Enclosure No.	2/AWMSG/0626
Agenda item No.	7 – National Prescribing Indicators 2025–2026 – Analysis of Prescribing Data to December 2025
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1.0 Action for AWMSG

AWMSG members are requested to consider the National Prescribing Indicators 2025–2026 – Analysis of Prescribing Data to December 2025, which is provided here for information.

2.0 Purpose

The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing since 2003.

NPIs for 2025–2028 include indicators for primary and secondary care, with a focus on four priority areas:

- Analgesics in primary care
- Antimicrobial stewardship
- Respiratory (including decarbonisation of inhalers and short-acting beta-2 agonist inhalers)
- SGLT-2 inhibitors in patients with and without diabetes.

The priority areas are supported by additional safety and efficiency domains.

AWTTC

All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

National Prescribing Indicators 2025–2026

Analysis of Prescribing Data to December 2025

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Data presented within this report are also accessible via the Server for Prescribing Information Reporting and Analysis (SPIRA) at spira.uk/info.

AWTTC
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Executive summary

The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing since 2003. The *National Prescribing Indicators 2025–2028: Supporting Safe and Optimised Prescribing* focuses on four priority areas, supported by additional safety and efficiency domains.

Background information supporting the choice of NPIs is detailed in the document *National Prescribing Indicators 2025–2028*. The *National Prescribing Indicators 2025–2026 Specifications* document details thresholds and targets for 2025–2026. Both of these documents can be found on the National Prescribing Indicators 2025–2028 webpage.

This report contains data relating to the NPIs for the third quarter of 2025–2026. Units of measure and targets for each NPI are included in Appendix 1 and primary care NPI prescribing data for GP clusters are presented in Appendix 2.

Priority areas

For 2025–2026, there are four priority areas, covering a total of 14 indicators.

Analgesics in primary care

- Opioid burden (user-defined group [UDG] oral morphine equivalence [OME] [mg] per 1,000 patients) decreased by 3.46% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- High strength opioid prescribing (UDG OME [mg] per 1,000 patients) decreased by 11.6% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Tramadol (defined daily doses [DDDs] per 1,000 patients) reduced by 7.99% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Gabapentin and pregabalin (DDDs per 1,000 patients) demonstrated a reduction of 1.30% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- A good practice spotlight from Cwm Taf Morgannwg University Health Board (UHB) highlights work that has been done to review patients taking gabapentinoids, focusing on those also taking opioids or benzodiazepines.

Antimicrobial stewardship

- Total antibacterial DDDs and items per 1,000 specific therapeutic group age–sex related prescribing units (STAR-PUs) decreased across Wales by 15.2% and 13.7%, respectively, compared with the baseline of quarter ending December 2019, in line with the aim of the indicator.
- 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones, and clindamycin) DDDs and items per 1,000 patients decreased across Wales by 8.32% and 6.42%, respectively, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Amoxicillin 500 mg capsules prescribed for a 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations, increased by 14.3% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

- Doxycycline 100 mg capsules prescribed for 5-day duration, as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations, increased by 28.9% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Clarithromycin 500 mg tablets prescribed for 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations, increased by 34.1% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- A good practice spotlight from Powys Teaching Health Board (HB) highlights work that has been undertaken to support the switch from 7-day to 5-day duration for amoxicillin, doxycycline and clarithromycin.

Respiratory

- The proportion of dry powder inhaler (DPI) and soft mist inhaler (SMI) prescribing (as a percentage of all inhalers prescribed) increased by 9.41% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- The proportion of short acting beta-2 agonist (SABA) inhalers (as a percentage of all inhalers prescribed) decreased by 9.76% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Sodium-glucose co-transporter-2 (SGLT-2) inhibitors

- Data are currently unavailable while Digital Health and Care Wales (DHCW) undertakes development of the three new SGLT-2 inhibitor indicators. Information on overall prescribing is provided in Appendix 3: Prescribing of SGLT-2 inhibitors.
- A good practice spotlight from Aneurin Bevan UHB highlights their pharmacy-led Cardio-renal optimisation project. This focused on optimising SGLT-2 inhibitors in patients with type 2 diabetes mellitus (T2DM) and chronic kidney disease (CKD) or high cardiovascular risk.

Supporting domain – Safety

For 2025–2026, there are three areas in the supporting domain focused on safety covering a total of 27 indicators.

Prescribing Safety Indicators

- The aim of these 21 indicators is to identify patients at high risk of adverse drug reactions (ADRs) and medicines-related harm in primary care. There are no targets associated with these indicators.

Hypnotics and anxiolytics

- Prescribing of hypnotics and anxiolytics (UDG average daily quantities [ADQs] per 1,000 STAR-PUs) in primary care reduced by 7.58% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Yellow Cards

- GP practice reporting showed a 13% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.

- Secondary care reporting showed a 1% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Health board/NHS trust reporting showed a 7% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Reporting by members of the public showed a 27% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Community pharmacies across Wales submitted a total of 57 Yellow Card reports; however, targets have not been set for this group.

Supporting domain – Efficiency

For 2025–2026, there are two areas in the supporting domain focused on efficiency, covering a total of five indicators.

Best value biological medicines

- There was an increase in the overall use of adalimumab biosimilar compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- There was an increase in the overall use of ranibizumab biosimilar compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- There was an increase in the overall use of ustekinumab biosimilar compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Use of biosimilar medicines (adalimumab, etanercept, infliximab, ranibizumab, rituximab, trastuzumab and ustekinumab) as a percentage of total 'biosimilar' plus 'reference' product, increased from 94% to 96% for the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Low value for prescribing

- Overall spend on the low value for prescribing UDG (per 1,000 patients) decreased by 0.07% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Examples of good practice are included in the quarterly reports to promote and facilitate the sharing of knowledge to improve prescribing practice in Wales; current and past examples can be found on the Good practice spotlights page of the AWTTC website.

The 2025–2026 NPI report for quarter ending March 2026 will be available on 17th July 2026.

SPIRA

Find out more

Server for Prescribing Information Reporting and Analysis (SPIRA)

The SPIRA dashboard for the NPIs can be accessed by anyone on the NHS Wales network.

Contents

Health boards/practices achieving indicator targets/thresholds

- The first number in the table below shows the number of practices in each health board which met the indicator thresholds.
- The percentage figure and cell colour represent the proportion of practices in each health board meeting the indicator threshold.
- The target for total antibacterial DDDs per 1,000 STAR-PUs is by health board, therefore a tick demonstrates achievement.

Please refer to the National Prescribing Indicators 2025–2026 Specifications document for details of thresholds and targets for 2025–2026.

Health boards/practices achieving the indicator targets/thresholds – Quarter ending December 2025

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
Opioid burden Total OME Per 1,000 Patients	15 22%	27 28%	39 72%	7 16%	6 13%	2 13%	7 16%
Tramadol DDDs per 1,000 patients	21 31%	22 23%	31 57%	9 20%	12 26%	6 38%	12 27%
Gabapentin and pregabalin DDDs per 1,000 patients	20 30%	20 21%	29 54%	3 7%	11 23%	4 25%	11 25%
Antibacterial DDDs per 1,000 STAR-PUs	✓	✓	✓	✓	✓	✓	✓
4C antibacterial DDDs per 1,000 patients	17 25%	37 39%	18 33%	16 36%	8 17%	5 31%	22 50%
Course duration Amoxicillin	63 94%	80 83%	38 70%	38 86%	42 89%	14 88%	40 91%
Course duration Doxycycline	52 78%	52 54%	10 19%	29 66%	12 26%	8 50%	25 57%
Course duration Clarithromycin	23 34%	23 24%	3 6%	11 25%	8 17%	3 19%	7 16%

Percentage of practices meeting threshold: 

Health boards/practices achieving the indicator targets/thresholds – Quarter ending December 2025 (continued)

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
DPIs and SMIs as a percentage of all inhalers	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 2%
SABA as a percentage of all inhalers	27 40%	15 16%	26 48%	18 41%	34 72%	4 25%	9 20%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PUs	19 28%	25 26%	30 56%	8 18%	6 13%	7 44%	13 30%
Low Value for Prescribing (UDG) spend (£) per 1,000 patients	10 15%	27 28%	24 44%	6 14%	4 9%	5 31%	12 27%

Percentage of practices meeting threshold: 

1.0 Priority areas

1.1 Analgesics

There are three NPIs monitoring the usage of medicines for the treatment of pain for 2025–2028:

1. Opioid burden
2. Tramadol
3. Gabapentin and pregabalin

1.1.1 Opioid burden

Purpose: To encourage the appropriate use and review of opioids in primary care, minimising the potential for dependence, diversion, misuse and ADRs.

Units of measure:

- Opioid burden UDG OME (mg) per 1,000 patients.
- High strength opioid UDG OME (mg) per 1,000 patients.

Aim: To reduce prescribing.

There is a lack of consistent good quality evidence to support strong clinical recommendation for the long-term use of opioid analgesics for patients with chronic non-cancer pain. Opioid analgesics have well established side effects and repeated administration may cause tolerance and dependence. Despite the lack of evidence for use in chronic non-cancer pain, research in the UK has found an escalation of strong opioid prescribing in primary care, predominantly for non-cancer patients. This NPI promotes a prudent approach to prescribing opioid analgesics, taking into account the indication, risks and benefits, and encouraging timely review of patients prescribed opioids for chronic pain.

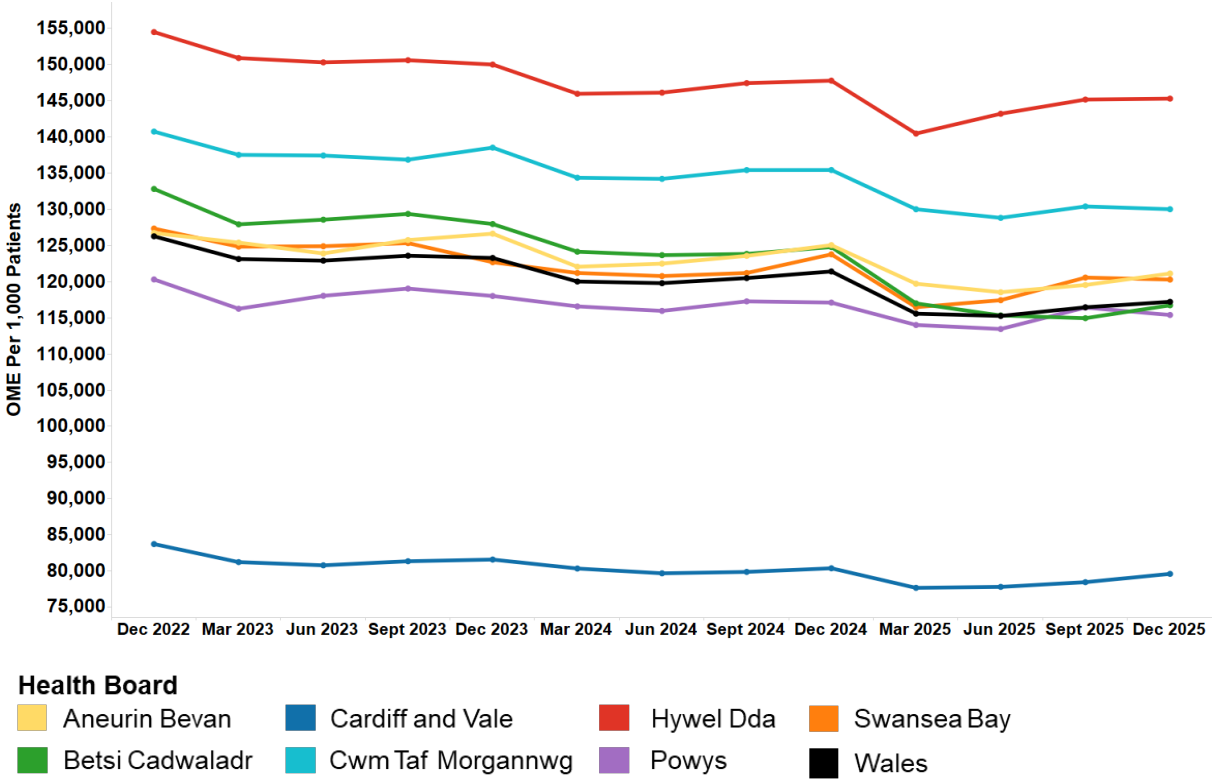
1.1.1.1 Opioid burden

- Across Wales, opioid burden reduced by 3.46% in the quarter ending December 2025 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending December 2025, opioid burden prescribing ranged from 79,606 mg to 145,281 mg OME per 1,000 patients across the health boards.
- The health board with the lowest opioid burden was Cardiff and Vale UHB, whilst the highest opioid burden was seen in Hywel Dda UHB.
- Opioid burden decreased, compared with the equivalent quarter of the previous year, in all health boards.
- Betsi Cadwaladr UHB demonstrated the largest percentage decrease, and Cardiff and Vale UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 1. Opioid burden UDG OME (mg) per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Betsi Cadwaladr	124,770	116,718	-6.45%
Cwm Taf Morgannwg	135,413	129,999	-4.00%
Aneurin Bevan	125,032	121,110	-3.14%
Swansea Bay	123,762	120,276	-2.82%
Hywel Dda	147,761	145,281	-1.68%
Powys	117,094	115,380	-1.46%
Cardiff and Vale	80,381	79,606	-0.96%
Wales	**121,399**	**117,203**	**-3.46%**

Figure 1. Trend in opioid burden UDG OME (mg) per 1,000 patients



1.1.1.2 High strength opioids

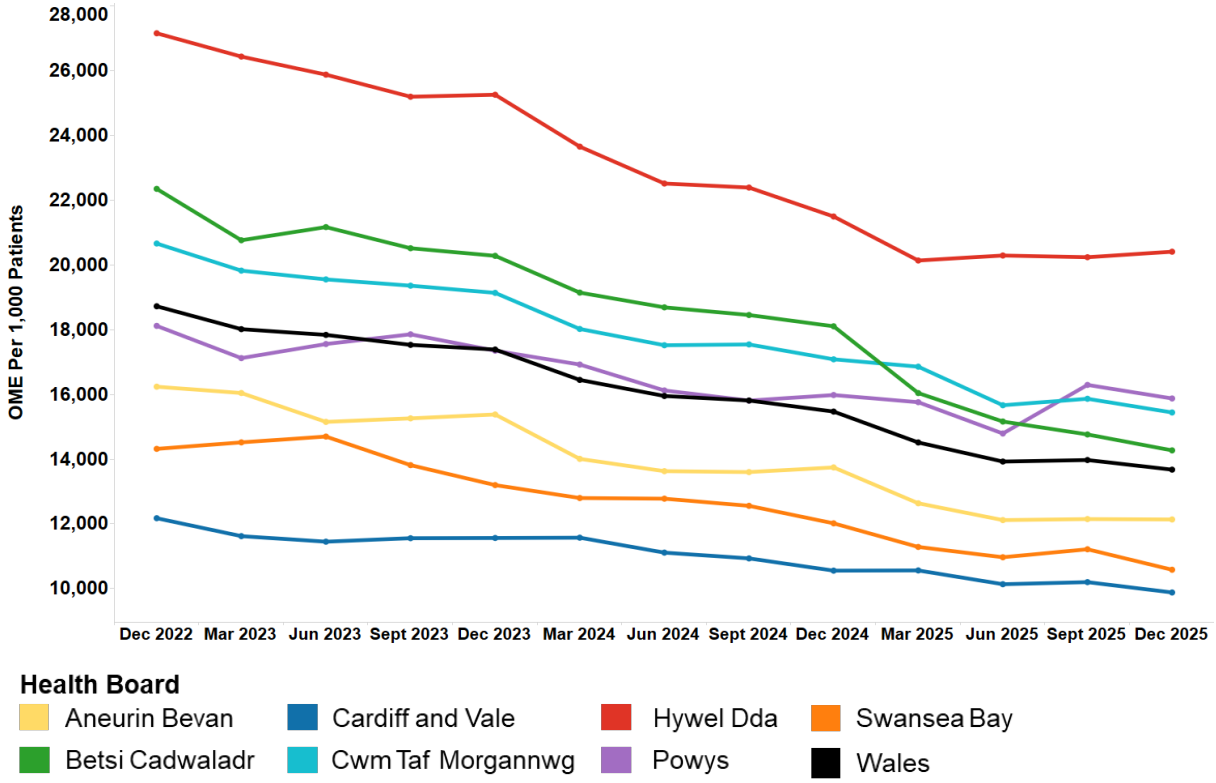
- Across Wales, high strength opioid prescribing decreased by 11.6% in the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, high strength opioid prescribing ranged from 9,882 mg to 20,403 mg OME per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Hywel Dda UHB.
- High strength opioid prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.

- Betsi Cadwaladr UHB demonstrated the largest percentage decrease in high strength opioid prescribing, and Powys Teaching HB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 2. High strength opioid UDG OME (mg) per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Betsi Cadwaladr	18,100	14,269	-21.2%
Swansea Bay	12,017	10,583	-11.9%
Aneurin Bevan	13,743	12,136	-11.7%
Cwm Taf Morgannwg	17,080	15,439	-9.61%
Cardiff and Vale	10,556	9,882	-6.38%
Hywel Dda	21,489	20,403	-5.05%
Powys	15,978	15,871	-0.67%
Wales	**15,467**	**13,674**	**-11.6%**

Figure 2. Trend in high strength opioid UDG OME (mg) per 1,000 patients



1.1.2 Tramadol

Purpose: To encourage the appropriate use and review of tramadol in primary care, minimising the potential for dependence, diversion, misuse and ADRs.

Unit of measure: Tramadol DDDs per 1,000 patients.

Aim: To reduce prescribing.

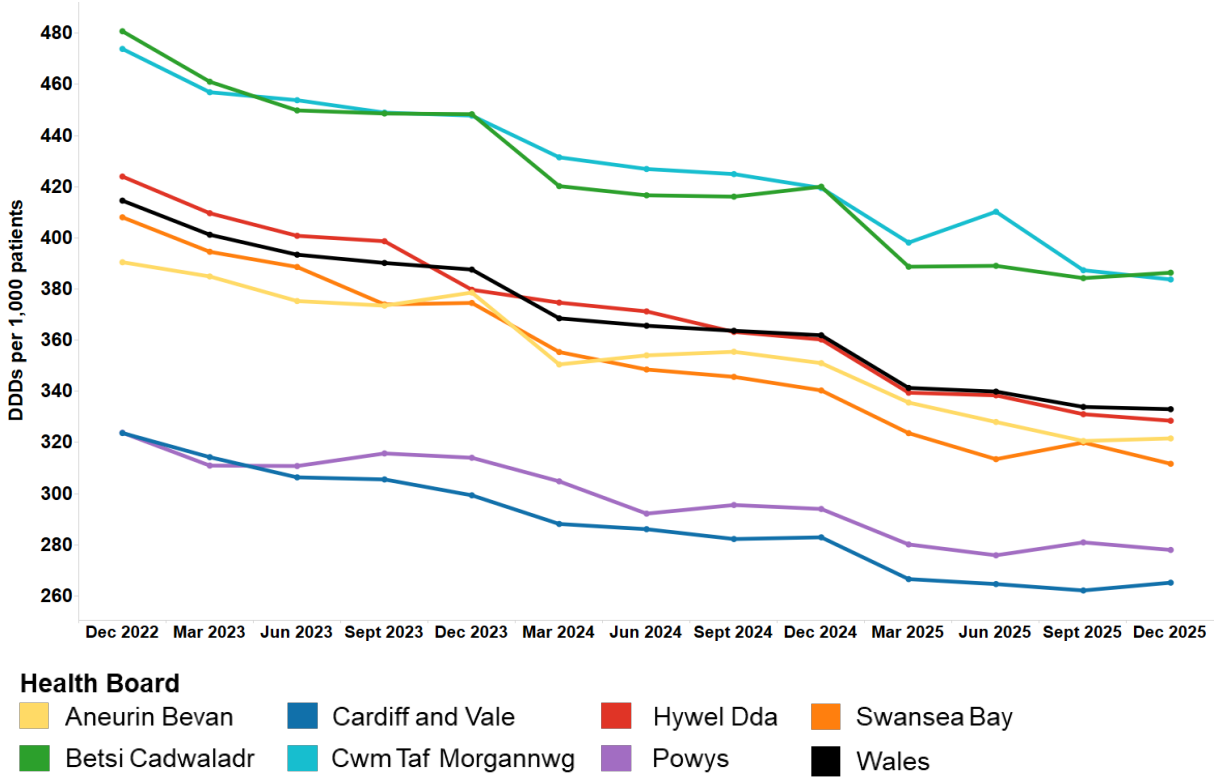
While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and ADRs. This NPI promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits, and encouraging timely review.

- Across Wales, prescribing of tramadol was 7.99% lower in the quarter ending December 2025 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, tramadol prescribing ranged from 265 to 386 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Betsi Cadwaladr UHB.
- Tramadol prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Hywel Dda UHB, and the smallest percentage decrease was seen in Powys Teaching HB, compared with the equivalent quarter of the previous year.

Table 3. Tramadol DDDs per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Hywel Dda	360	328	-8.82%
Cwm Taf Morgannwg	419	384	-8.53%
Swansea Bay	340	312	-8.43%
Aneurin Bevan	351	322	-8.39%
Betsi Cadwaladr	420	386	-8.01%
Cardiff and Vale	283	265	-6.27%
Powys	294	278	-5.45%
Wales	**362**	**333**	**-7.99%**

Figure 3. Trend in tramadol DDDs per 1,000 patients



1.1.3 Gabapentin and pregabalin

Purpose: To encourage the appropriate use and review of gabapentin and pregabalin in primary care, minimising the potential for dependence, diversion, misuse and ADRs.

Unit of measure: Gabapentin and pregabalin DDDs per 1,000 patients.

Aim: To reduce prescribing.

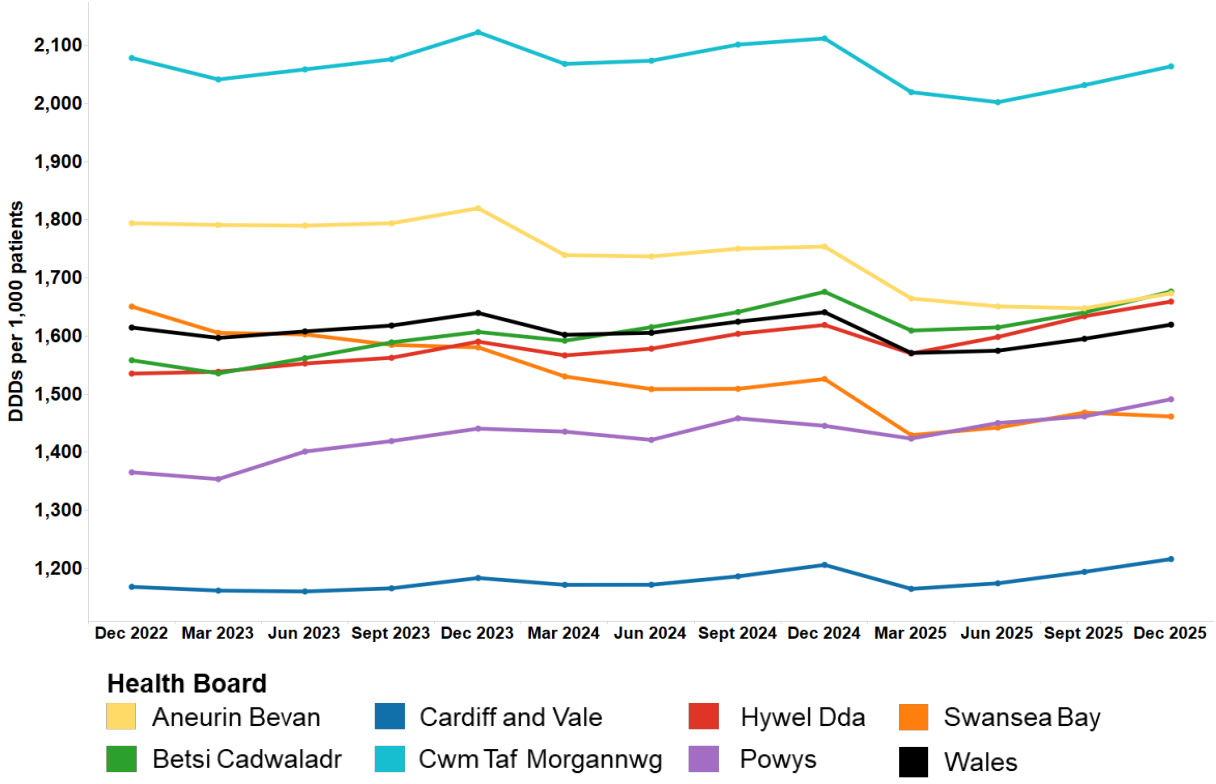
Gabapentin and pregabalin have well-defined roles in the management of a number of conditions including epilepsy and neuropathic pain, and pregabalin also has a role in the treatment of generalised anxiety disorder. Both gabapentin and pregabalin have known psychiatric side effects and there is a potential risk of dependence, diversion, misuse and ADRs. Prescribers should make evidence-based, informed decisions on whether to prescribe, taking into account the risks and benefits of these medicines.

- Across Wales, for the quarter ending December 2025, prescribing of gabapentin and pregabalin decreased by 1.30% compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending December 2025, gabapentin and pregabalin prescribing ranged from 1,216 to 2,064 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- The largest percentage decrease was seen in Aneurin Bevan UHB, and Powys Teaching HB demonstrated the largest increase in prescribing, compared with the equivalent quarter of the previous year.

Table 4. Gabapentin and pregabalin DDDs per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Aneurin Bevan	1,754	1,674	-4.58%
Swansea Bay	1,526	1,462	-4.23%
Cwm Taf Morgannwg	2,112	2,064	-2.27%
Betsi Cadwaladr	1,676	1,677	0.03%
Cardiff and Vale	1,206	1,216	0.83%
Hywel Dda	1,619	1,659	2.49%
Powys	1,446	1,491	3.16%
Wales	**1,641**	**1,620**	**-1.30%**

Figure 4. Trend in gabapentin and pregabalin DDDs per 1,000 patients



Good practice spotlight

Ashgrove Medical Group (in Cwm Taf Morgannwg UHB) took action over the increasing safety concerns regarding the prescribing of gabapentinoid medications for chronic pain. A dramatic increase in the number of deaths where gabapentin or pregabalin was mentioned on the death certificate in England and Wales were reported, from 272 deaths registered in 2018 to 552 deaths registered in 2022.

