

17 September 2025

Treatment of Neuropathic Pain

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.

We do not hold a number of patients who have these conditions centrally. To get this information, we would need to complete a manual trawl of patient records which would take over 18 hours to complete, this would be exempt under section 12 of the Freedom of Information (FOI) Act.

Treatment Modalities

For each hospital site or service, please indicate Yes or No as to whether the following treatment modalities are available for PNP (peripheral neuropathic pain). 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).

Gabapentin is available as a treatment for PNP, however we do not provide any of the other Treatment Modalities listed.

The pain service to not use any of the treatments listed above.

2. Service Provision

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

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- 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)

Neurology would see patients with neuropathy and neuropathic pain

However, they do not have a dedicated service for PSNP, CRNP and/or PDPN.

There is no dedicated pain service in BHSCT in relation to the above conditions

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.

There are no pathways specific to these conditions. Patients would be referred to the chronic pain service and triaged

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.

No

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).

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

The total funding for the chronic pain service in 24/25 was £1.7m

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.

The BHSCT Neurology Department would see patients with neuropathy and neuropathic pain, and prescribe gabapentin. However, we would not hold a record of this centrally and would be unable to provide this as it would require a manual trawl through patient records which would exceed 18 hours.

Gabapentin is available as a treatment for PNP, however we do not provide any of the other Treatment Modalities listed.

Regarding the data on the prescription information of gabapentin, this should be directed to Pharmacy as it needs to come from primary care as it is not hospital supplied.

Belfast Trust does not have a dedicated PSNP, CRNP or PNP service.