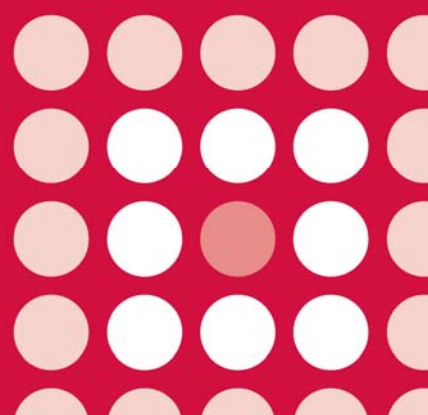




All Wales Therapeutics  
and Toxicology Centre  
Canolfan Therapiwteg a  
Thocsicoleg Cymru Gyfan

## NATIONAL PRESCRIBING INDICATORS 2013–2014

### ANALYSIS OF PRESCRIBING DATA TO JUNE 2013



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

Please direct any queries to AWTTC:

All Wales Therapeutics and Toxicology Centre (AWTTC)  
University Hospital Llandough  
Penlan Road  
Llandough  
Vale of Glamorgan  
CF64 2XX

[awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk)  
029 2071 6900

This report should be cited as:

Welsh Analytical Prescribing Support Unit, All Wales Therapeutics and Toxicology Centre. National Prescribing Indicators 2013–2014: Analysis of Prescribing Data to June 2013. October 2013



## NATIONAL PRESCRIBING INDICATORS 2013–2014 ANALYSIS OF PRESCRIBING DATA TO JUNE 2013

### INTRODUCTION

The All Wales Medicines Strategy Group (AWMSG) endorses the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing. For each NPI, 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). All practices within health boards are encouraged to reach or move towards these thresholds. This report summarises the prescribing against these NPIs for the quarter ending June 2013.

