AWTTC

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

National Prescribing Indicators 2025–2026

Analysis of Prescribing Data to June 2025

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

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Executive summary

The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing since 2003. The *National Prescribing Indicators 2025–2028: 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 2025–2028. The National Prescribing Indicators 2025–2026 Specifications document details thresholds and targets for 2025–2026.

This report contains data relating to the NPIs for the first quarter of 2025–2026. 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 2025–2026, there are four priority areas, covering a total of 14 indicators.

Analgesics in primary care

- Opioid burden (oral morphine equivalence [OME] per 1,000 patients) decreased by 3.78% 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 12.7% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Tramadol (defined daily doses [DDDs] per 1,000 patients) reduced by 7.04% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Gabapentin and pregabalin (DDDs per 1,000 patients) demonstrated a reduction of 1.92% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Antimicrobial stewardship

- Total antibacterial DDDs and items per 1,000 specific therapeutic group age–sex related prescribing units (STAR-PUs) decreased across Wales by 17.0% and 14.1%, respectively, compared with the baseline of quarter 1 2019–2020, in line with the aim of the indicator.
- 4C antimicrobial (co-amoxiclav, cephalosporins, fluoroquinolones, and clindamycin) DDDs and items per 1,000 patients decreased across Wales by 14.4% and 13.6%, respectively, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- The proportion of amoxicillin 500 mg capsules prescribed for a 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations) increased by 24.6% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Proportion of doxycycline 100 mg capsules prescribed for 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations) increased by 83.7% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

- Proportion of clarithromycin 500 mg tablets prescribed for 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations) increased by 37.3% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Respiratory

- The proportion of dry powder inhaler (DPI) and soft mist inhaler (SMI) prescribing (as a percentage of all inhalers prescribed) increased by 10.2% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- The proportion of short acting beta-2 agonist (SABA) inhalers (as a percentage of all inhalers prescribed) decreased by 9.03% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- A good practice spotlight from Aneurin Bevan University Health Board (UHB) highlights a range of actions that have been undertaken to support the implementation of the inhaler initiatives aimed at optimising use and reducing over-reliance on SABA inhalers.

Sodium-glucose co-transporter-2 (SGLT-2) inhibitors

- Data are currently unavailable while Digital Health and Care Wales (DHCW) undertakes development of the new SGLT-2 inhibitor indicators.

Supporting domain – Safety

For 2025–2026, there are three areas in the supporting domain focused on safety covering a total of 27 indicators.

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 9.40% 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 38% increase in reporting by GP practices across Wales, compared with the equivalent quarter of the previous year.
  - A 37% increase in secondary care reporting across Wales, compared with the equivalent quarter of the previous year.
  - A 40% increase in reporting by health boards/NHS Trusts across Wales, compared with the equivalent quarter of the previous year.
  - A 20% 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

For 2025–2026, there are two areas in the supporting domain focused on efficiency, covering a total of five indicators.

Best value biological medicines

- Use of biosimilar medicines (adalimumab, etanercept, infliximab, ranibizumab, rituximab and trastuzumab) as a percentage of total 'biosimilar' plus 'reference' product, increased from 93% to 95% for the quarter ending June 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 indicator.
- There was a decrease in the overall use of ranibizumab biosimilar compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase prescribing.
- Six health boards reported usage of ustekinumab biosimilar.

Low value for prescribing

- Overall spend on the low value for prescribing user-defined group (UDG) (per 1,000 patients) decreased by 4.85% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

The 2025–2026 NPI report for quarter ending September 2025 will be available on 16th January 2026.

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.

Contents

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 percentage figure and cell colour represent the proportion of practices in each health board meeting the indicator threshold.
- The target for total antibacterial DDDs per 1,000 STAR-PUs is by health board, therefore a tick demonstrates achievement.

Please refer to the National Prescribing Indicators 2025–2026 Specifications document for details of thresholds and targets for 2025–2026.

Health boards/practices achieving the indicator targets/thresholds – Quarter ending June 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%	25 26%	39 71%	6 14%	7 15%	3 19%	10 23%
High Strength Opioid burden Total OME Per 1,000 Patients	18 26%	28 29%	27 49%	9 20%	4 9%	5 31%	19 43%
Tramadol DDDs per 1,000 patients	20 29%	19 20%	32 58%	9 20%	13 28%	6 38%	11 25%
Gabapentin and pregabalin DDDs per 1,000 patients	22 32%	17 18%	32 58%	2 5%	15 32%	4 25%	15 34%
Antibacterial DDDs per 1,000 STAR-PUs	✓	✓	✓	✓	✓	✓	✓
4C antibacterial DDDs per 1,000 patients	21 31%	43 45%	16 29%	19 43%	12 26%	6 38%	25 57%
Course duration Amoxicillin	55 81%	40 42%	31 56%	37 84%	31 66%	6 38%	38 86%
Course duration Doxycycline	49 72%	13 14%	7 13%	17 39%	11 23%	0 0%	29 66%
Course duration Clarithromycin	17 25%	3 3%	1 2%	6 14%	4 9%	0 0%	7 16%

Percentage of practices meeting threshold: 

Health boards/practices achieving the indicator targets/thresholds – Quarter ending June 2025

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
DPIs and SMIs as a percentage of all inhalers	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 2%
SABA as a percentage of all inhalers	28 41%	13 14%	26 47%	18 41%	29 62%	4 25%	9 20%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PUs	19 28%	23 24%	36 65%	6 14%	7 15%	7 44%	12 27%
Low Value for Prescribing (UDG) spend (£) per 1,000 patients	9 13%	36 38%	21 38%	6 14%	8 17%	4 25%	14 32%

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 2025–2028:

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.

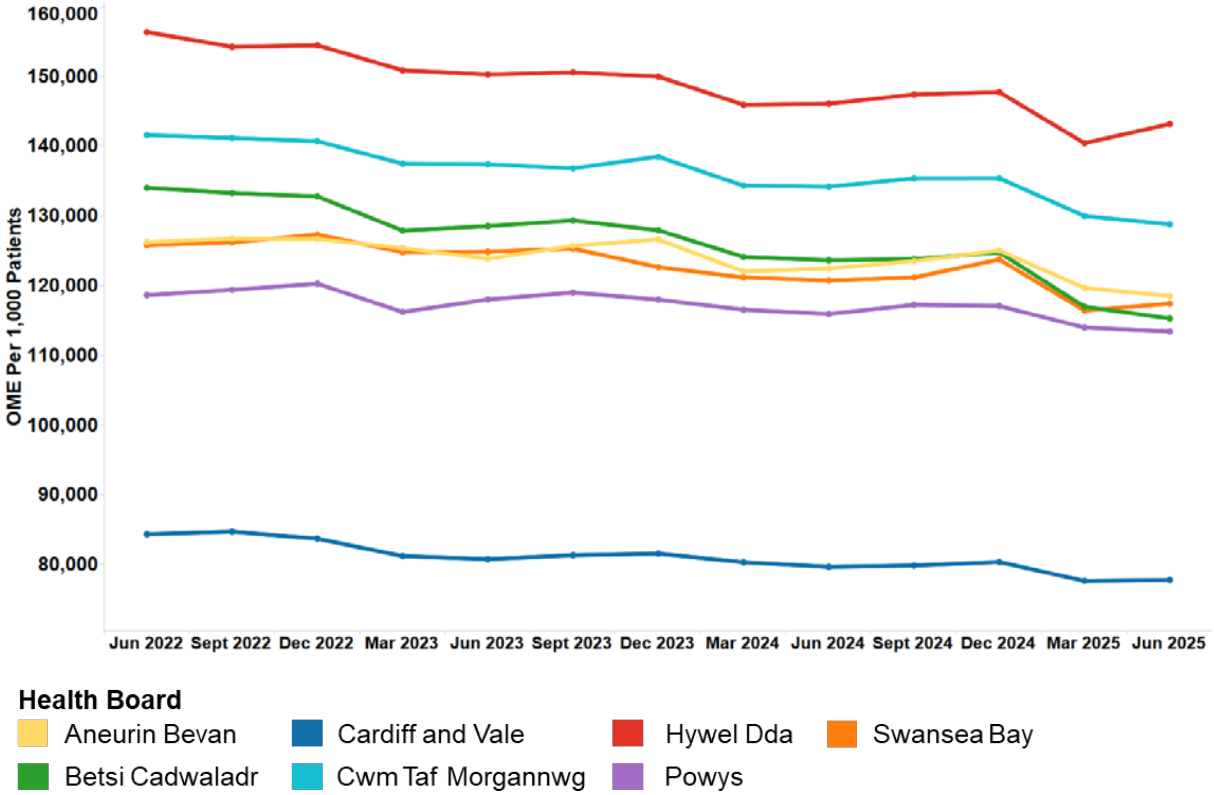
1.1.1.1 Opioid burden

- Across Wales, opioid burden reduced by 3.78% in the quarter ending June 2025 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2025, opioid burden prescribing ranged from 77,810 to 143,189 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.
- Hywel Dda UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 1. Opioid burden OME per 1,000 patients

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Betsi Cadwaladr	123,651	115,312	-6.74%
Cwm Taf Morgannwg	134,191	128,804	-4.01%
Aneurin Bevan	122,478	118,528	-3.23%
Swansea Bay	120,760	117,426	-2.76%
Cardiff and Vale	79,688	77,810	-2.36%
Powys	115,943	113,441	-2.16%
Hywel Dda	146,103	143,189	-1.99%
Wales	**119,780**	**115,247**	**-3.78%**

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



1.1.1.2 High strength opioids

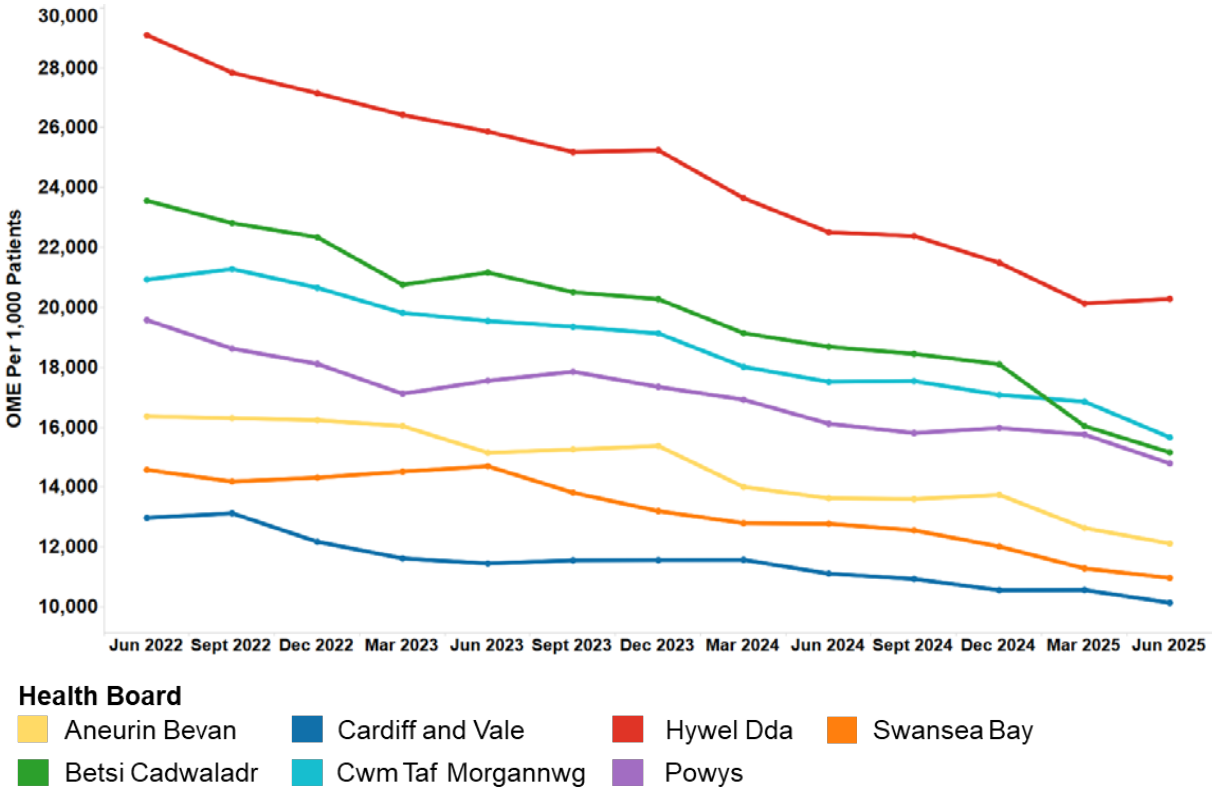
- Across Wales, high strength opioid prescribing decreased by 12.7% in the quarter ending June 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, high strength opioid prescribing ranged from 10,137 to 20,285 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.
- Powys Teaching Health Board (HB) demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Betsi Cadwaladr	18,685	15,159	-18.9%
Swansea Bay	12,778	10,969	-14.2%
Aneurin Bevan	13,627	12,117	-11.1%
Cwm Taf Morgannwg	17,515	15,662	-10.6%
Hywel Dda	22,507	20,285	-9.87%
Cardiff and Vale	11,112	10,137	-8.77%
Powys	16,118	14,790	-8.24%
Wales	**15,948**	**13,924**	**-12.7%**

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 for dependence, diversion, misuse and ADRs.

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

Aim: To reduce prescribing

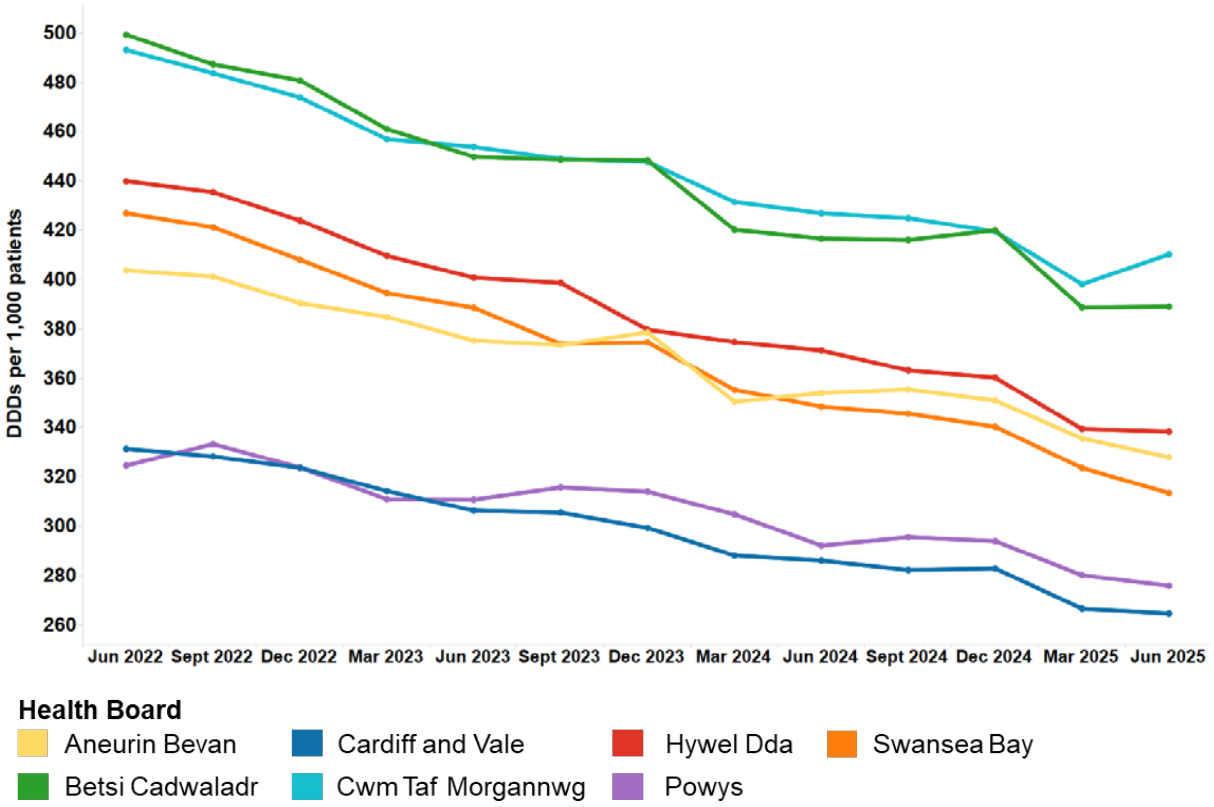
While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and ADRs. This NPI promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits, and encouraging timely review.

- Across Wales, prescribing of tramadol was 7.04% lower in the quarter ending June 2025 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, tramadol prescribing ranged from 265 to 410 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 Cwm Taf Morgannwg UHB, compared with the equivalent quarter of the previous year.

Table 3. Tramadol DDDs per 1,000 patients

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Swansea Bay	349	313	-10.1%
Hywel Dda	371	338	-8.84%
Cardiff and Vale	286	265	-7.50%
Aneurin Bevan	354	328	-7.36%
Betsi Cadwaladr	417	389	-6.62%
Powys	292	276	-5.58%
Cwm Taf Morgannwg	427	410	-3.91%
Wales	**366**	**340**	**-7.04%**

Figure 3. Trend in tramadol 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.

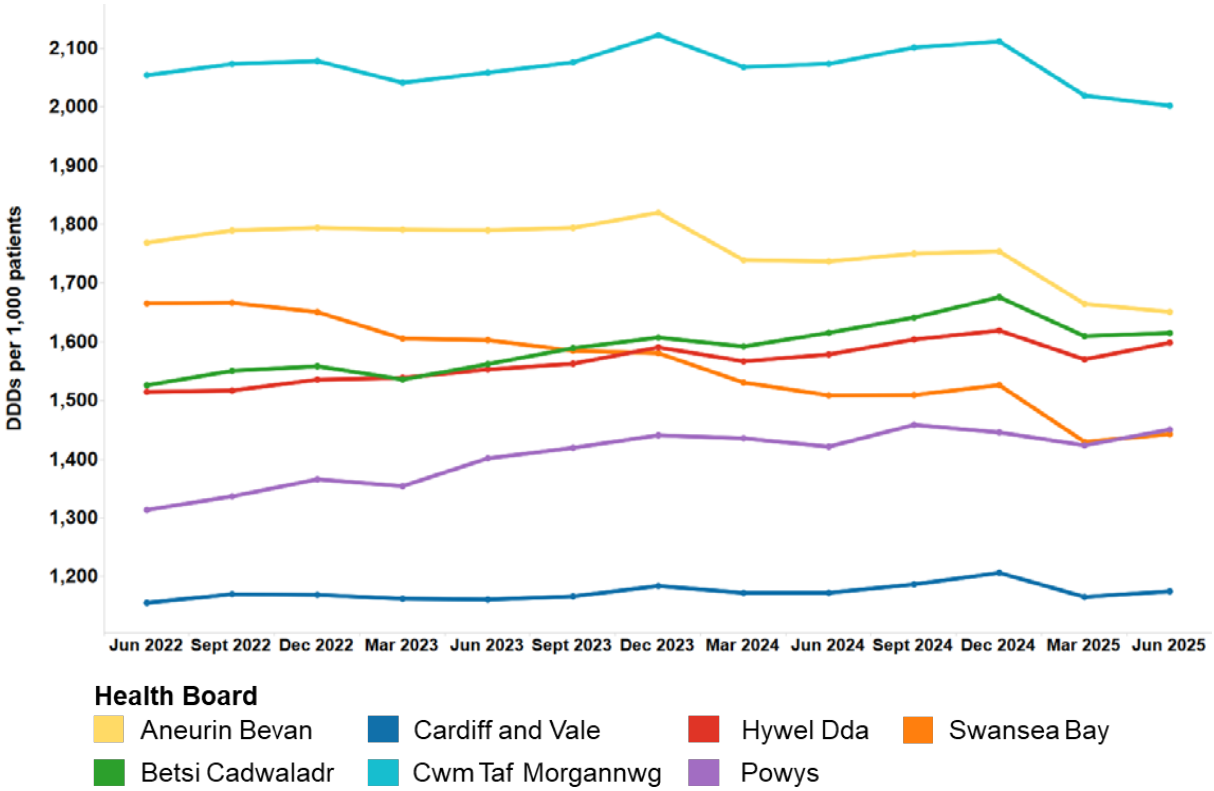
- Across Wales, for the quarter ending June 2025, prescribing of gabapentin and pregabalin decreased by 1.92% compared with the same quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2025, gabapentin and pregabalin prescribing ranged from 1,175 to 2,002 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.
- The largest percentage decrease was seen in Aneurin Bevan UHB, compared with the same quarter of the previous year.

- Powys Teaching HB, Hywel Dda UHB and Cardiff and Vale UHB all demonstrated an increase in prescribing, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Aneurin Bevan	1,737	1,651	-4.95%
Swansea Bay	1,509	1,443	-4.38%
Cwm Taf Morgannwg	2,074	2,002	-3.44%
Betsi Cadwaladr	1,615	1,615	-0.02%
Cardiff and Vale	1,172	1,175	0.22%
Hywel Dda	1,578	1,598	1.27%
Powys	1,421	1,450	2.04%
Wales	**1,606**	**1,575**	**-1.92%**

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



1.2 Antimicrobial stewardship

There are five antimicrobial NPIs for 2025–2028:

1. Total antibacterial DDDs and items per 1,000 STAR-PUs
2. 4C antimicrobial DDDs and items per 1,000 patients
3. Proportion of amoxicillin 500 mg capsules prescribed for 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations).
4. Proportion of doxycycline 100 mg capsules prescribed for 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations).
5. Proportion of clarithromycin 500 mg tablets prescribed for 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations).

1.2.1 Total antibacterial prescribing

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

Unit of measure: Total antibacterial DDDs per 1,000 STAR-PUs and total antibacterial items per 1,000 STAR-PUs.

