

24/04/2026

NN-ICB/26-1550

Dear Requestor

Re: Freedom of Information Request

Thank you for your request for information, received on 25 March 2026, regarding NHS funding, commissioning pathways, and IFR data for Dissociative Identity Disorder (DID) & Dissociative Disorders. We have processed your request in accordance with the Freedom of Information Act 2000 (FOIA).

Under the FOIA, public authorities like ours are required to respond to requests for information within 20 working days. In response to your request, I can confirm that we do hold the information requested. However, please note that some of the information you requested has been withheld. Under the FOIA, certain exemptions may apply to protect sensitive information.

Please find below our response to your request:

Part 1: Clinical Decision-Making Frameworks

Please provide a “Yes” or “No” answer to the following four questions regarding how the ICB assesses funding for Dissociative Identity Disorder (DID) and other dissociative conditions:

1. Does the ICB hold a written policy, clinical pathway, or bespoke criteria specifically tailored for assessing funding requests for dissociative disorders? **No.**
2. If no, are funding requests for dissociative disorders evaluated solely against the ICB’s generic IFR “clinical exceptionality” policy? **No.**
3. When evaluating funding requests for dissociative disorders, does the ICB explicitly require clinical input or panel representation from a specialist with formal expertise in complex trauma and dissociation? **A binary ‘Yes’ or ‘No’ response cannot be provided, as this would not accurately reflect the ICB’s processes. All funding requests for dissociative disorders are presented by a specialist Mental Health clinician, and decision-making processes include input from specialist Mental Health clinicians. However, the ICB does not explicitly require that panel members hold formal or specific expertise in complex trauma and dissociation.**
4. When evaluating funding requests for dissociative disorders, does the ICB apply a specific clinical effectiveness and/or cost-effectiveness criterion to the decision? **A binary ‘Yes’ or ‘No’ response cannot be provided, as this would not accurately reflect the ICB’s processes. Clinical effectiveness and cost-effectiveness are considered as part of the decision-making process. However, these factors form part of a broader set of considerations and are not applied as discrete or standalone criteria.**

Supplementary Questions

1. Does the ICB explicitly classify specialist treatments for dissociative disorders as a “Low Priority” treatment, or include them within a “Procedures of Limited Clinical Value” (PLCV) or “Not Routinely Commissioned” policy list? [No](#).
2. Does the ICB currently hold a block contract or formal commissioning arrangement with a local NHS mental health trust that specifically includes a dedicated, specialist diagnostic and treatment pathway for Dissociative Identity Disorder (DID)? [A binary ‘Yes’ or ‘No’ response cannot be provided, as this would not accurately reflect the commissioning arrangements in place. The ICB holds a block contract with a local NHS mental health trust which includes provision for patients with dissociative disorders. However, this does not constitute a dedicated specialist diagnostic and treatment pathway for Dissociative Identity Disorder \(DID\). In cases where the local provider is unable to meet patient need, a funding request may be submitted to the ICB for treatment with an alternative specialist provider.](#)

Part 2: IFR Statistics & Specialist Provider Approvals (1 July 2022 – 31 December 2025)

Please provide the following data fields, structured with separate columns for the following years:

- 2022 (1 July 2022 to 31 December 2022)
- 2023 (1 January 2023 to 31 December 2023)
- 2024 (1 January 2024 to 31 December 2024)
- 2025 (1 January 2025 to 31 December 2025)

Assessment and Treatment Data:

5. Total number of IFR/Prior Approval requests received for specialist dissociative disorder assessments.
6. Total number of these assessment requests approved.
7. Total number of IFR/Prior Approval requests received for specialist dissociative disorder treatments.
8. Total number of these treatment requests approved.

Funded Specialist Providers:

9. Of the approved treatment requests identified in Question 8, please provide a numerical breakdown of how many were funded for the following specialist independent clinics and NHS services:
 - Clinic for Dissociative Studies (CDS)
 - CTAD Clinic / Cheshire Psychology
 - The Pottergate Centre
 - South London and Maudsley (SLaM) Trauma and Dissociation Service (TDS)
 - Other external/independent providers (grouped total)

Further Data:

10. Total combined number of IFR/Prior Approval requests received across ALL medical and mental health conditions.
11. Total combined number of IFR/Prior Approval requests approved across ALL medical and mental health conditions.

[For Questions 5-11, please refer to the attached spreadsheet, which has been completed in line with your request.](#)

Exemption Applied

Section 40(2) – Personal Information

The information requested at Questions 5-9 is held by the ICB. However, it has not been disclosed under Section 40(2) of the Freedom of Information Act 2000.

This exemption applies where disclosure would contravene any of the data protection principles set out in the Data Protection Act 2018. In this case, the numbers involved are very low (five or fewer). Disclosure of this information, particularly when combined with other data, could lead to the identification of individuals.

Disclosure would therefore be likely to constitute a breach of the first data protection principle (lawfulness, fairness and transparency), and the information is exempt from disclosure.

Section 40(2) is an absolute exemption and is not subject to the public interest test.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Director of Corporate Governance and Assurance via lucy.branson@nhs.net or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham NG5 6DA.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office (ICO), who will consider whether the organisation has complied with its obligations under the Act and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire ICB. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/for-the-public/>.

Complaints to the Information Commissioner's Office should be sent to:

FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113 or report a concern via <https://ico.org.uk/concerns/>.

Yours sincerely

Freedom of Information (FOI) Officer on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board nnicb-nn.foi@nhs.net

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the license conditions must be met. You must not re-use any previously unreleased information without having the consent of NHS Nottingham and Nottinghamshire Integrated Care Board. Should you wish to re-use previously unreleased information then you must make your request in writing (email will suffice) to the FOI Lead via nnicb-nn.foi@nhs.net. All requests for re-use will be responded to within 20 working days of receipt.