



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

National Prescribing Indicators 2024–2025

Analysis of Prescribing Data to December 2024

9 July 2025: Data added for 'Yellow Cards' indicators



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

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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. The *National Prescribing Indicators 2022–2025: Supporting Safe and Optimised Prescribing* focuses on four priority areas, supported by additional safety and efficiency domains.

Background information supporting the choice of NPIs is detailed in the document [National Prescribing Indicators 2022–2025](#). The [National Prescribing Indicators 2024–2025 Specifications](#) document details thresholds and targets for 2024–2025.

This report contains data relating to the NPIs for the third quarter of 2024–2025. Units of measure and targets for each NPI are included in Appendix 1 and primary care NPI prescribing data for GP clusters are presented in Appendix 2.

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

Priority areas

For 2024–2025 there are four priority areas, covering a total of ten indicators.

Analgesics in primary care

The unit of measure for both opioid burden and high strength opioids changed from defined daily doses (DDD) to oral morphine equivalence (OME) from April 2024 onwards.

- Opioid burden (OME per 1,000 patients) decreased by 1.51% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- High strength opioid prescribing (OME per 1,000 patients) decreased by 11.0% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Tramadol (DDD per 1,000 patients) reduced by 6.63% 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 0.08% across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to reduce prescribing.
- A good practice spotlight (p12) from Swansea Bay UHB highlights a range of actions which have been implemented to reduce opioid and gabapentinoid prescribing for chronic pain.

Anticoagulants in atrial fibrillation (AF)

- The percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more, who were prescribed an anticoagulant increased by 0.05% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

- 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 4.40% in the month of December 2024, 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 8.32% in the month of December 2024, 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 specific therapeutic group age-sex related prescribing units (STAR-PU) decreased across Wales by 6.49% compared with the baseline of quarter 3 2019–2020, in line with the aim of the indicator.
- 4C (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) items per 1,000 patients decreased across Wales by 13.1%, compared with equivalent quarter of the previous year, in line with the aim of the indicator.
- A good practice spotlight (p21) from Aneurin Bevan UHB highlights a range of tools which have been implemented to influence and reduce 4C prescribing.

Decarbonisation of inhalers

- The proportion of dry powder inhaler (DPI) and soft mist inhaler (SMI) prescribing (as a percentage of all inhalers prescribed) increased by 14.8% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Supporting domain – Safety

Prescribing Safety Indicators

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

Hypnotics and anxiolytics

- Prescribing of hypnotics and anxiolytics (average daily quantities [ADQs] per 1,000 STAR-PU) in primary care reduced by 7.49% 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 demonstrate:
 - A 37% increase in reporting by GP practices across Wales, compared with the equivalent quarter of the previous year.
 - A 1% increase in secondary care reporting across Wales, compared with the equivalent quarter of the previous year.

- A 2% increase in reporting by health boards/NHS Trusts across Wales, compared with the equivalent quarter of the previous year.
- A 25% 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

- Use of biosimilar medicines (adalimumab, etanercept, infliximab, ranibizumab, rituximab and trastuzumab) as a percentage of reported 'reference' biological medicines plus biosimilars combined, increased from 90% in the quarter ending December 2023 to 95% for the quarter ending December 2024. This is in line with the aim of the indicator.
- There was an increase in the overall use of adalimumab biosimilar compared with the equivalent quarter of the previous year, in line with the aim of the NPI.

Low value for prescribing

- Overall spend on the low value for prescribing user defined group (UDG) (per 1,000 patients) increased by 5.65% across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to reduce spending.

The 2024–2025 NPI report for quarter ending March 2025 will be available on 18th July 2025.



[Find out more](#)

Server for Prescribing Information Reporting and Analysis (SPIRA)

The SPIRA dashboard for the NPIs can be accessed by anyone on the NHS Wales network.

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

The target for antibacterial items per 1,000 STAR-PU is by health board, therefore a tick demonstrates achievement. Please refer to the [National Prescribing Indicators 2024–2025 Specifications](#) document for details of thresholds and targets for 2024–2025.

Health boards/practices achieving the indicator targets/thresholds – Quarter ending December 2024

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
Opioid burden Total OME Per 1,000 Patients	24 32%	27 26%	46 74%	14 26%	11 21%	4 24%	16 31%
High Strength Opioid burden Total OME Per 1,000 Patients	24 32%	29 28%	33 53%	17 31%	11 21%	7 41%	26 51%
Tramadol DDDs per 1,000 patients	22 32%	21 22%	31 56%	8 18%	14 29%	6 38%	13 30%
Gabapentin and pregabalin DDDs per 1,000 patients	17 25%	15 16%	31 56%	2 5%	15 31%	4 25%	10 23%
Antibacterial items per 1,000 STAR-PU	✗	✗	✗	✗	✗	✗	✗
4C antibacterial items per 1,000 patients	18 26%	44 46%	16 29%	13 30%	11 23%	1 6%	24 55%
DPIs and SMI as a percentage of all inhalers	27 40%	18 19%	38 69%	21 48%	40 83%	3 19%	17 39%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PU	20 29%	20 21%	32 58%	6 14%	7 15%	7 44%	12 27%
Low Value for Prescribing (UDG) spend (£) per 1,000 patients	6 9%	33 34%	16 29%	3 7%	6 13%	4 25%	8 18%

Percentage of practices meeting threshold:



1.0 Priority areas

1.1 Analgesics

There are three NPIs monitoring the usage of medicines for the treatment of pain for 2022–2025:

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 ADRs.

Units of measure:

- Opioid burden UDG OME per 1,000 patients
- High strength opioids UDG OME per 1,000 patients

Aim: To reduce prescribing

There is a lack of consistent good quality evidence to support strong clinical recommendation for the long-term use of opioid analgesics for patients with chronic non-cancer pain. Opioid analgesics have well established side effects and repeated administration may cause tolerance and dependence. Despite the lack of evidence for use in chronic non-cancer pain, research in the UK has found an escalation of strong opioid prescribing in primary care, predominantly for non-cancer patients. 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.

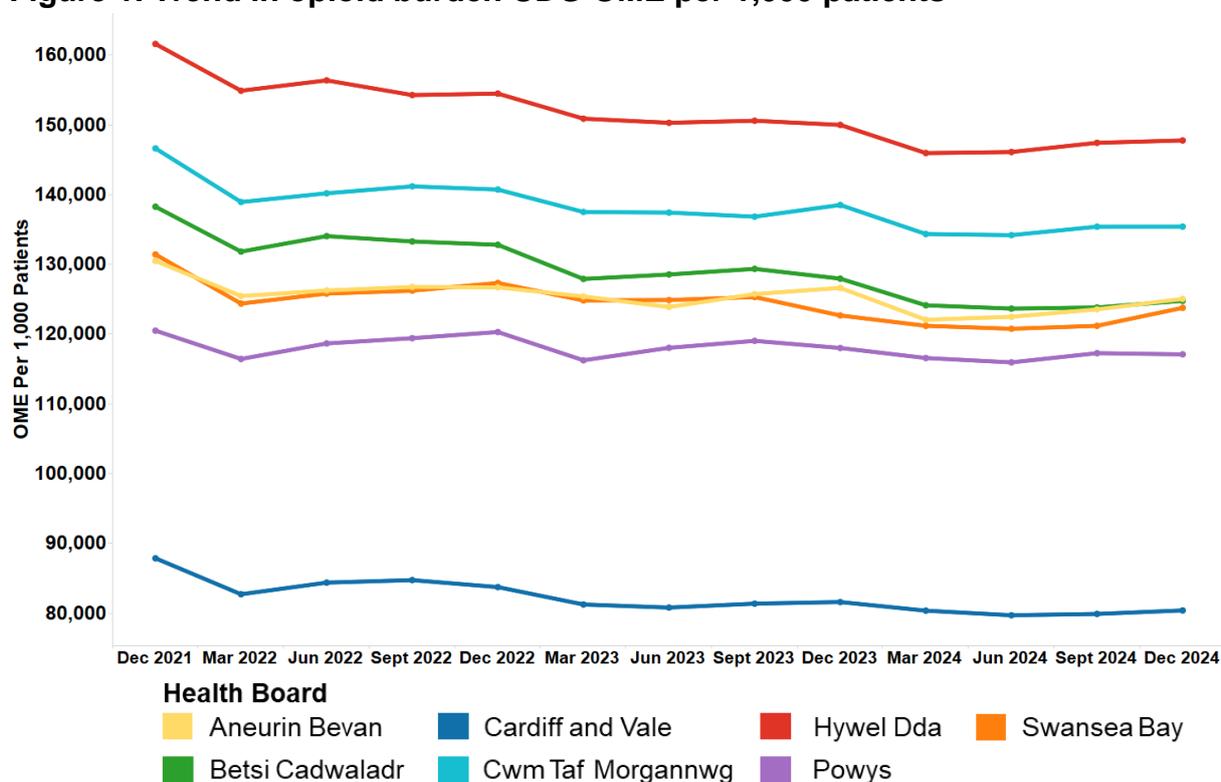
Opioid burden

- Across Wales, opioid burden reduced by 1.51% in the quarter ending December 2024 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending December 2024, opioid burden prescribing ranged from 80,381 to 147,761 OME 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 Hywel Dda UHB.
- Opioid burden decreased, compared with the equivalent quarter of the previous year, in six of the health boards.
- Betsi Cadwaladr UHB demonstrated the largest percentage decrease, compared with the equivalent quarter of the previous year.
- Swansea Bay UHB demonstrated an increase, compared with the equivalent quarter of the previous year.

Table 1. Opioid burden OME per 1,000 patients

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Betsi Cadwaladr	127,949	124,770	-2.48%
Cwm Taf Morgannwg	138,508	135,407	-2.24%
Hywel Dda	149,988	147,761	-1.48%
Cardiff And Vale	81,584	80,381	-1.47%
Aneurin Bevan	126,623	125,032	-1.26%
Powys	118,007	117,094	-0.77%
Swansea Bay	122,670	123,762	0.89%
Wales	123,262	121,398	-1.51%

Figure 1. Trend in opioid burden UDG OME per 1,000 patients



High strength opioids

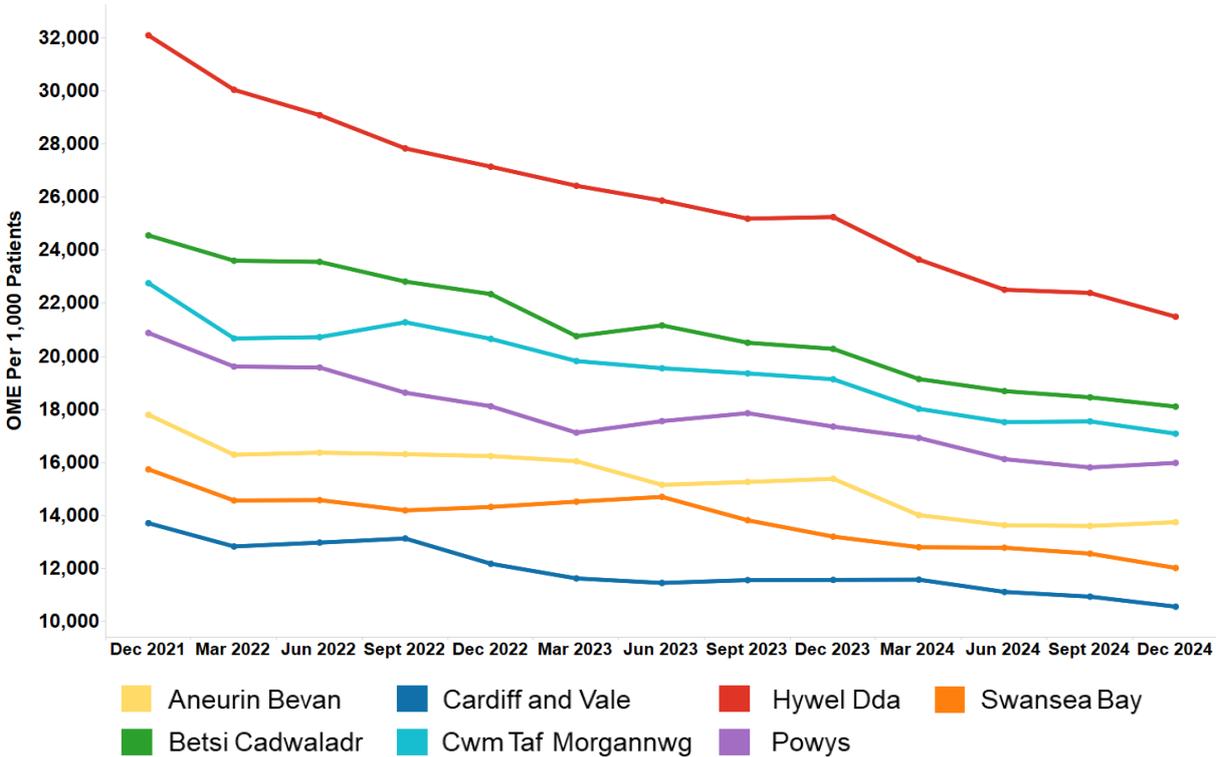
- Across Wales, high strength opioid prescribing decreased by 11.0% in the quarter ending December 2024 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2024, high strength opioid prescribing ranged from 10,556 to 21,489 OME 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 Hywel Dda UHB.
- High strength opioid prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- Hywel Dda UHB demonstrated the largest percentage decrease in high strength opioid prescribing, compared with the equivalent quarter of the previous year.

- Powys Teaching HB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 2. High strength opioid UDG OME per 1,000 patients

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Hywel Dda	25,248	21,489	-14.9%
Betsi Cadwaladr	20,275	18,100	-10.7%
Cwm Taf Morgannwg	19,131	17,079	-10.7%
Aneurin Bevan	15,378	13,743	-10.6%
Swansea Bay	13,197	12,017	-8.95%
Cardiff And Vale	11,565	10,556	-8.72%
Powys	17,346	15,978	-7.89%
Wales	17,383	15,467	-11.0%

Figure 2. Trend in high strength opioid UDG OME per 1,000 patients



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

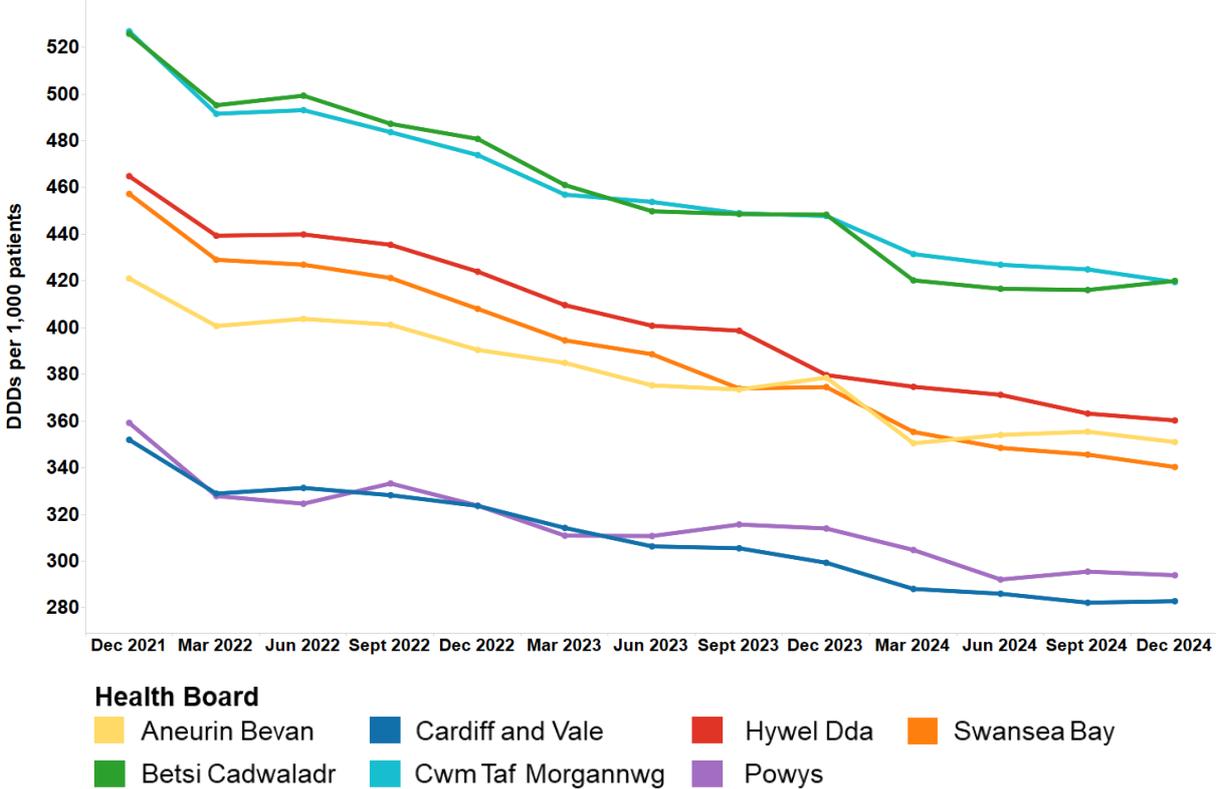
While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and ADRs. This NPI promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits, and encouraging timely review.

- Across Wales, prescribing of tramadol was 6.63% lower in the quarter ending December 2024 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2024, tramadol prescribing ranged from 283 to 420 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 Betsi Cadwaladr UHB.
- Tramadol prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Swansea Bay UHB and the smallest percentage decrease was seen in Hywel Dda UHB, compared with the equivalent quarter of the previous year.

Table 3. Tramadol DDDs per 1,000 patients

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Swansea Bay	375	340	-9.14%
Aneurin Bevan	379	351	-7.29%
Powys	314	294	-6.38%
Betsi Cadwaladr	448	420	-6.32%
Cwm Taf Morgannwg	448	419	-6.32%
Cardiff And Vale	299	283	-5.49%
Hywel Dda	380	360	-5.12%
Wales	388	362	-6.63%

Figure 3. 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 well-defined roles 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 2024, prescribing of gabapentin and pregabalin increased by 0.08% compared with the same quarter of the previous year. This is contrary to the aim of the indicator.
- For the quarter ending December 2024, gabapentin and pregabalin prescribing ranged from 1,206 to 2,112 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.

