



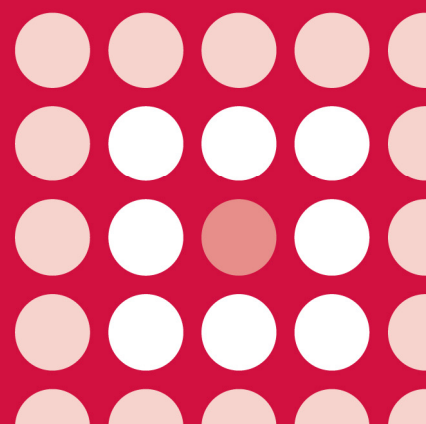
All Wales Therapeutics  
and Toxicology Centre

Canolfan Therapiwteg a  
Thocsicoleg Cymru Gyfan

## **NATIONAL PRESCRIBING INDICATORS 2012–2013**

### **ANALYSIS OF PRESCRIBING DATA: DECEMBER 2012**

**April 2013**



This report has been prepared by the Welsh Analytical Prescribing Support Unit (WAPSU), part of the All Wales Therapeutics and Toxicology Centre (AWTTC).

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## INTRODUCTION

The All Wales Medicines Strategy Group (AWMSG) endorses the national prescribing indicators as a means of promoting safe and cost-effective prescribing. For each national prescribing indicator the threshold is set at the 25<sup>th</sup> percentile (i.e. reducing or increasing prescribing rates in line with the best performing 25% of practices). For the 2012–2013 indicators, prescribing data for all general practices in Wales for the quarter ending 31 December 2011 were utilised to set the threshold. All practices within health boards are encouraged to reach or move towards these thresholds.

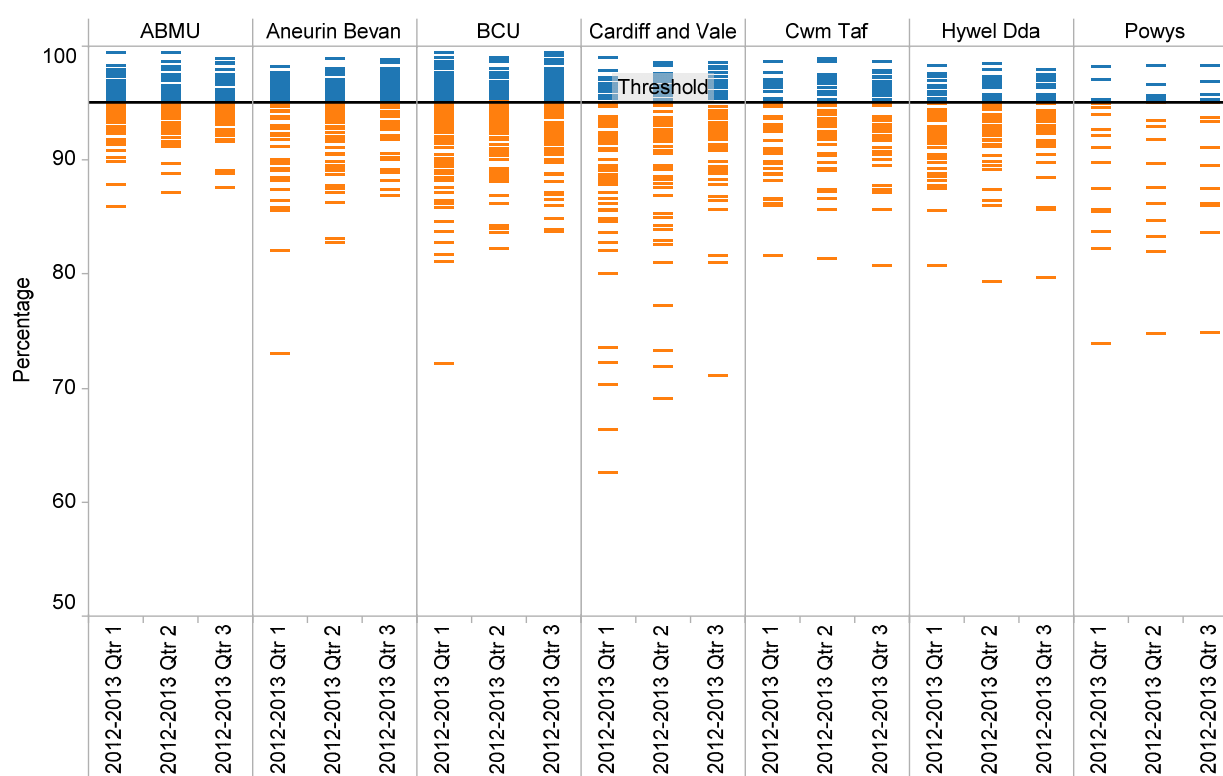
### 1.0 LIPID-MODIFYING DRUGS

#### *Unit of measurement:*

Items of low acquisition cost (LAC) statins (simvastatin, atorvastatin, pravastatin) as a percentage of all statin, ezetimibe and simvastatin/ezetimibe combination prescribing.

