



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

# National Prescribing Indicators 2014–2015

Annual Primary Care Prescribing Report





## All Wales Therapeutics and Toxicology Centre

Canolfan Therapiwteg a  
Thocsicoleg Cymru Gyfan

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

# Contents

Executive Summary	1	6.0 Insulin	12
1.0 Lipid-Modifying Drugs	3	7.0 Non-Steroidal Anti-Inflammatory Drugs	13
2.0 Hypnotics and Anxiolytics	4	7.1 Total NSAID Prescribing	13
3.0 Antidepressants	5	7.2 Ibuprofen and Naproxen as a Percentage of NSAID Items	14
4.0 Opioid Analgesics	6	8.0 Yellow Cards	15
4.1 Total Opioid Items	6	Glossary	16
4.2 Items of Morphine as a Percentage of Strong Opioid Prescribing	7	Appendix 1	17
4.3 Tramadol	8	Appendix 2	18
5.0 Antibiotics	9		
5.1 Total Antibiotics	9		
5.2 Quinolones, Cephalosporins and Co-amoxiclav	10		



# Executive Summary

---

- The All Wales Medicines Strategy Group (AWMSG) endorses the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing.
- Prescribing indicators are evidence-based and allow health boards, practices and prescribers to compare current practice against an agreed standard of quality.
- There were 14 NPIs focusing on seven areas of prescribing and the reporting of adverse events (Yellow Cards) in 2014–2015\*.
- A threshold level of prescribing was set for 10 of the 14 NPIs\*.
- This report summarises primary care prescribing for the 2014–2015 NPIs. There was an overall improvement in Wales in line with the aim of each indicator with a threshold.
- Appendix 2 includes graphical pictures of GP cluster position for NPIs in relation to the same quarter of the previous year.
- The proportion of low acquisition cost (LAC) **statin** prescribing continued to increase; however the rate of increase has slowed since the average reached 94% in June 2013.
- **Hypnotic and anxiolytic** usage has continued to decrease by approximately 6% per year. However, the national average was higher for Wales than England by approximately 50%.
- Items of **morphine** as a percentage of all strong opioids increased by an average of 9.06% across Wales compared to the previous year.
- **Tramadol** prescribing decreased by an average of 7.19% across Wales compared to the previous year.
- **Quinolone, cephalosporin** and **co-amoxiclav** prescribing is monitored as they are associated with an increased risk of *Clostridium difficile* infection. Prescribing in Wales decreased across all three groups, with the largest decrease being seen for the cephalosporin group.
- There was little change in the proportion of **long-acting insulin analogue** usage, with the national average decreasing by just 0.98% compared to the previous year.
- **Non-steroidal anti-inflammatory drug (NSAID)** prescribing has continued to decrease in Wales by an average of 4.5% compared to the previous year, although it is 28% higher than that in England.
- The proportion of **ibuprofen and naproxen** prescribing increased by an average of 4.5% across Wales compared to the previous year and the proportion is higher than that seen in England.
- All health boards saw an increase in the number of **yellow cards** submitted in 2014–2015. 662 yellow cards were submitted by GPs; two and a half times that of the previous year.

---

\* For full details, including unit of measure for each indicator please see appendix 1.

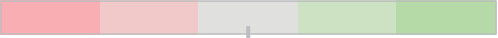


# Executive Summary *continued*

**Table 1. Percentage of practices achieving threshold and number of practices that crossed the threshold within 2014-2015**

Top number refers to the percentage of practices achieving the threshold (i.e. percentage of practices reaching the level of best performing 25% of practices from previous year).

Bottom number refers to the number of practices crossing the threshold (i.e. net change in the number of practices achieving the threshold compared to the previous year).

Indicator	Health Board						
	ABMU	Aneurin Bevan	BCU	Cardiff and Vale	Cwm Taf	Hywel Dda	Powys
LAC statins as % of all statins (including ezetimibe combination products)	41% 0	43% 0	37% 3	30% -1	26% -1	25% -1	41% 3
Hypnotics and anxiolytics ADQs per 1000 STAR-PUs	36% 4	36% 4	25% 4	48% 6	26% 4	16% 2	65% 2
Morphine items as % of strong opioid items - 2013/14 basket	64% 8	48% 9	46% 8	27% 13	9% 1	38% 9	47% 3
Tramadol DDDs per 1000 patients	25% 6	38% 16	43% 16	55% 9	11% -1	33% 2	82% 1
Quinolone items as % of antibacterial items	28% 6	53% 15	25% 13	41% 14	33% 1	29% 3	12% -1
Cephalosporin items as % of antibacterial items	47% 1	57% 30	15% 5	62% 14	22% -1	44% 2	47% -3
Co-amoxiclav items as % of antibacterial items	17% -6	38% 12	66% 21	52% 25	7% 0	7% -3	24% 3
Long-acting insulin analogues as % long - and intermediate-acting insulin (excluding biphasics)	20% 0	43% -2	15% 2	14% 0	78% 6	9% -2	41% 2
NSAIDs ADQs per 1000 STAR-PUs	24% 2	32% 1	35% 8	41% 6	30% 0	22% 3	35% 3
Ibuprofen and naproxen as % of NSAIDs	25% 6	34% 9	42% 12	52% 10	65% 8	33% 3	41% 2
% Practices achieving threshold at year end 0.0  100.0							



# 1.0 Lipid-Modifying Drugs

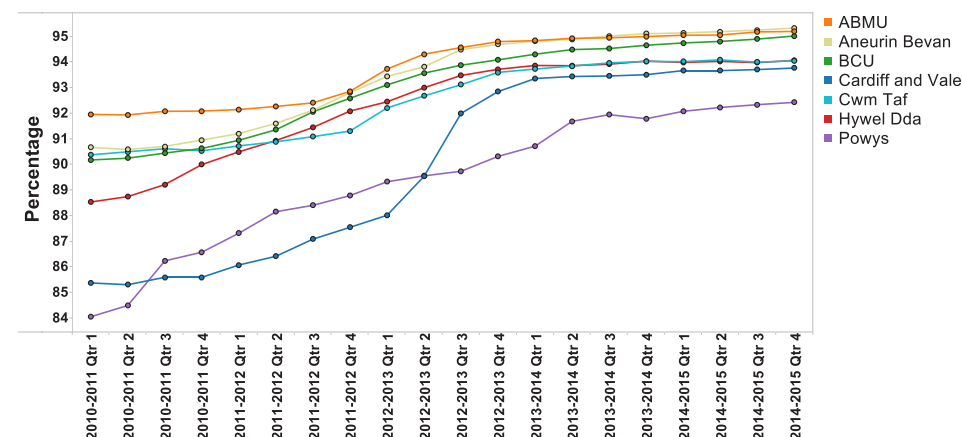
- This indicator aims to promote the prescribing of statins with a low acquisition cost (LAC) over more expensive lipid-modifying treatments
- All health boards improved against this measure with an average increase across Wales of 0.28% compared to the previous year
- The rate of change has decreased as the percentage approached 91% in all health boards in the quarter ending June 2013
- The proportion of LAC statin prescribing ranged from 95.22% in Aneurin Bevan University Health Board to 92.26% in Powys Teaching Health Board

LAC statins as a percentage of all statin, ezetimibe and simvastatin/ezetimibe combination prescribing\*

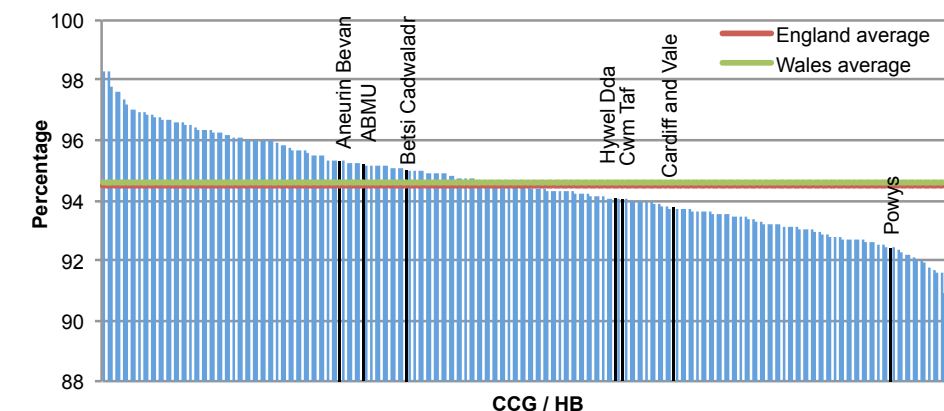
	2013–2014	2014–2015	% Change
ABMU	94.92	95.11	0.20
Aneurin Bevan	94.95	95.22	0.28
BCU	94.49	94.86	0.39
Cardiff and Vale	93.43	93.70	0.29
Cwm Taf	93.89	94.03	0.15
Hywel Dda	93.91	94.01	0.11
Powys	91.53	92.26	0.80
National average	94.26	94.52	0.28

\* Prescribing below the national average is highlighted in red; prescribing above the national average is highlighted in green.

Trend in the proportion of LAC statin prescribing



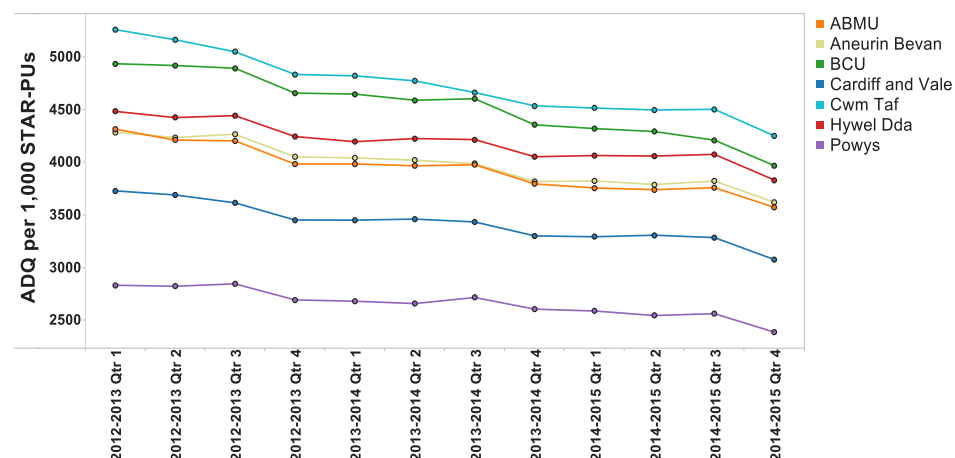
Proportion of LAC statin prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015



## 2.0 Hypnotics and Anxiolytics

- This indicator aims to encourage a reduction in the prescribing of hypnotics and anxiolytics in Wales
- The national average for hypnotic and anxiolytic usage is higher for Wales than England by approximately 50%
- All health boards improved against this measure with an average decrease across Wales of 5.79% compared to the previous year
- Cwm Taf University Health Board had the highest prescribing rate and Powys Teaching Health Board the lowest

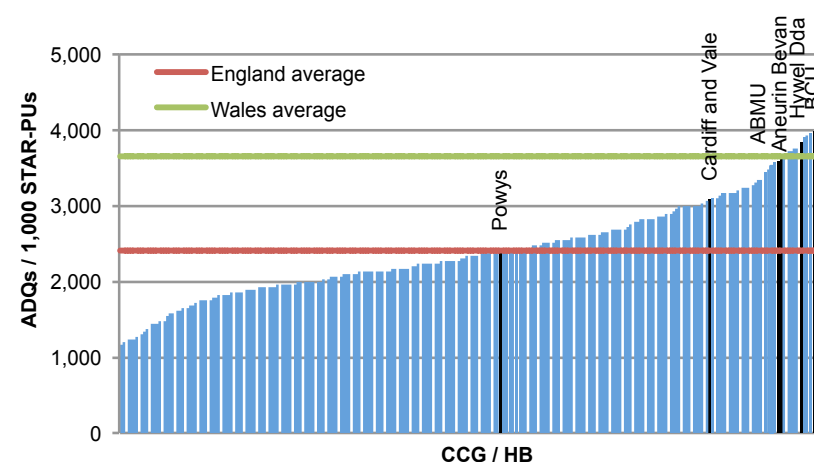
Trend in hypnotic and anxiolytic prescribing



Hypnotic and anxiolytic ADQs per 1,000 STAR-PU\*

	2013–2014	2014–2015	% Change
ABMU	15,722	14,826	-5.70
Aneurin Bevan	15,865	15,052	-5.13
BCU	18,200	16,792	-7.74
Cardiff and Vale	13,644	12,958	-5.03
Cwm Taf	18,796	17,768	-5.47
Hywel Dda	16,691	16,031	-3.96
Powys	10,655	10,075	-5.44
National average	16,200	15,262	-5.79

Hypnotic and anxiolytic prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015



\* Prescribing below the national average is highlighted in green; prescribing above the national average is highlighted in red.



