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

National Prescribing Indicators 2025–2026

Analysis of Prescribing Data to March 2026

August 2026: Wales and England comparison graphs have been updated for respiratory indicators. Table for "Health boards/ practices achieving the Yellow Card indicator targets/thresholds – Full year 2025–2026" has been added.

September 2026: Data for the SGLT-2 inhibitor indicators and additional safety indicators have been added.

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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. Both of these documents can be found on the National Prescribing Indicators 2025–2028 webpage.

This report contains data relating to the NPIs for the fourth 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

- A good practice spotlight from Cwm Taf Morgannwg UHB highlights work that has been undertaken by a practice to establish harm reduction clinics. These clinics were used as an opportunity to discuss the risks associated with long-term prescribing of medicines such as opioids.
- Opioid burden (user-defined group [UDG] oral morphine equivalence [OME] [mg] per 1,000 patients) decreased by 3.27% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- High strength opioid prescribing (UDG OME [mg] 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 6.80% 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 1.28% 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 14.7% and 16.1%, respectively, compared with the baseline of quarter ending March 2019, 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 6.39% and 5.85%, respectively, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- 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 12.8% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- 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 24.2% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- 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 32.1% 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 8.60% 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 9.42% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

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

- Across Wales, for the quarter ending March 2026, the percentage of patients with type 2 diabetes (T2DM) and chronic heart failure (CHF) who were prescribed an SGLT-2 inhibitor was 64.2%.
- Across Wales, for the quarter ending March 2026, the percentage 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 and who were prescribed an SGLT-2 inhibitor was 51.1%.
- Across Wales, for the quarter ending March 2026, the percentage of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor, have an albumin to creatinine ratio (ACR) ≥ 22.6 mg/mmol and who were prescribed an SGLT-2 inhibitor was 44.1%.

Supporting domain – Safety

For 2025–2026, there are three areas in the supporting domain focused on safety covering a total of 28 indicators.

Prescribing Safety Indicators

- The aim of these 22 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 (UDG average daily quantities [ADQs] per 1,000 STAR-PUs) in primary care reduced by 8.22% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Yellow Cards

- GP practice reporting showed a 15% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Secondary care reporting showed a 20% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Health board/NHS trust reporting showed a 7% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Reporting by members of the public showed a 11% decrease across Wales, compared with the equivalent quarter of the previous year, contrary to the aim of the indicator.
- Community pharmacies across Wales submitted a total of 39 Yellow Card reports; however, targets have not been set for this group.

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

- 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 an increase in the overall use of ranibizumab biosimilar compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- There was an increase in the overall use of ustekinumab biosimilar compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- Use of biosimilar medicines (adalimumab, etanercept, infliximab, ranibizumab, rituximab, trastuzumab and ustekinumab) as a percentage of total 'biosimilar' plus 'reference' product, increased from 95% to 96% for the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Low value for prescribing

- Overall spend on the low value for prescribing UDG (per 1,000 patients) decreased by 5.22% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Examples of good practice are included in the quarterly reports to promote and facilitate the sharing of knowledge to improve prescribing practice in Wales; current and past examples can be found on the Good practice spotlights page of the AWTTC website.

The 2026–2027 NPI report for quarter ending June 2026 will be available on 16th October 2026.

SPIRA

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 first number in the table below shows the number of practices in each health board which met the 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 March 2026

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	19 28%	29 30%	39 72%	7 16%	7 15%	3 19%	11 25%
Tramadol DDDs per 1,000 patients	21 31%	26 27%	30 56%	9 20%	15 32%	6 38%	13 30%
Gabapentin and pregabalin DDDs per 1,000 patients	20 30%	21 22%	29 54%	2 5%	13 28%	4 25%	14 32%
Antibacterial DDDs per 1,000 STAR-PUs	✓	✓	✓	✓	✓	✓	✓
4C antibacterial DDDs per 1,000 patients	23 34%	37 39%	14 26%	19 43%	14 30%	4 25%	31 70%
Course duration Amoxicillin	63 94%	91 95%	37 69%	38 86%	38 81%	13 81%	40 91%
Course duration Doxycycline	52 78%	71 74%	5 9%	23 52%	15 32%	10 63%	23 52%
Course duration Clarithromycin	24 36%	49 51%	2 4%	8 18%	5 11%	5 31%	11 25%

Percentage of practices meeting threshold:

Health boards/practices achieving the indicator targets/thresholds – Quarter ending March 2026 (continued)

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	33 49%	22 23%	30 56%	22 50%	37 79%	7 44%	11 25%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PUs	21 31%	30 31%	36 67%	8 18%	9 19%	9 56%	13 30%
Low Value for Prescribing (UDG) spend (£) per 1,000 patients	14 21%	29 30%	21 39%	7 16%	10 21%	8 50%	13 30%

Percentage of practices meeting threshold:

Health boards/practices achieving the Yellow Card indicator targets/thresholds – Full year 2025–2026

The targets for health board, members of the public and secondary care 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	4 6%	79 82%	1 2%	18 41%	29 62%	3 19%	0 0%	-
Health boards	✓	✓	✓	✓	✓	✓	✓	—
Health boards: members of public	✗	✗	✗	✗	✗	✗	✗	—
Secondary care	✗	✗	✗	✗	✗	✗	✗	✗

Percentage of practices meeting threshold:

1.0 Priority areas

Good practice spotlight

Practice 2 in Cwm Taf Morgannwg UHB has made significant improvements across a number of National Prescribing Indicators, including those related to opioids, gabapentinoids, and hypnotics/anxiolytics.

The lead GP at the practice established harm reduction clinics, which were used as an opportunity to discuss the risks associated with long-term prescribing of medicines such as opioids. Through these clinics, patients were supported to gradually taper their medications. Patients were kept fully informed of any changes and provided with information packs which included resources from the Live Well with Pain website and the Cwm Taf Morgannwg UHB analgesic stewardship SharePoint page. Referrals to physiotherapy, pain clinics, and other relevant services were made where necessary. For more complex patients, advice was sought from the practice's prescribing advisor pharmacist and the Cwm Taf Morgannwg UHB Principal Pharmacist specialising in pain, analgesic stewardship, and harm reduction.

The entire GP practice has been engaged in this ongoing work, with all staff contributing; for example, by ensuring prescriptions are not issued early and that review appointments are scheduled in a timely manner before further medication is required.

Looking ahead, the practice has developed a policy for locum GPs regarding the prescribing of dependence-forming medicines for chronic pain, supporting a consistent and safe approach to patient care.

