Enclosure No.	5/AWMSG/1226
Agenda item No.	9 – National Prescribing Indicators 2026–2027 – Analysis of Prescribing Data to June 2026
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1.0 Action for AWMSG

AWMSG members are requested to consider the National Prescribing Indicators 2026–2027 – Analysis of Prescribing Data to June 2026, 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 2026–2027

Analysis of Prescribing Data to June 2026



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Executive summary

AWMSG has endorsed the 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, and background information supporting the choice of NPIs is detailed in the document. The *National Prescribing Indicators 2026–2027 Specifications* document details thresholds and targets for 2026–2027. 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 first quarter of 2026–2027. 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 2026–2027, there are four priority areas, covering a total of 11 indicators.

Analgesics in primary care

- Opioid burden:
  - Total opioid burden (UDG OME [mg] per 1,000 patients) decreased by 2.62% 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 9.80% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Tramadol (DDDs per 1,000 patients) decreased by 7.54% 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) decreased by 0.13% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Antimicrobial stewardship

- Total antibacterial DDDs and items per 1,000 STAR-PUs decreased across Wales by 29.6% and 19.8%, respectively, compared with the baseline of quarter ending June 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 3.35% and 3.79%, respectively, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Course duration for RTI antibiotics:
  - 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 8.62% 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 10.4% 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 19.0% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

A good practice spotlight (p25) from Hywel Dda UHB highlights a range of actions that have been implemented by the health board to improve antimicrobial course duration.

Respiratory

- The proportion of DPI and SMI prescribing (as a percentage of all inhalers prescribed) increased by 8.11% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- The proportion of SABA inhalers (as a percentage of all inhalers prescribed) decreased by 10.5% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

SGLT-2 inhibitors

- Across Wales, the percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor increased by 8.81% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Across Wales, the percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor increased by 28.5% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Across Wales, the percentage of patients with non-diabetic CKD and an ACR ≥ 22.6 mg/mmol who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor increased by 53.6% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Supporting domain – Safety

For 2026–2027, there are three areas in the supporting domain focused on safety covering a total of 24 indicators.

Prescribing Safety Indicators

- The aim of these 22 indicators is to identify patients at high risk of 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 ADQs per 1,000 STAR-PUs) in primary care decreased by 7.35% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Yellow Cards

- Yellow Card reporting:
  - GP practice reporting showed a 0.83% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.

- Secondary care reporting showed a 27.7% 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 10.5% 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 20.6% 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 27 Yellow Card reports; however, targets have not been set for this group.

Supporting domain – Efficiency

For 2026–2027, there are two areas in the supporting domain focused on efficiency, covering a total of three indicators.

Best value biological medicines

- Five health boards reported usage of aflibercept biosimilar.
- Use of biosimilar medicines (adalimumab, aflibercept, infliximab, ranibizumab and ustekinumab) as a percentage of total 'biosimilar' plus 'reference' product, increased from 87% to 98% for the quarter ending June 2026 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 13.9% 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 2026–2027 NPI report for quarter ending September 2026 will be available on 15 January 2027.



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.

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Abbreviations

ACE	angiotensin-converting enzyme
ACR	albumin to creatinine ratio
ADQ	average daily quantity
ADR	adverse drug reaction
AEC	anticholinergic effect on cognition
AKI	acute kidney injury
ARB	angiotensin receptor blocker
AWMSG	All Wales Medicines Strategy Group
AWTTC	All Wales Therapeutics and Toxicology Centre
CHF	chronic heart failure
CKD	chronic kidney disease
DDD	defined daily dose
DHCW	Digital Health and Care Wales
DOAC	direct oral anticoagulant
DPI	dry powder inhaler
eGFR	estimated glomerular filtration rate
GWP	global warming potential
MHRA	Medicines and Healthcare products Regulatory Agency
MDI	metered dose inhaler
MRSA	methicillin-resistant *Staphylococcus aureus*
NPI	National Prescribing Indicator
NSAID	non-steroidal anti-inflammatory drug
NWSSP	NHS Wales Shared Services Partnership
OME	oral morphine equivalence
PPI	proton pump inhibitor
RAS	renin-angiotensin system
RTI	respiratory tract infection
SABA	short acting beta agonist
SGLT-2	sodium-glucose co-transporter-2
SMI	soft mist inhaler
SPIRA	Server for Prescribing Information Reporting and Analysis
SSRI	selective serotonin reuptake inhibitor
STAR-PU	specific therapeutic group age-sex related prescribing unit
T2DM	type 2 diabetes mellitus
THB	Teaching Health Board
UDG	user-defined group
UHB	University Health Board

Health boards and practices achieving indicator thresholds or targets

For NPIs with a specified threshold or target, Table 1 shows the extent to which health boards and practices are achieving these*:

- The top figure in each cell shows the number of practices in each health board which met the indicator threshold.
- The bottom figure and cell colour represent the proportion of practices in each health board which met 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 2026–2027 Specifications document for details of thresholds and targets for 2026–2027.

Table 1. Health boards/practices achieving the indicator targets/thresholds – Quarter ending June 2026

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
Total opioid burden (OME per 1,000 patients)	17 25%	26 27%	38 70%	7 16%	6 13%	2 13%	9 20%
Tramadol (DDDs per 1,000 patients)	18 27%	21 22%	29 54%	9 20%	13 28%	5 31%	11 25%
Gabapentin and pregabalin (DDDs per 1,000 patients)	16 24%	20 21%	31 57%	2 5%	12 26%	2 13%	13 30%
Total antibacterials (DDDs per 1,000 STAR-PUs)	✓	✓	✓	✓	✓	✓	✓
4C antimicrobials (DDDs per 1,000 patients)	18 27%	31 32%	8 15%	22 50%	11 23%	3 19%	21 48%
Amoxicillin course duration (percentage of 5-day duration)	61 91%	91 95%	35 65%	38 86%	40 85%	12 75%	38 86%
Doxycycline course duration (percentage of 5-day duration)	38 57%	63 66%	2 4%	18 41%	14 30%	7 44%	15 34%
Clarithromycin course duration (percentage of 5-day duration)	13 19%	35 36%	0 0%	9 20%	7 15%	4 25%	4 9%
DPIs and SMIs (as a percentage of all inhalers)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 2%
SABAs (as a percentage of all inhalers)	25 37%	16 17%	27 50%	13 30%	28 60%	4 25%	9 20%
Hypnotics and anxiolytics (ADQs per 1,000 STAR-PUs)	18 27%	24 25%	34 63%	7 16%	7 15%	7 44%	13 30%
Low value for prescribing (UDG spend £ per 1,000 patients)	20 30%	49 51%	24 44%	5 11%	4 9%	5 31%	9 20%

Percentage of practices meeting threshold:



* Yellow Card targets are annual and are only included in the quarter 4 reports.

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
    - Total opioid burden
    - High strength 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:

- Total 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.

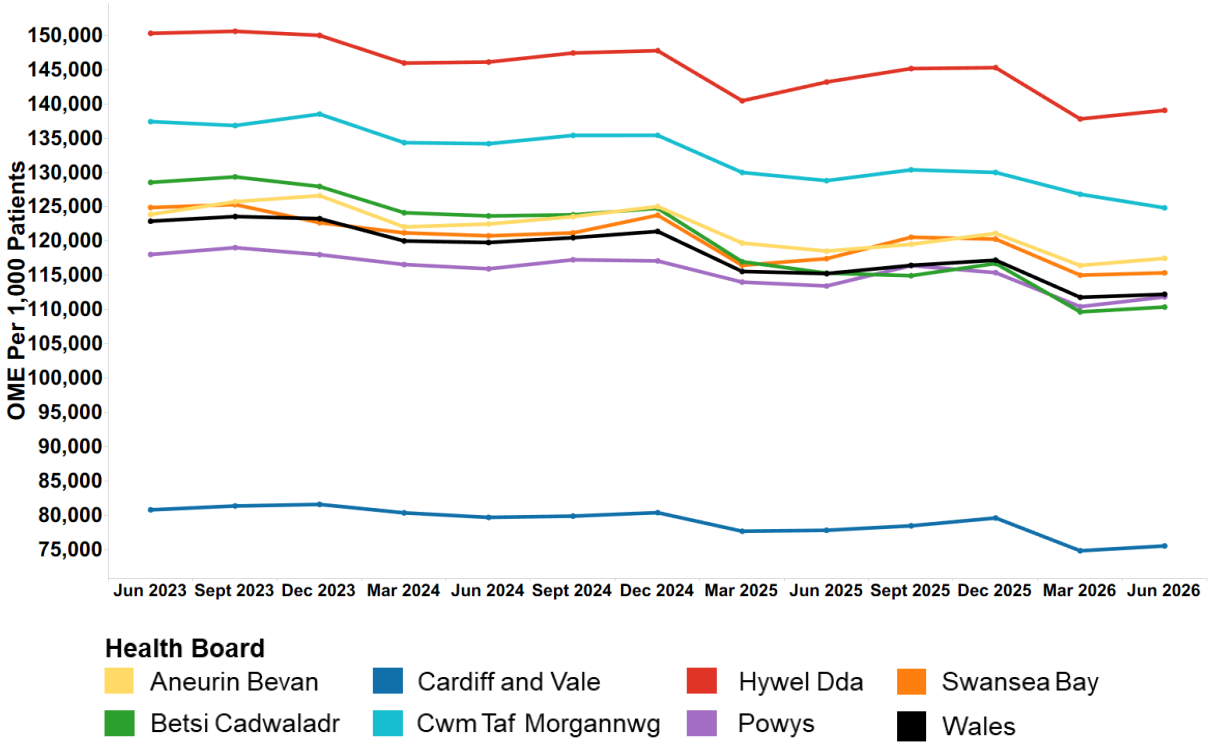
1.1.1.1 Total opioid burden

- Across Wales, total opioid burden decreased by 2.62% in the quarter ending June 2026 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2026, total opioid burden prescribing ranged from 75,523 mg to 139,065 mg OME per 1,000 patients across the health boards.
- The health board with the lowest total opioid burden was Cardiff and Vale UHB, whilst the highest total opioid burden was seen in Hywel Dda UHB.
- Total 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 Aneurin Bevan UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 2. Total opioid burden UDG OME (mg) per 1,000 patients

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Betsi Cadwaladr	115,312	110,368	-4.29%
Cwm Taf Morgannwg	128,804	124,839	-3.08%
Cardiff and Vale	77,810	75,523	-2.94%
Hywel Dda	143,189	139,065	-2.88%
Swansea Bay	117,426	115,355	-1.76%
Powys	113,441	111,849	-1.40%
Aneurin Bevan	118,528	117,474	-0.89%
Wales	**115,247**	**112,225**	**-2.62%**

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



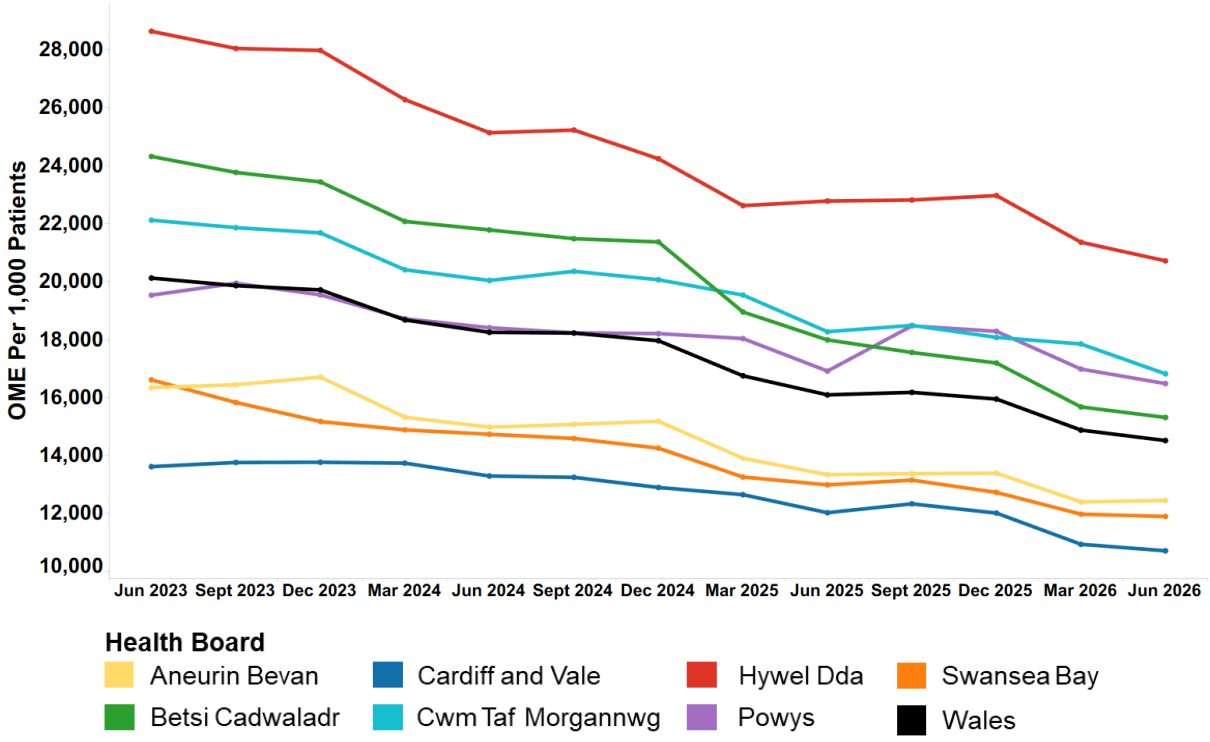
1.1.1.2 High strength opioids

- Across Wales, high strength opioid prescribing decreased by 9.80% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, high strength opioid prescribing ranged from 10,708 mg to 20,712 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 THB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 3. High strength opioid UDG OME (mg) per 1,000 patients

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Betsi Cadwaladr	17,984	15,308	-14.9%
Cardiff and Vale	12,022	10,708	-10.9%
Hywel Dda	22,774	20,712	-9.06%
Swansea Bay	12,984	11,893	-8.40%
Cwm Taf Morgannwg	18,267	16,815	-7.95%
Aneurin Bevan	13,333	12,444	-6.67%
Powys	16,909	16,476	-2.56%
Wales	**16,088**	**14,511**	**-9.80%**

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.

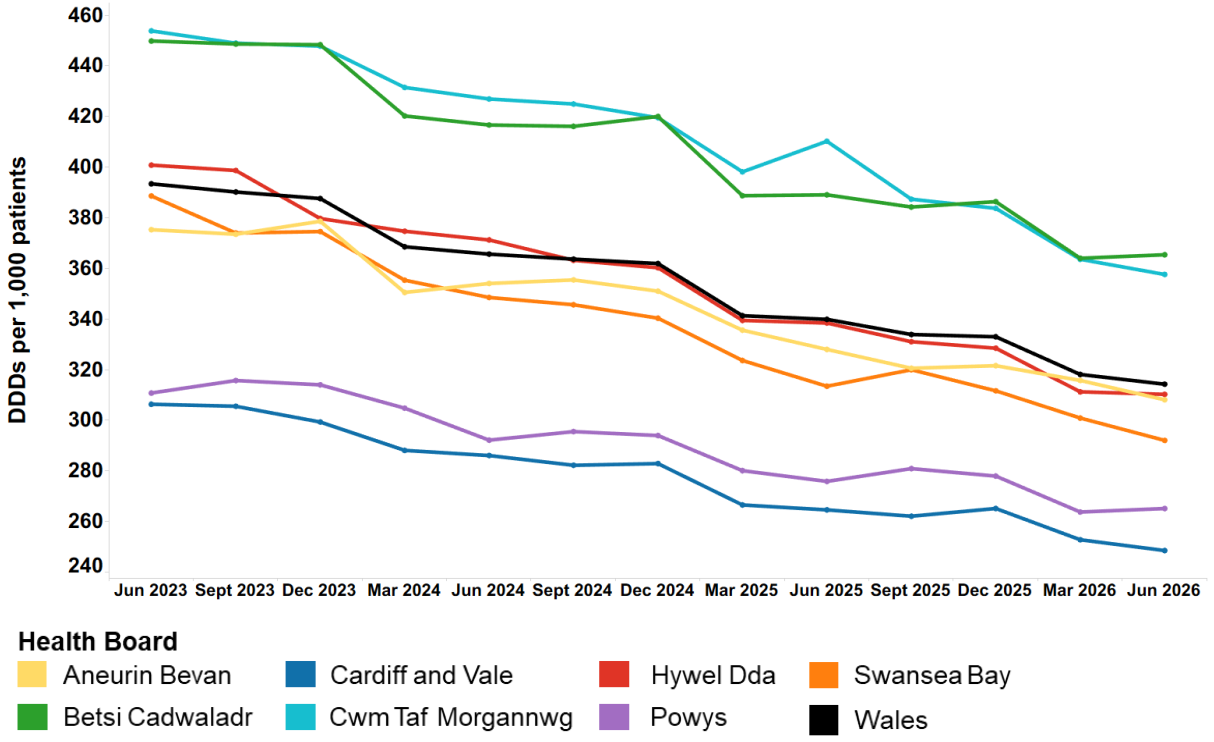
While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and ADRs. This NPI promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits, and encouraging timely review.

- Across Wales, prescribing of tramadol decreased by 7.54% in the quarter ending June 2026 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, tramadol prescribing ranged from 249 to 365 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 Cwm Taf Morgannwg UHB, and the smallest percentage decrease was seen in Powys THB, compared with the equivalent quarter of the previous year.

Table 4. Tramadol DDDs per 1,000 patients

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Cwm Taf Morgannwg	410	358	-12.8%
Hywel Dda	338	310	-8.32%
Swansea Bay	313	292	-6.83%
Betsi Cadwaladr	389	365	-6.08%
Aneurin Bevan	328	308	-6.07%
Cardiff and Vale	265	249	-6.07%
Powys	276	265	-3.89%
Wales	**340**	**314**	**-7.54%**

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.

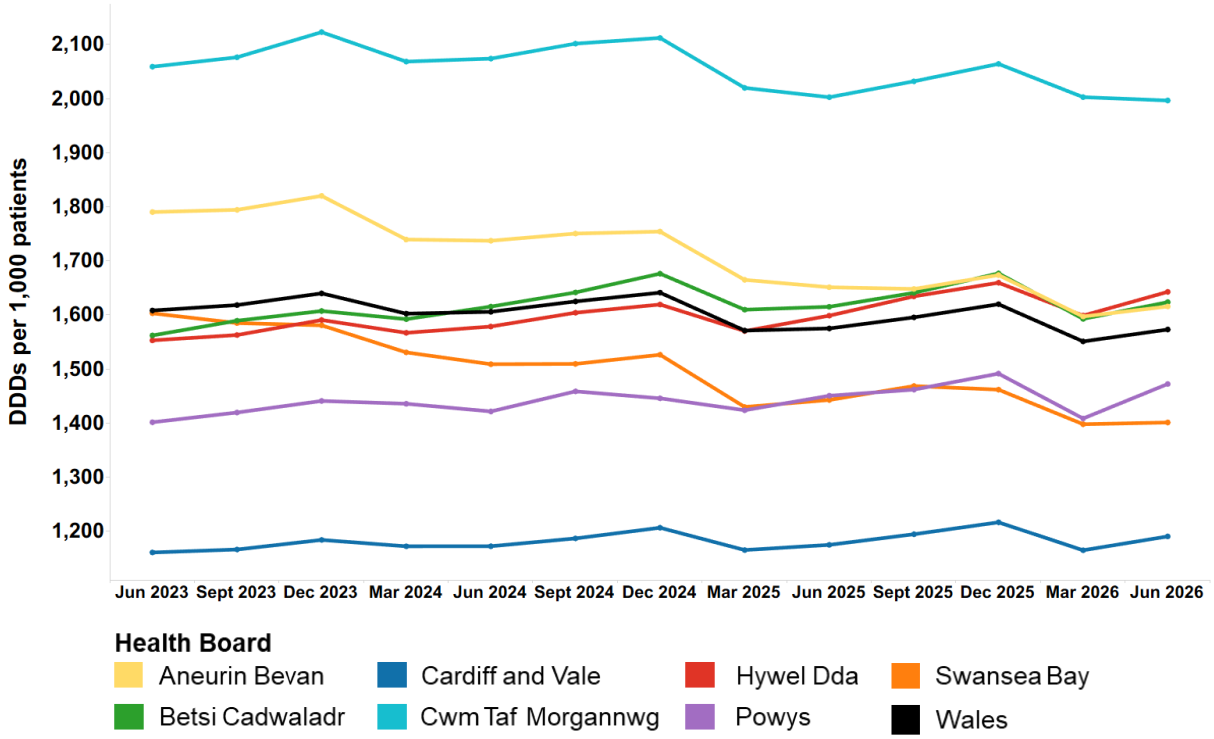
Gabapentin and pregabalin have well-defined roles in the management of a number of conditions including epilepsy and neuropathic pain, and pregabalin also has a role in the treatment of generalised anxiety disorder. Both gabapentin and pregabalin have known psychiatric side effects and there is a potential 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 June 2026, prescribing of gabapentin and pregabalin decreased by 0.13% compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2026, gabapentin and pregabalin prescribing ranged from 1,190 to 1,996 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 Swansea Bay UHB. Hywel Dda UHB, Powys THB, Cardiff and Vale UHB, and Betsi Cadwaladr UHB demonstrated an increase in prescribing, compared with the equivalent quarter of the previous year.

Table 5. Gabapentin and pregabalin DDDs per 1,000 patients

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Swansea Bay	1,443	1,401	-2.88%
Aneurin Bevan	1,651	1,615	-2.16%
Cwm Taf Morgannwg	2,002	1,996	-0.30%
Betsi Cadwaladr	1,615	1,623	0.53%
Cardiff and Vale	1,175	1,190	1.33%
Powys	1,450	1,472	1.50%
Hywel Dda	1,598	1,643	2.75%
Wales	**1,575**	**1,573**	**-0.13%**

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



1.2 Antimicrobial stewardship

There are three NPIs monitoring the usage of antimicrobials for 2025–2028:

1. Total antibacterial prescribing
    - DDDs per 1,000 STAR-PUs
    - Items per 1,000 STAR-PUs
2. 4C antimicrobial prescribing
    - DDDs per 1,000 patients
    - Items per 1,000 patients
3. Course duration for RTI antibiotics
    - Amoxicillin
    - Doxycycline
    - Clarithromycin

1.2.1 Total antibacterial prescribing

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

Unit of measure: Total antibacterial (excluding methenamine) DDDs per 1,000 STAR-PUs and total antibacterial (excluding methenamine) 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.

