



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

National Prescribing Indicators 2024–2025

Analysis of Prescribing Data to March 2025



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All Wales Therapeutics and Toxicology Centre. National Prescribing Indicators 2024–2025 – Analysis of Prescribing Data to March 2025. July 2025.

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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 fourth 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.

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 3.70% 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 11.7% 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 7.39% 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 decrease of 1.95% 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 increased by 0.01% 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 3.84% in the month of March 2025, 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 7.83% in the month of March 2025, compared with the equivalent month of the previous year, in line with the aim of the indicator.

Antimicrobial stewardship

- Total antibacterial items per 1,000 STAR-PUs decreased across Wales by 11.4% compared with the baseline of quarter 4 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 14.8%, compared with equivalent quarter of the previous year, in line with the aim of the indicator.

Decarbonisation of inhalers

- The proportion of DPI and SMI prescribing (as a percentage of all inhalers prescribed) increased by 12.6% 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 and medicines-related harm in primary care. There are no targets associated with these indicators.

Hypnotics and anxiolytics

- Prescribing of hypnotics and anxiolytics (ADQs per 1,000 STAR-PU) in primary care reduced by 8.97% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- A good practice spotlight (p37) from Swansea Bay UHB highlights a range of actions which have been implemented by a practice to reduce hypnotic and anxiolytics prescribing.

Yellow Cards

- Annual targets have been set for these indicators, with the aim of increasing the number of Yellow Card reports submitted. Quarter 4 data demonstrate:
 - A 47% increase in reporting by GP practices across Wales, compared with the equivalent quarter of the previous year.
 - A 33% increase in secondary care reporting across Wales, compared with the equivalent quarter of the previous year.
 - A 33% increase in reporting by health boards/NHS Trusts across Wales, compared with the equivalent quarter of the previous year.
 - A 9% increase 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 93% to 95% for the quarter ending March 2025 compared with the equivalent quarter of the previous year. 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.
- Five health boards reported usage of ranibizumab biosimilar.

Low value for prescribing

- Overall spend on the low value for prescribing UDG (per 1,000 patients) increased by 7.98% across Wales, compared with the equivalent quarter of the previous year, despite the aim of the indicator being to decrease spending.

The 2025–2026 NPI report for quarter ending June 2025 will be available on 17th October 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 target or indicator threshold.
- The percentage figure and cell colour represent the proportion of practices in each health board meeting the target or indicator threshold.

The target for antibacterial items per 1,000 STAR-PU is by health board, therefore a tick demonstrates achievement. 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 March 2025

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	18 26%	27 28%	40 73%	6 14%	9 19%	3 19%	9 20%
High Strength Opioid burden Total OME Per 1,000 Patients	19 28%	22 23%	27 49%	6 14%	6 13%	6 38%	16 36%
Tramadol DDDs per 1,000 patients	24 35%	24 25%	32 58%	8 18%	15 32%	7 44%	14 32%
Gabapentin and pregabalin DDDs per 1,000 patients	20 29%	21 22%	32 58%	2 5%	15 32%	2 13%	13 30%
Antibacterial items per 1,000 STAR-PU	✓	✗	✓	✓	✓	✗	✓
4C antibacterial items per 1,000 patients	18 26%	47 49%	20 36%	15 34%	13 28%	2 13%	30 68%
DPIs and SMI as a percentage of all inhalers	33 49%	21 22%	40 73%	21 48%	42 89%	4 25%	20 45%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PU	20 29%	26 27%	37 67%	8 18%	8 17%	8 50%	13 30%
Low Value for Prescribing (UDG) spend (£) per 1,000 patients	2 3%	35 36%	17 31%	4 9%	4 9%	4 25%	7 16%

Percentage of practices meeting threshold:



Health boards/practices achieving the Yellow Card indicator targets – Full year 2024–2025

The targets for secondary care, health board and members of the public are by health board, therefore a tick demonstrates achievement.

Yellow Card Indicator	Aneurin Bevan	Betsi Cadwaladr	Cardiff And Vale	Cwm Taf Morgannwg	Hywel Dda	Powys Teaching	Swansea Bay	Velindre
GP practices	30 44%	82 85%	0 0%	13 30%	23 49%	2 13%	1 2%	-
Health boards	✓	✓	✓	✓	✓	✓	✓	—
Health boards: members of public	✗	✗	✗	✗	✗	✗	✗	—
Secondary care	✗	✓	✓	✗	✓	✓	✓	✓

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 adverse drug reactions (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 3.70% in the quarter ending March 2025 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending March 2025, opioid burden prescribing ranged from 77,671 to 140,449 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 the health boards.
- Betsi Cadwaladr UHB demonstrated the largest percentage decrease, compared with the equivalent quarter of the previous year. Aneurin Bevan UHB showed the smallest percentage decrease.

Table 1. Opioid burden OME per 1,000 patients

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Betsi Cadwaladr	124,125	116,984	-5.75%
Swansea Bay	121,186	116,453	-3.91%
Hywel Dda	145,950	140,449	-3.77%
Cardiff and Vale	80,348	77,671	-3.33%
Cwm Taf Morgannwg	134,346	129,994	-3.24%
Powys	116,568	114,001	-2.20%
Aneurin Bevan	122,048	119,699	-1.92%
Wales	120,004	115,562	-3.70%

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

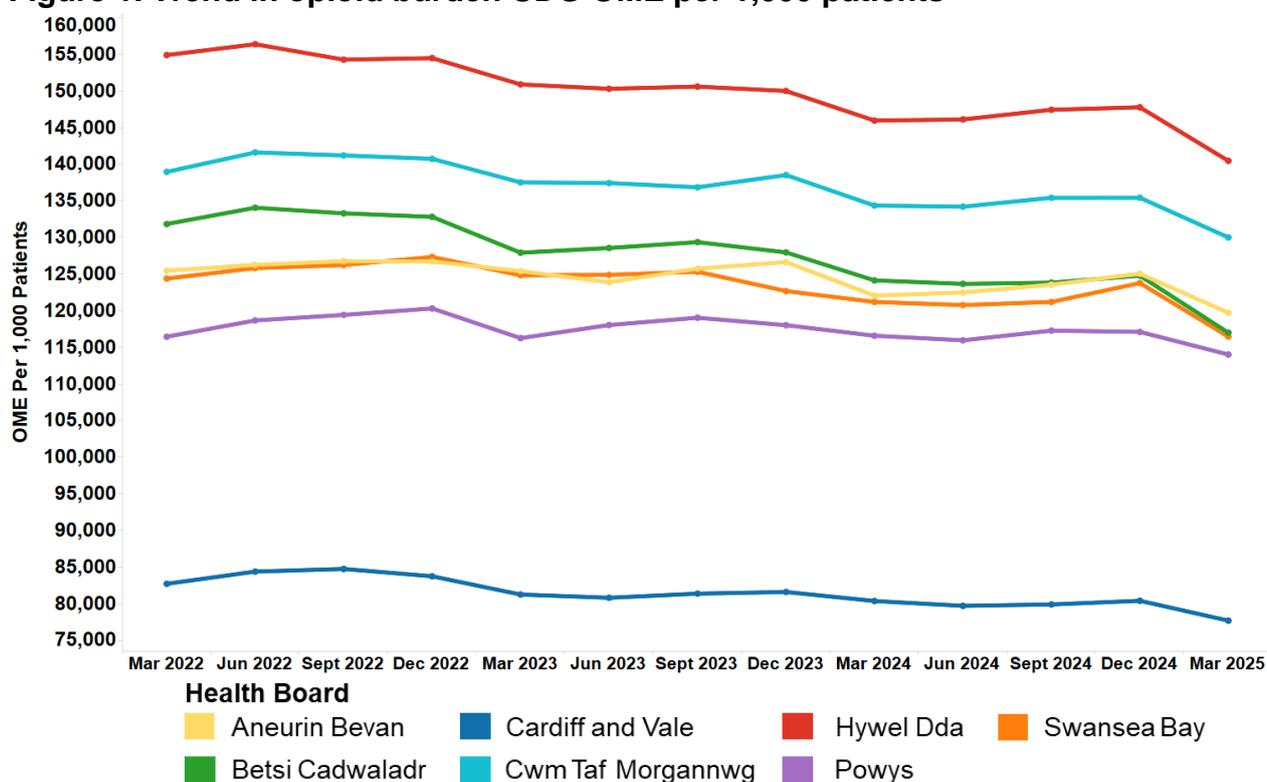
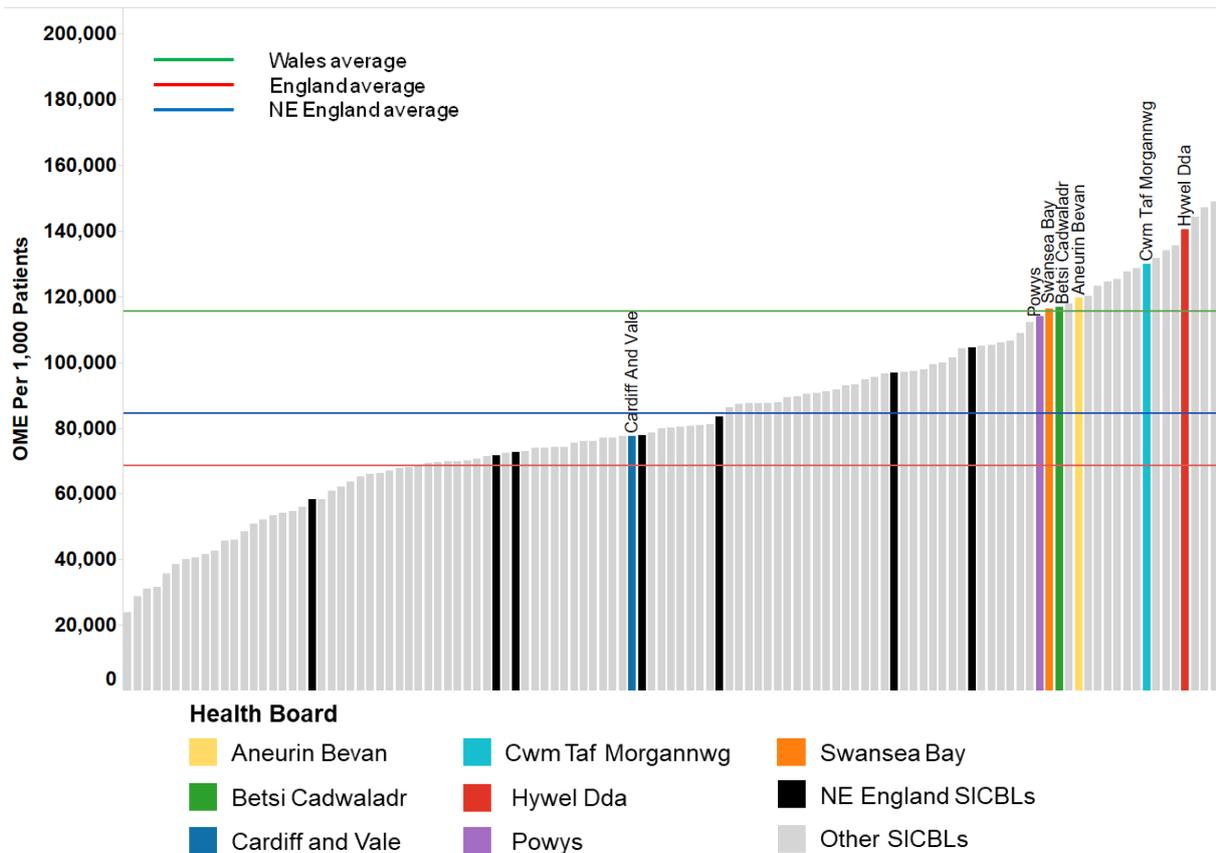


Figure 2. Opioid burden in Welsh health boards and English sub integrated care board locations (SICBLs) – Quarter ending March 2025



High strength opioids

- Across Wales, high strength opioid prescribing decreased by 11.7% in the quarter ending March 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2025, high strength opioid prescribing ranged from 10,563 to 20,131 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.
- Betsi Cadwaladr UHB demonstrated the largest percentage decrease in high strength opioid prescribing, compared with the equivalent quarter of the previous year.
- Cwm Taf Morgannwg 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 4	2024–2025 Qtr 4	% Change
Betsi Cadwaladr	19,139	16,038	-16.2%
Hywel Dda	23,646	20,131	-14.9%
Swansea Bay	12,798	11,287	-11.8%
Aneurin Bevan	14,006	12,636	-9.79%
Cardiff and Vale	11,574	10,563	-8.74%
Powys	16,919	15,757	-6.87%
Cwm Taf Morgannwg	18,017	16,853	-6.46%
Wales	16,444	14,513	-11.7%

Figure 3. Trend in high strength opioid UDG OME per 1,000 patients

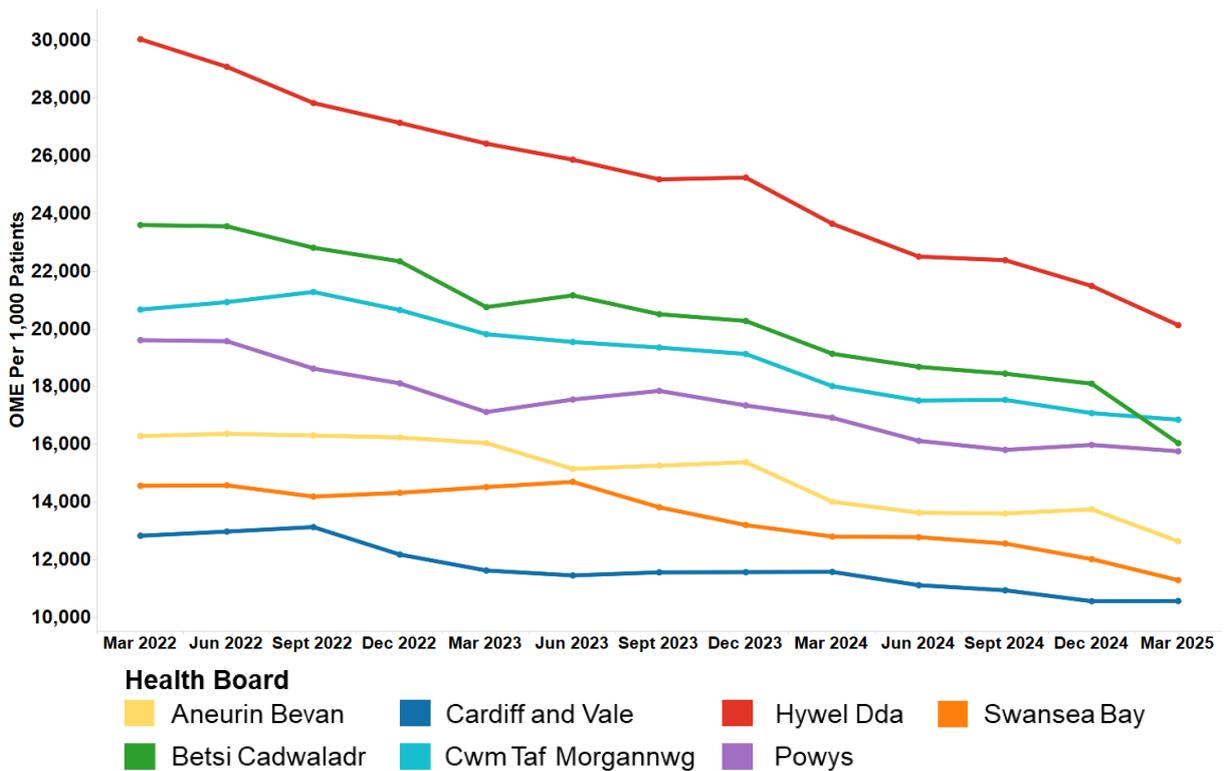
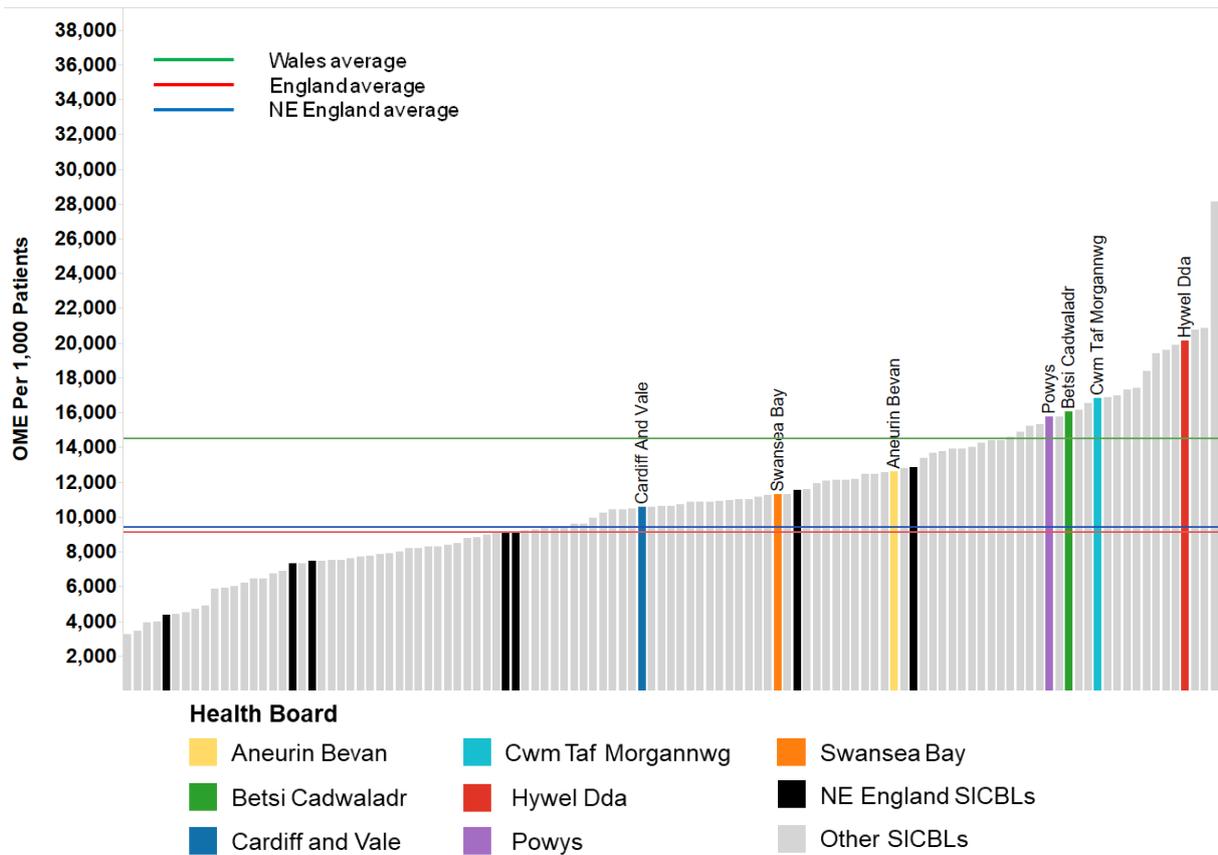


Figure 4. High strength opioid prescribing in Welsh health boards and English SICBLs – Quarter ending March 2025



1.1.2 Tramadol

Purpose: To encourage the appropriate use and review of tramadol in primary care, minimising the potential for 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 7.39% lower in the quarter ending March 2025 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2025, tramadol prescribing ranged from 267 to 398 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 Hywel Dda 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 4	2024–2025 Qtr 4	% Change
Hywel Dda	375	339	-9.40%
Swansea Bay	355	324	-8.93%
Powys	305	280	-8.10%
Cwm Taf Morgannwg	431	398	-7.73%
Betsi Cadwaladr	420	389	-7.50%
Cardiff and Vale	288	267	-7.48%
Aneurin Bevan	350	336	-4.25%
Wales	369	341	-7.39%