There are a plethora of safety concerns relating to the use of gabapentinoids, ranging from dependence, diversion and misuse, to dizziness, somnolence and potentially fatal respiratory depression.

A multidisciplinary approach was taken to review patients taking gabapentinoids, identify the indication and manage any appropriate reductions accordingly.

Initially patients prescribed a gabapentinoid alongside an opioid or a benzodiazepine were prioritised. A template letter was devised, providing written information to patients, regarding the risks associated with the combination of their medications. Patients were then invited to book an extended appointment with the pharmacist to address any concerns they may have and establish a shared approach to a tailored reduction of their medication.

For further information regarding this initiative, please contact awttc@wales.nhs.uk.

1.2 Antimicrobial stewardship

There are five antimicrobial NPIs for 2025–2028:

Total antibacterial prescribing

1. Total antibacterial DDDs and items per 1,000 STAR-PUs

4C antimicrobial prescribing

2. 4C antimicrobial DDDs and items per 1,000 patients

Course duration for respiratory tract infection antibiotics

3. Amoxicillin 500 mg capsules prescribed for 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations.
4. Doxycycline 100 mg capsules prescribed for 5-day duration, as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations.
5. Clarithromycin 500 mg tablets prescribed for 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations.

1.2.1 Total antibacterial prescribing

Purpose: To encourage the appropriate prescribing of all antibiotics in primary care.

Unit of measure: Total antibacterial DDDs per 1,000 STAR-PUs and total antibacterial items per 1,000 STAR-PUs.

Aim: To reduce prescribing.

The widespread and often excessive use of antimicrobials is one of the main factors contributing to the increasing emergence of antimicrobial resistance. The appropriate use of antimicrobials reduces antimicrobial resistance and healthcare-associated infections.

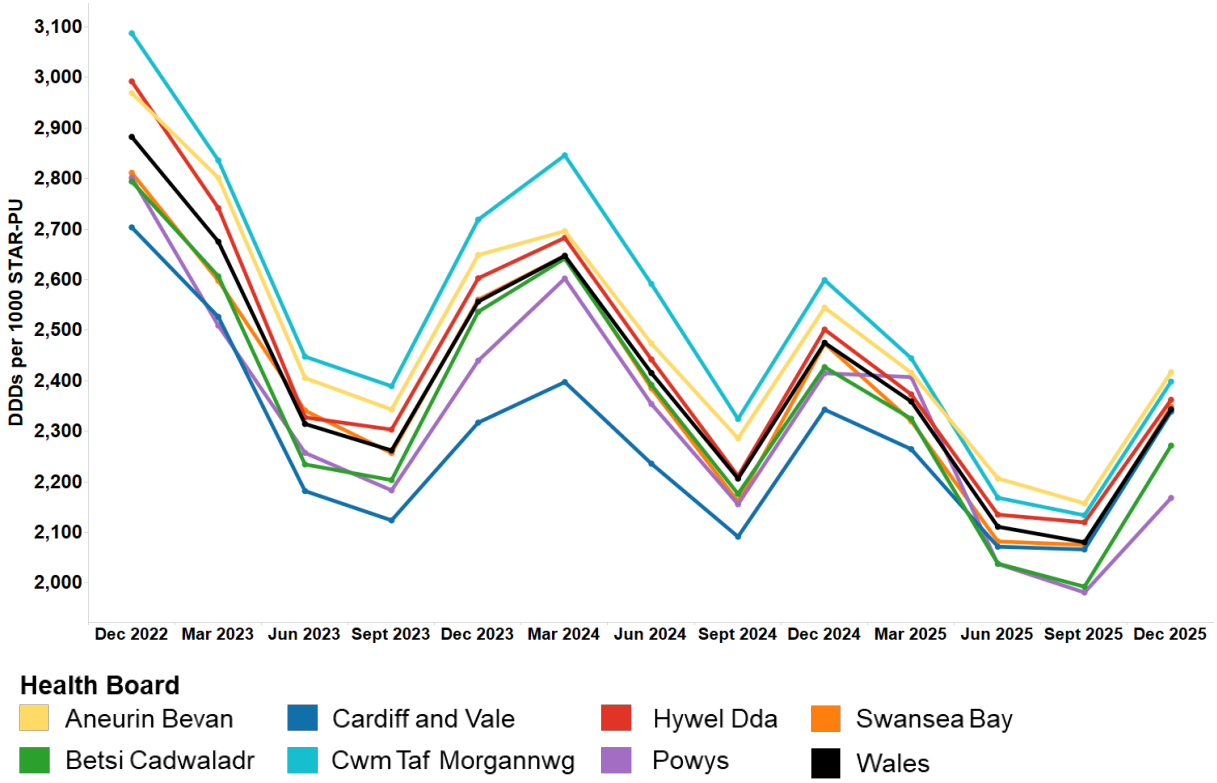
1.2.1.1 Total antibacterial DDDs

- Across Wales, for the quarter ending December 2025, total antibacterial DDDs per 1,000 STAR-PUs decreased by 15.2%, compared with the quarter ending December 2019, in line with the aim of the indicator.
- For the quarter ending December 2025, the total number of antibacterial DDDs per 1,000 STAR-PUs ranged from 2,168 to 2,417 across the health boards.
- The health board with the lowest prescribing was Powys Teaching HB, whilst the highest prescribing was seen in Aneurin Bevan UHB.
- For the quarter ending December 2025, all of the health boards achieved the target of a 6%, or greater, reduction against the baseline of quarter ending December 2019.
- The largest percentage decrease was seen in Cwm Taf Morgannwg UHB, and the smallest percentage decrease was seen in Powys Teaching HB, compared with the quarter ending December 2019.

Table 5. Total antibacterial DDDs per 1,000 STAR-PUs

	2019–2020 Qtr 3	2025–2026 Qtr 3	% Change
Cwm Taf Morgannwg	3,056	2,398	-21.5%
Swansea Bay	2,826	2,348	-16.9%
Betsi Cadwaladr	2,663	2,272	-14.7%
Aneurin Bevan	2,795	2,417	-13.5%
Hywel Dda	2,723	2,362	-13.3%
Cardiff and Vale	2,674	2,339	-12.5%
Powys	2,422	2,168	-10.5%
Wales	**2,762**	**2,343**	**-15.2%**

Figure 5. Trend in total antibacterial DDDs per 1,000 STAR-PUs



1.2.1.2 Total antibacterial items

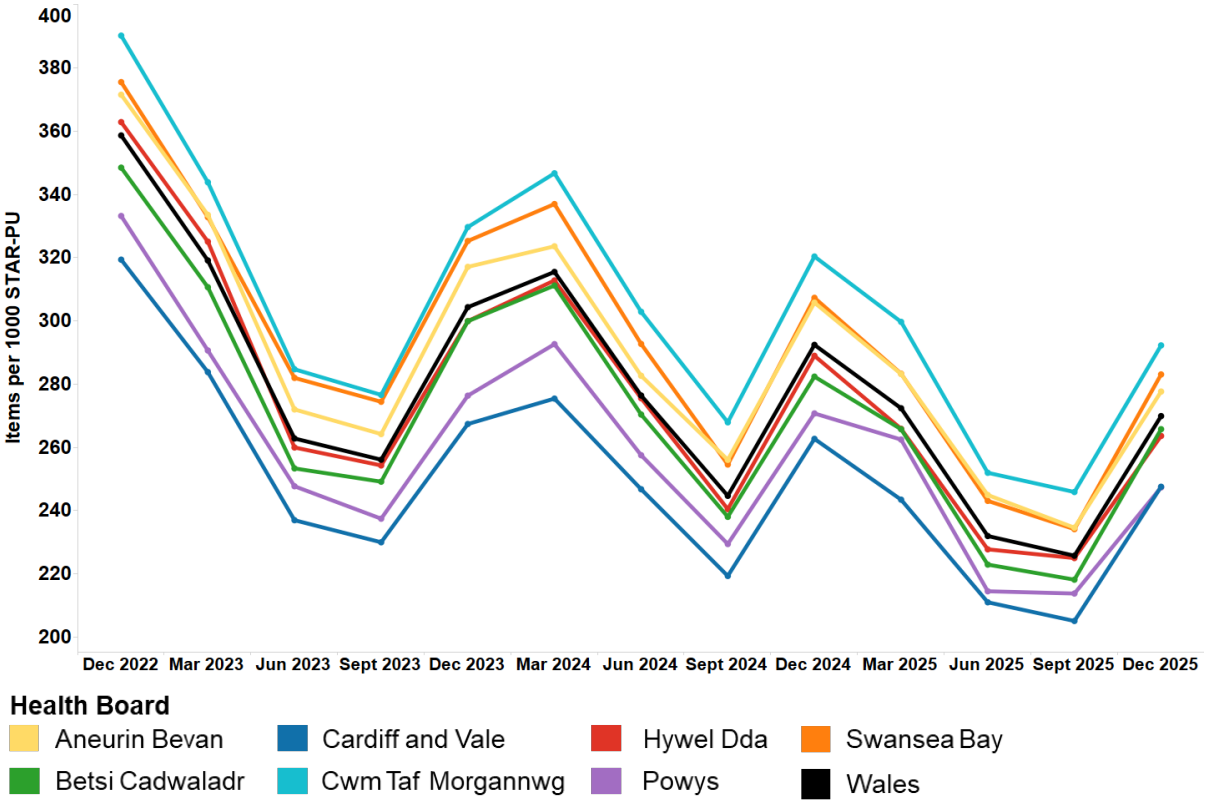
- Across Wales, for the quarter ending December 2025, total antibacterial items per 1,000 STAR-PUs decreased by 13.7%, compared with the quarter ending December 2019, in line with the aim of the indicator.
- For the quarter ending December 2025, the total number of antibacterial items per 1,000 STAR-PUs ranged from 247 to 292 across the health boards.
- The health board with the lowest prescribing was Powys Teaching HB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- Prescribing of total antibacterial items decreased, compared with the quarter ending December 2019, in all health boards.

- The largest percentage decrease was seen in Swansea Bay UHB, and the smallest percentage decrease was seen in Powys Teaching HB, compared with the quarter ending December 2019.

Table 6. Total antibacterial items per 1,000 STAR-PUs

	2019–2020 Qtr 3	2025–2026 Qtr 3	% Change
Swansea Bay	337	283	-15.9%
Hywel Dda	313	264	-15.7%
Cwm Taf Morgannwg	345	292	-15.3%
Cardiff and Vale	287	248	-13.8%
Betsi Cadwaladr	305	266	-12.8%
Aneurin Bevan	315	278	-12.0%
Powys	262	247	-5.74%
Wales	**313**	**270**	**-13.7%**

Figure 6. Trend in total antibacterial items per 1,000 STAR-PUs



1.2.2 4C antimicrobials

Purpose: To encourage a reduction in variation and reduce overall prescribing of the 4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) in primary care.

Unit of measure: 4C antimicrobial DDDs per 1,000 patients and 4C antimicrobial items per 1,000 patients.

Aim: To reduce prescribing.

The use of simple generic antibiotics and the avoidance of these broad-spectrum antibiotics preserve them from resistance and reduce the risk of *Clostridium difficile*, methicillin-resistant *Staphylococcus aureus* (MRSA) and resistant urinary tract infections.

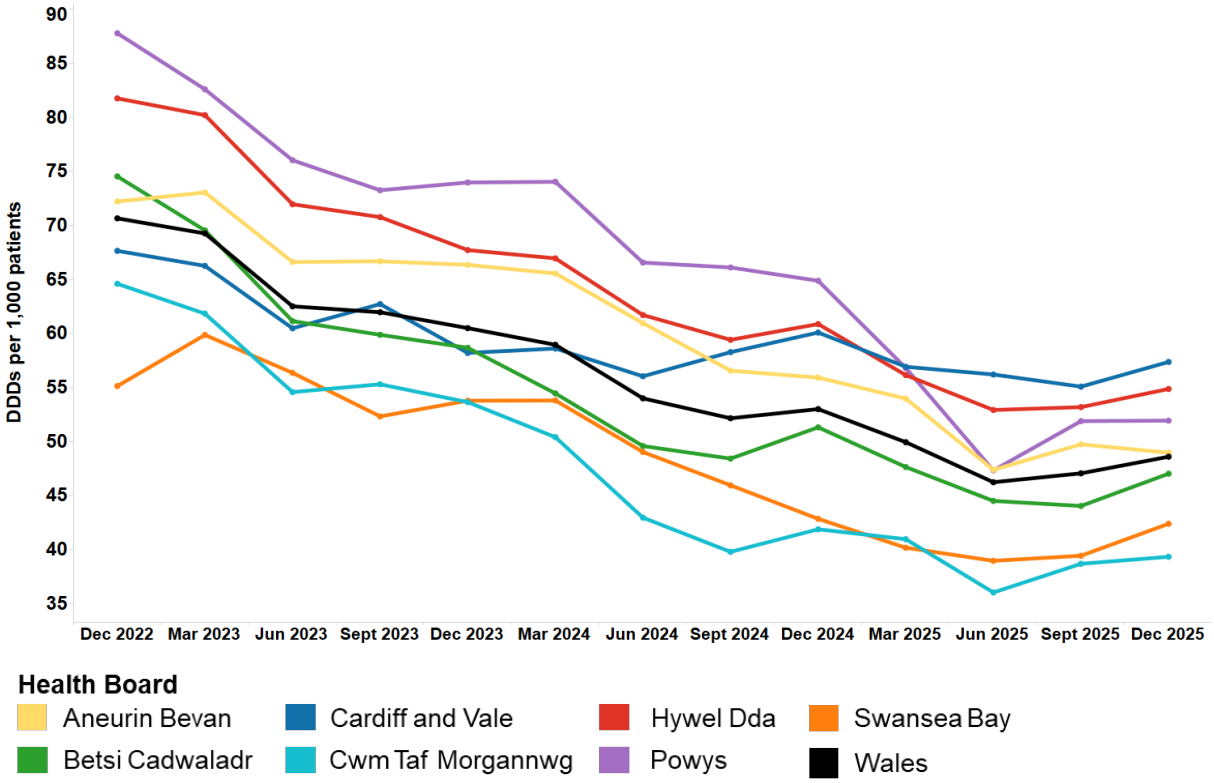
1.2.2.1 4C antimicrobial DDDs

- Across Wales, for the quarter ending December 2025, the number of 4C antimicrobial DDDs per 1,000 patients decreased by 8.32%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending December 2025, 4C prescribing ranged from 39.3 to 57.4 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cwm Taf Morgannwg UHB, whilst the highest prescribing was seen in Cardiff and Vale UHB.
- Prescribing of 4C antimicrobials decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Powys Teaching HB, and the smallest percentage decrease was seen in Swansea Bay UHB, compared with the equivalent quarter of the previous year.

Table 7. 4C antimicrobial DDDs per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	64.9	51.9	-20.0%
Aneurin Bevan	55.9	49.0	-12.4%
Hywel Dda	60.9	54.9	-9.87%
Betsi Cadwaladr	51.3	47.0	-8.37%
Cwm Taf Morgannwg	41.9	39.3	-6.08%
Cardiff and Vale	60.1	57.4	-4.53%
Swansea Bay	42.8	42.4	-1.07%
Wales	**53.0**	**48.6**	**-8.32%**

Figure 7. Trend in 4C antimicrobial DDDs per 1,000 patients



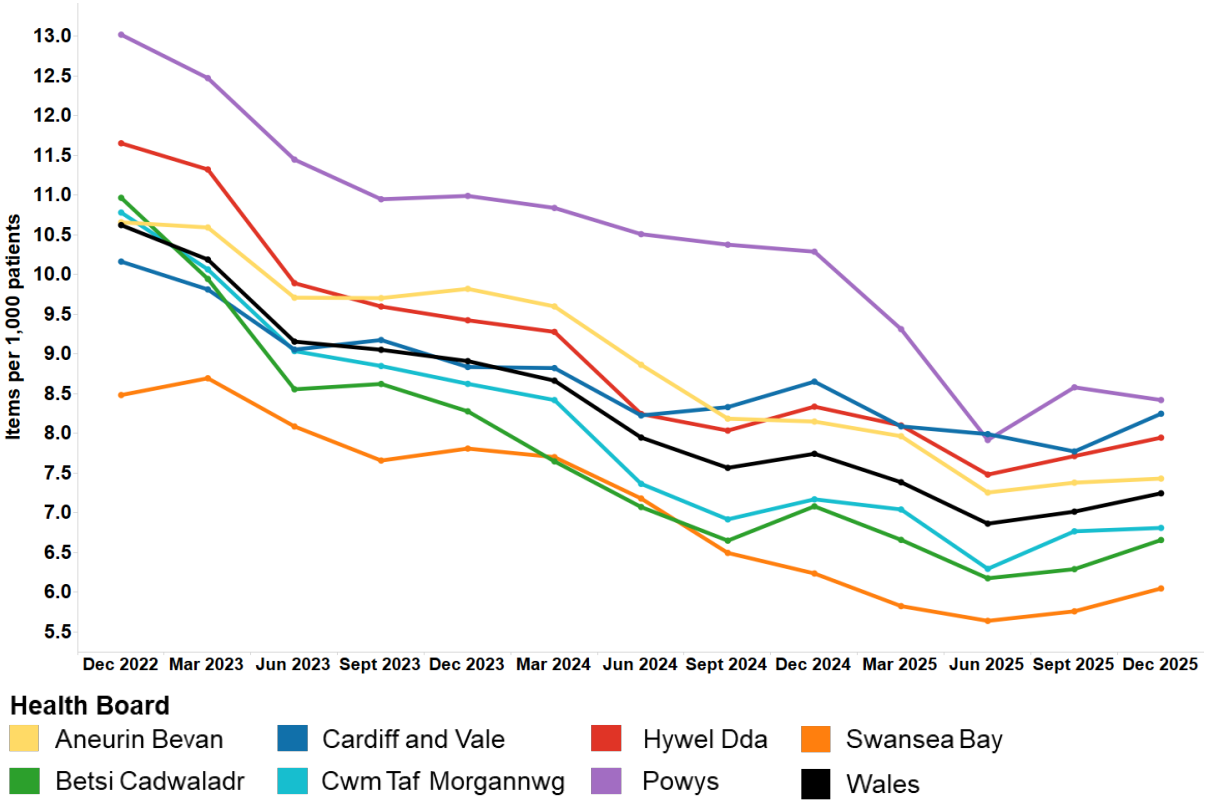
1.2.2.2 4C antimicrobial items

- Across Wales, for the quarter ending December 2025, the number of 4C antimicrobial items per 1,000 patients decreased by 6.42%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending December 2025, 4C prescribing ranged from 6.05 to 8.42 items per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Swansea Bay UHB, whilst the highest prescribing was seen in Powys Teaching HB.
- Prescribing of 4C antimicrobials decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Powys Teaching HB, and the smallest percentage decrease was seen in Swansea Bay UHB, compared with the equivalent quarter of the previous year.

Table 8. 4C antimicrobial items per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	10.3	8.42	-18.2%
Aneurin Bevan	8.15	7.43	-8.81%
Betsi Cadwaladr	7.08	6.66	-5.99%
Cwm Taf Morgannwg	7.17	6.81	-5.02%
Hywel Dda	8.34	7.95	-4.68%
Cardiff and Vale	8.65	8.25	-4.67%
Swansea Bay	6.24	6.05	-3.02%
Wales	**7.74**	**7.25**	**-6.42%**

Figure 8. Trend in 4C antimicrobial items per 1,000 patients



1.2.3 Course duration for respiratory tract infection antibiotics

Purpose: To encourage the prescribing of antibiotics for an appropriate duration for uncomplicated respiratory tract infections (RTIs) in primary care to reduce the risk of antimicrobial resistance and adverse effects.

Unit of measure:

- Amoxicillin 500 mg capsules prescribed for a 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations.
- Doxycycline 100 mg capsules prescribed for a 5-day duration, as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations.
- Clarithromycin 500 mg tablets prescribed for a 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations.

Aim: To increase 5-day duration prescribing.

When a decision is made to prescribe antibiotics for acute uncomplicated RTIs, the shortest effective course should be prescribed to reduce the risk of antimicrobial resistance and adverse effects. Research shows short courses are as effective as longer ones, while each additional day of therapy increases the likelihood of side effects and opportunistic infections.

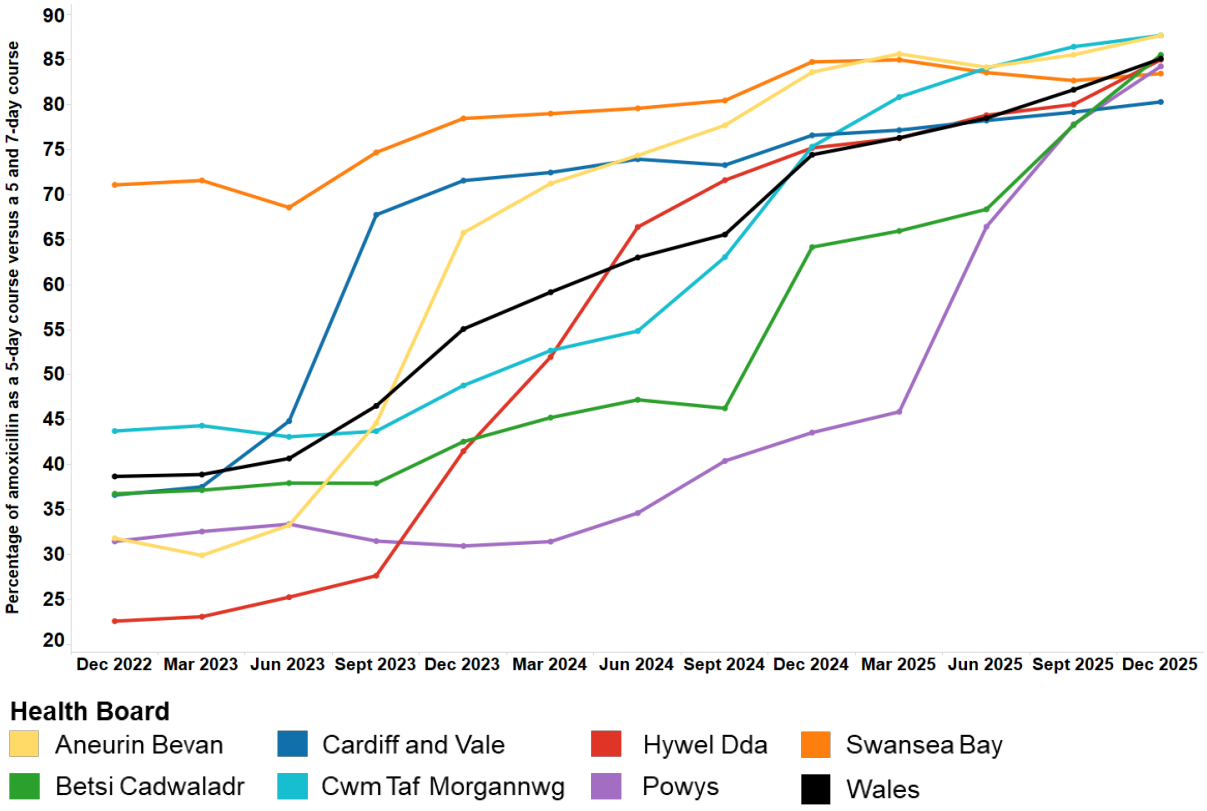
1.2.3.1 Amoxicillin

- Across Wales, amoxicillin 500 mg capsules prescribed for a 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations, increased by 14.3% in the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, the proportion of amoxicillin prescribed for a 5-day duration ranged from 80.3% to 87.7% across the health boards.
- The health boards with the highest proportion of amoxicillin prescribed for a 5-day duration were Aneurin Bevan and Cwm Taf Morgannwg UHBs, whilst the lowest proportion of amoxicillin prescribed for a 5-day duration was seen in Cardiff and Vale UHB.
- Powys Teaching HB demonstrated the largest percentage increase, and Swansea Bay UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 9. Amoxicillin 500 mg capsules prescribed for a 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	43.6	84.3	93.5%
Betsi Cadwaladr	64.2	85.5	33.3%
Cwm Taf Morgannwg	75.3	87.7	16.4%
Hywel Dda	75.2	85.0	13.0%
Aneurin Bevan	83.6	87.7	4.88%
Cardiff and Vale	76.6	80.3	4.85%
Swansea Bay	84.7	83.4	-1.54%
Wales	**74.4**	**85.1**	**14.3%**

Figure 9. Trend in amoxicillin 500 mg capsules prescribed for a 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations