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

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 (mg) per 1,000 patients.
- High strength opioid UDG OME (mg) 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 3.27% in the quarter ending March 2026 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending March 2026, opioid burden prescribing ranged from 74,818 mg to 137,801 mg 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, and Swansea Bay UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 1. Opioid burden UDG OME (mg) per 1,000 patients

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Betsi Cadwaladr	116,984	109,666	-6.26%
Cardiff and Vale	77,671	74,818	-3.67%
Powys	114,001	110,423	-3.14%
Aneurin Bevan	119,699	116,434	-2.73%
Cwm Taf Morgannwg	129,994	126,821	-2.44%
Hywel Dda	140,449	137,801	-1.89%
Swansea Bay	116,453	115,021	-1.23%
Wales	**115,562**	**111,786**	**-3.27%**

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

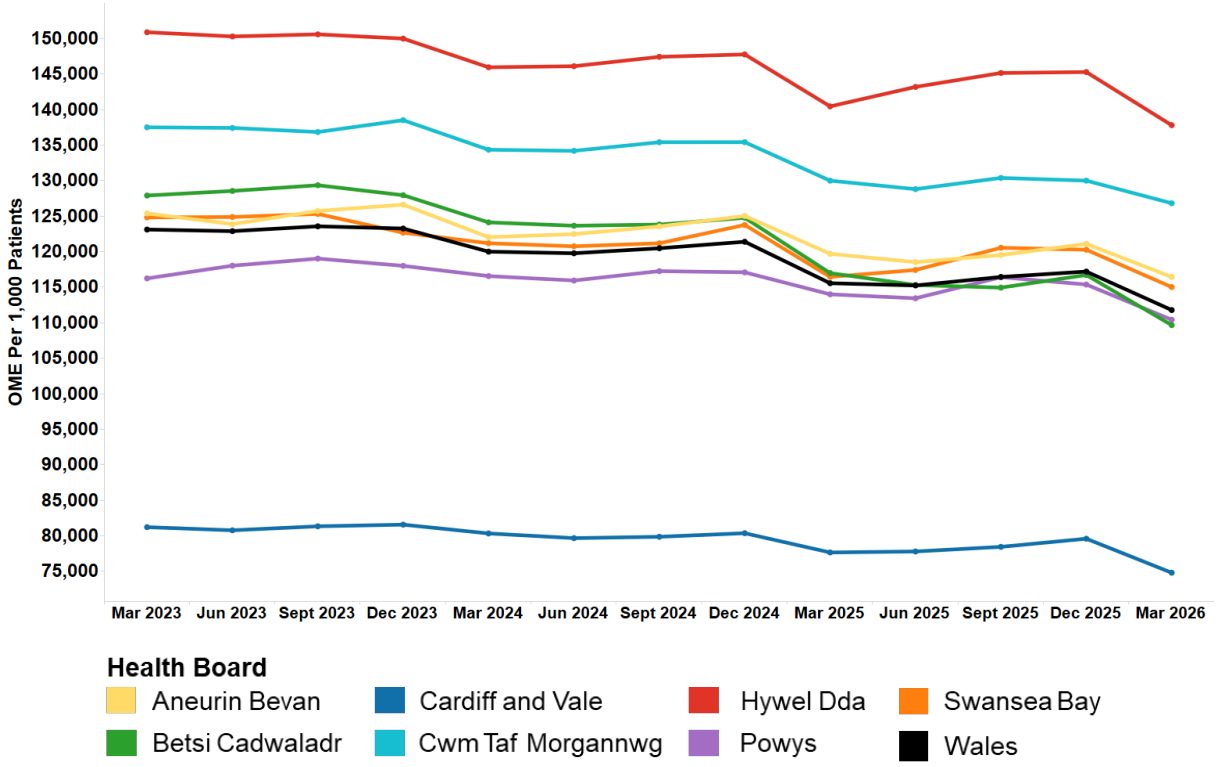
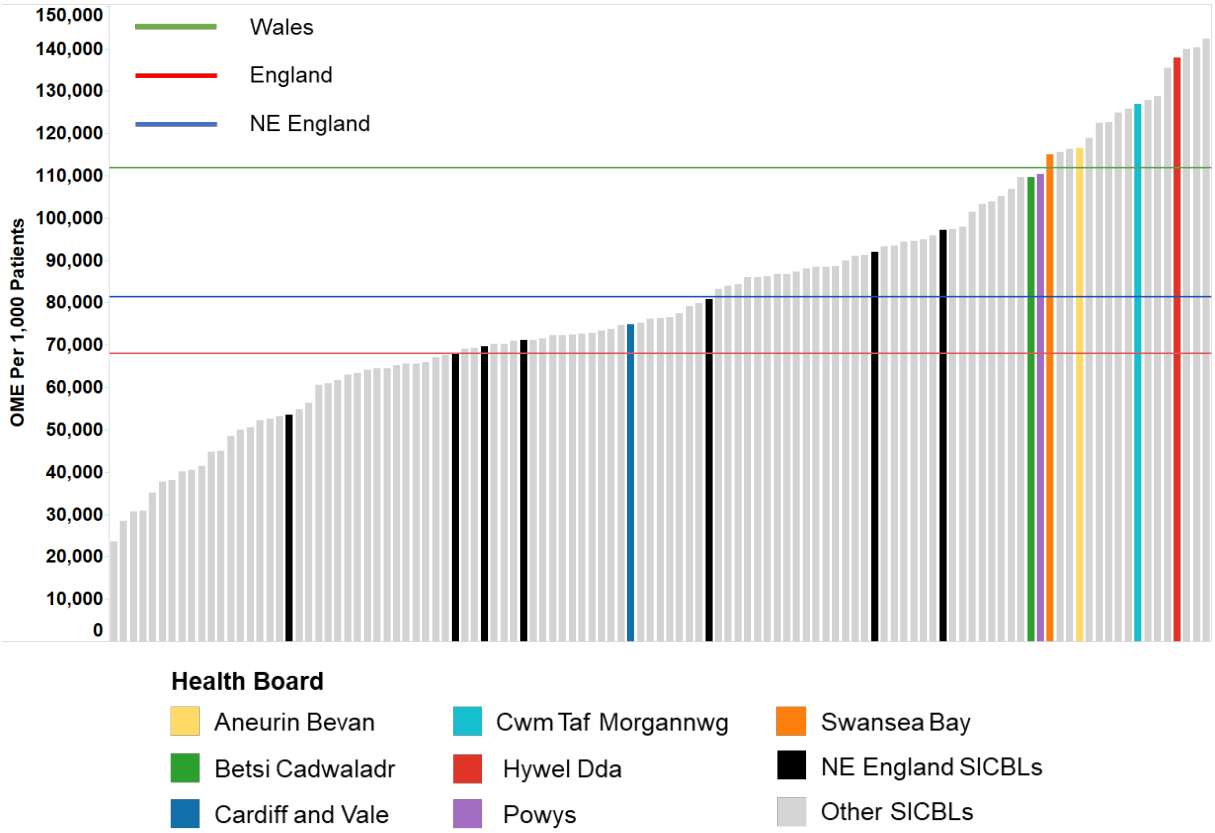


Figure 2. Opioid burden in Welsh health boards and English sub integrated care board locations (SICBLs) – Quarter ending March 2026



1.1.1.2 High strength opioids

- Across Wales, high strength opioid prescribing decreased by 12.7% in the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, high strength opioid prescribing ranged from 8,919 mg to 18,545 mg 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, and Powys Teaching HB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Betsi Cadwaladr	16,038	12,982	-19.1%
Cardiff and Vale	10,563	8,919	-15.6%
Swansea Bay	11,287	9,887	-12.4%
Aneurin Bevan	12,636	11,244	-11.0%
Cwm Taf Morgannwg	16,853	15,143	-10.1%
Hywel Dda	20,131	18,545	-7.88%
Powys	15,757	14,860	-5.69%
Wales	**14,513**	**12,671**	**-12.7%**