Figure 5. Trend in tramadol prescribing DDDs per 1,000 patients

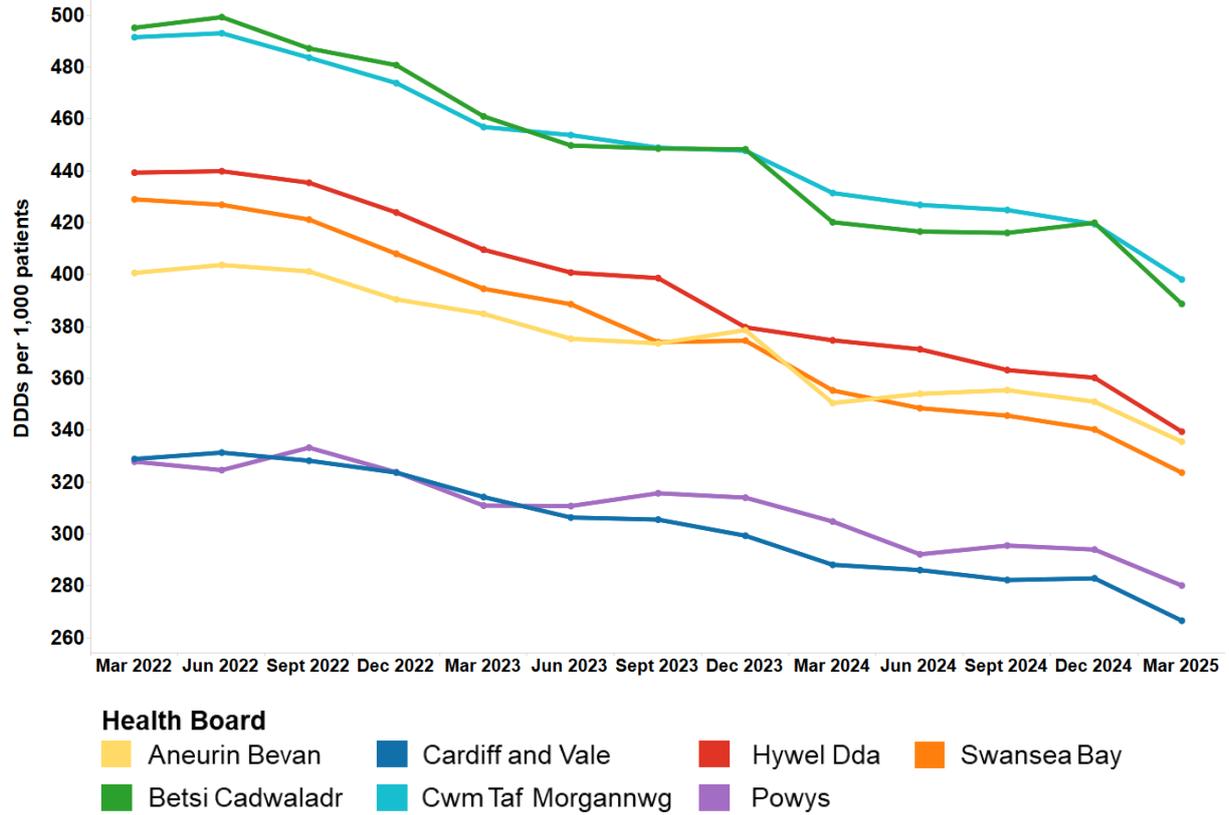
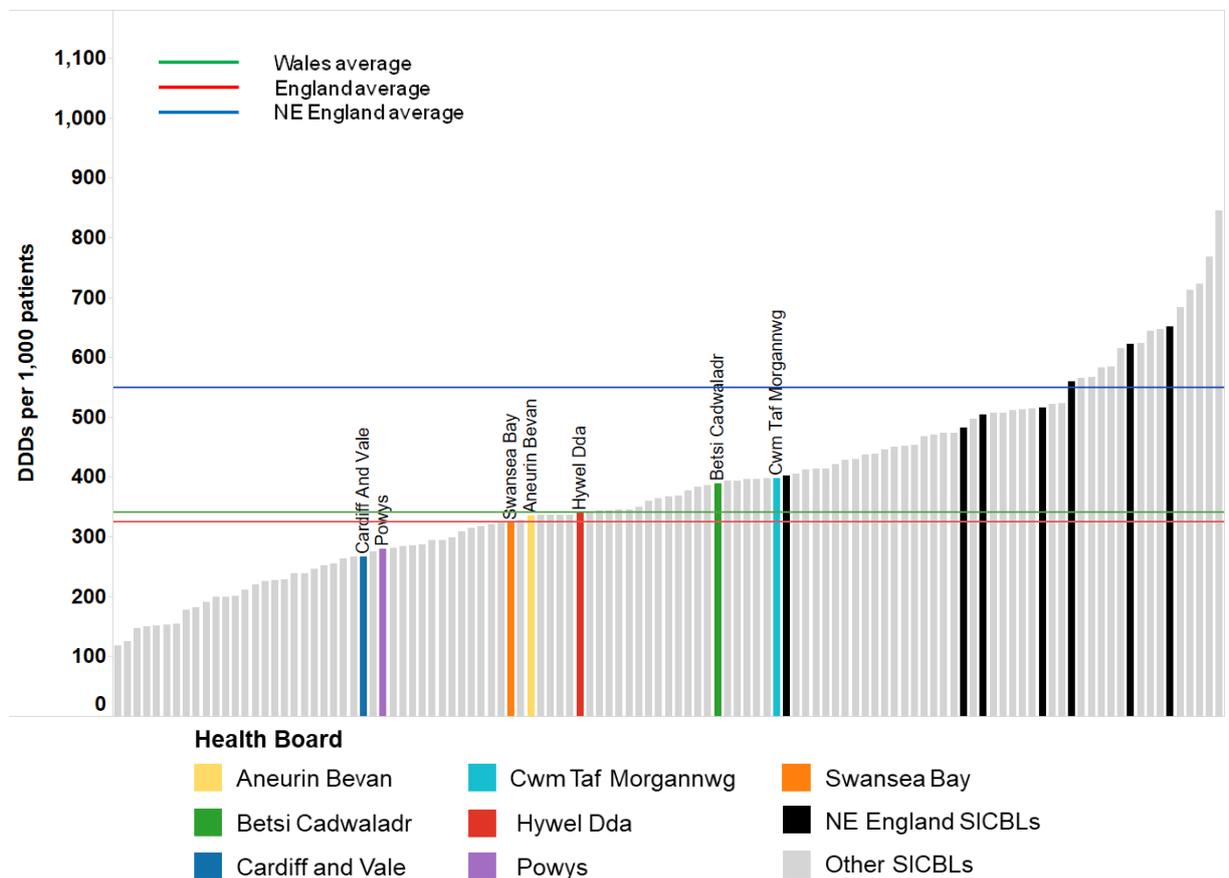


Figure 6. Tramadol prescribing in Welsh health boards and English SICBLs – Quarter ending March 2025



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 March 2025, prescribing of gabapentin and pregabalin decreased by 1.95% compared with the same quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2025, gabapentin and pregabalin prescribing ranged from 1,165 to 2,020 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.
- Betsi Cadwaladr UHB and Hywel Dda UHB demonstrated an increase in prescribing compared with the same quarter of the previous year.
- Swansea Bay UHB demonstrated the largest percentage decrease in prescribing, compared with the equivalent quarter of the previous year.

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

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Swansea Bay	1,531	1,430	-6.59%
Aneurin Bevan	1,739	1,665	-4.29%
Cwm Taf Morgannwg	2,068	2,020	-2.35%
Powys	1,436	1,424	-0.83%
Cardiff and Vale	1,172	1,165	-0.59%
Hywel Dda	1,567	1,570	0.21%
Betsi Cadwaladr	1,592	1,610	1.10%
Wales	1,602	1,571	-1.95%

Figure 7. Trend in gabapentin and pregabalin prescribing DDDs per 1,000 patients

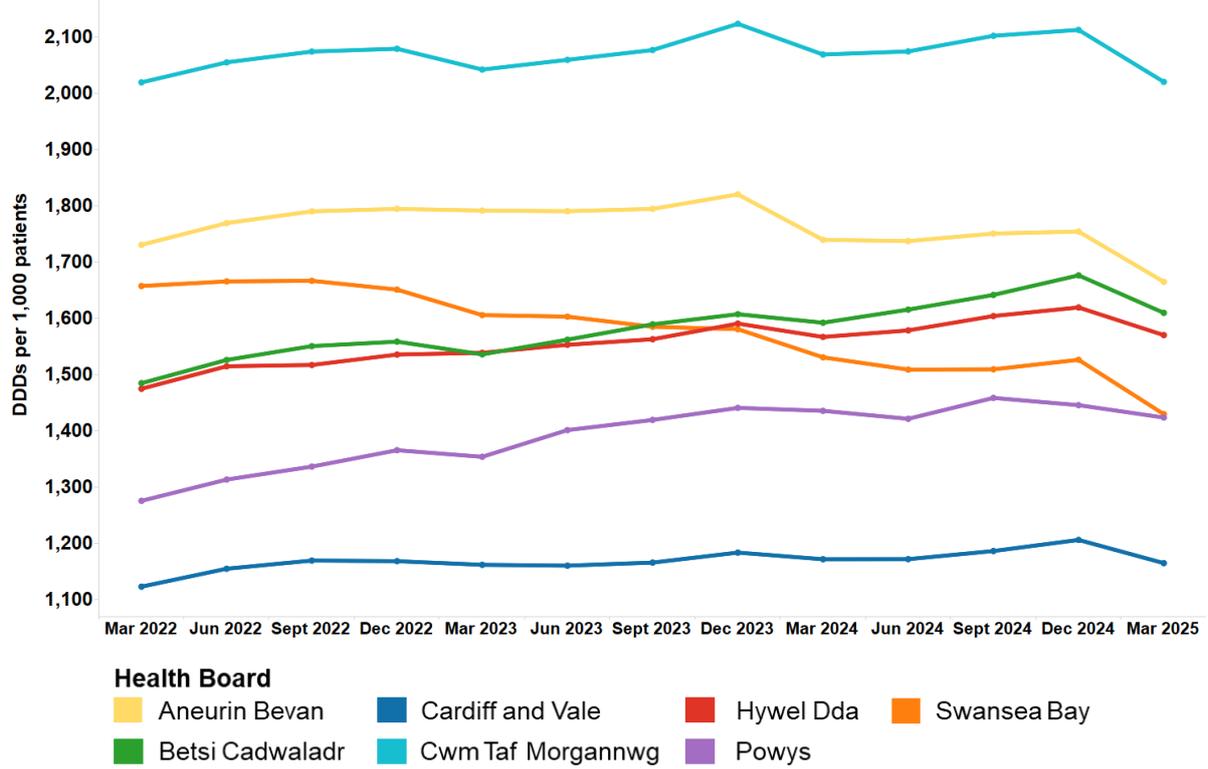
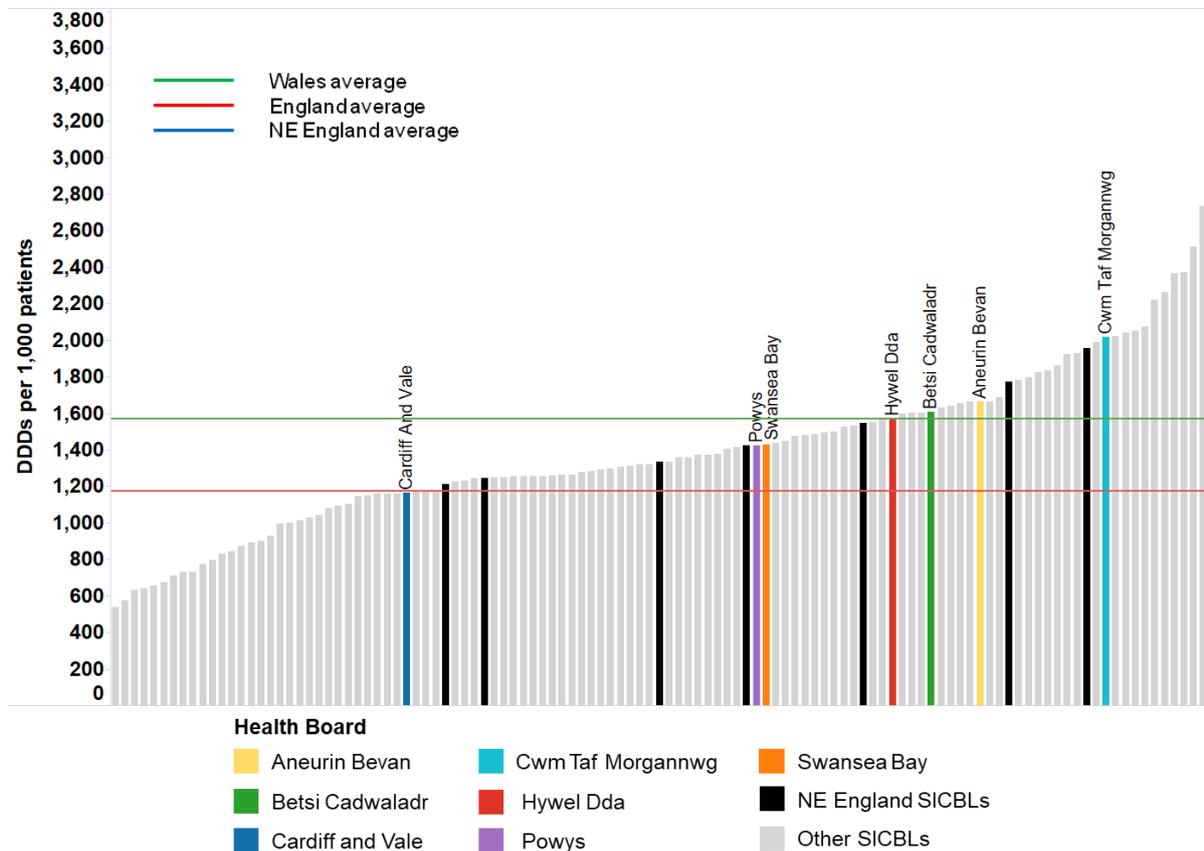


Figure 8. Gabapentin and pregabalin prescribing in Welsh health boards and English SICBLs – Quarter ending March 2025*



*NE England average line not visible as it is equal to Wales average line

1.2 Anticoagulants in atrial fibrillation

There are three NPIs monitoring anticoagulants in atrial fibrillation (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 atrial fibrillation (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.

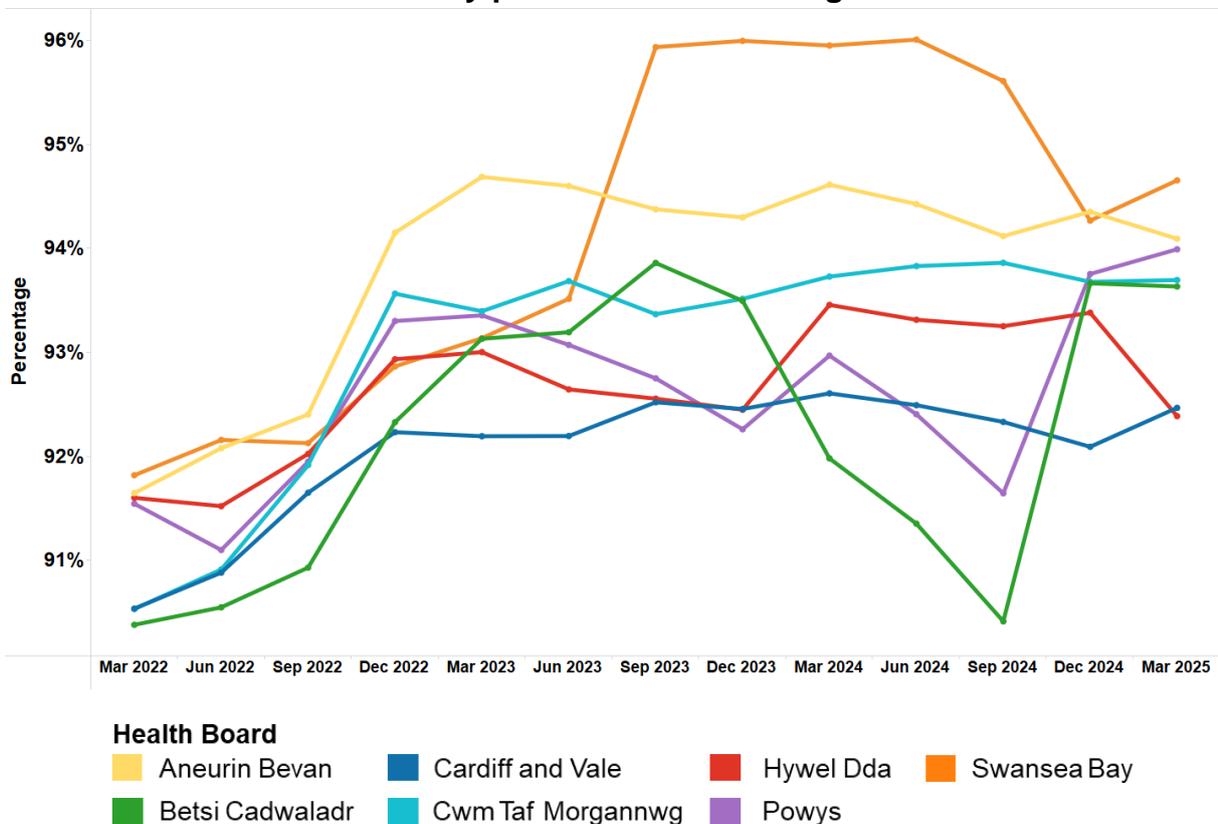
The CHA₂DS₂-VASc risk stratification score calculates stroke risk of patients with AF. Adults with non-valvular AF and a CHA₂DS₂-VASc score of 2 or above are at a much higher risk of having a stroke than the general population; however, anticoagulation therapy can help to prevent strokes by reducing 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 March 2025, the percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more who were prescribed an anticoagulant increased by 0.01%. This is in line with the aim of the indicator.
- For the quarter ending March 2025, the percentage of patients with AF and a CHA₂DS₂-VASc score of 2 or more and who were prescribed an anticoagulant ranged from 92.4% to 94.7% 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 Hywel Dda UHB.
- The largest percentage increase was seen in Betsi Cadwaladr UHB 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 4	2024–2025 Qtr 4	% Change
Betsi Cadwaladr	92.0%	93.6%	1.80%
Powys	93.0%	94.0%	1.10%
Cwm Taf Morgannwg	93.7%	93.7%	-0.04%
Cardiff and Vale	92.6%	92.5%	-0.15%
Aneurin Bevan	94.6%	94.1%	-0.55%
Hywel Dda	93.5%	92.4%	-1.14%
Swansea Bay	96.0%	94.7%	-1.35%
Wales	93.5%	93.6%	0.01%

Figure 9. 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.

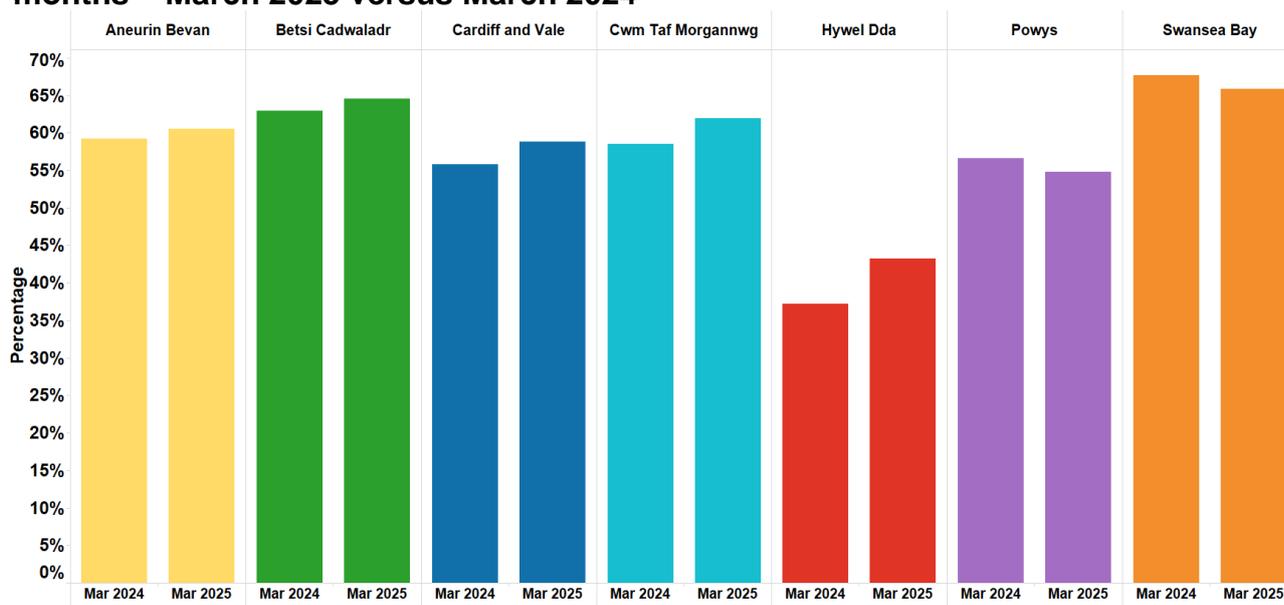
Patients with AF who are prescribed an anticoagulant should have a review of their treatment annually. Anticoagulants are associated with drug–drug and drug–food interactions that may increase the risk of serious bleeding or diminish stroke prevention. A review of treatment will reinforce the importance 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 3.84% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of March 2025, the percentage of patients who had received an anticoagulant review in the last 12 months ranged from 43.2% to 65.9% across the health boards.
- The health board with the highest percentage of reviews was Swansea Bay UHB. The health board with the lowest percentage of reviews was Hywel Dda UHB.
- The largest percentage increase was seen in 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 March 2024	2024–2025 March 2025	% Change
Hywel Dda	37.2%	43.2%	16.1%
Cwm Taf Morgannwg	58.5%	61.9%	5.90%
Cardiff and Vale	55.8%	58.8%	5.34%
Betsi Cadwaladr	62.9%	64.6%	2.64%
Aneurin Bevan	59.2%	60.5%	2.17%
Swansea Bay	67.7%	65.9%	-2.71%
Powys	56.7%	54.8%	-3.24%
Wales	57.0%	59.2%	3.84%

Figure 10. Percentage of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months – March 2025 versus March 2024



1.2.3 Patients who are prescribed antiplatelet monotherapy

Purpose: To discourage the inappropriate use of antiplatelet monotherapy in patients with atrial fibrillation (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.