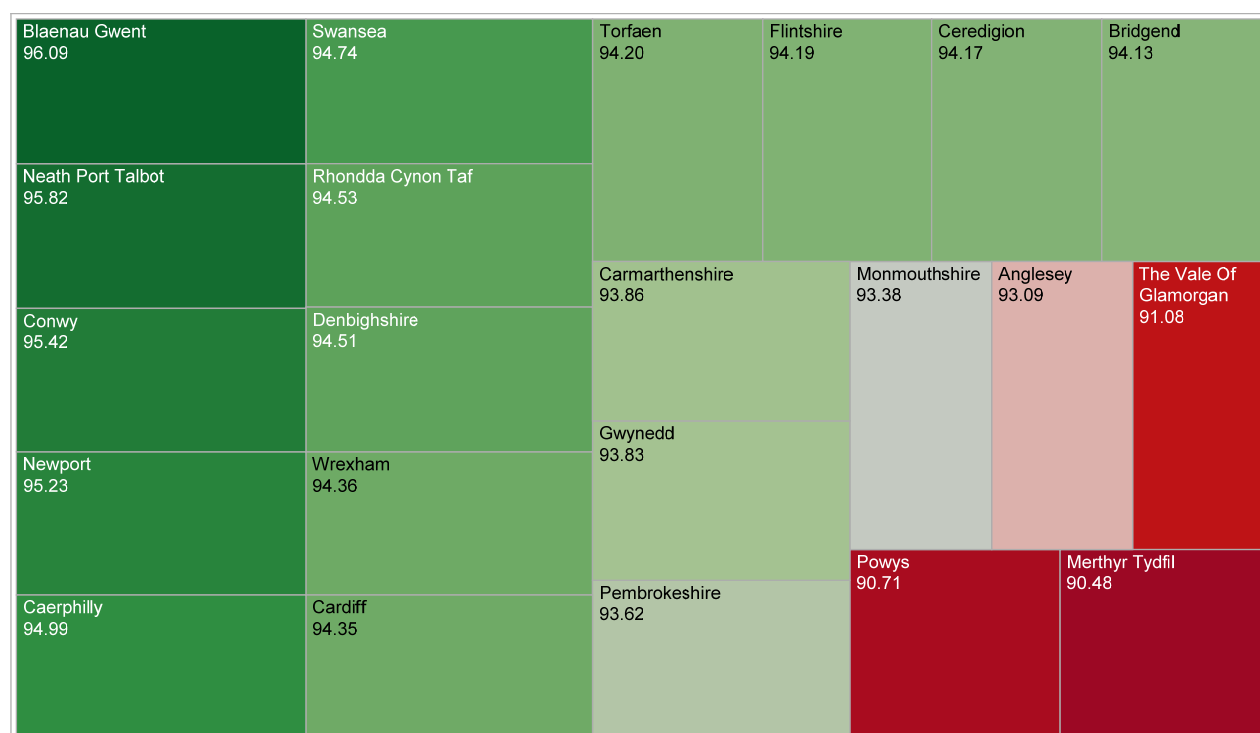
### 1.0 LIPID-MODIFYING DRUGS

#### *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 proportion of LAC statin prescribing in each of the 22 localities in Wales for the quarter ending June 2013. The colour and size of the box indicates the level of usage in each locality (the greener the box, the higher the usage; the deeper the red, the lower the usage).

**Figure 1. LAC statins as a percentage of all statin, ezetimibe and simvastatin/ezetimibe combination prescribing – Quarter ending June 2013**





