NHS
North East and North Cumbria

Our Reference North East and North Cumbria ICB\ FOI ICB 26–312

North East and North Cumbria ICB
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By Email

25 September 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 21 September 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

This is a request under the Freedom of Information Act 2000.

1. Please provide a copy of any policy, protocol, template document or written guidance the ICB has produced, adopted, endorsed or circulated to GP practices, primary care networks or GP federations in its area concerning:
   a. chaperones;
   b. intimate or pelvic examinations, including cervical screening.

2. If the ICB does not produce such templates but subscribes to, licenses or recommends a policy library from a commercial or third-party provider, please name the provider and state whether practices are required or merely encouraged to use it.

3. Please state whether any document provided at (1) or (2) contains guidance on what staff should do where a patient discloses, or has a recorded history of, sexual violence, sexual abuse or sexual trauma. If so, please identify the document and section. If not, please confirm that, and state what guidance the ICB directs practices to instead.

4. Separately from (1) and (2), please provide a copy of any other recorded guidance the ICB has issued to primary care on carrying out intimate or pelvic examinations where a patient

discloses, or has a recorded history of, sexual violence, sexual abuse or sexual trauma. This would include, for example, guidance contained in a safeguarding policy, a primary care bulletin or newsletter, a cervical screening uptake resource, or training material. If the ICB holds no such guidance, please confirm that, and state what guidance it directs practices to instead.

Please supply documents as attachments in their native format. If any part of this request is likely to exceed the section 12 cost limit, please answer the remaining parts and advise me under section 16 how the request could be refined, rather than refusing it in full.

Our Response

1. NENC ICB has not identified any policy, protocol, template document or written guidance that it has produced, adopted, endorsed or circulated to GP practices, primary care networks or GP federations concerning chaperones or intimate or pelvic examinations, including cervical screening. These matters are managed by individual practices in accordance with their professional and regulatory responsibilities. The expectation is that each GP practice would follow the GMC guidance: Intimate examinations and chaperones – professional standards – GMC.

2. The ICB does not subscribe to, license or recommend a policy library from a commercial or third-party provider.

3. As no documents have been identified under questions 1 or 2, the ICB is unable to identify any relevant document or section addressing this circumstance. The responses received indicate that practices are expected to follow applicable professional guidance, including guidance issued by the General Medical Council and Nursing and Midwifery Council, alongside their own safeguarding arrangements. The specific external guidance to be cited should be confirmed by the appropriate clinical and corporate leads before release.

4. The Named GP responses did not identify any other recorded guidance issued by the ICB to primary care specifically on carrying out intimate or pelvic examinations where a patient discloses, or has a recorded history of, sexual violence, sexual abuse or sexual trauma. Subject to completion of proportionate corporate searches, the response confirms that the ICB does not hold such guidance and that practices should follow relevant professional standards and local safeguarding procedures.

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