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

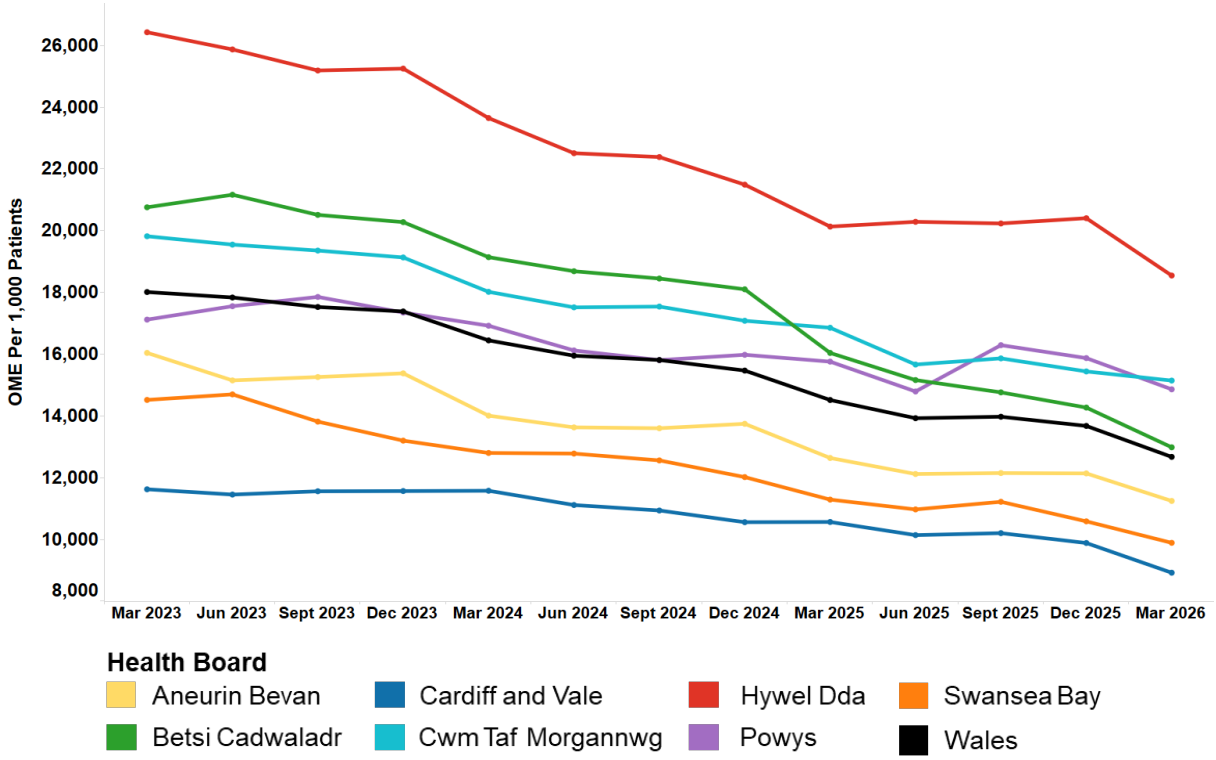
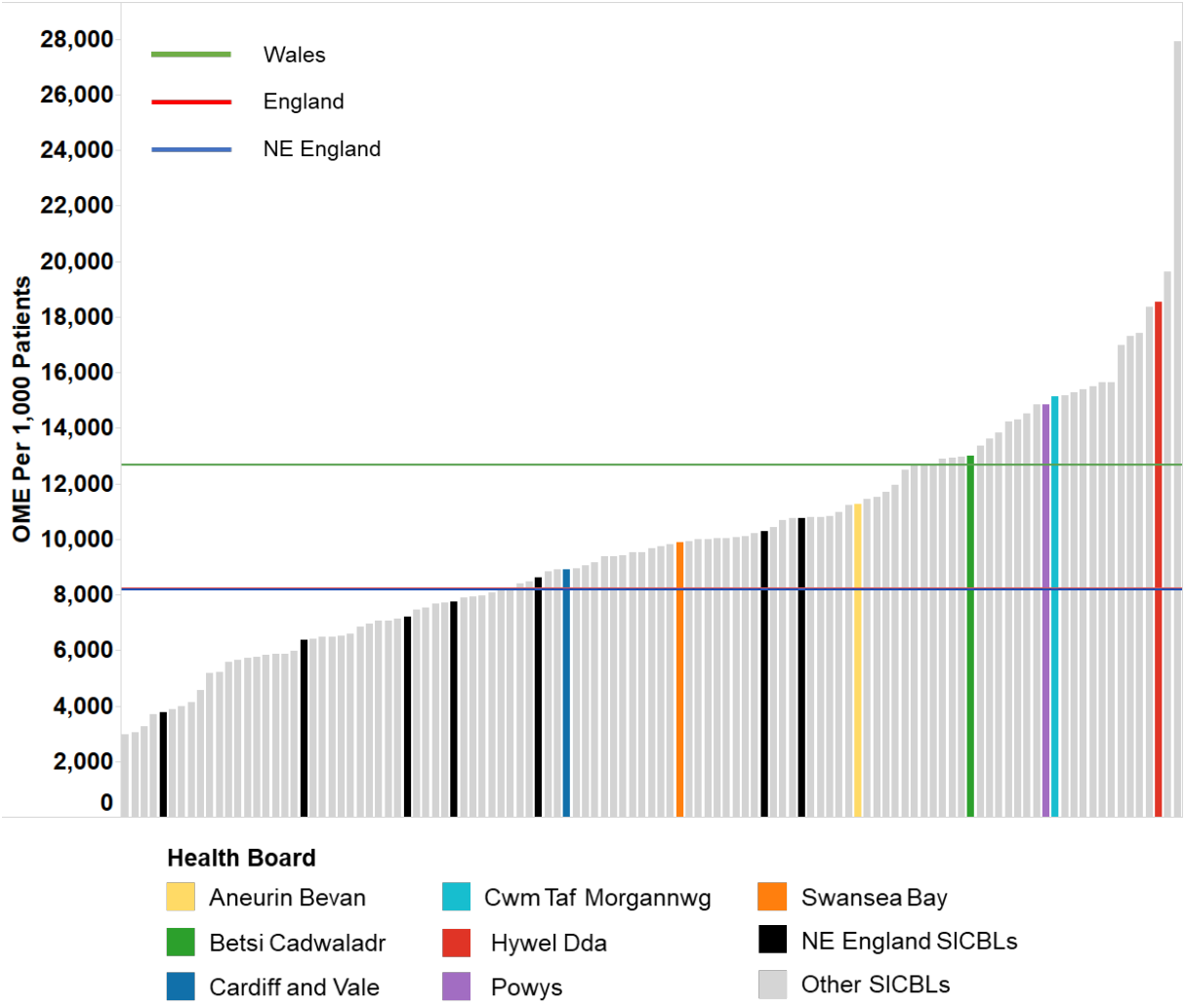


Figure 4. High strength opioid prescribing in Welsh health boards and English SICBLs – Quarter ending March 2026*



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

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 6.80% lower in the quarter ending March 2026 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, tramadol prescribing ranged from 253 to 364 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 and Betsi Cadwaladr UHB.
- Tramadol prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Cwm Taf Morgannwg UHB, and the smallest percentage decrease was seen in Cardiff and Vale UHB, compared with the equivalent quarter of the previous year.