### 3.0 DOSULEPIN

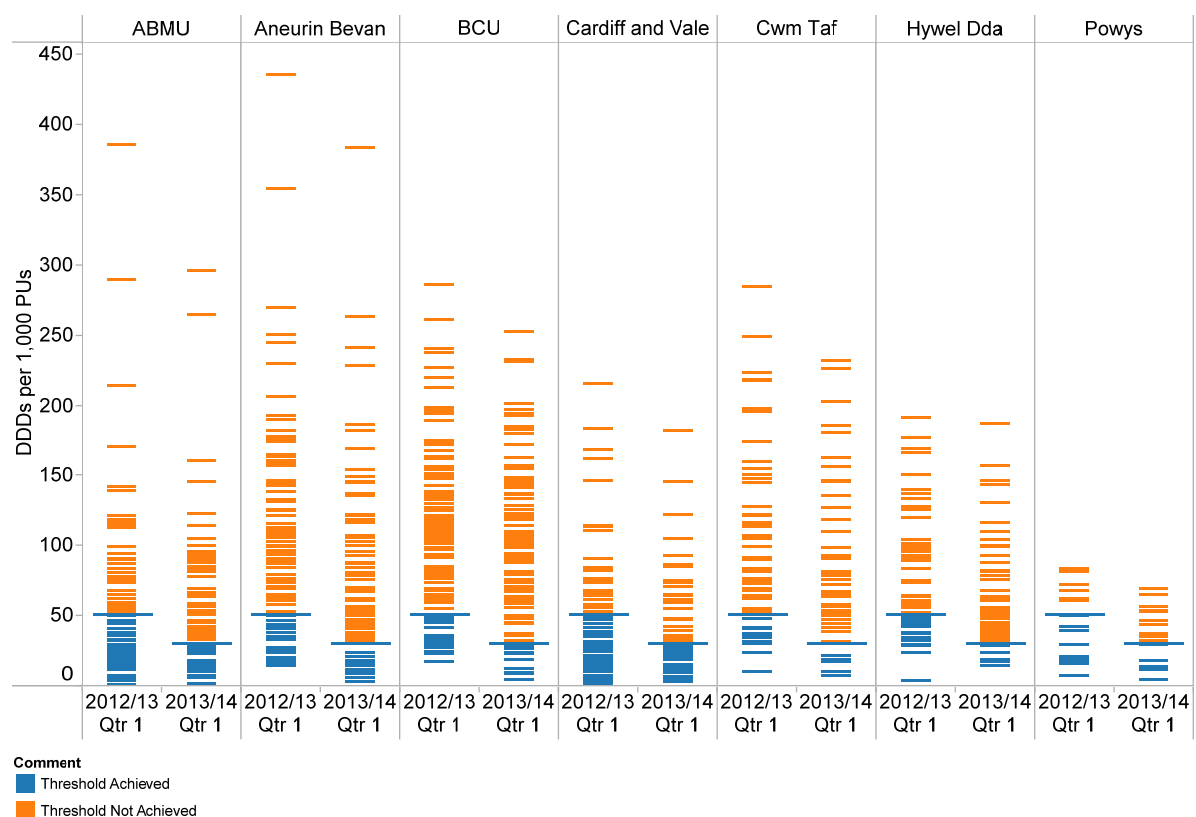
*Unit of measurement:*

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

The prescribing of dosulepin continues to be measured due to the associated increased risk of cardiovascular toxicity compared with other tricyclic antidepressants.

Figure 3 compares the performance of individual practices within health boards with respect to the dosulepin NPI in the quarter ending June 2012 and the quarter ending June 2013. The colour of the line indicates whether the practice has achieved (blue) or not achieved (orange) the NPI threshold. Dosulepin prescribing continues to fall across Wales, although outlying practices with high usage remain in some health boards.

**Figure 3. Practices achieving dosulepin usage threshold – Quarter ending June 2012 versus quarter ending June 2013**



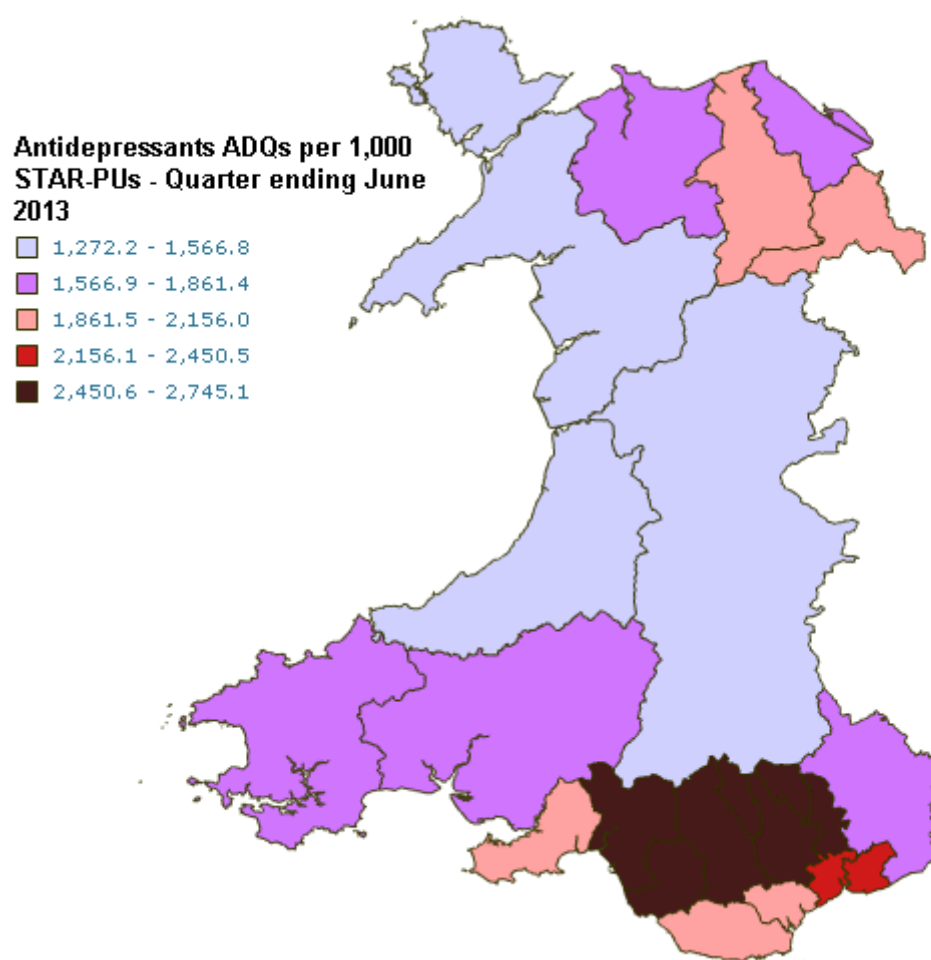
## 4.0 ANTIDEPRESSANTS

*Unit of measurement:*

Antidepressant ADQs per 1,000 STAR-PU.

