



AWTTC

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

National Prescribing Indicators 2020–2021

Analysis of Prescribing Data to December 2020

26 August 2021: Biosimilar data (pages 26–33) and Insulin (secondary care) data (page 35) have now been added.



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

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EXECUTIVE SUMMARY

The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing since 2003. For 2020–2021 the *National Prescribing Indicators: Supporting Safe and Optimised Prescribing*, have been refreshed with a focus on three priority areas, supported by additional safety and efficiency domains.

Background information supporting the choice of NPIs is detailed in the document [National Prescribing Indicators 2020–2021](#).

This report contains data relating to the NPIs for the third quarter of 2020–2021. Unit of measure and targets for each NPI are included in Appendix 1 and primary care NPI prescribing data for GP clusters is presented in Appendix 2.

The potential impact of COVID-19 on prescribing and Yellow Card reporting during 2020–2021 should be considered when reviewing the data contained within this report.

PRIORITY AREAS

For 2020–2021 there are three priority areas, covering a total of eight indicators.

Analgesics in primary care

- Opioid burden (ADQs per 1,000 patients) increased by 1.49% across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to reduce prescribing.
- Tramadol (DDD per 1,000 patients) reduced by 4.05% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Gabapentin and pregabalin (DDD per 1,000 patients) demonstrated an increase of 3.61% across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to reduce prescribing.

Anticoagulants in atrial fibrillation

- The number of patients with atrial fibrillation (AF) and a CHA₂DS₂-VASc score of 2 or more who are currently prescribed an anticoagulant (as a percentage of all patients with AF): data for this indicator are currently unavailable.
- Across Wales, the number of patients diagnosed with AF who are prescribed an anticoagulant and have received an anticoagulant review within the last 12 months (as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant) increased by 25.4% in the month of December 2020, compared with the equivalent month of the previous year, in line with the aim of the indicator.
- Across Wales, the number of patients diagnosed with AF who are prescribed antiplatelet monotherapy (as a percentage of all patients diagnosed with AF) decreased by 20.9% in the month of December 2020, compared with the equivalent month of the previous year, in line with the aim of the indicator.

Antimicrobial stewardship

- Total antibacterial items per 1,000 STAR-PUs decreased across Wales by 20.2% compared with the quarter ending December 2018. All seven health boards achieved the target of a 5% reduction against the baseline of quarter 3 2018–2019.
- 4C (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) items per 1,000 patients decreased across Wales by 15.7%, compared with the baseline of quarter 3 2018–2019.

SUPPORTING DOMAIN – SAFETY

Prescribing Safety Indicators

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

Proton pump inhibitors

- Proton pump inhibitors (DDDs per 1,000 PUs) in primary care increased by 7.25% across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to decrease prescribing.

Hypnotics and anxiolytics

- Prescribing of hypnotics and anxiolytics (ADQs per 1,000 STAR-PU) in primary care reduced by 4.61% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Yellow Cards

- Annual targets have been set for these indicators, with the aim of increasing the number of Yellow Card reports submitted. Quarter 3 data demonstrates:
 - A 43.1% decrease in reporting by GP practices across Wales, compared with the equivalent quarter of the previous year.
 - A 13.4% decrease in secondary care reporting across Wales, compared with the equivalent quarter of the previous year.
 - A 32.8% decrease in reporting by health boards / NHS Trusts across Wales, compared with the equivalent quarter of the previous year.
 - A 25.7% decrease in reporting by members of the public across Wales, compared with the equivalent quarter of the previous year.
 - The figures for Yellow Cards submitted by community pharmacy are also included in the report; however, targets have not been set.

SUPPORTING DOMAIN – EFFICIENCY

Best value biological medicines

- There was an increase in the overall use of five of the six biosimilar medicines being monitored (adalimumab, infliximab, rituximab, teriparatide and trastuzumab) compared with the equivalent quarter of the previous year, in line with the aim of the NPI. There was a decrease in the overall use of one of the six biosimilar medicines being monitored (etanercept) compared with the equivalent quarter of the previous year, contrary to the aim of the indicator..

Insulin

- Prescribing of long-acting insulin analogues increased in secondary care compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Prescribing of long-acting insulin analogues decreased in primary care compared with the equivalent quarter of the previous year, 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 11.9% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

The 2020–2021 NPI report for quarter ending March 2021 will be available on July 23rd 2021.

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HEALTH BOARDS/PRACTICES ACHIEVING INDICATOR TARGETS/THRESHOLDS

The table below shows the extent to which practices in each health board met the target or indicator thresholds:

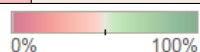
- The figure in the cell is the number of practices in each health board meeting the target or indicator threshold.
- The percentage figure and cell colour represent the proportion of practices in each health board meeting the target or indicator threshold.

The target for antibacterial items per 1,000 STAR-PU is by health board, therefore a tick demonstrates achievement.

Table 1. Health boards/practices achieving the indicator targets/thresholds – Quarter ending December 2020

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff And Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
Opioid burden (UDG) ADQs per 1,000 Patients	10 13%	15 15%	41 68%	2 4%	10 20%	6 38%	10 20%
Tramadol DDDs per 1,000 patients	23 31%	24 24%	36 60%	5 10%	14 29%	8 50%	10 20%
Gabapentin and pregabalin DDDs per 1,000 patients	7 9%	18 18%	35 58%	1 2%	13 27%	4 25%	7 14%
Antibacterial items per 1,000 STAR-PU	✓	✓	✓	✓	✓	✓	✓
4C antibacterial items per 1,000 patients	25 33%	15 15%	23 38%	9 18%	8 16%	4 25%	12 24%
Proton pump inhibitors DDDs per 1,000 PUs	8 11%	9 9%	22 37%	3 6%	5 10%	0%	8 16%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PU	18 24%	19 19%	34 57%	10 20%	6 12%	7 44%	13 27%
Long-acting insulin analogues as a percentage of long- and intermediate-acting insulin analogue prescribing	46 61%	26 25%	40 67%	38 75%	8 16%	5 31%	1 2%
Low Value for Prescribing (UDG) spend per 1,000 patients	13 17%	49 48%	23 38%	4 8%	6 12%	5 31%	21 43%

Percentage of practices meeting threshold



1.0 PRIORITY AREAS

1.1 ANALGESICS

There are three NPIs monitoring the usage of medicines used for the treatment of pain for 2020–2021:

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

1.1.1 Opioid burden

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

Unit of measure: Opioid burden UDG ADQs per 1,000 patients.

Aim: To reduce prescribing.

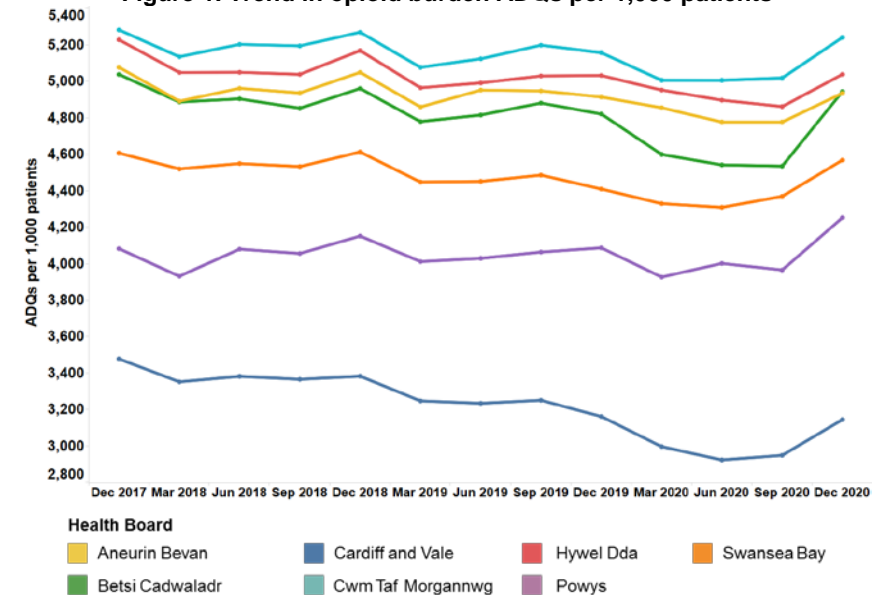
There is a lack of consistent good quality evidence to support strong clinical recommendations for the long-term use of opioids for patients with chronic non-cancer pain. Opioid analgesics have well established side effects and repeated administration may cause tolerance and dependence. This NPI promotes 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.

- Across Wales, opioid burden increased by 1.49% in the quarter ending December 2020 compared with the equivalent quarter of the previous year, despite the aim of the indicator being to reduce prescribing.
- For the quarter ending December 2020, opioid burden prescribing ranged from 3,145 to 5,241 ADQs per 1,000 patients across the health boards.
- The health board with the lowest opioid burden was Cardiff and Vale UHB, whilst the highest opioid burden was seen in Cwm Taf Morgannwg UHB.
- Cardiff and Vale UHB was the only health board to demonstrate a reduction in ADQs per 1,000 patients, compared with the equivalent quarter of the previous year.
- The largest percentage increase was seen in Powys Teaching HB.

Table 2. Opioid burden ADQs per 1,000 patients

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Cardiff And Vale	3,162	3,145	-0.54%
Hywel Dda	5,031	5,038	0.13%
Aneurin Bevan	4,914	4,935	0.42%
Cwm Taf Morgannwg	5,157	5,241	1.63%
Betsi Cadwaladr	4,821	4,944	2.56%
Swansea Bay	4,409	4,568	3.60%
Powys	4,087	4,251	4.03%
Wales	4,564	4,632	1.49%

Figure 1. Trend in opioid burden ADQs per 1,000 patients



Please note: The NHS Business Services Authority's move to a One Drug Database resulted in the removal of the ADQ value for co-codamol 15/500 from January – September 2020, therefore data during this time period do not include co-codamol 15/500.

1.1.2 Tramadol

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

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

Aim: To reduce prescribing.

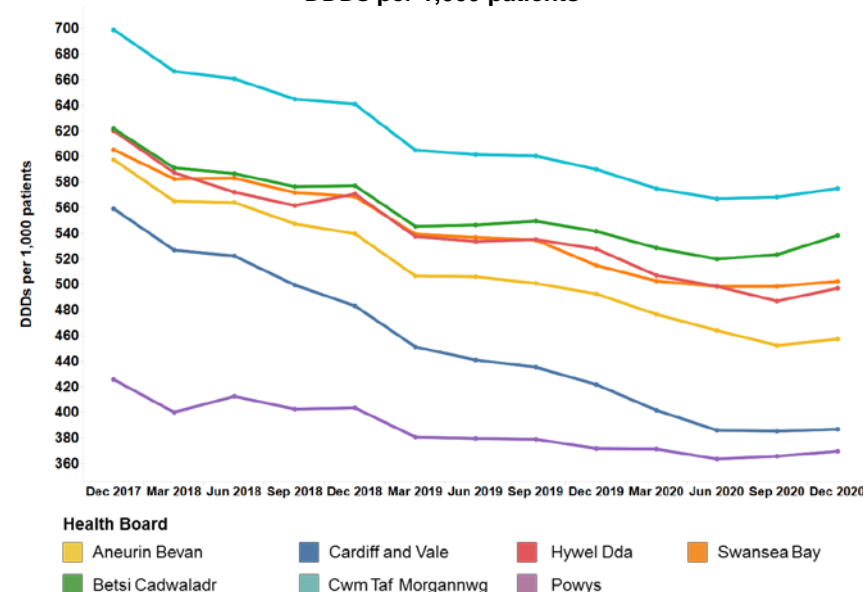
While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and ADRs. This NPI promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits, and encouraging timely review.

- Across Wales, prescribing of tramadol was 4.05% lower in the quarter ending December 2020, than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2020, tramadol prescribing ranged from 370 to 575 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Powys Teaching HB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- Tramadol prescribing decreased, compared with the equivalent quarter of the previous year, in all of the health boards.
- The largest percentage decrease was seen in Cardiff and Vale UHB and the smallest percentage decrease was seen in Powys Teaching HB.

Table 3. Tramadol DDDs per 1,000 patients

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Cardiff And Vale	422	387	-8.29%
Aneurin Bevan	493	457	-7.18%
Hywel Dda	528	497	-5.83%
Cwm Taf Morgannwg	590	575	-2.52%
Swansea Bay	515	503	-2.41%
Betsi Cadwaladr	542	538	-0.61%
Powys	372	370	-0.57%
Wales	508	487	-4.05%

Figure 2. Trend in tramadol prescribing 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.

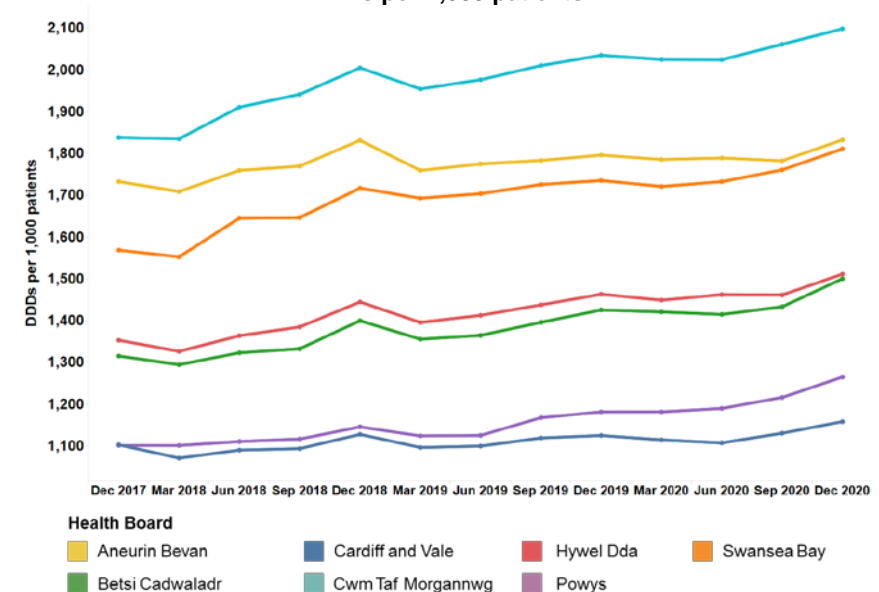
Gabapentin and pregabalin have a well-defined role in the management of a number of conditions including epilepsy and neuropathic pain, and pregabalin also has a role in the treatment of generalised anxiety disorder. Both gabapentin and pregabalin have known psychiatric side effects and there is a potential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

- Across Wales, for the quarter ending December 2020, prescribing of gabapentin and pregabalin increased by 3.61% compared with the same quarter of the previous year. This is contrary to the aim of the indicator.
- For the quarter ending December 2020, gabapentin and pregabalin prescribing ranged from 1,158 to 2,099 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.
- Gabapentin and pregabalin prescribing increased compared with the equivalent quarter of the previous year in all seven health boards.
- The smallest percentage increase was seen in Aneurin Bevan UHB, whilst the largest percentage increase was seen in Powys Teaching HB.

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

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Aneurin Bevan	1,796	1,833	2.02%
Cardiff And Vale	1,125	1,158	2.95%
Cwm Taf Morgannwg	2,035	2,099	3.12%
Hywel Dda	1,463	1,511	3.29%
Swansea Bay	1,736	1,811	4.36%
Betsi Cadwaladr	1,426	1,500	5.24%
Powys	1,181	1,265	7.08%
Wales	1,567	1,624	3.61%

Figure 3. Trend in gabapentin and pregabalin prescribing DDDs per 1,000 patients



1.2 ANTICOAGULANTS IN ATRIAL FIBRILLATION

There are three NPIs monitoring anticoagulants in atrial fibrillation (AF) for 2020–2021:

1. Number of patients who have a CHA₂DS₂-VASc score of two or more who are currently prescribed an anticoagulant as a percentage of all patients diagnosed with AF.
2. Number of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months, as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant.
3. Number of patients who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with AF.

1.2.1 Anticoagulants in patients with AF

Purpose: To encourage the appropriate use of anticoagulants in patients with atrial fibrillation (AF).

Unit of measure: Number of patients who have a CHA₂DS₂-VASc score of two or more who are currently prescribed an anticoagulant as a percentage of all patients diagnosed with AF.

Aim: To increase the number of patients with AF and a CHA₂DS₂-VASc of two or more prescribed an anticoagulant.

The CHA₂DS₂-VASc risk stratification score calculates stroke risk of patients with AF. Adults with non-valvular AF and a CHA₂DS₂-VASc score of two or above are at a much higher risk of having a stroke than the general population, however anticoagulation therapy can help to prevent strokes by reducing the likelihood of a blood clot forming. AF causes around 20% of strokes, however this can be reduced by about two thirds if people are anticoagulated.

Please note: 2020–2021 quarter 1, 2 and 3 data are currently unavailable for this indicator.

1.2.2 Anticoagulant review

Purpose: To encourage the appropriate review of patients currently prescribed anticoagulants.

Unit of measure: Number of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months, as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant.

Aim: To increase the number of patients with AF who are prescribed an anticoagulant and have received an anticoagulant review within the last 12 months.