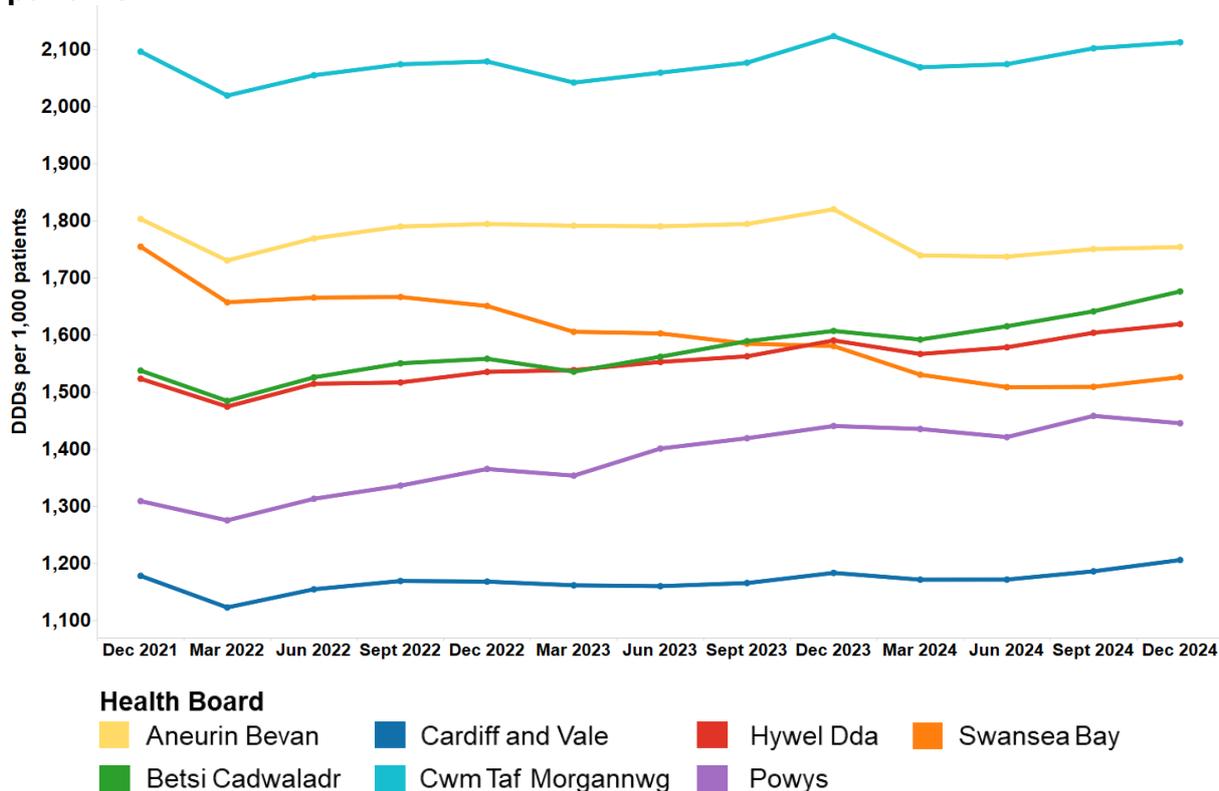
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- Aneurin Bevan UHB, Swansea Bay UHB and Cwm Taf Morgannwg UHB demonstrated a decrease in prescribing compared with the same quarter of the previous year.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase in prescribing, compared with the equivalent quarter of the previous year.

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

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Aneurin Bevan	1,820	1,754	-3.63%
Swansea Bay	1,581	1,526	-3.44%
Cwm Taf Morgannwg	2,123	2,112	-0.51%
Powys	1,441	1,446	0.34%
Hywel Dda	1,590	1,619	1.80%
Cardiff And Vale	1,184	1,206	1.90%
Betsi Cadwaladr	1,607	1,676	4.29%
Wales	1,640	1,641	0.08%

Figure 4. Trend in gabapentin and pregabalin prescribing DDDs per 1,000 patients



Good practice spotlight

Swansea Bay UHB has worked closely with the SBUHB Persistent Pain Service to implement a range of interventions including a patient facing webpage, social media campaign and multidisciplinary discussion forum to support GPs in the management of complex pain patients.

A gabapentinoid audit and GP Practice resources have also been developed to support local Primary Care prescribers.

The health board has also explored the use of Social Prescribing in the context of pain management.

For further information regarding this initiative, please contact awttc@wales.nhs.uk.

1.2 Anticoagulants in AF

There are three NPIs monitoring anticoagulants in AF for 2022–2025:

1. Number of patients who have a CHA₂DS₂-VASc score of 2 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 AF.

Unit of measure: Number of patients with AF who have a CHA₂DS₂-VASc score of 2 or more and 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 2 or more prescribed an anticoagulant.

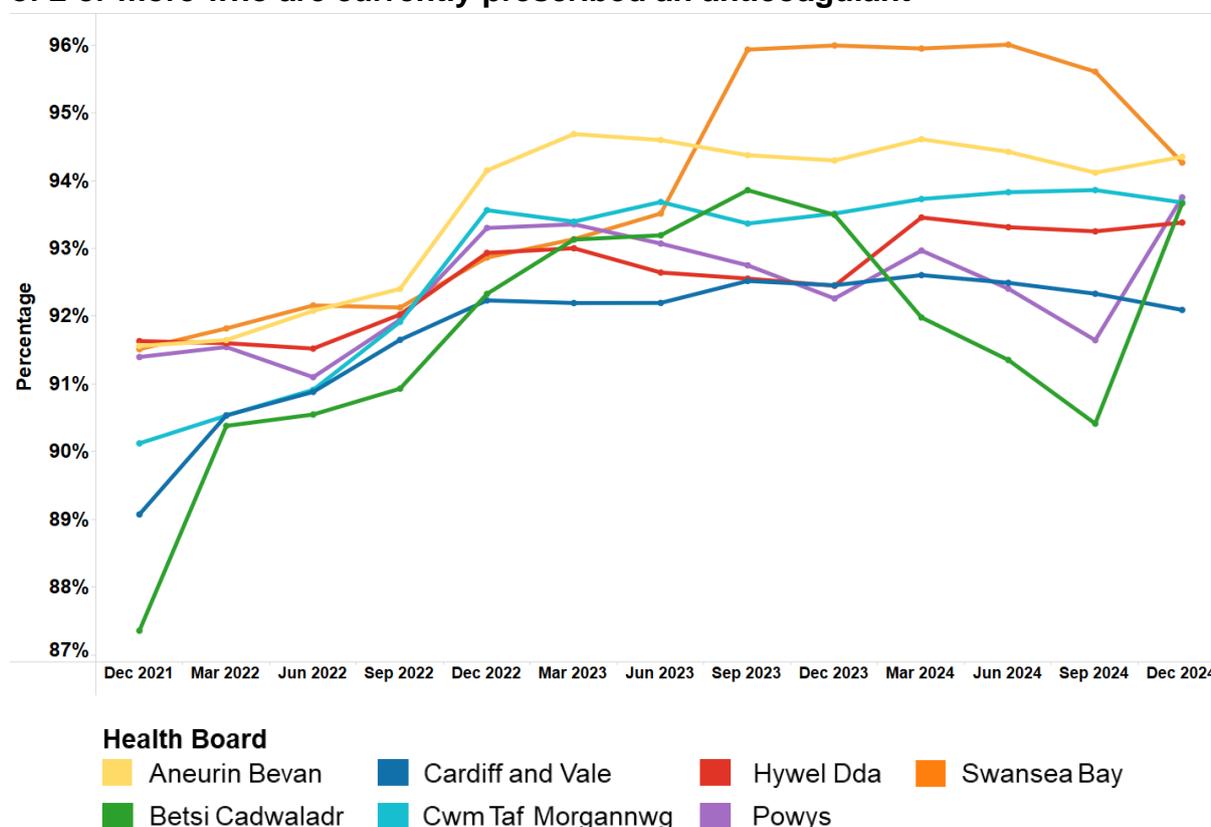
The CHA₂DS₂-VASc risk stratification score calculates stroke risk of patients with AF. Adults with non-valvular AF and a CHA₂DS₂-VASc score of 2 or above are at a much higher risk of having a stroke than the general population; however, anticoagulation therapy can help to prevent strokes by reducing the likelihood of a blood clot forming. AF causes around 20% of strokes; however, this risk can be reduced by about two thirds if people are anticoagulated.

- Across Wales, for the quarter ending December 2024, the percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more who were prescribed an anticoagulant increased by 0.05%. This is in line with the aim of the indicator.
- For the quarter ending December 2024, the percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more and were prescribed an anticoagulant ranged from 92.1% to 94.4% across the health boards.
- The health board with the highest percentage of patients with AF and a CHA₂DS₂-VASc of 2 or more who were prescribed an anticoagulant was Aneurin Bevan UHB. The health board with the lowest percentage was Cardiff and Vale UHB.
- The largest percentage increase was seen in Powys Teaching HB and the largest percentage decrease was seen in Swansea Bay UHB, compared with the equivalent quarter of the previous year.

Table 5. Percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more who are currently prescribed an anticoagulant

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Powys	92.3%	93.8%	1.62%
Hywel Dda	92.4%	93.4%	1.01%
Betsi Cadwaladr	93.5%	93.7%	0.18%
Cwm Taf Morgannwg	93.5%	93.7%	0.18%
Aneurin Bevan	94.3%	94.4%	0.06%
Cardiff And Vale	92.5%	92.1%	-0.39%
Swansea Bay	96.0%	94.3%	-1.80%
Wales	93.6%	93.6%	0.05%

Figure 5. Trend in percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more who are currently prescribed an anticoagulant



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.

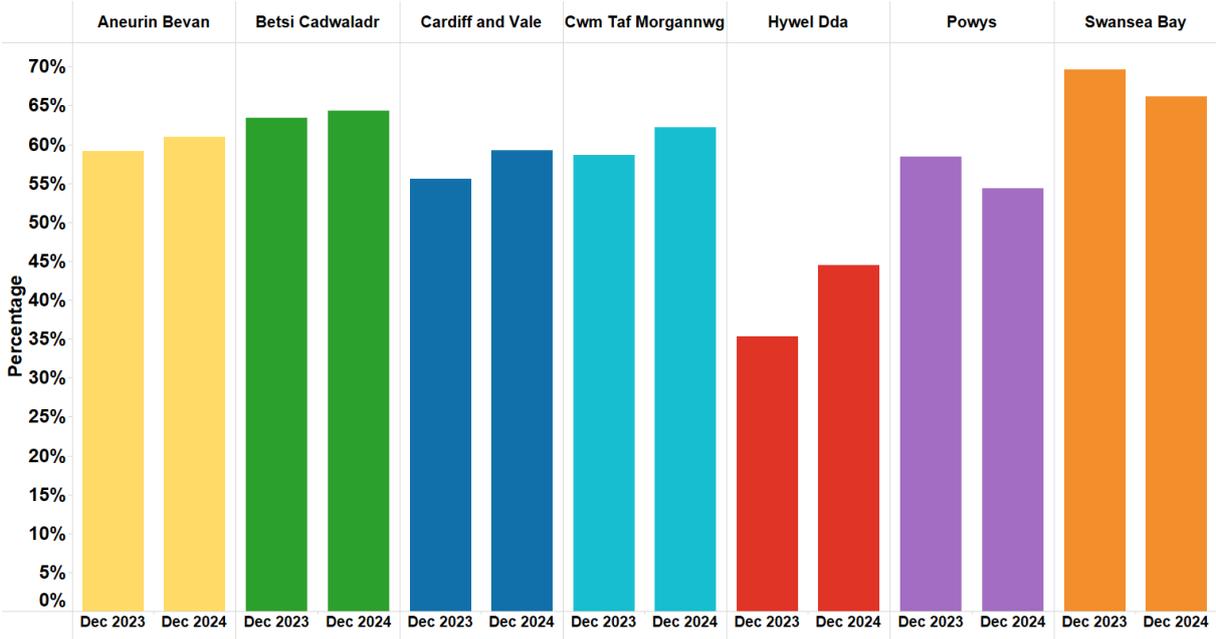
Patients with AF who are prescribed an anticoagulant should have a review of their treatment annually. Anticoagulants are associated with drug–drug and drug–food interactions that may increase the risk of serious bleeding or diminish stroke prevention. A review of treatment will reinforce the importance 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 4.40% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of December 2024, the percentage of patients who had received an anticoagulant review in the last 12 months ranged from 44.5% to 66.2% 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 Hywel Dda UHB. Swansea Bay UHB and Powys Teaching HB demonstrated a decrease compared with the same month of the previous year.

Table 6. Percentage of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months

	2023–2024 December 2023	2024–2025 December 2024	% Change
Hywel Dda	35.3%	44.5%	26.1%
Cardiff And Vale	55.5%	59.3%	6.70%
Cwm Taf Morgannwg	58.7%	62.2%	6.07%
Aneurin Bevan	59.1%	61.0%	3.16%
Betsi Cadwaladr	63.4%	64.3%	1.44%
Swansea Bay	69.6%	66.2%	-4.89%
Powys	58.5%	54.3%	-7.12%
Wales	57.0%	59.5%	4.40%

Figure 6. Percentage of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months – December 2024 versus December 2023



1.2.3 Patients who are prescribed antiplatelet monotherapy

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

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

Aim: To reduce the number of patients with AF 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 8.32% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of December 2024, the percentage of patients receiving antiplatelet monotherapy ranged from 2.52% to 3.07% across the health boards.
- The percentage of patients receiving antiplatelet monotherapy decreased, compared with the equivalent month of the previous year, in six of the health boards.
- The health board with the lowest percentage of antiplatelet monotherapy was Betsi Cadwaladr UHB. The health board with the highest percentage of antiplatelet monotherapy was Cardiff and Vale UHB.

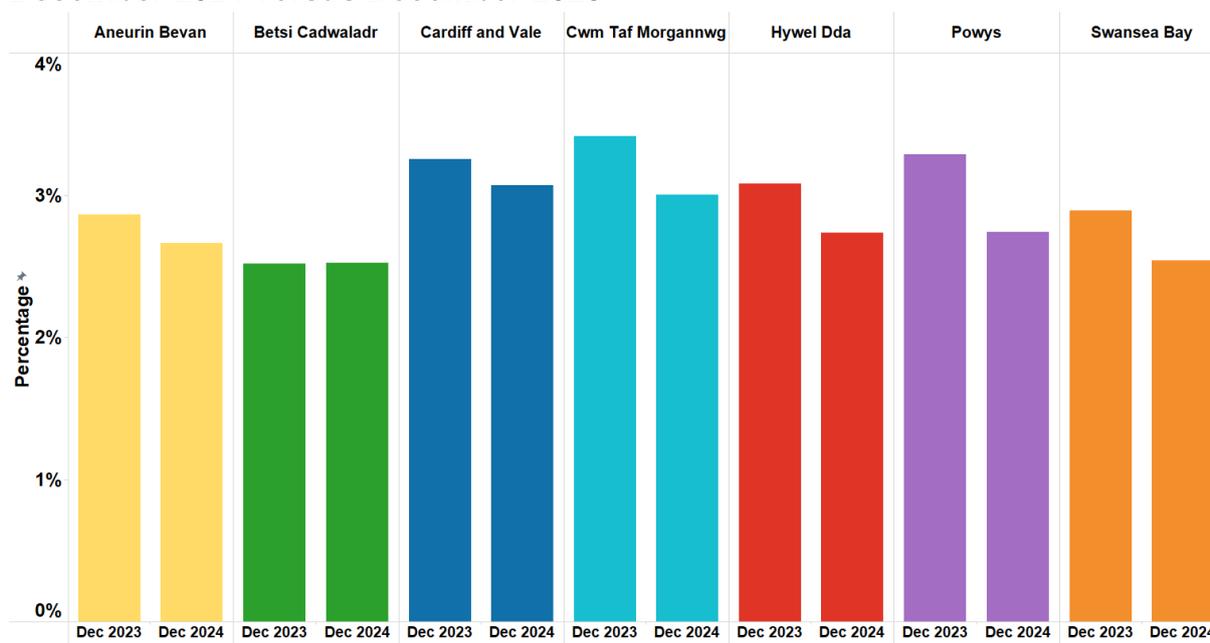
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- The largest percentage decrease was seen in Powys Teaching HB. Betsi Cadwaladr UHB demonstrated an increase compared with the same month of the previous year.

Table 7. Percentage of patients who are prescribed antiplatelet monotherapy

	2023–2024 December 2023	2024–2025 December 2024	% Change
Powys	3.29%	2.74%	-16.6%
Swansea Bay	2.89%	2.54%	-12.2%
Cwm Taf Morgannwg	3.42%	3.00%	-12.1%
Hywel Dda	3.08%	2.73%	-11.3%
Aneurin Bevan	2.86%	2.66%	-7.07%
Cardiff And Vale	3.25%	3.07%	-5.70%
Betsi Cadwaladr	2.52%	2.52%	0.26%
Wales	2.98%	2.73%	-8.32%

Figure 7. Percentage of patients who are prescribed antiplatelet monotherapy – December 2024 versus December 2023



1.3 Antimicrobial stewardship

There are two antimicrobial NPIs for 2022–2025:

1. Total antibacterial items per 1,000 STAR-PU
2. 4C antimicrobial (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.

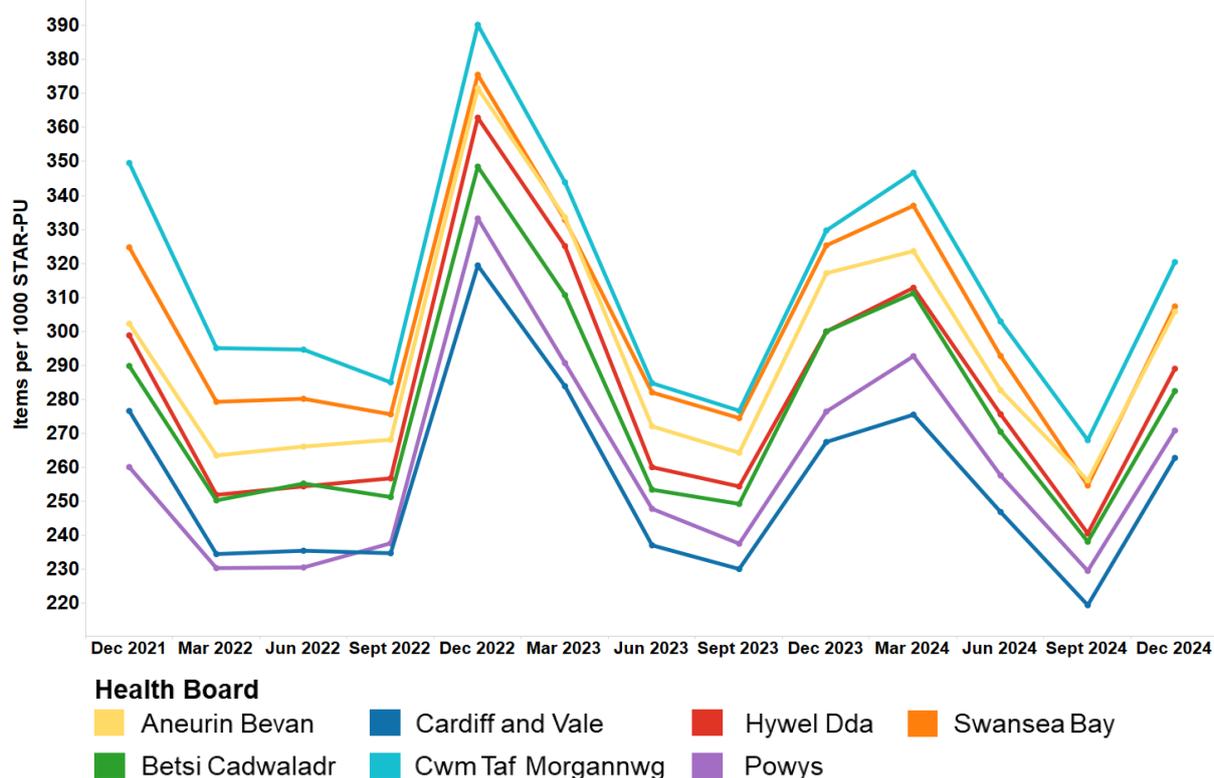
Aim: To reduce prescribing

- Across Wales, for the quarter ending December 2024, total antibacterial items per 1,000 STAR-PU decreased by 6.49%, compared with the quarter ending December 2019, in line with the aim of the indicator.
- For the quarter ending December 2024, the total number of antibacterial items per 1,000 STAR-PU ranged from 263 to 320 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.
- For the quarter ending December 2024, none of the health boards achieved the target of a 10%, or greater, reduction against the baseline of quarter 3 2019–2020.
- The largest percentage decrease was seen in Swansea Bay UHB compared with the quarter ending December 2019.
- Powys Teaching HB demonstrated an increase in prescribing, compared with the quarter ending December 2019.

