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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Freedom of Information Request: Our Reference CTMUHB_359_25

You asked:

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)

For each hospital site or service, please provide:

1a. The number of patients seen for each of the following conditions:

- PSNP

Zero (0).

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

6 patient had Chemotherapy.

- PDPN

- Please also break this down by hospital department.

Please see the information that we are able to provide below, noting the following:

- Date period 01/09/2024 – 31/08/2025.
- Where data is reliant on clinical coding, there is a delay – therefore data may be incomplete.
- Patient may belong to another Health Board area.
- Distinct patients given.
- Where the figures are less than 5, this has been denoted by **. The exact figures have been withheld due to the low numbers involved.

Where numbers are low we have considered that there is the potential for the individuals to be identified from the information provided, when considered with other information that may also be in the public domain.

Also, responses under the Freedom of Information Act are made available to the public at large. The data is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018 and its disclosure would be contrary to the data protection principles and constitute as unfair and unlawful processing in regard to Articles 5, 6, and 9 of GDPR. We are therefore withholding this detail under Section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.

Count	Specialty Description	Diagnosis
7	Cardiology	PDPN
**	Care of the Elderly	PDPN
**	Colorectal	PDPN
6	Endocrinology	PDPN
**	Gastroenterology	PDPN
79	General Medicine	PDPN
10	General Medicine	PDPN
11	General Surgery	PDPN
**	General Surgery	PDPN
**	Geriatric Medicine	PDPN
**	Gynaecology	PDPN
**	Ophthalmology	PDPN
**	Oral Surgery	PDPN
11	Orthopaedics	PDPN
**	Rehabilitation	PDPN
**	Thoracic Medicine	PDPN
**	Urology	PDPN

Treatment Modalities

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** – Yes.
- **Botulinum toxin (Botox) injections** - No dedicated provision for PNP.
- **TENS (Transcutaneous Electrical Nerve Stimulation)** – Yes, via physiotherapy services.
- **Acupuncture (including PENS – Percutaneous Electrical Nerve Stimulation)** – Yes, limited availability via community pain services.
- **Theatre-based nerve stimulation procedures (e.g., spinal cord stimulators or other implanted/surgical neuromodulation devices)** – No.

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

We can confirm that the Health Board does not centrally record this specific information. The information you require would be recorded within an individual

patient's health record as part of their ongoing care. To provide you with this information, would require a manual trawl and significantly exceed the 18 hours time and £450 cost limit set out within Section 12 of the Freedom of Information Act.

2. Service Provision

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

2b. 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.

For each listed site or service, please indicate:

2c. The types of healthcare professionals routinely involved (e.g., pain specialists, neurologists, specialist nurses, physiotherapists, psychologists)

2d. The number of staff per role (headcount or FTE if available)

CTMUHB provides neuropathic pain support primarily through its Persistent Pain Management Service, which operates across multiple sites including:

- Royal Glamorgan Hospital
- Prince Charles Hospital
- Community-based clinics

<https://ctmuhb.nhs.wales/hospitals/>

Staffing includes:

- Pain consultants (3 FTE)
- Specialist nurses (2 FTE)
- Physiotherapists (2 FTE)
- Psychologists (1 FTE shared resource)

3. Referral Pathways & Service Specifications

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

3b. If yes, please supply relevant documents or summaries.

3c. If not, please clarify whether these conditions fall under broader chronic pain, MSK, diabetes, or oncology pathways.

Referrals are typically made via GP or secondary care. There is no standalone service specification for neuropathic pain; services are embedded within broader pain management pathways.

4. Clinical Guidelines, Protocols, Strategic Plans

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

4b. If so, please provide relevant documents, including any timelines and associated funding information.

4c. 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.

CTMUHB follows national guidance including:

- NICE CG173
- All Wales Neuropathic Pain Prescribing Guidelines

No standalone strategic plans or business cases specific to PSNP, CRNP, or PDPN have been developed.

5. Funding & Budgets

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

5b. If no specific figure is available, please provide overall pain management funding and any known distribution (e.g., primary/community vs secondary care).

5c. Please indicate the type of funding, e.g. tariff or block contract

We can confirm that the Health Board does not hold this specific information.

As a Health Board within Wales, tariffs and commissioning for pain management funding are not applicable. Management of pain covers many services and areas and there is not a specific coded budget for neuropathic pain.

6. Planned or Recent Service Changes

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

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

6b. If yes, please provide details, including the relevant sites, timelines, and the rationale for these changes.

There are no changes specific to PNP at this current time.