



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

National Prescribing Indicators 2024–2025

Analysis of Prescribing Data to June 2024

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



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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 first 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 2.53% 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 10.6% 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 7.06% 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 a reduction of 0.15% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

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 decreased by 0.04% across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase prescribing.

- 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 2.45% in the month of June 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 9.45% in the month of June 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-PUs) increased across Wales by 2.37% compared with the baseline of quarter 1 2019–2020, despite the aim of the indicator being to reduce prescribing.
- 4C (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) items per 1,000 patients decreased across Wales by 13.2%, compared with equivalent quarter of the previous year, in line with the aim of the indicator.
- A good practice spotlight (p20) from Swansea Bay UHB highlights a range of actions that have been implemented through their antimicrobial stewardship programme to 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 16.8% 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-PUs) in primary care reduced by 7.43% 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 1 data demonstrate:
 - A 29% decrease in reporting by GP practices across Wales, compared with the equivalent quarter of the previous year.
 - A 1% decrease in secondary care reporting across Wales, compared with the equivalent quarter of the previous year.
 - A 17% decrease in reporting by health boards/NHS Trusts across Wales, compared with the equivalent quarter of the previous year.

- A 16% 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 89% in the quarter ending June 2023 to 93% for the quarter ending June 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) decreased by 0.95% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

The 2024–2025 NPI report for quarter ending September 2024 will be available on 17th January 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 June 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	22 30%	30 29%	45 73%	12 24%	10 20%	4 24%	15 29%
High Strength Opioid burden Total OME Per 1,000 Patients	23 32%	28 27%	36 58%	15 29%	8 16%	7 41%	23 45%
Tramadol DDDs per 1,000 patients	17 25%	19 20%	31 56%	7 16%	13 27%	6 38%	11 24%
Gabapentin and pregabalin DDDs per 1,000 patients	16 24%	21 22%	35 64%	1 2%	15 31%	3 19%	12 27%
Antibacterial items per 1,000 STAR-PU	✗	✗	✗	✗	✗	✗	✗
4C antibacterial items per 1,000 patients	17 25%	40 42%	20 36%	13 30%	8 17%	1 6%	17 38%
DPIs and SMIs as a percentage of all inhalers	24 35%	15 16%	33 60%	18 41%	39 81%	3 19%	12 27%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PU	17 25%	23 24%	31 56%	6 14%	7 15%	8 50%	13 29%
Low Value for Prescribing (UDG) spend (£) per 1,000 patients	7 10%	34 35%	20 36%	5 11%	10 21%	4 25%	16 36%

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.

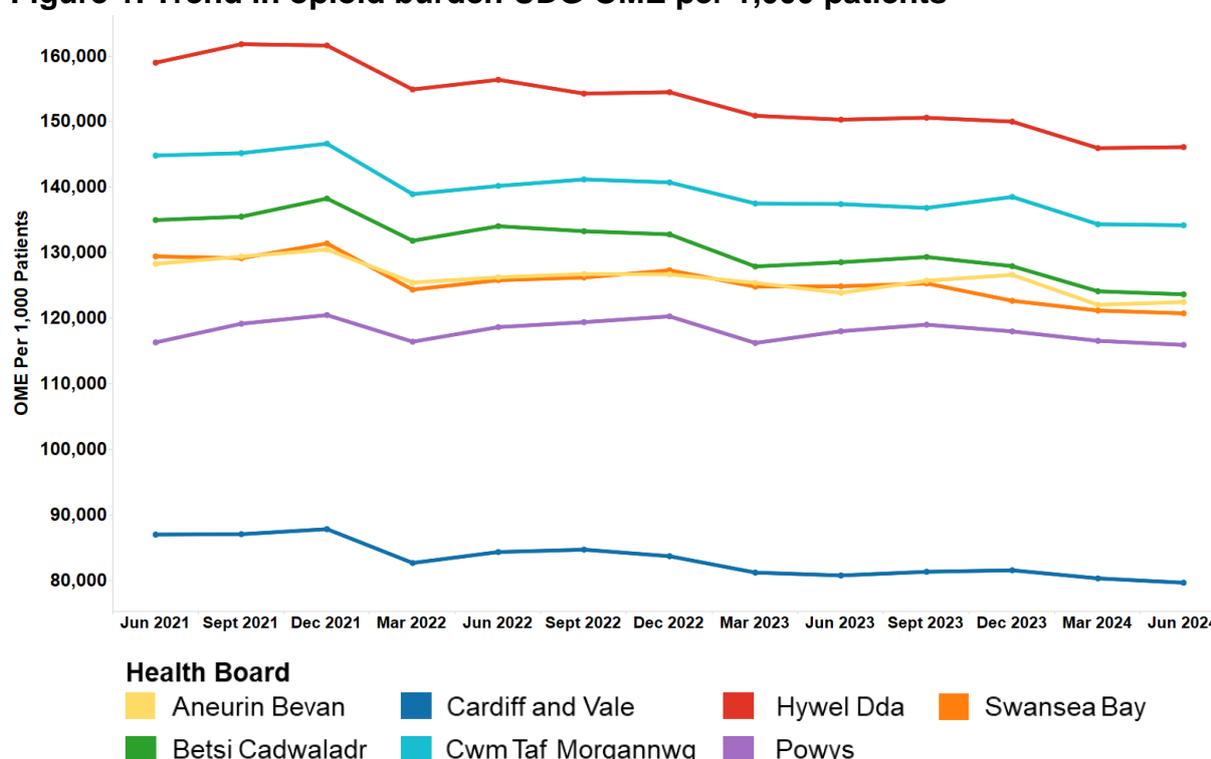
Opioid burden

- Across Wales, opioid burden reduced by 2.53% in the quarter ending June 2024 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2024, opioid burden prescribing ranged from 79,688 to 146,103 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 all health boards.
- Betsi Cadwaladr UHB demonstrated the largest percentage decrease, compared with the equivalent quarter of the previous year.
- Aneurin Bevan UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 1. Opioid burden OME per 1,000 patients

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Betsi Cadwaladr	128,547	123,651	-3.81%
Swansea Bay	124,883	120,760	-3.30%
Hywel Dda	150,292	146,103	-2.79%
Cwm Taf Morgannwg	137,417	134,183	-2.35%
Powys	118,032	115,943	-1.77%
Cardiff and Vale	80,791	79,688	-1.37%
Aneurin Bevan	123,885	122,482	-1.13%
Wales	122,890	119,779	-2.53%

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



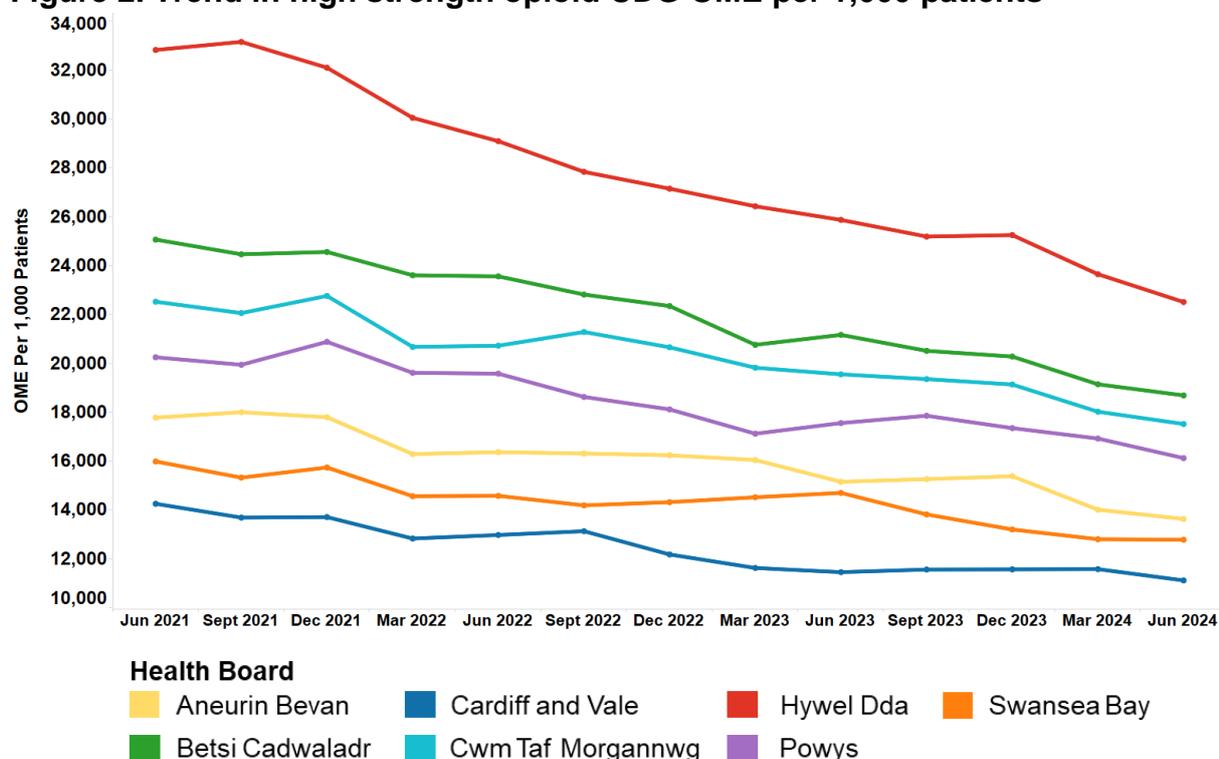
High strength opioids

- Across Wales, high strength opioid prescribing decreased by 10.6% in the quarter ending June 2024 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2024, high strength opioid prescribing ranged from 11,112 to 22,507 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.
- Swansea Bay UHB and Hywel Dda UHB demonstrated the largest percentage decrease in high strength opioid prescribing, compared with the equivalent quarter of the previous year.
- Cardiff and Vale UHB 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 1	2024–2025 Qtr 1	% Change
Swansea Bay	14,696	12,778	-13.0%
Hywel Dda	25,869	22,507	-13.0%
Betsi Cadwaladr	21,162	18,684	-11.7%
Cwm Taf Morgannwg	19,547	17,514	-10.4%
Aneurin Bevan	15,149	13,627	-10.0%
Powys	17,552	16,118	-8.17%
Cardiff and Vale	11,451	11,112	-2.96%
Wales	17,834	15,948	-10.6%

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

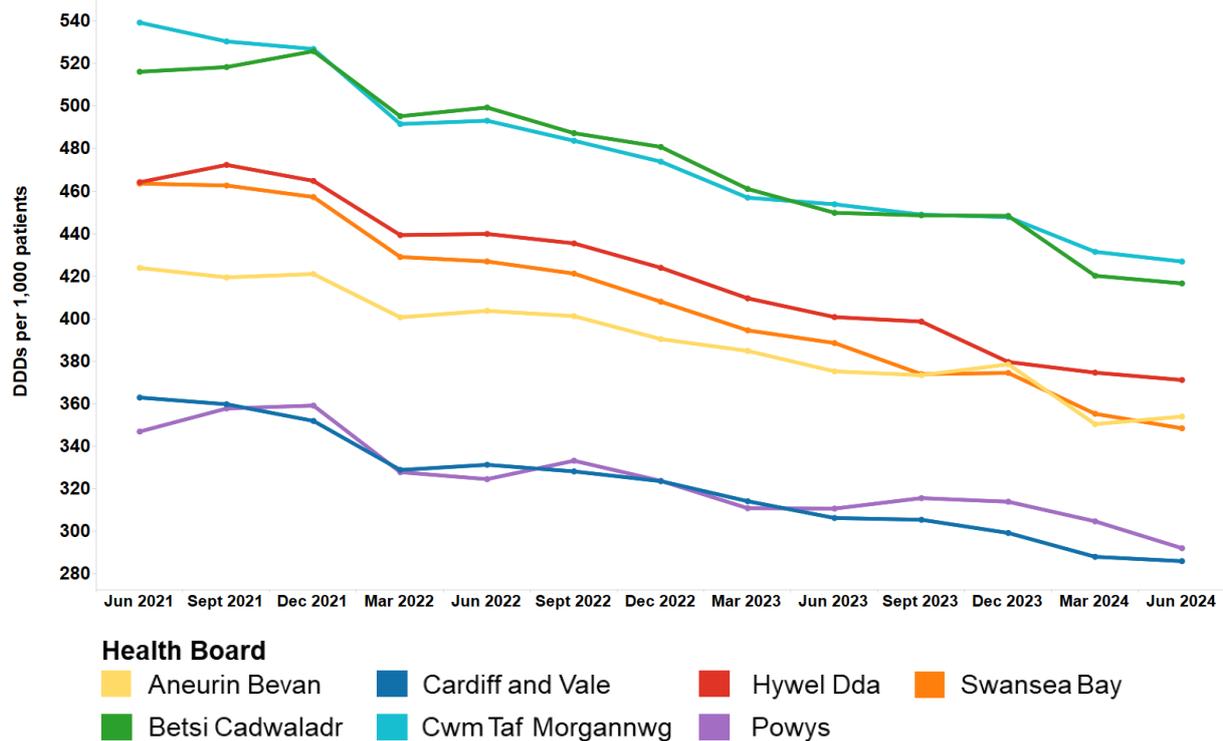
While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and ADRs. This NPI promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits, and encouraging timely review.

- Across Wales, prescribing of tramadol was 7.06% lower in the quarter ending June 2024 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2024, tramadol prescribing ranged from 286 to 427 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.
- 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 Aneurin Bevan UHB, compared with the equivalent quarter of the previous year.

Table 3. Tramadol DDDs per 1,000 patients

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Swansea Bay	389	349	-10.3%
Betsi Cadwaladr	450	417	-7.38%
Hywel Dda	401	371	-7.38%
Cardiff and Vale	306	286	-6.62%
Powys	311	292	-5.99%
Cwm Taf Morgannwg	454	427	-5.93%
Aneurin Bevan	375	354	-5.66%
Wales	393	366	-7.06%

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.

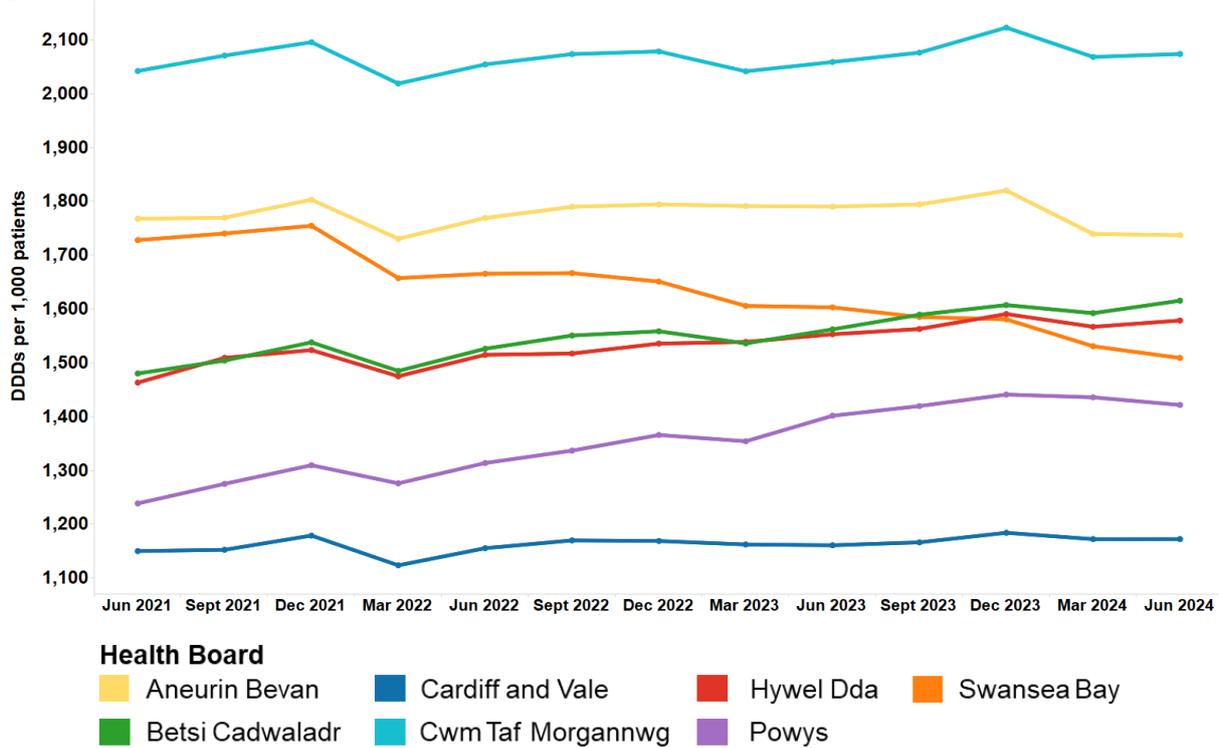
- Across Wales, for the quarter ending June 2024, prescribing of gabapentin and pregabalin decreased by 0.15% compared with the same quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2024, gabapentin and pregabalin prescribing ranged from 1,172 to 2,074 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.
- Swansea Bay UHB and Aneurin Bevan 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 1	2024–2025 Qtr 1	% Change
Swansea Bay	1,603	1,509	-5.87%
Aneurin Bevan	1,790	1,737	-2.96%
Cwm Taf Morgannwg	2,059	2,074	0.73%
Cardiff and Vale	1,161	1,172	0.99%
Powys	1,401	1,421	1.43%
Hywel Dda	1,553	1,578	1.65%
Betsi Cadwaladr	1,562	1,615	3.41%
Wales	1,608	1,606	-0.15%

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



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.