Aim: To reduce prescribing

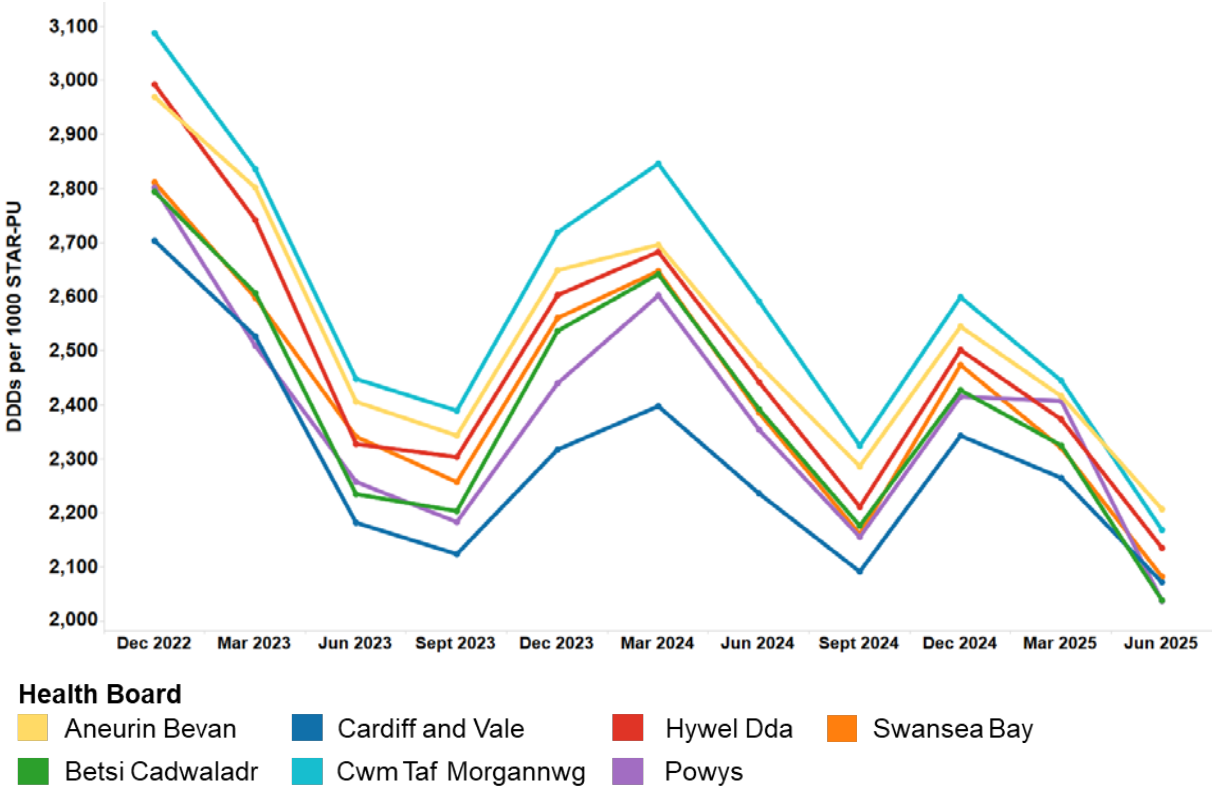
1.2.1.1 Total antibacterial DDDs

- Across Wales, for the quarter ending June 2025, total antibacterial DDDs per 1,000 STAR-PUs decreased by 17.0%, compared with the quarter ending June 2019, in line with the aim of the indicator.
- For the quarter ending June 2025, the total number of antibacterial DDDs per 1,000 STAR-PUs ranged from 2,038 to 2,207 across the health boards.
- The health boards with the lowest prescribing were Betsi Cadwaladr UHB and Powys Teaching HB, whilst the highest prescribing was seen in Aneurin Bevan UHB.
- For the quarter ending June 2025, all of the health boards achieved the target of a 6%, or greater, reduction against the baseline of quarter 1 2019–2020.
- 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 quarter ending June 2019.

Table 5. Total antibacterial DDDs per 1,000 STAR-PUs

	2019–2020 Qtr 1	2025–2026 Qtr 1	% Change
Cwm Taf Morgannwg	2,856	2,169	-24.1%
Swansea Bay	2,651	2,082	-21.5%
Hywel Dda	2,563	2,135	-16.7%
Betsi Cadwaladr	2,421	2,038	-15.8%
Cardiff and Vale	2,423	2,072	-14.5%
Aneurin Bevan	2,561	2,207	-13.8%
Powys	2,196	2,038	-7.20%
Wales	**2,545**	**2,111**	**-17.0%**

Figure 5. Trend in total antibacterial DDDs per 1,000 STAR-PUs



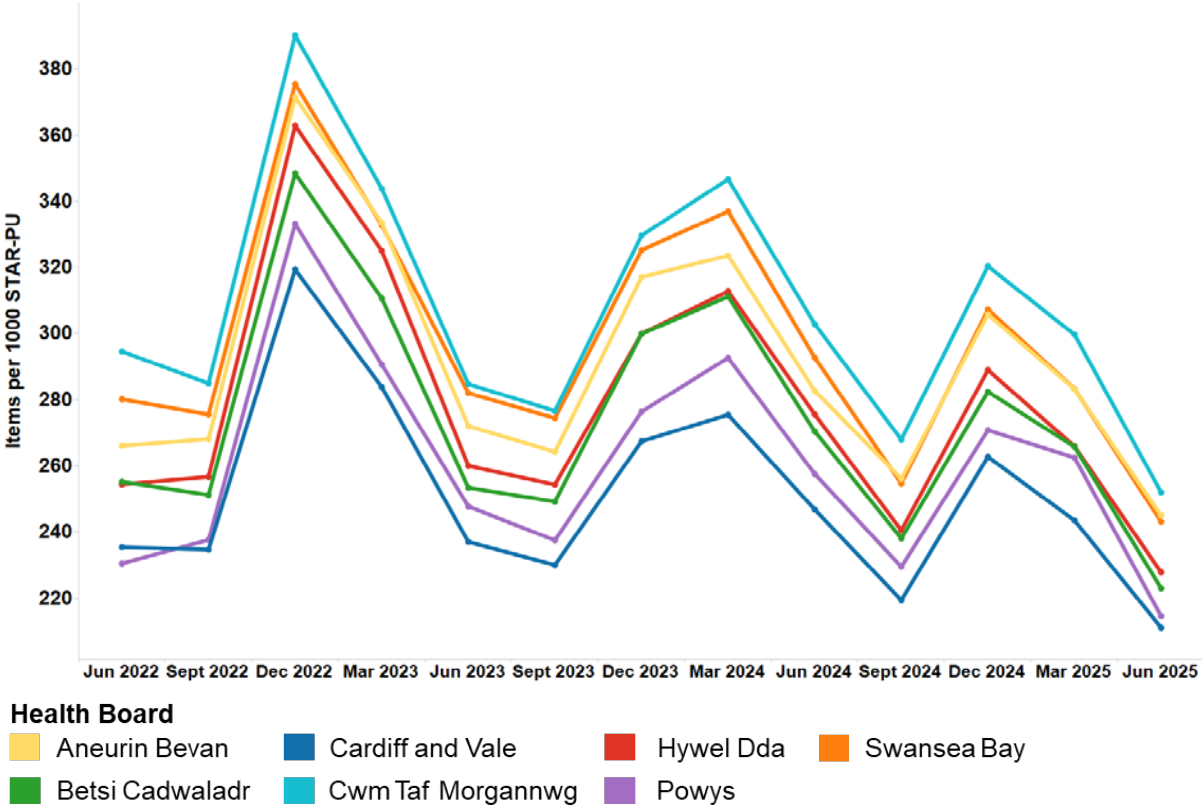
1.2.1.2 Total antibacterial items

- Across Wales, for the quarter ending June 2025, total antibacterial items per 1,000 STAR-PUs decreased by 14.1%, compared with the quarter ending June 2019, in line with the aim of the indicator.
- For the quarter ending June 2025, the total number of antibacterial items per 1,000 STAR-PUs ranged from 211 to 252 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.
- The largest percentage decrease was seen in Swansea Bay UHB and the smallest percentage decrease was seen in Powys Teaching HB, compared with the quarter ending June 2019.

Table 6. Total antibacterial items per 1,000 STAR-PUs

	2019–2020 Qtr 1	2025–2026 Qtr 1	% Change
Swansea Bay	294	243	-17.3%
Hywel Dda	274	228	-16.8%
Cwm Taf Morgannwg	303	252	-16.8%
Betsi Cadwaladr	260	223	-14.2%
Cardiff and Vale	243	211	-13.2%
Aneurin Bevan	272	245	-9.80%
Powys	227	215	-5.56%
Wales	**270**	**232**	**-14.1%**

Figure 6. Trend in total antibacterial items per 1,000 STAR-PUs



1.2.2 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 antimicrobial DDDs per 1,000 patients and 4C antimicrobial 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 *Clostridium difficile*, methicillin-resistant *Staphylococcus aureus* (MRSA) and resistant urinary tract infections.

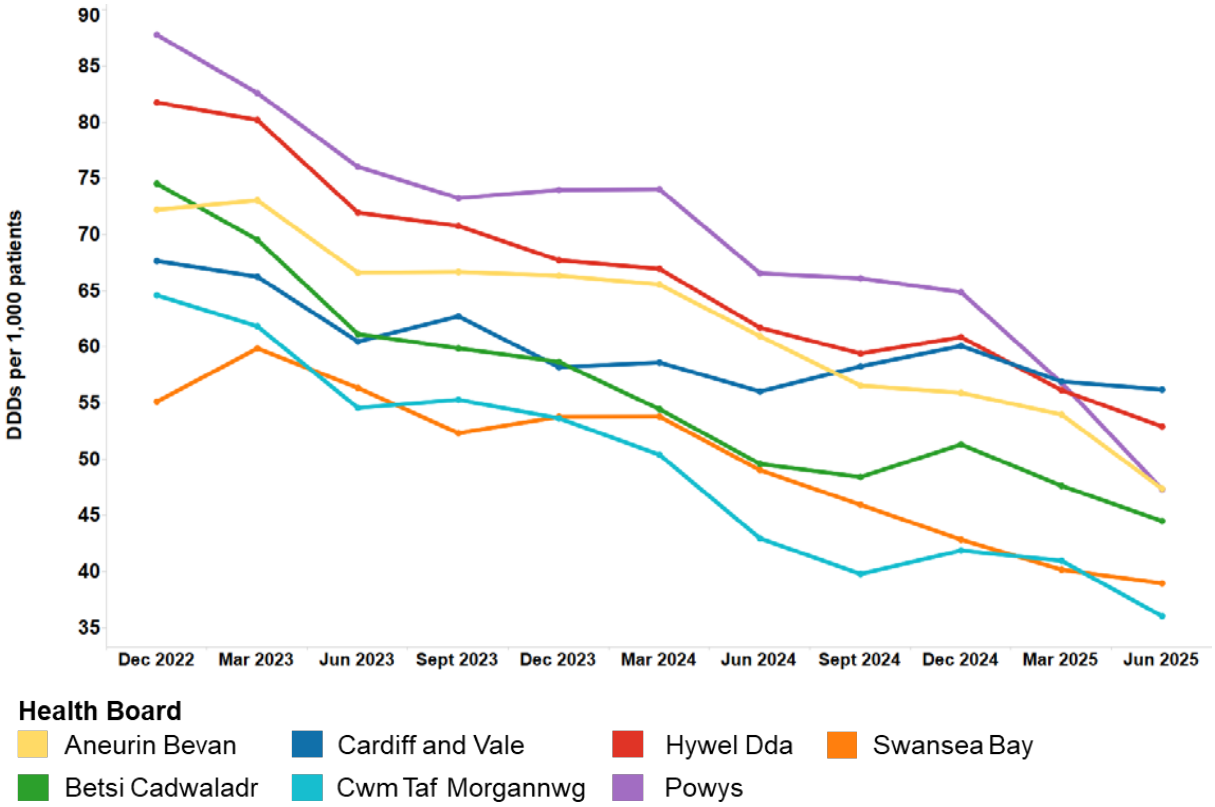
1.2.2.1 4C antimicrobial DDDs

- Across Wales, for the quarter ending June 2025, the number of 4C antimicrobial DDDs per 1,000 patients decreased by 14.4%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2025, 4C prescribing ranged from 36.0 to 56.2 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cwm Taf Morgannwg UHB, whilst the highest prescribing was seen in Cardiff and Vale UHB.
- Prescribing of 4C antimicrobials decreased, compared with the equivalent quarter of the previous year, in six health boards. Cardiff and Vale UHB demonstrated a slight increase. The largest percentage decrease was seen in Powys Teaching HB and the smallest percentage decrease was seen in Betsi Cadwaladr UHB, compared with the equivalent quarter of the previous year.

Table 7. 4C antimicrobial DDDs per 1,000 patients

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Powys	66.6	47.3	-28.9%
Aneurin Bevan	60.9	47.4	-22.3%
Swansea Bay	49.0	38.9	-20.5%
Cwm Taf Morgannwg	42.9	36.0	-16.1%
Hywel Dda	61.7	52.9	-14.2%
Betsi Cadwaladr	49.6	44.5	-10.2%
Cardiff and Vale	56.0	56.2	0.29%
Wales	**53.98**	**46.22**	**-14.4%**

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



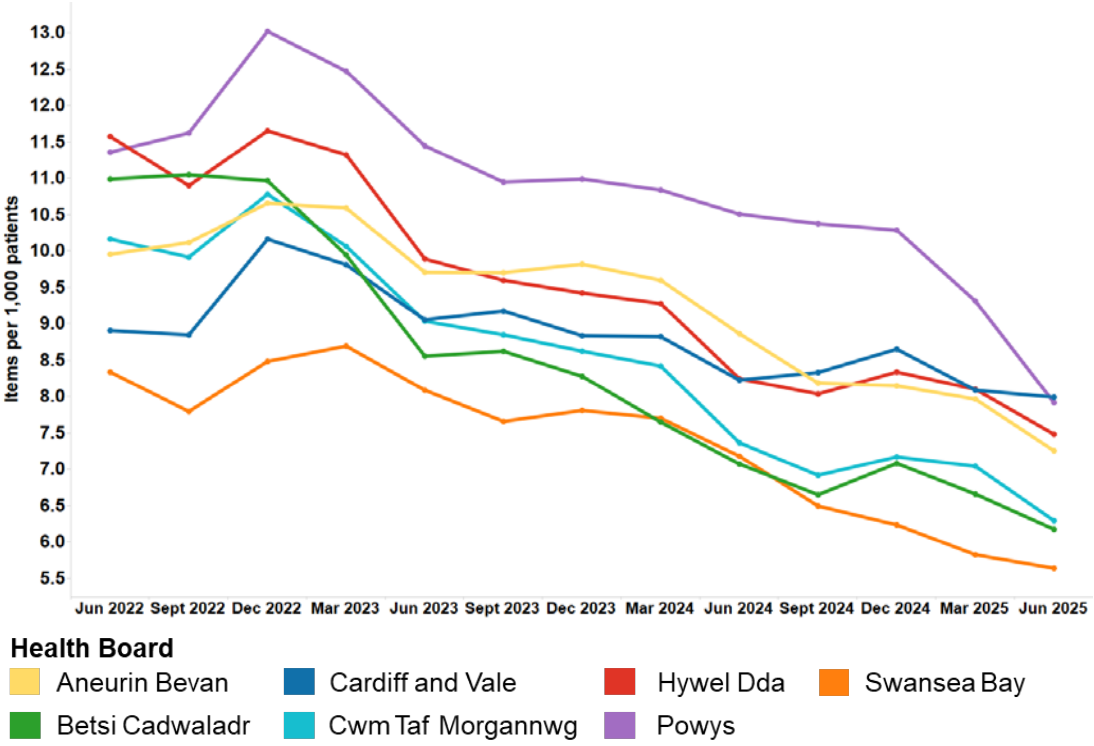
4C antimicrobial items

- Across Wales, for the quarter ending June 2025, the number of 4C antimicrobial items per 1,000 patients decreased by 13.6%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending June 2025, 4C prescribing ranged from 5.64 to 7.99 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 Cardiff and Vale UHB.
- 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 Powys Teaching HB and the smallest percentage decrease was seen in Cardiff and Vale UHB, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Powys	10.5	7.92	-24.7%
Swansea Bay	7.18	5.64	-21.5%
Aneurin Bevan	8.87	7.26	-18.1%
Cwm Taf Morgannwg	7.37	6.30	-14.5%
Betsi Cadwaladr	7.07	6.18	-12.7%
Hywel Dda	8.25	7.48	-9.25%
Cardiff and Vale	8.23	7.99	-2.86%
Wales	**7.95**	**6.87**	**-13.6%**

Figure 8. Trend in 4C antimicrobial items per 1,000 patients



1.2.3 Course duration for respiratory tract infection antibiotics

Purpose: To encourage the prescribing of antibiotics for an appropriate duration for uncomplicated respiratory tract infections (RTIs) in primary care to reduce the risk of antimicrobial resistance and adverse effects.

Unit of measure:

- Proportion of amoxicillin 500 mg capsules prescribed for a 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations).
- Proportion of doxycycline 100 mg capsules prescribed for a 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations).
- Proportion of clarithromycin 500 mg tablets prescribed for a 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations).

Aim: To increase 5-day duration prescribing

When a decision is made to prescribe antibiotics for acute uncomplicated RTIs, the shortest effective course should be prescribed to reduce the risk of antimicrobial resistance and adverse effects. Research shows short courses are as effective as longer ones, while each additional day of therapy increases the likelihood of side effects and opportunistic infections.

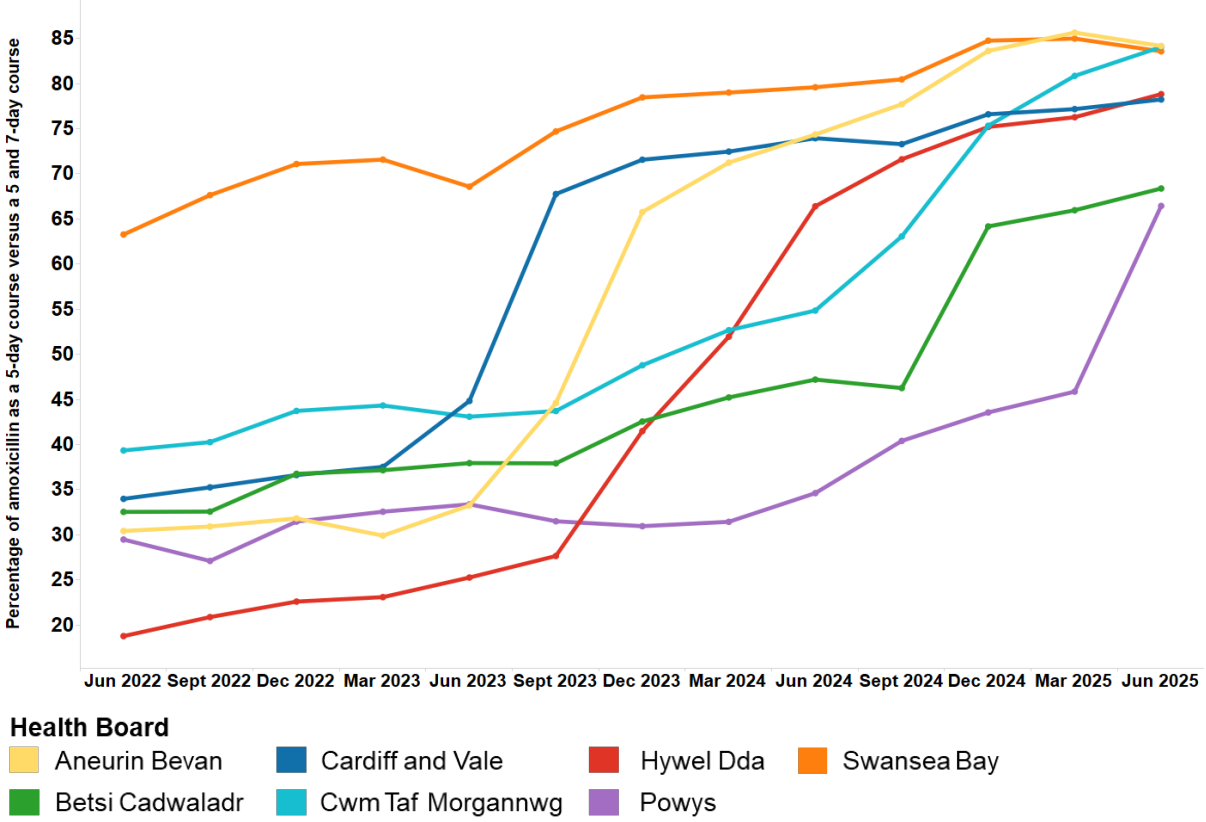
1.2.3.1 Amoxicillin

- Across Wales, the proportion of amoxicillin 500 mg capsules prescribed for a 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5 and 7-day durations) increased by 24.6% in the quarter ending June 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, the proportion of amoxicillin prescribed for a 5-day duration ranged from 66.4% to 84.2% across the health boards.
- The health board with the highest proportion of amoxicillin prescribed for a 5-day duration was Aneurin Bevan UHB, whilst the lowest proportion of amoxicillin prescribed for a 5-day duration was seen in Powys Teaching HB.
- Amoxicillin prescribed for a 5-day duration increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB demonstrated the largest percentage increase and Swansea Bay UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 9. Amoxicillin 500 mg capsules prescribed for a 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations)

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Powys	34.6	66.4	91.9%
Cwm Taf Morgannwg	54.8	84.1	53.3%
Betsi Cadwaladr	47.2	68.4	44.9%
Hywel Dda	66.4	78.8	18.7%
Aneurin Bevan	74.4	84.2	13.2%
Cardiff and Vale	73.9	78.2	5.81%
Swansea Bay	79.6	83.6	4.99%
Wales	**63.0**	**78.5**	**24.6%**

Figure 9. Trend in amoxicillin 500 mg capsules prescribed for a 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations)



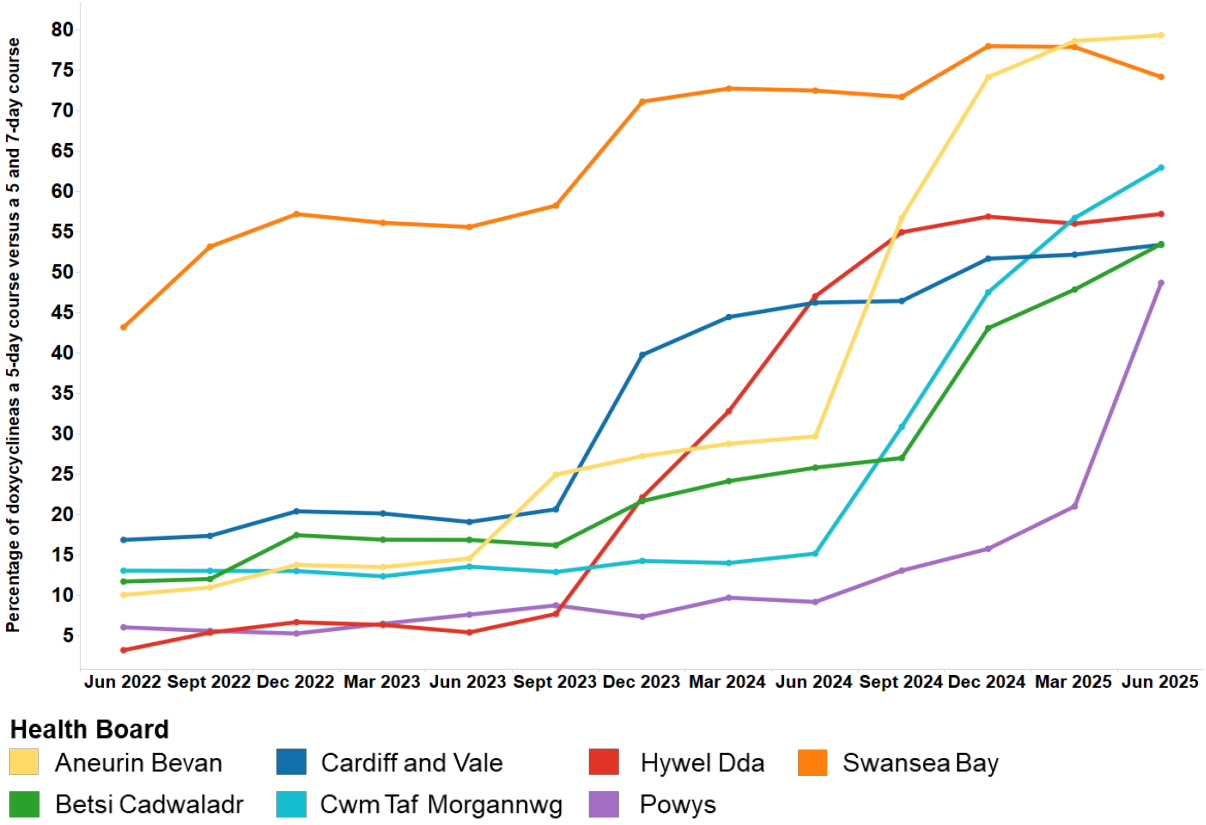
1.2.3.2 Doxycycline

- Across Wales, the proportion of doxycycline 100 mg capsules prescribed for a 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations) increased by 83.7% in the quarter ending June 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, the proportion of doxycycline prescribed for a 5-day duration ranged from 48.7% to 79.4% across the health boards.
- The health board with the highest proportion of doxycycline prescribed for a 5-day duration was Aneurin Bevan UHB, whilst the lowest proportion of doxycycline prescribed for a 5-day duration was seen in Powys Teaching HB.
- Doxycycline prescribed for a 5-day duration increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB demonstrated the largest percentage increase and Swansea Bay UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 10. Doxycycline 100 mg capsules prescribed for a 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations)