Table 8. Total antibacterial items per 1,000 STAR-PU

	2019–2020 Qtr 3	2024–2025 Qtr 3	% Change
Swansea Bay	337	307	-8.68%
Cardiff And Vale	287	263	-8.48%
Hywel Dda	313	289	-7.56%
Betsi Cadwaladr	305	282	-7.35%
Cwm Taf Morgannwg	345	320	-7.18%
Aneurin Bevan	315	306	-3.04%
Powys	262	271	3.17%
Wales	313	292	-6.49%

Figure 8. 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

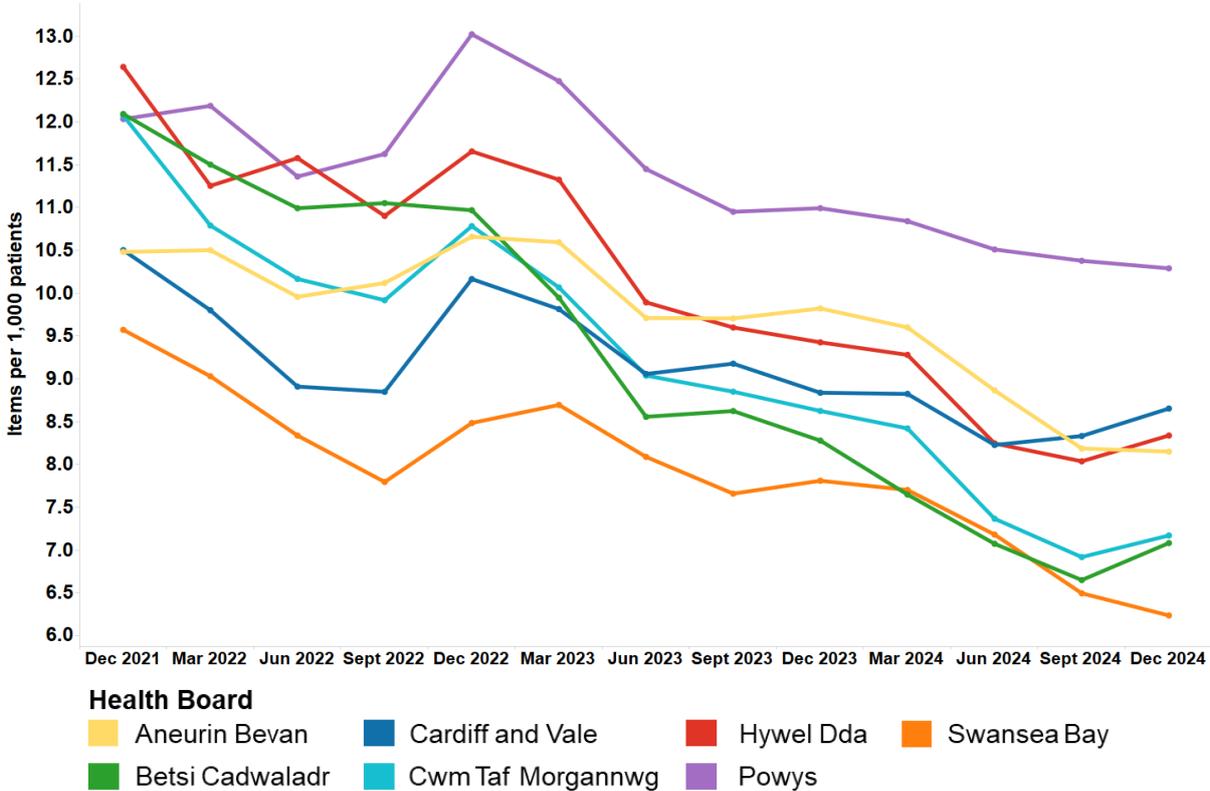
The use of simple generic antibiotics and the avoidance of these broad-spectrum antibiotics preserve them from resistance and reduce the risk of *C. difficile*, MRSA and resistant urinary tract infections.

- Across Wales, for the quarter ending December 2024, the number of 4C antimicrobial items per 1,000 patients decreased by 13.1%, compared with the quarter ending December 2023, in line with the aim of the indicator.
- For the quarter ending December 2024, 4C prescribing ranged from 6.24 to 10.3 items per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Swansea Bay UHB, whilst the highest prescribing was seen in Powys Teaching HB.
- Prescribing of 4C antimicrobials decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Swansea Bay UHB and the smallest percentage decrease was seen in Cardiff and Vale UHB, compared with the equivalent quarter of the previous year.

Table 9. 4C antimicrobial items per 1,000 patients

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Swansea Bay	7.81	6.24	-20.1%
Aneurin Bevan	9.82	8.15	-17.0%
Cwm Taf Morgannwg	8.63	7.17	-16.9%
Betsi Cadwaladr	8.28	7.08	-14.4%
Hywel Dda	9.43	8.34	-11.5%
Powys	11.0	10.3	-6.39%
Cardiff And Vale	8.84	8.65	-2.08%
Wales	8.91	7.74	-13.1%

Figure 9. Trend in 4C antimicrobial items per 1,000 patients



Good Practice Spotlight

Over the last 2 years, **Aneurin Bevan UHB** (ABUHB) have used tools already available to influence and reduce use of 4Cs.

“Back to Basics”

- Posters, QR codes and links to guidelines made available for clinical rooms, desktops, locum packs
- Antimicrobial Pharmacists providing key headline actions for practices to Prescribing Advisors on a quarterly basis
- Use of AWTTTC databases and tools to provide visual data regarding ABUHB position compared to England and Wales and using these to focus efforts on individual practices or clusters and inform workplans
- Use of posters and newsletters to focus on course durations and harms from antimicrobials, linking to risks of resistance and *C difficile* infection
- Use of ScriptSwitch messages to re-iterate safety and guideline positions at the point of prescribing

Leadership and governance

- Secured buy in from Clinical Directors, including dissemination of guideline updates in weekly Primary Care Medical Director emails
- High use practices had targeted interventions such as deep-dive audit and feedback sessions with either a Clinical Director or Medical Microbiologist present
- Use of NICE and AWMSG Antimicrobial Guidelines for Primary Care to provide new guideline choices that move away from 4Cs by providing alternative agents as 1st or 2nd line
- 4C indicator in the local Prescribing Incentive Scheme to financially reward progress and improvement
- Education session linked to Incentive Scheme with Consultant Antimicrobial Pharmacist and Primary care Antimicrobial Pharmacists as peers

For further information regarding this initiative, please contact awttc@wales.nhs.uk.

1.4 Decarbonisation of inhalers

Purpose: To encourage an increase in the use of low Global Warming Potential (GWP) inhalers (DPIs and SMIs), to reduce the carbon footprint of inhaler prescribing in Wales.

Units of measure: The number of DPIs and SMIs as a percentage of all inhalers prescribed.

Aim: To increase the proportion of DPI and SMI prescribing.

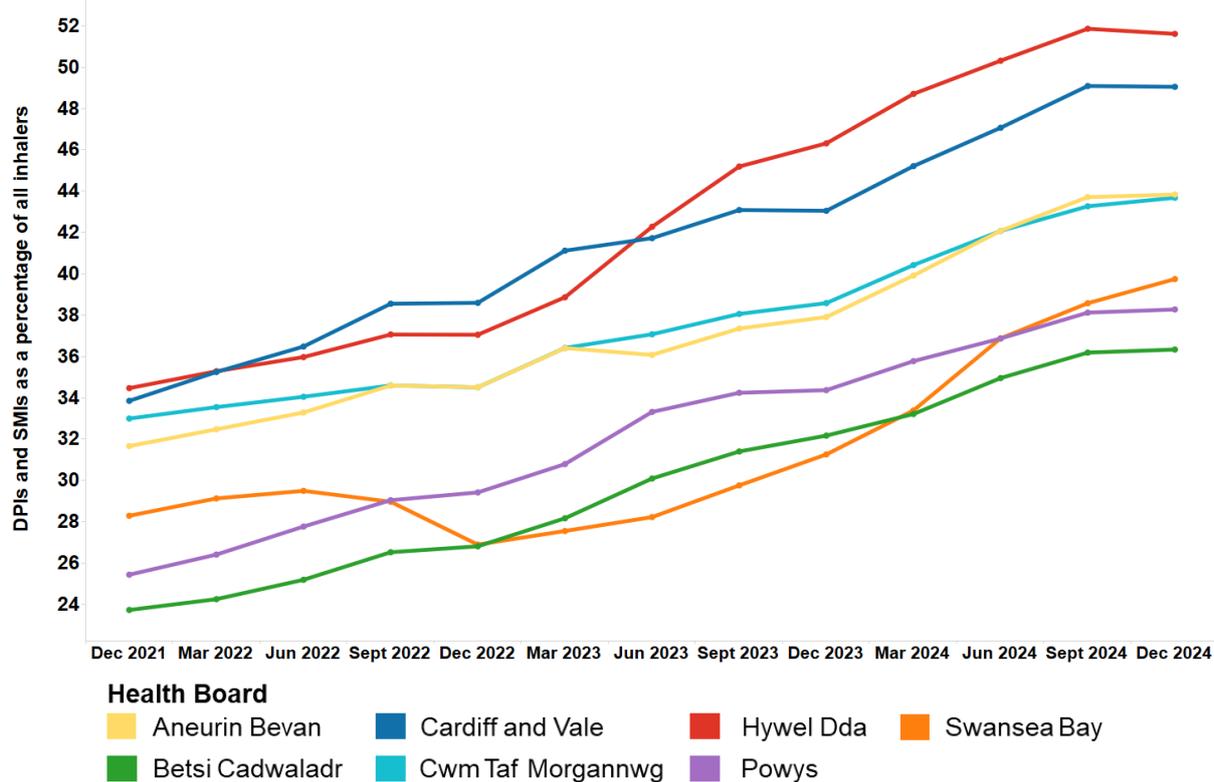
Metered dose inhalers (MDIs) are estimated to be responsible for 4% of the NHS's entire carbon footprint. One of the key actions within the NHS Wales Decarbonisation Strategic Delivery Plan is to transition patients on MDIs to inhalers with a lower carbon footprint, but only where patient care will not be impacted. The target is a shift to 80% of inhalers being low GWP alternatives (for example, DPIs or SMIs) by 2025. It is crucial that while efforts are made to reduce the emissions associated with inhalers, patient choice is maintained and that changes are only made where clinically appropriate.

- Across Wales, the proportion of DPI and SMI prescribing (as a percentage of all inhalers prescribed) increased by 14.8% in the quarter ending December 2024 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending December 2024, the proportion of DPI and SMI prescribing ranged from 36.3% to 51.6% across the health boards.
- The health board with the highest proportion of DPI and SMI prescribing was Hywel Dda UHB, whilst the lowest proportion of DPI and SMI prescribing was seen in Betsi Cadwaladr UHB.
- DPI and SMI prescribing increased, compared with the equivalent quarter of the previous year, in all health boards.
- Swansea Bay UHB demonstrated the largest percentage increase. Hywel Dda UHB and Powys Teaching HB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 10. DPIs and SMIs as a percentage of all inhalers prescribed

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Swansea Bay	31.3	39.7	27.2%
Aneurin Bevan	37.9	43.8	15.6%
Cardiff And Vale	43.0	49.0	13.9%
Cwm Taf Morgannwg	38.6	43.7	13.2%
Betsi Cadwaladr	32.2	36.3	12.9%
Hywel Dda	46.3	51.6	11.4%
Powys	34.4	38.3	11.4%
Wales	37.3	42.8	14.8%

Figure 10. Trend in the percentage of DPIs and SMIs as a percentage of all inhalers prescribed



2.0 Supporting domains

2.1 Safety

2.1.1 Prescribing Safety Indicators

Purpose: To identify patients at high risk of 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 chronic kidney disease (CKD) register (CKD stage 3–5) who have received a repeat prescription for a non-steroidal anti-inflammatory drug (NSAID) within the last 3 months.
- Number of patients who are not on the CKD register but have an estimated glomerular filtration rate (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 years and over with a current prescription for an angiotensin-converting enzyme (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 proton pump inhibitor (PPI).
- Number of patients with concurrent prescriptions of warfarin and an oral NSAID.
- Number of patients with concurrent prescriptions for a direct oral anticoagulant (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 a selective serotonin reuptake inhibitors (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 14–55 years with a prescription for sodium valproate.
- Number of female patients aged 14–55 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.

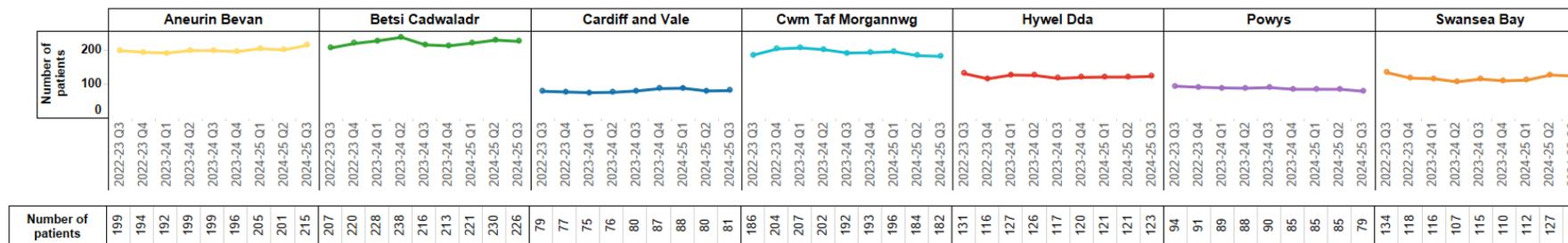
In the UK, it is estimated that around 16.5% of hospital admissions are related to ADRs. ADRs can often be predictable making it possible to identify potential causes and address them before actual patient harm occurs. This NPI provides a process of identifying patients electronically, enabling intervention 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.

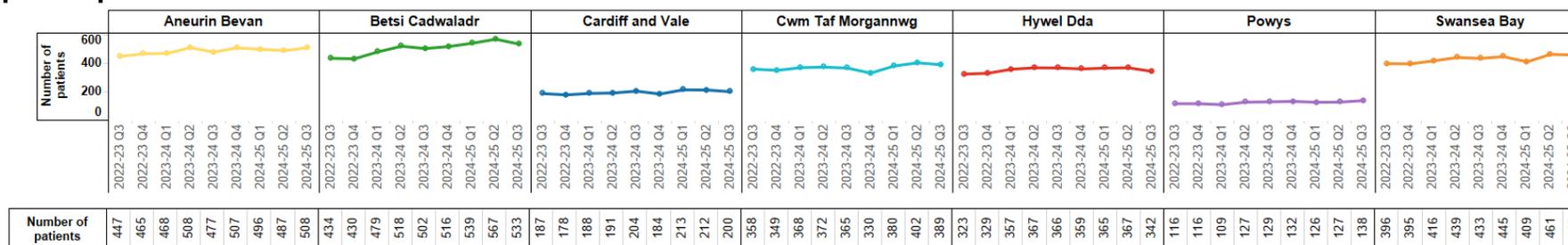
Figure 11. Prescribing Safety Indicators

Prescribing Safety Indicators related to AKI

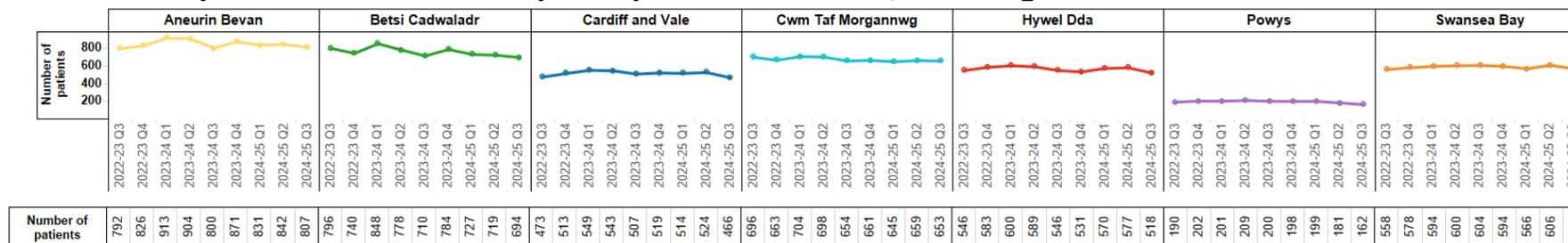
01. Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months.



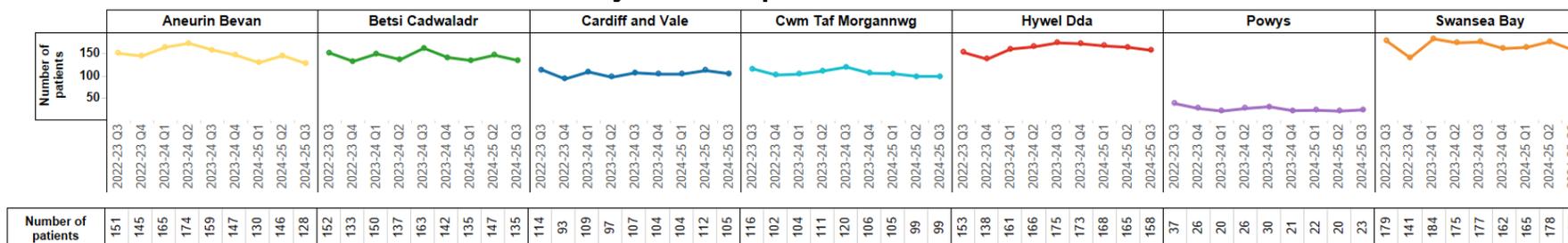
02. Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months.



03. Number of patients with concurrent prescriptions of an NSAID, RAS drug and a diuretic.

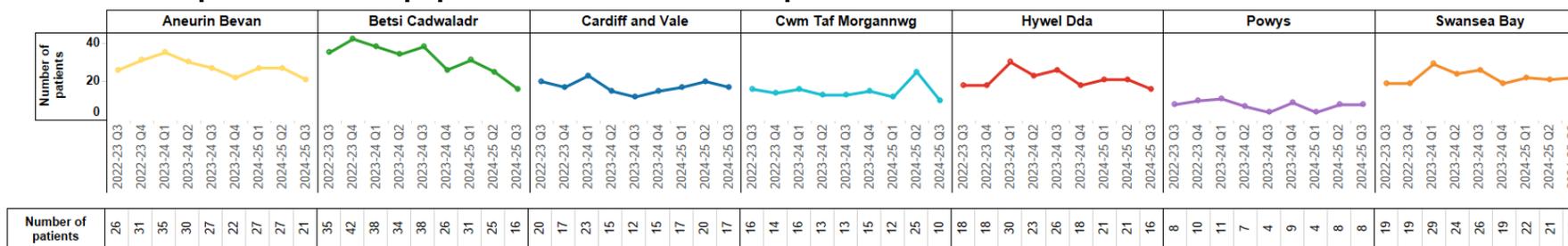


04. Number of patients aged 75 years and over with a current prescription for an ACE inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months.

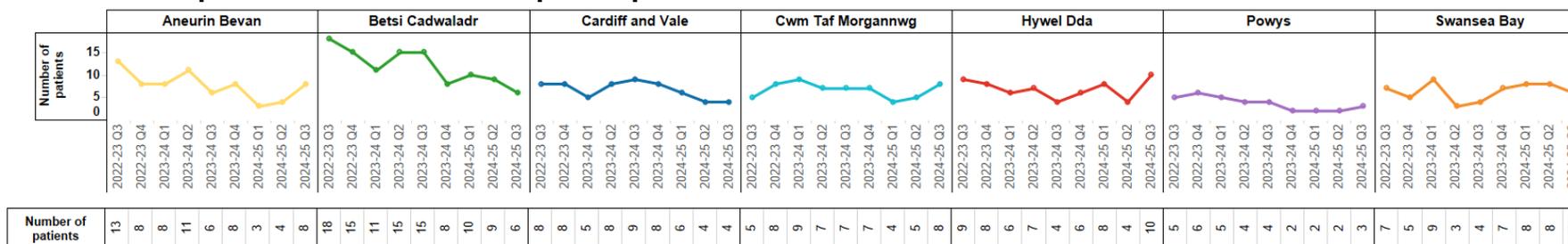


Prescribing Safety Indicators related to bleeds

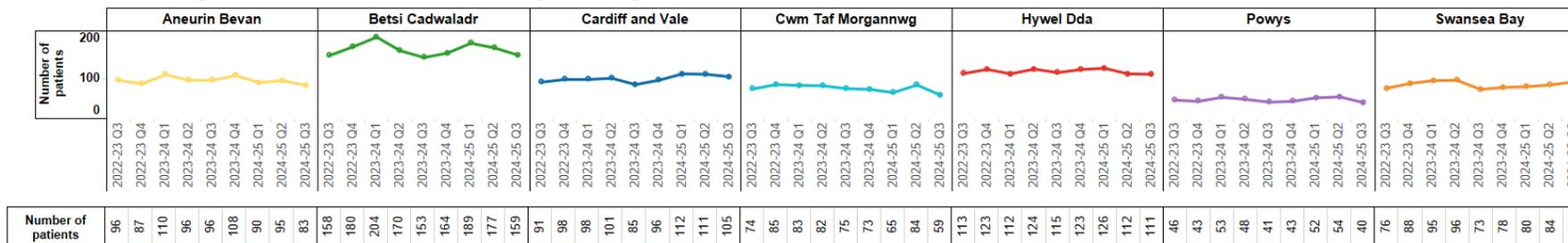
05. Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI.



