Black Book
Research Insights

HEALTHCARE IT CONSULTING & ADVISORY SERVICES: UK AND NHS

EPR OPTIMISATION, WORKFLOW REDESIGN & SELECTIVE IMPLEMENTATION

TOP CONSULTING FIRMS 2026

STATE OF MARKET, 18 KPI FRAMEWORK, AND COMPETITIVE SCORECARD

Q3 2026
Black Book Market Research LLC Insights

REPORT ARCHITECTURE

SECTIONS, APPENDICES, AND PURPOSE OF THE FINAL UK/NHS EDITION

SECTION 01	Executive Scorecard	Fast synthesis of UK/NHS market leaders, KPI concentration, and final 20-firm ranking.
SECTION 02	Survey Basis and Methodology	Benchmark frame, exposure rules, NHS organisation mix, scoring framework, and scoring guardrails.
SECTION 03	State of NHS EPR Optimisation Consulting	Demand signals, Frontline Digitisation, EPR optimisation pressure, project subsets, support statistics, and buyer insights.
SECTION 04	Category Definition and Guardrails	Scope of EPR optimisation, workflow redesign, selective implementation, stabilisation, interoperability, and final universe qualification rules.
SECTION 05	Scoring Framework	Q1-Q18 qualitative indicators, bundle weights, and KPI performance descriptions.
SECTION 06	Comparative Firm Analysis	KPI leaders, capability concentration, improvement signals, and NHS-fit interpretation.
SECTION 07	Ranked Firm Performance	Q1-Q18 scores by ranked firm, plus weighted mean. Pages 18-19 are the controlling score set.
SECTION 08	Detailed KPI Charts	Criterion-level Q1-Q18 chart pages with ranked score tables, bar charts, leader score, weight, and competitive spread.
SECTION 09	2027-2028 NHS ERP Outlook	Forward demand model for optimisation, selective implementation, data, interoperability, AI, and managed support.
SECTION 10	Alphabetical Consultant Directory	Alphabetical capability profiles for the 20 scored UK/NHS EPR optimisation and advisory firms.
SECTION 11	Ad hoc respondent expectations	Supplemental respondent questions on what NHS EPR/HIT users, hospital clinical consultants, provider IT leaders, operational teams, and support teams expect from EPR advisors and related hospital IT consultants.
SECTION 12	About Black Book Research, notes and sources	Black Book independence, UK/NHS research background, public-source context, non-scored comparator notes, data-use notes, and publication disclaimer.
APPENDIX A	January 2026 advisory-firm client survey universe	Alphabetical list of the 153 UK/NHS advisory, EPR support, managed services, NHS-owned comparator, vendor professional services, and healthcare IT firms that received at least one initial client evaluation.
APPENDIX B	UK/NHS EPR advisory-firm capability buckets	Cross-reference of the 153 firms against eight general NHS/EPR capability categories; firms may appear in multiple categories.

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EXECUTIVE SCORECARD

MARKET PERFORMANCE AT A GLANCE AND NUMBER-ONE KPI CONCENTRATION

Rank	UK/NHS EPR Optimisation Consulting Firm	Weighted Mean	No. 1 KPI Wins
1	KPMG UK / EPR ALLIANCE	9.57	2
2	APIRA / IQVIA	9.22	1
3	IDEAL HEALTH	9.20	1
4	PA CONSULTING	9.02	2
5	PWC UK	8.84	1
6	CHANNEL 3 CONSULTING	8.50	2
7	DELOITTE UK	8.37	1
8	CLOUD21	8.27	2
9	ETHICAL HEALTHCARE	8.02	1
10	HCI DIGITAL	7.99	0
11	STALIS	7.97	1
12	AIRE LOGIC	7.82	1
13	HIC	7.81	1
14	HEALTH SYSTEMS SUPPORT	7.62	1
15	ACCENTURE UK	7.57	0
16	IBM CONSULTING	7.30	0
17	EY UK	7.25	0
18	CGI/BJSS	7.11	1
19	METHODS	6.78	0
20	6B HEALTH	6.62	0

02

SURVEY BASIS & METHODOLOGY

BENCHMARK ARCHITECTURE, CATEGORY-SPECIFIC EXPOSURE, SCORING FRAMEWORK, AND SCORING GUARDRAILS

Metric	Value	Methodological interpretation
UK/NHS benchmark frame	145 provider-client exposures	NHS trusts, ICBs, ICS digital teams, national bodies, and care partners represented in the comparative scoring frame.
Executive input frame	620 qualified executive exposures	Digital, clinical, operational, commercial, data, EPR, and support leaders with direct exposure to implemented or optimised EPR-related work.
Consulting firms evaluated	20	Top-twenty apples-to-apples UK/NHS EPR optimisation, digital transformation, advisory, and health IT consulting universe following final category qualification review.
Lookback window	Prior 4 years	Projects must be implemented, substantially live, or producing post-go-live optimisation results.
Scoring indicators	18	Qualitative KPIs aligned to EPR optimisation, workflow redesign, selective implementation, interoperability, data migration, and support.
Scoring convention	0-10	Comparative satisfaction, NHS workflow fit, delivery confidence, clinical safety credibility, and outcome reliability.
Framework weighting	100%	Q1-Q18 indicators are grouped into weighted topic bundles to reflect NHS market conditions; the published firm mean is the weighted Q1-Q18 mean calculated from the final score set on pages 18-19.

GUARDRAILS

Scoring is limited to firms with relevant UK health, NHS, EPR, digital transformation, interoperability, data, optimisation, implementation, or support evidence. Scores exclude prospect-only evaluations, marketing impressions, consultant-selected references without governance exposure, pure software-vendor professional services, and NHS-owned bodies that are better treated as comparators than commercial-firm peers. Black Book maintains editorial independence and accepts no consulting-firm sponsorship, review approval, or influence over scoring.

EXECUTIVE INPUT BREAKDOWN

Executive Input Segment	Count	Share	Primary Evidence Expected	Primary Scoring Lens
CDIO / CIO / CTO / CCIO / digital executives	104	16.8%	EPR strategy, architecture, cyber, integration, national services	Technical depth, trust-wide delivery, architecture quality
CNIO / clinical informatics / clinical safety leaders	82	13.2%	Clinical build, nursing adoption, clinical safety case, specialty workflow	Clinical fit, adoption, safety and informatics governance
COO / operational transformation / elective recovery leaders	86	13.9%	Patient flow, access, RTT, theatres, discharge, productivity	Operational execution, benefits, flow and efficiency gains
CFO / commercial / procurement / digital PMO leaders	72	11.6%	Business case, procurement, supplier assurance, benefits tracking	Value for money, commercial transparency and governance
EPR programme directors / SROs / portfolio leads	84	13.5%	Programme governance, readiness, cutover, supplier management	Delivery assurance, risk control and go-live confidence
Chief pharmacists / pharmacy informatics / clinical risk leads	52	8.4%	Medicines management, prescribing, closed-loop medication, safety	Medication safety, role usability and error reduction
Data, interoperability, analytics, and AI/FDP leaders	72	11.6%	Data quality, shared care records, analytics, AI governance	Interoperability, analytics adoption, data trust
Service desk / application support / EPR operations leaders	68	11.0%	Release management, backlog, service desk, managed support	Run reliability, resource continuity, support quality
TOTAL	**620**	**100.0%**		

NHS ORGANISATION TYPE BREAKDOWN

NHS Organisation Type	Client Exposures	Client Share	Executive Exposures	Input Share	Why This Segment Matters
Acute teaching trusts / tertiary and large acute providers	29	20.0%	134	21.6%	Large-scale EPR programmes, specialty pathways, clinical safety, medicines, and operational disruption risk.
Multi-site acute and community provider groups	24	16.6%	101	16.3%	Convergence, shared build, patient flow, outpatient redesign, and post-live optimisation.
Mental health, community, and ambulance providers	18	12.4%	72	11.6%	Specialty workflow, mobile/community care, crisis pathways, risk, interoperability, and integrated records.
Integrated care boards and ICS digital teams	21	14.5%	79	12.7%	Shared care records, national product integration, cross-provider pathways, and population-health data.
District general hospitals and smaller acute trusts	22	15.2%	88	14.2%	Resource constraints, procurement, programme recovery, testing, go-live support, and training.
Specialist, children's, oncology, and surgical hospitals	10	6.9%	43	6.9%	High-complexity specialty configuration, bespoke workflows, clinical safety, and integration dependencies.
Primary care, GP federation, and neighbourhood-care partners	9	6.2%	41	6.6%	GP Connect, referrals, shared care, primary-community interfaces, and access pathways.
National, regional, and arm's-length body digital teams	7	4.8%	38	6.1%	National product integration, assurance, procurement, analytics, and programme governance.
Social care, care coordination, and VCSE-linked pathway partners	5	3.4%	24	3.9%	Care continuity, data sharing, safeguarding, discharge, and neighbourhood pathway redesign.
TOTAL	**145**	**100.0%**	**620**	**100.0%**	

03

STATE OF NHS EPR OPTIMISATION CONSULTING

TRENDS, DEMAND, PROGRAMME ISSUES, SUPPORT STATISTICS, AND BUYER INSIGHTS

NHS EPR consulting demand is shifting from first-time digitisation toward accountable optimisation, productivity, safety, and workforce relief. The comparative score set favours firms that combine EPR delivery discipline with NHS clinical workflow redesign, benefits ownership, interoperability, training, data migration, and post-live support. Analysis remains consultant-firm agnostic: placement is driven by the Q1-Q18 score set, not firm sponsorship, marketing preference, or supplier influence.

Trend	Why it matters	Consulting implication
EPR optimisation becomes the dominant demand event	The NHS is moving from baseline digital capability toward making EPRs safer, easier to use, and more productive.	Consultants must link usability fixes to documentation burden, medicines, discharge, referrals, theatres, flow, access, and staff experience.
Frontline Digitisation shifts from procurement to benefits	EPR selection and go-live remain important, but trusts now need benefits realisation, adoption, workflow integration, and supplier accountability.	The strongest firms combine business case, PMO, clinical safety, build governance, adoption, and post-live benefits tracking.
Apples-to-apples scoring tightens	Generic public-sector digital delivery is not enough for this category when EPR risk, clinical safety, and workflow redesign dominate.	Specialist EPR consultancies, EPR data firms, and NHS implementation support firms receive stronger weighting in the revised universe.
Interoperability and national products become delivery requirements	NHS App, NHS login, eRS, PDS, Spine, GP Connect, shared care records, and open APIs determine cross-system value.	Top firms must integrate policy context, technical standards, IG, clinical workflow, operational service management, and user adoption.
Data quality and migration risk remain critical	Legacy data, archives, duplicate records, poor coding, and migration defects can compromise safety and trust.	Data migration and data governance specialists need explicit recognition in Q6, Q9, Q10, and Q14.
Trust, transparency, and clinical safety affect rehire decisions	Executives penalise firms that understate risk, rotate senior teams, or leave after go-live.	Q18 weights behaviour under pressure, escalation transparency, continuity, cultural fit, and accountable delivery.

MARKET CONTEXT

NHS England materials emphasise EPR functionality, efficiency, usability, digital maturity, and optimisation; the report therefore gives strong weight to workflow, adoption, stabilisation, benefits, data, and interoperability.

DEMAND SUPPORT STATISTICS BY CAPABILITY

Capability / Engagement Area	Support / Prevalence	Reading	Interpretation	Score-set Firms Positioned For 2026-2027 Demand
EPR optimisation and clinical workflow redesign	92%	Highest urgency	Documentation burden, workarounds, in-basket load, discharge, referrals, medicines, and specialty workflows make this the most urgent buyer issue.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH:** APIRA / IQVIA; IDEAL HEALTH; PA CONSULTING; PWC UK
Clinical adoption, training, and usability improvement	88%	Highest urgency	NHS staff need role-specific support, personalisation, workflow simulation, and post-live adoption reinforcement.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH:** APIRA / IQVIA; IDEAL HEALTH; CHANNEL 3 CONSULTING; PA CONSULTING
Go-live stabilisation, command centre, and run-model support	84%	Highest urgency	Trusts need defect burn-down, floorwalking, release support, service desk handover, and sustainable BAU transition.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH**: CLOUD21; APIRA / IQVIA; IDEAL HEALTH; PA CONSULTING
Selective implementation and Frontline Digitisation support	73%	Strong urgency	EPR procurement, mobilisation, assurance, and targeted implementation remain active despite the shift toward optimisation.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH:** IDEAL HEALTH; APIRA / IQVIA; PWC UK; CLOUD21
Data migration, archiving, cutover, and legacy-system transition	69%	Strong urgency	Legacy data, safety, archive, migration, and cutover risks remain major causes of EPR programme stress.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH:** IDEAL HEALTH; APIRA / IQVIA; PA CONSULTING; DELOITTE UK
Interoperability, open APIs, shared records, and national products	65%	Strong urgency	EPR value depends on reliable integration across care settings and national NHS services.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH:** APIRA / IQVIA; IDEAL HEALTH; CHANNEL 3 CONSULTING; PWC UK
Data platforms, analytics, FDP, AI governance, and insight-to-action	57%	Moderate/high urgency	Analytics, AI, automation, and FDP use cases require usable data, auditability, safety, and workflow adoption.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH:** APIRA / IQVIA; IDEAL HEALTH; PA CONSULTING; PWC UK
Commercial assurance, cyber/IG, and trust controls	55%	Moderate/high urgency	Supplier assurance, value for money, DSPT/IG, DPIA, cyber, and clinical safety determine public trust.	**HIGHEST:** by relevant KPI scores: KPMG UK / EPR ALLIANCE **HIGH:** APIRA / IQVIA; IDEAL HEALTH; CLOUD21; DELOITTE UK

IMPLEMENTED PROJECT ENGAGEMENT SUBSETS

Engagement Subset	Client Exposure	Project Evidence Included	Buyer Implication
Clinical workflow optimisation and usability redesign	72%	Workflow mapping, specialty templates, orders, notes, in-basket, referrals, care pathways, discharge, and documentation burden reduction.	Measures realised clinician efficiency, not only system configuration.
EPR implementation, replacement, and Frontline Digitisation support	66%	Business case, procurement, configuration, testing, clinical safety, readiness, migration, activation, and optimisation.	Separates true EPR implementation firms from planning-only or staffing-only competitors.
Go-live, training, change management, and adoption	48%	Readiness, role-based training, super users, command centres, cutover, floorwalking, and activation support.	Rewards firms that can move from project plan to operational adoption.
Data migration, archive, and cutover	42%	Legacy inventory, data extraction, cleansing, mapping, reconciliation, load rehearsal, archive, and downtime governance.	Adds data quality and safety accountability into EPR scoring.
Application managed services and post-live optimisation	39%	Tiered support, release management, upgrades, backlog governance, enhancement intake, service desk, and SLAs.	Adds post-implementation accountability and sustainable support.
Patient access, elective recovery, flow, and clinical-financial workflow	36%	Scheduling, referrals, RTT, diagnostics, theatres, discharge, coding, denials, throughput, and order-to-bill integrity.	Connects EPR improvement to operational and financial outcomes.
Data, interoperability, analytics, and AI enablement	33%	FHIR/API, HL7, shared care records, reporting, data quality, analytics, automation, AI governance, and national product integration.	Rewards firms with usable data assets and workflow-integrated analytics.
Strategy, procurement, supplier assurance, and transformation PMO	24%	Business case, procurement, sourcing, portfolio governance, assurance, supplier management, and benefits realisation.	Scores strongly only when tied to implemented or optimised EPR outcomes.
Integrated care, community, mental health, and neighbourhood pathways	18%	Cross-provider pathways, ICS governance, mental health/community workflow, GP interfaces, and social-care links.	Reflects the hospital-to-community and neighbourhood-care direction of travel.

NHS EPR OPTIMISATION ADVISORY BUYER INSIGHTS

GOVERNANCE, ADOPTION, BENEFITS, DATA, AND TRUST SIGNALS

Support / Governance Statistic	High/Critical Or Cited Share	Interpretive Insight
Clinical safety and clinical leadership rated high/critical	83%	Strong scores correlate with named clinical safety, CNIO/CCIO involvement, rapid escalation, and safe build decisions.
Post-go-live stabilisation rated high/critical	79%	Trusts penalise firms that leave after cutover without measurable defect closure and BAU transition.
Workflow simulation before cutover required	74%	Executives want role-specific rehearsal, not generic training attendance.
Benefits tracking required beyond go-live	70%	Buyers expect 90- to 180-day clinical, access, revenue, productivity, and workforce outcomes.
Data quality and migration assurance identified as safety risk	68%	Poor migration, duplicate records, and archive gaps can undermine clinician trust and patient safety.
Resource continuity identified as rehire determinant	63%	Account-team turnover is one of the most visible reasons scores deteriorate after implementation.
Public transparency and commercial accountability influence rehire	57%	Proposal language, case studies, and staffing commitments must match delivered project experience.

COMMON ISSUE AND MITIGATION EXPECTATION

Common Issue	Observed Buyer Concern	Mitigation Expectation
Scope sprawl	Clinical, data, training, IG, integration, and operational workstreams expand beyond initial scope.	Stage-gated scope governance, clinical PMO, change-control discipline, and measurable baselines.
Integration debt	Interfaces, device feeds, archives, referrals, RCM, shared records, and national services create hidden risk.	Pre-implementation integration inventory, conversion rehearsal, and realistic technical runway.
Operational adoption gap	Clinicians and front-line staff are not ready for new workflows at go-live.	Role-based adoption plan, workflow simulation, super-user network, and stabilisation resources.
AI trust deficit	Automation proposals lack safety controls, auditability, model governance, or human-in-the-loop workflows.	Explainability, override tracking, risk controls, clinical governance, and burden-reduction metrics.
Staffing discontinuity	High-performing proposal team is replaced by lower-continuity delivery resources.	Named-team commitments, turnover reporting, knowledge transfer, and escalation rights.