This is a new indicator for 2013–2014. The map below groups localities into quintiles according to antidepressant usage and illustrates the variation in prescribing across Wales.

Figure 4. Antidepressant prescribing – Quarter ending June 2013



## 5.0 STRONG OPIOIDS

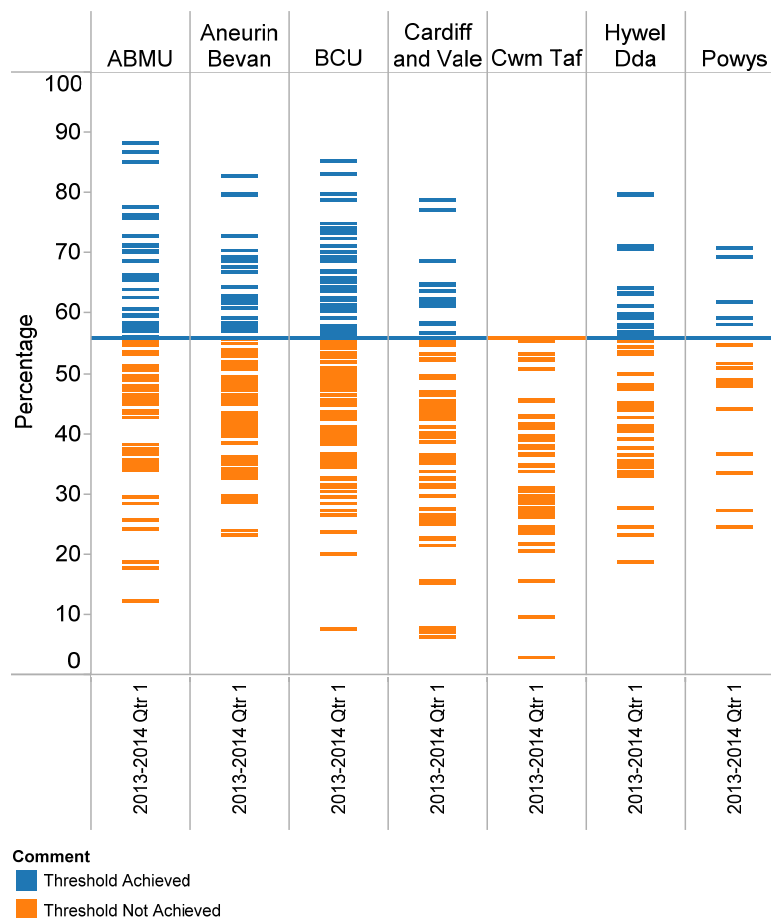
*Unit of measurement:*

Morphine items as a percentage of all strong opioid items.

This indicator was introduced in 2012–2013 and remains an NPI for 2013–2014 to encourage the first-line use of morphine when a strong opioid is required.

The graph below plots percentage usage of morphine for each practice in Wales as an individual line. The colour of the line indicates whether the practice has achieved (blue) or not achieved (orange) the NPI threshold. There is considerable variation in the proportion of morphine use between practices across Wales.

