as outlined in the rule change request. These amendments are proportionate, better aligned to the revised definitions of Critical and Assistive Life Support Equipment, and reflective of the different levels of harm associated with each type of breach.

The proposed shift to Tier 2 penalties for breaches concerning Assistive LSCs appropriately reflects the lower (though still material) level of risk compared to Critical LSCs. Conversely, retaining Tier 1 penalties for breaches involving Critical Life Support Equipment is appropriate due to the lifethreatening risks involved.

The proposed adjustments also respond to the practical challenges experienced by distributors and retailers under the current framework. The high volume of life support registrations, coupled with unclear deregistration obligations, has increased administrative burden and led to inconsistent compliance practices. The proposed changes will encourage more accurate and timely maintenance of Life Support Registers, which in turn will improve safety outcomes.

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<sup>&</sup>lt;sup>2</sup> https://www.energy.vic.gov.au/about-energy/safety/network-outage-review

Importantly, this approach does not reduce the level of service or protections for any LSCs. It simply provides a more realistic compliance framework that distinguishes between criticality levels.

# Question 3: Theme 2: Is there confusion around who may deregister a premise when there is a change in the customer's circumstances?

- Should deregistering a premises be mandated as suggested?
- Are there any unintended consequences of the proposed changes?
- Are updates required to the AER Life support registration guide to clarify deregistration roles?
- Are changes to B2B processes required due to the proposed changes?

### SA Power Networks response:

There continues to be significant confusion around which party, retailer or distributor, has the authority to initiate and complete deregistration of a premises in the event of a change in the customer's circumstances (such as relocation, equipment no longer being used, or death of the Life Support User).

As a distributor, SA Power Networks has observed repeated instances where deregistration requests made at the customer's direction (often through the distributor) are unintentionally overridden by retailers due to legacy processes, or because the retailer is listed as the "registration process owner." This has caused distress to customers, particularly following the death of a family member, and leads to unnecessary duplication, re-registration, and correspondence. It also introduces inefficiencies and reputational risk to all involved.

Mandating deregistration will improve the accuracy of Life Support Registers, which have grown significantly in volume and currently contain many outdated entries. Accurate registers are critical to ensuring resources are directed to those with critical medical needs first in emergencies or outages, while still maintaining protections and support for all LSCs.

We strongly recommend that the AER update its Life Support Registration Guide to reflect the proposed rule changes and remove ambiguity. Updates should include:

- Clarification that both retailers and distributors can initiate deregistration under valid circumstances;
- Removal of inconsistent references to the "registration process owner" as having sole control over deregistration;
- A process map or decision tree to guide retailers and distributors through valid deregistration scenarios; and
- Clear treatment of customer-requested deregistration following death or relocation.

We also consider changes to B2B (Business-to-Business) processes and Market Settlement and Transfer Solutions (MSATS) procedures are necessary to support:

- The nomination and recording of Nominated Contact Persons;
- The classification of premises as housing Critical or Assistive Life Support Equipment;
- Improved visibility of deregistration status and reasoning to both market participants; and
- Seamless communication across retailers and distributors regarding registration changes.

At a minimum, we recommend that the AEMC consider the following B2B changes which are in line with the intent of the proposed rule change:

All data related to life support registration be captured exclusively through Life Support
Notification (LSN) process. Including this information within a Customer Details Notification
(CDN) or any other market transaction may create unnecessary confusion and complexity.

- Nominated contact details in the Life Support Notification including name, postal address and phone number should be mandatory.
- Data provided in the nominated contact fields is accurate and not populated with synthetic data.
- The initiator of a Life Support Notification should only be the current retailer and DNSP, not a
  prospective retailer. Prospective retailers often send LSN's but do not win the customer,
  creating unnecessary life support registrations for the DNSP which cannot be removed and
  leaving the current FRMP unable to resolve the discrepancy.

These system changes, while requiring some investment, are essential to operationalising the proposed Rule Change effectively and equitably. Industry coordination through AEMO and relevant working groups will be key to implementing these adjustments smoothly. We understand that the implementation timeframe will need to account for other ongoing work in the B2B space.