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CATEGORY DEFINITION & GUARDRAILS

WHAT IS INCLUDED IN THE FINAL UK/NHS EPR OPTIMISATION CATEGORY

Category Element	Reading Rule
Core included work	EPR strategy, business case, procurement, implementation, build assurance, clinical safety, adoption, workflow redesign, optimisation, data migration, interoperability, analytics, AI governance, managed support, and post-live benefits.
Scored firm type	Independent or commercial consulting/advisory/delivery firms with credible NHS or UK health delivery, EPR, data, interoperability, transformation, support, or optimisation capability.
Specialist firms in the scored universe	APIRA / IQVIA; HCI DIGITAL; HIC; HEALTH SYSTEMS SUPPORT; STALIS; 6B HEALTH. These firms strengthen EPR implementation, data migration, training, go-live, interoperability, and NHS-native delivery coverage.
Firms retained with stronger NHS/EPR fit	CHANNEL 3 CONSULTING; IDEAL HEALTH; CLOUD21; KPMG UK / EPR ALLIANCE; AIRE LOGIC; ETHICAL HEALTHCARE; PA CONSULTING; PWC UK; DELOITTE UK; ACCENTURE UK; IBM CONSULTING; CGI/BJSS; EY UK; METHODS.
Removed from scored top-20	CAPGEMINI INVENT; TPXIMPACT; THE PSC; NEWTON EUROPE; HIPPO DIGITAL; ANSWER DIGITAL. These remain adjacent digital, product, operating-model, or service-design candidates but are less apples-to-apples across Q1-Q18 EPR implementation/optimisation.
Non-scored NHS-owned comparators	NHS ARDEN & GEM CSU; SCW CSU; NECS. These bodies are relevant NHS advisory comparators but are not scored directly against commercial consulting firms.

APPLES-TO-APPLES SCORING PRINCIPLE

- Strategy scores require evidence tied to implemented or optimised EPR outcomes, not advisory-only positioning.
- Data and AI scores require governance, safety, workflow adoption, and integration with operational decisions.
- Implementation scores require cutover readiness, testing, clinical safety, benefits ownership, and post-live support transition.
- Pure EPR software vendors and vendor professional services are excluded unless the category is explicitly expanded to vendor services.
- NHS-owned CSUs are separated as comparators because their role, incentives, and procurement position differ from commercial consultancies.

05

SCORING FRAMEWORK

SCORING FRAMEWORK Q1-Q9

CLINICAL WORKFLOW, IMPLEMENTATION, STABILISATION, BENEFITS, AND INTEROPERABILITY INDICATORS

KPI	Indicator	Weight
Q1	NHS clinical workflow optimisation and usability redesign	8%
Q2	EPR strategy, business case, and Frontline Digitisation alignment	6%
Q3	Programme governance, assurance, and trust/ICS delivery discipline	7%
Q4	Clinical engagement, adoption, and change management	7%
Q5	Build, configuration, validation, and clinical safety case quality	7%
Q6	Data migration, cutover, and legacy-system transition	5%
Q7	Go-live command centre, stabilisation, and run-model handover	6%
Q8	Benefits realisation, productivity, and elective-recovery linkage	7%
Q9	Interoperability, open standards, shared care records, and APIs	7%

Q1-Q9 emphasise the practical work of making EPR systems usable, safe, reliable, interoperable, and measurable after deployment.

SCORING FRAMEWORK Q10-Q18

DATA, AI, PATIENT ACCESS, INTEGRATED CARE, PROCUREMENT, SAFETY, SUPPORT, NATIONAL PRODUCTS, AND TRUST

KPI	Indicator	Weight
Q10	Data platforms, analytics, FDP/AI governance, and insight-to-action	5%
Q11	Patient access, referrals, RTT/elective, theatre, and flow workflow	6%
Q12	Integrated care, community, mental health, and neighbourhood pathway redesign	4%
Q13	Procurement, supplier assurance, and commercial value-for-money	5%
Q14	Cyber, information governance, clinical safety, and public trust controls	5%
Q15	Training, personalisation, super-user networks, and digital adoption	4%
Q16	Application managed services, service desk, release, and upgrade support	4%
Q17	National product integration: NHS App, NHS login, eRS, PDS, Spine, GP Connect	2%
Q18	Transparency, trust, accountable delivery, and NHS-specific cultural fit	5%

Q10-Q18 reflect the next stage of NHS digital value: data-to-action, cross-system integration, productivity, public trust, and sustainable support.

Q1-Q18 WEIGHTING MODEL

HOW THE WEIGHTED MEAN IS CALCULATED

Bundle	KPI Coverage	Weight	Rationale
Clinical usability and adoption	Q1, Q4, Q15, Q18	24%	The highest emphasis reflects NHS workforce burden, training gaps, clinical safety, and cultural fit.
Delivery assurance and EPR execution	Q2, Q3, Q5, Q6, Q7	32%	EPR programmes remain high-risk, capital-intensive, clinically sensitive, and operationally disruptive.
Operational value and benefits	Q8, Q11, Q12	17%	Trusts and ICBs need digital work to improve flow, productivity, access, elective recovery, and integrated pathways.
Data, interoperability, and national platforms	Q9, Q10, Q17	14%	NHS priorities increasingly require open standards, shared records, national product integration, and useful analytics.
Commercial, cyber, and support resilience	Q13, Q14, Q16	13%	Supplier assurance, value for money, cyber, IG, release management, and run operations determine long-term reliability.
TOTAL	**Q1-Q18**	**100%**	**The weighted mean is calculated by multiplying each Q score by its KPI weight and summing the result.**

KPI	Weight	KPI	Weight	KPI	Weight
Q1	8%	Q7	6%	Q13	5%
Q2	6%	Q8	7%	Q14	5%
Q3	7%	Q9	7%	Q15	4%
Q4	7%	Q10	5%	Q16	4%
Q5	7%	Q11	6%	Q17	2%
Q6	5%	Q12	4%	Q18	5%

06

COMPARATIVE FIRM ANALYSIS

CAPABILITY CONCENTRATION AND NHS-FIT INTERPRETATION

Analysis Lens	Leading Firms	Interpretation
Overall market leaders	KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; PA CONSULTING; PWC UK	The top-five weighted means run from 8.84 to 9.57 and combine EPR strategy, implementation discipline, workflow optimisation, benefits, and public-sector delivery assurance.
NHS EPR specialist leaders	APIRA / IQVIA; IDEAL HEALTH; CHANNEL 3 CONSULTING; CLOUD21; HCI DIGITAL	Specialist firms remain most relevant where success depends on build validation, clinical adoption, cutover, training, go-live support, and post-live optimisation.
Workflow and adoption leaders	KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; CHANNEL 3 CONSULTING; PA CONSULTING	The leading score-set positions for Q1, Q4, Q15, and Q18 point to strengths in frontline workflow, adoption, training, trust, and accountable delivery.
Data migration and integration leaders	STALIS; AIRE LOGIC; CHANNEL 3 CONSULTING; CLOUD21; CGI/BJSS	Criterion leaders in Q6, Q9, Q10, Q16, and Q17 show that migration, open standards, national-product integration, analytics, and run support require distinct evidence.
Benefits and operating-value leaders	PA CONSULTING; KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; PWC UK	Operational-value scores are strongest where firms link EPR work to patient flow, elective recovery, productivity, access, workforce relief, and measurable benefits.
Managed support and run operations leaders	CLOUD21; KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; PA CONSULTING	Post-live value depends on command-centre transition, ticket governance, release management, upgrade support, and service continuity after go-live.
Trust, governance, and assurance leaders	KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; DELOITTE UK; CLOUD21	Public accountability, transparency, clinical safety, cyber, IG, commercial governance, and risk escalation influence rehire confidence and executive trust.

CAPABILITY CONCENTRATION SUMMARY

- The current top-six firms account for 9 of 18 KPI wins while spanning strategy, clinical workflow, EPR execution, benefits, support, and trust controls.
- Specialist and focused NHS EPR consultancies lead Q1, Q4, Q5, Q7, Q15, and Q18, where frontline delivery, adoption evidence, and accountable handover matter most.
- Data, interoperability, and support specialists receive explicit recognition through Q6, Q9, Q10, Q16, and Q17, rather than being collapsed into a generic technical-support category.

Q1-Q18 KPI LEADERS

NUMBER-ONE FIRM BY CRITERION

KPI	Indicator	Weight	No. 1 Firm	Leader Score
Q1	NHS clinical workflow optimisation and usability redesign	8%	CHANNEL 3 CONSULTING	9.46
Q2	EPR strategy, business case, and Frontline Digitisation alignment	6%	KPMG UK / EPR ALLIANCE	9.88
Q3	Programme governance, assurance, and trust/ICS delivery discipline	7%	PWC UK	9.90
Q4	Clinical engagement, adoption, and change management	7%	ETHICAL HEALTHCARE	9.76
Q5	Build, configuration, validation, and clinical safety case quality	7%	IDEAL HEALTH	9.85
Q6	Data migration, cutover, and legacy-system transition	5%	STALIS	9.96
Q7	Go-live command centre, stabilisation, and run-model handover	6%	CLOUD21	9.79
Q8	Benefits realisation, productivity, and elective-recovery linkage	7%	PA CONSULTING	9.91
Q9	Interoperability, open standards, shared care records, and APIs	7%	AIRE LOGIC	9.76
Q10	Data platforms, analytics, FDP/AI governance, and insight-to-action	5%	CHANNEL 3 CONSULTING	9.93
Q11	Patient access, referrals, RTT/elective, theatre, and flow workflow	6%	PA CONSULTING	9.90
Q12	Integrated care, community, mental health, and neighbourhood pathway redesign	4%	HIC	9.92
Q13	Procurement, supplier assurance, and commercial value-for-money	5%	KPMG UK / EPR ALLIANCE	9.75
Q14	Cyber, information governance, clinical safety, and public trust controls	5%	DELOITTE UK	9.79
Q15	Training, personalisation, super-user networks, and digital adoption	4%	HEALTH SYSTEMS SUPPORT	9.70
Q16	Application managed services, service desk, release, and upgrade support	4%	CLOUD21	9.94
Q17	National product integration: NHS App, NHS login, eRS, PDS, Spine, GP Connect	2%	CGI/BJSS	9.81
Q18	Transparency, trust, accountable delivery, and NHS-specific cultural fit	5%	APIRA / IQVIA	9.92

KPI leader status is assigned strictly from the Q1-Q18 score set on pages 18-19. Where firms tie, each tie is counted; no No. 1 ties are present in the final score set.

CATEGORY CONCENTRATION & COMPETITIVE SPREAD

TOP-FIVE, SPECIALIST, DATA, AND ADJACENT-FIRM INTERPRETATION

Competitive Band	Firms	Interpretation
Top-five leadership band	KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; PA CONSULTING; PWC UK	Weighted means from 8.84 to 9.57 define the top-five band in the final score set, with leadership distributed across EPR execution, benefits, assurance, and trust controls.
High-performing EPR specialists	APIRA / IQVIA; IDEAL HEALTH; CHANNEL 3 CONSULTING; CLOUD21; ETHICAL HEALTHCARE	These firms show high fit where EPR value depends on frontline workflow, adoption, build quality, go-live readiness, training, and practical optimisation.
Data, migration, and interoperability specialists	STALIS; AIRE LOGIC; CHANNEL 3 CONSULTING; CLOUD21; CGI/BJSS	The final score set assigns category leadership across data migration, standards, analytics, managed support, and national product integration rather than treating them as generic technology tasks.
Implementation and training specialists	IDEAL HEALTH; CLOUD21; HEALTH SYSTEMS SUPPORT; KPMG UK / EPR ALLIANCE; APIRA / IQVIA	These firms are strongest in the criteria most tied to build quality, cutover, command centre support, training, personalisation, and transition to sustainable run operations.
Transformation and assurance challengers	PA CONSULTING; PWC UK; DELOITTE UK; ACCENTURE UK; IBM CONSULTING	These firms fit assurance, enterprise transformation, cyber/IG, analytics, commercial governance, and operating-model work where trust-wide scale and control discipline matter.

07

RANKED FIRM PERFORMANCE

HOW TO READ THE FINAL UK/NHS Q1-Q18 SCORE SET

The next two pages are the controlling score set used throughout this UK/NHS edition. Page 18 contains Q1-Q9. Page 19 contains Q10-Q18 and the weighted mean. Executive scorecard, KPI leader, comparative analysis, outlook, directory, and detailed chart pages are reconciled to these two tables.

Element	Reading Rule
Q1-Q9	Clinical workflow, implementation, stabilisation, benefits, and interoperability performance.
Q10-Q18	Data, AI/FDP, patient access, integrated care, procurement, cyber/IG, training, managed support, national product integration, and trust.
Weighted mean	Calculated from Q1-Q18 using the 100% weighting model on page 13 and the final Q1-Q18 scores shown on pages 18-19.
No. 1 KPI wins	Count of sole No. 1 scores by criterion; no No. 1 ties are present in the final score set.
Universe refocus	The scored universe contains commercial and independent UK/NHS EPR consulting, optimisation, data, interoperability, implementation, support, and advisory firms; NHS-owned bodies remain non-scored comparators.
Publication control	Pages 18-19 are the controlling score tables for the executive scorecard, KPI leaders, comparative analysis, detailed chart pages, outlook, and directory references.

UK/NHS Q1-Q9 SCORE TABLE

CLINICAL WORKFLOW, IMPLEMENTATION, STABILISATION, BENEFITS, AND INTEROPERABILITY

Rank	Consulting Firm	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9
1	KPMG UK / EPR ALLIANCE	9.32	9.88	9.12	9.59	9.78	9.77	9.23	9.70	9.46
2	APIRA / IQVIA	8.98	8.77	9.39	9.26	9.15	9.50	9.04	9.30	9.26
3	IDEAL HEALTH	9.09	9.12	9.20	9.27	9.85	9.04	8.21	9.17	9.54
4	PA CONSULTING	9.28	8.67	9.24	8.13	8.80	9.50	8.61	9.91	8.66
5	PWC UK	9.05	8.96	9.90	8.88	9.06	8.36	8.28	8.64	8.72
6	CHANNEL 3 CONSULTING	9.46	7.79	9.19	8.43	7.75	7.97	7.74	8.70	8.84
7	DELOITTE UK	8.65	7.60	8.75	8.77	9.05	8.80	8.45	7.93	7.29
8	CLOUD21	8.11	8.87	7.84	7.69	9.32	7.63	9.79	7.17	6.88
9	ETHICAL HEALTHCARE	8.42	8.24	7.91	9.76	6.02	7.54	8.12	7.83	8.63
10	HCI DIGITAL	8.57	8.36	7.41	8.06	8.32	7.49	8.39	6.67	8.99
11	STALIS	6.89	7.40	8.66	8.40	8.80	9.96	7.20	7.01	7.98
12	AIRE LOGIC	6.95	8.08	7.78	7.80	5.96	8.63	8.78	7.53	9.76
13	HIC	7.18	7.68	8.13	7.35	8.35	7.57	8.87	7.29	7.91
14	HEALTH SYSTEMS SUPPORT	7.20	8.00	8.52	8.03	7.42	8.12	6.51	8.73	6.35
15	ACCENTURE UK	7.39	7.54	7.97	7.43	5.99	9.00	6.33	7.89	7.94
16	IBM CONSULTING	7.01	7.99	8.31	7.56	6.15	6.37	6.39	7.06	6.15
17	EY UK	7.45	8.53	7.46	7.50	7.60	7.47	6.24	5.91	7.89
18	CGI/BJSS	5.94	7.97	8.77	7.59	5.93	7.69	6.05	7.42	8.62
19	METHODS	5.99	6.85	8.40	5.77	6.47	5.65	7.80	6.17	5.70
20	6B HEALTH	5.73	5.99	8.23	7.19	6.00	7.19	5.75	7.22	8.40

UK/NHS Q10-Q18 SCORE TABLE AND WEIGHTED MEAN

DATA, AI, PATIENT ACCESS, INTEGRATED CARE, PROCUREMENT, CYBER/IG, SUPPORT, NATIONAL PRODUCTS, AND TRUST

Rank	Consulting Firm	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Weighted Mean
1	KPMG UK / EPR ALLIANCE	9.49	9.51	9.75	9.75	9.66	9.65	9.49	9.80	9.64	9.57
2	APIRA / IQVIA	9.60	9.56	9.22	8.05	9.46	9.25	8.91	9.42	9.92	9.22
3	IDEAL HEALTH	9.07	9.04	9.46	8.80	9.24	9.44	9.55	9.39	9.27	9.20
4	PA CONSULTING	9.37	9.90	9.32	8.41	9.07	8.45	9.24	7.78	9.14	9.02
5	PWC UK	8.96	9.00	9.80	8.76	8.31	7.55	8.56	8.70	8.94	8.84
6	CHANNEL 3 CONSULTING	9.93	8.08	7.91	8.55	7.31	8.79	8.67	8.72	8.90	8.50
7	DELOITTE UK	7.60	8.74	7.33	8.31	9.79	7.38	8.93	8.08	8.67	8.37
8	CLOUD21	8.26	8.01	7.47	9.28	8.94	7.55	9.94	8.12	8.64	8.27
9	ETHICAL HEALTHCARE	7.19	7.75	7.81	7.10	8.88	8.31	8.00	8.58	8.44	8.02
10	HCI DIGITAL	7.63	8.19	7.49	8.18	8.03	7.99	8.81	7.49	7.17	7.99
11	STALIS	8.10	8.86	7.23	6.02	7.79	9.04	8.68	7.08	8.38	7.97
12	AIRE LOGIC	7.60	8.66	7.86	5.93	8.24	7.65	8.53	8.07	7.40	7.82
13	HIC	7.50	7.64	9.92	6.81	7.58	8.07	8.15	8.11	7.36	7.81
14	HEALTH SYSTEMS SUPPORT	7.20	5.97	6.99	7.50	8.69	9.70	8.88	9.21	6.04	7.62
15	ACCENTURE UK	8.34	7.97	8.61	9.28	6.21	6.89	8.88	7.35	6.06	7.57
16	IBM CONSULTING	9.87	6.57	8.13	7.33	7.75	7.61	8.22	6.54	7.18	7.30
17	EY UK	7.09	6.41	6.77	8.18	8.23	6.28	8.54	5.96	6.13	7.25
18	CGI/BJSS	6.96	5.90	7.07	5.98	5.66	7.64	8.76	9.81	6.08	7.11
19	METHODS	7.32	7.16	8.48	6.66	6.85	6.26	7.39	7.33	7.13	6.78
20	6B HEALTH	6.76	5.80	5.95	5.90	6.26	5.94	7.86	5.79	6.08	6.62

08

DETAILED KPI CHARTS

CRITERION-LEVEL Q1-Q18 RANKINGS AND NHS BUYER INTERPRETATION

Each criterion page ranks the ten strongest firms for that KPI, identifies the leader score, shows the KPI weight, and explains what NHS buyers should test during procurement, mobilisation, and post-go-live governance.