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Powys	9.19	48.7	430%
Cwm Taf Morgannwg	15.2	63.0	315%
Aneurin Bevan	29.7	79.4	167%
Betsi Cadwaladr	25.8	53.5	107%
Hywel Dda	47.0	57.2	21.7%
Cardiff and Vale	46.3	53.4	15.5%
Swansea Bay	72.5	74.2	2.33%
Wales	**34.5**	**63.3**	**83.7%**

Figure 10. Trend in doxycycline 100 mg capsules prescribed for a 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations)



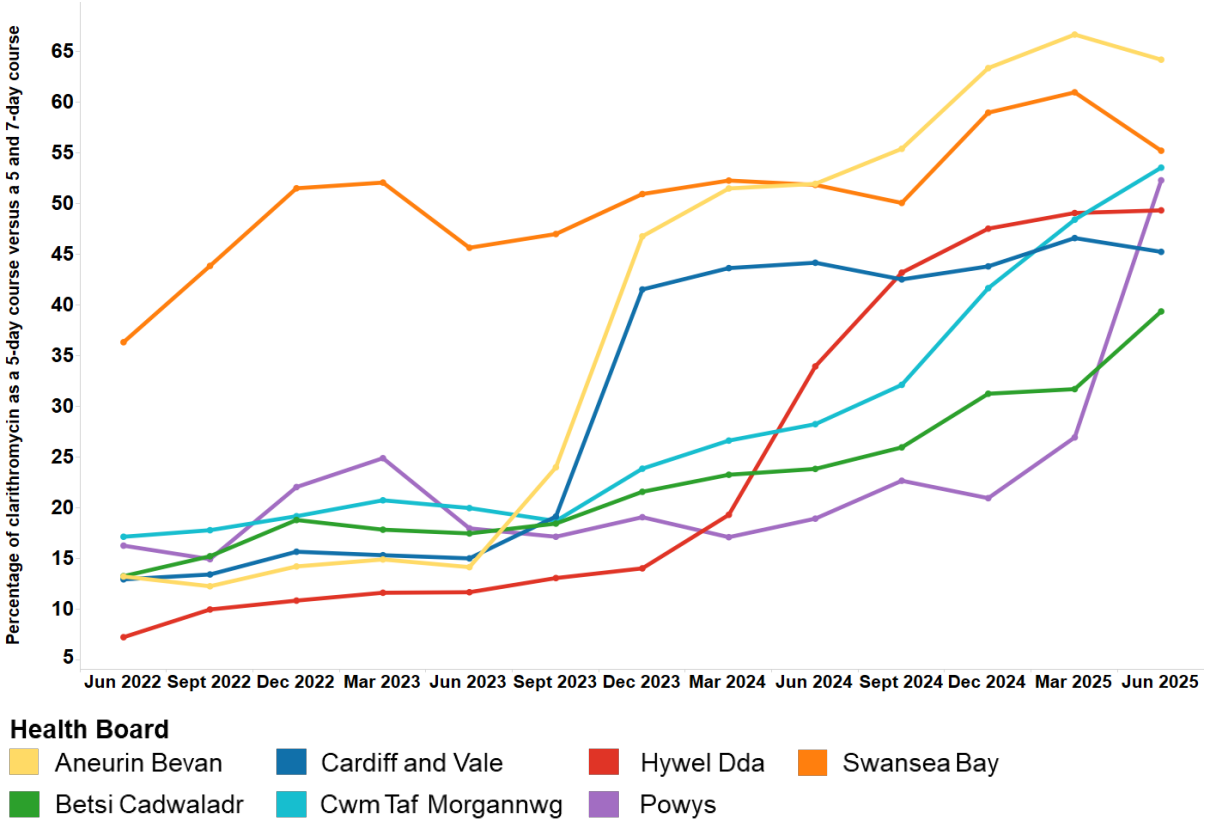
1.2.3.3 Clarithromycin

- Across Wales, the proportion of clarithromycin 500 mg tablets prescribed for a 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations) increased by 37.3% in the quarter ending June 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, the proportion of clarithromycin prescribed for a 5-day duration ranged from 39.4% to 64.2% across the health boards.
- The health board with the highest proportion of clarithromycin prescribed for a 5-day duration was Aneurin Bevan UHB, whilst the lowest proportion of clarithromycin prescribed for a 5-day duration was seen in Betsi Cadwaladr UHB.
- Clarithromycin prescribed for a 5-day duration increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB 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 11. Clarithromycin 500 mg tablets prescribed for a 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations)

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Powys	18.9	52.3	176%
Cwm Taf Morgannwg	28.3	53.6	89.5%
Betsi Cadwaladr	23.8	39.4	65.1%
Hywel Dda	34.0	49.3	45.3%
Aneurin Bevan	52.0	64.2	23.6%
Swansea Bay	51.9	55.2	6.50%
Cardiff and Vale	44.2	45.3	2.43%
Wales	**37.0**	**50.8**	**37.3%**

Figure 11. Trend in clarithromycin 500 mg tablets prescribed for a 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for a 5- and 7-day durations)



1.3 Respiratory

1.3.1 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.

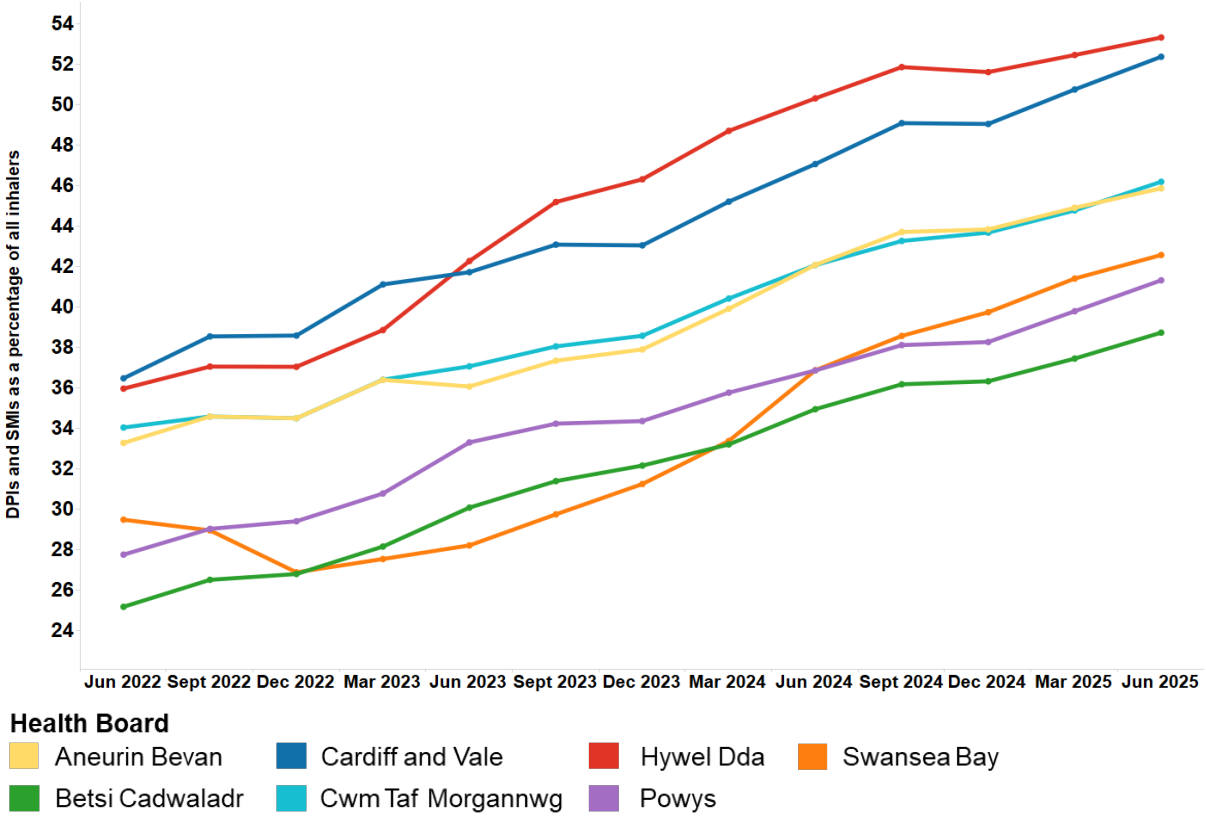
Metered dose inhalers (MDIs) are estimated to be responsible for 4% of the entire carbon footprint of the NHS. One of the key actions within the NHS Wales Decarbonisation Strategic Delivery Plan is to transition patients on MDIs to inhalers with a lower carbon footprint, but only where patient care will not be impacted. It is crucial that while efforts are made to reduce the emissions associated with inhalers, patient choice is maintained, and 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 10.2% in the quarter ending June 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, the proportion of DPI and SMI prescribing ranged from 38.7% to 53.3% 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 Hywel Dda UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

Table 12. DPIs and SMIs as a percentage of all inhalers prescribed

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Swansea Bay	36.9	42.6	15.4%
Powys	36.9	41.3	12.1%
Cardiff and Vale	47.1	52.4	11.3%
Betsi Cadwaladr	35.0	38.7	10.8%
Cwm Taf Morgannwg	42.1	46.2	9.79%
Aneurin Bevan	42.1	45.9	9.00%
Hywel Dda	50.3	53.3	5.98%
Wales	**41.0**	**45.2**	**10.2%**

Figure 12. Trend in DPIs and SMIs as a percentage of all inhalers prescribed



1.3.2 SABA inhalers

Purpose: To reduce over reliance on SABA inhalers in patients with asthma to improve control and asthma related outcomes.

Units of measure: The number of SABA items as a percentage of all inhalers prescribed.

Aim: To decrease the proportion of SABA prescribing.

Overuse of SABA inhalers is a well-recognised indicator of poor asthma control and potentially suboptimal care. It is associated with an increased risk of exacerbations and mortality. While SABA inhalers provide rapid symptom relief, they do not treat the underlying airway inflammation, and reliance on them reflects inadequate disease management. Reducing SABA overuse is essential to improving asthma control and enhancing patient outcomes. It also helps reduce the significant carbon footprint associated with SABA MDIs.

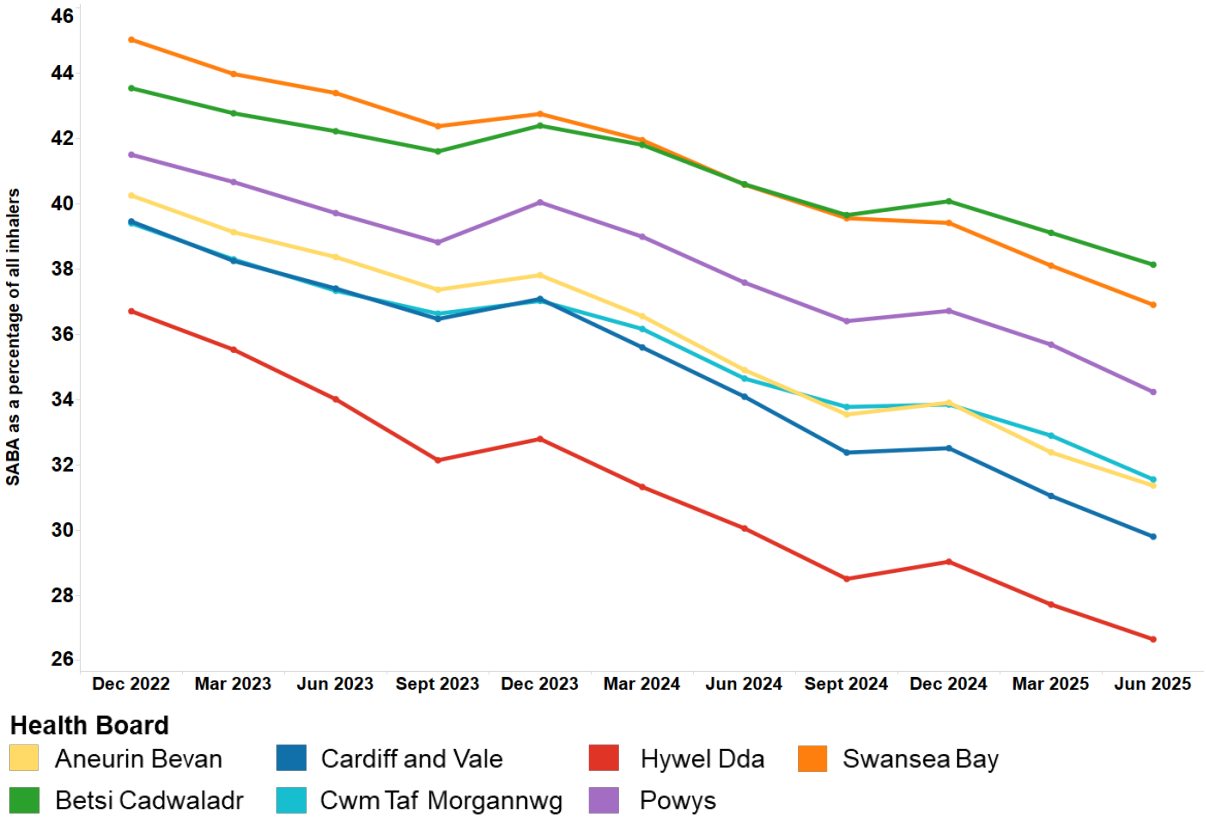
- Across Wales, the proportion of SABA items (as a percentage of all inhalers prescribed) decreased by 9.03% in the quarter ending June 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, the proportion of SABA items ranged from 26.7% to 38.1% across the health boards.
- The health board with the lowest proportion of SABA items was Hywel Dda UHB, whilst the highest proportion of SABA items was seen in Betsi Cadwaladr UHB.

- SABA prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- Cardiff and Vale UHB demonstrated the largest percentage decrease and Betsi Cadwaladr UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 13. SABA items as a percentage of all inhalers prescribed

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Cardiff and Vale	34.1	29.8	-12.6%
Hywel Dda	30.0	26.7	-11.3%
Aneurin Bevan	34.9	31.4	-10.1%
Swansea Bay	40.6	36.9	-9.07%
Cwm Taf Morgannwg	34.6	31.5	-8.92%
Powys	37.6	34.2	-8.92%
Betsi Cadwaladr	40.6	38.1	-6.07%
Wales	**36.4**	**33.1**	**-9.03%**

Figure 13. Trend in SABA items as a percentage of all inhalers prescribed



Good practice spotlight

The Medicines Management Team at **Aneurin Bevan UHB** have developed various resources, utilised readily available material, and delivered several education sessions for both primary and secondary care to support implementation of the inhaler initiatives outlined in the NHS Wales Decarbonisation Strategic Delivery Plan. In April 2024, mindful of the initiative to take a patient centred approach to optimise inhaler use and reduce the over-reliance of 'blue' inhalers, the Medicines Management Team decided to include SABA as a percentage of all inhalers as a local indicator in its Clinical Effectiveness Prescribing Programme (CEPP) programme.

In addition, the Primary Care Respiratory Specialist Nurse Team supported practices with the highest SABA prescribing by providing clinical patient reviews and shadowing opportunities for practice staff. A SABA over-reliance audit was also included in the Dispensary Services Quality Scheme (DSQS) for Dispensing Doctors.

All practices demonstrated a reduction in SABA use. This focused approach has not only delivered a reduction in greenhouse gas inhaler emissions but also provided an opportunity for patients to have treatment optimised in line with guidelines. Identification of SABA over-ordering provided the opportunity for patient education and in some cases resulted in changes to practice prescription processing systems e.g. removing SABA from repeat or restricting the number of repeat issues to trigger an earlier review.

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

1.4 SGLT-2 inhibitors

There are three NPIs monitoring SGLT-2 inhibitors for 2025–2028:

1. The number of patients with type 2 diabetes mellitus (T2DM) and chronic heart failure (CHF) who are prescribed an SGLT-2 inhibitor.
2. The number of patients with T2DM and chronic kidney disease (CKD) who are currently treated with an angiotensin-receptor blocker (ARB) or an angiotensin-converting enzyme (ACE) inhibitor prescribed an SGLT-2 inhibitor.
3. The number of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor and have an albumin to creatinine ratio (ACR) ≥ 22.6 mg/mmol prescribed an SGLT-2 inhibitor.

1.4.1 Patients with T2DM and CHF

Purpose: To improve cardiovascular outcomes in patients with T2DM and CHF.

Units of measure: The number of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor.

Aim: To increase prescribing.

Adults with T2DM who also have CHF are at an increased risk of cardiovascular complications, including hospitalisation due to worsening heart failure. Treatment with an SGLT-2 inhibitor has been shown to provide significant benefits in this population, improving glycaemic control while also reducing the risk of heart failure-related hospitalisation and cardiovascular mortality.

1.4.2 Patients with T2DM and CKD

Purpose: To reduce the risk of CKD progression and mortality and risk of cardiovascular events in patients with CKD and T2DM.

Units of measure: The number of patients with T2DM and CKD who are currently treated with an ARB or an ACE inhibitor prescribed an SGLT-2 inhibitor.

Aim: To increase prescribing.

Strong evidence from well-conducted randomised controlled trials shows that SGLT-2 inhibitors reduce the risk of CKD progression, mortality, and cardiovascular events in adult patients with T2DM and CKD. Patients currently treated with an ARB or ACE inhibitor (titrated to the highest tolerated dose) should be offered an SGLT-2 inhibitor unless contraindicated, to improve cardiovascular and renal outcomes.

1.4.3 Patients with non-diabetic CKD

Purpose: To reduce the risk of CKD progression and mortality and risk of cardiovascular events in patients with non-diabetic CKD.

Units of measure: The number of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor and have an ACR ≥ 22.6 mg/mmol prescribed an SGLT-2 inhibitor.

Aim: To increase prescribing.

Renal benefits of SGLT-2 inhibitors have been demonstrated for adults with CKD and albuminuria, irrespective of diabetes status, in large randomised clinical trials and meta-analyses. Adults with non-diabetic CKD who are currently treated with an ARB or ACE inhibitor and have an ACR ≥ 22.6 mg/mmol should be offered an SGLT-2 inhibitor unless contraindicated. Increasing the proportion of adults receiving these treatments is anticipated to slow CKD progression and reduce the risk of cardiovascular and end-stage renal events.

Please note – Data are currently unavailable

At the time of writing, it is not possible to include data relating to the use of SGLT-2 inhibitors within this quarterly report. The indicators are currently under development by DHCW. The data will be made available and analysed once development is complete, and an updated version of this report will be published.

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 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 ACE inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months.

Prescribing Safety Indicators related to antimicrobial stewardship

- Number of patients with recurrent prescriptions for nitrofurantoin, with an eGFR of < 45 ml/min.
- Number of trimethoprim items prescribed to patients aged ≥ 65 years, per 1,000 patient list size aged ≥ 65 years.

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 H_2-receptor antagonist).
- Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and a selective serotonin reuptake inhibitor (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 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 oral retinoids.
- Number of female patients aged 14–55 years with a prescription for topiramate.

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 non-cardioselective beta-blocker.
- Number of patients with concurrent prescriptions of verapamil and a beta-blocker.
- Number of female patients aged ≤ 55 years with a prescription for sodium valproate.
- Number of male patients with a prescription for sodium valproate

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

In the UK, a significant number 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.

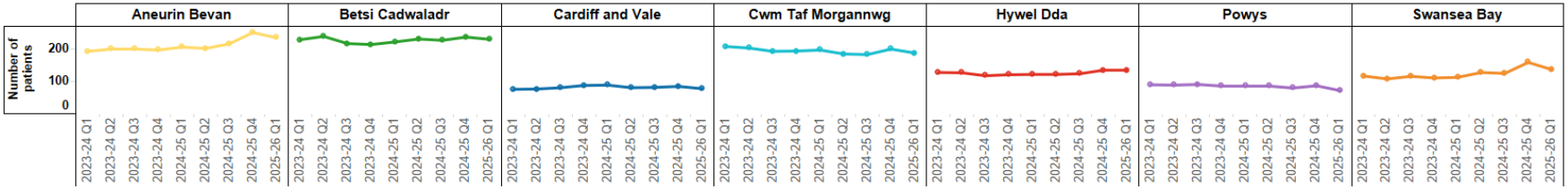
Please note

At the time of writing, it is not possible to include data on the prescribing safety indicators relating to antimicrobial stewardship, topiramate, sodium valproate, and patients with asthma prescribed a beta-blocker (updated to include only non-cardio-selective beta-blockers) within this quarterly report. These indicators are currently being amended and developed by DHCW. The data will be made available and analysed once this work is complete, and an updated version of the report will be published.

Figure 14. Prescribing Safety Indicators

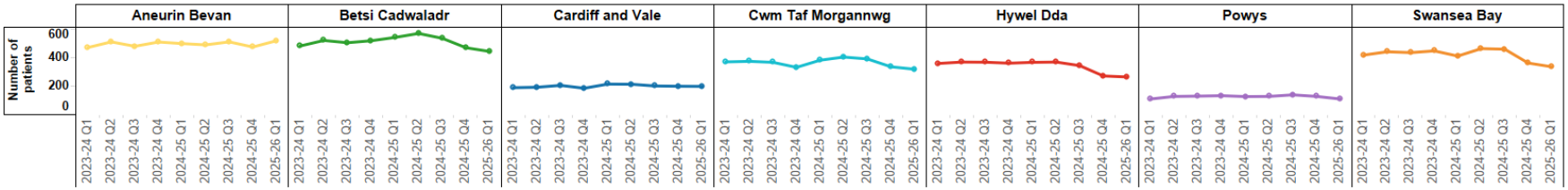
Prescribing Safety Indicators related to AKI

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.



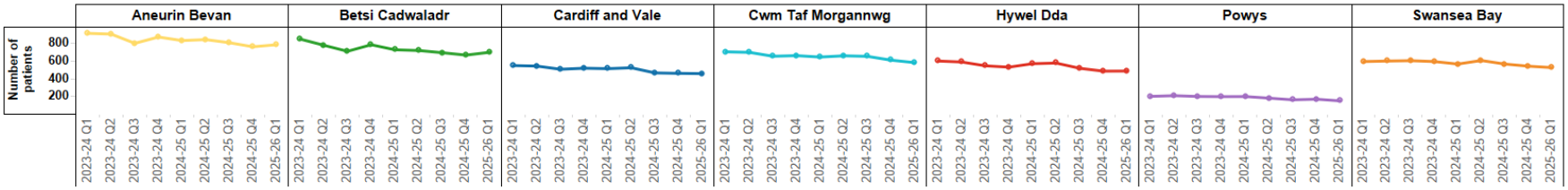
	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	192	199	199	196	205	201	215	250	234
Betsi Cadwaladr	228	238	216	213	221	230	226	236	229
Cardiff and Vale	75	76	80	87	88	80	81	84	77
Cwm Taf Morgannwg	207	202	192	193	196	184	182	199	187
Hywel Dda	127	126	117	120	121	121	123	134	134
Powys	89	88	90	85	85	85	79	86	71
Swansea Bay	116	107	115	110	112	127	124	158	136

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.