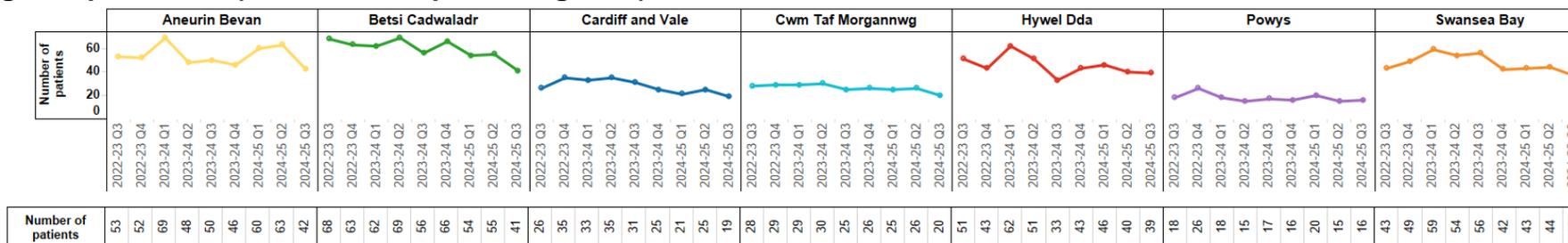
06. Number of patients with concurrent prescriptions of warfarin and an oral NSAID.



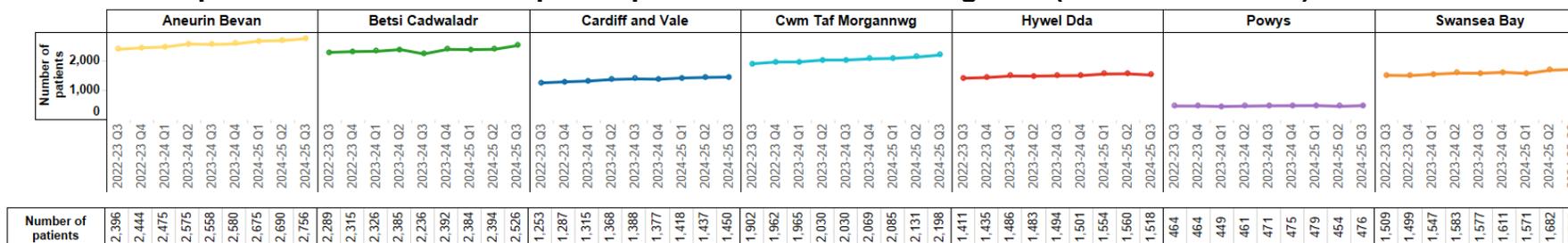
07. Number of patients with concurrent prescriptions for a DOAC and an oral NSAID.



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).

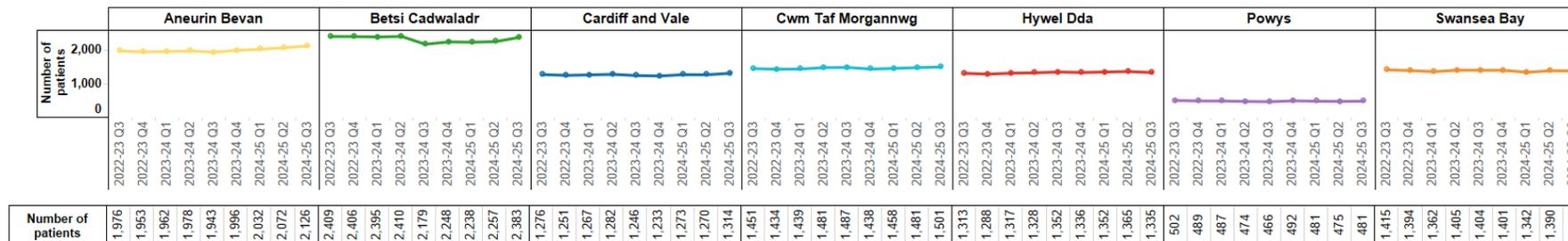


09. Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI.

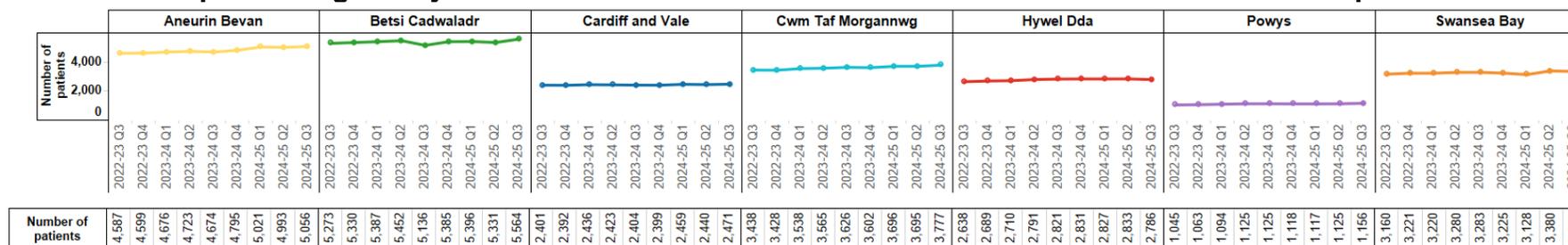


Prescribing Safety Indicators related to cognition

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

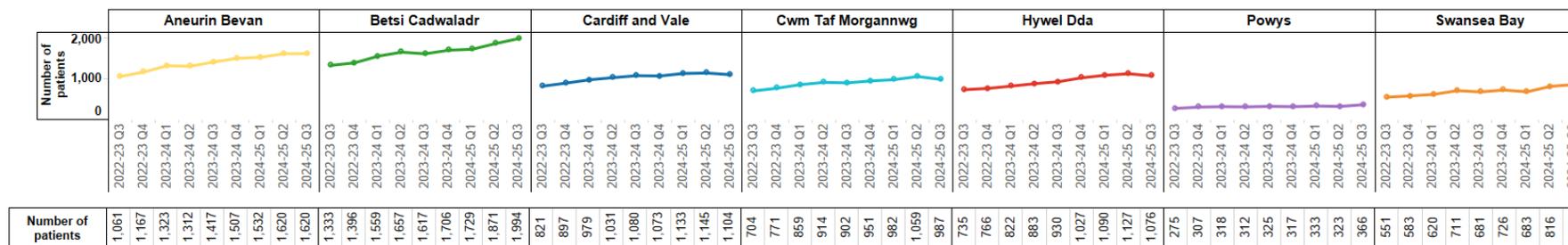


11. Number of patients aged 75 years and over with an AEC score of 3 or more for items on active repeat.

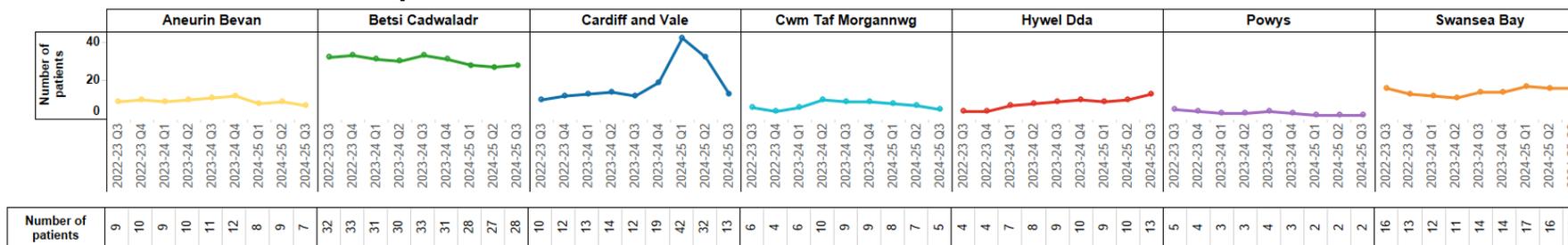


Prescribing Safety Indicators specific to females

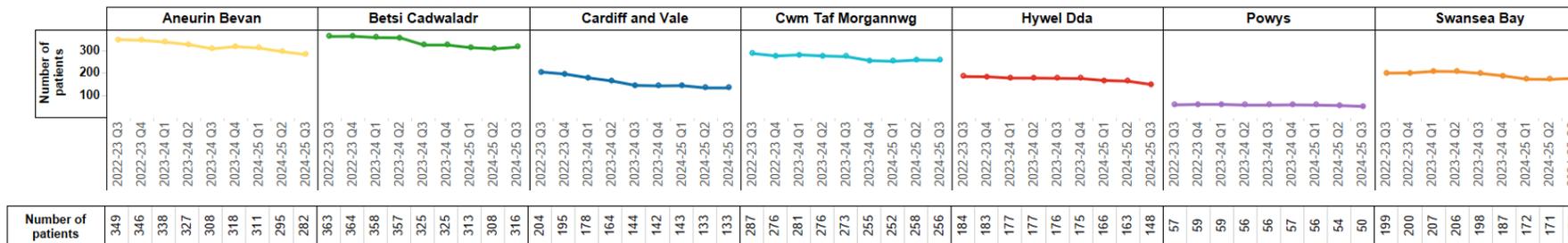
12. Number of female patients with a current prescription of oestrogen-only HRT without any hysterectomy Read/SNOMED codes.



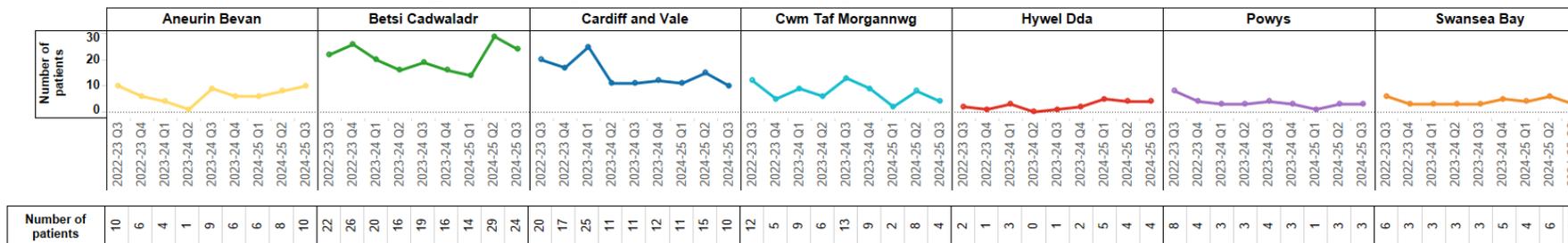
13. Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.



14. Number of female patients aged 14–55 years with a prescription for sodium valproate.

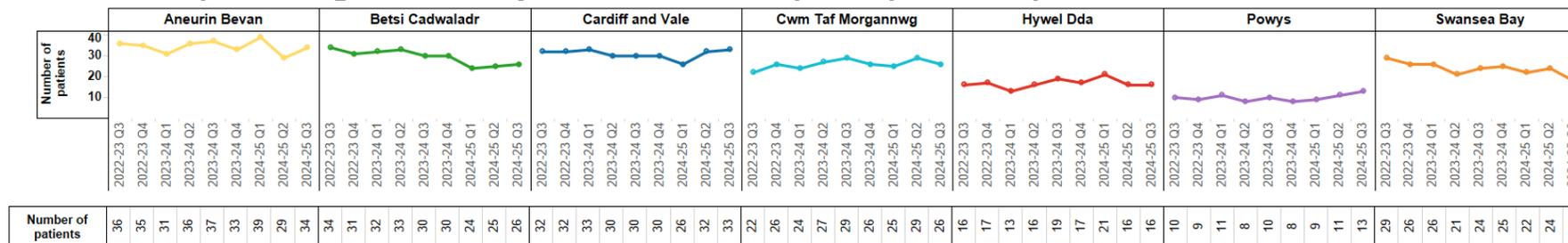


15. Number of female patients aged 14–55 years with a prescription for oral retinoids.

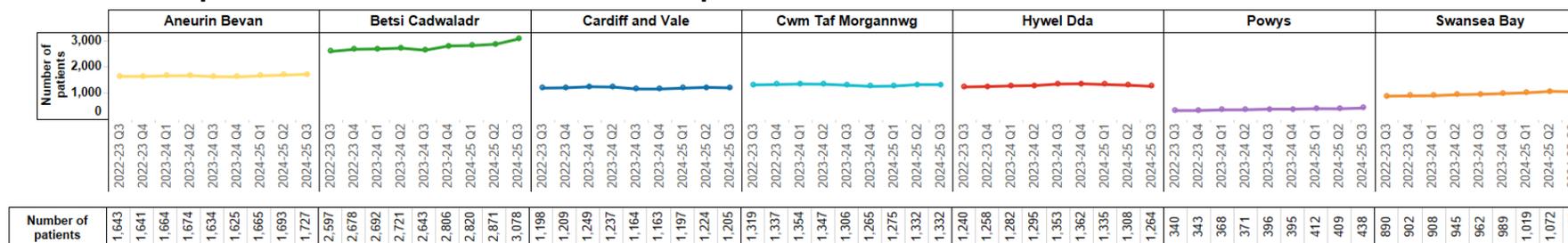


Prescribing Safety Indicators related to ‘other’

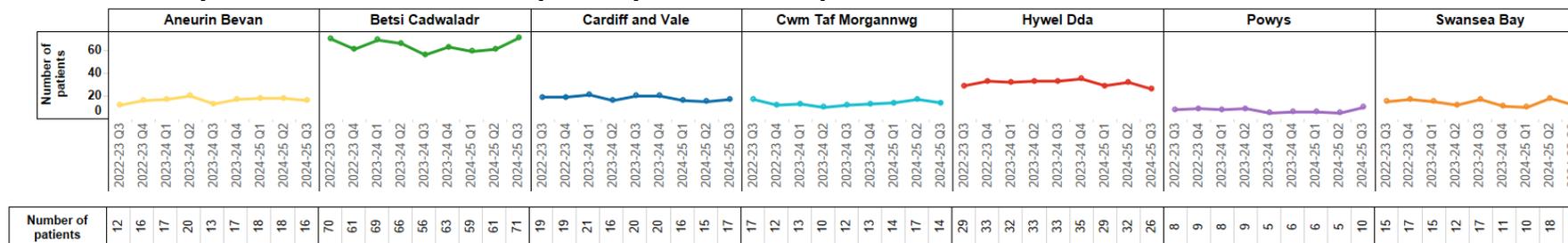
16. Number of patients aged under 16 years with a current prescription of aspirin.



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.



2.1.2 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

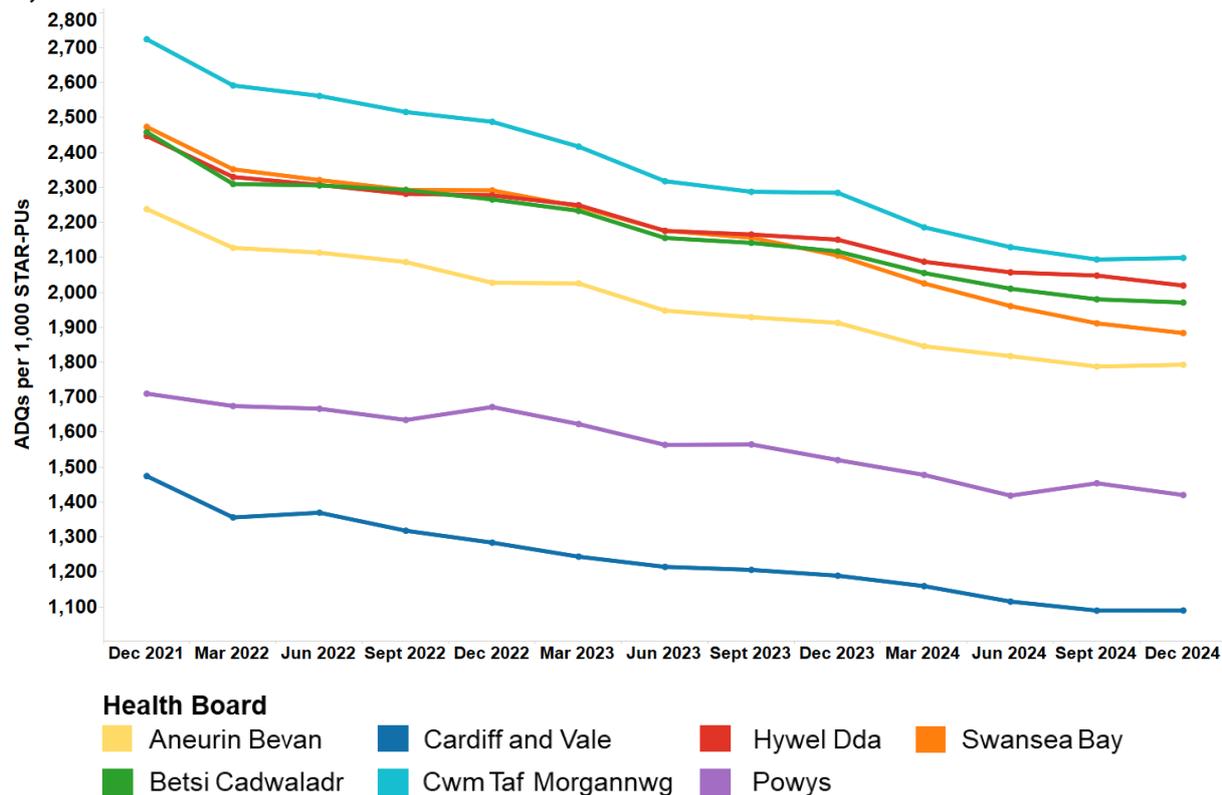
There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

- Across Wales, the prescribing of hypnotics and anxiolytics decreased by 7.49% for the quarter ending December 2024 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending December 2024, hypnotic and anxiolytic prescribing ranged from 1,089 to 2,098 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 Swansea Bay UHB, and the smallest percentage decrease was seen in Hywel Dda UHB.

Table 11. Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Swansea Bay	2,105	1,883	-10.5%
Cardiff And Vale	1,189	1,089	-8.38%
Cwm Taf Morgannwg	2,285	2,098	-8.15%
Betsi Cadwaladr	2,117	1,971	-6.90%
Powys	1,520	1,420	-6.59%
Aneurin Bevan	1,912	1,793	-6.26%
Hywel Dda	2,151	2,019	-6.10%
Wales	1,946	1,801	-7.49%

Figure 12. Trend in hypnotic and anxiolytic prescribing ADQs per 1,000 STAR-PU



2.1.3 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 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: From quarter 2 2022–2023, Yellow Card data now include reports related to COVID-19 vaccines.