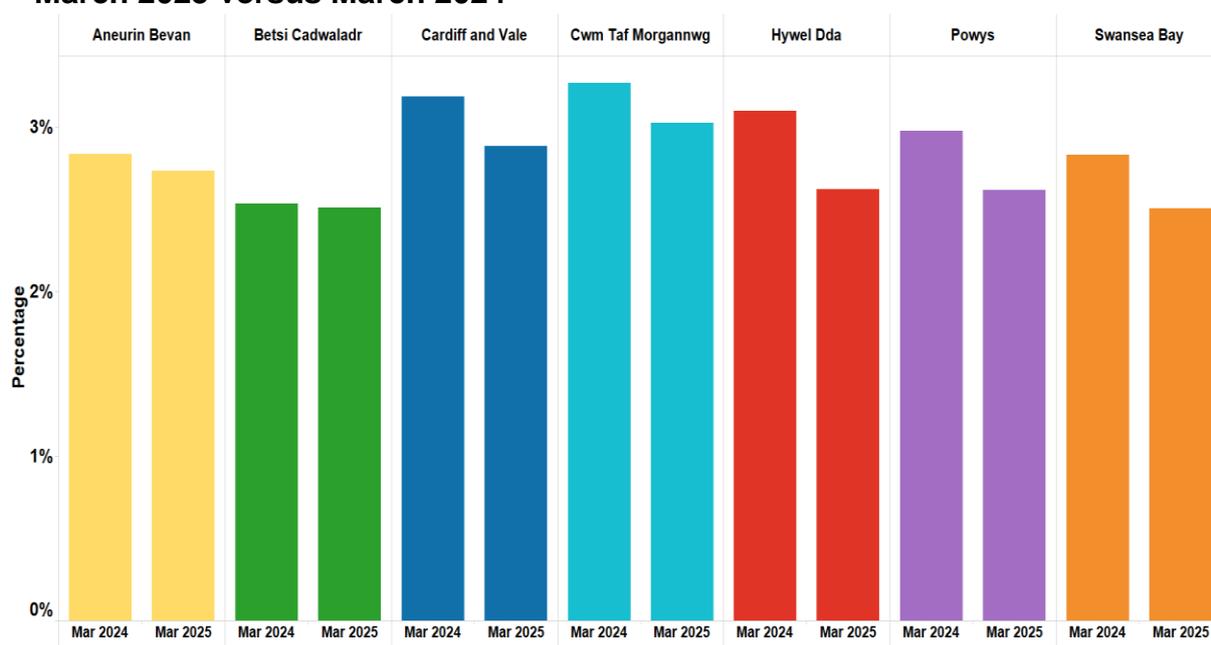
Antiplatelet medication, i.e. aspirin or clopidogrel, is no longer recommended in patients with AF. Quality Statement 2 within the NICE Quality Standard for atrial fibrillation states that adults with AF should not be prescribed aspirin monotherapy, as the risks of taking aspirin outweigh any benefits. 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 7.83% compared with the equivalent month of the previous year. This is in line with the aim of the indicator.
- For the month of March 2025, the percentage of patients receiving antiplatelet monotherapy ranged from 2.50% to 3.02% across the health boards.
- The health board with the lowest percentage of antiplatelet monotherapy was Swansea Bay UHB. The health board with the highest percentage of antiplatelet monotherapy was Cwm Taf Morgannwg UHB.
- The largest percentage decrease was seen in Hywel Dda UHB and the smallest percentage decrease was seen in Betsi Cadwaladr UHB, compared with the equivalent month of the previous year.

Table 7. Percentage of patients who are prescribed antiplatelet monotherapy

	2023–2024 March 2024	2024–2025 March 2025	% Change
Hywel Dda	3.10%	2.62%	-15.4%
Powys	2.98%	2.62%	-12.1%
Swansea Bay	2.83%	2.50%	-11.6%
Cardiff and Vale	3.19%	2.89%	-9.42%
Cwm Taf Morgannwg	3.27%	3.02%	-7.53%
Aneurin Bevan	2.83%	2.73%	-3.63%
Betsi Cadwaladr	2.53%	2.51%	-0.96%
Wales	2.92%	2.69%	-7.83%

Figure 11. Percentage of patients who are prescribed antiplatelet monotherapy – March 2025 versus March 2024



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 March 2025, total antibacterial items per 1,000 STAR-PU decreased by 11.4%, compared with the quarter ending March 2020. This is in line with the aim of the indicator.
- For the quarter ending March 2025, the total number of antibacterial items per 1,000 STAR-PU ranged from 243 to 300 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 March 2025, five of the health boards achieved the target of a 10%, or greater, reduction against the baseline of quarter 4 2019–2020.
- Hywel Dda UHB demonstrated the greatest decrease in prescribing, compared with the quarter ending March 2020.
- Powys Teaching HB demonstrated an increase in prescribing, compared with the quarter ending March 2020.

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

	2019–2020 Qtr 4	2024–2025 Qtr 4	% Change
Hywel Dda	310	266	-14.3%
Cwm Taf Morgannwg	348	300	-13.9%
Cardiff and Vale	279	243	-12.8%
Swansea Bay	324	283	-12.5%
Aneurin Bevan	315	283	-10.2%
Betsi Cadwaladr	293	266	-9.36%
Powys	261	262	0.72%
Wales	307	272	-11.4%

Figure 12. Trend in antibacterial prescribing items per 1,000 STAR-PU

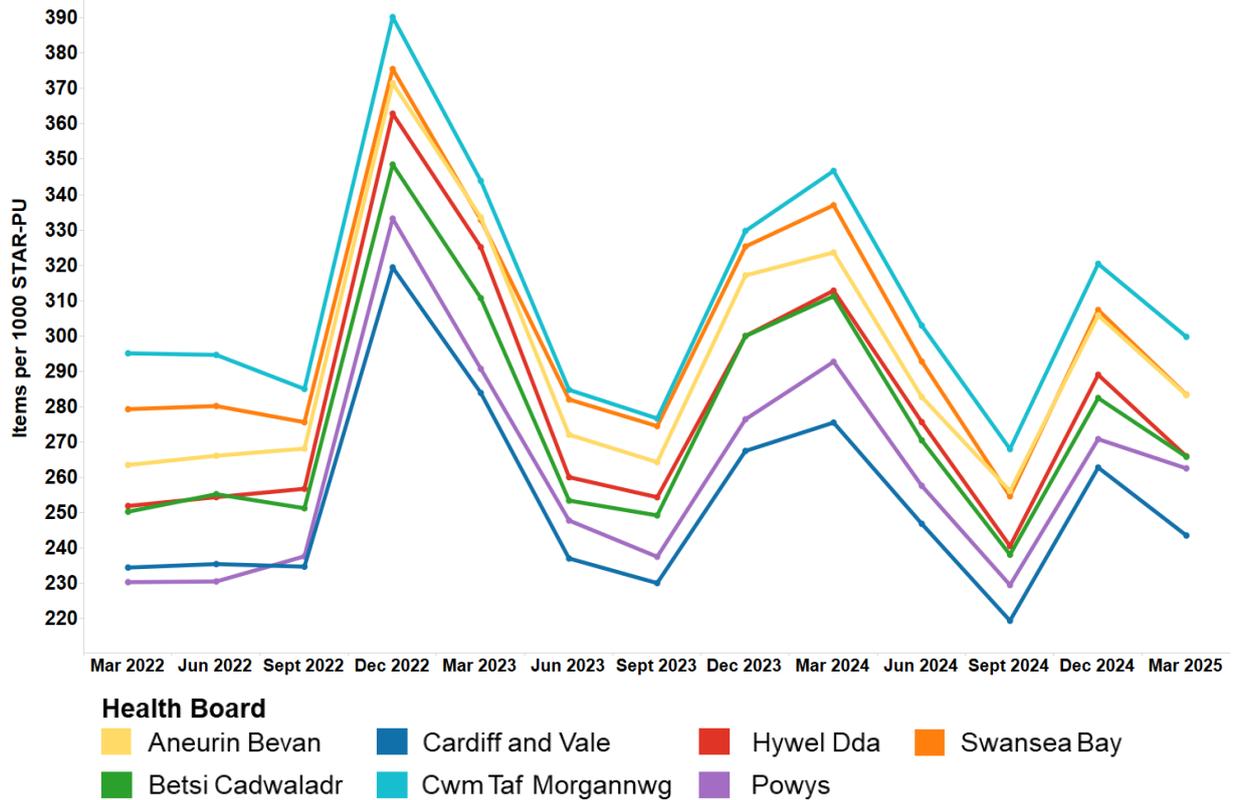
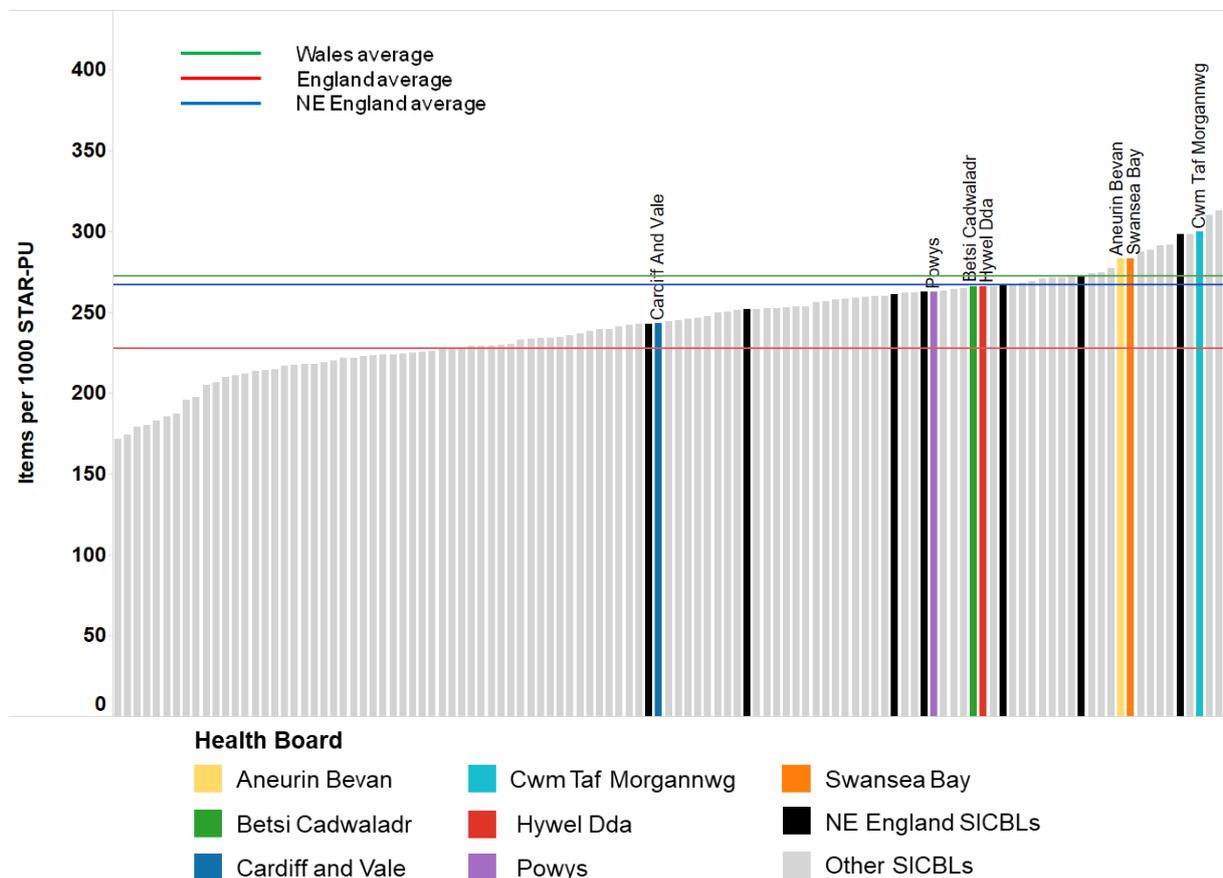


Figure 13. Antibacterial prescribing in Welsh health boards and English SICBLs – Quarter ending March 2025



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 March 2025, the number of 4C antimicrobial items per 1,000 patients decreased by 14.8%, compared with the quarter ending March 2024, in line with the aim of the indicator.
- For the quarter ending March 2025, 4C prescribing ranged from 5.83 to 9.31 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 4	2024–2025 Qtr 4	% Change
Swansea Bay	7.70	5.83	-24.4%
Aneurin Bevan	9.60	7.97	-17.0%
Cwm Taf Morgannwg	8.42	7.04	-16.4%
Powys	10.8	9.31	-14.1%
Betsi Cadwaladr	7.65	6.66	-12.9%
Hywel Dda	9.28	8.10	-12.7%
Cardiff and Vale	8.82	8.09	-8.32%
Wales	8.67	7.39	-14.8%

Figure 14. Trend in 4C antimicrobial items per 1,000 patients

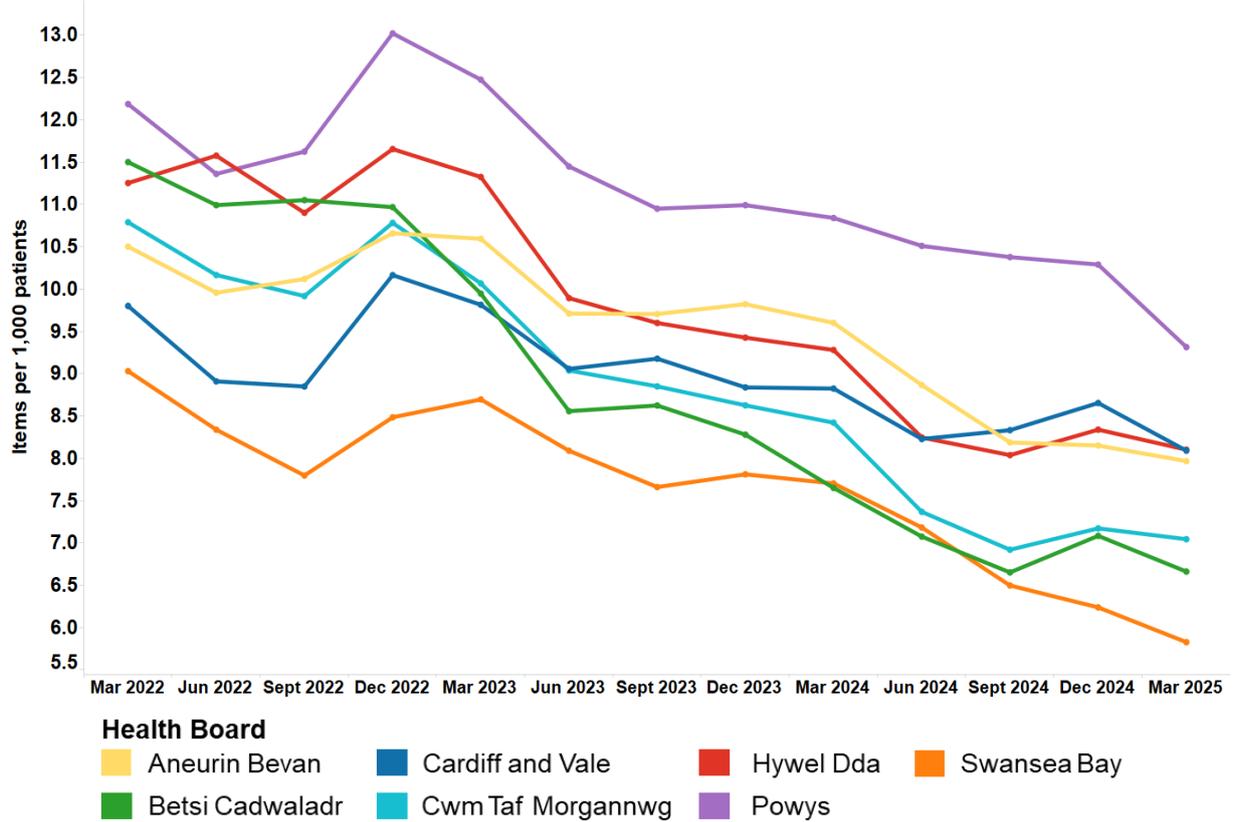
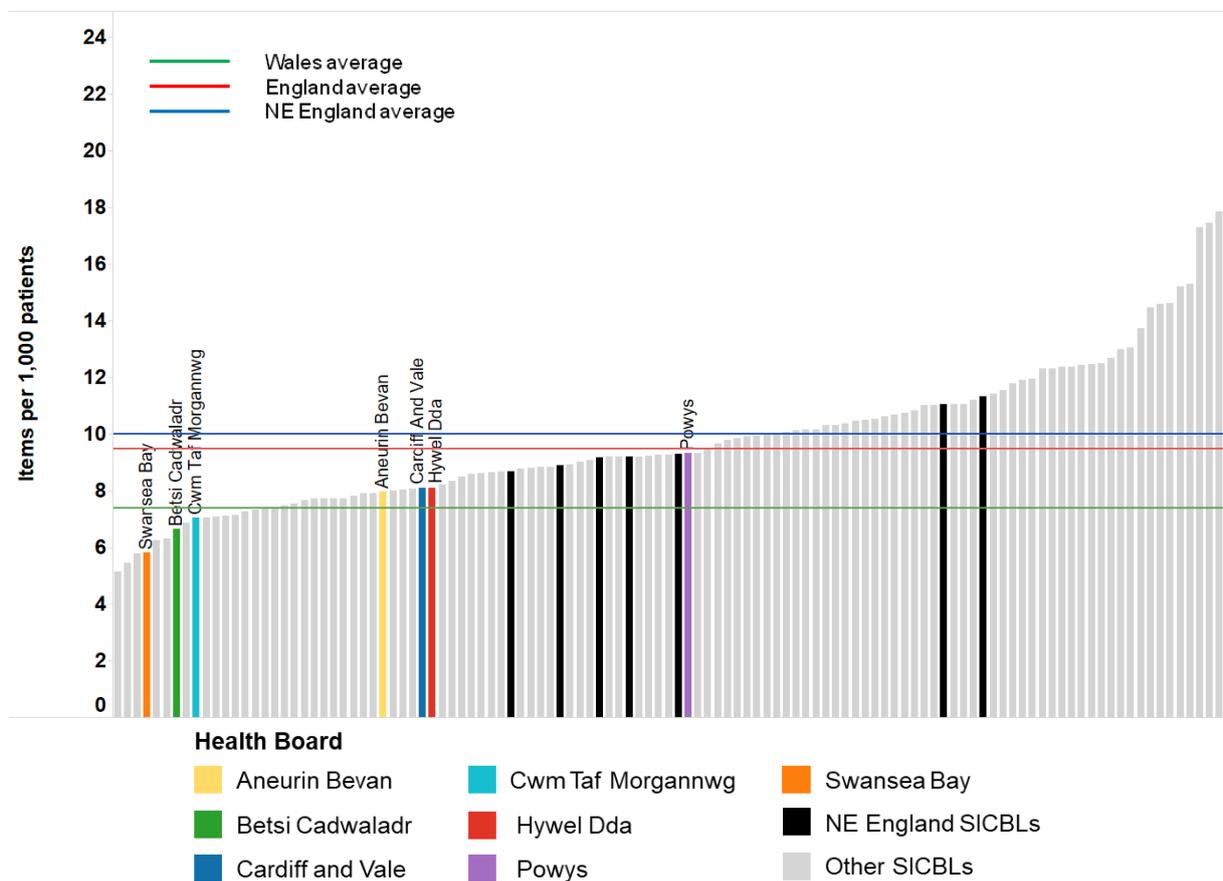


Figure 15. 4C antimicrobial prescribing in Welsh health boards and English SICBLs – Quarter ending March 2025



1.4 Decarbonisation of inhalers

Purpose: To encourage an increase in the use of low Global Warming Potential (GWP) inhalers (dry powder inhalers (DPI) and soft mist inhalers (SMI)), 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 12.6% in the quarter ending March 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2025, the proportion of DPI and SMI prescribing ranged from 37.5% to 52.5% 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 Hywel Dda UHB 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 4	2024–2025 Qtr 4	% Change
Swansea Bay	33.4	41.4	24.0%
Betsi Cadwaladr	33.2	37.5	12.8%
Aneurin Bevan	39.9	44.9	12.5%
Cardiff and Vale	45.2	50.7	12.3%
Powys	35.8	39.8	11.2%
Cwm Taf Morgannwg	40.4	44.8	10.8%
Hywel Dda	48.7	52.5	7.69%
Wales	39.1	44.0	12.6%

Figure 16. Trend in the percentage of DPIs and SMIs as a percentage of all inhalers prescribed