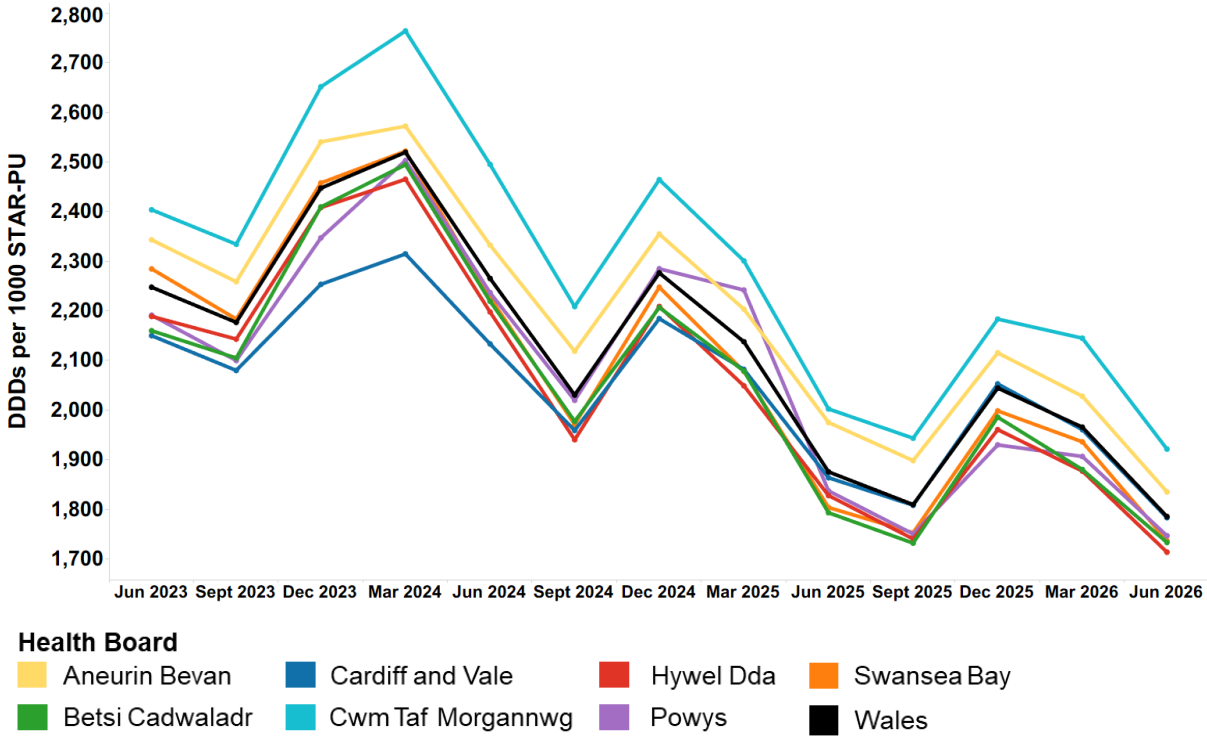
1.2.1.1 Total antibacterial DDDs

- Across Wales, for the quarter ending June 2026, total antibacterial DDDs per 1,000 STAR-PUs decreased by 29.6%, compared with the quarter ending June 2019, in line with the aim of the indicator.
- For the quarter ending June 2026, the total number of antibacterial DDDs per 1,000 STAR-PUs ranged from 1,713 to 1,921 across the health boards.
- The health board with the lowest prescribing was Hywel Dda UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- For the quarter ending June 2026, all of the health boards achieved the target of a 7%, or greater, reduction against the baseline of quarter ending June 2019.
- The largest percentage decrease was seen in Swansea Bay UHB, and the smallest percentage decrease was seen in Powys THB, compared with the quarter ending June 2019.

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

	2019–2020 Qtr 1	2026–2027 Qtr 1	% Change
Swansea Bay	2,638	1,737	-34.2%
Hywel Dda	2,551	1,713	-32.8%
Cwm Taf Morgannwg	2,846	1,921	-32.5%
Betsi Cadwaladr	2,413	1,733	-28.2%
Aneurin Bevan	2,544	1,835	-27.9%
Cardiff and Vale	2,419	1,783	-26.3%
Powys	2,184	1,746	-20.0%
Wales	**2,535**	**1,785**	**-29.6%**

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



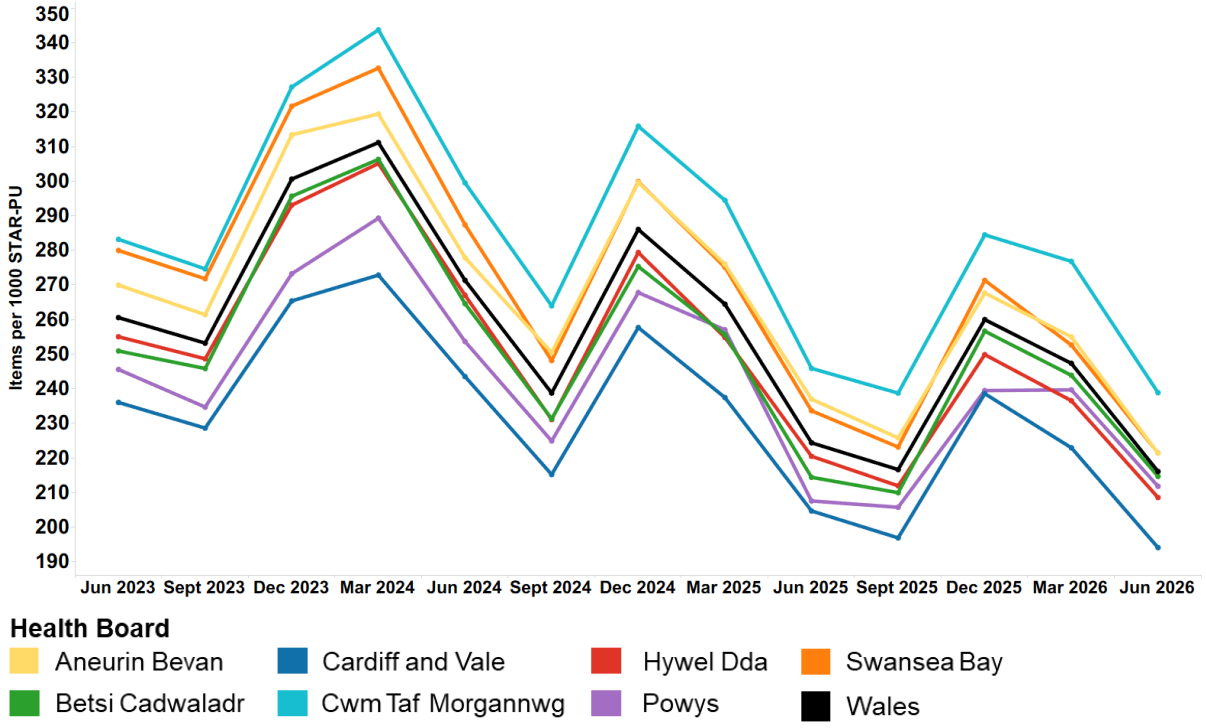
1.2.1.2 Total antibacterial items

- Across Wales, for the quarter ending June 2026, total antibacterial items per 1,000 STAR-PUs decreased by 19.8%, compared with the quarter ending June 2019, in line with the aim of the indicator.
- For the quarter ending June 2026, the total number of antibacterial items per 1,000 STAR-PUs ranged from 194 to 239 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.
- Prescribing of total antibacterial items decreased, compared with the quarter ending June 2019, in all health boards.
- The largest percentage decrease was seen in Swansea Bay UHB, and the smallest percentage decrease was seen in Powys THB, compared with the quarter ending June 2019.

Table 7. Total antibacterial items per 1,000 STAR-PUs

	2019–2020 Qtr 1	2026–2027 Qtr 1	% Change
Swansea Bay	293	221	-24.4%
Hywel Dda	273	209	-23.6%
Cwm Taf Morgannwg	302	239	-21.0%
Cardiff and Vale	243	194	-20.3%
Aneurin Bevan	270	221	-18.1%
Betsi Cadwaladr	259	215	-17.3%
Powys	226	212	-6.40%
Wales	**269**	**216**	**-19.8%**

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*, MRSA and resistant urinary tract infections.

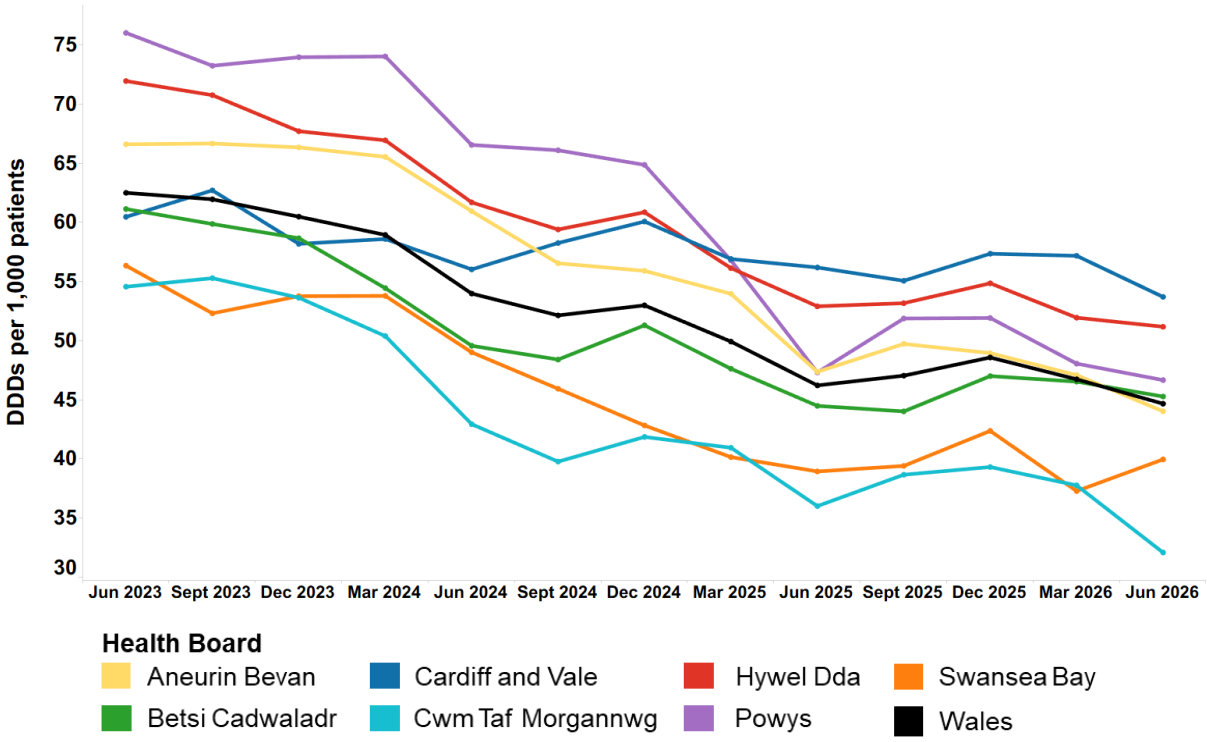
1.2.2.1 4C antimicrobial DDDs

- Across Wales, for the quarter ending June 2026, the number of 4C antimicrobial DDDs per 1,000 patients decreased by 3.35%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2026, 4C prescribing ranged from 32.1 to 53.7 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.
- The largest percentage decrease was seen in Cwm Taf Morgannwg UHB. Swansea Bay UHB and Betsi Cadwaladr UHB demonstrated a percentage increase, compared with the equivalent quarter of the previous year.

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

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Cwm Taf Morgannwg	36.0	32.1	-10.9%
Aneurin Bevan	47.4	44.0	-7.05%
Cardiff and Vale	56.2	53.7	-4.43%
Hywel Dda	52.9	51.2	-3.26%
Powys	47.3	46.7	-1.36%
Betsi Cadwaladr	44.5	45.3	1.78%
Swansea Bay	38.9	40.0	2.62%
Wales	**46.2**	**44.7**	**-3.35%**

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



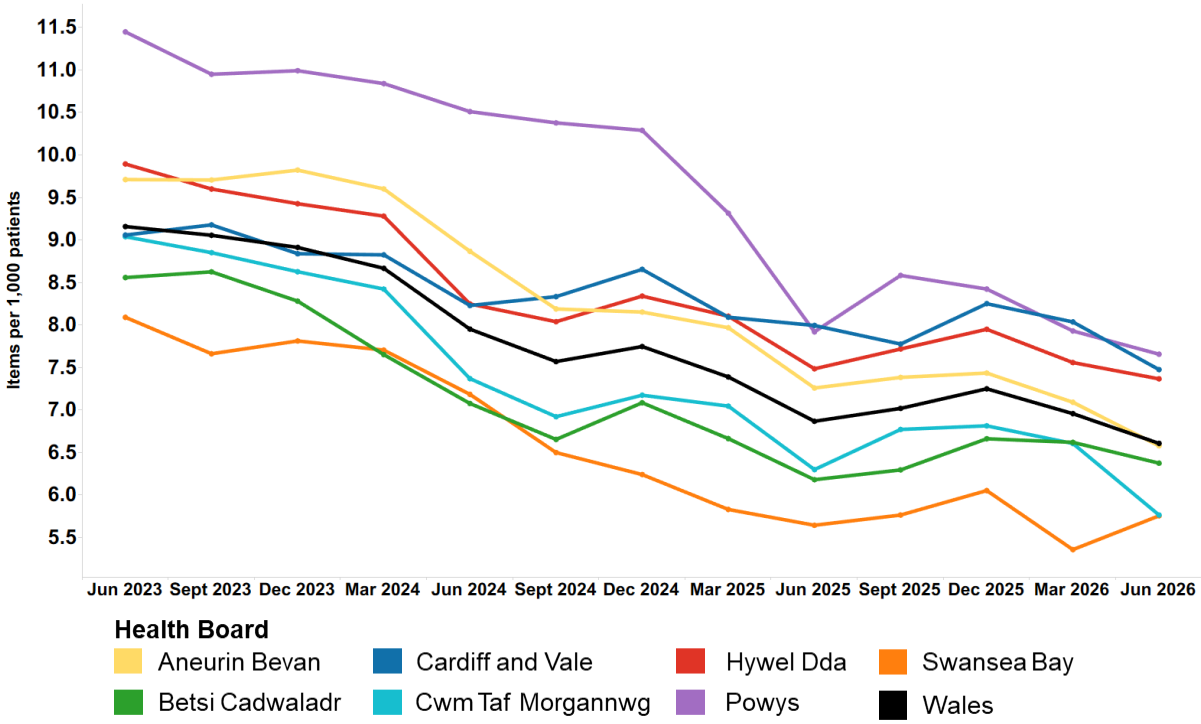
1.2.2.2 4C antimicrobial items

- Across Wales, for the quarter ending June 2026, the number of 4C antimicrobial items per 1,000 patients decreased by 3.79%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2026, 4C prescribing ranged from 5.75 to 7.65 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 THB.
- The largest percentage decrease was seen in Aneurin Bevan UHB. Betsi Cadwaladr UHB and Swansea Bay UHB demonstrated a percentage increase, compared with the equivalent quarter of the previous year.

Table 9. 4C antimicrobial items per 1,000 patients

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Aneurin Bevan	7.26	6.58	-9.38%
Cwm Taf Morgannwg	6.30	5.76	-8.49%
Cardiff and Vale	7.99	7.47	-6.50%
Powys	7.92	7.65	-3.33%
Hywel Dda	7.48	7.36	-1.58%
Swansea Bay	5.64	5.75	1.96%
Betsi Cadwaladr	6.18	6.37	3.15%
Wales	**6.87**	**6.60**	**-3.79%**

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



1.2.3 Course duration for RTI antibiotics

Purpose: To encourage the prescribing of antibiotics for an appropriate duration for uncomplicated 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.

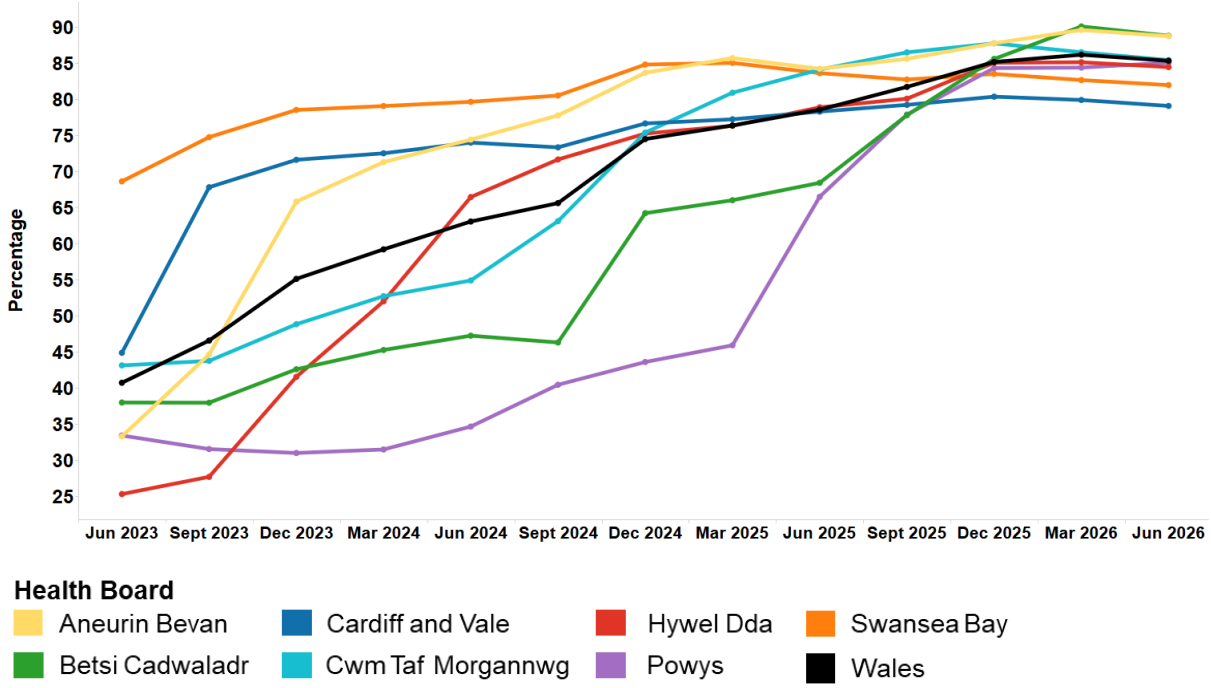
1.2.3.1 Amoxicillin

- 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 8.62% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the proportion of amoxicillin prescribed for a 5-day duration ranged from 79.0% to 88.7% across the health boards.
- The health boards with the highest proportion of amoxicillin prescribed for a 5-day duration were Betsi Cadwaladr UHB and Aneurin Bevan UHB, whilst the lowest proportion of amoxicillin prescribed for a 5-day duration was seen in Cardiff and Vale UHB.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase. Swansea Bay UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 10. 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

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Betsi Cadwaladr	68.4	88.7	29.8%
Powys	66.4	85.0	27.9%
Hywel Dda	78.8	84.4	7.07%
Aneurin Bevan	84.2	88.7	5.38%
Cwm Taf Morgannwg	84.1	85.4	1.56%
Cardiff and Vale	78.2	79.0	1.00%
Swansea Bay	83.6	81.9	-1.99%
Wales	**78.5**	**85.3**	**8.62%**

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



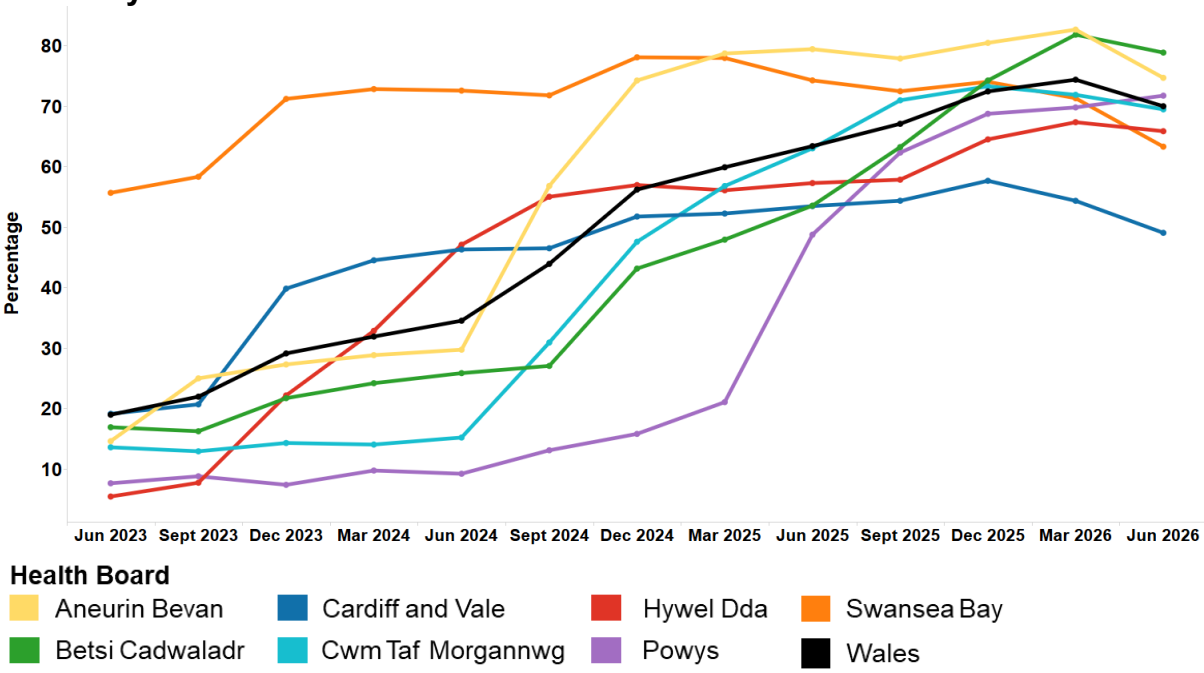
1.2.3.2 Doxycycline

- 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 10.4% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the proportion of doxycycline prescribed for a 5-day duration ranged from 49.0% to 78.8% across the health boards.
- The health board with the highest proportion of doxycycline prescribed for a 5-day duration was Betsi Cadwaladr UHB, whilst the lowest proportion was seen in Cardiff and Vale UHB.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase. Swansea Bay UHB, Cardiff and Vale UHB and Aneurin Bevan UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 11. 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

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Betsi Cadwaladr	53.5	78.8	47.3%
Powys	48.7	71.7	47.2%
Hywel Dda	57.2	65.8	15.0%
Cwm Taf Morgannwg	63.0	69.4	10.2%
Aneurin Bevan	79.4	74.6	-5.98%
Cardiff and Vale	53.4	49.0	-8.26%
Swansea Bay	74.2	63.2	-14.8%
Wales	**63.3**	**69.9**	**10.4%**

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



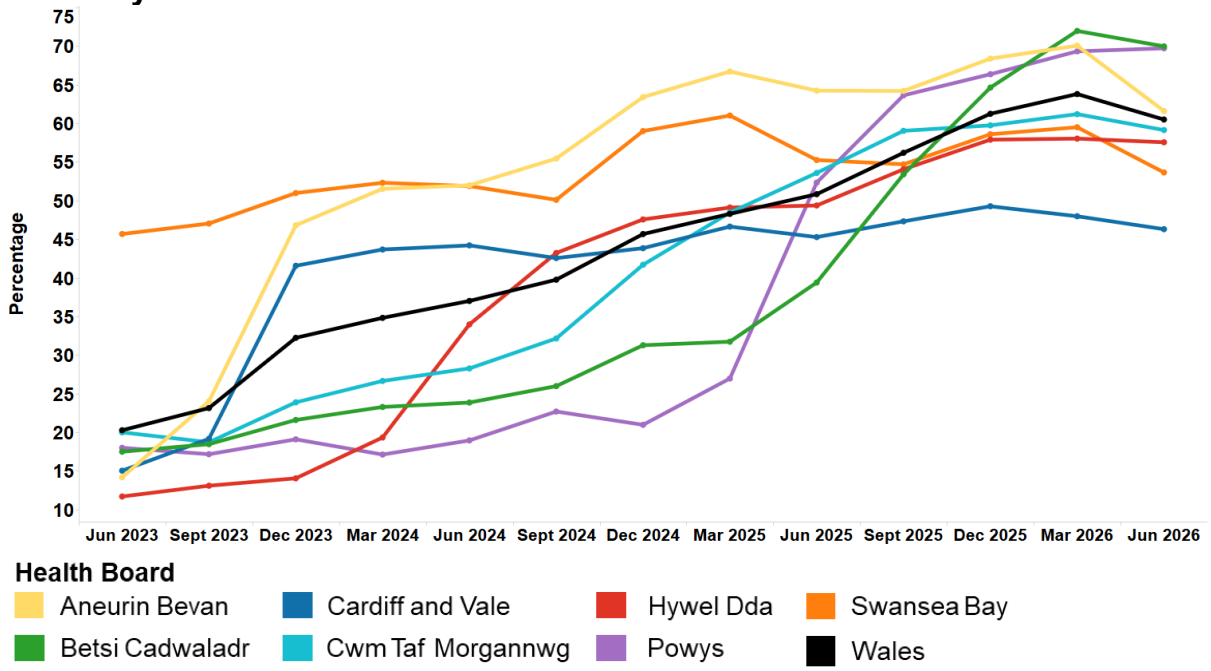
1.2.3.3 Clarithromycin

- 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 19.0% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the proportion of clarithromycin prescribed for a 5-day duration ranged from 46.3% to 69.9% across the health boards.
- The health board with the highest proportion of clarithromycin prescribed for a 5-day duration was Betsi Cadwaladr UHB, whilst the lowest proportion was seen in Cardiff and Vale UHB.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase. Aneurin Bevan UHB and Swansea Bay UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 12. 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

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Betsi Cadwaladr	39.4	69.9	77.6%
Powys	52.3	69.7	33.2%
Hywel Dda	49.3	57.5	16.6%
Cwm Taf Morgannwg	53.6	59.1	10.4%
Cardiff and Vale	45.3	46.3	2.26%
Swansea Bay	55.2	53.6	-2.91%
Aneurin Bevan	64.2	61.6	-4.10%
Wales	**50.8**	**60.5**	**19.0%**

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

Hywel Dda UHB has achieved sustained improvement in the NPI for antimicrobial course duration. Improvement was driven through a combination of education, prescribing system changes, targeted practice support and ongoing monitoring.

