NHS
North East and North Cumbria

Our Reference North East and North Cumbria ICB\ FOI ICB 26–101

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By Email

12 June 2026

Dear Applicant

**Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)**

Thank you for your request received on 26 May 2026 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

**Your Request**

SMS Fair Share Funding for GP Practices in 2026/2027

I'm disappointed with how SMS Fair Share Funding for GP Practices in 2026/2027 has been handled and the lack of engagement both with practices and with the Local Medical Committee who are established by statute to represent GP practices in discussions such as this.

I would be grateful if the ICB could provide information on the following questions and I am happy for this to be handled under the Freedom of Information request process if this is felt necessary.

1. Who was this decision made by, when and at what meeting? What information was provided to that meeting/person in order to inform the decision? Please provide a copy of all such information and agendas/minutes for the meetings.
2. Was an options appraisal undertaken prior to making the decision? If so, please provide a copy, if not, please advise why one was not deemed necessary and provide evidence of this decision process.
3. What consultation process was undertaken prior to making the decision and who was consultation undertaken with? Please provide copies of the consultation request and responses.

4. What process was followed to set the budget? Please provide copies of all information which informed the budget making decision.
5. How has the budget been assessed against expected minimum service levels as recommended in the guidance provided to practices on reducing SMS usage? Is it the ICB's expectation that the funding provided will meet the minimum service expectations for all practices? If not, what impact is this expected to make on practices and will this worsen health inequalities?

   *To clarify question 5: This relates to the attached guidance documents which have been issued to practices each month with their monthly usage data (see attached). These indicate what practices should and shouldn't be using SMS for, but it appears from my own practice budget (see also attached) that this would be inadequate even to meet the standards set out in the guidance, so I am keen to understand what was used as the basis for setting the budget.*

6. What percentage of practices were already below the indicative budget prior to the start of the contractual year?
7. What is the greatest and average reduction in SMS use achieved by practices over the last year?
8. To what extent has the technical capability of practices to influence residual SMS spend been assessed and what is the projected outcome for practice budgets?
9. What assessment was undertaken on the wider system cost impact of the decision and of alternatives to it? Please provide copies of this assessment and any supporting documents on the assumptions.
10. What information was used to assess the potential impact of this on patient services and safety? Please provide a copy of the impact assessment and any supporting documents.
11. Was an Equality Impact Assessment undertaken prior to making this decision, and if so, please provide a copy of it and details as to which meetings it was provided to? If not, please explain what rationale was used to decide it was not necessary and who made this decision.
12. Was legal advice sought on the contractual element of this decision as it relates to the provisions of the GMS/PMS/APMS contract - specifically whether the provision of SMS services forms 'custom and practice' in regards to funding of GMS provision? If so, please provide a copy and detail who this advice was made available to.

    *To clarify question 12: My question was primarily whether legal advice was sought as to whether SMS services should be considered a part of the GP contract which was an obligation for commissioners to fund or for practices to provide. If no legal advice was sought, then the detail becomes irrelevant.*

If any of this information is unable to be provided to myself as a result of commercial conflict, I ask that it be provided to the LMC as the representative body who have a role established by statute to be involved in this issue.

**Our Response**

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB does hold the information requested.

1. The final decision to move from an unrestricted region-wide SMS expenditure model to a co-funding fair share allocation based on weighted GP practice list size was made by the NENC ICB Executive Committee on 11 March 2026. In reaching this decision, the Executive Committee was provided with a full options appraisal, which drew on earlier papers relating to the same challenge. The redacted meeting minutes are attached.