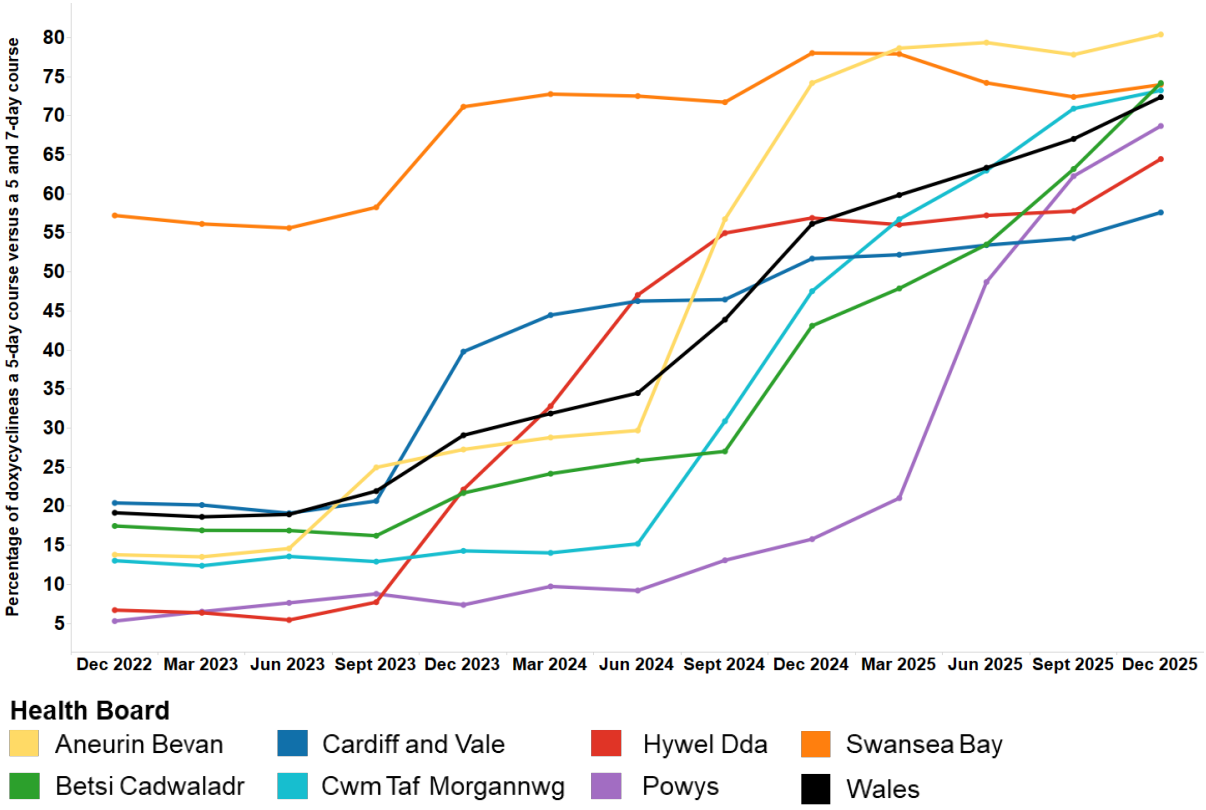
1.2.3.2 Doxycycline

- Across Wales, doxycycline 100 mg capsules prescribed for a 5-day duration as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations, increased by 28.9% in the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, the proportion of doxycycline prescribed for a 5-day duration ranged from 57.6% to 80.4% across the health boards.
- The health board with the highest proportion of doxycycline prescribed for a 5-day duration was Aneurin Bevan UHB, whilst the lowest proportion was seen in Cardiff and Vale UHB.
- Powys Teaching HB demonstrated the largest percentage increase, and Swansea Bay UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 10. Doxycycline 100 mg capsules prescribed for a 5-day duration, as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	15.8	68.7	335%
Betsi Cadwaladr	43.1	74.2	72.1%
Cwm Taf Morgannwg	47.5	73.2	54.1%
Hywel Dda	56.9	64.5	13.3%
Cardiff and Vale	51.7	57.6	11.4%
Aneurin Bevan	74.2	80.4	8.38%
Swansea Bay	78.0	74.0	-5.18%
Wales	**56.2**	**72.4**	**28.9%**

Figure 10. Trend in doxycycline 100 mg capsules prescribed for a 5-day duration, as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations



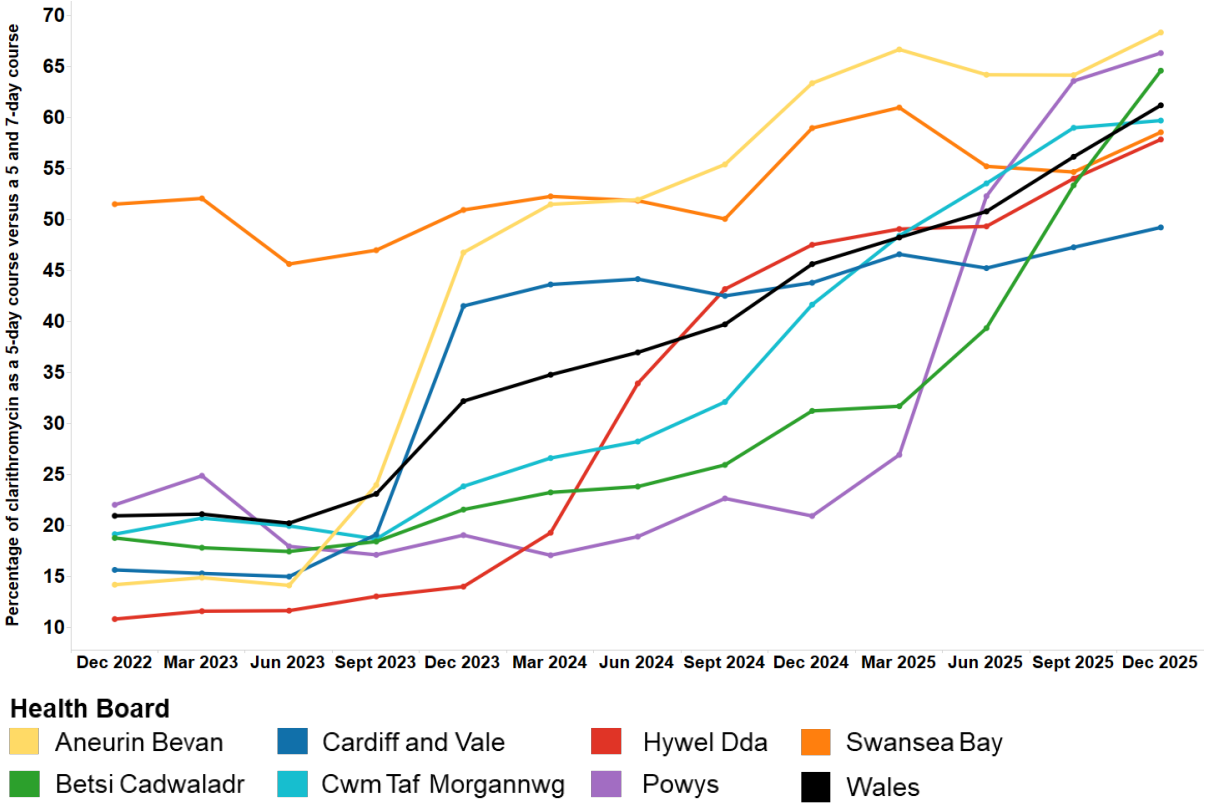
1.2.3.3 Clarithromycin

- Across Wales, clarithromycin 500 mg tablets prescribed for a 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations increased by 34.1% in the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, the proportion of clarithromycin prescribed for a 5-day duration ranged from 49.2% to 68.3% across the health boards.
- The health board with the highest proportion of clarithromycin prescribed for a 5-day duration was Aneurin Bevan UHB, whilst the lowest proportion was seen in Cardiff and Vale UHB.
- Powys Teaching HB demonstrated the largest percentage increase, and Swansea Bay UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 11. Clarithromycin 500 mg tablets prescribed for a 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	21.0	66.3	216%
Betsi Cadwaladr	31.3	64.6	107%
Cwm Taf Morgannwg	41.7	59.7	43.3%
Hywel Dda	47.5	57.9	21.7%
Cardiff and Vale	43.8	49.2	12.4%
Aneurin Bevan	63.4	68.3	7.85%
Swansea Bay	59.0	58.6	-0.70%
Wales	**45.6**	**61.2**	**34.1%**

Figure 11. Trend in clarithromycin 500 mg tablets prescribed for a 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations



Good practice spotlight

Powys Teaching HB utilises quarterly data from the SPIRA *Course Duration for RTI Antibiotics* dashboard to present to their GP practices, in order to encourage guideline-informed prescribing for amoxicillin, doxycycline and clarithromycin. The NPI targets for 5-day RTI antibiotic prescribing are included in the health board's Prescribing Incentive Scheme, which this year also involved practice-level RTI prescribing audit and feedback sessions with the medicines management team. Discussions with practices regarding available antibiotic pack sizes and benefits of shorter courses for RTIs, as well as the use of clinical decision support messaging, have helped encourage the use of shorter antibiotic courses, in line with national guidance.

For further information regarding this initiative, please contact awttc@wales.nhs.uk.

1.3 Respiratory

1.3.1 Decarbonisation of inhalers

Purpose: To encourage an increase in the use of low global warming potential (GWP) inhalers (DPIs and SMIs), to reduce the carbon footprint of inhaler prescribing in Wales.

Units of measure: Number of DPIs and SMIs as a percentage of all inhalers prescribed.

Aim: To increase the proportion of DPI and SMI prescribing.

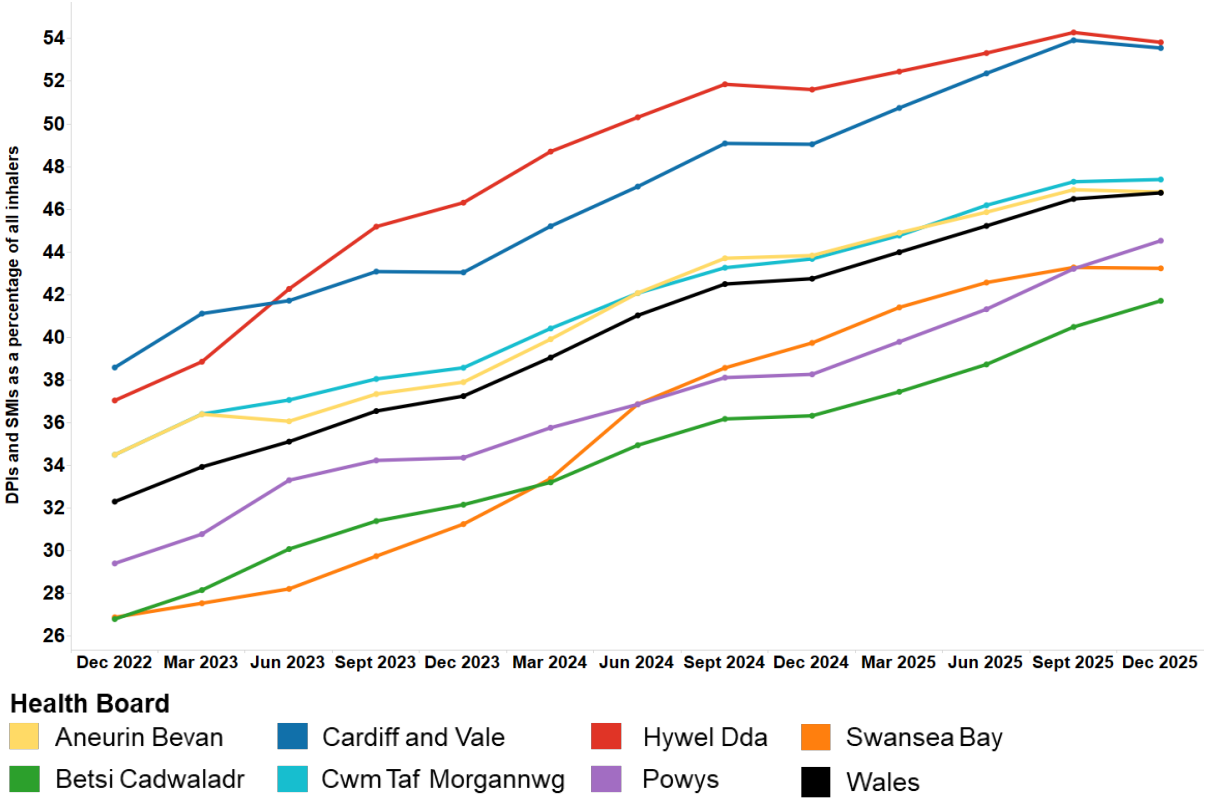
Metered dose inhalers (MDIs) are estimated to be responsible for 4% of the entire carbon footprint of the NHS. One of the key actions within the *NHS Wales decarbonisation strategic delivery plan 2021 to 2025* is to transition patients on MDIs to inhalers with a lower carbon footprint, but only where patient care will not be impacted. It is crucial that while efforts are made to reduce the emissions associated with inhalers, patient choice is maintained, and changes are only made where clinically appropriate.

- Across Wales, DPI and SMI prescribing, as a percentage of all inhalers prescribed, increased by 9.41% in the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, the proportion of DPI and SMI prescribing ranged from 41.7% to 53.8% across the health boards.
- The health board with the highest proportion of DPI and SMI prescribing was Hywel Dda UHB, whilst the lowest proportion of DPI and SMI prescribing was seen in Betsi Cadwaladr UHB.
- DPI and SMI prescribing increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB demonstrated the largest percentage increase, and Hywel Dda UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 12. DPIs and SMIs as a percentage of all inhalers prescribed

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	38.3	44.5	16.4%
Betsi Cadwaladr	36.3	41.7	14.8%
Cardiff and Vale	49.0	53.6	9.19%
Swansea Bay	39.7	43.2	8.79%
Cwm Taf Morgannwg	43.7	47.4	8.51%
Aneurin Bevan	43.8	46.8	6.79%
Hywel Dda	51.6	53.8	4.29%
Wales	**42.8**	**46.8**	**9.41%**

Figure 12. Trend in DPIs and SMIs as a percentage of all inhalers prescribed



1.3.2 SABA inhalers

Purpose: To reduce over reliance on SABA inhalers in patients with asthma to improve control and asthma related outcomes.

Units of measure: Number of SABA items as a percentage of all inhalers prescribed.

Aim: To decrease the proportion of SABA prescribing.

Overuse of SABA inhalers is a well-recognised indicator of poor asthma control and potentially suboptimal care. It is associated with an increased risk of exacerbations and mortality. While SABA inhalers provide rapid symptom relief, they do not treat the underlying airway inflammation, and reliance on them reflects inadequate disease management. Reducing SABA overuse is essential to improving asthma control and enhancing patient outcomes. It also helps reduce the significant carbon footprint associated with SABA MDIs.

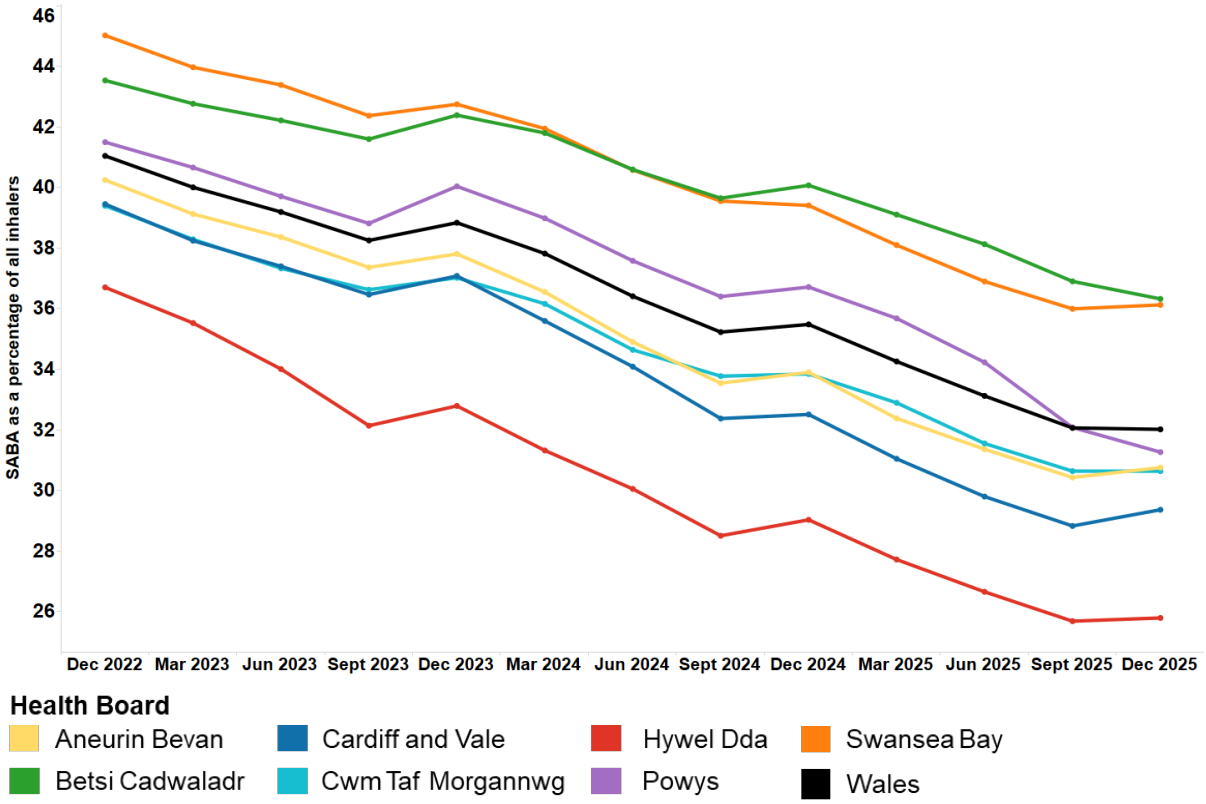
- Across Wales, the proportion of SABA items (as a percentage of all inhalers prescribed) decreased by 9.76% in the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, the proportion of SABA items ranged from 25.8% to 36.3% across the health boards.
- The health board with the lowest proportion of SABA items was Hywel Dda UHB, whilst the highest proportion of SABA items was seen in Betsi Cadwaladr UHB.
- SABA prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.

- Powys Teaching HB demonstrated the largest percentage decrease, and Swansea Bay UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 13. SABA items as a percentage of all inhalers prescribed

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	36.7	31.3	-14.8%
Hywel Dda	29.0	25.8	-11.2%
Cardiff and Vale	32.5	29.4	-9.68%
Cwm Taf Morgannwg	33.8	30.6	-9.48%
Betsi Cadwaladr	40.1	36.3	-9.36%
Aneurin Bevan	33.9	30.8	-9.28%
Swansea Bay	39.4	36.1	-8.33%
Wales	**35.5**	**32.0**	**-9.76%**

Figure 13. Trend in SABA items as a percentage of all inhalers prescribed



1.4 SGLT-2 inhibitors

There are three NPIs monitoring SGLT-2 inhibitors for 2025–2028:

1. The number of patients with T2DM and chronic heart failure (CHF) who are prescribed an SGLT-2 inhibitor.
2. The number of patients with T2DM and CKD who are currently treated with an angiotensin-receptor blocker (ARB) or an angiotensin-converting enzyme (ACE) inhibitor prescribed an SGLT-2 inhibitor.
3. The number of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor and have an albumin to creatinine ratio (ACR) ≥ 22.6 mg/mmol prescribed an SGLT-2 inhibitor.

1.4.1 Patients with T2DM and CHF

Purpose: To improve cardiovascular outcomes in patients with T2DM and CHF.

Units of measure: The number of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor.

Aim: To increase prescribing.

Adults with T2DM who also have CHF are at an increased risk of cardiovascular complications, including hospitalisation due to worsening heart failure. Treatment with an SGLT-2 inhibitor has been shown to provide significant benefits in this population, improving glycaemic control while also reducing the risk of heart failure-related hospitalisation and cardiovascular mortality.

1.4.2 Patients with T2DM and CKD

Purpose: To reduce the risk of CKD progression and mortality and risk of cardiovascular events in patients with CKD and T2DM.

Units of measure: The number of patients with T2DM and CKD who are currently treated with an ARB or an ACE inhibitor prescribed an SGLT-2 inhibitor.

Aim: To increase prescribing.

Strong evidence from well-conducted randomised controlled trials shows that SGLT-2 inhibitors reduce the risk of CKD progression, mortality, and cardiovascular events in adult patients with T2DM and CKD. Patients currently treated with an ARB or ACE inhibitor (titrated to the highest tolerated dose) should be offered an SGLT-2 inhibitor unless contraindicated, to improve cardiovascular and renal outcomes.

1.4.3 Patients with non-diabetic CKD

Purpose: To reduce the risk of CKD progression and mortality and risk of cardiovascular events in patients with non-diabetic CKD.

Units of measure: The number of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor and have an ACR ≥ 22.6 mg/mmol prescribed an SGLT-2 inhibitor.

Aim: To increase prescribing.

Renal benefits of SGLT-2 inhibitors have been demonstrated for adults with CKD and albuminuria, irrespective of diabetes status, in large randomised clinical trials and meta-analyses. Adults with non-diabetic CKD who are currently treated with an ARB or ACE inhibitor and have an ACR ≥ 22.6 mg/mmol should be offered an SGLT-2 inhibitor unless contraindicated. Increasing the proportion of adults receiving these treatments is anticipated to slow CKD progression and reduce the risk of cardiovascular and end-stage renal events.

Please note – Data are currently unavailable

At the time of writing, it is not possible to include data relating to the use of SGLT-2 inhibitors within this quarterly report. The indicators are currently under development by DHCW. The data will be made available and analysed once development is complete, and an updated version of this report will be published.

In the interim, Appendix 3: Prescribing of SGLT-2 inhibitors provides information on the overall change in prescribing of SGLT-2 inhibitors (dapagliflozin, canagliflozin, empagliflozin, ertugliflozin and associated combination products) for the quarter ending December 2025 compared with the quarter ending December 2024, across all indications.

Good practice spotlight

Launched in June 2023, the pharmacy-led Cardio-renal Optimisation project was established in Aneurin Bevan UHB to address the unmet need for evidence-based prescribing of SGLT-2 inhibitors in patients with T2DM and CKD or high cardiovascular risk, with the aims of preventing or delaying CKD progression, reducing cardiovascular complications, and decreasing progression to end-stage renal disease.

Supported by consultant nephrologists and diabetologists, the project delivered structured, patient-centred reviews aligned with NICE guidance, incorporating personalised invitations, face-to-face consultations, education on CKD stage and cardiovascular risk, assessment of key clinical parameters including urine ACR, and optimisation of cardioprotective therapies through initiation of SGLT-2 inhibitors, antihypertensive and lipid optimisation, and deprescribing of ineffective treatments.

Between June 2023 and March 2026, over 2,200 patients across 43 practices were reviewed, with more than 1,400 optimised on SGLT-2 inhibitors. Health economic evaluation projected significant clinical and financial benefits, including prevention of deaths, reductions in cardiovascular events and heart failure admissions, avoidance of progression to end-stage renal disease, and over £2 million in NHS savings over four years.

The project's impact extended beyond local delivery, directly informing a £7 million, two-year all-Wales investment in CKD optimisation in primary care, with the locally developed standard operating procedure adopted as the national exemplar and embedded within Welsh Government Quality Improvement Programme guidance, leaving a sustainable legacy for CKD management across Wales.

For further information regarding this initiative, please contact awttc@wales.nhs.uk.

2.0 Supporting domains

2.1 Safety

2.1.1 Prescribing Safety Indicators

Purpose: To identify patients at high risk of ADRs and medicines-related harm in primary care.

Units of measure:

Prescribing Safety Indicators related to acute kidney injury (AKI)

- Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for a non-steroidal anti-inflammatory drug (NSAID) within the last 3 months.
- Number of patients who are not on the CKD register but have an estimated glomerular filtration rate (eGFR) of < 59 ml/min/1.73m² and have received a repeat prescription for an NSAID within the last 3 months.
- Number of patients with concurrent prescriptions for an NSAID, a renin-angiotensin system (RAS) drug and a diuretic.
- Number of patients aged 75 years and over with a current prescription for an ACE inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months.

Prescribing Safety Indicators related to antimicrobial stewardship

- Number of patients with recurrent prescriptions for nitrofurantoin, with an eGFR of < 45 ml/min/1.73m².
- Number of trimethoprim items prescribed to patients aged 65 years and over, per 1,000 patient list size aged 65 years and over.

Prescribing Safety Indicators related to bleeds

- Number of patients with a peptic ulcer who have been prescribed NSAIDs without a proton pump inhibitor (PPI).
- Number of patients with concurrent prescriptions for warfarin and an oral NSAID.
- Number of patients with concurrent prescriptions for a direct oral anticoagulant (DOAC) and an oral NSAID.
- Number of patients aged 65 years and over who are prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H_2-receptor antagonist).
- Number of patients with concurrent prescriptions for an oral anticoagulant (warfarin or DOAC) and a selective serotonin reuptake inhibitor (SSRI).

Prescribing Safety Indicators related to cognition

- Number of patients aged 65 years and over prescribed an antipsychotic.
- Number of patients aged 75 years and over with an Anticholinergic Effect on Cognition (AEC) score of three or more for items on active repeat.

Prescribing Safety Indicators specific to females

- Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.

- Number of female patients aged 14–55 years with a prescription for oral retinoids.
- Number of female patients aged 14–55 years with a prescription for topiramate.

Prescribing Safety Indicators related to 'other'

- Number of patients aged under 16 years with a current prescription for aspirin.
- Number of patients with asthma who have been prescribed a non-cardioselective beta-blocker.
- Number of patients with concurrent prescriptions for verapamil and a beta-blocker.
- Number of female patients aged 55 years and under with a prescription for sodium valproate.
- Number of male patients with a prescription for sodium valproate.

Aim: To review patients identified as being at high risk of ADRs and reduce inappropriate prescribing.

In the UK, a significant number of hospital admissions are related to ADRs. ADRs can often be predictable making it possible to identify potential causes and address them before actual patient harm occurs. This NPI provides a process of identifying patients electronically, enabling intervention and helping to avoid patient harm.

No target has been set for this NPI and it is not intended that comparisons are made between health boards. However, data can provide a baseline for future quarters to enable monitoring within health boards.

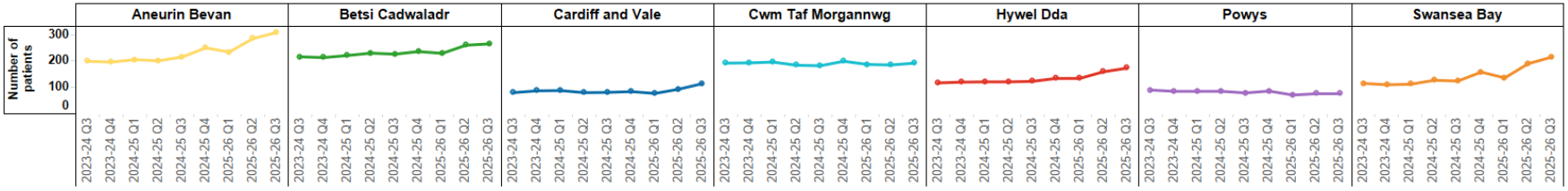
Please note:

At the time of writing, it is not possible to include data on the prescribing safety indicators relating to antimicrobial stewardship, topiramate, sodium valproate, and patients with asthma prescribed a beta-blocker (updated to include only non-cardioselective beta-blockers) within this quarterly report. These indicators are currently being amended and developed by DHCW. The data will be made available and analysed once this work is complete, and an updated version of the report will be published.