Figure 1 shows the performance of individual practices within their health board with respect to percentage prescribing of LAC statins.

**Figure 1. Items of LAC statins as a percentage of all statin, ezetimibe and simvastatin/ezetimibe combination prescribing – Quarters 1–3 2012–2013**



#### Comment

- Threshold Achieved
- Threshold Not Achieved

#### **Explanation of Figure 1:**

Each practice is plotted as a horizontal line. Practices reaching the threshold are represented in blue, and those not reaching the threshold in orange. The national prescribing indicator threshold is plotted as the black line.

## 2.0 DOSULEPIN

### *Unit of measurement:*

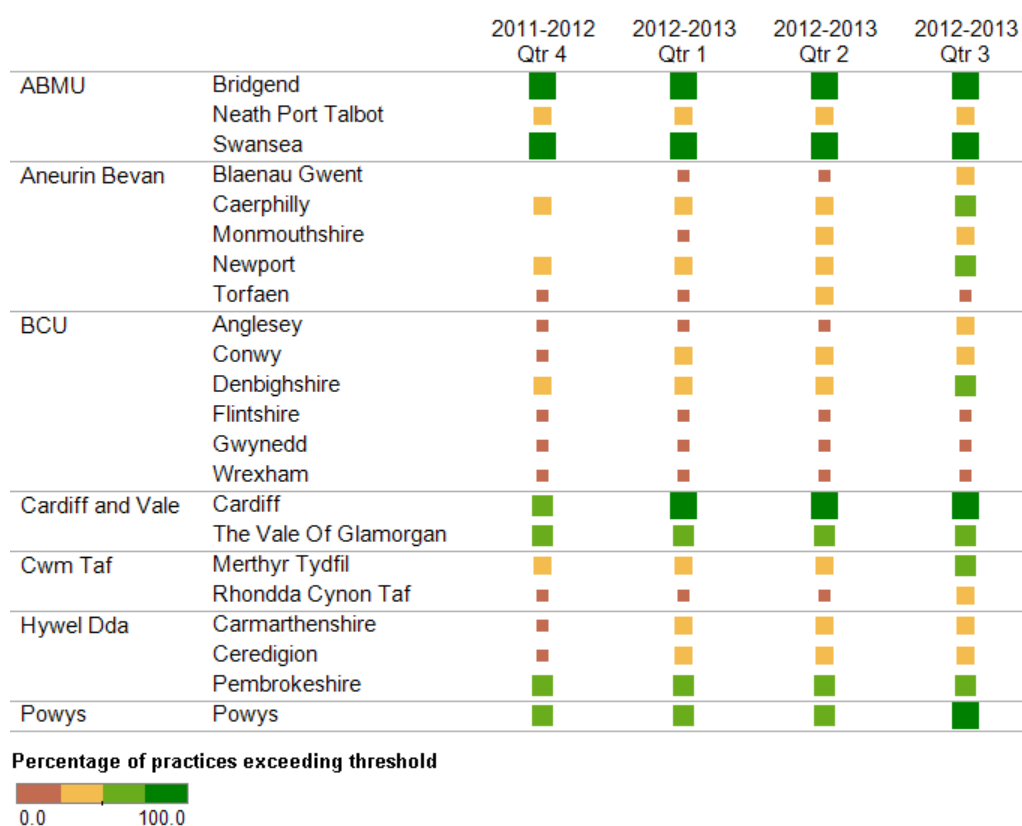
Dosulepin defined daily dosages (DDD) per 1,000 prescribing units (PUs).

Dosulepin remains a national prescribing indicator, due to the need to further reduce prescribing, based on its adverse safety profile.

Figure 2 shows the change in usage in each of the localities between the quarter ending March 2012 and the quarter ending December 2012.

There has been an increase in the proportion of practices reaching the threshold in 13 of the 22 localities during the financial year 2012–2013.

**Figure 2. Proportion of practices achieving dosulepin usage threshold – Quarter ending March 2012 to quarter ending December 2012**



### ***Explanation of Figure 2:***

Each square represents the percentage of GP practices which reached or exceeded the threshold within each locality. The larger the square, the greater the percentage of practices reaching or exceeding the threshold. If there is no square for a particular quarter, no practices have reached the threshold in this period.

