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National Prescribing Indicators 2020–2021 Specifications

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

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INTRODUCTION

The National Prescribing Indicators (NPIs) 2020–2021 were developed by the All Wales Prescribing Advisory Group (AWPAG), and underwent a period of consultation prior to their endorsement by the All Wales Medicines Strategy Group (AWMSG).

This supplementary document details the specifications of each NPI including data source, drug baskets and targets/thresholds as appropriate for the NPIs 2020–2021.

Unless otherwise stated, for each NPI with a threshold, this is set at the 75th percentile (i.e. the prescribing rate of the best performing 25% of practices), for the quarter ending 31st December 2019, and is based on prescribing data for all general practices in Wales.

For those NPIs with a drug basket, the British National Formulary (BNF) medicine name and associated BNF coding structure within the Comparative Analysis System for Prescribing Audit (CASPA) have been listed for each medicine.

It should be noted that some of the drug baskets may contain medicines that have been discontinued. These are kept in the drug baskets for purposes of historic reporting and also to identify any prescribing of discontinued medicines.

NPI quarterly reports detailing health board values will be produced for quarters ending June 2020, September 2020, December 2020 and March 2021.

NPI data for GP practices, primary care clusters and health boards are available on the Server for Prescribing Information Reporting and Analysis (SPIRA).

1.0 PRIORITY AREAS

1.1 ANALGESICS

1.1.1 Opioid burden

Data source: NHS Wales Shared Services Partnership (NWSSP)

Unit of measure: Opioid burden average daily quantities (ADQs) per 1,000 patients.

Target for 2020–2021: Maintain performance levels within the lower quartile (threshold: 3,461 ADQs per 1,000 patients), or show a reduction towards the quartile below.

Numerator
ADQs of a user-defined group (UDG) of opioid medicines.

BNF Code	BNF Level	BNF Name
0407020	Sub-section	Opioid Analgesics
0407010F0	Chemical	Co-codamol (codeine phos/paracetamol)

Denominator
1,000 patients

1.1.2 Tramadol

Data source: NWSSP

Unit of measure: Tramadol defined daily dose (DDDs) per 1,000 patients.

Target for 2020–2021: Maintain performance levels within lower quartile (threshold: 333 DDDs per 1,000 patients), or show a reduction towards the quartile below.

Numerator
DDDs of tramadol

BNF Code	BNF Level	BNF Name
040702040	BNF chemical	Tramadol Hydrochloride

Denominator
1,000 patients

1.1.3 Gabapentin and pregabalin

Data source: NWSSP

Unit of measure: Gabapentin and pregabalin DDDs per 1,000 patients.

Target for 2020–2021: Maintain performance levels within lower quartile (threshold: 1,123 DDDs per 1,000 patients), or show a reduction towards the quartile below.

Numerator
DDDs of gabapentin and pregabalin

BNF Code	BNF Level	BNF Name
0408010G0	BNF chemical	Gabapentin
0408010AE	BNF chemical	Pregabalin
0407030AA	BNF chemical	Pregabalin

Denominator
1,000 patients

1.2 ANTICOAGULANTS IN ATRIAL FIBRILLATION

Data source: NHS Wales Informatics Service (NWIS)

Unit of measure: The number of patients diagnosed with AF who:

1. Have a CHA_2DS_2-VASc score of 2 or more who are currently prescribed an anticoagulant as a percentage of all patients diagnosed with AF.
2. Are currently prescribed an anticoagulant and have received an anticoagulant review (read codes 8BT3, 6A9, or 66QB) within the last 12 months, as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant.
3. Are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with AF.

Target for 2020–2021:

1. To increase the number of patients with AF and a CHA_2DS_2-VASc of 2 or more prescribed an anticoagulant.
2. To increase the number of patients with AF who are prescribed an anticoagulant and have received an anticoagulant review (read codes 8BT3, 6A9, or 66QB) within the last 12 months.
3. To reduce the number of patients with AF prescribed antiplatelet monotherapy.

Numerators and denominators
As per individual anticoagulant indicator. READ codes used in searches are available on request.

1.3 ANTIMICROBIAL STEWARDSHIP

1.3.1 Total antibacterial items

Data source: NWSSP

Unit of measure: Total antibacterial items per 1,000 specific therapeutic group age–sex related prescribing units (STAR-PUs).

Targets for 2020–2021:
Health board target: a quarterly reduction of 5% against a baseline of data from April 2018–March 2019.

	Quarter ending June		Quarter ending September		Quarter ending December		Quarter ending March	
	2018 data	2020 target	2018 data	2020 target	2018 data	2020 target	2019 data	2021 target
Aneurin Bevan	278	264	264	250	304	288	310	294
Betsi Cadwaladr	275	261	257	244	290	275	292	277
Cardiff and Vale	263	250	244	231	277	263	279	265
Cwm Taf Morgannwg	313	297	299	284	335	319	340	323
Hywel Dda	288	274	266	253	314	298	312	297
Powys	233	222	222	211	253	240	261	248
Swansea Bay	309	293	289	274	332	315	327	311

GP practice target: maintain performance levels within lower quartile, or show a reduction towards the quartile below, based on quarterly data from April 2019–March 2020.