Figure 14. Prescribing Safety Indicators

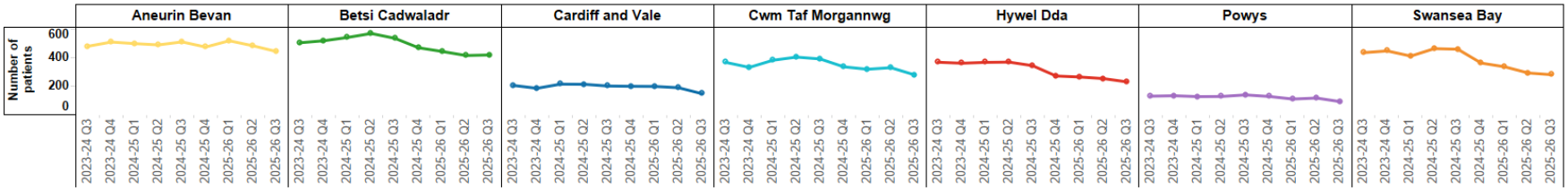
Prescribing Safety Indicators related to AKI

01. Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months.



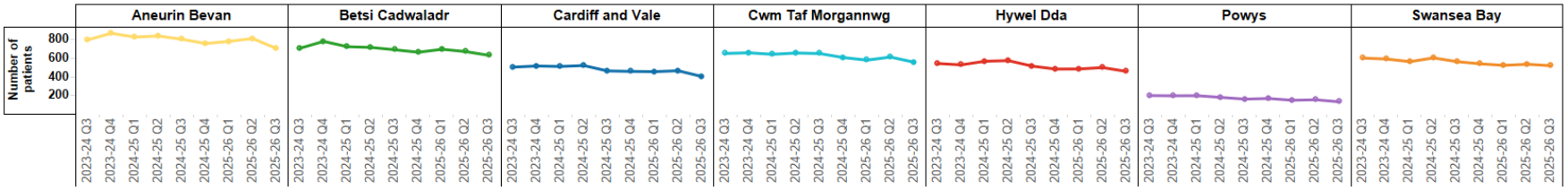
	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	199	196	205	201	215	250	234	285	308
Betsi Cadwaladr	216	213	221	230	226	236	229	260	265
Cardiff and Vale	80	87	88	80	81	84	77	93	114
Cwm Taf Morgannwg	192	193	196	184	182	199	187	185	192
Hywel Dda	117	120	121	121	123	134	134	159	173
Powys	90	85	85	85	79	86	71	76	76
Swansea Bay	115	110	112	127	124	158	136	190	215

02. Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min/1.73m² and have received a repeat prescription for an NSAID within the last 3 months.



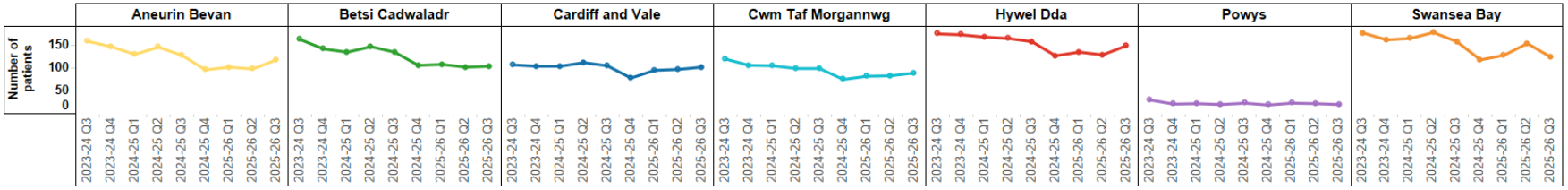
	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	477	507	496	487	508	472	516	481	441
Betsi Cadwaladr	502	516	539	567	533	467	441	413	417
Cardiff and Vale	204	184	213	212	200	198	197	188	146
Cwm Taf Morgannwg	365	330	380	402	389	334	317	328	278
Hywel Dda	366	359	365	367	342	270	263	252	229
Powys	129	132	126	127	138	127	109	116	91
Swansea Bay	433	445	409	461	457	360	334	291	279

03. Number of patients with concurrent prescriptions for an NSAID, a RAS drug and a diuretic.



Number of patients	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	800	871	831	842	807	761	784	815	708
Betsi Cadwaladr	710	784	727	719	694	667	699	674	633
Cardiff and Vale	507	519	514	524	466	461	458	468	406
Cwm Taf Morgannwg	654	661	645	659	653	610	582	615	560
Hywel Dda	546	531	570	577	518	486	487	502	461
Powys	200	198	199	181	162	169	150	155	133
Swansea Bay	604	594	566	606	566	542	526	538	522

04. Number of patients aged 75 years and over with a current prescription for an ACE inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months.



Number of patients	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	159	147	130	146	128	96	102	98	118
Betsi Cadwaladr	163	142	135	147	135	106	108	102	104
Cardiff and Vale	107	104	104	112	105	78	95	97	102
Cwm Taf Morgannwg	120	106	105	99	99	75	82	83	89
Hywel Dda	175	173	168	165	158	127	135	129	149
Powys	30	21	22	20	23	19	23	22	20
Swansea Bay	177	162	165	178	158	118	128	154	124

Prescribing Safety Indicators related to antimicrobial stewardship

05. Number of patients with recurrent prescriptions for nitrofurantoin, with an eGFR of < 45 ml/min/1.73m².

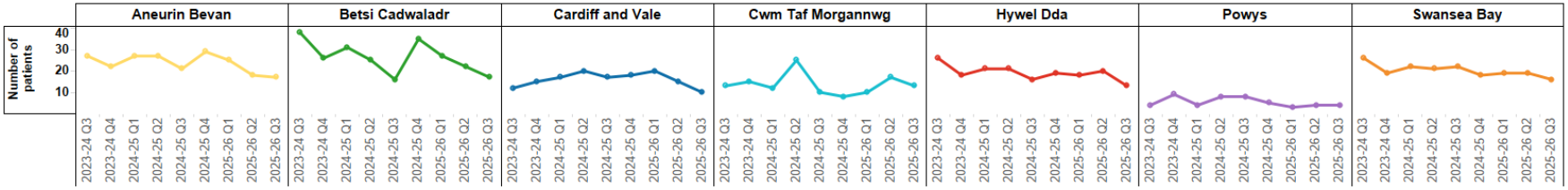
Currently unable to include graph as data unavailable

06. Number of trimethoprim items prescribed to patients aged 65 years and over, per 1,000 patient list size aged 65 years and over.

Currently unable to include graph as data unavailable

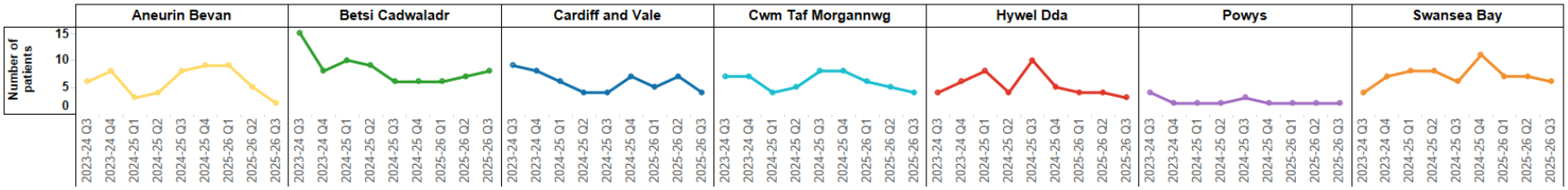
Prescribing Safety Indicators related to bleeds

07. Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI.



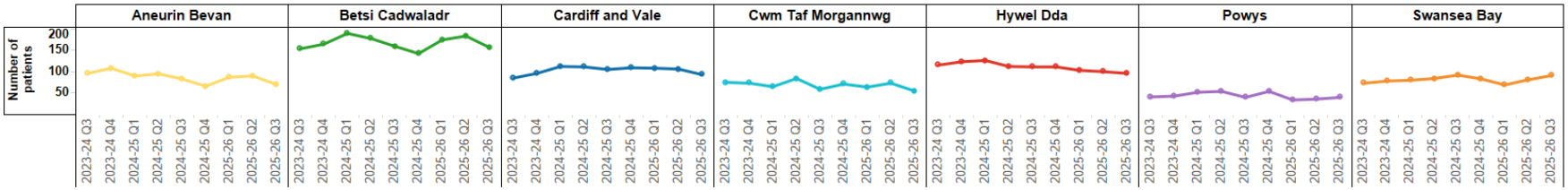
	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	27	22	27	27	21	29	25	18	17
Betsi Cadwaladr	38	26	31	25	16	35	27	22	17
Cardiff and Vale	12	15	17	20	17	18	20	15	10
Cwm Taf Morgannwg	13	15	12	25	10	8	10	17	13
Hywel Dda	26	18	21	21	16	19	18	20	13
Powys	4	9	4	8	8	5	3	4	4
Swansea Bay	26	19	22	21	22	18	19	19	16

08. Number of patients with concurrent prescriptions for warfarin and an oral NSAID.



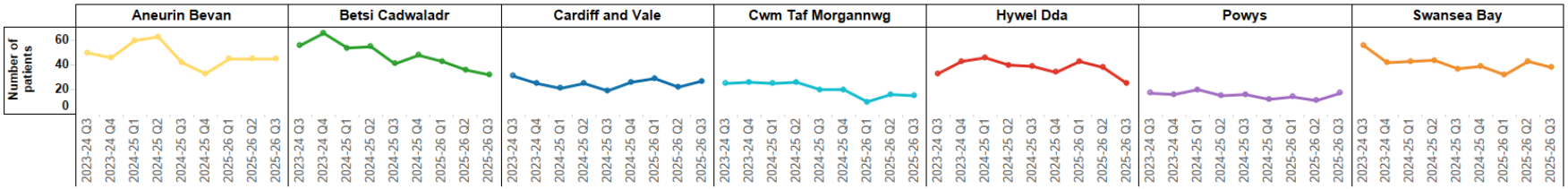
	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	6	8	3	4	8	9	9	5	2
Betsi Cadwaladr	15	8	10	9	6	6	6	7	8
Cardiff and Vale	9	8	6	4	4	7	5	7	4
Cwm Taf Morgannwg	7	7	4	5	8	8	6	5	4
Hywel Dda	4	6	8	4	10	5	4	4	3
Powys	4	2	2	2	3	2	2	2	2
Swansea Bay	4	7	8	8	6	11	7	7	6

09. Number of patients with concurrent prescriptions for a DOAC and an oral NSAID.



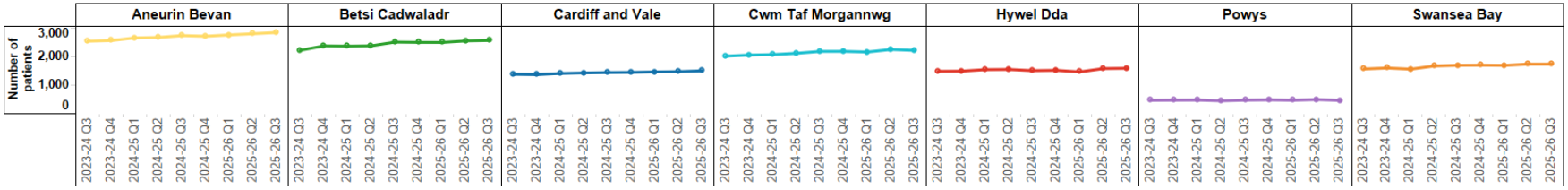
	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	96	108	90	95	83	66	87	90	70
Betsi Cadwaladr	153	164	189	177	159	142	174	183	156
Cardiff and Vale	85	96	112	111	105	109	108	106	93
Cwm Taf Morgannwg	75	73	65	84	59	71	64	73	55
Hywel Dda	115	123	126	112	111	111	103	100	96
Powys	41	43	52	54	40	54	34	36	40
Swansea Bay	73	78	80	84	92	83	69	81	91

10. Number of patients aged 65 years and over who are prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H_2 receptor antagonist).



Number of patients	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	50	46	60	63	42	33	45	45	45
Betsi Cadwaladr	56	66	54	55	41	48	43	36	32
Cardiff and Vale	31	25	21	25	19	26	29	22	27
Cwm Taf Morgannwg	25	26	25	26	20	20	10	16	15
Hywel Dda	33	43	46	40	39	34	43	38	25
Powys	17	16	20	15	16	12	14	11	17
Swansea Bay	56	42	43	44	37	39	32	43	38

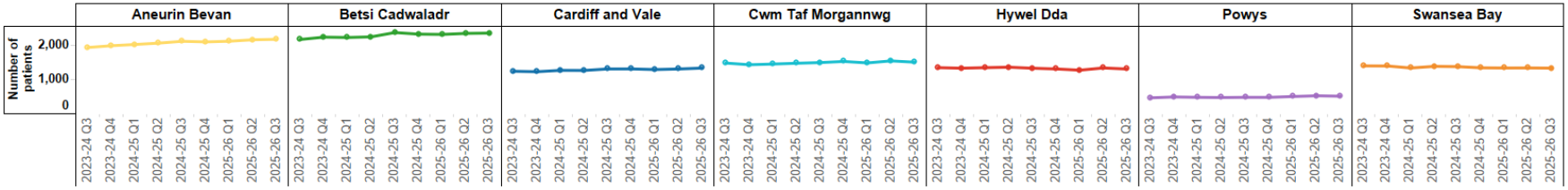
11. Number of patients with concurrent prescriptions for an oral anticoagulant (warfarin or DOAC) and an SSRI.



Number of patients	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	2,558	2,580	2,675	2,690	2,756	2,732	2,779	2,820	2,863
Betsi Cadwaladr	2,236	2,392	2,384	2,394	2,526	2,517	2,514	2,568	2,583
Cardiff and Vale	1,388	1,377	1,418	1,437	1,450	1,457	1,473	1,482	1,513
Cwm Taf Morgannwg	2,030	2,069	2,085	2,131	2,198	2,199	2,177	2,266	2,233
Hywel Dda	1,494	1,501	1,554	1,560	1,518	1,529	1,474	1,591	1,601
Powys	471	475	479	454	476	485	472	496	467
Swansea Bay	1,577	1,611	1,571	1,682	1,707	1,712	1,704	1,749	1,749

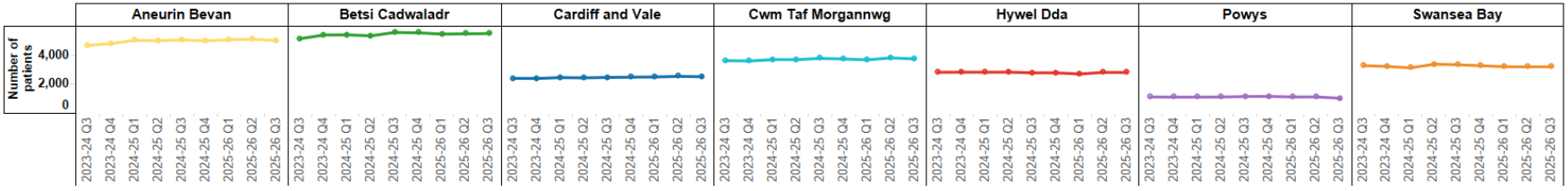
Prescribing Safety Indicators related to cognition

12. Number of patients aged 65 years and over prescribed an antipsychotic.



	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	1,943	1,996	2,032	2,072	2,126	2,108	2,128	2,171	2,184
Betsi Cadwaladr	2,179	2,248	2,238	2,257	2,383	2,336	2,328	2,358	2,366
Cardiff and Vale	1,246	1,233	1,273	1,270	1,314	1,315	1,296	1,313	1,339
Cwm Taf Morgannwg	1,487	1,438	1,458	1,481	1,501	1,534	1,491	1,551	1,513
Hywel Dda	1,352	1,336	1,352	1,365	1,335	1,314	1,278	1,343	1,312
Powys	466	492	481	475	481	480	505	526	514
Swansea Bay	1,404	1,401	1,342	1,390	1,382	1,347	1,342	1,344	1,338

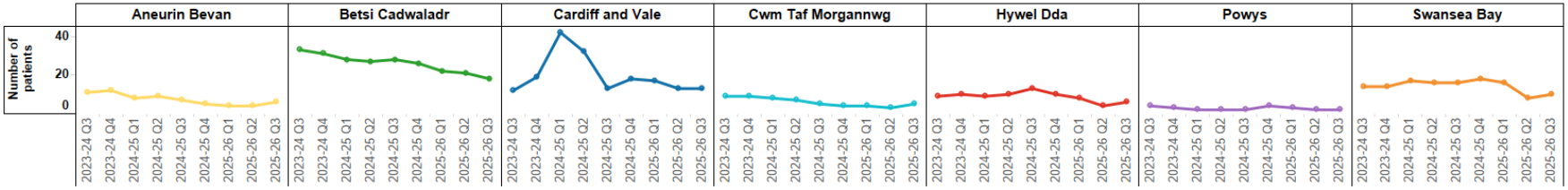
13. Number of patients aged 75 years and over with an AEC score of three or more for items on active repeat.



	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	4,674	4,795	5,021	4,993	5,056	4,977	5,065	5,094	5,011
Betsi Cadwaladr	5,136	5,385	5,396	5,331	5,564	5,535	5,450	5,468	5,487
Cardiff and Vale	2,404	2,399	2,459	2,440	2,471	2,488	2,505	2,541	2,519
Cwm Taf Morgannwg	3,626	3,602	3,696	3,695	3,777	3,740	3,679	3,813	3,745
Hywel Dda	2,821	2,831	2,827	2,833	2,786	2,785	2,706	2,816	2,811
Powys	1,125	1,118	1,117	1,125	1,156	1,166	1,126	1,130	1,037
Swansea Bay	3,283	3,225	3,128	3,380	3,341	3,273	3,204	3,199	3,204

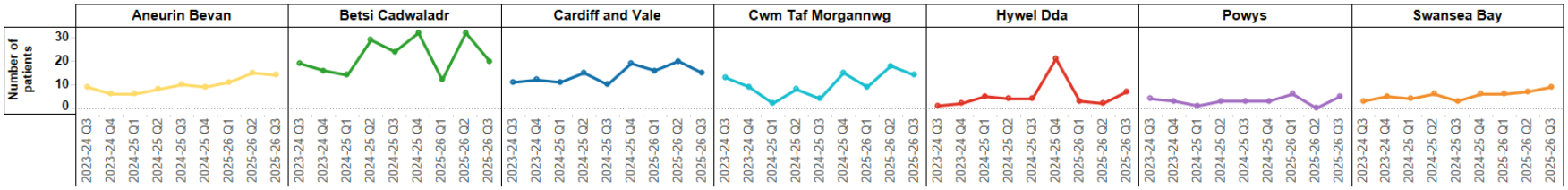
Prescribing Safety Indicators specific to females

14. Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.



Number of patients	11	12	8	9	7	5	4	4	6
	33	31	28	27	28	26	22	21	18
	12	19	42	32	13	18	17	13	13
	9	9	8	7	5	4	4	3	5
	9	10	9	10	13	10	8	4	6
	4	3	2	2	2	4	3	2	2
	14	14	17	16	16	18	16	8	10

15. Number of female patients aged 14–55 years with a prescription for oral retinoids.



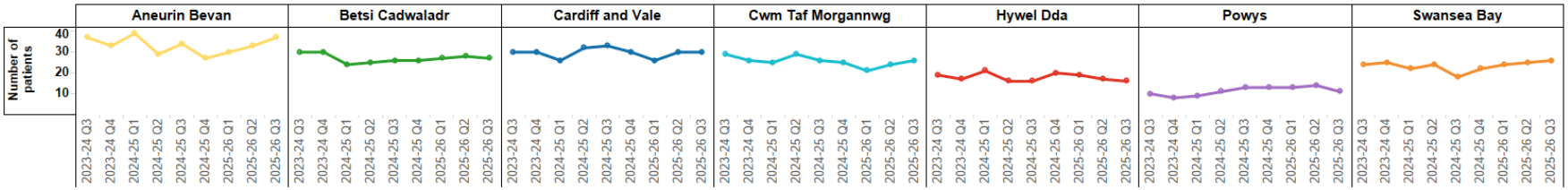
Number of patients	9	6	6	8	10	9	11	15	14
	19	16	14	29	24	32	12	32	20
	11	12	11	15	10	19	16	20	15
	13	9	2	8	4	15	9	18	14
	1	2	5	4	4	21	3	2	7
	4	3	1	3	3	3	6	0	5
	3	5	4	6	3	6	6	7	9

16. Number of female patients aged 14–55 years with a prescription for topiramate.

Currently unable to include graph as data unavailable

Prescribing Safety Indicators related to 'other'

17. Number of patients aged under 16 years with a current prescription for aspirin.

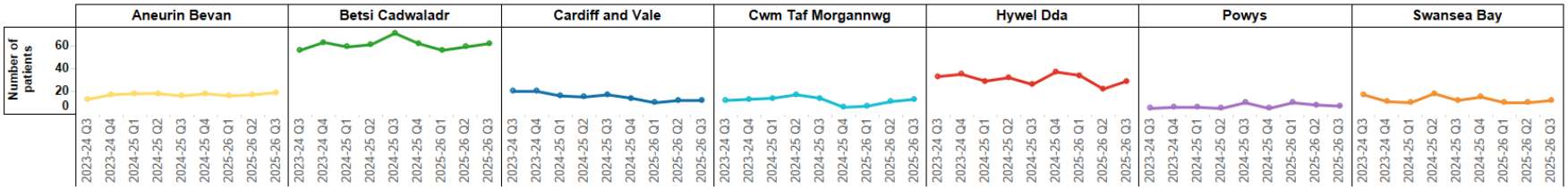


	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	37	33	39	29	34	27	30	33	37
Betsi Cadwaladr	30	30	24	25	26	26	27	28	27
Cardiff and Vale	30	30	26	32	33	30	26	30	30
Cwm Taf Morgannwg	29	26	25	29	26	25	21	24	26
Hywel Dda	19	17	21	16	16	20	19	17	16
Powys	10	8	9	11	13	13	13	14	11
Swansea Bay	24	25	22	24	18	22	24	25	26

18. Number of patients with asthma who have been prescribed a non-cardioselective beta-blocker.

Currently unable to include graph as data unavailable

19. Number of patients with concurrent prescriptions for verapamil and a beta-blocker.



	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3
Aneurin Bevan	13	17	18	18	16	18	16	17	19
Betsi Cadwaladr	56	63	59	61	71	62	56	59	62
Cardiff and Vale	20	20	16	15	17	14	10	12	12
Cwm Taf Morgannwg	12	13	14	17	14	6	7	11	13
Hywel Dda	33	35	29	32	26	37	34	22	29
Powys	5	6	6	5	10	5	10	8	7
Swansea Bay	17	11	10	18	12	15	10	10	12

20. Number of female patients aged 55 years and under with a prescription for sodium valproate.

Currently unable to include graph as data unavailable

21. Number of male patients with a prescription for sodium valproate.

Currently unable to include graph as data unavailable

2.1.2 Hypnotics and anxiolytics

Purpose: To encourage a reduction in the inappropriate prescribing of hypnotics and anxiolytics in primary care.

Unit of measure: Hypnotic and anxiolytic UDG ADQs per 1,000 STAR-PUs.

Aim: To reduce prescribing.

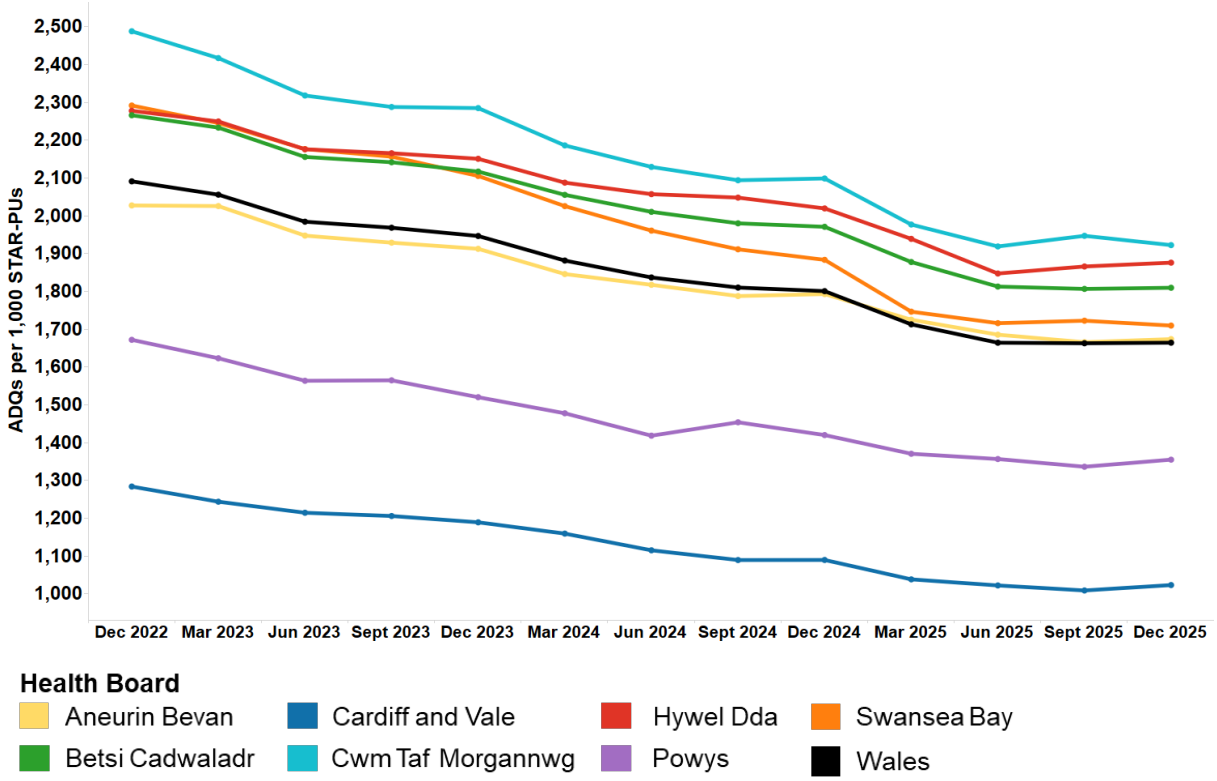
There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

- Across Wales, the prescribing of hypnotics and anxiolytics decreased by 7.58% for the quarter ending December 2025 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending December 2025, hypnotic and anxiolytic prescribing ranged from 1,023 to 1,922 ADQs per 1,000 STAR-PUs across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- Hypnotic and anxiolytic prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Swansea Bay UHB, and the smallest percentage decrease was seen in Powys Teaching HB, compared with the equivalent quarter of the previous year.