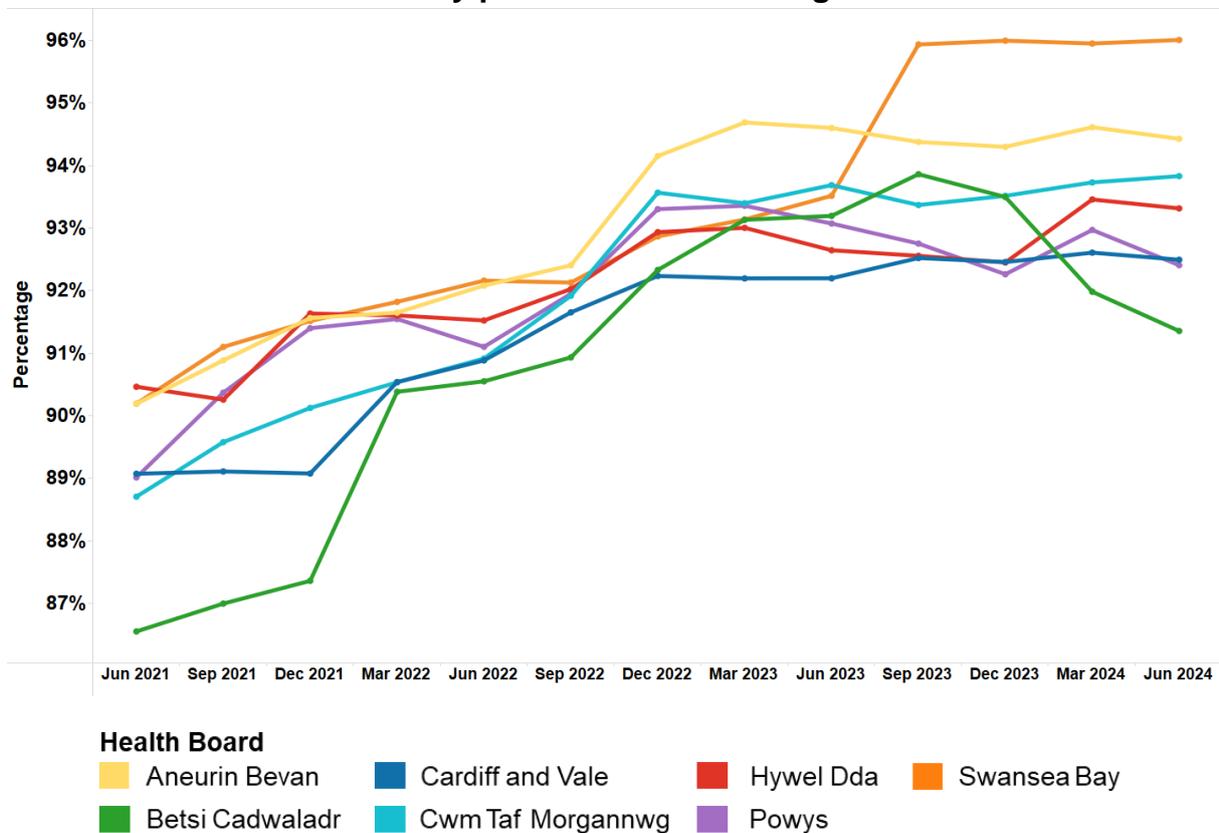
The CHA₂DS₂-VASc risk stratification score calculates stroke risk of patients with AF. Adults with non-valvular AF and a CHA₂DS₂-VASc score of 2 or above are at a much higher risk of having a stroke than the general population; however, anticoagulation therapy can help to prevent strokes by reducing 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 June 2024, the percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more who were prescribed an anticoagulant decreased by 0.04%. This is contrary to the aim of the indicator.
- For the quarter ending June 2024, the percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more and were prescribed an anticoagulant ranged from 91.4% to 96.0% 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 Swansea Bay UHB. The health board with the lowest percentage was Betsi Cadwaladr UHB.
- The largest percentage increase was seen in Swansea Bay UHB and the largest percentage decrease was seen in Betsi Cadwaladr 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 1	2024–2025 Qtr 1	% Change
Swansea Bay	93.5%	96.0%	2.67%
Hywel Dda	92.6%	93.3%	0.72%
Cardiff and Vale	92.2%	92.5%	0.32%
Cwm Taf Morgannwg	93.7%	93.8%	0.15%
Aneurin Bevan	94.6%	94.4%	-0.18%
Powys	93.1%	92.4%	-0.72%
Betsi Cadwaladr	93.2%	91.4%	-1.98%
Wales	93.3%	93.3%	-0.04%

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.

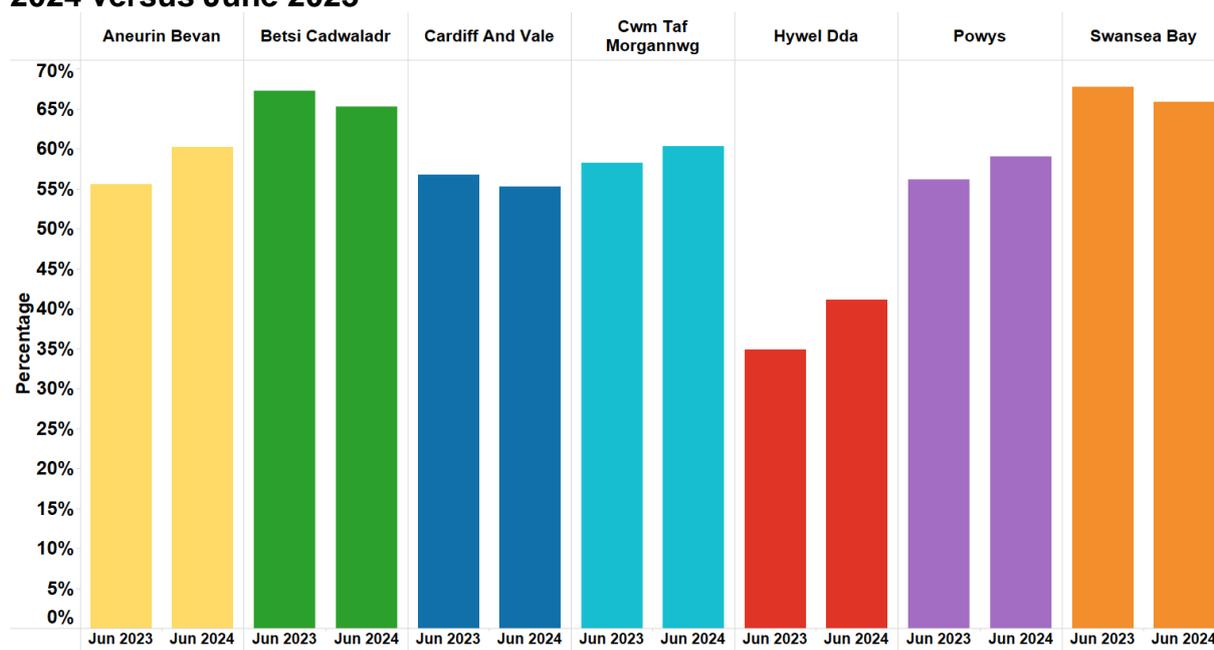
Patients with AF who are prescribed an anticoagulant should have a review of their treatment annually. Anticoagulants are associated with drug–drug and drug–food interactions that may increase the risk of serious bleeding or diminish stroke prevention. A review of treatment will reinforce the importance 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 2.45% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of June 2024, the percentage patients who had received an anticoagulant review in the last 12 months ranged from 41.1% to 65.8% 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. Cardiff and Vale UHB, Swansea Bay UHB and Betsi Cadwaladr UHB 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 June 2023	2024–2025 June 2024	% Change
Hywel Dda	34.9%	41.1%	18.0%
Aneurin Bevan	55.5%	60.2%	8.41%
Powys	56.2%	59.1%	5.20%
Cwm Taf Morgannwg	58.2%	60.3%	3.63%
Cardiff and Vale	56.7%	55.3%	-2.51%
Swansea Bay	67.7%	65.8%	-2.79%
Betsi Cadwaladr	67.3%	65.3%	-2.95%
Wales	57.0%	58.4%	2.45%

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

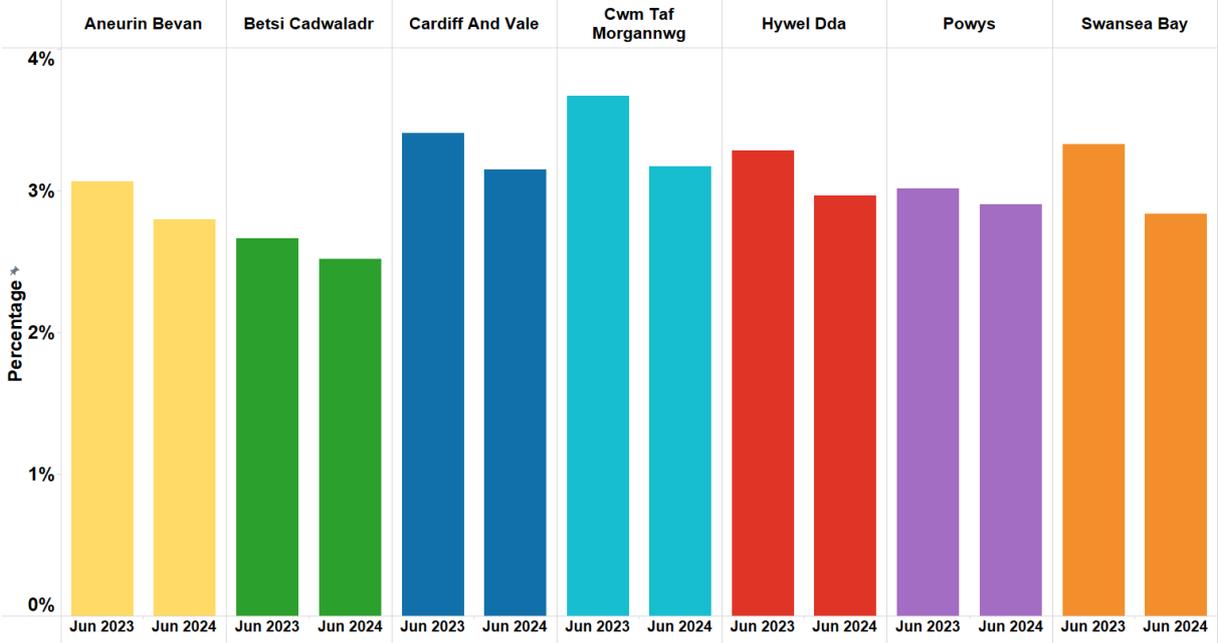
Antiplatelet medication, i.e. aspirin or clopidogrel, is no longer recommended in patients with AF. Quality Statement 2 within the NICE Quality Standard for Atrial fibrillation states that adults with AF should not be prescribed aspirin monotherapy, as the risks of taking aspirin outweigh any benefits. 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 9.45% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of June 2024, the percentage of patients receiving antiplatelet monotherapy ranged from 2.52% to 3.17% across the health boards.
- Percentage of patients receiving antiplatelet monotherapy decreased, compared with the equivalent month of the previous year, in all 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 Cwm Taf Morgannwg UHB.
- The largest percentage decrease was seen in Swansea Bay UHB. The smallest percentage decrease was in Powys Teaching HB.

Table 7. Percentage of patients who are prescribed antiplatelet monotherapy

	2023–2024 June 2023	2024–2025 June 2024	% Change
Swansea Bay	3.33%	2.84%	-14.8%
Cwm Taf Morgannwg	3.67%	3.17%	-13.5%
Hywel Dda	3.29%	2.97%	-9.73%
Aneurin Bevan	3.07%	2.80%	-8.87%
Cardiff and Vale	3.41%	3.15%	-7.58%
Betsi Cadwaladr	2.67%	2.52%	-5.43%
Powys	3.01%	2.91%	-3.63%
Wales	3.17%	2.87%	-9.45%

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

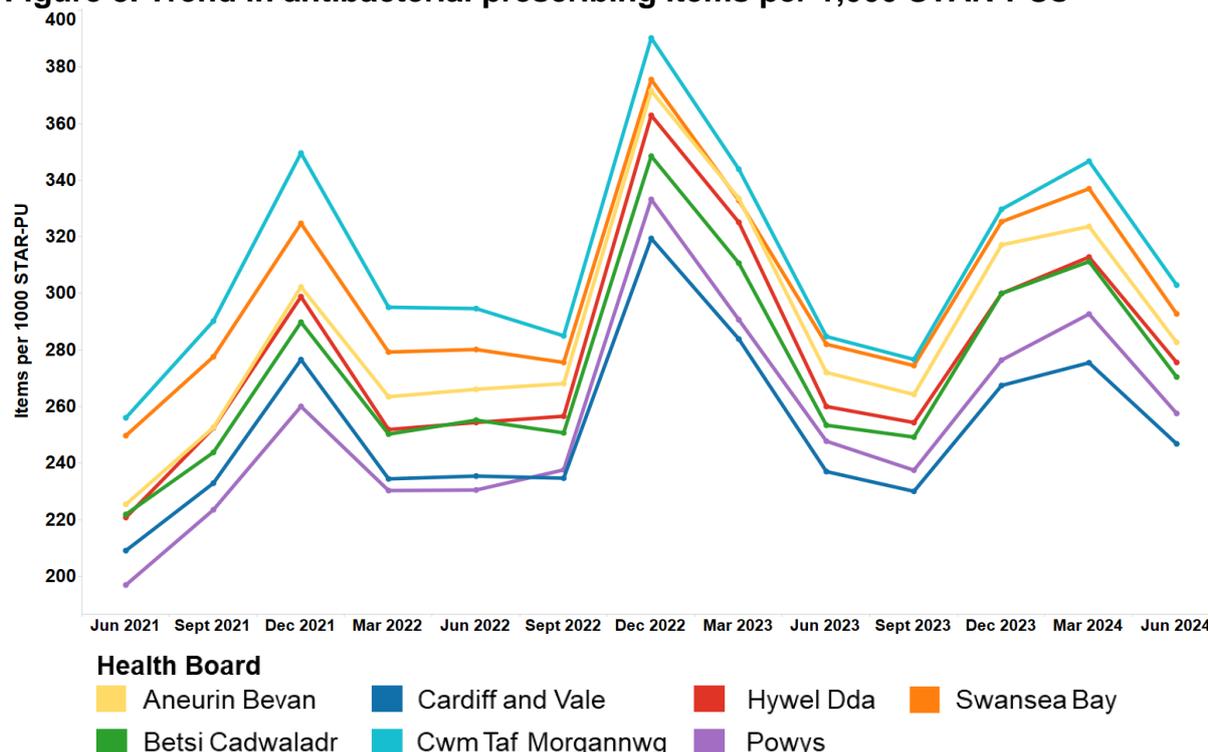
Aim: To reduce prescribing

- Across Wales, for the quarter ending June 2024, total antibacterial items per 1,000 STAR-PU increased by 2.37%, compared with the quarter ending June 2019. This is contrary to the aim of the indicator.
- For the quarter ending June 2024, the total number of antibacterial items per 1,000 STAR-PU ranged from 247 to 303 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 June 2024, none of the health boards achieved the target of a 10%, or greater, reduction against the baseline of quarter 1 2019–2020.
- Swansea Bay UHB demonstrated a reduction in prescribing, compared with the quarter ending June 2019.
- Powys Teaching HB demonstrated the greatest increase in prescribing, compared with the quarter ending June 2019.