Key actions

- **Prescriber engagement and education**: Evidence supporting shorter antimicrobial courses was shared through GP Prescribing Leads Meetings, alongside practice benchmarking performance data. Discussions focused on barriers to 5-day prescribing and promoting guideline-recommended treatment. Key messages were reinforced through routine annual prescribing visits, Contract Assurance Framework visits and engagement with non-medical prescribers. Educational resources and prescribing guidance were provided to support implementation in practice.
- **Targeted audit work**: RTI audits are being undertaken in the nine highest-prescribing practices. The audits examine antimicrobial course duration and whether patients subsequently re-present following treatment. This provides local, practice-level evidence to support prescriber confidence in appropriate 5-day courses, while identifying opportunities for further improvement.
- **Prescribing Management Scheme**: The Prescribing Management Scheme has subsequently maintained a structured focus on antimicrobial course duration through practice-level engagement, providing an additional mechanism for review, feedback and reinforcement of good prescribing practice. Practices were measured against the target of 75% prescribing for the three antimicrobials with payments linked to achievement.
- **Prescribing system support**: Practices using Vision prescribing software had 5-day default quantities added for the three antimicrobials. ScriptSwitch quantity limit switch messages were also enabled at an early stage, providing reminders and links to relevant guidance at the point of prescribing.
- **Monitoring and feedback**: NPI data are used to monitor trends, identify opportunities for improvement and maintain the visibility of antimicrobial stewardship within primary care.

Outcome

The proportion of prescriptions issued as 5-day courses has increased substantially since 2023 and the improvement has been sustained. Performance improved during 2025 and continued to improve to June 2026. This improvement reflects a co-ordinated antimicrobial stewardship approach combining education, prescribing system optimisation, audit activity and ongoing performance review.

1.3 Respiratory

There are two NPIs monitoring the usage of respiratory medicines for 2025–2028:

1. Decarbonisation of inhalers
2. SABA inhalers

1.3.1 Decarbonisation of inhalers

Purpose: To encourage an increase in the use of low 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.

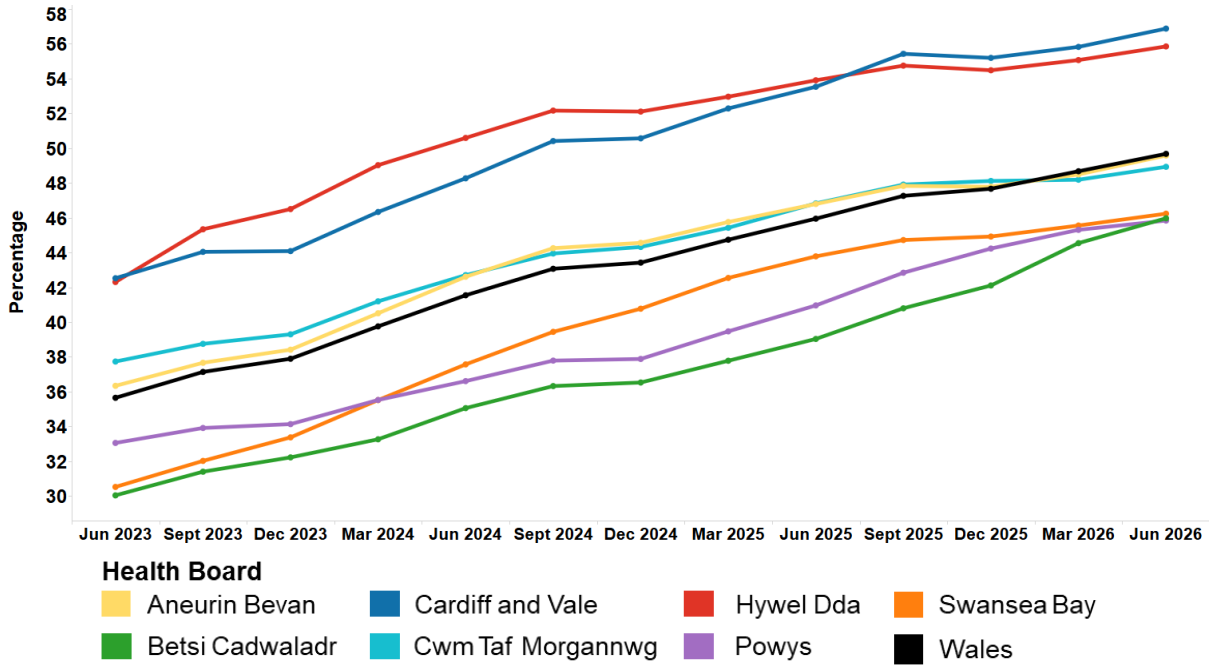
MDIs are estimated to be responsible for 4% of the entire carbon footprint of the NHS. One of the key actions within the *NHS Wales decarbonisation strategic delivery plan 2021 to 2025* was to transition patients on MDIs to inhalers with a lower carbon footprint, but only where patient care will not 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 8.11% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the proportion of DPI and SMI prescribing ranged from 45.8% to 56.9% across the health boards.
- The health board with the highest proportion of DPI and SMI prescribing was Cardiff and Vale UHB, whilst the lowest proportion of DPI and SMI prescribing was seen in Powys THB.
- DPI and SMI prescribing increased, compared with the equivalent quarter of the previous year, in all health boards.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase, and Hywel Dda UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 13. DPIs and SMIs as a percentage of all inhalers prescribed

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Betsi Cadwaladr	39.0	46.0	17.8%
Powys	41.0	45.8	11.9%
Cardiff and Vale	53.5	56.9	6.25%
Aneurin Bevan	46.8	49.6	5.95%
Swansea Bay	43.8	46.2	5.60%
Cwm Taf Morgannwg	46.8	48.9	4.49%
Hywel Dda	53.9	55.8	3.61%
Wales	**45.9**	**49.7**	**8.11%**

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.

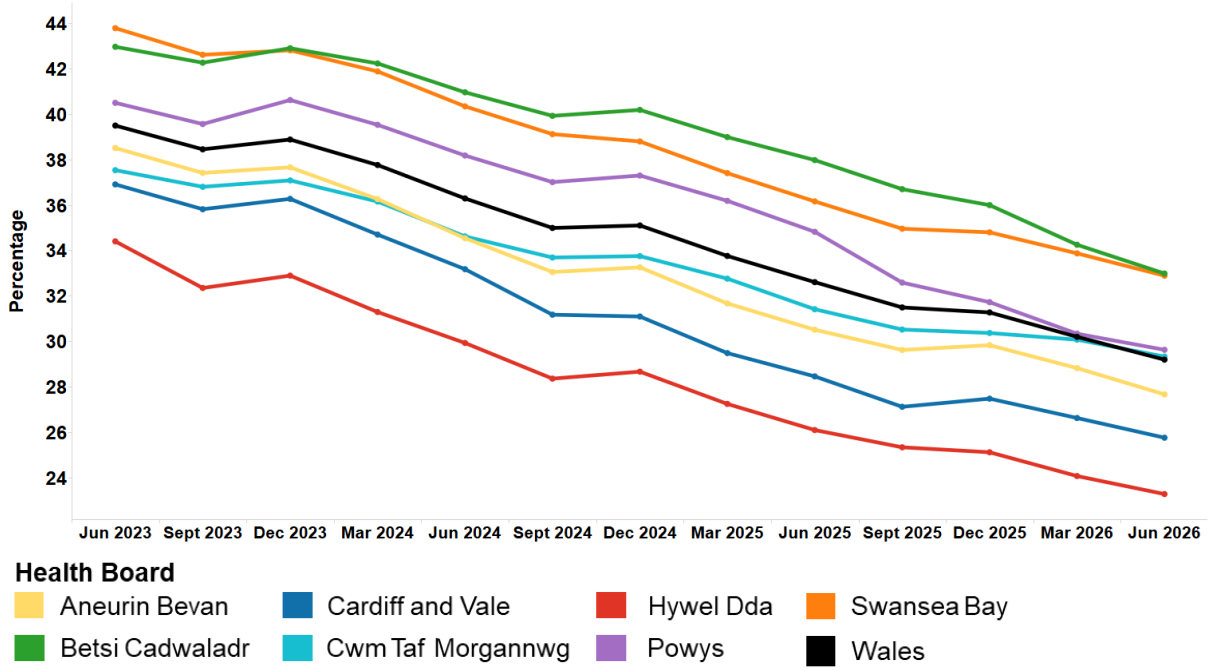
Overuse of SABA inhalers is a well-recognised indicator of poor asthma control and potentially suboptimal care. It is associated with an increased risk of exacerbations and mortality. While SABA inhalers provide rapid symptom relief, they do not treat the underlying airway inflammation, and reliance 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 10.5% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the proportion of SABA items ranged from 23.3% to 33.0% 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 THB demonstrated the largest percentage decrease, and Cwm Taf Morgannwg UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 14. SABA items as a percentage of all inhalers prescribed

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Powys	34.8	29.6	-14.9%
Betsi Cadwaladr	38.0	33.0	-13.1%
Hywel Dda	26.1	23.3	-10.8%
Cardiff and Vale	28.5	25.8	-9.47%
Aneurin Bevan	30.5	27.7	-9.32%
Swansea Bay	36.1	32.9	-9.04%
Cwm Taf Morgannwg	31.4	29.3	-6.63%
Wales	**32.6**	**29.2**	**-10.5%**

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



1.4 SGLT-2 inhibitors

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

1. SGLT-2 inhibitor prescribing in patients with T2DM and CHF.
2. SGLT-2 inhibitor prescribing in patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor.
3. SGLT-2 inhibitor prescribing in patients with non-diabetic CKD who are currently prescribed an ARB or ACE inhibitor and have an ACR ≥ 22.6 mg/mmol.

1.4.1 Patients with T2DM and CHF

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

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

Aim: To increase prescribing.

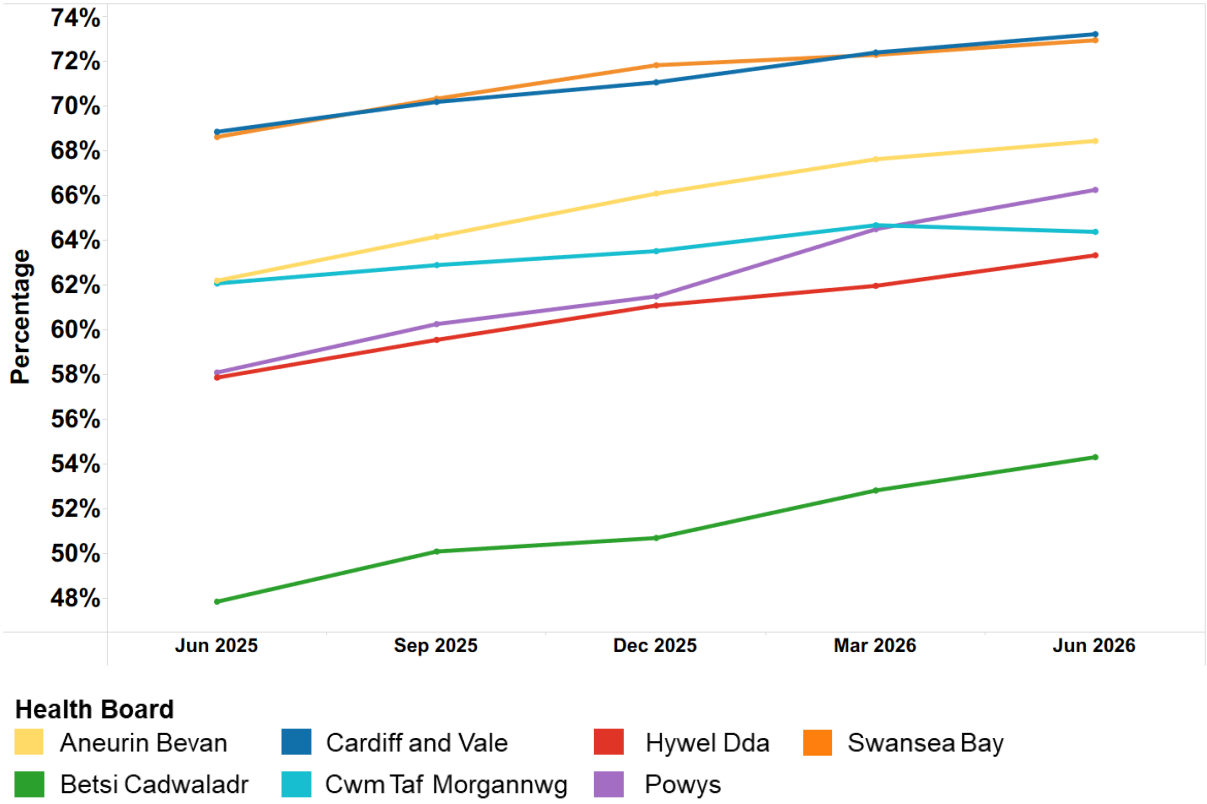
Adults with T2DM who also have CHF are at an increased risk of cardiovascular complications, including hospitalisation due to worsening heart failure. Treatment with an SGLT-2 inhibitor has been shown to provide significant benefits in this population, improving glycaemic control while also reducing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

- Across Wales, the percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor increased by 8.81% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor ranged from 54.3% to 73.2% across the health boards.
- The health board with the highest percentage was Cardiff and Vale UHB. The health board with the lowest percentage was Betsi Cadwaladr UHB.
- The percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor increased in all health boards compared with the equivalent quarter of the previous year.
- Powys THB demonstrated the largest percentage increase, and Cwm Taf Morgannwg UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 15. Percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Powys	58.1	66.3	14.1%
Betsi Cadwaladr	47.8	54.3	13.5%
Aneurin Bevan	62.2	68.4	10.1%
Hywel Dda	57.9	63.3	9.46%
Cardiff and Vale	68.9	73.2	6.34%
Swansea Bay	68.6	73.0	6.30%
Cwm Taf Morgannwg	62.1	64.4	3.72%
Wales	**59.9**	**65.1**	**8.81%**

Figure 14. Trend in percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor



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 percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor.

Aim: To increase prescribing.

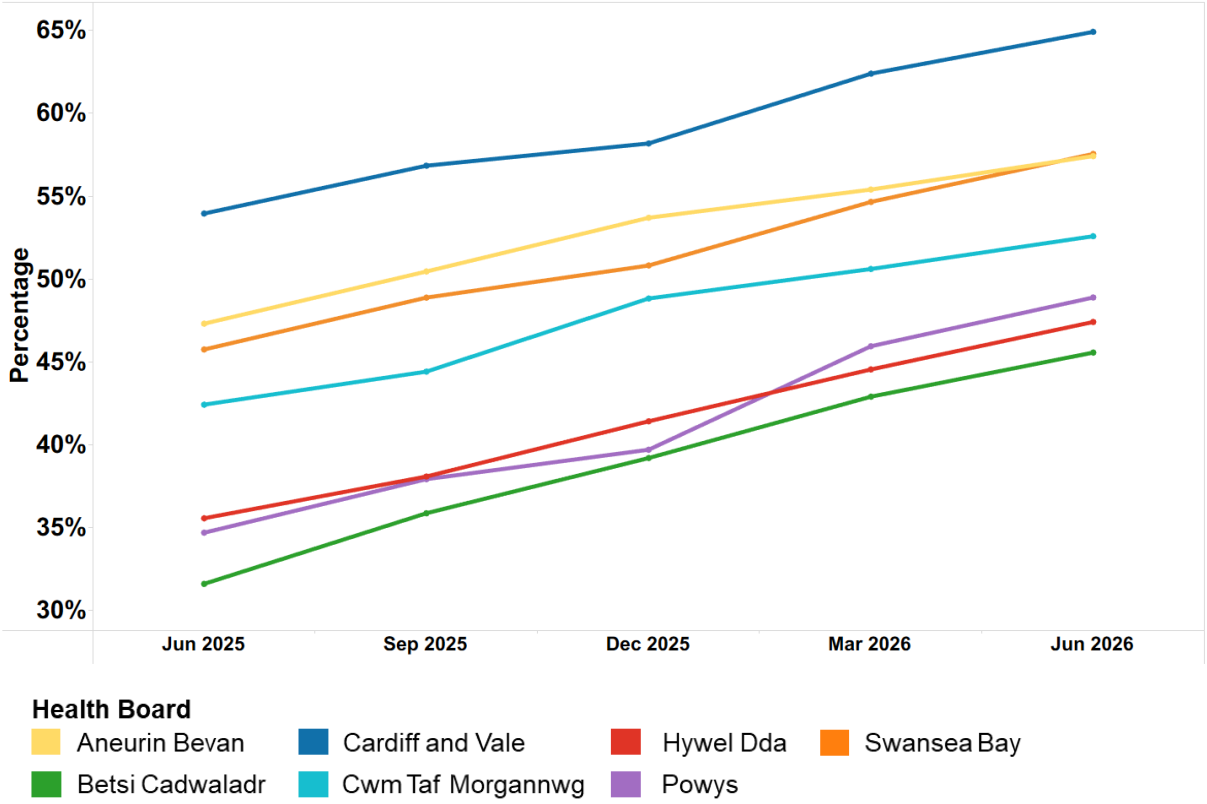
Strong evidence from well-conducted randomised controlled trials shows that SGLT-2 inhibitors reduce the risk of CKD progression, mortality, and cardiovascular events in adult patients with T2DM and CKD. Patients currently treated with an ARB or ACE inhibitor (titrated to the highest tolerated dose)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

- Across Wales, the percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor increased by 28.5% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor ranged from 45.6% to 64.9% across the health boards.
- The health board with the highest percentage of patients was Cardiff and Vale UHB. The health board with the lowest percentage was Betsi Cadwaladr UHB.
- The percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor increased in all health boards compared with the equivalent quarter of the previous year.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase, and Cardiff and Vale UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 16. Percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Betsi Cadwaladr	31.6	45.6	44.1%
Powys	34.7	48.9	40.9%
Hywel Dda	35.6	47.4	33.3%
Swansea Bay	45.8	57.5	25.8%
Cwm Taf Morgannwg	42.4	52.6	23.9%
Aneurin Bevan	47.3	57.4	21.4%
Cardiff and Vale	54.0	64.9	20.3%
Wales	**41.7**	**53.6**	**28.5%**

Figure 15. Trend in percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor



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 percentage of patients with non-diabetic CKD and an ACR ≥ 22.6 mg/mmol who are currently prescribed an ARB or ACE inhibitor and who are also 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.

- Across Wales, for the quarter ending June 2026, the percentage of patients with non-diabetic CKD and an ACR ≥ 22.6 mg/mmol who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor increased by 53.6% in the quarter ending June 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, the percentage of patients with non-diabetic CKD and an ACR ≥ 22.6 mg/mmol who are currently prescribed an ARB or

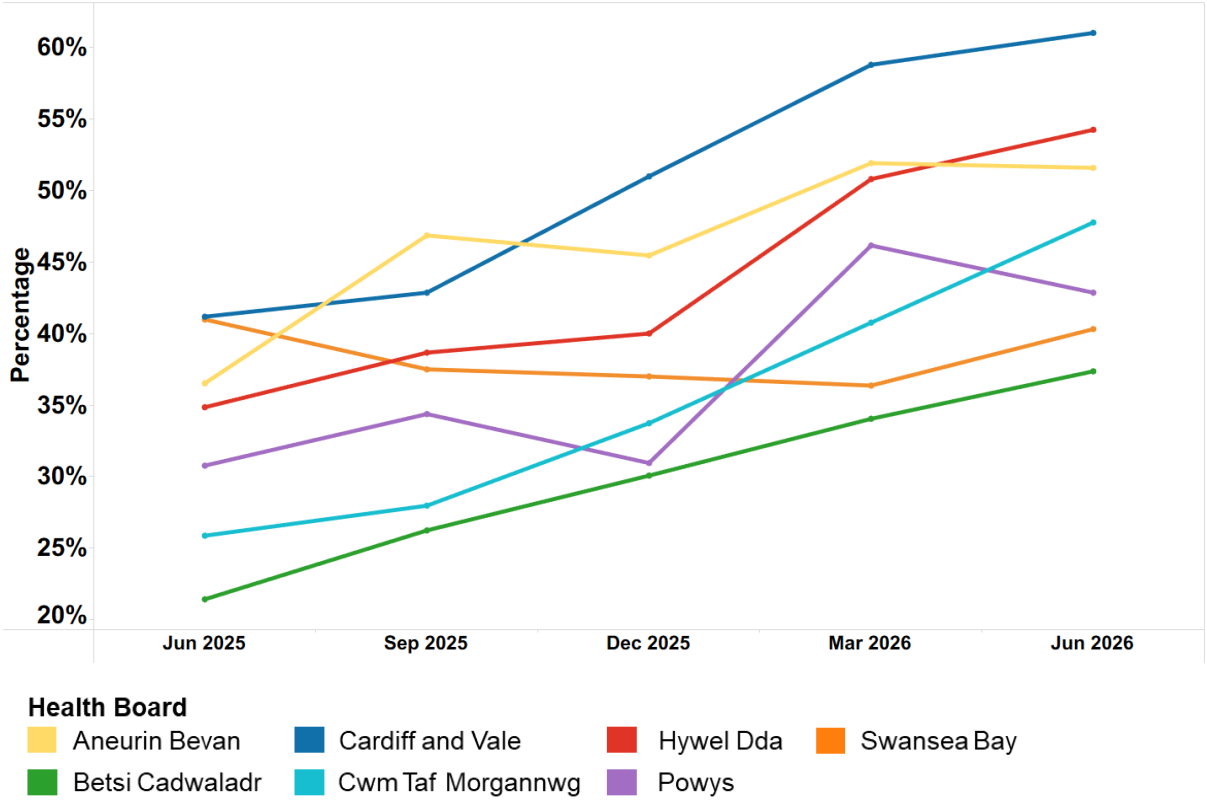
ACE inhibitor and who are also prescribed an SGLT-2 inhibitor ranged from 37.4% to 61.0% across the health boards.

- The health board with the highest percentage was Cardiff and Vale UHB. The health board with the lowest percentage was Betsi Cadwaladr UHB.
- Cwm Taf Morgannwg UHB demonstrated the largest percentage increase. Swansea Bay UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 17. Percentage of patients with non-diabetic CKD and an ACR ≥ 22.6 mg/mmol who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Cwm Taf Morgannwg	25.9	47.8	84.6%
Betsi Cadwaladr	21.4	37.4	74.4%
Hywel Dda	34.8	54.2	55.6%
Cardiff and Vale	41.2	61.0	48.2%
Aneurin Bevan	36.5	51.6	41.2%
Powys	30.8	42.9	39.3%
Swansea Bay	41.0	40.3	-1.64%
Wales	**30.6**	**46.9**	**53.6%**

Figure 16. Trend in percentage of patients with non-diabetic CKD and an ACR ≥ 22.6 mg/mmol who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor



2.0 Supporting domains

2.1 Safety

There are 24 NPIs in the safety domain for 2025–2028:

1. Prescribing Safety Indicators
    - Twenty-two indicators (see details below)
2. Hypnotics and anxiolytics
3. Yellow Cards
    - GP practice
    - Secondary care
    - Health board/trust
    - Public
    - Community pharmacy

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 AKI

- 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.
- 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.
- Number of patients with concurrent prescriptions for an NSAID, a 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 PPI.
- Number of patients with concurrent prescriptions for warfarin and an oral NSAID.
- Number of patients with concurrent prescriptions for a 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 an 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 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 55 years and under 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 beta-blocker.
- 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.

