



31 October 2025

Our Ref: FOI 1327

Dear

**Freedom of Information Act 2000
Information in relation to Peripheral Neuropathic Pain**

I am writing to confirm that, following the Freedom of Information response issued to you on 29 August 2025, the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to the queries which you raised on 5 September 2025. Please accept my apologies for the delay in responding to your request. Thank you for your understanding and forbearance.

A response to each of the questions raised has been provided by the Medicine, Unscheduled Care and Cancer Services Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

Rebecca Manning
Information Governance Officer

Q1a. Thank you for reviewing my FOI request (FOI/1327). Can you please reopen and answer my questions? To accommodate your time constraints, I'm requesting less detail for question 1.

If you cannot answer this FOI request, can you please provide a full breakdown of how you have estimated the cost and time burden for processing this FOI request?

Thus, for question 1, can you please provide count of patients treated for peripheral neuropathic pain (PNP) in the most recently available 12-months, listed by each facility in your trust. Please identify the names of the hospitals/centres at which PNP is treated.

If possible, please separate this into Inpatient (IP) and Outpatient (OP) patient counts.

If possible, please further separate them into:

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

It is not necessary to split these by hospital department.

A1a. The chronic pain department sees, on average 5532 patients per year for both outpatient and day cases.
Patients attending the chronic pain department may have mixed pain pictures where PNP forms part of their complaint.
The diagnosis for the patients is not currently captured on the patient data system and therefore a manual review of all patient's 'last clinical letters' would need to be carried out to be able to try and establish if PNP, PDPN, CRNP were included in their diagnosis.

Q1b. Also for question 1, please indicate (Yes/No) whether your hospitals or pain centres treat PNP patients using:

- ***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)***

A1b. Please see Table 1 for treatment information, as requested above, within the Trusts Chronic Pain Department (CPD).

Table 1

Treatment	Yes/No
Botulinum toxin (Botox) injections	For Chronic Pain yes, on occasion if clinically warranted
TENS (Transcutaneous Electrical Nerve Stimulation)	No
Acupuncture (including PENS – Percutaneous Electrical Nerve Stimulation)	No
Theatre-based nerve stimulation procedures (e.g., spinal cord stimulators or other implanted/surgical neuromodulation devices)	No

Q1c. 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)**

A1c. Please see Table 2 for the requested information in regards to the above listed treatment modalities.

Table 2

Treatment	Yes/No
Gabapentin prescriptions	No
Botulinum toxin (Botox) injections	This is not routinely used but may be trialled if other modalities have failed
TENS (Transcutaneous Electrical Nerve Stimulation)	No
Acupuncture (including PENS – Percutaneous Electrical Nerve Stimulation)	No
Theatre-based nerve stimulation procedures (e.g., spinal cord stimulators or other implanted/surgical neuromodulation devices)	No

Q2. 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.**

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)**

A2. Yes, the Trust has a Chronic Pain Department based at the Ulster Hospital, although this is not a dedicated service the Trust does see the referrals as part of a chronic pain referral.

Please see Table 3 for the healthcare professionals involved.

Table 3

Healthcare Professional	WTE*
Consultants	4
Speciality, Associate Specialist and Specialist (SAS) Doctor	1
Physiotherapist	1
Psychology	0.5
Band 6 Nurse	2
Band 5 Nurse	2.8

*Whole Time Equivalent

Q3a. Referral Pathways & Service Specifications.

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

A3a. No, there are no established care pathways, referral criteria or service specification for PSNP, CRNP and/or PDPN.

Q3b. 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 fall under broader chronic pain within the pain dept.

A3b. These conditions fall under broader chronic pain within the pain department.

Q4. 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.**

A4. The Trusts Chronic Pain Department aims to use the NICE CG173 guidelines to inform treatment options.

Q5. 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**

A5. The total expenditure on neuropathic pain service for the financial year 2024/2025 was £400,384.00.

Q6. 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.

A6. No, there are no recent, ongoing or planned changes to any of the above listed within the Trust Chronic Pain Department.