

Date: 14th August 2025
Ref: CORP 25/26 - 105

Dear xxx

Freedom of Information request: Peripheral Neuropathic Pain (PNP) (CORP 25/26 – 105)

Thank you for your request for information which the Trust received on 1st August 2025.

Your Request:

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:

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

*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

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.

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Velindre University NHS Trust is happy to receive communication in Welsh or English.

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

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

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.

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

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

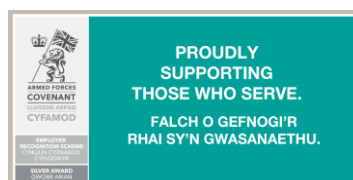
Are there any recent, ongoing, or planned changes to:

- Commissioning arrangements
- 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.

Please find the Trust's response below:

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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:

The number of patients seen for each of the following conditions:

- PSNP

Velindre is a regional non-surgical cancer center for oncology treatment. Patients with any post-surgical neuropathic pain would be referred to the relevant services in their local University Health Board for Chronic Pain / Interventional pain review.

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

The SACT (Systemic Anti Cancer Therapy) Teams do log on the patients record if they present with chemo related neuropathic pain and they manage that with the oncologists and palliative care advice/ input if appropriate. However, they do not currently record numbers of cases. We do not see many surgically induced neuropathic pains and therefore do not record numbers. Where it does occur, we manage with analgesia and referral to interventional pain teams in the patient's local health board for consideration.

- PDPN

We do not see many surgically induced neuropathic pains and therefore do not record numbers.

- Please also break this down by hospital department.

Treatment Modalities

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.

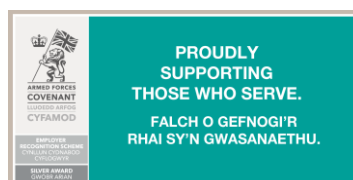
- Gabapentin prescriptions

We do prescribe gabapentin but do not record numbers.

- Botulinum toxin (Botox) injections

Not provided

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- **TENS (Transcutaneous Electrical Nerve Stimulation)**

We do have TENS machines and consider them for patients, but they are used occasionally not regularly.

- **Acupuncture (including PENS – Percutaneous Electrical Nerve Stimulation)**

Not provided

- **Theatre-based nerve stimulation procedures (e.g., spinal cord stimulators or other implanted/surgical neuromodulation devices)**

Not provided

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

2. Service Provision

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

No, this would be delivered by the patient's local Health Board.

- 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:

- 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

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

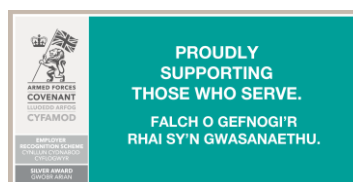
The hospital's Specialist Palliative Care Team can refer to the regional Interventional Pain Team and also join the Interventional Pain Team to present cases.

- 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.

These conditions would fall under broader chronic pain, MSK, diabetes and oncology pathways.

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4. Clinical Guidelines, Protocols, Strategic Plans

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

These would be the remit of the local Health Boards; we do respond to any requests for engagement or consultation on documents and pathways.

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

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.

Patients would be referred to relevant teams and appropriate pathways within their local area and local Health Board.

5. Funding & Budgets

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

Not applicable, the Cancer Centre is funded for the provision of specialist palliative care which is outside the remit of these questions

- 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

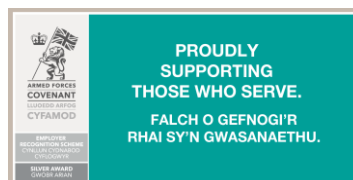
Are there any recent, ongoing, or planned changes to:

- Commissioning arrangements
- 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.

These services are provided by the patients local University Health Board not by Velindre University NHS Trust.

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I trust this answers your request for information, however, should you not be satisfied with the information supplied or the process of supplying it, you have a right to complain and request a review. Please note that you must submit a request for a review within 40 days of the date of this letter.

You should forward your complaint to:

Mr Ian Bevan via FOI.VUNHST@wales.nhs.uk
Head of Information Governance
Velindre University NHS Trust
2, Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Should you wish to take your complaint further, if you are still unhappy with the decision after review, you can contact the:

Information Commissioner's Office - Wales
2nd Floor,
Churchill House,
Churchill Way,
Cardiff, CF10 2HH
Telephone: 0330 414 6421
email: wales@ico.org.uk

Yours sincerely

Non Gwilym
Interim Director of Corporate Governance
Velindre University NHS Trust
2 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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