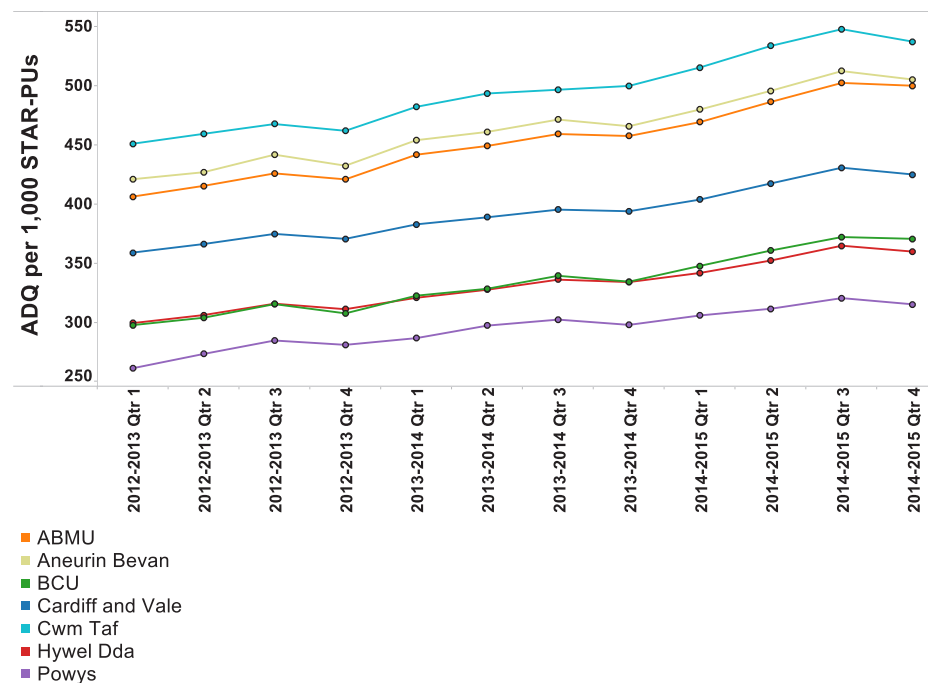
## 3.0 Antidepressants

- This indicator aims to monitor variation in prescribing across Wales and therefore no target has been set
- Prescribing has increased in all health boards
- Prescribing nationally increased by 8.11% compared to the previous year
- The largest increase was seen in Betsi Cadwaladr University Health Board although prescribing was still below the national average
- Cwm Taf University Health Board had the highest antidepressant usage and Powys Teaching Health Board the lowest

Antidepressant ADQs per 1,000 STAR-PUs

	2013–2014	2014–2015	% Change
ABMU	1,808	1,958	8.30
Aneurin Bevan	1,852	1,993	7.64
BCU	1,324	1,451	9.58
Cardiff and Vale	1,561	1,677	7.42
Cwm Taf	1,972	2,134	8.24
Hywel Dda	1,318	1,418	7.61
Powys	1,184	1,253	5.80
<b>National average</b>	<b>1,596</b>	<b>1,726</b>	<b>8.11</b>

Trend in antidepressant prescribing





## 4.0 Opioid Analgesics

- There are three indicators focusing on opioid prescribing which aim to encourage the appropriate prescribing of all opioid analgesics:
  - Total opioid items per 1,000 PUs (intended as a comparator for the other two NPIs)
  - Items of morphine as a percentage of strong opioid prescribing
  - Tramadol DDDs per 1,000 patients

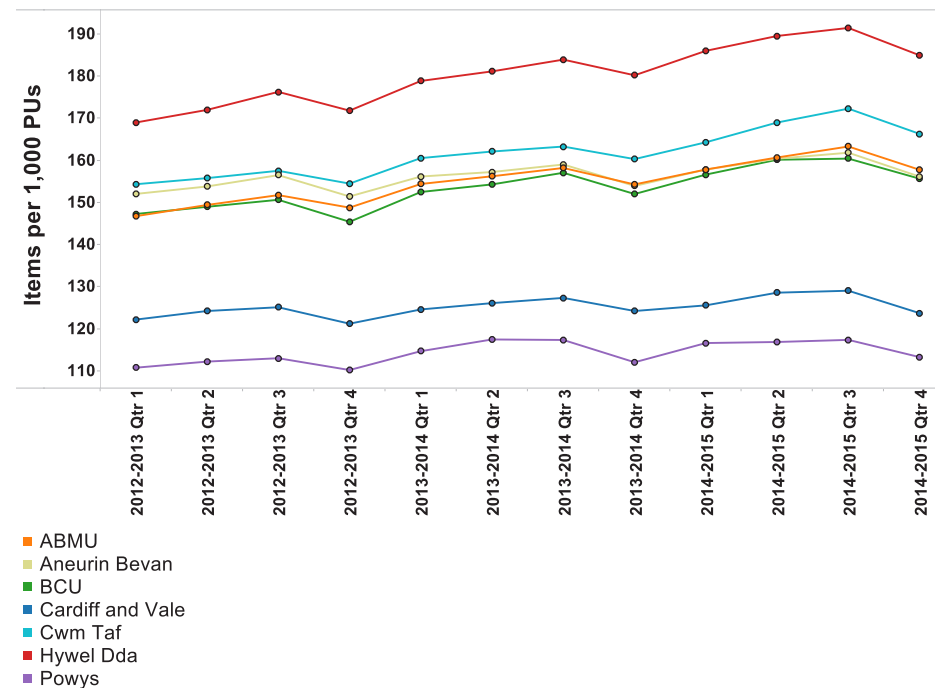
### 4.1 Total Opioid Items

- Prescribing of opioid analgesics has increased in all health boards
- Prescribing nationally increased by 2.49% with the largest increase seen in Cwm Taf University Health Board

Total opioid analgesic items per 1,000 PUs

	2013–2014	2014–2015	% Change
ABMU	623.0	639.4	2.63
Aneurin Bevan	626.2	636.0	1.57
BCU	615.7	632.7	2.76
Cardiff and Vale	502.3	506.9	0.92
Cwm Taf	646.1	671.7	3.96
Hywel Dda	723.9	751.7	3.84
Powys	461.6	464.2	0.56
<b>National average</b>	<b>611.6</b>	<b>626.8</b>	<b>2.49</b>

Trend in opioid analgesic prescribing



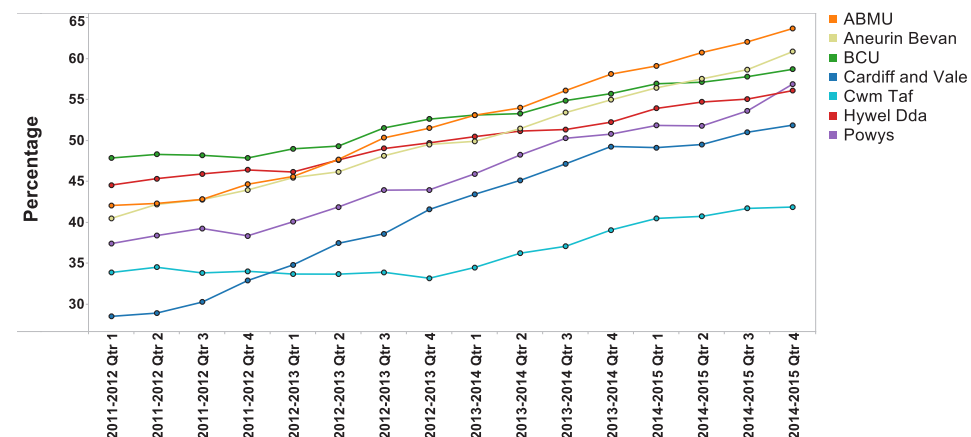
## 4.2 Items of Morphine as a Percentage of Strong Opioid Prescribing

- This indicator aims to encourage the use of morphine as first-line treatment in patients requiring strong opioid analgesics
- All health boards improved against this measure with an average increase across Wales of 9.06% compared to the previous year
- The health board which saw the largest increase was Cwm Taf University Health Board
- The proportion of morphine prescribing ranged from 61.4% in Abertawe Bro Morgannwg University Health Board to 41.2% in Cwm Taf University Health Board
- 64% of practices in Abertawe Bro Morgannwg University Health Board achieved the threshold
- The proportion of morphine prescribing is almost 10% higher than that of England

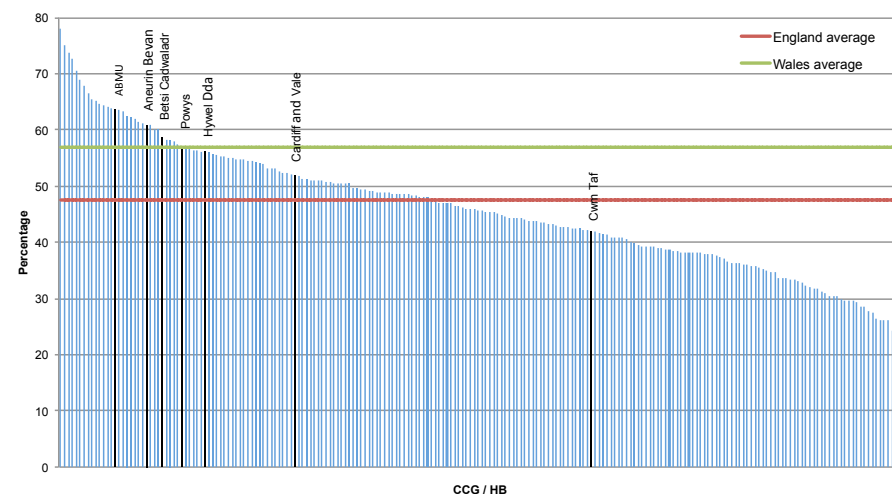
### Morphine items as a percentage of strong opioid prescribing

	2013–2014	2014–2015	% Change
ABMU	55.32	61.40	10.99
Aneurin Bevan	52.43	58.38	11.34
BCU	54.25	57.64	6.24
Cardiff and Vale	46.25	50.38	8.94
Cwm Taf	36.72	41.20	12.19
Hywel Dda	51.30	54.95	7.11
Powys	48.80	53.54	9.71
<b>National average</b>	<b>50.66</b>	<b>55.25</b>	<b>9.06</b>

### Trend in the proportion of morphine prescribing



### Proportion of morphine prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015



\* Prescribing above the national average is highlighted in green; prescribing below the national average is highlighted in red.



