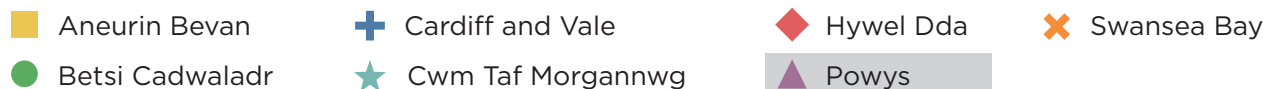


Powys

KEY



This logo is displayed alongside sections of the report where further data is available on the Server for Prescribing Information Reporting and Analysis (SPIRA). Find out more at awttc.org/spira

Primary care

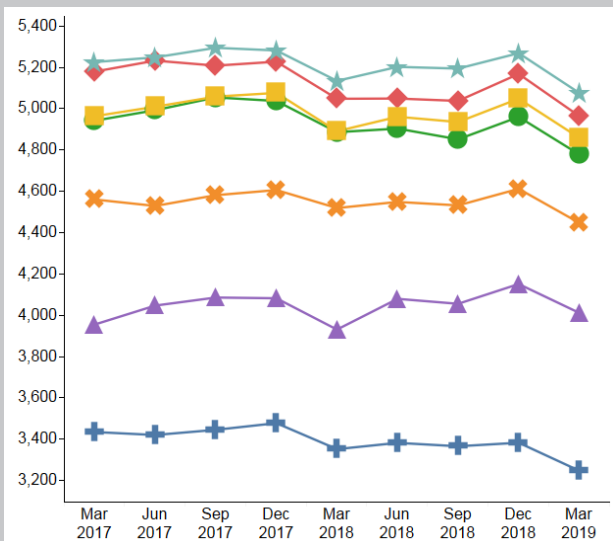
Opioid burden

New National Prescribing Indicator for 2019-2020

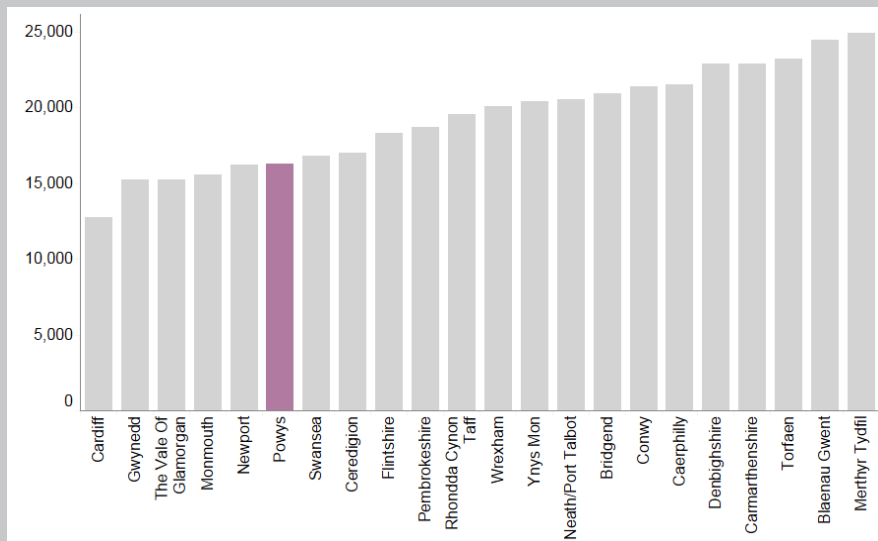


Opioids have well established side effects and repeated administration may cause tolerance and dependence. The aim of this measure is to encourage the appropriate use and review of opioids in primary care, minimising the potential for dependence, diversion, misuse and adverse drug reactions.