Table 3. Tramadol DDDs per 1,000 patients

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Cwm Taf Morgannwg	398	364	-8.68%
Hywel Dda	339	311	-8.31%
Swansea Bay	324	301	-7.03%
Betsi Cadwaladr	389	364	-6.36%
Aneurin Bevan	336	316	-5.92%
Powys	280	264	-5.83%
Cardiff and Vale	267	253	-5.16%
Wales	**341**	**318**	**-6.80%**

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

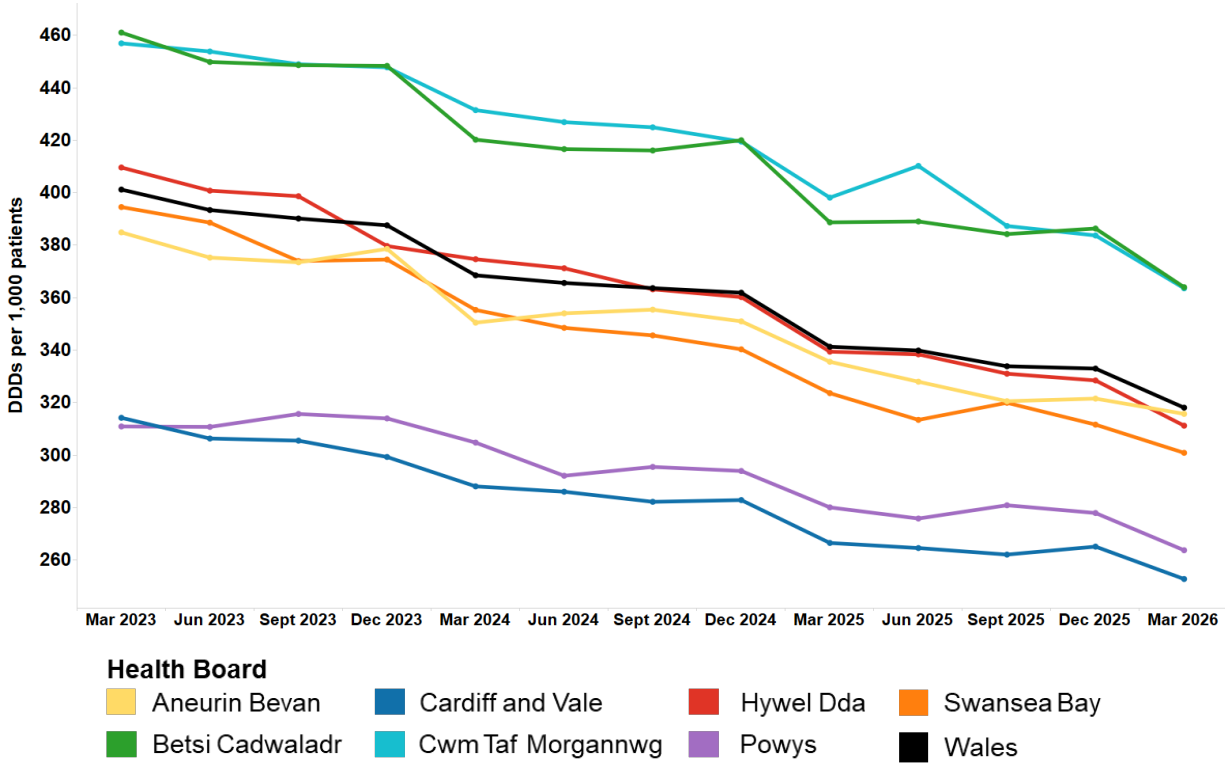
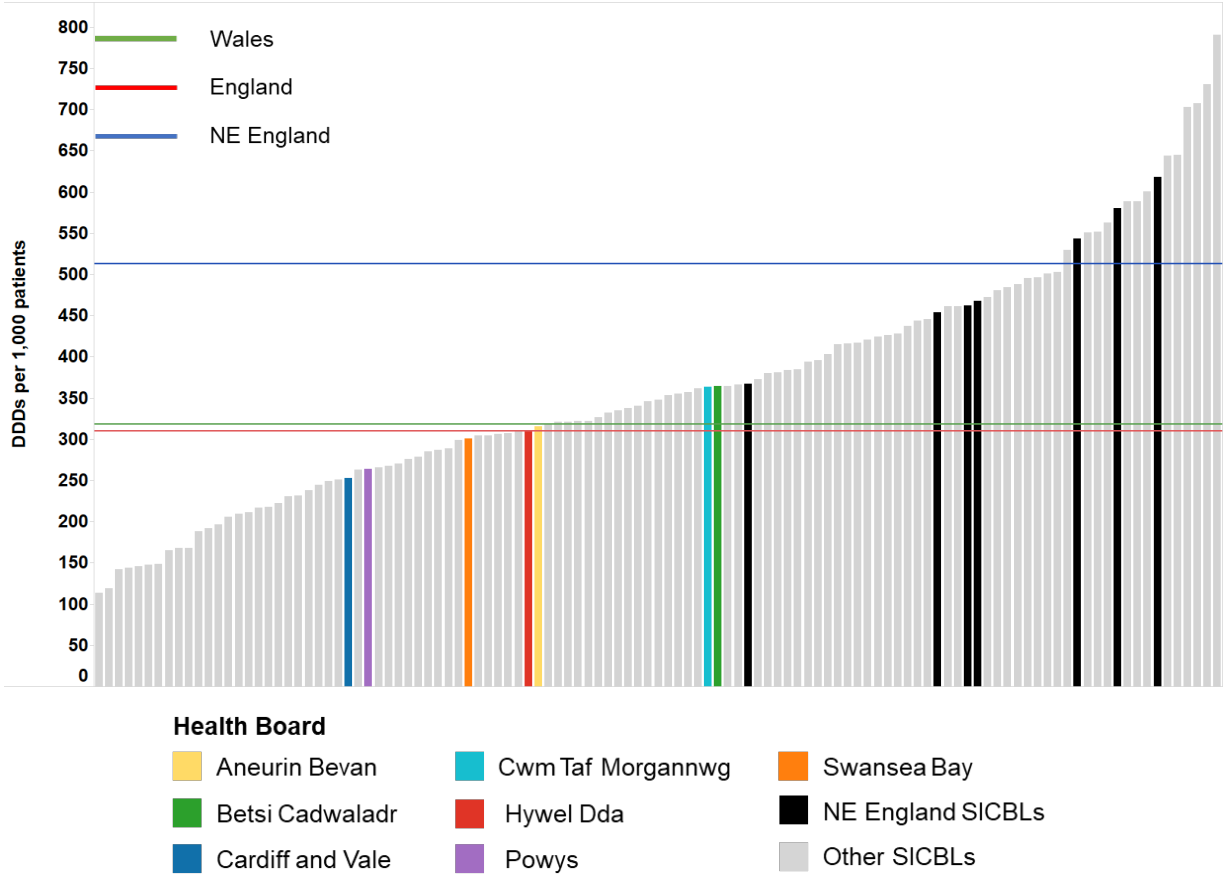


Figure 6. Tramadol prescribing in Welsh health boards and English SICBLs – Quarter ending March 2026



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 2026, prescribing of gabapentin and pregabalin decreased by 1.28% compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending March 2026, gabapentin and pregabalin prescribing ranged from 1,165 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. Hywel Dda UHB 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 4	2025–2026 Qtr 4	% Change
Aneurin Bevan	1,665	1,597	-4.07%
Swansea Bay	1,430	1,398	-2.23%
Powys	1,424	1,408	-1.08%
Betsi Cadwaladr	1,610	1,593	-1.05%
Cwm Taf Morgannwg	2,020	2,002	-0.85%
Cardiff and Vale	1,165	1,165	-0.03%
Hywel Dda	1,570	1,599	1.82%
Wales	**1,571**	**1,551**	**-1.28%**