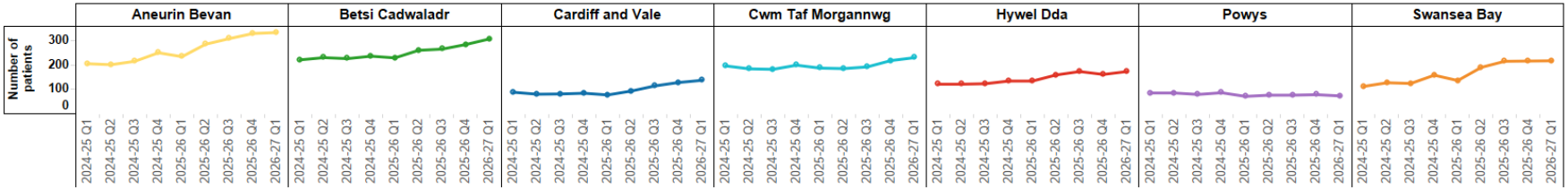
Please note:

At the time of writing, it is not possible to include data on the Prescribing Safety Indicators relating to trimethoprim and topiramate within this quarterly report. These indicators are currently being amended 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 17. Prescribing Safety Indicators

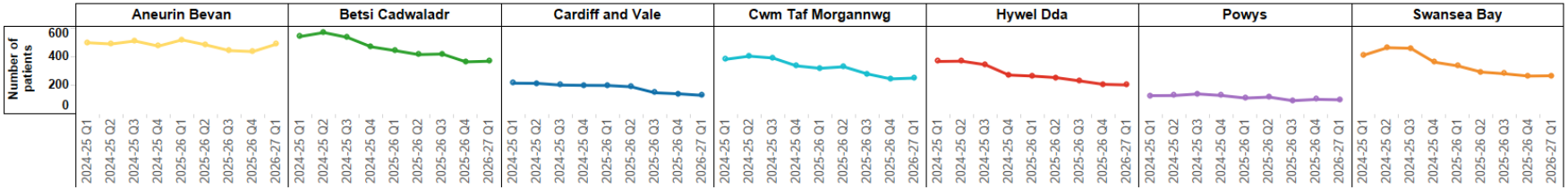
Prescribing Safety Indicators related to AKI

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



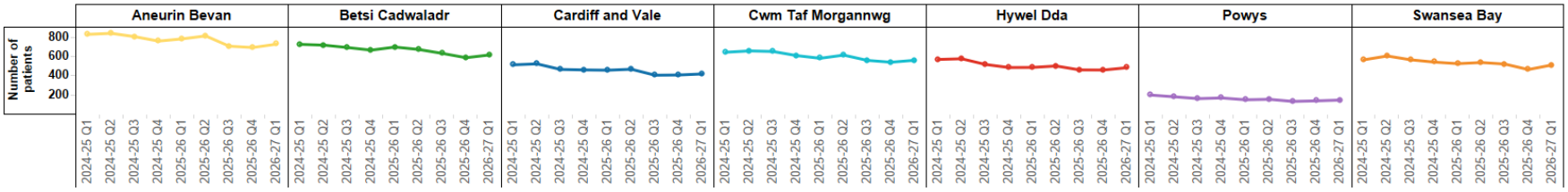
Number of patients	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	205	201	215	250	234	285	308	329	333
Betsi Cadwaladr	221	230	226	236	229	260	265	284	307
Cardiff and Vale	88	80	81	84	77	93	114	128	137
Cwm Taf Morgannwg	196	184	182	199	187	185	192	218	230
Hywel Dda	121	121	123	134	134	159	173	161	173
Powys	85	85	79	86	71	76	76	78	73
Swansea Bay	112	127	124	158	136	190	215	216	217

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



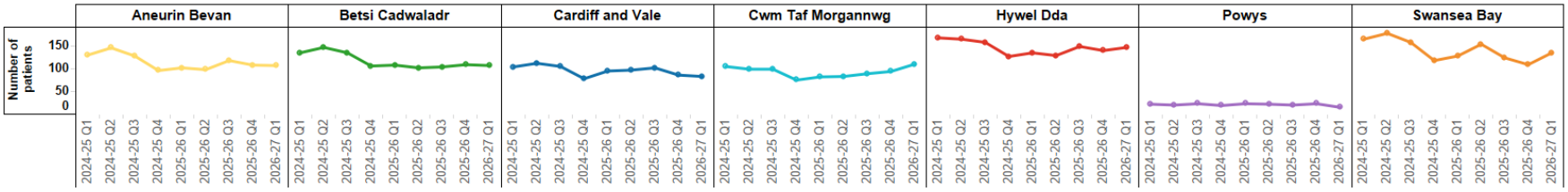
Number of patients	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	496	487	508	472	516	481	441	434	486
Betsi Cadwaladr	539	567	533	467	441	413	417	362	367
Cardiff and Vale	213	212	200	198	197	188	146	139	128
Cwm Taf Morgannwg	380	402	389	334	317	328	278	243	249
Hywel Dda	365	367	342	270	263	252	229	205	201
Powys	126	127	138	127	109	116	91	100	97
Swansea Bay	409	461	457	360	334	291	279	263	265

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



	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	831	842	807	761	784	815	708	694	729
Betsi Cadwaladr	727	719	694	667	699	674	633	588	617
Cardiff and Vale	514	524	466	461	458	468	406	408	419
Cwm Taf Morgannwg	645	659	653	610	582	615	560	541	561
Hywel Dda	570	577	518	486	487	502	461	460	484
Powys	199	181	162	169	150	155	133	139	147
Swansea Bay	566	606	566	542	526	538	522	465	512

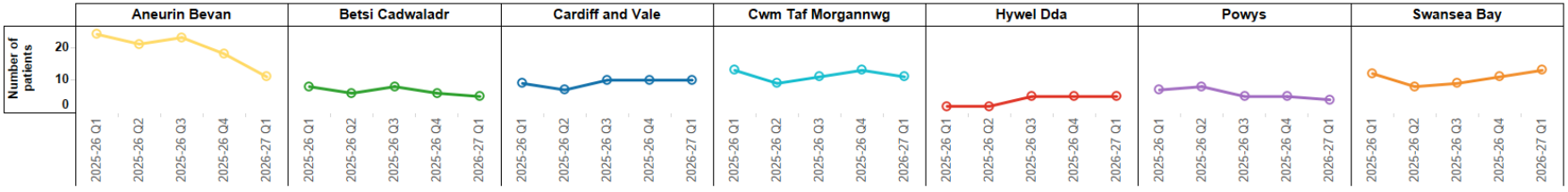
04. Number of patients aged 75 years and over with a current prescription for an ACE inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months



	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	130	146	128	96	102	98	118	108	107
Betsi Cadwaladr	135	147	135	106	108	102	104	109	107
Cardiff and Vale	104	112	105	78	95	97	102	86	83
Cwm Taf Morgannwg	105	99	99	75	82	83	89	94	110
Hywel Dda	168	165	158	127	135	129	149	140	147
Powys	22	20	23	19	23	22	20	23	15
Swansea Bay	165	178	158	118	128	154	124	109	135

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



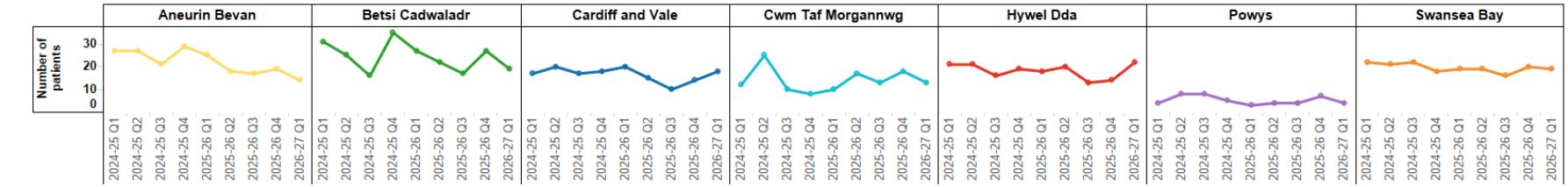
	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	24	21	23	18	11
Betsi Cadwaladr	8	6	8	6	5
Cardiff and Vale	9	7	10	10	10
Cwm Taf Morgannwg	13	9	11	13	11
Hywel Dda	2	2	5	5	5
Powys	7	8	5	5	4
Swansea Bay	12	8	9	11	13

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

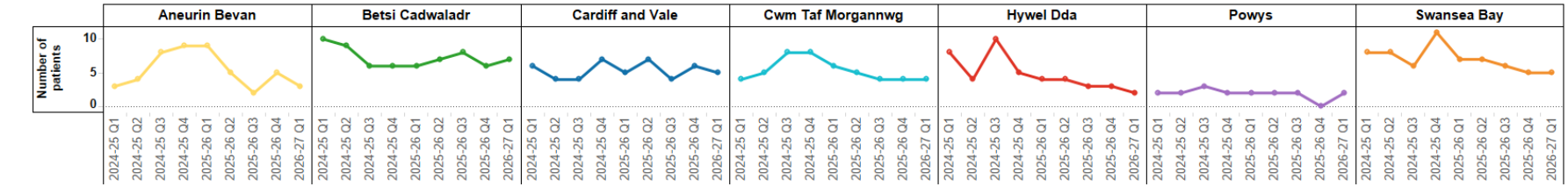
Prescribing Safety Indicators related to bleeds

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



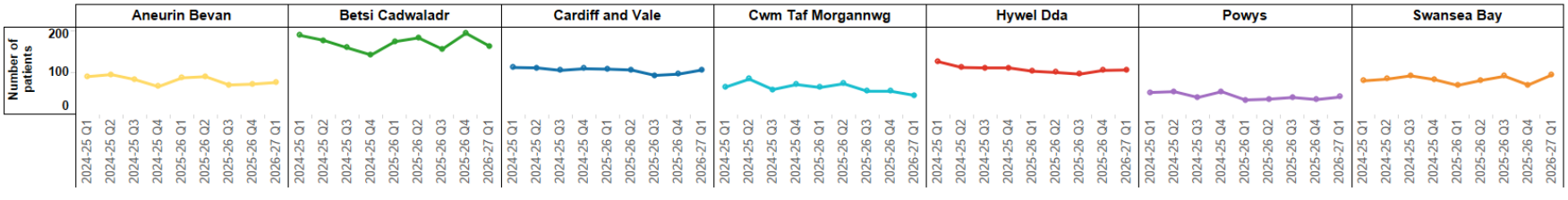
Number of patients	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	27	27	21	29	25	18	17	19	14
Betsi Cadwaladr	31	25	16	35	27	22	17	27	19
Cardiff and Vale	17	20	17	18	20	15	10	14	18
Cwm Taf Morgannwg	12	25	10	8	10	17	13	18	13
Hywel Dda	21	21	16	19	18	20	13	14	22
Powys	4	8	8	5	3	4	4	7	4
Swansea Bay	22	21	22	18	19	19	16	20	19

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



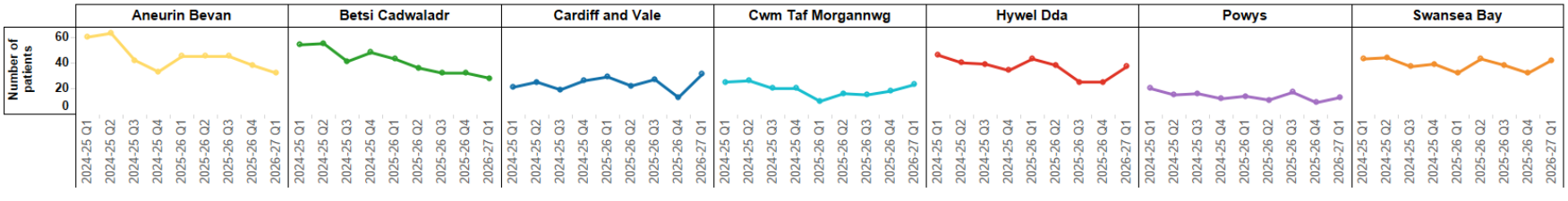
Number of patients	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	3	4	8	9	9	5	2	5	3
Betsi Cadwaladr	10	9	6	6	6	7	8	6	7
Cardiff and Vale	6	4	4	7	5	7	4	6	5
Cwm Taf Morgannwg	4	5	8	8	6	5	4	4	4
Hywel Dda	8	4	10	5	4	4	3	3	2
Powys	2	2	3	2	2	2	2	0	2
Swansea Bay	8	8	6	11	7	7	6	5	5

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



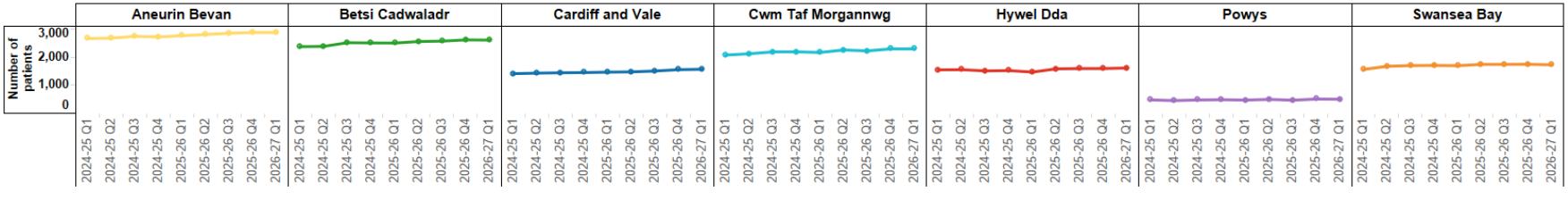
	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	90	95	83	66	87	90	70	72	76
Betsi Cadwaladr	189	177	159	142	174	183	156	194	163
Cardiff and Vale	112	111	105	109	108	106	93	96	106
Cwm Taf Morgannwg	65	84	59	71	64	73	55	55	45
Hywel Dda	126	112	111	111	103	100	96	105	106
Powys	52	54	40	54	34	36	40	35	41
Swansea Bay	80	84	92	83	69	81	91	70	94

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)



	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	60	63	42	33	45	45	45	38	32
Betsi Cadwaladr	54	55	41	48	43	36	32	32	28
Cardiff and Vale	21	25	19	26	29	22	27	13	31
Cwm Taf Morgannwg	25	26	20	20	10	16	15	18	23
Hywel Dda	46	40	39	34	43	38	25	25	37
Powys	20	15	16	12	14	11	17	9	13
Swansea Bay	43	44	37	39	32	43	38	32	42

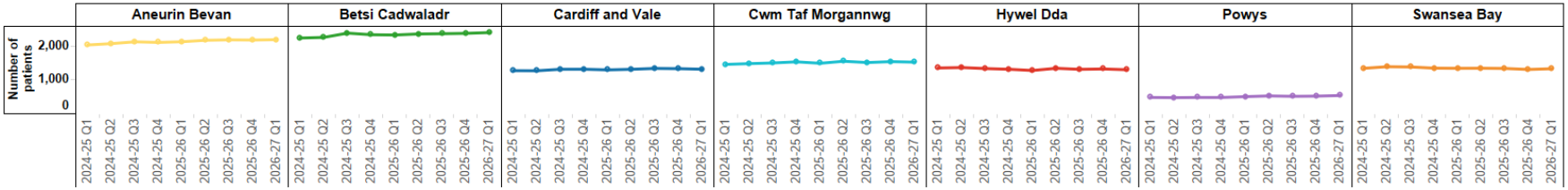
11. Number of patients with concurrent prescriptions for an oral anticoagulant (warfarin or DOAC) and an SSRI



	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	2,675	2,690	2,756	2,732	2,779	2,820	2,863	2,891	2,894
Betsi Cadwaladr	2,384	2,394	2,526	2,517	2,514	2,568	2,583	2,627	2,620
Cardiff and Vale	1,418	1,437	1,450	1,457	1,473	1,482	1,513	1,561	1,576
Cwm Taf Morgannwg	2,085	2,131	2,198	2,199	2,177	2,266	2,233	2,305	2,304
Hywel Dda	1,554	1,560	1,518	1,529	1,474	1,591	1,601	1,602	1,620
Powys	479	454	476	485	472	496	467	509	502
Swansea Bay	1,571	1,682	1,707	1,712	1,704	1,749	1,749	1,753	1,733

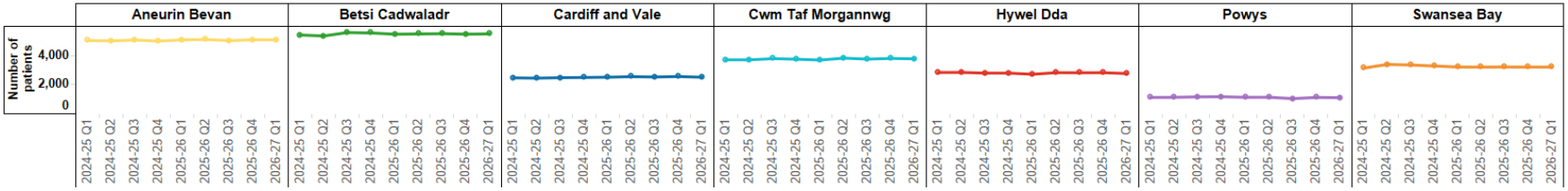
Prescribing Safety Indicators related to cognition

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



Number of patients	Aneurin Bevan									Betsi Cadwaladr									Cardiff and Vale									Cwm Taf Morgannwg									Hywel Dda									Powys									Swansea Bay								
	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Number of patients	2,032	2,072	2,126	2,108	2,128	2,171	2,184	2,178	2,189	2,238	2,257	2,383	2,336	2,328	2,358	2,366	2,376	2,400	1,273	1,270	1,314	1,315	1,296	1,313	1,339	1,332	1,315	1,458	1,481	1,501	1,534	1,491	1,551	1,513	1,540	1,525	1,352	1,365	1,335	1,314	1,278	1,343	1,312	1,323	1,300	481	475	481	480	505	526	514	520	538	1,342	1,390	1,382	1,347	1,342	1,344	1,338	1,308	1,330

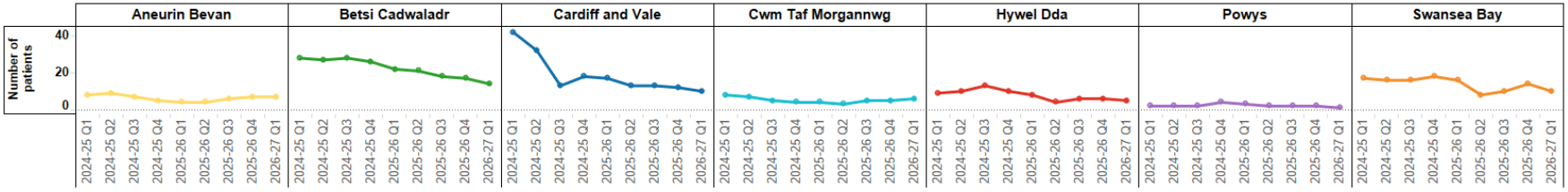
13. Number of patients aged 75 years and over with an AEC score of three or more for items on active repeat



Number of patients	Aneurin Bevan									Betsi Cadwaladr									Cardiff and Vale									Cwm Taf Morgannwg									Hywel Dda									Powys									Swansea Bay								
	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Number of patients	5,021	4,993	5,056	4,977	5,065	5,094	5,011	5,073	5,066	5,396	5,331	5,564	5,535	5,450	5,468	5,487	5,453	5,472	2,459	2,440	2,471	2,488	2,505	2,541	2,519	2,549	2,502	3,696	3,695	3,777	3,740	3,679	3,813	3,745	3,791	3,766	2,827	2,833	2,786	2,785	2,706	2,816	2,811	2,814	2,755	1,117	1,125	1,156	1,166	1,126	1,130	1,037	1,118	1,101	3,128	3,380	3,341	3,273	3,204	3,199	3,204	3,198	3,203

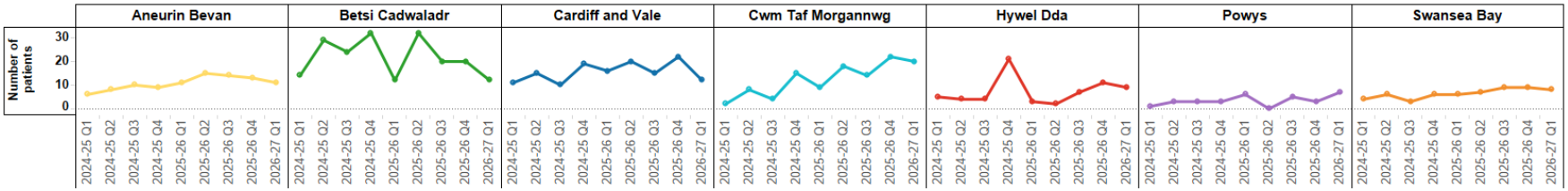
Prescribing Safety Indicators specific to females

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	Aneurin Bevan									Betsi Cadwaladr									Cardiff and Vale									Cwm Taf Morgannwg									Hywel Dda									Powys									Swansea Bay								
	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Number of patients	8	9	7	5	4	4	6	7	7	28	27	28	26	22	21	18	17	14	42	32	13	18	17	13	13	12	10	8	7	5	4	4	3	5	5	6	9	10	13	10	8	4	6	6	5	2	2	2	4	3	2	2	2	1	17	16	16	18	16	8	10	14	10

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



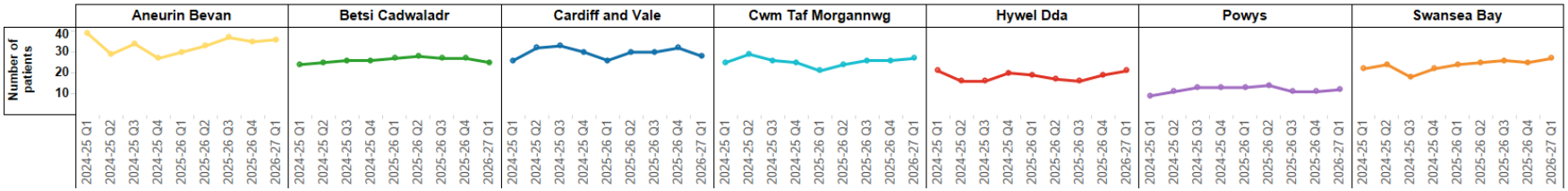
	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	6	8	10	9	11	15	14	13	11
Betsi Cadwaladr	14	29	24	32	12	32	20	20	12
Cardiff and Vale	11	15	10	19	16	20	15	22	12
Cwm Taf Morgannwg	2	8	4	15	9	18	14	22	20
Hywel Dda	5	4	4	21	3	2	7	11	9
Powys	1	3	3	3	6	0	5	3	7
Swansea Bay	4	6	3	6	6	7	9	9	8

16. Number of female patients aged 55 years and under with a prescription for topiramate

Currently unable to include graph as data unavailable

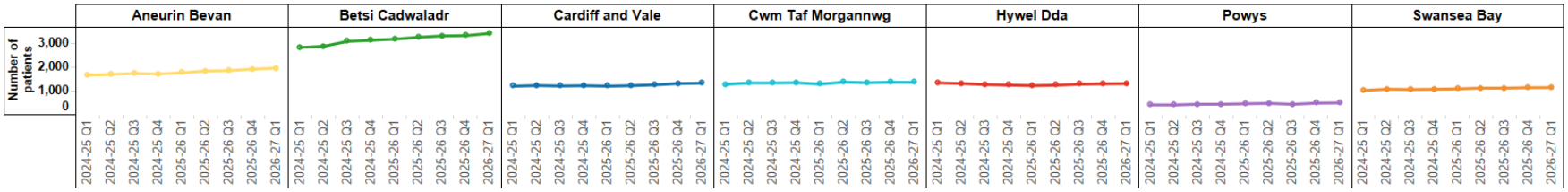
Prescribing Safety Indicators related to 'other'

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



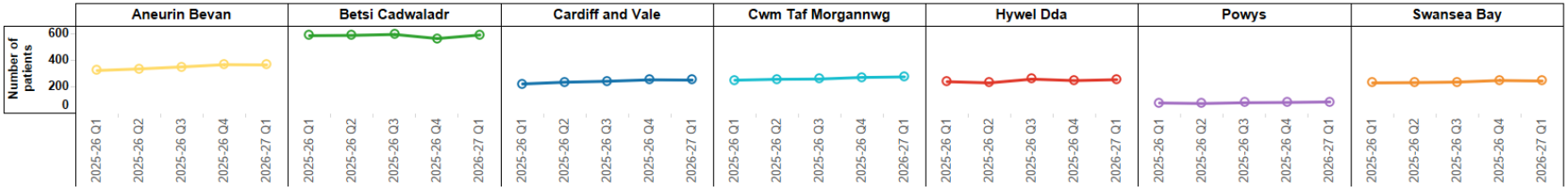
	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	39	29	34	27	30	33	37	35	36
Betsi Cadwaladr	24	25	26	26	27	28	27	27	25
Cardiff and Vale	26	32	33	30	26	30	30	32	28
Cwm Taf Morgannwg	25	29	26	25	21	24	26	26	27
Hywel Dda	21	16	16	20	19	17	16	19	21
Powys	9	11	13	13	13	14	11	11	12
Swansea Bay	22	24	18	22	24	25	26	25	27