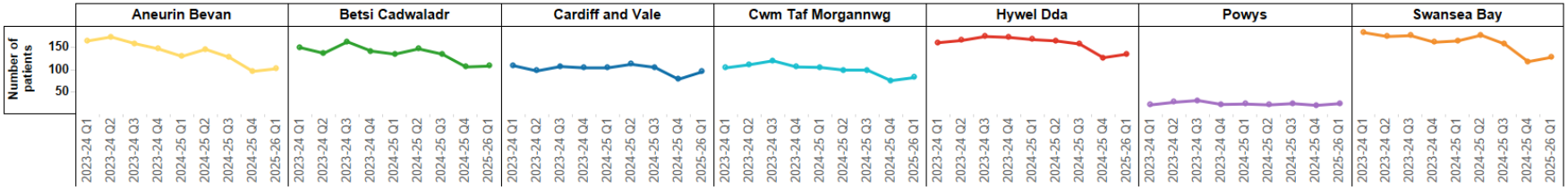
	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	468	508	477	507	496	487	508	472	516
Betsi Cadwaladr	479	518	502	516	539	567	533	467	441
Cardiff and Vale	188	191	204	184	213	212	200	198	197
Cwm Taf Morgannwg	368	372	365	330	380	402	389	334	317
Hywel Dda	357	367	366	359	365	367	342	270	263
Powys	109	127	129	132	126	127	138	127	109
Swansea Bay	416	439	433	445	409	461	457	360	334

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



	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	913	904	800	871	831	842	807	761	784
Betsi Cadwaladr	848	778	710	784	727	719	694	667	699
Cardiff and Vale	549	543	507	519	514	524	466	461	458
Cwm Taf Morgannwg	704	698	654	661	645	659	653	610	582
Hywel Dda	600	589	546	531	570	577	518	486	487
Powys	201	209	200	198	199	181	162	169	150
Swansea Bay	594	600	604	594	566	606	566	542	526

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.



Number of patients	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	165	174	159	147	130	146	128	96	102
Betsi Cadwaladr	150	137	163	142	135	147	135	106	108
Cardiff and Vale	109	97	107	104	104	112	105	78	95
Cwm Taf Morgannwg	104	111	120	106	105	99	99	75	82
Hywel Dda	161	166	175	173	168	165	158	127	135
Powys	20	26	30	21	22	20	23	19	23
Swansea Bay	184	175	177	162	165	178	158	118	128

Prescribing Safety Indicators related to antimicrobial stewardship

05. Number of patients with recurrent prescriptions for nitrofurantoin, with an eGFR of < 45 ml/min.

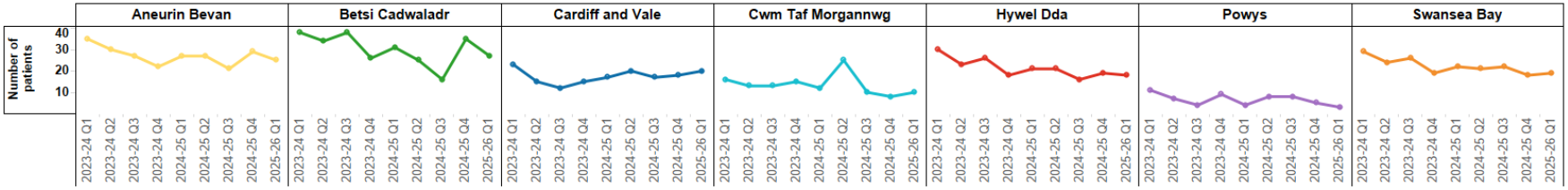
Currently unable to include graph as data unavailable

06. Number of trimethoprim items prescribed to patients aged ≥ 65 years, per 1,000 patient list size aged ≥ 65 years.

Currently unable to include graph as data unavailable

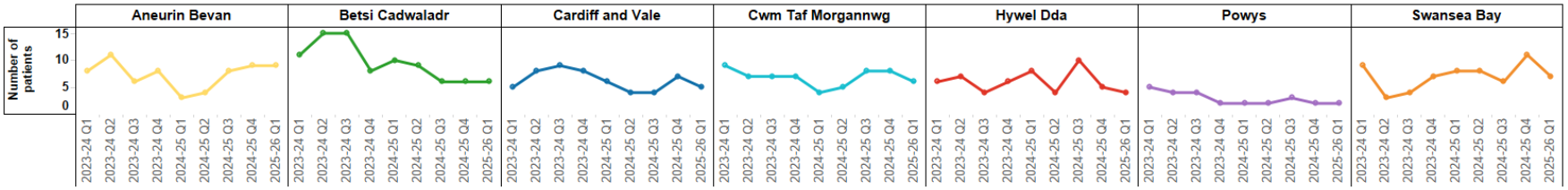
Prescribing Safety Indicators related to bleeds

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



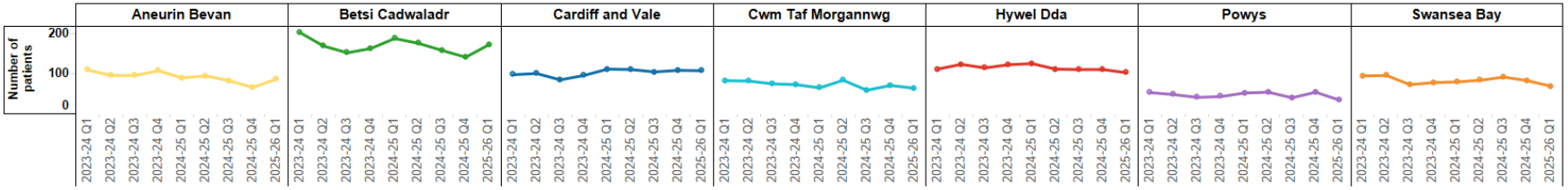
Number of patients	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	35	30	27	22	27	27	21	29	25
Betsi Cadwaladr	38	34	38	26	31	25	16	35	27
Cardiff and Vale	23	15	12	15	17	20	17	18	20
Cwm Taf Morgannwg	16	13	13	15	12	25	10	8	10
Hywel Dda	30	23	26	18	21	21	16	19	18
Powys	11	7	4	9	4	8	8	5	3
Swansea Bay	29	24	26	19	22	21	22	18	19

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



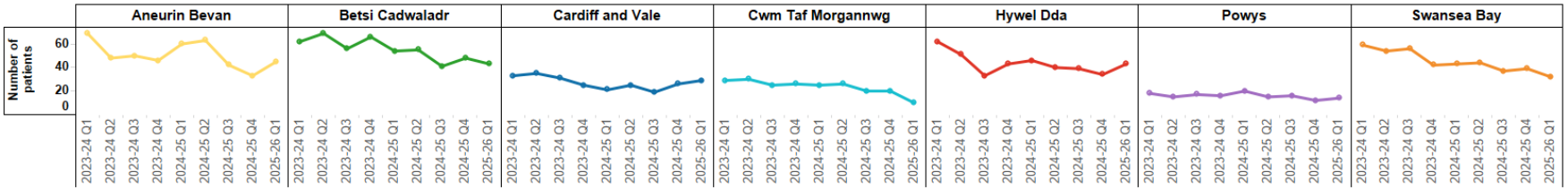
	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	8	11	6	8	3	4	8	9	9
Betsi Cadwaladr	11	15	15	8	10	9	6	6	6
Cardiff and Vale	5	8	9	8	6	4	4	7	5
Cwm Taf Morgannwg	9	7	7	7	4	5	8	8	6
Hywel Dda	6	7	4	6	8	4	10	5	4
Powys	5	4	4	2	2	2	3	2	2
Swansea Bay	9	3	4	7	8	8	6	11	7

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



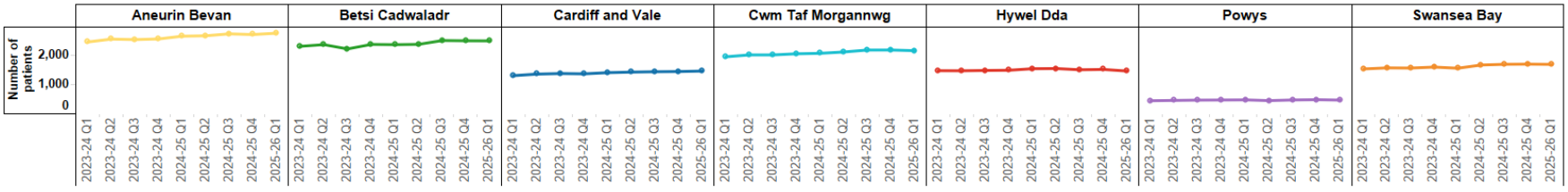
	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	110	96	96	108	90	95	83	66	87
Betsi Cadwaladr	204	170	153	164	189	177	159	142	174
Cardiff and Vale	98	101	85	96	112	111	105	109	108
Cwm Taf Morgannwg	83	82	75	73	65	84	59	71	64
Hywel Dda	112	124	115	123	126	112	111	111	103
Powys	53	48	41	43	52	54	40	54	34
Swansea Bay	95	96	73	78	80	84	92	83	69

10. Number of patients aged 65 years or over prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H_2 receptor antagonist).



	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	69	48	50	46	60	63	42	33	45
Betsi Cadwaladr	62	69	56	66	54	55	41	48	43
Cardiff and Vale	33	35	31	25	21	25	19	26	29
Cwm Taf Morgannwg	29	30	25	26	25	26	20	20	10
Hywel Dda	62	51	33	43	46	40	39	34	43
Powys	18	15	17	16	20	15	16	12	14
Swansea Bay	59	54	56	42	43	44	37	39	32

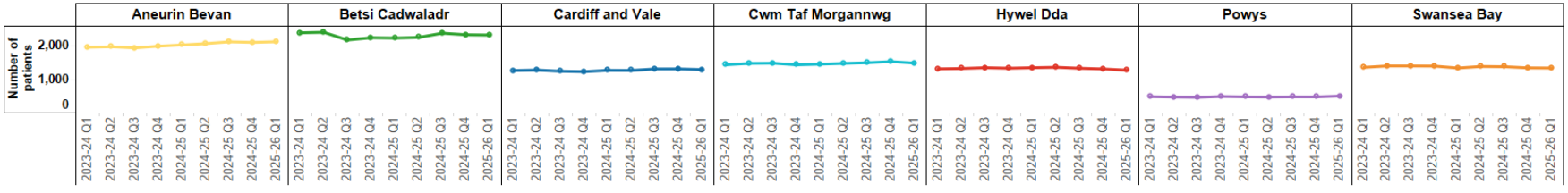
11. Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI.



Number of patients	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	2,475	2,575	2,558	2,580	2,675	2,690	2,756	2,732	2,779
Betsi Cadwaladr	2,326	2,385	2,236	2,392	2,384	2,394	2,526	2,517	2,514
Cardiff and Vale	1,315	1,368	1,388	1,377	1,418	1,437	1,450	1,457	1,473
Cwm Taf Morgannwg	1,965	2,030	2,030	2,069	2,085	2,131	2,198	2,199	2,177
Hywel Dda	1,486	1,483	1,494	1,501	1,554	1,560	1,518	1,529	1,474
Powys	449	461	471	475	479	454	476	485	472
Swansea Bay	1,547	1,583	1,577	1,611	1,571	1,682	1,707	1,712	1,704

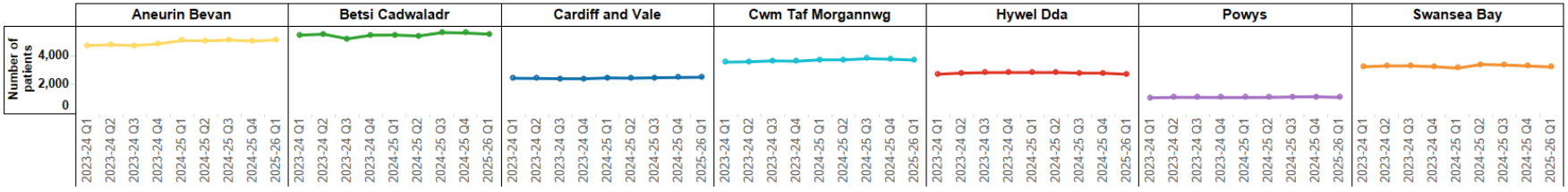
Prescribing Safety Indicators related to cognition

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



Number of patients	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	1,962	1,978	1,943	1,996	2,032	2,072	2,126	2,108	2,128
Betsi Cadwaladr	2,395	2,410	2,179	2,248	2,238	2,257	2,383	2,336	2,328
Cardiff and Vale	1,267	1,282	1,246	1,233	1,273	1,270	1,314	1,315	1,296
Cwm Taf Morgannwg	1,439	1,481	1,487	1,438	1,458	1,481	1,501	1,534	1,491
Hywel Dda	1,317	1,328	1,352	1,336	1,352	1,365	1,335	1,314	1,278
Powys	487	474	466	492	481	475	481	480	505
Swansea Bay	1,362	1,405	1,404	1,401	1,342	1,390	1,382	1,347	1,342

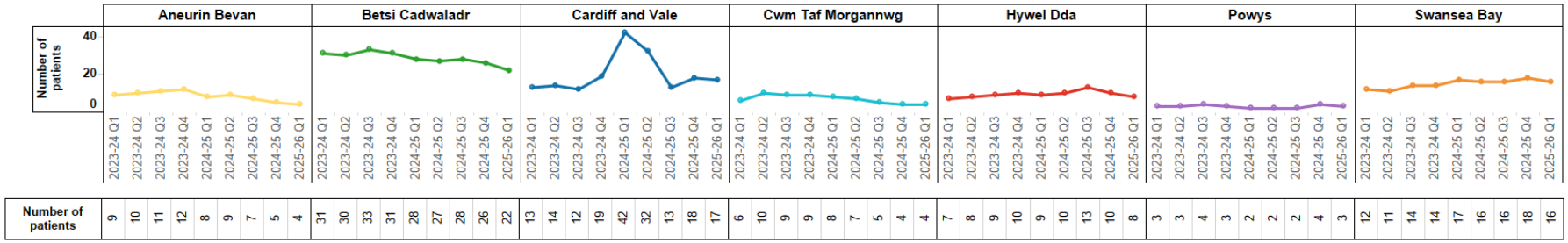
13. Number of patients aged 75 years and over with an AEC score of 3 or more for items on active repeat.



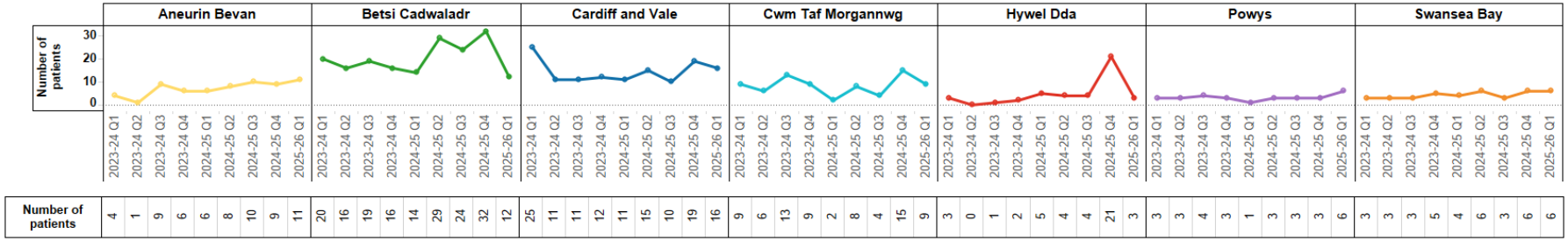
Number of patients	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	4,676	4,723	4,674	4,795	5,021	4,993	5,056	4,977	5,065
Betsi Cadwaladr	5,387	5,452	5,136	5,385	5,396	5,331	5,564	5,535	5,450
Cardiff and Vale	2,436	2,423	2,404	2,399	2,459	2,440	2,471	2,488	2,505
Cwm Taf Morgannwg	3,538	3,565	3,626	3,602	3,696	3,695	3,777	3,740	3,679
Hywel Dda	2,710	2,791	2,821	2,831	2,827	2,833	2,786	2,785	2,706
Powys	1,094	1,125	1,125	1,118	1,117	1,125	1,156	1,166	1,126
Swansea Bay	3,220	3,280	3,283	3,225	3,128	3,380	3,341	3,273	3,204

Prescribing Safety Indicators specific to females

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



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

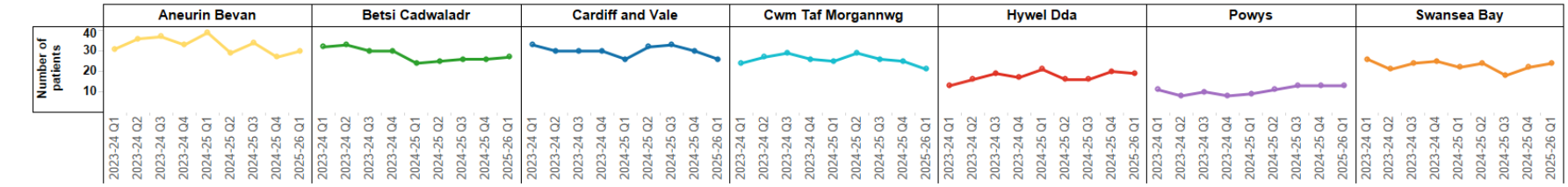


16. Number of female patients aged 14–55 years with a prescription for topiramate.

Currently unable to include graph as data unavailable

Prescribing Safety Indicators related to 'other'

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

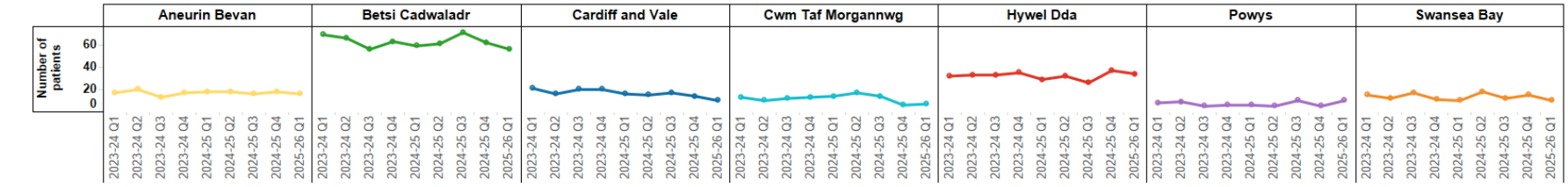


Number of patients	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	31	36	37	33	39	29	34	27	30
Betsi Cadwaladr	32	33	30	30	24	25	26	26	27
Cardiff and Vale	33	30	30	30	26	32	33	30	26
Cwm Taf Morgannwg	24	27	29	26	25	29	26	25	21
Hywel Dda	13	16	19	17	21	16	16	20	19
Powys	11	8	10	8	9	11	13	13	13
Swansea Bay	26	21	24	25	22	24	18	22	24

18. Number of patients with asthma who have been prescribed a non-cardioselective beta-blocker.

Currently unable to include graph as data unavailable

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



Number of patients	2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1
Aneurin Bevan	17	20	13	17	18	18	16	18	16
Betsi Cadwaladr	69	66	56	63	59	61	71	62	56
Cardiff and Vale	21	16	20	20	16	15	17	14	10
Cwm Taf Morgannwg	13	10	12	13	14	17	14	6	7
Hywel Dda	32	33	33	35	29	32	26	37	34
Powys	8	9	5	6	6	5	10	5	10
Swansea Bay	15	12	17	11	10	18	12	15	10

20. Number of female patients aged ≤ 55 years with a prescription for sodium valproate.

Currently unable to include graph as data unavailable

21. Number of male patients with a prescription for sodium valproate.

Currently unable to include graph as data unavailable

2.1.2 Hypnotics and anxiolytics

Purpose: To encourage a reduction in the inappropriate prescribing of hypnotics and anxiolytics in primary care.

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

Aim: To reduce prescribing

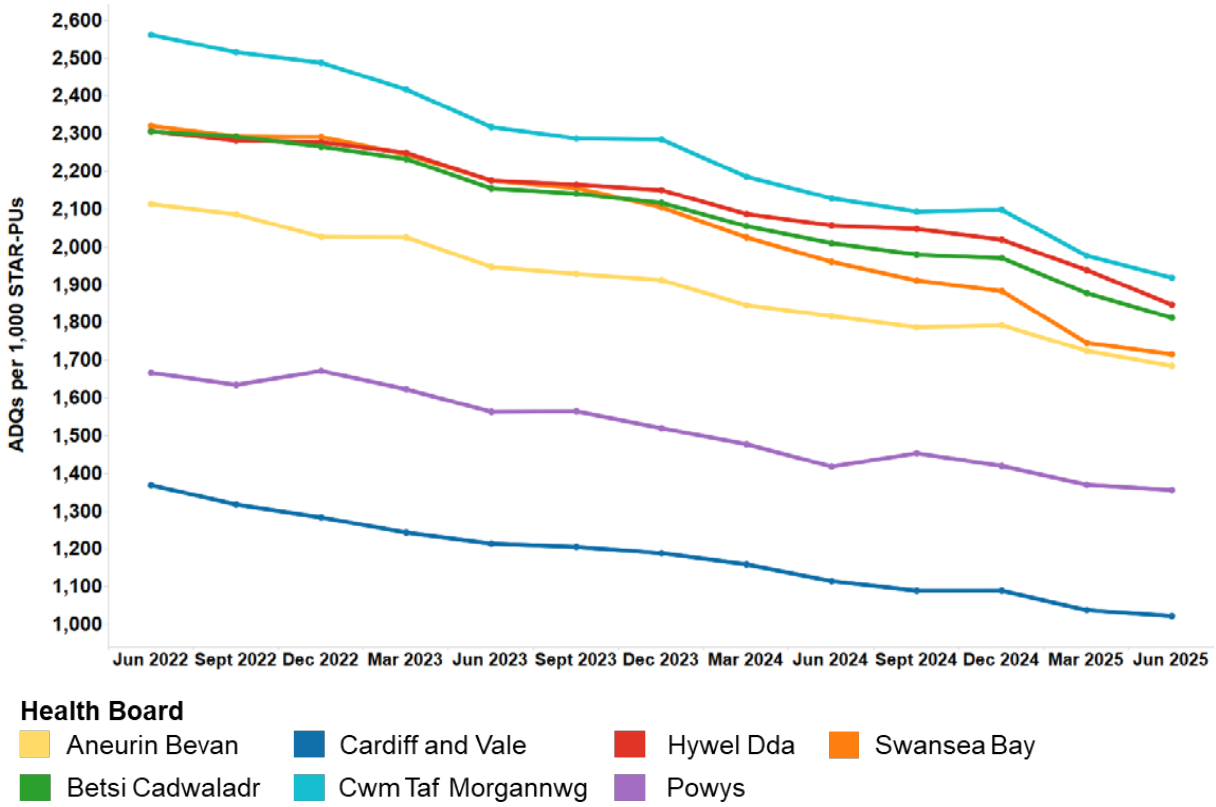
There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

- Across Wales, the prescribing of hypnotics and anxiolytics decreased by 9.40% for the quarter ending June 2025 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending June 2025, hypnotic and anxiolytic prescribing ranged from 1,022 to 1,919 ADQs per 1,000 STAR-PUs across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- Hypnotic and anxiolytic prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Swansea Bay UHB, and the smallest percentage decrease was seen in Powys Teaching HB.