Opioid burden (ADQs per 1,000 patients) - quarterly trend up to March 2019



Opioid burden (ADQs per 1,000 patients) - Locality data - Financial year 2018-2019



When compared with the previous year, Powys's performance **DETERIORATED**

Opioid burden increased by **1.0%** in 2018-2019



Out of the 7 health boards, Powys is ranked:

% change from last year : **7th**

Current overall performance : **2nd**

GLOSSARY

ADQs – average daily quantity – a measure of prescribing volume based upon prescribing behaviour in England. It represents the assumed average maintenance dose per day for a medicine used for its main indication in adults. ADQ is not a recommended dose but an analytical unit to compare prescribing activity.

DDDs – defined daily dose – a unit of measurement developed by the World Health Organization whereby each medicine is assigned a value within its recognised dosage range. The value is the assumed average maintenance dose per day for a medicine when used for its main indication in adults. A medicine can have different DDDs depending on the route of administration.

STAR-PUs – specific therapeutic group age-sex related prescribing units – designed to measure prescribing weighted for age and sex of patients. There are differences in the age and sex of patients for whom medicines in specific therapeutic groups are usually prescribed. To make such comparisons, STAR-PU have been developed based on costs of prescribing or items within therapeutic groups.

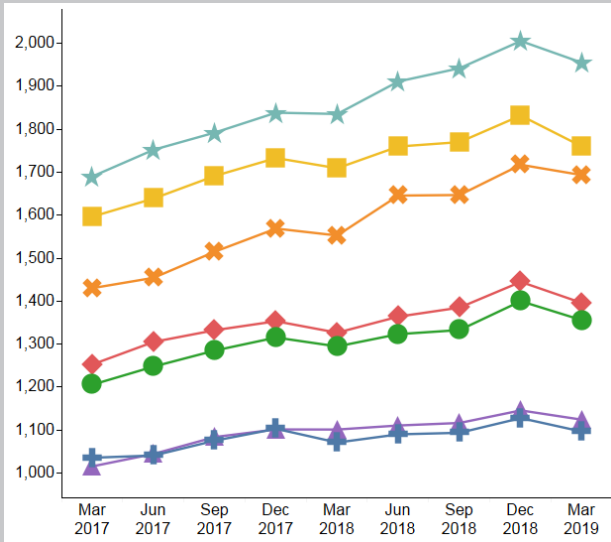
Primary care

Gabapentin and pregabalin

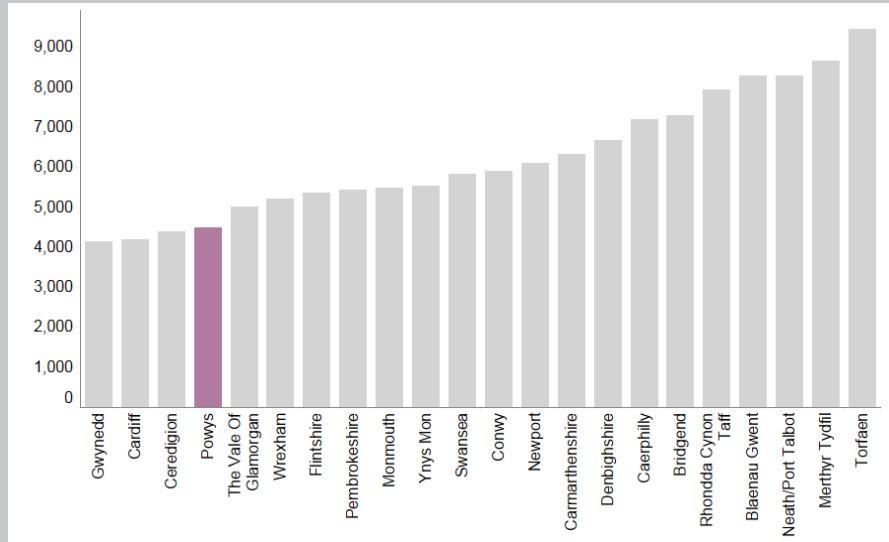


Both gabapentin and pregabalin have the propensity to cause depression of the central nervous system, and when used in combination with other depressants they can cause drowsiness, sedation, respiratory failure and death. The aim of this measure is to encourage the appropriate use and review of gabapentin and pregabalin in primary care, minimising the potential for dependence, diversion, misuse and adverse drug reactions.