2. Yes, an options appraisal was carried out and is attached.

3. Although a formal consultation was not undertaken, an SMS Optimisation Task and Finish Group was established on 8 July 2024 to support development of the approach. The group's purpose was to identify, develop and oversee a strategic plan for the efficient, safe and cost-effective use of SMS services across Primary Care within the ICB's area. Its objectives included establishing a regional baseline for SMS expenditure and usage, identifying opportunities to reduce reliance on high-cost SMS activity, developing a phased implementation plan, and providing a forum for governance, escalation and review of delivery issues. The group included representatives from Primary Care, the LMC, Clinical Safety, NECS, ICB Digital and ICB Finance, with additional input sought as required. This group was the main mechanism through which proposals for change were developed and challenged. In addition the group addressed that there was a significant amount of financial waste and cyber risk in the system due to poor quality and inappropriate SMS messaging, which did not align with the recommended SMS use cases as documented in NHS England's Messaging Best Practice Guidance: Messaging best practice - NHS England Digital - SMS is described as "a fallback channel for when app messaging fails" which aligns with NHS England's NHSApp first policy of reducing overuse and optimising communication channel mix (email/letters, etc.).

4. This matter was considered within the scope of the SMS Optimisation Task and Finish Group, as referenced in response to question 3. The fair share allocation for practices was determined by the ICB's Finance team using a weighted list size methodology. This approach was intended to provide a more equitable allocation by reflecting relative patient need and expected workload, rather than relying solely on raw registered list size. The finance team utilised this approach to ensure that weighted list size adjusts the raw list to reflect relative workload and need, rather than just headcount. Based on internal ICB usage and national application, weighted list size considers:
   - Age profile (older and very young populations attract higher weighting)
   - Deprivation (patients in more deprived areas are weighted higher)
   - Morbidity / expected demand (proxy indicators of healthcare need)
   - Population complexity, rather than simple registration numbers

5. The guidance and FAQ documents referenced do not provide any prescriptive approach, messaging targets or any published minimum service expectations for practices. The ICB continue to support practice to utilise SMS in the most appropriate and cost-effective ways and other messaging alternatives where appropriate and possible.

6. 5.4% of practices are below the allocated fair share ICB budget based on current usage trends.

7. Between April 25 – March 26:
   - Greatest relative savings in £ YTD: £5,655
   - The average spend per 1000 pts per month on SMS across all NENC ICB was reduced by 13% between April 2025 and February 2026.

8. The ICB has considered the extent to which practices can influence residual SMS spend through the SMS optimisation programme, recognising that this is partly dependent on the technical capability and integration functionality available within GP clinical systems and associated messaging platforms. This assessment remains under review as functionality continues to develop, including through the NHS App and Accurx. The ICB raises and monitors technical limitations with TPP, EMIS and Accurx through monthly delivery meetings, and

escalates relevant issues to NHS England in relation to the pace of integration and the technical capabilities of nationally held contracts. The ICB continues to fund Accurx for all practices.

9. The wider system cost impact, including consideration of alternative approaches, was assessed as part of the options appraisal referenced in response to question 2. A copy of the options appraisal is attached.

10. An impact assessment was completed and is attached. This assessment was considered alongside the use of weighted list size, which adjusts funding allocations to reflect relative need, including factors such as age profile, deprivation and population complexity.

11. An impact assessment was completed and is attached. This was considered alongside the use of weighted list size, which adjusts funding allocations to reflect relative need, including factors such as age profile, deprivation and population complexity. A separate Equality Impact Assessment was not undertaken.

12. Legal advice was not sought on this specific issue. Under the GPIT Operating Model, GP practices are provided by the ICB with the capability to send electronic messages to patients, including SMS, and this capability is funded by the ICB via the Accurux solution. However, SMS fragments are treated as consumables, in the same way as items such as postage stamps.

    In addition, it is stated in The primary care (GP) digital services operating model V6 that *"Transition plan – ICBs and practices should develop and implement a transition plan to increase the use of NHS App to reduce or remove the use of local SMS contracts."*

    The move towards a co funding model/fair share allocation is in line with transitional ICB requirements.

    On this basis, legal advice was not considered necessary.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website https://northeastnorthcumbria.nhs.uk/.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Information Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

*Information Governance Support Officer*

**Information Governance Support Officer**
**North East and North Cumbria Integrated Care Board**