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

	2019–2020 Qtr 1	2024–2025 Qtr 1	% Change
Swansea Bay	294	293	-0.43%
Cwm Taf Morgannwg	303	303	0.04%
Hywel Dda	274	276	0.65%
Cardiff and Vale	243	247	1.49%
Betsi Cadwaladr	260	270	4.07%
Aneurin Bevan	272	283	4.09%
Powys	227	258	13.4%
Wales	270	276	2.37%

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

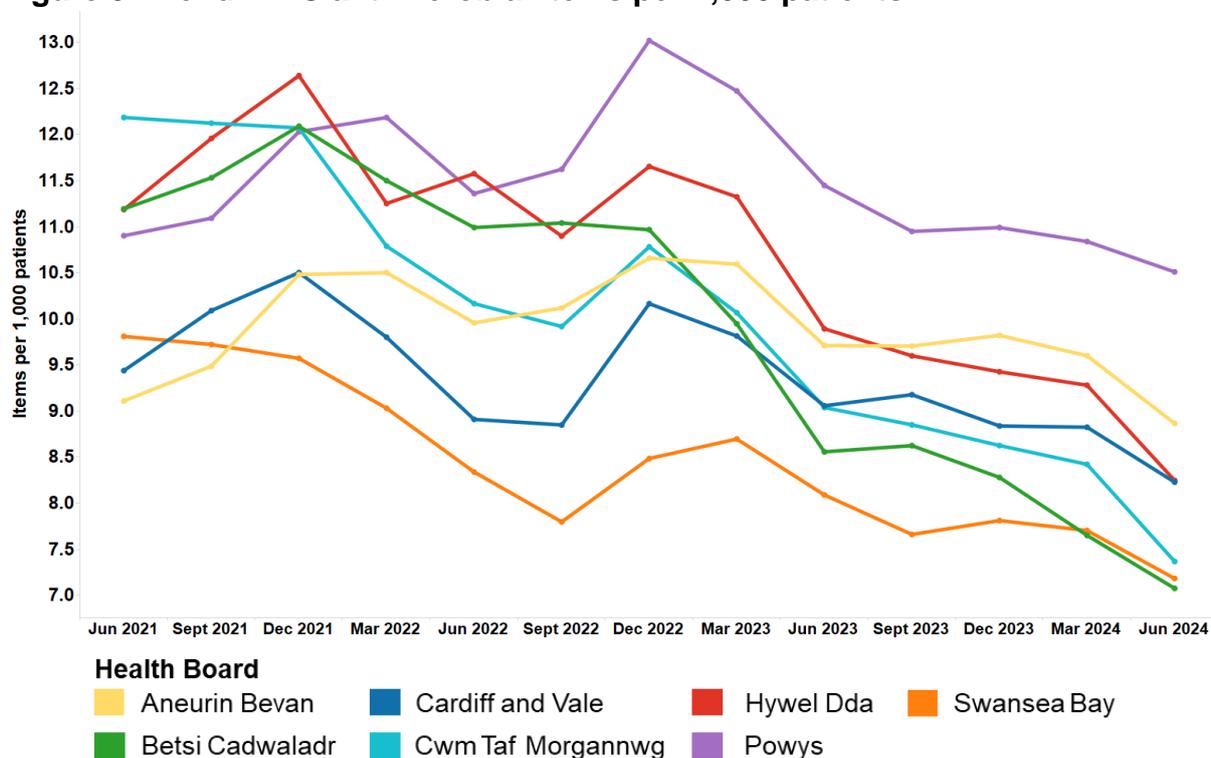
The use of simple generic antibiotics and the avoidance of these broad-spectrum antibiotics preserve them from resistance and reduce the risk of *C. difficile*, MRSA and resistant urinary tract infections.

- Across Wales, for the quarter ending June 2024, the number of 4C antimicrobial items per 1,000 patients decreased by 13.2%, compared with the quarter ending June 2023, in line with the aim of the indicator.
- For the quarter ending June 2024, 4C prescribing ranged from 7.07 to 10.5 items per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Betsi Cadwaladr 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 Cwm Taf Morgannwg UHB and the smallest percentage decrease was seen in Powys Teaching HB, compared with the equivalent quarter of the previous year.

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

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Cwm Taf Morgannwg	9.04	7.37	-18.5%
Betsi Cadwaladr	8.56	7.07	-17.3%
Hywel Dda	9.89	8.25	-16.6%
Swansea Bay	8.09	7.18	-11.2%
Cardiff and Vale	9.06	8.23	-9.15%
Aneurin Bevan	9.71	8.87	-8.70%
Powys	11.4	10.5	-8.20%
Wales	9.16	7.95	-13.2%

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



Good practice spotlight

Swansea Bay UHB introduced a range of actions through its antimicrobial stewardship programme that resulted in a decrease in 4C antimicrobial prescribing

GPs have completed annual audits focused on 4C antimicrobial prescribing. Results from the audit are fed back to all GP practices via prescribing leads sessions during which GPs are asked to share good practice with the group. The session is also used to promote key educational messages such as risks of 4C antimicrobial prescribing and increased awareness of alternatives in the guidelines as well as supplying supportive resources (e.g. posters, audit tools). The prescribing lead is tasked with feeding back to other clinical staff within their practice and agreeing an action plan for the practice based on the information provided in the meeting.

Swansea Bay antimicrobial pharmacists separately use audit data to identify indications 4C antimicrobials are being prescribed for that are not captured within existing guidelines. Additional guidelines are developed to cover these indications as well as updating existing guidelines to direct prescribers to narrow spectrum antibiotics when appropriate, driving further reductions.

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.

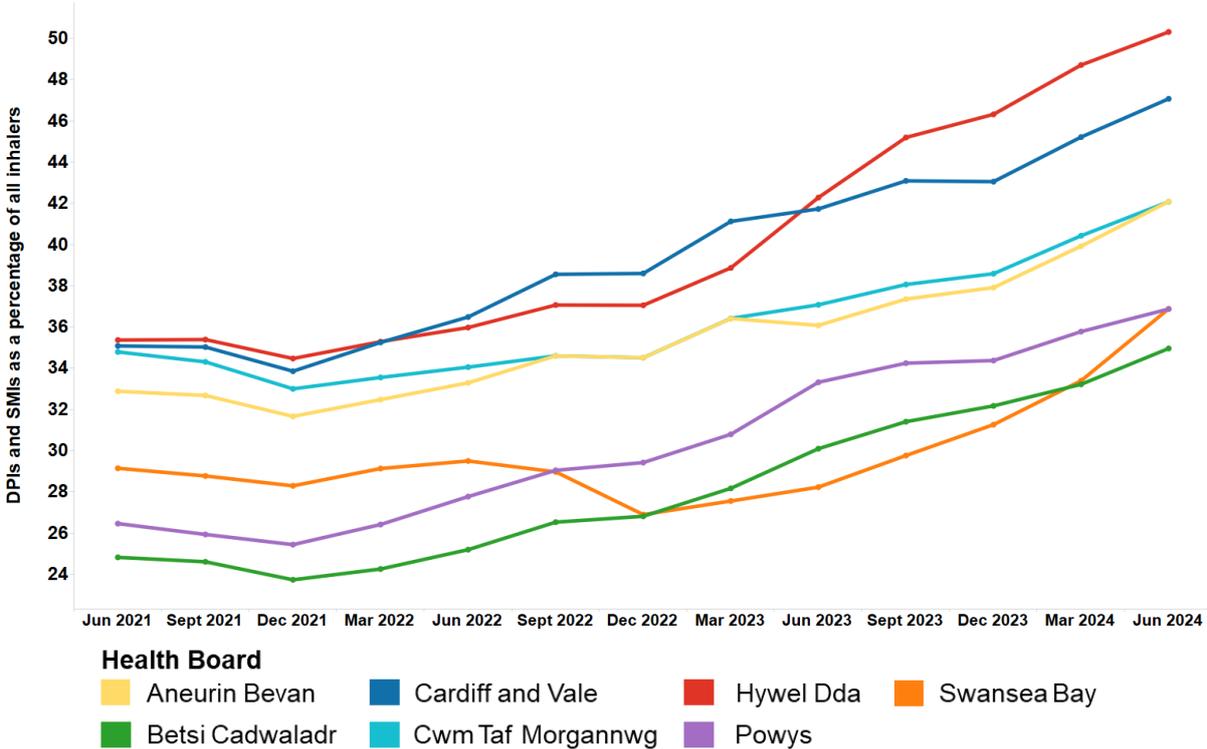
Metered dose inhalers (MDIs) are estimated to be responsible for 4% of the NHS's entire carbon footprint. One of the key actions within the NHS Wales Decarbonisation Strategic Delivery Plan is to transition patients on MDIs to inhalers with a lower carbon footprint, but only where patient care will not 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 16.8% in the quarter ending June 2024 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2024, the proportion of DPI and SMI prescribing ranged from 35.0% to 50.3% 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 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 1	2024–2025 Qtr 1	% Change
Swansea Bay	28.2	36.9	30.7%
Hywel Dda	42.3	50.3	19.0%
Aneurin Bevan	36.1	42.1	16.7%
Betsi Cadwaladr	30.1	35.0	16.2%
Cwm Taf Morgannwg	37.1	42.1	13.5%
Cardiff and Vale	41.7	47.1	12.8%
Powys	33.3	36.9	10.7%
Wales	35.1	41.0	16.8%

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.

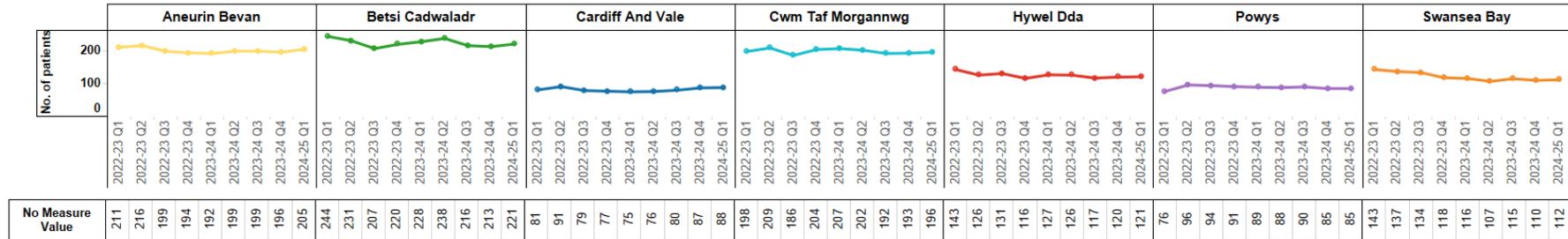
In the UK, it is estimated that around 16.5% of hospital admissions are related to ADRs. ADRs can often be predictable making it possible to identify potential causes and address them before actual patient harm occurs. This NPI provides a process of identifying patients electronically, enabling intervention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

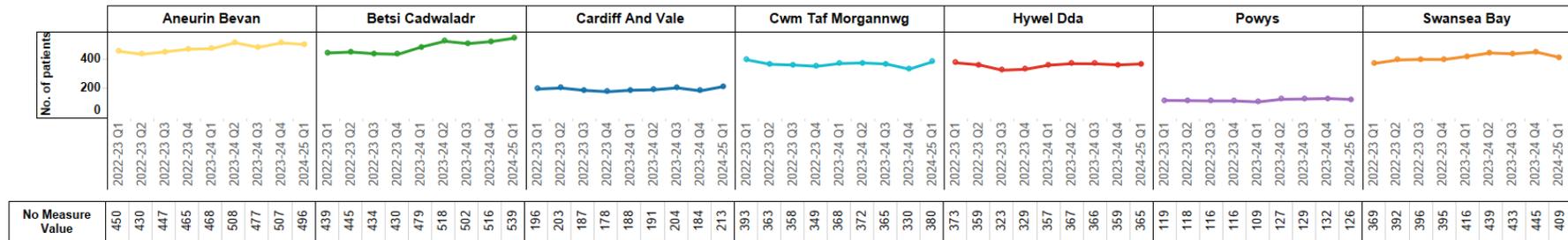
Figure 11. Prescribing Safety Indicators

Prescribing Safety Indicators related to AKI

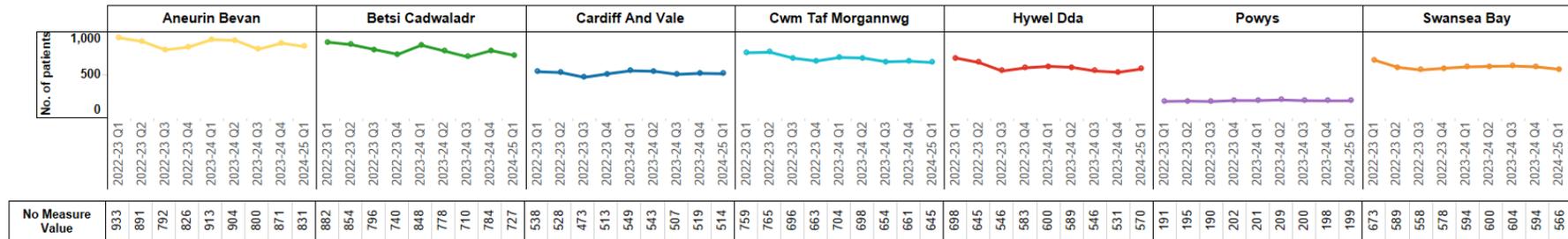
01. Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months.



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.

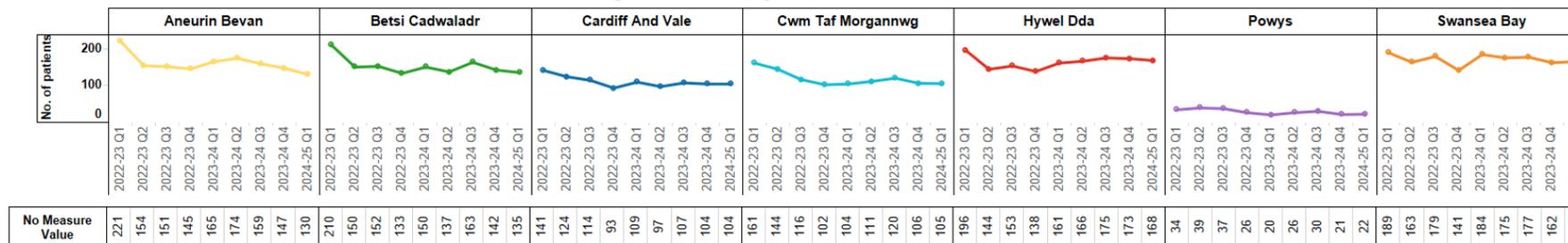


03. Number of patients with concurrent prescriptions of an NSAID, RAS drug and a diuretic.



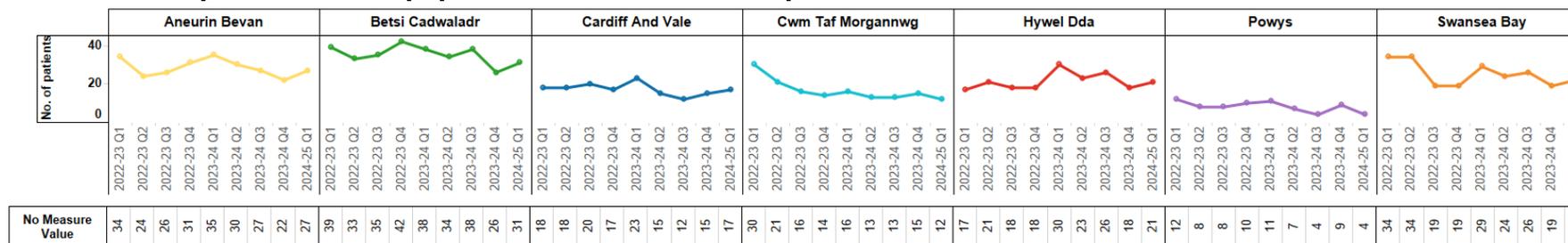
Welsh Analytical Prescribing Support Unit

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.

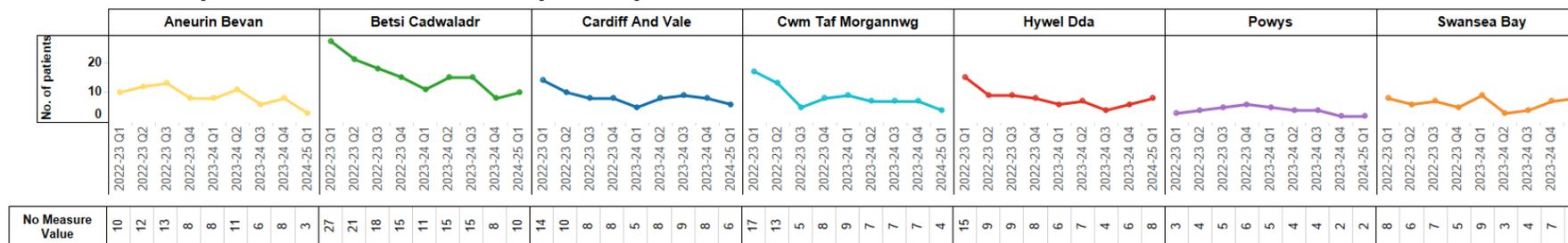


Prescribing Safety Indicators related to bleeds

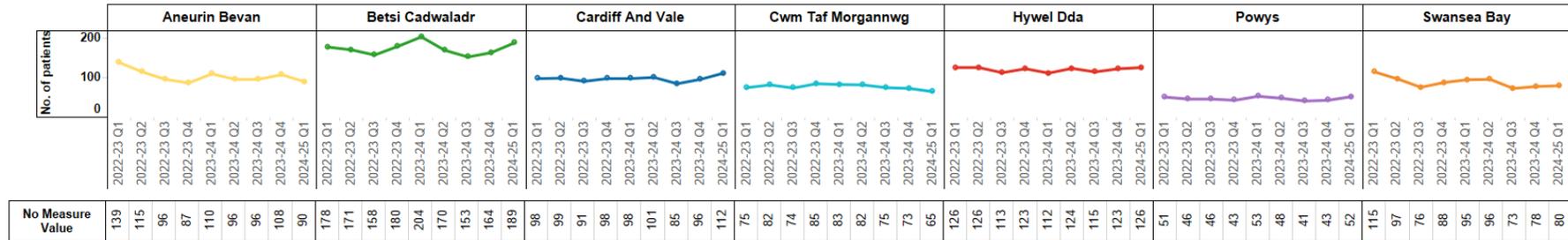
05. Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI.