## 4.3 Tramadol

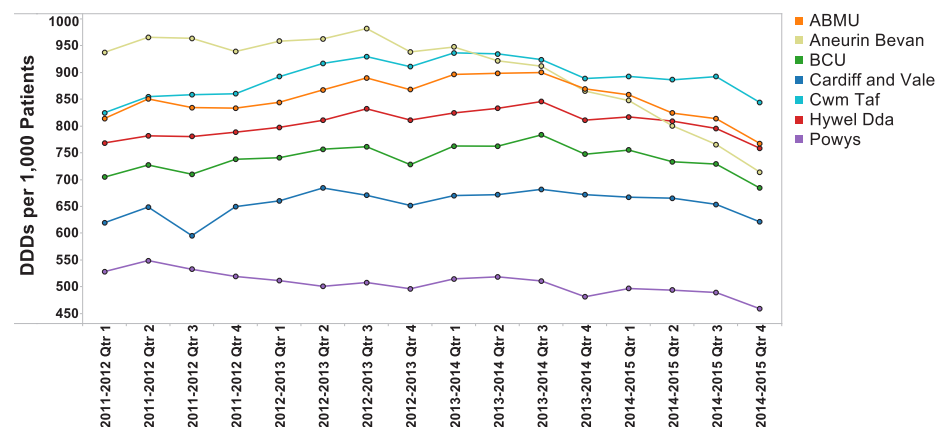
- This was a new indicator for 2014–2015
- This NPI aims to encourage the prudent prescribing of tramadol
- Tramadol has been associated with an increasing number of deaths (87 in 2009 and 220 in 2013 in England and Wales) and reports to the National Poisons Information Service
- All health boards improved against this measure with an average decrease across Wales of 7.19% compared to the previous year
- Aneurin Bevan University Health Board saw the largest percentage decrease of over 14%
- Cwm Taf University Health Board has the highest tramadol prescribing and Powys Teaching Health Board has the lowest
- 82% of practices in Powys Teaching Health Board achieved the threshold
- Tramadol prescribing in Wales is on average 20% higher than in England

Tramadol DDDs per 1,000 patients\*

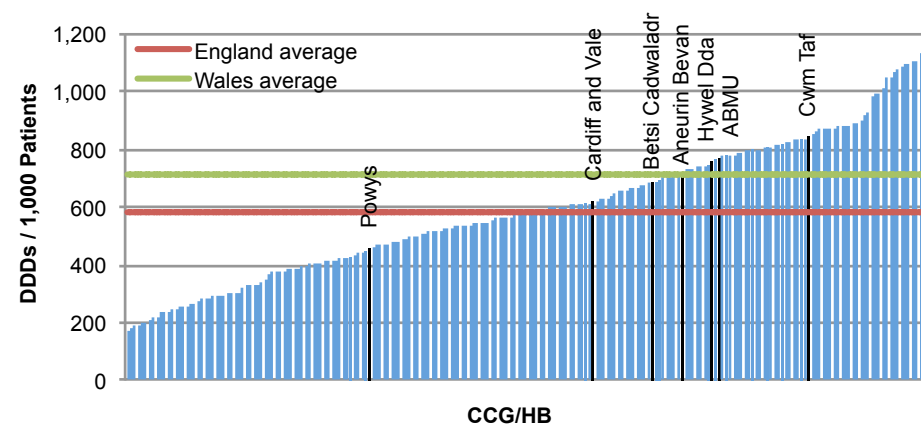
	2013–2014	2014–2015	% Change
ABMU	3,564	3,263	-8.43
Aneurin Bevan	3,646	3,127	-14.22
BCU	3,056	2,901	-5.06
Cardiff and Vale	2,696	2,607	-3.29
Cwm Taf	3,684	3,515	-4.59
Hywel Dda	3,314	3,180	-4.04
Powys	2,025	1,938	-4.28
<b>National average</b>	<b>3,243</b>	<b>3,010</b>	<b>-7.19</b>

\* Prescribing below the national average is highlighted in green; prescribing above the national average is highlighted in red.

Trend in tramadol prescribing



Tramadol prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015



## 5.0 Antibiotics

There are four antibacterial prescribing indicators for 2014–2015:

1. Total antibacterial items per 1,000 STAR-PUs
  2. Quinolones as a percentage of total antibacterial items
  3. Cephalosporins as a percentage of total antibacterial items
  4. Co-amoxiclav as a percentage of total antibacterial items
- These indicators support one of the core elements of the Welsh Antimicrobial Resistance Programme: to inform, support and promote the prudent use of antimicrobials

### 5.1 Total Antibiotics

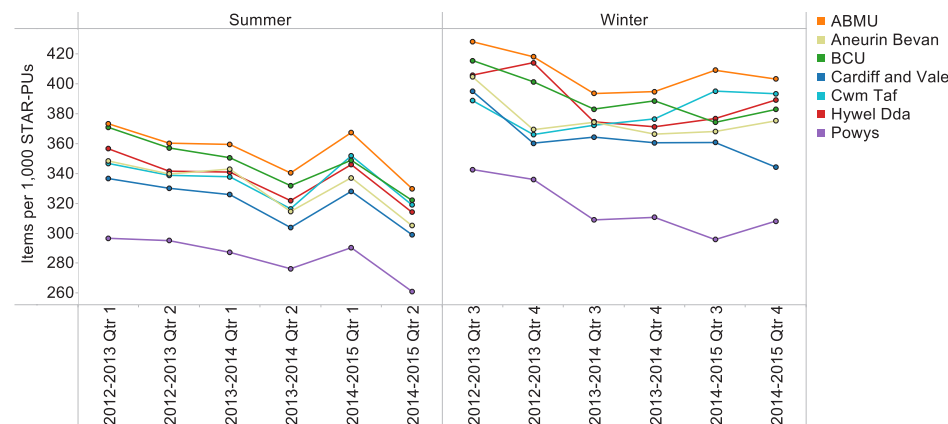
- Prescribing of antibacterials nationally decreased by 0.11% compared to the previous year, with the largest decrease being seen in Powys Teaching Health Board
- There was an increased usage in three health boards; the largest being Cwm Taf University Health Board (3.99%)
- Average antibiotic prescribing in Wales is 20% higher than in England

Total antibacterial items per 1,000 STAR-PUs\*

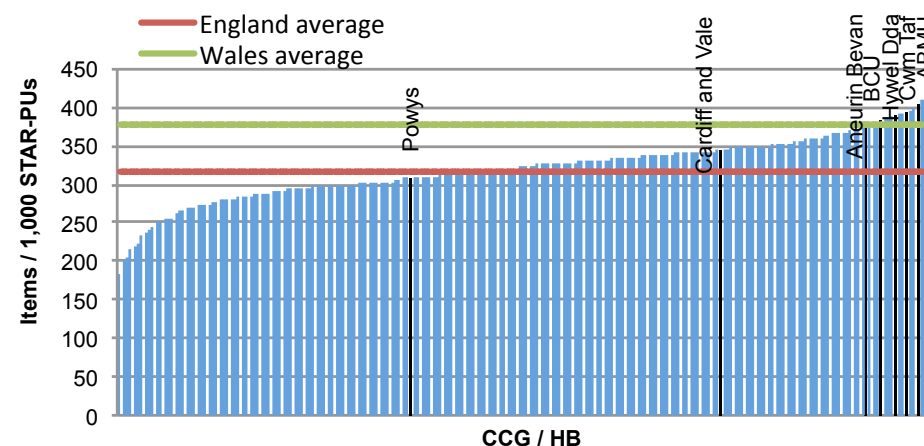
	2013–2014	2014–2015	% Change
ABMU	1,488	1,509	1.42
Aneurin Bevan	1,398	1,385	-0.91
BCU	1,454	1,428	-1.81
Cardiff and Vale	1,354	1,332	-1.64
Cwm Taf	1,403	1,459	3.99
Hywel Dda	1,408	1,426	1.25
Powys	1,183	1,155	-2.35
National average	1,411	1,409	-0.11

\* Prescribing below the national average is highlighted in green; prescribing above the national average is highlighted in red.

Trend in total antibiotic prescribing for summer and winter



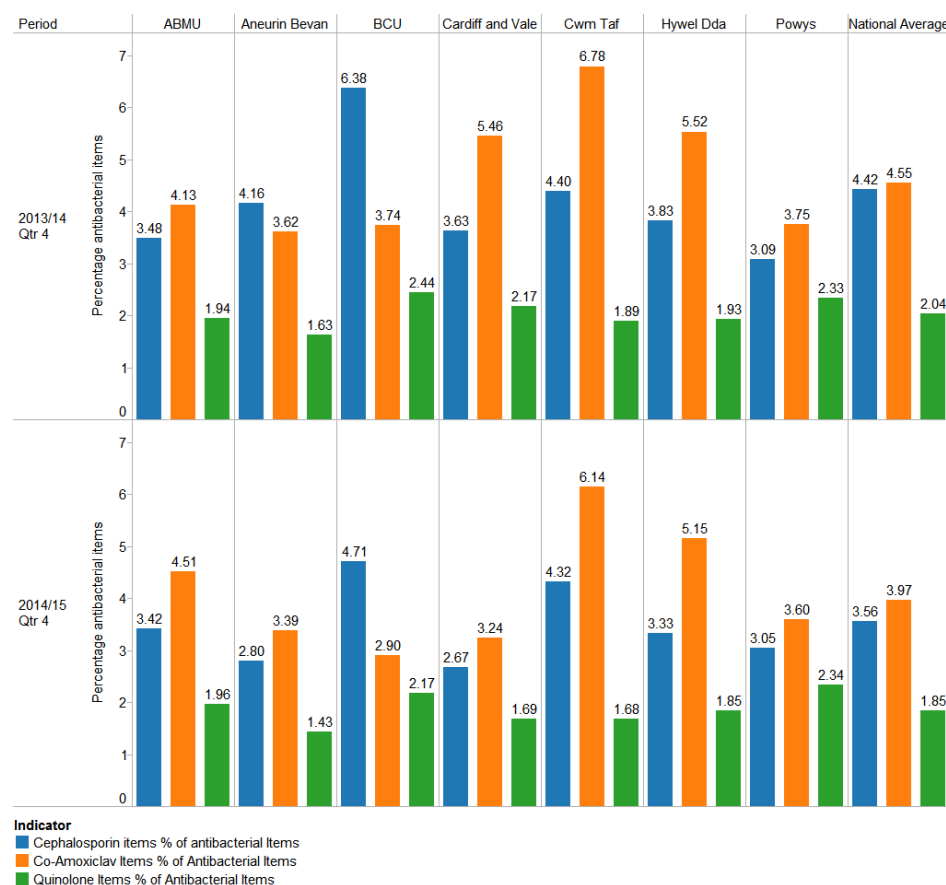
Total antibacterial items prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015



## 5.2 Quinolones, Cephalosporins and Co-amoxiclav

The figure below compares the prescribing of quinolones, cephalosporins and co-amoxiclav in Q4 2013–2014 with Q4 2014–2015 across the seven health boards in Wales.