Table 14. Hypnotic and anxiolytic ADQs per 1,000 STAR-PUs

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Swansea Bay	1,961	1,716	-12.5%
Hywel Dda	2,057	1,847	-10.2%
Cwm Taf Morgannwg	2,129	1,919	-9.88%
Betsi Cadwaladr	2,010	1,813	-9.83%
Cardiff and Vale	1,115	1,022	-8.34%
Aneurin Bevan	1,817	1,685	-7.26%
Powys	1,418	1,356	-4.35%
Wales	**1,837**	**1,664**	**-9.40%**

Figure 15. Trend in hypnotic and anxiolytic ADQs per 1,000 STAR-PUs



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.

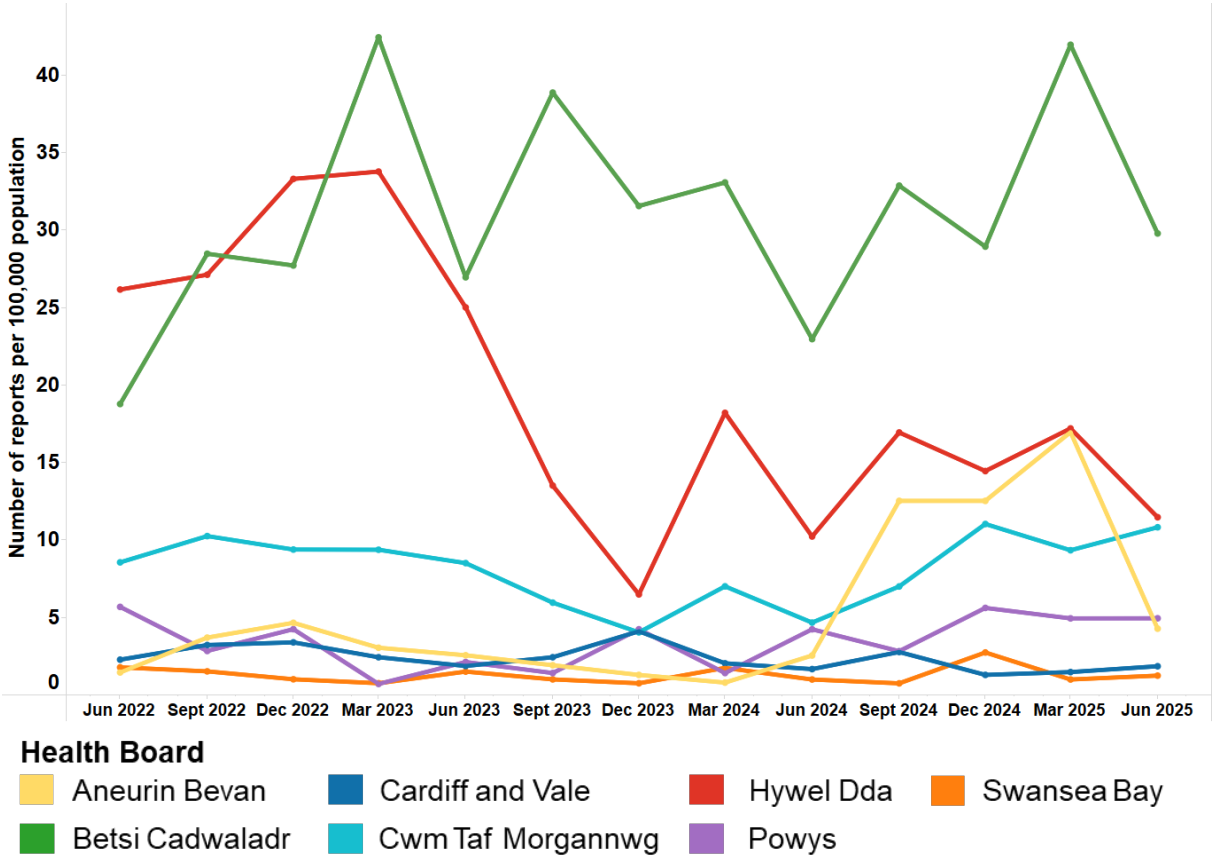
2.1.3.1 GP practices

- The number of Yellow Cards submitted by GP practices across Wales increased by 38% compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- A percentage increase in GP practice reporting was seen in all health boards. The largest percentage increase was seen in Cwm Taf Morgannwg UHB. The smallest percentage increase was seen in Cardiff and Vale UHB.

Table 15. Number of Yellow Cards submitted by GP practices

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Cwm Taf Morgannwg	22	51	132%
Aneurin Bevan	16	27	69%
Betsi Cadwaladr	164	215	31%
Swansea Bay	4	5	25%
Powys	6	7	17%
Hywel Dda	41	46	12%
Cardiff and Vale	9	10	11%
Wales	**262**	**361**	**38%**

Figure 16. Trend in number of Yellow Cards submitted by GP practices per 100,000 health board population



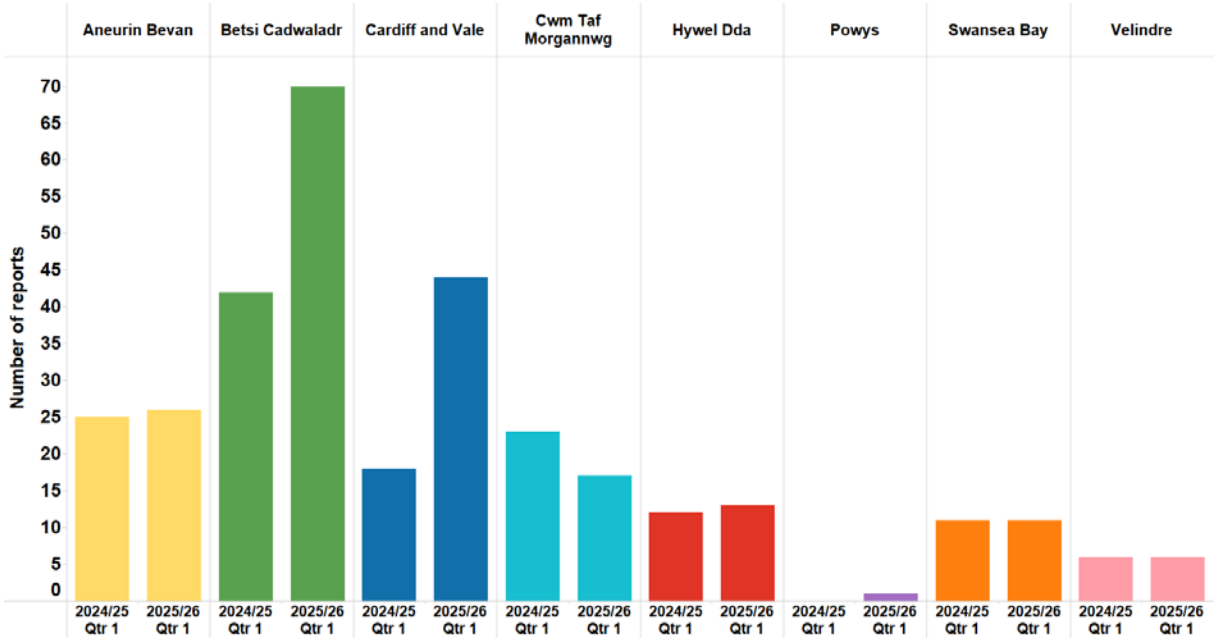
2.1.3.2 Secondary care

- The number of Yellow Cards submitted by secondary care increased by 37% compared with the equivalent quarter of the previous year.
- The largest percentage increase in secondary care reporting was seen in Cardiff and Vale UHB. Cwm Taf Morgannwg showed a percentage decrease compared with the equivalent quarter of the previous year.

Table 16. Number of Yellow Cards submitted by secondary care

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Cardiff and Vale	18	44	144%
Betsi Cadwaladr	42	70	67%
Hywel Dda	12	13	8%
Aneurin Bevan	25	26	4%
Powys	0	1	N/A
Velindre	6	6	0%
Swansea Bay	11	11	0%
Cwm Taf Morgannwg	23	17	-26%
Wales	**137**	**188**	**37%**

Figure 17. Number of Yellow Cards submitted by secondary care – Quarter ending June 2025 versus quarter ending June 2024



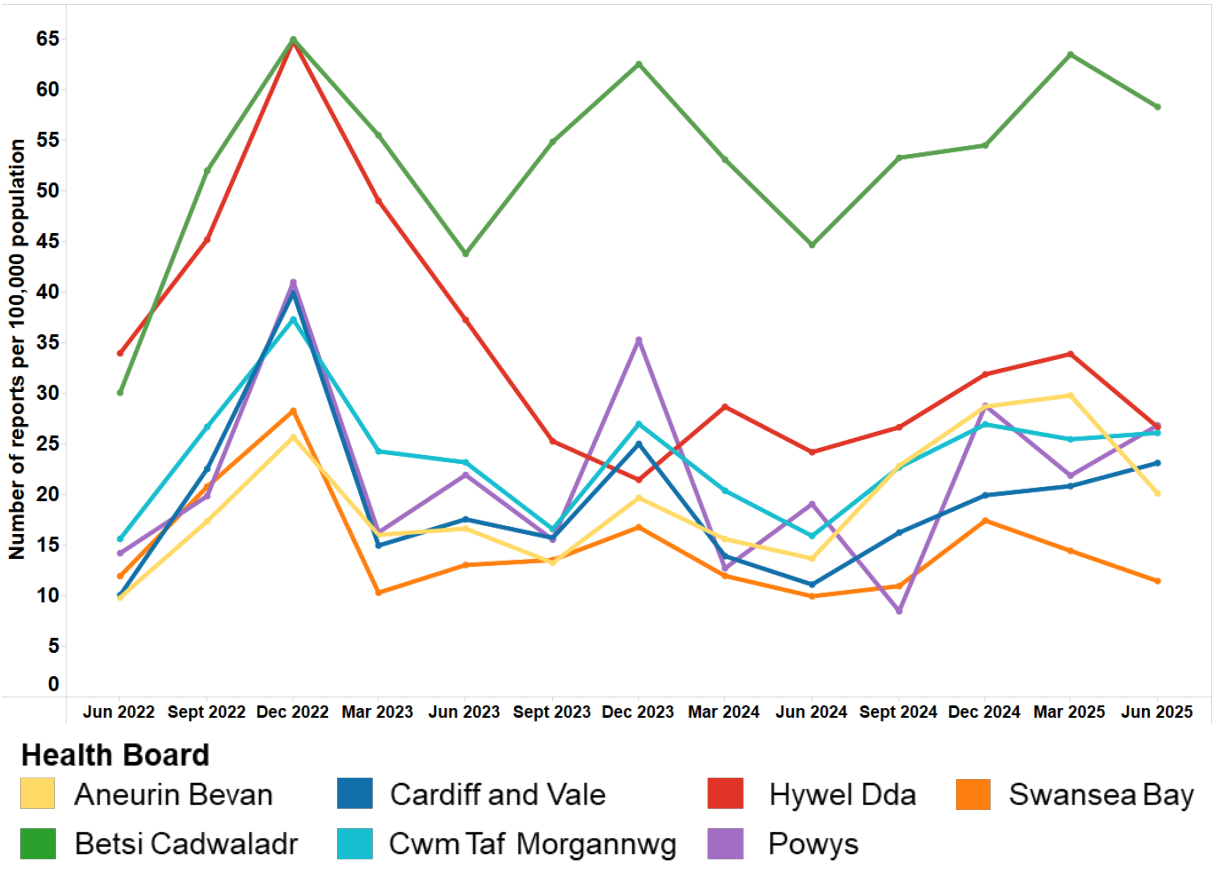
2.1.3.3 Health boards/NHS Trust

- The number of Yellow Cards submitted by health boards increased by 40% compared with the equivalent quarter of the previous year.
- The largest percentage increase was seen in Cardiff and Vale UHB.
- No increase was seen in Velindre NHS Trust.

Table 17. Number of Yellow Cards submitted by health board/NHS Trust

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Cardiff and Vale	60	125	108%
Cwm Taf Morgannwg	75	123	64%
Aneurin Bevan	86	127	48%
Powys	27	38	41%
Betsi Cadwaladr	319	421	32%
Swansea Bay	40	46	15%
Hywel Dda	97	107	10%
Velindre	6	6	0%
Wales	**710**	**993**	**40%**

Figure 18. Trend in number of Yellow Cards submitted by health boards per 100,000 health board population



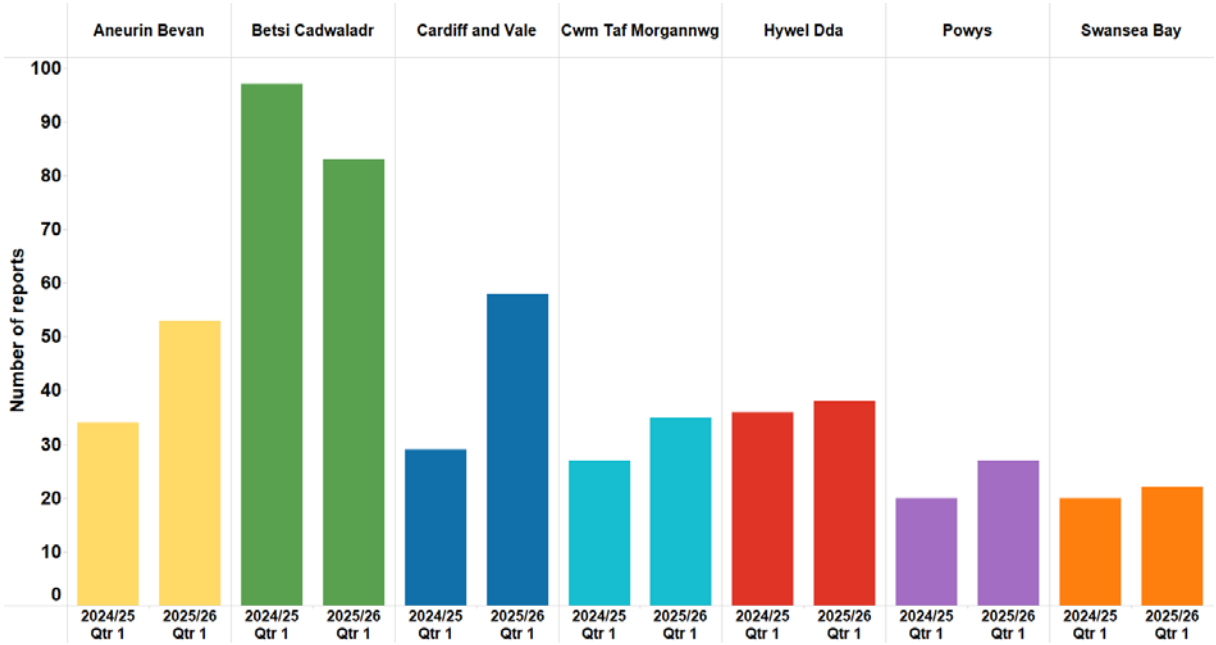
2.1.3.4 Members of the public

- The number of Yellow Cards submitted by members of the public across Wales increased by 20% compared with the equivalent quarter of the previous year.
- The largest percentage increase in member of the public reporting was seen in Cardiff and Vale UHB. A percentage decrease was seen in Betsi Cadwaladr UHB.

Table 18. Number of Yellow Cards submitted by members of the public

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Cardiff and Vale	29	58	100%
Aneurin Bevan	34	53	56%
Powys	20	27	35%
Cwm Taf Morgannwg	27	35	30%
Swansea Bay	20	22	10%
Hywel Dda	36	38	6%
Betsi Cadwaladr	97	83	-14%
Wales	**263**	**316**	**20%**

Figure 19. Number of Yellow Cards submitted by members of the public – Quarter ending June 2025 versus quarter ending June 2024



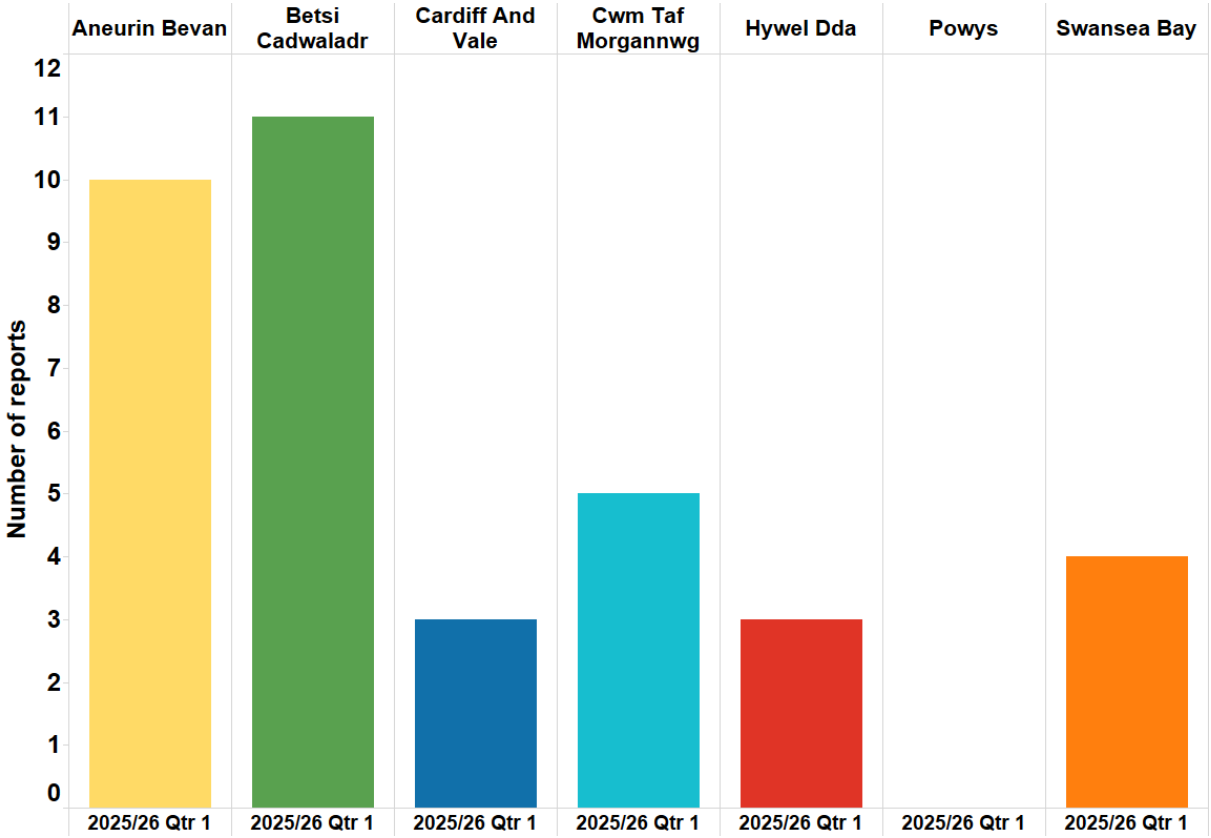
2.1.3.5 Community pharmacy

- Across Wales, a total of 36 Yellow Card reports were submitted by community pharmacies during the quarter ending June 2025.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 11.

Table 19. Number of Yellow Cards submitted by community pharmacies

	2025–2026 Qtr 1
Betsi Cadwaladr	11
Aneurin Bevan	10
Cwm Taf Morgannwg	5
Swansea Bay	4
Cardiff and Vale	3
Hywel Dda	3
Powys	0
Wales	**36**

Figure 20. Number of Yellow Cards submitted by community pharmacy – Quarter ending June 2025



2.2 Efficiency

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, ranibizumab and ustekinumab.

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.

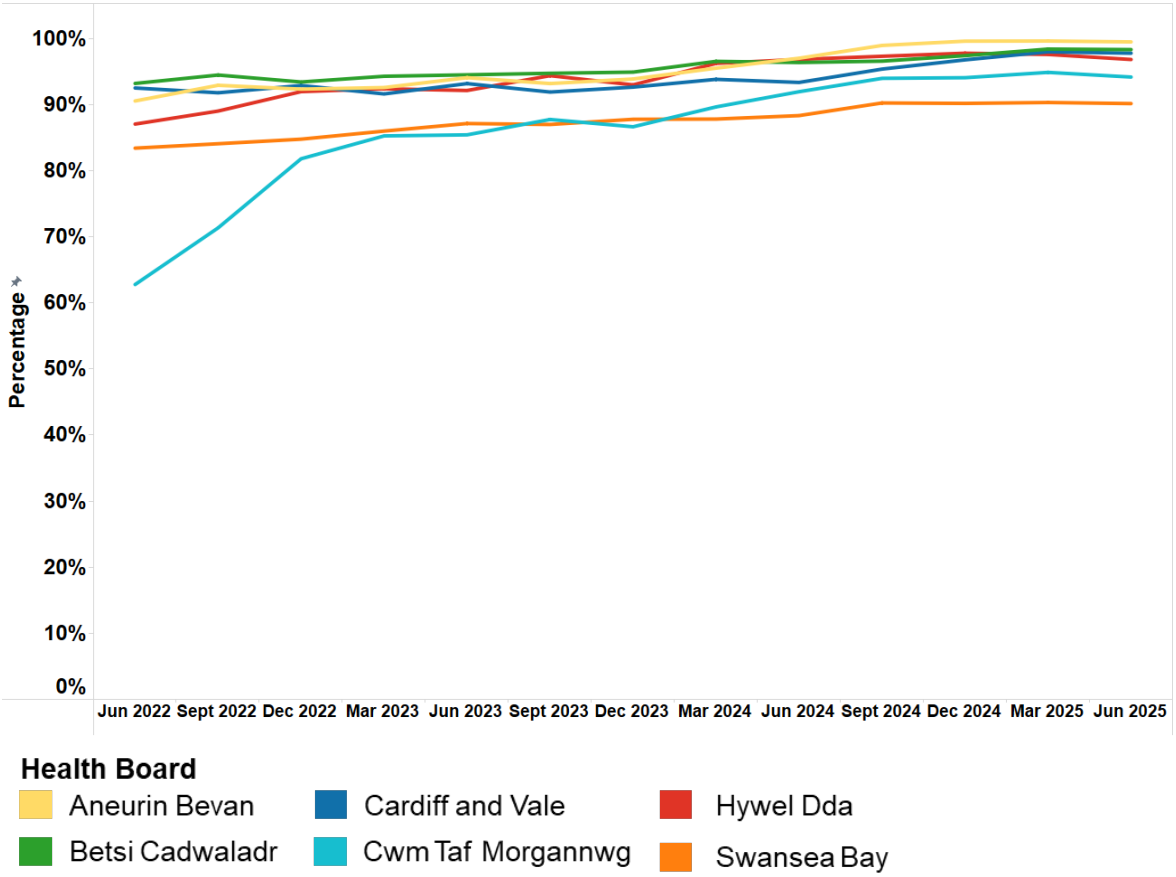
2.2.1.1 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 2.49%, for the quarter ending June 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending June 2025, adalimumab biosimilar prescribing ranged from 90.1% to 99.5% 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 five of the health boards.
- Cardiff and Vale UHB demonstrated the largest percentage increase. Hywel Dda UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 20. Adalimumab biosimilar as a percentage of total 'biosimilar' plus 'reference' product prescribed