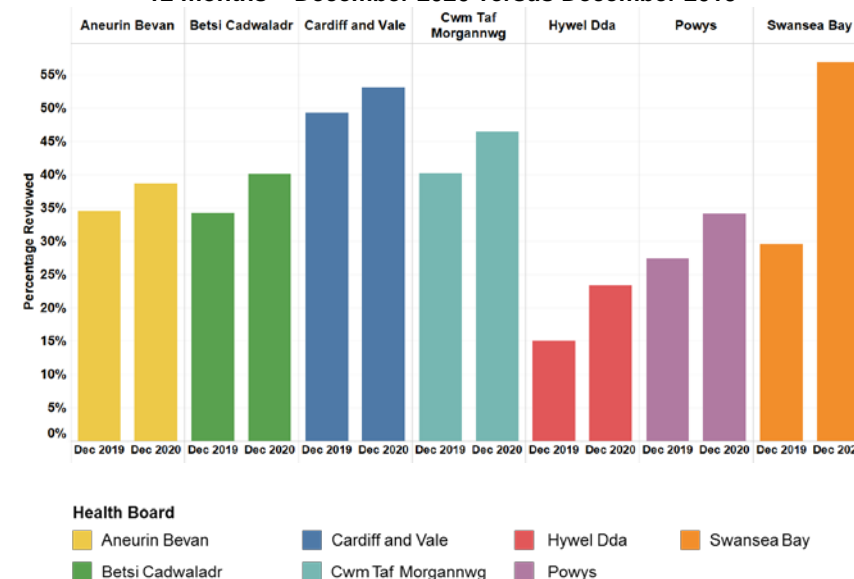
Patients with AF who are prescribed an anticoagulant should have a review of their treatment annually. Anticoagulants are associated with drug-drug and drug-food interactions that may increase the risk of serious bleeding or diminish stroke prevention. A review of treatment will reinforce the importance of adherence and enable patients to be reminded of potential interactions.

- Across Wales, the number of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months (as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant) increased by 25.4% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of December 2020, the percentage of patients who had received an anticoagulant review in the last 12 months ranged from 23.4% to 56.9% across the health boards.
- The health board with the highest percentage of reviews was Swansea Bay UHB. The health board with the lowest percentage of reviews was Hywel Dda UHB.
- The largest percentage increase was seen in Swansea Bay UHB. The smallest percentage increase was seen in Cardiff and Vale UHB.

Table 5. Percentage of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months

	December 2019	December 2020	% Change
Swansea Bay	29.6%	56.9%	92.3%
Hywel Dda	15.1%	23.4%	55.0%
Powys	27.4%	34.2%	24.8%
Betsi Cadwaladr	34.2%	40.1%	17.2%
Cwm Taf Morgannwg	40.2%	46.4%	15.5%
Aneurin Bevan	34.5%	38.7%	12.3%
Cardiff and Vale	49.2%	53.1%	7.82%
Wales	33.1%	41.4%	25.4%

Figure 4. Percentage of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months – December 2020 versus December 2019



1.2.3 Patients who are prescribed antiplatelet monotherapy

Purpose: To discourage the inappropriate use of antiplatelet monotherapy in patients with AF.

Units of measure: Number of patients who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with AF.

Aims: To reduce the number of patients with AF who are prescribed antiplatelet monotherapy.

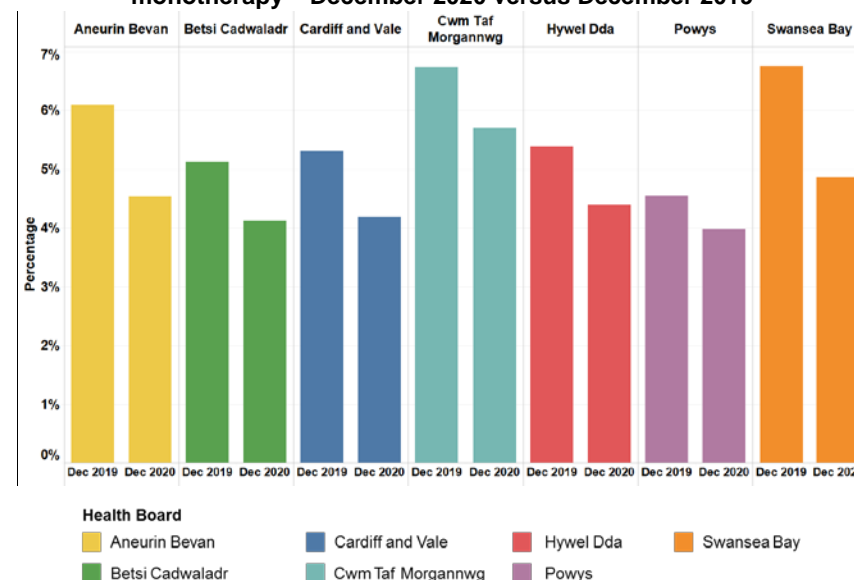
Antiplatelet medication, i.e. aspirin or clopidogrel, is no longer recommended in patients with AF. Quality Statement 2 within the NICE Quality Standard for *Atrial fibrillation* states that adults with AF should not be prescribed aspirin monotherapy, as the risks of taking aspirin outweigh any benefits. However, prescribers should be aware that adults with AF may need to take aspirin for other indications.

- Across Wales, the number of patients who are prescribed antiplatelet monotherapy (as a percentage of all patients diagnosed with AF) decreased by 20.9% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of December 2020, the percentage patients receiving antiplatelet monotherapy ranged from 3.99% to 5.69% across the health boards.
- The health board with the lowest percentage of antiplatelet monotherapy was Powys Teaching HB. The health board with the highest percentage of antiplatelet monotherapy was Cwm Taf Morgannwg UHB.
- The largest percentage decrease was seen in Swansea Bay UHB. The smallest percentage decrease was seen in Powys Teaching HB.

Table 6. Percentage of patients who are prescribed antiplatelet monotherapy

	December 2019	December 2020	% Change
Swansea Bay	6.75%	4.86%	-28.0%
Aneurin Bevan	6.09%	4.54%	-25.6%
Cardiff and Vale	5.31%	4.19%	-21.1%
Betsi Cadwaladr	5.12%	4.12%	-19.6%
Hywel Dda	5.38%	4.40%	-18.2%
Cwm Taf Morgannwg	6.73%	5.69%	-15.4%
Powys	4.54%	3.99%	-12.3%
Wales	5.76%	4.55%	-20.9%

Figure 5. Percentage of patients who are prescribed antiplatelet monotherapy – December 2020 versus December 2019



1.3 ANTIMICROBIAL STEWARDSHIP

There are two antimicrobial NPIs for 2020–2021:

1. Total antibacterial items per 1,000 STAR-PU
2. 4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) items per 1,000 patients

1.3.1 Total antibacterial items

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

Unit of measure: Total antibacterial items per 1,000 STAR-PU.

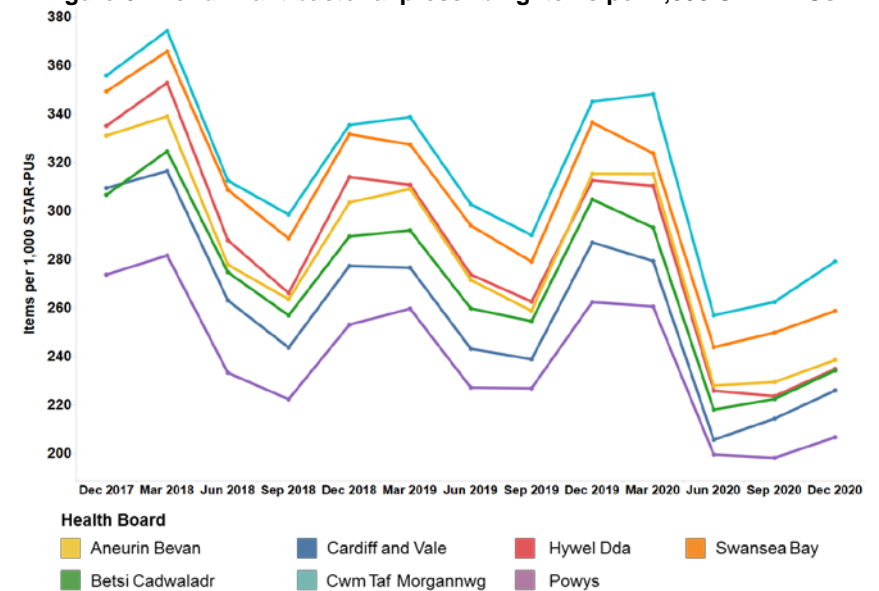
Aim: To reduce prescribing.

- Across Wales, for the quarter ending December 2020, total antibacterial items per 1,000 STAR-PU reduced by 20.2%, compared with the quarter ending December 2018. This is in line with the indicator target.
- For the quarter ending December 2020, the total number of antibacterial items per 1,000 STAR-PU ranged from 207 to 279 across the health boards.
- The health board with the lowest prescribing was Powys Teaching HB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- For the quarter ending December 2020, all seven health boards achieved the target of a 5% reduction against the baseline of quarter 3 2018–2019.
- Hywel Dda UHB demonstrated the greatest percentage reduction in prescribing, compared with the quarter ending December 2018.
- Cwm Taf Morgannwg UHB demonstrated the smallest percentage reduction in prescribing, compared with the quarter ending December 2018.

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

	2018–2019 Qtr 3	2020–2021 Qtr 3	% Change
Hywel Dda	314	235	-25.2%
Swansea Bay	332	259	-22.0%
Aneurin Bevan	304	239	-21.4%
Betsi Cadwaladr	290	234	-19.1%
Cardiff And Vale	277	226	-18.5%
Powys	253	207	-18.3%
Cwm Taf Morgannwg	335	279	-16.8%
Wales	303	242	-20.2%

Figure 6. Trend in antibacterial prescribing items per 1,000 STAR-PU



1.3.2 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 items per 1,000 patients.

Aim: To reduce prescribing.

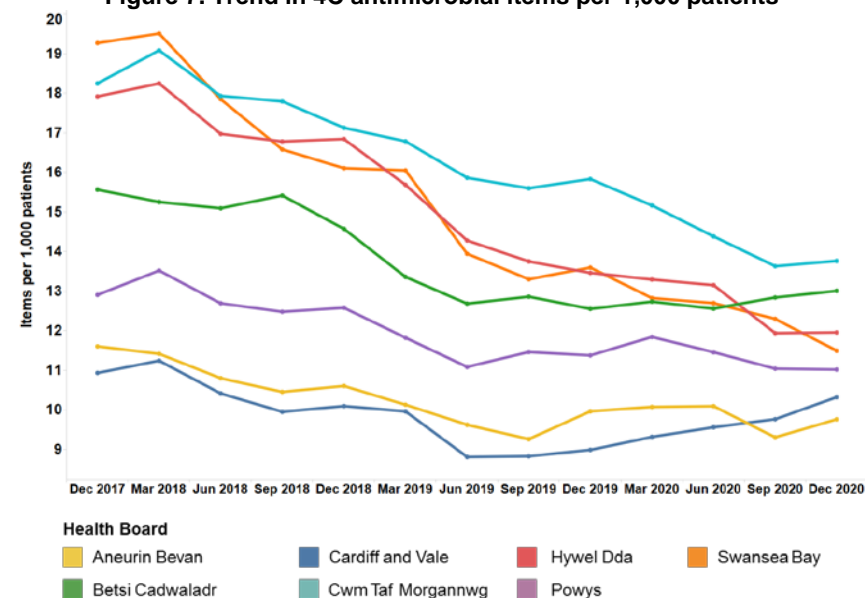
The use of simple generic antibiotics and the avoidance of these broad-spectrum antibiotics preserves them from resistance and reduces the risk of *C. difficile*, MRSA and resistant urinary tract infections.

- Across Wales, for the quarter ending December 2020, the number of 4C antimicrobial items per 1,000 patients decreased by 15.7%, compared with the quarter ending December 2018, in line with the aim of this indicator.
- For the quarter ending December 2020, 4C prescribing ranged from 9.76 to 13.8 items per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Aneurin Bevan UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- 4C prescribing decreased, compared with the quarter ending December 2018, in six of the seven health boards.
- The largest percentage decrease was seen in Hywel Dda UHB.
- Cardiff and Vale UHB was the only health board to demonstrate a percentage increase.

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

	2018–2019 Qtr 3	2020–2021 Qtr 3	% Change
Hywel Dda	16.8	12.0	-29.0%
Swansea Bay	16.1	11.5	-28.7%
Cwm Taf Morgannwg	17.1	13.8	-19.6%
Powys	12.6	11.0	-12.4%
Betsi Cadwaladr	14.6	13.0	-10.8%
Aneurin Bevan	10.6	9.76	-7.95%
Cardiff And Vale	10.1	10.3	2.26%
Wales	13.8	11.7	-15.7%

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



2.0 SUPPORTING DOMAINS

2.1 SAFETY

2.1.1 Prescribing Safety Indicators

Purpose: To identify patients at high risk of adverse drug reactions (ADRs) and medicines-related harm in primary care.

Units of measure:

Prescribing Safety Indicators related to acute kidney injury (AKI)

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

Prescribing Safety Indicators related to bleeds

- Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI.
- Number of patients with concurrent prescriptions of warfarin and an oral NSAID.
- Number of patients with concurrent prescriptions for a DOAC and an oral NSAID.
- Number of patients aged 65 years or over who are prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H₂-receptor antagonist).
- Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI.

Prescribing Safety Indicators related to cognition

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

Prescribing Safety Indicators specific to females

- Number of female patients with a current prescription of oestrogen-only hormone replacement therapy (HRT) without any hysterectomy READ/SNOMED codes.
- 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 14–45 years with a prescription for sodium valproate.
- Number of female patients aged 14–45 years with a prescription for oral retinoids.

Prescribing Safety Indicators related to 'other'

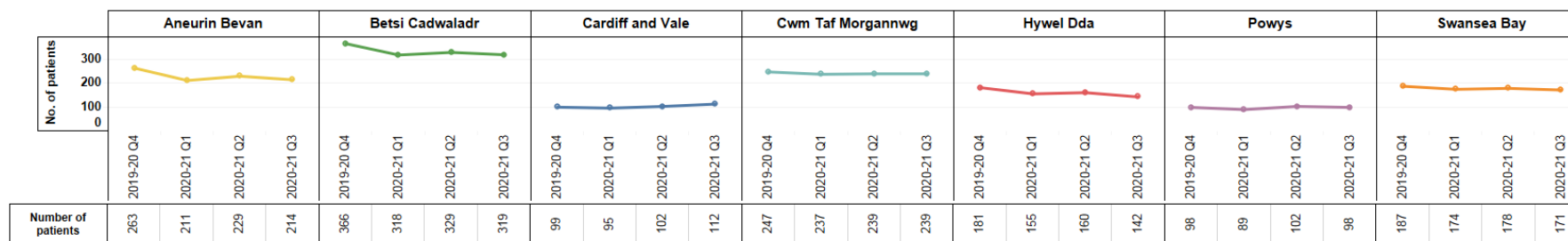
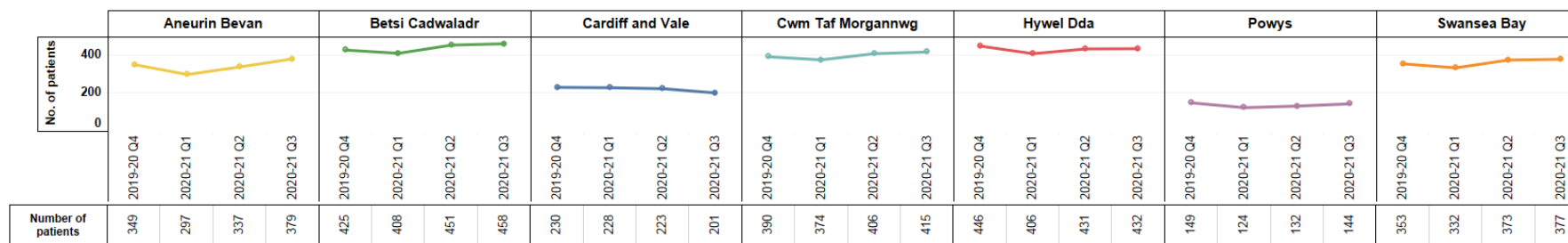
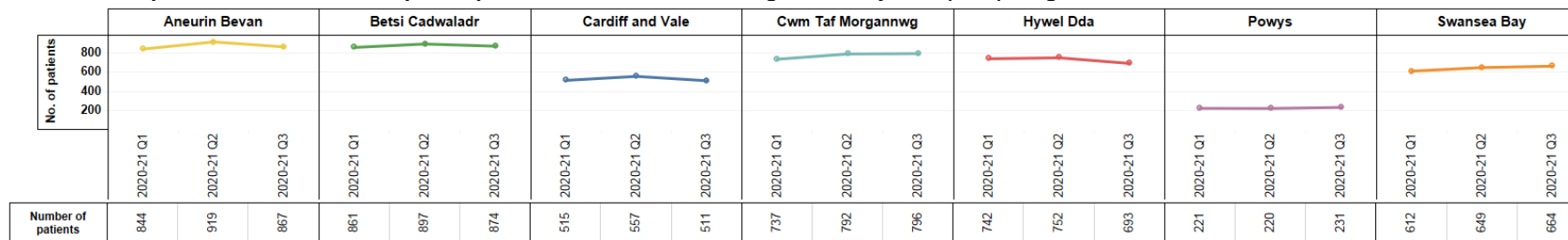
- Number of patients under 16 years with a current prescription of aspirin.
- Number of patients with asthma who have been prescribed a beta-blocker.
- Number of patients with concurrent prescriptions of verapamil and a beta-blocker.

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

In the UK, it is estimated that around 6.5% of hospital admissions are related to adverse drug reactions (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.