# Question 4: Theme 2: Do you have any views on requesting an updated medical certificate every four years?

- Is it appropriate to create a permanent medical confirmation for critical life support customers with ongoing needs?
  - Should this permanent confirmation also be extended to customers on assistive life support?
- Are the proposed roles for registered medical practitioners in the life support registration appropriate?
- Is it appropriate to compel deregistration for customers that do not provide a medical confirmation?

#### SA Power Networks response:

Introducing a requirement for customers to provide updated medical confirmation every four years is a pragmatic and necessary mechanism to improve the accuracy and integrity of Life Support Registers. We note concerns from some vulnerable customers in being able to access a Registered Medical Practitioner to undertake a review every 4 years. In practice, most customers with ongoing health conditions requiring life support equipment will already have regular visits with their medical practitioner for ongoing care, meaning the reconfirmation process can usually be incorporated into an existing appointment. As such, the process should not be burdensome or create additional financial strain for the majority of customers.

For those who may face barriers, there are multiple pathways to facilitate access, including:

- Telehealth consultations where the review can be undertaken remotely;
- Mobile medical services and in-home visits for customers with mobility or transport limitations:
- Digital form completion and submission via secure portals such as My Health Record; and
- Patient transport assistance schemes and community health service support for those who require travel to attend an appointment.

Early reminders and clear communication about the process, available in multiple formats and languages, will also help customers plan for and complete the reconfirmation on time. These measures ensure the process is equitable, practical and does not disadvantage customers while still improving the accuracy of the register and enabling better-targeted support.

We consider it appropriate for a Registered Medical Practitioner to be able to nominate the permanent nature of Critical Life Support Equipment where the individual will not recover from the condition. We do not support extending this to Assistive Life Support Equipment, as this would limit the opportunity to review and reassess a customer's life support status over time. For some Life

Support Users, the need for life support equipment may be short term and they may recover to the point where it is no longer required, while for others their condition may deteriorate and necessitate reclassification to Critical Life Support Equipment. Regular reviews ensure that the Life Support Register reflects these changes accurately, enabling appropriate prioritisation and support.

A regular update cycle provides a balanced approach, minimising administrative burden on customers while ensuring ongoing eligibility is confirmed.

Compelling deregistration for customers who have been provided with a reasonable opportunity to provide medical confirmation is also appropriate. This requirement also helps reduce the volume of outdated or inactive records on the register, which is critical for distributors seeking to prioritise customers during unplanned outages.

We note, the development of the Rule Change was directly informed by LMAG, consisting of medical industry representatives from the Royal Australian College of General Practitioners, The Australian Medical Association, and the Ethics Committee of the Royal Australasian College of Physicians, who have all endorsed this Rule Change request. It was also supported by the Consumers Health Forum of Australia (CHF), the national peak body for health consumer advocacy. Feedback from clinicians shaped the medical confirmation process, terminology, and permanent classification options, ensuring that the proposed roles and processes are both clinically relevant and administratively feasible.

We acknowledge an important aspect in the implementation of this rule change will be a National Life Support Information and Awareness Campaign targeting Life Support User, their care team and the medical profession. We consider the AER is best placed to facilitate this campaign.

We also note, following further discussions with medical practitioners after the submission of our Rule Change Request, there are some concerns regarding the interpretation of the proposed rule change, particularly in relation to the Medical Registration Form (page 40). Specifically, there is a perception that the Power Outage Plan may be seen as the responsibility of the registered medical professional, rather than the patient or customer.

To address this concern and ensure clarity, we recommend the following amendment to the wording in PART 4 to explicitly state that the responsibility for completing the Life Support Equipment Back-up Plan lies with the patient or customer:

#### PART 4. LIFE SUPPORT EQUIPMENT BACK-UP PLAN

Has the patient completed a Life Support Equipment Back-up Plan? (Insert link to the Household Life Support Equipment Back-up Plan template to be added when available.)

 $\square$  Yes  $\square$  No If No please state why the patient has not: Reason why a Life Support Equipment Backup Plan has not been completed / is not required.

