

Reference:	FOI.21073.26
Subject:	Dermatology
Date of Request:	17 July 2026

Requested:

1. In the last 6 months (November 2025 to April 2026), how many adult patients were treated by the dermatology department, excluding patients referred for cancer/suspected cancer?
2. Do you run a specific clinic for patients with atopic dermatitis?
3. In the last 6 months (November 2025 to April 2026), how many adult patients with atopic dermatitis were treated by the dermatology department?
4. In the last 6 months (November 2025 to April 2026), how many adult patients with atopic dermatitis were treated with the following products:
 - Immunosuppressants (Azathioprine, Ciclosporin, Methotrexate, Mycophenolate mofetil, Pimecrolimus, or Tacrolimus)
 - Abrocitinib
 - Baricitinib
 - Dupilumab
 - Lebrikizumab
 - Tralokinumab
 - Upadacitinib
 - Nemolizumab
 - Delgocitinib
5. In the last 6 months (November 2025 to April 2026), how many adult patients with atopic dermatitis were started on the following products:
 - Immunosuppressants (Azathioprine, Ciclosporin, Methotrexate, Mycophenolate mofetil, Pimecrolimus, or Tacrolimus)
 - Abrocitinib
 - Baricitinib
 - Dupilumab
 - Lebrikizumab
 - Tralokinumab
 - Upadacitinib
 - Nemolizumab
 - Delgocitinib

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested for question 3, as it is estimated that the cost of answering your request would exceed the "appropriate limit" as stated in the Freedom of Information Act 2000 (Appropriate Limit and Fees) Regulations 2004. The "appropriate limit" represents the estimated cost of one person spending 18 hours (or 2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

In order to provide you with all the information requested, the UHB would need to undertake a manual search of all Dermatology patient records, during the time period requested, to identify any information that would fulfil this part of your request, as it is not recorded centrally.

The UHB's Dermatology Service treated seven thousand, six hundred and forty-eight (7,648) adult patients, during the period 1 November 2025 to 30 April 2026. It is estimated that a manual search of these records would exceed the 18 hours stipulated within the Freedom of Information Act 2000 (FoIA). Based on the number of records identified, conducting a search, taking a minimum of five (5) minutes per record, would exceed the 'appropriate limit', costing the UHB the following:

7,648 @ 5 minutes per record = 637 hours 20 minutes
637 hours 20 minutes @ £25 per hour = £15,933.33

The UHB is therefore applying an exemption under Section 12 of the FoIA, which provides an exemption from a public authority's obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority, to provide advice and assistance so far as it is reasonable to individuals who have made a request under the FoIA, this can include assisting a requestor to further refine their request.

The UHB suggests that you may refine your request by reducing the timeframe requested to a one (1) month period e.g. April 2026. However, the UHB would still be required to undertake a manual trawl of all adult Dermatology patient records for the refined period, to identify the information required to fulfil your request. Therefore, the outcome would be dependent on the number of records identified within a shorter time period.

Additionally, where the figures in the tables have been replaced with an asterisk (*), the UHB is unable to provide you with the exact number of patients due to the low number of cases (less than 5), as there is a potential risk of identifying individuals if this was disclosed. The UHB is therefore withholding this detail under Section 40(2) of the FoIA.

This information is protected by the Data Protection Act 2018 (DPA)/UK General Data Protection Regulations (UK GDPR) as its disclosure would constitute unfair and unlawful processing and would be contrary to the principles and articles of the UK GDPR. This exemption is absolute and therefore, there is no requirement to apply the public interest test.

In reaching this decision, the DPA and UK GDPR define personal data as data that relates to a living individual who can be identified solely from that data or from that data and other information, which is in the possession of the data controller.

1. The UHB confirms that seven thousand, six hundred and forty-eight (7,648) adult patients were treated as an outpatient by the Dermatology service, excluding patients referred for cancer/suspected cancer, during the period 1 November 2025 to 30 April 2026.
2. The UHB does not run specific clinics for patients with Atopic Dermatitis (AD). However, depending on the treatment plan, AD patients are either seen in the Dermatology or Biologics clinics.

3. An exemption under Section 12 of the FoIA has been applied. However, under Section 16, the UHB can confirm that twenty-seven (27) inpatients have been treated for AD, and one hundred and ninety-seven (197) patients were issued medications for the treatment of AD, during the period 1 November 2025 to 1 April 2026.
4. The UHB provides within the table below the number of adult AD patients, treated with the listed medications, during the period 1 November 2025 to 30 April 2026.

Treatment	Number
Immunosuppressants (Azathioprine, Ciclosporin, Methotrexate, Mycophenolate mofetil, Pimecrolimus, or Tacrolimus)	22
Abrocitinib	*
Baricitinib	0
Dupilumab	151
Lebrikizumab	*
Tralokinumab	7
Upadacitinib	9
Nemolizumab	*
Delgocitinib	0

5. The UHB provides within the table overleaf, the number of adult AD patients that started treatment with the listed medications, during the period 1 November 2025 to 30 April 2026.

Treatment	Number
Immunosuppressants (Azathioprine, Ciclosporin, Methotrexate, Mycophenolate mofetil, Pimecrolimus, or Tacrolimus)	7
Abrocitinib	0
Baricitinib	0
Dupilumab	8
Lebrikizumab	*
Tralokinumab	0
Upadacitinib	0
Nemolizumab	*
Delgocitinib	0