**Figure 5. Morphine items as a percentage of all strong opioid prescribing – Quarter ending June 2013**



## 6.0 ANTIBIOTICS

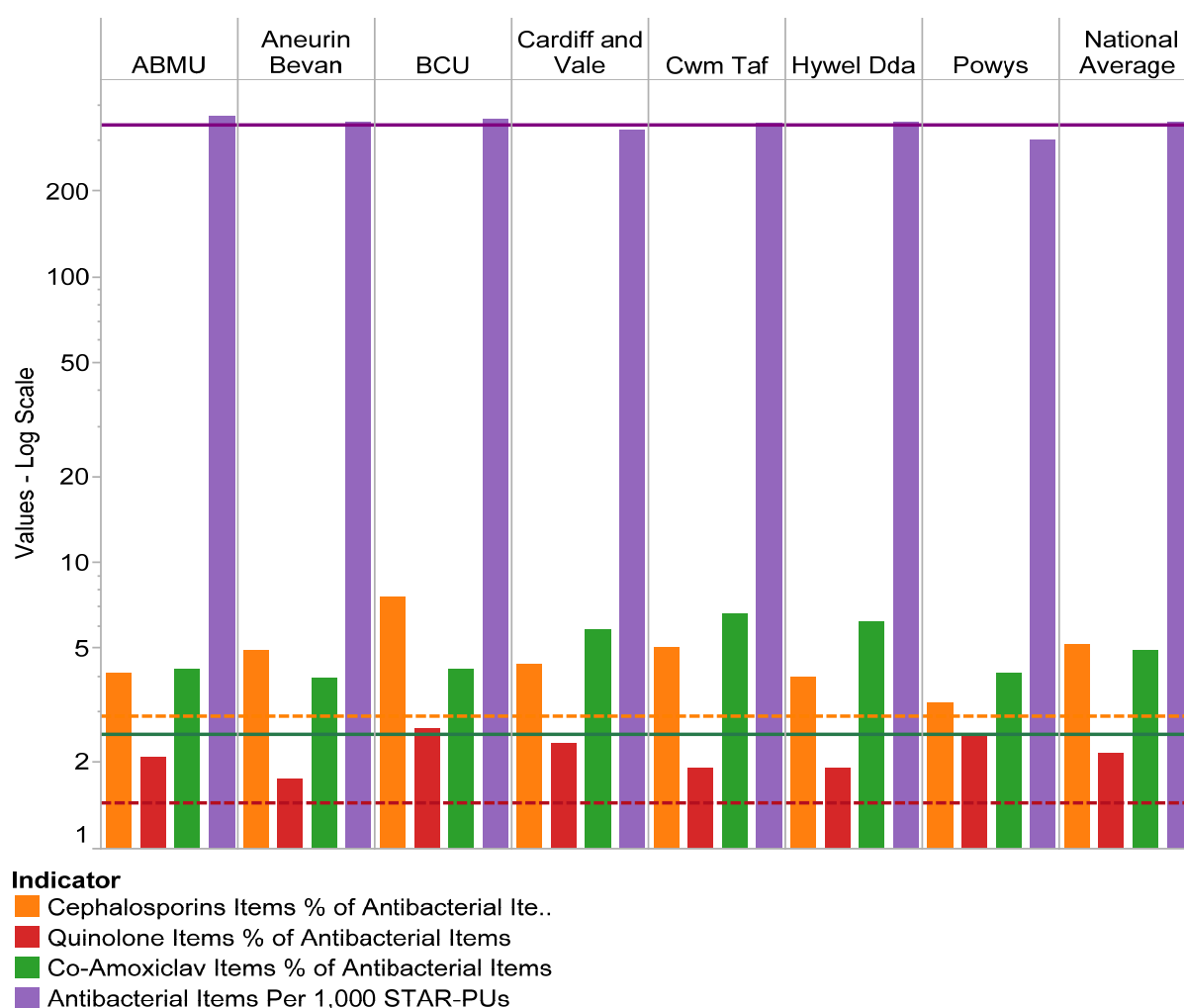
### Units of measurement:

There are four antibacterial prescribing indicators for 2013–2014:

1. Total antibacterial items per 1,000 STAR-PU's;
2. Cephalosporins as a percentage of total antibacterial items;
3. Quinolones as a percentage of total antibacterial items;
4. Co-amoxiclav as a percentage of total antibacterial items.