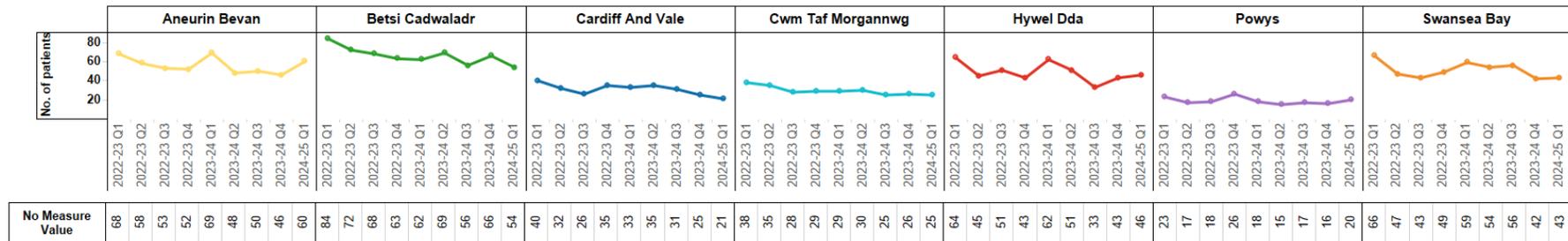
06. Number of patients with concurrent prescriptions of warfarin and an oral NSAID.



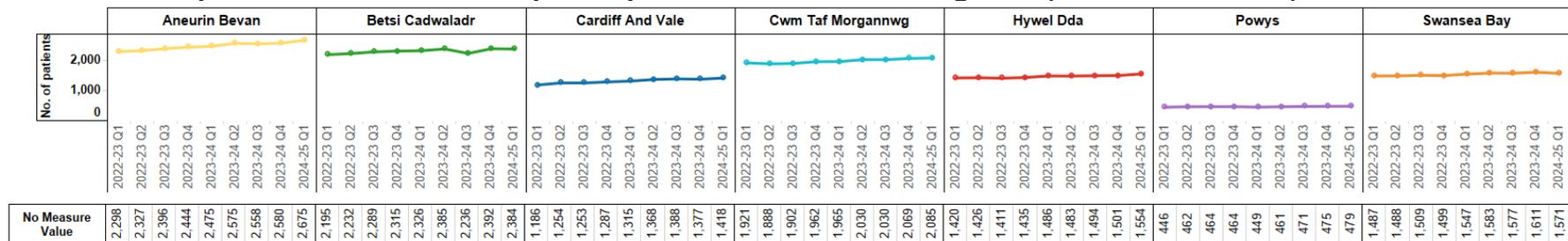
07. Number of patients with concurrent prescriptions for a DOAC and an oral NSAID.



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).

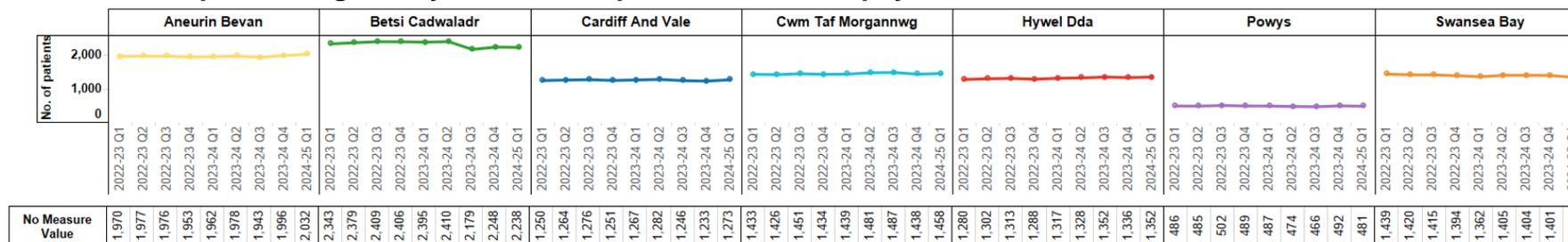


09. Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI.

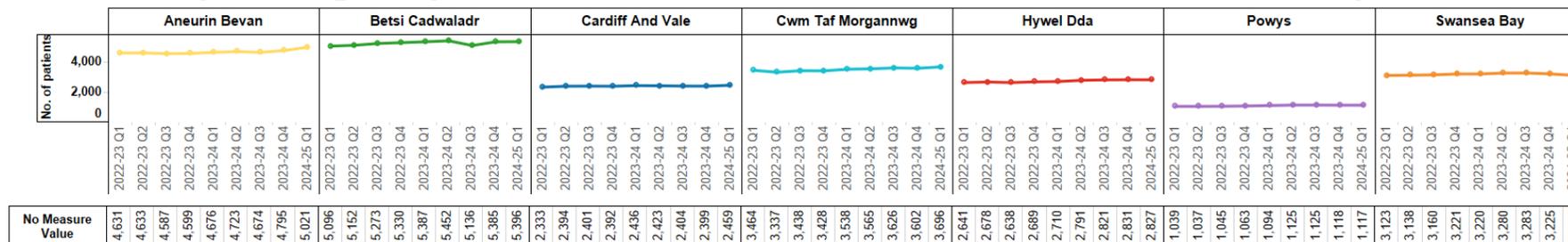


Prescribing Safety Indicators related to cognition

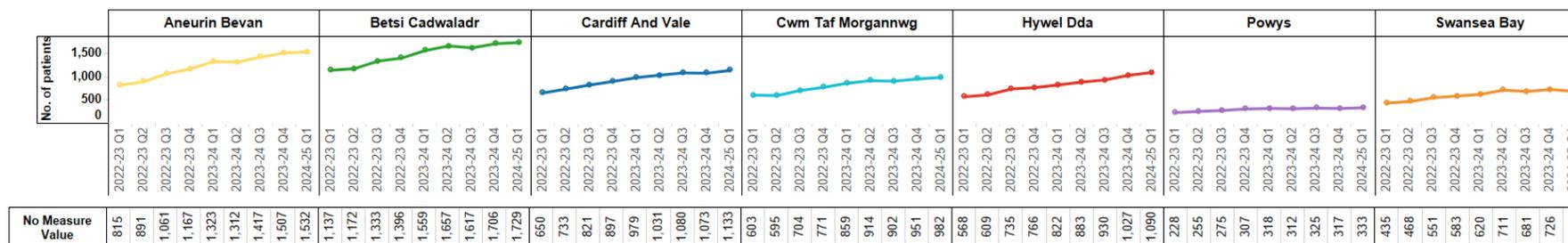
10. Number of patients aged 65 years or over prescribed an antipsychotic.



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

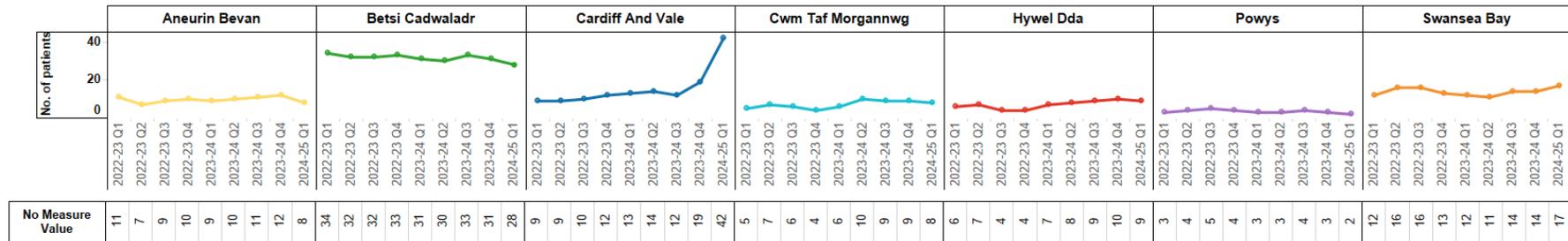


12. Number of female patients with a current prescription of oestrogen-only HRT without any hysterectomy Read/SNOMED codes.

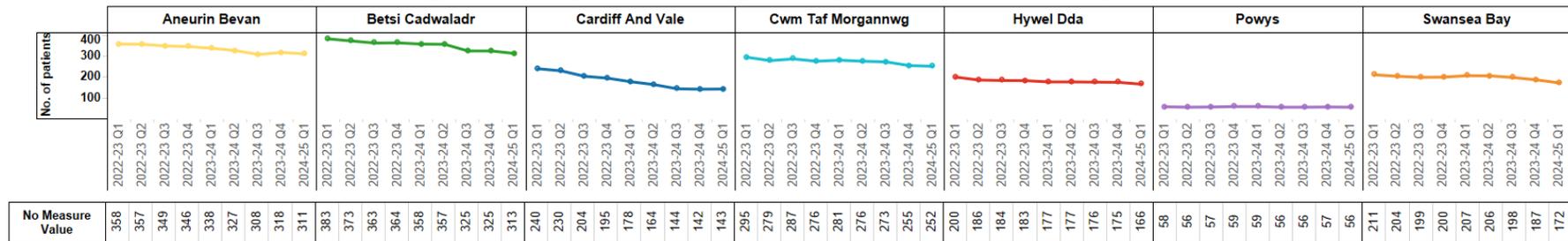


Prescribing Safety Indicators specific to females

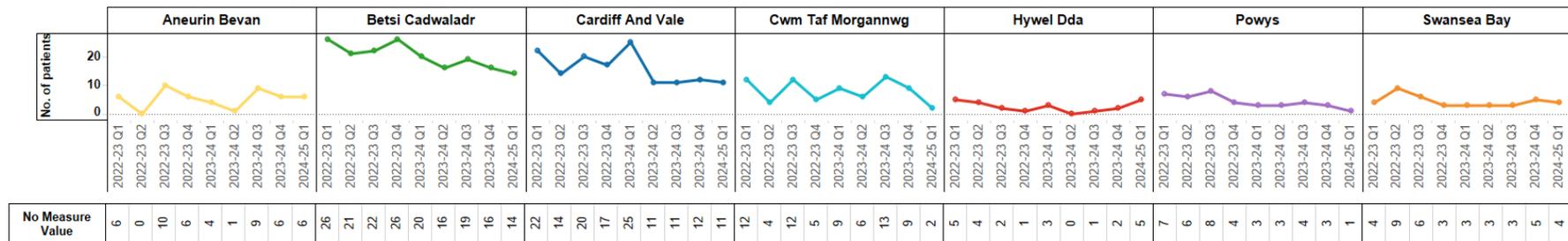
13. Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.



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

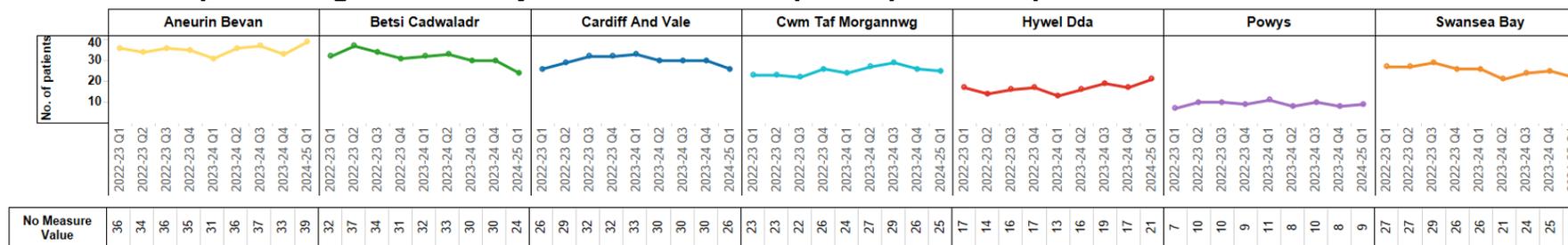


15. Number of female patients aged 14–55 years with a prescription for oral retinoids.

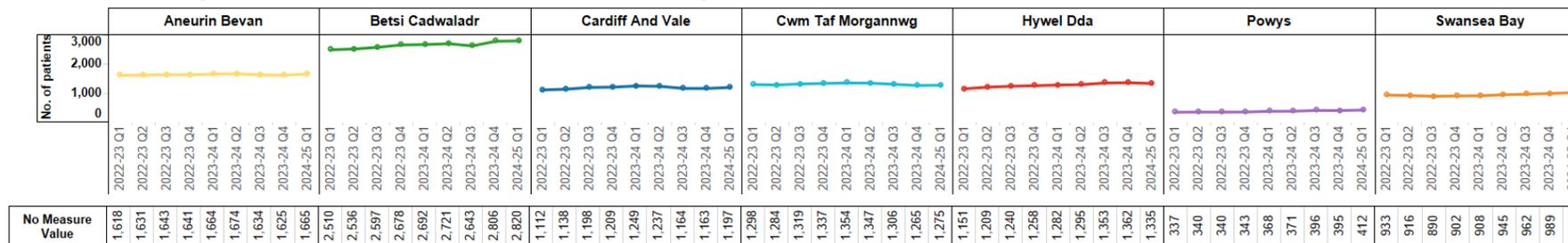


Prescribing Safety Indicators related to 'other'

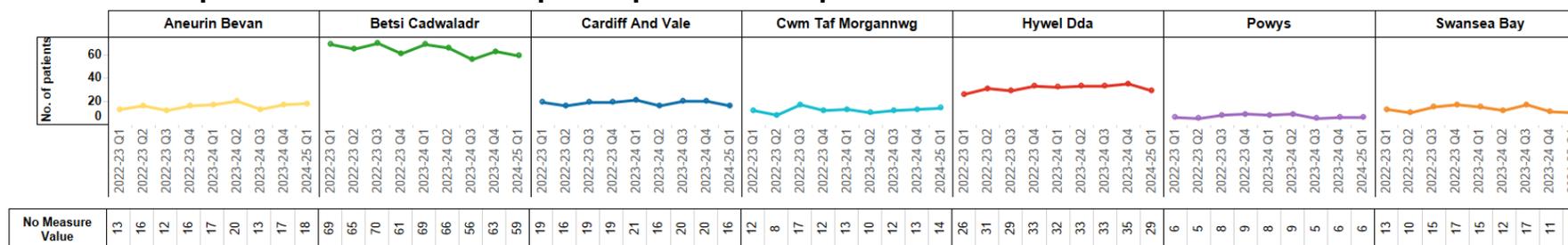
16. Number of patients aged under 16 years with a current prescription of aspirin.



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-PU.