## Question 5: Theme 2: Do you have any views on introducing a cap on registration attempts without medical confirmation?

- Are there any unintended consequences from introducing a limit on registering without medical confirmation?
- Are there other issues and approaches we should consider?

### **SA Power Networks response:**

Currently, repeated and indefinite registration without confirmation undermines the effectiveness of the framework, contributing to inaccurate registers, inflated register volumes, and diverting attention and resources away from customers with critical needs.



A cap, aligned with the proposed two-notification rule, provides a clear, fair limit while still offering customers sufficient time to seek medical confirmation. It also ensures consistent treatment across retailers and distributors.

We also note, the rule change request provides for the ability for customers to request an extension of time to provide the confirmation allowing customers with extenuating circumstances, particularly those in remote areas who may visit a doctor less frequently, time to complete their medical confirmation.

## Question 6: Theme 2: Is there currently an inconsistency in how life support is assessed between different retailers and DNSPs?

- Is back-up planning lacking for life support customers?
- Who should hold the responsibility for backup planning?
- Do the proposed templates capture all relevant information to ensure accurate life support registration and effectively protect and prioritise customers during planned and unplanned outages? Is there any information that should be added or removed?
- Is it appropriate for the AER to develop the proposed Medical Confirmation and Back-up plan templates?
- Are there unintended consequences or risks mandating the use of the suggested templates in the rules?

### SA Power Networks response:

There are material inconsistencies in how life support registrations are currently assessed and managed across different retailers and DNSPs.

These inconsistencies include:

- Varying interpretations of what constitutes life support;
- There is no uniform medical confirmation template across the industry;
- Inconsistent deregistration practices (e.g. some participants continuing to accept multiple registrations without confirmation); and
- Differences in how and when customers are informed of their rights, responsibilities, and available support.

These inconsistencies have created confusion for customers, contributed to inaccurate registers, and made it difficult to deliver equitable protections across jurisdictions and service providers.

We support the introduction of standardised templates and clearer roles in back-up planning. These reforms are necessary to address existing inconsistencies and to protect customers whose safety and wellbeing depend on a reliable energy supply. With targeted enhancements and proper implementation support, the proposed approach will significantly improve the integrity and effectiveness of the life support framework.

We consider it reasonable for the AER to coordinate these updates within the market, with a preference to incorporate these within the AER's Life support registration guide, which was last updated in September 2021.

# Question 7: Theme 3: Would adding a nominated contact person improve the safety and experience of life support users?

• Are there any privacy, safety, consent or implementation risks associated with this proposal?



- Should notifying the nominated contact person be mandated for both planned and unplanned outages?
- Are there any other issues we should consider in relation to this proposal?

### **SA Power Networks response:**

SA Power Networks strongly supports the inclusion of a nominated contact person as part of the life support registration process. This reform addresses a key vulnerability in the current framework, namely, that many Life Support Users may be:

- Medically unable to answer the phone or receive notifications during an outage;
- Cognitively impaired or non-verbal; or
- Minors or persons with disability who rely on carers for communication and support.

By enabling customers to nominate a trusted carer, family member or support worker, this measure significantly improves the resilience, safety, and wellbeing of Life Support Users, particularly those with Critical equipment needs during emergency events.

We support mandating notification of the nominated contact person for both planned and unplanned outages. These contacts often serve as the customer's primary or sole point of support in emergency scenarios. Their early awareness of a supply interruption is critical to mobilising contingency plans, securing backup power, or arranging relocation.

We acknowledge that introducing a nominated contact field within market systems raises privacy and consent considerations, with additional consent mechanisms likely to be required as part of the life support registration process. Alternatively, this additional nominated contact person data could be included within an amended 'Life Support Notification' B2B transaction. The Life Support Notification (LSN) currently contains a 'Life Support Contact' field and associated contact information fields such as postal address, phone and email. However, the field is not clearly defined and not mandatory.

# Question 8: Should customers' electronic contact details be captured in the medical registration form?

Are there any unintended consequences of such a change?