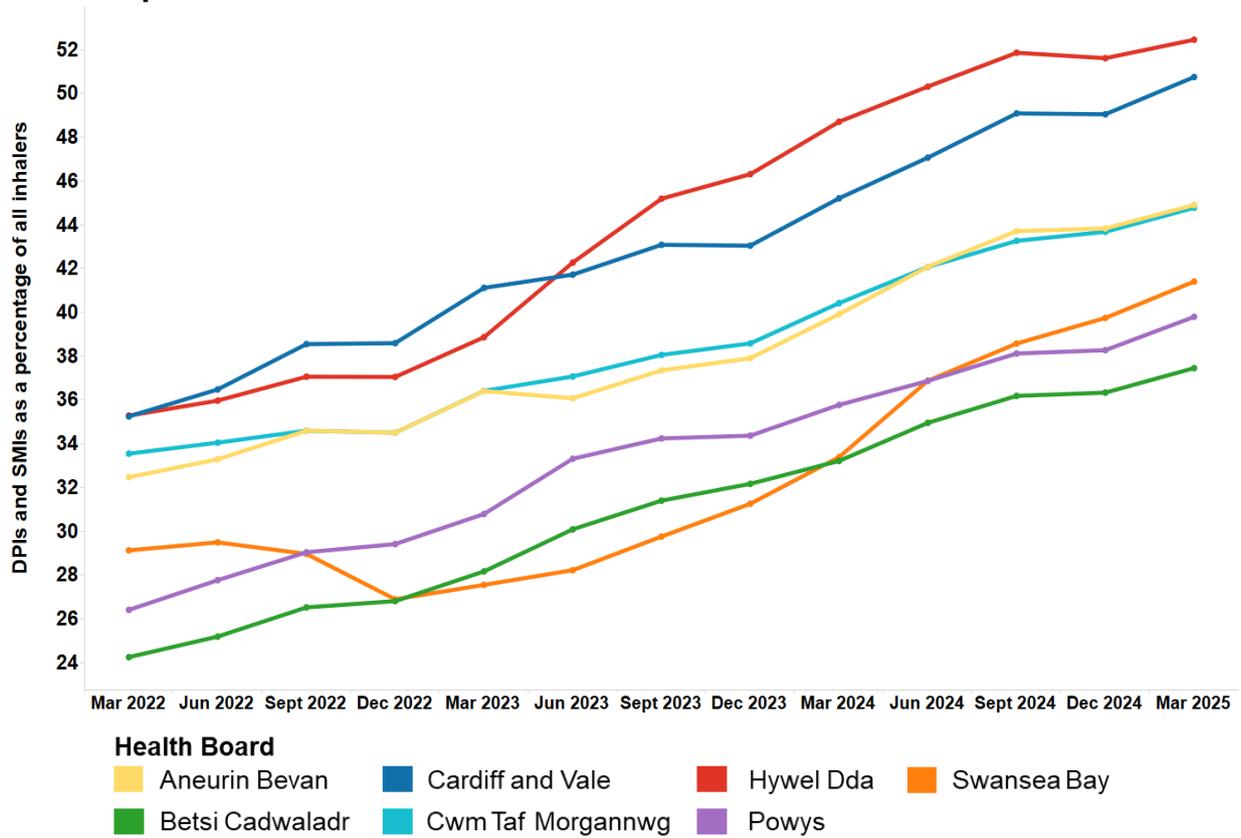
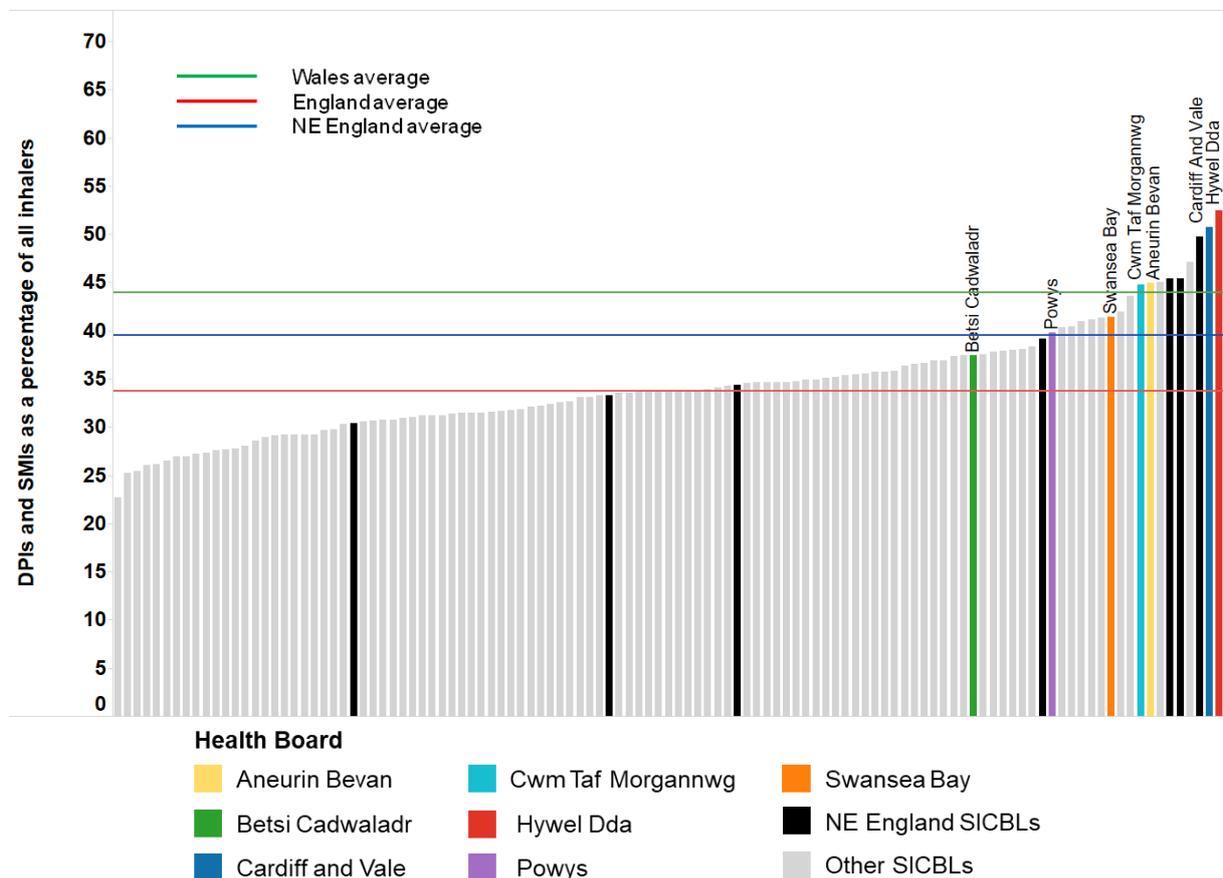


Figure 17. DPI and SMI prescribing in Welsh health boards and English SICBLs – Quarter ending March 2025



2.0 Supporting domains

2.1 Safety

2.1.1 Prescribing Safety Indicators

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

Units of measure:

Prescribing Safety Indicators related to acute kidney injury (AKI)

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

Prescribing Safety Indicators related to bleeds

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

Prescribing Safety Indicators related to cognition

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

Prescribing Safety Indicators specific to females

- Number of female patients with a current prescription of oestrogen-only hormone replacement therapy (HRT) without any hysterectomy Read/SNOMED codes.
- Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.
- Number of female patients aged 14–55 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.

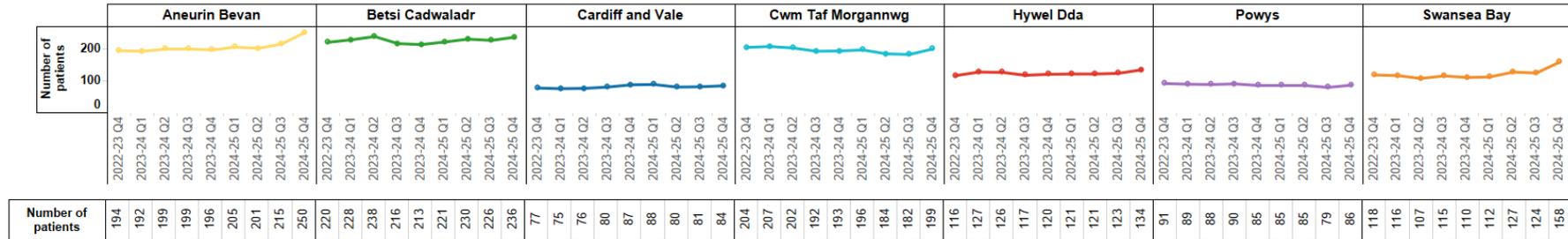
In the UK, it is estimated that around 6.5% of hospital admissions are related to adverse drug reactions (ADRs). ADRs can often be predictable making it possible to identify potential causes and address them before actual patient harm occurs. This NPI provides a process of identifying patients electronically, enabling intervention and helping to avoid patient harm.

No target has been set for this NPI and it is not intended that comparisons are made between health boards. However, data can provide a baseline for future quarters to enable monitoring within health boards.

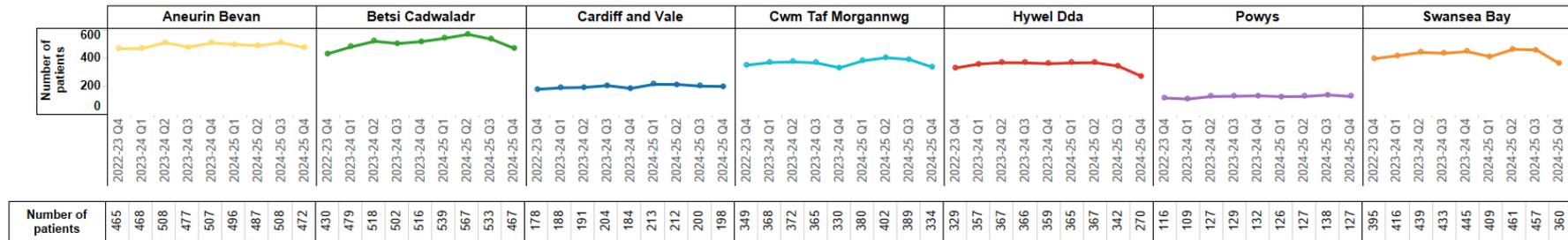
Figure 18. Prescribing Safety Indicators

Prescribing Safety Indicators related to acute kidney injury (AKI)

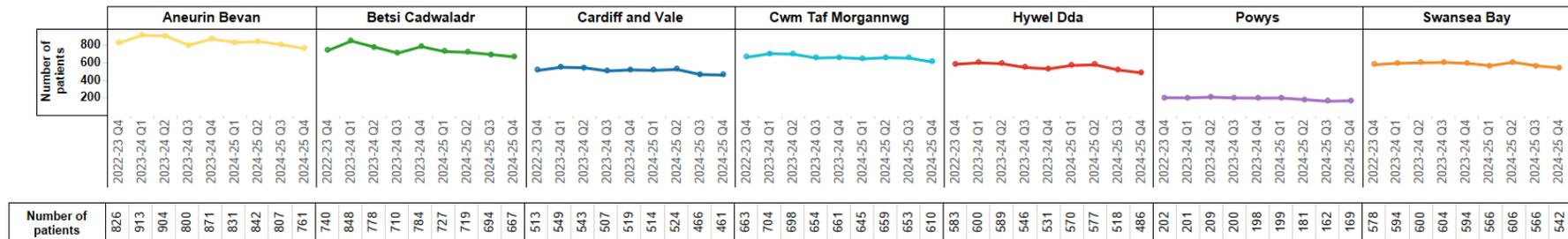
01. Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months.



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

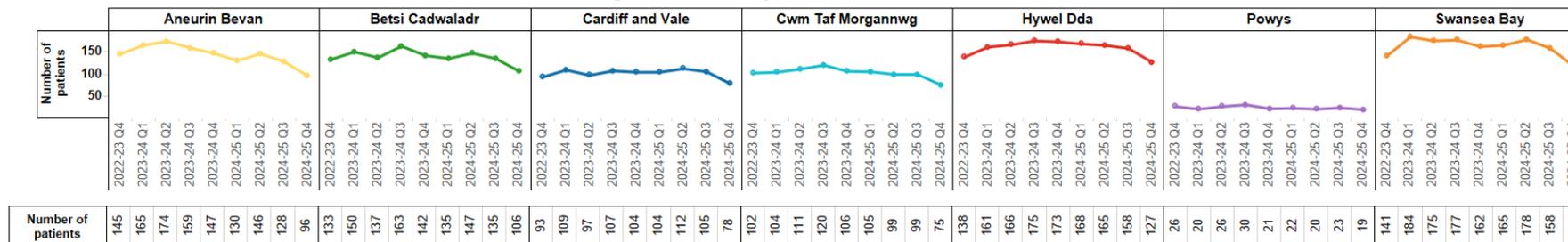


03. Number of patients with concurrent prescriptions of an NSAID, renin-angiotensin system (RAS) drug and a diuretic.



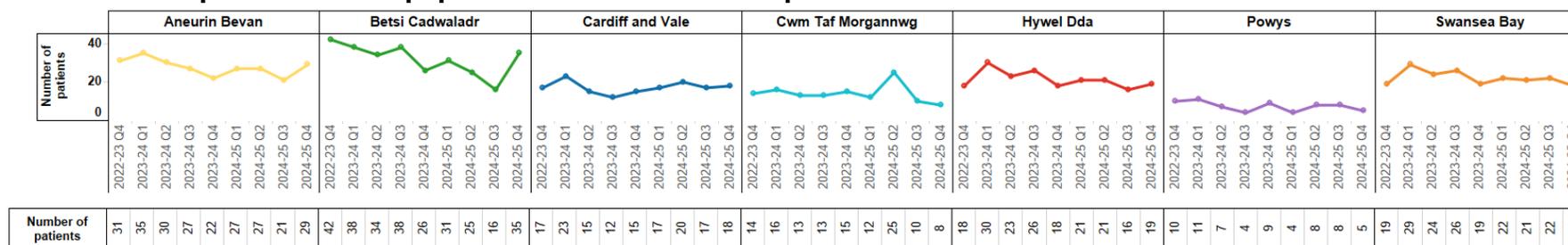
Welsh Analytical Prescribing Support Unit

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.

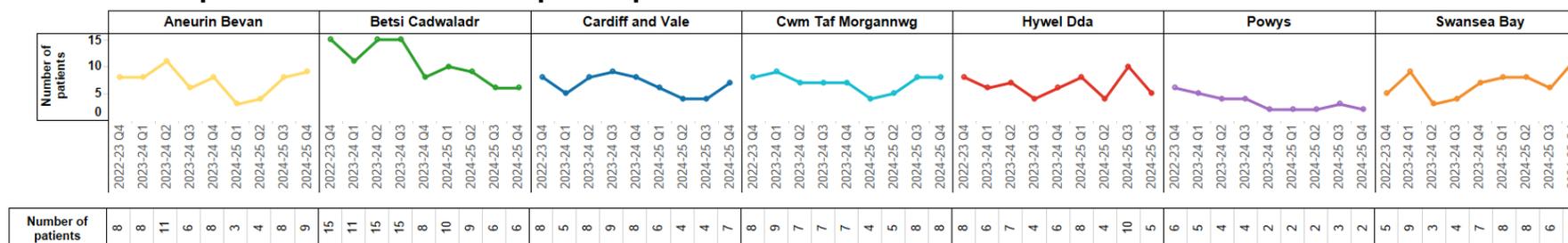


Prescribing Safety Indicators related to bleeds

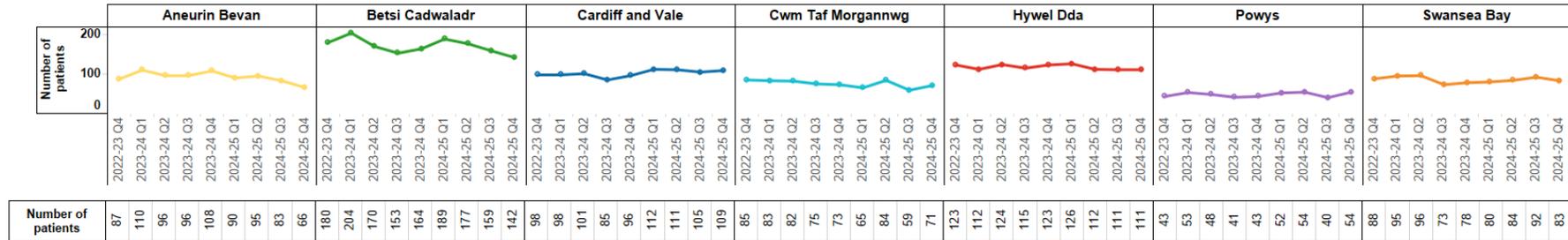
05. Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI.



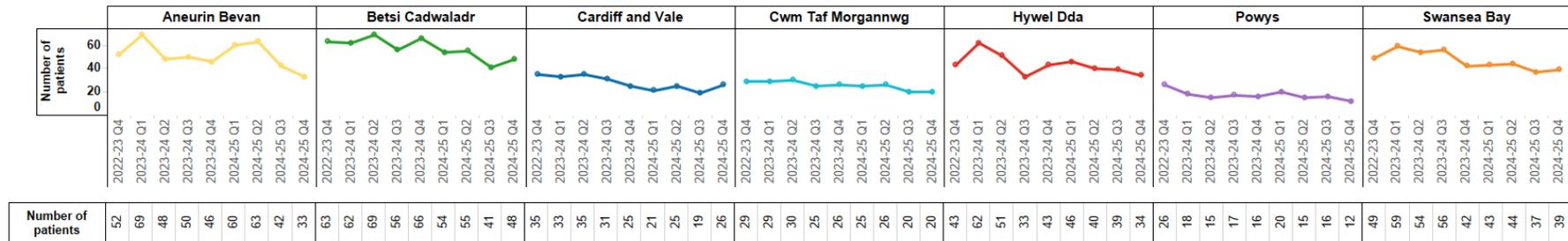
06. Number of patients with concurrent prescriptions of warfarin and an oral NSAID.



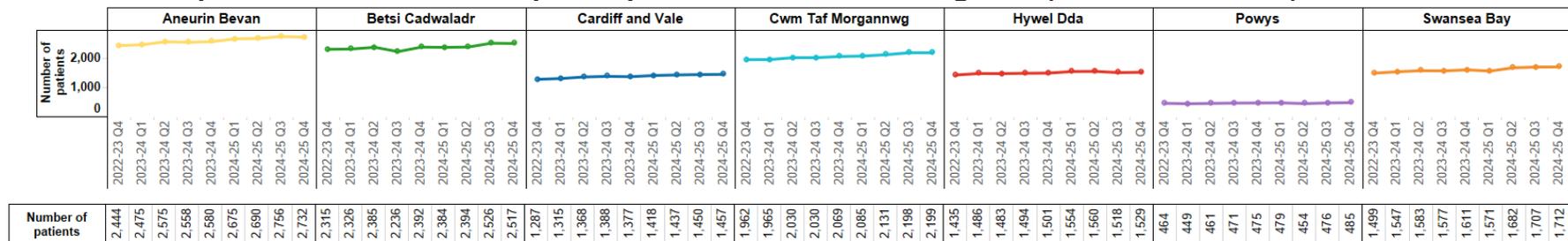
07. Number of patients with concurrent prescriptions for a DOAC and an oral NSAID.



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).

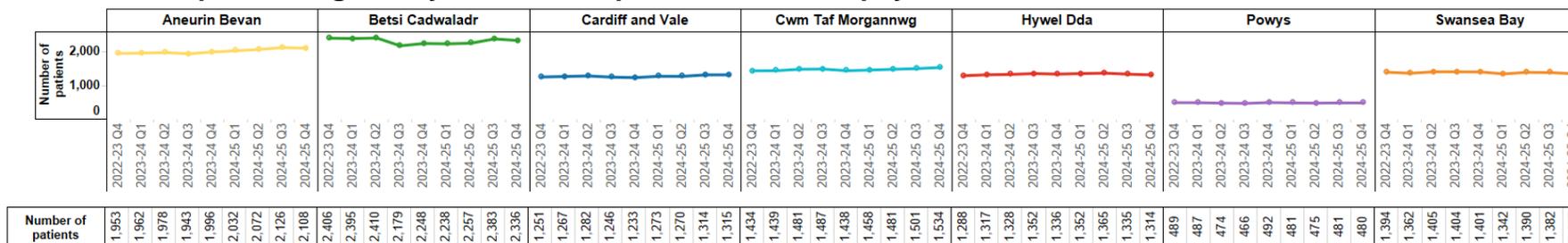


09. Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI.

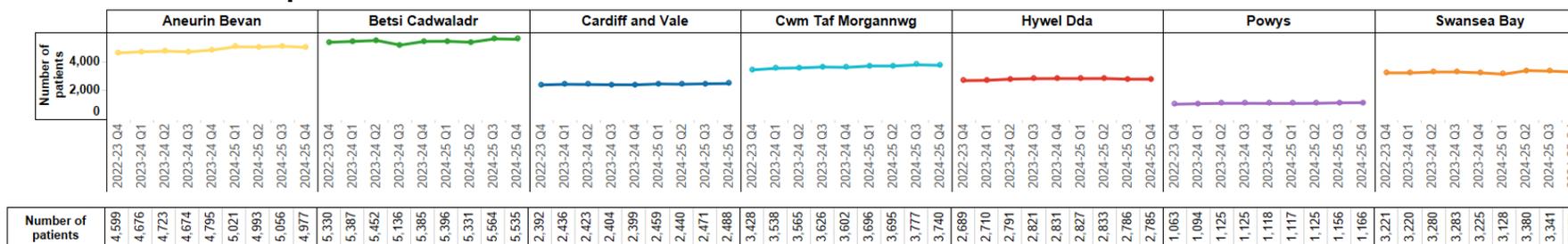


Prescribing Safety Indicators related to cognition

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

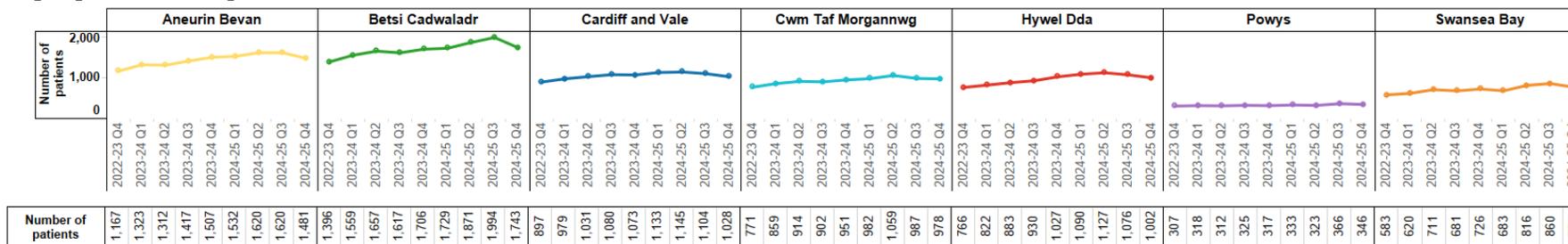


11. Number of patients aged 75 years and over with an Anticholinergic Effect on Cognition (AEC) score of 3 or more for items on active repeat.