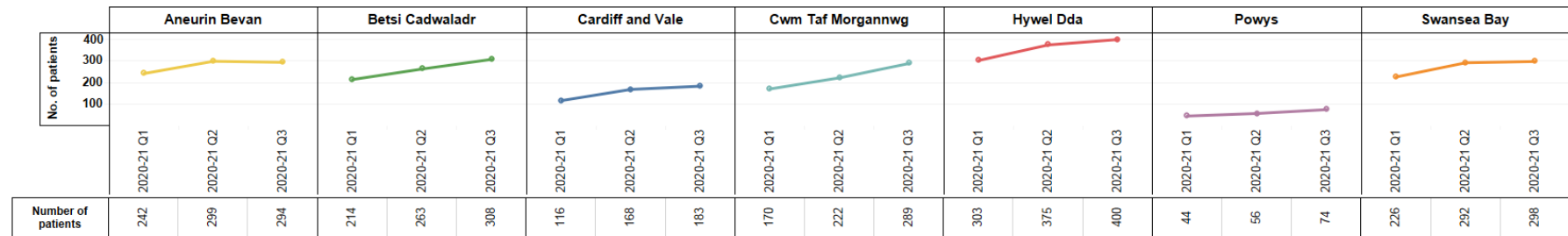
Figure 8. Prescribing Safety Indicators

Prescribing Safety Indicators related to acute kidney injury (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*.****02. Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months*.****03. Number of patients with concurrent prescriptions of an NSAID, renin-angiotensin system (RAS) drug and a diuretic†.**

* Audit+ searches for this prescribing safety indicator were amended for the quarter ending March 2020. Therefore there are no data before 2019–2020 Q4.

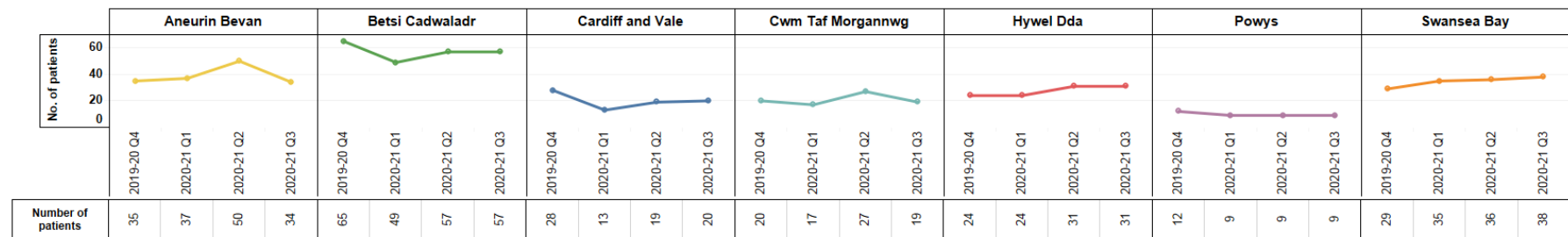
† This prescribing safety indicator is new for 2020–2021. Therefore, there are no data before 2020–2021 Q1.

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*.

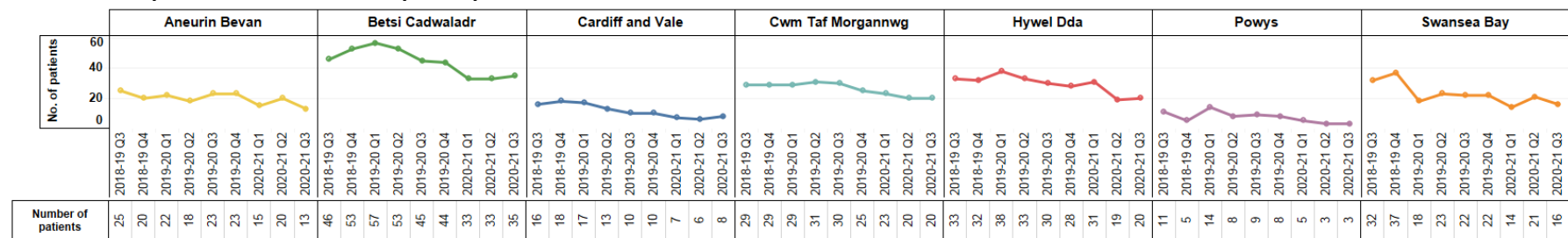


Prescribing Safety Indicators related to bleeds

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



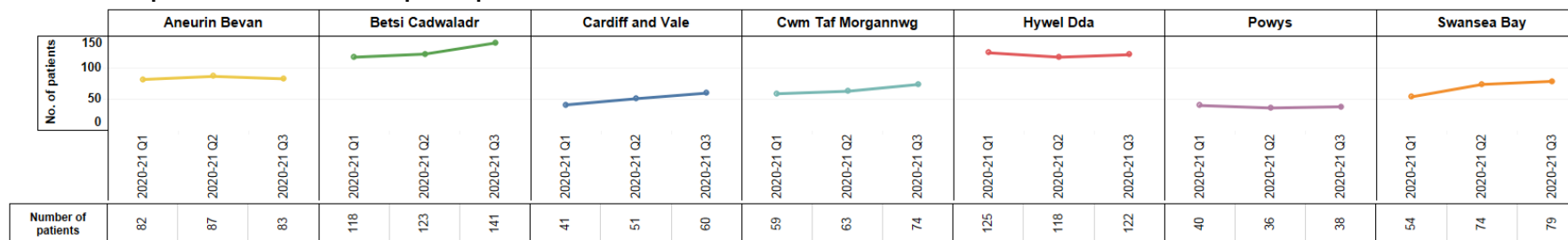
06. Number of patients with concurrent prescriptions of warfarin and an oral NSAID.



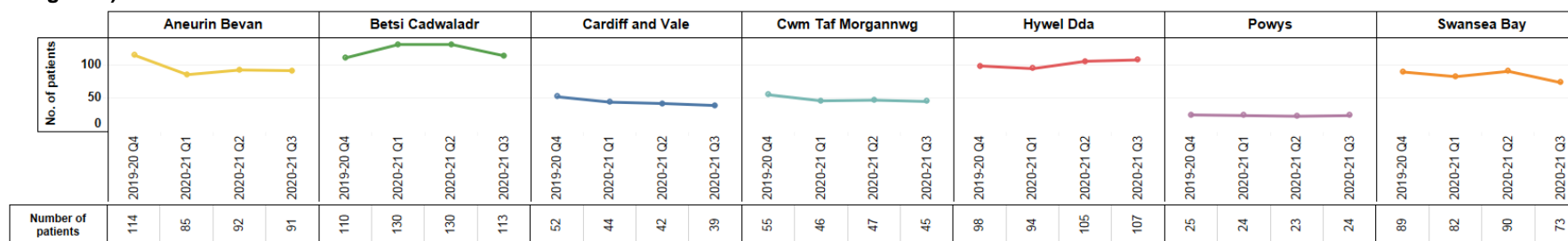
* This prescribing safety indicator is new for 2020–2021. Therefore, there are no data before 2020–2021 Q1.

† Audit+ searches for this prescribing safety indicator were amended for the quarter ending March 2020. Therefore there are no data before 2019–2020 Q4.

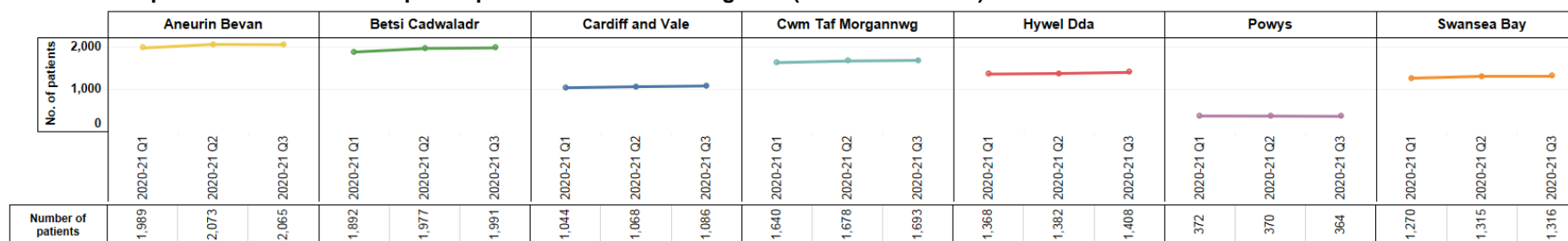
07. Number of patients with concurrent prescriptions for a DOAC and an oral NSAID*.



08. Number of patients aged 65 years or over prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H₂ receptor antagonist)†.



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

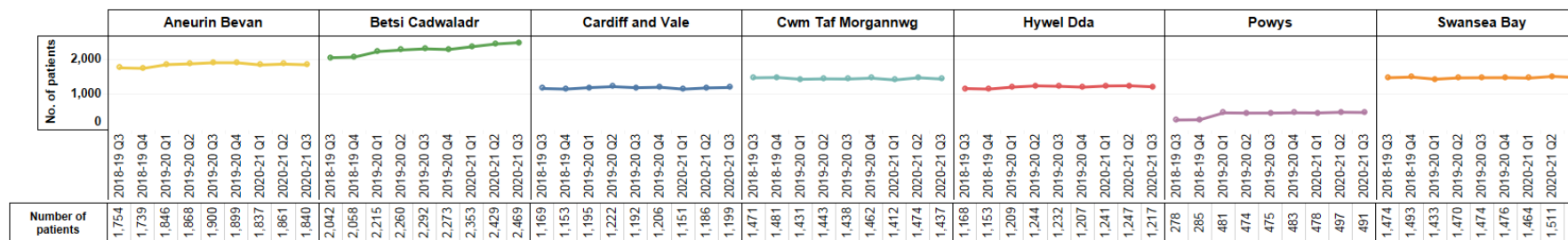


* This prescribing safety indicator is new for 2020–2021. Therefore, there are no data before 2020–2021 Q1.

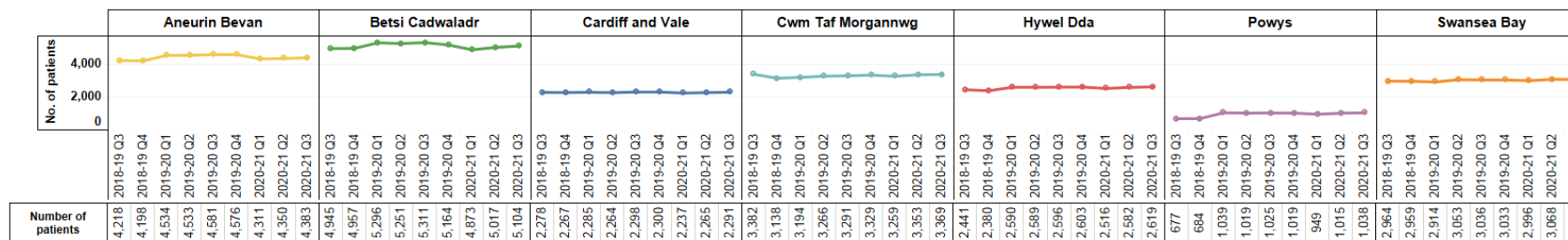
† Audit+ searches for this prescribing safety indicator were amended for the quarter ending March 2020. Therefore there are no data before 2019–2020 Q4.

Prescribing Safety Indicators related to cognition

10. Number of patients aged 65 years or over prescribed an antipsychotic.

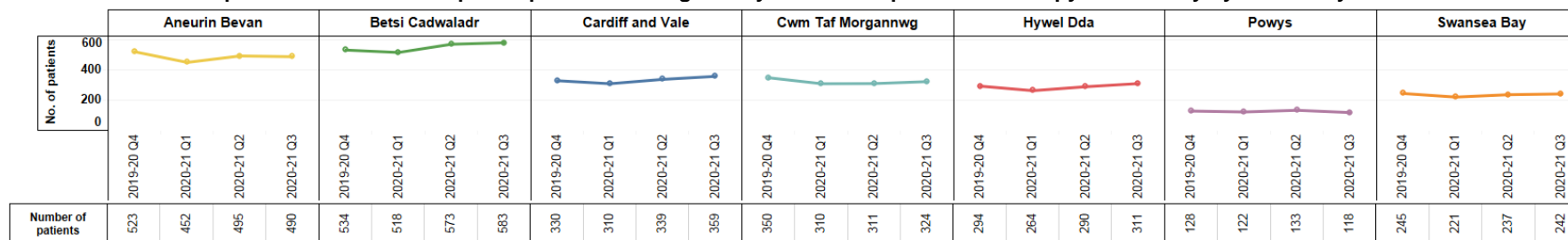


11. Number of patients aged 75 years and over with an Anticholinergic Effect on Cognition (AEC) score of 3 or more for items on active repeat.



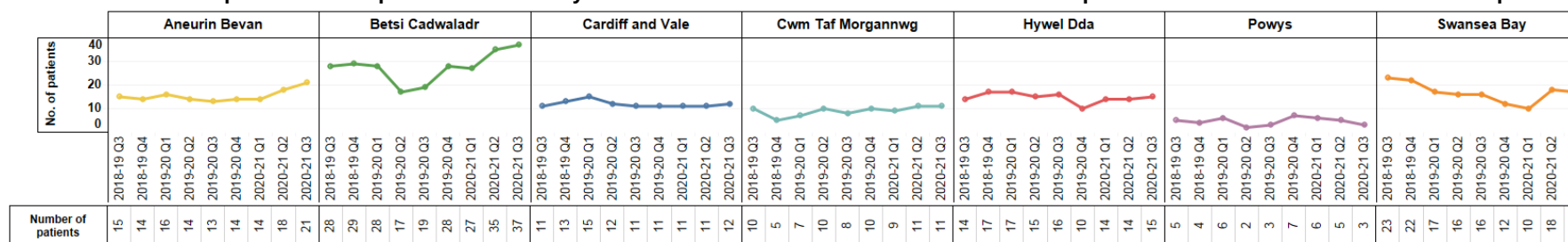
Prescribing Safety Indicators specific to females

12. Number of female patients with a current prescription of oestrogen-only hormone replacement therapy without any hysterectomy READ/SNOMED codes*.

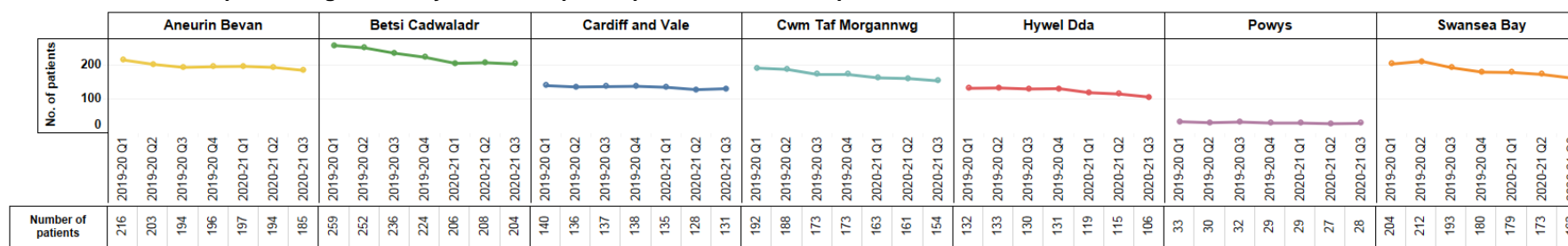


* Audit+ searches for this prescribing safety indicator were amended for the quarter ending March 2020. Therefore there are no data before 2019–2020 Q4.

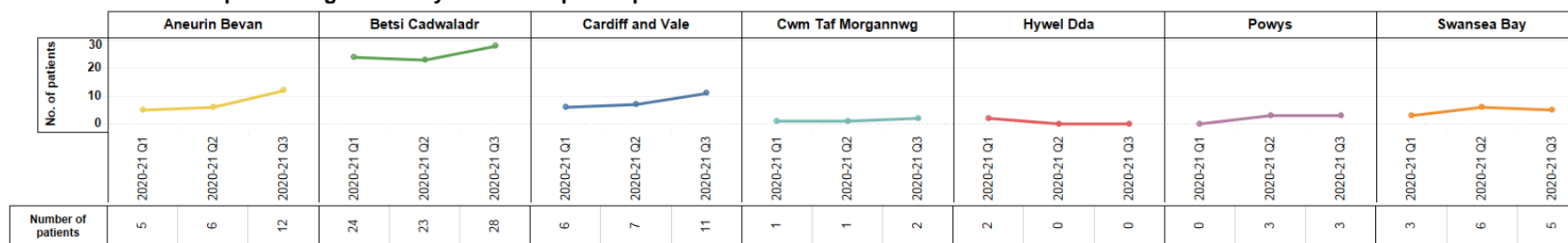
13. Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.



14. Number of female patients aged 14–45 years with a prescription for sodium valproate*.



15. Number of female patients aged 14–45 years with a prescription for oral retinoids†.

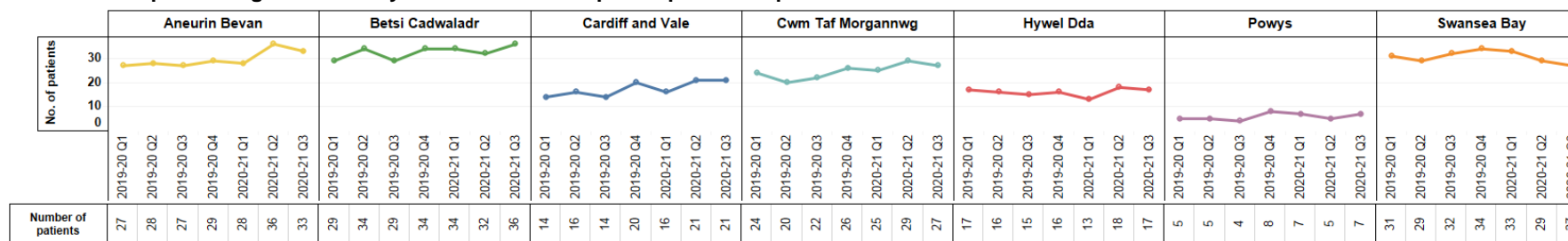


* This prescribing safety indicator was new for 2019–2020. Therefore, there are no comparative data for 2018–2019.