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



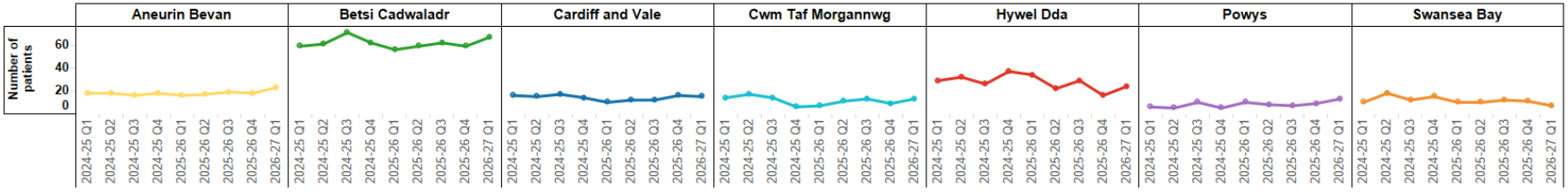
Number of patients	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	1,665	1,693	1,727	1,707	1,758	1,833	1,851	1,912	1,954
Betsi Cadwaladr	2,820	2,871	3,078	3,125	3,172	3,248	3,305	3,319	3,410
Cardiff and Vale	1,197	1,224	1,205	1,218	1,198	1,219	1,255	1,308	1,324
Cwm Taf Morgannwg	1,275	1,332	1,332	1,342	1,283	1,367	1,341	1,362	1,358
Hywel Dda	1,335	1,308	1,264	1,243	1,221	1,238	1,280	1,295	1,304
Powys	412	409	438	438	458	475	436	485	494
Swansea Bay	1,019	1,072	1,058	1,069	1,085	1,117	1,116	1,136	1,139

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



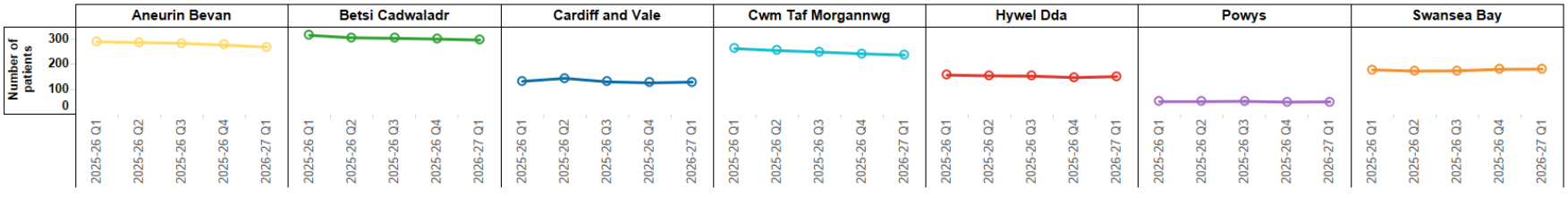
Number of patients	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	321	333	348	365	363
Betsi Cadwaladr	583	585	592	561	588
Cardiff and Vale	220	233	240	251	249
Cwm Taf Morgannwg	248	255	257	269	273
Hywel Dda	237	228	256	245	252
Powys	77	73	79	81	85
Swansea Bay	228	230	234	246	242

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



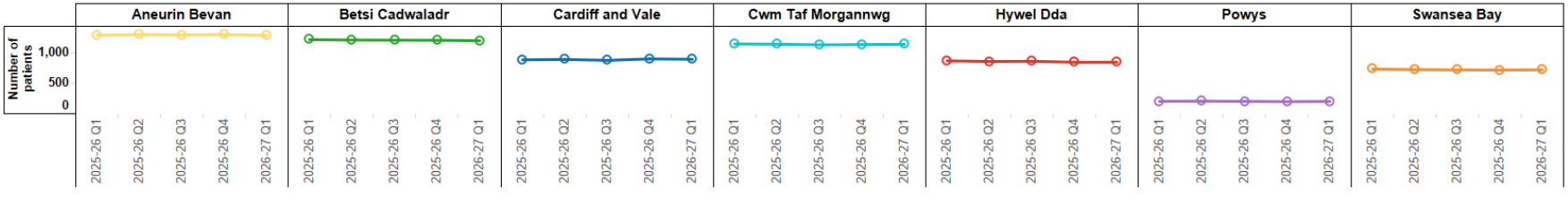
Number of patients	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Aneurin Bevan	18	18	16	18	16	17	19	18	23
Betsi Cadwaladr	59	61	71	62	56	59	62	59	67
Cardiff and Vale	16	15	17	14	10	12	12	16	15
Cwm Taf Morgannwg	14	17	14	6	7	11	13	9	13
Hywel Dda	29	32	26	37	34	22	29	16	24
Powys	6	5	10	5	10	8	7	9	13
Swansea Bay	10	18	12	15	10	10	12	11	7

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



Number of patients	Aneurin Bevan					Betsi Cadwaladr					Cardiff and Vale					Cwm Taf Morgannwg					Hywel Dda					Powys					Swansea Bay				
	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Number of patients	289	286	283	276	268	315	305	303	300	296	131	143	129	125	128	262	254	248	241	236	156	153	152	146	150	50	50	51	48	49	177	172	173	179	180

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



Number of patients	Aneurin Bevan					Betsi Cadwaladr					Cardiff and Vale					Cwm Taf Morgannwg					Hywel Dda					Powys					Swansea Bay				
	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2026-27 Q1
Number of patients	1,286	1,296	1,290	1,297	1,282	1,214	1,208	1,205	1,204	1,196	883	889	874	898	892	1,143	1,139	1,128	1,133	1,137	866	855	859	843	843	202	205	201	197	200	732	722	718	715	720

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.

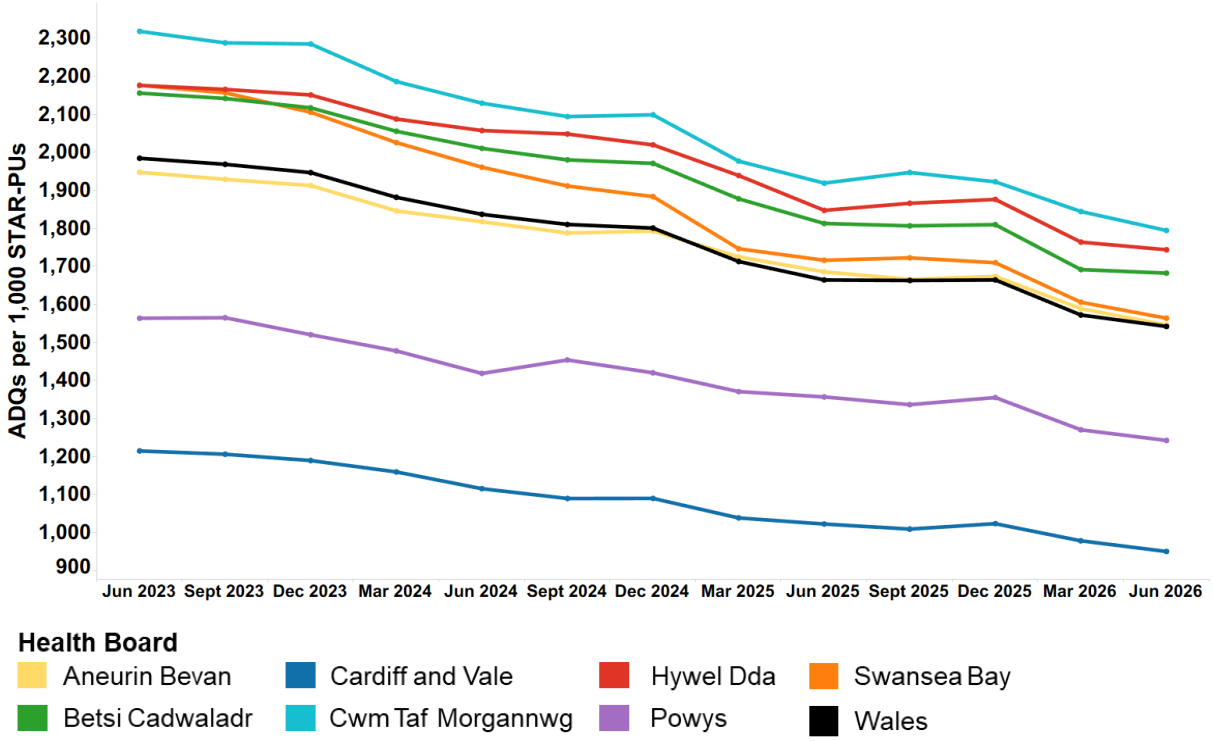
There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

- Across Wales, the prescribing of hypnotics and anxiolytics decreased by 7.35% for the quarter ending June 2026 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending June 2026, hypnotic and anxiolytic prescribing ranged from 950 to 1,794 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 Hywel Dda UHB, compared with the equivalent quarter of the previous year.

Table 18. Hypnotic and anxiolytic UDG ADQs per 1,000 STAR-PUs

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Swansea Bay	1,716	1,563	-8.88%
Powys	1,356	1,242	-8.44%
Aneurin Bevan	1,685	1,546	-8.29%
Betsi Cadwaladr	1,813	1,682	-7.20%
Cardiff and Vale	1,022	950	-7.06%
Cwm Taf Morgannwg	1,919	1,794	-6.49%
Hywel Dda	1,847	1,743	-5.61%
Wales	**1,664**	**1,542**	**-7.35%**

Figure 18. 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 by GP practice.
- Number of Yellow Cards submitted by secondary care.
- Number of Yellow Cards submitted by health board/NHS trust.
- Number of Yellow Cards submitted by members of the public.
- Number of Yellow Cards submitted by community pharmacies.

Aim: To increase reporting.

The Yellow Card Scheme is vital in helping the 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.

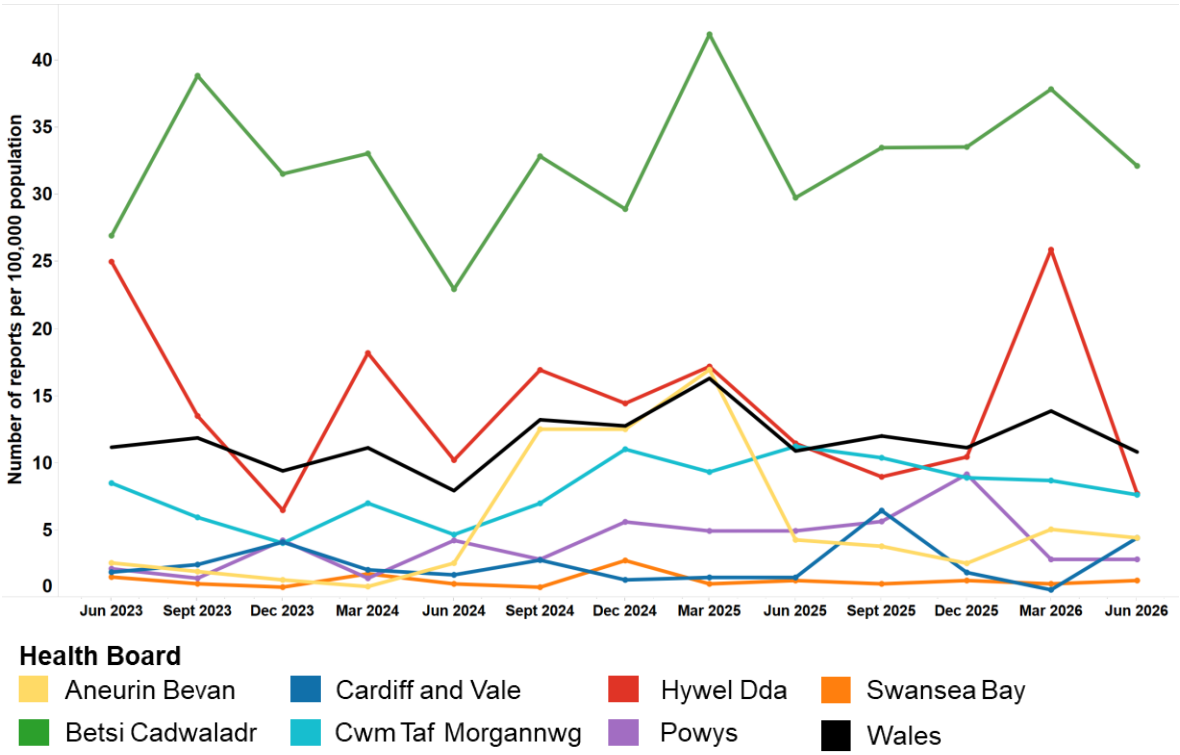
2.1.3.1 GP practices

- Across Wales, the number of Yellow Cards submitted by GP practices decreased by 0.83% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending June 2026, number of Yellow Cards submitted by GP practices ranged from 4 to 230 across the health boards.
- The health board with the highest reporting was Betsi Cadwaladr UHB, whilst the lowest reporting was seen in Powys THB.
- Cardiff and Vale UHB showed the largest percentage increase. Powys THB. Hywel Dda UHB and Cwm Taf Morgannwg UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 19. Number of Yellow Cards submitted by GP practices

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Cardiff and Vale	8	24	200%
Betsi Cadwaladr	215	230	6.98%
Aneurin Bevan	27	28	3.70%
Swansea Bay	5	5	0%
Cwm Taf Morgannwg	53	36	-32.1%
Hywel Dda	46	31	-32.6%
Powys	7	4	-42.9%
Wales	**361**	**358**	**-0.83%**

Figure 19. Trend in number of Yellow Cards submitted by GP practices per 100,000 health board population



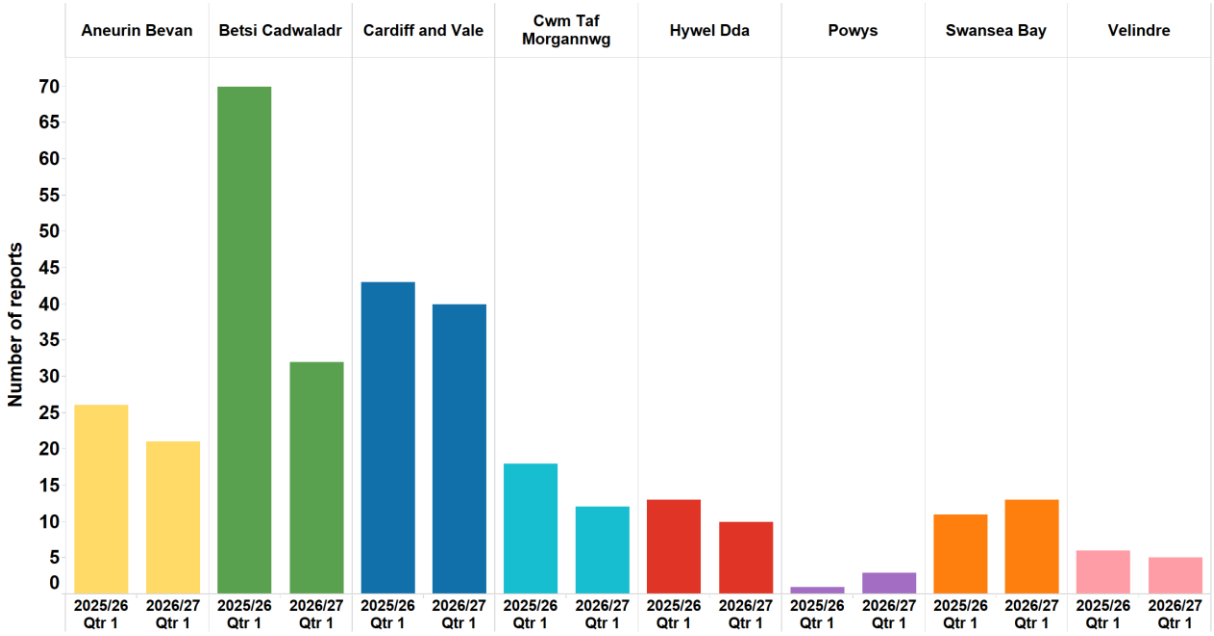
2.1.3.2 Secondary care

- Across Wales, the number of Yellow Cards submitted by secondary care decreased by 27.7% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending June 2026, number of Yellow Cards submitted by secondary care ranged from 3 to 40 across the health boards/NHS trust.
- The highest reporting was seen in Cardiff and Vale UHB, whilst the lowest reporting was seen in Powys THB.
- The largest percentage increase in secondary care reporting was seen in Powys THB, and the largest percentage decrease was seen in Betsi Cadwaladr UHB, compared with the equivalent quarter of the previous year.

Table 20. Number of Yellow Cards submitted by secondary care

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Powys	1	3	200%
Swansea Bay	11	13	18.2%
Cardiff and Vale	43	40	-6.98%
Velindre	6	5	-16.7%
Aneurin Bevan	26	21	-19.2%
Hywel Dda	13	10	-23.1%
Cwm Taf Morgannwg	18	12	-33.3%
Betsi Cadwaladr	70	32	-54.3%
Wales	**188**	**136**	**-27.7%**

Figure 20. Number of Yellow Cards submitted by secondary care – Quarter ending June 2026 versus quarter ending June 2025



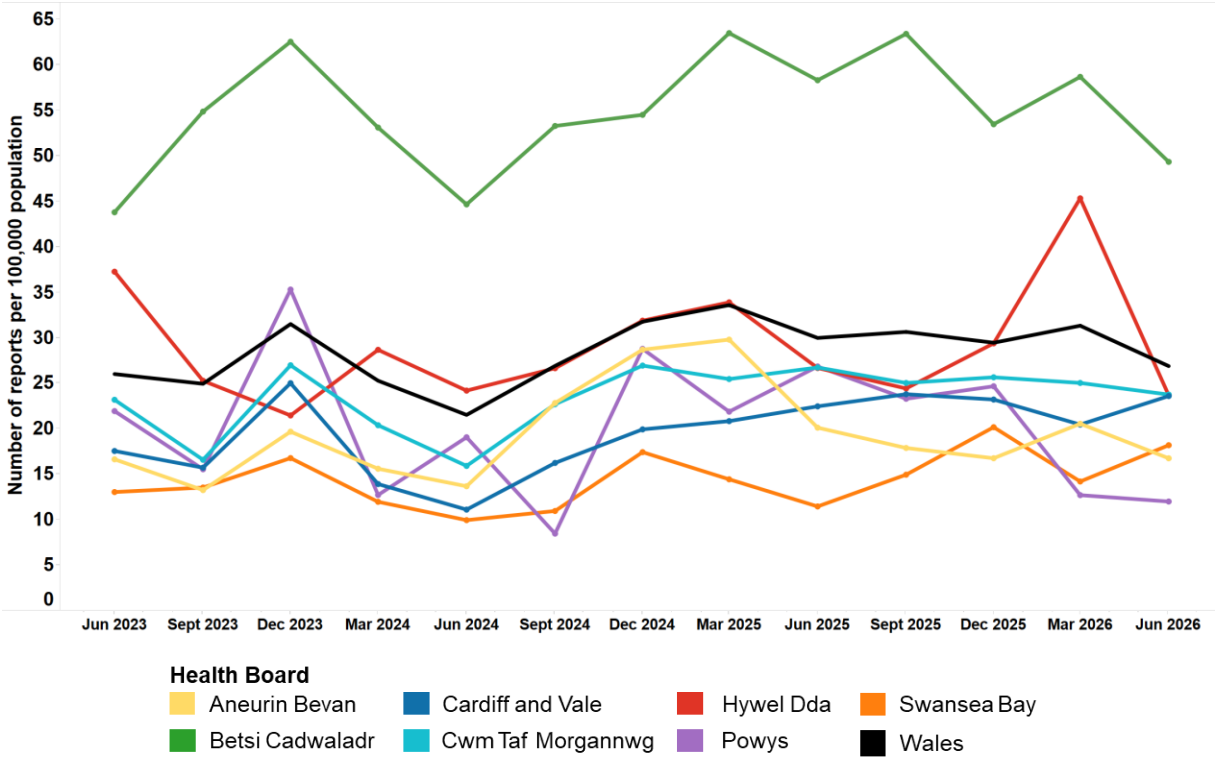
2.1.3.3 Health boards/NHS trust

- Across Wales, the number of Yellow Cards submitted by health boards/NHS trust decreased by 10.5% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending June 2026, number of Yellow Cards submitted by health boards/NHS trust ranged from 5 to 353 across the health boards.
- The highest reporting was seen in Betsi Cadwaladr UHB, whilst the lowest reporting was seen in Velindre NHS Trust.
- The largest percentage increase was seen in Swansea Bay UHB, and the largest percentage decrease was seen in Powys THB, compared with the equivalent quarter of the previous year.

Table 21. Number of Yellow Cards submitted by health board/NHS trust

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Swansea Bay	46	73	58.7%
Cardiff and Vale	122	128	4.92%
Cwm Taf Morgannwg	126	112	-11.1%
Hywel Dda	107	95	-11.2%
Betsi Cadwaladr	421	353	-16.2%
Aneurin Bevan	127	106	-16.5%
Velindre	6	5	-16.7%
Powys	38	17	-55.3%
Wales	**993**	**889**	**-10.5%**

Figure 21. Trend in number of Yellow Cards submitted by health boards/NHS trust per 100,000 health board population



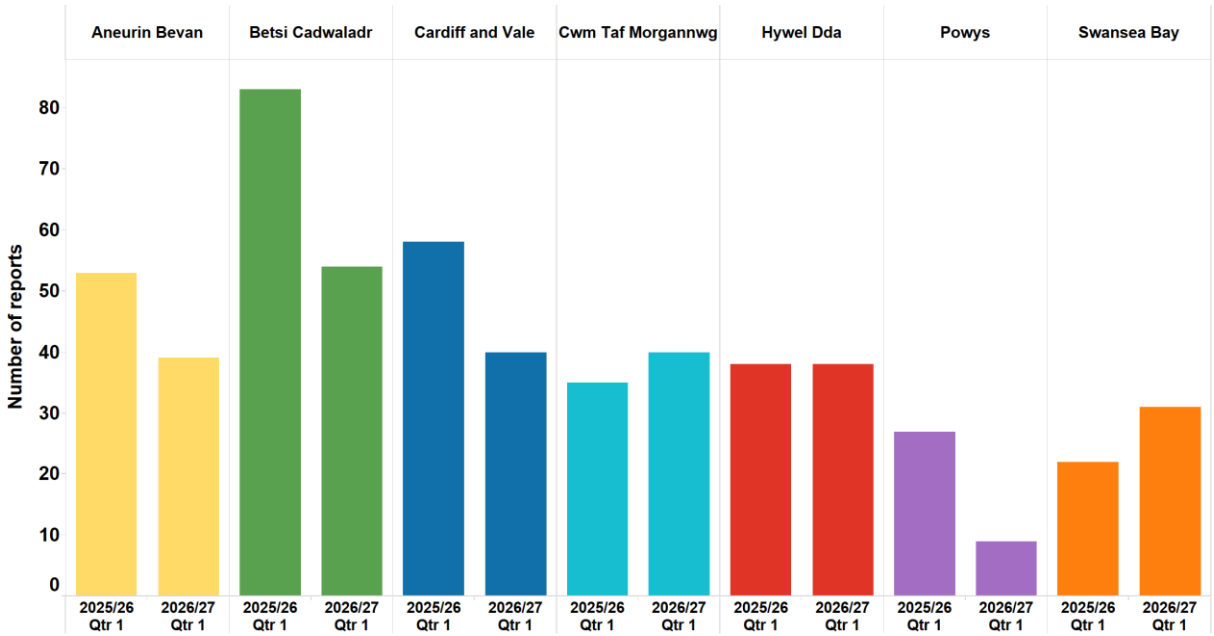
2.1.3.4 Members of the public

- Across Wales, the number of Yellow Cards submitted by members of the public decreased by 20.6% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending June 2026, number of Yellow Cards submitted by members of the public ranged from 9 to 54 across the health boards.
- The health board with the highest reporting was Betsi Cadwaladr UHB, whilst the lowest reporting was seen in Powys THB.
- Swansea Bay UHB demonstrated the largest percentage increase in member of the public reporting. The largest percentage decrease was seen in Powys THB, compared with the equivalent quarter of the previous year.