Aim: To reduce prescribing

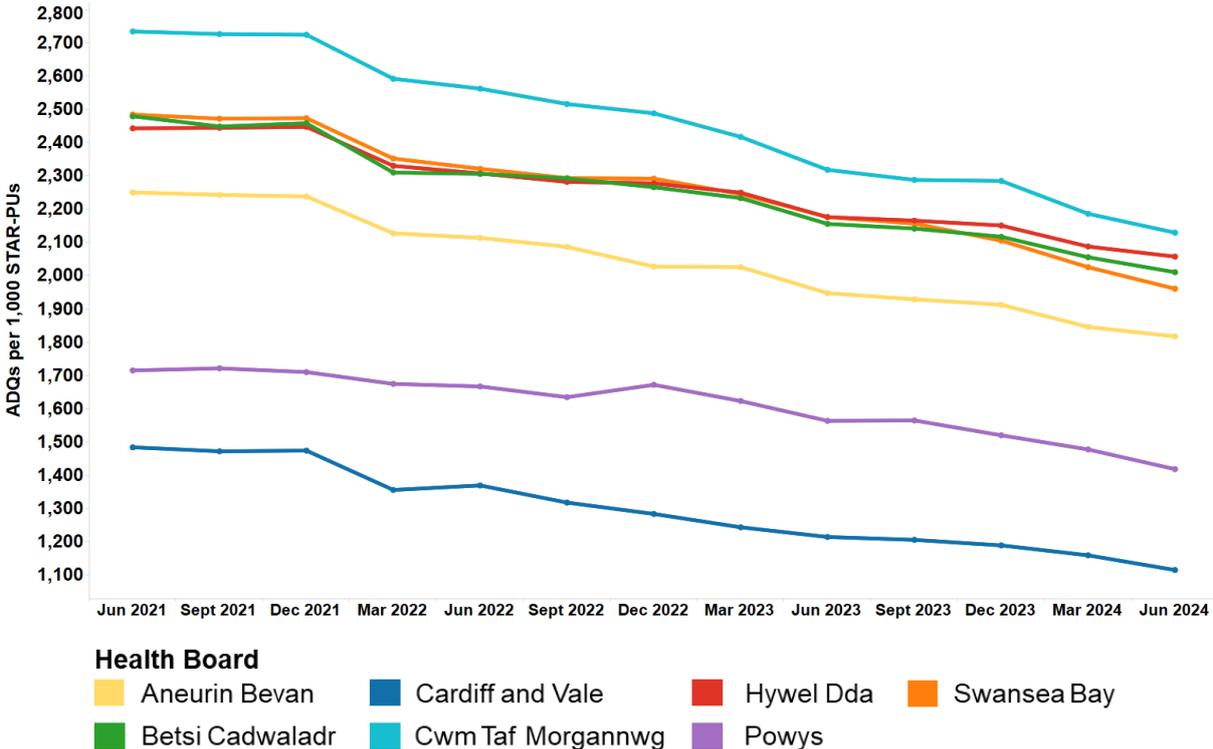
There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

- Across Wales, the prescribing of hypnotics and anxiolytics decreased by 7.43% for the quarter ending June 2024 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending June 2024, hypnotic and anxiolytic prescribing ranged from 1,115 to 2,129 ADQs per 1,000 STAR-PU 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-PU

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Swansea Bay	2,176	1,961	-9.91%
Powys	1,563	1,418	-9.29%
Cardiff and Vale	1,214	1,115	-8.18%
Cwm Taf Morgannwg	2,318	2,129	-8.15%
Betsi Cadwaladr	2,155	2,010	-6.74%
Aneurin Bevan	1,947	1,817	-6.68%
Hywel Dda	2,176	2,057	-5.46%
Wales	1,984	1,837	-7.43%

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

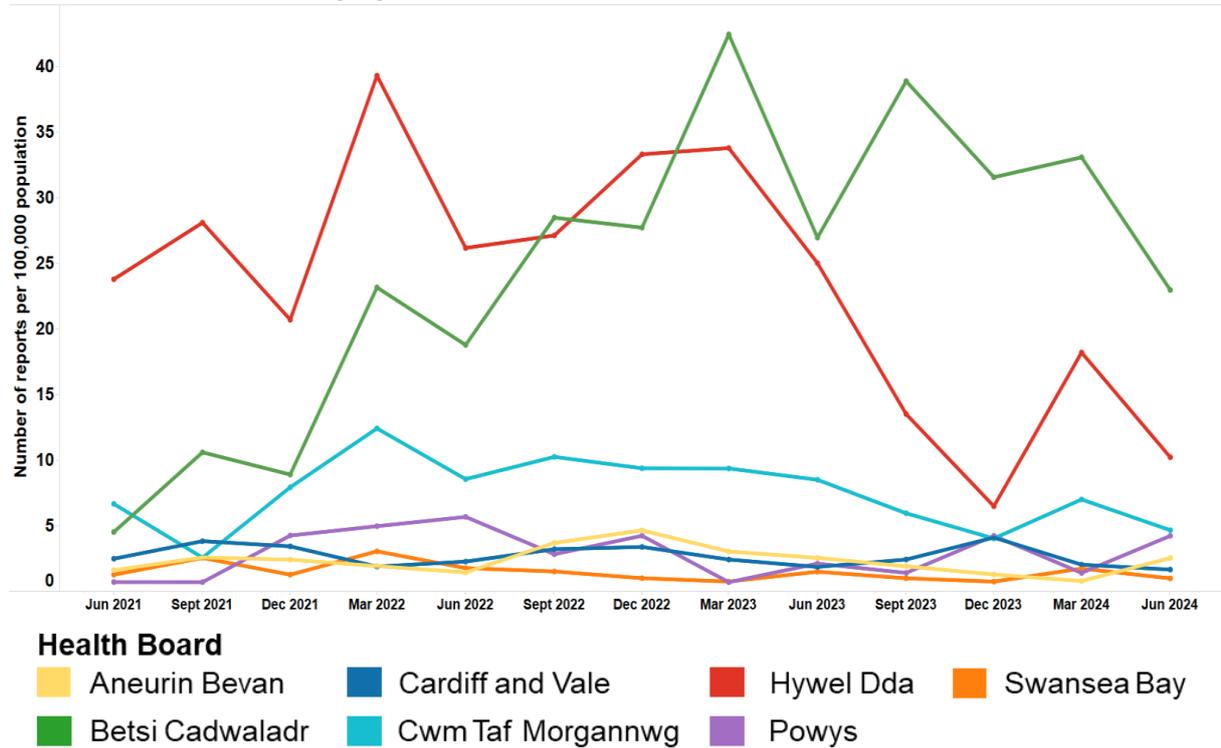
GP practices

- The number of Yellow Cards submitted by GP practices across Wales decreased by 29% compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- A percentage increase in GP practice reporting was seen in Powys Teaching HB. The largest percentage decrease was seen in Hywel Dda UHB.

Table 12. Number of Yellow Cards submitted by GP practices

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Powys	3	6	100%
Aneurin Bevan	16	16	0%
Cardiff and Vale	10	9	-10%
Betsi Cadwaladr	192	164	-15%
Swansea Bay	6	4	-33%
Cwm Taf Morgannwg	40	22	-45%
Hywel Dda	100	41	-59%
Wales	367	262	-29%

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



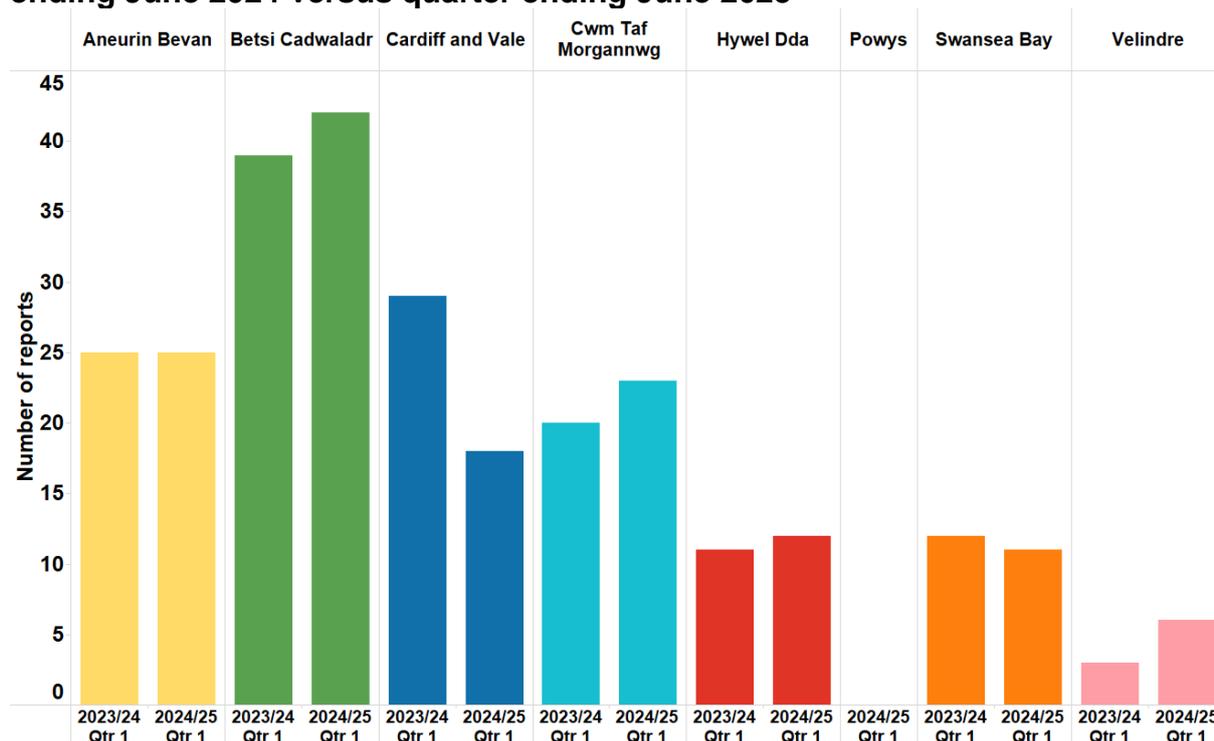
Secondary care

- The number of Yellow Cards submitted by secondary care decreased 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 Cardiff and Vale UHB.

Table 13. Number of Yellow Cards submitted by secondary care

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Velindre	3	6	100%
Cwm Taf Morgannwg	20	23	15%
Hywel Dda	11	12	9%
Betsi Cadwaladr	39	42	8%
Aneurin Bevan	25	25	0%
Powys	0	0	0%
Swansea Bay	12	11	-8%
Cardiff and Vale	29	18	-38%
Wales	139	137	-1%

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



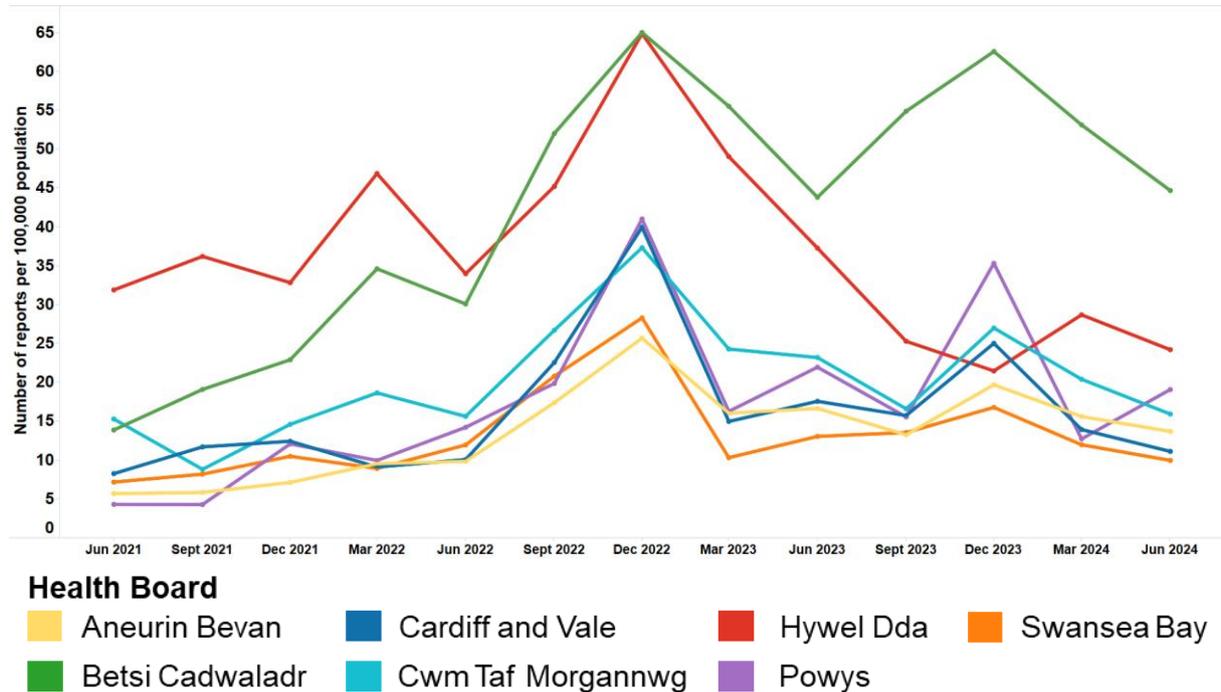
Health boards/NHS Trust

- The number of Yellow Cards submitted by health boards decreased by 17% 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 1	2024–2025 Qtr 1	% Change
Velindre	3	6	100%
Betsi Cadwaladr	312	319	2%
Powys	31	27	-13%
Aneurin Bevan	104	86	-17%
Swansea Bay	52	40	-23%
Cwm Taf Morgannwg	109	75	-31%
Hywel Dda	149	97	-35%
Cardiff and Vale	94	60	-36%
Wales	854	710	-17%

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



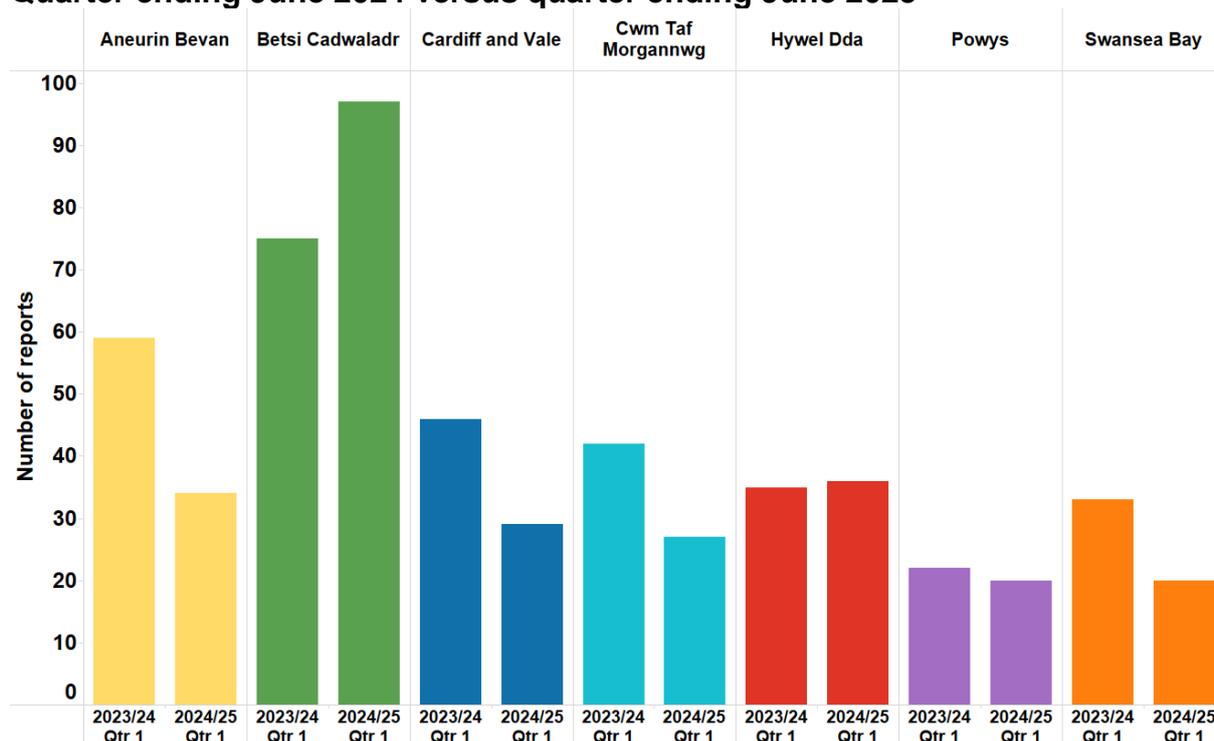
Members of the public

- The number of Yellow Cards submitted by members of the public across Wales decreased by 16% compared with the equivalent quarter of the previous year.
- The largest percentage increase in member of the public reporting was seen in Betsi Cadwaladr UHB. The largest percentage decrease was seen in Aneurin Bevan UHB.