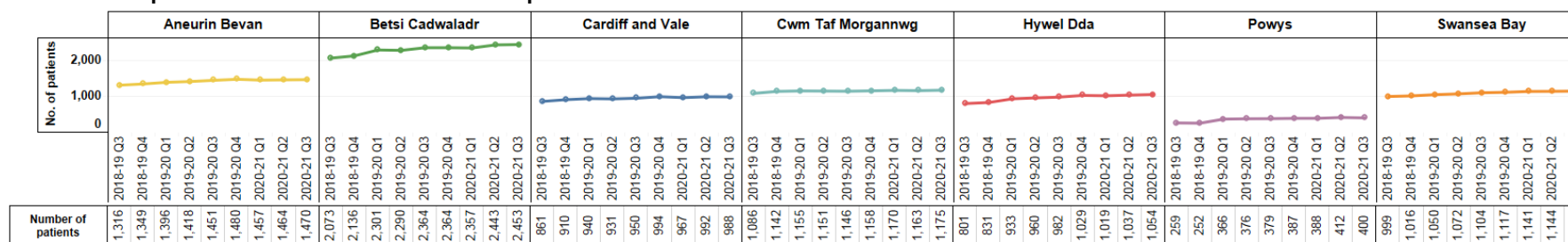
† This prescribing safety indicator is new for 2020–2021. Therefore, there are no data before 2020–2021 Q1.

Prescribing Safety Indicators related to 'other'

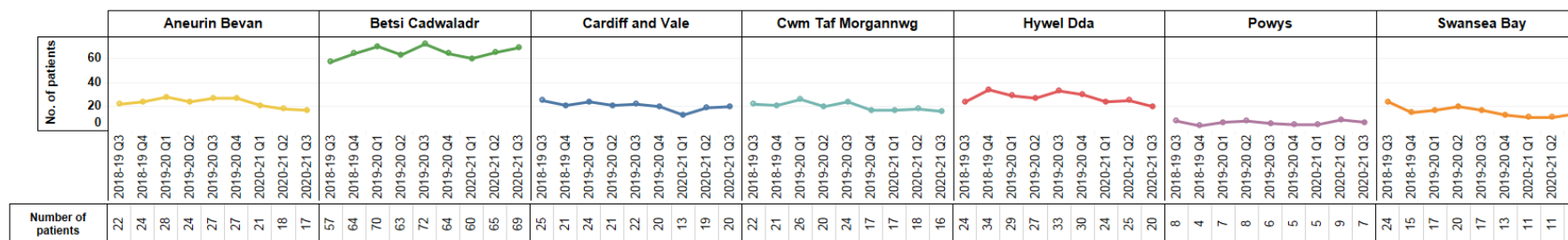
16. Number of patients aged under 16 years with a current prescription of aspirin*.



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



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



* This prescribing safety indicator was new for 2019–2020, replacing the previous prescribing safety indicator monitoring the number of patients under the age of 12 years. Therefore, there are no comparative data for 2018–2019.

2.1.2 Proton pump inhibitors

Purpose: To encourage appropriate use of proton pump inhibitors (PPIs) in primary care.

Unit of measure: PPI DDDs per 1,000 PUs.

Aim: To reduce prescribing.

Although PPIs are generally well tolerated, there is increasing evidence that serious adverse effects may be linked with long-term PPI use. These include fractures of the hip, wrist and spine, *Clostridioides difficile* infection, and hypomagnesaemia. Prescribers are therefore encouraged to review and reduce prescribing where possible.

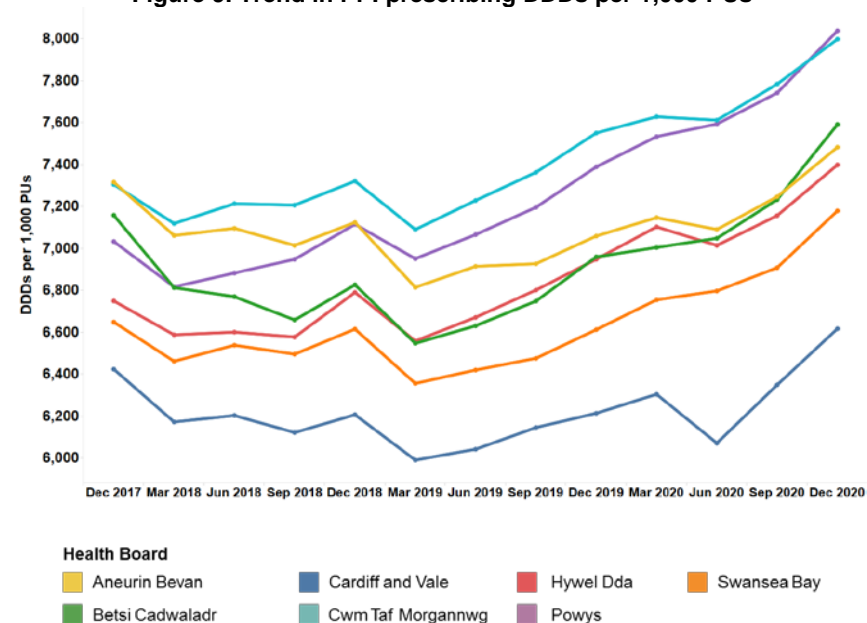
- Across Wales, for the quarter ending December 2020, PPI DDDs per 1,000 PUs increased by 7.25%, compared with the quarter ending December 2019, despite the aim of the indicator being to decrease prescribing.
- For the quarter ending December 2020, PPI usage ranged from 6,617 to 8,038 DDDs per 1,000 PUs across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB whilst the highest prescribing was seen in Powys Teaching HB.
- All seven health boards demonstrated an increase in DDDs per 1,000 PUs, compared with the equivalent quarter of the previous year.
- The smallest percentage increase was seen in Cwm Taf Morgannwg UHB, and the largest percentage increase was seen in Betsi Cadwaladr HB.

Please note: Consideration should be given to the impact of disruption to the supply of ranitidine from October 2019, and the subsequent recommendation to switch patients to omeprazole where ongoing treatment is still required, and the patient cannot be stepped down to an alginate or antacid.

Table 9. PPI DDDs per 1,000 PUs

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Cwm Taf Morgannwg	7,550	7,998	5.93%
Aneurin Bevan	7,059	7,482	6.00%
Hywel Dda	6,948	7,398	6.48%
Cardiff And Vale	6,213	6,617	6.49%
Swansea Bay	6,612	7,179	8.57%
Powys	7,388	8,038	8.79%
Betsi Cadwaladr	6,959	7,591	9.08%
Wales	6,927	7,429	7.25%

Figure 9. Trend in PPI prescribing DDDs per 1,000 PUs



2.1.3 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.

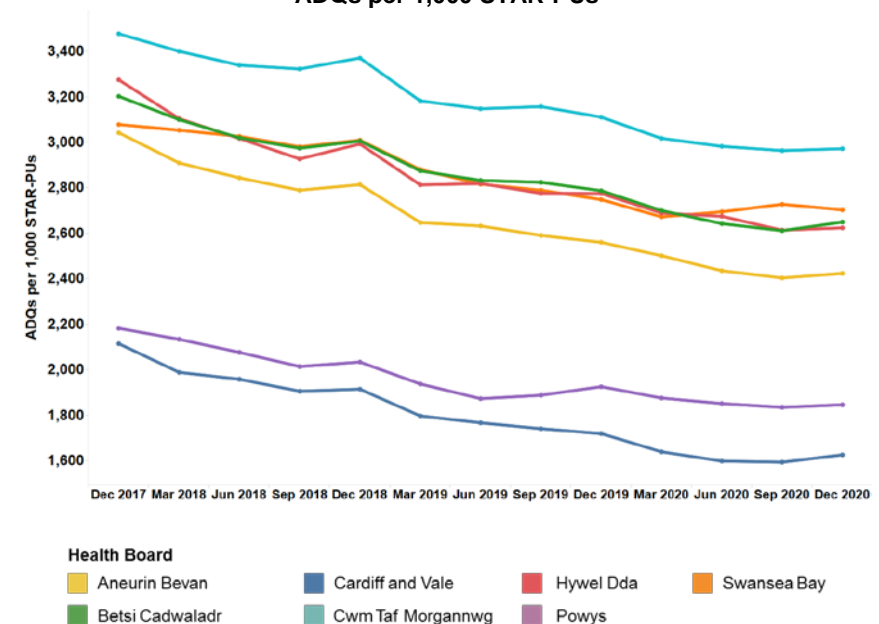
There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

- Across Wales, the prescribing of hypnotics and anxiolytics decreased by 4.61% for the quarter ending December 2020 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending December 2020, hypnotic and anxiolytic prescribing ranged from 1,625 to 2,972 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 of the health boards.
- The largest percentage decrease was seen in Cardiff and Vale UHB, and the smallest percentage decrease was seen in Swansea Bay UHB.

Table 10. Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Cardiff And Vale	1,719	1,625	-5.45%
Hywel Dda	2,775	2,624	-5.44%
Aneurin Bevan	2,560	2,423	-5.33%
Betsi Cadwaladr	2,787	2,649	-4.94%
Cwm Taf Morgannwg	3,110	2,972	-4.46%
Powys	1,925	1,845	-4.13%
Swansea Bay	2,748	2,703	-1.64%
Wales	2,594	2,474	-4.61%

Figure 10. Trend in hypnotic and anxiolytic prescribing
ADQs per 1,000 STAR-PUs



2.1.4 Yellow Cards

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

Unit of measure: Number of Yellow Cards submitted per GP practice, per hospital, per health board and by members of the public.
Number of Yellow Cards submitted by community pharmacies, by health board.

Aim: To increase reporting.

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

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

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

Please note: Yellow Card data do not include reports related to COVID-19 vaccines due to utilisation of an alternate reporting system by the MHRA.

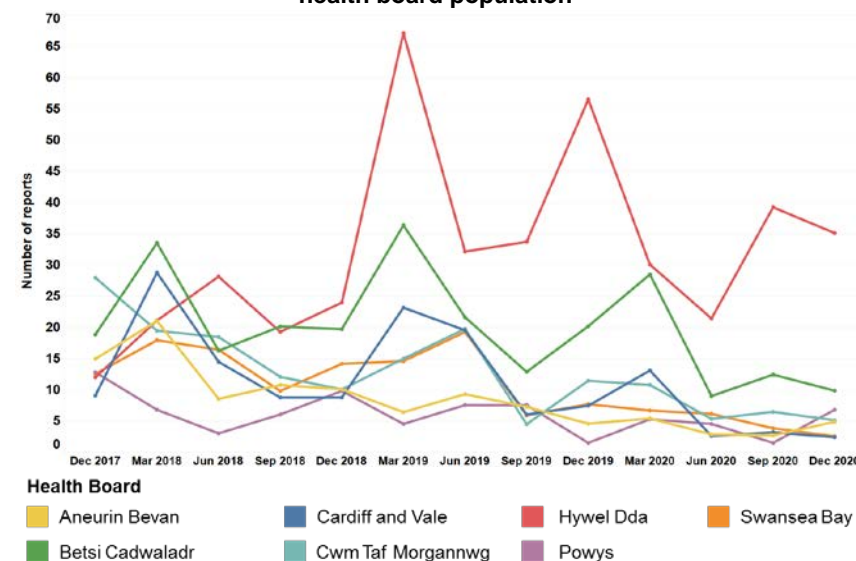
GP practices

- The number of Yellow Cards submitted by GP practices decreased by 43.1% compared with the equivalent quarter of the previous year.
- The largest percentage increase in GP practice reporting was seen in Powys Teaching HB. The largest percentage decrease was seen in Cardiff and Vale UHB.

Table 11. Number of Yellow Cards submitted by GP practices

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Powys	2	9	350%
Aneurin Bevan	27	29	7.41%
Hywel Dda	218	136	-37.6%
Betsi Cadwaladr	141	69	-51.1%
Cwm Taf Morgannwg	51	23	-54.9%
Swansea Bay	30	10	-66.7%
Cardiff and Vale	37	12	-67.6%
Wales	506	288	-43.1%

Figure 11. Number of Yellow Cards submitted by GP practices per 100,000 health board population*



* Please note: prior to the quarter ending June 2019, data displayed for Cwm Taf Morgannwg and Swansea Bay UHBs relate to the former health boards of Cwm Taf and Abertawe Bro Morgannwg respectively.

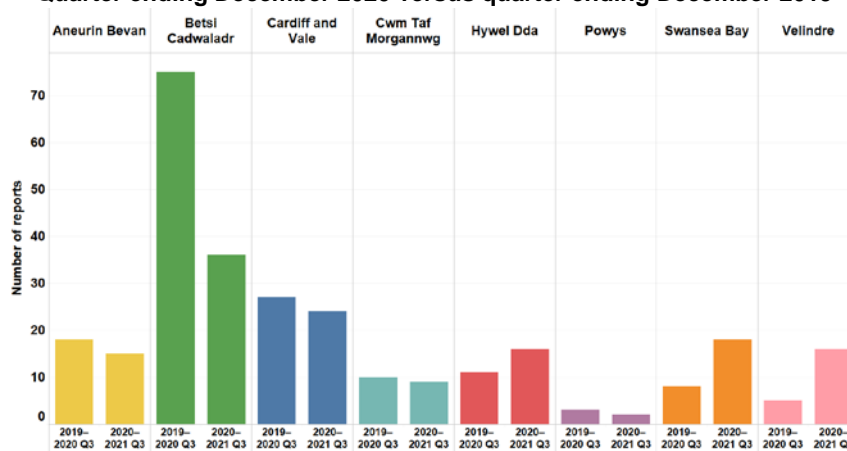
Secondary care

- The number of Yellow Cards submitted by secondary care decreased by 13.4% compared with the equivalent quarter of the previous year.
- The largest percentage increase in secondary care reporting was seen in Velindre NHS Trust. The largest percentage decrease was seen in Betsi Cadwaladr UHB.

Table 12. Number of Yellow Cards submitted by secondary care

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Velindre	5	16	220%
Swansea Bay	8	18	125%
Hywel Dda	11	16	45.5%
Cwm Taf Morgannwg	10	9	-10.0%
Cardiff and Vale	27	24	-11.1%
Aneurin Bevan	18	15	-16.7%
Powys	3	2	-33.3%
Betsi Cadwaladr	75	36	-52.0%
Wales	157	136	-13.4%

Figure 12. Number of Yellow Cards submitted by secondary care – Quarter ending December 2020 versus quarter ending December 2019



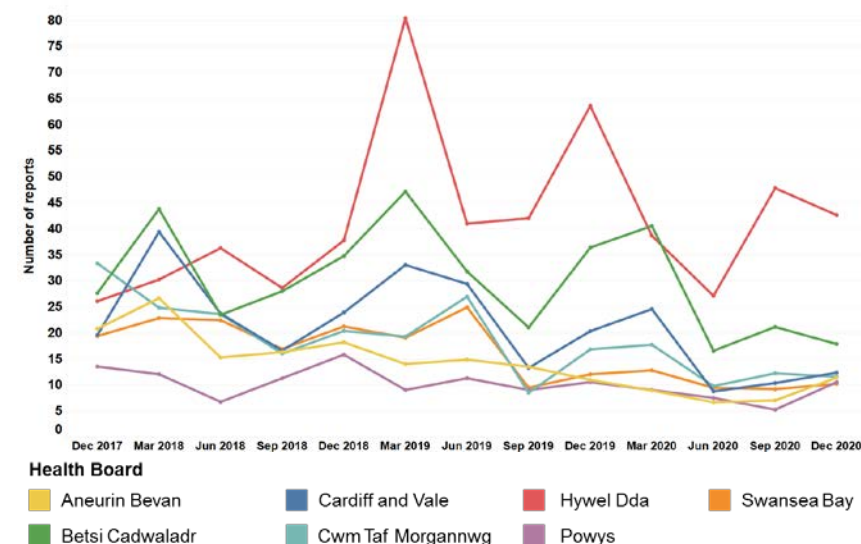
Health boards/NHS Trust

- The number of Yellow Cards submitted by health boards decreased by 32.8% compared with the equivalent quarter of the previous year.
- The largest percentage increase was seen in Velindre NHS Trust. The largest percentage decrease was seen in Betsi Cadwaladr UHB.

Table 13. Number of Yellow Cards submitted by health board/NHS Trust

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Velindre	5	16	220%
Aneurin Bevan	65	68	4.62%
Powys	14	14	0%
Swansea Bay	47	40	-14.9%
Cwm Taf Morgannwg	75	52	-30.7%
Hywel Dda	245	165	-32.7%
Cardiff and Vale	101	62	-38.6%
Betsi Cadwaladr	254	125	-50.8%
Wales	806	542	-32.8%

Figure 13. Number of Yellow Cards submitted by health boards per 100,000 health board population*



* Please note: prior to the quarter ending June 2019, data displayed for Cwm Taf Morgannwg and Swansea Bay UHBs relate to the former health boards of Cwm Taf and Abertawe Bro Morgannwg respectively.

