

**Reference Number:** FOI202425/333  
**From:** Commercial  
**Date:** 01 November 2024  
**Subject:** Current provider for iRefer Clinical Decision Support

- Q1 Name of the current supplier/provider for iRefer Clinical Decision Support within the Trust.
- A1 Information not held – the Trust does not use iRefer Clinical Decision Support
- Q2 The start date and duration of the current contract for this service/solution
- A2 Not applicable, as per A1 above
- Q3 The scheduled end date of the current contract
- A3 Not applicable, as per A1 above
- Q4 Whether there are any planned extensions or renewals for this contact, and if so, the length of any extension options.
- A4 Not applicable, as per A1 above
- Q5 Any procurement framework or process that will be used to tender for this service upon contract expiry.
- A5 Not applicable, as per A1 above
- Q6 The name and contact details of the people responsible reviewing this contract.
- A6 Not applicable, as per A1 above