### 3.0 HYPNOTICS AND ANXIOLYTICS

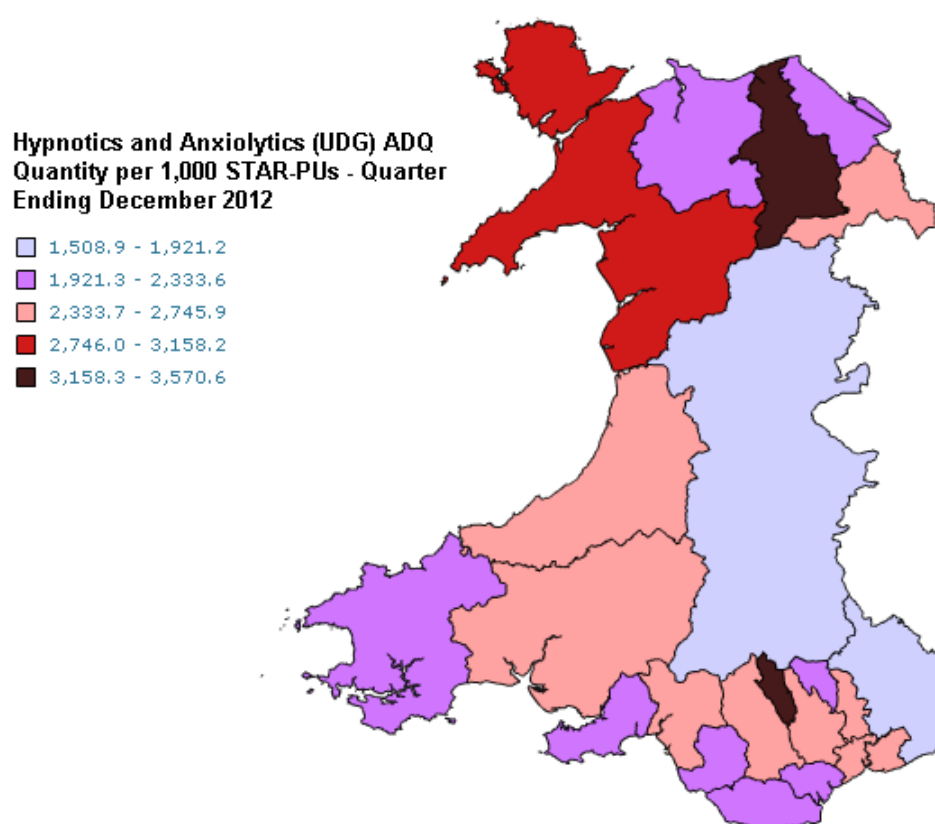
*Unit of measurement:*

Hypnotics and anxiolytics average daily quantities (ADQs) per 1,000 specific therapeutic group age-sex related prescribing units (STAR-PUs).

For 2012–2013, hypnotic and anxiolytic prescribing is being measured as a combined entity, using ADQs per 1,000 STAR-PUs. The indicator has a user-defined drug basket encompassing the benzodiazepines typically used as hypnotics and anxiolytics, together with the “Z drugs”.

Figure 3 shows the variation in hypnotic and anxiolytic prescribing across the localities in Wales.