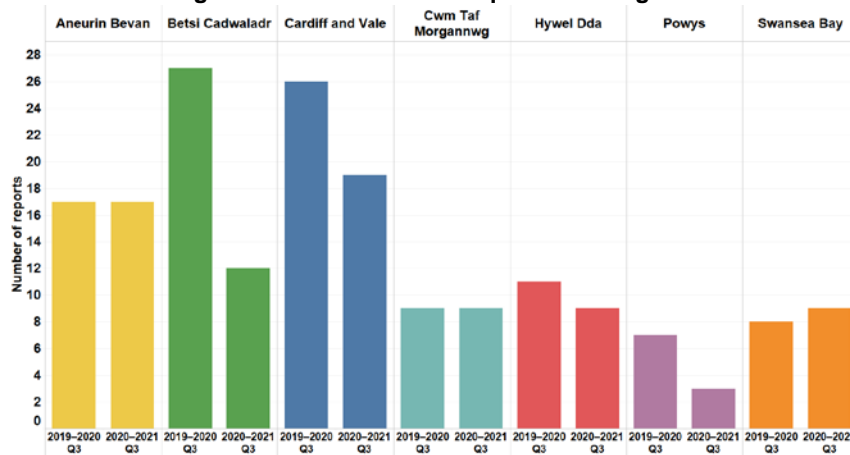
Members of the public

- The number of Yellow Cards submitted by members of the public decreased by 25.7% compared with the equivalent quarter of the previous year.
- The largest percentage increase in member of the public reporting was seen in Swansea Bay HB. The largest percentage decrease was seen in Powys Teaching HB.

Table 14. Number of Yellow Cards submitted by members of the public

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Swansea Bay	8	9	12.5%
Aneurin Bevan	17	17	0%
Cwm Taf Morgannwg	9	9	0%
Hywel Dda	11	9	-18.2%
Cardiff and Vale	26	19	-26.9%
Betsi Cadwaladr	27	12	-55.6%
Powys	7	3	-57.1%
Wales	105	78	-25.7%

Figure 14. Number of Yellow Cards submitted by members of the public – Quarter ending December 2020 versus quarter ending December 2019



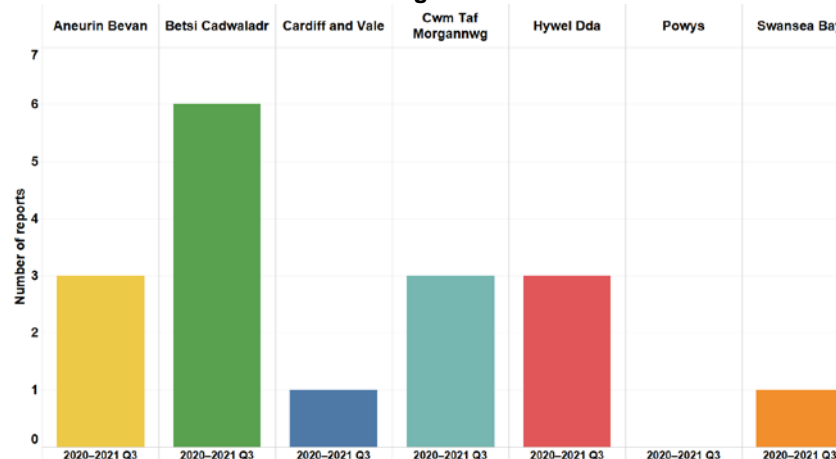
Community pharmacy

- Across Wales, a total of 17 Yellow Card reports were submitted by community pharmacies during the quarter ending December 2020.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from zero to six.

Table 15. Number of Yellow Cards submitted by community pharmacies

	2020–2021 Qtr 3
Betsi Cadwaladr	6
Aneurin Bevan	3
Cwm Taf Morgannwg	3
Hywel Dda	3
Cardiff and Vale	1
Swansea Bay	1
Powys	0
Wales	17

Figure 15. Number of Yellow Cards submitted by community pharmacy – Quarter ending December 2020



2.2 EFFICIENCY INDICATORS

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 an 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.

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

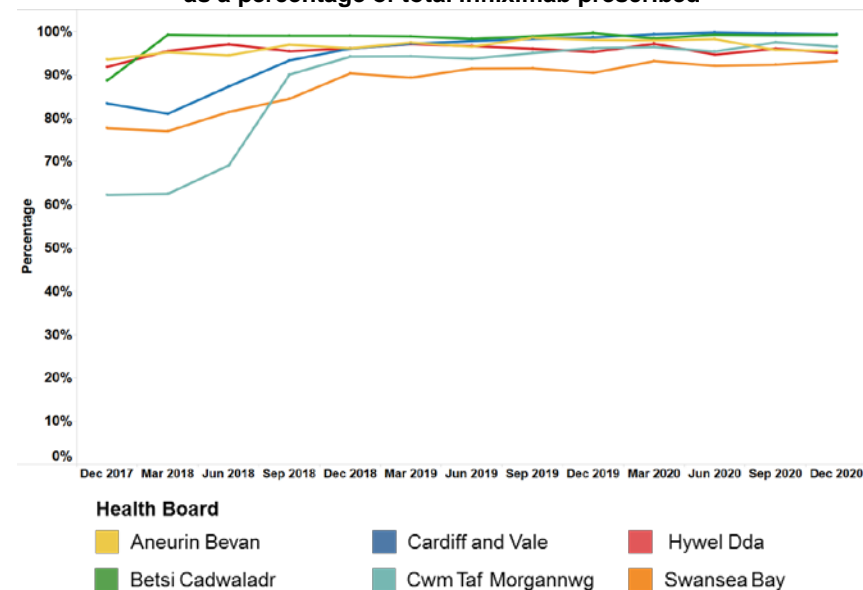
2.2.1.1 Infliximab

- Across Wales, for the quarter ending December 2020, infliximab biosimilar prescribing increased by 0.13%, compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2020, infliximab biosimilar prescribing ranged from 93.2% to 99.4% across the health boards.
- The health board with the highest percentage was Cardiff and Vale UHB whilst the lowest percentage was seen in Swansea Bay UHB.
- Three health boards demonstrated an increase in percentage, compared with the equivalent quarter of the previous year.
- Swansea Bay UHB demonstrated the largest percentage increase.
- Aneurin Bevan UHB demonstrated the largest percentage decrease.

Table 16. Infliximab biosimilars as a percentage of reference and biosimilar prescribed

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Swansea Bay	90.5%	93.2%	3.01%
Cardiff and Vale	98.6%	99.4%	0.71%
Cwm Taf Morgannwg	96.2%	96.5%	0.31%
Hywel Dda	95.3%	95.1%	-0.23%
Betsi Cadwaladr	99.6%	99.3%	-0.38%
Aneurin Bevan	98.0%	95.5%	-2.55%
Wales	96.4%	96.5%	0.13%

Figure 16. Trend in infliximab biosimilar (Inflectra®, Remsima®) prescribing as a percentage of total infliximab prescribed



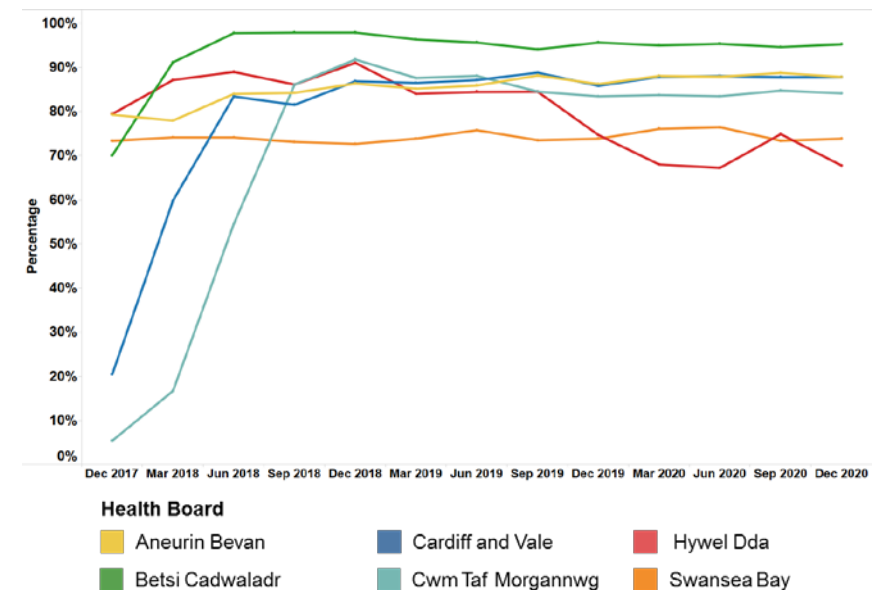
2.2.1.2 Etanercept

- Across Wales, for the quarter ending December 2020, etanercept biosimilar prescribing decreased by 2.12%, compared with the equivalent quarter of the previous year. This is contrary to the aim of this indicator.
- For the quarter ending December 2020, etanercept biosimilar prescribing ranged from 67.7% to 95.2% across the health boards.
- The health board with the highest percentage was Betsi Cadwaladr UHB whilst the lowest percentage was seen in Hywel Dda UHB.
- Four health boards demonstrated an increase in percentage, compared with the equivalent quarter of the previous year.
- Cardiff and Vale UHB demonstrated the largest percentage increase.
- Hywel Dda UHB demonstrated the largest percentage decrease.

Table 17. Etanercept biosimilars as a percentage of reference and biosimilar prescribed

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Cardiff and Vale	85.8%	87.8%	2.31%
Aneurin Bevan	86.2%	87.8%	1.88%
Cwm Taf Morgannwg	83.4%	84.1%	0.83%
Swansea Bay	73.8%	73.8%	0.01%
Betsi Cadwaladr	95.6%	95.2%	-0.41%
Hywel Dda	74.7%	67.7%	-9.28%
Wales	80.9%	79.2%	-2.12%

Figure 17. Trend in etanercept biosimilar (Benepali®, Erelzi®) prescribing as a percentage of total etanercept prescribed



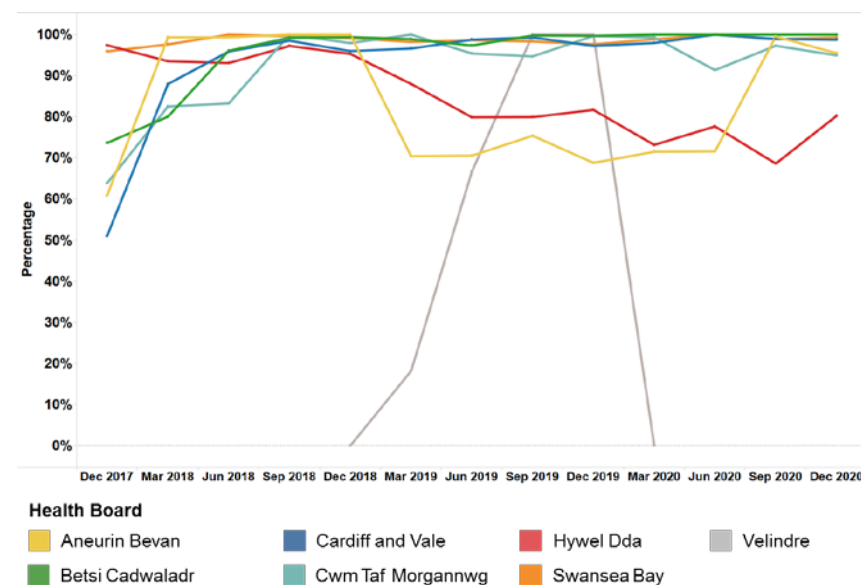
2.2.1.3 Rituximab

- Across Wales, for the quarter ending December 2020, rituximab biosimilar prescribing increased by 3.38%, compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- As Velindre Trust had no usage of the biological medicine within the quarter ending December 2020 it is not considered further within this analysis.
- For the quarter ending December 2020, rituximab biosimilar prescribing ranged from 80.2% to 100% across the health boards.
- The health boards with the highest percentage was Betsi Cadwaladr UHB, whilst the lowest percentage was seen in Hywel Dda UHB.
- Four health boards demonstrated an increase in percentage, compared with the equivalent quarter of the previous year.
- Aneurin Bevan UHB demonstrated the largest percentage increase.
- Cwm Taf Morgannwg UHB demonstrated the largest percentage decrease.

Table 18. Rituximab biosimilar as a percentage of reference and biosimilar prescribed

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Aneurin Bevan	68.8%	95.5%	38.7%
Swansea Bay	97.7%	99.3%	1.67%
Cardiff and Vale	97.3%	98.7%	1.53%
Betsi Cadwaladr	99.7%	100.0%	0.30%
Hywel Dda	81.7%	80.2%	-1.76%
Cwm Taf Morgannwg	99.7%	95.0%	-4.73%
Velindre	100%	N/A	N/A
Wales	93.5%	96.6%	3.38%

Figure 18. Trend in rituximab biosimilar (Truxima®) prescribing as a percentage of total rituximab prescribed



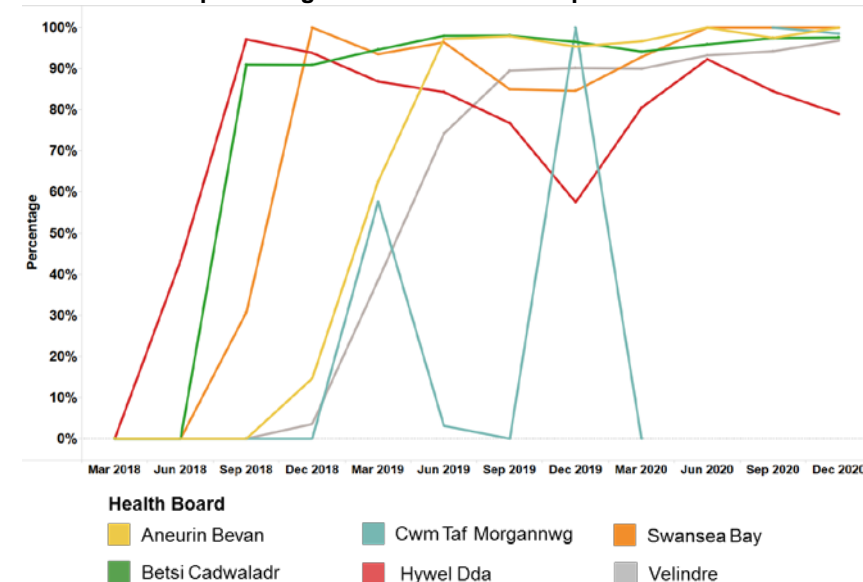
2.2.1.4 Trastuzumab

- Across Wales, trastuzumab biosimilar prescribing increased by 10.2%, for the quarter ending December 2020 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2020, trastuzumab biosimilar prescribing ranged from 79.0% to 100% across the health boards.
- The health boards with the highest percentages were Aneurin Bevan UHB and Swansea Bay UHB whilst the lowest percentage was seen in Hywel Dda UHB.
- Five health boards demonstrated an increase in percentage, compared with the equivalent quarter of the previous year.
- Hywel Dda UHB demonstrated the largest percentage increase.
- Cwm Taf Morgannwg UHB demonstrated the only percentage decrease.

Table 19. Trastuzumab biosimilar as a percentage of reference and biosimilar prescribed

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Hywel Dda	57.5%	79.0%	37.4%
Swansea Bay	84.6%	100%	18.2%
Velindre	90.2%	96.9%	7.40%
Aneurin Bevan	95.4%	100%	4.84%
Betsi Cadwaladr	96.5%	97.6%	1.11%
Cwm Taf Morgannwg	100%	98.6%	-1.45%
Wales	87.3%	96.2%	10.2%

Figure 19. Trend in trastuzumab biosimilar (Ontruzant®) prescribing as a percentage of total trastuzumab prescribed



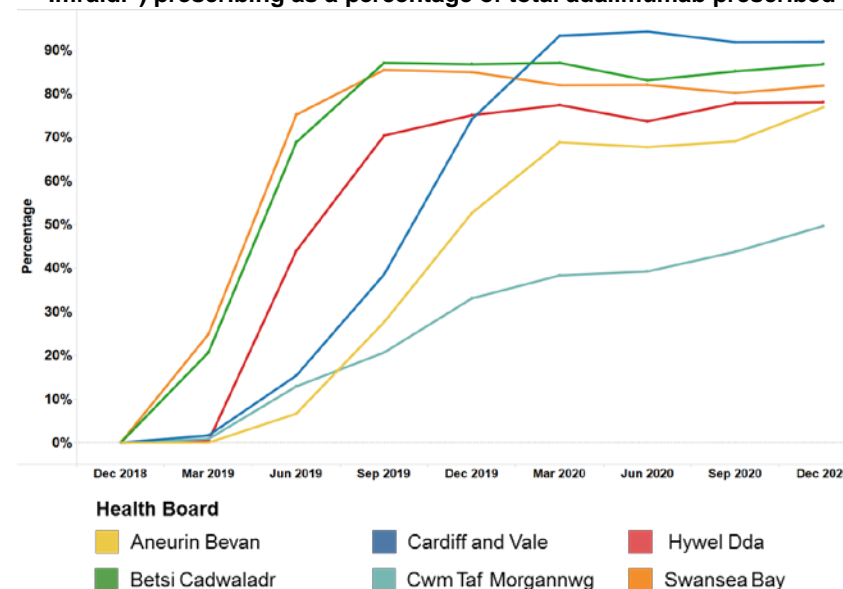
2.2.1.5 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 12.28%, for the quarter ending December 2020 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2020, adalimumab biosimilar prescribing ranged from 49.7% to 91.9% across the health boards.
- The health board with the highest percentage was Cardiff and Vale UHB whilst the lowest percentage was seen in Cwm Taf Morgannwg UHB.
- Four health boards demonstrated an increase in percentage, compared with the equivalent quarter of the previous year.
- Cwm Taf Morgannwg UHB demonstrated the largest percentage increase.
- Swansea Bay UHB demonstrated the largest percentage decrease.