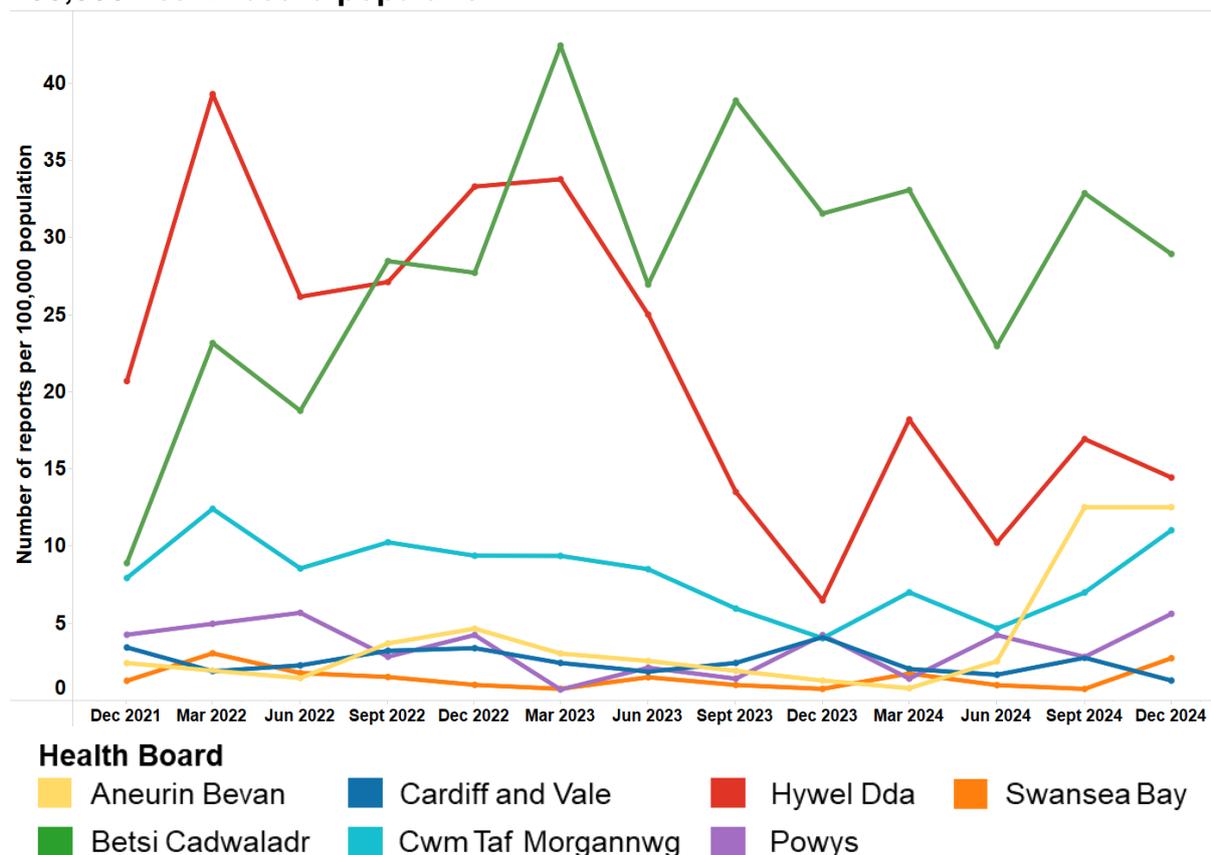
GP practices

- The number of Yellow Cards submitted by GP practices across Wales increased by 37% compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- The largest percentage increase in GP practice reporting was seen in Aneurin Bevan UHB. The largest percentage decrease was seen in Cardiff and Vale UHB.

Table 12. Number of Yellow Cards submitted by GP practices

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Aneurin Bevan	8	79	888%
Swansea Bay	3	11	267%
Cwm Taf Morgannwg	19	52	174%
Hywel Dda	26	58	123%
Powys	6	8	33%
Betsi Cadwaladr	225	207	-8%
Cardiff and Vale	22	7	-68%
Wales	309	422	37%

Figure 13. Trend in number of Yellow Cards submitted by GP practices per 100,000 health board population



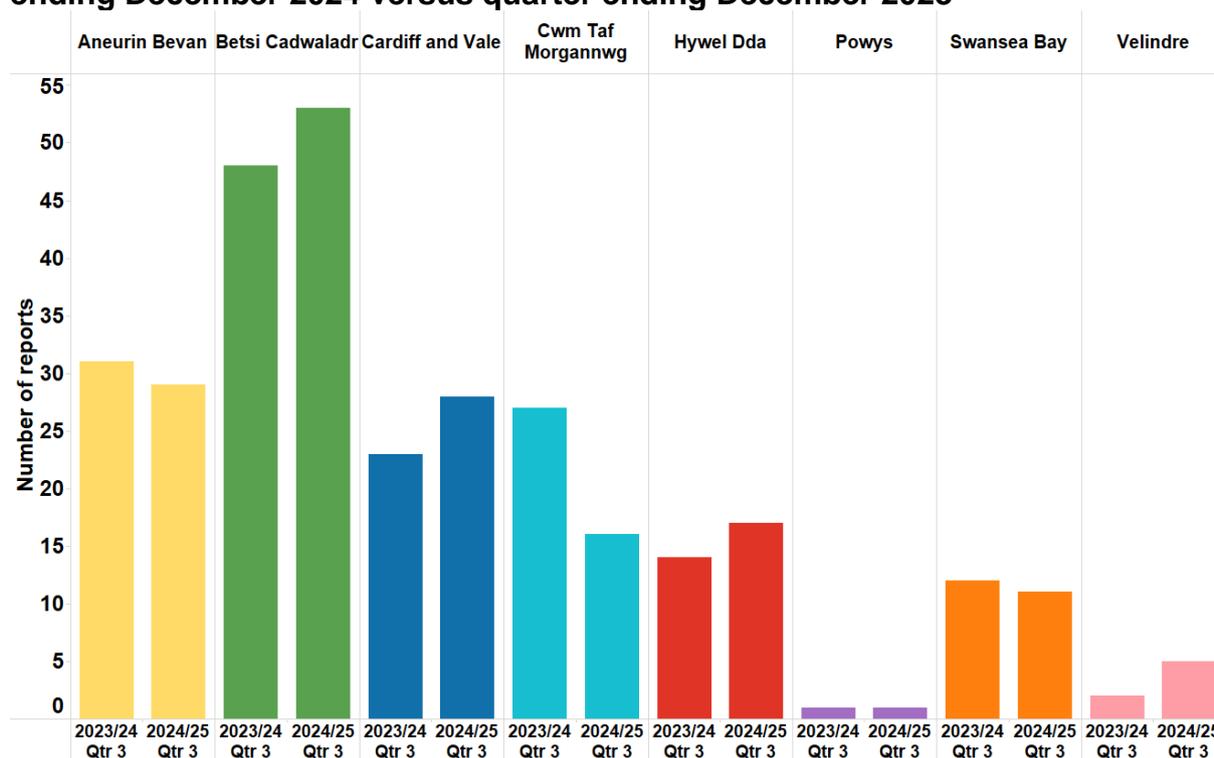
Secondary care

- The number of Yellow Cards submitted by secondary care increased by 1% 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 Cwm Taf Morgannwg UHB.

Table 13. Number of Yellow Cards submitted by secondary care

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Velindre	2	5	150%
Cardiff and Vale	23	28	22%
Hywel Dda	14	17	21%
Betsi Cadwaladr	48	53	10%
Powys	1	1	0%
Aneurin Bevan	31	29	-6%
Swansea Bay	12	11	-8%
Cwm Taf Morgannwg	27	16	-41%
Wales	158	160	1%

Figure 14. Number of Yellow Cards submitted by secondary care – Quarter ending December 2024 versus quarter ending December 2023



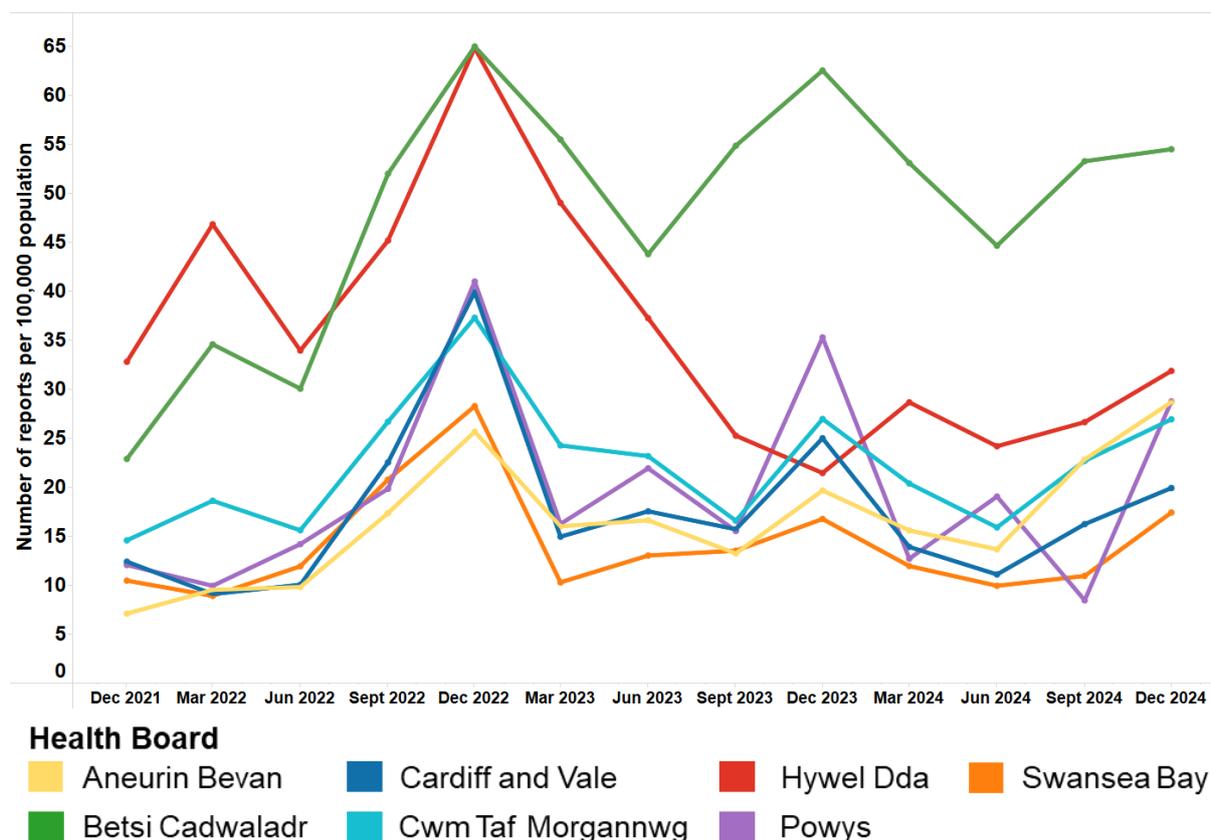
Health boards/NHS Trust

- The number of Yellow Cards submitted by health boards increased by 2% 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 Cardiff and Vale UHB.

Table 14. Number of Yellow Cards submitted by health board/NHS Trust

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Velindre	2	5	150%
Hywel Dda	86	128	49%
Aneurin Bevan	122	181	48%
Swansea Bay	67	70	4%
Cwm Taf Morgannwg	127	127	0%
Betsi Cadwaladr	446	390	-13%
Powys	50	41	-18%
Cardiff and Vale	134	108	-19%
Wales	1034	1050	2%

Figure 15. Trend in number of Yellow Cards submitted by health boards per 100,000 health board population



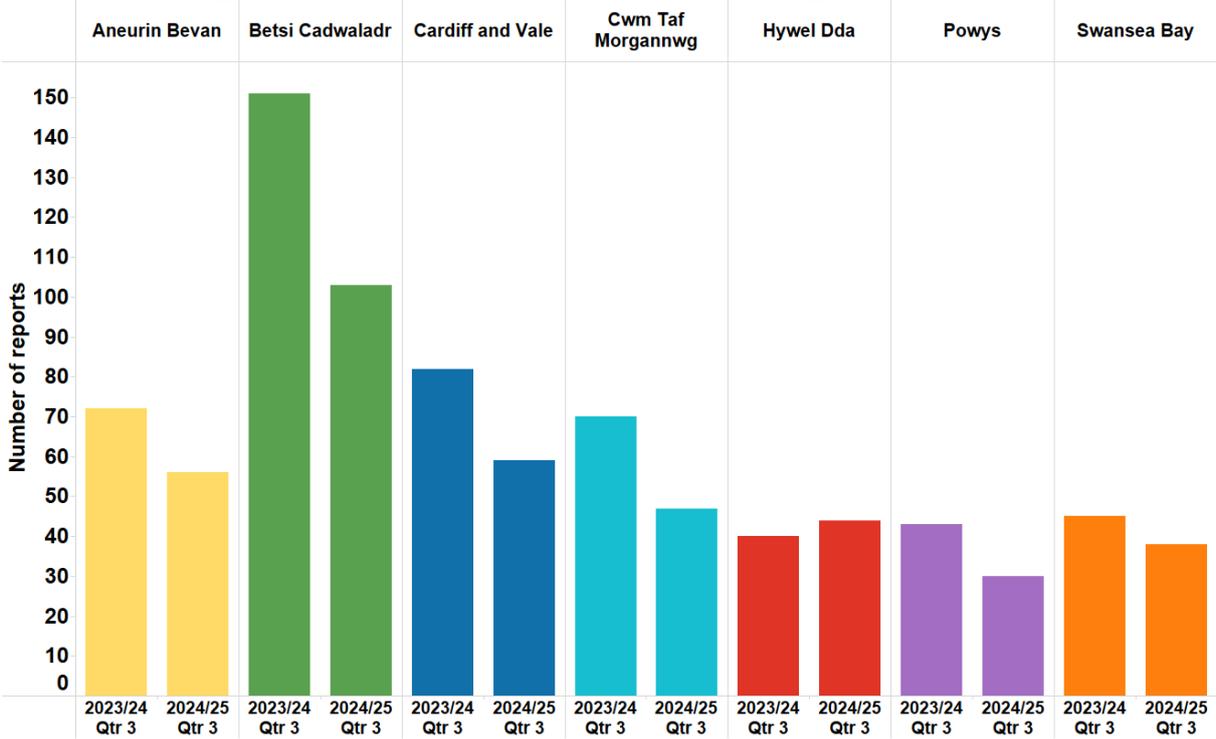
Members of the public

- The number of Yellow Cards submitted by members of the public across Wales decreased by 25% compared with the equivalent quarter of the previous year.
- A percentage increase in member of the public reporting was seen in Hywel Dda UHB. The largest percentage decrease was seen in Cwm Taf Morgannwg UHB.

Table 15. Number of Yellow Cards submitted by members of the public

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Hywel Dda	40	44	10%
Swansea Bay	45	38	-16%
Aneurin Bevan	72	56	-22%
Cardiff and Vale	82	59	-28%
Powys	43	30	-30%
Betsi Cadwaladr	151	103	-32%
Cwm Taf Morgannwg	70	47	-33%
Wales	503	377	-25%

Figure 16. Number of Yellow Cards submitted by members of the public – Quarter ending December 2024 versus quarter ending December 2023



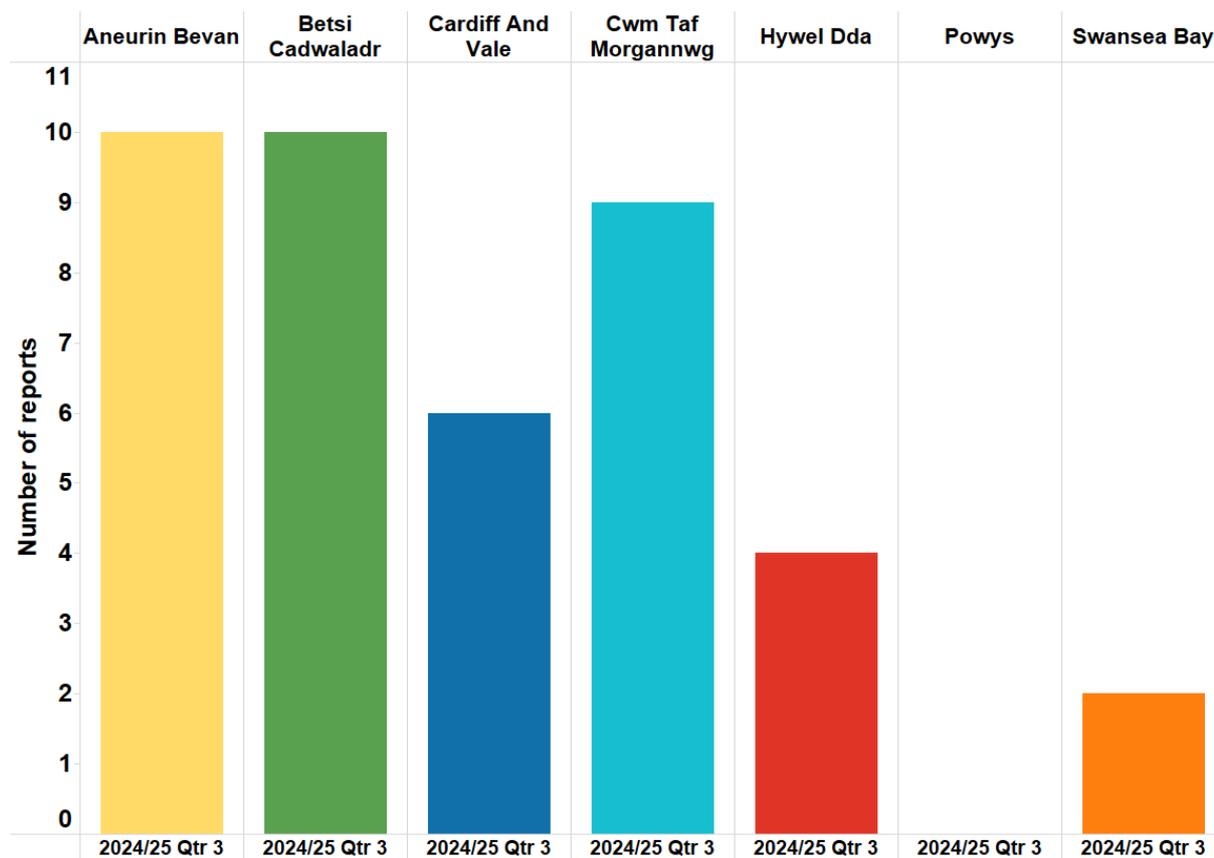
Community pharmacy

- Across Wales, a total of 41 Yellow Card reports were submitted by community pharmacies during the quarter ending December 2024.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 10.

Table 16. Number of Yellow Cards submitted by community pharmacies

	2024–2025 Qtr 3
Aneurin Bevan	10
Betsi Cadwaladr	10
Cwm Taf Morgannwg	9
Cardiff and Vale	6
Hywel Dda	4
Swansea Bay	2
Powys	0
Wales	41

Figure 17. Number of Yellow Cards submitted by community pharmacy –
Quarter ending December 2024



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.

The data reported in this section focus primarily on the biological medicines with the potential to bring the greatest additional value to NHS Wales, i.e. adalimumab and ranibizumab.

In the cases of infliximab, etanercept, rituximab and trastuzumab, only data for the latest quarter are reported. This is because the proportional use of the best value biologic options for each has increased to the point that continued reporting of year-on-year percentage changes has become less valuable and potentially misleading.