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

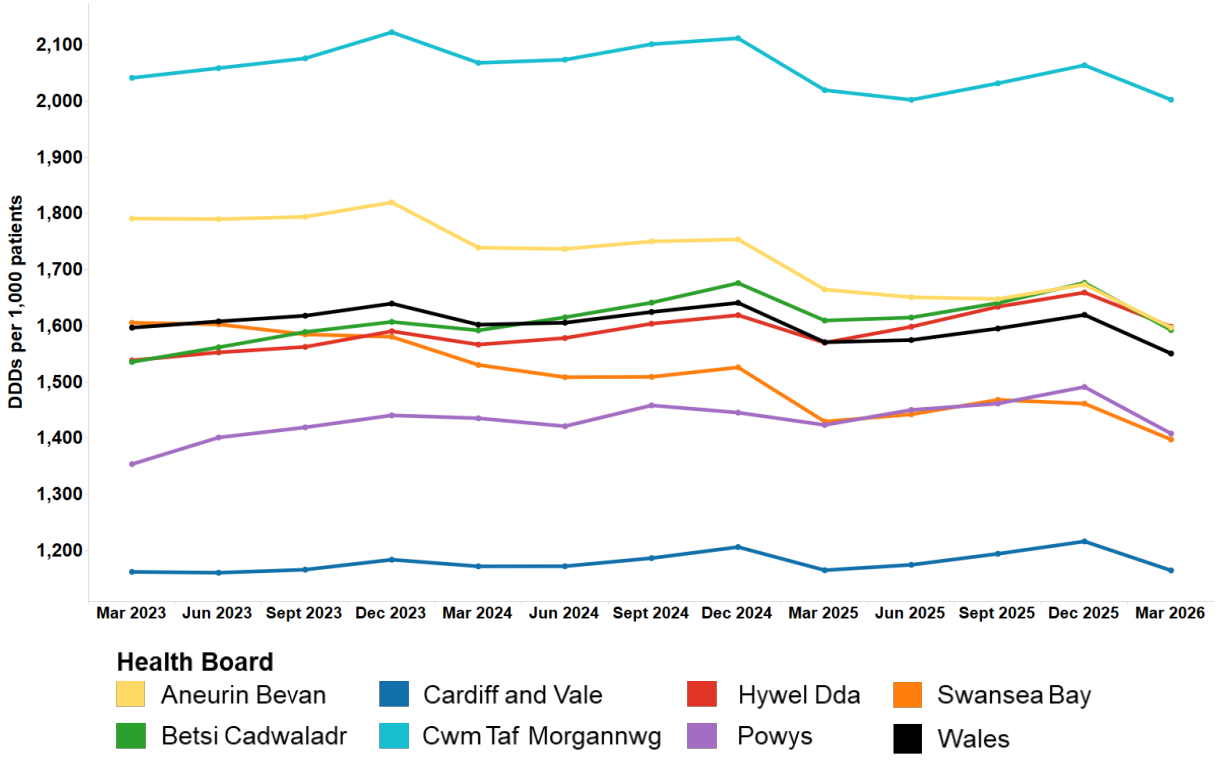
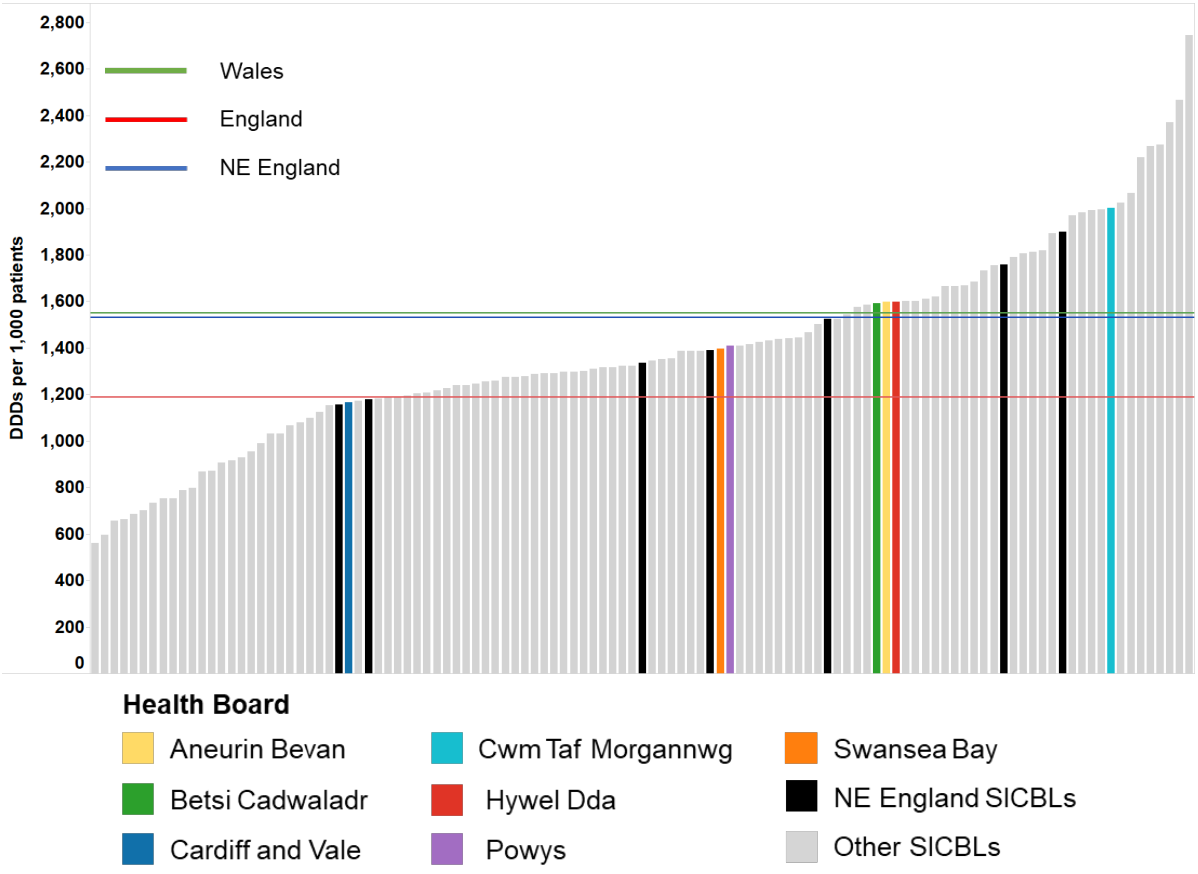


Figure 8. Gabapentin and pregabalin prescribing in Welsh health boards and English SICBLs – Quarter ending March 2026



1.2 Antimicrobial stewardship

There are five antimicrobial NPIs for 2025–2028:

Total antibacterial prescribing

1. Total antibacterial DDDs and items per 1,000 STAR-PUs

4C antimicrobial prescribing

2. 4C antimicrobial DDDs and items per 1,000 patients

Course duration for respiratory tract infection antibiotics

3. 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. 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. 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.

The widespread and often excessive use of antimicrobials is one of the main factors contributing to the increasing emergence of antimicrobial resistance. The appropriate use of antimicrobials reduces antimicrobial resistance and healthcare-associated infections.

1.2.1.1 Total antibacterial DDDs

- Across Wales, for the quarter ending March 2026, total antibacterial DDDs per 1,000 STAR-PUs decreased by 14.7%, compared with the quarter ending March 2020, in line with the aim of the indicator.
- For the quarter ending March 2026, the total number of antibacterial DDDs per 1,000 STAR-PUs ranged from 2,170 to 2,391 across the health boards.
- The health board with the lowest prescribing was Powys Teaching HB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- For the quarter ending March 2026, all of the health boards achieved the target of a 6%, or greater, reduction against the baseline of quarter ending March 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 March 2020.