Table 20. Adalimumab biosimilar as a percentage of reference and biosimilar prescribed

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Cwm Taf Morgannwg	33.1%	49.7%	50.1%
Aneurin Bevan	52.6%	76.9%	46.0%
Cardiff and Vale	74.1%	91.9%	23.9%
Hywel Dda	75.1%	78.0%	3.97%
Betsi Cadwaladr	86.7%	86.7%	-0.01%
Swansea Bay	85.0%	81.8%	-3.68%
Wales	70.6%	79.2%	12.28%

Figure 20. Trend in adalimumab biosimilar (Amgevita®, Hulio®, Hyrimoz®, Imraldi®) prescribing as a percentage of total adalimumab prescribed



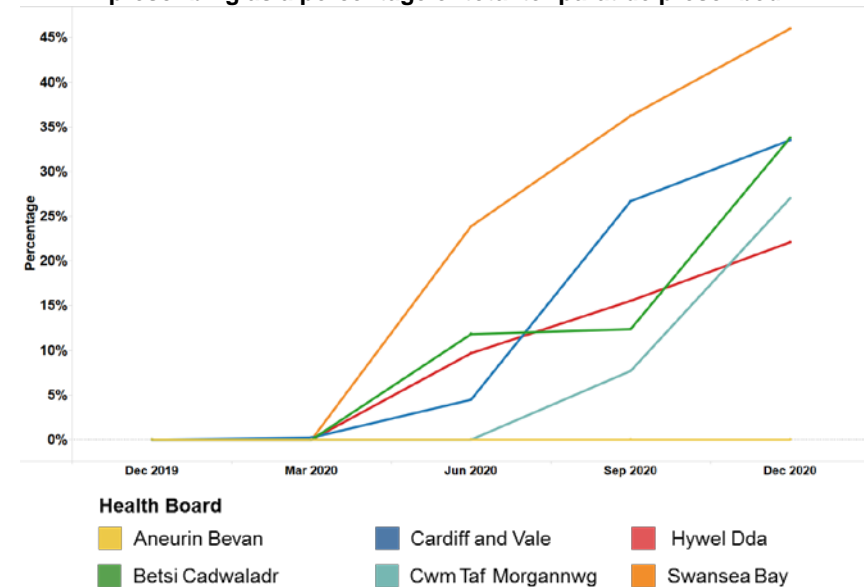
2.2.1.6 Teriparatide

- For the quarter ending December 2020, teriparatide biosimilar prescribing ranged from 0.0% to 46.0% across the health boards.
- The health board with the highest percentage was Swansea Bay UHB whilst the lowest percentage was seen in Aneurin Bevan UHB.
- Five health boards demonstrated an increase in percentage, compared with the equivalent quarter of the previous year.
- Aneurin Bevan UHB demonstrated no change in the percentage of biosimilar prescribed.

Table 21. Teriparatide biosimilar as a percentage of reference and biosimilar prescribed

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Swansea Bay	0.0%	46.0%	N/A
Betsi Cadwaladr	0.0%	33.8%	N/A
Cardiff and Vale	0.0%	33.5%	N/A
Cwm Taf Morgannwg	0.0%	27.0%	N/A
Hywel Dda	0.0%	22.1%	N/A
Aneurin Bevan	0.0%	0.00%	N/A
Wales	0.0%	31.5%	N/A

Figure 21. Trend in teriparatide biosimilar (Movymia®, Terrosa®) prescribing as a percentage of total teriparatide prescribed



2.2.1.7 Total biosimilar usage

Within Wales there was an increase in the use of the reported biosimilar medicines (infliximab, etanercept, rituximab, trastuzumab, adalimumab and teriparatide) combined as a percentage of reported 'reference' biological medicines plus biosimilars combined, from 79% to 82% for the quarter ending December 2020 compared with the equivalent quarter of the previous year.

Figure 22. Biological reference and biosimilar as a proportion of total reference plus biosimilar prescribed – Quarter ending December 2020

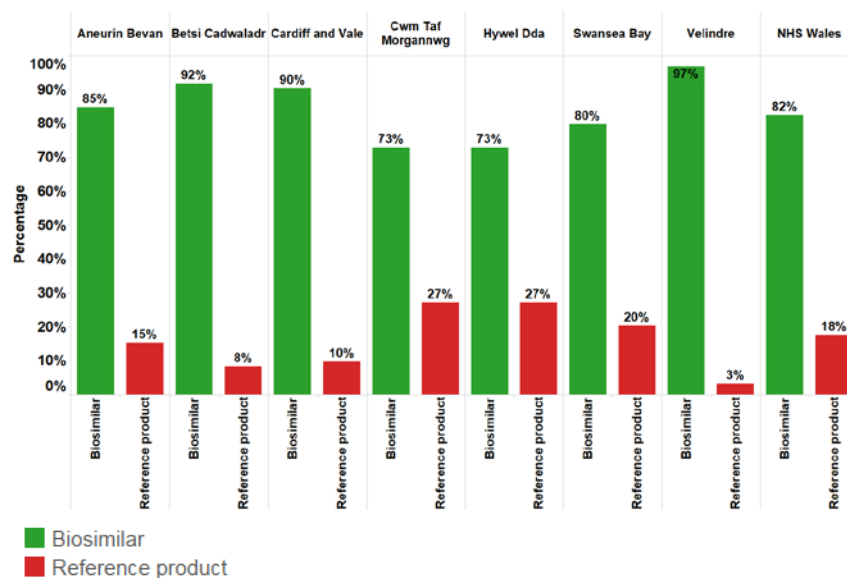
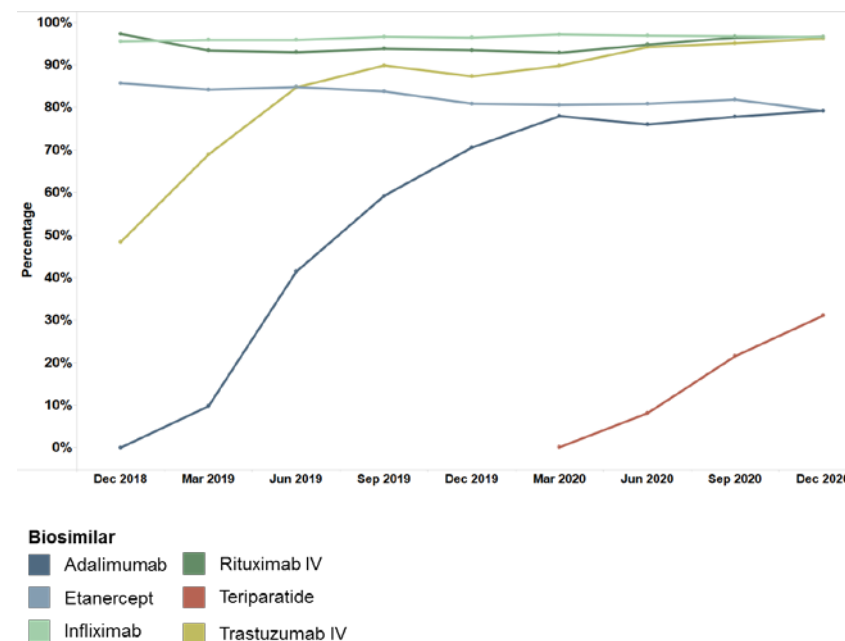


Figure 23. Trend in biosimilar percentage in Wales



2.2.2 Insulin

Purpose: To encourage a reduction in the prescribing of long-acting insulin analogues in primary and secondary care in line with NICE guidance to maximise cost-effectiveness in Wales.

Unit of measure: Items/number of long-acting insulin analogues expressed as a percentage of total long- and intermediate-acting insulin prescribed in primary and secondary care.

Aim: To reduce prescribing.

NICE guidance recommends human isophane (neutral protamine Hagedorn [NPH]) insulin as the first choice insulin-based treatment when prescribing insulin in type 2 diabetes mellitus. For most people with type 2 diabetes, long-acting insulin analogues offer no significant benefit over human isophane insulin and are more expensive.

This report considers data sets from both secondary and primary care, as prescribing will usually be continued in the primary care setting following secondary care initiation.

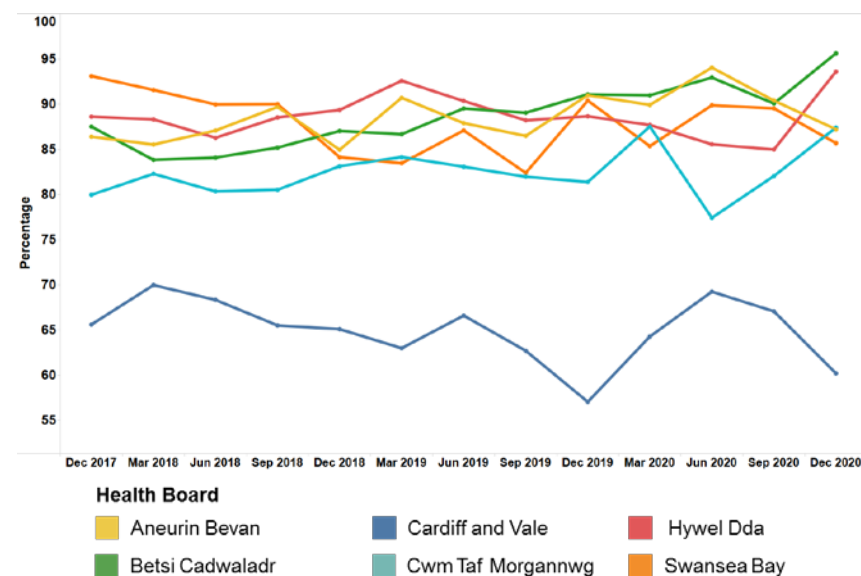
Secondary care prescribing

- Across Wales, secondary care use of long-acting insulin as a percentage of all long- and intermediate-acting insulin prescribing was 3.16% higher in the quarter ending December 2020 than in the equivalent quarter of the previous year. This is contrary to the aim of the indicator.
- For the quarter ending December 2020, prescribing of long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin ranged from 60.2% to 95.6%.
- The health board with the lowest prescribing percentage was Cardiff and Vale UHB. The highest prescribing percentage was seen in Betsi Cadwaladr UHB.
- The proportion of long-acting insulin analogue prescribing decreased compared with the equivalent quarter of the previous year in Swansea Bay UHB and Aneurin Bevan UHB, and increased in four health boards.
- The health board with the greatest percentage decrease was Swansea Bay UHB.

Table 22. Long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin prescribing in secondary care

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Swansea Bay	90.4%	85.7%	-5.20%
Aneurin Bevan	91.0%	87.2%	-4.16%
Betsi Cadwaladr	91.1%	95.6%	4.99%
Cardiff and Vale	57.0%	60.2%	5.53%
Hywel Dda	88.7%	93.6%	5.59%
Cwm Taf Morgannwg	81.4%	87.4%	7.40%
Wales	82.0%	84.5%	3.16%

Figure 24. Trend in long-acting analogue prescribing as a percentage of total long- and intermediate-acting insulin prescribed in secondary care



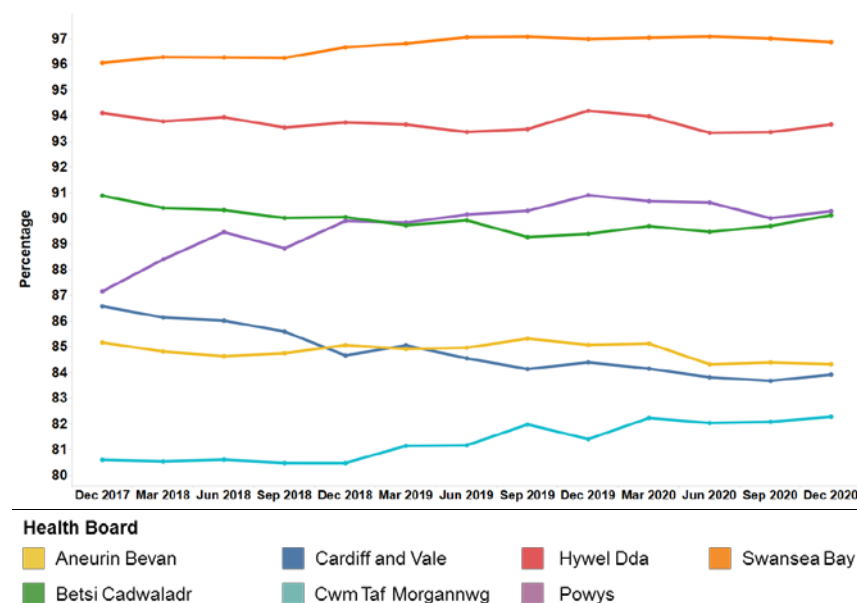
Primary care prescribing

- Across Wales, the prescribing of long-acting insulin analogues as a proportion of total long and intermediate-acting insulin prescribing decreased slightly by 0.02% for the quarter ending December 2020, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2020, long-acting insulin analogue prescribing ranged from 82.3% to 96.9% across the health boards.
- The health board with the lowest prescribing was Cwm Taf Morgannwg UHB, whilst the highest prescribing was seen in Swansea Bay UHB.
- Across the seven health boards in Wales, prescribing decreased compared with the equivalent quarter of the previous year in five health boards and increased in two health boards.
- The health board with the greatest percentage decrease was Aneurin Bevan UHB.
- The largest percentage increase was seen in Cwm Taf Morgannwg UHB.

Table 23. Long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin prescribing in primary care

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Aneurin Bevan	85.1	84.3	-0.89%
Powys	90.9	90.3	-0.69%
Hywel Dda	94.2	93.7	-0.57%
Cardiff And Vale	84.4	83.9	-0.56%
Swansea Bay	97.0	96.9	-0.12%
Betsi Cadwaladr	89.4	90.1	0.82%
Cwm Taf Morgannwg	81.4	82.3	1.07%
Wales	88.1	88.1	-0.02%

Figure 25. Trend in long-acting analogue prescribing as a percentage of total long- and intermediate-acting insulin prescribed in primary care



2.2.3 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 *Low Value for Prescribing in NHS Wales* initiative is to minimise the prescribing of items that offer a limited clinical benefit to patients and where more cost-effective treatments may be available.

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

- co-proxamol
- lidocaine plasters
- tadalafil once-daily preparations
- liothyronine
- doxazosin modified release tablets.

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

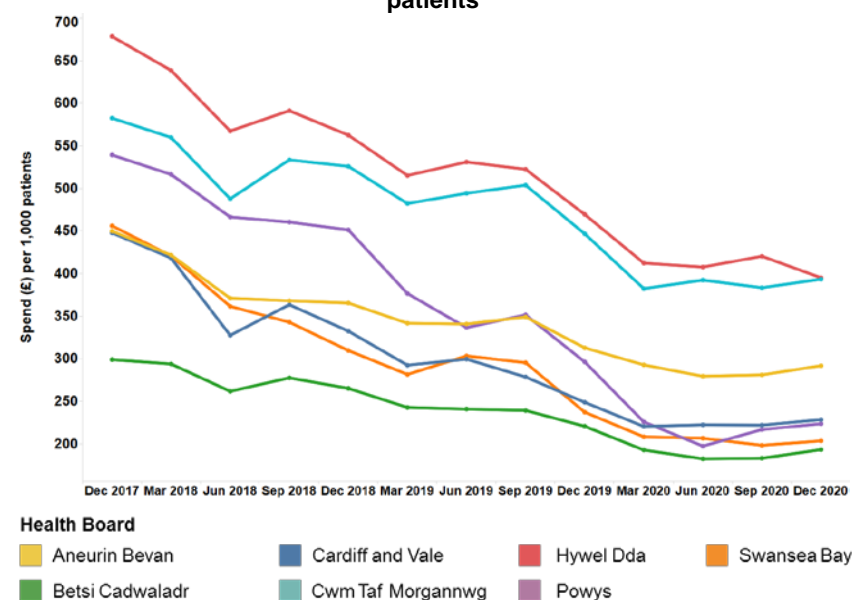
- omega-3 fatty acid compounds
- oxycodone and naloxone combination product
- paracetamol and tramadol combination product
- perindopril arginine.

- Across Wales, low value for prescribing UDG spend per 1,000 patients decreased by 11.9% for the quarter ending December 2020, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2020, UDG spend per 1,000 patients ranged from £193 to £395 across the health boards.
- The health board with the lowest UDG spend per 1,000 patients was Betsi Cadwaladr UHB, whilst the highest spend was seen in Hywel Dda UHB.
- UDG spend per 1,000 patients decreased compared with the equivalent quarter of the previous year in all seven health boards.
- The health board with the greatest percentage decrease was Powys Teaching HB.
- The smallest percentage decreases were seen in Aneurin Bevan UHB.

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

	2019–2020 Qtr 3	2020–2021 Qtr 3	% Change
Powys	296	224	-24.5%
Hywel Dda	469	395	-15.9%
Swansea Bay	237	204	-14.2%
Betsi Cadwaladr	221	193	-12.4%
Cwm Taf Morgannwg	447	393	-11.9%
Cardiff And Vale	249	228	-8.18%
Aneurin Bevan	313	292	-6.72%
Wales	311	274	-11.9%

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



CAUTION WITH INTERPRETING NPI MONITORING DATA

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

Data for the Prescribing Safety Indicators have been provided by Audit+, the GP software tool delivered and supported by the NHS Wales Informatics Service (NWIS).

As of Quarter 3 2018–2019, the method of calculating secondary care data for the insulin NPI has changed. Therefore, any comparison to historic data before that point should be made via SPIRA rather than any previously published quarterly reports.