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

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Betsi Cadwaladr	75	97	29%
Hywel Dda	35	36	3%
Powys	22	20	-9%
Cwm Taf Morgannwg	42	27	-36%
Cardiff and Vale	46	29	-37%
Swansea Bay	33	20	-39%
Aneurin Bevan	59	34	-42%
Wales	312	263	-16%

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



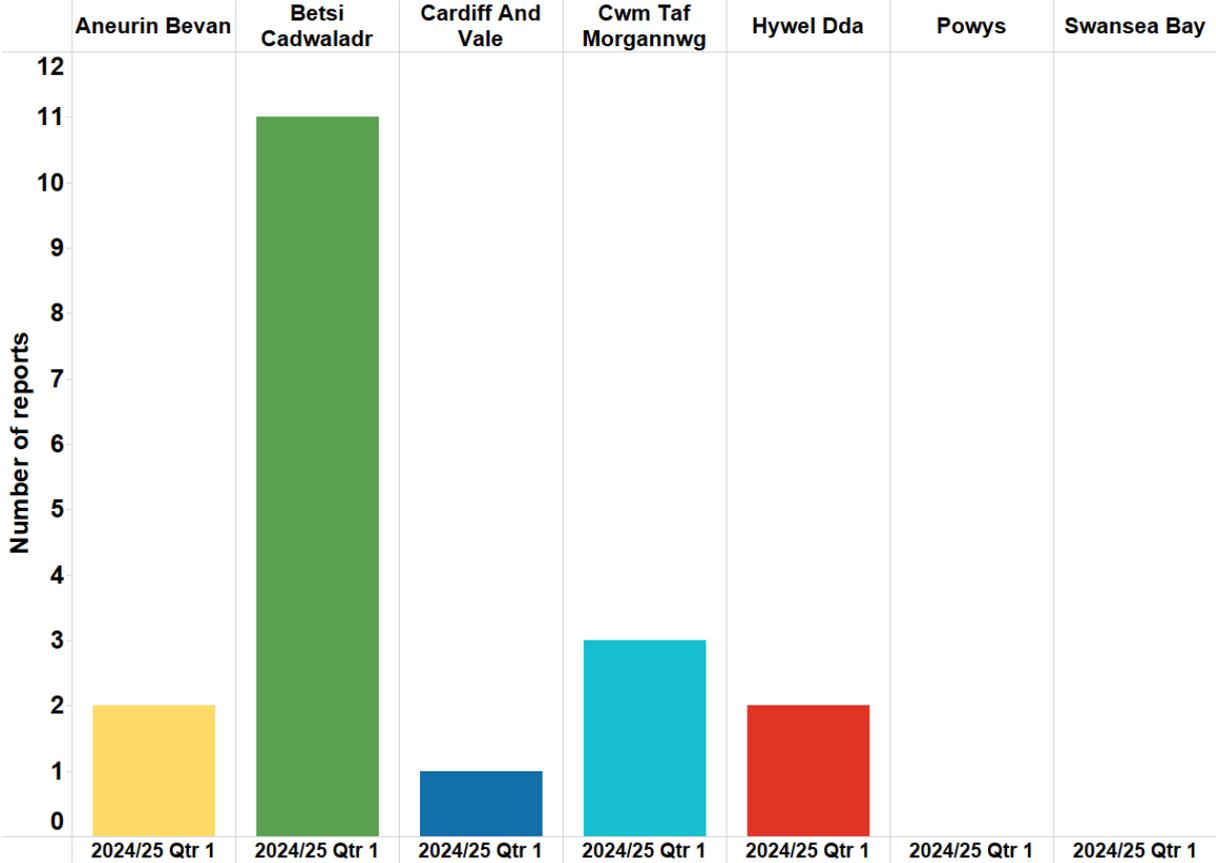
Community pharmacy

- Across Wales, a total of 19 Yellow Card reports were submitted by community pharmacies during the quarter ending June 2024.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 11.

Table 16. Number of Yellow Cards submitted by community pharmacies

	2024–2025 Qtr 1
Betsi Cadwaladr	11
Cwm Taf Morgannwg	3
Aneurin Bevan	2
Hywel Dda	2
Cardiff and Vale	1
Swansea Bay	0
Powys	0
Wales	19

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

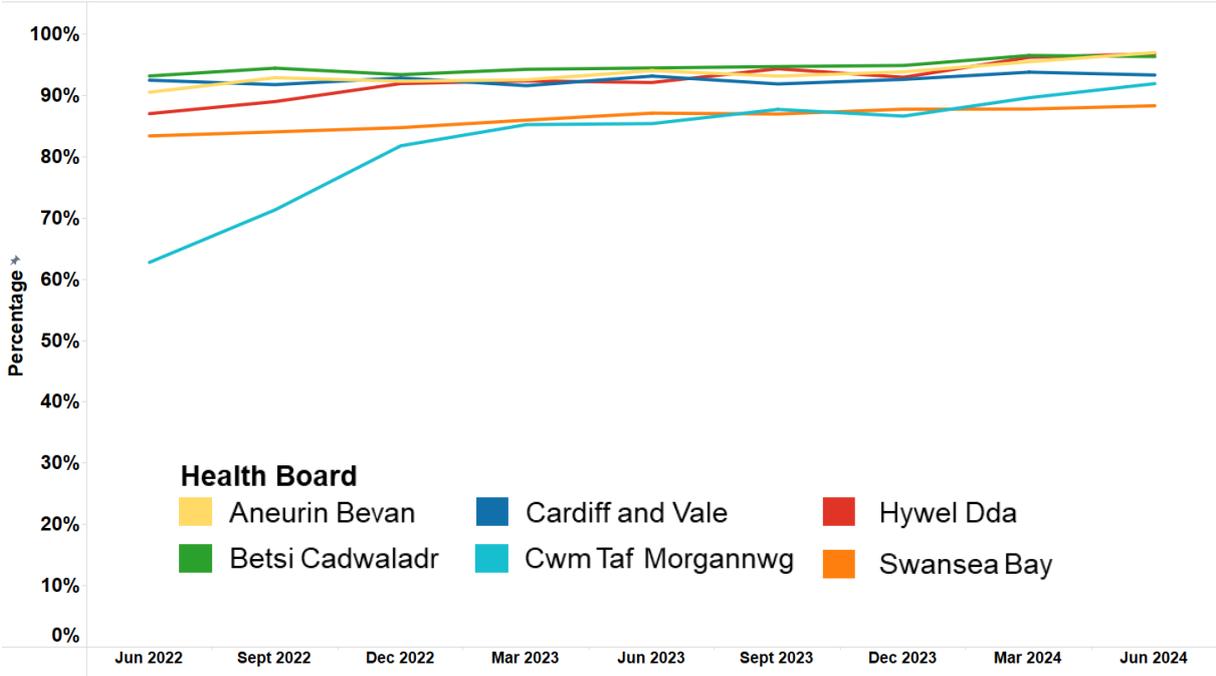
2.2.1.1 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 3.17%, for the quarter ending June 2024 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending June 2024, adalimumab biosimilar prescribing ranged from 88.3% to 97.0% 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 Cardiff and Vale 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 1	2024–2025 Qtr 1	% Change
Cwm Taf Morgannwg	85.4%	91.9%	7.64%
Hywel Dda	92.1%	96.8%	5.11%
Aneurin Bevan	94.1%	97.0%	3.13%
Betsi Cadwaladr	94.5%	96.3%	1.97%
Swansea Bay	87.1%	88.3%	1.38%
Cardiff and Vale	93.2%	93.3%	0.19%
Wales	91.1%	94.0%	3.17%

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



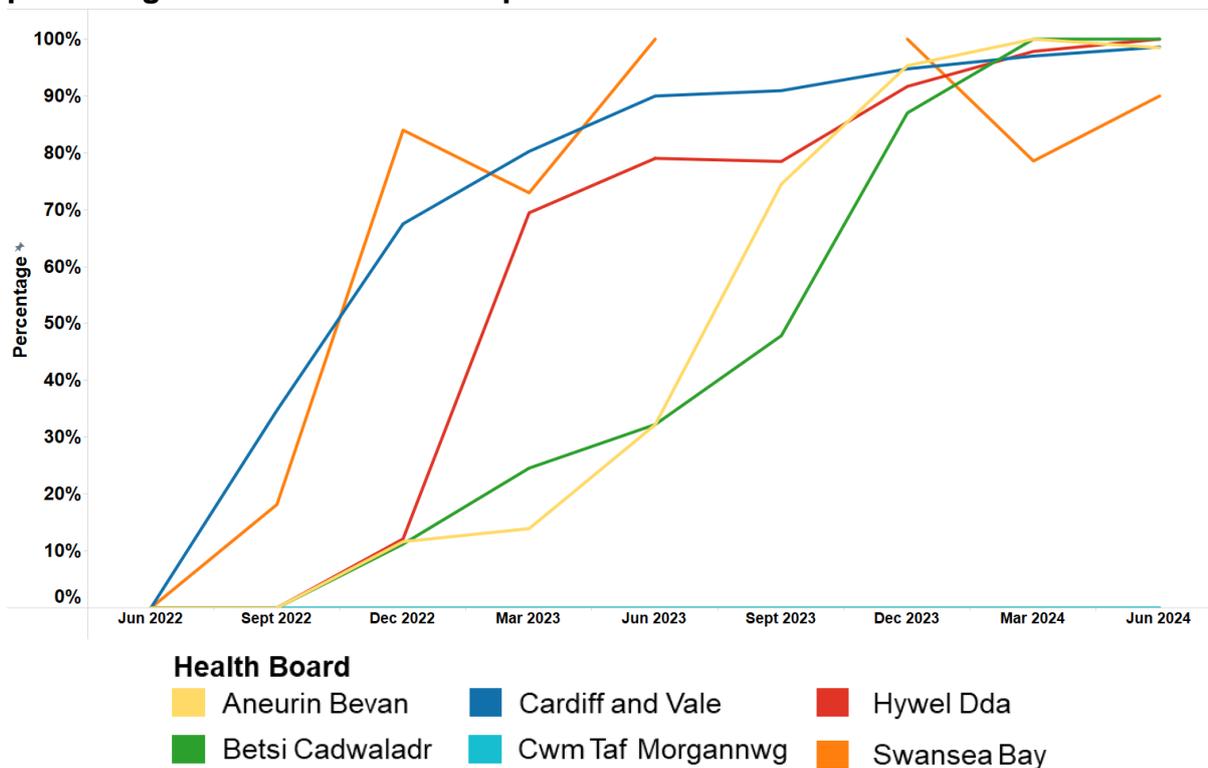
2.2.1.2 Ranibizumab

- For the quarter ending June 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 Betsi Cadwaladr UHB and Hywel Dda UHB.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase, compared with the equivalent quarter of the previous year.
- Swansea Bay UHB demonstrated a percentage decrease, 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 1	2024–2025 Qtr 1	% Change
Betsi Cadwaladr	32.2%	100%	210%
Aneurin Bevan	32.2%	98.5%	206%
Hywel Dda	79.0%	100%	26.5%
Cardiff and Vale	90.0%	98.6%	9.56%
Cwm Taf Morgannwg	0.00%	0.00%	0.00%
Swansea Bay	100%	90.0%	-10.0%
Wales	54.1%	99.5%	83.8%

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 summarises 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 1			
	Infliximab	Etanercept	Rituximab	Trastuzumab
Aneurin Bevan	99.7%	97.0%	100%	100%
Betsi Cadwaladr	99.7%	96.4%	99.3%	100%
Cardiff and Vale	98.7%	87.3%	100%	N/A
Cwm Taf Morgannwg	99.2%	91.9%	100%	100%
Hywel Dda	99.4%	84.7%	99.1%	100%
Swansea Bay	95.5%	73.9%	99.7%	83.3%
Velindre	N/A	N/A	100%	100%
Wales	98.4%	86.5%	99.7%	99.8%

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 89% in the quarter ending June 2023 to 93% in the quarter ending June 2024.

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

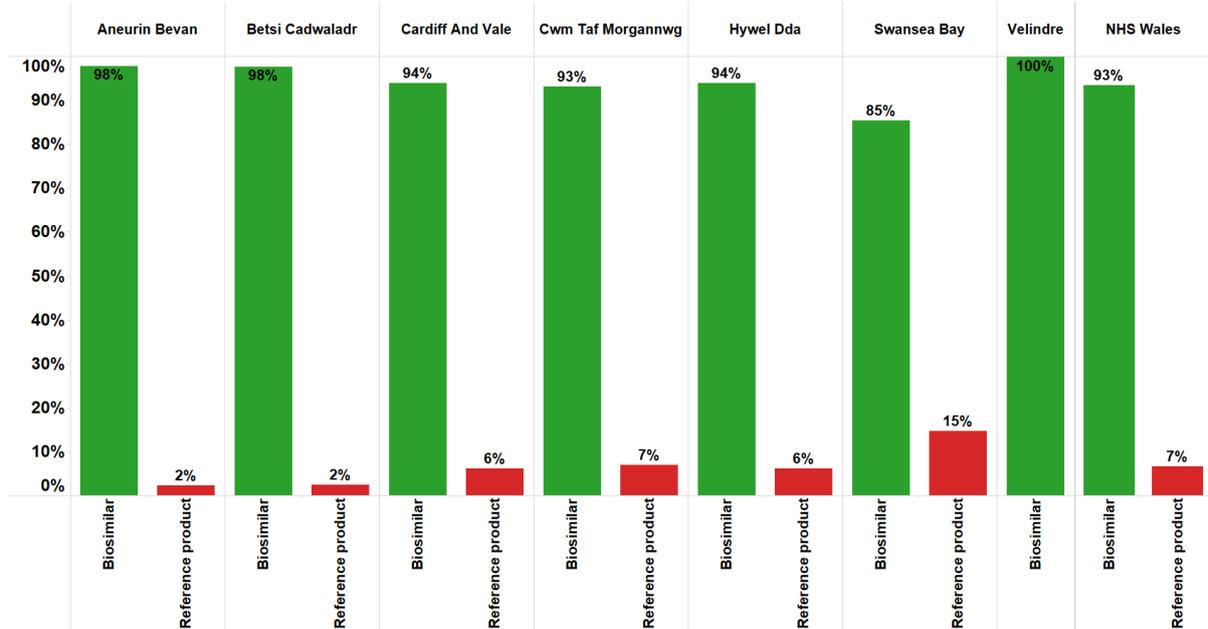
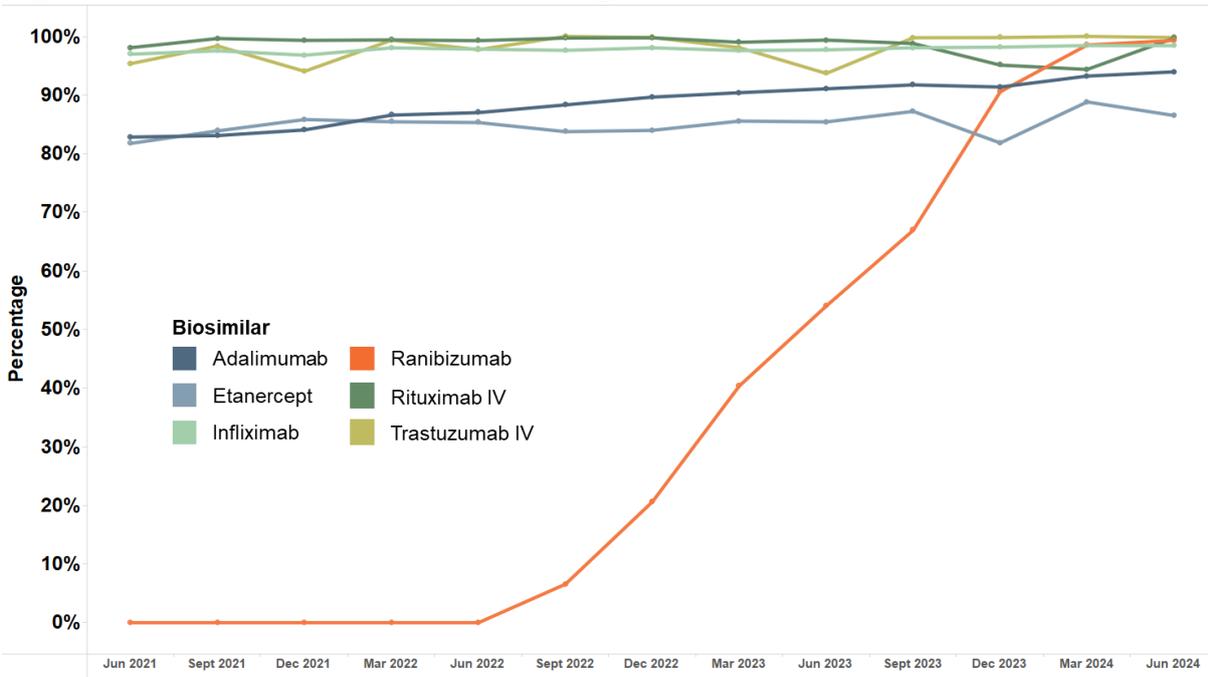


Figure 21. Trend in biosimilar percentage in Wales



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.