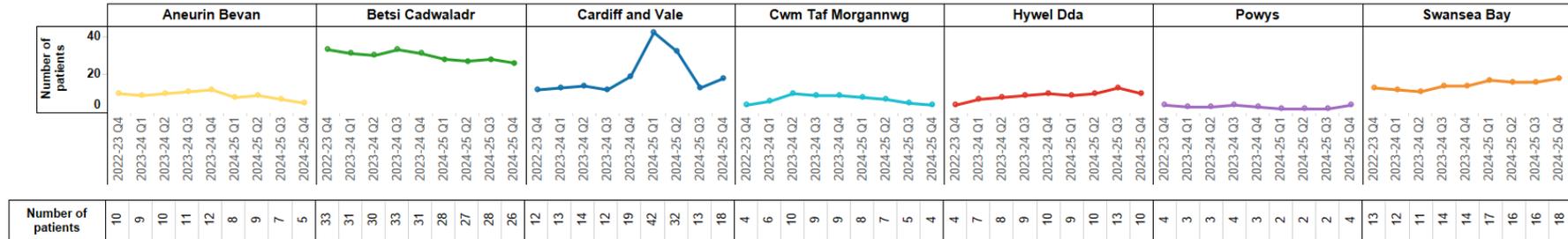


Prescribing Safety Indicators specific to females

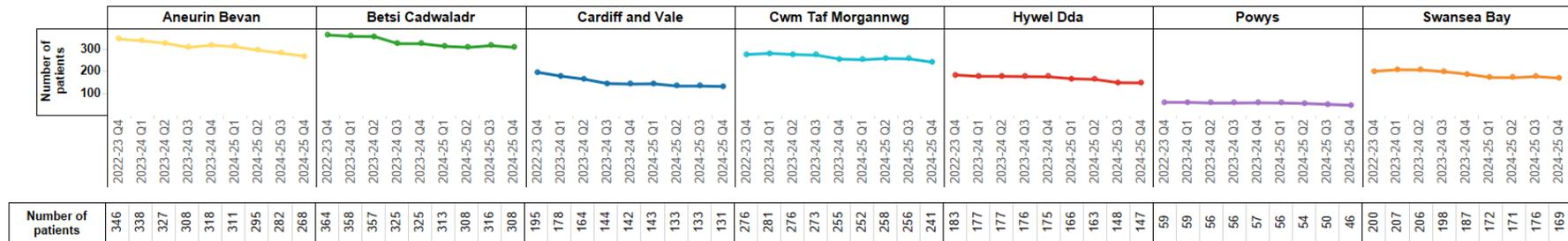
12. Number of female patients with a current prescription of oestrogen-only hormone replacement therapy without any hysterectomy Read/SNOMED codes.



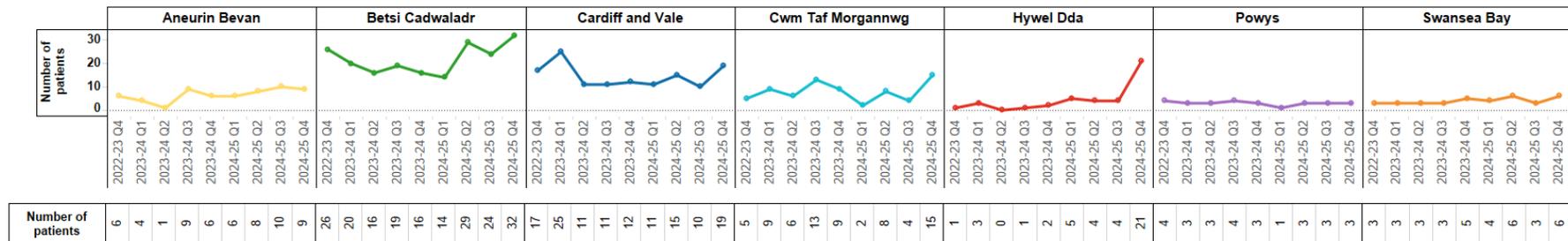
13. Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.



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

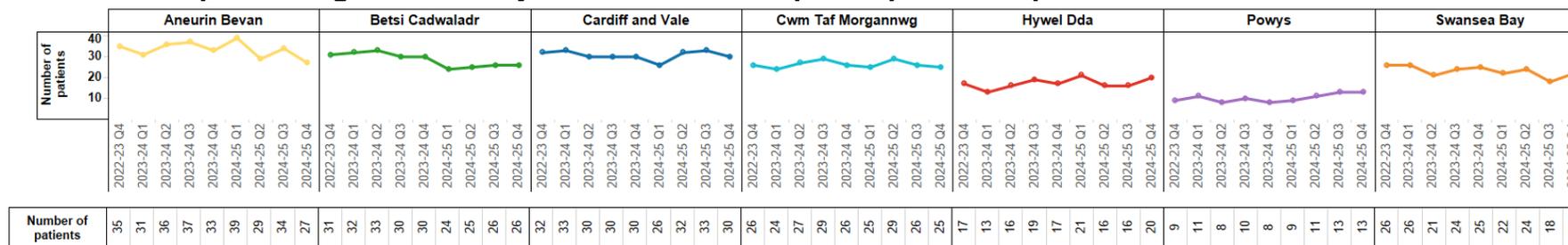


15. Number of female patients aged 14–55 years with a prescription for oral retinoids.

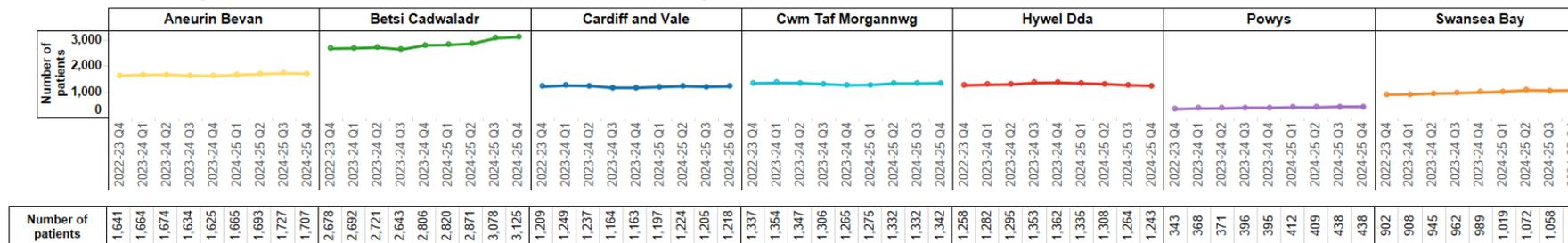


Prescribing Safety Indicators related to 'other'

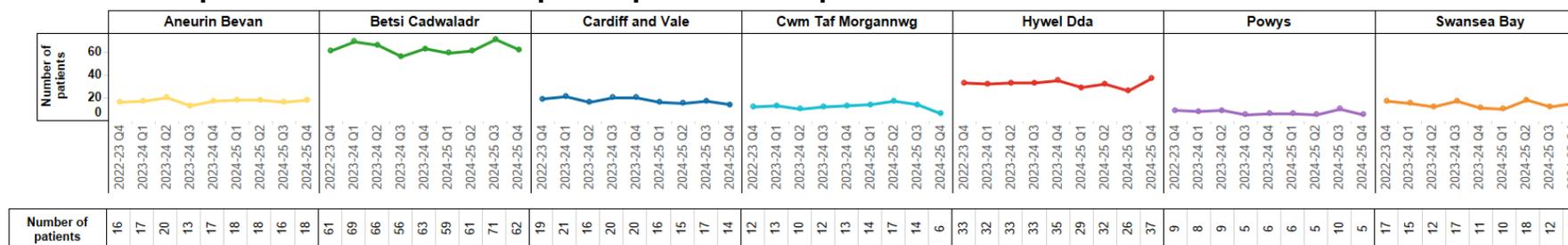
16. Number of patients aged under 16 years with a current prescription of aspirin.



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 8.97% for the quarter ending March 2025 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending March 2025, hypnotic and anxiolytic prescribing ranged from 1,038 to 1,977 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 Aneurin Bevan UHB.

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

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Swansea Bay	2,025	1,746	-13.8%
Cardiff and Vale	1,159	1,038	-10.4%
Cwm Taf Morgannwg	2,186	1,977	-9.57%
Betsi Cadwaladr	2,055	1,878	-8.64%
Powys	1,477	1,370	-7.25%
Hywel Dda	2,087	1,939	-7.12%
Aneurin Bevan	1,846	1,725	-6.55%
Wales	1,881	1,713	-8.97%

Figure 19. Trend in hypnotic and anxiolytic prescribing ADQs per 1,000 STAR-PU

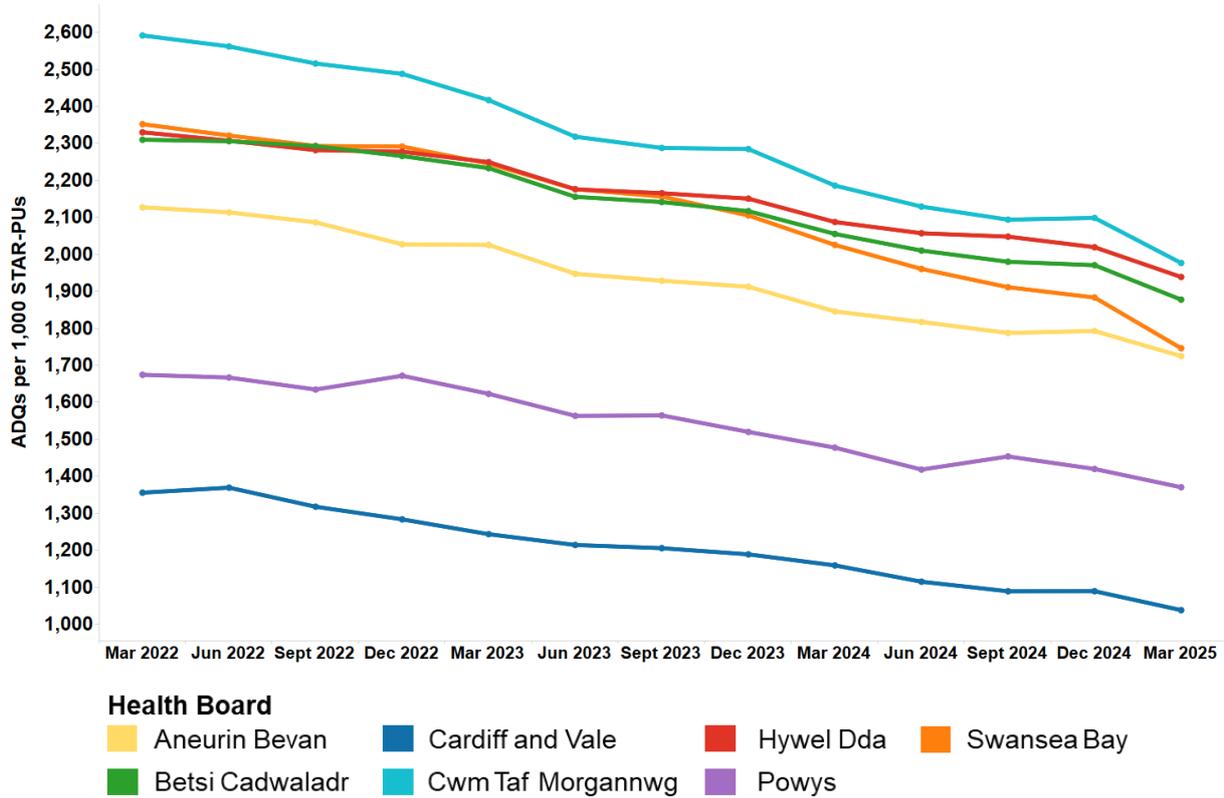
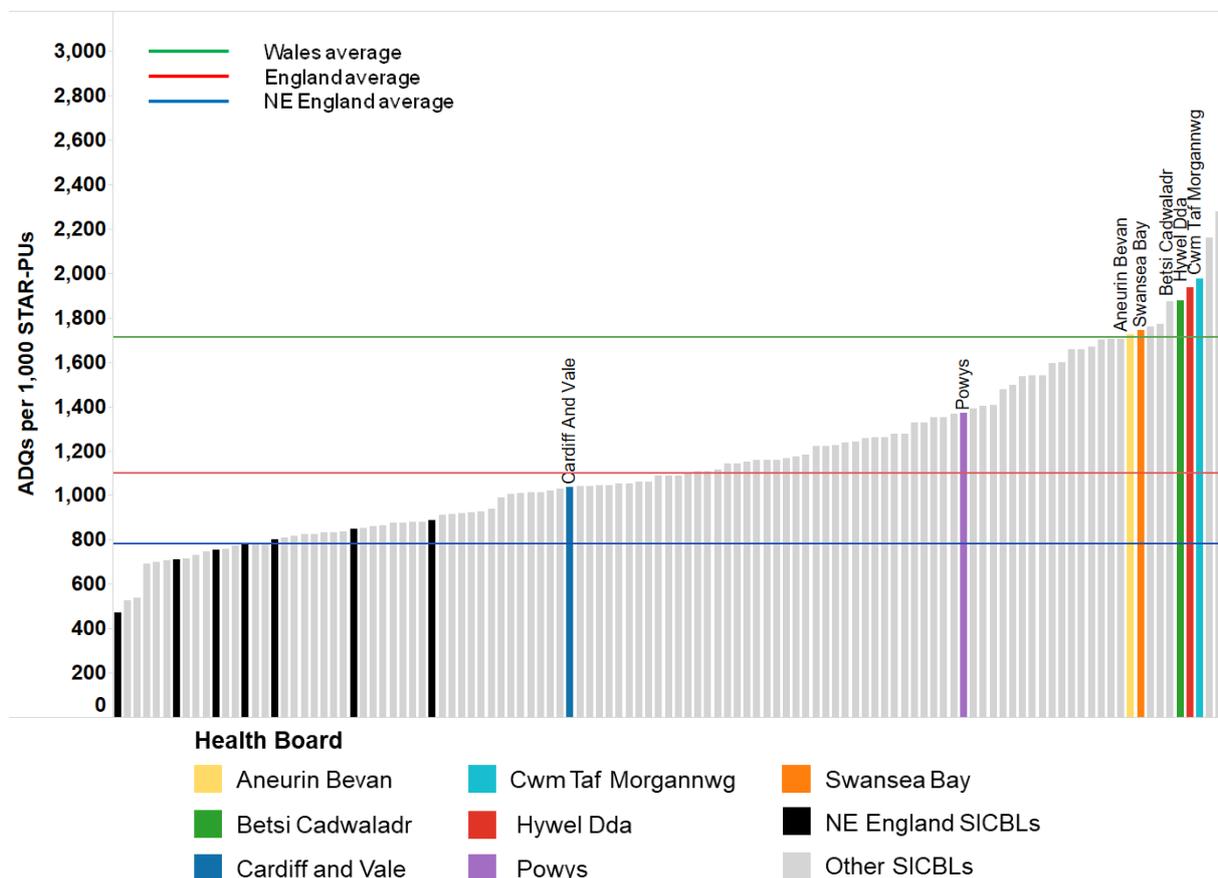


Figure 20. Hypnotic and anxiolytic prescribing in Welsh health boards and English SICBLs – Quarter ending March 2025



Good practice spotlight

A GP practice in **Swansea Bay UHB** worked to improve prescribing of hypnotics and anxiolytics, demonstrating a reduction of 46% (ADQs/1,000 STAR-PU) when comparing Q4 2022-23 with Q4 2024-25. The reduction was achieved through a combination of policy changes, education, and monitoring, with the support of a health board pharmacy technician and cluster pharmacist:

Development of a practice-wide policy

The GP practice was encouraged to agree on a unified approach for prescribing anxiolytics and hypnotics based on national guidance, which recommends short-term use (typically no more than 2–4 weeks) and prioritises non-drug interventions first.

Education and training

All prescribers in the practice are educated on the risks of long-term benzodiazepine use, including dependence, cognitive impairment, and falls in older adults.

Patient review and deprescribing

Patients on long-term anxiolytics are identified and reviewed by a health board pharmacy technician and cluster pharmacist and structured withdrawal plans are offered. Patients are educated about the risks and supported with alternative well-being strategies.

Monitoring and audit

Prescribing data is regularly reviewed to track improvements. Feedback is provided to the GPs quarterly, during face-to-face meetings with the medicines management team and the Primary Care Medical Director to encourage ongoing adherence to the policy.

Collaborative approach

The entire practice team, including GPs, nurses, and pharmacists, is involved in implementing and maintaining the policy. Communication with patients is consistent and supportive, helping to manage expectations and reduce reliance on medication.

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

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 include reports related to COVID-19 vaccines.

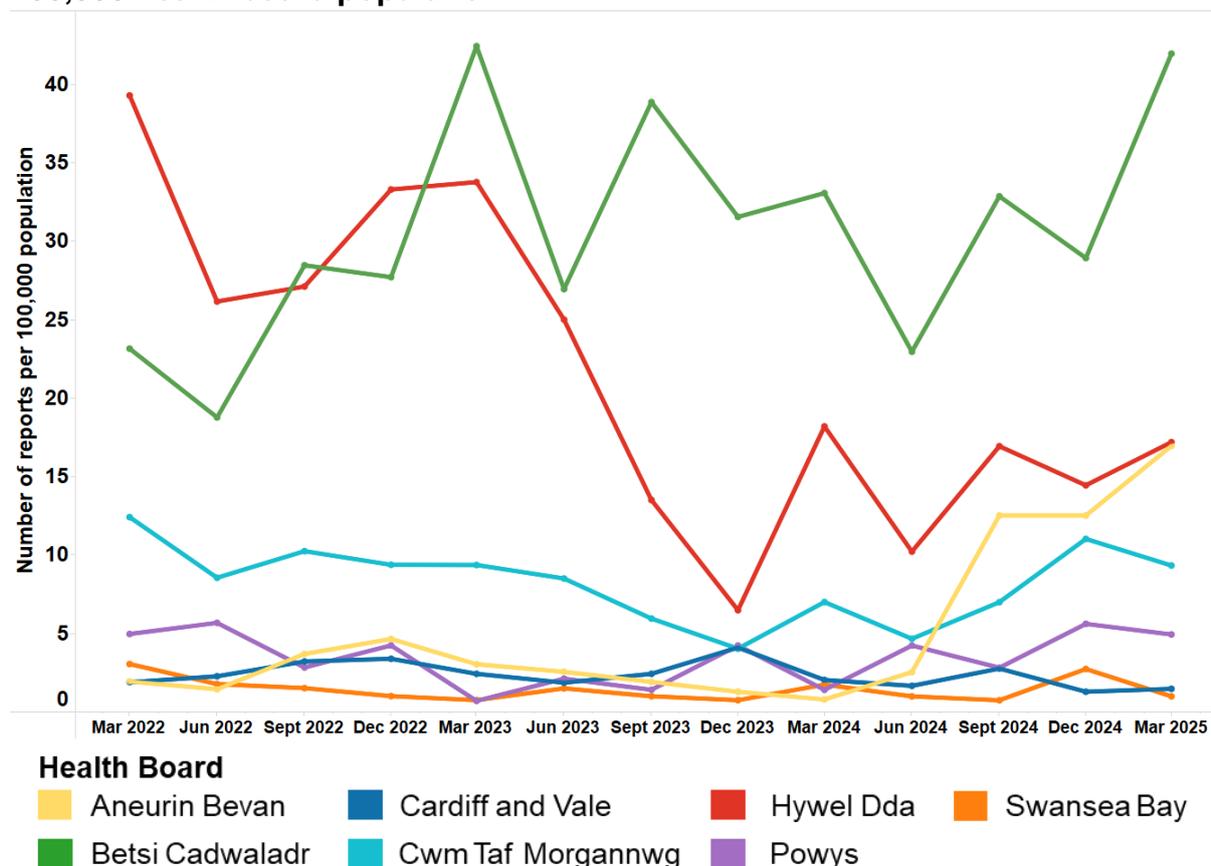
GP practices

- The number of Yellow Cards submitted by GP practices across Wales increased by 47% 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 Swansea Bay UHB.