Table 14. Hypnotic and anxiolytic UDG ADQs per 1,000 STAR-PUs

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Swansea Bay	1,883	1,709	-9.23%
Cwm Taf Morgannwg	2,098	1,922	-8.40%
Betsi Cadwaladr	1,971	1,809	-8.18%
Hywel Dda	2,019	1,876	-7.10%
Aneurin Bevan	1,793	1,674	-6.64%
Cardiff and Vale	1,089	1,023	-6.09%
Powys	1,420	1,355	-4.58%
Wales	**1,801**	**1,664**	**-7.58%**

Figure 15. Trend in hypnotic and anxiolytic UDG ADQs per 1,000 STAR-PUs



2.1.3 Yellow Cards

Purpose: To encourage an increase in the number of Yellow Cards submitted in Wales.

Unit of measure: Number of Yellow Cards submitted per GP practice, by secondary care, per health board/NHS trust and by members of the public.

Number of Yellow Cards submitted by community pharmacies, by health board.

Aim: To increase reporting.

The Yellow Card Scheme is vital in helping the Medicines and Healthcare products Regulatory Agency (MHRA) monitor the safety of medicines and vaccines that are on the market.

Yellow Card reporting supports the identification and collation of ADRs, which might not have been known about before.

A strong safety culture requires good reporting of adverse events and critical incidents from across all professions and healthcare settings, as well as from patients.

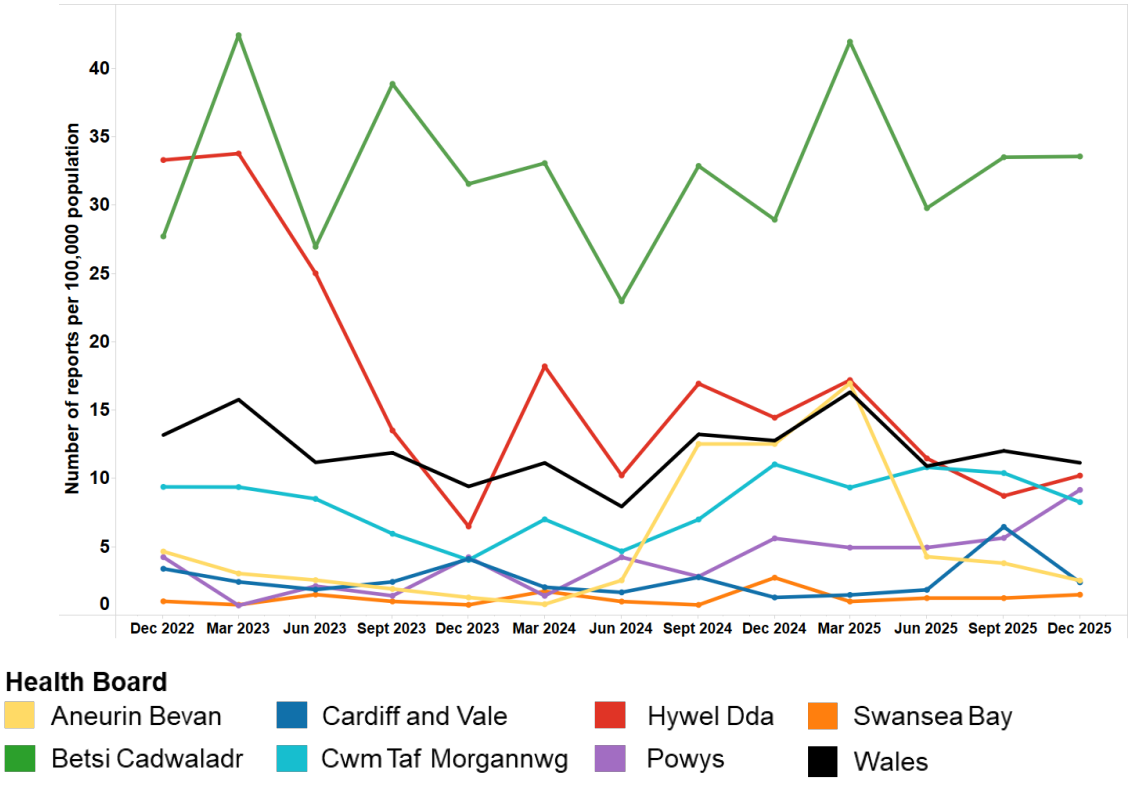
2.1.3.1 GP practices

- Across Wales, the number of Yellow Cards submitted by GP practices decreased by 13% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending December 2025, number of Yellow Cards submitted by GP practices ranged from 6 to 241 across the health boards.
- The health board with the lowest reporting was Swansea Bay UHB, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- The largest percentage increase was seen in Cardiff and Vale UHB, and the largest percentage decrease was seen in Aneurin Bevan UHB, compared with the equivalent quarter of the previous year.

Table 15. Number of Yellow Cards submitted by GP practices

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Cardiff and Vale	7	13	86%
Powys	8	13	63%
Betsi Cadwaladr	207	241	16%
Cwm Taf Morgannwg	52	39	-25%
Hywel Dda	58	41	-29%
Swansea Bay	11	6	-45%
Aneurin Bevan	79	16	-80%
Wales	**422**	**369**	**-13%**

Figure 16. Trend in number of Yellow Cards submitted by GP practices per 100,000 health board population



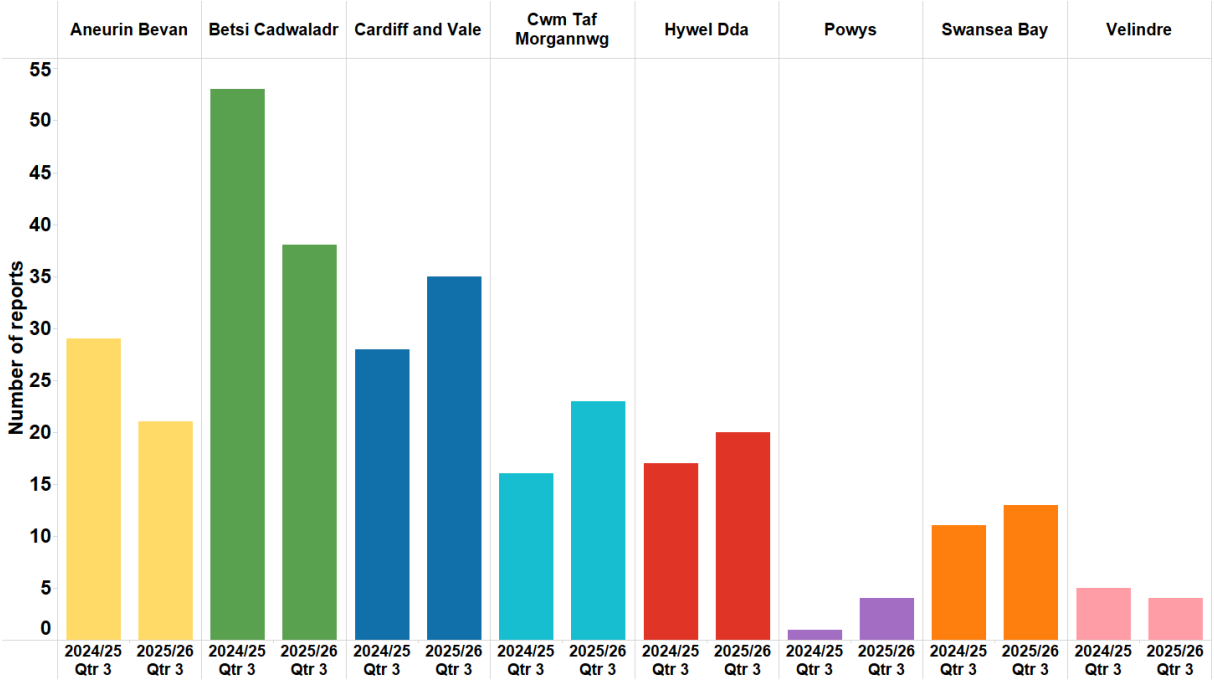
2.1.3.2 Secondary care

- Across Wales, the number of Yellow Cards submitted by secondary care decreased by 1% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending December 2025, number of Yellow Cards submitted by secondary care ranged from 4 to 38 across the health boards/NHS trust.
- The lowest reporting was seen in Powys Teaching HB and Velindre NHS Trust, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- The largest percentage increase in secondary care reporting was seen in Powys Teaching HB, and the largest percentage decrease was seen in Betsi Cadwaladr UHB, compared with the equivalent quarter of the previous year.

Table 16. Number of Yellow Cards submitted by secondary care

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	1	4	300%
Cwm Taf Morgannwg	16	23	44%
Cardiff and Vale	28	35	25%
Hywel Dda	17	20	18%
Swansea Bay	11	13	18%
Velindre	5	4	-20%
Aneurin Bevan	29	21	-28%
Betsi Cadwaladr	53	38	-28%
Wales	**160**	**158**	**-1%**

Figure 17. Number of Yellow Cards submitted by secondary care – Quarter ending December 2025 versus quarter ending December 2024



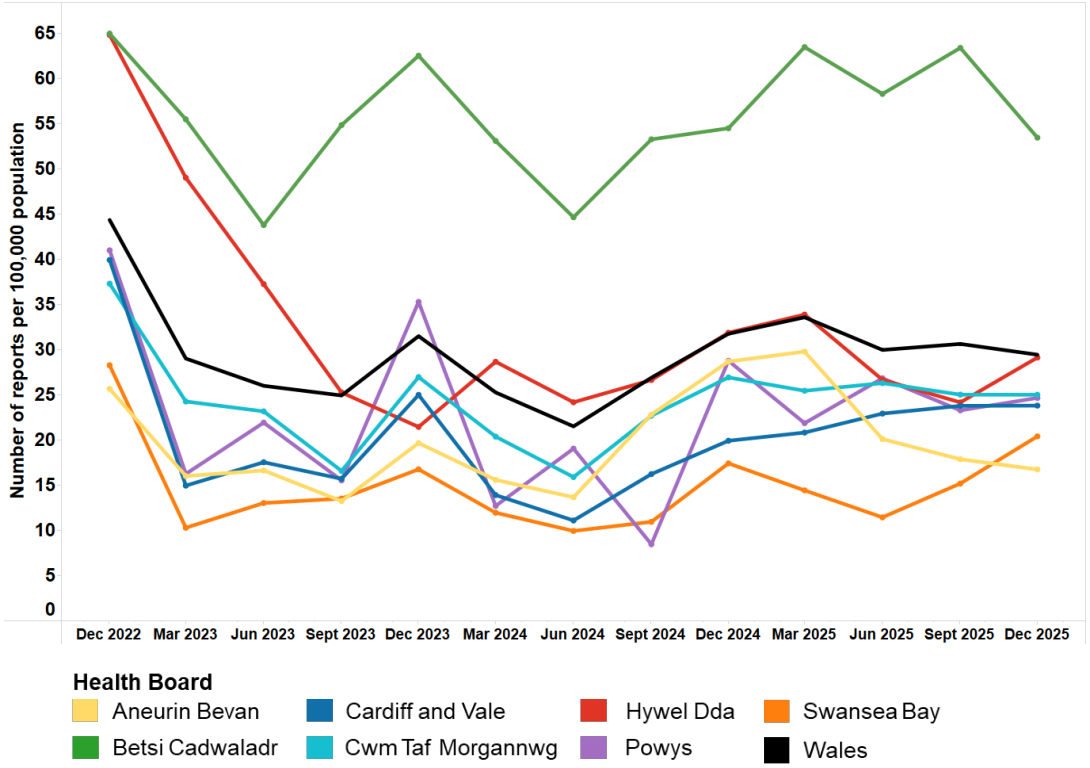
2.1.3.3 Health boards/NHS trust

- Across Wales, the number of Yellow Cards submitted by health boards/NHS trust decreased by 7% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending December 2025, number of Yellow Cards submitted by health boards/NHS trust ranged from 4 to 384 across the health boards.
- The lowest reporting was seen in Velindre NHS Trust, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- The largest percentage increase was seen in Cardiff and Vale UHB, and the largest percentage decrease was seen in Aneurin Bevan UHB, compared with the equivalent quarter of the previous year.

Table 17. Number of Yellow Cards submitted by health board/NHS trust

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Cardiff and Vale	108	129	19%
Swansea Bay	70	82	17%
Betsi Cadwaladr	390	384	-2%
Cwm Taf Morgannwg	127	118	-7%
Hywel Dda	128	117	-9%
Powys	41	35	-15%
Velindre	5	4	-20%
Aneurin Bevan	181	106	-41%
Wales	**1,050**	**975**	**-7%**

Figure 18. Trend in number of Yellow Cards submitted by health boards/NHS trust per 100,000 health board population



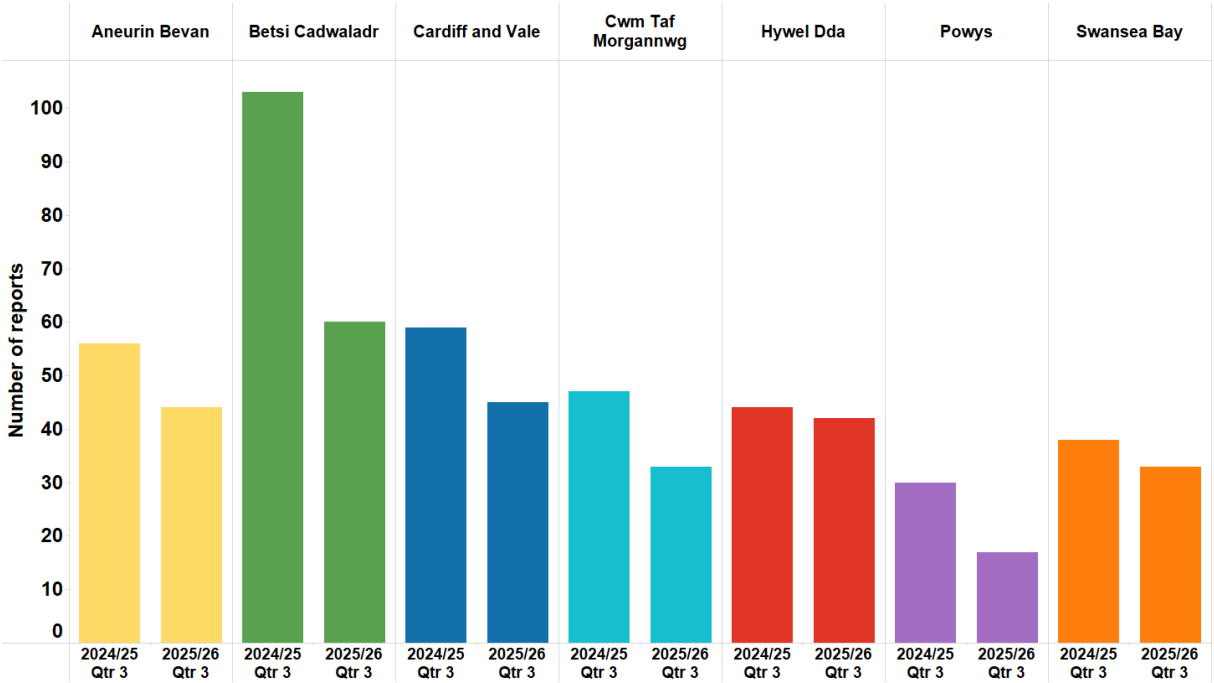
2.1.3.4 Members of the public

- Across Wales, the number of Yellow Cards submitted by members of the public decreased by 27% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending December 2025, number of Yellow Cards submitted by members of the public ranged from 17 to 60 across the health boards.
- The health board with the lowest reporting was Powys Teaching HB, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- No health board demonstrated a percentage increase in member of the public reporting.
- The smallest percentage decrease was seen in Hywel Dda UHB, and the largest percentage decrease was seen in Powys Teaching HB, compared with the equivalent quarter of the previous year.

Table 18. Number of Yellow Cards submitted by members of the public

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Hywel Dda	44	42	-5%
Swansea Bay	38	33	-13%
Aneurin Bevan	56	44	-21%
Cardiff and Vale	59	45	-24%
Cwm Taf Morgannwg	47	33	-30%
Betsi Cadwaladr	103	60	-42%
Powys	30	17	-43%
Wales	**377**	**274**	**-27%**

Figure 19. Number of Yellow Cards submitted by members of the public – Quarter ending December 2025 versus quarter ending December 2024



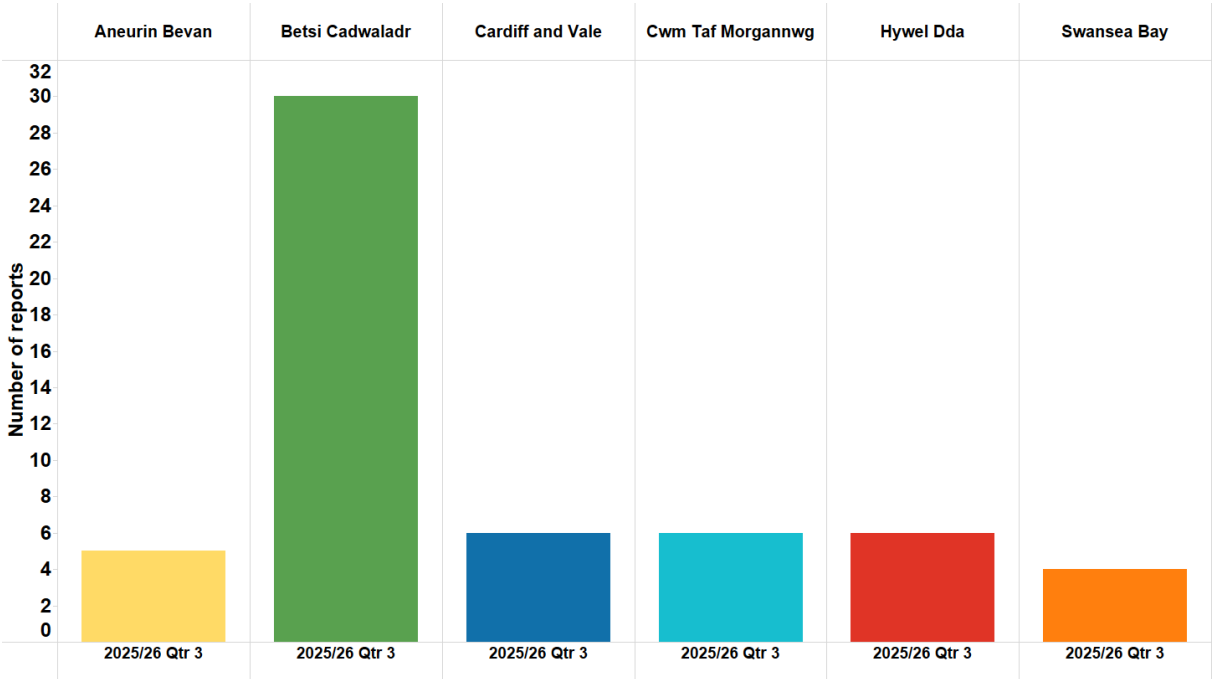
2.1.3.5 Community pharmacy

- Across Wales, a total of 57 Yellow Card reports were submitted by community pharmacies during the quarter ending December 2025.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 30.
- The health board with the lowest reporting was Powys Teaching HB, whilst the highest reporting was seen in Betsi Cadwaladr UHB.

Table 19. Number of Yellow Cards submitted by community pharmacies

	2025–2026 Qtr 3
Betsi Cadwaladr	30
Cardiff and Vale	6
Cwm Taf Morgannwg	6
Hywel Dda	6
Aneurin Bevan	5
Swansea Bay	4
Powys	0
Wales	**57**

Figure 20. Number of Yellow Cards submitted by community pharmacy – Quarter ending December 2025



2.2 Efficiency

2.2.1 Best value biological medicines

Purpose: To ensure prescribing of best value biological medicines supports cost-efficient prescribing in primary and secondary care in Wales.

Unit of measure: Quantity of best value biological medicines prescribed as a percentage of total 'biosimilar' plus 'reference' product.

Aim: Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.

Biological medicines are those that are made or derived from a biological source and, as such, are complex, with inherent variability in their structure. A biosimilar medicine is a biological medicine that is developed to be highly similar and clinically equivalent to an existing biological medicine (i.e. 'reference' medicine or 'originator' medicine). Continuing development of biosimilar medicines offers increased choice for patients and clinicians.

There is an increasing range of biosimilar products becoming available and therefore new products will be monitored and reported on in this section of the NPI report as they begin to be used within NHS Wales.

MHRA guidelines state that biological medicines, including biosimilar medicines, must be prescribed by brand name to prevent automatic substitution taking place without clinician and patient involvement, and to support ongoing pharmacovigilance of the individual products.

The data reported in this section focus primarily on the biological medicines with the potential to bring the greatest additional value to NHS Wales, i.e. adalimumab, ranibizumab and ustekinumab.

In the cases of infliximab, etanercept, rituximab and trastuzumab, only data for the latest quarter are reported. This is because the proportional use of the best value biologic options for each has increased to the point that continued reporting of year-on-year percentage changes has become less valuable and potentially misleading.

Please note: Where relevant, data for the primary care usage of the biological medicines have been included within the overall figures.

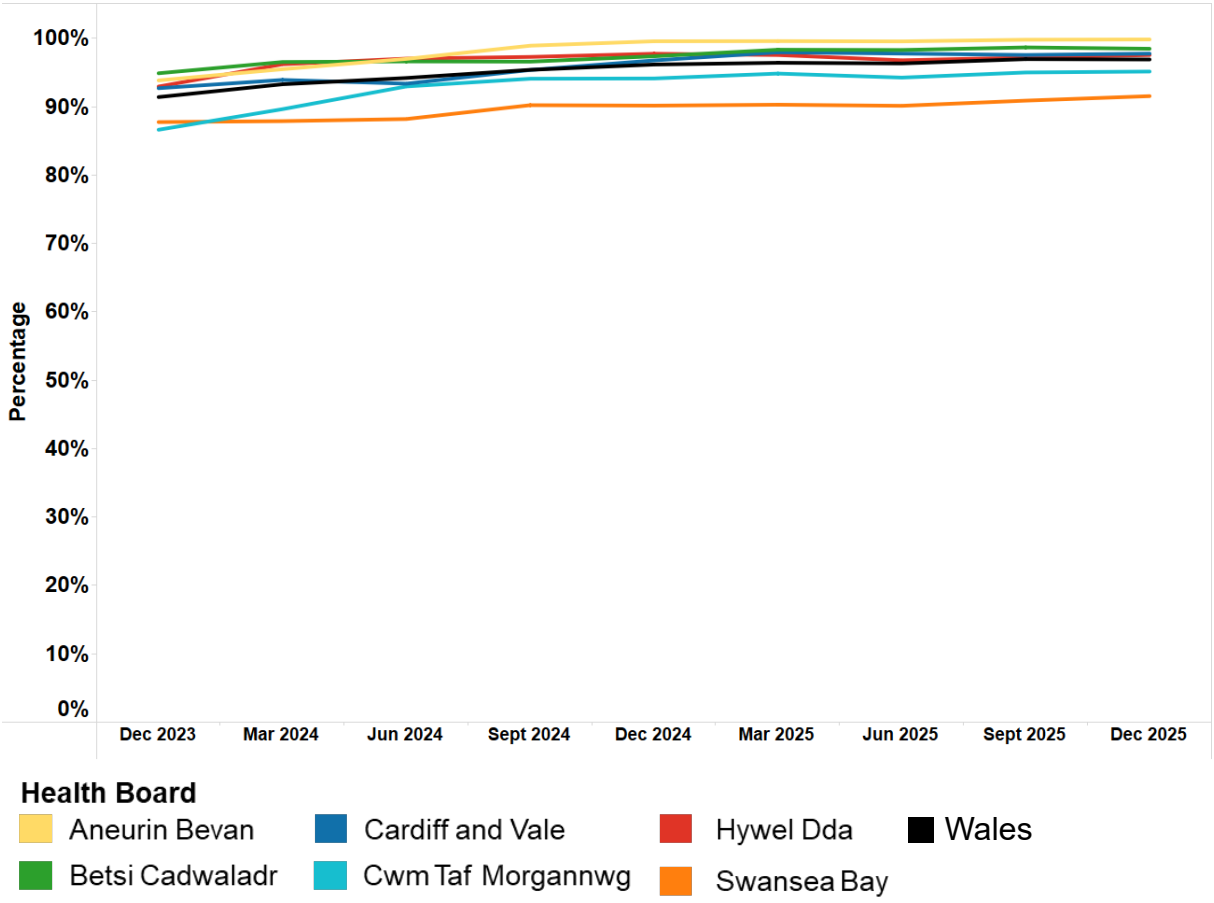
2.2.1.1 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 0.77%, for the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2025, adalimumab biosimilar prescribing ranged from 91.6% to 99.8% across the health boards.
- The health board with the highest percentage was Aneurin Bevan UHB, whilst the lowest percentage was seen in Swansea Bay UHB.
- Swansea Bay UHB demonstrated the largest percentage increase, and Hywel Dda UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 20. Adalimumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Swansea Bay	90.2%	91.6%	1.54%
Betsi Cadwaladr	97.4%	98.5%	1.12%
Cwm Taf Morgannwg	94.1%	95.2%	1.08%
Cardiff and Vale	96.8%	97.8%	1.03%
Aneurin Bevan	99.6%	99.8%	0.27%
Hywel Dda	97.8%	97.6%	-0.19%
Wales	**96.2%**	**96.9%**	**0.77%**

Figure 21. Trend in adalimumab biosimilar (Amgevita®, Idacio®, Imraldi®, Yuflyma®) as a percentage of total biosimilar plus reference product prescribed