Antibiotic indicators 2–4. Q4 2013–14 versus Q4 2014–15

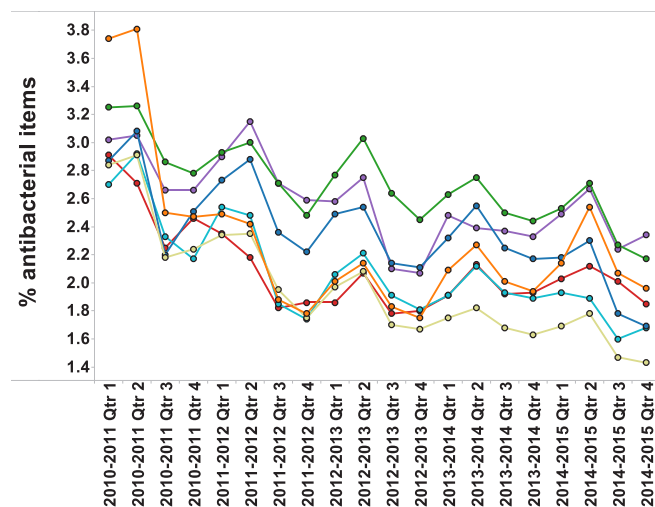


- Quinolones, cephalosporins and co-amoxiclav are monitored as they are associated with an increased risk of *Clostridium difficile*
- A reduction in proportional usage of all three antibiotic groups was seen across Wales with the largest decrease being for the **cephalosporin** group
- The largest decrease in the proportion of **cephalosporin** prescribing was seen in Aneurin Bevan University Health Board (23.9%) and all health boards saw a decrease with the exception of Powys Teaching Health Board
- 62% of practices in Cardiff and Vale University Health Board achieved the **cephalosporin** prescribing threshold; the highest across the health boards
- The largest decrease in the proportion of **quinolone** prescribing was seen in Cardiff and Vale University Health Board (14.42%)
- Abertawe Bro Morgannwg University Health Board, Hywel Dda University Health Board and Powys teaching Health Board saw an increase in the proportion of prescribing of **quinolones** by 4.81%, 1.52% and 1.78% respectively
- The largest decrease in the proportion of **co-amoxiclav** prescribing was seen in Cardiff and Vale University Health Board (23.91%) however, Abertawe Bro Morgannwg University Health Board saw an increase of 11.76%
- 66% of practices in Betsi Cadwaladr University Health Board achieved the **co-amoxiclav** prescribing threshold; the highest across the health boards

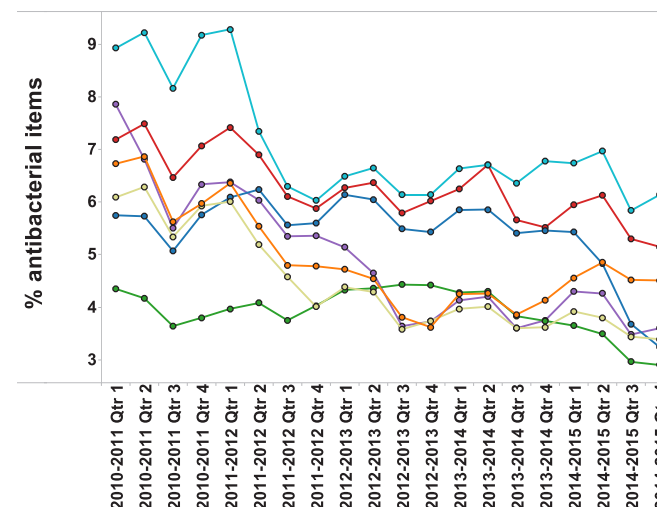


## 5.1 Quinolones, Cephalosporins and Co-amoxiclav continued

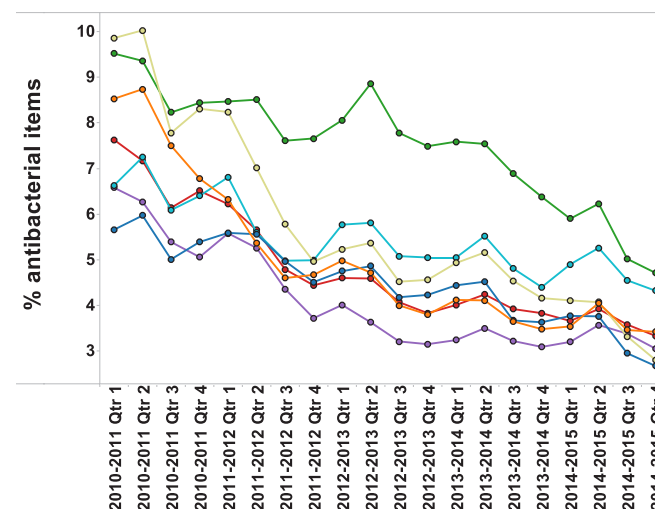
Trend in quinolone prescribing as a percentage of total antibacterial items



Trend in co-amoxiclav prescribing as a percentage of total antibacterial items



Trend in cephalosporin prescribing as a percentage of total antibacterial items



Quinolones, cephalosporins and co-amoxiclav as a percentage of total antibacterial items - national average

	2013-2014	2014-2015	% Change
Quinolones	2.15	2.05	-4.65
Cephalosporins	4.89	4.09	-16.46
Co-amoxiclav	4.73	4.36	-7.92



## 6.0 Insulin

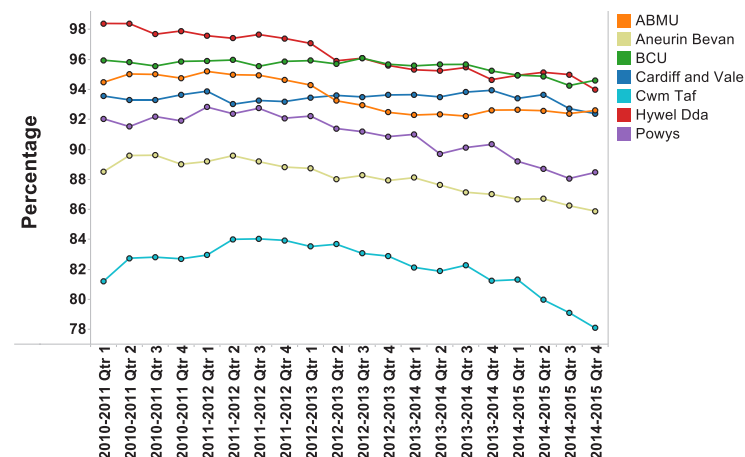
- This indicator aims to reduce the prescribing of long-acting insulin analogues
- All health boards with the exception of Abertawe Bro Morgannwg University Health board improved against this measure with an average decrease across Wales of 0.98% compared to the previous year
- The proportion of long-acting insulin analogue prescribing ranged from 79.61% in Cwm Taf University Health Board to 94.76% in Hywel Dda University Health Board
- The percentage of practices achieving the threshold of 87.3% varied across the health boards from 9% in Hywel Dda University Health Board to 78% in Cwm Taf University Health Board

Long-acting insulin analogues as a percentage of total long - and intermediate-acting insulin (excluding biphasics)\*

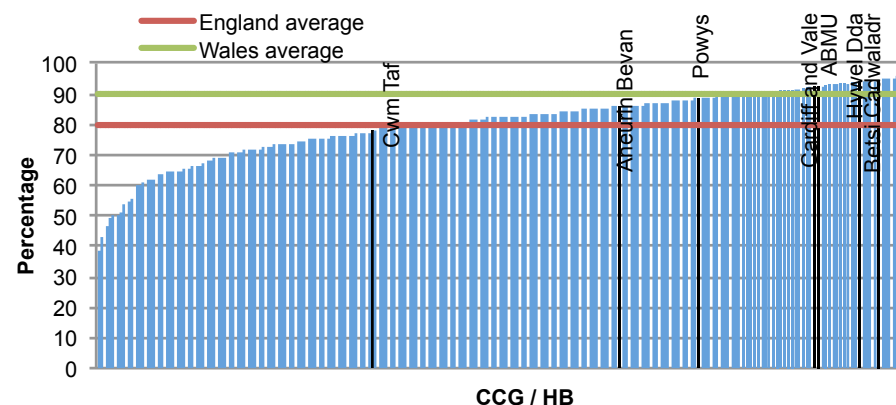
	2013–2014	2014–2015	% Change
ABMU	92.37	92.55	0.19
Aneurin Bevan	87.47	86.38	-1.25
BCU	95.53	94.68	-0.90
Cardiff and Vale	93.73	93.04	-0.74
Cwm Taf	81.88	79.61	-2.77
Hywel Dda	95.17	94.76	-0.43
Powys	90.29	88.61	-1.87
<b>National average</b>	<b>91.45</b>	<b>90.55</b>	<b>-0.98</b>

\* Prescribing below the national average is highlighted in green; prescribing above the national average is highlighted in red.

Trend in long-acting insulin analogue prescribing as a percentage of total long- and intermediate-acting insulin prescribing



Proportion of long-acting insulin analogue prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015



# 7.0 Non-Steroidal Anti-Inflammatory Drugs

There were two non-steroidal anti-inflammatory drug (NSAID) NPIs for 2014–2015:

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

## 7.1 Total NSAID Prescribing

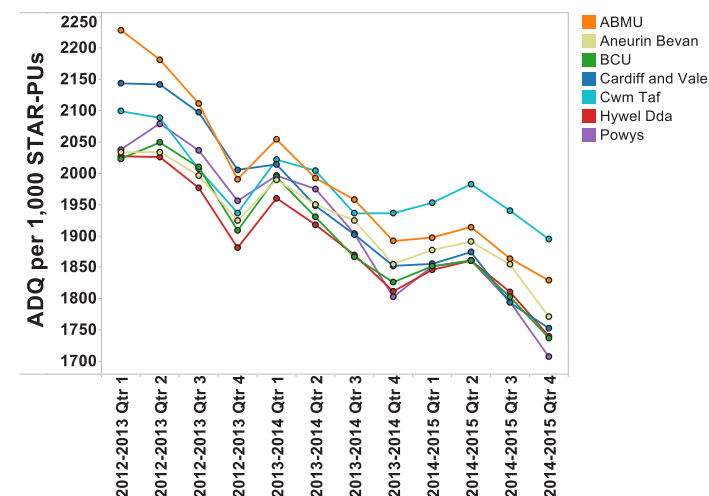
- This indicator aims to encourage a reduction in total NSAID prescribing, which has been consistently higher than that seen in England
- All health boards improved against this measure with an average decrease across Wales of 4.51% compared to the previous year
- Powys Teaching Health Board saw the largest percentage decrease in NSAID prescribing compared to the previous year
- NSAID usage was highest in Cwm Taf University Health Board and lowest in Powys Teaching Health Board

NSAID ADQs per 1,000 STAR-PUs\*

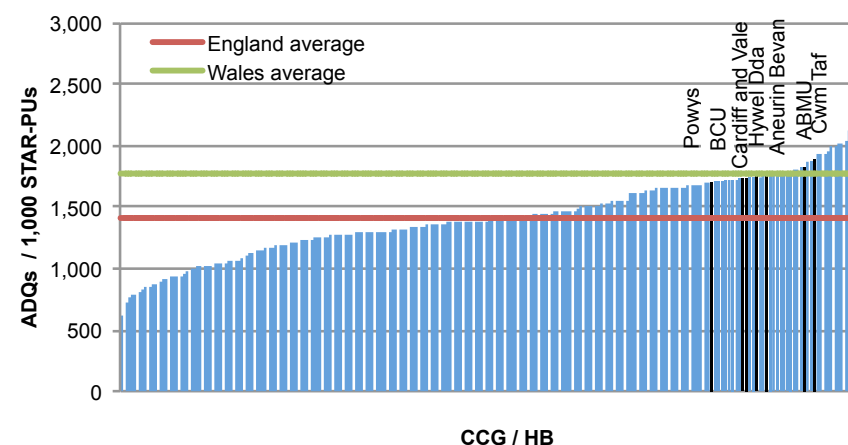
	2013–2014	2014–2015	% Change
ABMU	7,896	7,505	-4.96
Aneurin Bevan	7,719	7,394	-4.21
BCU	7,617	7,252	-4.79
Cardiff and Vale	7,717	7,276	-5.72
Cwm Taf	7,898	7,771	-1.61
Hywel Dda	7,560	7,257	-4.01
Powys	7,678	7,214	-6.04
National average	7,720	7,372	-4.51

\* Prescribing below the national average is highlighted in green; prescribing above the national average is highlighted in red.