**Figure 3. Hypnotics and anxiolytics (user-defined group) usage – Quarter ending December 2012**



## 4.0 NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

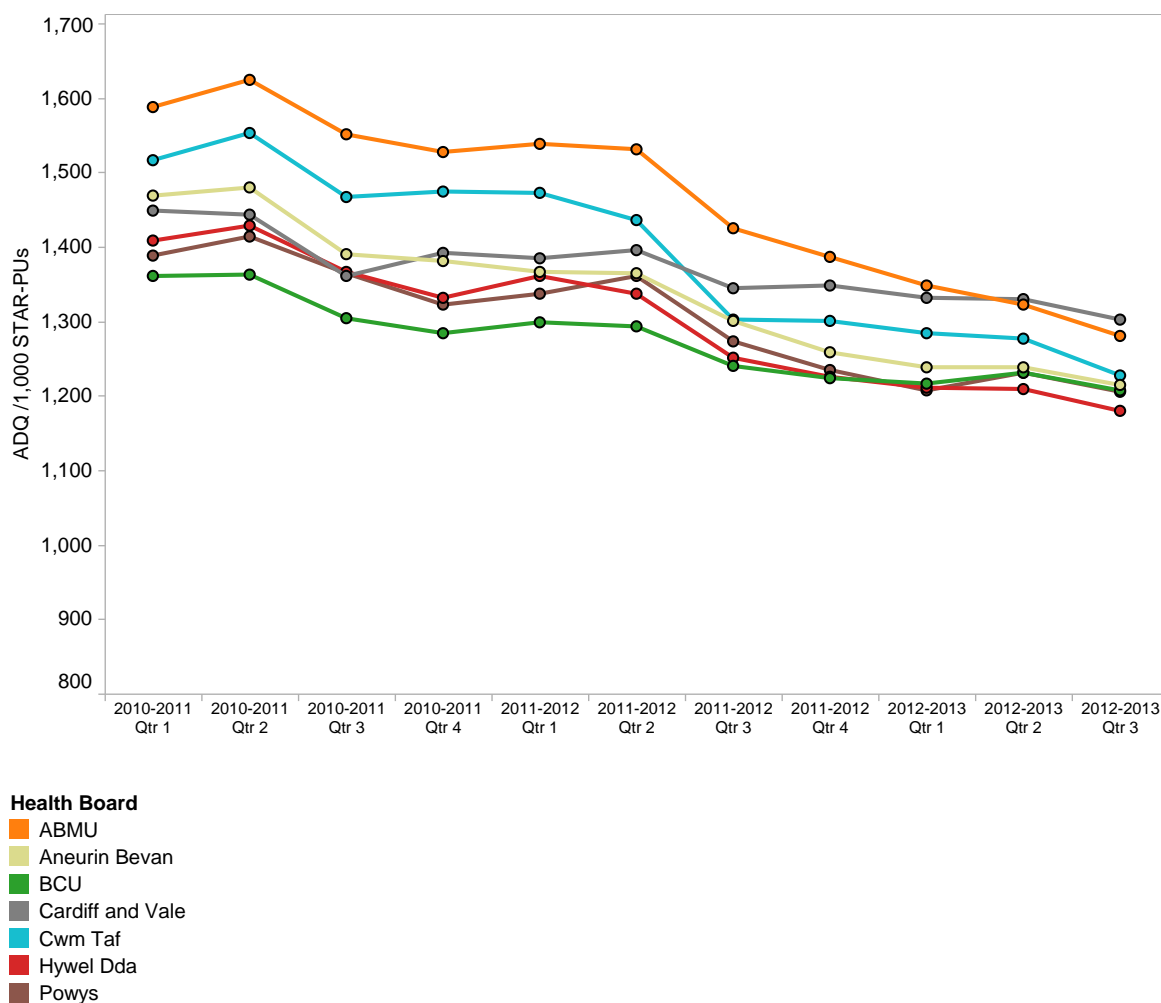
*Units of measurement:*

There are two NSAID prescribing indicators for 2012–2013:

1. Total NSAID ADQs per 1,000 STAR-PU.
2. Ibuprofen and naproxen as a percentage of total NSAID items.

Figure 4 shows the gradual downward trend in total NSAID usage since 2010–2011 quarter one.

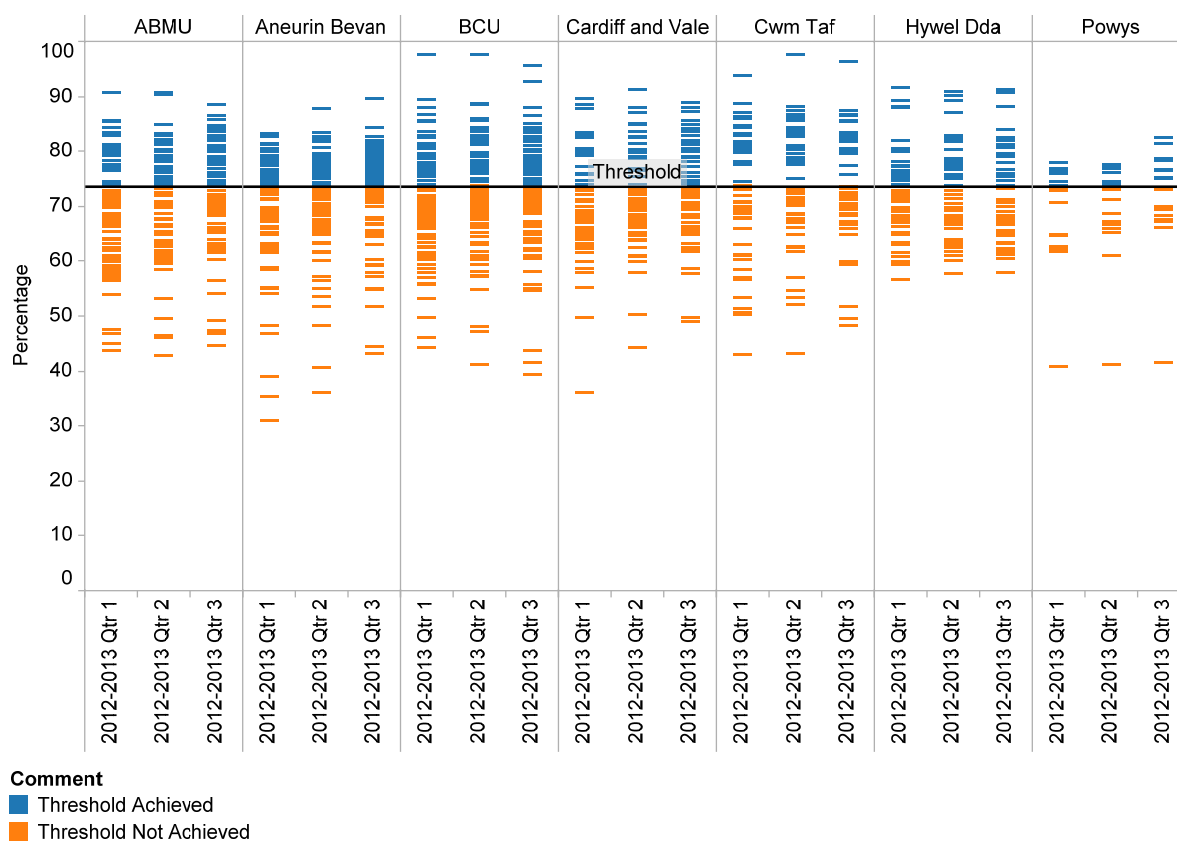
**Figure 4. Trend in total NSAID usage over time**



The second national prescribing indicator encourages first-line use of NSAIDs with improved cardiovascular safety, i.e. ibuprofen and naproxen.

