

Our Ref: NG/RM/26103
Date: 28th April 2026

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Deputy Director of Governance
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ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 6th April 2026. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

I am writing to request the following information under the Freedom of Information Act 2000

1. Does your Trust have any specific clinical care pathways, protocols, or service guidance specifically for the treatment or management of patients with:
 - a) Dissociative disorders (including DID, OSDD, DPDR etc..)?
 - b) Complex post-traumatic presentations involving dissociation?

The Trust currently does not have any clinical care pathways, protocols, or service guidance specifically for dissociative disorders. The Trust has a pathway for complex PTSD and some flexibility for clients where there is dissociative aspects to the presentation. See pink boxes in the attached Pathway Allocation.

2. If yes, please provide copies of any relevant documentation or pathway flowcharts.
N/A
3. Which clinical teams or services (e.g. CMHTs, trauma services, personality disorder services, psychology/ psychotherapy teams) typically provide care for patients with dissociative disorders and dissociative presentations?

Routinely the Community Mental Health Team (CMHT) would. Occasionally, if the formulation suggests that access to an intervention such as full program SCM or MBT would be beneficial, a referral into the Trust's specialist personality disorder team, Community Assessment Stabilisation and Treatment Team (CASTT) can be made.

4. Does your Trust offer or commission any specialist assessment or treatment (e.g. SCID-D diagnostic assessment, dissociative-specific psychotherapy) specifically for dissociative disorders?

The Trust has a small number of clinicians in the CMHT with an interest in DID who can offer assessment using the SDID-D under supervision, although we have not formally been trained in this. The team had some external case supervision for a period by someone with a specialist interest in DID, although this is not currently in place.

We have not tended to externally commission assessments, although one case was recently taken to the ICB for external funding- the client withdrew before this was approved.

5. Are patients with dissociative disorders referred to external providers (e.g. Centre for Dissociative Studies, Pottergate Centre, or other independent services)? If so, under what circumstances? **No**
6. Has your Trust delivered any training or guidance for clinicians on dissociative disorders in the past five years? **No**
7. If possible, please provide the number and overall percentage of current patients under your care who have a diagnosis of a dissociative disorder. This may include conditions coded under ICD-10 (e.g. F44.8), ICD-11 (e.g. 6B64) or equivalent SNOMED CT terms. (If your Trust uses other diagnostic classification systems such as DSM or uses a non-diagnostic, formulation-based system, please indicate where applicable.).

Diagnostic coding is not yet fully implemented across all Trust services. ICD 10 diagnosis codes are routinely recorded only following a patient's discharge from inpatient services. SNOMED diagnosis codes for community services are not consistently captured.

As a result, any data provided on the number or percentage of current patients with a diagnosis of a dissociative disorder would be incomplete and potentially misleading. The Trust acknowledges this limitation and is actively working towards improving the consistency and coverage of diagnostic coding across services.

By "patients under your care," I am referring to all current patients who are actively open to the Trust's services, whether as inpatients or in community-based care (e.g. CMHTs, therapy services, outpatient teams, CAMHS, forensic services, perinatal, assertive outreach etc). This includes any patients with an active referral who have had at least one contact with a clinical team.

If your Trust does not have a specific clinical pathway for dissociative disorders, please specify and continue to answer the rest of the questions.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted

within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