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

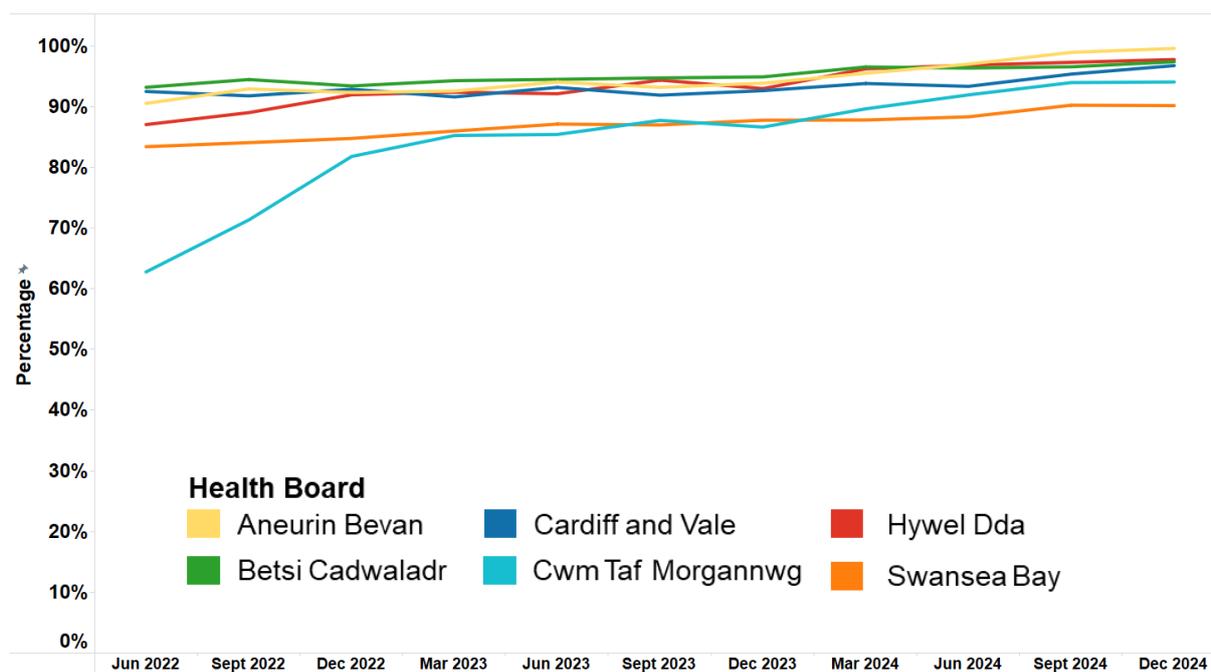
2.2.1.1 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 5.24%, for the quarter ending December 2024 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2024, adalimumab biosimilar prescribing ranged from 90.2% to 99.6% across the health boards.
- The health board with the highest percentage was Aneurin Bevan UHB whilst the lowest percentage was seen in Swansea Bay UHB.
- Adalimumab biosimilar prescribing increased, compared with the equivalent quarter of the previous year, in all of the health boards.
- Cwm Taf Morgannwg UHB demonstrated the largest percentage increase and Betsi Cadwaladr UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 17. Adalimumab biosimilar as a percentage of reference and biosimilar prescribed

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Cwm Taf Morgannwg	86.6%	94.0%	8.57%
Aneurin Bevan	93.9%	99.6%	6.10%
Hywel Dda	93.0%	97.8%	5.15%
Cardiff And Vale	92.6%	96.7%	4.45%
Swansea Bay	87.8%	90.2%	2.74%
Betsi Cadwaladr	94.9%	97.4%	2.63%
Wales	91.4%	96.2%	5.24%

Figure 18. Trend in adalimumab biosimilar (Amgevita®, Hulio®, Hyrimoz®, Imraldi®) prescribing as a percentage of total adalimumab prescribed



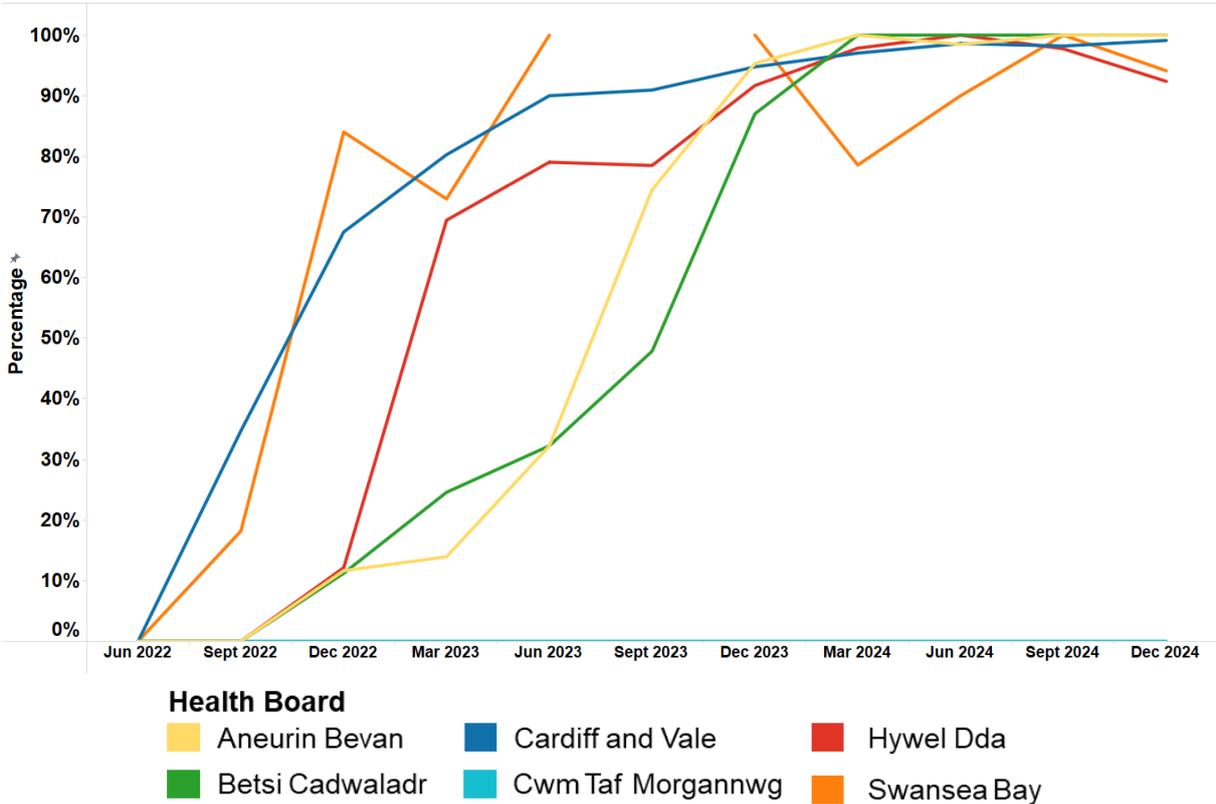
2.2.1.2 Ranibizumab

- Across Wales, ranibizumab biosimilar prescribing increased by 7.67%, for the quarter ending December 2024 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending December 2024, ranibizumab biosimilar prescribing ranged from 0.0% to 100% across the health boards.
- The health boards with the highest percentage of ranibizumab biosimilar usage were Aneurin Bevan UHB and Betsi Cadwaladr UHB.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase, compared with the equivalent quarter of the previous year.
- Cwm Taf Morgannwg UHB demonstrated no usage of ranibizumab biosimilar.

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

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Betsi Cadwaladr	87.0%	100%	14.9%
Aneurin Bevan	95.3%	100%	4.89%
Cardiff And Vale	94.8%	99.1%	4.60%
Hywel Dda	91.7%	92.4%	0.76%
Cwm Taf Morgannwg	0.00%	0.00%	0.00%
Swansea Bay	100%	94.1%	-5.88%
Grand Total	90.6%	97.5%	7.67%

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



2.2.1.3 Infliximab, etanercept, rituximab and trastuzumab

- In the cases of infliximab, etanercept, rituximab and trastuzumab, the proportional use of the best value biologic options for each has increased to the point that continued reporting of year-on-year percentage changes has become less valuable and potentially misleading. The data displayed here summarise the latest quarter’s performance only.
- For more in-depth analysis and the option of carrying out year-on-year comparisons, all current and historical data can be analysed as part of the ‘Biosimilar efficiencies’ dashboard on the Server for Prescribing Information Reporting and Analysis (SPIRA): spira.uk/info.

Table 19. Infliximab, etanercept, rituximab and trastuzumab biosimilar as a percentage of reference and biosimilar prescribed

	2024–2025 Qtr 3			
	Infliximab	Etanercept	Rituximab	Trastuzumab
Aneurin Bevan	98.7%	98.5%	99%	N/A
Betsi Cadwaladr	100.0%	96.6%	100%	100%
Cardiff and Vale	99.3%	88.0%	99.0%	N/A
Cwm Taf Morgannwg	98.4%	90.4%	98.4%	100%
Hywel Dda	99.3%	86.9%	99.2%	100%
Swansea Bay	95.6%	74.4%	99.7%	100%
Velindre	N/A	N/A	100%	100%
Wales	98.5%	88.1%	99.4%	100%

2.2.1.4 Total biosimilar usage

Within Wales there was an increase in the use of the reported biosimilar medicines (specifically adalimumab, etanercept, infliximab, ranibizumab, rituximab and trastuzumab) combined as a percentage of reported 'reference' biological medicines plus biosimilars combined, from 90% in the quarter ending December 2023 to 95% in the quarter ending December 2024.

Figure 20. Biological reference and biosimilar as a proportion of total reference plus biosimilar prescribed – Quarter ending December 2024

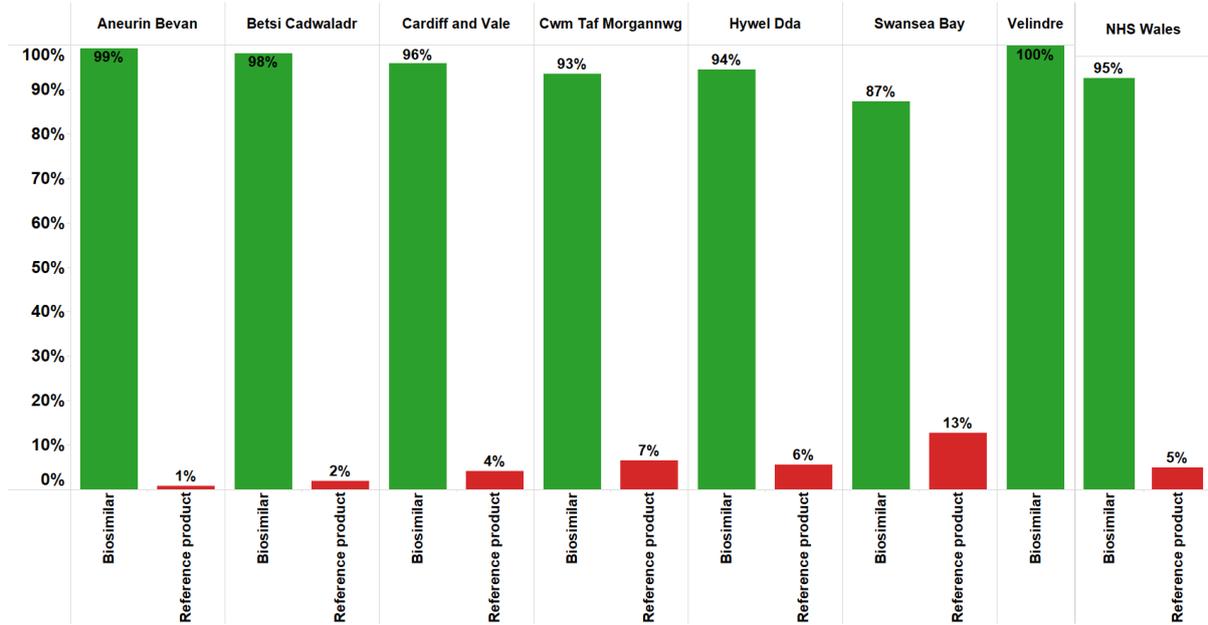
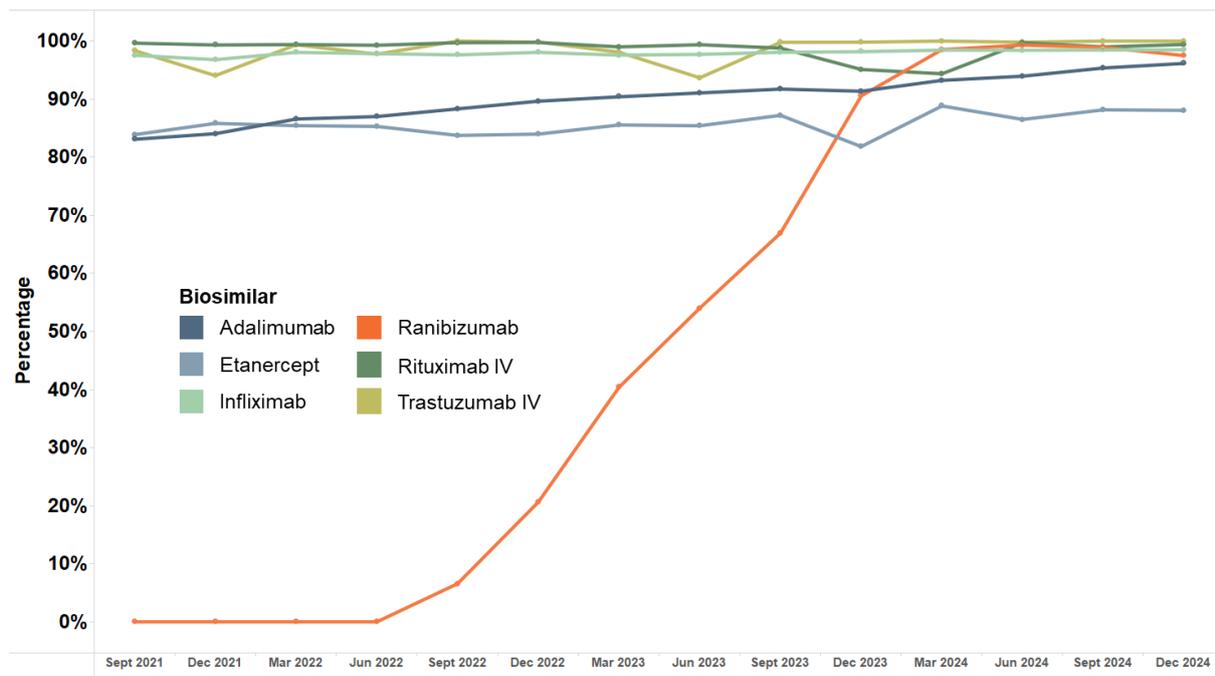


Figure 21. Trend in biosimilar percentage in Wales



2.2.2 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.

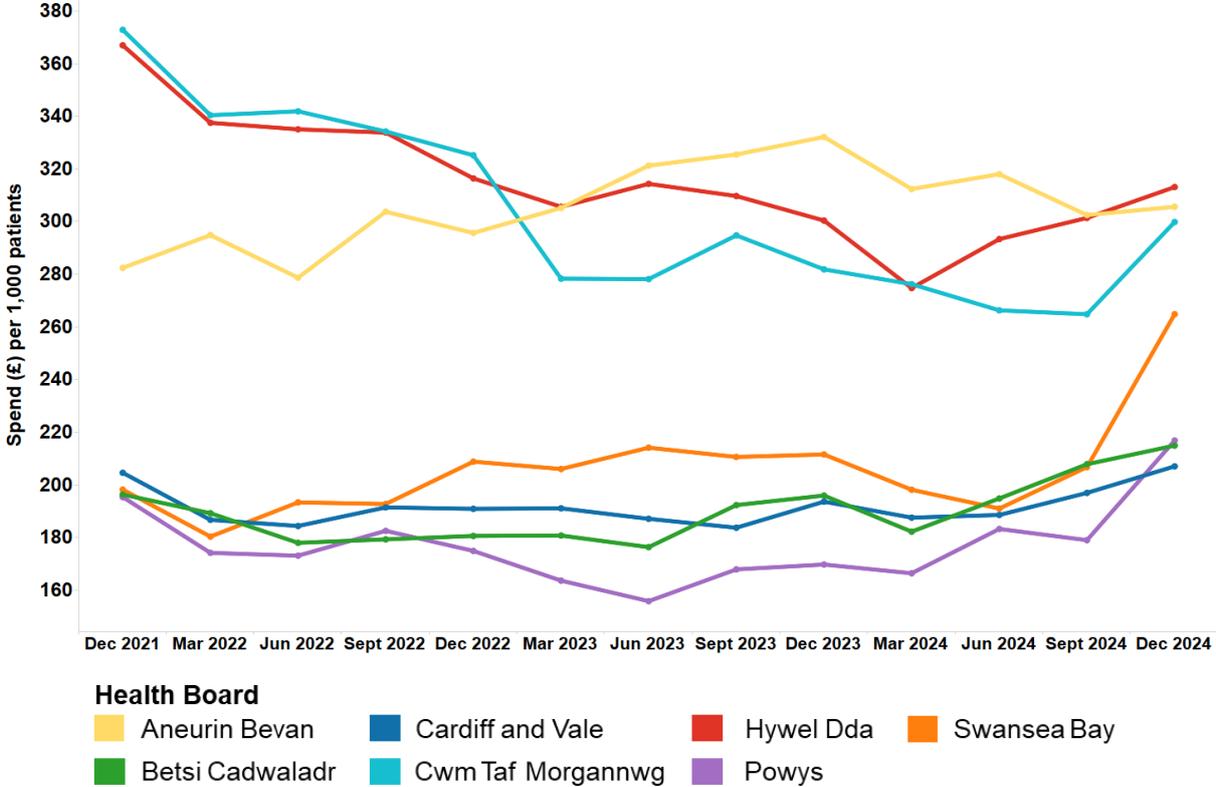
An additional four items/item groups were included in the second phase:

- 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 increased by 5.65% for the quarter ending December 2024, compared with the equivalent quarter of the previous year. This is contrary to the aim of the indicator.
 - For the quarter ending December 2024, UDG spend per 1,000 patients ranged from £207 to £313 across the health boards.
 - The health board with the lowest UDG spend per 1,000 patients was Cardiff and Vale UHB, whilst the highest spend was seen in Hywel Dda UHB.
 - The health board with the greatest percentage decrease was Aneurin Bevan UHB.
 - Powys Teaching HB demonstrated the largest percentage increase.

Table 20. Low value for prescribing UDG spend (£) per 1,000 patients

	2023–2024 Qtr 3	2024–2025 Qtr 3	% Change
Aneurin Bevan	332	306	-7.99%
Hywel Dda	300	313	4.24%
Cwm Taf Morgannwg	282	300	6.38%
Cardiff And Vale	194	207	6.93%
Betsi Cadwaladr	196	215	9.69%
Swansea Bay	212	265	25.2%
Powys	170	217	27.8%
Wales	247	261	5.65%

Figure 22. 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 Digital Health and Care Wales (DHCW).

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, they 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 DDDs depending on the route of administration.

OME – Oral morphine equivalence (OME) is a measurement unit of ‘mg of oral morphine equivalent dose’ and aims to account for the variation in strength across all opioids. It is a widely reported and well understood unit used within healthcare and research, for both general therapeutic areas and in specialist pain management settings.

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

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.

QAIF – Quality Assurance and Improvement Framework. QAIF was introduced as part of the General Medical Services (GMS) contract reform in 2019; it replaced the Quality and Outcomes Framework (QOF), which was originally introduced as part of the new GMS contract in 2004.

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. AWMSG National Prescribing Indicators 2022–2025

Table 1 Priority area NPIs for 2022–2025

National Prescribing Indicator	Applicable to:	Unit of measure	Target for 2024–2025	Data source	
Priority areas					
Analgesics	Primary care	Opioid burden (UDG) total OME per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP	
		High strength opioids (UDG) OME per 1,000 patients.			
		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 AF	Primary care	The number of patients with AF and a CHA ₂ DS ₂ -VASc 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 -VASc score of 2 or more prescribed an anticoagulant.	DHCW	
		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.		