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

	2019–2020 Qtr 4	2025–2026 Qtr 4	% Change
Cwm Taf Morgannwg	2,987	2,391	-19.9%
Swansea Bay	2,719	2,295	-15.6%
Betsi Cadwaladr	2,530	2,173	-14.1%
Aneurin Bevan	2,739	2,354	-14.0%
Hywel Dda	2,668	2,297	-13.9%
Cardiff and Vale	2,577	2,260	-12.3%
Powys	2,373	2,170	-8.57%
Wales	**2,675**	**2,282**	**-14.7%**

Figure 9. Trend in total antibacterial DDDs per 1,000 STAR-PUs

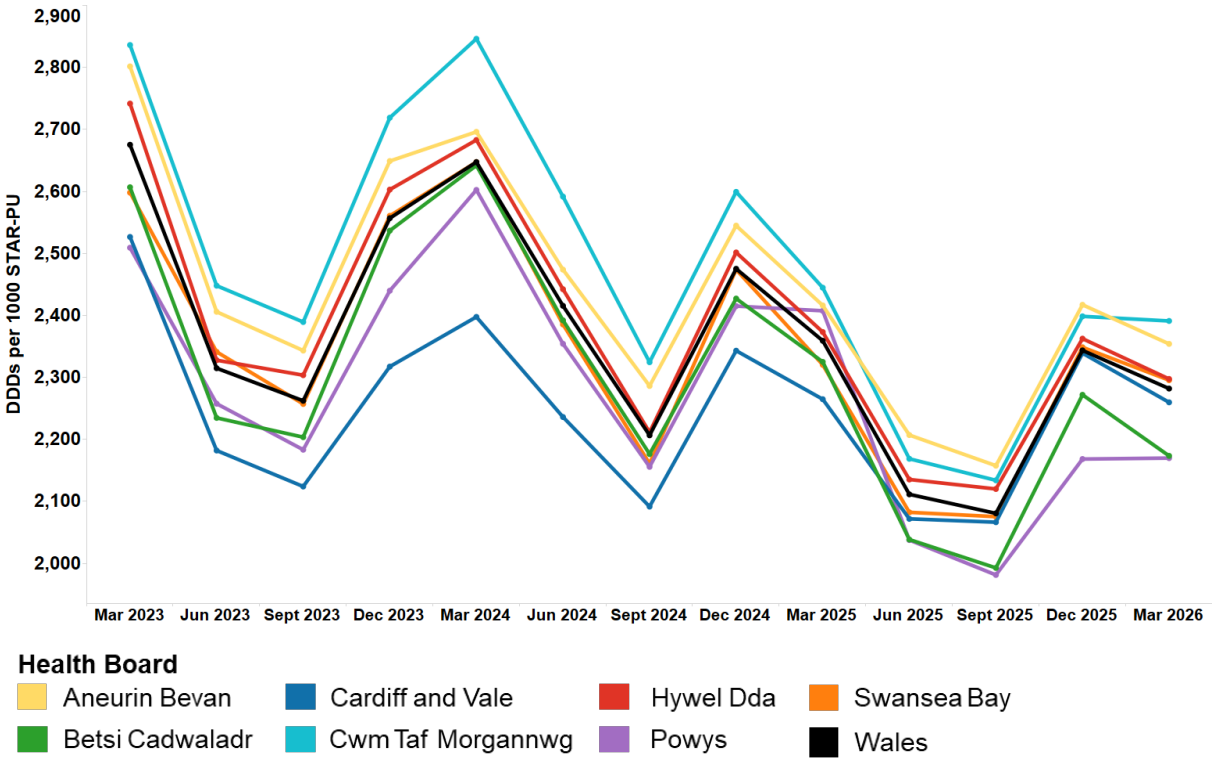
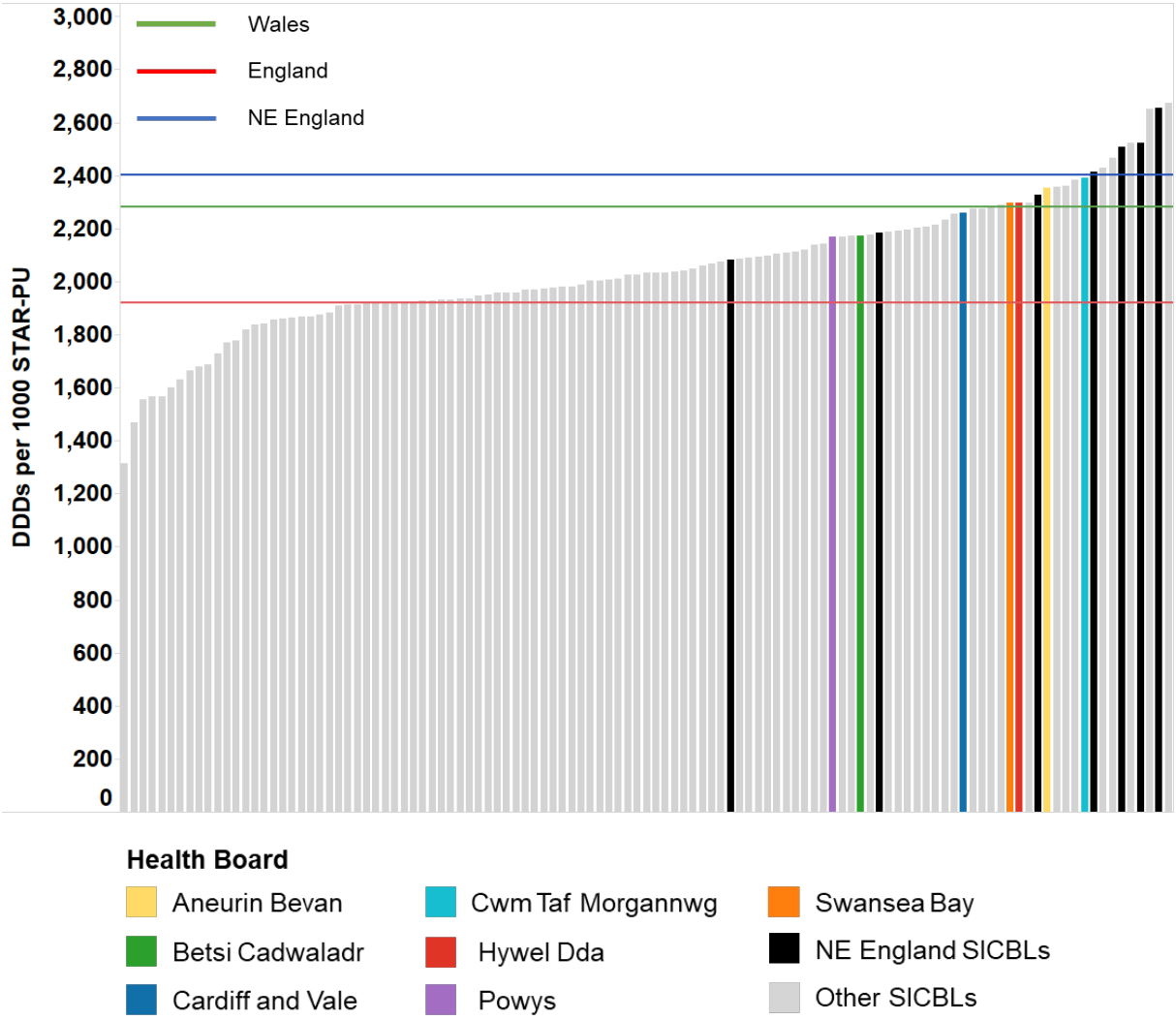


Figure 10. Total antibacterial DDDs per 1,000 STAR-PUs in Welsh health boards and English SICBLs – Quarter ending March 2026