Table 12. Number of Yellow Cards submitted by GP practices

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Aneurin Bevan	5	107	2,040%
Powys	2	7	250%
Cwm Taf Morgannwg	33	44	33%
Betsi Cadwaladr	236	300	27%
Hywel Dda	73	69	-5%
Cardiff and Vale	11	8	-27%
Swansea Bay	7	4	-43%
Wales	367	539	47%

Figure 21. Trend in number of Yellow Cards submitted by GP practices per 100,000 health board population



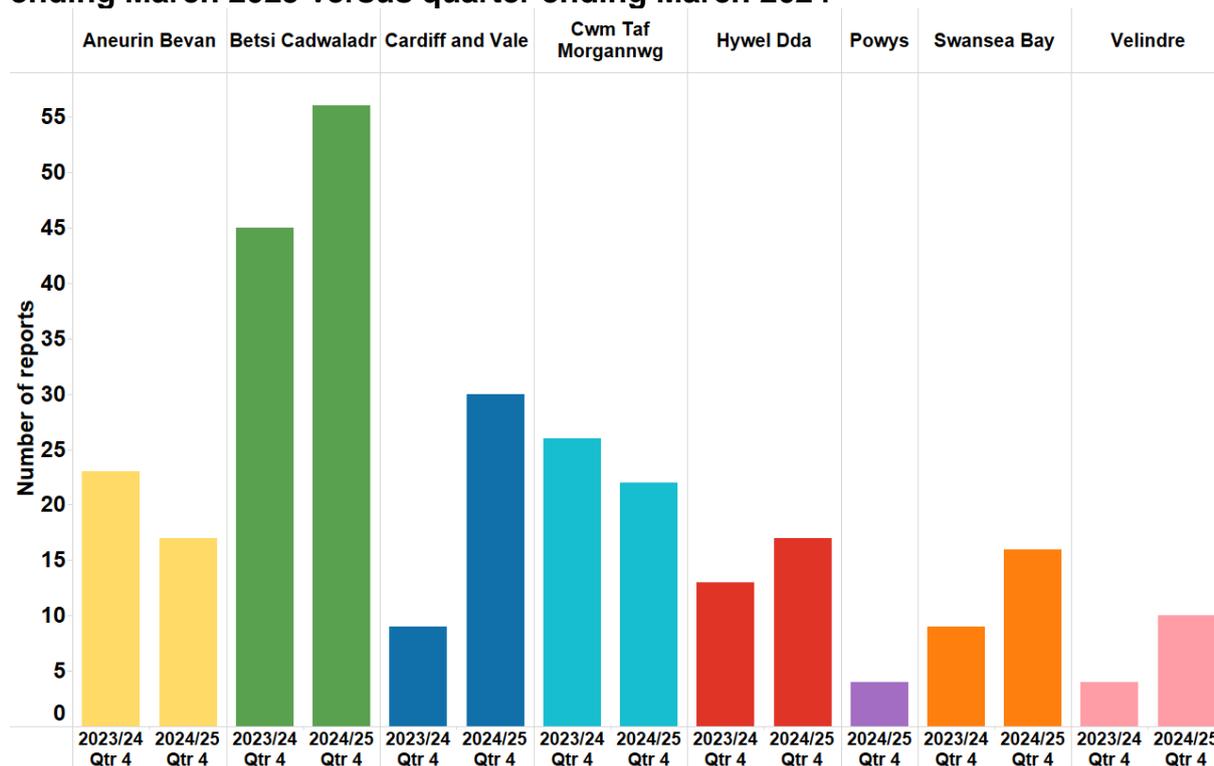
Secondary care

- The number of Yellow Cards submitted by secondary care increased by 33% compared with the equivalent quarter of the previous year.
- The largest percentage increase in secondary care reporting was seen in Cardiff and Vale UHB. The largest percentage decrease was seen in Aneurin Bevan UHB.

Table 13. Number of Yellow Cards submitted by secondary care

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Cardiff and Vale	9	30	233%
Velindre	4	10	150%
Swansea Bay	9	16	78%
Hywel Dda	13	17	31%
Betsi Cadwaladr	45	56	24%
Powys	0	4	N/A
Cwm Taf Morgannwg	26	22	-15%
Aneurin Bevan	23	17	-26%
Wales	129	172	33%

Figure 22. Number of Yellow Cards submitted by secondary care – Quarter ending March 2025 versus quarter ending March 2024



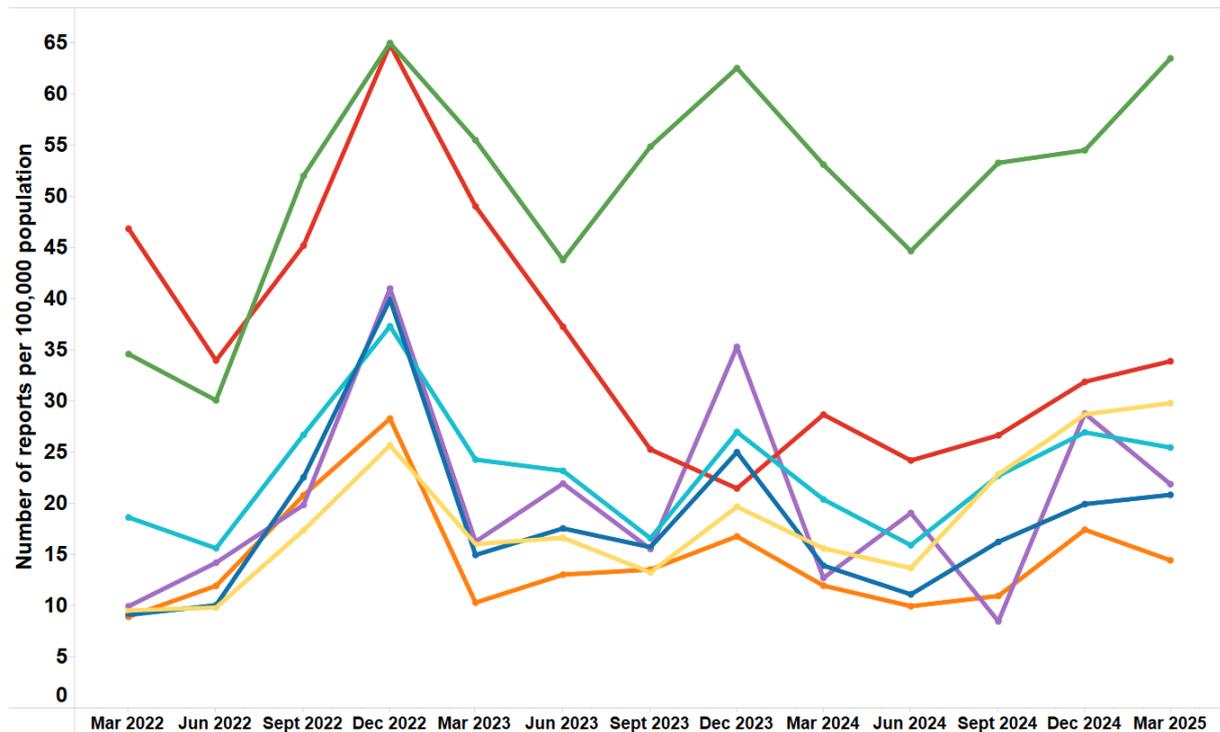
Health boards/NHS Trust

- The number of Yellow Cards submitted by health boards increased by 33% compared with the equivalent quarter of the previous year.
- The number of Yellow Cards submitted increased in all health boards.
- The largest percentage increase was seen in Velindre NHS Trust.
- The smallest percentage increase was seen in Hywel Dda UHB.

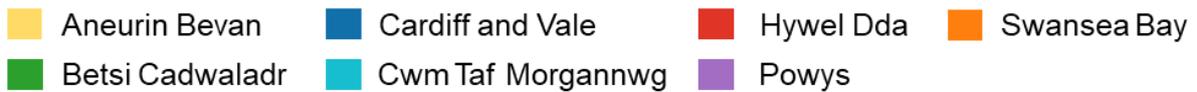
Table 14. Number of Yellow Cards submitted by health board/NHS Trust

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Velindre	4	10	150%
Aneurin Bevan	98	188	92%
Powys	18	31	72%
Cardiff and Vale	75	113	51%
Cwm Taf Morgannwg	96	120	25%
Swansea Bay	48	58	21%
Betsi Cadwaladr	379	454	20%
Hywel Dda	115	136	18%
Wales	833	1,110	33%

Figure 23. Trend in number of Yellow Cards submitted by health boards per 100,000 health board population



Health Board



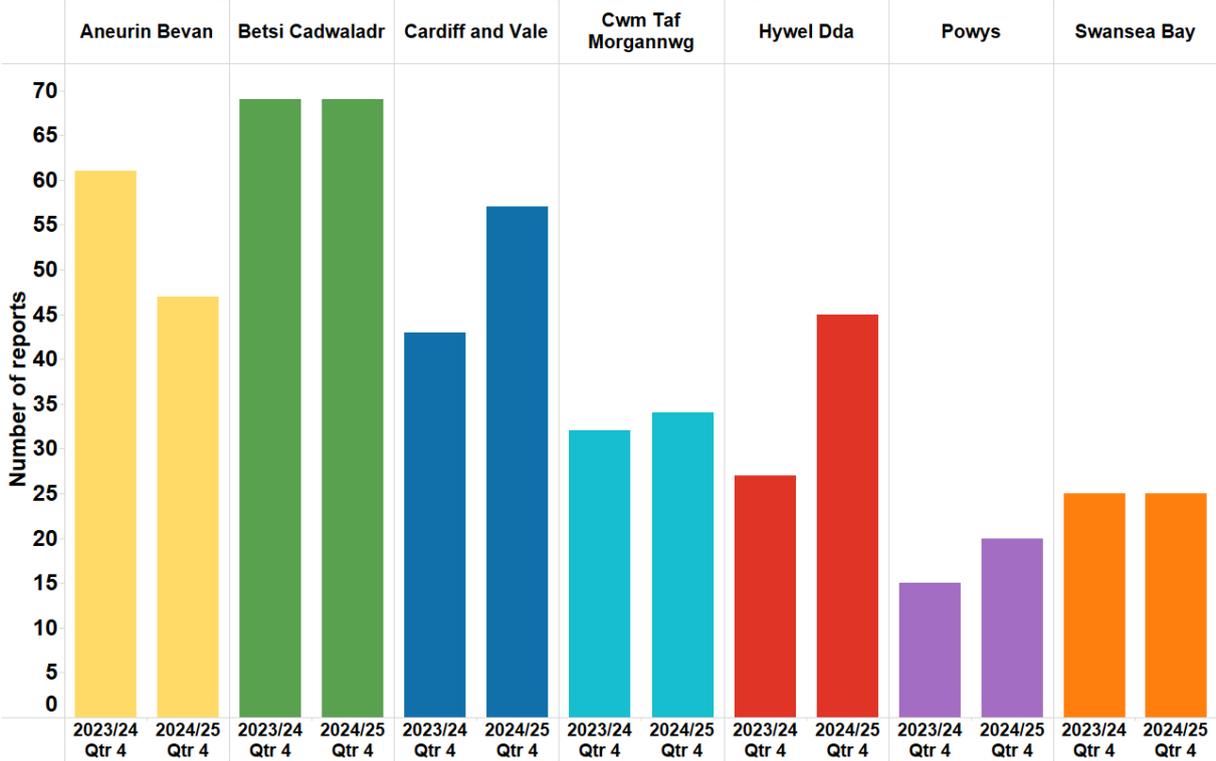
Members of the public

- The number of Yellow Cards submitted by members of the public across Wales increased by 9% compared with the equivalent quarter of the previous year.
- The largest percentage increase in member of the public reporting was seen in Hywel Dda UHB. A percentage decrease was seen in Aneurin Bevan UHB.

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

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Hywel Dda	27	45	67%
Cardiff and Vale	43	57	33%
Powys	15	20	33%
Cwm Taf Morgannwg	32	34	6%
Betsi Cadwaladr	69	69	0%
Swansea Bay	25	25	0%
Aneurin Bevan	61	47	-23%
Wales	272	297	9%

Figure 24. Number of Yellow Cards submitted by members of the public – Quarter ending March 2025 versus quarter ending March 2024



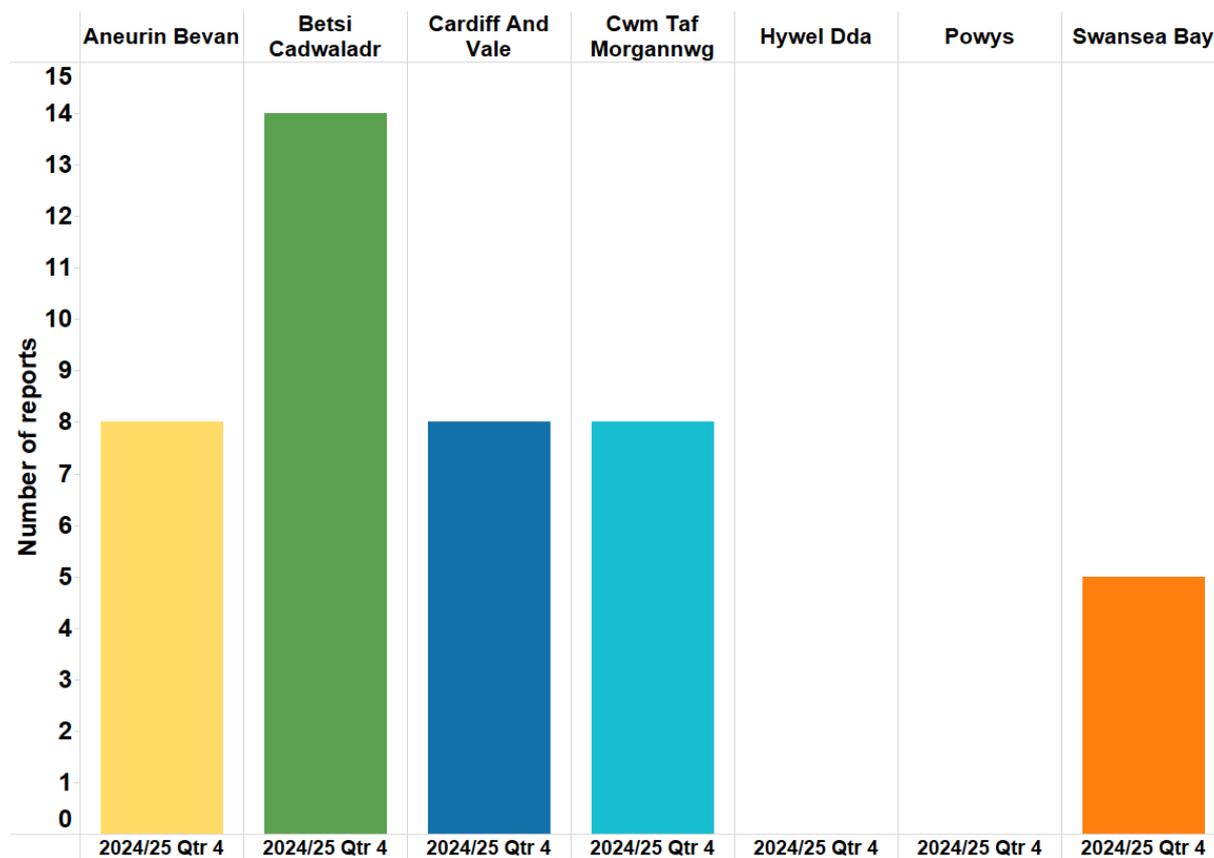
Community pharmacy

- Across Wales, a total of 43 Yellow Card reports were submitted by community pharmacies during the quarter ending March 2025.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 14.

Table 16. Number of Yellow Cards submitted by community pharmacies

	2024–2025 Qtr 4
Betsi Cadwaladr	14
Aneurin Bevan	8
Cwm Taf Morgannwg	8
Cardiff and Vale	8
Swansea Bay	5
Hywel Dda	0
Powys	0
Wales	43

Figure 25. Number of Yellow Cards submitted by community pharmacy –
Quarter ending March 2025



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.

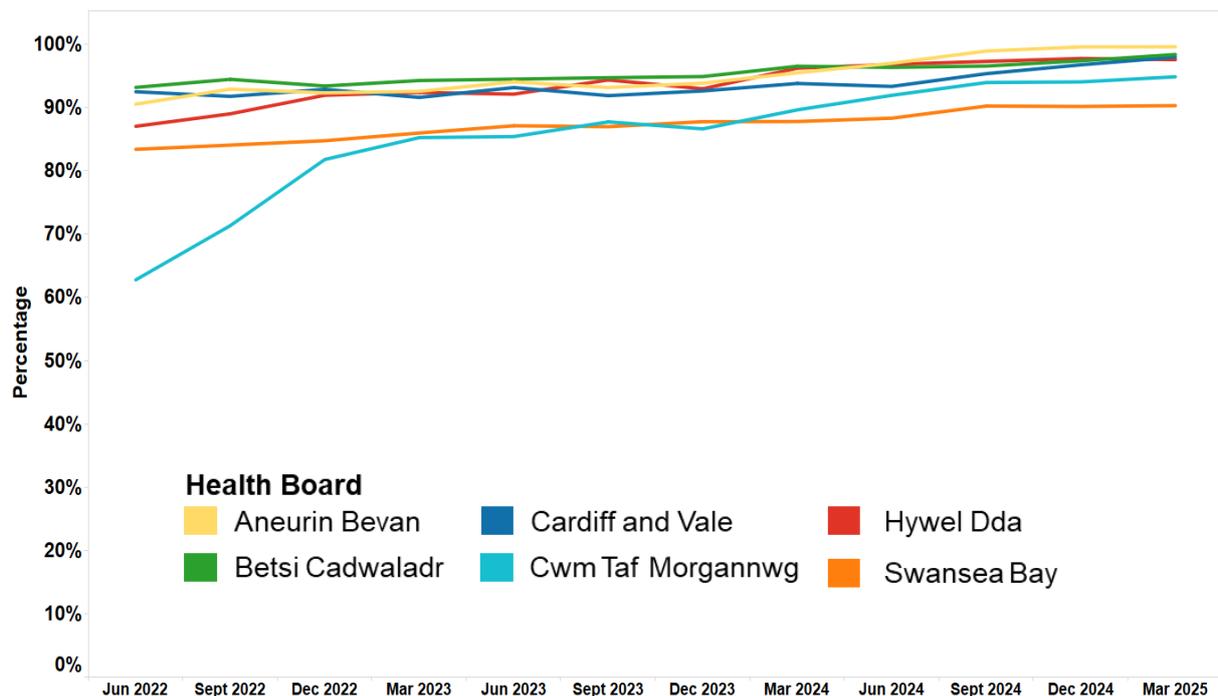
2.2.1.1 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 3.43%, for the quarter ending March 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending March 2025, adalimumab biosimilar prescribing ranged from 90.3% 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 Hywel Dda 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 4	2024–2025 Qtr 4	% Change
Cwm Taf Morgannwg	89.6%	94.9%	5.83%
Cardiff and Vale	93.8%	98.0%	4.43%
Aneurin Bevan	95.5%	99.6%	4.30%
Swansea Bay	87.8%	90.3%	2.86%
Betsi Cadwaladr	96.5%	98.4%	1.92%
Hywel Dda	96.2%	97.6%	1.41%
Wales	93.2%	96.4%	3.43%

Figure 26. Trend in adalimumab biosimilar (Amgevita®, Hulio®, Hyrimoz®, Imraldi®) prescribing as a percentage of total adalimumab prescribed



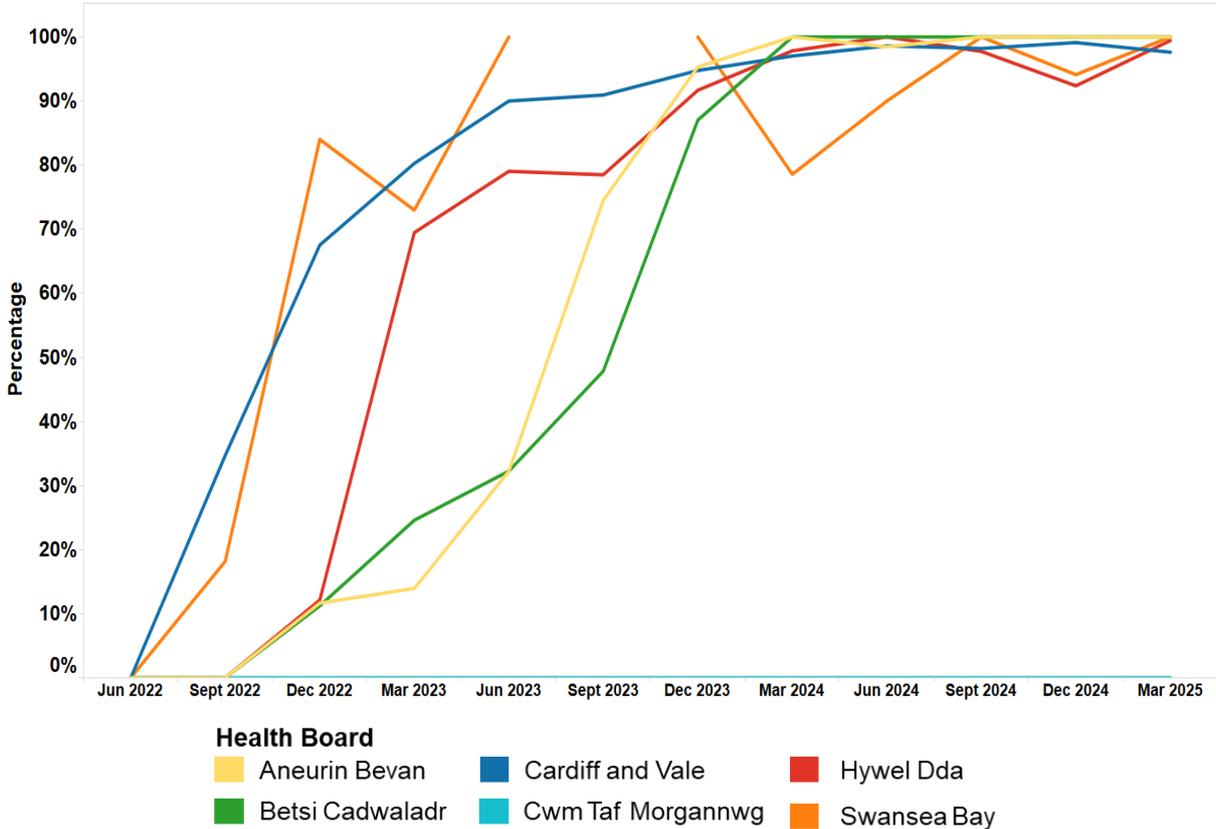
2.2.1.2 Ranibizumab

- Across Wales, ranibizumab biosimilar prescribing increased by 0.84%, for the quarter ending March 2025 compared to the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2025, 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, Betsi Cadwaladr UHB and Swansea Bay UHB.
- Swansea Bay 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 4	2024–2025 Qtr 4	% Change
Swansea Bay	78.6%	100%	27.3%
Hywel Dda	97.8%	99.4%	1.63%
Cardiff and Vale	97.0%	97.6%	0.61%
Aneurin Bevan	100%	100%	0.00%
Betsi Cadwaladr	100%	100%	0.00%
Cwm Taf Morgannwg	0.00%	0.00%	0.00%
Wales	98.5%	99.4%	0.84%

Figure 27. 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 ‘Biosimilars 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 4			
	Infliximab	Etanercept	Rituximab	Trastuzumab
Aneurin Bevan	99.1%	99.5%	99.7%	N/A
Betsi Cadwaladr	100%	96.6%	99.3%	100%
Cardiff and Vale	99.1%	90.4%	99.8%	N/A
Cwm Taf Morgannwg	98.5%	91.9%	100%	100%
Hywel Dda	99.2%	87.0%	97.1%	100%
Swansea Bay	95.2%	76.9%	98.7%	100%
Velindre	N/A	N/A	N/A	100%
Wales	98.5%	88.0%	99.3%	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 93% to 95% for the quarter ending March 2025 compared with the equivalent quarter of the previous year.