The Medusa data warehouse is reliant on data input by individual hospital pharmacy departments. If the data on a medicine are inputted under an alternative name to the usual generic or brand name, it may not be identified at extraction.

Medusa records the issue of medicines within the secondary care setting 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 and recorded through the hospital system; medicines supplied through other homecare providers are not included in this report. Therefore some medicines use data may currently be incomplete. This issue is being worked on within NHS Wales as a priority.

Medicines supplied through hospitals in England or on FP10HP (issued by hospital clinicians in NHS England) to patients resident in Wales, which do not get issued via Medusa or recorded through CASPA, are not included in this report.

Combining data obtained from two different software systems provides challenges, particularly as CASPA and Medusa report data via different measurement criteria. Hence, in order to amalgamate data, total cost of medicine usage is reported for all indicators and, where relevant, other measures such as total quantity, items and number are also reported.

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 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.

Prescribing– Although the term ‘prescribing’ is used in this report, the data presented within the primary care section of the report 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 above.

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 is a specific basket of items developed to monitor a particular NPI.

APPENDIX 1. AWMMSG NATIONAL PRESCRIBING INDICATORS 2020–2021

Table 1 Priority area NPIs for 2020–2021

National Prescribing Indicator	Applicable to:	Unit of measure	Target for 2020–2021	Data source
Priority areas				
Analgesics	Primary care	Opioid burden user defined group (UDG) ADQs per 1,000 patients.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		Tramadol DDDs per 1,000 patients.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		Gabapentin and pregabalin DDDs per 1,000 patients.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
Anticoagulants in atrial fibrillation	Primary care	The number of patients with AF and a CHA ₂ DS ₂ -VAS _C score of 2 or more who are currently prescribed an anticoagulant, as a percentage of all patients with AF.	To increase the number of patients with AF and a CHA ₂ DS ₂ -VAS _C score of 2 or more prescribed an anticoagulant.	NWIS
		The number of patients diagnosed with AF who are prescribed an anticoagulant and have received an anticoagulant review within the last 12 months, as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant.	To increase the number of patients who are prescribed an anticoagulant and have received an anticoagulant review within the last 12 months.	
		The number of patients diagnosed with AF who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with AF.	To reduce the number of patients with AF prescribed antiplatelet monotherapy.	
Antimicrobial stewardship	Primary care	Total antibacterial items per 1,000 STAR-Pus.	Health board target: a quarterly reduction of 5% against a baseline of April 2018–March 2019. GP Practice target: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		Number of 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) items per 1,000 patients.	Health board target: A quarterly reduction of 10% against a baseline of April 2018–March 2019. GP Practice target: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP

National Prescribing Indicator	Applicable to:	Unit of measure	Target for 2020–2021	Data source
Supporting Domain: Safety				
Prescribing Safety Indicators	Primary care	Number of patients identified.	No target set.	NWIS
Proton pump inhibitors	Primary care	PPI DDDs per 1,000 Pus.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
Hypnotics and anxiolytics	Primary care	Hypnotic and anxiolytic UDG ADQs per 1,000 STAR-Pus.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
Yellow Cards	Primary care	Number of Yellow Cards submitted.	One Yellow Card per 2,000 GP practice population.	MHRA
			One Yellow Card per 2,000 health board population.	
	Health board		20% or greater increase from baseline (2019–2020) for Yellow Cards submitted by secondary care.	
	Community pharmacy		50% or greater increase from baseline (2019–2020) for Yellow Cards submitted by members of the public.	
			No target set. Reported as the number of Yellow Cards submitted by health board.	
Supporting Domain: Efficiency				
Best value biological medicines	Primary + secondary care	Quantity of best value biological medicines prescribed as a percentage of total 'biosimilar' plus 'reference' product.	Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.	NWSSP NWIS
Insulin	Primary + secondary care	Items/number of long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin prescribed.	Reduce prescribing of long-acting insulin analogues and achieve prescribing levels below the Welsh average.	NWSSP NWIS
Low value for prescribing	Primary care	Low value for prescribing UDG spend per 1,000 patients.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NWSSP

APPENDIX 2. PRIMARY CARE NPI PRESCRIBING BY GP CLUSTER

Figure 1. Opioid burden prescribing – Quarter ending December 2020 versus quarter ending December 2019

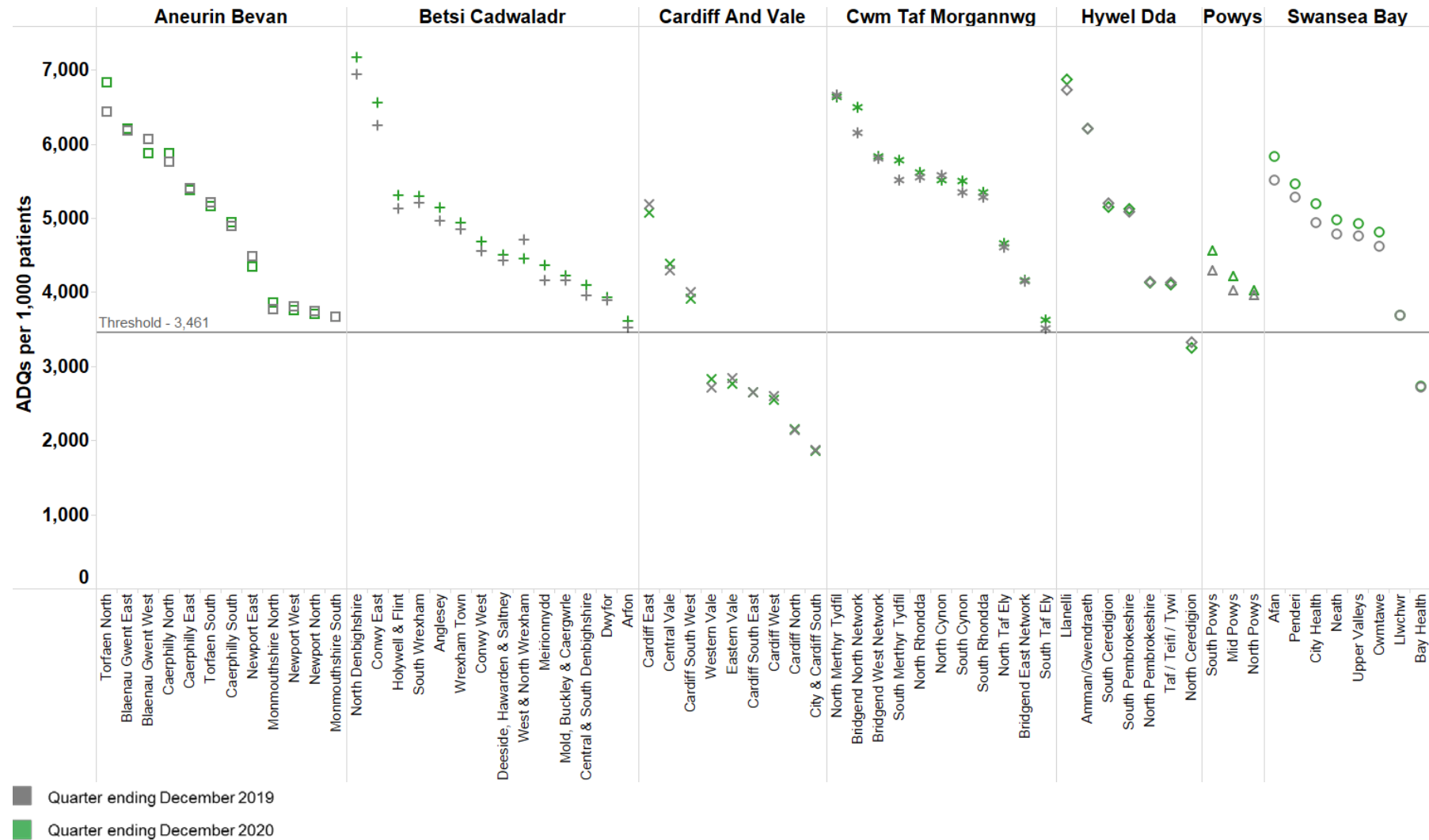


Figure 2. Tramadol prescribing – Quarter ending December 2020 versus quarter ending December 2019

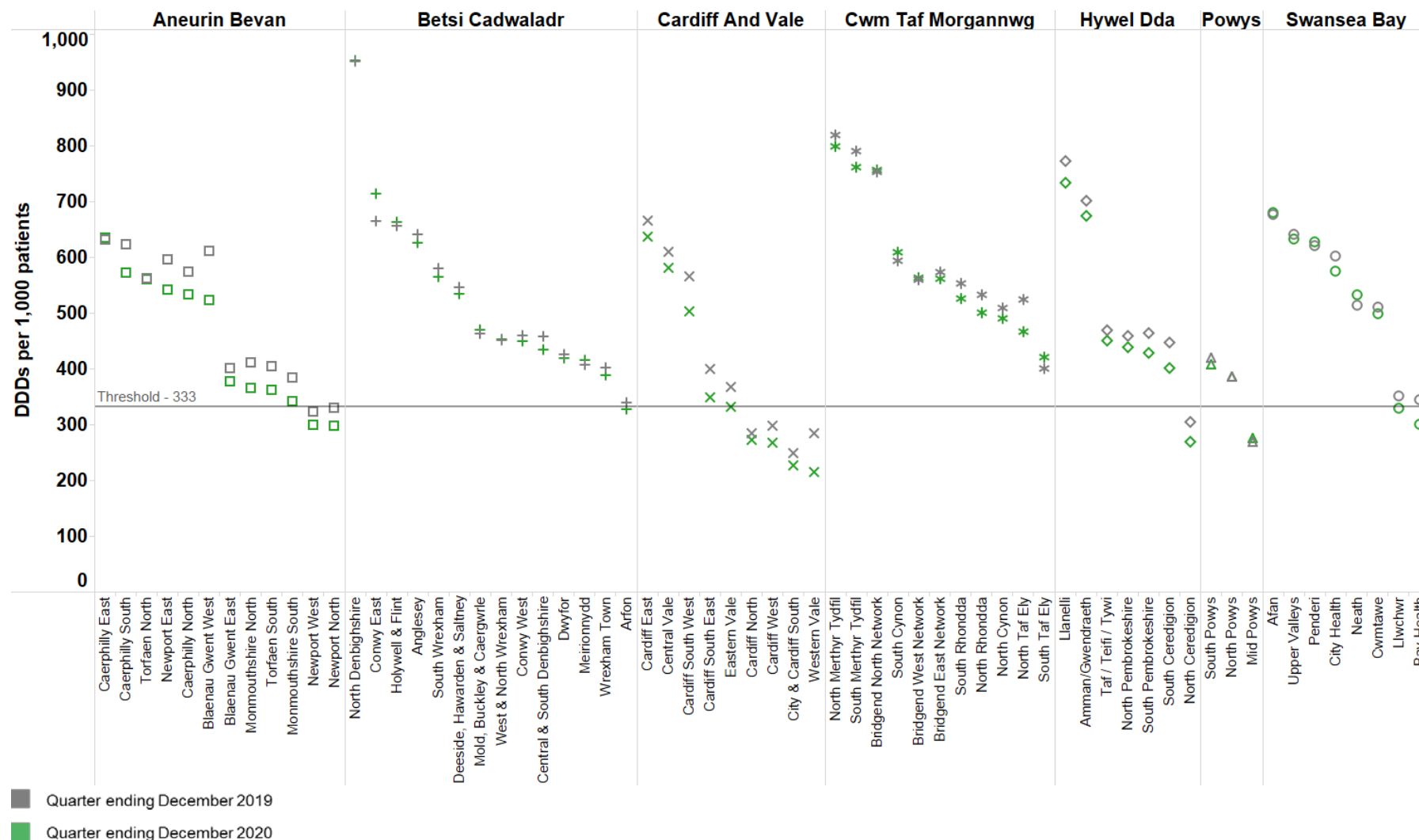


Figure 3. Gabapentin and pregabalin prescribing – Quarter ending December 2020 versus quarter ending December 2019

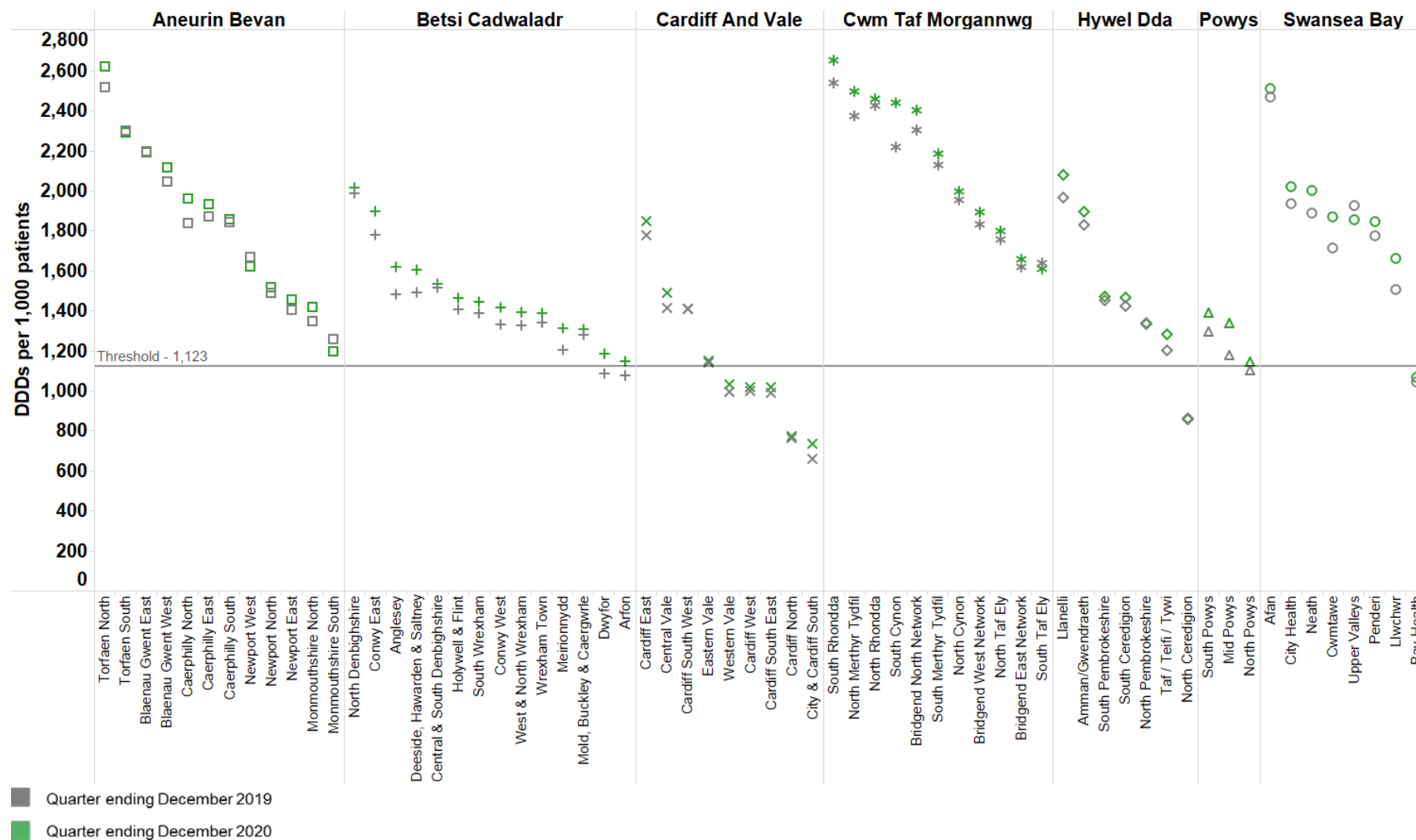


Figure 4. Antimicrobial prescribing – Quarter ending December 2020 versus quarter ending December 2018

