NHS
North East and North Cumbria

Our Reference North East and North Cumbria ICB\ FOI ICB 26–204

North East and North Cumbria ICB
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By Email

12 August 2026

Dear Applicant

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

Thank you for your request received on 23 July 2026 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

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

Your Request

We are seeking to understand how Direct Access Tests (DATs) are commissioned and provided across ICBs in England. The project aims to generate insights for policymakers, commissioners, and clinicians to support the effective and equitable use of DATs in primary care and improve early cancer detection.

We would be grateful if you could provide the information requested in the questions and table attached.

We recognise that some ICB structures have been undergoing changes over recent years and that commissioning arrangements may differ across areas. For the purposes of this exercise, we are primarily interested in responses based on the ICB boundaries that were in place in financial year 2024/25. If your organisation has clustered or merged since 2024/25, please provide separate responses for the former ICBs within your footprint. However, if your organisation had already moved to single commissioning across a clustered ICB footprint by 2024/25, we would be grateful if you could provide a single response on behalf of the cluster.

1. Please state which ICB you are answering from.

2. Direct access test provision
   a. For the 2024/25 (most recent last financial year), please indicate whether there is any GP direct access provision to the following tests within your ICB:
      - Chest x-ray
      - CT chest/abdomen/pelvis
      - Head CT
      - Upper gastrointestinal endoscopy
      - Lower gastrointestinal endoscopy
      - Non-obstetric ultrasound (please specify sites)
      - MRI brain
      - Faecal immunochemical testing (FIT)
      - Other (please specify)
   b. If you selected non-obstetric ultrasound, please specify body sites.
   c. If you selected other, please specify.

3. If you would like to provide further specific details for any of the tests above, please do so here. (OPTIONAL)

4. Direct access provision: Chest x-ray
   a. For Chest x-ray, who provides the service in your ICB? (please place an X after each applicable option)
      - NHS organisation
      - Private sector organisation
      - Both
      - Other (please specify)
   b. If you selected other above, please specify.

5. Direct access provision: CT chest/abdomen/pelvis
   a. For CT chest/abdomen/pelvis, who provides the service in your ICB? (please place an X after each applicable option)
      - NHS organisation
      - Private sector organisation
      - Both
      - Other (please specify)
   b. If you selected other above, please specify.

6. Direct access provision: Head CT
   a. For Head CT, who provides the service in your ICB? (please place an X after each applicable option)
      - NHS organisation
      - Private sector organisation
      - Both
      - Other (please specify)
   b. If you selected other above, please specify.

7. Direct access provision: Upper gastrointestinal endoscopy
   a. For Upper gastrointestinal endoscopy, who provides the service in your ICB? (please place an X after each applicable option)
      - NHS organisation
      - Private sector organisation

- Both
- Other (please specify)

b. If you selected other above, please specify.

8. Direct access provision: Lower gastrointestinal endoscopy
   a. For Lower gastrointestinal endoscopy, who provides the service in your ICB? (please place an X after each applicable option)
      - NHS organisation
      - Private sector organisation
      - Both
      - Other (please specify)

   b. If you selected other above, please specify.

9. Direct access provision: non-obstetric ultrasound
   a. For non-obstetric ultrasound, who provides the service in your ICB? (please place an X after each applicable option)
      - NHS organisation
      - Private sector organisation
      - Both
      - Other (please specify)

   b. If you selected other above, please specify.

10. Direct access provision: MRI brain
    a. For MRI brain, who provides the service in your ICB? (please place an X after each applicable option)
       - NHS organisation
       - Private sector organisation
       - Both
       - Other (please specify)

    b. If you selected other above, please specify.

11. Direct access provision: Faecal immunochemical testing
    a. For Faecal immunochemical testing (FIT), who provides the service in your ICB? (please place an X after each applicable option)
       - NHS organisation
       - Private sector organisation
       - Both
       - Other (please specify)

    b. If you selected other above, please specify.

12. 12.Direct access provision: Other
    a. For Other, who provides the service in your ICB? (please place an X after each applicable option)
       - NHS organisation
       - Private sector organisation
       - Both
       - Other (please specify)

    b. If you selected other above, please specify.

13. For FIT Kits
    a. Who distributes symptomatic FIT kits? (please place an X after each applicable option):
    - From general practice surgeries
    - From local hospitals
    - From local screening hub
    - From the diagnostics provider
    - Other (please specify)

    b. If you selected other, please specify.