Gabapentin and pregabalin (DDDs per 1,000 patients) - quarterly trend up to March 2019



Gabapentin and pregabalin (DDDs per 1,000 patients) - Locality data - Financial year 2018-2019



When compared with the previous year, Powys's performance **DETERIORATED**

Gabapentin and pregabalin prescribing increased by **3.9%** in 2018-2019



Out of the 7 health boards, Powys is ranked:

% change from last year : **2nd** Current overall performance : **2nd**

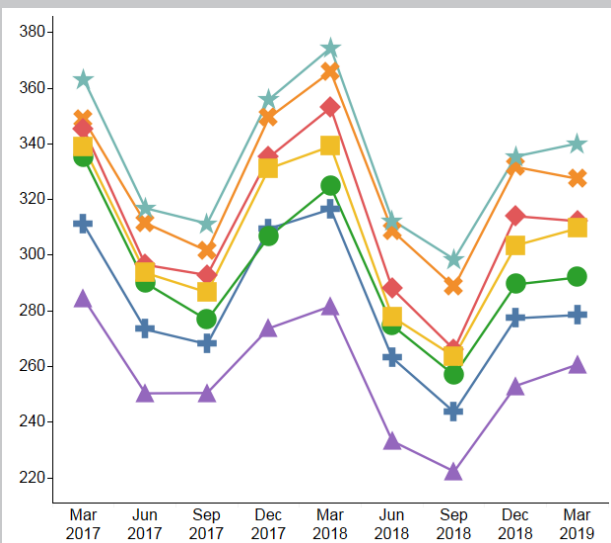
Primary care

Total antibiotic prescribing

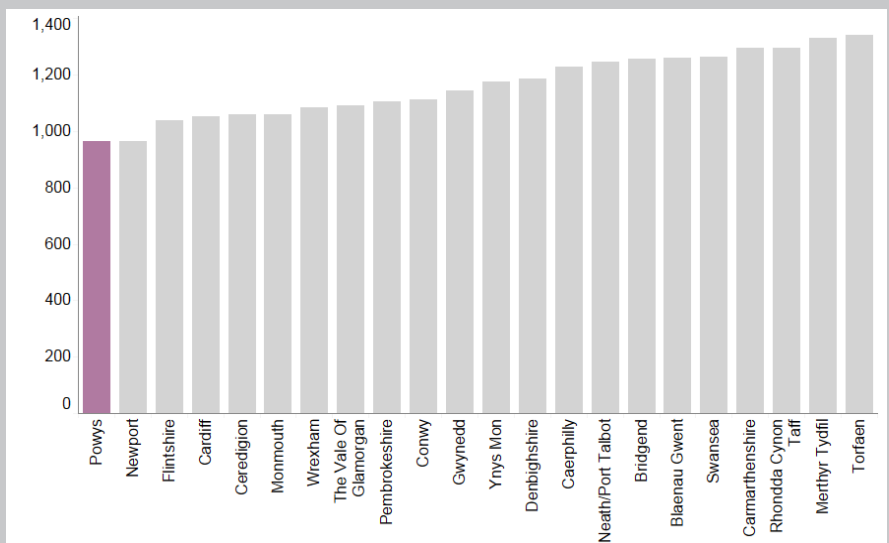


The widespread and often excessive use of antimicrobials is one of the main factors contributing to the increasing emergence of antimicrobial resistance. The aim of this measure is to encourage the appropriate prescribing of all antibiotics in primary care.