Figure 5 shows the proportion of practices reaching (blue) or not reaching (orange) the threshold during the current financial year.

**Figure 5. Practice level ibuprofen and naproxen usage as a percentage of total NSAID dispensing – Quarters 1–3 2012–2013**



## 5.0 ANTIBIOTICS

### *Units of measurement:*

There are five antibacterial prescribing indicators for 2012–2013:

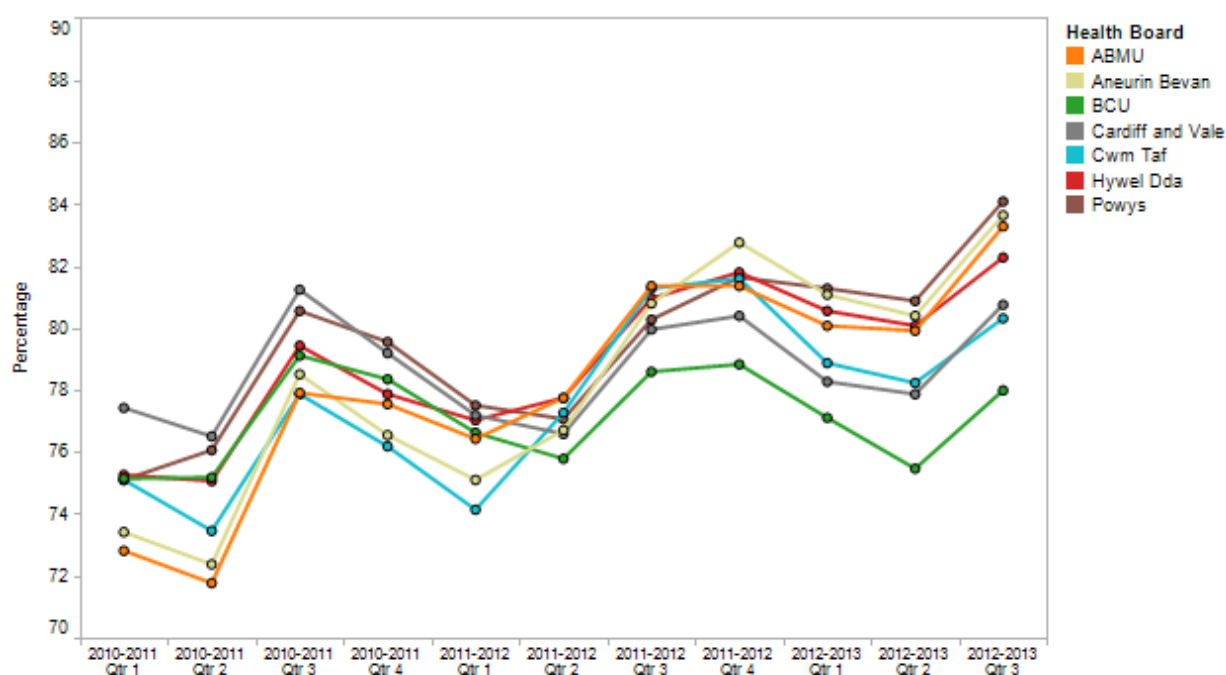
1. Total antibacterial items per 1,000 STAR-PUs;
2. Top nine antibacterials (penicillin V, flucloxacillin, amoxicillin, oxytetracycline, doxycycline, erythromycin, clarithromycin, trimethoprim and nitrofurantoin) as a percentage of total antibacterial items;
3. Cephalosporins as a percentage of total antibacterial items;
4. Quinolones as a percentage of total antibacterial items;
5. Co-amoxiclav as a percentage of total antibacterial items.

The total number of items, percentage of top nine drugs, and percentage of quinolone antibacterials are carried over from 2011–2012, whilst the proportions of cephalosporin and co-amoxiclav usage are new indicators for 2012–2013.

Data for indicators 1 and 4 are not presented in this report.

Figure 6 shows the trend in prescribing of the top nine antibacterials as a percentage of all antibacterial items.