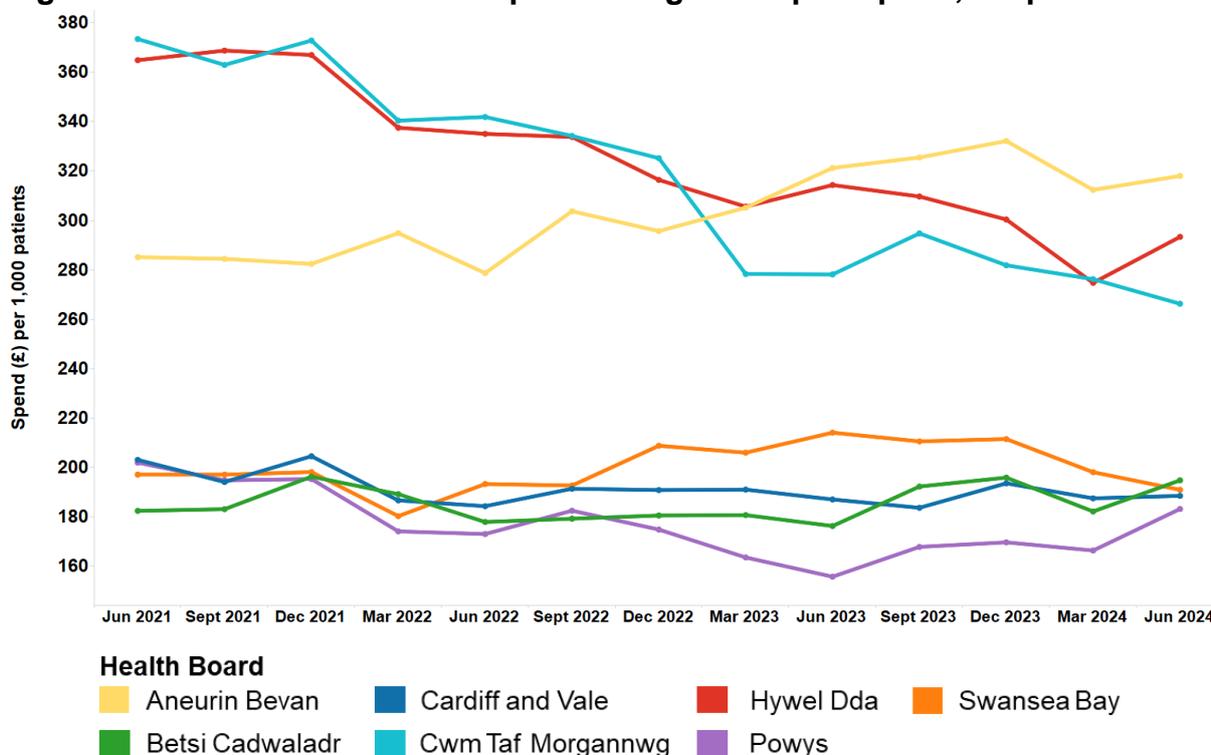
An additional four items/item groups were included in the second phase:

- 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 decreased by 0.95% for the quarter ending June 2024, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
 - For the quarter ending June 2024, UDG spend per 1,000 patients ranged from £183 to £318 across the health boards.
 - The health board with the lowest UDG spend per 1,000 patients was Powys Teaching HB, whilst the highest spend was seen in Aneurin Bevan UHB.
 - The health board with the greatest percentage decrease was Swansea Bay UHB.
 - Powys Teaching HB demonstrated the largest percentage increase.

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

	2023–2024 Qtr 1	2024–2025 Qtr 1	% Change
Swansea Bay	214	191	-10.8%
Hywel Dda	314	293	-6.68%
Cwm Taf Morgannwg	278	266	-4.27%
Aneurin Bevan	321	318	-1.01%
Cardiff and Vale	187	189	0.78%
Betsi Cadwaladr	176	195	10.5%
Powys	156	183	17.6%
Wales	241	238	-0.95%

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 DDIs 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.	

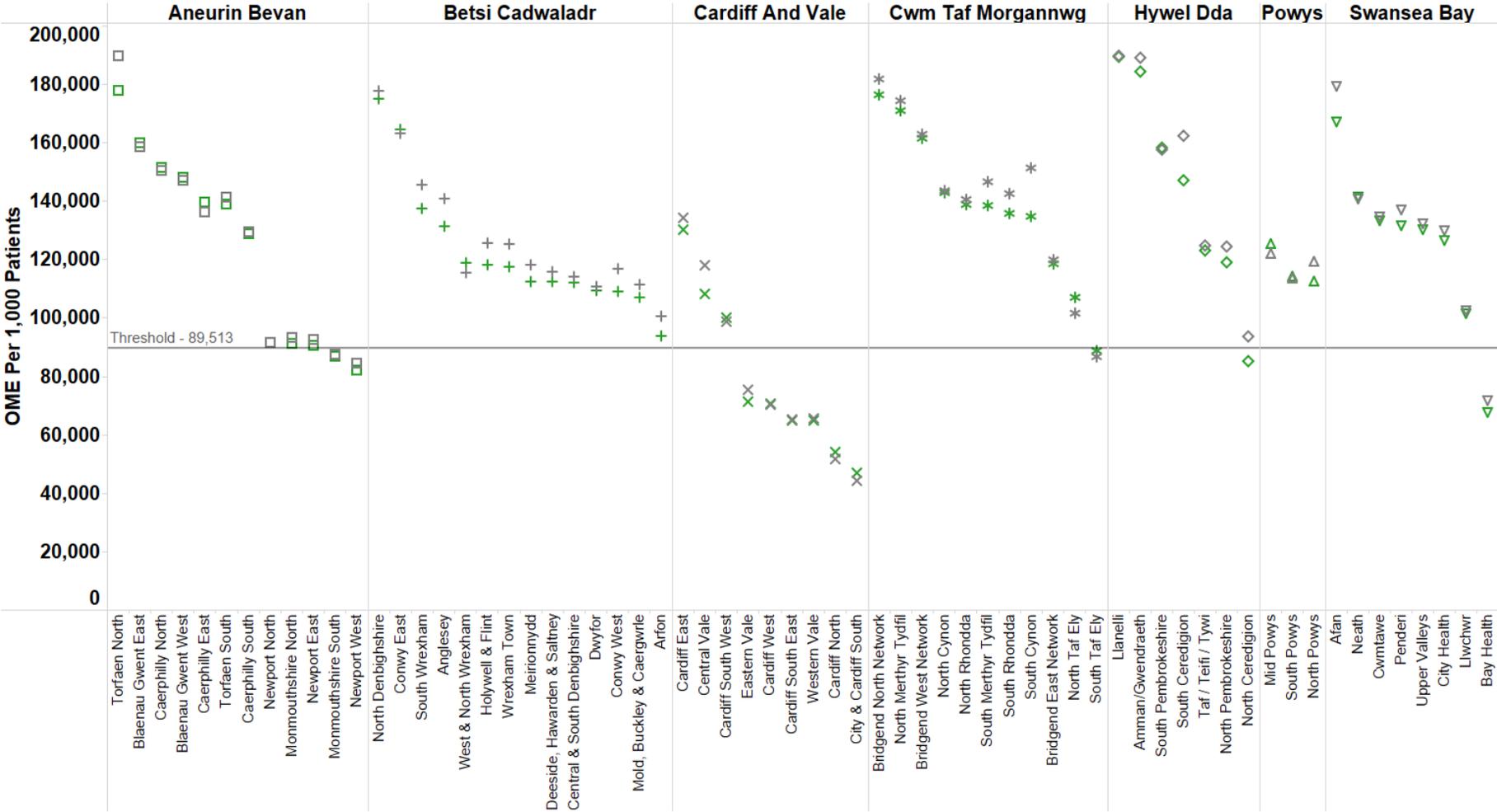
**National Prescribing Indicators 2024–2025:
Analysis of Prescribing Data to June 2024**

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–June 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 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

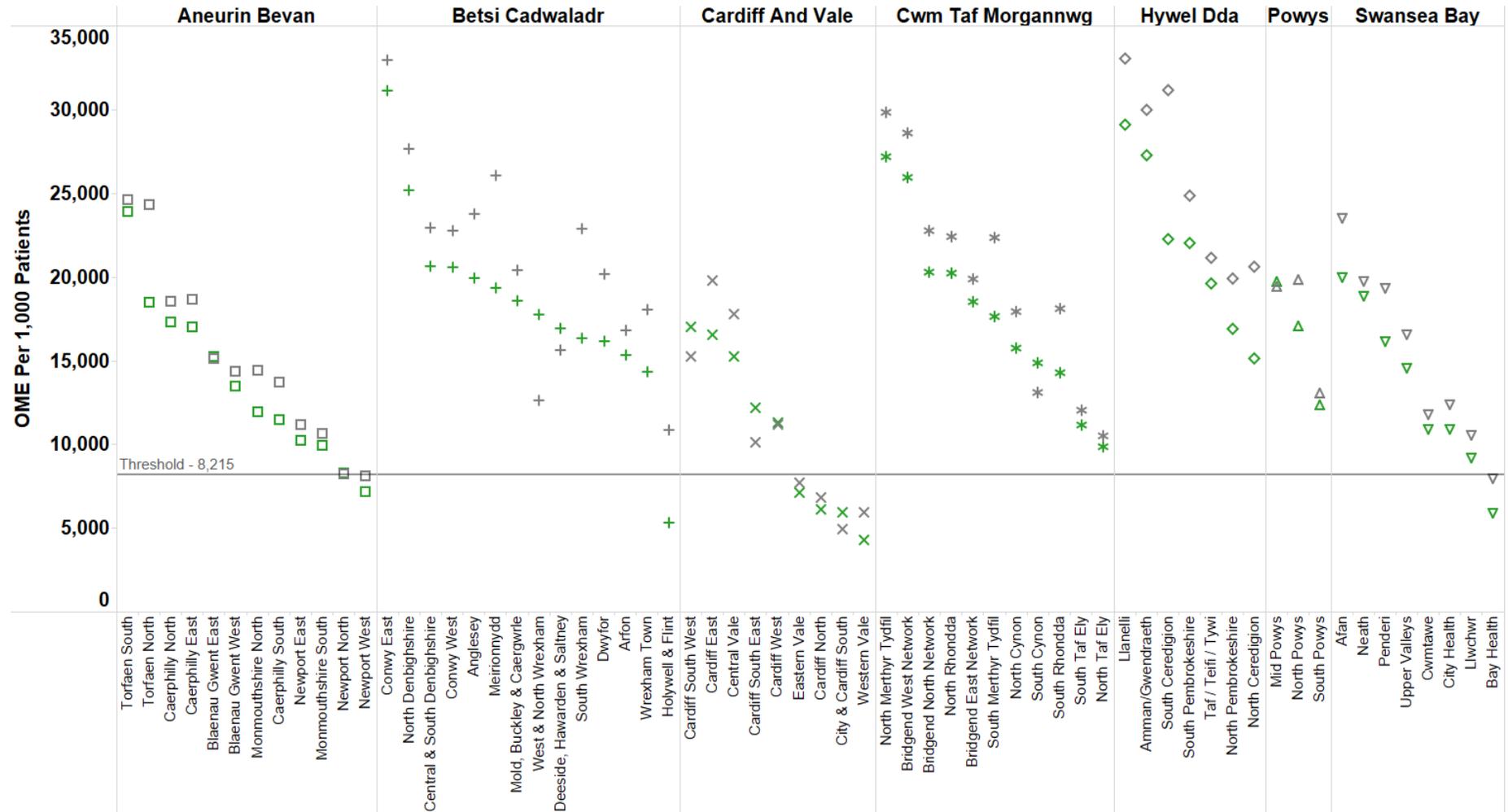
Appendix 2. Primary care NPI prescribing by GP cluster

Figure 1. Opioid burden prescribing – Quarter ending June 2024 versus quarter ending June 2023



■ Quarter ending June 2024
■ Quarter ending June 2023

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



■ Quarter ending June 2024
■ Quarter ending June 2023

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

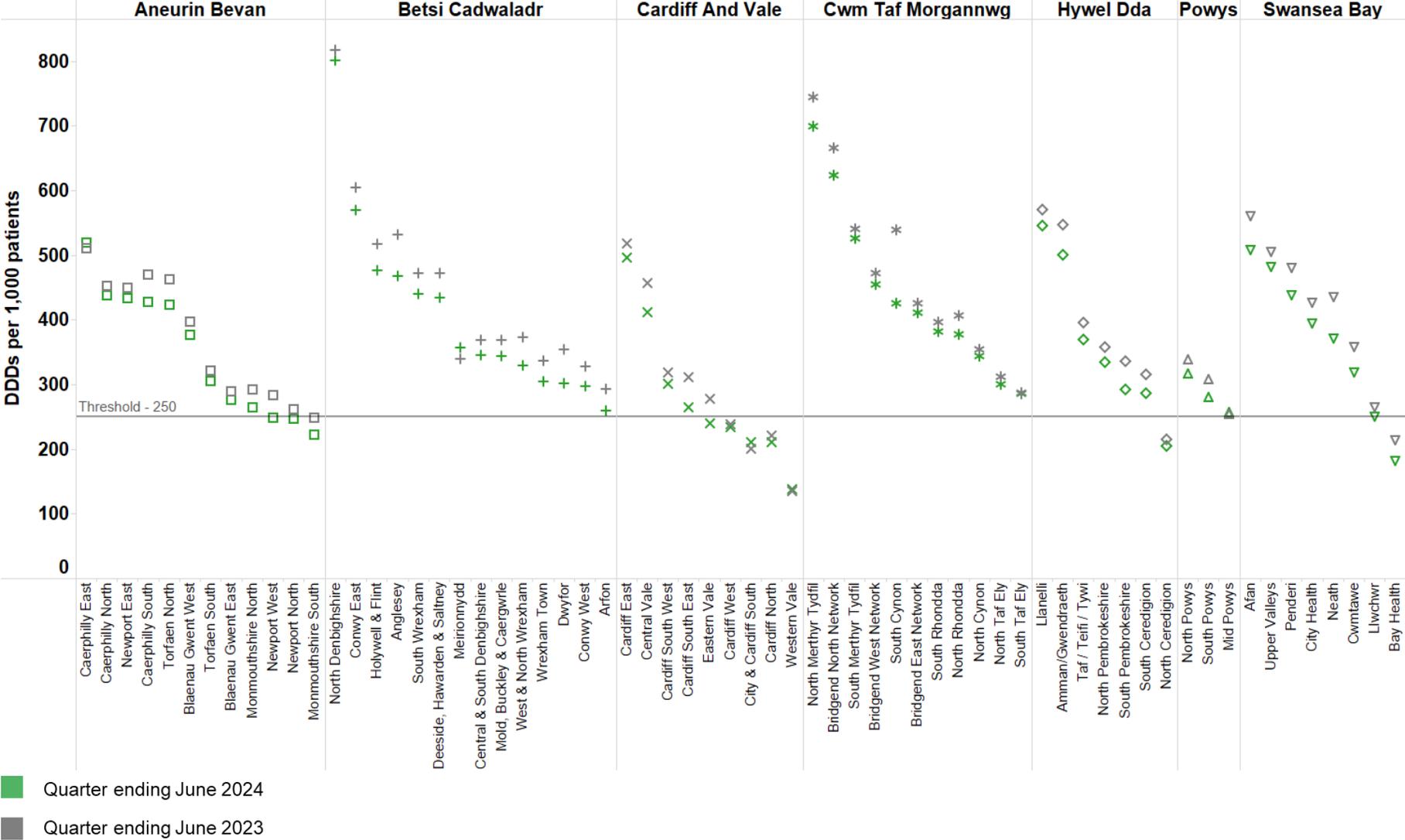


Figure 4. Gabapentin and pregabalin prescribing – Quarter ending June 2024 versus quarter ending June 2023

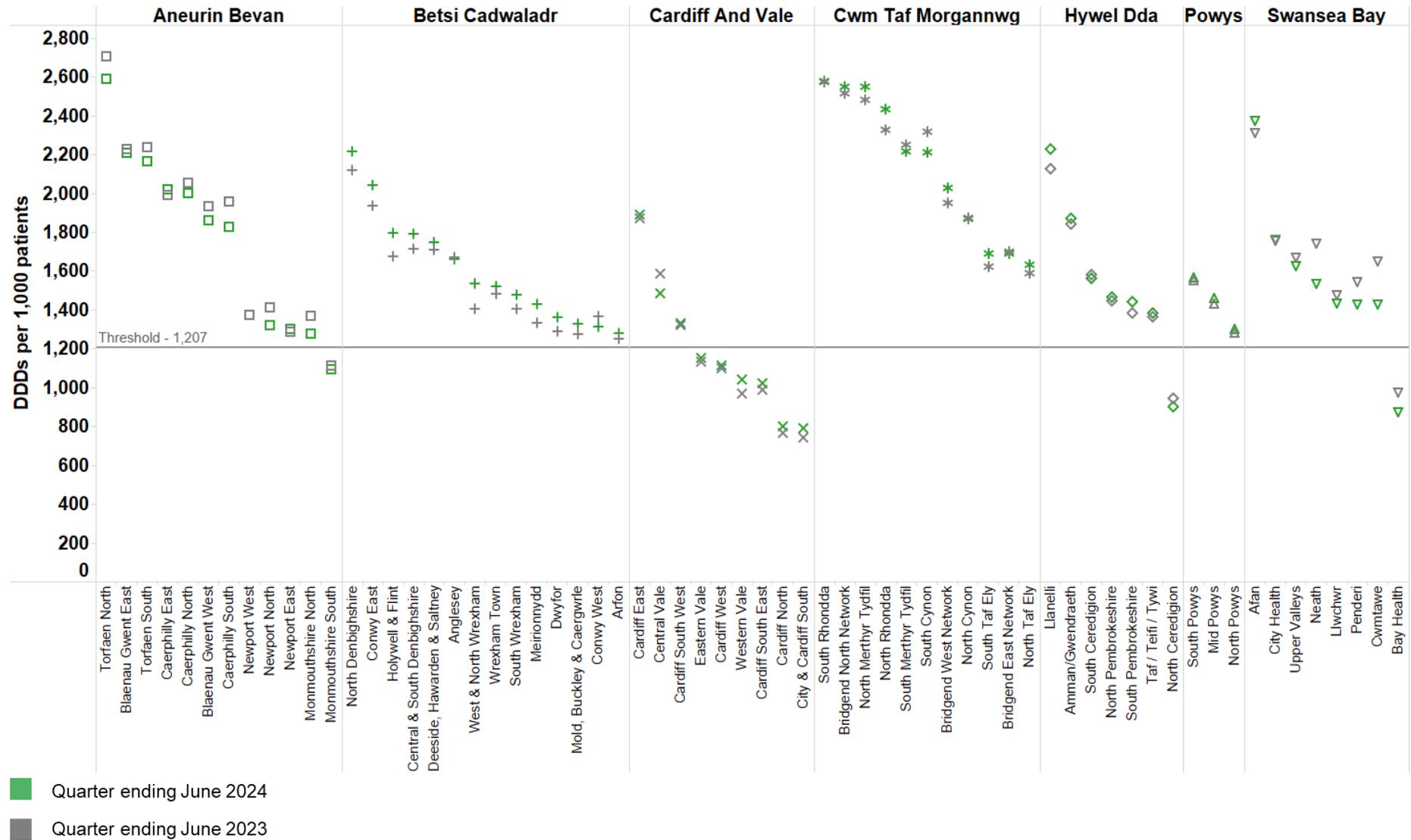


Figure 5. Antimicrobial prescribing – Quarter ending June 2024 versus quarter ending June 2019