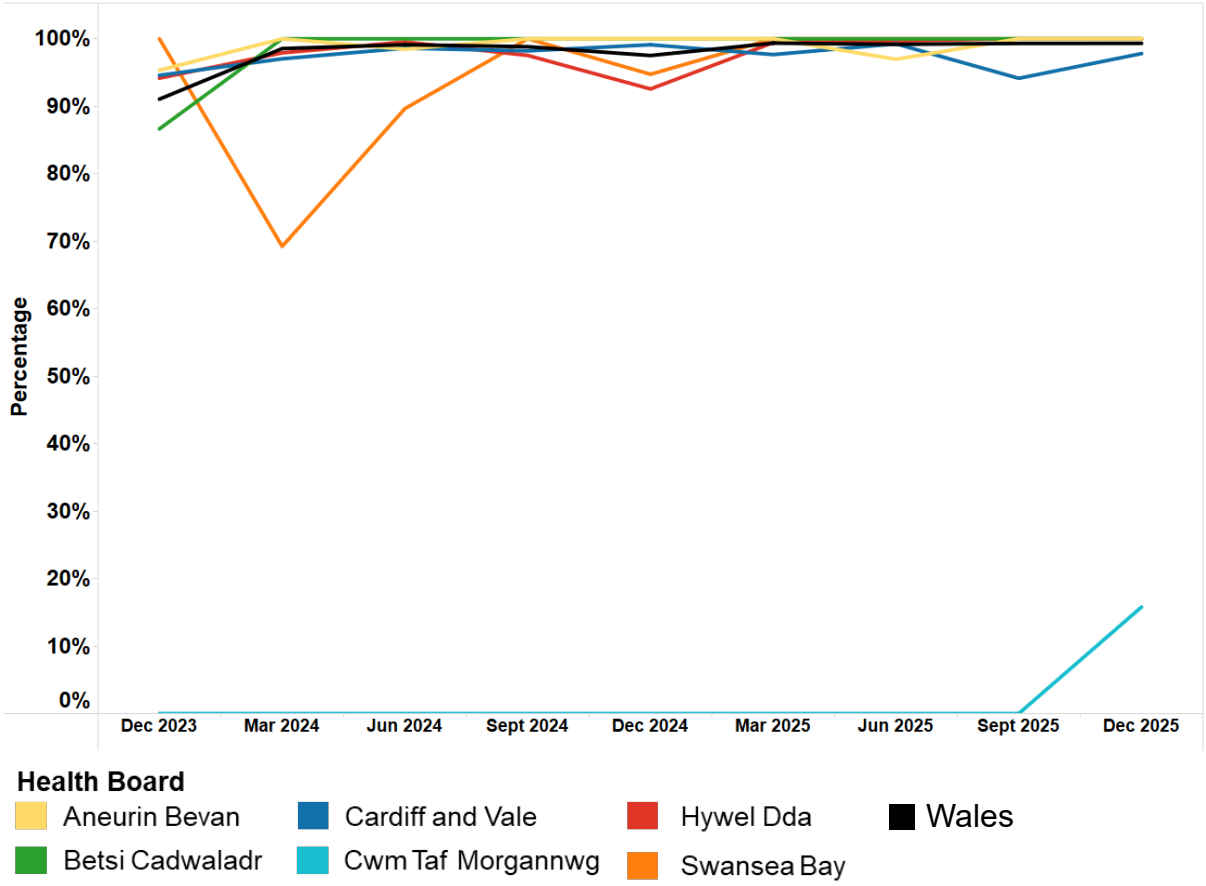
2.2.1.2 Ranibizumab

- Across Wales, ranibizumab biosimilar prescribing increased by 1.85%, for the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2025, ranibizumab biosimilar prescribing ranged from 15.8% to 100% across the health boards.
- The health boards with the highest percentage of ranibizumab biosimilar usage (100%) were Aneurin Bevan, Betsi Cadwaladr, Hywel Dda and Swansea Bay UHBs.
- Hywel Dda UHB demonstrated the largest percentage increase, and Cardiff and Vale UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 21. Ranibizumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Hywel Dda	92.6%	100%	8.04%
Swansea Bay	94.7%	100%	5.56%
Cwm Taf Morgannwg	0.00%	15.8%	N/A
Aneurin Bevan	100%	100%	0.00%
Betsi Cadwaladr	100%	100%	0.00%
Cardiff and Vale	99.1%	97.8%	-1.32%
Wales	**97.8%**	**99.3%**	**1.85%**

Figure 22. Trend in ranibizumab biosimilar (Ongavia®, Rimmyrah®) as a percentage of total biosimilar plus reference product prescribed



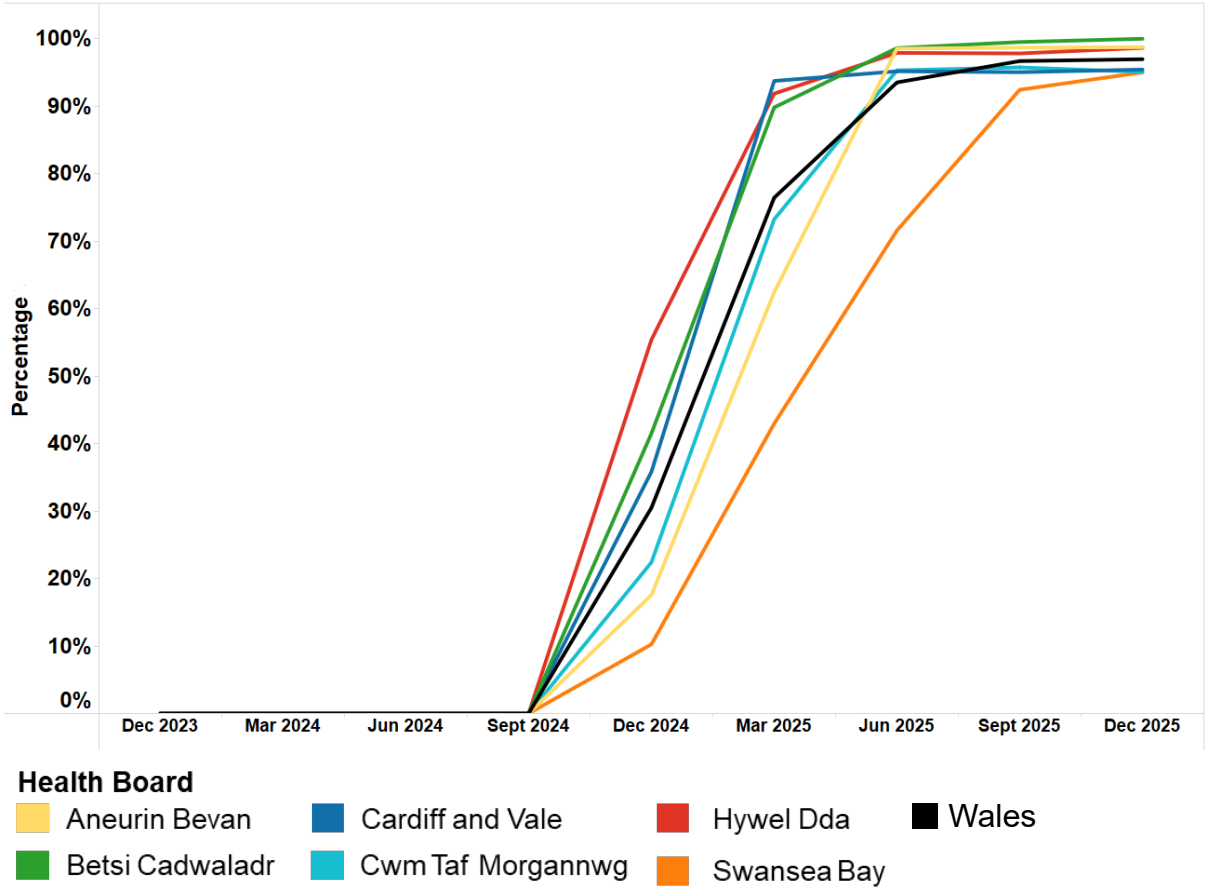
2.2.1.3 Ustekinumab

- Across Wales, ustekinumab biosimilar prescribing increased by 218%, for the quarter ending December 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2025, ustekinumab biosimilar prescribing ranged from 95.0% to 100% across the health boards.
- The health board with the highest percentage of ustekinumab biosimilar usage was Betsi Cadwaladr UHB, and Swansea Bay UHB demonstrated the lowest percentage of ustekinumab biosimilar.
- Ustekinumab biosimilar prescribing increased, compared with the equivalent quarter of the previous year, in all health boards.
- Swansea Bay UHB demonstrated the largest percentage increase, and Hywel Dda UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 22. Ustekinumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Swansea Bay	10.2%	95.0%	828%
Aneurin Bevan	17.6%	98.8%	462%
Cwm Taf Morgannwg	22.4%	95.1%	324%
Cardiff and Vale	35.8%	95.4%	166%
Betsi Cadwaladr	41.5%	100%	141%
Hywel Dda	55.4%	98.6%	78.1%
Wales	**30.5%**	**97.0%**	**218%**

Figure 23. Trend in ustekinumab biosimilar (Pyzchiva®, Stelara®, Steqeyma®, Uzpruvo®, Wezenla®) as a percentage of total biosimilar plus reference product prescribed



2.2.1.4 Infliximab, etanercept, rituximab and trastuzumab

- In the cases of infliximab, etanercept, rituximab and trastuzumab, the proportional use of the best value biologic options for each has increased to the point that continued reporting of year-on-year percentage changes has become less valuable and potentially misleading. The data displayed here summarise the latest quarter's performance only.
- For more in-depth analysis and the option of carrying out year-on-year comparisons, all current and historical data can be analysed as part of the 'Biosimilars efficiencies' dashboard on the Server for Prescribing Information Reporting and Analysis (SPIRA): spira.uk/info.

Table 23. Infliximab, etanercept, rituximab and trastuzumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2025–2026 Qtr 3			
	Infliximab	Etanercept	Rituximab	Trastuzumab
Aneurin Bevan	98.8%	99.0%	100%	N/A
Betsi Cadwaladr	99.9%	94.5%	100%	100%
Cardiff and Vale	100%	91.5%	100%	N/A
Cwm Taf Morgannwg	99.7%	91.9%	100%	100%
Hywel Dda	99.5%	88.4%	98.3%	100%
Swansea Bay	95.2%	86.3%	100%	100%
Velindre	100%	N/A	N/A	100%
Wales	**98.9%**	**91.1%**	**99.8%**	**100%**

2.2.1.5 Total biosimilar usage

Within Wales there was an increase in the use of the reported biosimilar medicines (specifically adalimumab, etanercept, infliximab, ranibizumab, rituximab, trastuzumab and ustekinumab) combined as a percentage of reported reference biological medicines plus biosimilars combined, from 94% to 96% for the quarter ending December 2025 compared with the equivalent quarter of the previous year.

Figure 24. Biosimilars as a percentage of total biosimilar plus reference product prescribed – Quarter ending December 2025

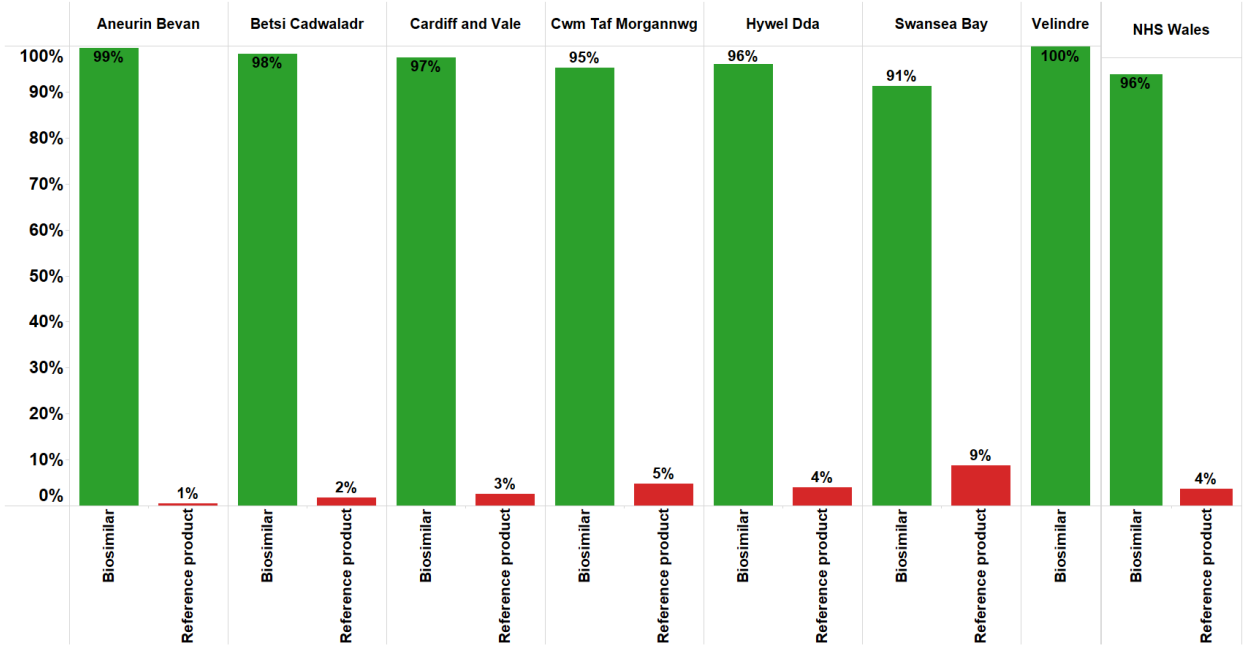
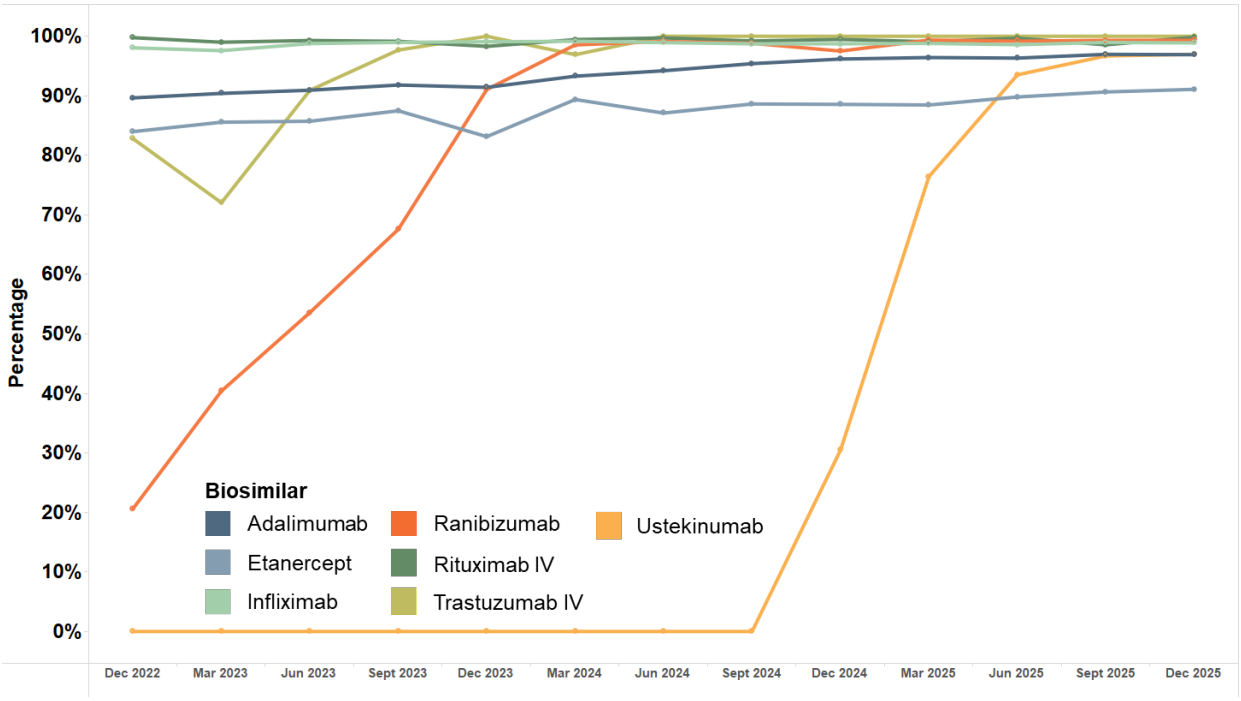


Figure 25. Trend in biosimilars as a percentage of total biosimilar plus reference product prescribed in Wales



2.2.2 Low value for prescribing

Purpose: To drive a reduction in the prescribing of items considered not suitable for routine prescribing in Wales.

Unit of measure: Low value for prescribing UDG spend (£) per 1,000 patients.

Aim: To reduce prescribing of items considered not suitable for prescribing in Wales.

The aim of the *Items identified as low value for prescribing in NHS Wales* initiative is to minimise the prescribing of items that offer a limited clinical benefit to patients and where more cost-effective treatments may be available.

Four items/item groups were identified for the purposes of the first phase of this initiative:

- co-proxamol
- lidocaine plasters
- liothyronine
- doxazosin modified release tablets.

An additional four items/item groups were included in the second phase:

- omega-3 fatty acid compounds
- oxycodone and naloxone combination product
- paracetamol and tramadol combination product
- perindopril arginine.

An additional three items/item groups were included from the third phase:

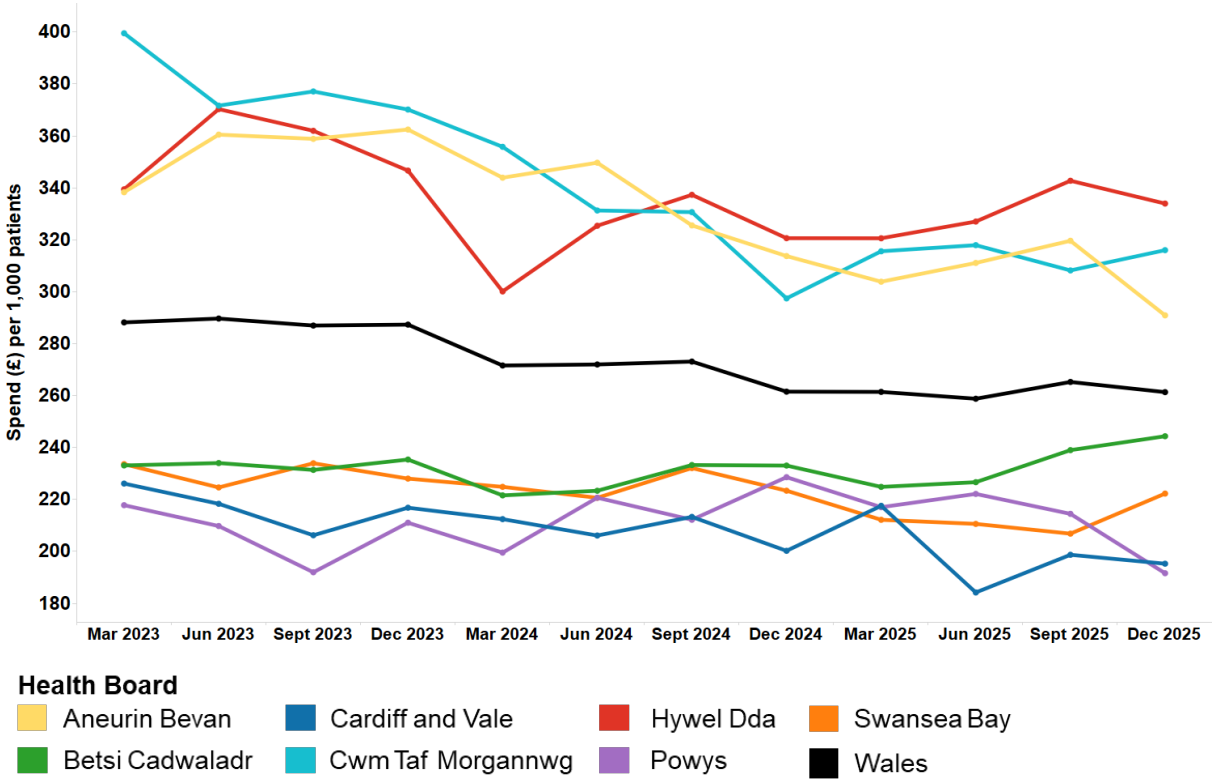
- chloral hydrate
- rubefacients
- alimemazine.

- Across Wales, low value for prescribing UDG spend per 1,000 patients decreased by 0.07% for the quarter ending December 2025, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2025, low value for prescribing UDG spend per 1,000 patients ranged from £192 to £334 across the health boards.
- The health board with the lowest spend was Powys Teaching HB, whilst the highest spend was seen in Hywel Dda UHB.
- The health board with the greatest percentage decrease was Powys Teaching HB, and Cwm Taf Morgannwg UHB demonstrated the largest percentage increase, compared with the equivalent quarter of the previous year.

Table 24. Low value for prescribing UDG spend (£) per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	229	192	-16.2%
Aneurin Bevan	314	291	-7.28%
Cardiff and Vale	200	195	-2.48%
Swansea Bay	223	222	-0.50%
Hywel Dda	321	334	4.16%
Betsi Cadwaladr	233	244	4.85%
Cwm Taf Morgannwg	297	316	6.25%
Wales	**262**	**261**	**-0.07%**

Figure 26. Trend in low value for prescribing UDG spend (£) per 1,000 patients



Caution with interpreting NPI monitoring data

Calculations for the percentage difference reported are based on raw data, and values may therefore vary slightly from those calculated from the data tables or graphs, where figures have been rounded up or down.

Data for the Prescribing Safety Indicators have been provided by Audit+, the GP software tool delivered and supported by DHCW.

Hospital pharmacy systems record the issue of medicines within the secondary and tertiary care settings in Wales. Where supplies are issued to named patients, it can be assumed that the difference between number of medicines issued and number administered to patients is not significant. However, when the supplies are issued to wards or clinics, these items are often held as stock and therefore may be administered to patients at a considerably later point in time. However, within this report they are only considered for analysis within the time period they were issued.

The report includes medicines supplied by homecare providers which are recorded through the hospital systems.

Medicines supplied through hospitals in England or on FP10HP (issued by hospital clinicians in NHS England) to patients resident in Wales are not included in this report.

Combining data obtained from two different software systems provides challenges, particularly as these report data via different measurement criteria. Hence, in order to amalgamate data, AWTTC determine a standard unit of measure to support calculations such as total quantity.

Glossary

ADQ – The average daily quantity (ADQ) is 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. The ADQ is not a recommended dose but an analytical unit to compare prescribing activity.

DDD – The defined daily dose (DDD), developed by the World Health Organization, is a unit of measurement 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.

OME – Oral morphine equivalence (OME) is a measurement unit of 'mg of oral morphine equivalent dose' and aims to account for the variation in strength across all opioids. It is a widely reported and well understood unit used within healthcare and research, for both general therapeutic areas and in specialist pain management settings.

Prescribing – Although the term 'prescribing' is used in this report, the data presented within the primary care section represent prescriptions that have been dispensed and forwarded for pricing. It is assumed that the difference between the number of prescriptions issued and those dispensed is not significant, and that dispensing provides an accurate representation of prescribing. In relation to the secondary care data presented within this report, please see information on Medusa records in Caution with interpreting NPI monitoring data section.

STAR-PU – Specific therapeutic group age-sex related prescribing units (STAR-PUs) are 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-PUs have been developed based on costs of prescribing of items within therapeutic groups.

UDG – A user-defined group (UDG) is a specific basket of items developed to monitor a particular NPI.