Total antibiotic prescribing (items per 1,000 STAR-PU) - quarterly trend up to March 2019



Total antibiotic prescribing (items per 1,000 STAR-PU) - Locality data - Financial year 2018-2019



When compared with the previous year, Powys's performance **IMPROVED**

Total antibiotic prescribing decreased by **8.2%** in 2018-2019



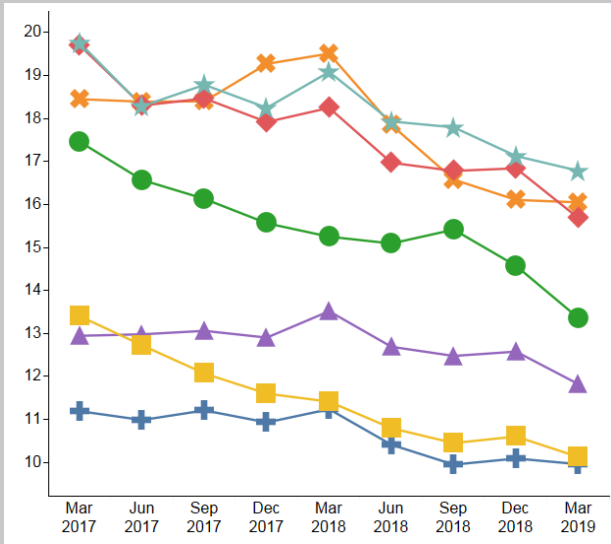
Out of the 7 health boards, Powys is ranked:

% change from last year : **2nd** Current overall performance : **1st**

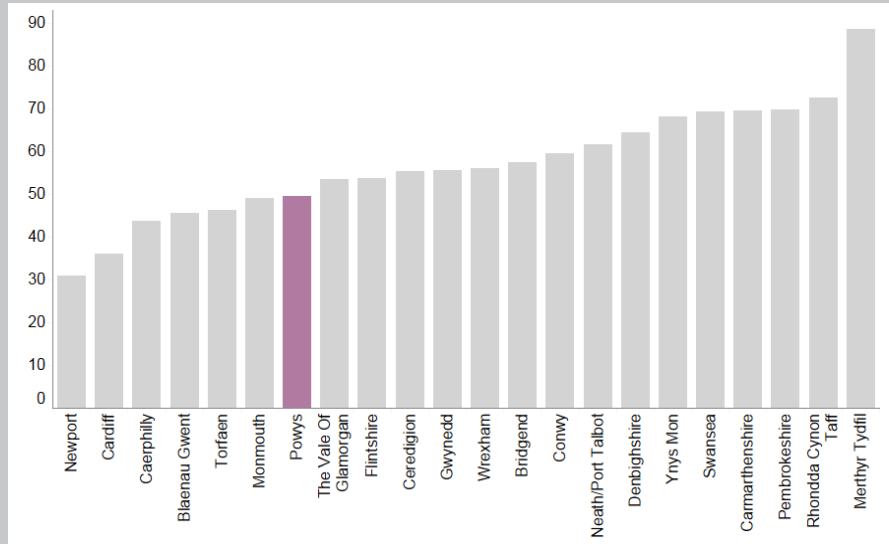


The use of the broad spectrum antibiotics known as 4C antimicrobials (co-amoxiclav, cephalosporins, clindamycin and fluoroquinolones) when narrow spectrum antibiotics remain effective increases the risk of healthcare associated infections (e.g. *Clostridioides difficile*, methicillin-resistant *Staphylococcus aureus* and resistant urinary tract infections). The aim of this measure is to reduce variation and overall prescribing of 4C antimicrobials in primary care.

4C antimicrobial prescribing (items per 1,000 patients) - quarterly trend up to March 2019



4C antimicrobial prescribing (items per 1,000 patients) - Locality data - Financial year 2018-2019