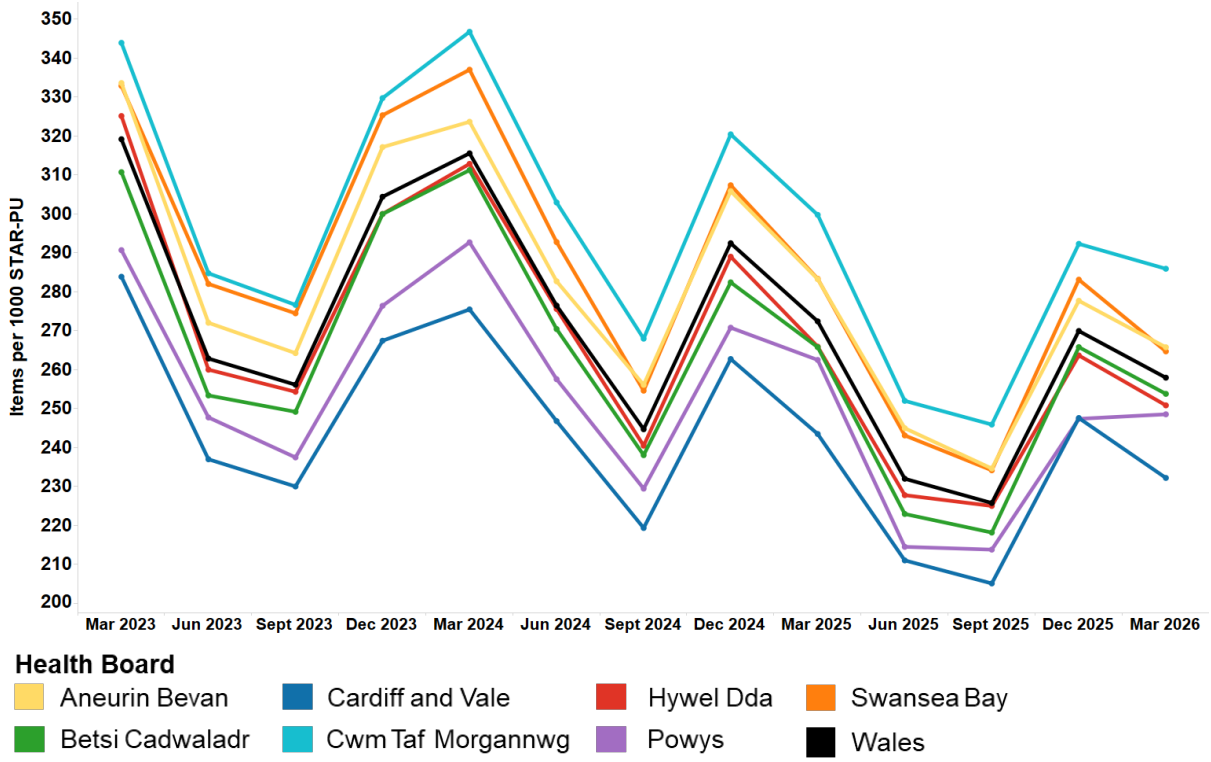
1.2.1.2 Total antibacterial items

- Across Wales, for the quarter ending March 2026, total antibacterial items per 1,000 STAR-PUs decreased by 16.1%, compared with the quarter ending March 2020, in line with the aim of the indicator.
- For the quarter ending March 2026, the total number of antibacterial items per 1,000 STAR-PUs ranged from 232 to 286 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.
- Prescribing of total antibacterial items decreased, compared with the quarter ending March 2020, in all health boards.
- The largest percentage decrease was seen in Hywel Dda UHB, and the smallest percentage decrease was seen in Powys Teaching HB, compared with the quarter ending March 2020.

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

	2019–2020 Qtr 4	2025–2026 Qtr 4	% Change
Hywel Dda	310	251	-19.2%
Swansea Bay	324	265	-18.3%
Cwm Taf Morgannwg	348	286	-17.9%
Cardiff and Vale	279	232	-16.9%
Aneurin Bevan	315	266	-15.7%
Betsi Cadwaladr	293	254	-13.4%
Powys	261	249	-4.64%
Wales	**307**	**258**	**-16.1%**

Figure 11. 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 March 2026, the number of 4C antimicrobial DDDs per 1,000 patients decreased by 6.39%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending March 2026, 4C prescribing ranged from 37.3 to 57.2 DDDs 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.
- The largest percentage decrease was seen in Powys Teaching HB. Cardiff and Vale UHB demonstrated a percentage increase, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Powys	56.8	48.1	-15.4%
Aneurin Bevan	54.0	47.1	-12.7%
Cwm Taf Morgannwg	40.9	37.8	-7.77%
Hywel Dda	56.1	51.9	-7.47%
Swansea Bay	40.2	37.3	-7.15%
Betsi Cadwaladr	47.6	46.5	-2.29%
Cardiff and Vale	56.9	57.2	0.48%
Wales	**49.9**	**46.7**	**-6.39%**