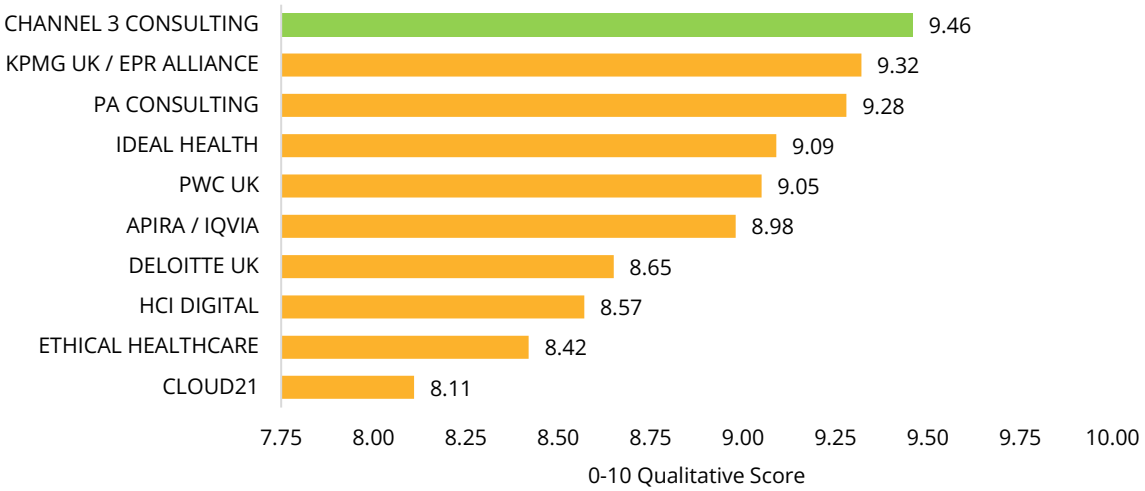
KPI	Leader	Score	KPI	Leader	Score
Q1	CHANNEL 3 CONSULTING	9.46	Q10	CHANNEL 3 CONSULTING	9.93
Q2	KPMG UK / EPR ALLIANCE	9.88	Q11	PA CONSULTING	9.90
Q3	PWC UK	9.90	Q12	HIC	9.92
Q4	ETHICAL HEALTHCARE	9.76	Q13	KPMG UK / EPR ALLIANCE	9.75
Q5	IDEAL HEALTH	9.85	Q14	DELOITTE UK	9.79
Q6	STALIS	9.96	Q15	HEALTH SYSTEMS SUPPORT	9.70
Q7	CLOUD21	9.79	Q16	CLOUD21	9.94
Q8	PA CONSULTING	9.91	Q17	CGI/BJSS	9.81
Q9	AIRE LOGIC	9.76	Q18	APIRA / IQVIA	9.92

Q1 - NHS CLINICAL WORKFLOW OPTIMISATION AND USABILITY REDESIGN

WEIGHT: 8% | LEADER: CHANNEL 3 CONSULTING (9.46)

Rank	Firm	Score
1	CHANNEL 3 CONSULTING	9.46
2	KPMG UK / EPR ALLIANCE	9.32
3	PA CONSULTING	9.28
4	IDEAL HEALTH	9.09
5	PWC UK	9.05
6	APIRA / IQVIA	8.98
7	DELOITTE UK	8.65
8	HCI DIGITAL	8.57
9	ETHICAL HEALTHCARE	8.42
10	CLOUD21	8.11

Q1 Score Distribution – Ranked Top Ten Firms



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures ability to redesign NHS clinical workflows around actual staff work, specialty variation, medicines, referrals, documentation, discharge, and safety.

BUYER VERIFICATION QUESTIONS

Ask for workflow artefacts, clinical safety evidence, role-specific adoption data, and examples of burden reduction after go-live.

COMPETITIVE SPREAD

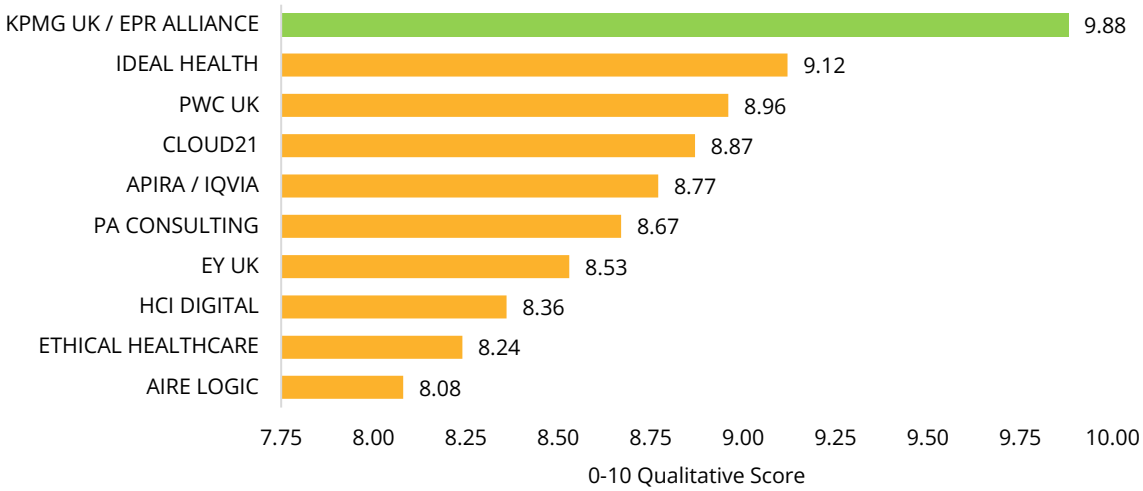
3.73 points between highest and lowest evaluated score for Q1.

Q2 - EPR STRATEGY, BUSINESS CASE, AND FRONTLINE DIGITISATION ALIGNMENT

WEIGHT: 6% | LEADER: KPMG UK / EPR ALLIANCE (9.88)

Rank	Firm	Score
1	KPMG UK / EPR ALLIANCE	9.88
2	IDEAL HEALTH	9.12
3	PWC UK	8.96
4	CLOUD21	8.87
5	APIRA / IQVIA	8.77
6	PA CONSULTING	8.67
7	EY UK	8.53
8	HCI DIGITAL	8.36
9	ETHICAL HEALTHCARE	8.24
10	AIRE LOGIC	8.08

Q2 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures capability to align EPR strategy with Frontline Digitisation, business case, board governance, procurement, and trust/ICS digital maturity

BUYER VERIFICATION QUESTIONS

Test whether the firm can connect business case, architecture, procurement, clinical safety, benefits, and ICS convergence.

COMPETITIVE SPREAD

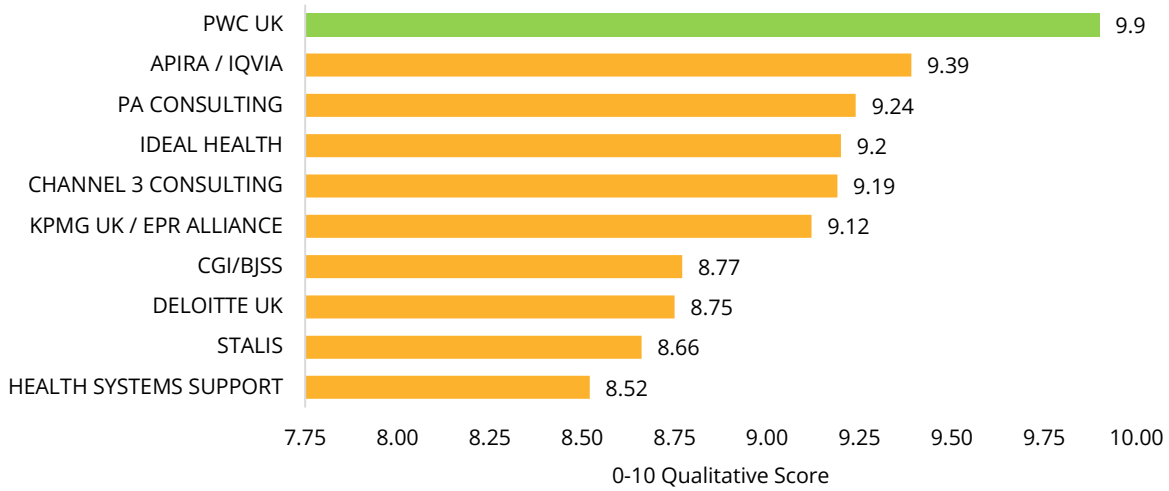
3.89 points between highest and lowest evaluated score for Q2.

Q3 - PROGRAMME GOVERNANCE, ASSURANCE, AND TRUST/ICS DELIVERY DISCIPLINE

WEIGHT: 7% | LEADER: PWC UK (9.90)

Rank	Firm	Score
1	PWC UK	9.90
2	APIRA / IQVIA	9.39
3	PA CONSULTING	9.24
4	IDEAL HEALTH	9.20
5	CHANNEL 3 CONSULTING	9.19
6	KPMG UK / EPR ALLIANCE	9.12
7	CGI/BJSS	8.77
8	DELOITTE UK	8.75
9	STALIS	8.66
10	HEALTH SYSTEMS SUPPORT	8.52

Q3 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures programme governance, assurance, SRO support, milestone control, risk management, and integrated trust/ICS delivery discipline.

BUYER VERIFICATION QUESTIONS

Ask for governance packs, readiness gates, cutover controls, and escalation models used in live NHS programmes.

COMPETITIVE SPREAD

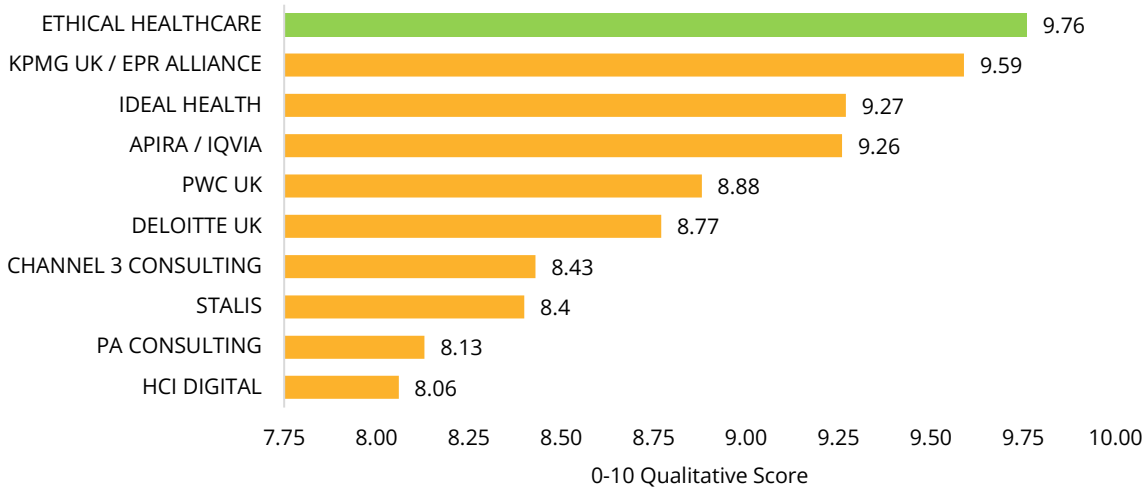
2.49 points between highest and lowest evaluated score for Q3.

Q4 - CLINICAL ENGAGEMENT, ADOPTION, AND CHANGE MANAGEMENT

WEIGHT: 7% | LEADER: ETHICAL HEALTHCARE (9.76)

Rank	Firm	Score
1	ETHICAL HEALTHCARE	9.76
2	KPMG UK / EPR ALLIANCE	9.59
3	IDEAL HEALTH	9.27
4	APIRA / IQVIA	9.26
5	PWC UK	8.88
6	DELOITTE UK	8.77
7	CHANNEL 3 CONSULTING	8.43
8	STALIS	8.40
9	PA CONSULTING	8.13
10	HCI DIGITAL	8.06

Q4 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures clinical engagement, behavioural adoption, stakeholder trust, and change management across clinicians, nurses, allied health professionals, and operational teams.

BUYER VERIFICATION QUESTIONS

Test continuity of clinical leads, CNIO/CCIO engagement, floorwalking plan, super-user model, and adoption analytics.

COMPETITIVE SPREAD

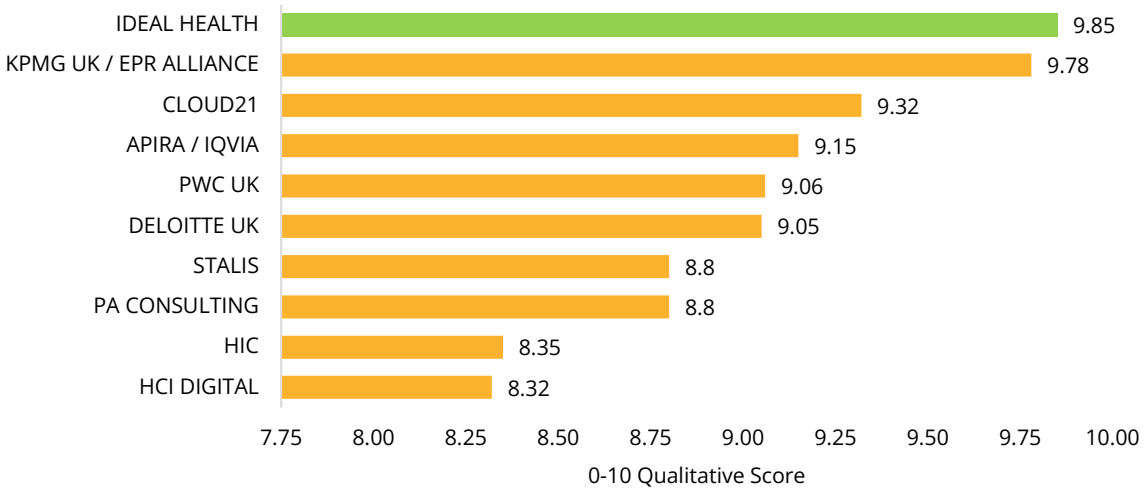
3.99 points between highest and lowest evaluated score for Q4.

Q5 - BUILD, CONFIGURATION, VALIDATION, AND CLINICAL SAFETY CASE QUALITY

WEIGHT: 7% | LEADER: IDEAL HEALTH (9.85)

Rank	Firm	Score
1	IDEAL HEALTH	9.85
2	KPMG UK / EPR ALLIANCE	9.78
3	CLOUD21	9.32
4	APIRA / IQVIA	9.15
5	PWC UK	9.06
6	DELOITTE UK	9.05
7	PA CONSULTING	8.80
8	STALIS	8.80
9	HIC	8.35
10	HCI DIGITAL	8.32

Q5 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures EPR build quality, configuration validation, specialty design, testing, clinical safety case integration, and go-live readiness.

BUYER VERIFICATION QUESTIONS

Ask for test evidence, build governance, safety case linkage, design authority model, and defect closure metrics.

COMPETITIVE SPREAD

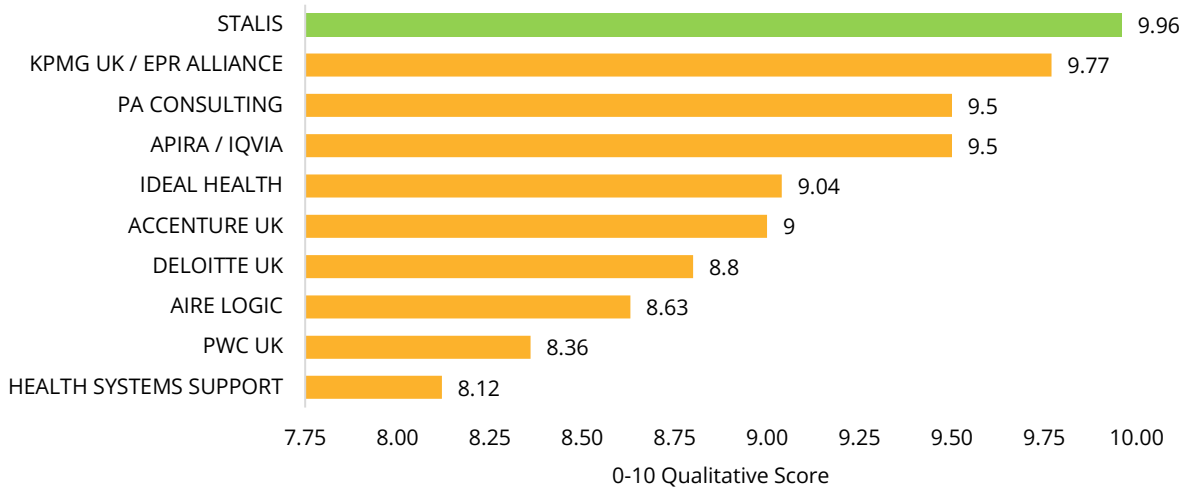
3.92 points between highest and lowest evaluated score for Q5.

Q6 - DATA MIGRATION, CUTOVER, AND LEGACY-SYSTEM TRANSITION

WEIGHT: 5% | LEADER: STALIS (9.96)

Rank	Firm	Score
1	STALIS	9.96
2	KPMG UK / EPR ALLIANCE	9.77
3	APIRA / IQVIA	9.50
4	PA CONSULTING	9.50
5	IDEAL HEALTH	9.04
6	ACCENTURE UK	9.00
7	DELOITTE UK	8.80
8	AIRE LOGIC	8.63
9	PWC UK	8.36
10	HEALTH SYSTEMS SUPPORT	8.12

Q6 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures migration planning, legacy-system transition, conversion rehearsal, archive strategy, data cleansing, and continuity of care.

BUYER VERIFICATION QUESTIONS

Probe data quality controls, migration defect logs, reconciliation, downtime procedure, and accountability for legacy remediation.

COMPETITIVE SPREAD

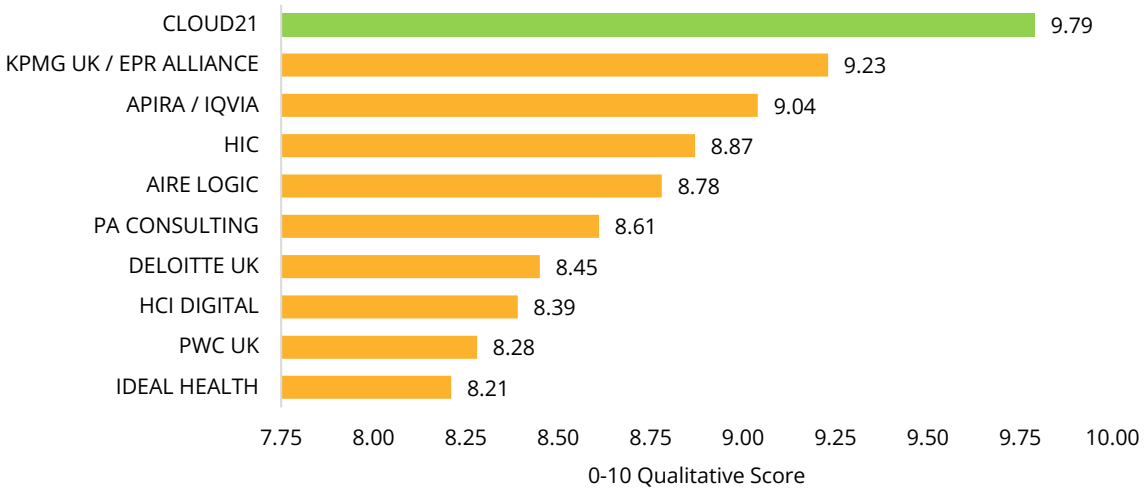
4.31 points between highest and lowest evaluated score for Q6.