When compared with the previous year, Powys's performance **IMPROVED**

4C antimicrobial prescribing decreased by **5.6%** in 2018-2019



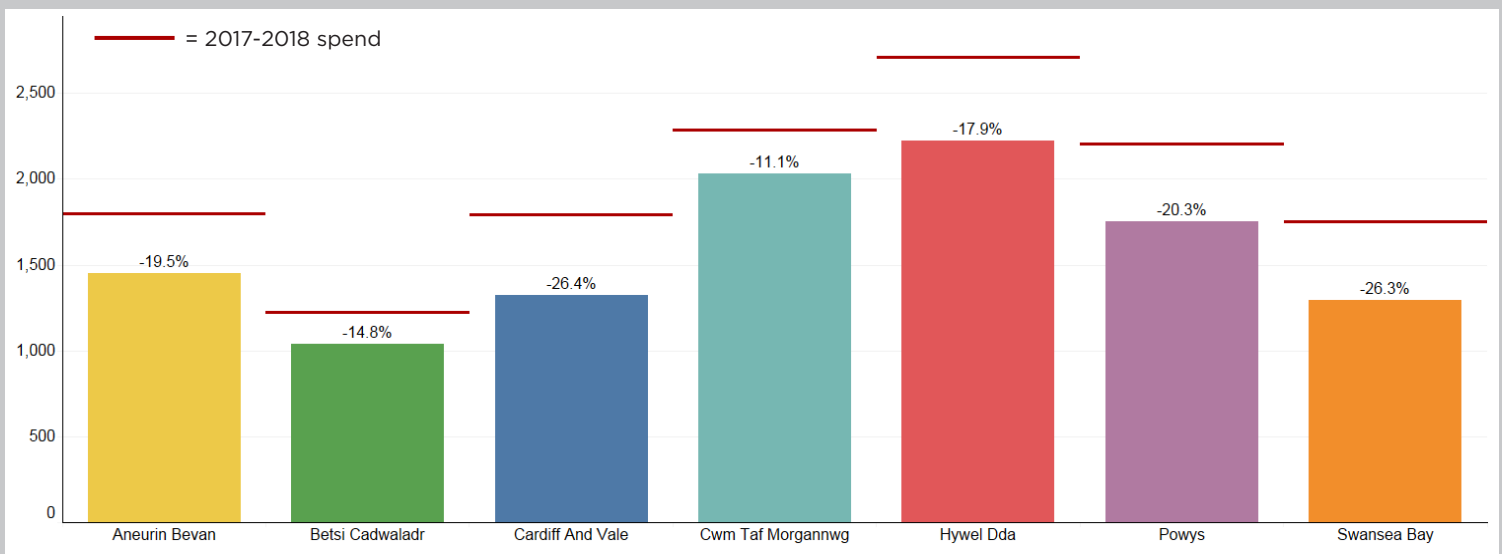
Out of the 7 health boards, Powys is ranked:

% change from last year : **7th** Current overall performance : **3rd**



A series of 'Low Priority for Funding' papers endorsed by the All Wales Medicines Strategy Group recommend decreased prescribing of a range of items considered as not suitable for routine prescribing; whether they are items of low clinical effectiveness or items where more cost-effective alternatives are available. The data below displays the money saved (per 1,000 patients) due to reduced spend on items listed within these papers.

Differences in spend (£ per 1,000 patients) between financial years 2017-2018 and 2018-2019



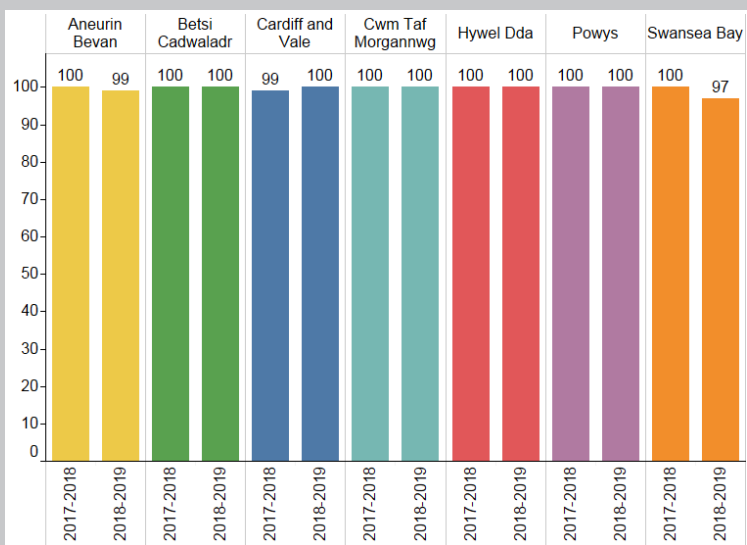
Powys achieved a saving of **20.3%** in 2018-2019