Analysis of antibiotic usage for the quarter to June 2013 is summarised in Figure 6 below. The scale on the y-axis applies to all indicators, with the value representing items per 1,000 STAR-PU's for indicator one (total antibacterial items) and percentage for indicators two, three and four.

Figure 6. Antibiotic prescribing – Quarter ending June 2013





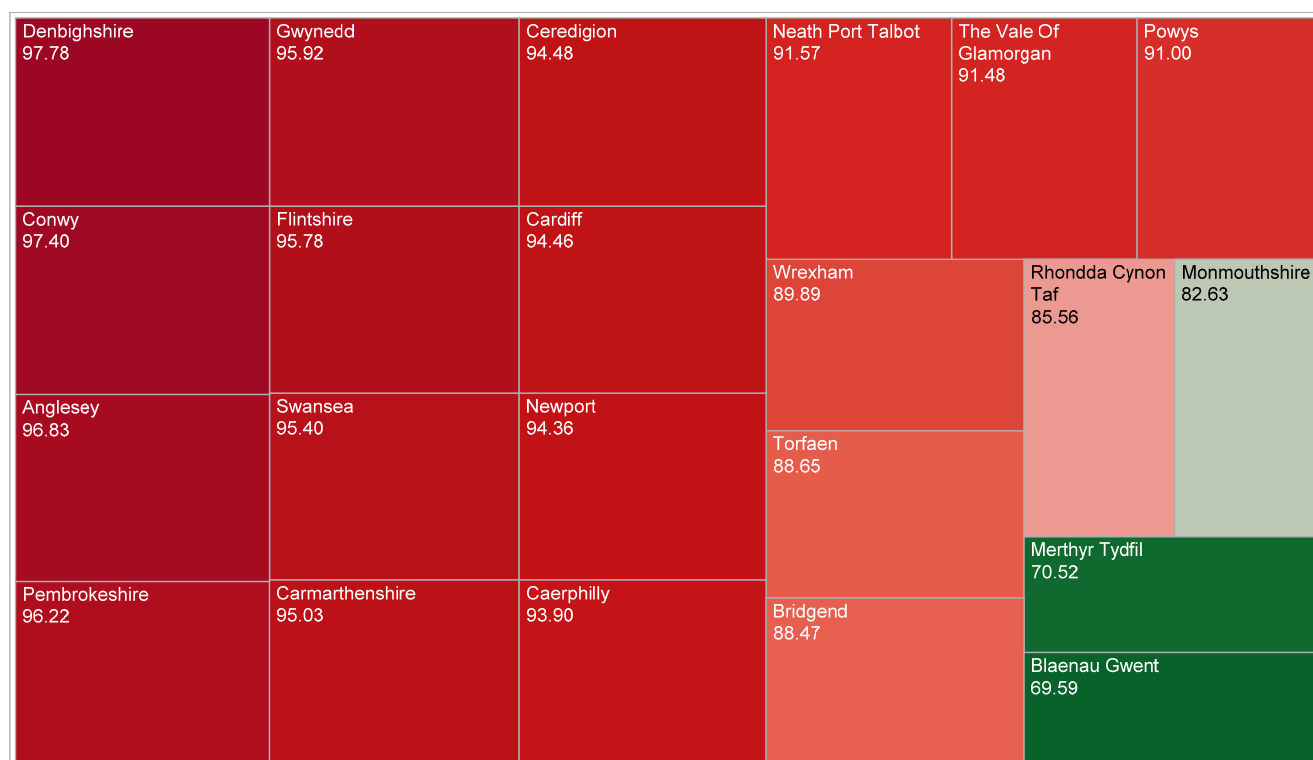
## 7.0 INSULIN

*Unit of measurement:*

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

Figure 7 shows performance against this NPI in primary care for the quarter to June 2013 across the 22 localities in Wales.