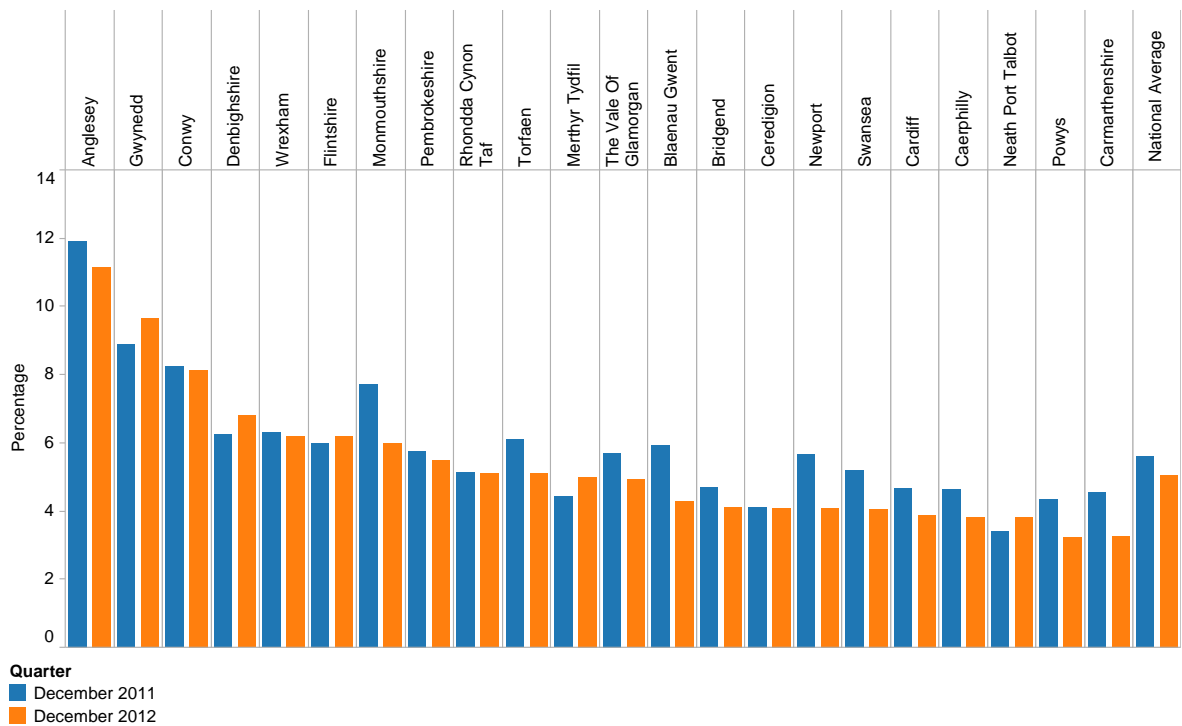
**Figure 6. Top nine antibacterials as a percentage of all antibacterial items**



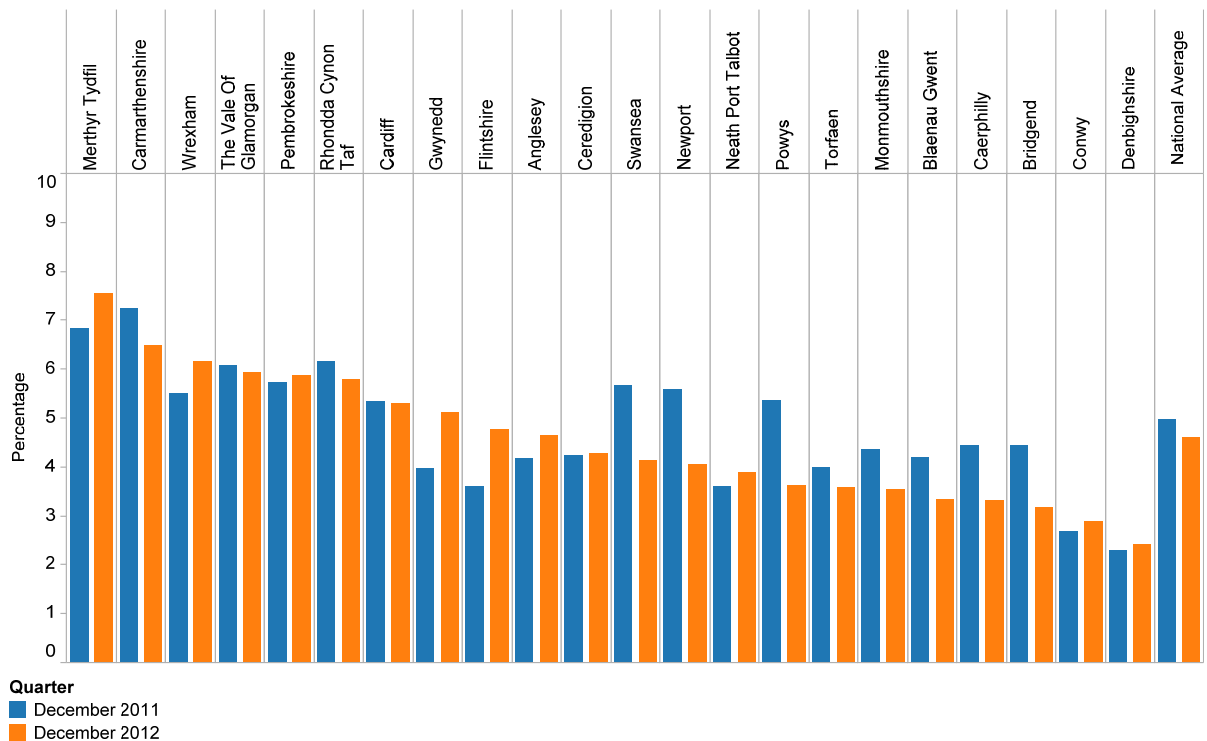
Figures 7 and 8 compare cephalosporin (Figure. 7) and co-amoxiclav (Figure. 8) usage in the quarter ending December 2011 to usage in the quarter ending December 2012.