Trend in total NSAID prescribing



NSAID prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015





## 7.2 Ibuprofen and Naproxen as a Percentage of NSAID Items

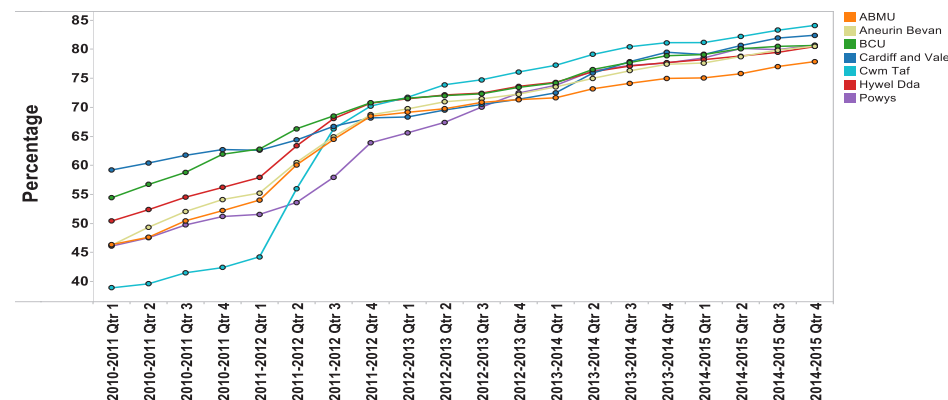
- This indicator aims to promote the prescribing of ibuprofen and naproxen at appropriate doses over other NSAIDs, as they are associated with a lower risk of cardiovascular adverse events
- All health boards improved against this measure with an average increase across Wales of 4.5% compared to the previous year
- Cardiff and Vale University Health Board saw the largest increase with 5.99%
- The proportion of ibuprofen and naproxen prescribing ranged from 79.20% in Aneurin Bevan University Health Board to 82.69% in Cwm Taf University Health Board
- 65% of practices in Cwm Taf University Health Board achieved the threshold for this indicator
- The proportion of ibuprofen and naproxen prescribing in Wales is higher than in England

Ibuprofen and naproxen as a percentage of NSAID items\*

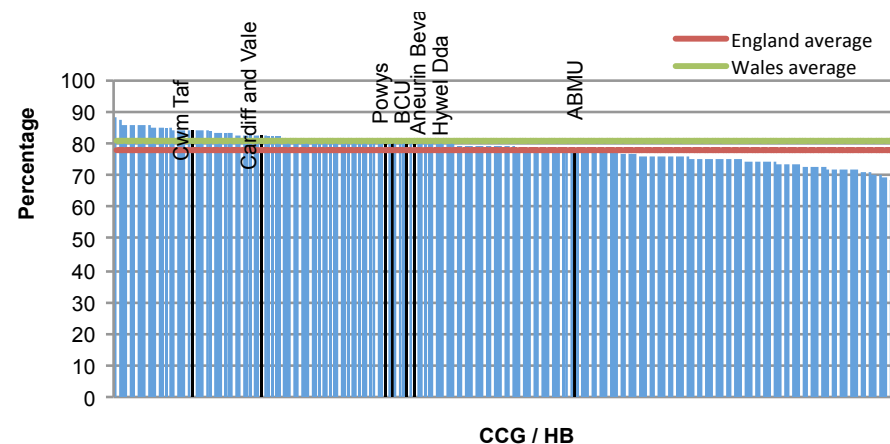
	2013–2014	2014–2015	% Change
ABMU	74.49	76.44	2.62
Aneurin Bevan	75.55	79.20	4.82
BCU	76.84	80.09	4.23
Cardiff and Vale	76.44	81.02	5.99
Cwm Taf	79.48	82.69	4.03
Hywel Dda	76.32	79.25	3.84
Powys	76.23	79.83	4.72
National average	76.12	79.55	4.50

\* Prescribing above the national average is highlighted in green; prescribing below the national average is highlighted in red.

Trend in ibuprofen and naproxen prescribing as a percentage of NSAID items



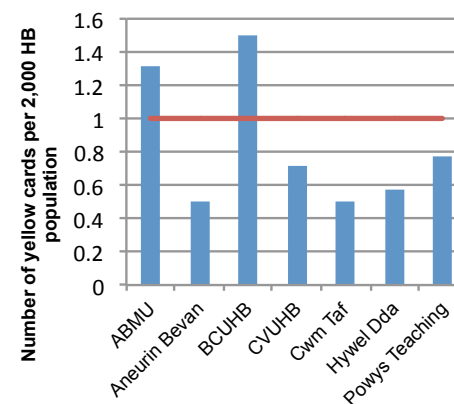
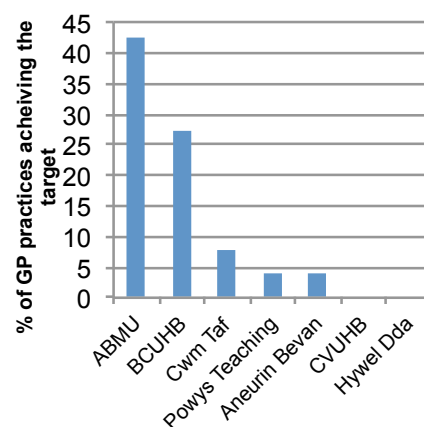
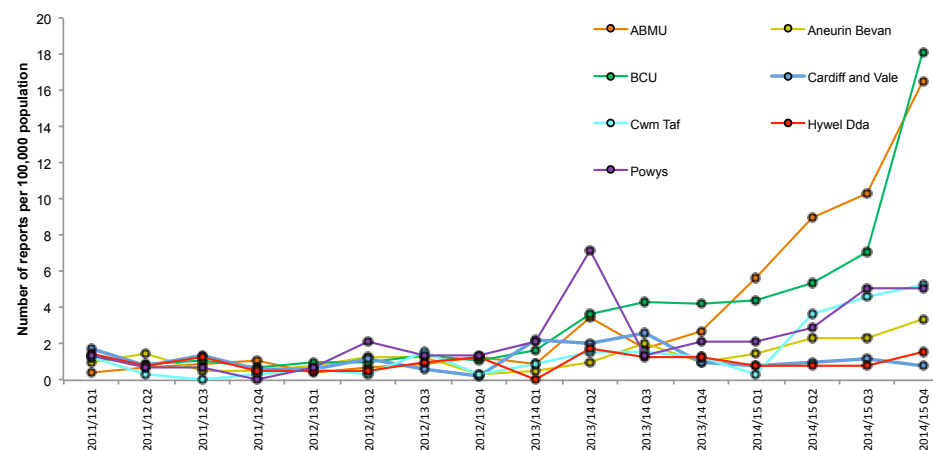
Proportion of ibuprofen and naproxen prescribing in Welsh health boards compared to English CCGs – Quarter ending March 2015



## 8.0 Yellow Cards

- This was a new indicator for 2014–2015
- The Yellow Card Scheme is vital in helping the Medicines and Healthcare products Regulatory Agency (MHRA) monitor the safety of medicines
- The purpose of this indicator is to increase the number of yellow cards submitted in Wales particularly by GPs
- The target for GP practices was to submit one yellow card per 2,000 practice population for the year
- The target for each health board was to submit at least one yellow card per 2,000 health board population
- All health boards saw an increase in the number of yellow cards submitted by GPs and by health boards in total
- Abertawe Bro Morgannwg University Health Board saw over 40% of their practices submit at least one yellow card by GPs per 2,000 practice population followed by 27% in Betsi Cadwaladr University Health Board
- No practices in Cardiff and Vale University Health Board or Hywel Dda University Health Board reached the target of one yellow card submitted by a GP per 2,000 practice population
- Only Abertawe Bro Morgannwg University Health Board and Betsi Cadwaladr University Health Board submitted in excess of one yellow card (from all reporters) per 2,000 health board population

Trend in Yellow Card reporting



# 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 DDVs 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.

**PRESCRIBING** – Although the term 'prescribing' is used in this report, the data presented 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.

**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.



# Appendix 1

Indicator	Unit of measure	Target for 2014–2015
Lipid-modifying drugs	Items of LAC statins as a percentage of all statin, ezetimibe and simvastatin/ezetimibe combination prescribing	Maintain performance levels above the threshold set for 2013–2014 NPI, or show an increase towards this threshold.
Hypnotics and anxiolytics	ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Antidepressants	ADQs per 1,000 STAR-PUs	No performance target set
Opioid analgesics	Total items per 1,000 PUs	No performance target set
	Items of morphine as a percentage of strong opioid prescribing	Maintain performance levels within the upper quartile, or show an increase towards the quartile above
	Tramadol DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Antibiotics	Total antibacterial items per 1,000 STAR-PUs	No performance target set
	Quinolones as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	Cephalosporins as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	Co-amoxiclav as a percentage of total antibacterial items	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Insulin	Items of long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin (excluding biphasics)	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
Non-steroidal anti-inflammatory drugs (NSAIDs)	ADQs per 1,000 STAR-PUs	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below
	Ibuprofen and naproxen as a percentage of NSAID items	Maintain performance levels within the upper quartile, or show an increase towards the quartile above
Yellow cards	Number of yellow cards submitted per practice and per health board	Target for GP practice – GPs to submit one yellow card per 2,000 practice population. Target for each health board – submit yellow cards in excess of one per 2,000 health board population.