14. Any further contextual information that is relevant about direct access tests in your ICB area. (OPTIONAL)

15. Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - This varies by test

Please answer questions 16 to 24 only if you selected "this varies by test" in question 15. If you did not select "this varies by test", please skip to question 25.

16. For chest x-ray
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - Not applicable

17. For CT chest/abdomen/pelvis
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - Not applicable

18. For Head CT
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input

- Onward referral requires GP action
- There is no standard process by which onward referral is managed
- Not applicable

19. For Upper gastrointestinal endoscopy
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - Not applicable

20. For Lower gastrointestinal endoscopy
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - Not applicable

21. For non-obstetric ultrasound
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - Not applicable

22. For MRI brain
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - Not applicable

23. For Faecal immunochemical testing (FIT)
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input

- Onward referral requires GP action
- There is no standard process by which onward referral is managed
- Not applicable

24. For any other test you specified in the second question (Q2).
    Please place an X against which of the below options most closely matches how onward referral and management of patients with suspicious or abnormal findings identified through GP DAT is organised:
    - Onward referral is initiated by the setting where the test takes place without requiring further GP input
    - Onward referral requires GP action
    - There is no standard process by which onward referral is managed
    - Not applicable

25. For each direct access test, please provide information on test volumes, wait times and turnaround times (as per the spreadsheet attached).

    Please note that for the purpose of this survey we define **"waiting time"** as the time interval, measured in calendar days, between the date a direct test access is requested by a GP and the date the test is performed; and **"turnaround times"** as the time interval between the date a direct access diagnostic test is requested by a GP and the date the final report/result is made available to the requesting clinician.

Our Response

1. This response is completed by NHS North East and North Cumbria Integrated Care Board (NENC ICB). Please note that there is variation of direct access provision across sub-ICB and provider. The response to this FOI is based on a NENC footprint.
2. There is GP direct access provision to the following tests:
    - Chest x-ray: YES
    - CT chest/abdomen/pelvis: YES
    - Head CT YES
    - Upper gastrointestinal endoscopy: YES
    - Lower gastrointestinal endoscopy: YES
    - Non-obstetric ultrasound (please specify sites): YES. This is across all body sites, although this varies depending on sub-ICB and provider.
    - MRI brain: YES
    - Faecal immunochemical testing (FIT): YES
3. The ICB will not provide specific details at this time.
4. NHS organisations provide the chest x-ray service.
5. NHS organisations and private sector organisations provide the CT chest/abdomen/pelvis service.
6. NHS organisations provide the head CT service.
7. NHS organisations and private sector organisations provide the Upper gastrointestinal endoscopy service.
8. NHS organisations and private sector organisations provide the Lower gastrointestinal endoscopy service.
9. NHS organisations provide the non-obstetric ultrasound service.
10. NHS organisations provide the MRI brain service.

11. NHS organisations provide the Faecal immunochemical testing (FIT) service.
12. Please refer to the response to question 2.
13. Symptomatic FIT kits are distributed from local hospitals.
14. The ICB has identified diagnostics as a priority as part of the 5-year strategic commissioning plan for 2026/27 – 2030/31. The plan is available on the ICB's website: https://northeastnorthcumbria.nhs.uk/media/10dbrfqh/nenc-five-year-strategic-commissioning-plan_final.pdf
15. There is no standard process by which onward referral is managed. There is variation across each test and pathway. Most onward referrals are initiated by the setting where the test takes place without requiring further GP input. Some pathways require GP action.
16. On this occasion it is not possible to provide the requested information. In line with your rights under section 1(1)(a) of the Act to be informed whether information is held, we confirm the ICB does not hold this level of information for this modality.
17. Please refer to the response to question 16.
18. Please refer to the response to question 16.
19. Please refer to the response to question 16.
20. Please refer to the response to question 16.
21. Please refer to the response to question 16.
22. Please refer to the response to question 16.
23. Onward referral is initiated by the setting where the test takes place without requiring further GP input.
24. Please refer to the response to question 2.
25. The ICB does not hold information on contract levels of activity for each provider and modality. Trust level activity, waiting times and turnaround times, are publicly available on the NHS England website: https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostic-imaging-dataset/

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

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

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

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

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

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

Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

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