	Quarter ending June	Quarter ending September	Quarter ending December	Quarter ending March
Threshold (items per 1,000 STAR-PUs)	219	214	255	250

Numerator
All antibacterial items

BNF Code	BNF Level	BNF Name
0501	BNF section	Antibacterial drugs

Denominator
1,000 STAR-PUs

1.3.2 4C antimicrobials

Data source: NWSSP

Unit of measure: Co-amoxiclav, cephalosporin, fluoroquinolone and clindamycin (4C antimicrobials) items combined, per 1,000 patients.

Targets for 2020–2021:
Health board target: A quarterly reduction of 10% against a baseline of data from April 2018–March 2019.

	Quarter ending June		Quarter ending September		Quarter ending December		Quarter ending March	
	2018 data	2020 target	2018 data	2020 target	2018 data	2020 target	2019 data	2021 target
Aneurin Bevan	10.8	9.72	10.5	9.41	10.6	9.54	10.1	9.12
Betsi Cadwaladr	15.1	13.6	15.4	13.9	14.6	13.1	13.4	12.0
Cardiff and Vale	10.4	9.37	10.0	8.96	10.1	9.08	10.0	8.96
Cwm Taf Morgannwg	17.9	16.1	17.8	16.0	17.1	15.4	16.8	15.1
Hywel Dda	17.0	15.3	16.8	15.1	16.8	15.2	15.7	14.1
Powys	12.7	11.4	12.5	11.2	12.6	11.3	11.8	10.6
Swansea Bay	17.9	16.1	16.6	14.9	16.1	14.5	16.1	14.4

GP practice target: maintain performance levels within lower quartile, or show a reduction towards the quartile below, based on quarterly data from April 2019–March 2020.

	Quarter ending June	Quarter ending September	Quarter ending December	Quarter ending March
Threshold (4C items per 1,000 patients)	7.70	7.67	7.79	8.02

Numerator
Items of co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin

BNF Code	BNF Level	BNF Name
0501013K0	BNF chemical	Co-Amoxiclav (amoxicillin/clavul Acid)
0501020B0	BNF chemical	Cefaclor
0501020D0	BNF chemical	Cefadroxil
0501020E0	BNF chemical	Cefixime
0501020F0	BNF chemical	Cefotaxime sodium
0501020I0	BNF chemical	Cefpodoxime
0501020K0	BNF chemical	Ceftriaxone sodium
0501020L0	BNF chemical	Ceftazidime Pentahydrate
0501020P0	BNF chemical	Cefuroxime sodium
0501020Q0	BNF chemical	Cefuroxime axetil
0501020R0	BNF chemical	Cefalexin
0501020W0	BNF chemical	Cefradine
0501021	BNF sub section	Cephalosporins
0501120	BNF subsection	Quinolones
0501060	BNF sub section	Clindamycin

Denominator
1,000 patients

2.0 SUPPORTING DOMAINS

2.1 SAFETY

2.1.1 Prescribing Safety Indicators

Data source: NWIS

Unit of measure:

- **Prescribing Safety Indicators related to AKI**
  - Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months.
  - Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months.
  - Number of patients with concurrent prescriptions of an NSAID, renin-angiotensin system (RAS) drug and a diuretic.
  - Number of patients aged 75 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 prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H_2 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 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**
  - 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 with a prescription for sodium valproate.
  - Number of female patients aged 14-45 with a prescription for oral retinoids.

- **Prescribing Safety Indicators related to 'other'**
  - Number of patients under 16 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.

Target for 2020–2021: No target set.

Numerators and denominators: As per individual Prescribing Safety Indicator. READ codes for medicines used in searches are available on request.

2.1.2 PROTON PUMP INHIBITORS

Data source: NWSSP

Unit of measure: Proton pump inhibitor (PPI) DDDs per 1,000 prescribing units (PUs).

Target for 2020–2021: Maintain performance levels within the lower quartile (threshold: 5,975 DDDs per 1,000 PUs), or show a reduction towards the quartile below.

Numerator
DDDs of PPIs

BNF Code	BNF Level	BNF Name
0103050	BNF sub section	Proton Pump Inhibitors

Denominator
1,000 PUs

2.1.3 HYPNOTICS AND ANXIOLYTICS

Data source: NWSSP

Unit of measure: Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs.

Target for 2020–2021: Maintain performance levels within the lower quartile (threshold: 1,674 ADQs per 1,000 STAR-PUs), or show a reduction towards the quartile below.