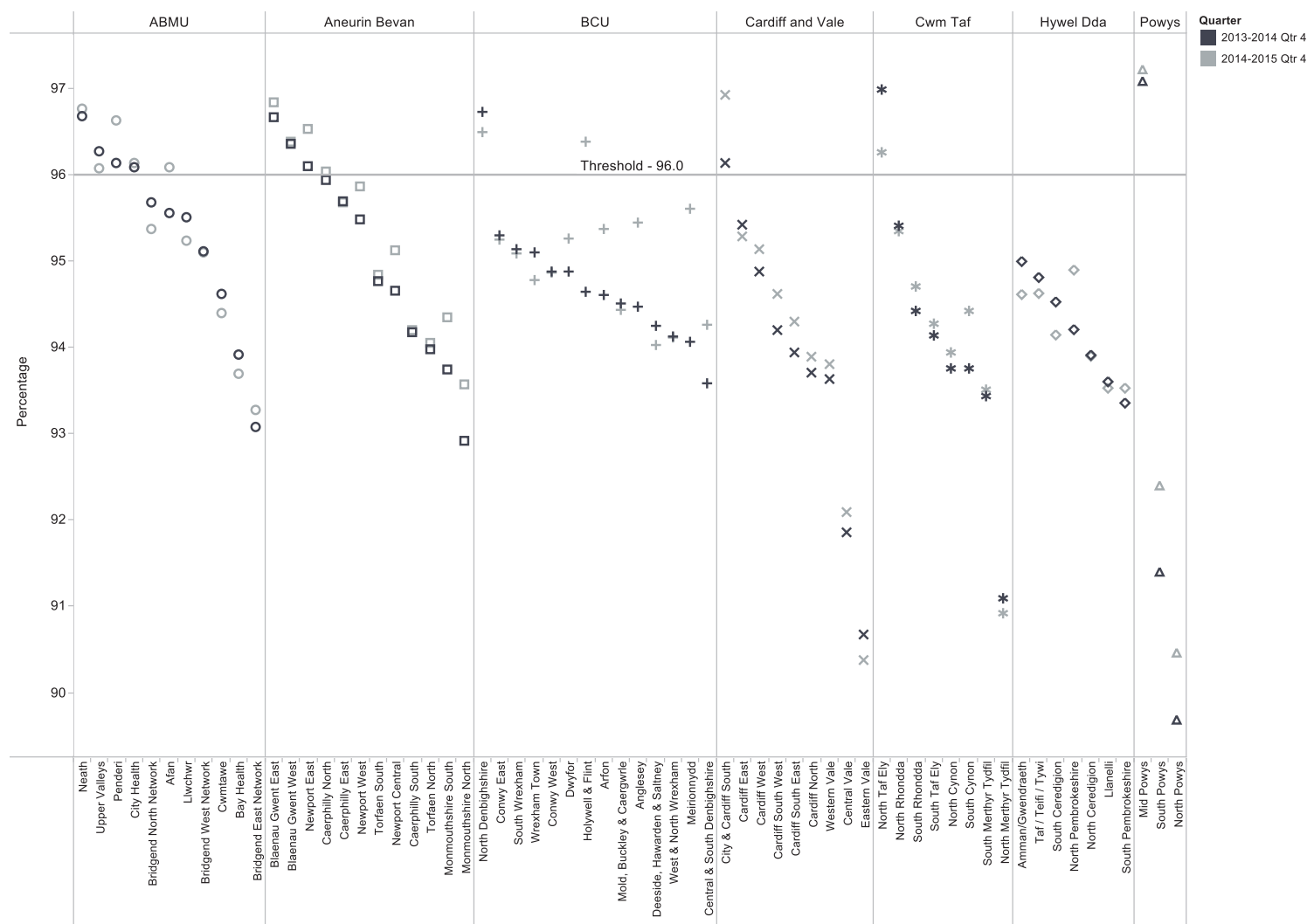
ADQ = average daily quantity; DDD = defined daily dosage; LAC = low acquisition cost;  
PU = prescribing unit; STAR-PU = specific therapeutic group age–sex related prescribing unit



# Appendix 2

## Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

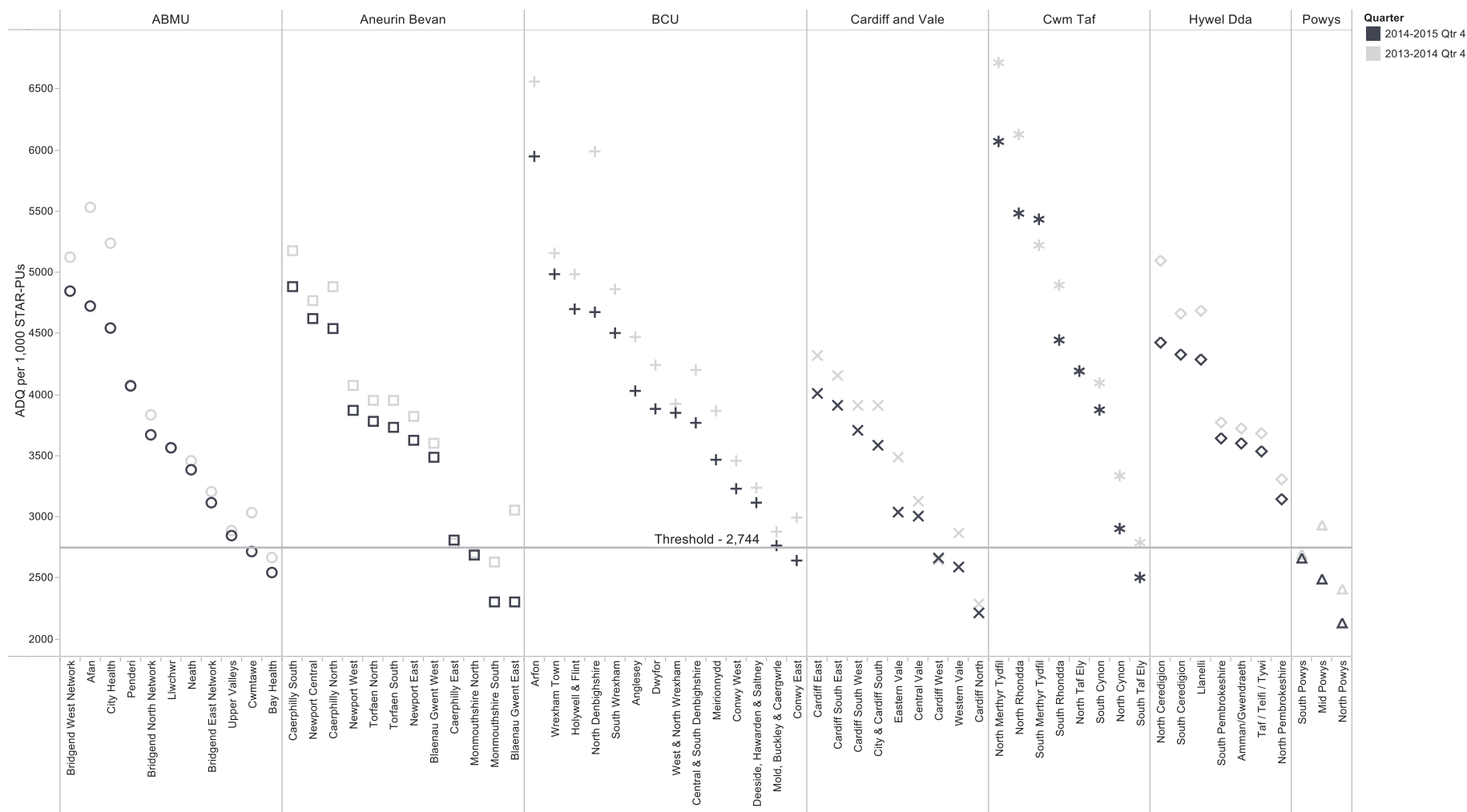
### 1. Proportion of LAC statin prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

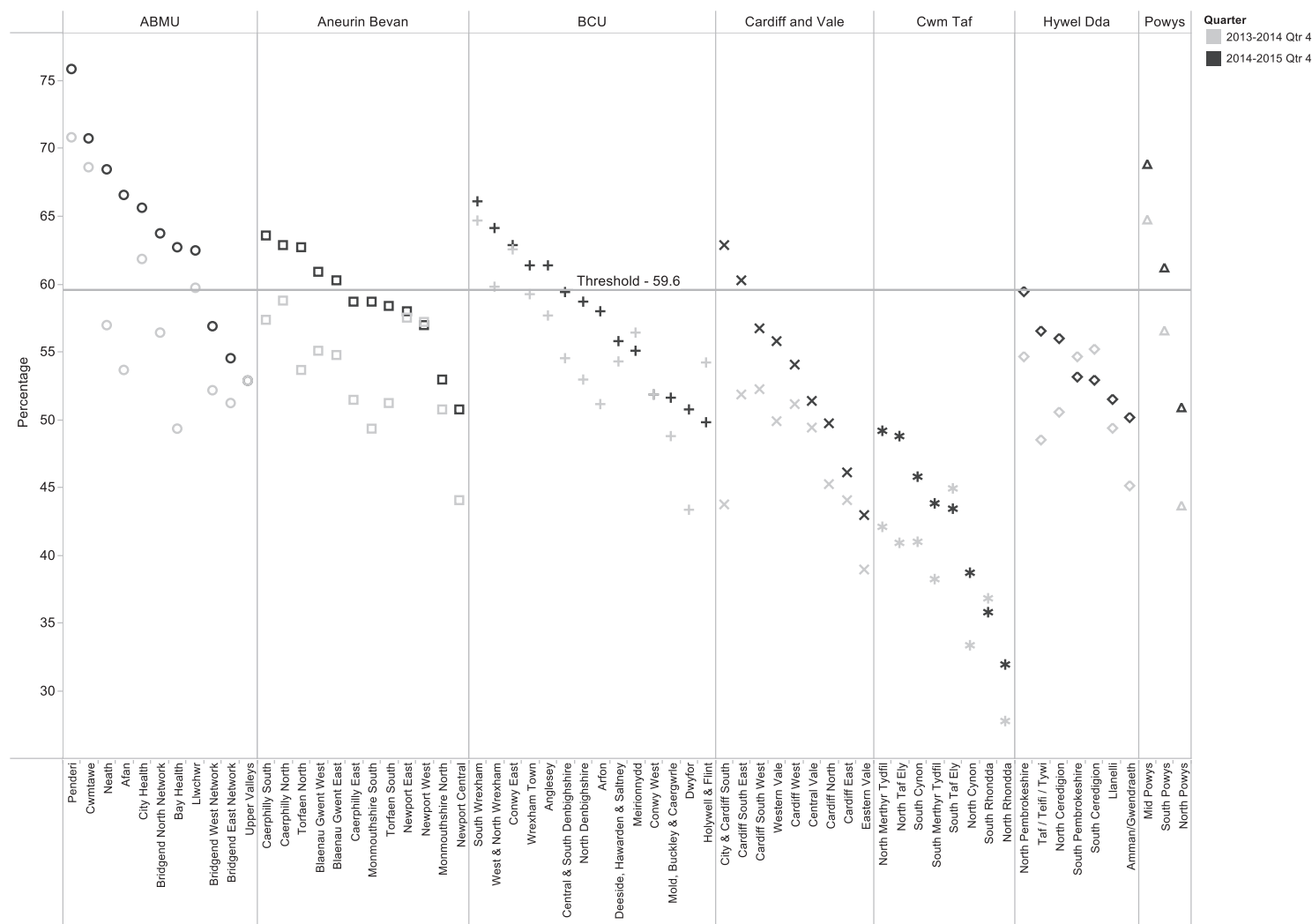
## 2. Hypnotic and anxiolytic prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