**Figure 7. Cephalosporin usage – Quarter ending December 2011 versus quarter ending December 2012**



**Figure 8. Co-amoxiclav usage – Quarter ending December 2011 versus quarter ending December 2012**



## 6.0 OPIOID PRESCRIBING

*Unit of measurement:*

Morphine items as a percentage of all strong opioid items.

This is a new national prescribing indicator for 2012–2013.

Figure 9 shows the variation in primary care prescribing of morphine across the localities in Wales.

**Figure 9. Morphine items as a percentage of all strong opioid prescribing – Quarter ending December 2012**

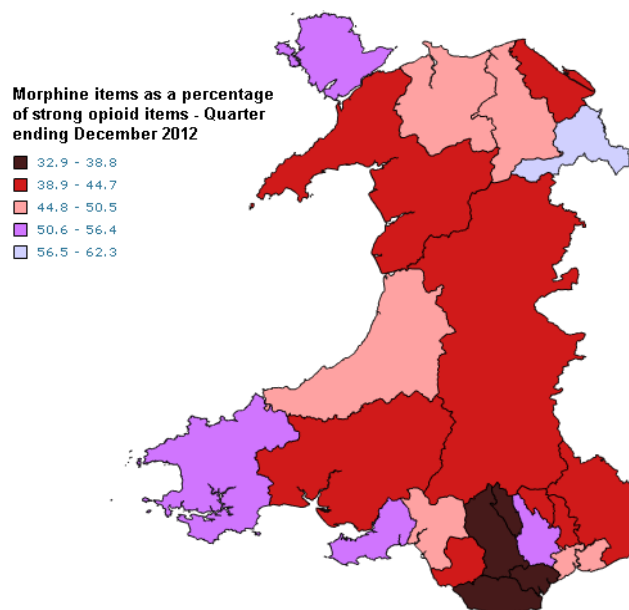
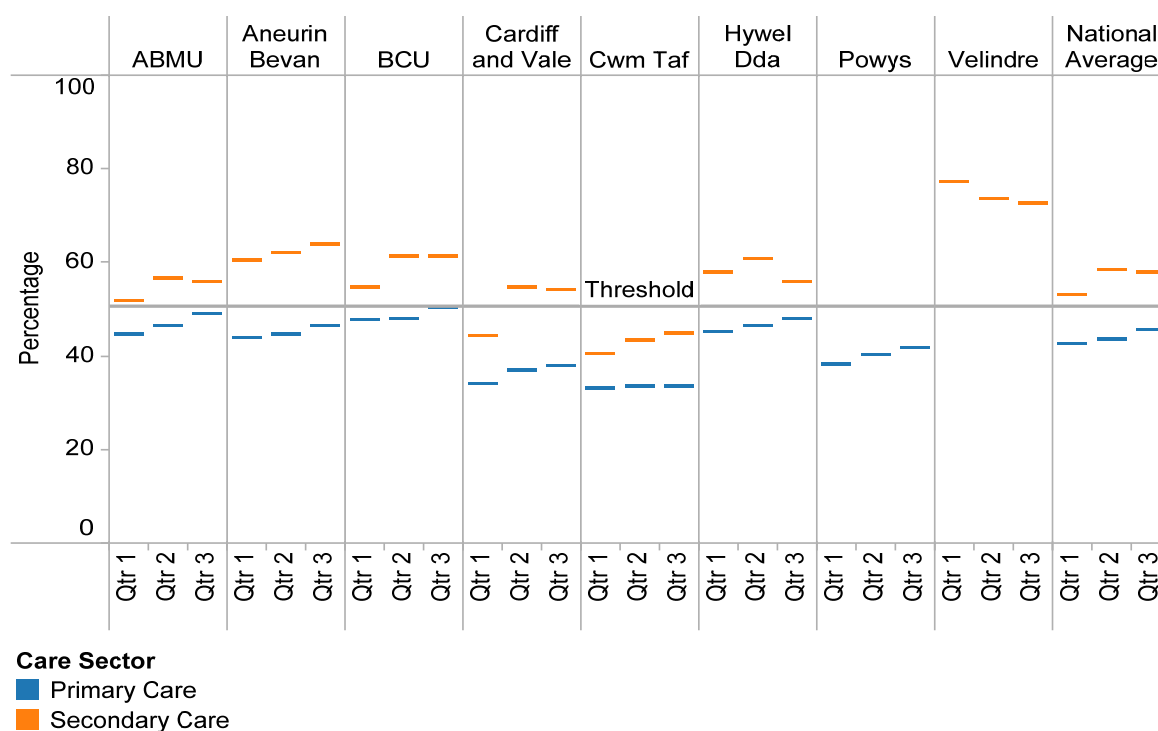


Figure 10 compares the usage of morphine in primary and secondary care, by health board.