Q7 - GO-LIVE COMMAND CENTRE, STABILISATION, AND RUN-MODEL HANDOVER

WEIGHT: 6% | LEADER: CLOUD21 (9.79)

Rank	Firm	Score
1	CLOUD21	9.79
2	KPMG UK / EPR ALLIANCE	9.23
3	APIRA / IQVIA	9.04
4	HIC	8.87
5	AIRE LOGIC	8.78
6	PA CONSULTING	8.61
7	DELOITTE UK	8.45
8	HCI DIGITAL	8.39
9	PWC UK	8.28
10	IDEAL HEALTH	8.21

Q7 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures command centre design, go-live support, hypercare, defect burn-down, BAU handover, and run-model transition.

BUYER VERIFICATION QUESTIONS

Demand 30/60/90/180-day stabilisation plan, ticket governance, knowledge transfer, and handover criteria.

COMPETITIVE SPREAD

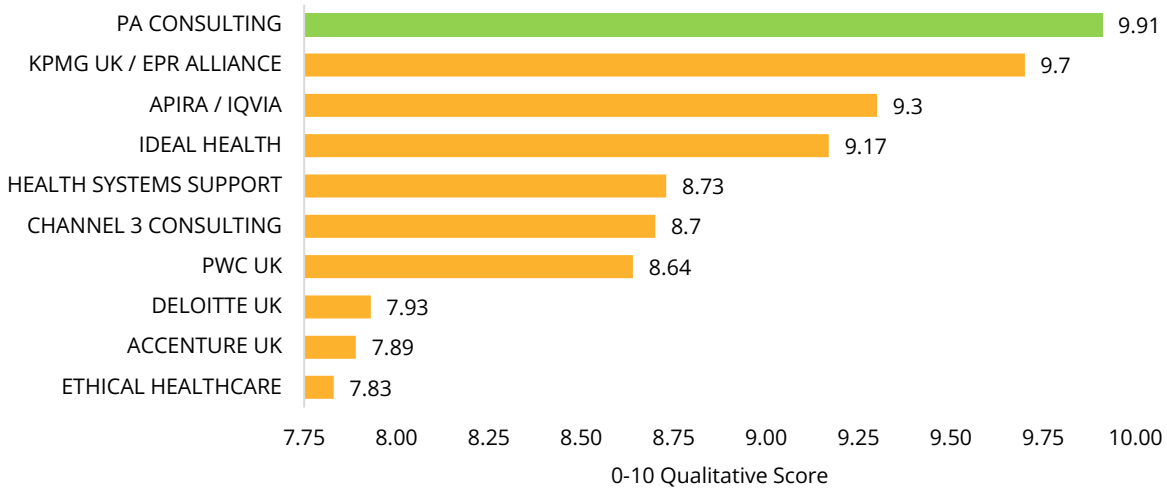
4.04 points between highest and lowest evaluated score for Q7.

Q8 - BENEFITS REALISATION, PRODUCTIVITY, AND ELECTIVE-RECOVERY LINKAGE

WEIGHT: 7% | LEADER: PA CONSULTING (9.91)

Rank	Firm	Score
1	PA CONSULTING	9.91
2	KPMG UK / EPR ALLIANCE	9.70
3	APIRA / IQVIA	9.30
4	IDEAL HEALTH	9.17
5	HEALTH SYSTEMS SUPPORT	8.73
6	CHANNEL 3 CONSULTING	8.70
7	PWC UK	8.64
8	DELOITTE UK	7.93
9	ACCENTURE UK	7.89
10	ETHICAL HEALTHCARE	7.83

Q8 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures whether the firm links EPR work to productivity, elective recovery, financial value, safety, quality, and workforce outcomes.

BUYER VERIFICATION QUESTIONS

Ask for benefits realisation dashboards, baseline-to-benefit logic, named owners, and post-go-live measurement cadence.

COMPETITIVE SPREAD

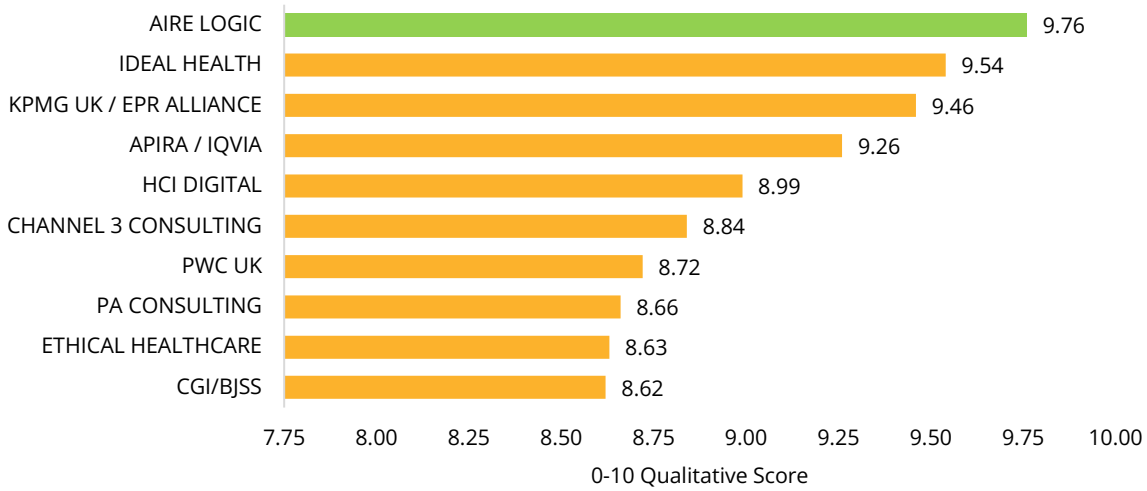
4.00 points between highest and lowest evaluated score for Q8.

Q9 - INTEROPERABILITY, OPEN STANDARDS, SHARED CARE RECORDS, AND APIS

WEIGHT: 7% | LEADER: AIRE LOGIC (9.76)

Rank	Firm	Score
1	AIRE LOGIC	9.76
2	IDEAL HEALTH	9.54
3	KPMG UK / EPR ALLIANCE	9.46
4	APIRA / IQVIA	9.26
5	HCI DIGITAL	8.99
6	CHANNEL 3 CONSULTING	8.84
7	PWC UK	8.72
8	PA CONSULTING	8.66
9	ETHICAL HEALTHCARE	8.63
10	CGI/BJSS	8.62

Q9 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures interoperability across EPRs, shared care records, GP Connect, FHIR/API, PDS, Spine, eRS, labs, pharmacy, and regional data exchange.

BUYER VERIFICATION QUESTIONS

Test technical evidence, standards depth, integration backlog management, information governance, and production support model.

COMPETITIVE SPREAD

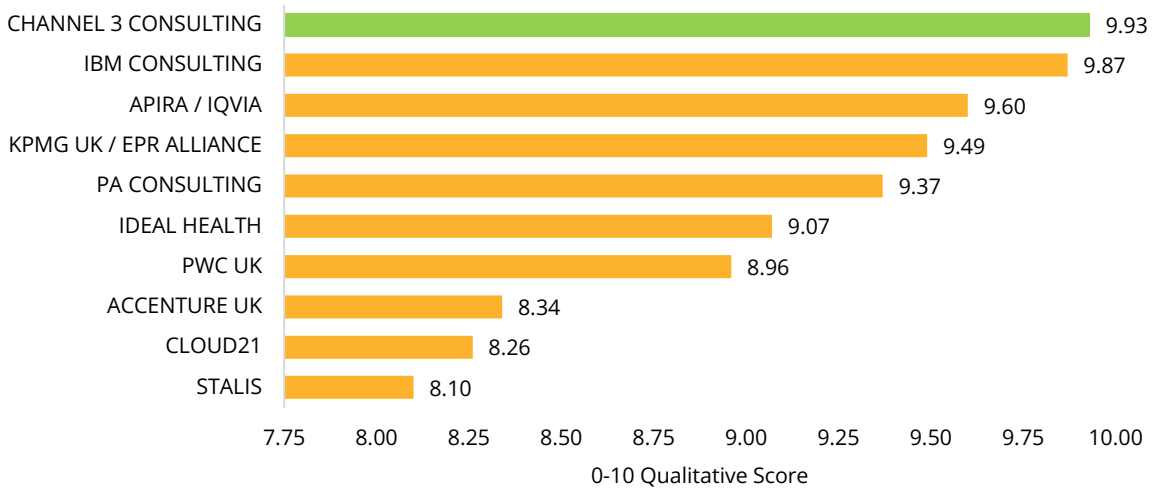
4.06 points between highest and lowest evaluated score for Q9.

Q10 - DATA PLATFORMS, ANALYTICS, FDP/AI GOVERNANCE, AND INSIGHT-TO-ACTION

WEIGHT: 5% | LEADER: CHANNEL 3 CONSULTING (9.93)

Rank	Firm	Score
1	CHANNEL 3 CONSULTING	9.93
2	IBM CONSULTING	9.87
3	APIRA / IQVIA	9.60
4	KPMG UK / EPR ALLIANCE	9.49
5	PA CONSULTING	9.37
6	IDEAL HEALTH	9.07
7	PWC UK	8.96
8	ACCENTURE UK	8.34
9	CLOUD21	8.26
10	STALIS	8.10

Q10 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures data platform, FDP, analytics, AI governance, data quality, reporting, and insight-to-action delivery capability.

BUYER VERIFICATION QUESTIONS

Ask for use cases tied to operational decisions, data lineage, AI governance, auditability, model risk controls, and adoption metrics.

COMPETITIVE SPREAD

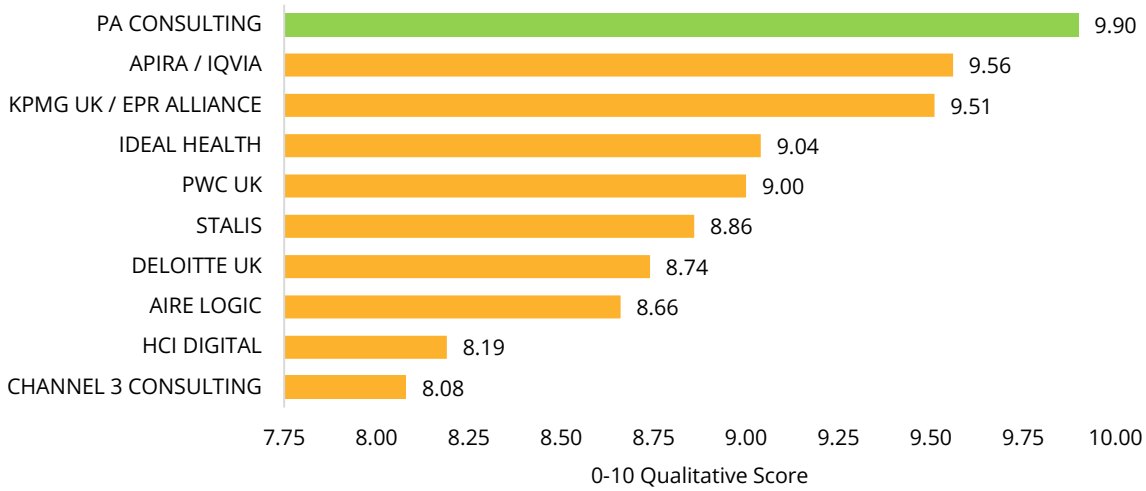
3.17 points between highest and lowest evaluated score for Q10.

Q11 - PATIENT ACCESS, REFERRALS, RTT/ELECTIVE, THEATRE, AND FLOW WORKFLOW

WEIGHT: 6% | LEADER: PA CONSULTING (9.90)

Rank	Firm	Score
1	PA CONSULTING	9.90
2	APIRA / IQVIA	9.56
3	KPMG UK / EPR ALLIANCE	9.51
4	IDEAL HEALTH	9.04
5	PWC UK	9.00
6	STALIS	8.86
7	DELOITTE UK	8.74
8	AIRE LOGIC	8.66
9	HCI DIGITAL	8.19
10	CHANNEL 3 CONSULTING	8.08

Q11 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures patient access, referrals, RTT, elective recovery, theatres, diagnostics, discharge, and flow optimisation.

BUYER VERIFICATION QUESTIONS

Test operational improvement evidence, theatre and RTT analytics, workflow redesign artefacts, and benefits realized by clinical pathway.

COMPETITIVE SPREAD

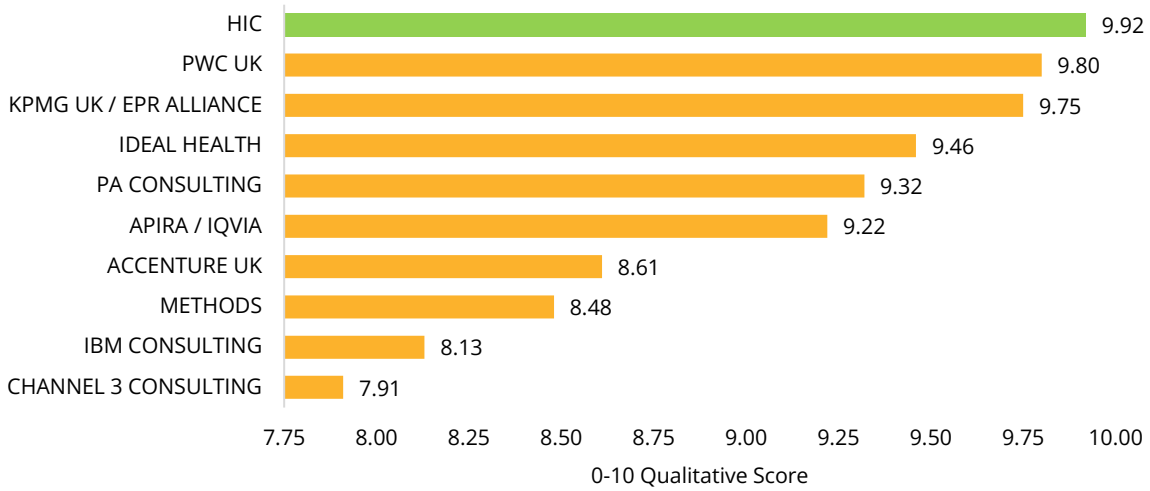
4.10 points between highest and lowest evaluated score for Q11.

Q12 - INTEGRATED CARE, COMMUNITY, MENTAL HEALTH, AND NEIGHBOURHOOD PATHWAY REDESIGN

WEIGHT: 4% | LEADER: HIC (9.92)

Rank	Firm	Score
1	HIC	9.92
2	PWC UK	9.80
3	KPMG UK / EPR ALLIANCE	9.75
4	IDEAL HEALTH	9.46
5	PA CONSULTING	9.32
6	APIRA / IQVIA	9.22
7	ACCENTURE UK	8.61
8	METHODS	8.48
9	IBM CONSULTING	8.13
10	CHANNEL 3 CONSULTING	7.91

Q12 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures integrated care, community, mental health, primary care interface, neighbourhood pathway, and cross-organisational redesign.

BUYER VERIFICATION QUESTIONS

Ask for ICS and ICB delivery examples, cross-provider governance, shared-record benefits, and service-design evidence.

COMPETITIVE SPREAD

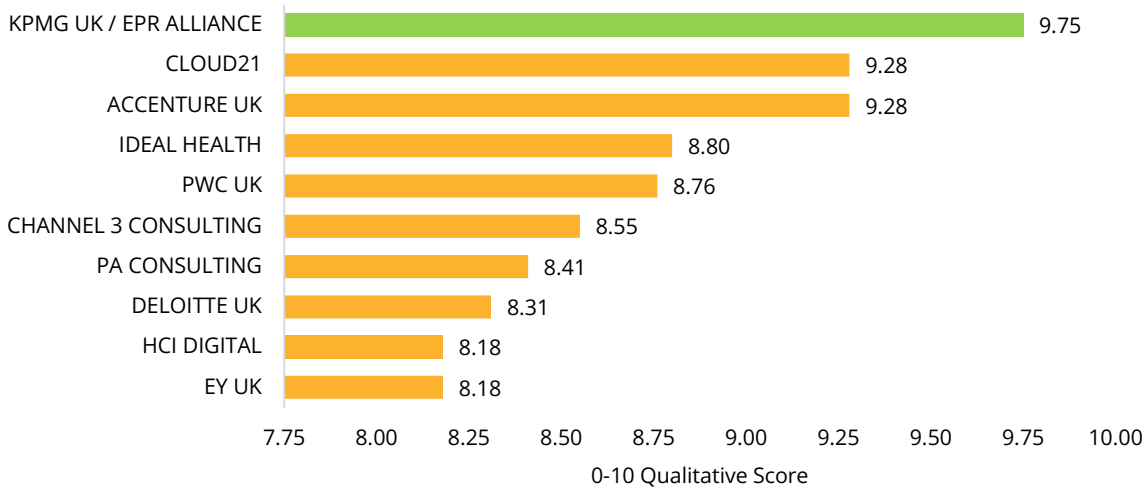
3.97 points between highest and lowest evaluated score for Q12.

Q13 - PROCUREMENT, SUPPLIER ASSURANCE, AND COMMERCIAL VALUE-FOR-MONEY

WEIGHT: 5% | LEADER: KPMG UK / EPR ALLIANCE (9.75)

Rank	Firm	Score
1	KPMG UK / EPR ALLIANCE	9.75
2	ACCENTURE UK	9.28
3	CLOUD21	9.28
4	IDEAL HEALTH	8.80
5	PWC UK	8.76
6	CHANNEL 3 CONSULTING	8.55
7	PA CONSULTING	8.41
8	DELOITTE UK	8.31
9	EY UK	8.18
10	HCI DIGITAL	8.18

Q13 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures procurement, supplier assurance, commercial value-for-money, business case quality, contract governance, and mobilisation control.