Out of the 7 health boards, Powys is ranked:

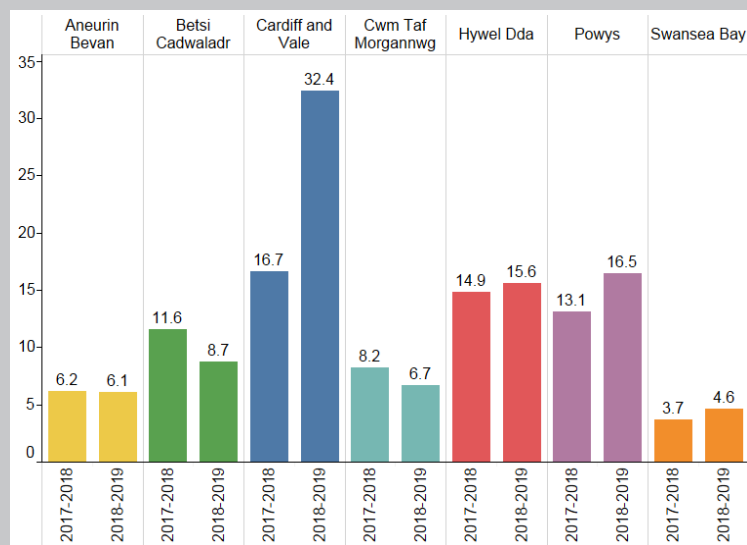
% reduction in spend in 2018-19 : **3rd** total spend per 1,000 patients : **5th**

The New Treatment Fund requires the seven health boards to make recommended medicines available as soon as is reasonably practicable and certainly within 60 days of AWMSG/NICE approval. The data below displays the proportion of medicines made available on formulary within 60 days and the average time (in days) until their inclusion, following AWMSG/NICE approval.

Percentage of medicines on formulary within 60 days



Average time (days) to inclusion of medicines on formulary



Out of the 7 health boards, Powys is ranked:

% of medicines on formulary within 60 days : **1st (joint)** in 2018-2019

Average time to inclusion of medicines on formulary : **6th** in 2018-2019

FIND OUT MORE...

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddygiaethau Cymru Gyfan

National Prescribing Indicators 2019-2020

February 2019

National Prescribing Indicators

National Prescribing indicators (NPIs) are developed annually to promote rational prescribing and reduction in variation, balancing both quality and cost. The indicators are evidence-based and are designed to be clear and applicable at practice level.

Opioid burden, gabapentin and pregabalin, total antibiotic prescribing and 4C antimicrobial items are all monitored as part of the NPIs for 2019-2020. The full list of NPIs comprise eleven measures, each of which has been included in one of three categories; safety, stewardship or efficiency.

Full details of the NPIs for 2019-2020 are available at **AWMSG.org**

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddygiaethau Cymru Gyfan

Medicines Identified as Low Priority for Funding in NHS Wales

October 2017

Low Priority for Funding

Read *Medicines Identified as Low Priority for Funding in NHS Wales* (Papers 1 and 2), for more information on the medicines included and the rationale for their inclusion.

Read Paper 1 at **AWMSG.org**

Read Paper 2 at **AWMSG.org**

AWTTC
Clinical Therapeutics & Toxicology Centre
Canolfan Theroleiddio a Toxicoleddio Cymru Gyfan

The New Treatment Fund
Medicines Recommended by NICE and AWMSG:
Health Board Formulary Status
Report 1 (January 2017 to 30 June 2018)

New Treatment Fund

Read the latest report compiled by AWTTC for more information on the New Treatment Fund and more detailed statistics on time elapsed until formulary inclusion following AWMSG/NICE approval for individual medicines.

Read the New Treatment Fund report at **AWMSG.org**