Nottingham and Nottinghamshire Integrated Care Board

14/04/2026

NN-ICB/26-1556

Dear Requestor

Re: Freedom of Information Request

Thank you for your request for information, received on 30 March 2026, regarding virtual, telephone and face-to-face consultation services. We have processed your request in accordance with the Freedom of Information Act 2000 (FOIA).

Under the FOIA, public authorities like ours are required to respond to requests for information within 20 working days. In response to your request, I can confirm that we partially hold the information requested.

Please find below our response to your request:

My request covers the period **1 April 2024 to the date of this request**.

To assist in identifying the relevant department, this request relates to the digital tools and platforms used by GP practices and NHS trusts in your area for conducting patient consultations by virtual (video), telephone, and online (written/asynchronous) channels, as well as the systems used for managing face-to-face appointment booking. Providers active in this market include, by way of example only: eConsult, AccuRx, PATCHS, Anima Health, Engage Consult, Hero Health, AskMyGP, Klinik, Attend Anywhere, DrDoctor, LIVI, iPlato/myGP, and cloud telephony suppliers on the NHS Advanced Telephony Better Purchasing Framework such as X-on Surgery Connect, Think Healthcare, and Babblevoice. This list is illustrative and not exhaustive; I am interested in whichever providers your ICB area currently uses.

Section A – Online and Video Consultation Services (Primary Care)

This section concerns online consultation (also known as digital triage or e-consultation) and video consultation platforms provided to GP practices.

1. The name of each online consultation and/or video consultation platform currently in use by GP practices within your ICB area (for example, eConsult, AccuRx Triage, PATCHS, Anima Health, Engage Consult, Hero Health, AskMyGP, Klinik, Sensely AskFirst, or other).

   Please refer to Table below.

2. For each platform identified in question 1:

   a) The approximate number of GP practices currently using the platform.

   Please refer to Table below.

b) Whether the platform was procured at ICB level (or former CCG level) or by individual practices.

Q1. Online consultation and/or video consultation platform:	Q2a. GP practices currently using the platform:	Q2b. Procurement Route:
Accurx	73	ICB
Anima	1	Individual practice
Blinx	2	Individual practice
Dr IQ	6	Individual practice
eConsult	1	Individual practice
Engage Consult	1	Individual practice
Rapid Health	4	Individual practice
SystmConnect	38	Individual practice

c) The current annual cost or contract value to the ICB (or, if not held centrally, an indication that the cost is borne at practice level).

Accurx Triage contract

The ICB does hold information relating to the value of the contract for this software. However, we are withholding this information under section 43(2) of the Freedom of Information Act 2000 (commercial interests).

Whilst contract value information is not automatically exempt, we have considered whether disclosure would, or would be likely to, prejudice the commercial interests of the supplier and the ICB. We note that disclosure of the total contract value when combined with the number of practices using the software would allow an approximate unit cost to be derived.

The inferred unit pricing information is commercially sensitive. Disclosure would be likely to prejudice the commercial interests of the supplier by revealing effective pricing models within a competitive market, and could also prejudice the ICB's ability to achieve best value in future procurement or contract negotiations. We are therefore satisfied that the exemption at section 43(2) is engaged.

Public interest test

Section 43(2) is a qualified exemption, and we have therefore considered the public interest test.

Factors in favour of disclosure include:

- Promoting transparency and accountability in the use of public funds; and
- Enabling public understanding of digital investment within the NHS.

Factors in favour of maintaining the exemption include:

- Protecting the commercial position of the supplier by avoiding the derivation of sensitive unit pricing information;
- Protecting the ICB's ability to negotiate effectively and secure value for money in future contracts; and
- Maintaining a fair and competitive procurement environment.

On balance, we consider that the public interest in maintaining the exemption outweighs the public interest in disclosure of the contract value in this instance. We have therefore decided to withhold this element of the requested information under section 43(2) of the Act.

d) The contract start date, end date, and any available extension periods for each platform.

Contract start date: 1 October 2025

Contract end date: 31 March 2026

6 months' contract with an option to extend up to 12 months.

e) Whether a procurement or re-procurement exercise is planned and, if so, the approximate date or financial year and which (if any) framework was used for the procurement (e.g. GCloud 14).

A joint cluster wide re-procurement between Derby/shire, Lincoln and Nottingham/shire ICBs will be planned as per practice choice.

Section B – Video Consultation Services (Secondary Care)

This section concerns video or virtual consultation platforms commissioned for use in NHS trusts and secondary care providers within your ICB area, to the extent that this information is held by the ICB.