Table 22. Number of Yellow Cards submitted by members of the public

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Swansea Bay	22	31	40.9%
Cwm Taf Morgannwg	35	40	14.3%
Hywel Dda	38	38	0%
Aneurin Bevan	53	39	-26.4%
Cardiff and Vale	58	40	-31.0%
Betsi Cadwaladr	83	54	-34.9%
Powys	27	9	-66.7%
Wales	**316**	**251**	**-20.6%**

Figure 22. Number of Yellow Cards submitted by members of the public – Quarter ending June 2026 versus quarter ending June 2025



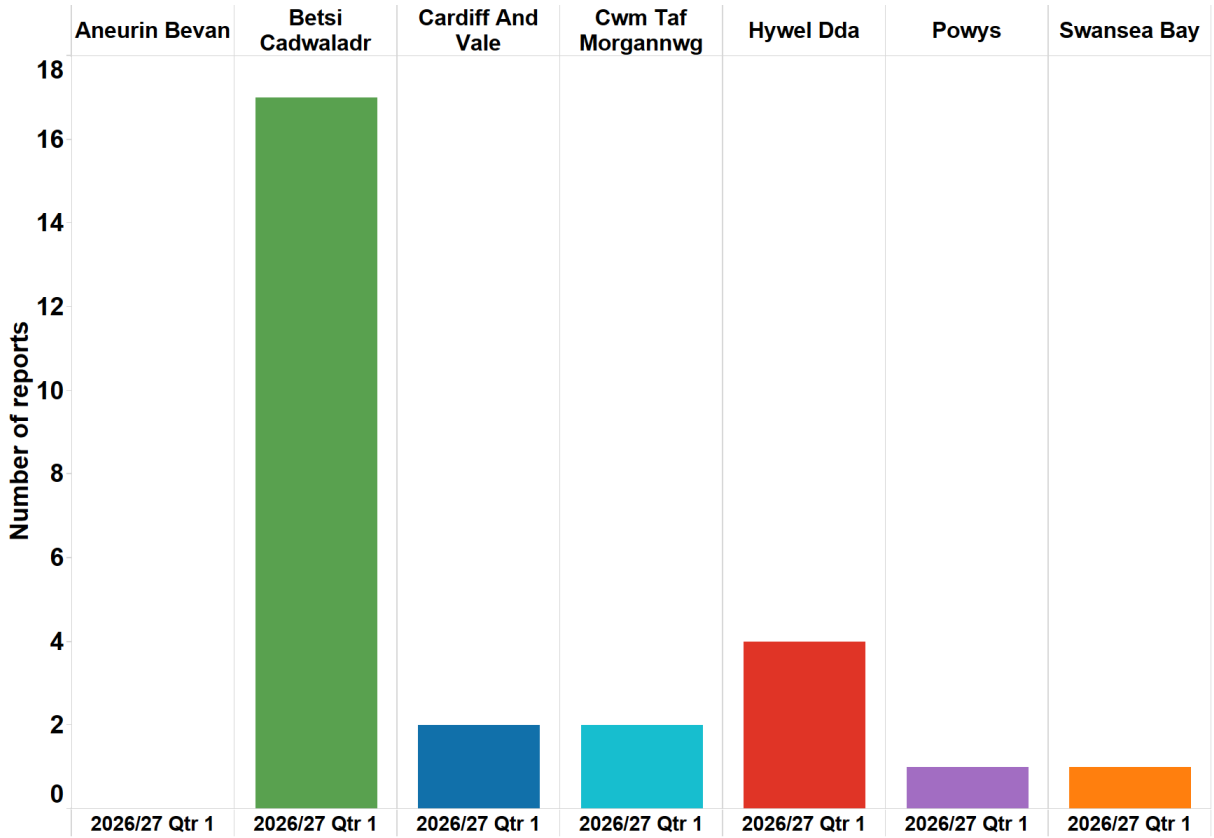
2.1.3.5 Community pharmacy

- Across Wales, a total of 27 Yellow Card reports were submitted by community pharmacies during the quarter ending June 2026.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 17.
- The health board with the highest reporting was Betsi Cadwaladr UHB, whilst the lowest reporting was seen in Aneurin Bevan UHB.

Table 23. Number of Yellow Cards submitted by community pharmacies

	2026–2027 Qtr 1
Betsi Cadwaladr	17
Hywel Dda	4
Cardiff and Vale	2
Cwm Taf Morgannwg	2
Swansea Bay	1
Powys	1
Aneurin Bevan	0
Wales	**27**

Figure 23. Number of Yellow Cards submitted by community pharmacy – Quarter ending June 2026



2.2 Efficiency

There are three NPIs in the efficiency domain for 2025–2028, in two categories:

1. Best value biological medicines – Individual biosimilars
2. Best value biological medicines – Total biosimilar usage
3. Low value for prescribing

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. aflibercept (4 mg in 0.1 ml and 3.6 mg in 0.09 ml).

In the cases of adalimumab, infliximab, ranibizumab and ustekinumab, 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 Individual biosimilars

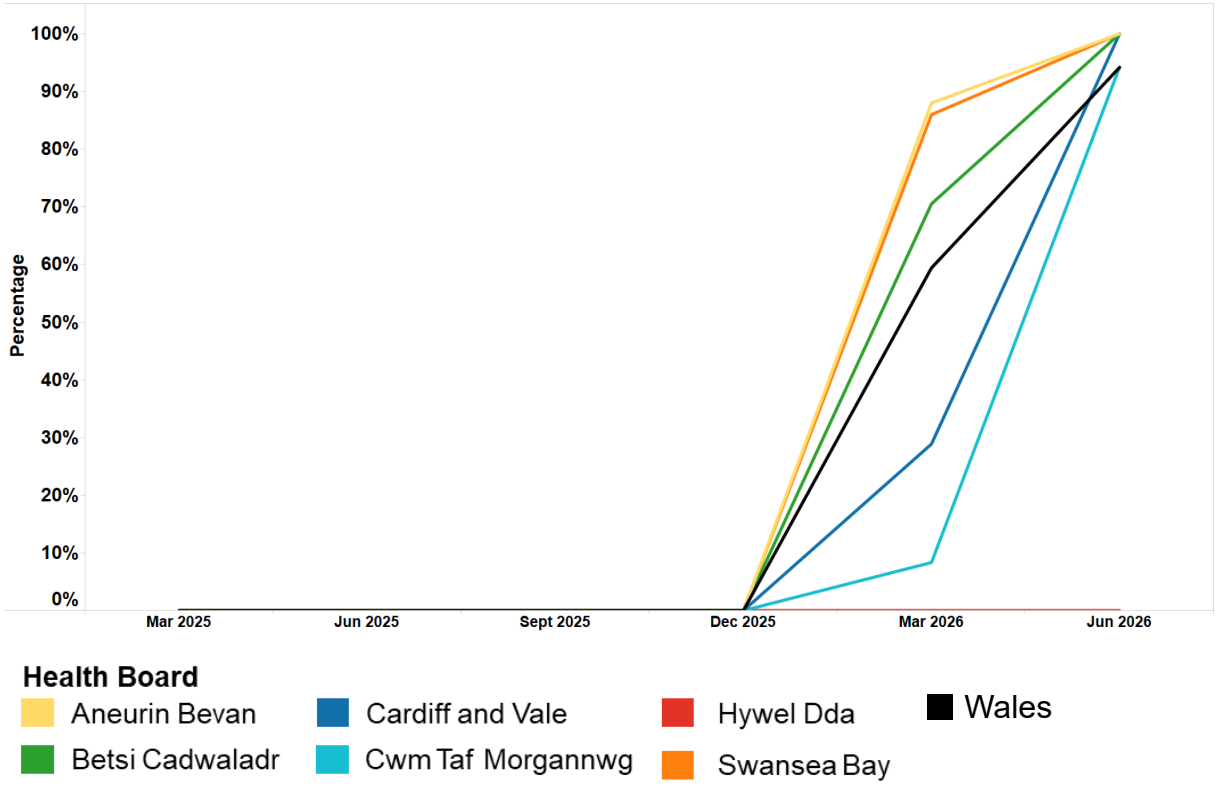
Aflibercept

- Prior to the quarter ending March 2026, there was no aflibercept biosimilar usage.
- For the quarter ending June 2026, aflibercept biosimilar prescribing ranged from 0% to 100% across the health boards.
- Four health boards demonstrated 100% aflibercept biosimilar usage.
- Hywel Dda UHB demonstrated no usage of aflibercept biosimilar.

Table 24. Aflibercept biosimilar as a percentage of total biosimilar plus reference product prescribed

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Aneurin Bevan	N/A	100	N/A
Betsi Cadwaladr	N/A	100	N/A
Cardiff and Vale	N/A	100	N/A
Swansea Bay	N/A	100	N/A
Cwm Taf Morgannwg	N/A	94.2	N/A
Hywel Dda	N/A	0.00	N/A
Wales	**N/A**	**94.2**	**N/A**

Figure 24. Trend in aflibercept biosimilar (Afqlir, Eydenzelt, Mynzepli, Vgenfli, Yesafili) as a percentage of total biosimilar plus reference product prescribed



Adalimumab, infliximab, ranibizumab and ustekinumab

- In the cases of adalimumab, infliximab, ranibizumab and ustekinumab, 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 SPIRA: spira.uk/info.

Table 25. Adalimumab, infliximab, ranibizumab and ustekinumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2026–2027 Qtr 1			
	Adalimumab	Infliximab	Ranibizumab	Ustekinumab
Aneurin Bevan	99.9	99.2	100	98.3
Betsi Cadwaladr	98.8	100	100	100
Cardiff and Vale	98.2	100	100	96.7
Cwm Taf Morgannwg	95.6	99.7	62.5	97.1
Hywel Dda	97.9	99.2	100	98.5
Swansea Bay	93.5	95.7	100	95.3
Velindre	N/A	100	99.9	N/A
Wales	**97.3**	**99.0**	**100.0**	**97.4**

2.2.1.2 Total biosimilar usage

Within Wales there was an increase in the use of the reported biosimilar medicines (specifically adalimumab, aflibercept, infliximab, ranibizumab and ustekinumab) combined as a percentage of reported reference biological medicines plus biosimilars combined, from 87% to 98% for the quarter ending June 2026 compared with the equivalent quarter of the previous year.

Figure 25. Biosimilars as a percentage of total biosimilar plus reference product prescribed – Quarter ending June 2026

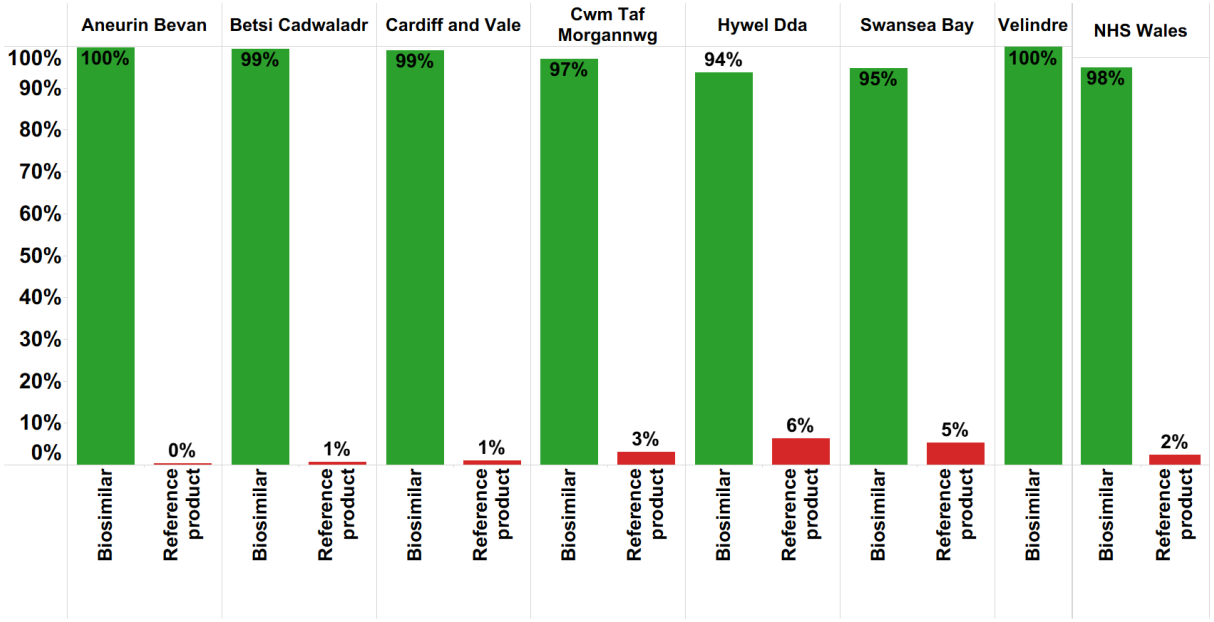
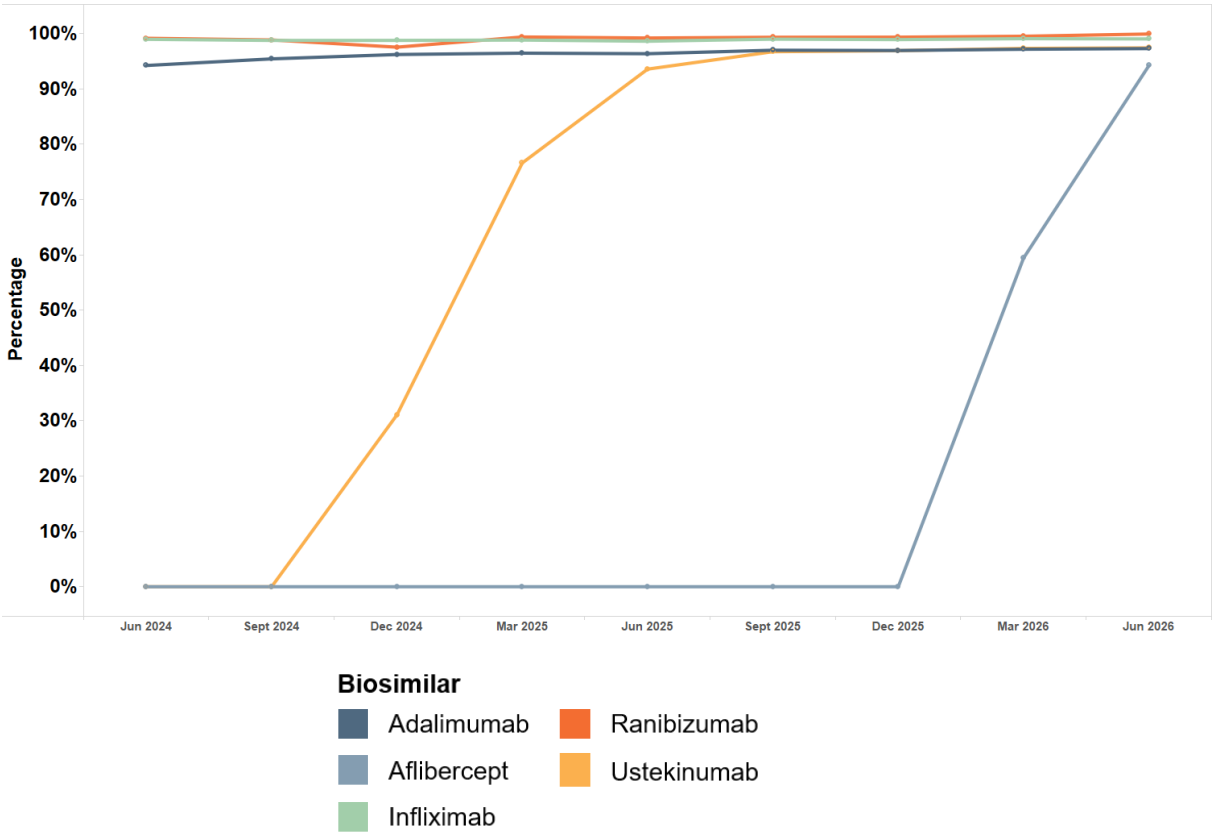


Figure 26. Trend in biosimilars as a percentage of total biosimilar plus reference product prescribed in Wales



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 NPI is to minimise the prescribing of items that offer a limited clinical benefit to patients and where more cost-effective treatments may be available. For 2026–2027, the following items/item groups were identified:

- Co-proxamol
- Liothyronine including desiccated thyroid extracts (e.g. Armour Thyroid)
- Omega-3 fatty acid compounds
- Oxycodone and naloxone combination products
- Rubefacients (excluding NSAIDs and capsaicin cream)
- Probiotics
- Ascorbic acid (vitamin C)
- Paracetamol and tramadol combination products
- Chloral hydrate
- Minocycline for acne
- Perindopril arginine
- Alimemazine

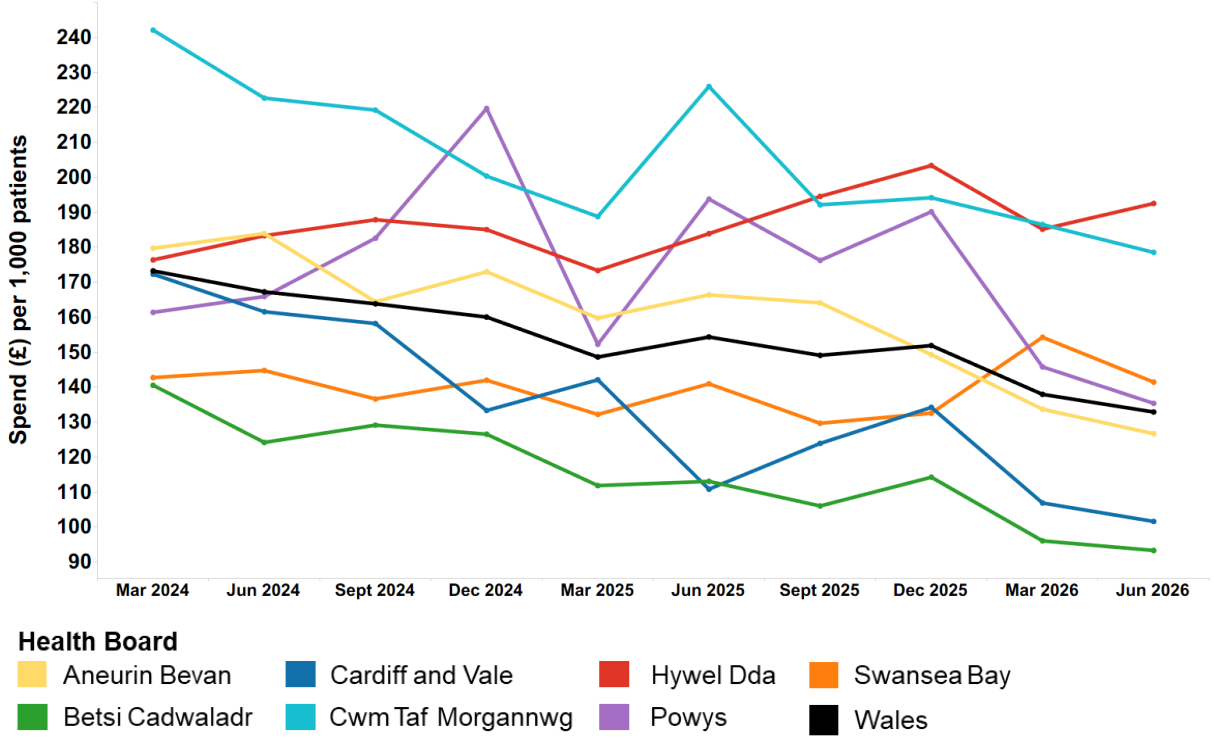
Rationale for the choice of items is included in the *Items identified as low value for prescribing in NHS Wales* document.

- Across Wales, low value for prescribing UDG spend per 1,000 patients decreased by 13.9% for the quarter ending June 2026, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2026, low value for prescribing UDG spend per 1,000 patients ranged from £93 to £192 across the health boards.
- The health board with the lowest spend was Betsi Cadwaladr UHB, whilst the highest spend was seen in Hywel Dda UHB.
- The health board with the greatest percentage decrease was Powys THB. Hywel Dda UHB and Swansea Bay UHB demonstrated a percentage increase, compared with the equivalent quarter of the previous year.

Table 26. Low value for prescribing UDG spend (£) per 1,000 patients

	2025–2026 Qtr 1	2026–2027 Qtr 1	% Change
Powys	194	135	-30.1%
Aneurin Bevan	166	127	-23.9%
Cwm Taf Morgannwg	226	179	-21.0%
Betsi Cadwaladr	113	93	-17.5%
Cardiff and Vale	111	102	-8.32%
Swansea Bay	141	141	0.35%
Hywel Dda	184	192	4.69%
Wales	**154**	**133**	**-13.9%**

Figure 27. Trend in low value for prescribing UDG spend (£) per 1,000 patients



Caution with interpreting NPI monitoring data

Percentage calculations

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.

Medicines issued through hospital pharmacy systems

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 pharmacy systems.

Medicines supplied or prescribed in England

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.

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 *Medicines issued through hospital pharmacy systems* 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. NPI measures and targets for 2025–2028

Priority domain NPIs for 2025–2028

Table A1. Analgesics

Unit of measure	Target for 2025–2028
Total opioid burden: UDG OME per 1,000 patients. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile or show a reduction towards the quartile below.
High strength opioids: UDG with a likely daily dose of ≥ 120 mg OME per 1,000 patients. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile or show a reduction towards the quartile below.
Tramadol: DDDs per 1,000 patients. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile or show a reduction towards the quartile below.
Gabapentin and pregabalin: DDDs per 1,000 patients. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile or show a reduction towards the quartile below.

Table A2. Antimicrobial stewardship

Unit of measure	Target for 2025–2028
Total antibacterials: DDDs per 1,000 STAR-PUs. (Data source: NWSSP)	**Health board – primary care**: 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.
Total antibacterials: Items per 1,000 STAR-PUs. (Data source: NWSSP)	**GP practice**: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.
4C antimicrobials: DDDs per 1,000 patients. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.
4C antimicrobials: Items per 1,000 patients. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.
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. (Data source: NWSSP)	**Primary care**: 75% of prescriptions issued as a 5-day duration versus a 7-day duration.
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. (Data source: NWSSP)	**Primary care**: 75% of prescriptions issued as a 5-day duration versus a 7-day duration.

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. (Data source: NWSSP)	**Primary care**: 75% of prescriptions issued as a 5-day duration versus a 7-day duration.

Table A3. Respiratory

Unit of measure	Target for 2025–2028
DPIs and SMIs: Number of DPIs and SMIs as a percentage of all inhalers prescribed. (Data source: NWSSP)	**Primary care**: 80% of inhalers prescribed to be of low GWP or show an increase towards the quartile above.
SABA inhalers: Number of SABA items as a percentage of all inhalers prescribed. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile or show a reduction towards the quartile below.

Table A4. SGLT-2 inhibitors

Unit of measure	Target for 2025–2028
T2DM and CHF: Percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor. (Data source: DHCW)	**Primary care**: Increase the number of patients with T2DM and CHF prescribed an SGLT-2 inhibitor.
T2DM and CKD: Percentage of patients with T2DM and CKD who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor. (Data source: DHCW)	**Primary care**: Increase the number of patients with T2DM and CKD prescribed an SGLT-2 inhibitor.
Non-diabetic CKD: Percentage of patients with non-diabetic CKD and an ACR ≥ 22.6 mg/mmol who are currently prescribed an ARB or ACE inhibitor and who are also prescribed an SGLT-2 inhibitor. (Data source: DHCW)	**Primary care**: Increase the number of patients with non-diabetic CKD prescribed an SGLT-2 inhibitor.

Supporting domain NPIs for 2025–2028 – Safety

Table A5. Prescribing Safety Indicators

Unit of measure	Target for 2025–2028
Prescribing Safety Indicators: Number of patients identified. (Data source: DHCW)	**Primary care**: No target set.

Table A6. Hypnotics and anxiolytics

Unit of measure	Target for 2025–2028
Hypnotics and anxiolytics: UDG ADQs per 1,000 STAR-PUs. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile or show a reduction towards the quartile below.