BUYER VERIFICATION QUESTIONS

Ask for procurement lessons, commercial risk registers, supplier assurance dashboards, mobilisation gates, and total-cost transparency.

COMPETITIVE SPREAD

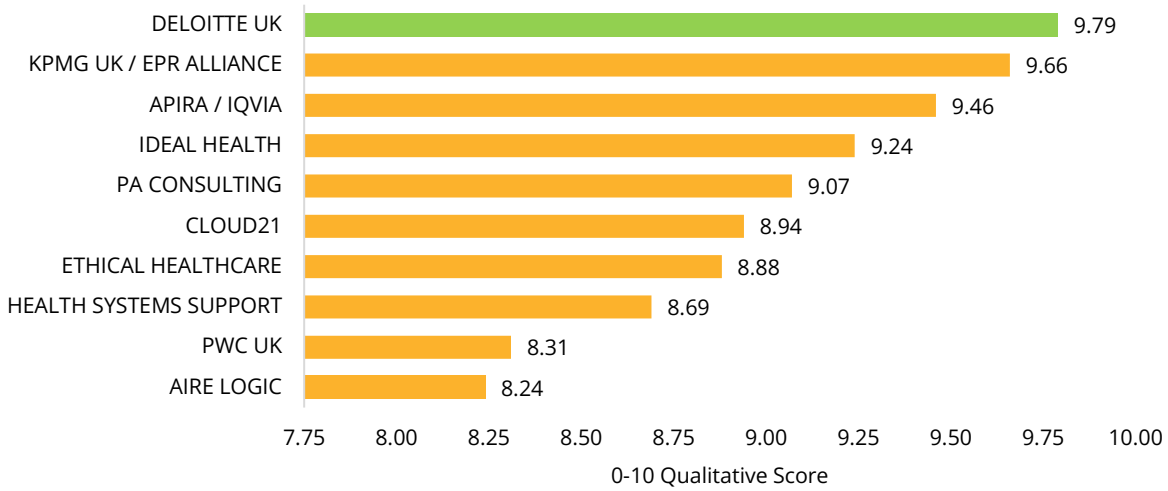
3.85 points between highest and lowest evaluated score for Q13.

Q14 - CYBER, INFORMATION GOVERNANCE, CLINICAL SAFETY, AND PUBLIC TRUST CONTROLS

WEIGHT: 5% | LEADER: DELOITTE UK (9.79)

Rank	Firm	Score
1	DELOITTE UK	9.79
2	KPMG UK / EPR ALLIANCE	9.66
3	APIRA / IQVIA	9.46
4	IDEAL HEALTH	9.24
5	PA CONSULTING	9.07
6	CLOUD21	8.94
7	ETHICAL HEALTHCARE	8.88
8	HEALTH SYSTEMS SUPPORT	8.69
9	PWC UK	8.31
10	AIRE LOGIC	8.24

Q14 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures cyber, information governance, DSPT/DTAC evidence, DPIA, clinical safety, public trust, and data protection controls.

BUYER VERIFICATION QUESTIONS

Probe named IG/cyber leads, clinical safety officers, assurance artefacts, and public-accountability handling.

COMPETITIVE SPREAD

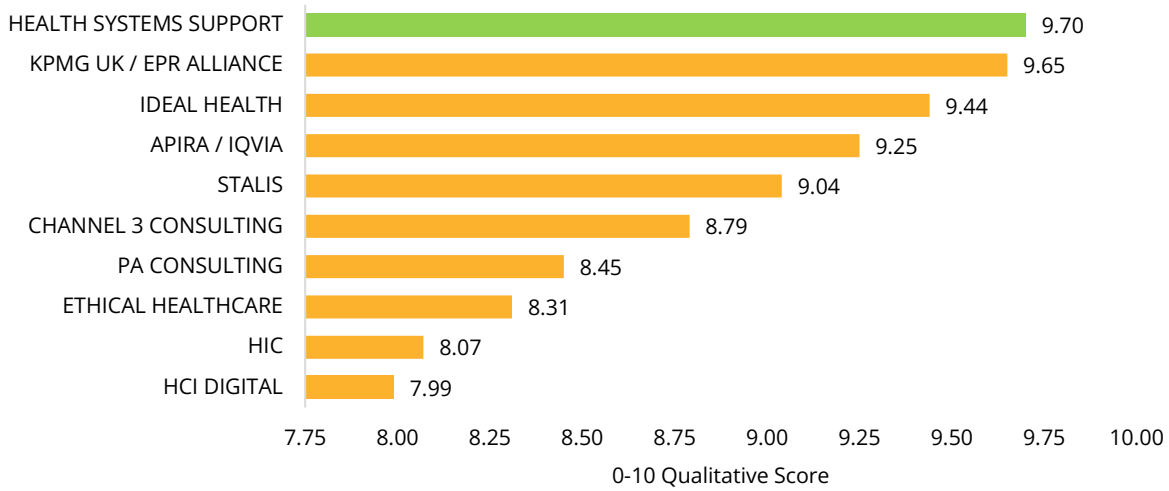
4.13 points between highest and lowest evaluated score for Q14.

Q15 - TRAINING, PERSONALISATION, SUPER-USER NETWORKS, AND DIGITAL ADOPTION

WEIGHT: 4% | LEADER: HEALTH SYSTEMS SUPPORT (9.70)

Rank	Firm	Score
1	HEALTH SYSTEMS SUPPORT	9.70
2	KPMG UK / EPR ALLIANCE	9.65
3	IDEAL HEALTH	9.44
4	APIRA / IQVIA	9.25
5	STALIS	9.04
6	CHANNEL 3 CONSULTING	8.79
7	PA CONSULTING	8.45
8	ETHICAL HEALTHCARE	8.31
9	HIC	8.07
10	HCI DIGITAL	7.99

Q15 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures role-based training, digital adoption, personalisation, super users, workflow simulation, mastery, and post-live optimisation.

BUYER VERIFICATION QUESTIONS

Ask for training analytics, staff-feedback loops, adoption interventions, and evidence of reduced burden after training refresh.

COMPETITIVE SPREAD

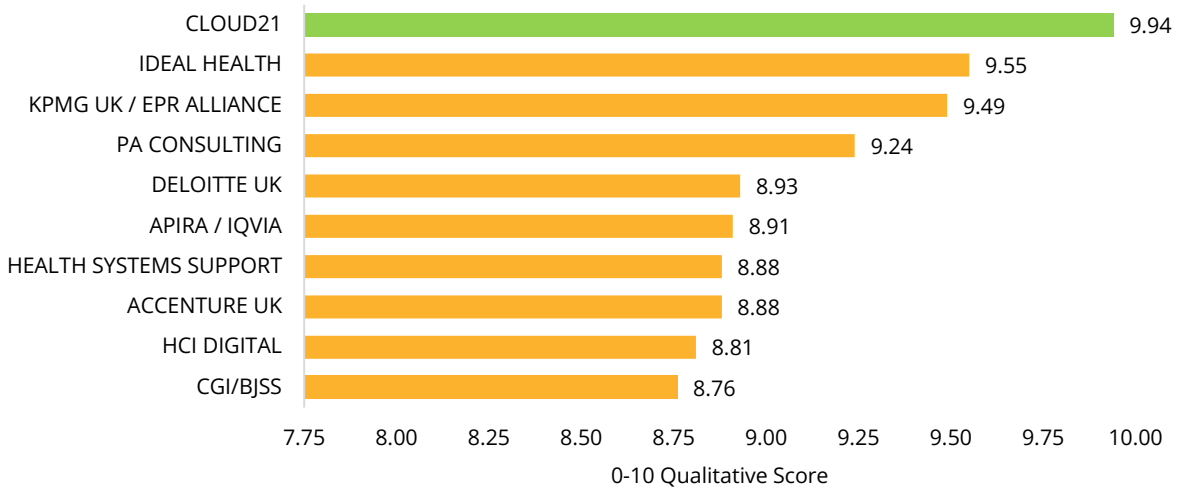
3.76 points between highest and lowest evaluated score for Q15.

Q16 - APPLICATION MANAGED SERVICES, SERVICE DESK, RELEASE, AND UPGRADE SUPPORT

WEIGHT: 4% | LEADER: CLOUD21 (9.94)

Rank	Firm	Score
1	CLOUD21	9.94
2	IDEAL HEALTH	9.55
3	KPMG UK / EPR ALLIANCE	9.49
4	PA CONSULTING	9.24
5	DELOITTE UK	8.93
6	APIRA / IQVIA	8.91
7	ACCENTURE UK	8.88
8	HEALTH SYSTEMS SUPPORT	8.88
9	HCI DIGITAL	8.81
10	CGI/BJSS	8.76

Q16 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures managed application support, release management, help desk, upgrades, incident governance, backlog, and continuity of EPR operations.

BUYER VERIFICATION QUESTIONS

Test support SLAs, escalation design, release governance, BAU transition, and service continuity under pressure.

COMPETITIVE SPREAD

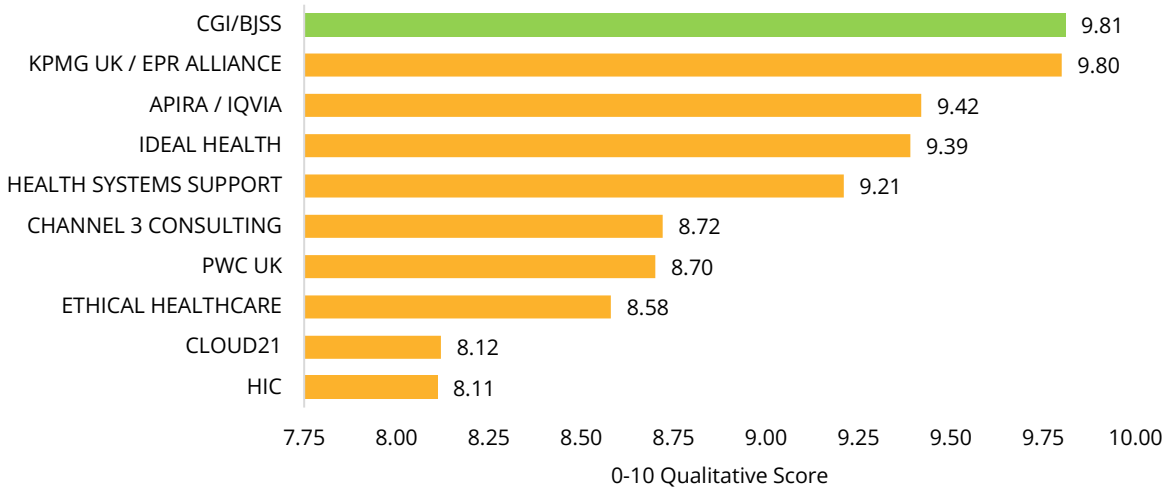
2.55 points between highest and lowest evaluated score for Q16.

Q17 - NATIONAL PRODUCT INTEGRATION: NHS APP, NHS LOGIN, ERS, PDS, SPINE, GP CONNECT

WEIGHT: 2% | LEADER: CGI/BJSS (9.81)

Rank	Firm	Score
1	CGI/BJSS	9.81
2	KPMG UK / EPR ALLIANCE	9.80
3	APIRA / IQVIA	9.42
4	IDEAL HEALTH	9.39
5	HEALTH SYSTEMS SUPPORT	9.21
6	CHANNEL 3 CONSULTING	8.72
7	PWC UK	8.70
8	ETHICAL HEALTHCARE	8.58
9	CLOUD21	8.12
10	HIC	8.11

Q17 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures national product integration with NHS App, NHS login, eRS, PDS, Spine, GP Connect, shared records, and national APIs.

BUYER VERIFICATION QUESTIONS

Ask for national-product experience, integration evidence, service management, accessibility, and public-facing product delivery credentials.

COMPETITIVE SPREAD

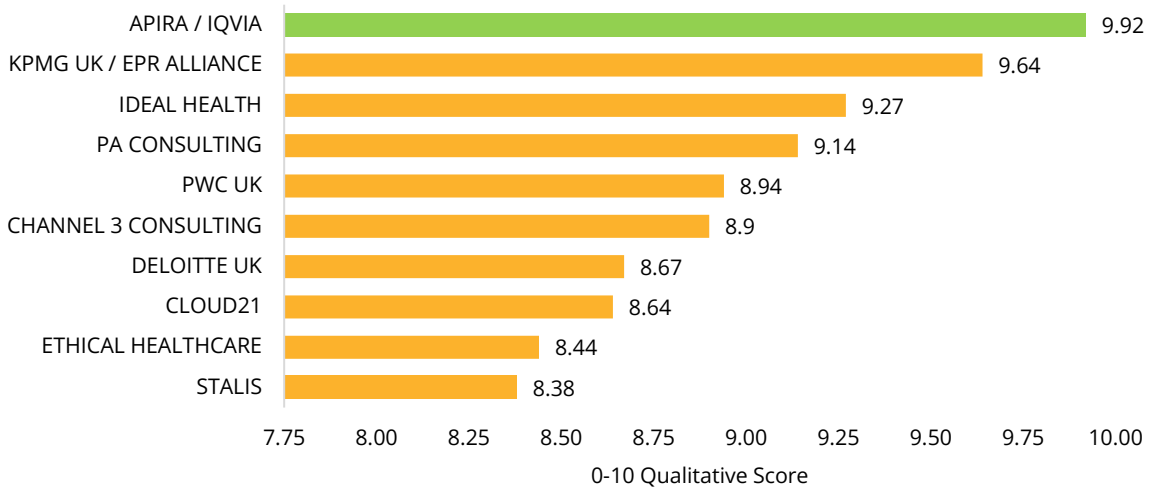
4.02 points between highest and lowest evaluated score for Q17.

Q18 - TRANSPARENCY, TRUST, ACCOUNTABLE DELIVERY, AND NHS-SPECIFIC CULTURAL FIT

WEIGHT: 5% | LEADER: APIRA / IQVIA (9.92)

Rank	Firm	Score
1	APIRA / IQVIA	9.92
2	KPMG UK / EPR ALLIANCE	9.64
3	IDEAL HEALTH	9.27
4	PA CONSULTING	9.14
5	PWC UK	8.94
6	CHANNEL 3 CONSULTING	8.90
7	DELOITTE UK	8.67
8	CLOUD21	8.64
9	ETHICAL HEALTHCARE	8.44
10	STALIS	8.38

Q18 SCORE DISTRIBUTION – RANKED TOP TEN FIRMS



Black Book Q1-Q18 score set; ranked highest to lowest on this KPI.

NHS INTERPRETATION

Measures transparency, trust, accountable delivery, cultural fit, public-sector integrity, continuity, escalation behavior, and NHS-specific openness.

BUYER VERIFICATION QUESTIONS

Probe references for governance behavior, issue transparency, staffing continuity, risk escalation, and contract change control.

COMPETITIVE SPREAD

3.88 points between highest and lowest evaluated score for Q18.

09

2027-2028 UK/NHS EPR OUTLOOK

FORWARD-LOOKING DEMAND MODEL FOR OPTIMISATION, DATA, AI, INTEROPERABILITY, AND MANAGED SUPPORT

2027-2028 Demand Signal	Why It Matters	Consulting Implication
EPR optimisation becomes the primary post-digitisation market	Trusts that have implemented EPRs will need workflow remediation, usability, training, benefits, release governance, and clinical-safety refinement.	Use Q1, Q4, Q8, Q15, and Q18 to test whether optimisation work reduces burden, improves adoption, and sustains trust after go-live.
EPR implementation remains selective but high risk	Remaining procurements, convergence, recovery programmes, and module rollouts will still require business case, design, build, testing, and activation support.	Use Q2, Q3, Q5, Q7, and Q13 as the programme-control spine for strategy, assurance, build validation, cutover, supplier governance, and mobilisation.
Data migration and archive programmes become more visible	EPR convergence and legacy decommissioning expose safety, quality, reconciliation, and archive risks.	Use Q6, Q13, and Q14 as gate criteria for data quality, reconciliation, archive controls, cyber/IG, clinical safety, and value-for-money risk.
Interoperability and national product integration mature	Shared records, NHS App, NHS login, PDS, Spine, eRS, GP Connect, and APIs become baseline requirements.	Use Q9, Q10, and Q17 to evaluate open standards, shared records, national services, APIs, analytics, and operational handover.
AI and FDP use cases require governance-heavy delivery	Analytics and AI value depends on data quality, transparency, model risk controls, and workflow adoption.	Use Q10, Q14, Q17, and Q18 to test transparency, data lineage, model governance, clinical safety, public trust, and adoption into real workflows.
NHS-owned comparators remain relevant but separate	CSUs have important NHS transformation capability but are structurally different from commercial consultancies.	Retain NHS-owned bodies as useful comparators while keeping scored commercial-firm rankings separate to preserve apples-to-apples comparability.