Figure 28. Biological reference and biosimilar as a proportion of total reference plus biosimilar prescribed – Quarter ending March 2025

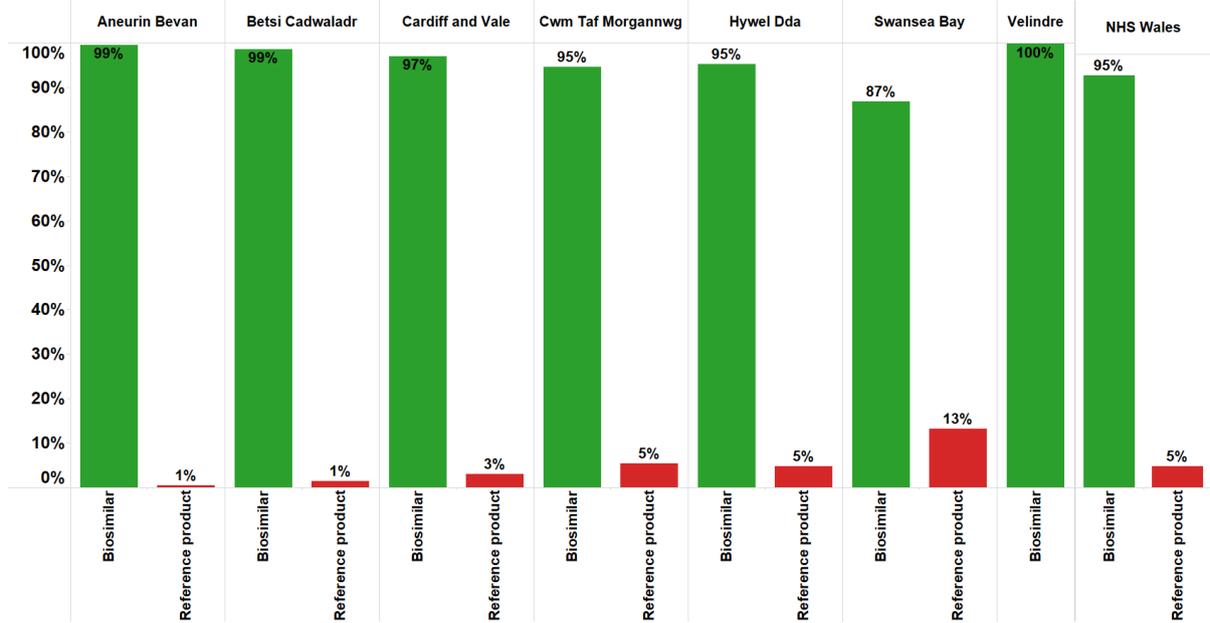
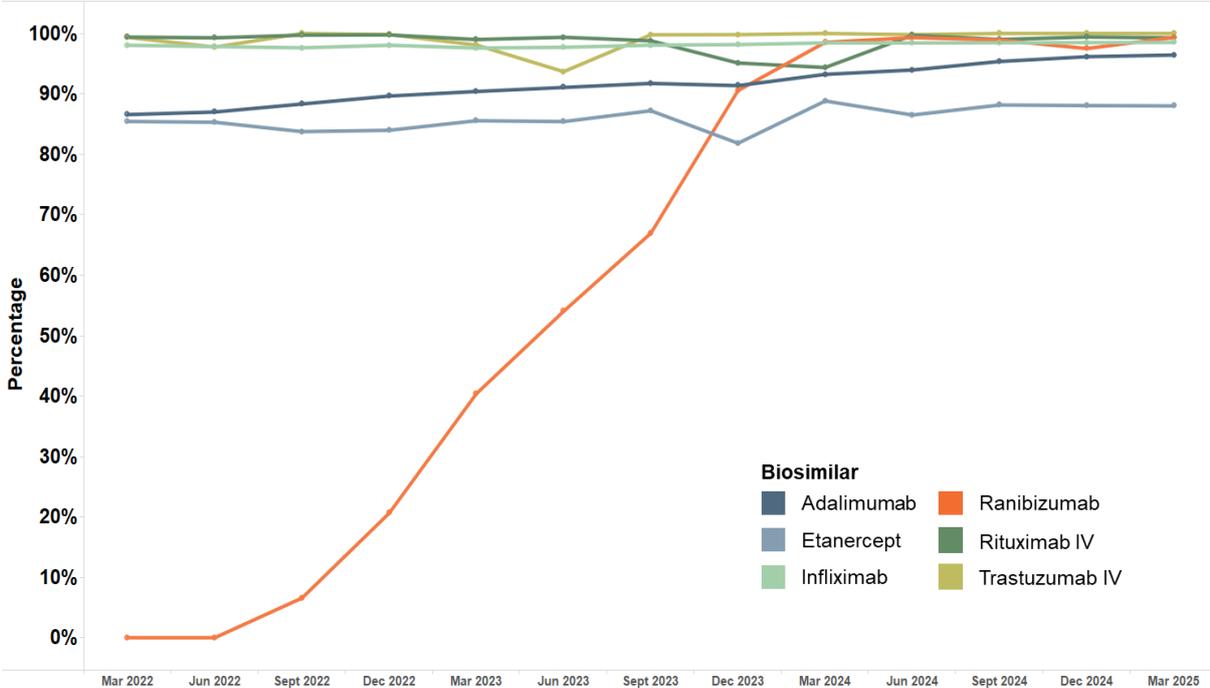


Figure 29. Trend in biosimilar percentage in Wales



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.

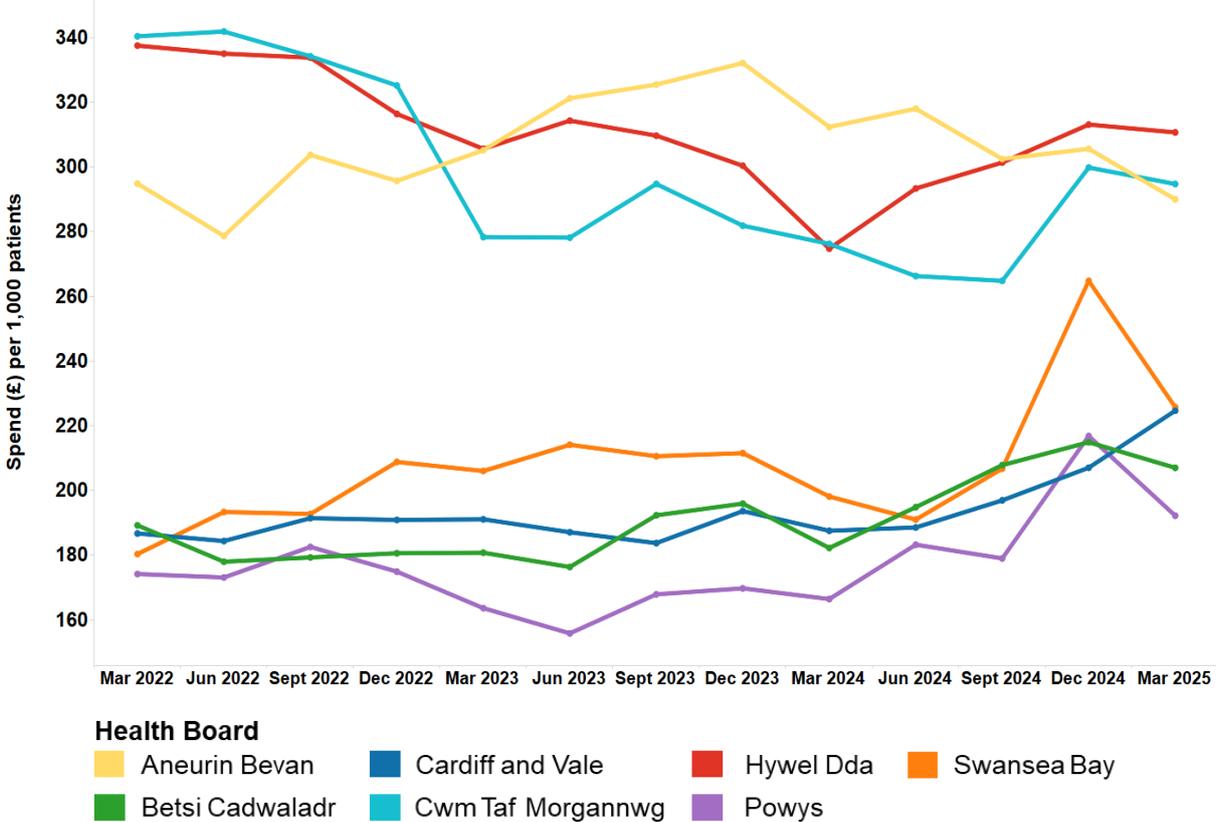
An additional four items/item groups were included in the second phase:

- 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 7.98% for the quarter ending March 2025, compared with the equivalent quarter of the previous year. This is contrary to the aim of the indicator.
 - For the quarter ending March 2025, UDG spend per 1,000 patients ranged from £192 to £311 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 Hywel Dda UHB.
 - The only health board to show a percentage decrease was Aneurin Bevan UHB.
 - Cardiff and Vale UHB demonstrated the largest percentage increase.

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

	2023–2024 Qtr 4	2024–2025 Qtr 4	% Change
Aneurin Bevan	312	290	-7.16%
Cwm Taf Morgannwg	276	295	6.70%
Hywel Dda	275	311	13.1%
Betsi Cadwaladr	182	207	13.6%
Swansea Bay	198	226	13.9%
Powys	166	192	15.5%
Cardiff and Vale	188	225	19.8%
Wales	234	252	7.98%

Figure 30. 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.

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 user defined group (UDG) ADQs per 1,000 patients High strength opioids (UDG) ADQs per 1,000 patients.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		Tramadol DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		Gabapentin and pregabalin DDDs per 1,000 patients	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
Anticoagulants in atrial fibrillation	Primary care	The number of patients with AF and a CHA ₂ DS ₂ -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.	

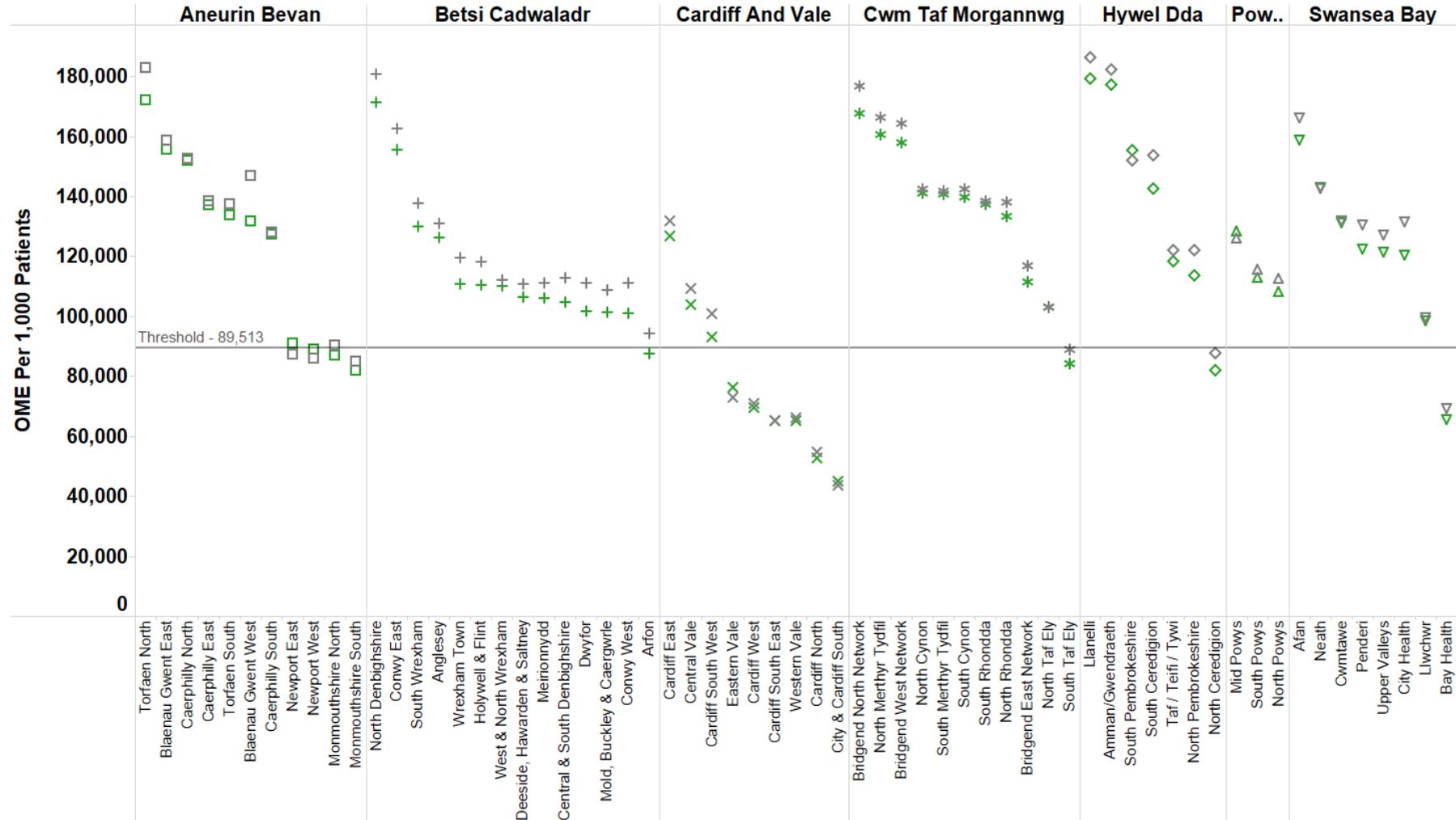
Welsh Analytical Prescribing Support Unit

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-PU's	Health board target: a quarterly reduction of 10% against a baseline of April 2019–March 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	GP practice target: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
Decarbonisation of inhalers	Primary care	The number of dry powder inhalers (DPI) and soft mist inhalers (SMI) 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-PU's	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 March 2025 versus quarter ending March 2024



■ Quarter ending March 2025
■ Quarter ending March 2024

Figure 2. High strength opioid prescribing – Quarter ending March 2025 versus quarter ending March 2024

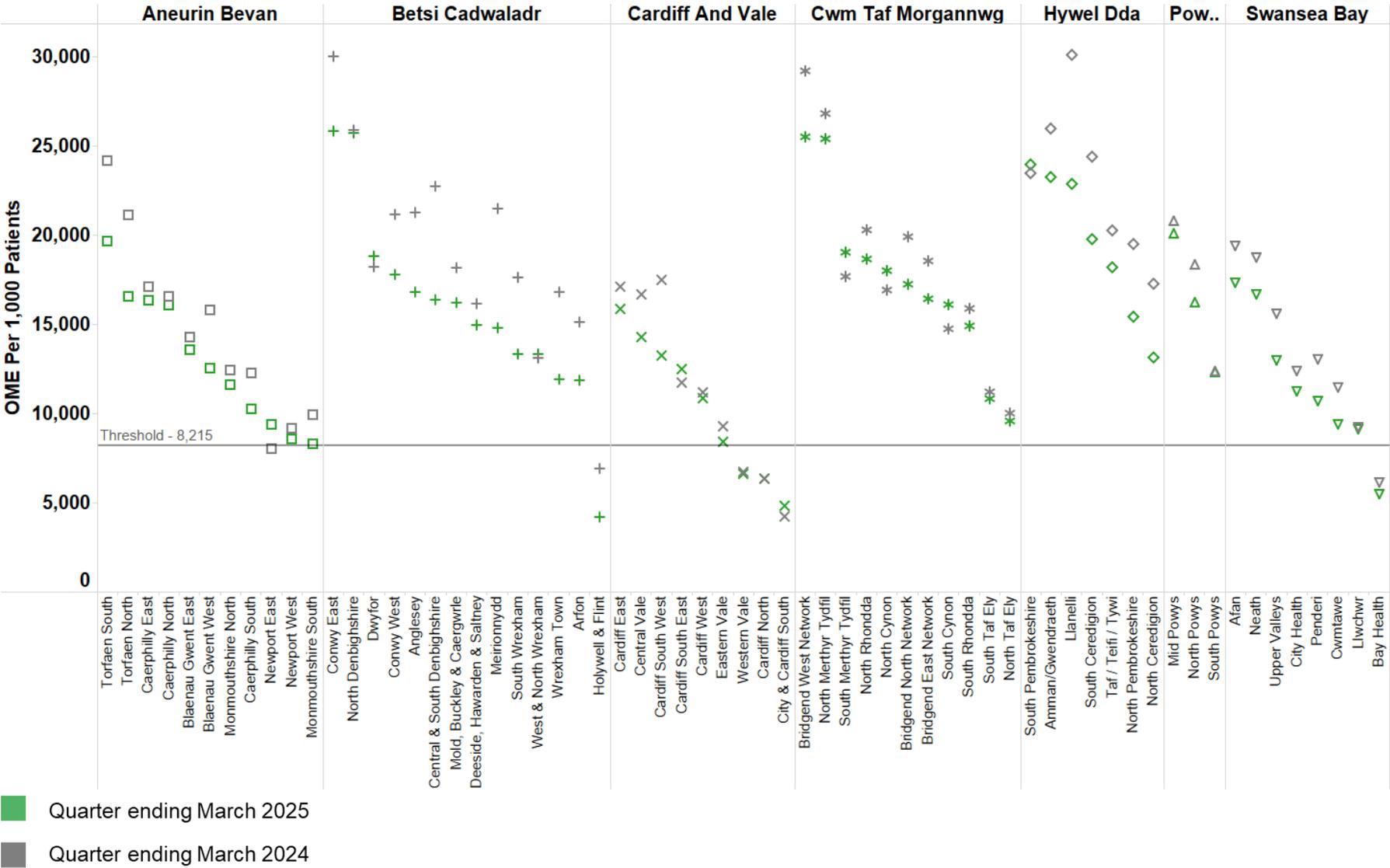


Figure 3. Tramadol prescribing – Quarter ending March 2025 versus quarter ending March 2024