Table A7. Yellow Cards

Unit of measure	Target for 2025–2028
Yellow Cards by GP practice: Number of Yellow Cards submitted. (Data source: MHRA)	**Primary care**: One Yellow Card per 2,000 GP practice population.
Yellow Cards by secondary care: Number of Yellow Cards submitted. (Data source: MHRA)	**Health board/trust**: 10% or greater increase from baseline (previous financial year) for Yellow Cards submitted by secondary care.
Yellow Cards by health board/NHS trust: Number of Yellow Cards submitted. (Data source: MHRA)	**Health board/trust**: One Yellow Card per 2,000 health board/trust population.
Yellow Cards by members of the public: Number of Yellow Cards submitted. (Data source: MHRA)	**Health board**: 25% or greater increase from baseline (previous financial year) for Yellow Cards submitted by members of the public.
Yellow Cards by community pharmacy: Number of Yellow Cards submitted. (Data source: MHRA)	**Community pharmacy**: No target set. Reported as the number of Yellow Cards submitted by health board.

Supporting domain NPIs for 2025–2028 – Efficiency

Table A8. Best value biological medicines

Unit of measure	Target for 2025–2028
Best value biological medicines: Quantity prescribed as a percentage of total biosimilar plus reference product. (Data source: NWSSP and DHCW)	**Primary and secondary care**: Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.

Table A9. Low value for prescribing

Unit of measure	Target for 2025–2028
Low value for prescribing: UDG spend (£) per 1,000 patients. (Data source: NWSSP)	**Primary care**: Maintain performance levels within the lower quartile or show a reduction towards the quartile below.

Appendix 2. Primary care NPI prescribing by GP cluster

Figure A1. Total opioid burden prescribing – Quarter ending June 2026 versus quarter ending June 2025

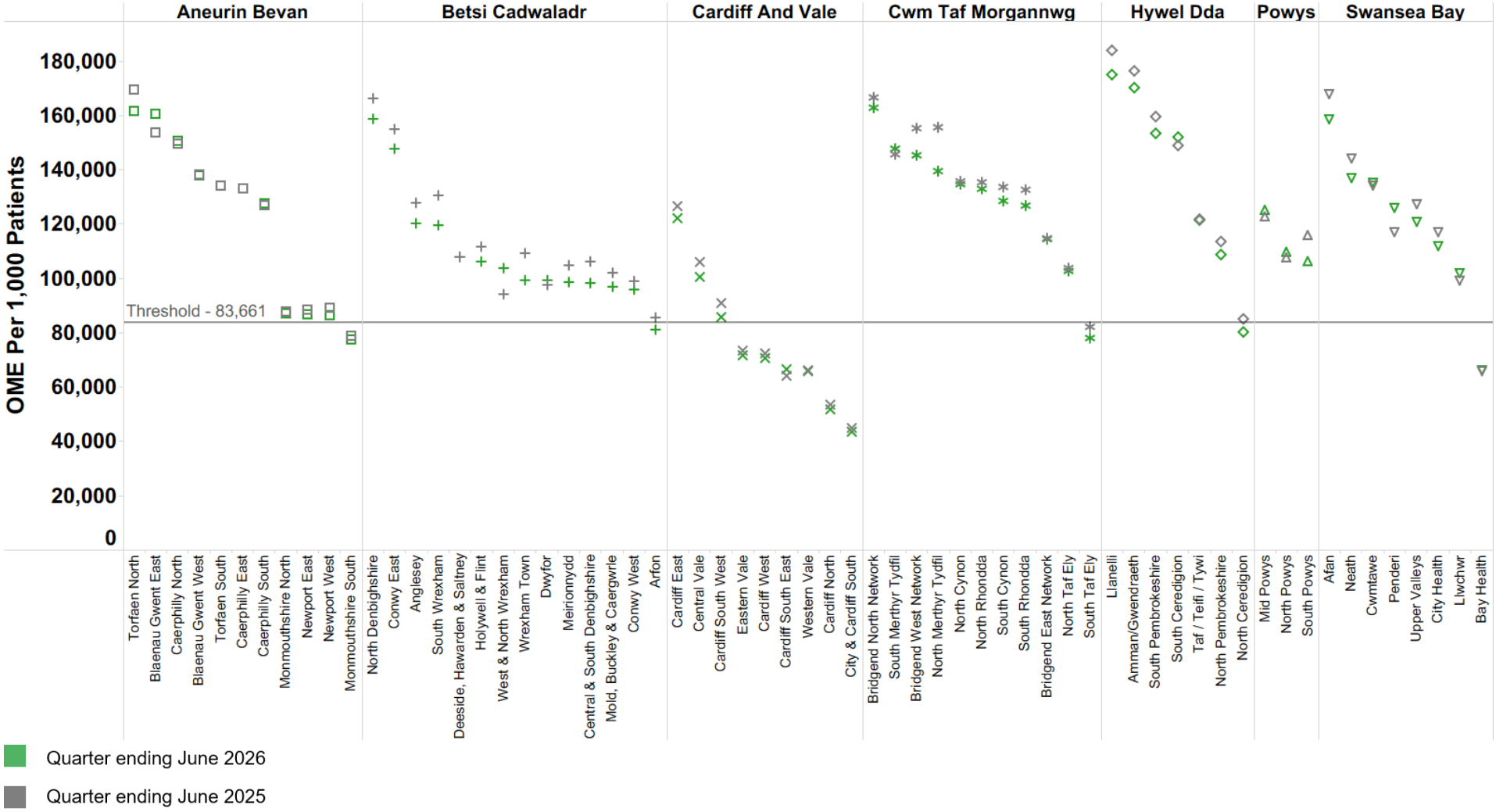


Figure A2. High strength opioid prescribing – Quarter ending June 2026 versus quarter ending June 2025

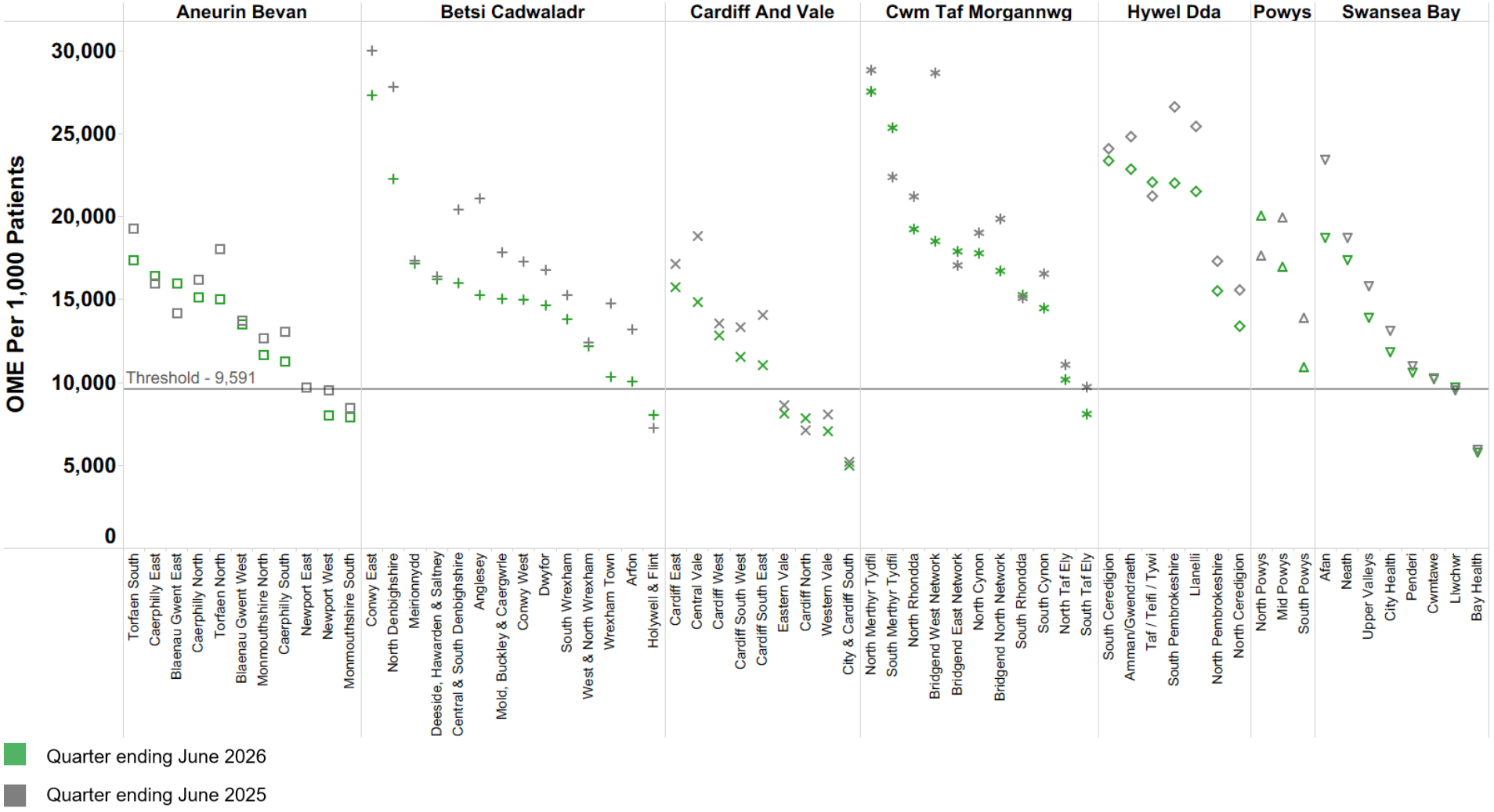


Figure A3. Tramadol prescribing – Quarter ending June 2026 versus quarter ending June 2025

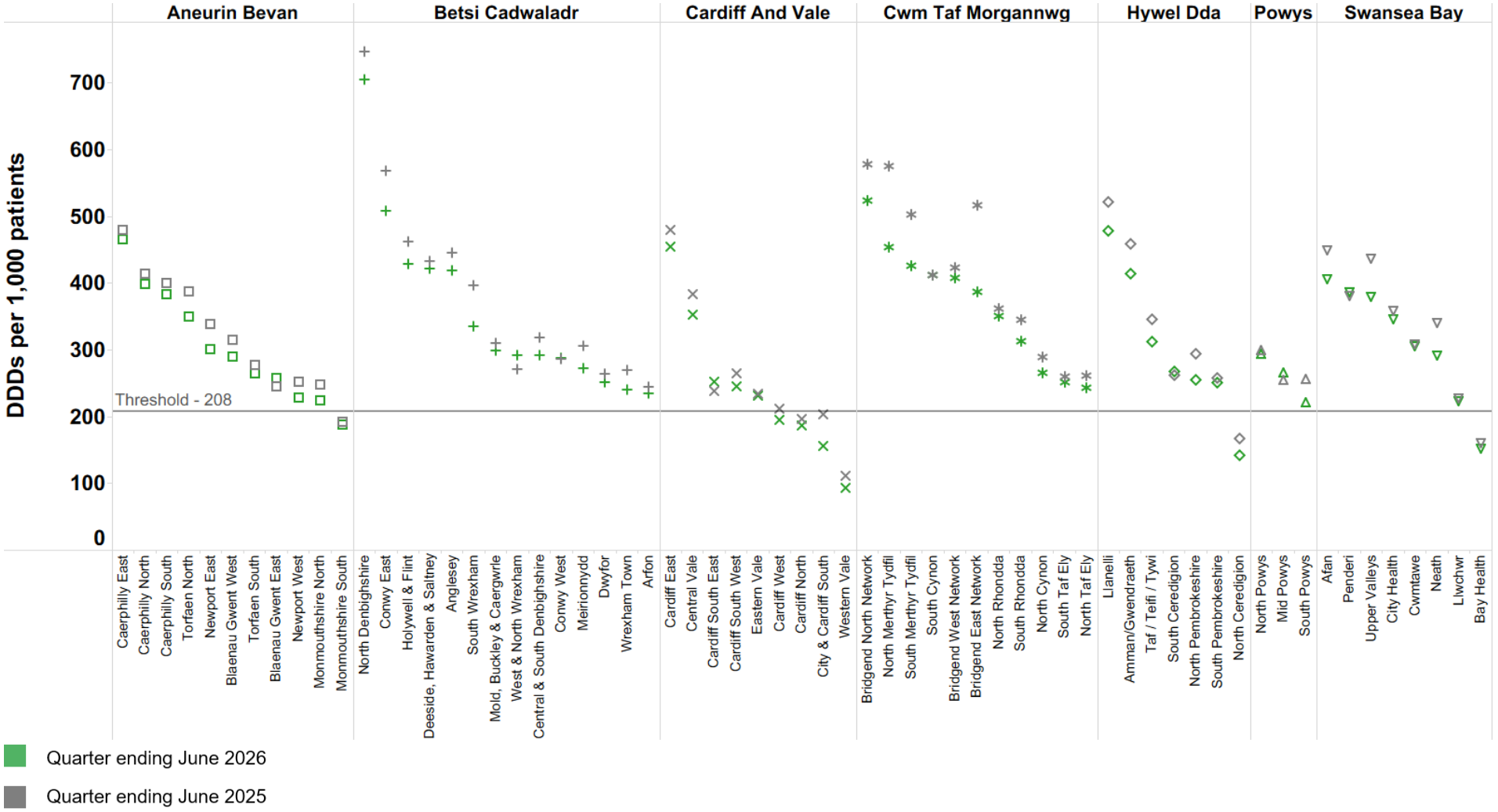


Figure A4. Gabapentin and pregabalin prescribing – Quarter ending June 2026 versus quarter ending June 2025

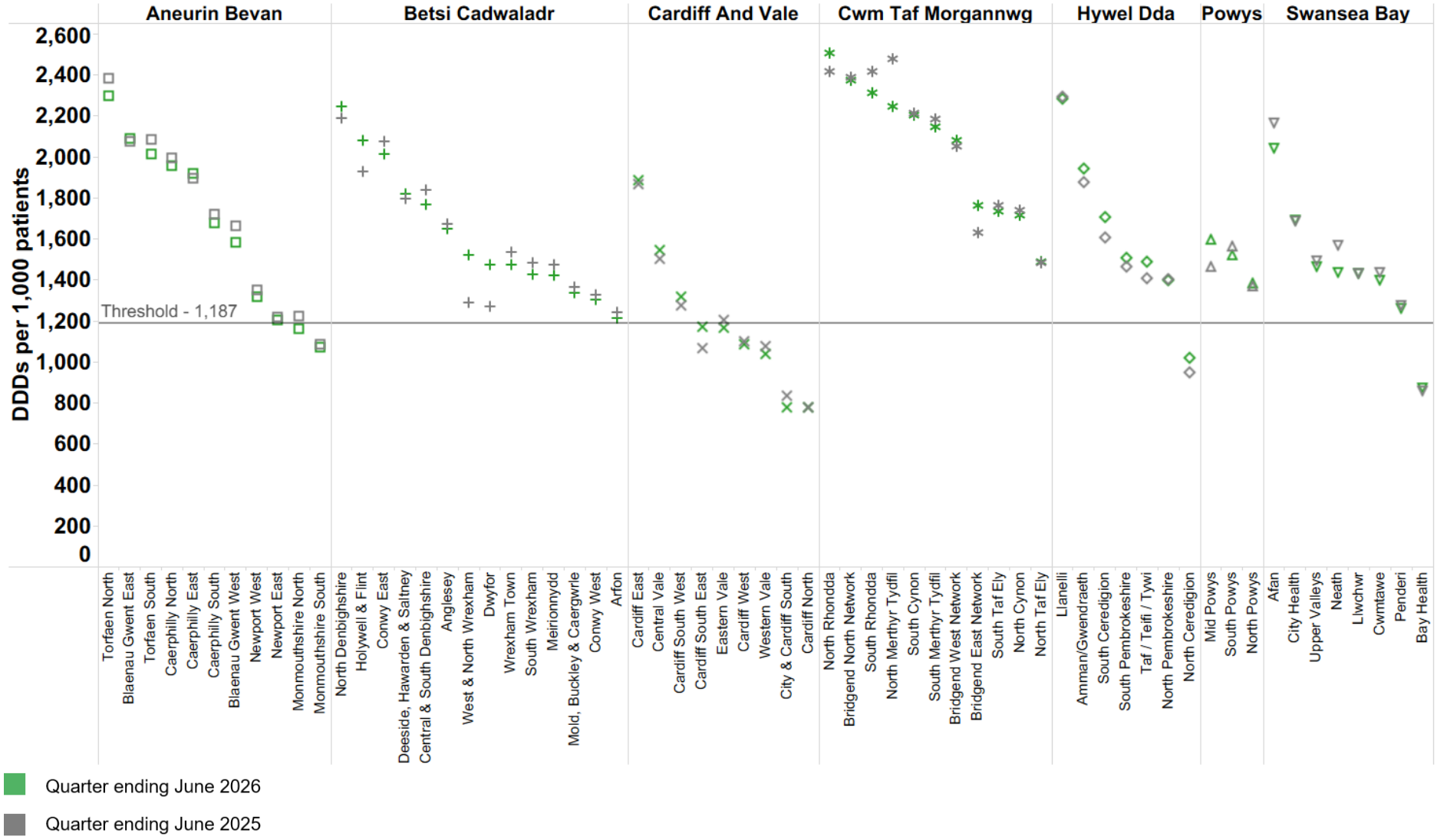


Figure A5. Antimicrobial prescribing – Quarter ending June 2026 versus quarter ending June 2019

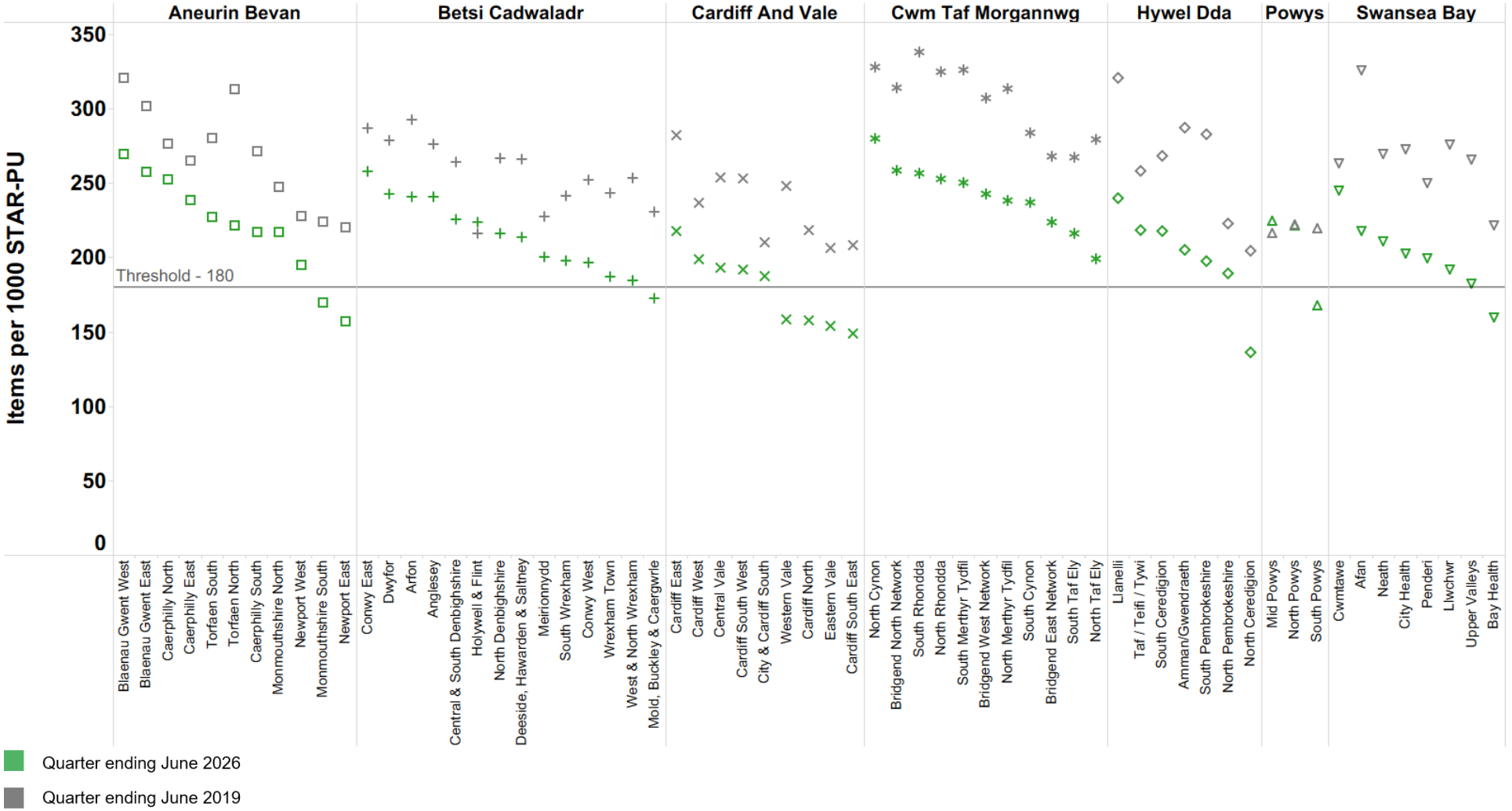


Figure A6. 4C antimicrobial prescribing – Quarter ending June 2026 versus quarter ending June 2025

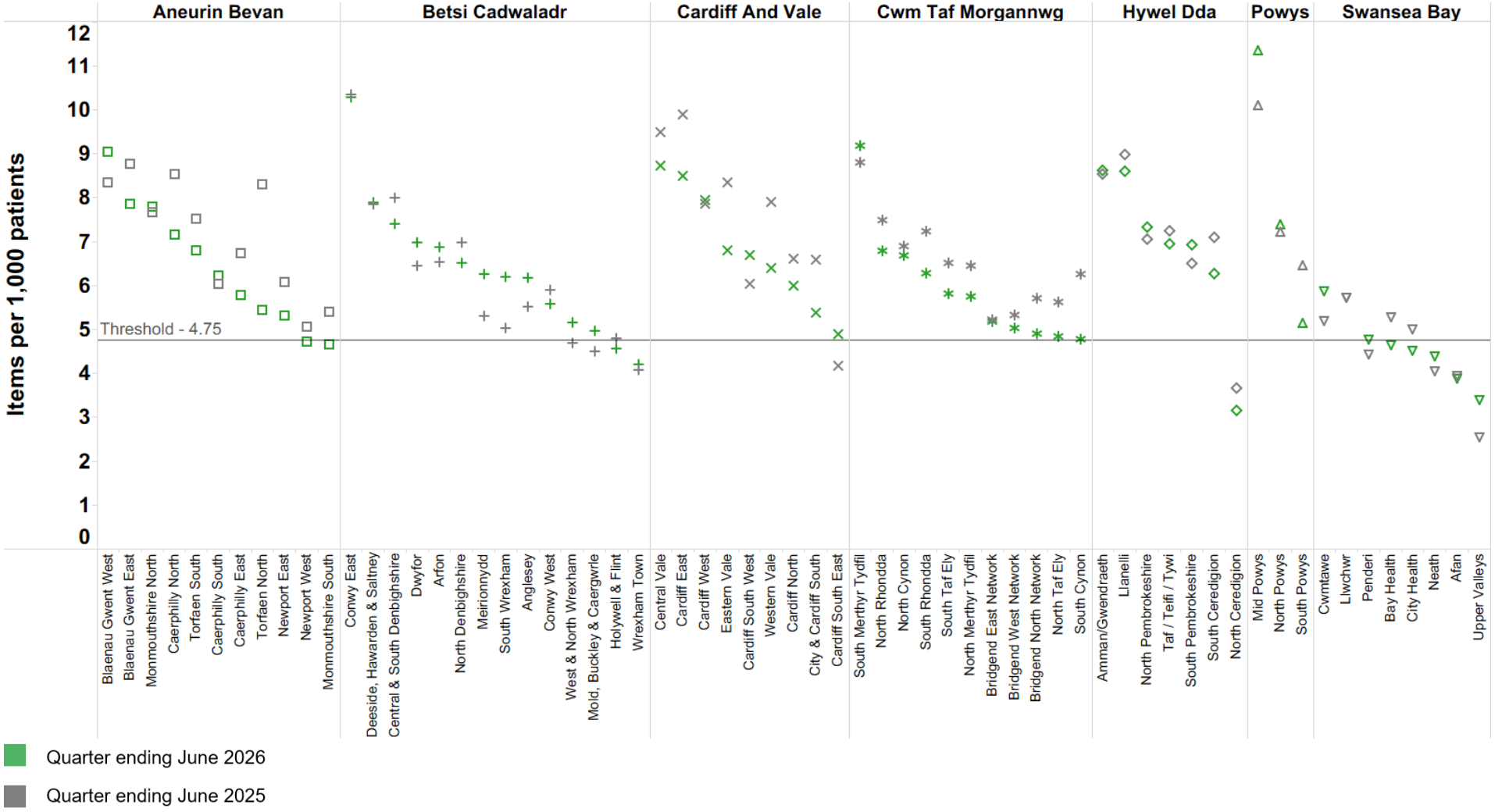


Figure A7. Amoxicillin 5-day course duration – Quarter ending June 2026 versus quarter ending June 2025