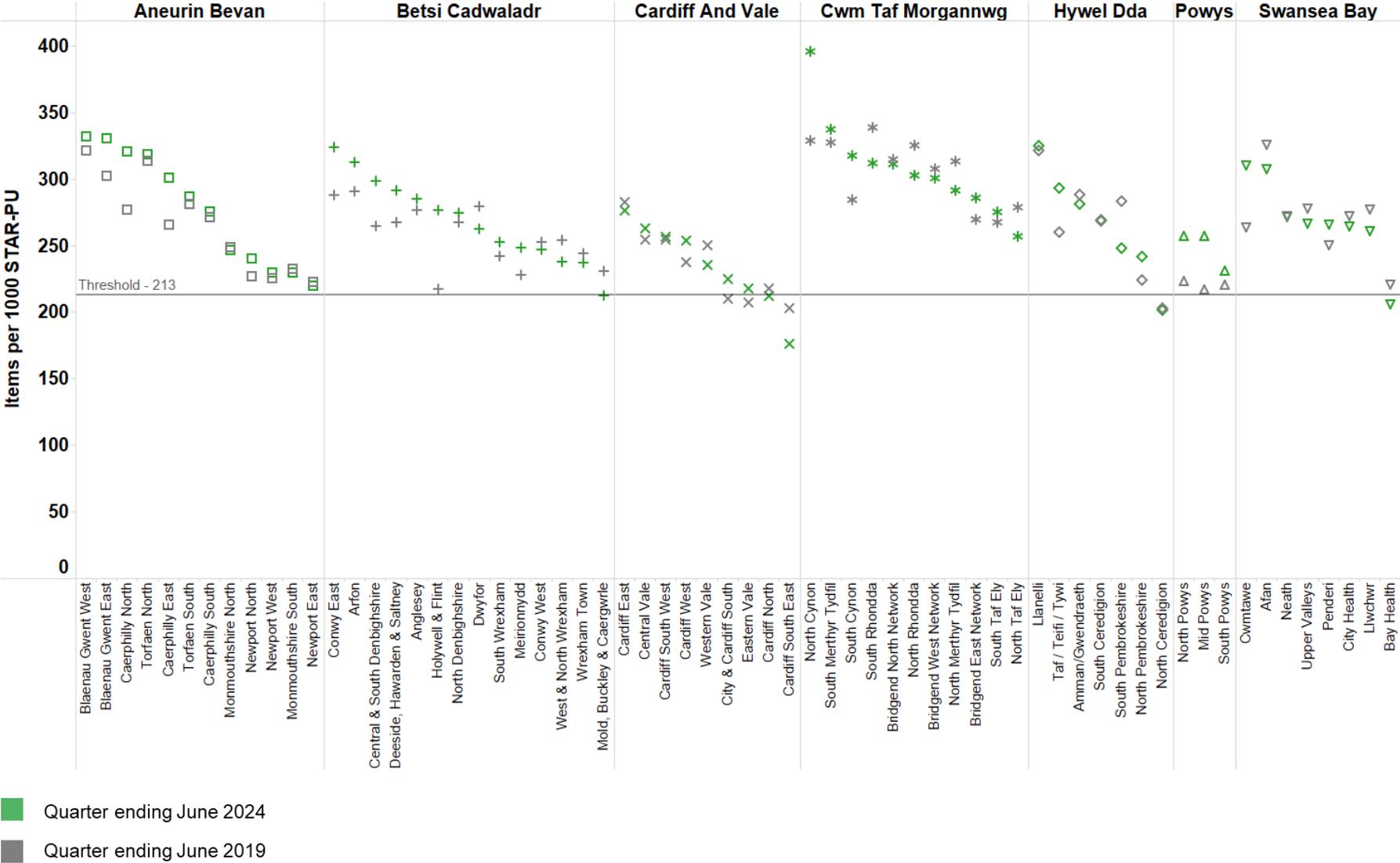


Figure 6. 4C prescribing – Quarter ending June 2024 versus quarter ending June 2023

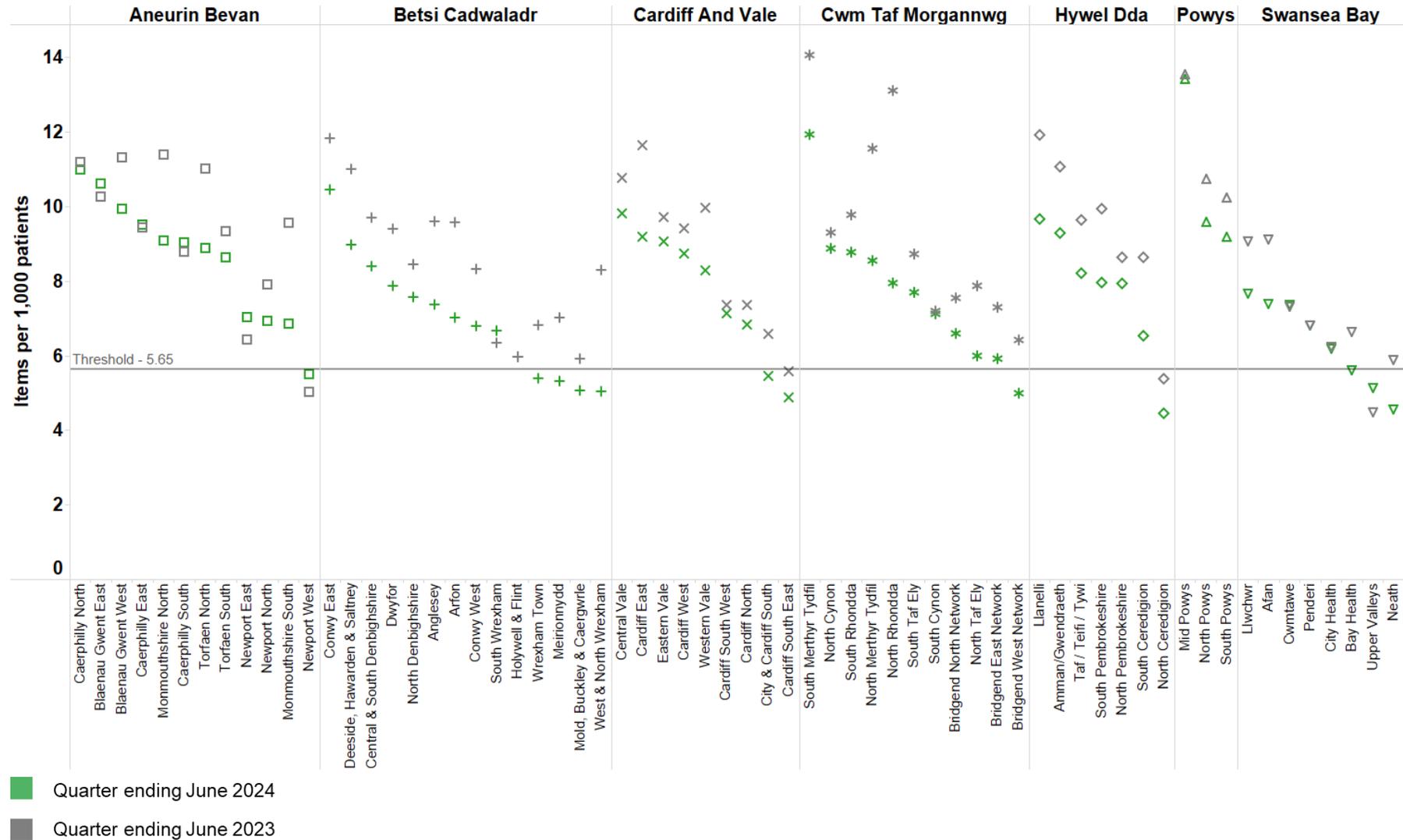


Figure 7. Decarbonisation of inhalers – Quarter ending June 2024 versus quarter ending June 2023

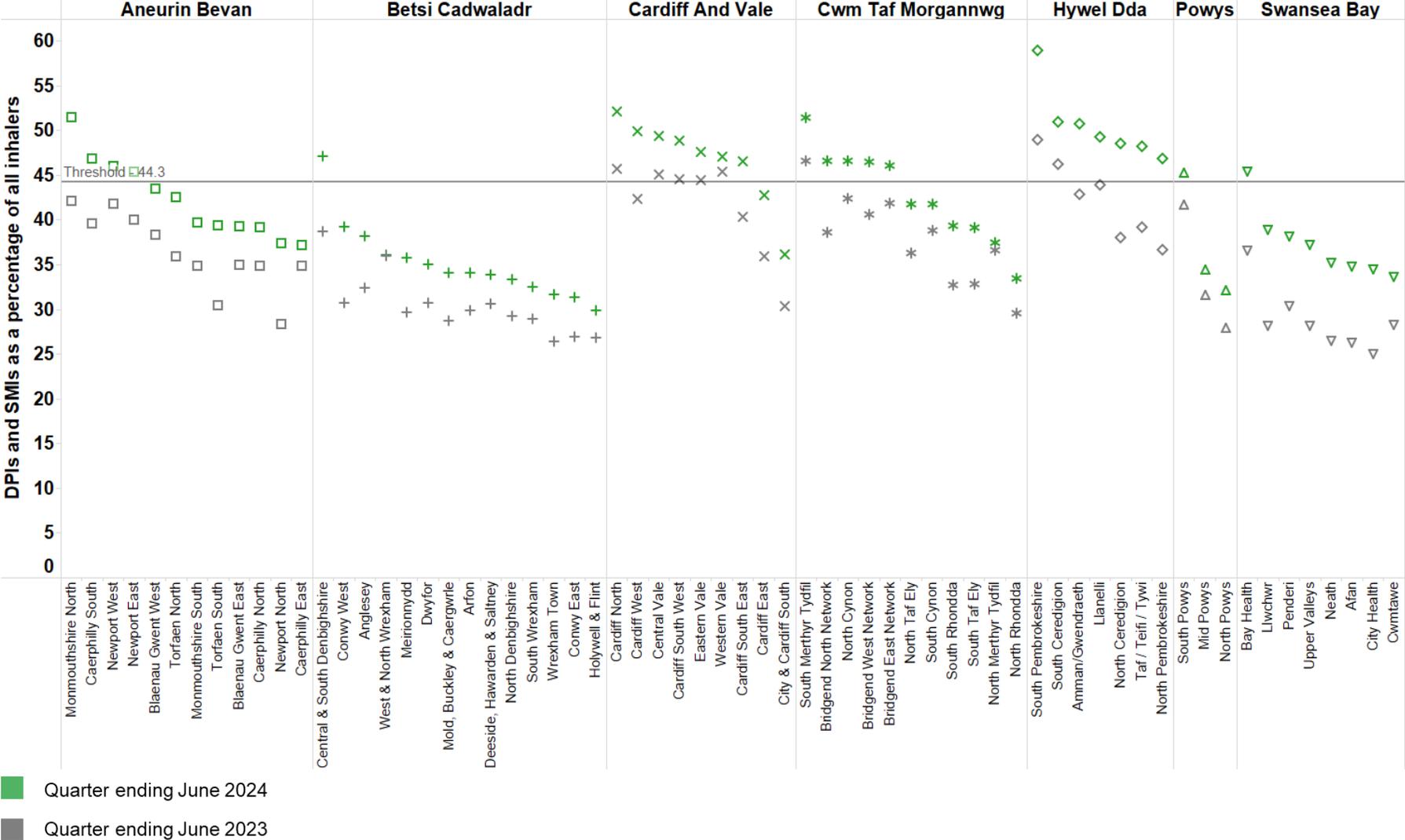


Figure 8. Hypnotic and anxiolytic prescribing – Quarter ending June 2024 versus quarter ending June 2023

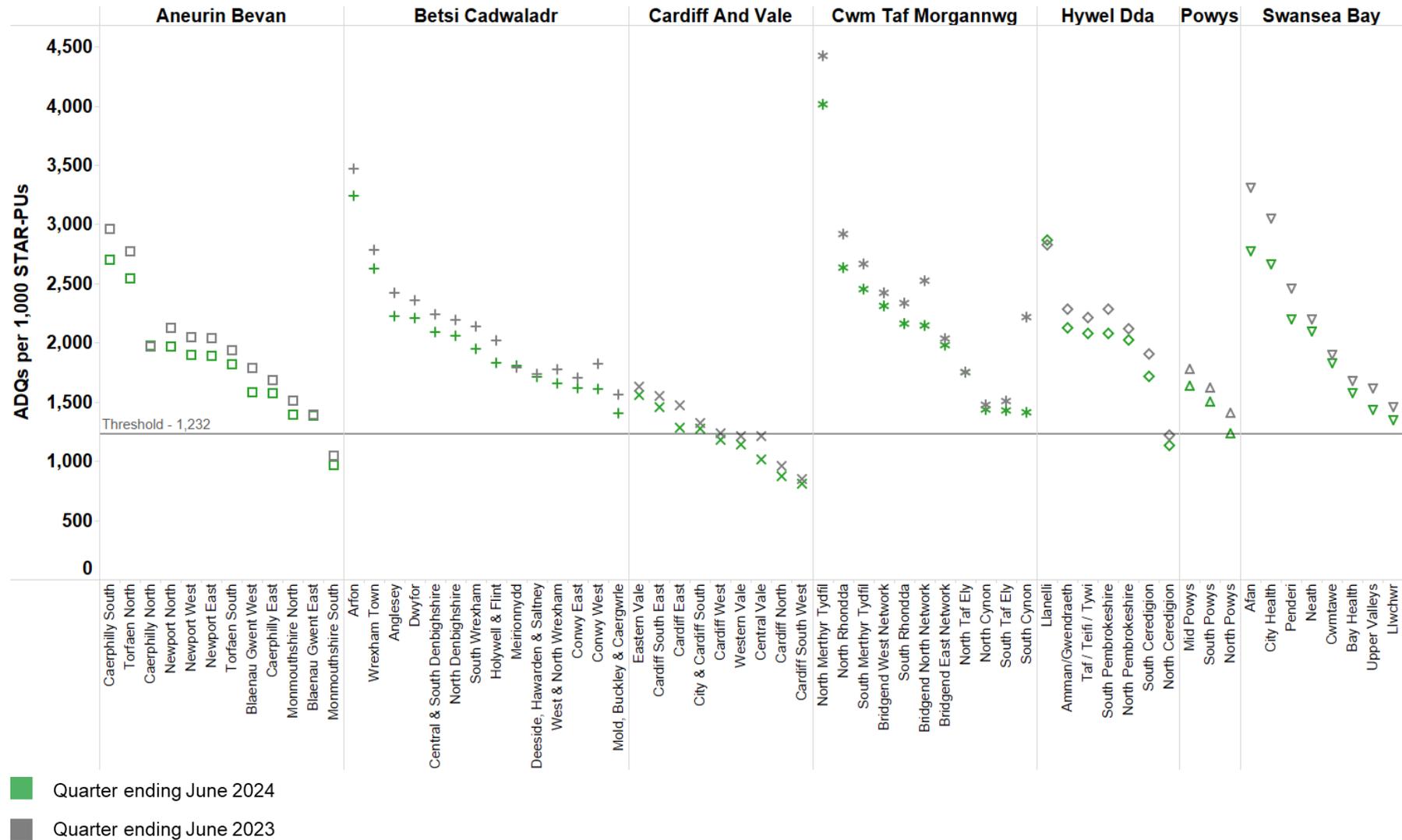


Figure 9. Low value for prescribing UDG spend (£) per 1,000 patients – June 2024 versus quarter ending June 2023