Welsh Analytical Prescribing Support Unit

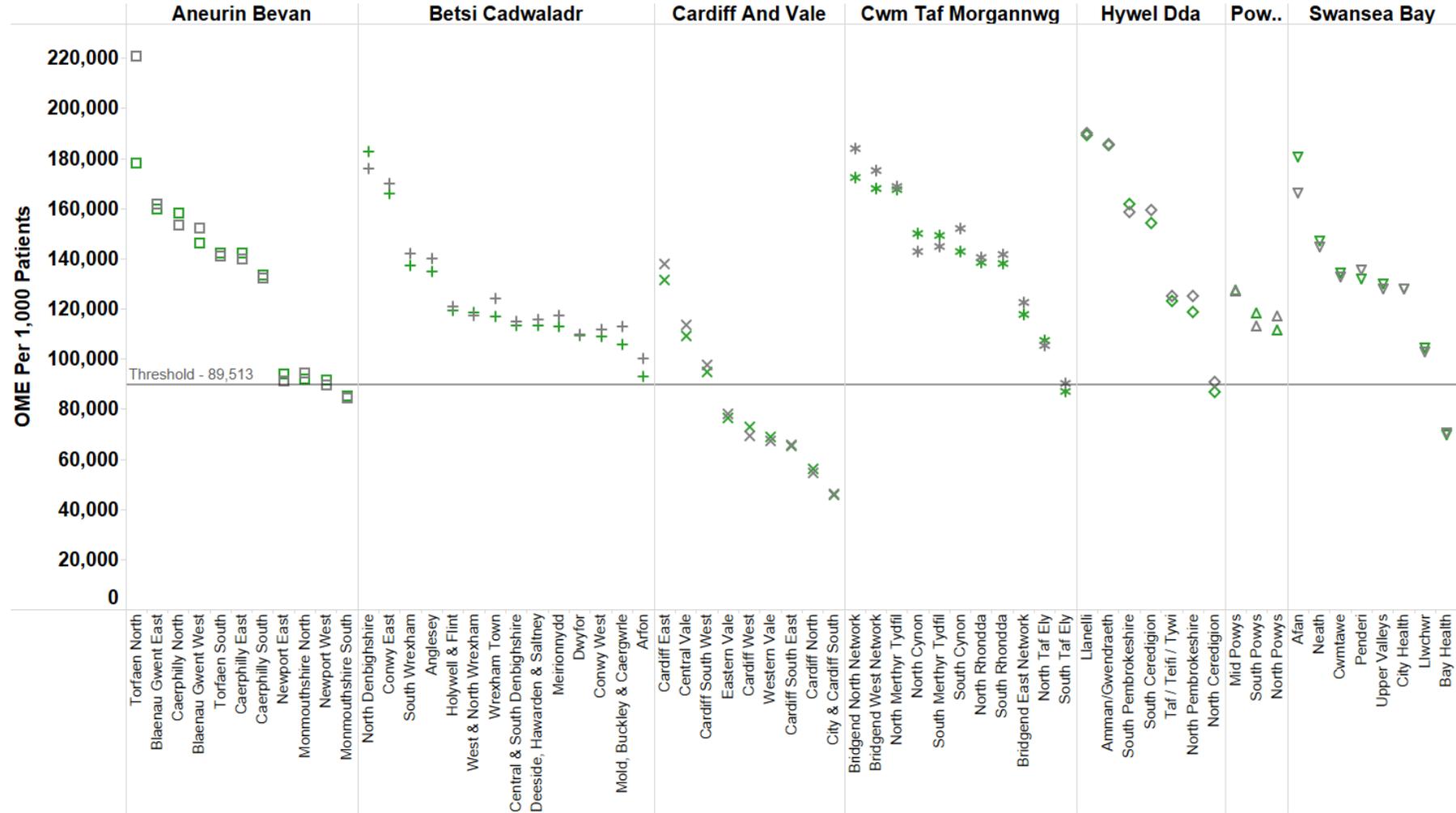
National Prescribing Indicator	Applicable to:	Unit of measure	Target for 2024–2025	Data source
Antimicrobial stewardship	Primary care	Total antibacterial items per 1,000 STAR-PUs	Health board target: a quarterly reduction of 10% against a baseline of April 2019–December 2020. GP practice target: Maintain 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	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
Decarbonisation of inhalers	Primary care	The number of DPIs and SMIs as a percentage of all inhalers prescribed.	Maintain performance levels within the upper quartile, or show an increase towards the quartile above.	NWSSP
Supporting Domain: Safety				
Prescribing Safety Indicators	Primary care	Number of patients identified	No target set	DHCW
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

**National Prescribing Indicators 2024–2025:
Analysis of Prescribing Data to December 2024**

National Prescribing Indicator	Applicable to:	Unit of measure	Target for 2024–2025	Data source
Yellow Cards	Primary care	Number of Yellow Cards submitted	One Yellow Card per 2,000 GP practice population	MHRA
	Health board		One Yellow Card per 2,000 health board population 10% or greater increase from baseline (2021–2022) for Yellow Cards submitted by secondary care 25% or greater increase from baseline (2021–2022) for Yellow Cards submitted by members of the public	
	Community pharmacy		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 DHCW
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 2024 versus quarter ending December 2023



■ Quarter ending December 2024
■ Quarter ending December 2023

Figure 2. High strength opioid prescribing – Quarter ending December 2024 versus quarter ending December 2023

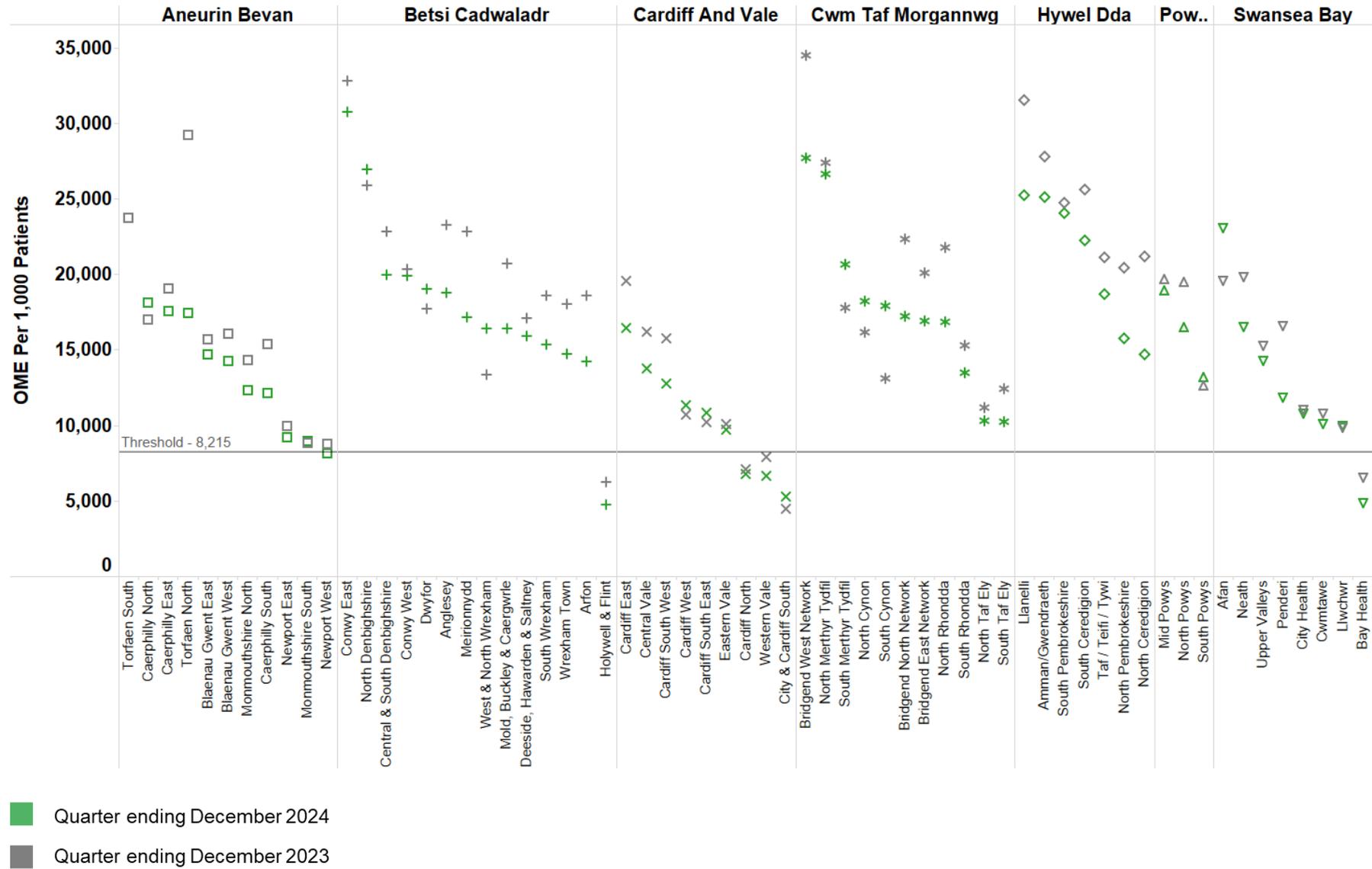


Figure 3. Tramadol prescribing – Quarter ending December 2024 versus quarter ending December 2023

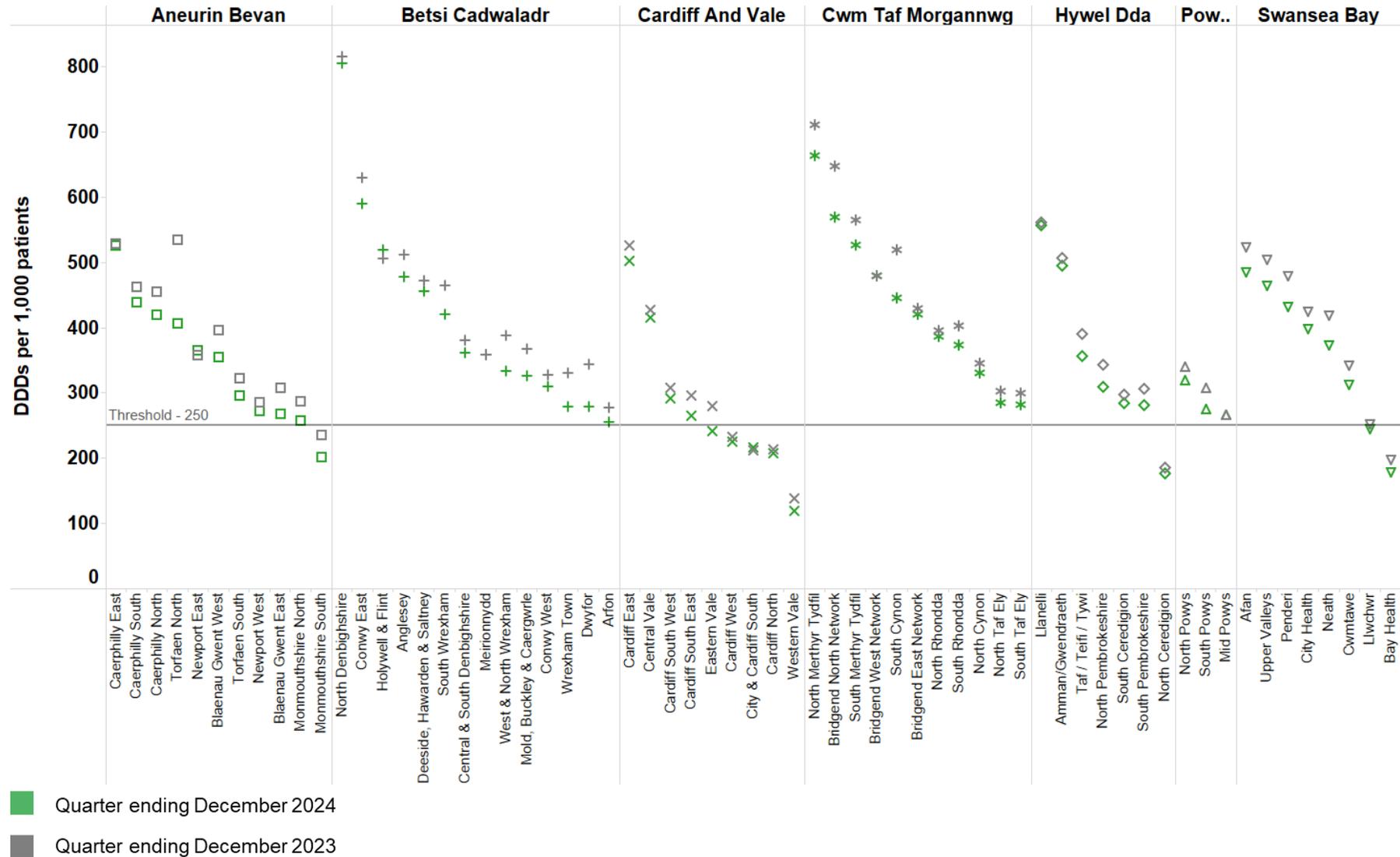


Figure 4. Gabapentin and pregabalin prescribing – Quarter ending December 2024 versus quarter ending December 2023

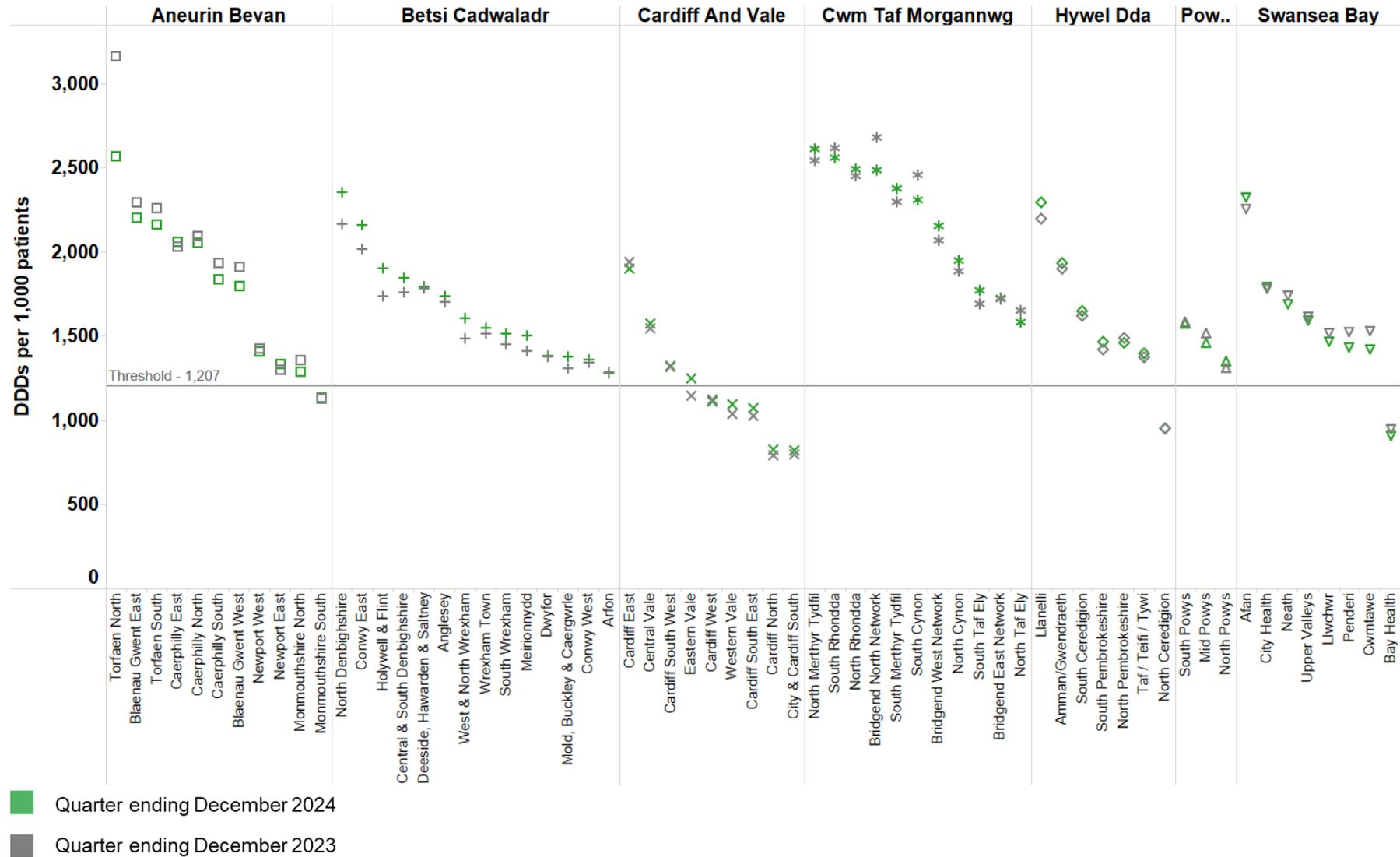
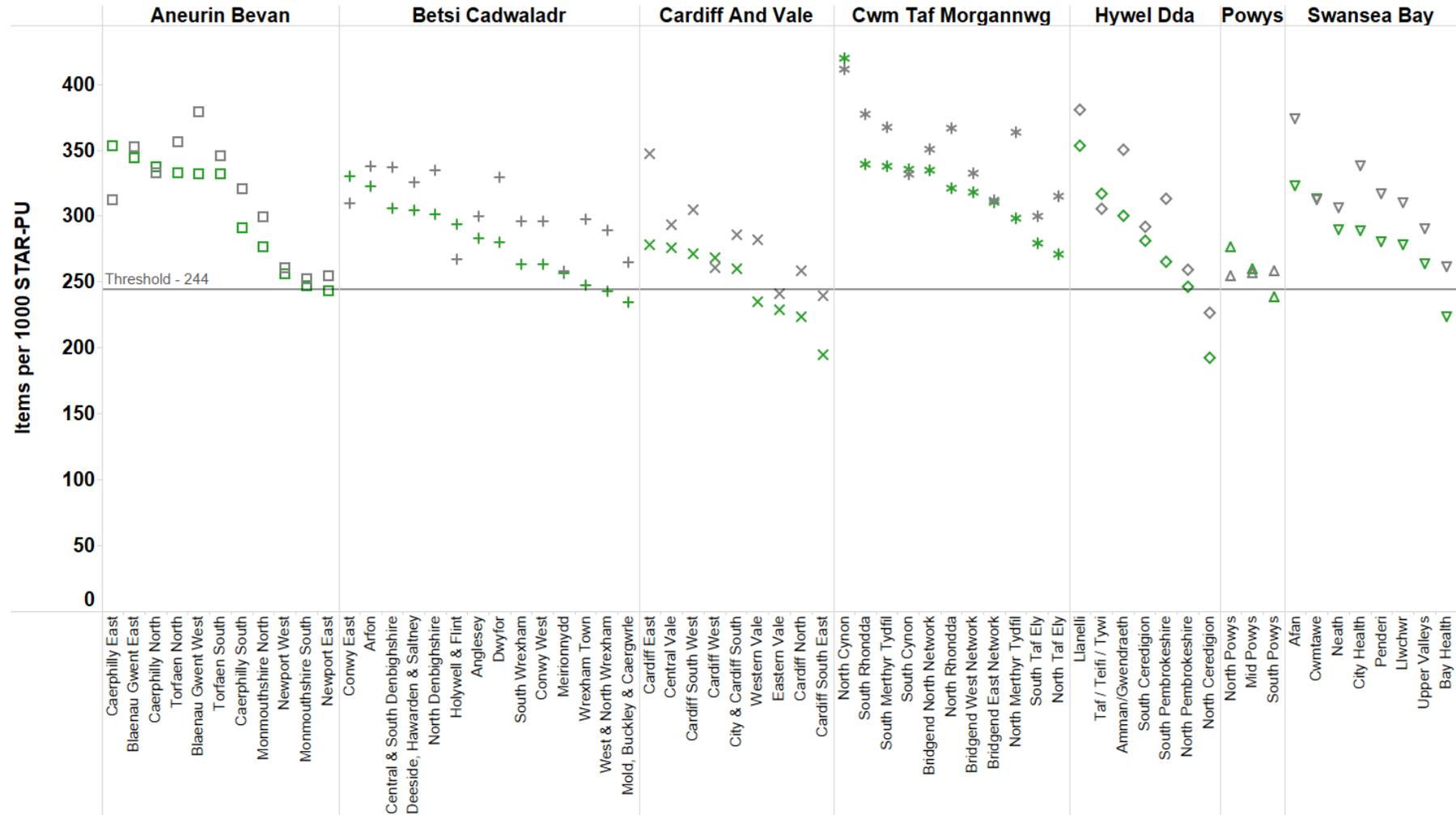