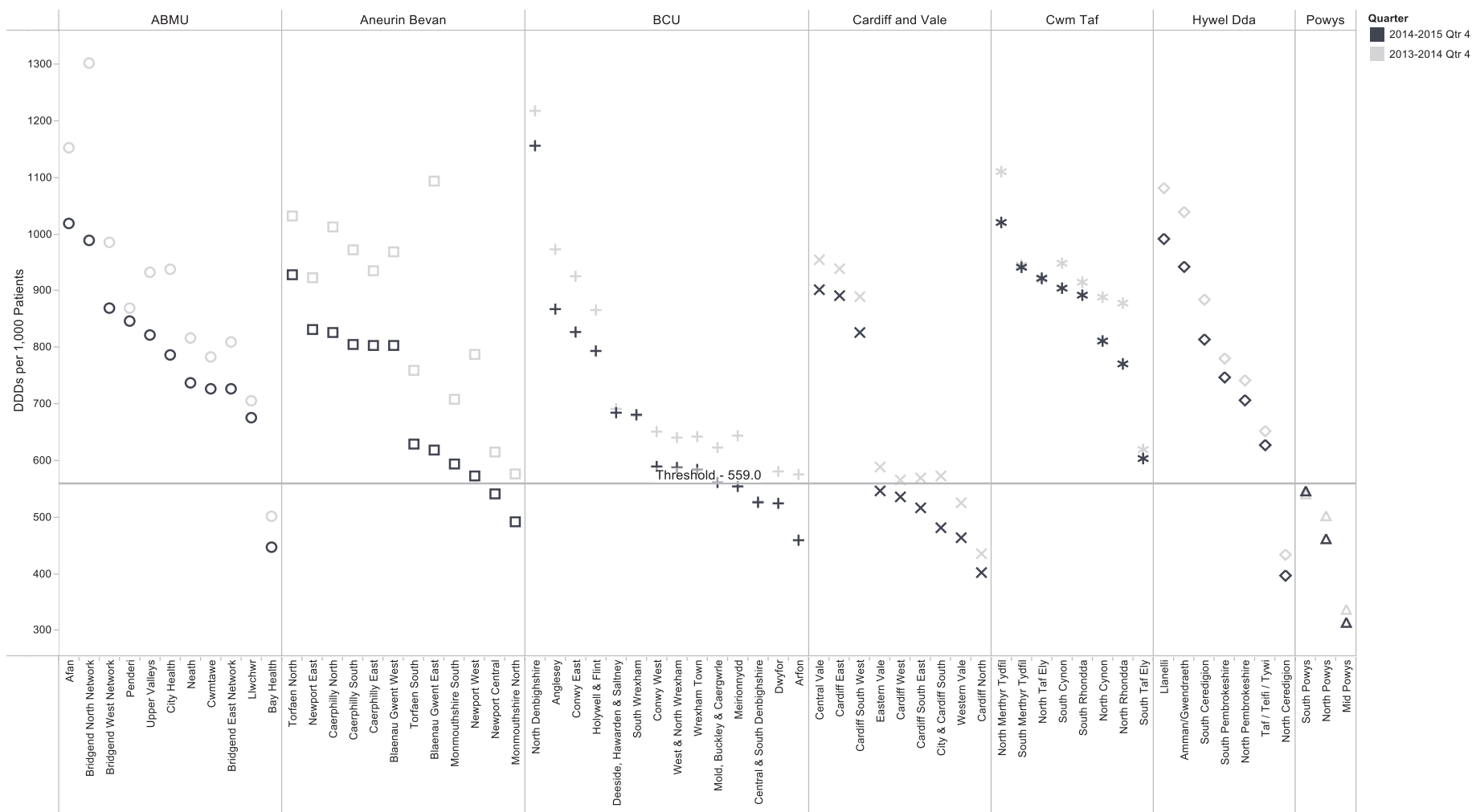
## 3. Proportion of morphine prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

## 4. Tramadol prescribing

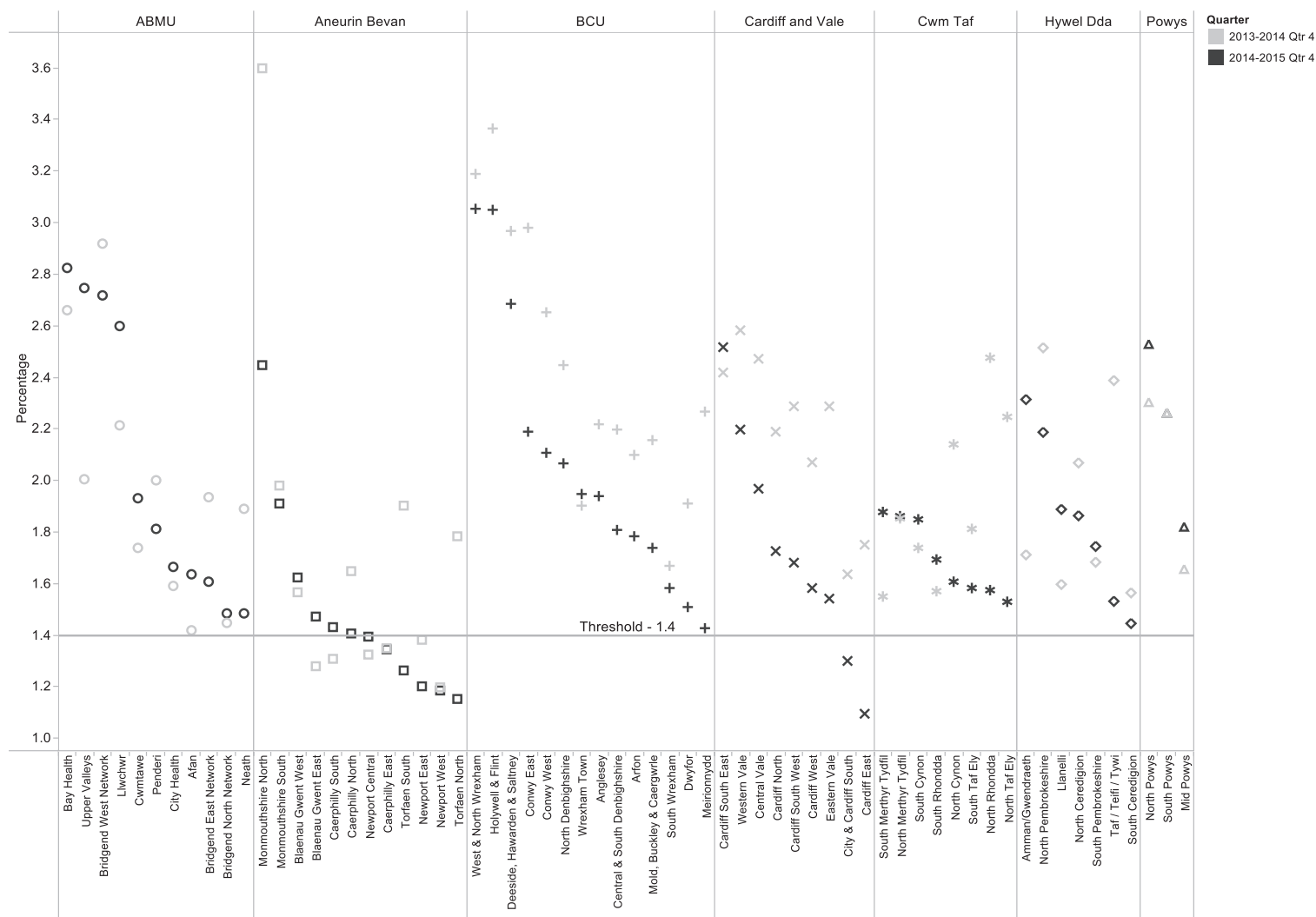




# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

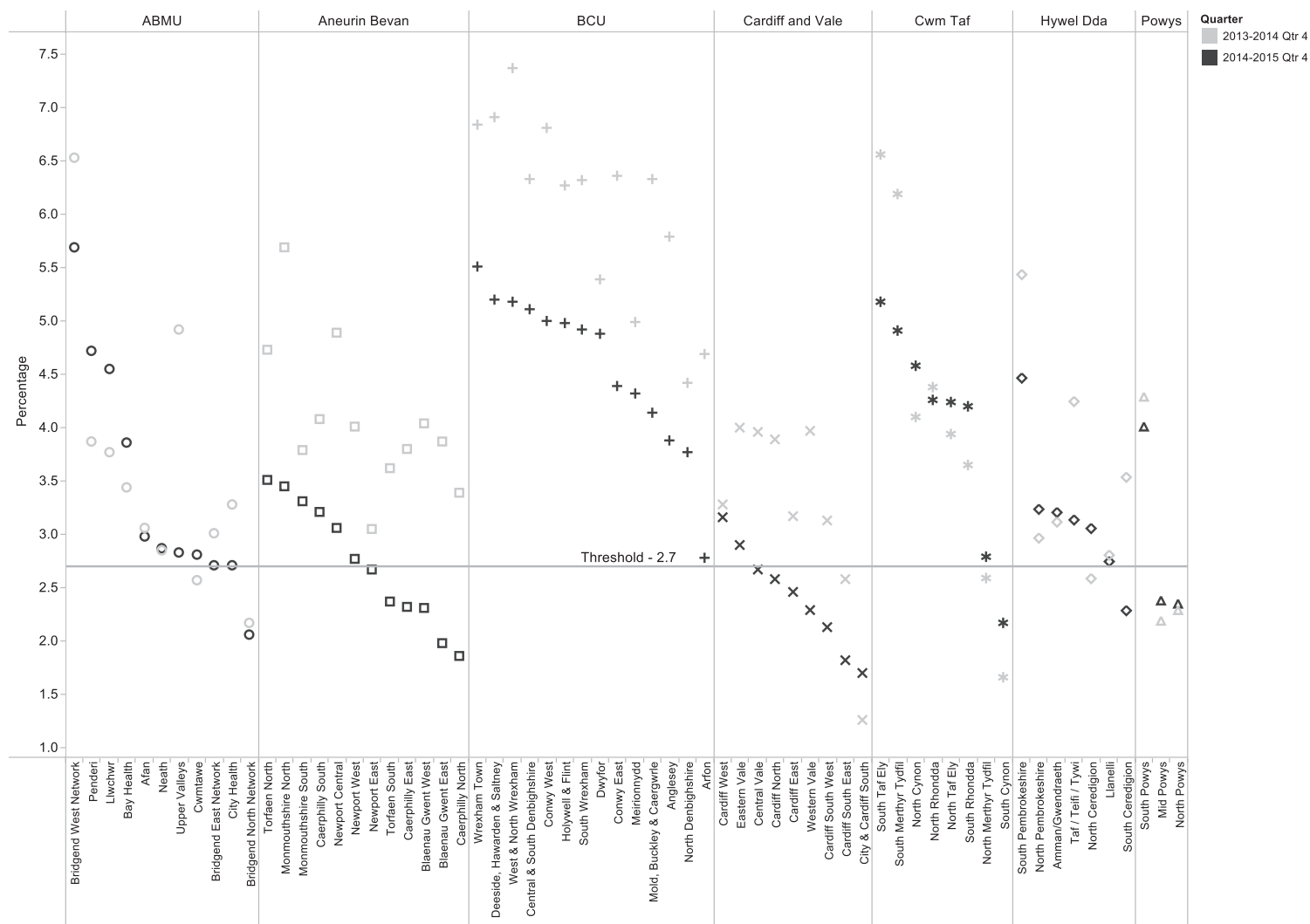
## 5. Proportion of quinolone prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