DEMAND HEAT MAP AND BEST-POSITIONED FIRMS

NEAR-TERM DEMAND FIT BY REVISED APPLES-TO-APPLES CAPABILITY AREA

Demand Area	Demand Heat	Primary Rationale	Highest Score-set Fit
EPR optimisation and usability	Very high	Installed-base optimisation, EPR usability, training, and workflow integration remain central.	KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; CHANNEL 3 CONSULTING; PA CONSULTING
EPR implementation and programme assurance	High	Remaining Frontline Digitisation, EPR recovery, convergence, and mobilisation work remain high-risk.	KPMG UK / EPR ALLIANCE; IDEAL HEALTH; CLOUD21; PWC UK; APIRA / IQVIA
Data migration and cutover	High	Legacy data, archive, migration, and continuity-of-care risk remain persistent blockers.	KPMG UK / EPR ALLIANCE; IDEAL HEALTH; APIRA / IQVIA; PA CONSULTING; DELOITTE UK
Interoperability and national services	High	Shared records and national product integration are essential to cross-system care.	KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; CHANNEL 3 CONSULTING; PWC UK
Benefits, flow, and productivity	High	Trusts and ICBs need EPR work tied to elective recovery, access, theatres, flow, and workforce efficiency.	PA CONSULTING; KPMG UK / EPR ALLIANCE; APIRA / IQVIA; IDEAL HEALTH; PWC UK
Managed support and release operations	Moderate/high	Post-live support determines whether EPR gains persist beyond go-live.	CLOUD21; KPMG UK / EPR ALLIANCE; APIRA / IQVIA; PA CONSULTING; IDEAL HEALTH

10

ALPHABETICAL CONSULTANT DIRECTORY

ALPHABETICAL PROFILES FOR THE 20 SCORED UK/NHS CONSULTING FIRMS

Firm	UK/NHS Profile
6B HEALTH	Technical and engineering consultancy focused on digital software, applications, integrations, and NHS EPR optimisation/integration support. Strongest fit: interoperability, APIs, technical delivery, and emerging digital health consultancy work. Final score-set position: rank 20, weighted mean 6.62, No. 1 KPI wins 0, strongest Q-score areas: Q9 8.40, Q3 8.23, Q16 7.86.
ACCENTURE UK	Large-scale transformation, cloud, data, AI, integration, and managed services firm with NHS and public-sector technology depth. Strongest fit: enterprise data, support scale, and complex technology delivery. Final score-set position: rank 15, weighted mean 7.57, No. 1 KPI wins 0, strongest Q-score areas: Q13 9.28, Q6 9.00, Q16 8.88.
AIRE LOGIC	Health-tech and public-sector delivery specialist with strengths in standards, interoperability, national digital services, APIs, and technical assurance. Strongest fit: Q9 and Q17. Final score-set position: rank 12, weighted mean 7.82, No. 1 KPI wins 1, strongest Q-score areas: Q9 9.76, Q7 8.78, Q11 8.66.
APIRA / IQVIA	NHS EPR journey consultancy covering strategy, business case, procurement, deployment, adoption, and benefits realisation. Strongest fit: EPR implementation and trust-specific accountable delivery. Final score-set position: rank 2, weighted mean 9.22, No. 1 KPI wins 1, strongest Q-score areas: Q18 9.92, Q10 9.60, Q11 9.56.
CGI/BJSS	Digital engineering and technology delivery group with strong public-facing and national-product digital-service credentials. Strongest fit: national products, integration, and managed support. Final score-set position: rank 18, weighted mean 7.11, No. 1 KPI wins 1, strongest Q-score areas: Q17 9.81, Q3 8.77, Q16 8.76.
CHANNEL 3 CONSULTING	Specialist health and care digital transformation consultancy with explicit EPR transformation, optimisation, clinical/operational engagement, and benefits focus. Strongest fit: Q1 and Q4. Final score-set position: rank 6, weighted mean 8.50, No. 1 KPI wins 2, strongest Q-score areas: Q10 9.93, Q1 9.46, Q3 9.19.
CLOUD21	Digital healthcare consultancy focused on EPR solutions, deployment support, optimisation, IT support, data, analytics, AI, infrastructure, and cloud. Strongest fit: Q7 and Q16. Final score-set position: rank 8, weighted mean 8.27, No. 1 KPI wins 2, strongest Q-score areas: Q16 9.94, Q7 9.79, Q5 9.32.
DELOITTE UK	Large advisory and technology firm with healthcare, cyber, digital transformation, EPR implementation safety, data, AI governance, and public-sector delivery capabilities. Strongest fit: Q14. Final score-set position: rank 7, weighted mean 8.37, No. 1 KPI wins 1, strongest Q-score areas: Q14 9.79, Q5 9.05, Q16 8.93.
ETHICAL HEALTHCARE	Specialist in EPR usability and optimisation, user-led EPR measurement, clinical adoption, workflow diagnosis, and training improvement. Strongest fit: Q4 and Q15. Final score-set position: rank 9, weighted mean 8.02, No. 1 KPI wins 1, strongest Q-score areas: Q4 9.76, Q14 8.88, Q9 8.63.
EY UK	Transformation, commercial, finance, data, cyber, operating-model, and public-sector advisory. Strongest fit: procurement, commercial risk, value-for-money, and transformation governance. Final score-set position: rank 17, weighted mean 7.25, No. 1 KPI wins 0, strongest Q-score areas: Q16 8.54, Q2 8.53, Q14 8.23.

Firm	UK/NHS Profile
HCI DIGITAL	Healthcare Clinical Informatics digital support firm with EPR implementation, configuration analysts, PMO, business case, data, migration, change, optimisation, and training support. Strongest fit: Q5, Q6, Q7, and Q16. Final score-set position: rank 10, weighted mean 7.99, No. 1 KPI wins 0, strongest Q-score areas: Q9 8.99, Q16 8.81, Q1 8.57.
HEALTH SYSTEMS SUPPORT	NHS-focused implementation and training support provider covering EPR/EHR programme support, go-live planning, floorwalking, and pathway management. Strongest fit: Q15 and Q7 support. Final score-set position: rank 14, weighted mean 7.62, No. 1 KPI wins 1, strongest Q-score areas: Q15 9.70, Q17 9.21, Q16 8.88.
HIC	Healthcare Innovation Consortium, an independent digital health consultancy and EPR network organiser focused on EPR transformation, optimisation, benefits, and system transformation. Strongest fit: Q12 and benefits-enabled EPR change. Final score-set position: rank 13, weighted mean 7.81, No. 1 KPI wins 1, strongest Q-score areas: Q12 9.92, Q7 8.87, Q5 8.35.
IBM CONSULTING	Enterprise transformation, hybrid cloud, AI, data platforms, integration, security, and operating model delivery. Strongest fit: Q10 data platforms, analytics, and AI governance. Final score-set position: rank 16, weighted mean 7.30, No. 1 KPI wins 0, strongest Q-score areas: Q10 9.87, Q3 8.31, Q16 8.22.
IDEAL HEALTH	NHS digital transformation lifecycle specialist with EPR/EHR implementation, benefits realisation, PMO, change, training, and post-go-live optimisation. Strongest fit: Q5 and Q15. Final score-set position: rank 3, weighted mean 9.20, No. 1 KPI wins 1, strongest Q-score areas: Q5 9.85, Q16 9.55, Q9 9.54.
KPMG UK / EPR ALLIANCE	Healthcare digital and EPR transformation capability, strengthened by the EPR Alliance with Apira, Stalis, and Aire Logic. Strongest fit: Q2, Q13, and enterprise EPR assurance. Final score-set position: rank 1, weighted mean 9.57, No. 1 KPI wins 2, strongest Q-score areas: Q2 9.88, Q17 9.80, Q5 9.78.
METHODS	Public-sector digital, data, user research, secure delivery, and transformation consultancy. Strongest fit: standards, data quality, digital services, and national product integration. Final score-set position: rank 19, weighted mean 6.78, No. 1 KPI wins 0, strongest Q-score areas: Q12 8.48, Q3 8.40, Q7 7.80.
PA CONSULTING	NHS transformation, digital/data advisory, service redesign, smart hospitals, single patient record thinking, analytics, and integrated care capability. Strongest fit: Q8, Q11, and Q12. Final score-set position: rank 4, weighted mean 9.02, No. 1 KPI wins 2, strongest Q-score areas: Q8 9.91, Q11 9.90, Q6 9.50.
PWC UK	Healthcare and technology consultancy with Frontline Digitisation support, transformation, business case, procurement, EPR recovery, data, and digital-first health service capability. Strongest fit: Q3. Final score-set position: rank 5, weighted mean 8.84, No. 1 KPI wins 1, strongest Q-score areas: Q3 9.90, Q12 9.80, Q5 9.06.
STALIS	Healthcare data migration, data management, archiving, data discovery, and EPR/ERP data-lifecycle specialist. Strongest fit: Q6, data quality, and migration assurance. Final score-set position: rank 11, weighted mean 7.97, No. 1 KPI wins 1, strongest Q-score areas: Q6 9.96, Q15 9.04, Q11 8.86.

11

AD HOC RESPONDENT EXPECTATIONS

SUPPLEMENTAL QUESTIONS ON WHAT NHS EPR/HIT USERS EXPECT FROM PROVIDER IT ADVISORS

A supplemental ad hoc question module captured what NHS and other EPR/HIT users expect from provider IT advisors, EPR optimisation consultants, hospital digital transformation consultants, and related advisory teams. These expectation findings are vendor-agnostic and are reported as qualitative selection and delivery themes. They do not replace or alter the Q1-Q18 score set on pages 18-19.

AD HOC RESPONDENT QUESTIONS AND EXPECTED ADVISOR RESPONSE

Ad Hoc Question Asked	Expectation From NHS/EPR/HIT Users	Interpretive Use In The Report
What should an advisor prove before selection?	Direct NHS or UK health delivery exposure, named delivery roles, clinical safety awareness, EPR/HIT implementation or optimisation experience, and evidence that advice can move into accountable delivery.	Tests whether a firm is a practical EPR partner rather than a presentation-led strategy supplier.
Where should advisor independence be visible?	Clear separation from software-vendor preference, transparent assumptions, declared commercial dependencies, and options that remain credible across EPR platforms and NHS operating models.	Supports Black Book independence and vendor-neutral interpretation of advisor performance.
What should be delivered beyond strategy?	Actionable workflow redesign, readiness support, build and validation assurance, data migration controls, adoption planning, benefit measurement, and run-model handover.	Elevates advisors that can connect advisory work to implementation, stabilisation, and operational outcomes.
What do hospital clinical consultants and specialty users expect?	Specialty-specific workflow understanding, role-based design, reduced documentation burden, safe ordering and prescribing pathways, clinically credible training, and rapid issue escalation.	Places clinical usability, specialty fit, and consultant/user confidence at the centre of EPR advisory value.
What should programme SROs and EPR PMOs expect?	Clear governance, RAID discipline, decision logs, readiness gates, dependency management, issue transparency, cutover support, and 30/60/90-day stabilisation discipline.	Separates accountable programme partners from firms that leave unresolved risk after go-live.
What should data, integration, and analytics teams expect?	Safe migration, reconciliation evidence, master-data governance, open standards, integration with national services, shared care record readiness, and analytics that clinicians and managers trust.	Connects EPR optimisation to data confidence, interoperability, and system-wide care coordination.
What should finance, commercial, and procurement leaders expect?	Value-for-money logic, practical scope control, fair commercial transparency, supplier accountability, benefits tracking, and no unmanaged advisor/vendor conflict.	Connects advisor selection to affordability, procurement credibility, and board-level confidence.
What behaviours reduce advisor reuse?	Generic staffing, poor clinical engagement, vague deliverables, offshore-heavy models without NHS context, unsupported go-lives, weak handover, hidden dependencies, and slow escalation.	Defines reuse risk and the negative signals respondents associate with low-confidence hospital IT consulting.

RESPONDENT GROUP THEMES

EXPECTATION THEMES BY NHS/HIT RESPONDENT GROUP

The supplemental module was coded thematically against the same respondent architecture used in the benchmark: digital executives, clinical informatics leaders, operational leaders, procurement and PMO leaders, EPR programme directors, pharmacy and clinical safety leaders, data/interoperability leaders, service desk and application support leaders, and provider-user groups including hospital clinical consultants and other frontline EPR users.

Respondent / User Group	Expectation Of Provider IT Advisors	Evidence Respondents Expect Before Confidence Rises
CDIO, CIO, CTO, CCIO and digital executives	Architecture credibility, delivery transparency, EPR roadmap realism, cyber/IG alignment, supplier accountability, and ability to integrate trust-level EPR choices with national services.	Named architects, prior NHS delivery patterns, clear decision logs, risk registers, integration assumptions, and evidence of board-ready technology governance.
CNIO, clinical informatics, clinical safety and pharmacy leaders	Clinically safe build choices, ePMA and medication safety awareness, role-specific workflow validation, specialty configuration discipline, and support for clinical safety case evidence.	Clinical safety artefacts, specialty workflow maps, testing packs, medicines pathway evidence, and involvement of credible clinical informatics leaders.
Hospital clinical consultants, nurses, AHPs and specialty users	Practical EPR usability gains, fewer avoidable clicks, relevant templates, safer ordering and results workflows, credible training, and rapid response to patient-care-impacting defects.	Observed-user design sessions, specialty adoption plans, issue-resolution SLAs, super-user support, and examples of measurable burden reduction.
COO, elective recovery, access, theatre and patient-flow leaders	EPR optimisation that improves operational throughput, RTT/access pathways, theatre utilisation, discharge, bed management, outpatient flow, and escalation visibility.	Benefits plan, baseline/target measures, pathway maps, go-live support model, and operational performance dashboards.
CFO, procurement, commercial and PMO leaders	Transparent pricing, controlled scope, benefits accountability, procurement support, fair challenge to vendors, and early warning when cost or schedule confidence weakens.	Commercial assumptions, mobilisation plan, value-for-money case, dependency log, benefits register, and governance cadence.
EPR programme directors, SROs and portfolio leads	End-to-end delivery discipline from business case through readiness, testing, cutover, activation, stabilisation, backlog governance, and handover to internal teams.	Programme plan, RAID controls, cutover runbook, readiness criteria, command-centre model, and post-live stabilisation schedule.
Data, interoperability, analytics, AI/FDP and shared-care leaders	Migration reconciliation, data-quality ownership, integration assurance, open standards, GP Connect/eRS/PDS/Spine/NHS App touchpoints where relevant, and safe analytics governance.	Data migration plan, reconciliation evidence, interface catalogue, API design assumptions, analytics controls, and IG/AI governance evidence.
Service desk, application support and EPR operations leaders	Clear transition to run, support triage, release and backlog management, knowledge transfer, internal capability uplift, and sustainable managed-support boundaries.	Handover packs, support operating model, knowledge-transfer log, release governance, ticket trend reporting, and 90/180-day support commitments.
ICB, ICS, community, mental health, primary care and care partners	Interoperable pathways, shared-care visibility, realistic cross-provider governance, care-continuity support, information-sharing controls, and sensitivity to non-acute workflows.	Cross-provider pathway maps, shared-care record dependencies, stakeholder engagement evidence, and interoperability/readiness assumptions.

RESPONDENT EXPECTATIONS CONVERGE ON FIVE ADVISOR REQUIREMENTS:

Independence from EPR vendor influence, clinically credible workflow redesign, implementation-grade delivery controls, measurable post-live benefits, and accountable stabilisation support. These themes are supplemental context for buyer interpretation and do not change the page 18-19 Q1-Q18 scores, rankings, or KPI leaders.

12

ABOUT BLACK BOOK RESEARCH, NOTES AND SOURCES

RESEARCH INDEPENDENCE, PUBLIC-SOURCE CONTEXT, BLACK BOOK BACKGROUND, AND SCORING INTERPRETATION

Note	Publication Interpretation
Research independence	Black Book maintains editorial and scoring independence. No ranked consulting firm sponsored, approved, edited, or influenced the score set, firm placement, ranking, KPI leader assignment, or interpretation.
Score set control	Pages 18-19 contain the final UK/NHS Q1-Q18 score set used across all rankings, KPI leaders, detailed KPI charts, comparative analysis, outlook, and directory references.
Universe changes	The scored universe includes commercial and independent UK/NHS EPR optimisation, workflow redesign, implementation support, interoperability, data migration, analytics, and post-live support firms. NHS-owned bodies are kept separate as comparators.
NHS-owned comparator treatment	NHS Arden & GEM CSU, SCW CSU, and NECS are treated as non-scored NHS-owned comparators because their roles, incentives, and procurement positions differ structurally from commercial consulting suppliers.
Public-source context	External public sources are used only to frame NHS market conditions and supplier capability context. Public sources do not override the final Q1-Q18 score set used for rankings and KPI leaders.
Use boundary	This publication is a comparative market research scorecard. It is not procurement advice, endorsement, or a substitute for trust-specific due diligence, framework compliance, clinical safety review, IG review, cyber assurance, or value-for-money evaluation.
Procurement disclaimer	NHS buyers should use the scorecard as one input alongside local requirements, project scope, conflict checks, reference validation, commercial terms, clinical risk, data protection, and implementation governance.

PUBLIC SOURCES USED FOR MARKET FRAMING

Source Organisation	Source Context
NHS England	Digitising the frontline; EPR optimisation and Frontline Digitisation programme context.
NHS England	2024 Electronic Patient Record Usability Survey for secondary care and digital-by-default framing.
UK Parliament / DHSC / GOV.UK	Electronic Patient Record adoption, Frontline Digitisation accounting, and 10 Year Health Plan context.
NHS England	Interoperability, national services, digital maturity, and What Good Looks Like context.
Digital Marketplace / G-Cloud	Supplier service descriptions for EPR support, migration, implementation, training, benefits, and data services.

ABOUT BLACK BOOK

Black Book Research is an independent, survey-based healthcare, technology, managed services, outsourcing, and advisory-services research organisation with a long-standing UK and European respondent base. Black Book's UK survey activity dates to 2004, when its managed services, outsourcing, and advisory research expanded across major buyer communities, including chief information officers, chief executives, operating executives, procurement leaders, supply chain executives, and healthcare technology users.

In 2009, Black Book's managed services research and outsourcing advisory assets were acquired by Datamonitor, the London UK-based market intelligence group then operating within Informa. From that UK base, Black Book's research reach expanded across Europe, supporting the development and acquisition of one of the region's largest respondent pools of CIOs, CEOs, supply chain leaders, technology buyers, outsourcing decision-makers, and operating executives. That foundation remains central to Black Book's methodology: research is built from buyer-side experience, project exposure, implemented-system outcomes, and direct respondent evidence rather than vendor narrative or analyst preference.

Over the past two decades, Black Book's healthcare and hospital research has intensified substantially, with particular focus on the NHS, UK provider organisations, healthcare IT users, clinical systems, managed services, EPR optimisation, workflow redesign, interoperability, support performance, procurement accountability, and measurable technology return. Black Book Founder Doug Brown brought to this work direct healthcare leadership perspective as a former hospital and health system administrator, international IT executive, and research leader focused on the operating concerns, technology constraints, investment priorities, and delivery risks faced by hospital executives, NHS administrators, digital leaders, clinicians, and provider IT users.

Black Book is vendor and consultant-firm agnostic. It is not influenced by the vendors, products, consulting firms, managed services organisations, or advisory providers it evaluates. Black Book does not sell rankings, improvement plans, pay-for-performance score changes, sponsored recognition, analyst-access programmes, vendor subscriptions, marketing-event participation, promotional placements, or consulting-firm sponsorships tied to survey outcomes. Across more than 7,000 vendors, products, service providers, and consulting firms evaluated in Black Book studies, the research model is designed to protect independence, respondent confidentiality, and the integrity of user-experience scoring.

Black Book is not an analyst organisation. It does not rely on analyst opinion, vendor briefings, sponsor relationships, conference visibility, marketing claims, or brand familiarity as substitutes for user evidence. Black Book collects crowdsourced input from verified users, panel executives, provider leaders, buyers, implementation stakeholders, and operational respondents to understand performance against detailed key performance indicators. The goal is not to identify which company is most familiar, most visible, or best liked by executives defending prior purchasing decisions. The goal is to measure what users experience after selection, implementation, go-live, optimisation, support, and value realisation.