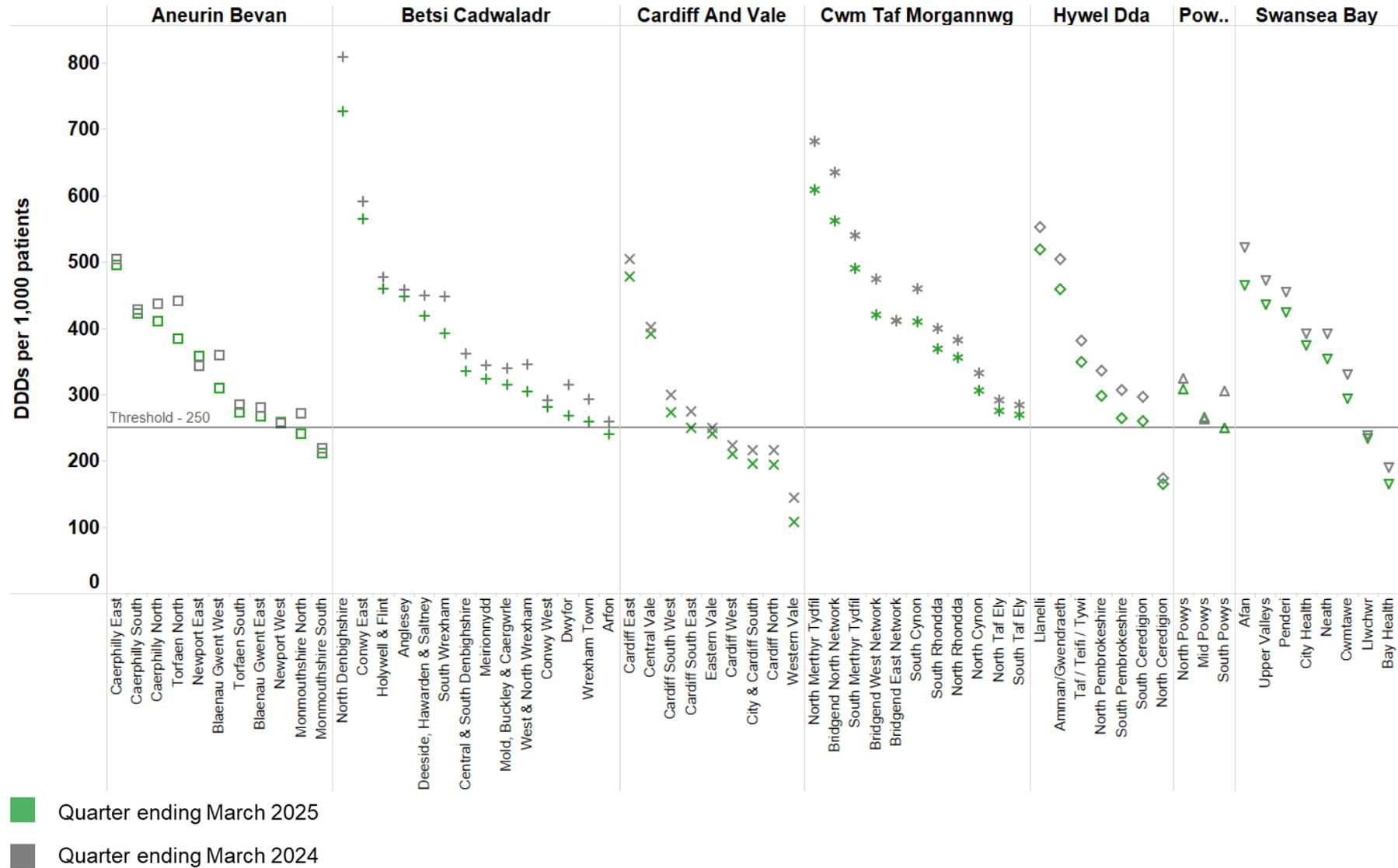


Figure 4. Gabapentin and pregabalin prescribing – Quarter ending March 2025 versus quarter ending March 2024

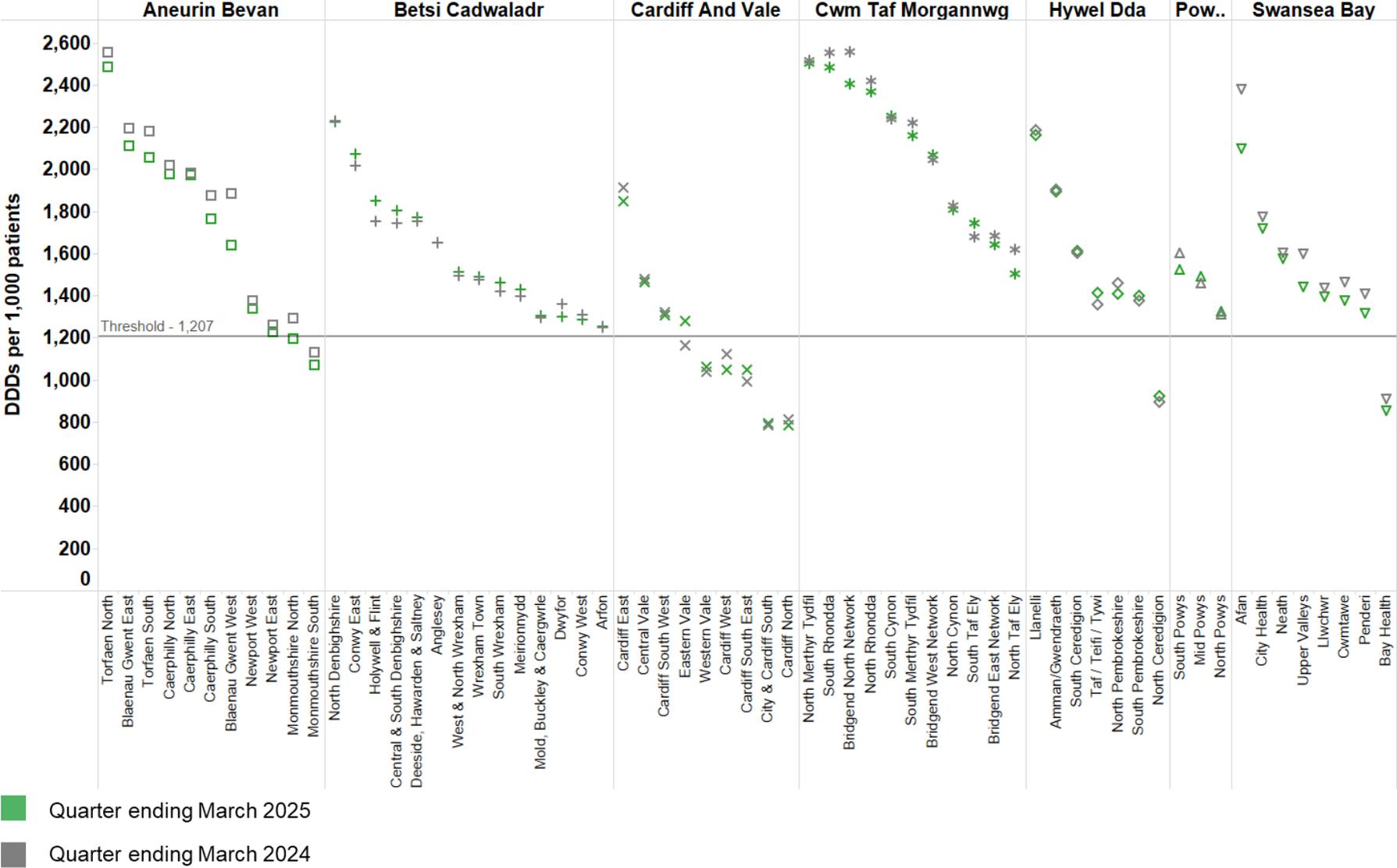


Figure 5. Antimicrobial prescribing – Quarter ending March 2025 versus quarter ending March 2020

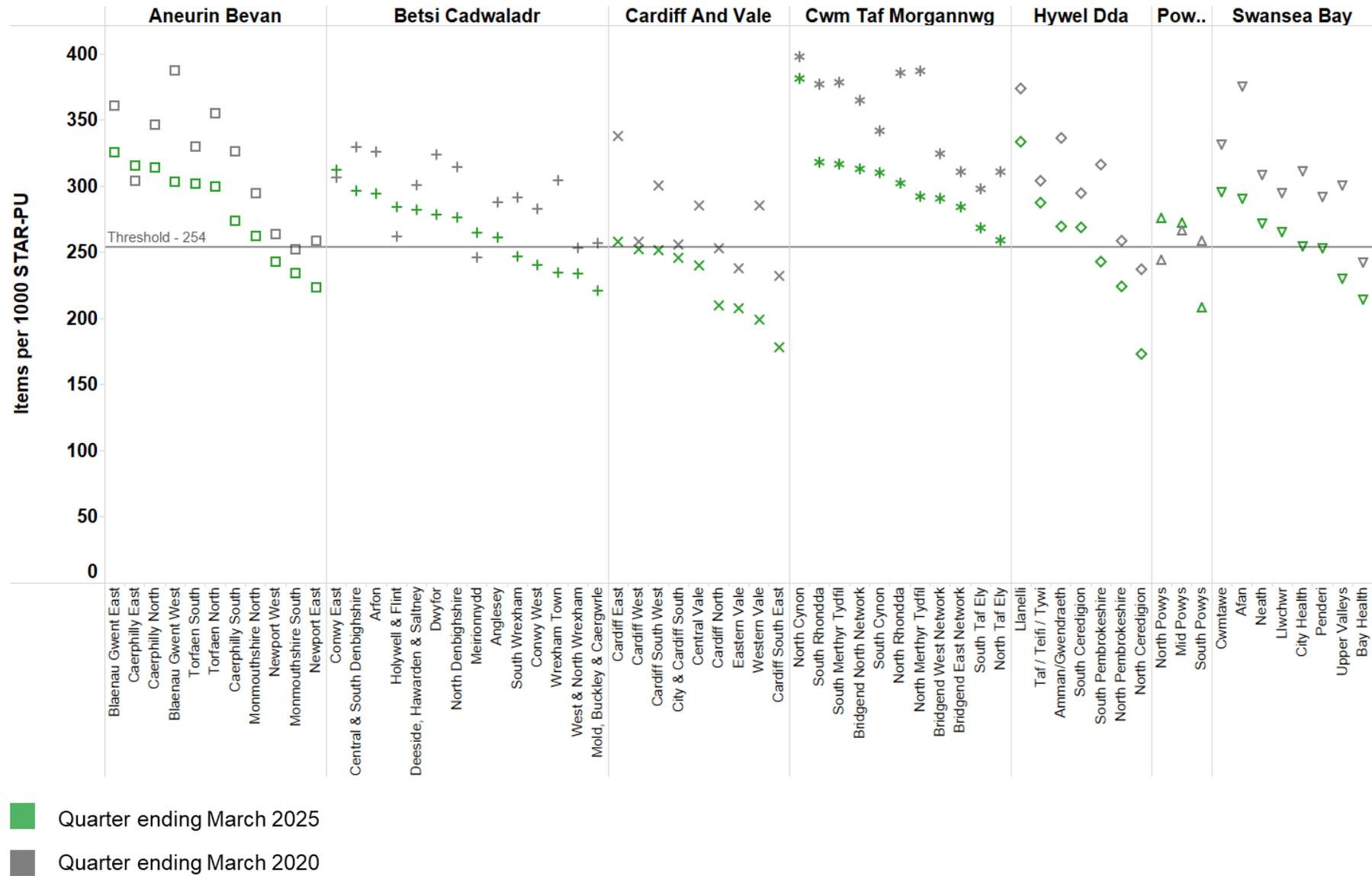


Figure 6. 4C prescribing – Quarter ending March 2025 versus quarter ending March 2024

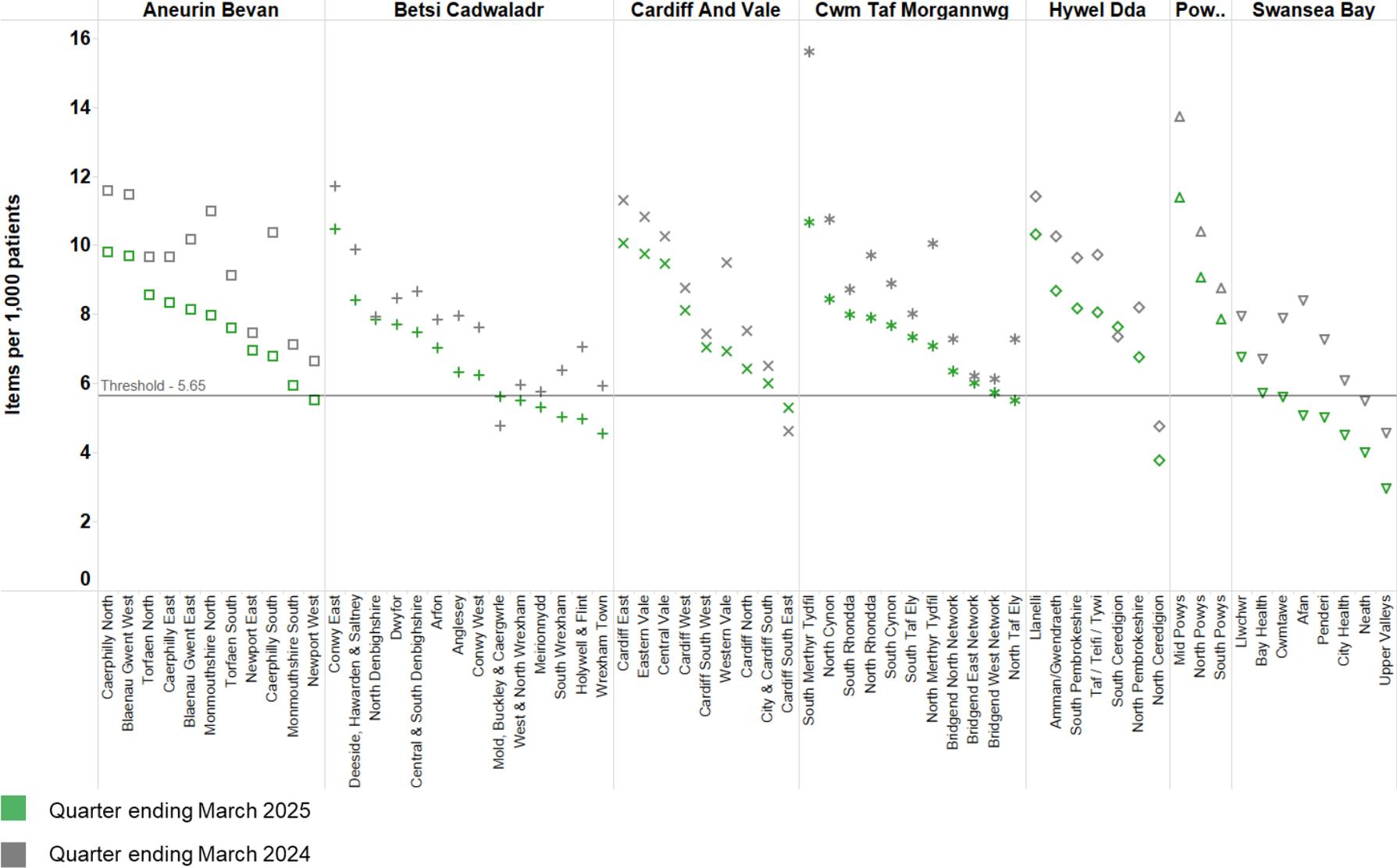


Figure 7. Decarbonisation of inhalers – Quarter ending March 2025 versus quarter ending March 2024

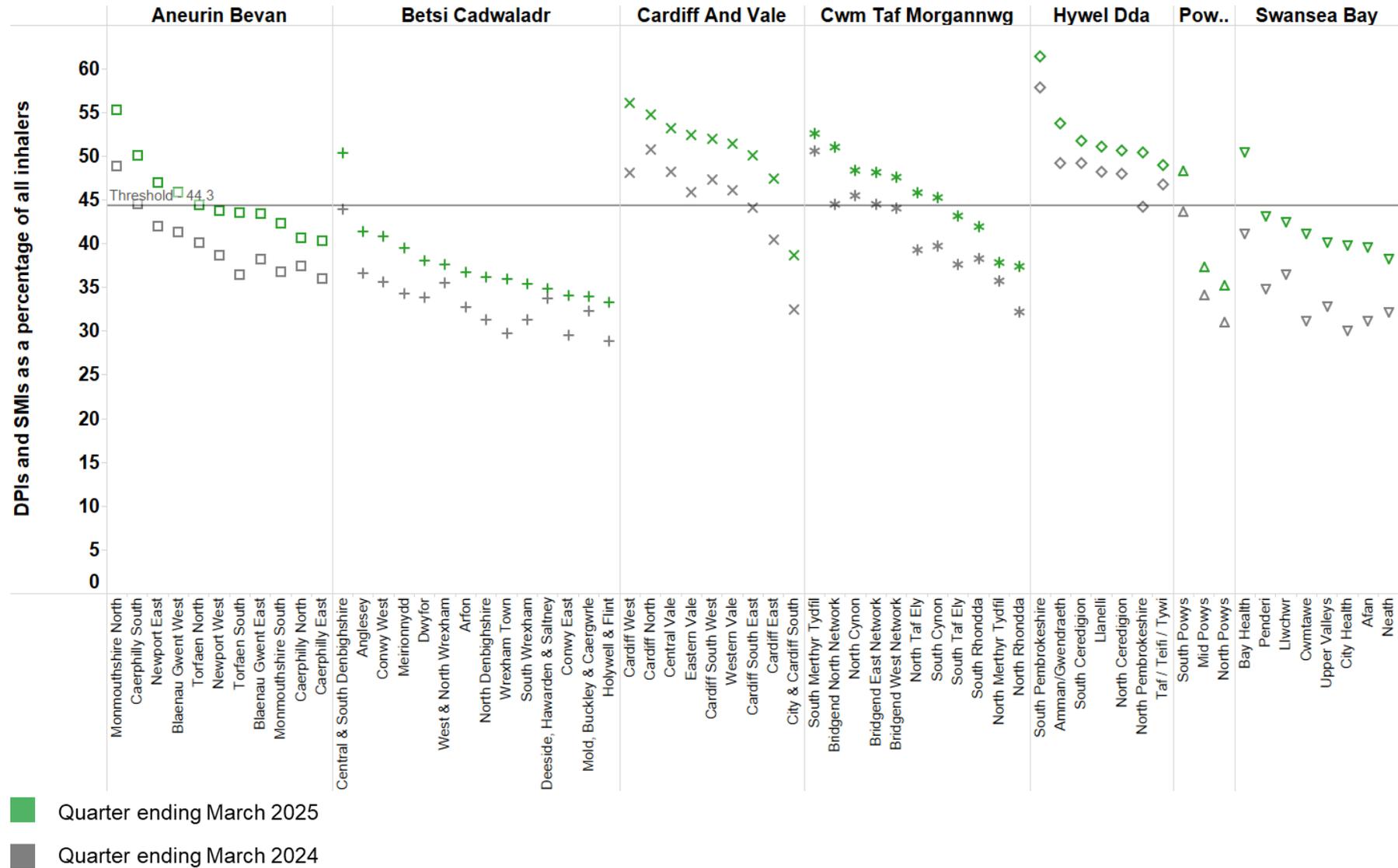


Figure 8. Hypnotic and anxiolytic prescribing – Quarter ending March 2025 versus quarter ending March 2024

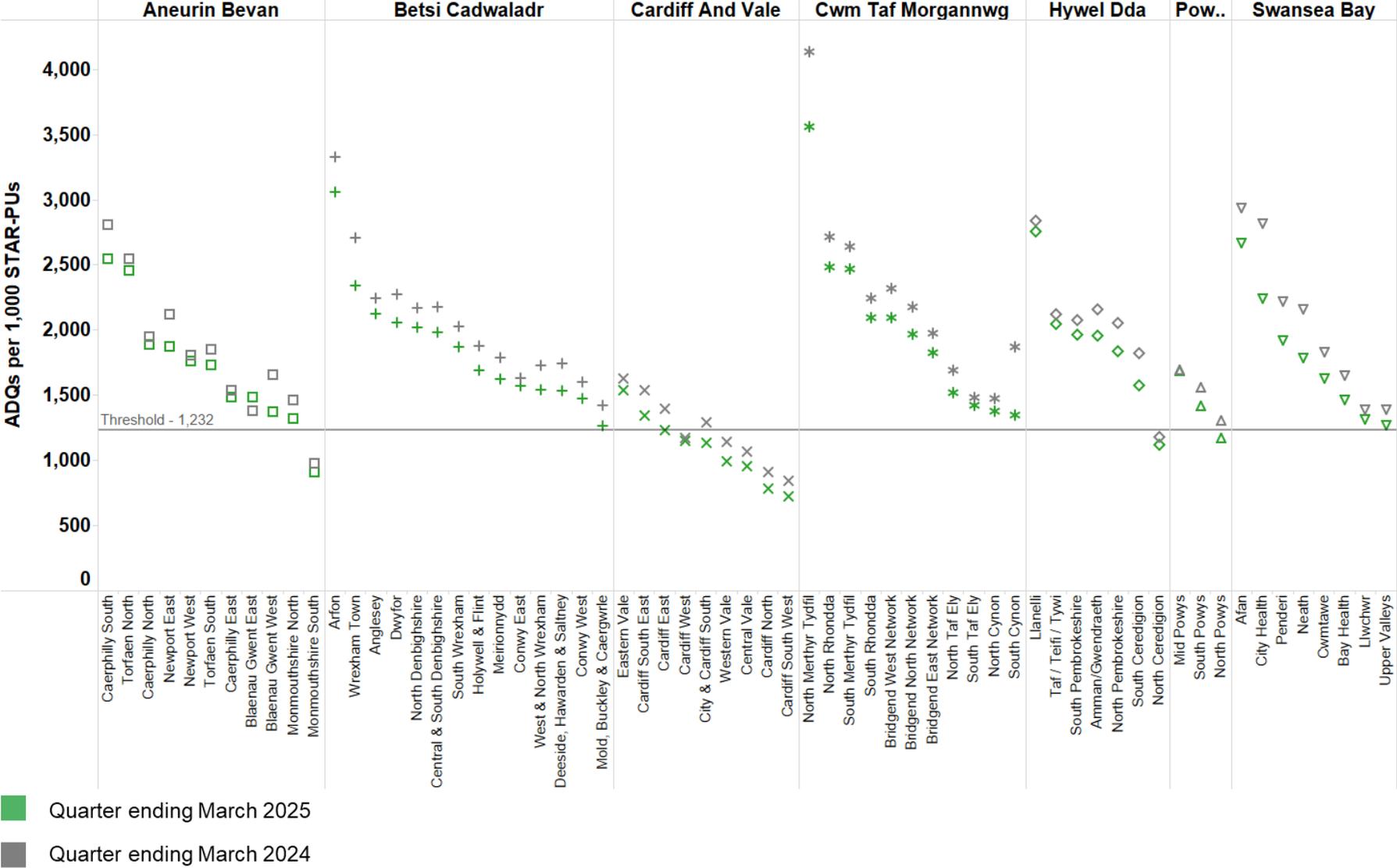


Figure 9. Low value for prescribing UDG spend (£) per 1,000 patients – March 2025 versus quarter ending March 2024