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Cardiff and Vale	93.3%	97.8%	4.74%
Aneurin Bevan	97.0%	99.5%	2.55%
Cwm Taf Morgannwg	91.9%	94.1%	2.41%
Swansea Bay	88.3%	90.1%	2.06%
Betsi Cadwaladr	96.3%	98.3%	2.03%
Hywel Dda	96.8%	96.8%	-0.02%
Wales	**94.0%**	**96.3%**	**2.49%**

Figure 21. Trend in adalimumab biosimilar (Amgevita®, Idacio®, Imraldi®, Yuflyma®) as a percentage of total 'biosimilar' plus 'reference' product prescribed



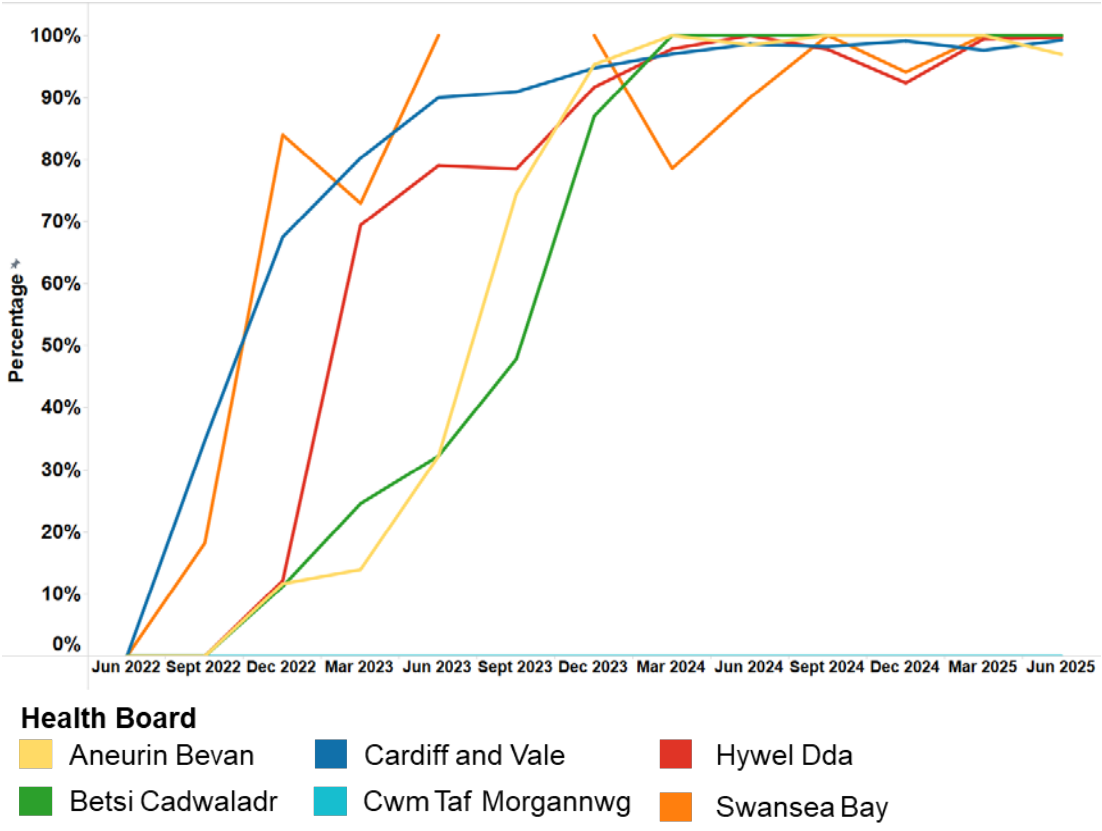
2.2.1.2 Ranibizumab

- For the quarter ending June 2025, ranibizumab biosimilar prescribing ranged from 0.0% to 100% across the health boards.
- The health board with the highest percentage of ranibizumab biosimilar usage was Betsi Cadwaladr UHB.
- Cwm Taf Morgannwg UHB demonstrated no usage of ranibizumab biosimilar.

Table 21. Ranibizumab biosimilar as a percentage of total 'biosimilar' plus 'reference' product prescribed

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Swansea Bay	90.0%	100%	11.1%
Cardiff and Vale	98.6%	99.2%	0.65%
Betsi Cadwaladr	100%	100%	0.00%
Cwm Taf Morgannwg	0.00%	0.00%	0.00%
Hywel Dda	100%	99.7%	-0.33%
Aneurin Bevan	98.5%	97.0%	-1.53%
Wales	**99.3%**	**99.2%**	**-0.1%**

Figure 22. Trend in ranibizumab biosimilar (Ongavia®, Rimmyrah®) as a percentage of total 'biosimilar' plus 'reference' product prescribed



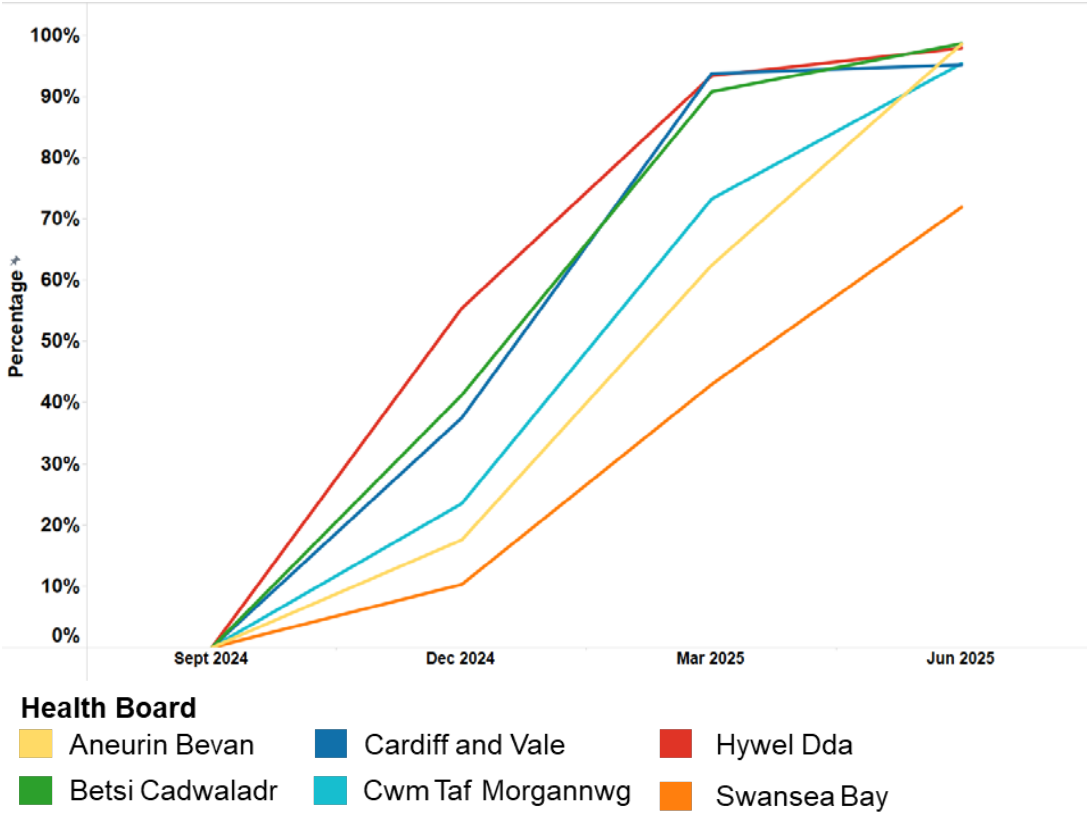
2.2.1.3 Ustekinumab

- Prior to the quarter ending December 2024, there was no ustekinumab biosimilar usage.
- For the quarter ending June 2025, ustekinumab biosimilar prescribing ranged from 71.9% to 98.6% across the health boards.
- The health board with the highest percentage of ustekinumab biosimilar usage was Betsi Cadwaladr UHB.
- Swansea Bay UHB demonstrated the lowest percentage of ustekinumab biosimilar.

Table 22. Ustekinumab biosimilar as a percentage of total 'biosimilar' plus 'reference' product prescribed

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Betsi Cadwaladr	N/A	98.6%	N/A
Aneurin Bevan	N/A	98.5%	N/A
Hywel Dda	N/A	97.9%	N/A
Cwm Taf Morgannwg	N/A	95.4%	N/A
Cardiff and Vale	N/A	95.2%	N/A
Swansea Bay	N/A	71.9%	N/A
Wales	**N/A**	**93.5%**	**N/A**

Figure 23. Trend in ustekinumab biosimilar (Pyzchiva®, Stelara®, Steqeyma®, Uzpruvo®, Wezenla®) as a percentage of total 'biosimilar' plus 'reference' product prescribed



2.2.1.4 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 23. Infliximab, etanercept, rituximab and trastuzumab biosimilar as a percentage of total 'biosimilar' plus 'reference' product prescribed

	2025–2026 Qtr 1			
	Infliximab	Etanercept	Rituximab	Trastuzumab
Aneurin Bevan	98.2%	99.0%	100%	N/A
Betsi Cadwaladr	100%	96.2%	100%	100%
Cardiff and Vale	99.3%	91.0%	100%	N/A
Cwm Taf Morgannwg	99.5%	92.0%	100%	100%
Hywel Dda	99.2%	86.5%	98.2%	100%
Swansea Bay	95.6%	81.7%	99.7%	100%
Velindre	N/A	N/A	N/A	100%
Wales	**98.6%**	**89.5%**	**99.7%**	**100%**

2.2.1.5 Total biosimilar usage

Within Wales there was an increase in the use of the reported biosimilar medicines (specifically adalimumab, etanercept, infliximab, ranibizumab, rituximab, trastuzumab and ustekinumab) combined as a percentage of reported 'reference' biological medicines plus biosimilars combined, from 93% to 95% for the quarter ending June 2025 compared with the equivalent quarter of the previous year.

Figure 24. Biological reference and biosimilar as a proportion of total 'biosimilar' plus 'reference' product prescribed – Quarter ending June 2025

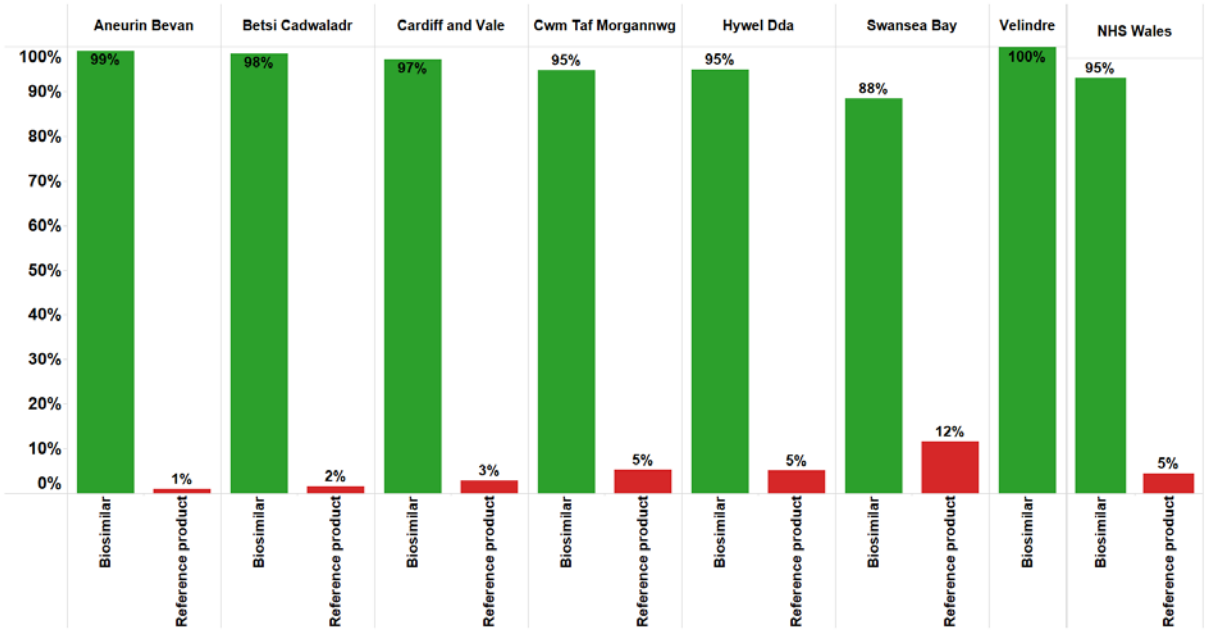
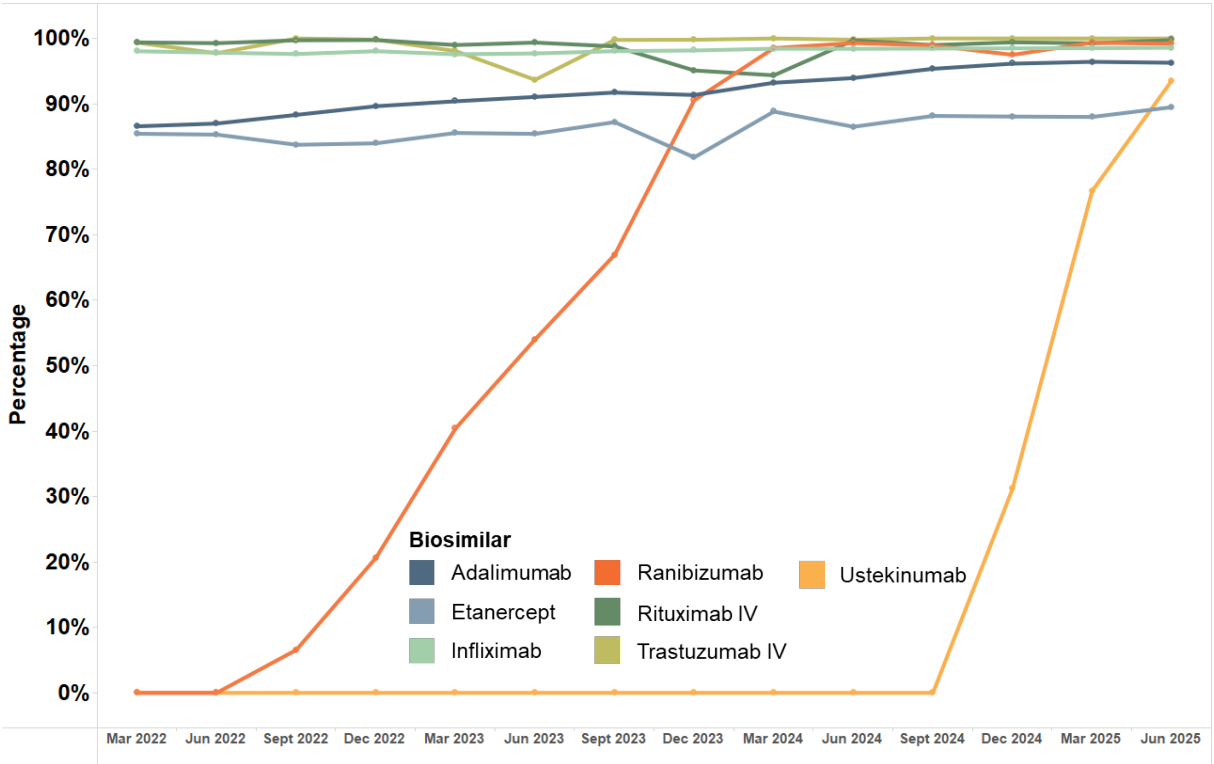


Figure 25. Trend in biosimilar percentages in Wales



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
- 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.

An additional three items/item groups were included from the third phase:

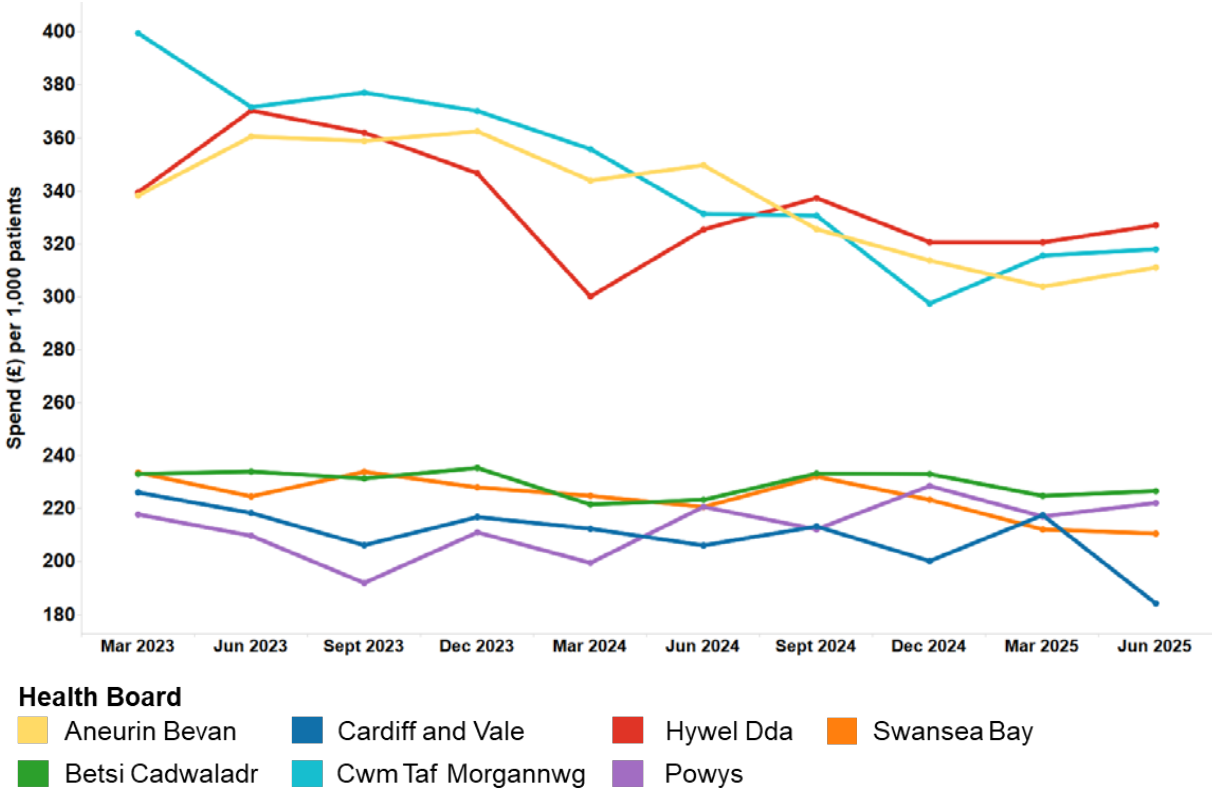
- chloral hydrate
- rubefacients
- alimemazine.

- Across Wales, low value for prescribing UDG spend per 1,000 patients decreased by 4.85% for the quarter ending June 2025, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending June 2025, UDG spend per 1,000 patients ranged from £184 to £327 across the health boards.
- The health board with the lowest UDG spend per 1,000 patients was Cardiff and Vale UHB, whilst the highest spend was seen in Hywel Dda UHB.
- The health board with the greatest percentage decrease was Aneurin Bevan UHB.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase.

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

	2024–2025 Qtr 1	2025–2026 Qtr 1	% Change
Aneurin Bevan	350	311	-11.0%
Cardiff and Vale	206	184	-10.6%
Swansea Bay	221	211	-4.56%
Cwm Taf Morgannwg	331	318	-4.03%
Hywel Dda	325	327	0.50%
Powys	221	222	0.66%
Betsi Cadwaladr	223	227	1.48%
Wales	**272**	**259**	**-4.85%**

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



Caution with interpreting NPI monitoring data

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

Data for the Prescribing Safety Indicators have been provided by Audit+, the GP software tool delivered and supported by DHCW.

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

Medusa records the issue of medicines within the secondary care setting in Wales. Where supplies are issued to named patients, it can be assumed that the difference between number of medicines issued and number administered to patients is not significant. However, when the supplies are issued to wards or clinics, these items are often held as stock and therefore may be administered to patients at a considerably later point in time. However, within this report they are only considered for analysis within the time period they were issued.

The report includes medicines supplied by homecare and recorded through the hospital system; medicines supplied through other homecare providers are not included in this report. Therefore, some medicines use data may currently be incomplete. This issue is being worked on within NHS Wales as a priority.

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

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

Glossary

ADQ – The average daily quantity (ADQ) is a measure of prescribing volume based upon prescribing behaviour in England. It represents the assumed average maintenance dose per day for a medicine used for its main indication in adults. The ADQ is not a recommended dose but an analytical unit to compare prescribing activity.

DDD – The defined daily dose (DDD), developed by the World Health Organization, is a unit of measurement whereby each medicine is assigned a value within its recognised dosage range. The value is the assumed average maintenance dose per day for a medicine when used for its main indication in adults. A medicine can have different DDDs depending on the route of administration.

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

Prescribing – Although the term 'prescribing' is used in this report, the data presented within the primary care section represent prescriptions that have been dispensed and forwarded for pricing. It is assumed that the difference between the number of prescriptions issued and those dispensed is not significant, and that dispensing provides an accurate representation of prescribing. In relation to the secondary care data presented within this report please see information on Medusa records in Caution with interpreting NPI monitoring data section.

