

FOI.17985 - Attachment 1

As stated in our response letter, the UHB is unable to provide all of the information or the information exactly as requested and a Section 12 exemption has been applied. However, under Section 16, the UHB provides the accessible information it holds in relation to your request.

1a. For each hospital site or service, please provide the number of patients seen for each of the following conditions:

- PSNP
- CRNP (please split into surgically induced and chemotherapy-induced)
- PDPN

Please also break this down by hospital department.

The UHB provides the total number of new and return outpatients with a clinical condition of Neuropathic Pain, recorded on the Welsh Patient Administration System (WPAS), by hospital, during the period 1 August 2024 to 31 July 2025.

Hospital	Number
Glangwili General Hospital (GGH)	8
Prince Philip Hospital (PPH)	59
Withybush General Hospital (WGH)	9

1b. For each hospital site or service, please indicate Yes or No as to whether the following treatment modalities are available for PNP. Where stated yes please provide patient numbers for the latest 12-month period.

- Gabapentin prescriptions
- Botulinum toxin (Botox) injections
- TENS (Transcutaneous Electrical Nerve Stimulation)
- Acupuncture (including PENS – Percutaneous Electrical Nerve Stimulation)
- Theatre-based nerve stimulation procedures (e.g., spinal cord stimulators or other implanted/surgical neuromodulation devices)

The UHB does not provide Transcutaneous Electrical Nerve Stimulation (TENS), Acupuncture or Theatre-based nerve stimulation.

The UHB does prescribe Gabapentin and Botulinum toxin (Botox) injections. However, the UHB is unable to provide the patient numbers as its Pharmacy systems cannot identify the indication or the prescribing reason.

2a. Does your Trust or provider offer specific or dedicated services for PSNP, CRNP, and/or PDPN?

If yes, please list each relevant service or site (e.g., pain clinic, neurology clinic, diabetic foot clinic, community pain service) along with their addresses.

The UHB confirms that it does not provide dedicated services for Post-Surgical Neuropathic Pain (PSNP), Cancer-Related Neuropathic Pain (CRNP) or Painful Diabetic Peripheral Neuropathy (PDPN).

However, PSNP patients are referred to a Pain specialist by their respective surgeons, CRNP patients are referred following a Multidisciplinary Team (MDT) meeting and input is requested from the Pain specialist and PDPN patients are initially treated by a Diabetic specialist and then where required, referred to the Pain specialist. All of these referrals are paper based.

2b. For each listed site or service, please indicate:

- The types of healthcare professionals routinely involved (e.g., pain specialists, neurologists, specialist nurses, physiotherapists, psychologists)
- The number of staff per role (headcount or FTE if available)

The UHB does not have specific job roles for Pain management; there are many roles that provide care and treatment for Neuropathic Pain including Pain consultants, Pain Pharmacist and Chronic Pain Nurse Specialists.

Based on the information held in the Electronic Staff Record (ESR) system, the UHB provides within the table below, the Full Time Equivalent (FTE) of the job roles and work areas that contain the word 'Pain'. However, not all of these work directly with Neuropathic Pain.

Staff group	Position Title	FTE
Add Prof Scientific and Technic	Assistant Psychologist	1.00
	Clinical Psychologist	1.00
	Highly Specialist Clinical Psychologist	1.00
Additional Clinical Services	Assistant Psychologist	1.00
	Health Care Support Worker	0.21
Administrative and Clerical	Admin Officer	0.21
	Consultants Asst	1.00
	Medical Secretary	0.60
	Pain Services Clinical Secretary	1.00
	Pain Services Coordinator	1.00
Allied Health Professionals	Physiotherapist Advanced Practitioner	0.75
	Specialist Physiotherapist	0.85
Medical and Dental	Associate Specialist	0.32
Nursing and Midwifery Registered	Clinical Lead Nurse for Acute Pain	0.80
	Endometriosis and Pelvic Pain Clinical Nurse Specialist	1.00
	Senior Clinical Nurse Specialist Pain Therapy	1.95
	Senior Staff Nurse Pain Services	0.60
	Specialist Chronic Pain Nurse	2.53

3a. Are there established care pathways, referral criteria, or service specifications for PSNP, CRNP, and/or PDPN?

If yes, please supply relevant documents or summaries.

If not, please clarify whether these conditions fall under broader chronic pain, MSK, diabetes, or oncology pathways.

The UHB does not hold this information. Please see response to question 2a.

However, the UHB provides a copy of its Chronic Pain Service Referral Information guidance, at Attachment 2.

4a. Has the Trust developed or contributed to any strategic plans, business cases, or service specifications for PSNP, CRNP, or PDPN?

If so, please provide relevant documents, including any timelines and associated funding information

The UHB does not hold this information. Please see response to question 2a.

4b. Are there any specific clinical guidelines, care pathways, or treatment protocols in use?

The UHB provides a copy of its Neuropathic Pain Guideline, at Attachment 3.

The UHB also adheres to the National Institute for Health and Care Excellence (NICE) 'Neuropathic pain in adults: pharmacological management in non-specialist settings' guidance. A link to the NICE guidance has been provided below:

[Overview | Neuropathic pain in adults: pharmacological management in non-specialist settings | Guidance | NICE](#)

5a. What was the total expenditure on neuropathic pain services in the most recent full financial year?

If no specific figure is available, please provide overall pain management funding and any known distribution (e.g., primary/community vs secondary care). Please indicate the type of funding, e.g. tariff or block contract

The UHB does not hold a specific budget for Neuropathic pain, it is included within the overall Pain Management department funding.

Therefore, the UHB confirms that the base allocation funding was £1.006 million with an overall spend of £1.041 million, during the 2024/25 financial year.

6a. Are there any recent, ongoing, or planned changes to:

- Commissioning arrangement
- Referral pathways
- Service structure
- Clinical treatment options for PSNP, CRNP, or PDPN?

The UHB provides the information for the Chronic Pain Service within the table below:

Commissioning arrangement	No
Referral pathways	Yes - from January 2025
Service structure	No
Clinical treatment options for PSNP, CRNP, or PDPN?	No