**Figure 7. Long-acting analogue insulin items as a percentage of all long- and intermediate-acting insulin items (excluding biphasics) in primary care – Quarter ending June 2013**



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

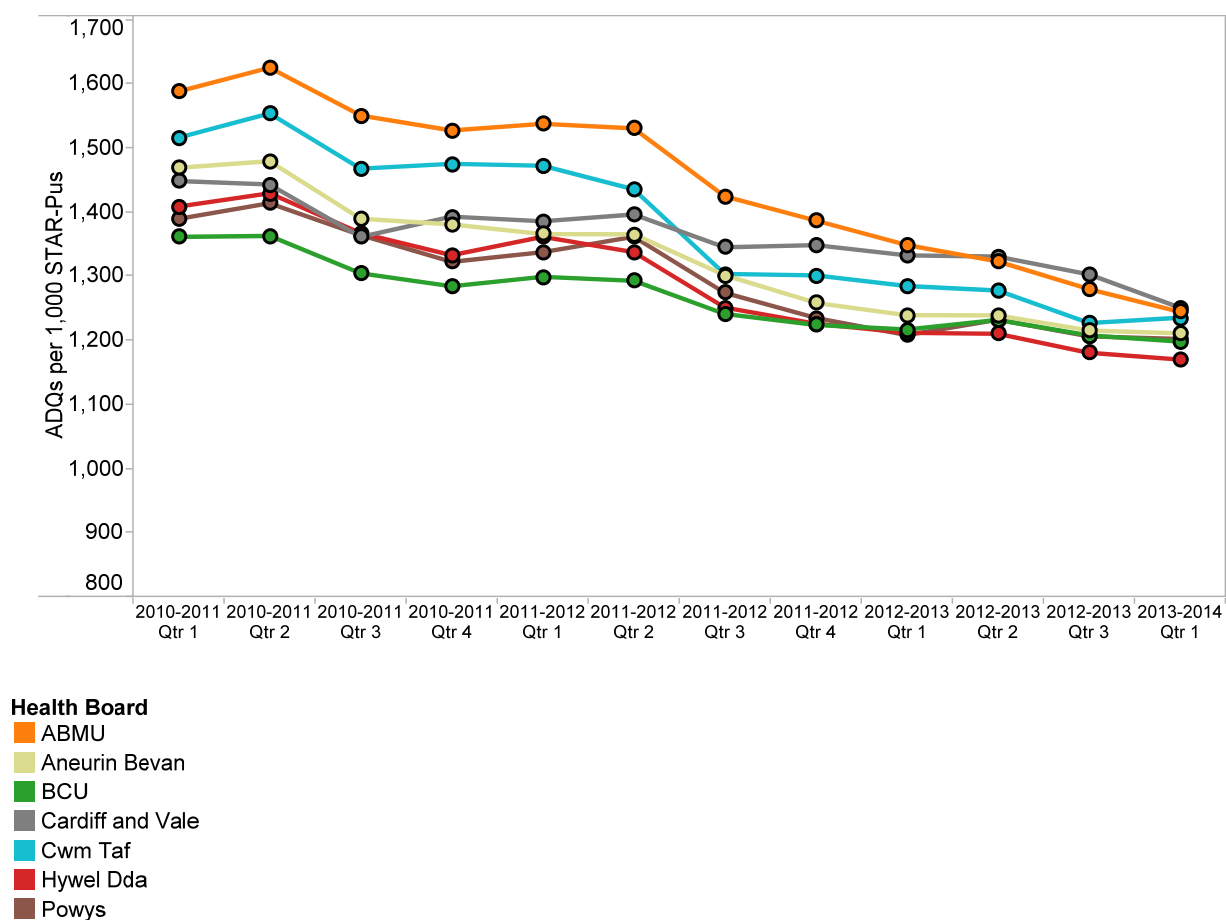
*Units of measurement:*

There are two NSAID NPIs for 2013–2014:

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

Figure 8 shows the downward trend in total NSAID usage in Wales over time. The variation in prescribing between health boards was considerably smaller in the quarter ending June 2013 compared with the same quarter in 2010.