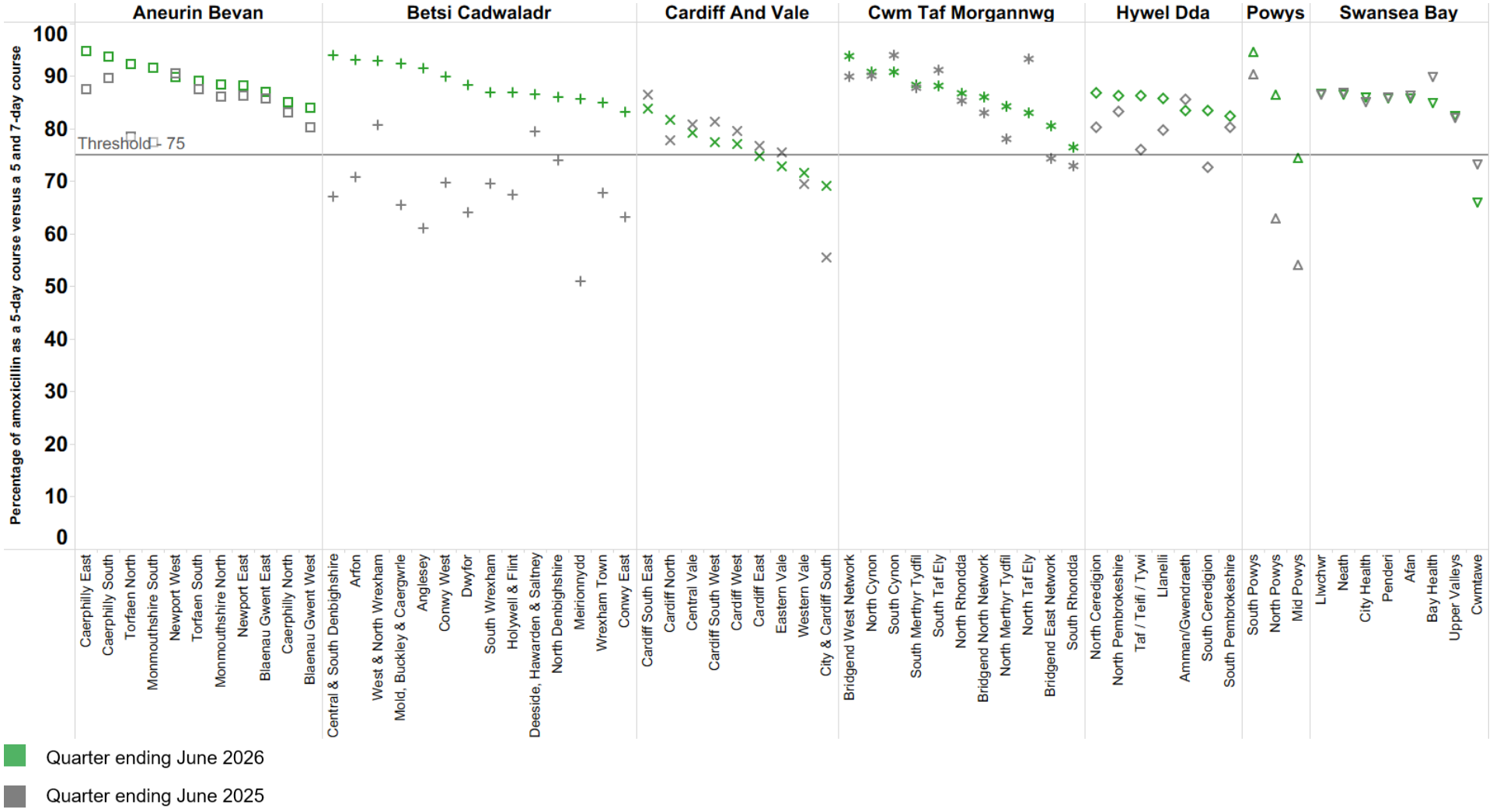


Figure A8. Doxycycline 5-day course duration – Quarter ending June 2026 versus quarter ending June 2025

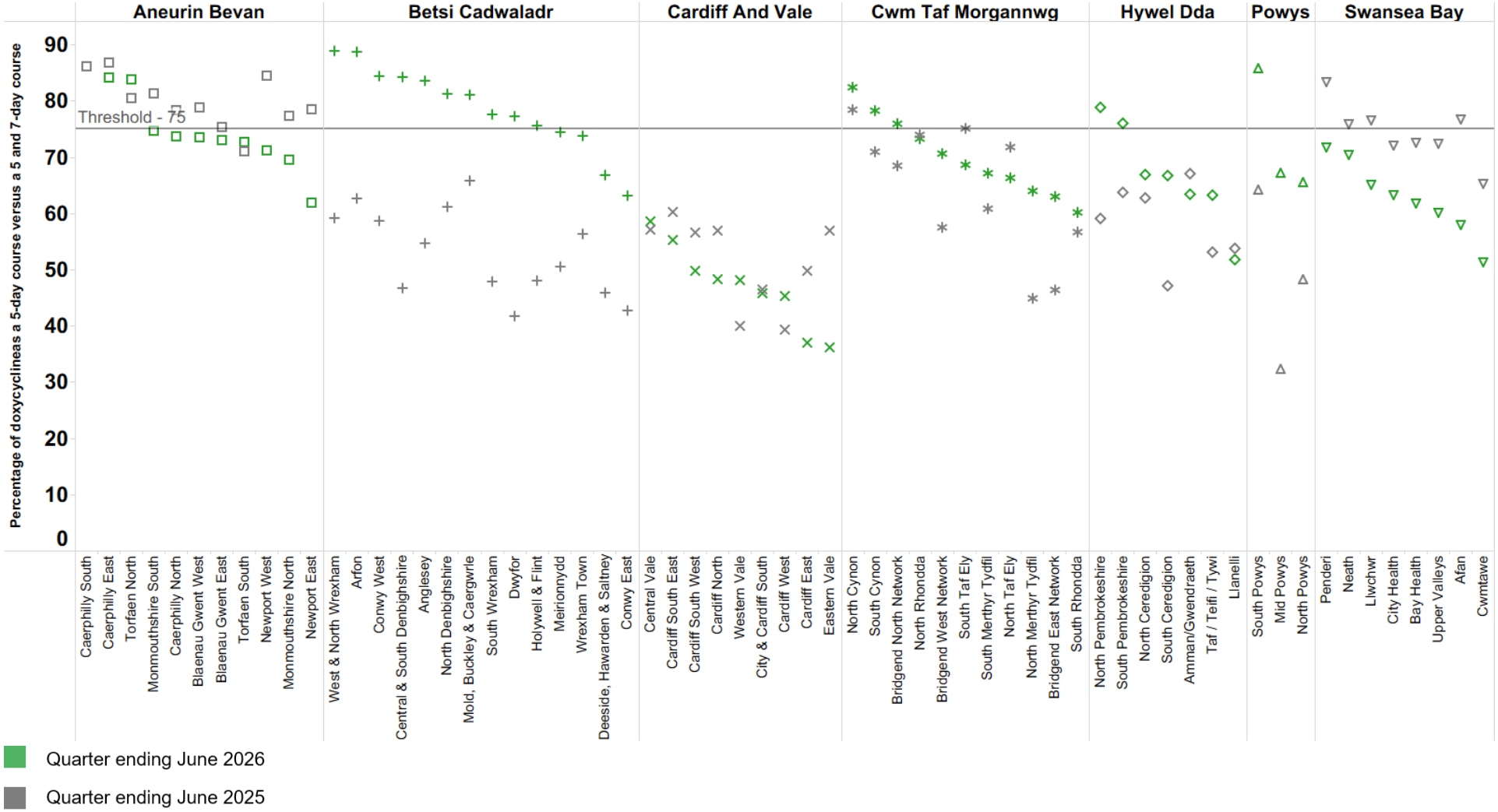


Figure A9. Clarithromycin 5-day course duration – Quarter ending June 2026 versus quarter ending June 2025

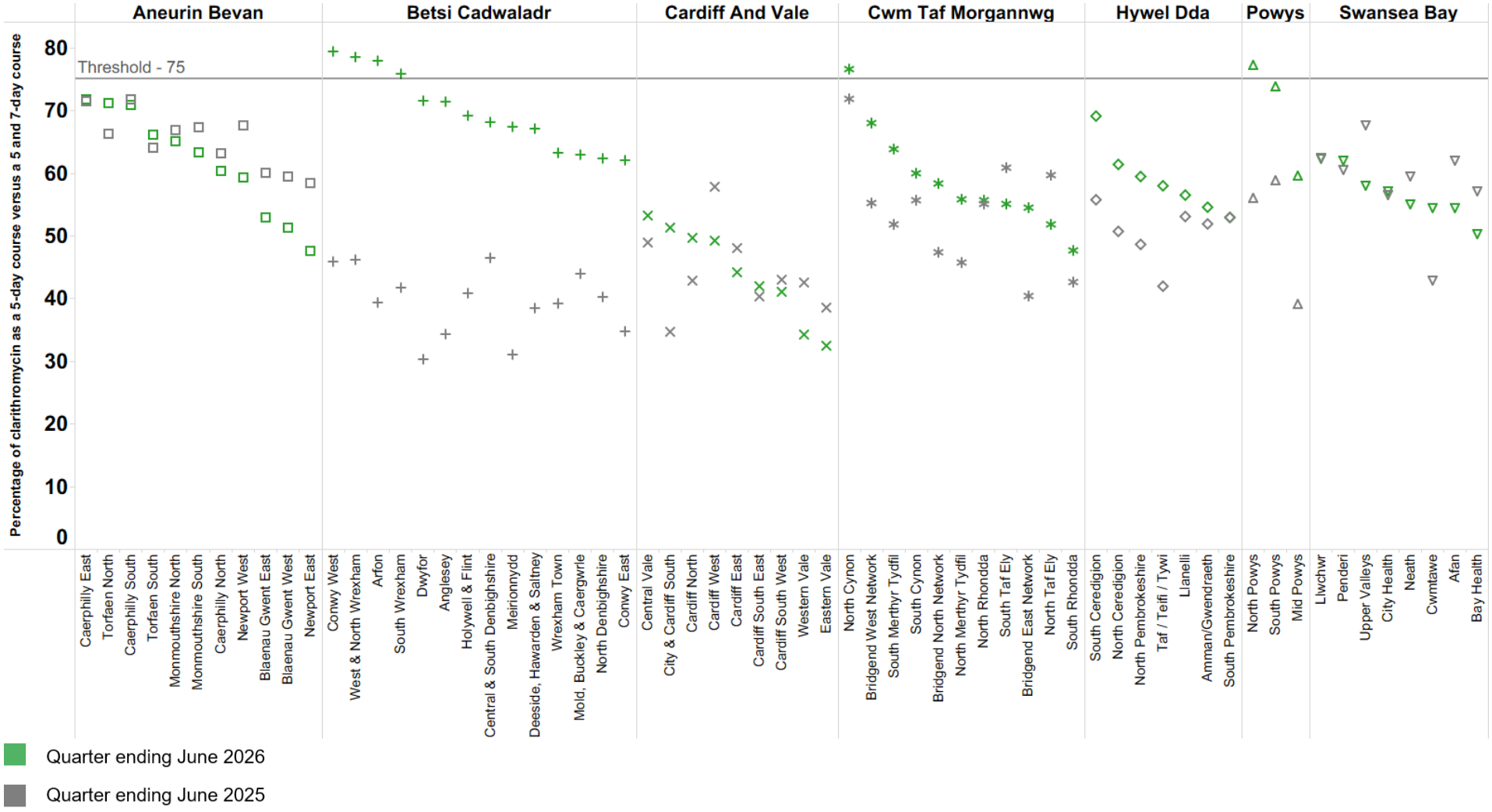


Figure A10. Decarbonisation of inhalers – Quarter ending June 2026 versus quarter ending June 2025

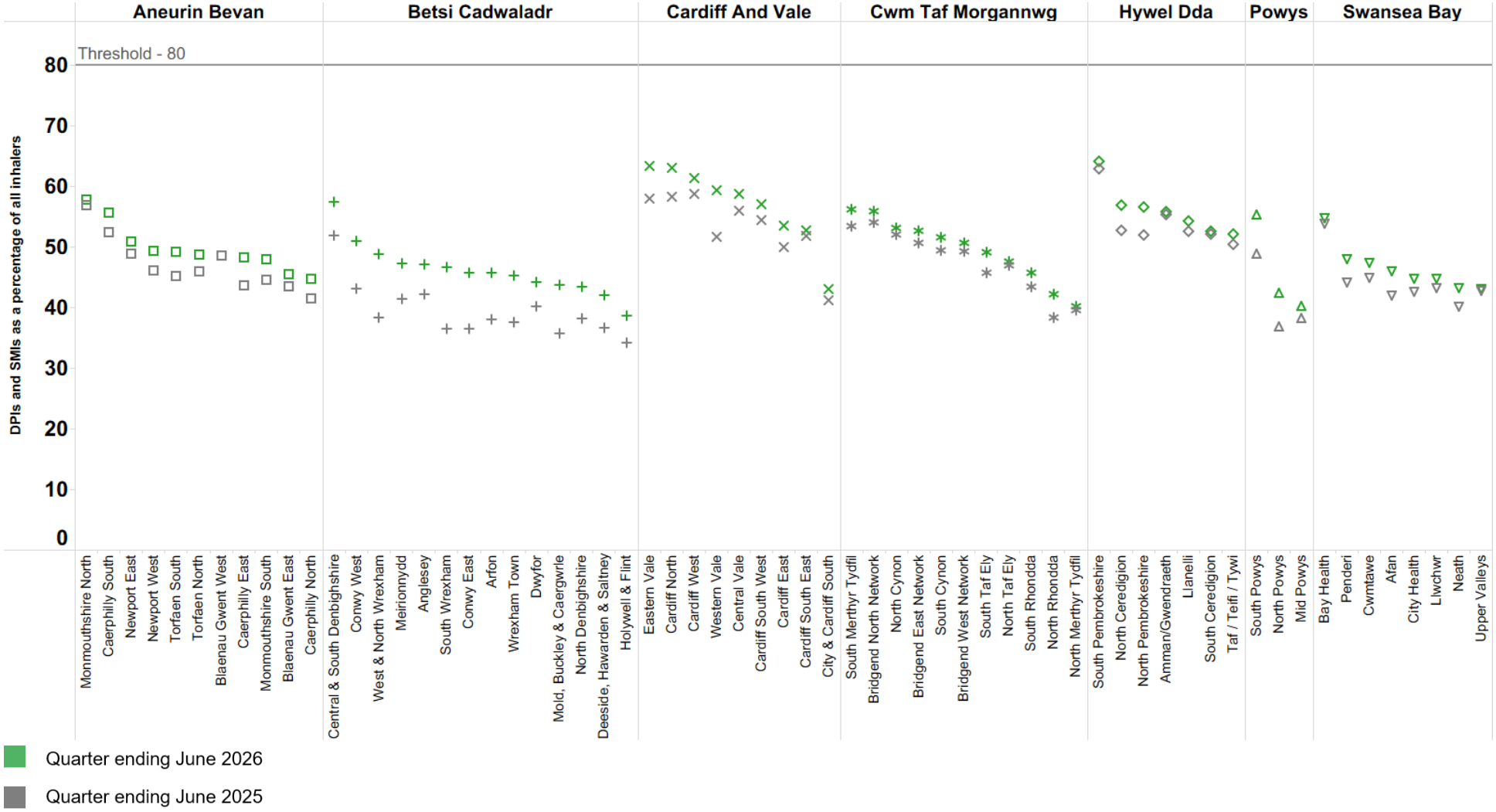


Figure A11. SABA inhalers – Quarter ending June 2026 versus quarter ending June 2025

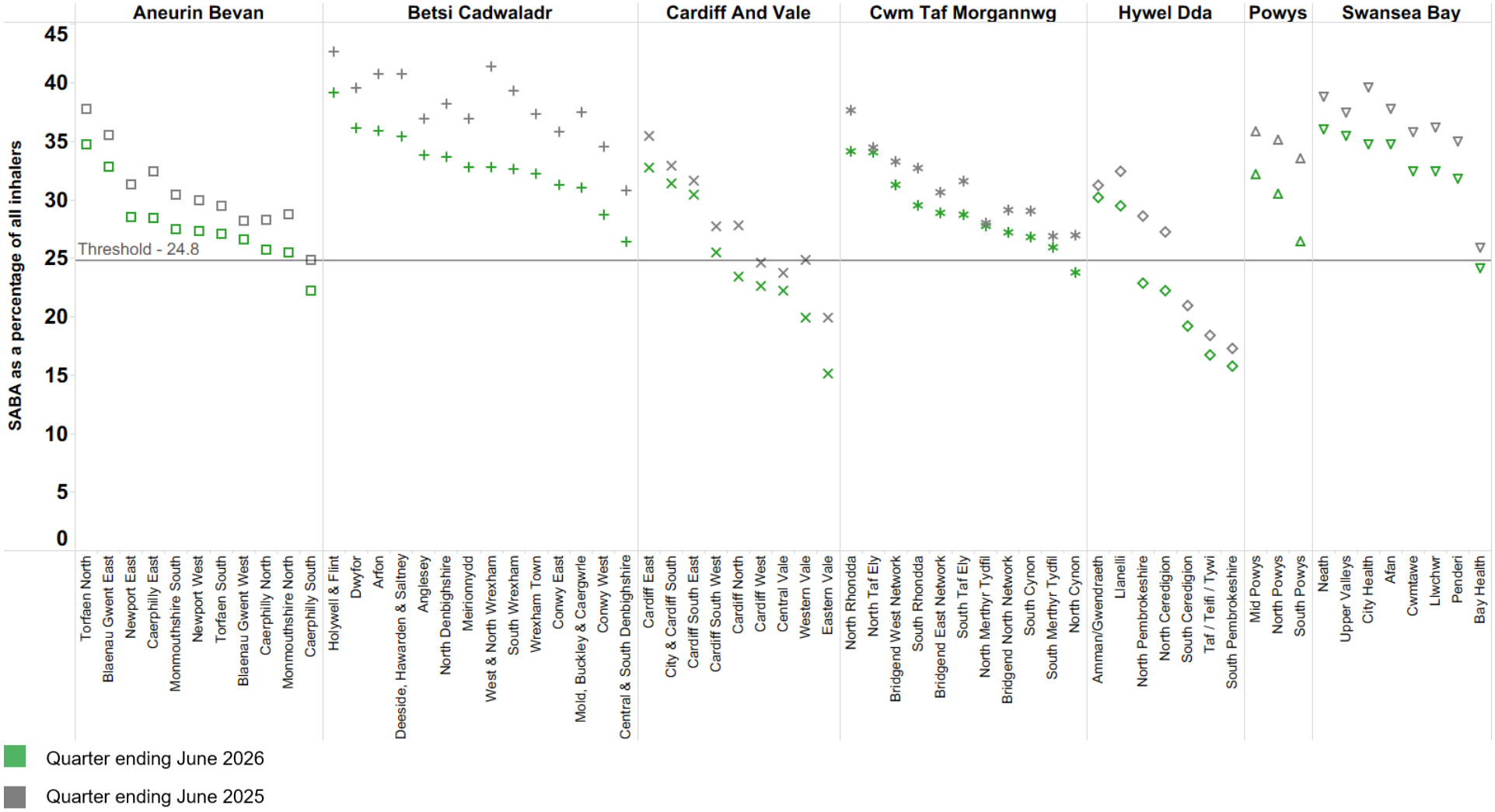


Figure A12. Hypnotic and anxiolytic prescribing – Quarter ending June 2026 versus quarter ending June 2025

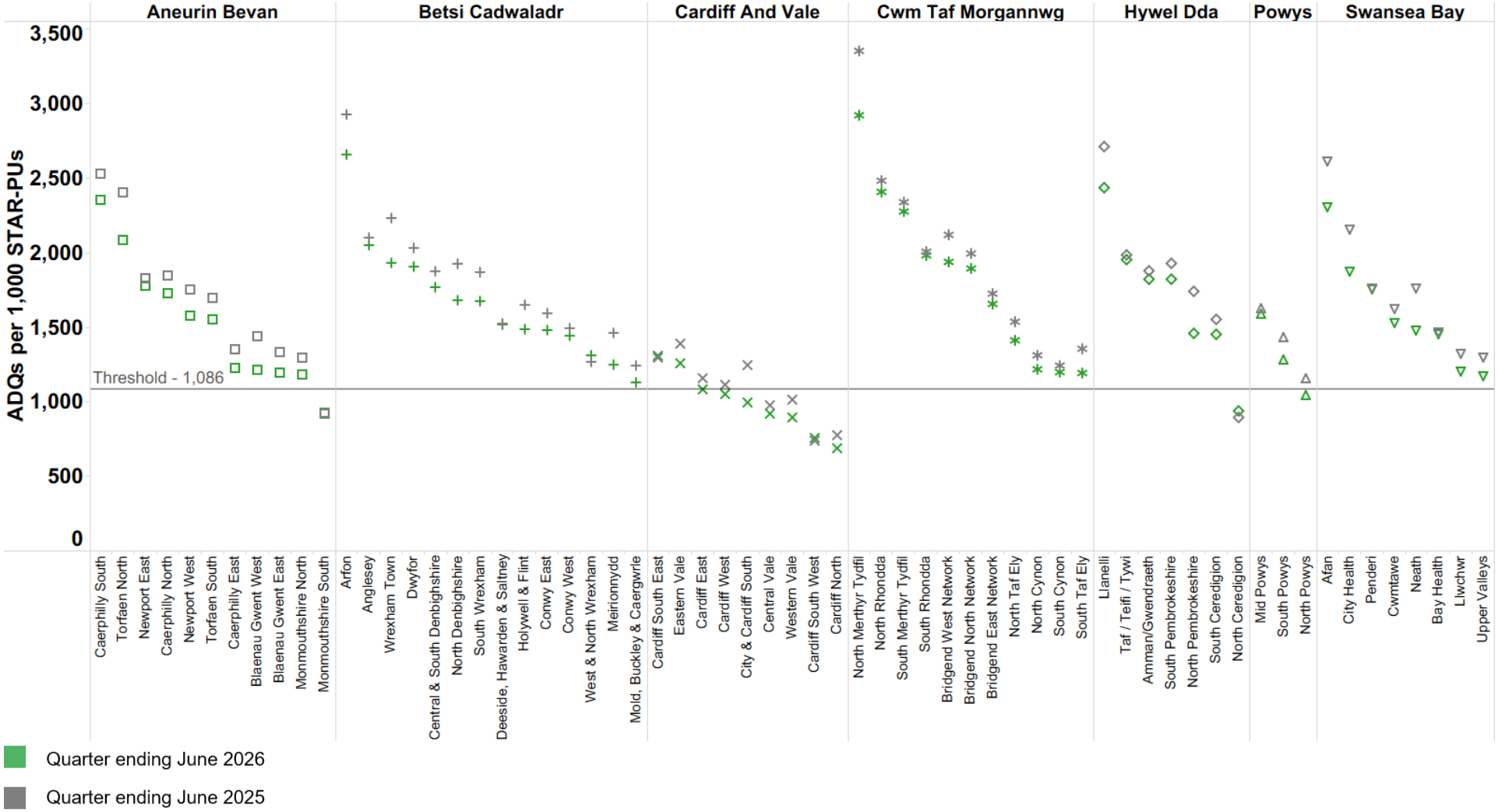


Figure A13. Low value for prescribing – Quarter ending June 2026 versus quarter ending June 2025