Figure 5. Antimicrobial prescribing – Quarter ending December 2024 versus quarter ending December 2019



■ Quarter ending December 2024
■ Quarter ending December 2019

Figure 6. 4C prescribing – Quarter ending December 2024 versus quarter ending December 2023

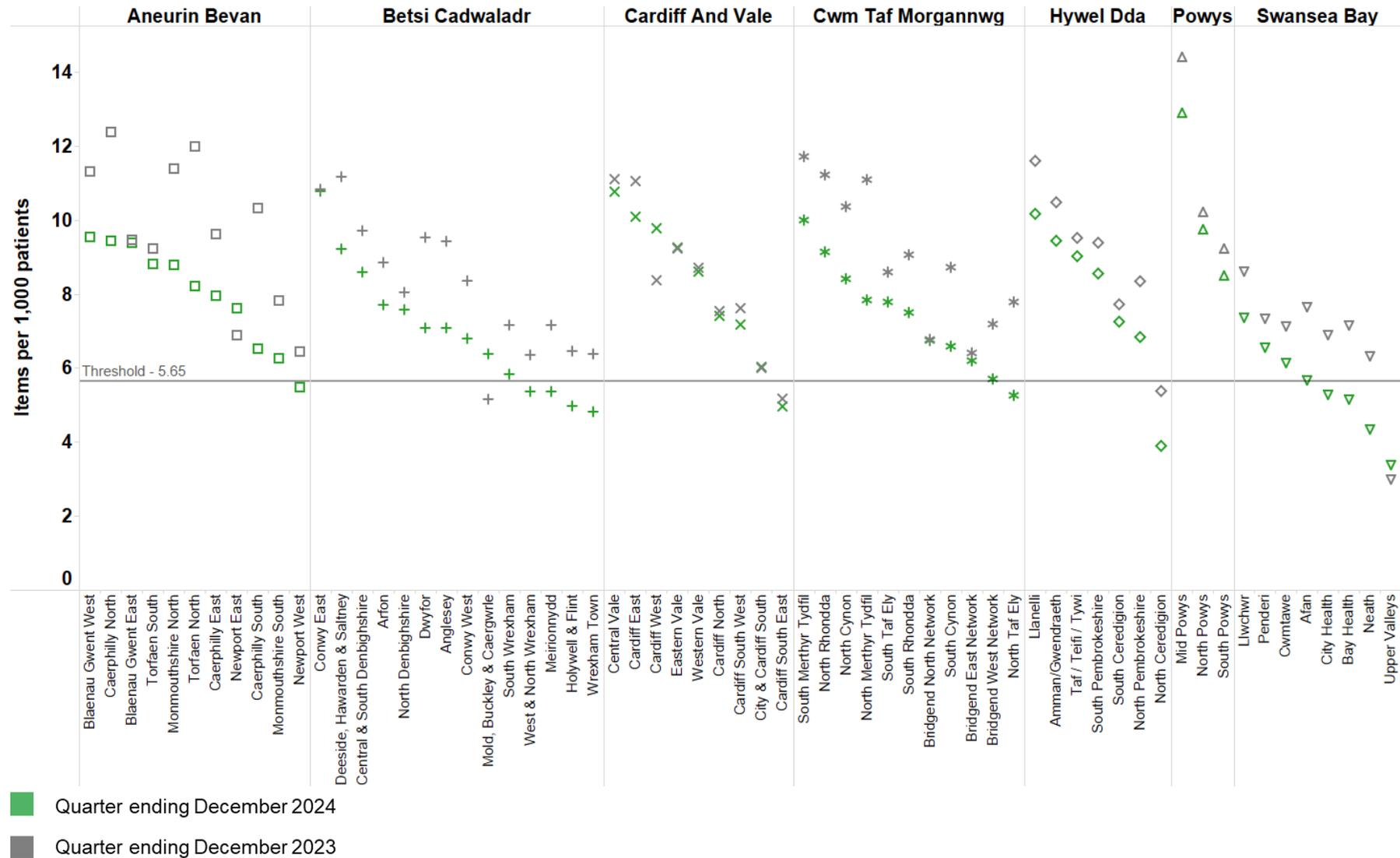


Figure 7. Decarbonisation of inhalers – Quarter ending December 2024 versus quarter ending December 2023

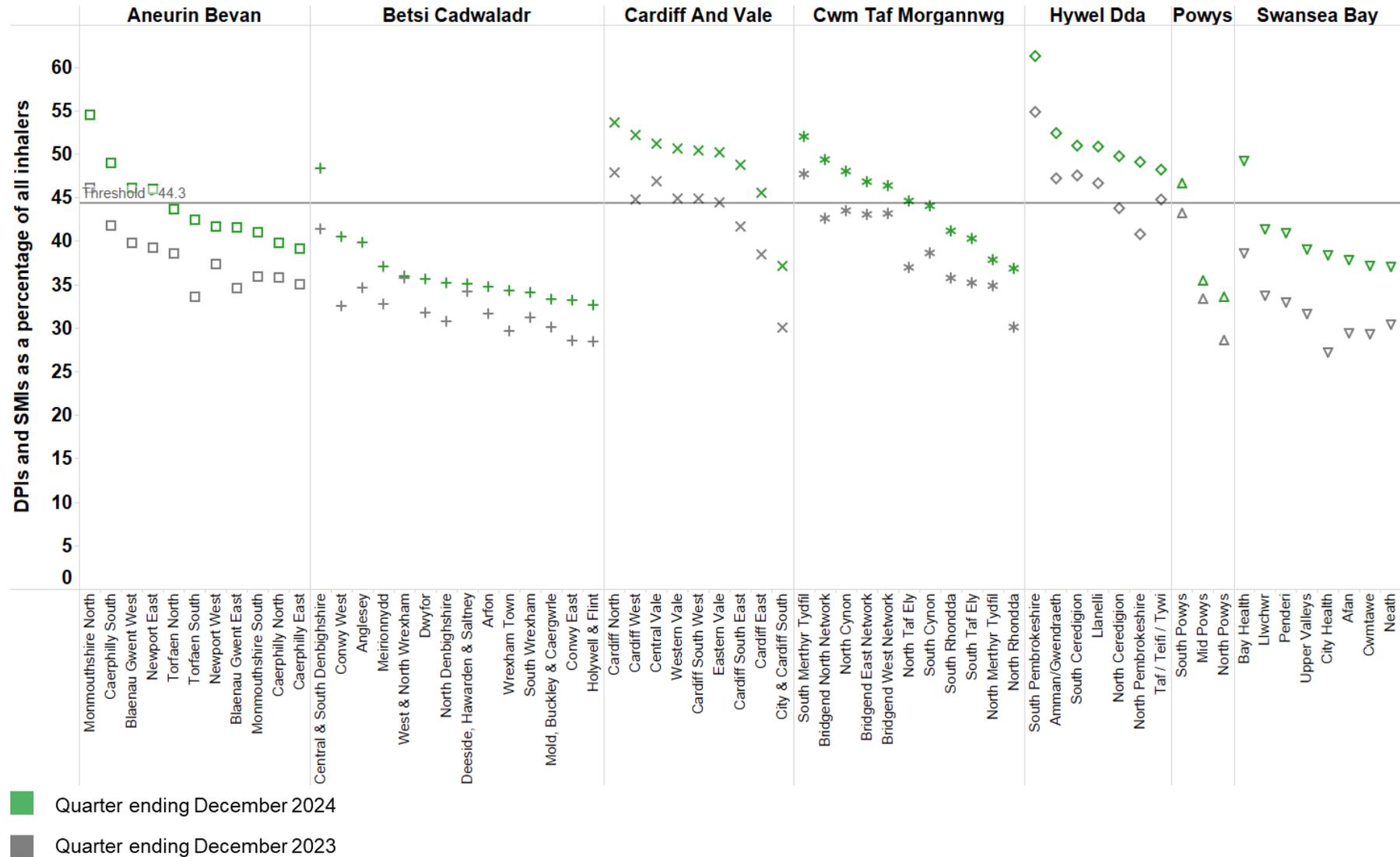


Figure 8. Hypnotic and anxiolytic prescribing – Quarter ending December 2024 versus quarter ending December 2023

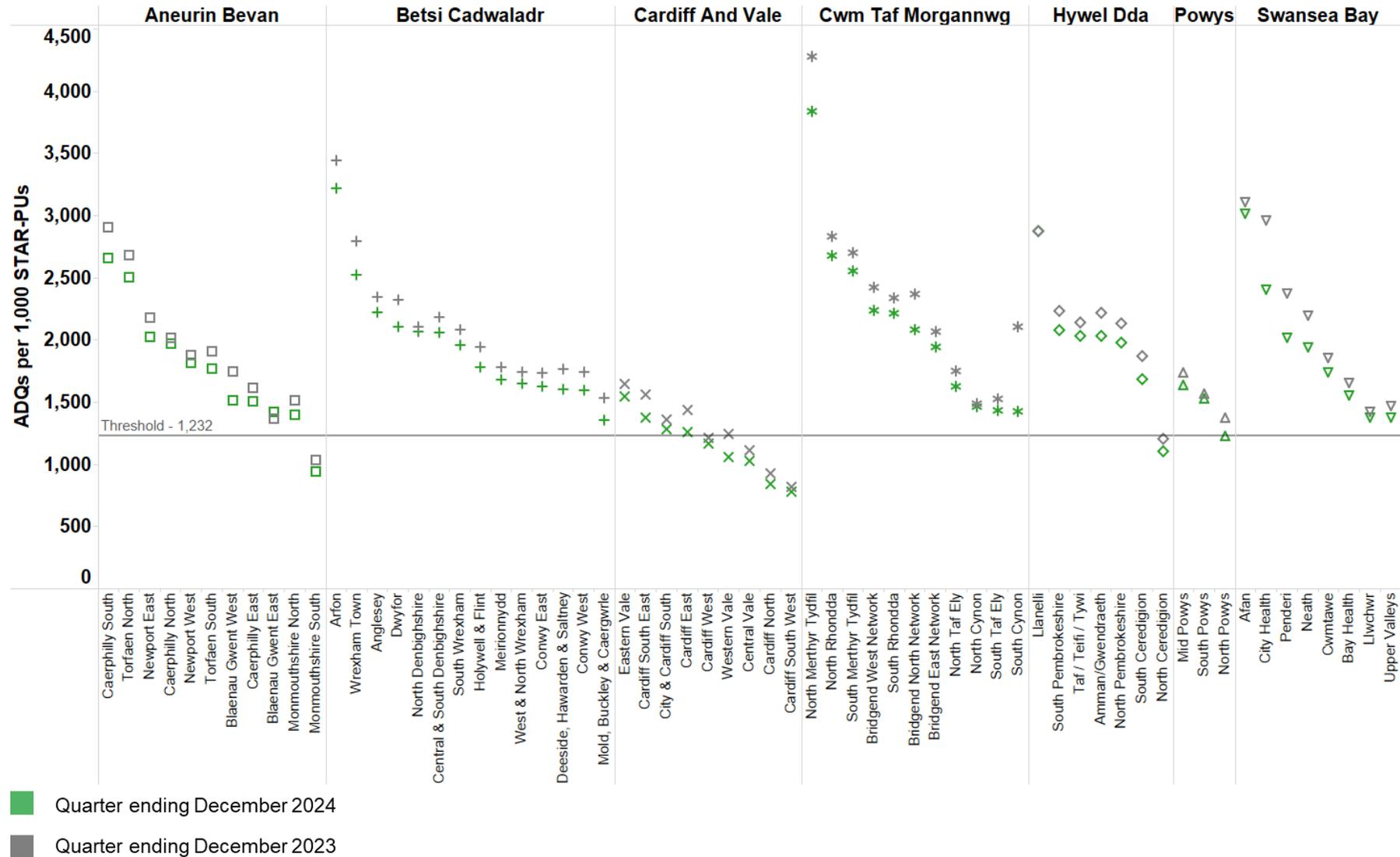
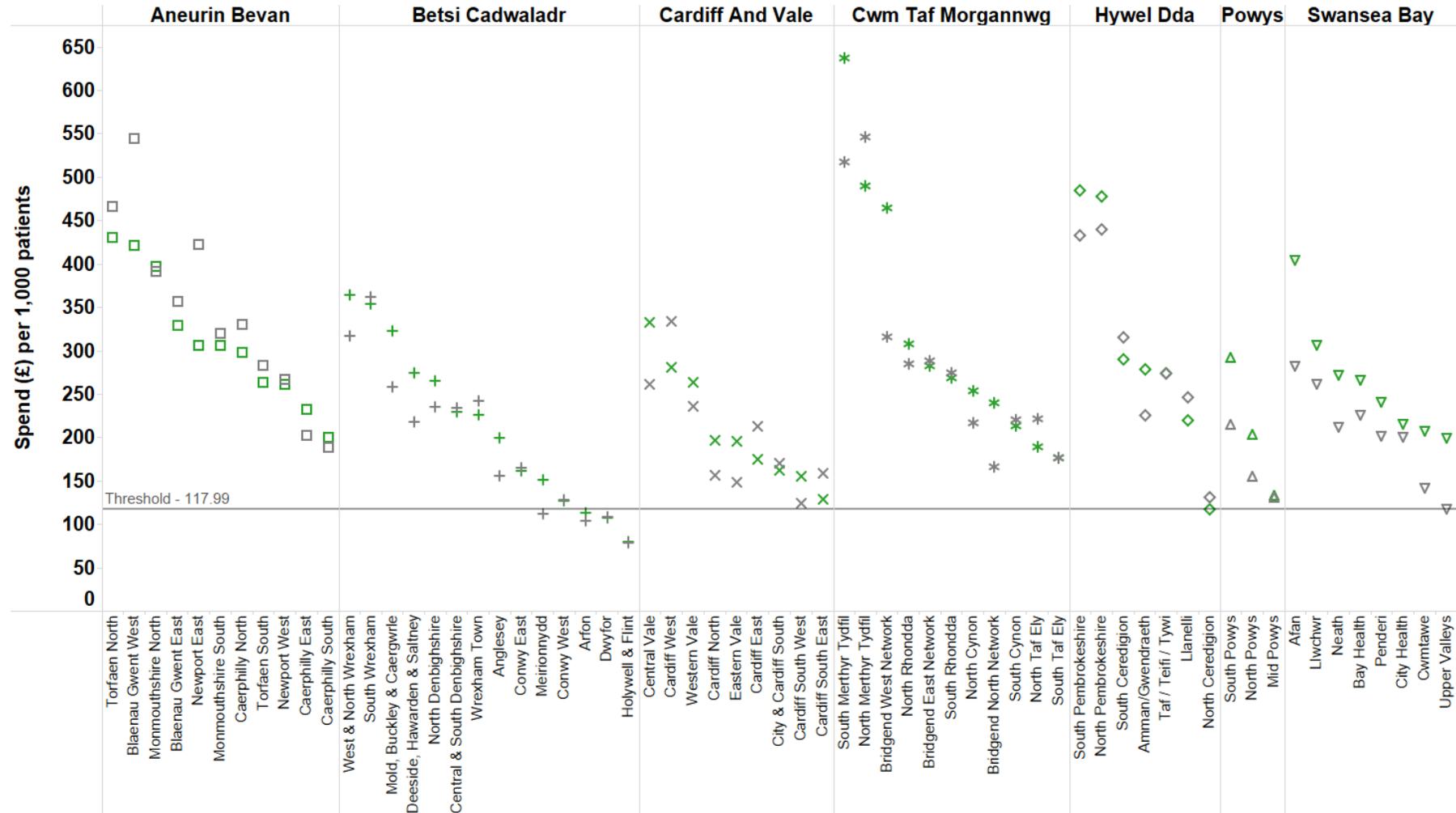


Figure 9. Low value for prescribing UDG spend (£) per 1,000 patients – Quarter ending December 2024 versus quarter ending December 2023



- Quarter ending December 2024
- Quarter ending December 2023

Appendix 3. Prescribing of 4C antimicrobials excluding fluoroquinolones

Figure 1. Trend in 3C (co-amoxiclav, cephalosporins, and clindamycin) antimicrobial items per 1,000 patients

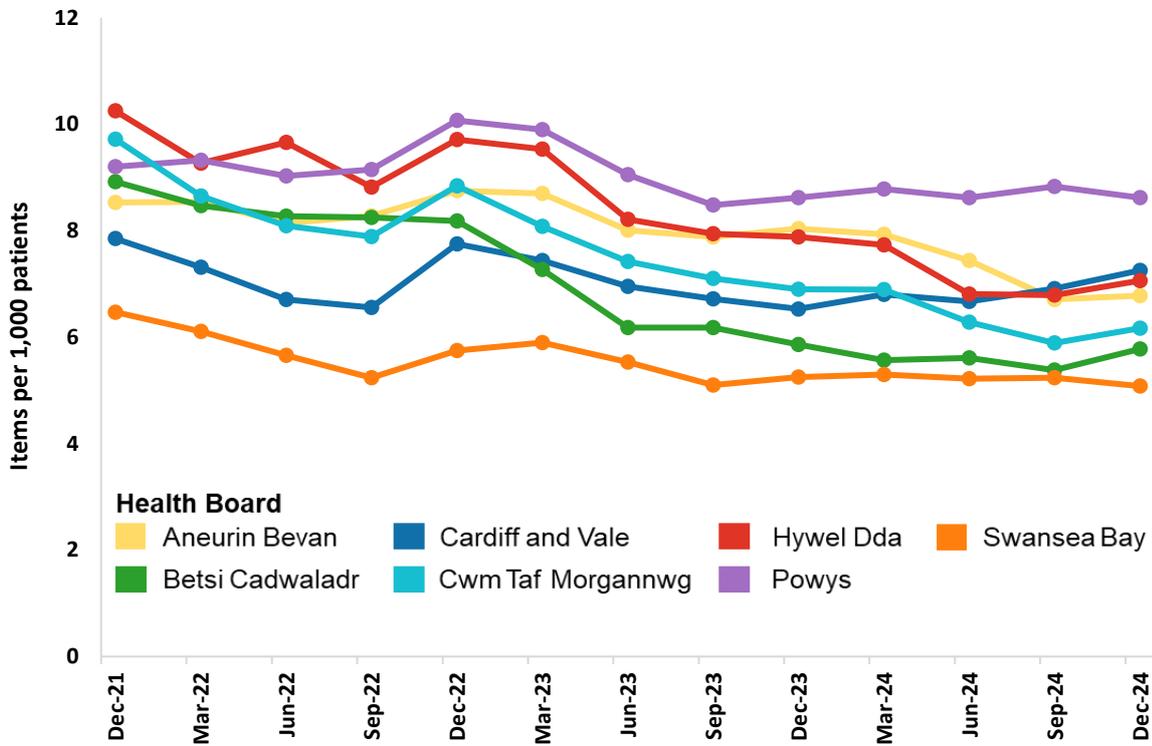


Figure 2. Trend in fluoroquinolone items per 1,000 patients