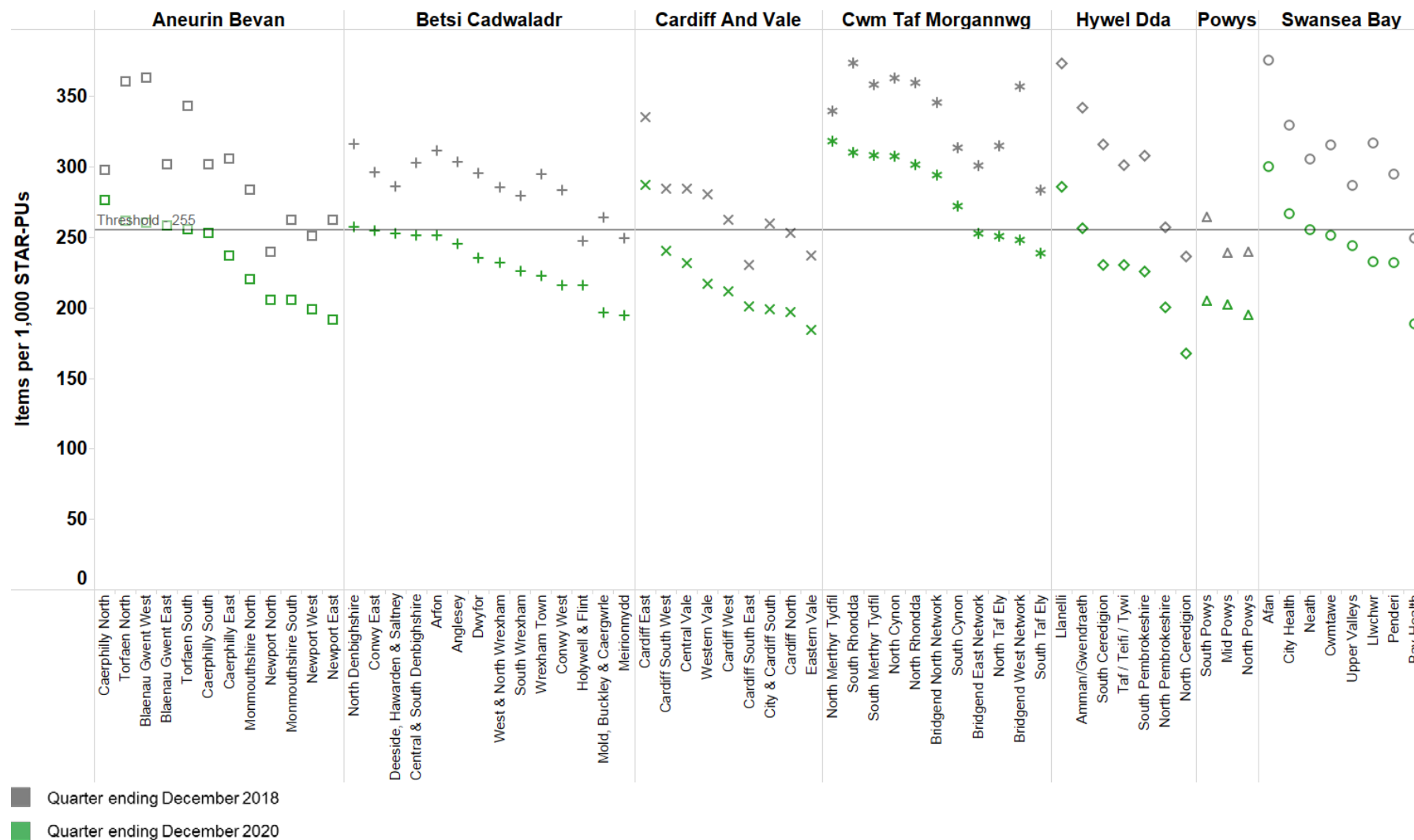


Figure 5. 4C prescribing – Quarter ending December 2020 versus quarter ending December 2018

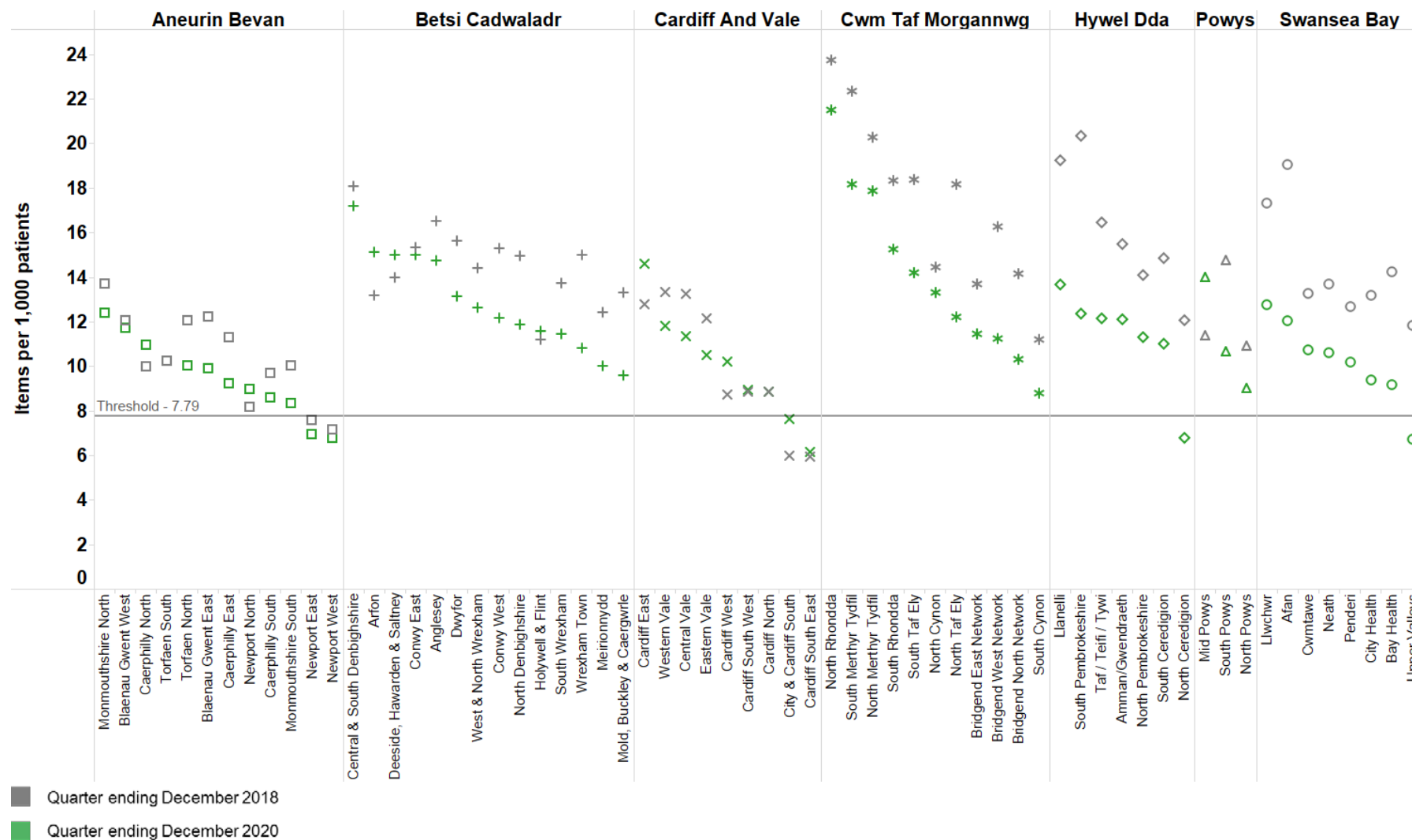


Figure 6. Proton Pump Inhibitor prescribing – Quarter ending December 2020 versus quarter ending December 2019

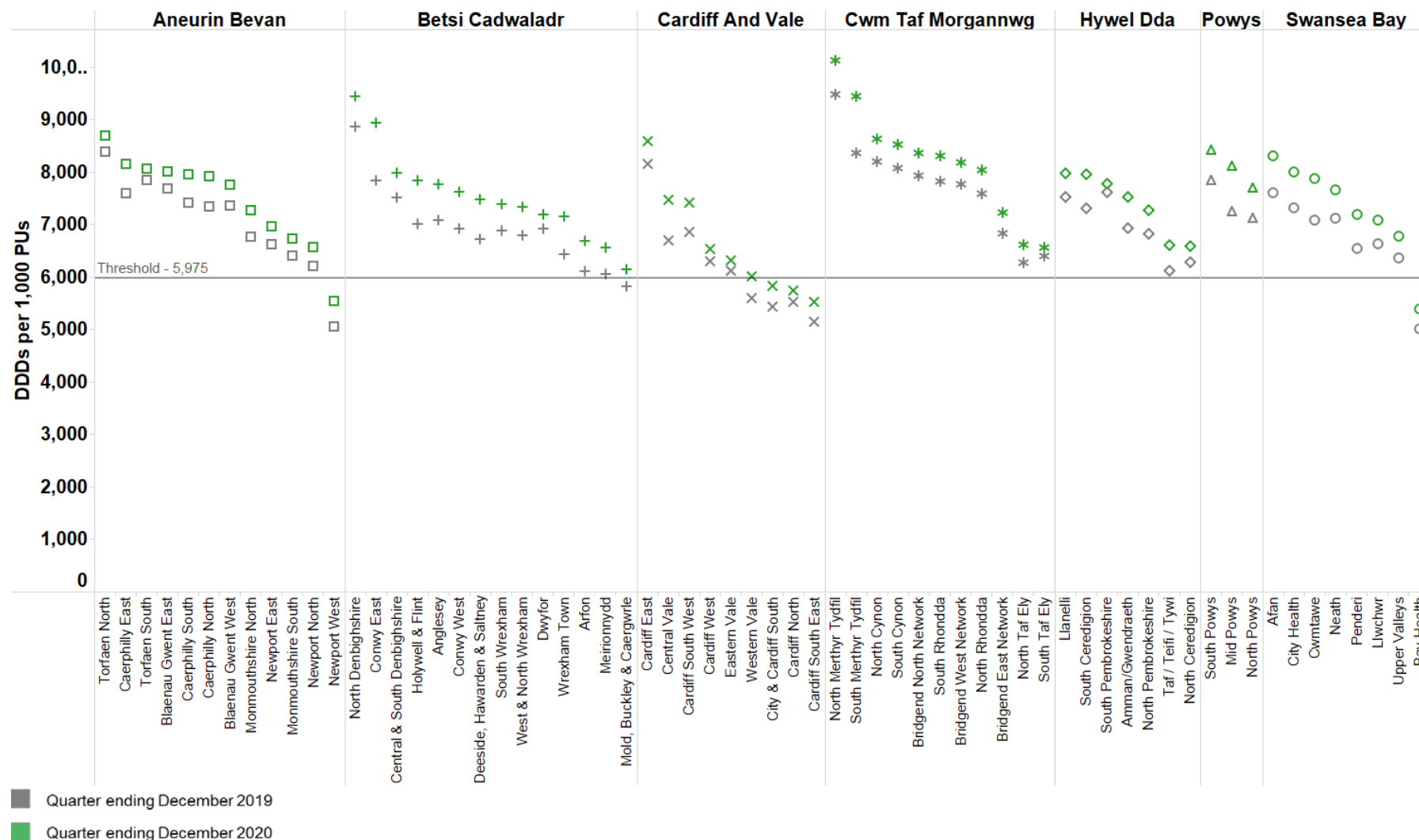


Figure 7. Hypnotic and anxiolytic prescribing – Quarter ending December 2020 versus quarter ending December 2019

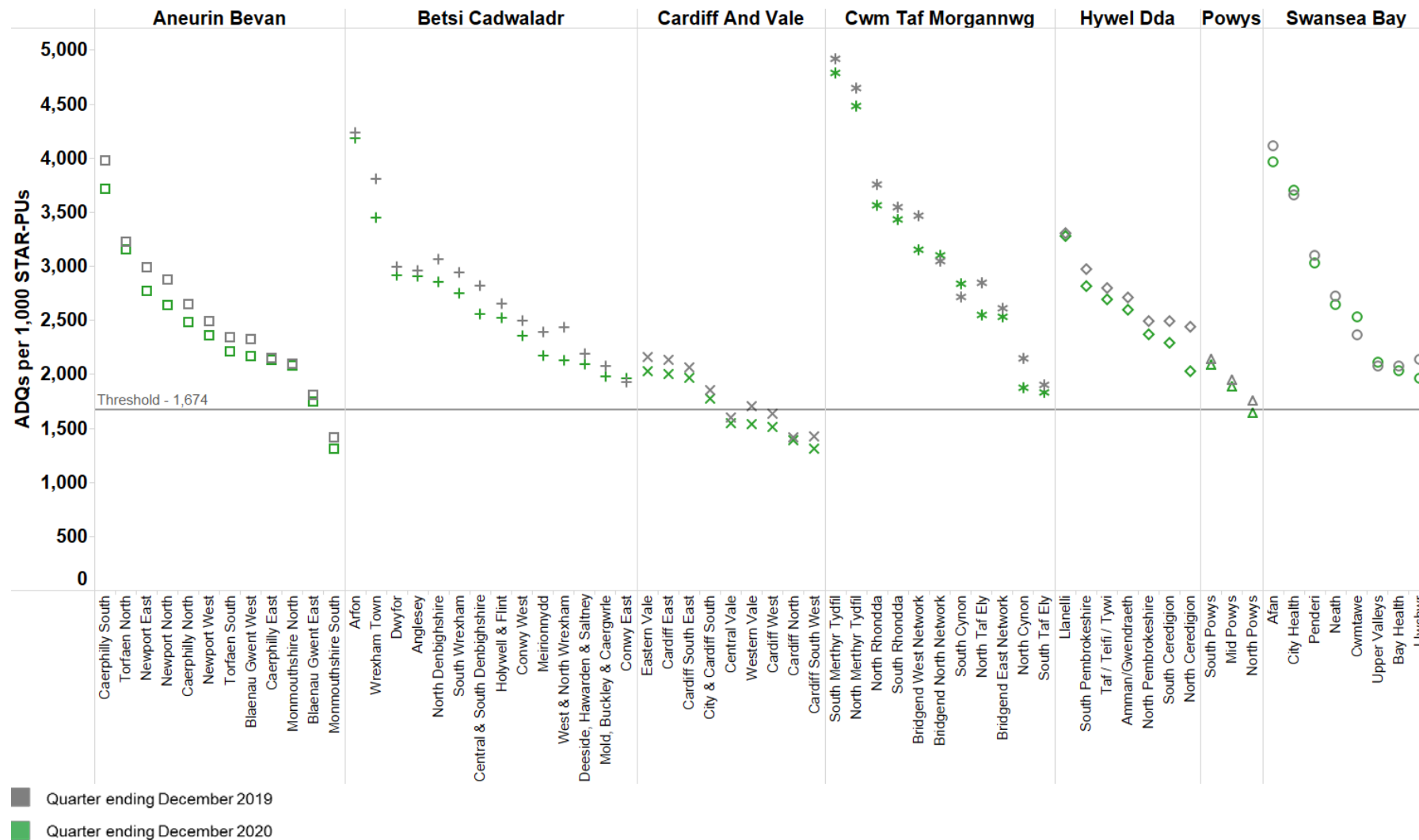


Figure 8. Long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin prescribing in primary care
– Quarter ending December 2020 versus quarter ending December 2019

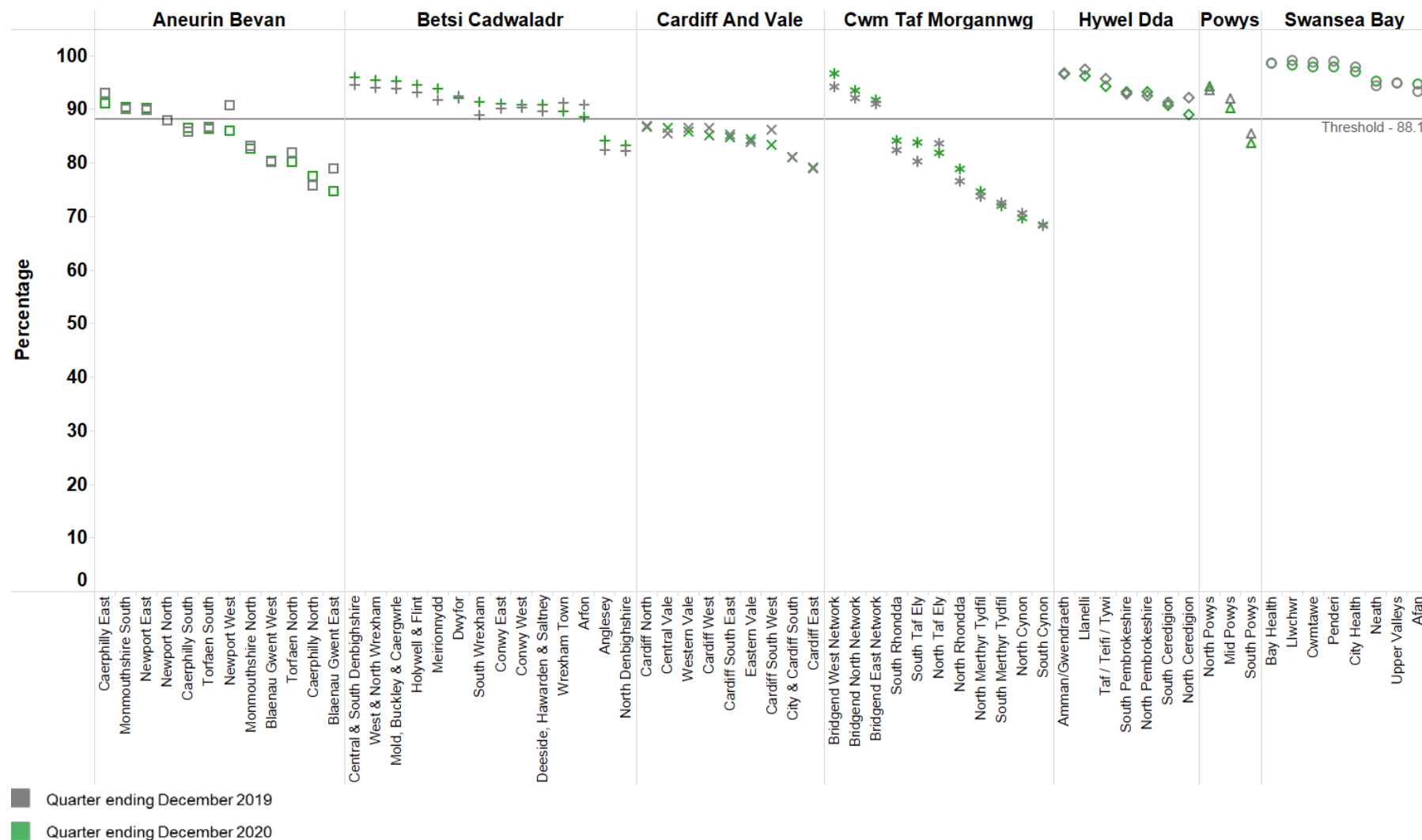


Figure 9. Low value for prescribing UDG spend (£) per 1,000 patients – Quarter ending December 2020 versus quarter ending December 2019