Appendix 1. AWMSG National Prescribing Indicators 2025–2028

Table A1. Priority area NPIs for 2025–2028

National Prescribing Indicator	Applicable to:	Unit(s) of measure	Target for 2025–2028	Data source
Priority areas				
Analgesics	Primary care	Opioid burden UDG OME per 1,000 patients. High strength opioid UDG with a likely daily dose of ≥ 120 mg OME per 1,000 patients.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NHS Wales Shared Services Partner-ship (NWSSP)
		Tramadol DDDs per 1,000 patients.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NWSSP
		Gabapentin and pregabalin DDDs per 1,000 patients.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NWSSP
Antimicrobial stewardship	Primary care	Total antibacterial DDDs per 1,000 STAR-PUs.	Health board: A quarterly reduction of 6%, 7% and 8% in subsequent years against a baseline of data from April 2019–March 2020. GP practice: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		Total antibacterial items per 1,000 STAR-PUs.	GP practice: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	
		4C antimicrobial DDDs per 1,000 patients.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP

National Prescribing Indicator	Applicable to:	Unit(s) of measure	Target for 2025–2028	Data source
Priority areas				
		4C antimicrobial items per 1,000 patients.		
		Amoxicillin 500 mg capsules prescribed for 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations. Doxycycline 100 mg capsules prescribed for 5-day duration, as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations. Clarithromycin 500 mg tablets prescribed for 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations.	75% of prescriptions issued as a 5-day duration versus all 5- and 7-day durations.	NWSSP
Respiratory	Primary care	Number of DPIs and SMIs as a percentage of all inhalers prescribed.	80% of inhalers prescribed to be of low GWP or show an increase towards the quartile above.	NWSSP
		Number of SABA items as a percentage of all inhalers prescribed.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NWSSP

National Prescribing Indicator	Applicable to:	Unit(s) of measure	Target for 2025–2028	Data source
Priority areas				
SGLT-2 inhibitors	Primary care	Number of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor.	Increase the number of patients with T2DM and CHF prescribed an SGLT-2 inhibitor.	DHCW
	Primary care	Number of patients with T2DM and CKD who are currently treated with an ARB or ACE inhibitor prescribed an SGLT-2 inhibitor.	Increase the number of patients with T2DM and CKD prescribed an SGLT-2 inhibitor.	DHCW
	Primary care	Number of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor and have an ACR ≥ 22.6 mg/mmol prescribed an SGLT-2 inhibitor.	Increase the number of patients with non-diabetic CKD prescribed an SGLT-2 inhibitor.	DHCW

Table A2. Supporting domain NPIs for 2025–2028

National Prescribing Indicator	Applicable to:	Unit of measure	Target for 2025–2028	Data source
Supporting domain: Safety				
Prescribing Safety Indicators	Primary care	Number of patients identified.	No target set.	DHCW
Hypnotics and anxiolytics	Primary care	Hypnotic and anxiolytic UDG ADQs per 1,000 STAR-PUs.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NWSSP
Yellow Cards	Primary care	Number of Yellow Cards submitted.	One Yellow Card per 2,000 GP practice population.	MHRA
	Health board		One Yellow Card per 2,000 health board population. 10% or greater increase from baseline (previous financial year) for Yellow Cards submitted by secondary care. 25% or greater increase from baseline (previous financial year) for Yellow Cards submitted by members of the public.	
	Community pharmacy		No target set. Reported as the number of Yellow Cards submitted by health board.	
Supporting domain: Efficiency				
Best value biological medicines	Primary + secondary care	Quantity of best value biological medicines prescribed as a percentage of total biosimilar plus reference product.	Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.	NWSSP DHCW
Low value for prescribing	Primary care	Low value for prescribing UDG spend (£) per 1,000 patients.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NWSSP

Appendix 2. Primary care NPI prescribing by GP cluster

Figure A1. Opioid burden prescribing – Quarter ending December 2025 versus quarter ending December 2024

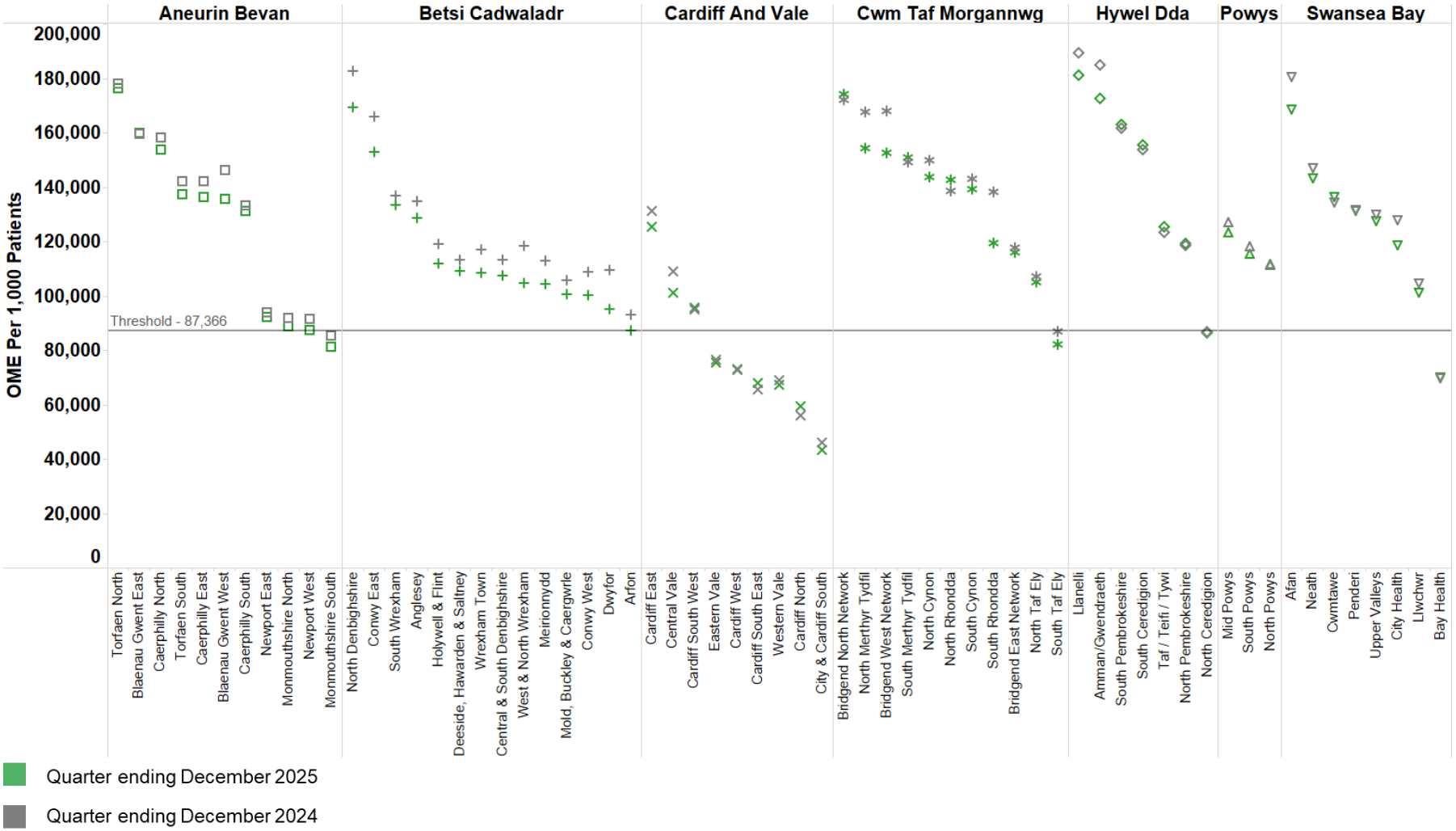


Figure A2. High strength opioid prescribing – Quarter ending December 2025 versus quarter ending December 2024

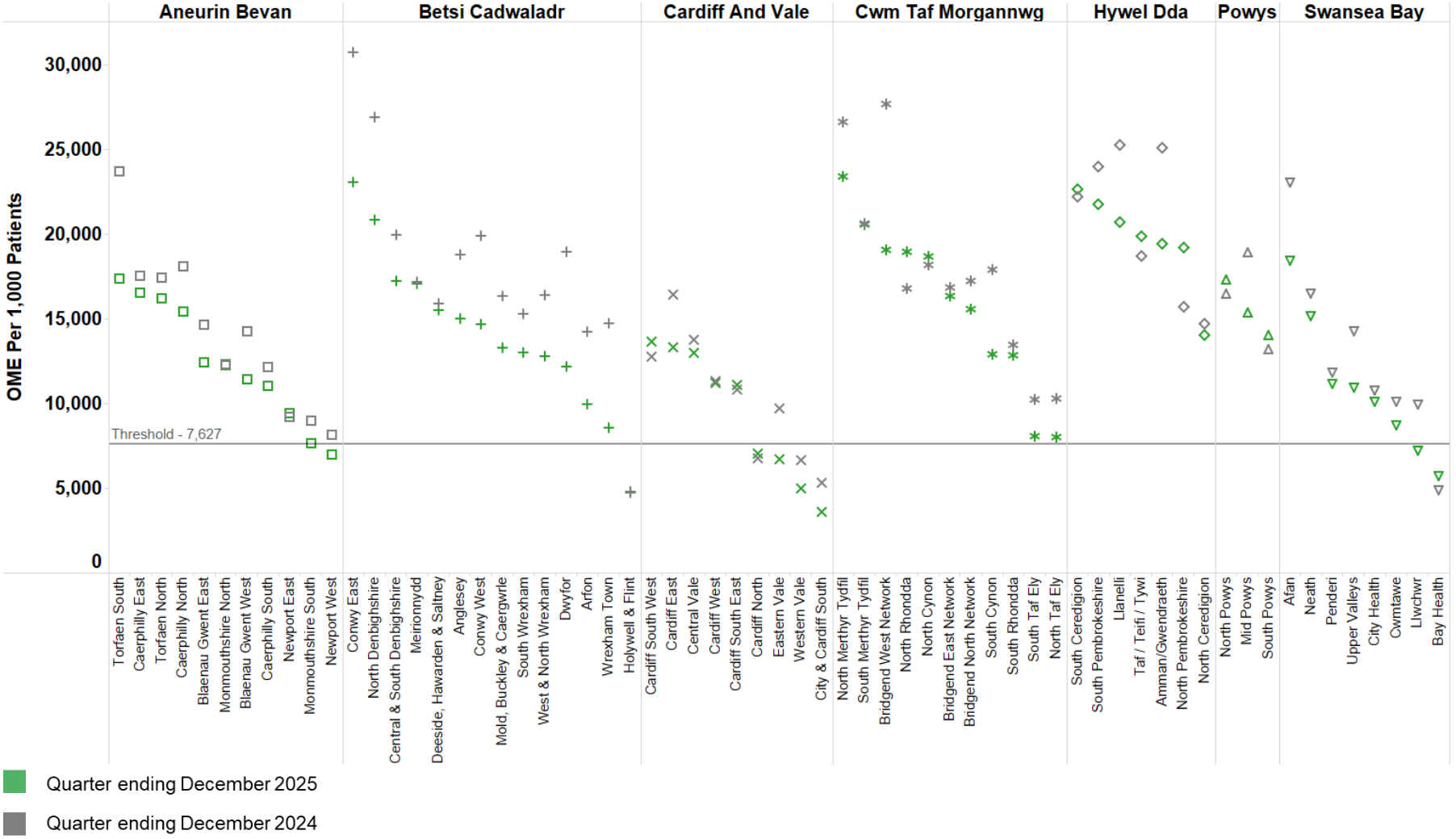


Figure A3. Tramadol prescribing – Quarter ending December 2025 versus quarter ending December 2024

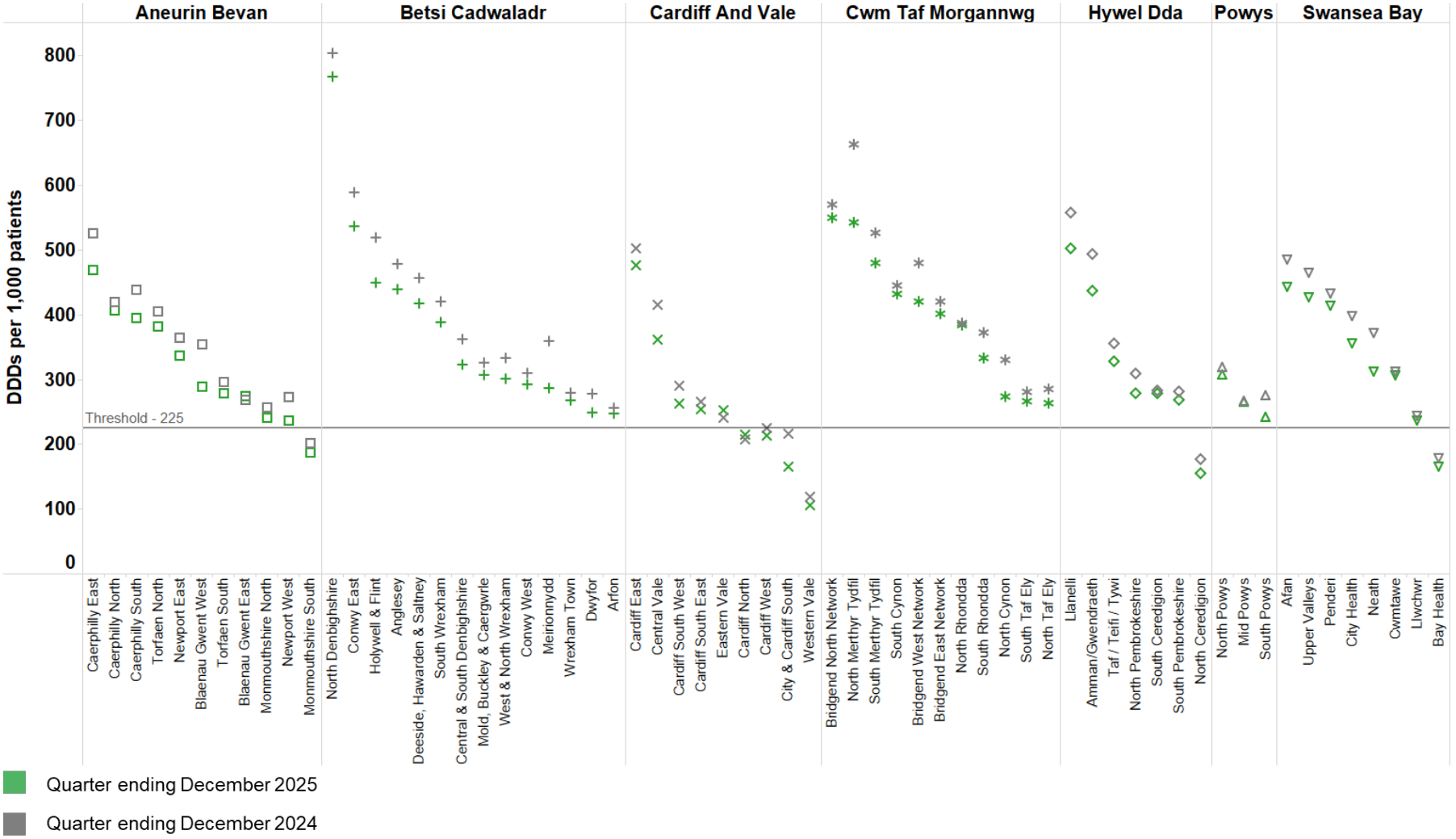


Figure A4. Gabapentin and pregabalin prescribing – Quarter ending December 2025 versus quarter ending December 2024

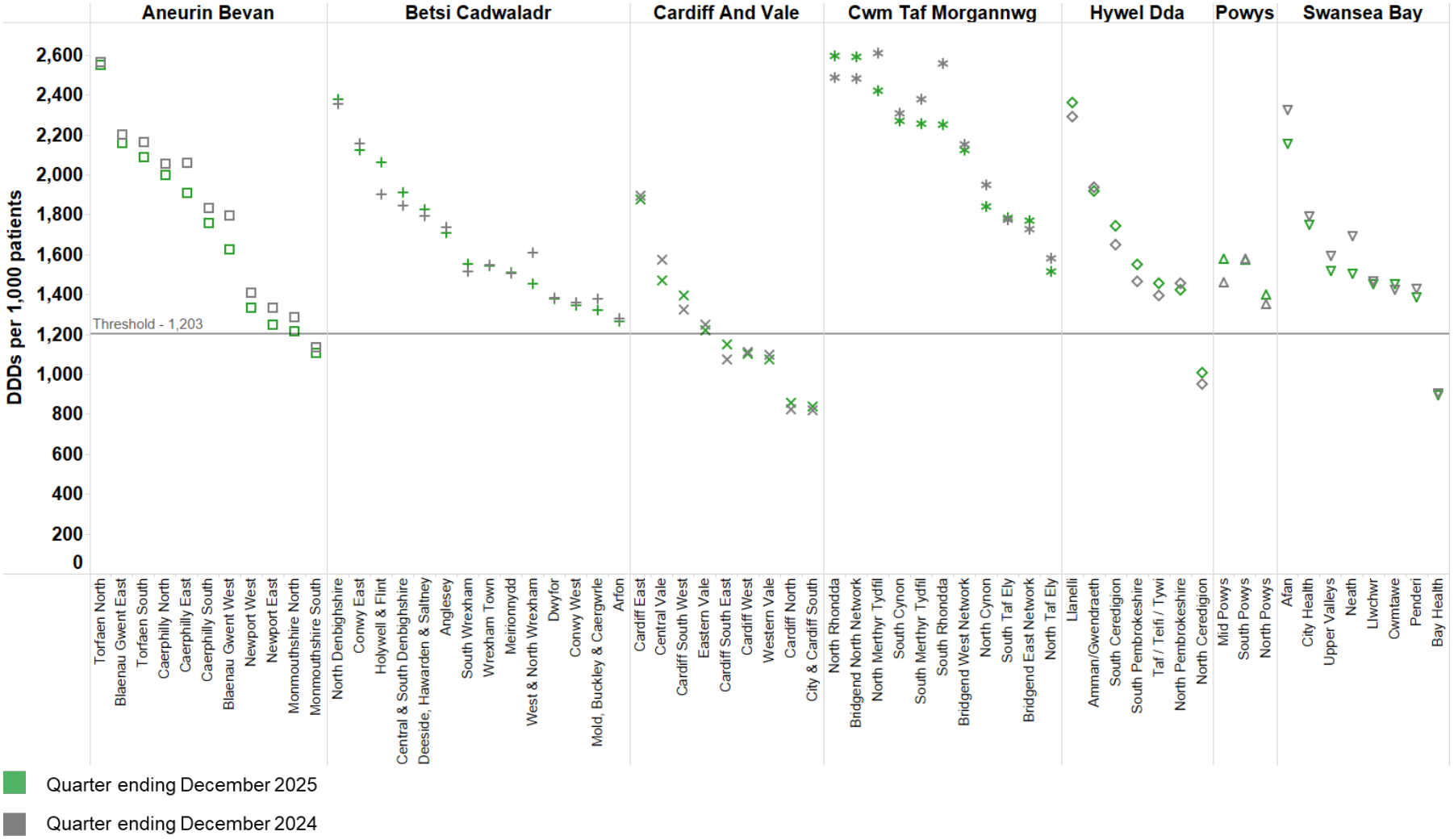


Figure A5. Antimicrobial prescribing – Quarter ending December 2025 versus quarter ending December 2019

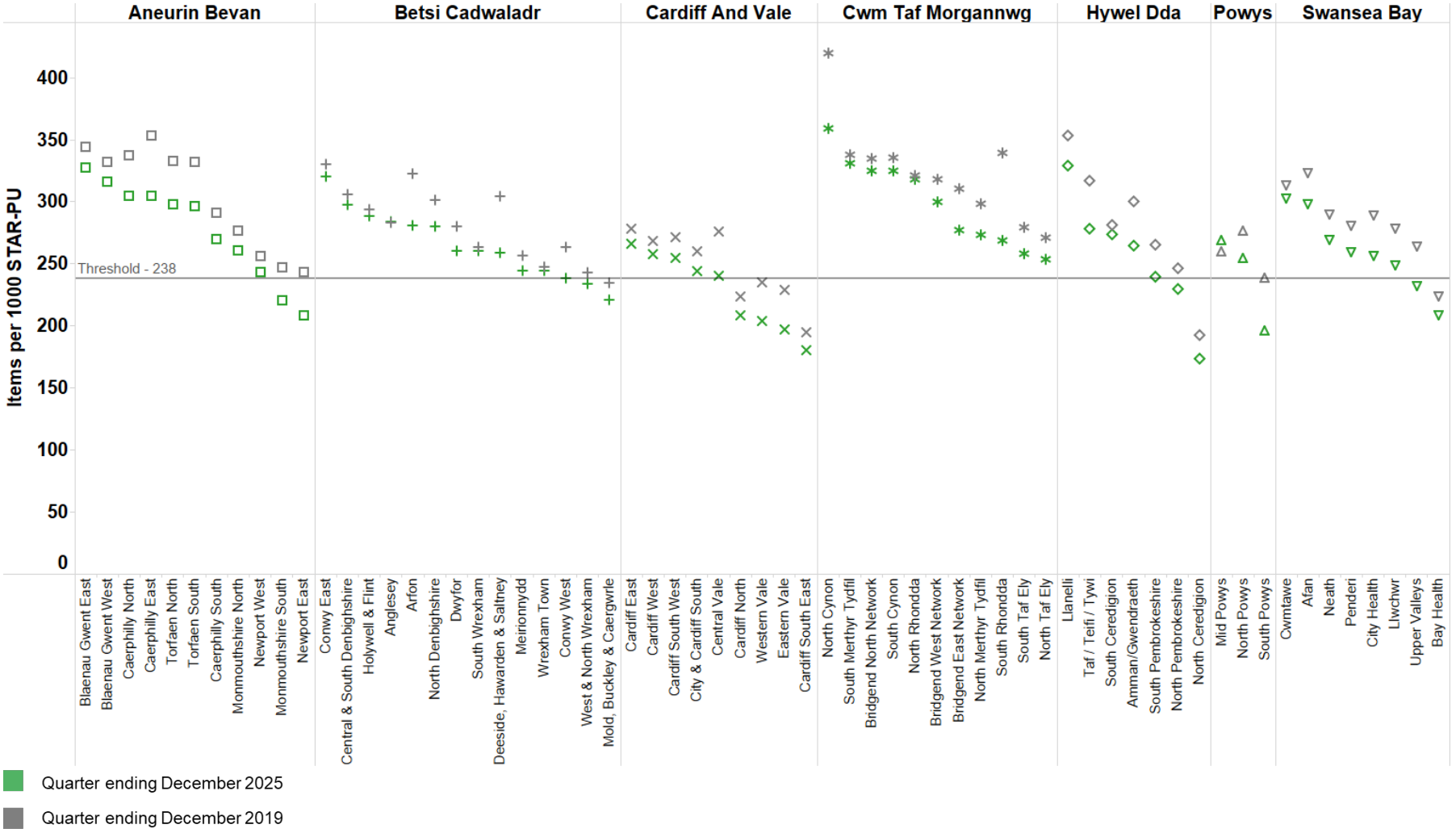


Figure A6. 4C antimicrobial prescribing – Quarter ending December 2025 versus quarter ending December 2024

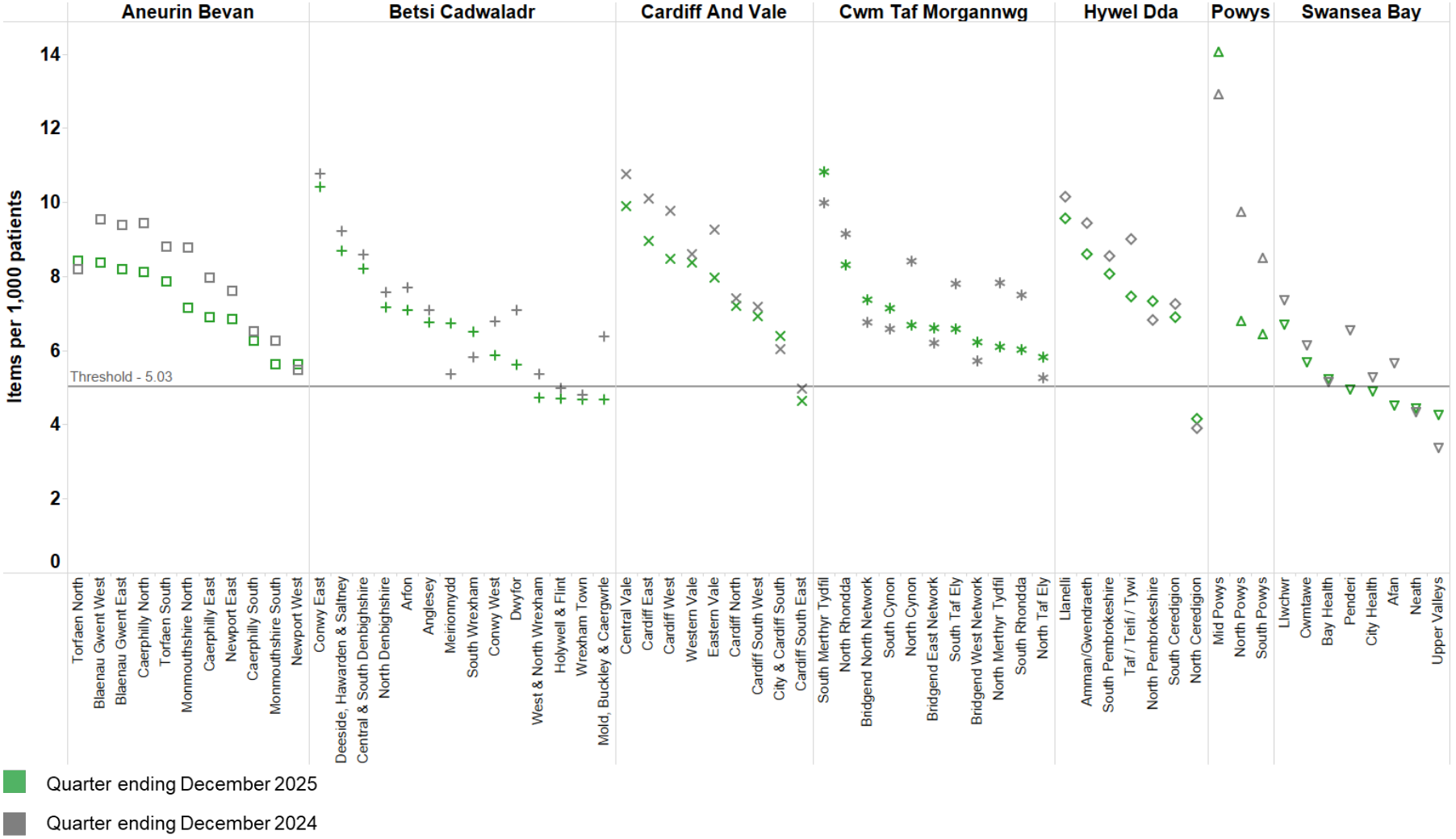


Figure A7. Amoxicillin 5-day course duration – Quarter ending December 2025 versus quarter ending December 2024