Black Book's independence gives report users a performance lens that goes beyond simple satisfaction scores or net promoter-style sentiment. Its surveys examine usability, adoption, workflow fit, implementation confidence, support reliability, clinical and operational value, procurement transparency, data quality, interoperability, governance, return on investment, and accountable vendor conduct. This KPI-based approach is intended to identify honourable performance where vendors, consultants, and service providers deliver measurable value to healthcare organisations and their users.

Black Book also recognises the essential role of the market participants who make this research possible. The vendors, consulting firms, managed services organisations, NHS buyers, healthcare executives, clinicians, informatics leaders, procurement teams, supply chain professionals, digital leaders, and provider IT users who participate in Black Book's research contribute to a more transparent and accountable healthcare technology market. Their willingness to share experience, validate performance, and support independent research has strengthened Black Book's ability to publish evidence-led findings for the benefit of healthcare organisations, suppliers, advisors, and technology users worldwide.

APPENDIX A

BLACK BOOK 2026 INITIAL UK ADVISORY-FIRM CLIENT SURVEY FOLLOW-UP UNIVERSE

In an initial survey of UK advisory-firm clients conducted starting January 2026, **153 consultant, advisory, digital health, EPR support, managed services, vendor professional services, NHS-owned comparator, and healthcare IT firms received at least one client evaluation**. Receipt of at least one client evaluation does **not** indicate ranking eligibility, category qualification, endorsement, or inclusion in the final Q1-Q18 scorecard.

Black Book's **minimum qualifying rating threshold** depends on the total number of respondents, client exposures, vendors, consultants, advisory firms, and service providers active in the relevant six-month survey period. Firms with insufficient completed evaluations, limited apples-to-apples exposure, vendor-service status, NHS-owned comparator status, or narrow specialist scope may be retained for follow-up research but excluded from the final scored benchmark.

Black Book retained these January – June 2026 evaluations for follow-up survey validation and for other NHS and UK healthcare IT consulting engagement studies beyond EPR implementation, EPR execution, optimisation, workflow redesign, go-live support, interoperability, managed services, digital transformation, and related hospital IT advisory work.

The following table is therefore a **follow-up survey universe**, not a scored ranking.

Advisory / Consulting Firm	Primary Expertise as it Relates to UK/NHS EPR Category
6B Health	EPR integration, interoperability, digital health architecture, clinical workflow integration, ICS-level connectivity.
Accenture UK	Enterprise digital transformation, cloud, data, AI, managed services, application modernisation, NHS-scale delivery.
Access Group / Access Health, Support and Care	Care management, health and social care systems, integration and workflow support.
Accurx	Communication workflow, patient messaging, primary/secondary care pathway communication integration.
Adecco	Digital and healthcare workforce augmentation, programme staffing, transformation resource support.
Advanced Health and Care	Care systems, EPR-adjacent workflow, integration and support; vendor professional services.
Agilisys	Public-sector digital transformation, managed services, cloud, and data.
Aire Logic	Interoperability, open standards, EPR readiness, integration, digital health engineering, national product alignment.
Akeso & Company	Healthcare operational transformation, procurement, improvement advisory, pathway redesign.
Akkodis UK / Modis	EPR/EHR cloud solution design, business cases, implementation, integration, training, testing, data migration.
Alcidion UK	Miya platform, patient flow, clinical communication, EPR-adjacent optimisation services.
Altera Digital Health UK	Sunrise EPR implementation, optimisation, and support; vendor professional services.
AND Digital	Agile product delivery, digital transformation, cloud, software engineering, and capability building.

Advisory / Consulting Firm	Primary Expertise as it Relates to UK/NHS EPR Category
Answer Digital	NHS digital delivery, product engineering, agile delivery, clinical workflow technology support.
Apira / IQVIA	NHS EPR business cases, procurement, deployment, optimisation, adoption, benefits realisation, clinical systems advisory.
Apperta Foundation	Open standards, openEHR, interoperability community, and advisory ecosystem; not a conventional consultancy.
Atos / Eviden UK	Public-sector IT services, infrastructure, cloud, digital transformation, managed applications.
Atos healthcare application support	Managed applications, infrastructure, cloud, and systems integration for public-sector health.
Axiologik	Digital transformation assurance, delivery leadership, technology programme recovery, public-sector delivery.
Baringa	Transformation, technology strategy, operating model, and digital delivery; broader public-sector advisory.
BearingPoint UK	Digital transformation, operating model, data, and public-sector advisory; broader health candidate.
Better UK	openEHR, clinical data repositories, low-code clinical applications, platform implementation support.
BJSS	Digital engineering, product delivery, NHS/public-sector technology implementation, agile delivery.
Black Pear Software	FHIR APIs, GP/EPR integration, healthcare interoperability, and forms/workflow enablement.
Blum Health	Digital health strategy, product and service design, healthcare innovation support.
Bridewell	Cybersecurity, managed detection, incident response, cyber governance, and NHS cyber resilience.
BridgeHead Software	Healthcare data management, archiving, interoperability, EPR-linked clinical data lifecycle.
BT Health / BT Business	Connectivity, infrastructure, cyber, telephony, patient communications, and NHS digital enablement.
Burendo	Agile digital delivery, product management, cloud, and public-sector digital transformation.
Bytes Software Services	Software licensing, cloud, Microsoft ecosystem, security, and technology procurement support.
CACI UK	Data, analytics, cloud, application services, digital transformation, and public-sector delivery.
Capgemini UK / Capgemini Invent	Enterprise transformation, digital health innovation, data, cloud, AI, public-sector technology delivery.
Carnall Farrar	NHS strategy, analytics, productivity, operational improvement, population health, and transformation advisory.
Caution Your Blast	Digital service design, user research, public-sector digital products; possible NHS digital-service exposure.
CDW UK	Health IT infrastructure, cloud, security, device, and platform enablement.
Cedar Management Consulting	Strategy, transformation, and operating model; possible health-sector advisory exposure.
Cegedim Healthcare Solutions	GP clinical systems, primary care platforms, and support; vendor professional services.
CGI health application support	Managed services, national services, integration, and digital platform support.
CGI UK	Public-sector digital delivery, systems integration, managed services, cloud, data, application support.
Channel 3 Consulting	EPR optimisation, clinical and operational workflow redesign, digital maturity, post-live value realisation.
Civica	Public-sector software, data, integration, health and care platforms, managed services; vendor-adjacent.
Clanwilliam UK	Primary care and community healthcare software, interoperability, and patient-facing workflow support.
Cloud21	EPR deployment, service transition, optimisation, managed support, data, analytics, cloud advisory.
Cognizant UK	Healthcare digital transformation, application services, cloud, analytics, interoperability, and managed delivery.

Advisory / Consulting Firm	Primary Expertise as it Relates to UK/NHS EPR Category
Computacenter	NHS IT infrastructure, workplace technology, cloud, managed services, and support.
Concentric Health	Digital consent, shared decision-making workflows, clinical pathway digitisation; EPR-adjacent.
Cyberis	Cyber assurance, penetration testing, and security assessment for digital health environments.
Dedalus / DXC legacy service ecosystem	Legacy PAS/EPR, clinical system support, integration, migration, and managed application exposure.
Dedalus UK	EPR, PAS, diagnostic and clinical system implementation/support; vendor professional services.
Deloitte UK	EPR cloud design, transformation, implementation support, target operating model, analytics, cyber, AMS.
DrDoctor	Patient engagement, appointment management, pathway communications, patient access optimisation.
DXS International	Clinical decision support, primary care tools, referral/pathway support; vendor-adjacent.
dxw	Public-sector service design, agile delivery, user-centred digital services.
e-Health IT	Oracle Cerner Millennium consultancy, development, support, optimisation, NHS EPR technical services.
Elixirr	Strategy, digital transformation, and operating model advisory; broader health/public-sector candidate.
Ember Technology	Digital transformation, automation, health workflow improvement, digital adoption support.
EMIS Health	Primary care EHR, community, and interoperability services; vendor professional services.
EPAM Systems UK	Digital product engineering, cloud, data, interoperability, and healthcare software delivery.
Epic UK professional services	EPR implementation, configuration, go-live, and optimisation; score separately as vendor professional services.
Escalla	EPR training support, floorwalking, digital learning assets, go-live adoption, end-user readiness.
Ethical Healthcare	NHS digital journey advisory, EPR strategy, procurement, implementation, optimisation, people-centred adoption.
Evolution Recruitment Solutions	EPR implementation resource augmentation, digital delivery teams, specialist recruitment, and programme support.
EY UK	Governance, assurance, operating model, risk, commercial controls, transformation advisory.
Frazer-Nash Consultancy	Safety engineering, systems assurance, digital programme risk, technical assurance for complex health systems.
Fujitsu UK	NHS/public-sector IT infrastructure, application services, cloud, managed services, and support.
GlobalLogic UK	Digital engineering, medical and healthcare software integration, cloud, and data services.
Graphnet Health	Shared care records, population health, interoperability, and clinical data platforms; vendor-adjacent.
HCLTech	Healthcare IT services, application management, cloud, data, integration, and managed services.
Health Innovation Network / regional Health Innovation Networks	Innovation spread, implementation support, and system adoption; not commercial EPR consulting but relevant respondent comparator.
Health Systems Support	EPR training, go-live planning, floorwalking, cutover, stabilisation, RTT, and pathway support.
Healthcare Clinical Informatics / HCI Digital	EPR implementation support, configuration analysts, PMO, migration, change, optimisation, training, managed support.
Healthcare Innovation Consortium / HIC	NHS EPR transformation, optimisation, EPR network facilitation, benefits realisation, pathway redesign.
Hippo Digital	Public-sector digital service design, user-centred design, agile delivery, product management.
Huma	Remote monitoring, virtual care, patient pathways; EPR-adjacent digital health integration.
Hyper Talent Solutions	Digital health workforce augmentation, specialist skills supply, programme staffing.

Advisory / Consulting Firm	Primary Expertise as it Relates to UK/NHS EPR Category
IBM Consulting	Data platforms, AI, analytics, integration, cloud, enterprise architecture, managed technology services.
Ideal Health	EPR implementation, optimisation, training, go-live support, change management, clinical-system deployment.
IGCS Limited	Integrated care system digital consulting, IT/cloud strategy, business case, roadmap, and digital solution design.
Impelsys	Digital learning, digital health advisory support, workforce capability, training, and knowledge platforms.
Informed Solutions	Public-sector digital transformation, data, platforms, digital health/public service delivery.
Infosys / Infosys Consulting	Digital transformation, cloud, analytics, AI, and enterprise technology delivery.
InHealth Intelligence advisory services	Screening, patient pathway, and diagnostics-related digital operations; EPR-adjacent.
InterSystems UK	Integration, data platform, TrakCare/HealthShare, interoperability, and EPR-adjacent professional services.
iPLATO / myGP	Patient communications, primary care access, digital engagement; indirect EPR-adjacent.
Kainos	Digital health delivery, cloud, data, public-sector digital products, agile software delivery.
KCL Digital	Digital health advisory, clinical-digital expertise, academic/NHS-linked transformation support.
KPMG UK / EPR Alliance	EPR strategy, business case, assurance, programme governance, implementation, and optimisation alliance model.
Kyndryl UK	Managed infrastructure, cloud, data centre, application operations, and enterprise technology support.
Lantum	Workforce management, staff deployment, and operational workflow; indirect EPR-adjacent.
Made Tech	Public-sector digital delivery, cloud, data, service design, and software engineering.
Mastek UK	NHS/public-sector digital delivery, cloud, data, integration, application modernisation.
Maxwell Stanley Consulting	Digital health programme leadership, change, project delivery, healthcare transformation support.
McKinsey & Company UK	NHS strategy, digital transformation, operating model, productivity, analytics, and large-scale change.
MEDITECH UK professional services	Expanse EPR implementation, optimisation, integration, and support; vendor professional services.
Methods	Public-sector digital transformation, service design, delivery assurance, agile delivery, national-service integration.
Moorhouse Consulting	NHS transformation, programme assurance, portfolio delivery, operating model, and change management.
Mott MacDonald	Health infrastructure, digital programme advisory, business case, systems assurance, transformation support.
NCC Group	Cybersecurity, penetration testing, assurance, and resilience for healthcare systems.
NEC Software Solutions UK	Public-sector/health software, integration, and managed services; vendor-adjacent.
Nervecentre professional services	EPR deployment, clinical workflow, mobile EPR implementation, and optimisation; vendor professional services.
Netcompany UK	Public-sector digital platforms, system integration, cloud, application modernisation.
Neurex AI	EPR implementation and optimisation services, AI-enabled workflow support, clinical-system advisory.
Newton Europe	Operational improvement, productivity, patient flow, and transformation; not EPR-specific but NHS-adjacent.
NHS Arden & GEM CSU	NHS-owned digital transformation, analytics, interoperability, programme management, and commissioning support.
NHS South, Central and West CSU / SCW	NHS-owned Frontline Digitisation, EPR implementation support, procurement, and transformation support.
Node4	Cloud, connectivity, managed services, infrastructure support for health/public-sector systems.

Advisory / Consulting Firm	Primary Expertise as it Relates to UK/NHS EPR Category
Nordic Global	Healthcare IT advisory, EHR optimisation expertise, global clinical-system implementation, and optimisation.
North Highland UK	Transformation, operating model, change, and programme advisory; possible health digital exposure.
North of England Commissioning Support / NECS	NHS-owned digital transformation, optimisation, analytics, programme support, and managed services.
Northdoor	Data platforms, cloud, security, managed IT, and health-sector infrastructure support.
NTT DATA UK	Healthcare IT services, digital transformation, integration, cloud, data, and application services.
Open Medical	Clinical workflow digitisation, pathway management, specialist clinical process automation; vendor-adjacent.
Opencast Software	Public-sector digital delivery, software engineering, user-centred design, cloud, and data.
Optimus IT Infra	HL7/FHIR integration, NHS EPR integration, cloud data migration, infrastructure, and managed support.
Optum Health Solutions UK	EPR advisory, data migration, analytics, population health, EPR optimisation, and strategic planning.
Oracle Health UK professional services	Oracle Cerner Millennium implementation, optimisation, integration, and support; vendor professional services.
Orion Health	Health information exchange, shared care records, interoperability, and data integration; vendor-adjacent.
PA Consulting	NHS digital transformation, productivity, patient-flow redesign, benefits realisation, operating model change.
Practicus	Interim transformation leadership, programme management, change delivery, digital healthcare resourcing.
Procea	Digital healthcare transformation, EPR implementation, programme delivery, PMO, digital capability building.
PwC UK	Digital transformation assurance, procurement, value-for-money, governance, cyber/IG, programme controls.
Q5 Partners	Organisational design, transformation, and change management; health/public-sector candidate.
Radar Healthcare	Risk, quality, compliance, and governance platforms; EPR-adjacent safety/quality workflow.
Reply UK	Digital transformation, cloud, data, APIs, healthcare integration, and automation.
ReStart Consulting	NHS interoperability, integration, clinical data migration, EPR programme support, connected-care data services.
RLDatix	Patient safety, governance, risk, incident reporting, workforce, and quality platforms; EPR-adjacent.
Royal Free London NHS Foundation Trust digital services	NHS provider-to-provider digital capability, EPR lessons learned, implementation experience; comparator, not commercial peer.
Sapphire Health / Sapphire Systems	ERP, finance, back-office integration, analytics, and operational systems; EPR-adjacent through enterprise integration.
SCC	IT infrastructure, cloud, managed services, end-user technology, NHS support services.
Scott Logic	Digital engineering, cloud, data, public-sector software delivery, modern application development.
Servelec / Rio-related service ecosystem	Mental health/community EPR implementation and support exposure; now largely vendor/platform-bound.
SmartCo Consulting / SmartCo Future Health	EPR implementation, EPR optimisation, benefits realisation, clinical safety, service transformation.
Softcat	Cloud, infrastructure, software licensing, cyber, and NHS IT procurement support.
Softwire Technology	Public-sector digital delivery, software engineering, data and cloud; health digital candidate.
Solirius Consulting	Public-sector digital transformation, delivery management, service design, cloud, and data.
Sopra Steria UK	Public-sector IT services, digital transformation, application services, cloud, and managed support.
St Vincent's Consulting	NHS digital transformation, EPR support, clinical advisory, PMO, implementation readiness, go-live support.

Advisory / Consulting Firm	Primary Expertise as it Relates to UK/NHS EPR Category
Stalis	EPR data migration, data archiving, data discovery, data governance, legacy transition, EPR/ERP data lifecycle.
Storm ID	Digital health UX, service design, product delivery, patient-facing digital services, health innovation.
System C professional services	CareFlow EPR implementation, configuration, integration, and support; vendor professional services.
Tata Consultancy Services / TCS	Public-sector IT services, application management, cloud, data, and digital transformation.
Tech Mahindra / The HCI Group	EPR procurement, business case, implementation support, application services, global healthcare IT delivery.
The PSC	Healthcare strategy, service redesign, transformation, and operating model advisory.
Thoughtworks UK	Digital product engineering, cloud, agile transformation, health and public-sector technology delivery.
TPP	SystmOne, primary care/community/mental health EPR platform and implementation support; vendor professional services.
TPXimpact	Public-sector digital transformation, user-centred design, data, digital service redesign.
Vendigital	Cost transformation, procurement, operating model, and healthcare productivity advisory.
Version 1	Public-sector cloud, data, digital services, application modernisation, and managed support.
Virgin Media O2 Business	Connectivity, networks, communications, and health infrastructure enablement.
Wipro UK	Healthcare IT transformation, application modernisation, cloud, data, and managed services.
Xylem Partners	EPR programme recovery, Frontline Digitisation support, digital strategy, assurance, delivery remediation.
Zaizi	Public-sector cloud, data, digital transformation, secure service delivery, product engineering.
Zensar Technologies UK	Digital engineering, cloud, data, healthcare transformation support.