**Figure 8. Trend in total NSAID usage over time**

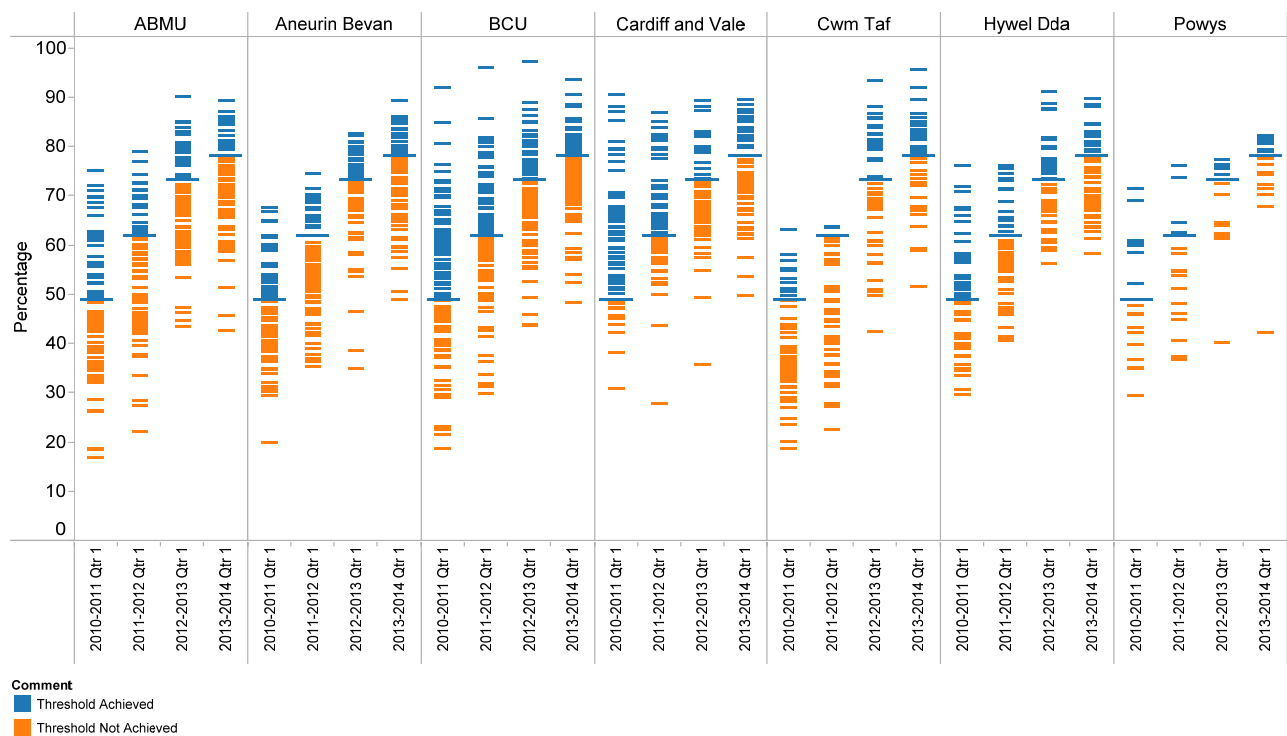


The second NPI encourages first-line use of NSAIDs with improved cardiovascular safety, i.e. ibuprofen and naproxen.

Figure 9 shows each practice within individual health boards as a horizontal line and identifies the practices reaching (blue) or not reaching (orange) the NPI threshold during the quarter to June of each of the financial years from 2010 to 2013.

The proportion of ibuprofen and naproxen usage has increased significantly in all of the health boards in Wales over this period. It can be seen from the graph that in the quarter to June 2013, prescribing in almost all of the practices was above the NPI threshold value for the financial year 2010–2011 and in the majority of practices was above the threshold value for 2011–2012.

**Figure 9. Practice level ibuprofen and naproxen usage as a percentage of total NSAID usage – Quarter to June 2010–2013**



## 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 Organisation, 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 DDGs 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 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.