Numerator
ADQs of a UDG of hypnotic and anxiolytic medicines

BNF Code	BNF Level	BNF Name
0401010L0	BNF chemical	Flurazepam Hydrochloride
0401010N0	BNF chemical	Loprazolam Mesilate
0401010P0	BNF chemical	Lormetazepam
0401010R0	BNF chemical	Nitrazepam
0401010T0	BNF chemical	Temazepam
0401010W0	BNF chemical	Zaleplon
0401010Y0	BNF chemical	Zolpidem Tartrate
0401010Z0	BNF chemical	Zopiclone
0401020D0	BNF chemical	Chlordiazepoxide
0401020E0	BNF chemical	Chlordiazepoxide Hydrochloride
0401020K0	BNF chemical	Diazepam
0401020P0	BNF chemical	Lorazepam
0401020T0	BNF chemical	Oxazepam

Denominator
1,000 STAR-PUs

2.1.4 YELLOW CARDS

Data source: Medicines and Healthcare products Regulatory Agency (MHRA)

Unit of measure: Number of Yellow Cards submitted, per GP practice, per health board and per hospital.
Number of Yellow Cards submitted by Community Pharmacies, per health board.

Target for 2020–2021:

- GP practices: Submit one Yellow Card per 2,000 GP practice population.
- Health boards:
  - Submit one Yellow Card per 2,000 health board population.
  - Demonstrate a 20%, or greater, increase from baseline (2019–2020), for Yellow Cards submitted by secondary care.
  - Demonstrate a 50%, or greater, increase from baseline (2019–2020), for Yellow Cards submitted by members of the public.
- Community pharmacy: no target set

2.2 EFFICIENCIES

2.2.1 Best value biological medicines

Data source: NWSSP and NWIS

Unit of measure: Quantity of best value biological medicines prescribed as a percentage of total 'biosimilar' plus 'reference' product.

Target for 2020–2021: Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.

Excluding adalimumab, for the current basket of biological medicines used in the biosimilar NPI (infliximab, etanercept, rituximab, trastuzumab and teriparatide) only secondary care data, accessed via the Medusa data warehouse, are required. It is essential that the brand name of the biosimilar medicine being supplied is clearly described on data entry to facilitate the data extraction to the Medusa data warehouse. Where 'home' appears within the description name this will be assumed to imply the supply is through Homecare delivery. Adalimumab as well as being supplied through secondary care also has a supply within primary care, and likewise must be prescribed by its brand name.

Numerator
For each biological medicine:
Quantity of biosimilar biological product(s)

- **In addition for adalimumab:**
  Items prescribed of a UDG of adalimumab biological medicines

BNF Code	BNF Level	BNF Name
1001030S0BF	BNF product	Imraldi

Denominator
For each biological medicine:
Total quantity of biosimilar product(s) plus 'reference' product

- **In addition for adalimumab:**
  Items prescribed of a UDG of adalimumab biological medicines

BNF Code	BNF Level	BNF Name
1001030S0	BNF chemical	Adalimumab

2.2.2 Insulin

Data source: NWSSP and NWIS

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

Target for 2020–2021: Reduce prescribing of long-acting insulin analogues and achieve prescribing levels below the Welsh average (threshold for primary care: 88.1%).

Numerator

BNF Code	BNF Level	BNF Name
060102Z0	BNF chemical	Insulin Degludec
0601012AA	BNF chemical	Insulin Degludec and liraglutide
0601012X0	BNF chemical	Insulin Detemir
0601012V0	BNF chemical	Insulin Glargine
0601012G0	BNF chemical	Insulin Zinc suspension
0601012L0	BNF chemical	Insulin Zinc suspension (Amorphous)
0601012N0	BNF chemical	Insulin Zinc suspension (Crystalline)
0601012U0	BNF chemical	Protamine Zinc Insulin

Denominator

BNF Code	BNF Level	BNF Name
060102Z0	BNF chemical	Insulin Degludec
0601012AA	BNF chemical	Insulin Degludec and liraglutide
0601012X0	BNF chemical	Insulin Detemir
0601012V0	BNF chemical	Insulin Glargine
0601012G0	BNF chemical	Insulin Zinc suspension
0601012L0	BNF chemical	Insulin Zinc suspension (Amorphous)
0601012N0	BNF chemical	Insulin Zinc suspension (Crystalline)
0601012U0	BNF chemical	Protamine Zinc Insulin
0601012S0	BNF chemical	Isophane Insulin

The same item names are utilised in both the CASPA and Medusa data warehouses.

2.2.3 Low value for prescribing

Data source: NWSSP

Unit of measure: Low value for prescribing UDG spend per 1,000 patients (items included in phase 1 and phase 2 of the initiative only)

Target for 2020–2021: Maintain performance levels within the lower quartile (threshold: £145.64 per 1,000 patients), or show a reduction towards the quartile below.

Numerator
For the current basket of items used in the Low value for prescribing NPI (items included in phase 1 and phase 2 of the initiative only), only primary care data are required. Due to the length of this list, it is available on request or it can be found in *Appendix 1 - Drug Basket Details* of the Low Value for Prescribing dashboard within SPIRA: Low Value for Prescribing - SPIRA Dashboard.

Denominator
1,000 patients