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

Appendix 1. AWMSG National Prescribing Indicators 2025–2028

Table 1. Priority area NPIs for 2025–2028

National Prescribing Indicator	Applicable to:	Unit(s) of measure	Target for 2025–2028	Data source
Priority Areas				
Analgesics	Primary care	Opioid burden (UDG) total OME per 1,000 patients. High strength opioids (UDG) with a likely daily dose of ≥ 120 mg OME per 1,000 patients.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NHS Wales Shared Services Partner-ship (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
Antimicrobial stewardship	Primary care	Total antibacterial DDDs per 1,000 STAR-PUs.	Health board: a quarterly reduction of 6%, 7% and 8% in subsequent years against a baseline of data from April 2019–March 2020. GP practice: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		Total antibacterial items per 1,000 STAR-PUs.	GP practice: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	

National Prescribing Indicator	Applicable to:	Unit(s) of measure	Target for 2025–2028	Data source
Priority Areas				
		4C antimicrobials items per 1,000 patients.	Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	NWSSP
		4C antimicrobials DDDs per 1,000 patients.		
		Proportion of amoxicillin 500 mg capsules prescribed for 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations). Proportion of doxycycline 100 mg capsules prescribed for 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations). Proportion of clarithromycin 500 mg tablets prescribed for 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations).	75% of prescriptions issued as a 5-day duration versus all 5- and 7-day durations.	NWSSP
Respiratory	Primary care	Number of DPIs and SMIs as a percentage of all inhalers prescribed.	80% of inhalers prescribed to be of low GWP or show an increase towards the quartile above.	NWSSP

National Prescribing Indicator	Applicable to:	Unit(s) of measure	Target for 2025–2028	Data source
Priority Areas				
		Number of SABA inhalers as a percentage of all inhalers.	Maintain performance levels within the lower quartile or show a reduction towards the quartile below.	NWSSP
SGLT-2 inhibitors	Primary care	Number of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor.	Increase the number of patients with T2DM and CHF prescribed an SGLT-2 inhibitor.	DHCW
	Primary care	Number of patients with T2DM and CKD who are currently treated with an ARB or ACE inhibitor prescribed an SGLT-2 inhibitor.	Increase the number of patients with T2DM and CKD prescribed an SGLT-2 inhibitor.	DHCW
	Primary care	Number of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor and have an ACR ≥ 22.6 mg/mmol prescribed an SGLT-2 inhibitor.	Increase the number of patients with non-diabetic CKD prescribed an SGLT-2 inhibitor.	DHCW
National Prescribing Indicator	**Applicable to:**	**Unit of measure**	**Target for 2025–2028**	**Data source**
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(s) of measure	Target for 2025–2028	Data source
Priority Areas				
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 (previous financial year) for Yellow Cards submitted by secondary care. 25% or greater increase from baseline (previous financial year) 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 2025 versus quarter ending June 2024

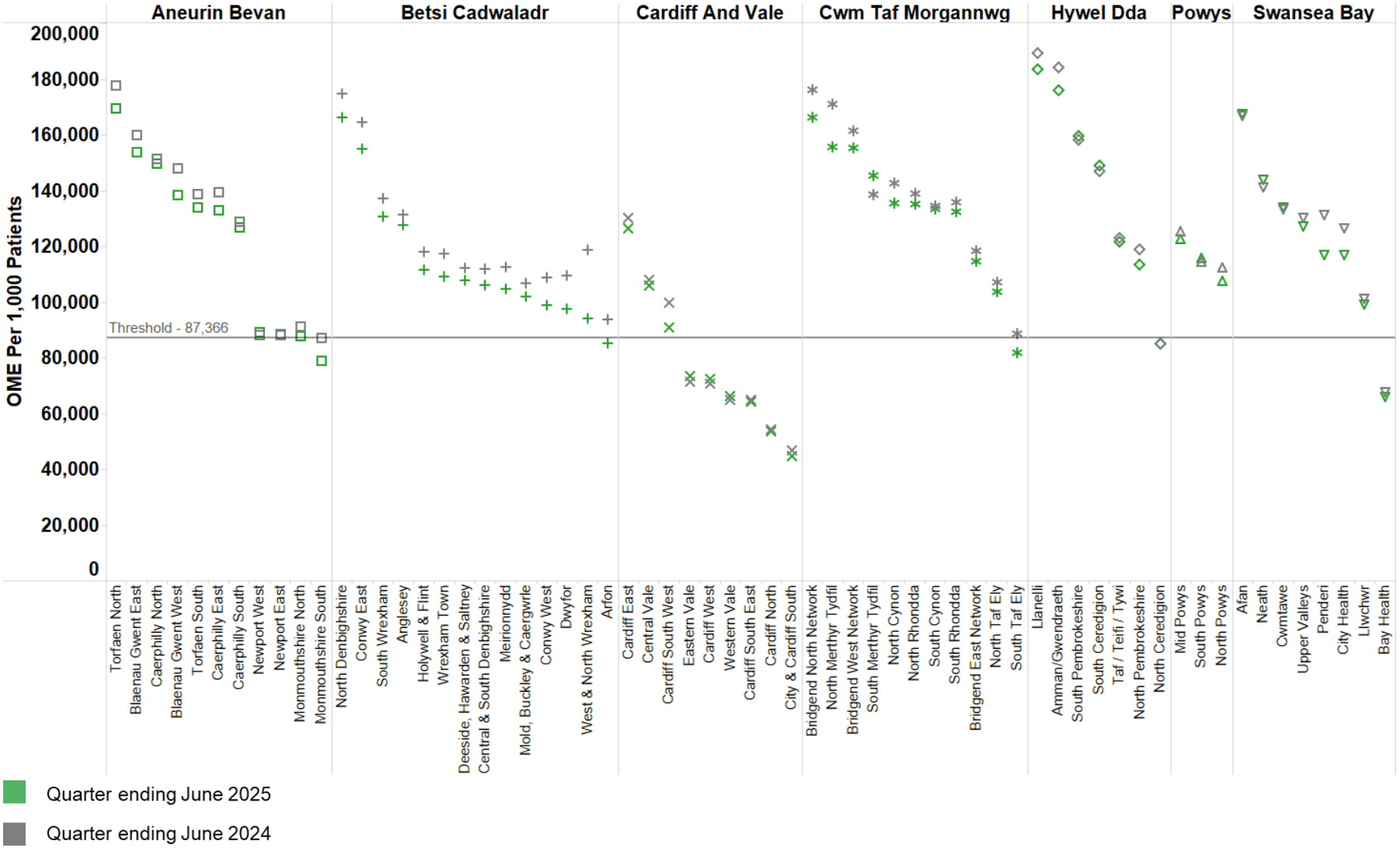


Figure 2. High strength opioid prescribing – Quarter ending June 2025 versus quarter ending June 2024

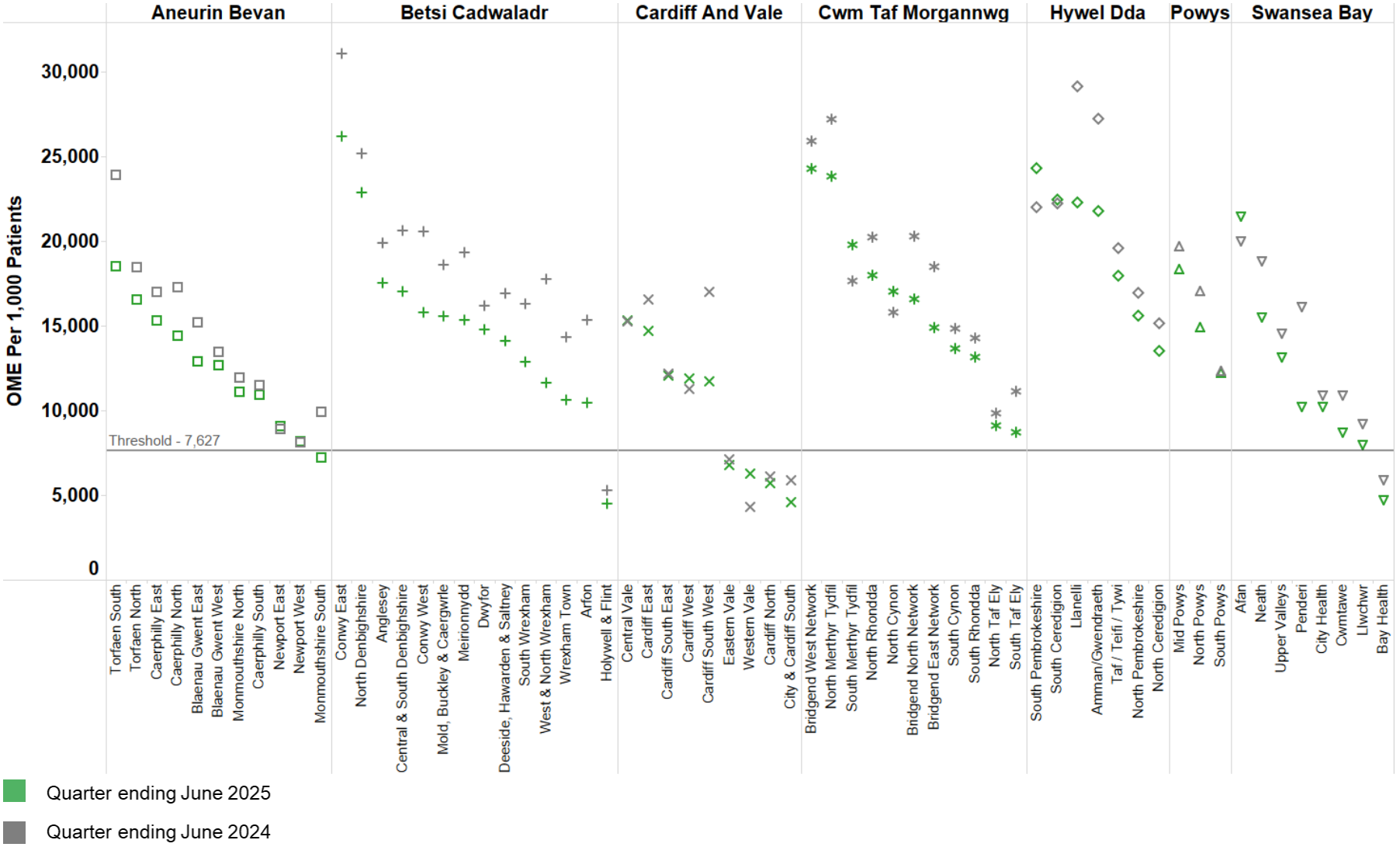


Figure 3. Tramadol prescribing – Quarter ending June 2025 versus quarter ending June 2024

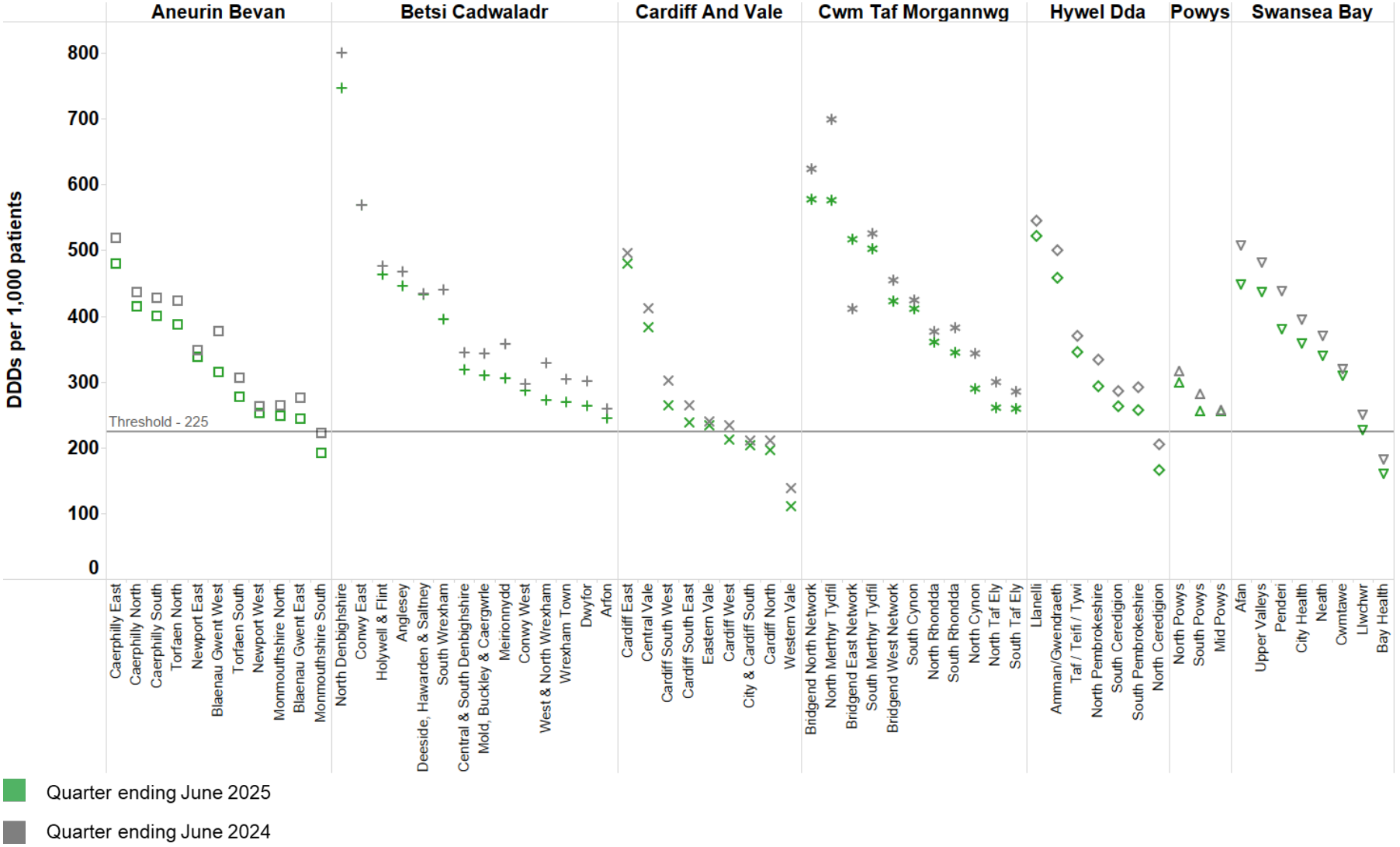


Figure 4. Gabapentin and pregabalin prescribing – Quarter ending June 2025 versus quarter ending June 2024

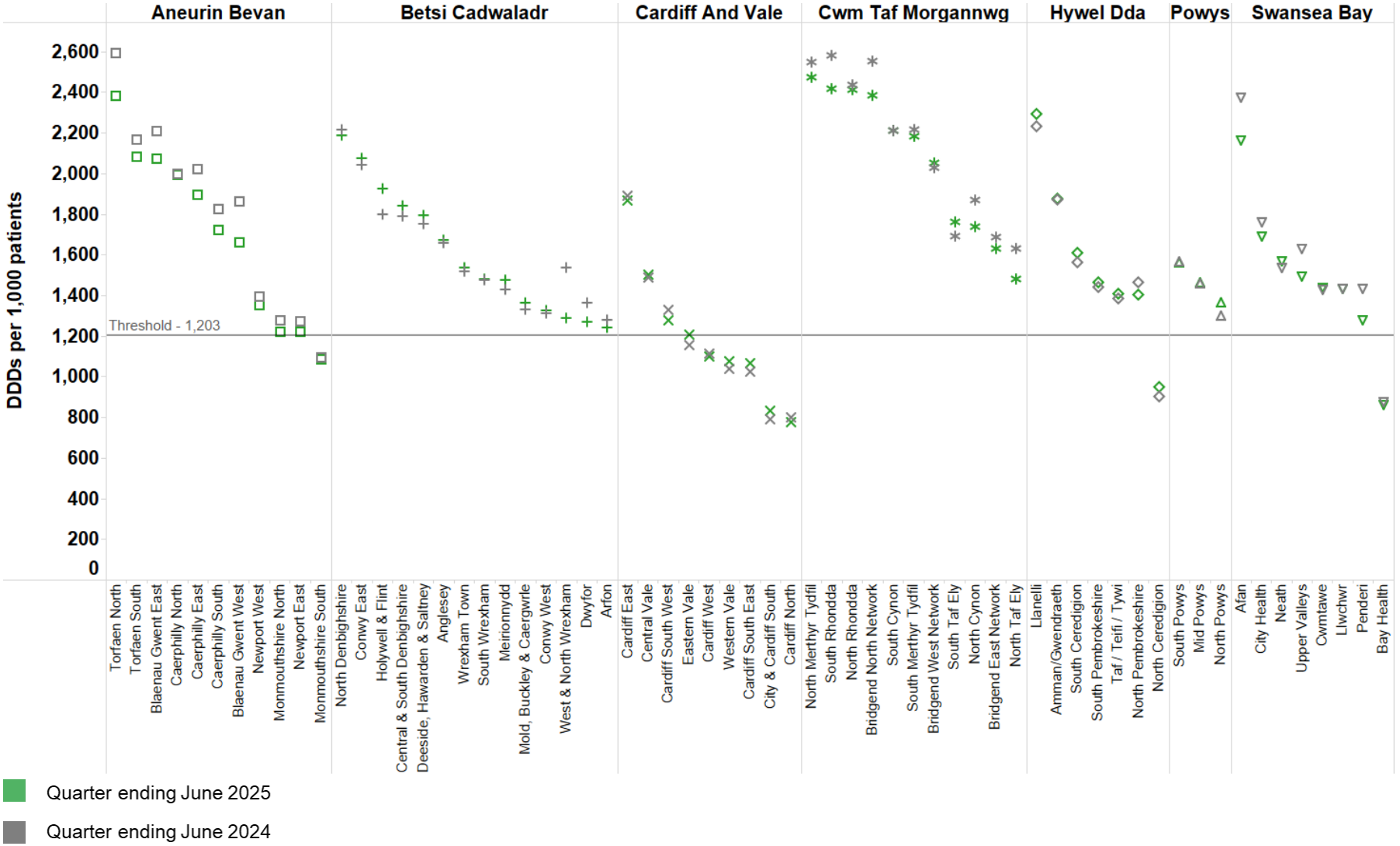


Figure 5. Antimicrobial prescribing – Quarter ending June 2025 versus quarter ending June 2019

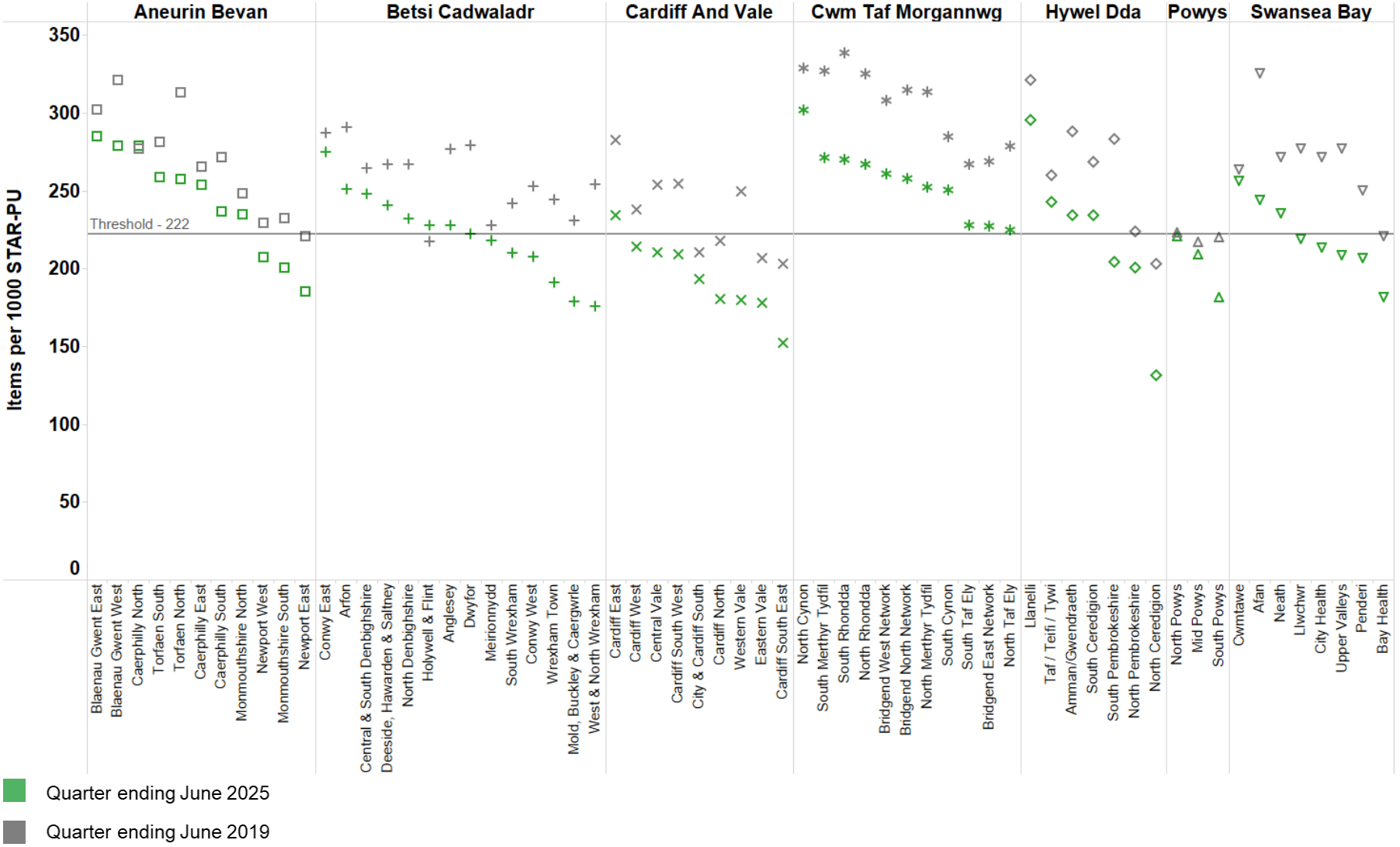


Figure 6. 4C antimicrobials prescribing – Quarter ending June 2025 versus quarter ending June 2024

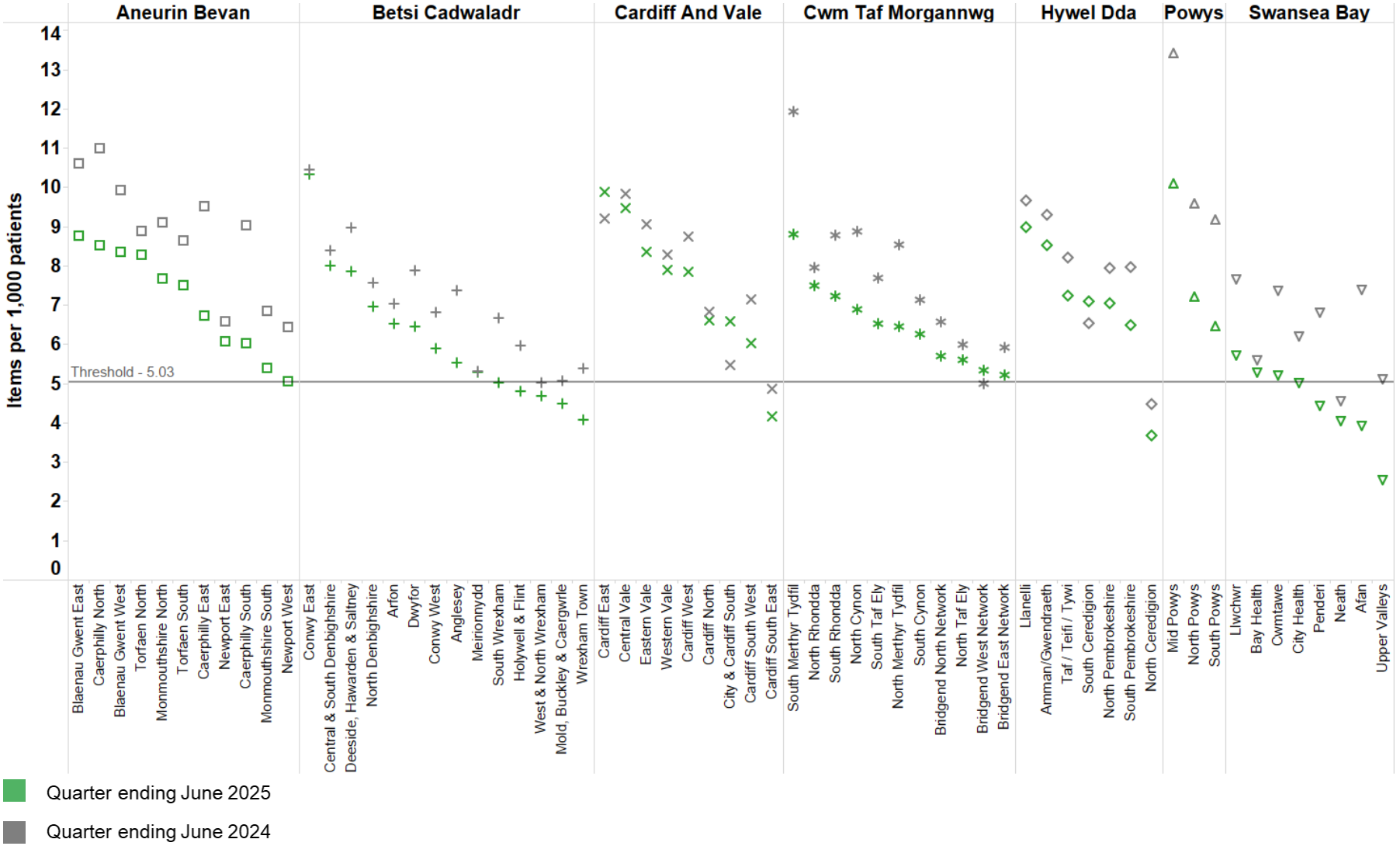


Figure 7. Amoxicillin 5-day course duration – Quarter ending June 2025 versus quarter ending June 2024