**Figure 10. Morphine items as a percentage of all strong opioid items – Primary versus secondary care Quarters 1–3 2012–2013**



## 7.0 INSULIN

### *Unit of measurement:*

Long-acting insulin analogue items as a percentage of total long- and intermediate-acting insulin items (excluding biphasics).

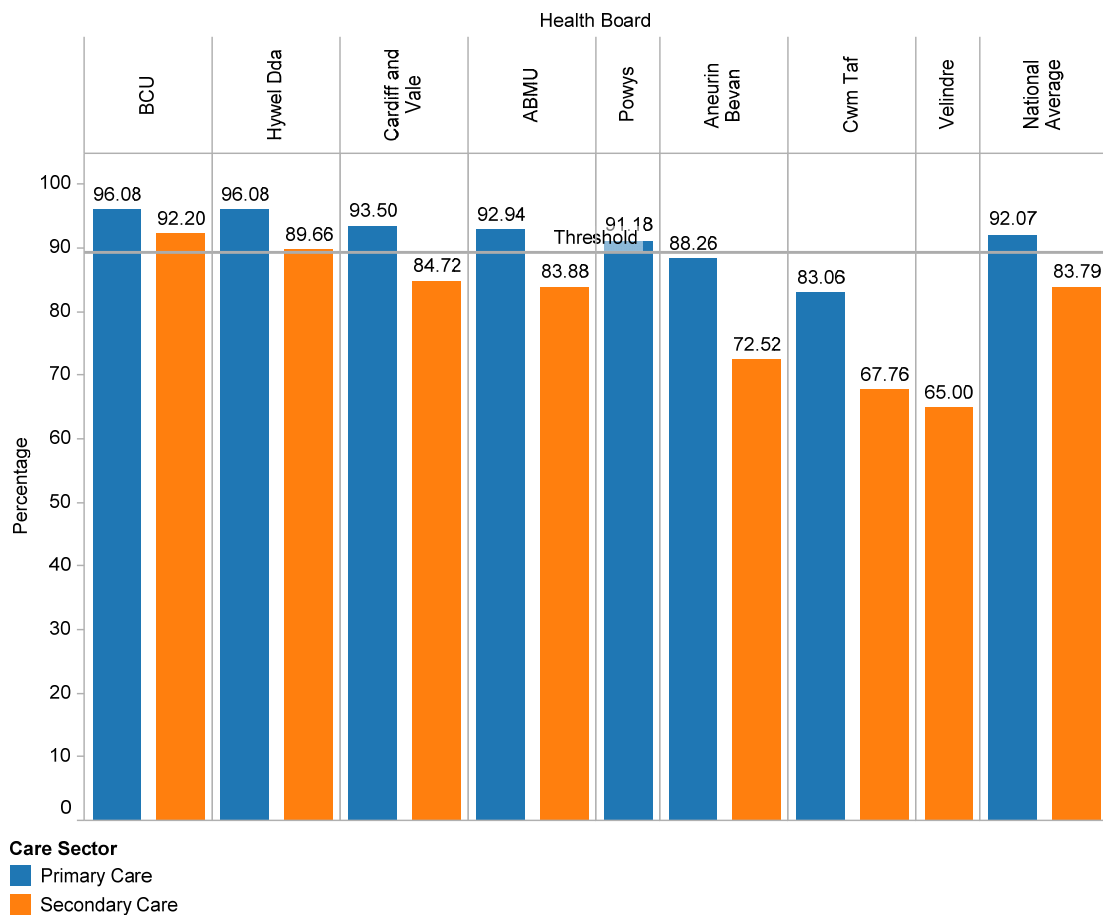
This is a new indicator for 2012–2013.

Insulin glargine and insulin detemir make up 93% of the total items of intermediate/long-acting insulin prescribed and 95% of the total costs.

Analogue insulins are more expensive than standard isophane preparations and their use is increasing. The cost for the year to March 2012 has increased by 7.7% from the previous year to £8 million per annum.

Figure 11 compares prescribing of insulin in primary and secondary care within each health board.

**Figure 11. Long-acting analogue insulin items as a percentage of all long- and intermediate-acting insulin items (excluding biphasics) in primary and secondary care – Quarter ending December 2012**



## 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 drug 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 dosage (DDD), developed by the World Health Organisation, is a unit of measurement whereby each drug is assigned a value within its recognised dosage range. The value is the assumed average maintenance dose per day for a drug when used for its main indication in adults. A drug can have different DDIs depending on the route of administration.

**PU** – Prescribing units (PUs) were adopted to take account of the greater need of elderly patients for medication in reporting prescribing performance at both the practice and primary care organisational level.

**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 drugs 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.