3. For each hospital linked to your organisation:
   a) Which EPR system is being used (e.g. Cerner/EPIC/Allscripts/SystmOne/Meditech)
   b) Which video consultation solution(s) are being used (e.g. Attend Anywhere, AccuRx, DrDoctor, MS Teams, Zoom)
4. For each platform identified in question 3:
   a) Whether the platform was procured at ICB level, ICS level, or by individual NHS trusts.
   b) The current annual cost or contract value to the ICB, if held.
   c) The contract end date, any planned re-procurement date (if known), and which (if any) framework was used for the procurement (e.g. GCloud 14).
   d) The number of hospitals, sites, or departments that have formally initiated a project to migrate to an alternative system during this period.
5. The number of those migrations currently in progress or completed, including:
   a) the system migrated **from**
   b) the system migrated **to**
6. Any proposals or requests to replace or upgrade your video consultation platform, including:
   a) whether a review of existing tools has taken place
   b) whether alternative platforms have been shortlisted, trialled, or procured
7. The number of migration or replacement requests (EPR or video consultation) that were declined, deferred, or significantly delayed, and the reasons provided.

The ICB does not hold the information requested in Section B as it does not procure for secondary care.

Section C – Telephony and Telephone Consultation Services

This section concerns cloud-based telephony and telephone consultation systems provided to GP practices, including those procured under the NHS Advanced Telephony Better Purchasing Framework.

8. The name of each cloud telephony or advanced telephony platform currently in use by GP practices within your ICB area (for example, X-on Surgery Connect, Think Healthcare, Babblevoice, Redcentric, Smart Healthcare, NCS Gamma PatientSmart, Wavenet, or other).

   The ICB does not hold this information as it does not hold a centrally maintained register of the specific cloud-based or advanced telephony platforms used by individual GP practices.

   GP practices are independent contractors and are responsible for selecting, procuring, and managing their own telephony systems in line with national GP contract requirements. As a result, the ICB does not hold definitive, practice-level information on all telephony suppliers currently in use.

9. For each telephony platform identified in question 8:

   a) The approximate number of GP practices currently using the platform.

   b) Whether the platform was procured at ICB level or by individual practices.

   c) The current annual cost or contract value to the ICB (or, if not held centrally, an indication that the cost is borne at practice level).

   d) The contract start date, end date, and any available extension periods for each telephony platform.

   e) Whether a procurement or re-procurement exercise for telephony services is planned and, if so, the approximate date or financial year.

   f) Which (if any) framework was used for the procurement (e.g. GCloud 14).

      Not applicable.

Section D – Face-to-Face Appointment Booking and Patient Communication

This section concerns digital platforms used to manage face-to-face appointment bookings and patient communication (e.g. SMS reminders, self-booking links), distinct from the online consultation tools covered in Section A.

10. The name of each appointment booking, patient communication, or patient engagement platform currently in use by GP practices within your ICB area, where this is separate from the clinical system's built-in functionality (for example, iPlato/myGP, Hero Health, Zesty, or other).

    The ICB holds a centrally-managed contract with Accurx for SMS messaging and related patient communication functionality, which is made available to all GP practices.

11. For each platform identified in question 10:

    a) The approximate number of GP practices currently using the platform.

       126 GP practices.

    b) The current annual cost or contract value to the ICB, if held.

       The ICB does hold information relating to the value of the contract for this software. However, we are withholding this information under section 43(2) of the Freedom of Information Act 2000 (commercial interests).

Whilst contract value information is not automatically exempt, we have considered whether disclosure would, or would be likely to, prejudice the commercial interests of the supplier and the ICB. We note that disclosure of the total contract value when combined with the number of practices using the software would allow an approximate unit cost to be derived.

The inferred unit pricing information is commercially sensitive. Disclosure would be likely to prejudice the commercial interests of the supplier by revealing effective pricing models within a competitive market, and could also prejudice the ICB's ability to achieve best value in future procurement or contract negotiations. We are therefore satisfied that the exemption at section 43(2) is engaged.

Public interest test

Section 43(2) is a qualified exemption, and we have therefore considered the public interest test.

Factors in favour of disclosure include:

- Promoting transparency and accountability in the use of public funds; and
- Enabling public understanding of digital investment within the NHS.

Factors in favour of maintaining the exemption include:

- Protecting the commercial position of the supplier by avoiding the derivation of sensitive unit pricing information;
- Protecting the ICB's ability to negotiate effectively and secure value for money in future contracts; and
- Maintaining a fair and competitive procurement environment.

On balance, we consider that the public interest in maintaining the exemption outweighs the public interest in disclosure of the contract value in this instance. We have therefore decided to withhold this element of the requested information under section 43(2) of the Act.

c) The contract end date and any planned re-procurement date, if known.

Contract start date: 1st October 2025

Contract end date: 31st March 2026

6 months' contract with an option to extend up to 12 months.

d) Which (if any) framework was used for the procurement (e.g. GCloud 14).

GCloud 14.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Director of Corporate Governance and Assurance via lucy.branson@nhs.net or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham NG5 6DA.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office (ICO), who will consider whether the organisation has complied with its obligations under the Act and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire ICB. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: https://ico.org.uk/for-the-public/.

Complaints to the Information Commissioner's Office should be sent to:

FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113 or report a concern via https://ico.org.uk/concerns/.

Yours sincerely

Freedom of Information (FOI) Officer on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board nnicb-nn.foi@nhs.net