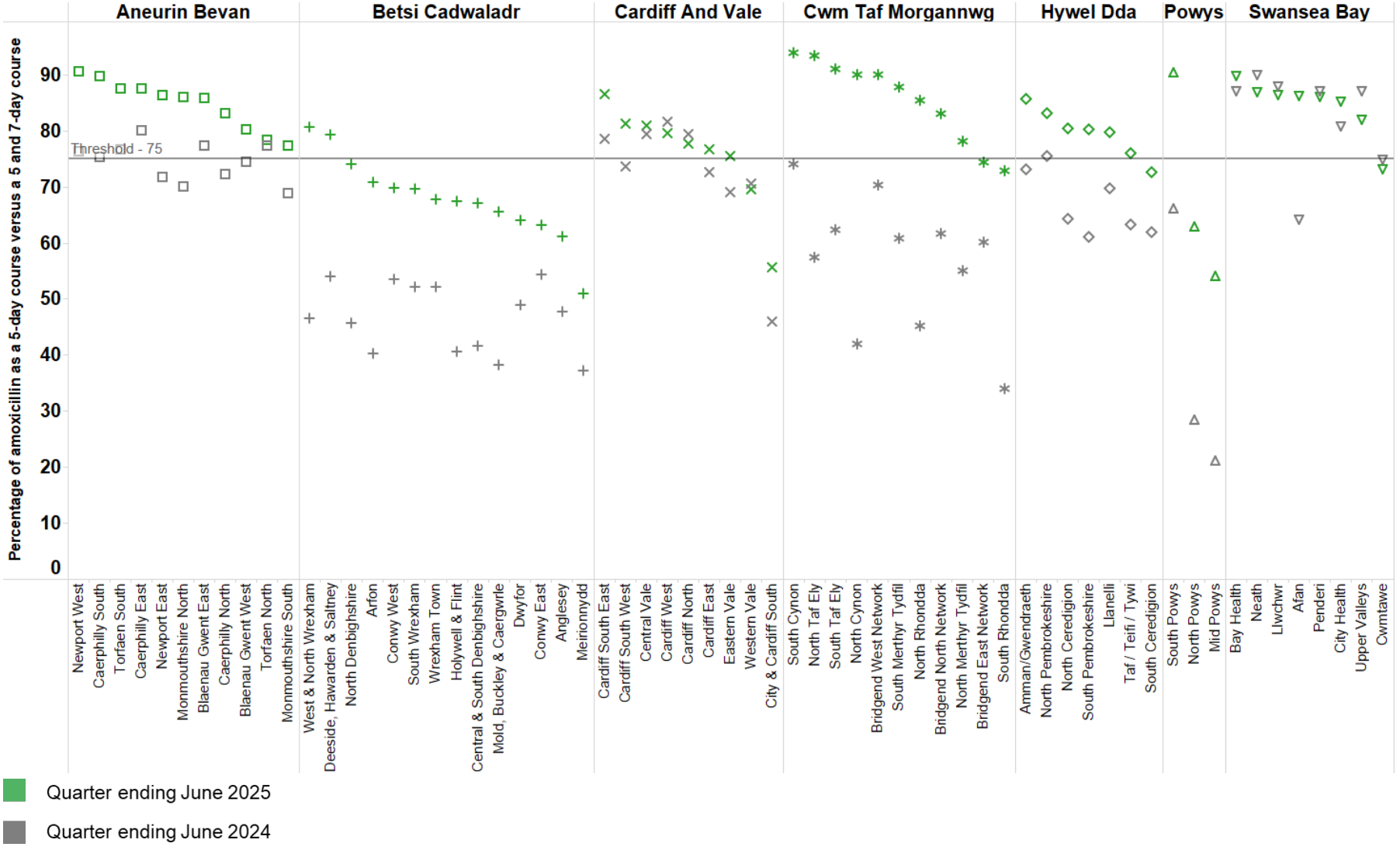


Figure 8. Doxycycline 5-day course duration – Quarter ending June 2025 versus quarter ending June 2024

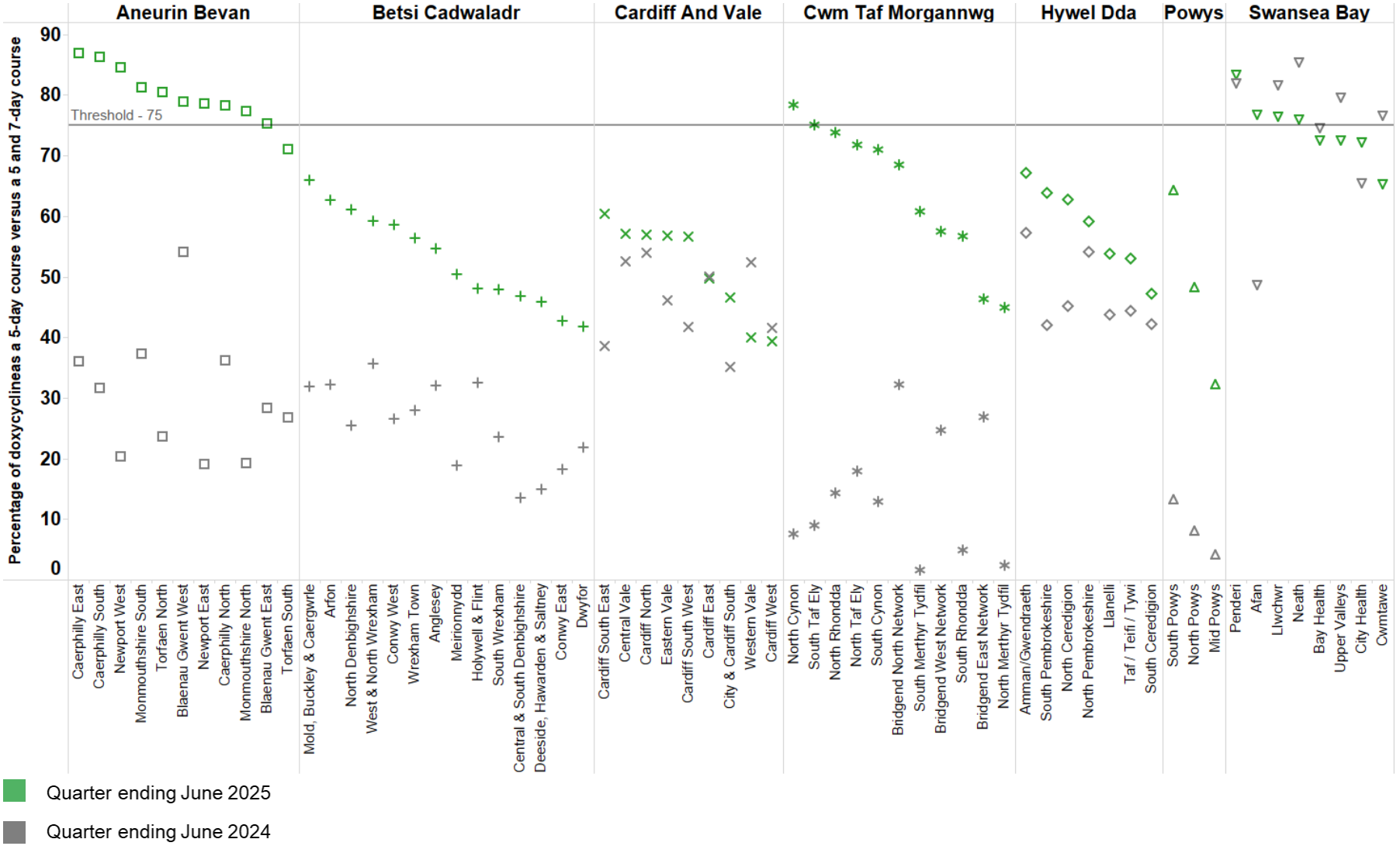


Figure 9. Clarithromycin 5-day course duration – Quarter ending June 2025 versus quarter ending June 2024

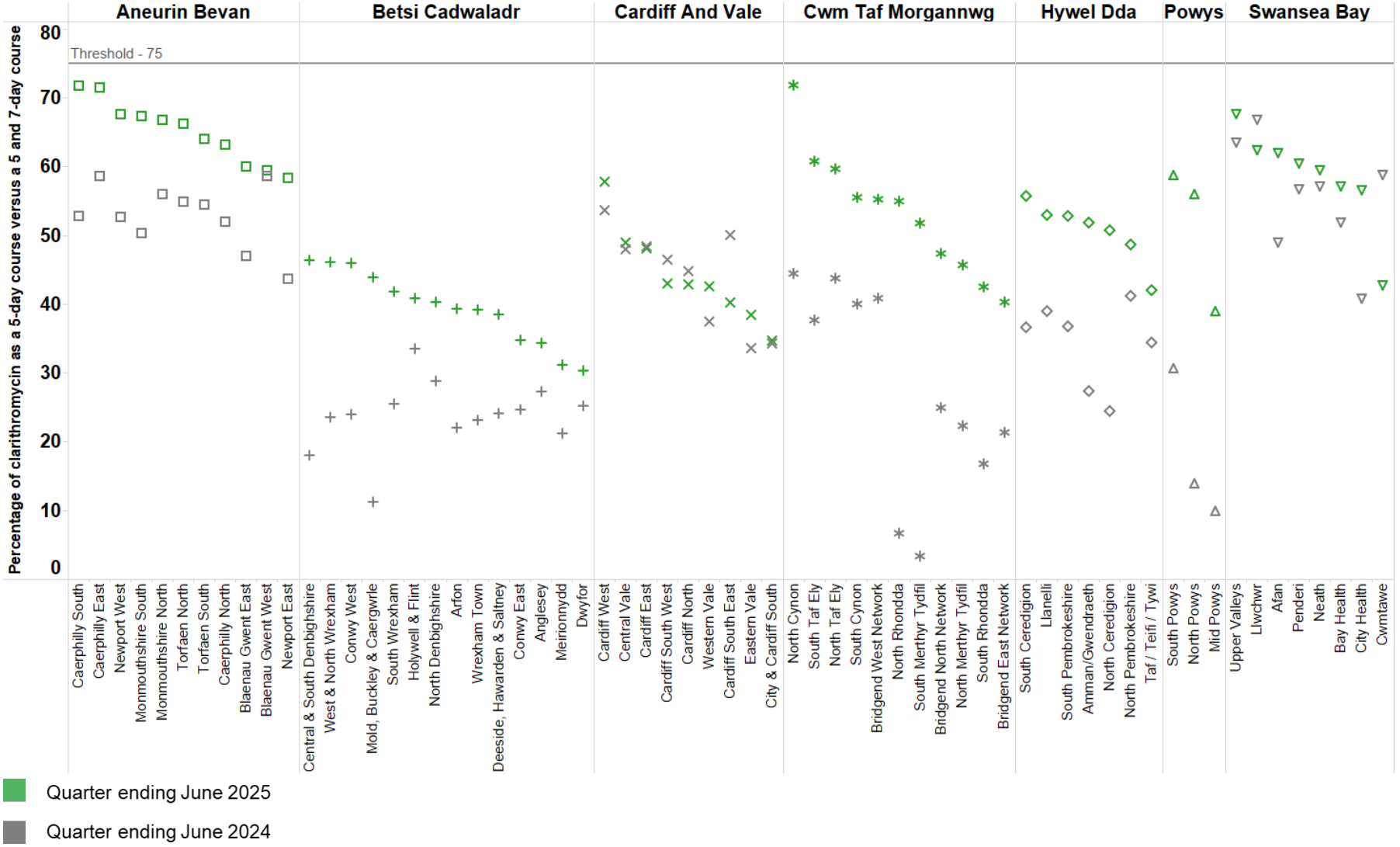


Figure 10. Decarbonisation of inhalers – Quarter ending June 2025 versus quarter ending June 2024

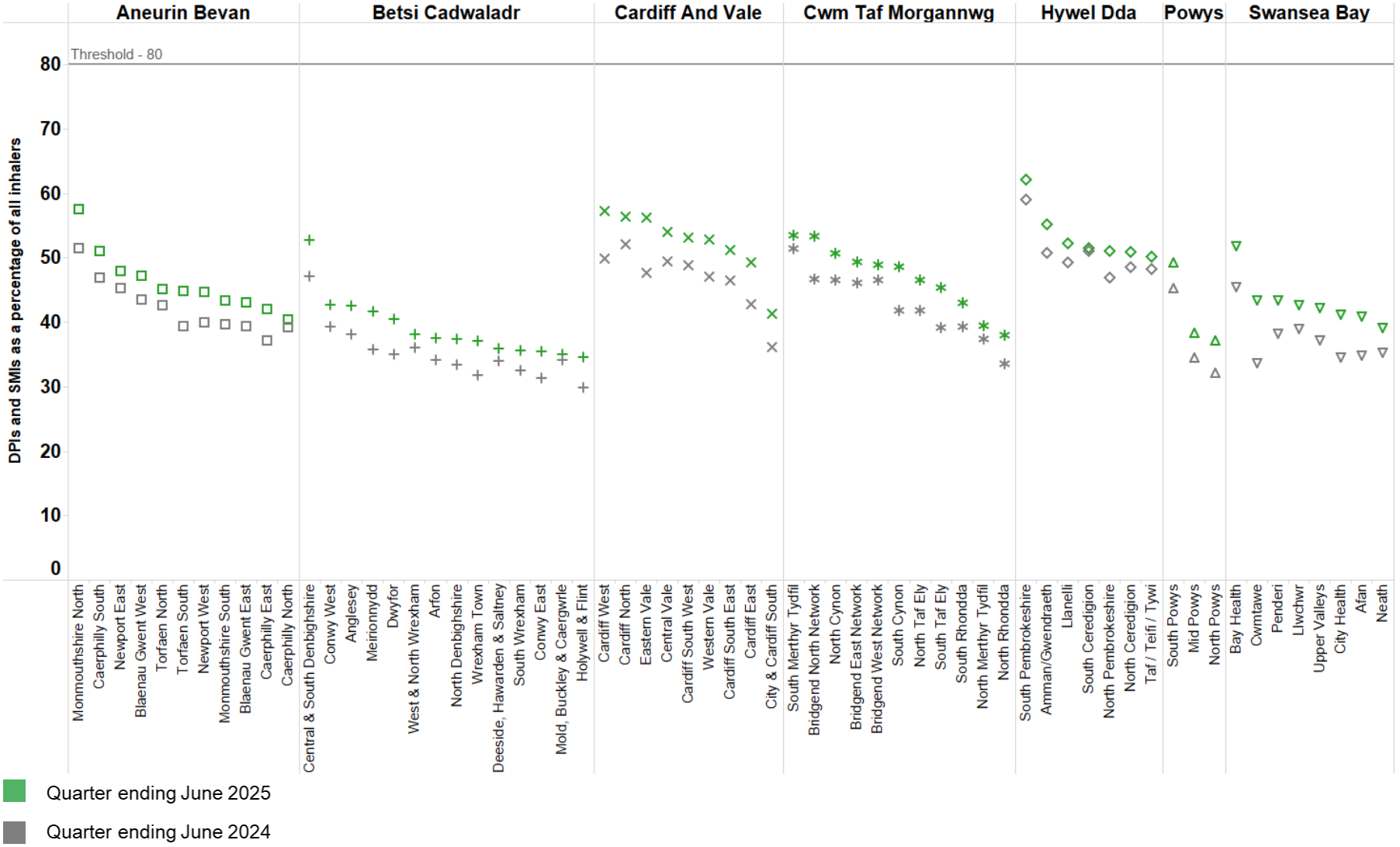


Figure 11. SABA inhalers – Quarter ending June 2025 versus quarter ending June 2024

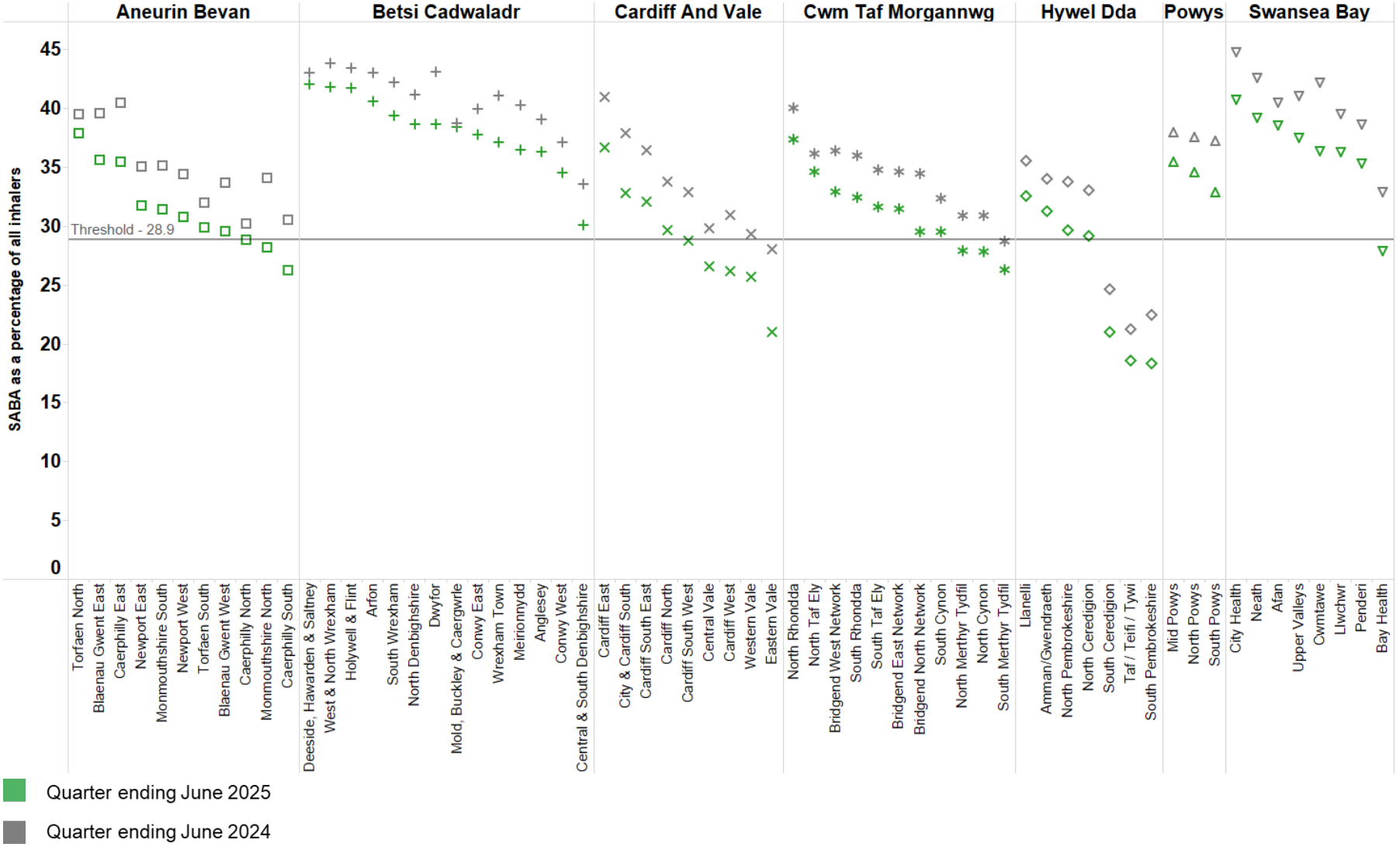


Figure 12. Hypnotic and anxiolytic prescribing – Quarter ending June 2025 versus quarter ending June 2024

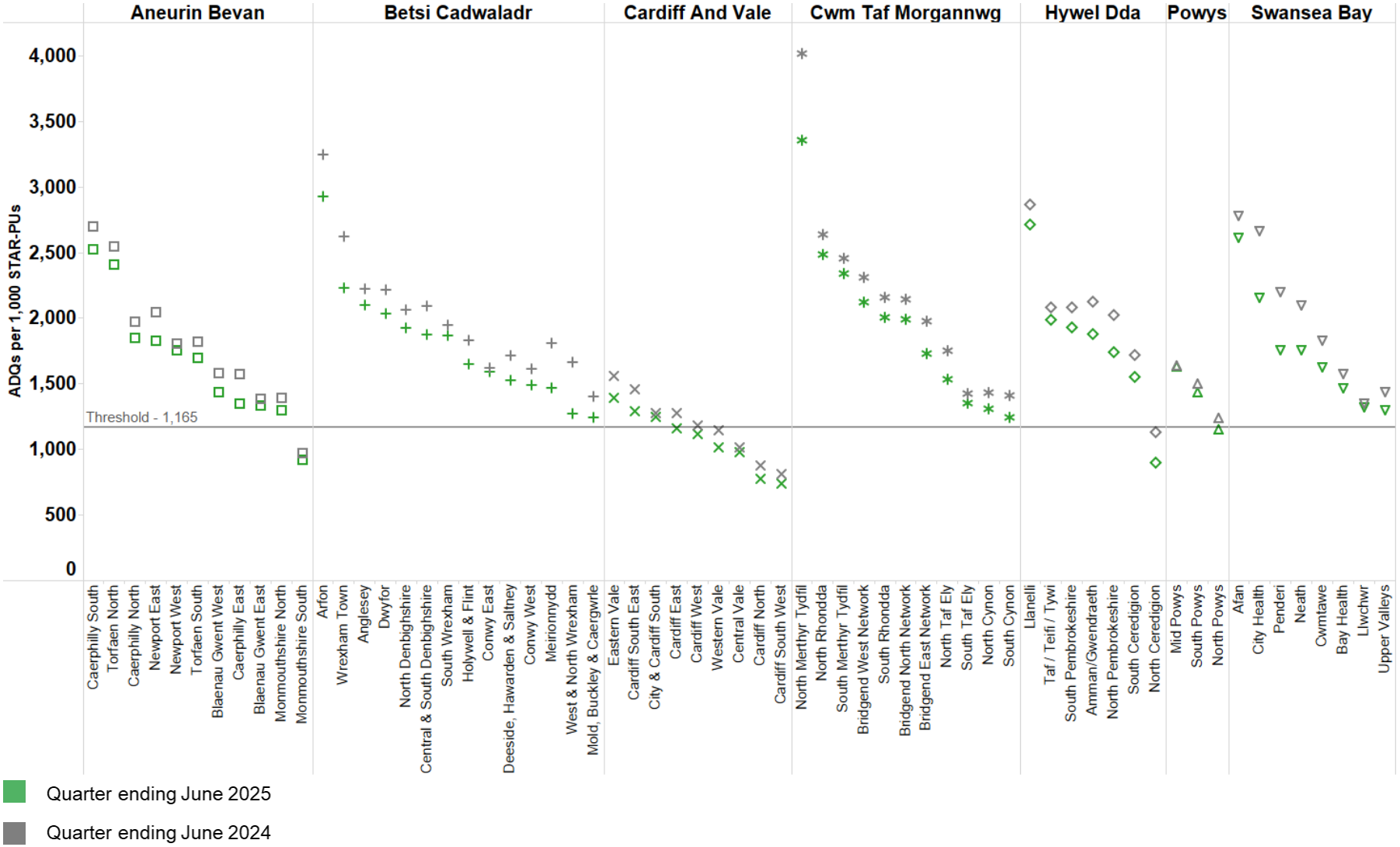


Figure 13. Low value for prescribing UDG spend (£) per 1,000 patients – June 2025 versus quarter ending June 2024