APPENDIX B

UK/NHS EPR ADVISORY-FIRM CAPABILITY BUCKETS

CAPABILITY BUCKET DEFINITIONS

Code	Capability Bucket	General Scope
A	EPR Strategy, Procurement, Governance & Programme Assurance	EPR strategy, business case, procurement, commercial assurance, programme governance, Frontline Digitisation alignment, trust/ICS delivery assurance.
B	EPR Implementation, Optimisation, Workflow Redesign & Adoption	EPR implementation support, clinical workflow redesign, optimisation, usability, configuration, testing, go-live support, clinical adoption, benefits realisation.
C	Data Migration, Interoperability, Integration & Shared Care Records	Data migration, archiving, HL7/FHIR/openEHR, APIs, shared care records, national product integration, GP Connect, Spine, PDS, eRS, NHS App/NHS login integration.
D	Digital Transformation, Service Design, Product Engineering & Patient-Facing Digital	Digital health strategy, service design, agile delivery, public-sector digital transformation, software engineering, patient portals, patient communications, digital pathway products.
E	Cloud, Infrastructure, Managed Services, Application Support & Cyber Resilience	Cloud, infrastructure, application managed services, service desk, release management, cyber, networks, hosting, end-user technology, managed IT operations.
F	Analytics, AI, Population Health, Data Platforms & Operational Insight	Analytics, AI governance, FDP/data platforms, population health, clinical/business intelligence, operational insight, productivity analytics, data quality.
G	Workforce, Training, Change Capacity & Specialist Resourcing	Training, floorwalking, super-user networks, digital adoption, interim leadership, programme staffing, workforce augmentation, specialist EPR resource support.
H	Vendor Professional Services, Platform-Specific Systems & NHS-Owned/Comparator Bodies	EPR vendor services, platform-specific implementation/support, NHS-owned CSUs, NHS provider comparators, health innovation bodies, platform-adjacent software suppliers.

CROSS-REFERENCE BY UK/NHS ADVISORY HEALTHCARE IT FIRM

#	Advisory / Consulting Firm	Capability Bucket Cross-reference
1	6B Health	B, C, D
2	Accenture UK	A, B, C, D, E, F
3	Access Group / Access Health, Support and Care	C, D, H
4	Accurx	C, D, H
5	Adecco	G
6	Advanced Health and Care	B, C, H
7	Agilisys	D, E, F
8	Aire Logic	A, C, D
9	Akeso & Company	A, B, G
10	Akkodis UK / Modis	A, B, C, E, G
11	Alcidion UK	B, C, D, H
12	Altera Digital Health UK	B, C, H
13	AND Digital	D, E, G
14	Answer Digital	B, C, D
15	Apira / IQVIA	A, B, G
16	Apperta Foundation	C, H
17	Atos / Eviden UK	D, E, F
18	Atos healthcare application support	E, H
19	Axiologik	A, D, G
20	Baringa	A, D, F
21	BearingPoint UK	A, D, F
22	Better UK	C, D, H
23	BJSS	C, D, E
24	Black Pear Software	C, D, H
25	Blum Health	A, D
26	Bridewell	E
27	BridgeHead Software	C, E, H
28	BT Health / BT Business	E, H
29	Burendo	D, G
30	Bytes Software Services	E
31	CACI UK	D, E, F
32	Capgemini UK / Capgemini Invent	A, D, E, F
33	Carnall Farrar	A, B, F
34	Caution Your Blast	D
35	CDW UK	E
36	Cedar Management Consulting	A, D, G
37	Cegedim Healthcare Solutions	B, C, H
38	CGI health application support	C, E, H
39	CGI UK	C, D, E, F
40	Channel 3 Consulting	A, B, G
41	Civica	C, D, E, H
42	Clanwilliam UK	C, D, H
43	Cloud21	A, B, C, E, F
44	Cognizant UK	B, C, D, E, F
45	Computacenter	E
46	Concentric Health	B, C, D, H
47	Cyberis	E
48	Dedalus / DXC legacy service ecosystem	B, C, E, H
49	Dedalus UK	B, C, H
50	Deloitte UK	A, B, C, D, E, F

#	Advisory / Consulting Firm	Capability Bucket Cross-reference
51	DrDoctor	D, H
52	DXS International	B, D, H
53	dxw	D
54	e-Health IT	B, C, E, H
55	Elixirr	A, D, G
56	Ember Technology	D, G
57	EMIS Health	B, C, H
58	EPAM Systems UK	C, D, E, F
59	Epic UK professional services	B, C, H
60	Escalla	B, G
61	Ethical Healthcare	A, B, G
62	Evolution Recruitment Solutions	G
63	EY UK	A, D, F
64	Frazer-Nash Consultancy	A, E
65	Fujitsu UK	D, E
66	GlobalLogic UK	C, D, E
67	Graphnet Health	C, F, H
68	HCLTech	B, C, D, E, F
69	Health Innovation Network / regional Health Innovation Networks	A, B, D, H
70	Health Systems Support	B, G
71	Healthcare Clinical Informatics / HCI Digital	A, B, C, G
72	Healthcare Innovation Consortium / HIC	A, B, C, F
73	Hippo Digital	D, G
74	Huma	C, D, H
75	Hyper Talent Solutions	G
76	IBM Consulting	C, D, E, F
77	Ideal Health	A, B, G
78	IGCS Limited	A, C, D, E
79	Impelsys	D, G
80	Informed Solutions	C, D, F
81	Infosys / Infosys Consulting	D, E, F
82	InHealth Intelligence advisory services	B, D, F, H
83	InterSystems UK	C, F, H
84	iPLATO / myGP	C, D, H
85	Kainos	C, D, E, F
86	KCL Digital	A, B, D
87	KPMG UK / EPR Alliance	A, B, C, F
88	Kyndryl UK	E
89	Lantum	D, G, H
90	Made Tech	D, E, F
91	Mastek UK	C, D, E, F
92	Maxwell Stanley Consulting	A, G
93	McKinsey & Company UK	A, D, F
94	MEDITECH UK professional services	B, C, H
95	Methods	A, C, D, G
96	Moorhouse Consulting	A, D, G
97	Mott MacDonald	A, D, E
98	NCC Group	E
99	NEC Software Solutions UK	C, D, E, H
100	Nervecentre professional services	B, C, H
101	Netcompany UK	C, D, E
102	Neurex AI	B, D, F
103	Newton Europe	A, B, F, G
104	NHS Arden & GEM CSU	A, C, D, E, F, H
105	NHS South, Central and West CSU / SCW	A, B, C, D, H

#	Advisory / Consulting Firm	Capability Bucket Cross-reference
106	Node4	E
107	Nordic Global	A, B, C, G
108	North Highland UK	A, D, G
109	North of England Commissioning Support / NECS	A, C, D, F, H
110	Northdoor	E, F
111	NTT DATA UK	C, D, E, F
112	Open Medical	B, C, D, H
113	Opencast Software	D, E
114	Optimus IT Infra	C, E
115	Optum Health Solutions UK	A, B, C, F
116	Oracle Health UK professional services	B, C, H
117	Orion Health	C, F, H
118	PA Consulting	A, B, D, F, G
119	Practicus	A, G
120	Procea	A, B, G
121	PwC UK	A, D, E, F
122	Q5 Partners	A, G
123	Radar Healthcare	B, D, H
124	Reply UK	C, D, E, F
125	ReStart Consulting	C, B
126	RLDatix	B, D, H
127	Royal Free London NHS Foundation Trust digital services	A, B, H
128	Sapphire Health / Sapphire Systems	C, E, F, H
129	SCC	E
130	Scott Logic	C, D, E
131	Servelec / Rio-related service ecosystem	B, C, H
132	SmartCo Consulting / SmartCo Future Health	A, B, G
133	Softcat	E
134	Softwire Technology	D, E
135	Solirius Consulting	A, D, E
136	Sopra Steria UK	D, E
137	St Vincent's Consulting	A, B, G
138	Stalis	C, F
139	Storm ID	D
140	System C professional services	B, C, H
141	Tata Consultancy Services / TCS	D, E, F
142	Tech Mahindra / The HCI Group	A, B, C, E, G
143	The PSC	A, B, G
144	Thoughtworks UK	D, E, F
145	TPP	B, C, H
146	TPXimpact	D, F, G
147	Vendigital	A, F
148	Version 1	D, E, F
149	Virgin Media O2 Business	E
150	Wipro UK	C, D, E, F
151	Xylem Partners	A, B, G
152	Zaizi	D, E, F
153	Zensar Technologies UK	D, E, F
153	Zensar Technologies UK	D, E, F

BUCKET-BY-BUCKET APPENDIX VIEW

A EPR Strategy, Procurement, Governance & Programme Assurance

REPRESENTATIVE FIRMS

Accenture UK; Aire Logic; Akeso & Company; Akkodis UK / Modis; Apira / IQVIA; Axiologik; Baringa; BearingPoint UK; Blum Health; Capgemini UK / Capgemini Invent; Carnall Farrar; Cedar Management Consulting; Channel 3 Consulting; Cloud21; Deloitte UK; Elixirr; Ethical Healthcare; EY UK; Frazer-Nash Consultancy; Health Innovation Network / regional Health Innovation Networks; Healthcare Clinical Informatics / HCI Digital; Healthcare Innovation Consortium / HIC; Ideal Health; IGCS Limited; KCL Digital; KPMG UK / EPR Alliance; Maxwell Stanley Consulting; McKinsey & Company UK; Methods; Moorhouse Consulting; Mott MacDonald; Newton Europe; NHS Arden & GEM CSU; NHS South, Central and West CSU / SCW; Nordic Global; North Highland UK; North of England Commissioning Support / NECS; Optum Health Solutions UK; PA Consulting; Practicus; Procea; PwC UK; Q5 Partners; Royal Free London NHS Foundation Trust digital services; SmartCo Consulting / SmartCo Future Health; Solirius Consulting; St Vincent's Consulting; Tech Mahindra / The HCI Group; The PSC; Vendigital; Xylem Partners.

B EPR Implementation, Optimisation, Workflow Redesign & Adoption

REPRESENTATIVE FIRMS

6B Health; Accenture UK; Advanced Health and Care; Akkodis UK / Modis; Alcidion UK; Altera Digital Health UK; Answer Digital; Apira / IQVIA; Carnall Farrar; Channel 3 Consulting; Cloud21; Cognizant UK; Concentric Health; Dedalus / DXC legacy service ecosystem; Dedalus UK; Deloitte UK; DXS International; e-Health IT; EMIS Health; Epic UK professional services; Escalla; Ethical Healthcare; HCLTech; Health Innovation Network / regional Health Innovation Networks; Health Systems Support; Healthcare Clinical Informatics / HCI Digital; Healthcare Innovation Consortium / HIC; Ideal Health; InHealth Intelligence advisory services; KPMG UK / EPR Alliance; MEDITECH UK professional services; Neurex AI; Newton Europe; NHS South, Central and West CSU / SCW; Nordic Global; Open Medical; Optum Health Solutions UK; Oracle Health UK professional services; PA Consulting; Procea; Radar Healthcare; ReStart Consulting; RLDatix; Royal Free London NHS Foundation Trust digital services; Servelec / Rio-related service ecosystem; SmartCo Consulting / SmartCo Future Health; St Vincent's Consulting; System C professional services; Tech Mahindra / The HCI Group; The PSC; TPP; Xylem Partners.

C Data Migration, Interoperability, Integration & Shared Care Records

REPRESENTATIVE FIRMS

6B Health; Accenture UK; Access Group / Access Health, Support and Care; Accurx; Advanced Health and Care; Aire Logic; Akkodis UK / Modis; Alcidion UK; Altera Digital Health UK; Answer Digital; Apperta Foundation; Better UK; BJSS; Black Pear Software; BridgeHead Software; Cegedim Healthcare Solutions; CGI health application support; CGI UK; Civica; Clanwilliam UK; Cloud21; Cognizant UK; Concentric Health; Dedalus / DXC legacy service ecosystem; Dedalus UK; Deloitte UK; e-Health IT; EMIS Health; EPAM Systems UK; Epic UK professional services; GlobalLogic UK; Graphnet Health; HCLTech; Healthcare Clinical Informatics / HCI Digital; Healthcare Innovation Consortium / HIC; Huma; IBM Consulting; IGCS Limited; Informed Solutions; InterSystems UK; iPLATO / myGP; Kainos; KPMG UK / EPR Alliance; Mastek UK; MEDITECH UK professional services; Methods; NEC Software Solutions UK; Nervecentre professional services; Netcompany UK; NHS Arden & GEM CSU; NHS South, Central and West CSU / SCW; Nordic Global; North of England Commissioning Support / NECS; NTT DATA UK; Open Medical; Optimus IT Infra; Optum Health Solutions UK; Oracle Health UK professional services; Orion Health; ReStart Consulting; Reply UK; Sapphire Health / Sapphire Systems; Scott Logic; Servelec / Rio-related service ecosystem; Stalis; System C professional services; Tech Mahindra / The HCI Group; TPP; Wipro UK.

D Digital Transformation, Service Design, Product Engineering & Patient-Facing Digital

REPRESENTATIVE FIRMS

6B Health; Accenture UK; Access Group / Access Health, Support and Care; Accurx; Agilisys; Aire Logic; Alcidion UK; AND Digital; Answer Digital; Atos / Eviden UK; Axiologik; Baringa; BearingPoint UK; Better UK; BJSS; Black Pear Software; Blum Health; Burendo; CACI UK; Capgemini UK / Capgemini Invent; Caution Your Blast; CGI UK; Civica; Clanwilliam UK; Cognizant UK; Concentric Health; Deloitte UK; DrDoctor; DXS International; dxw; Elixirr; Ember Technology; EPAM Systems UK; EY UK; Fujitsu UK; GlobalLogic UK; Health Innovation Network / regional Health Innovation Networks; Hippo Digital; Huma; IBM Consulting; IGCS Limited; Impelsys; Informed Solutions; Infosys / Infosys Consulting; InHealth Intelligence advisory services; iPLATO / myGP; Kainos; KCL Digital; Lantum; Made Tech; Mastek UK; McKinsey & Company UK; Methods; Moorhouse Consulting; Mott MacDonald; NEC Software Solutions UK; Netcompany UK; Neurex AI; NHS Arden & GEM CSU; NHS South, Central and West CSU / SCW; North Highland UK; North of England Commissioning Support / NECS; NTT DATA UK; Open Medical; Opencast Software; PA Consulting; PwC UK; Radar Healthcare; Reply UK; RLDatix; Scott Logic; Softwire Technology; Solirius Consulting; Sopra Steria UK; Storm ID; Tata Consultancy Services / TCS; Thoughtworks UK; TPXimpact; Version 1; Wipro UK; Zaizi; Zensar Technologies UK.

E Cloud, Infrastructure, Managed Services, Application Support & Cyber Resilience

REPRESENTATIVE FIRMS

Accenture UK; Akkodis UK / Modis; AND Digital; Atos / Eviden UK; Atos healthcare application support; BJSS; Bridewell; BridgeHead Software; BT Health / BT Business; Bytes Software Services; CACI UK; Capgemini UK / Capgemini Invent; CDW UK; CGI health application support; CGI UK; Civica; Cloud21; Cognizant UK; Computacenter; Cyberis; Dedalus / DXC legacy service ecosystem; Deloitte UK; e-Health IT; EPAM Systems UK; Frazer-Nash Consultancy; Fujitsu UK; GlobalLogic UK; HCLTech; IBM Consulting; IGCS Limited; Infosys / Infosys Consulting; Kainos; Kyndryl UK; Made Tech; Mastek UK; Mott MacDonald; NCC Group; NEC Software Solutions UK; Netcompany UK; NHS Arden & GEM CSU; Node4; Northdoor; NTT DATA UK; Opencast Software; Optimus IT Infra; PwC UK; Reply UK; Sapphire Health / Sapphire Systems; SCC; Scott Logic; Softcat; Softwire Technology; Solirius Consulting; Sopra Steria UK; Tata Consultancy Services / TCS; Tech Mahindra / The HCI Group; Thoughtworks UK; Version 1; Virgin Media O2 Business; Wipro UK; Zaizi; Zensar Technologies UK.

F Analytics, AI, Population Health, Data Platforms & Operational Insight

REPRESENTATIVE FIRMS

Accenture UK; Agilisys; Baringa; BearingPoint UK; CACI UK; Capgemini UK / Capgemini Invent; Carnall Farrar; CGI UK; Cloud21; Cognizant UK; Deloitte UK; EPAM Systems UK; EY UK; Graphnet Health; HCLTech; Healthcare Innovation Consortium / HIC; IBM Consulting; Informed Solutions; Infosys / Infosys Consulting; InterSystems UK; Kainos; KPMG UK / EPR Alliance; Made Tech; Mastek UK; McKinsey & Company UK; Neurex AI; NHS Arden & GEM CSU; North of England Commissioning Support / NECS; Northdoor; NTT DATA UK; Optum Health Solutions UK; Orion Health; PA Consulting; PwC UK; Reply UK; Sapphire Health / Sapphire Systems; Stalis; Tata Consultancy Services / TCS; Thoughtworks UK; TPXimpact; Vendigital; Version 1; Wipro UK; Zaizi; Zensar Technologies UK.

G Workforce, Training, Change Capacity & Specialist Resourcing

REPRESENTATIVE FIRMS

Adecco; Akeso & Company; Akkodis UK / Modis; AND Digital; Apira / IQVIA; Axiologik; Burendo; Cedar Management Consulting; Channel 3 Consulting; Elixirr; Ember Technology; Escalla; Ethical Healthcare; Evolution Recruitment Solutions; Health Systems Support; Healthcare Clinical Informatics / HCI Digital; Hippo Digital; Hyper Talent Solutions; Ideal Health; Impelsys; Maxwell Stanley Consulting; Methods; Moorhouse Consulting; Newton Europe; Nordic Global; North Highland UK; PA Consulting; Practicus; Procea; Q5 Partners; SmartCo Consulting / SmartCo Future Health; St Vincent's Consulting; Tech Mahindra / The HCI Group; The PSC; TPXimpact; Xylem Partners.

H Vendor Professional Services, Platform-Specific Systems & NHS-Owned/Comparator Bodies

REPRESENTATIVE FIRMS

Access Group / Access Health, Support and Care; Accurx; Advanced Health and Care; Alcidion UK; Altera Digital Health UK; Apperta Foundation; Atos healthcare application support; Better UK; Black Pear Software; BridgeHead Software; BT Health / BT Business; Cegedim Healthcare Solutions; CGI health application support; Civica; Clanwilliam UK; Concentric Health; Dedalus / DXC legacy service ecosystem; Dedalus UK; DrDoctor; DXS International; EMIS Health; Epic UK professional services; Graphnet Health; Health Innovation Network / regional Health Innovation Networks; Huma; InHealth Intelligence advisory services; InterSystems UK; iPLATO / myGP; Lantum; MEDITECH UK professional services; NEC Software Solutions UK; Nervecentre professional services; NHS Arden & GEM CSU; NHS South, Central and West CSU / SCW; Open Medical; Oracle Health UK professional services; Orion Health; Radar Healthcare; RLDatix; Royal Free London NHS Foundation Trust digital services; Sapphire Health / Sapphire Systems; Servelec / Rio-related service ecosystem; System C professional services; TPP.