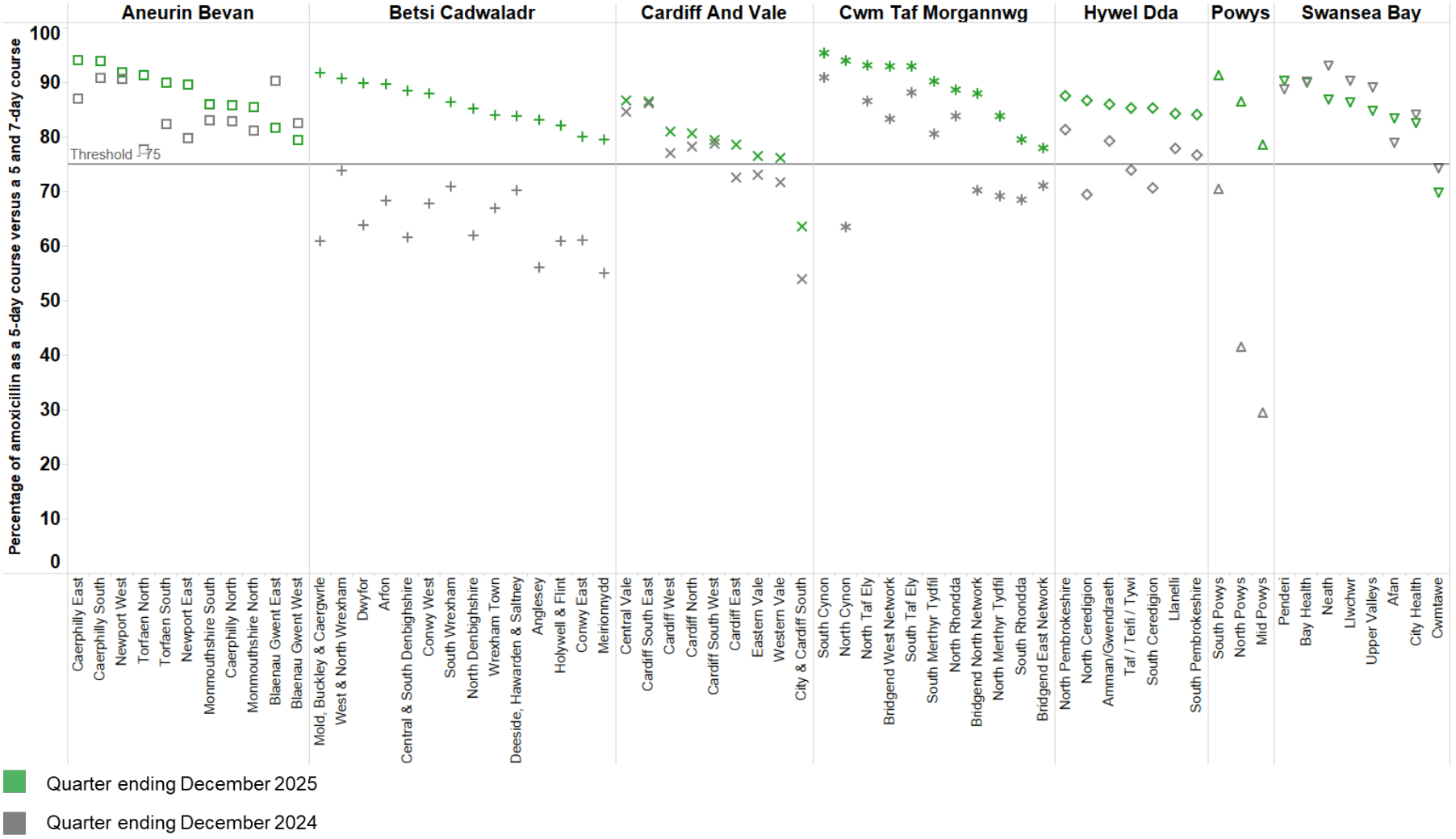


Figure A8. Doxycycline 5-day course duration – Quarter ending December 2025 versus quarter ending December 2024

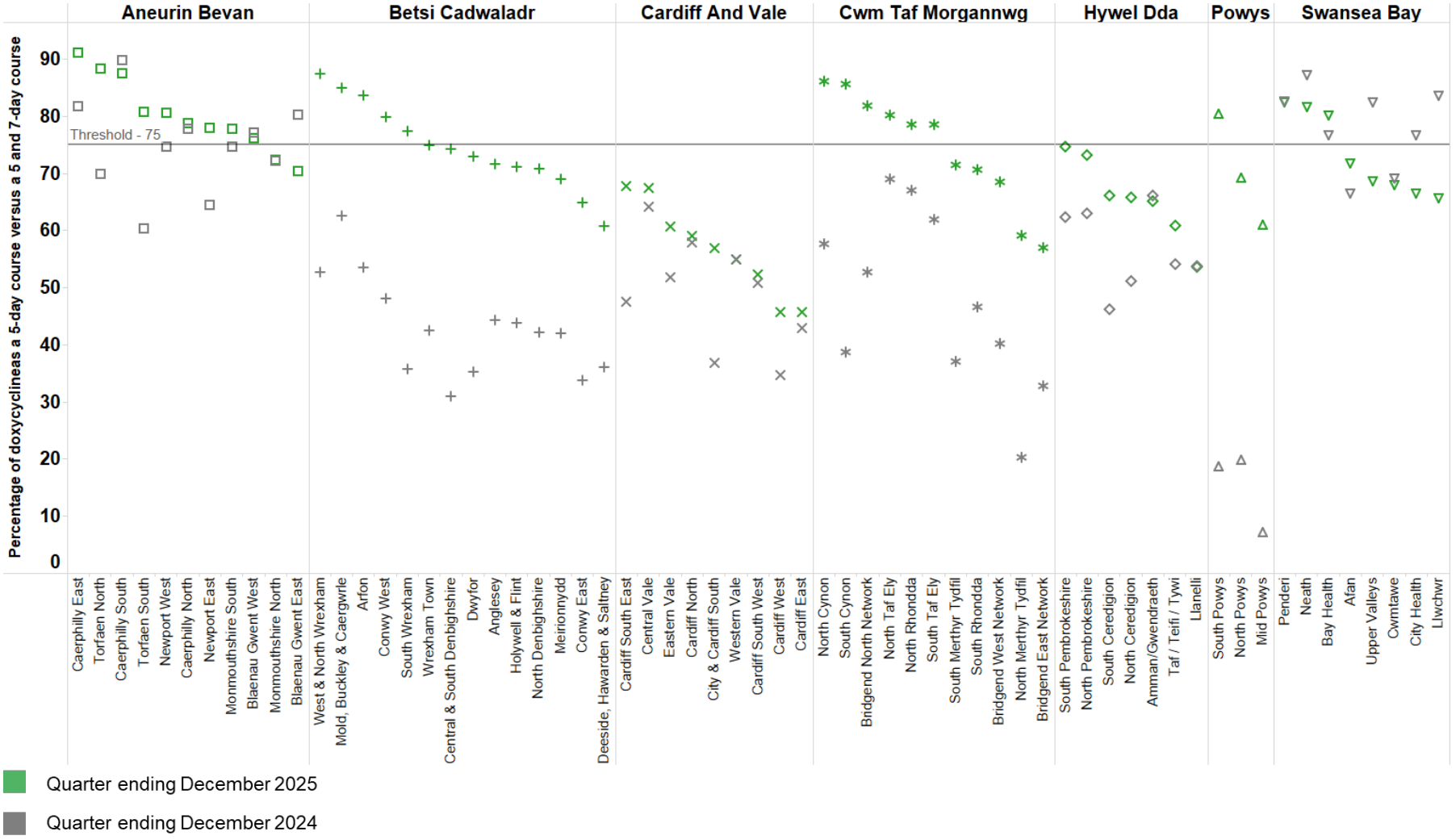


Figure A9. Clarithromycin 5-day course duration – Quarter ending December 2025 versus quarter ending December 2024

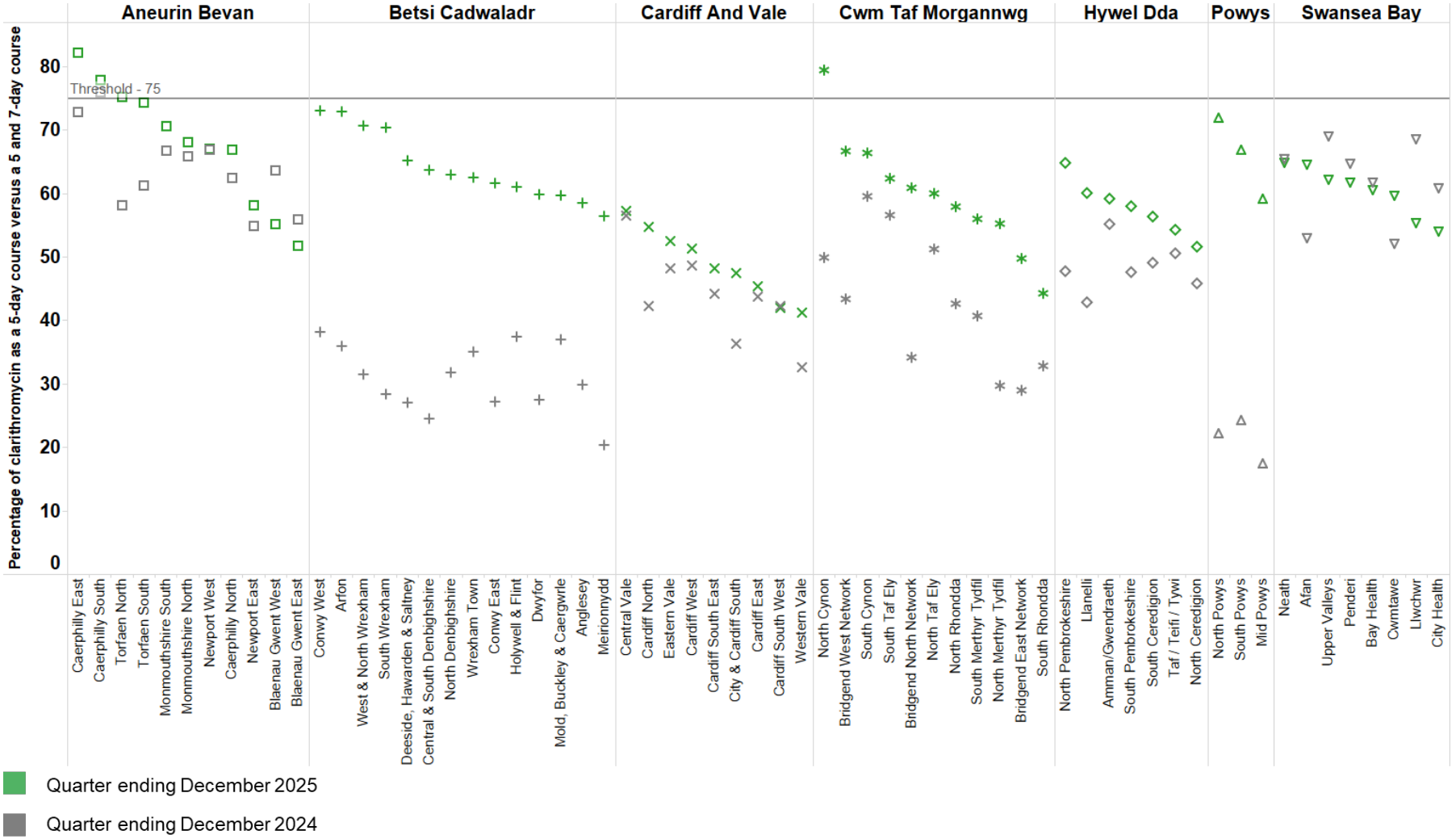


Figure A10. Decarbonisation of inhalers – Quarter ending December 2025 versus quarter ending December 2024

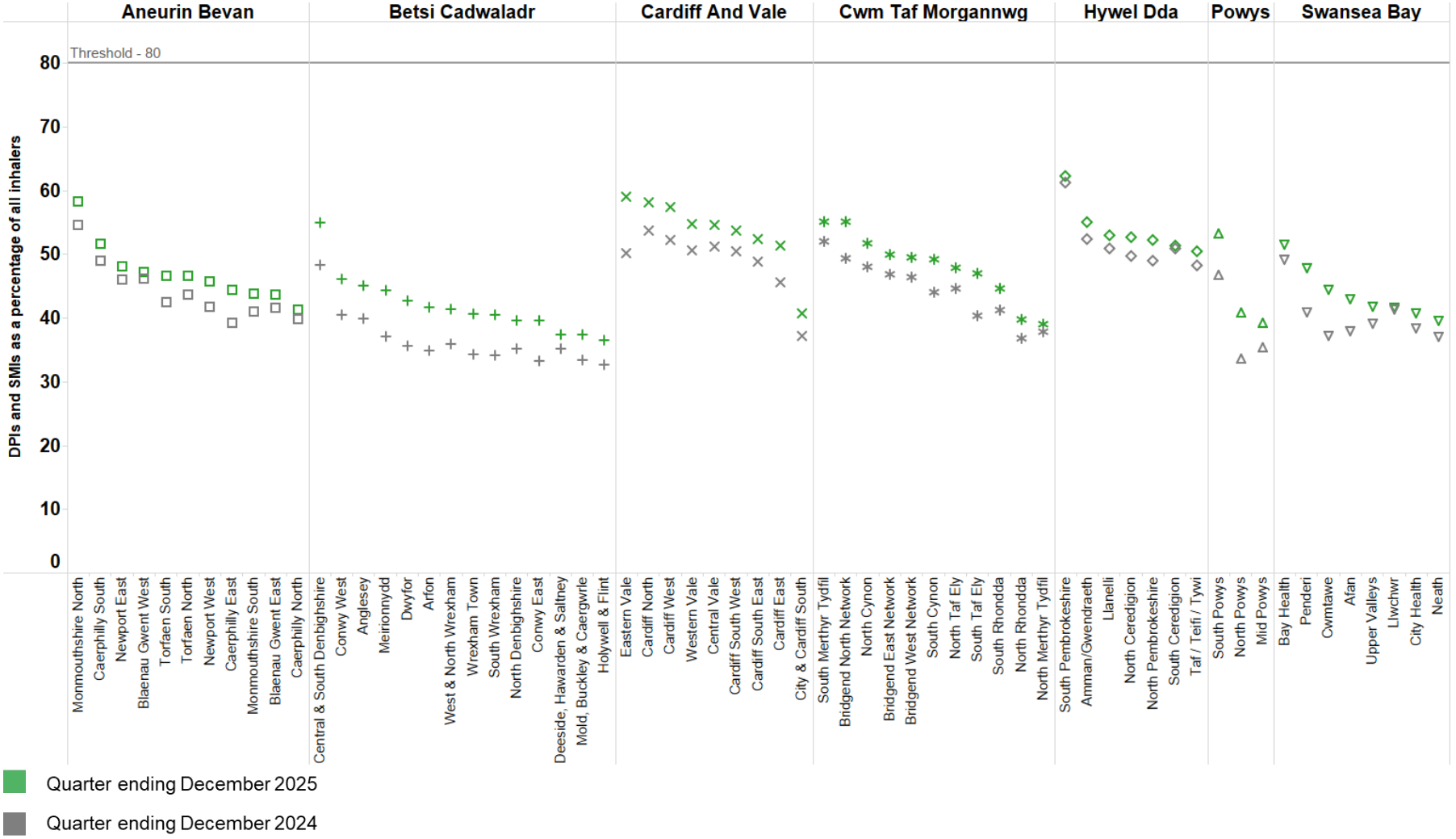


Figure A11. SABA inhalers – Quarter ending December 2025 versus quarter ending December 2024

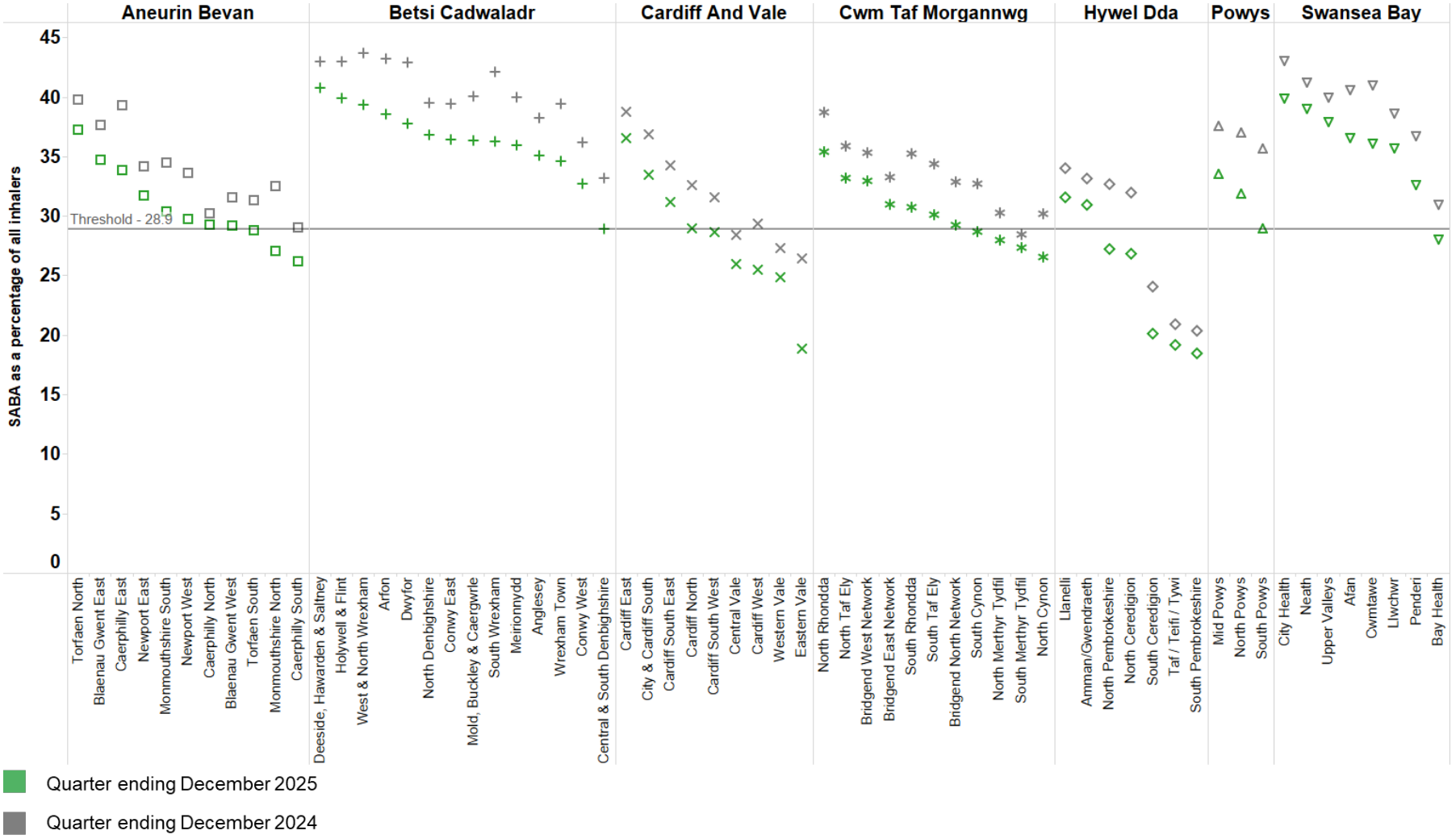


Figure A12. Hypnotic and anxiolytic prescribing – Quarter ending December 2025 versus quarter ending December 2024

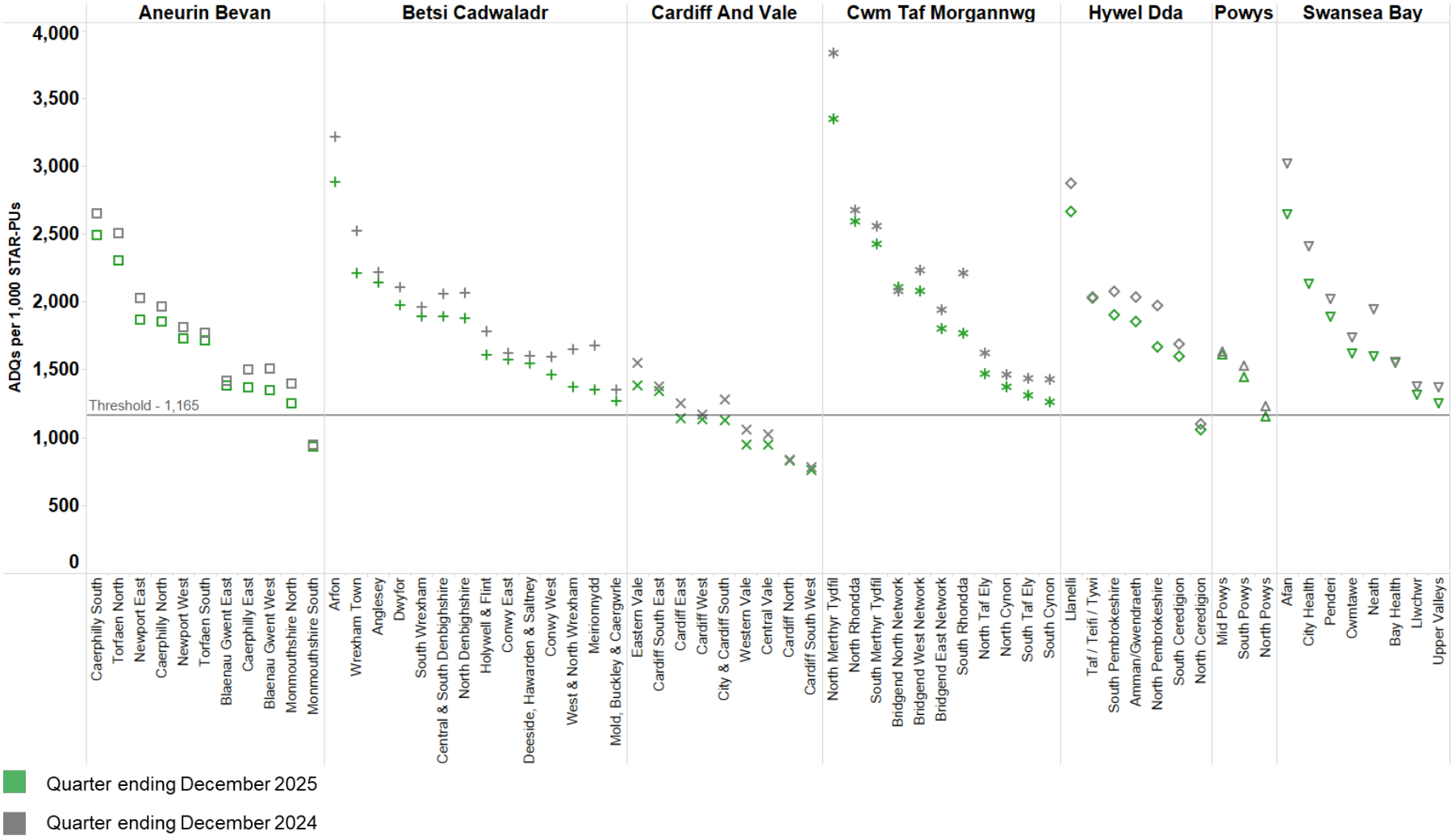
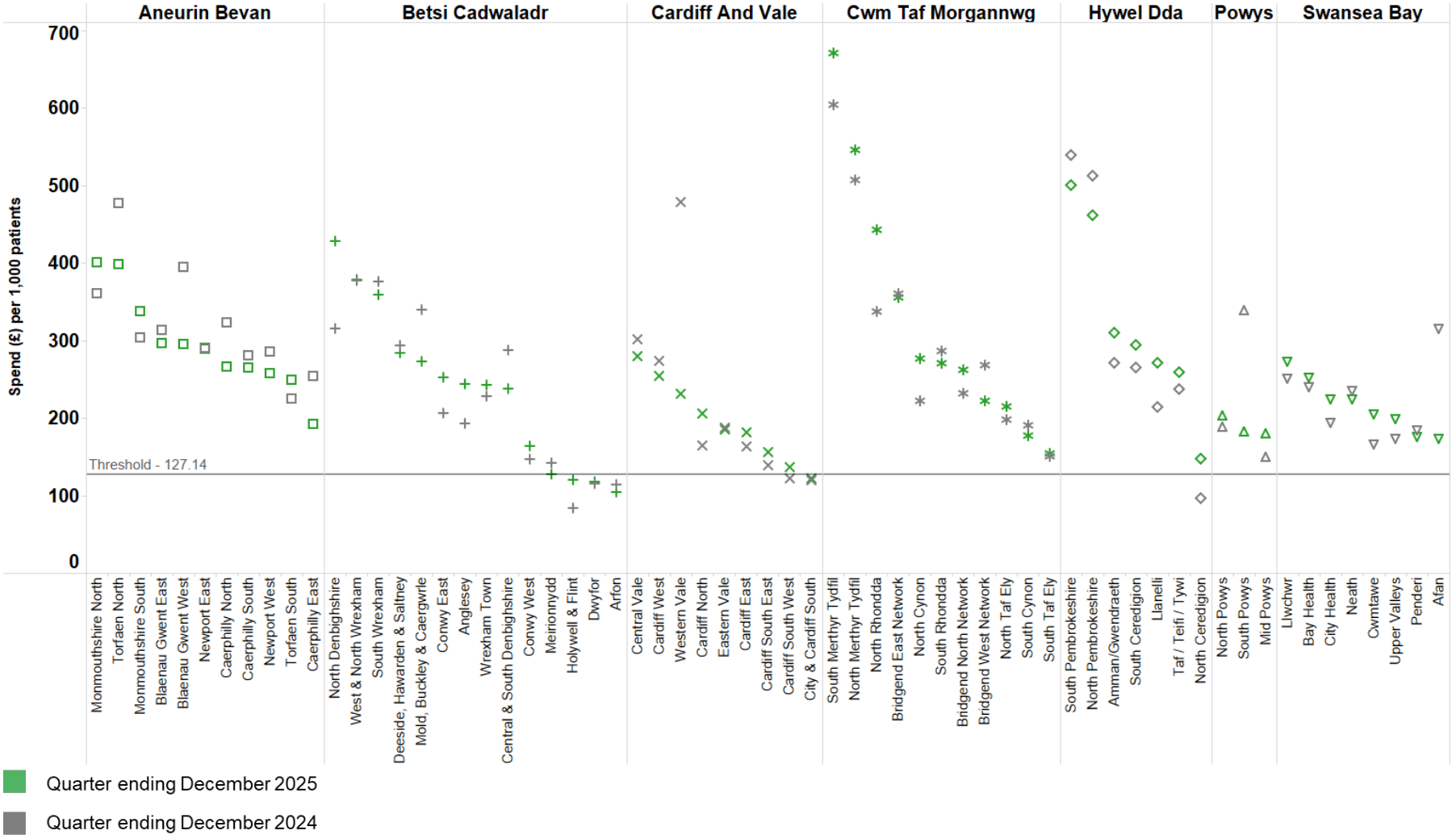


Figure A13. Low value for prescribing – Quarter ending December 2025 versus quarter ending December 2024



Appendix 3. Prescribing of SGLT-2 inhibitors

Table A3 shows the change in SGLT-2 inhibitor (dapagliflozin, canagliflozin, empagliflozin, ertugliflozin and their associated combination products) prescribing for quarter ending December 2025 compared with quarter ending December 2024.

Table A3. SGLT-2 inhibitors combined items per 1,000 patients

	2024–2025 Qtr 3	2025–2026 Qtr 3	% Change
Powys	79.5	98.1	23.4%
Betsi Cadwaladr	61.8	74.6	20.7%
Aneurin Bevan	93.3	111	18.9%
Hywel Dda	86.3	103	18.9%
Swansea Bay	95.3	113	18.6%
Cwm Taf Morgannwg	96.1	114	18.1%
Cardiff and Vale	76.8	86.8	13.0%
Wales	**83.0**	**98.2**	**18.3%**

Figure A14. Trend in SGLT-2 inhibitors combined items per 1,000 patients