

Reference:	FOI.17985.25
Subject:	Peripheral Neuropathic Pain (PNP)
Date of Request:	1 August 2025

Requested:

Under the Freedom of Information Act 2000, I am requesting aggregate information regarding services provided or commissioned by your Trust in relation to Peripheral Neuropathic Pain (PNP), with a specific focus on:

- Post-surgical neuropathic pain (PSNP)
- Cancer-related neuropathic pain (CRNP)
- Painful diabetic peripheral neuropathy (PDPN)

Please break down the information by individual service, clinic, and by hospital site.

1. Patient Numbers & Treatment Modalities (Last 12 Months)

- a. 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.

Treatment Modalities

- b. 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)

If exact numbers are unavailable, proxy data is acceptable (e.g., the percentage of neuropathic pain patients receiving each treatment modality).

2. Service Provision

- a. 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.

- b. 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)

3. Referral Pathways & Service Specifications

- a. 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.

4. Clinical Guidelines, Protocols, Strategic Plans

- a. 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
- b. Are there any specific clinical guidelines, care pathways, or treatment protocols in use? For example:
- NICE CG173
 - NEUPSIG
 - Local pathways for diabetes- or oncology-related neuropathy
- If yes, please provide copies or summaries of key components.

5. Funding & Budgets

- a. 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

6. Planned or Recent Service Changes

- a. Are there any recent, ongoing, or planned changes to:
- Commissioning arrangement
 - Referral pathways
 - Service structure
 - Clinical treatment options for PSNP, CRNP, or PDPN?
- If yes, please provide details, including the relevant sites, timelines, and the rationale for these changes.

Data Format and Guidance

Please provide all data in a machine-readable format (e.g., Excel or CSV).

Response:

Hywel Dda University Health Board (UHB) does not have a specific team dedicated to PNP. Patients experiencing PNP could be seen by many different departments across the UHB including but not limited to Anesthetics, Diabetic Medicine, Endocrinology, Lymphoedema, Neurology, Oncology, Podiatry, Primary Care, and Vascular.

Therefore, the UHB is unable to provide you with all of the information exactly as requested, 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 2½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

To provide you with all of the data requested the UHB would need to contact several teams across the UHB and request a manual trawl of patient records to be undertaken across many IT systems, as this information is not recorded centrally.

The UHB can confirm that it has seventy-six (76) patients with a clinical condition of PNP recorded, a manual search of these records would exceed the 18 hours stipulated within the Freedom of Information Act 2000 (FoIA). Based on the minimum number of records identified for the twelve (12) month period requested, without additional searches to answer your request in full, conducting a search would exceed the 'appropriate limit', costing the UHB the following:

76 @ 15 minutes per item = 19 hours
19 hours @ £25 per hour = £475.00

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act 2000 (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.

Unfortunately, the UHB is unable to provide advice on how you can refine your request further. This is due to the UHB still requiring a manual trawl of patient records to be undertaken to identify any information requested. However, the UHB has approached the main teams involved in the treatment of PNP and provides the accessible information held by its Informatics, Pharmacy and Chronic Pain teams within the attached spreadsheet, as requested, at Attachment 1.