#### SA Power Networks response:

SA Power Networks strongly supports the inclusion of electronic contact detail, such as email addresses and mobile phone numbers where available, in the Medical Confirmation and Life Support Registration forms. Capturing this information is critical to improving communication with LSCs, especially during planned and unplanned outages.

### Electronic contact channels:

- Enable faster, automated communication (SMS, email) providing more time for the Life Support User to plan for the outage or more immediate notification when a planned outage is cancelled;
- Provide an alternative when voice calls are impractical or delayed;
- Support accessible communication for customers with hearing impairments or communication needs; and
- Are essential in emergency management, where rapid updates may be needed over extended outage events.

This addition aligns with the AEMC's assessment criteria of improving outcomes for consumers, by ensuring effective customer communication aligned with customer communication preferences.



# Question 9: Should the rules be updated to explicitly clarify that SMS/email notification of planned outages to life support customers is permitted?

- Would this improve outcomes for these customers?
- How can the rules ensure communications are conducted according to the customers' preferences?
- Are there any unintended outcomes from the proposed change?

### SA Power Networks response:

SA Power Networks supports amending the NERR to explicitly permit the use of SMS and email for planned outage notifications to LSCs, provided this aligns with their expressed communication preferences.

Clarifying the rules to reflect modern communication practices will remove ambiguity and enable service providers to better meet customer needs, especially where time-sensitive or follow-up information is required.

Enabling SMS and email notifications, alongside traditional method, will significantly improve outcomes for LSCs by:

- Ensuring faster delivery of outage information, including planned outages scheduled or when planned outages are cancelled or rescheduled;
- Allowing real-time updates or reminders (especially useful for extended outages or revised restoration times);
- Supporting communication with nominated contacts, carers, or others involved in the customer's care; and
- Facilitating multi-channel communication, which enhances accessibility and coverage.

This approach is particularly valuable for customers with Critical Life Support Equipment, where timely preparation can have direct safety implications and reduce unnecessary implementation of back-up when planned work is rescheduled or cancelled.

Question 10: Theme 3: Noting a central database for storing medical confirmations is outside the scope of this rule change process, are there recommendations that could be made to progress the issue?

Are there any immediate concerns with this proposal?

### **SA Power Networks response:**

SA Power Networks acknowledges the significant potential benefits of a centralised national database for storing medical confirmations for LSCs. Such a database could greatly improve the customer experience by reducing duplication of effort when customers move between retailers or distributors, ensuring information is accurate and up to date, and enabling more targeted support, particularly for Critical LSCs.

We recommend that the AER, in consultation with industry, medical professionals, and consumer representatives, investigate the design, governance, privacy, and funding model for a national medical confirmation register. This work could be progressed as a separate, parallel initiative to the current rule change, given its cross-jurisdictional and technical complexity. Lessons could be drawn from other sectors that maintain sensitive medical or welfare information in secure, accessible systems.

## **Question 11: Assessment framework**

Do you agree with the proposed assessment criteria? Are there additional criteria that the Commission should consider or criteria included here that are not relevant?

### SA Power Networks response:

SA Power Networks broadly supports the proposed assessment criteria outlined in section 3.2.2 of the AEMC's consultation paper, as they provide an appropriate framework for evaluating whether the proposed rule changes will meet the National Energy Retail Objective (NERO).

In particular, we support the emphasis on:

- Promoting the safety, reliability, and security of energy supply for LSCs.
- Minimising administrative burden and improving process efficiency for customers, retailers, distributors, and medical practitioners.
- Facilitating timely and accurate identification of LSCs, ensuring appropriate protections are in place.

We agree that the framework's focus on the long-term interests of customers, including affordability, safety, and service quality, is appropriate, and that consideration of implementation practicality and cost-effectiveness is essential.

We recommend the Commission also consider:

- Customer experience and accessibility as an explicit criterion, recognising the importance of making processes easy to navigate for vulnerable customers.
- Interoperability and future-proofing, to ensure any new processes or systems can integrate with future initiatives such as a central life support customer database.

We do not consider any of the proposed criteria to be irrelevant. Rather, we view them as complementary, and believe the additional criteria suggested above would strengthen the assessment framework by explicitly addressing customer usability and system adaptability.