

Reference: FOI.ICB-2526/390

Subject: GP Electronic Patient Record (EPR) System Changes

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
Please provide the following, for the last 24 months or as close as possible for any item:	
1. Business cases and approvals: Copies of any business cases, approval papers, or decision records held by the ICB relating to EPR system changes by GP practices.	Not Applicable, No changes currently proposed.
2. Processes and criteria: Any policies, guidance, or frameworks used by the ICB to determine whether a GP practice EPR change is approved, supported, or declined.	NHS England Guidelines & procurement Frameworks followed. You may wish to contact NHSE directly for more information: https://www.england.nhs.uk/contact-us/foi/
3. Funding and support: For each GP EPR system change in scope, copies of any documents or records showing whether the ICB provided funding or support, including where held: i) Amount; ii) Funding source (revenue or capital); iii) Any conditions or restrictions attached.	Funding is provided by NHS England. No changes currently proposed.

<p>4. Preferred supplier policies: Any documentation (e.g. lists, catalogues, contractual documents, or policies) showing whether the ICB limits funding or support to specific preferred or approved EPR suppliers, including any preferred supplier lists or contractual constraints.</p>	<p>The ICB does not limit funding as it comes from NHSE, preferred suppliers would be taken from central guidance / Frameworks.</p>
<p>5. Delayed, paused, or rejected proposals: Records of any EPR change proposals that were delayed, paused, discouraged, or did not proceed, including any documents setting out reasons.</p>	<p>Not Applicable, no proposals delayed or discouraged</p>
<p>6. Strategy papers and board papers: Copies of any ICB strategy papers, board papers, or internal reports from the last 24 months that reference one or more of the following:</p> <ul style="list-style-type: none"> i) GP EPR standardisation or convergence, ii) Reducing supplier variation in GP EPRs, iii) Preferred GP clinical system strategy. 	<p>The ICB does not hold any papers or reports that reference the three GP elements listed.</p>

The information provided in this response is accurate as of 27 February 2026 and has been approved for release by David Jarrett, Chief Delivery Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.