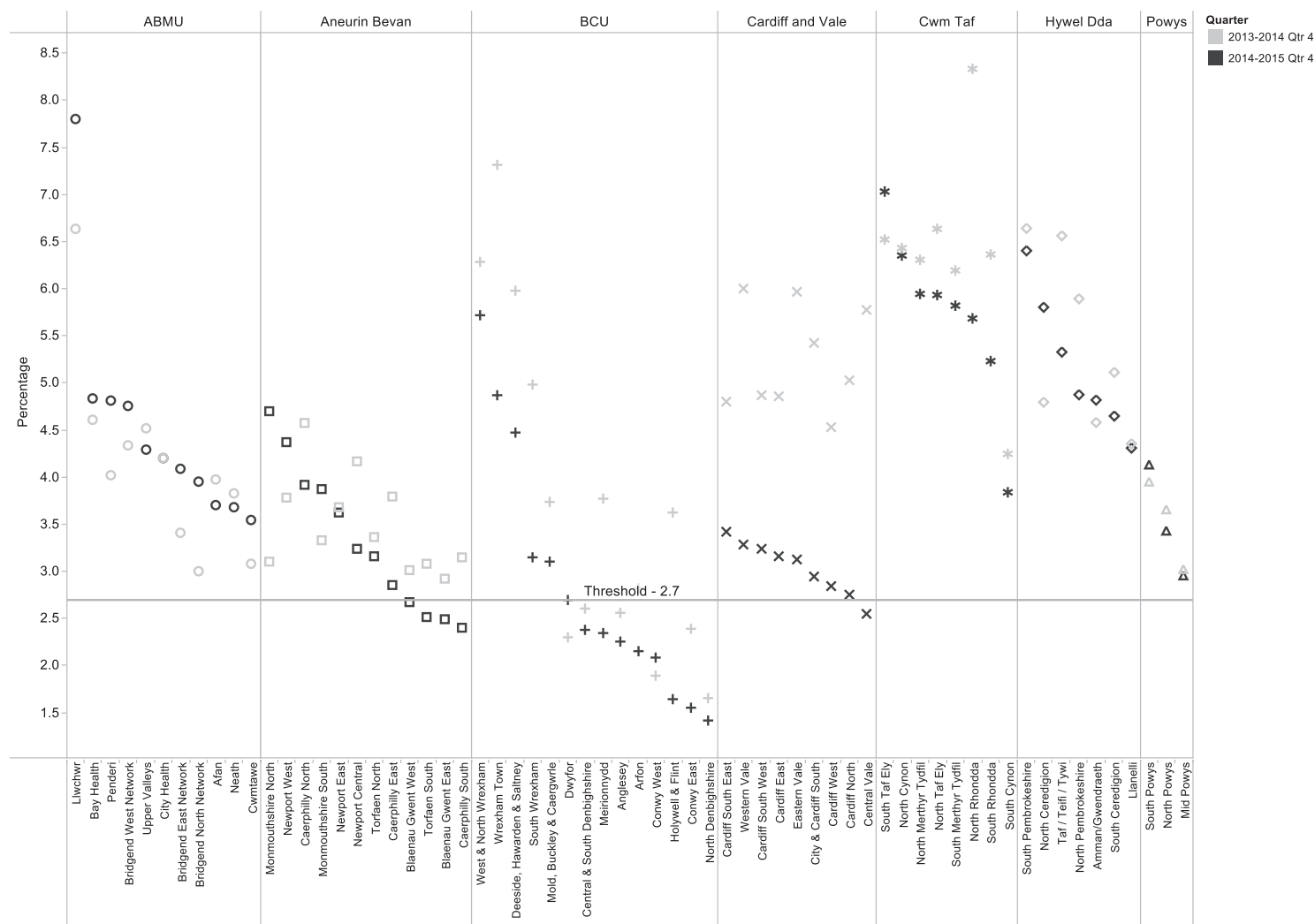
## 6. Proportion of cephalosporin prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

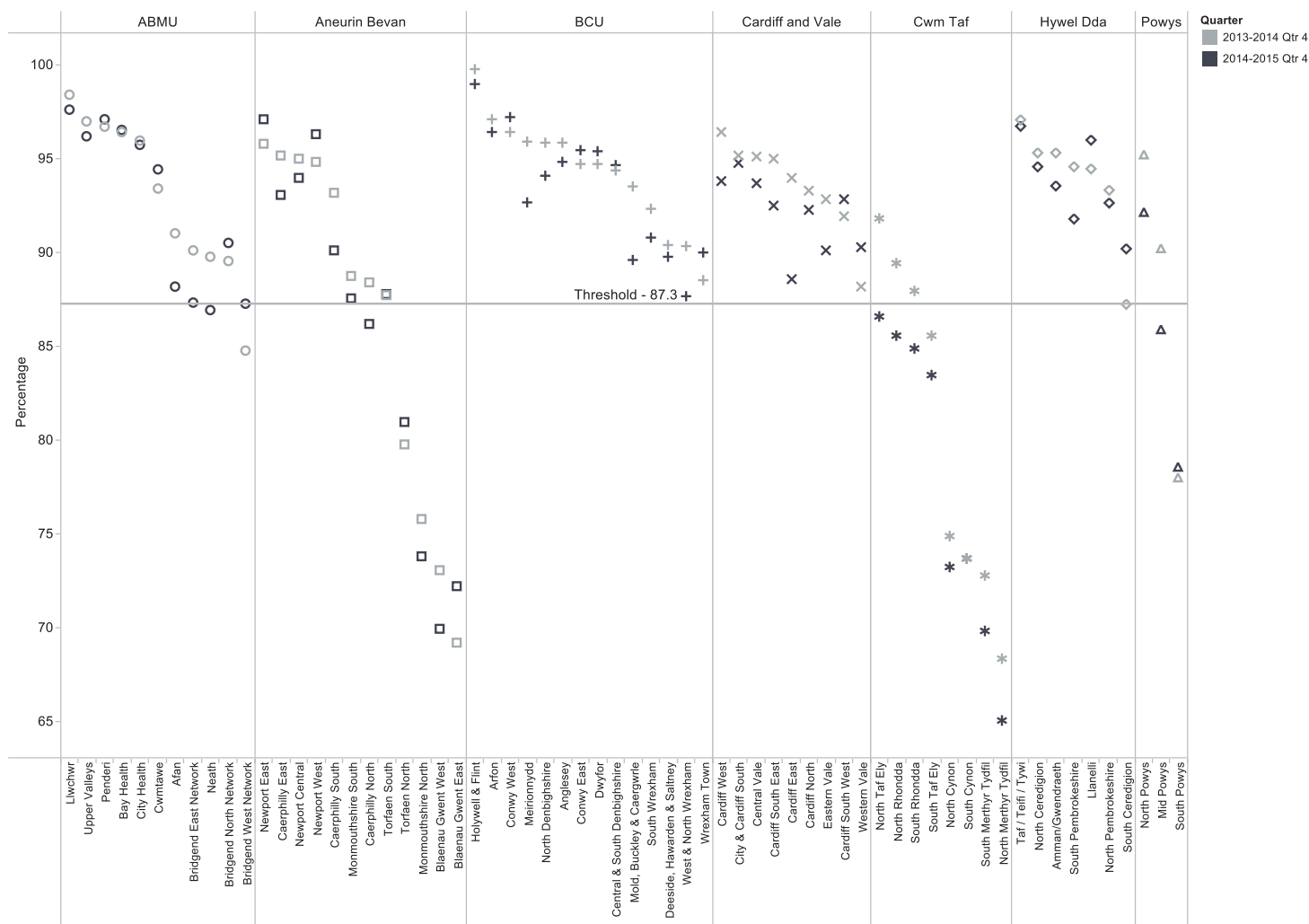
## 7. Proportion of co-amoxiclav prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

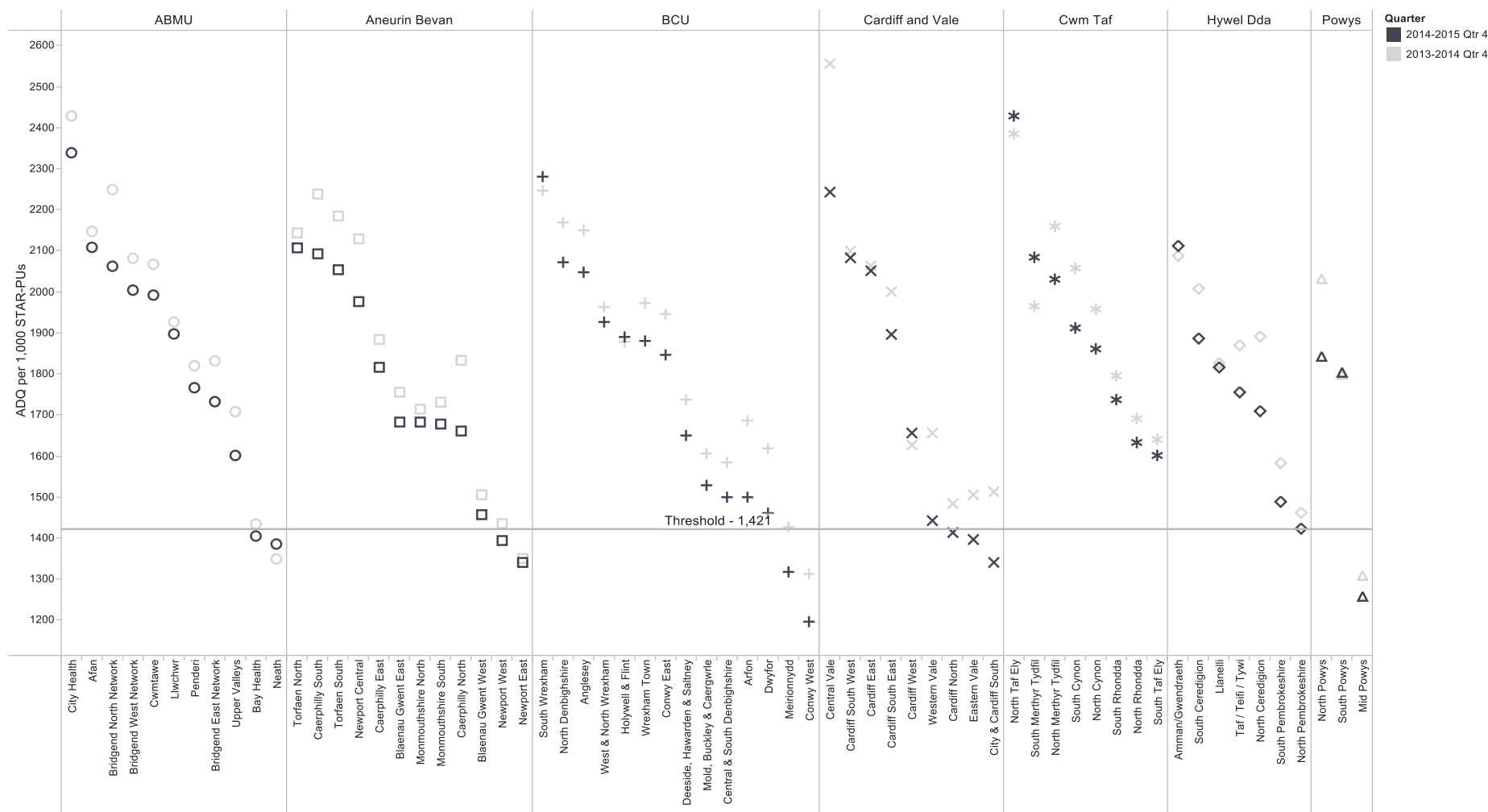
## 8. Proportion of long-acting insulin analogue prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

## 9. Total NSAID prescribing



# Appendix 2 continued

Graphs showing prescribing by GP clusters – Quarter ending March 2014 versus March 2015

## 10. Proportion of ibuprofen and naproxen prescribing