Figure 12. Trend in 4C antimicrobial DDDs per 1,000 patients

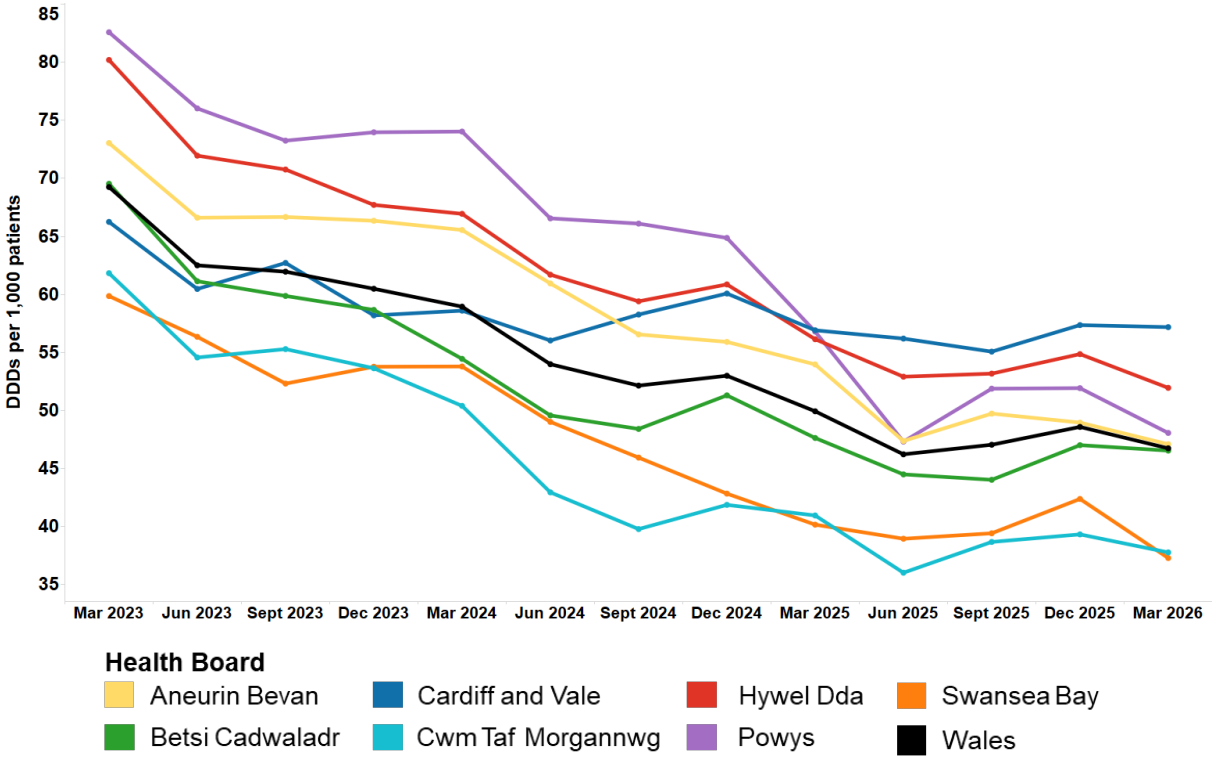
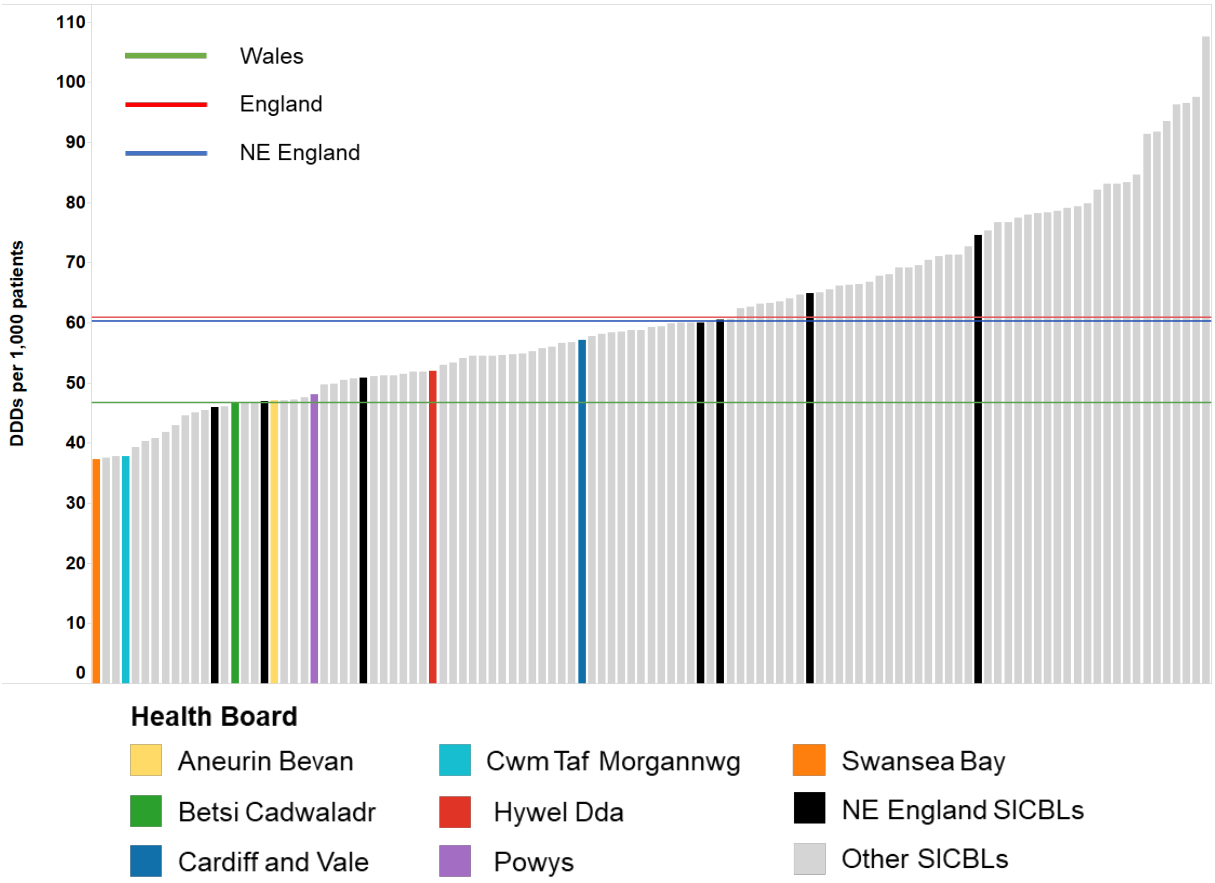


Figure 13. 4C antimicrobial DDDs per 1,000 patients in Welsh health boards and English SICBLs – Quarter ending March 2025



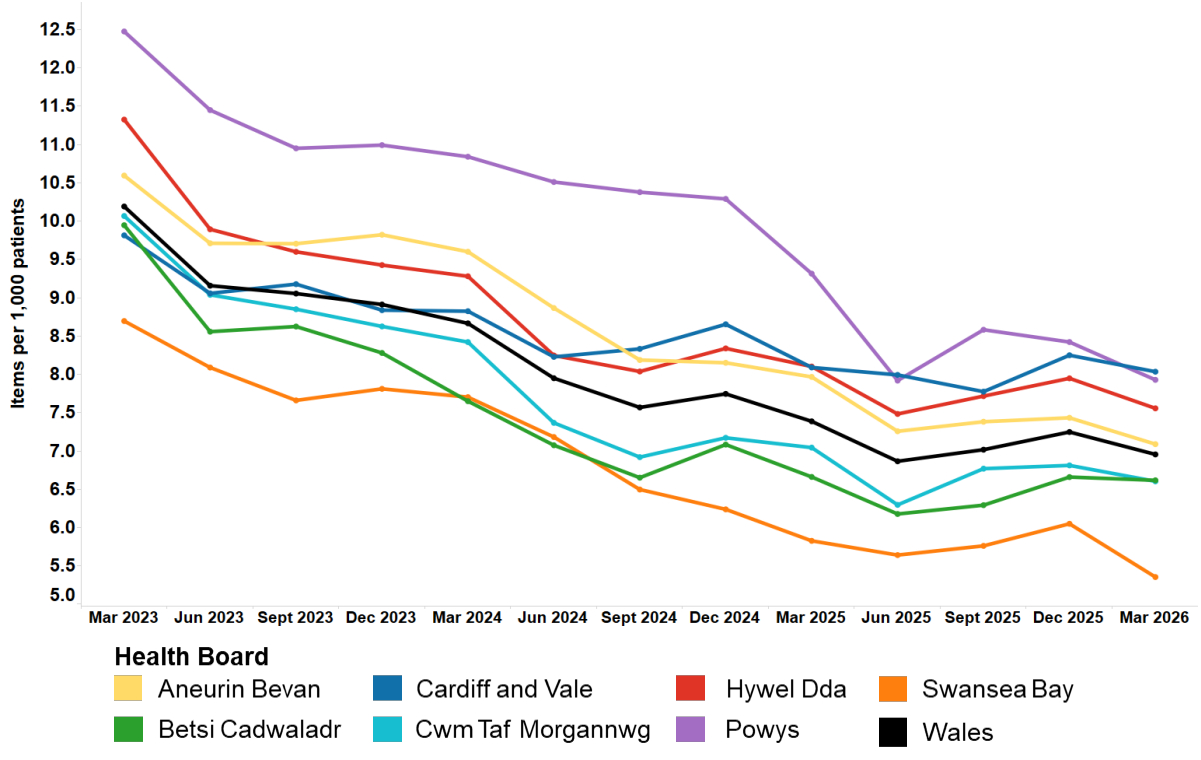
1.2.2.2 4C antimicrobial items

- Across Wales, for the quarter ending March 2026, the number of 4C antimicrobial items per 1,000 patients decreased by 5.85%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending March 2026, 4C prescribing ranged from 5.35 to 8.03 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 Betsi Cadwaladr UHB, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Powys	9.31	7.93	-14.9%
Aneurin Bevan	7.97	7.09	-11.0%
Swansea Bay	5.83	5.35	-8.11%
Hywel Dda	8.10	7.56	-6.73%
Cwm Taf Morgannwg	7.04	6.60	-6.25%
Cardiff and Vale	8.09	8.03	-0.69%
Betsi Cadwaladr	6.66	6.62	-0.66%
Wales	**7.39**	**6.95**	**-5.85%**

Figure 14. 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:

- 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.
- 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.
- 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.

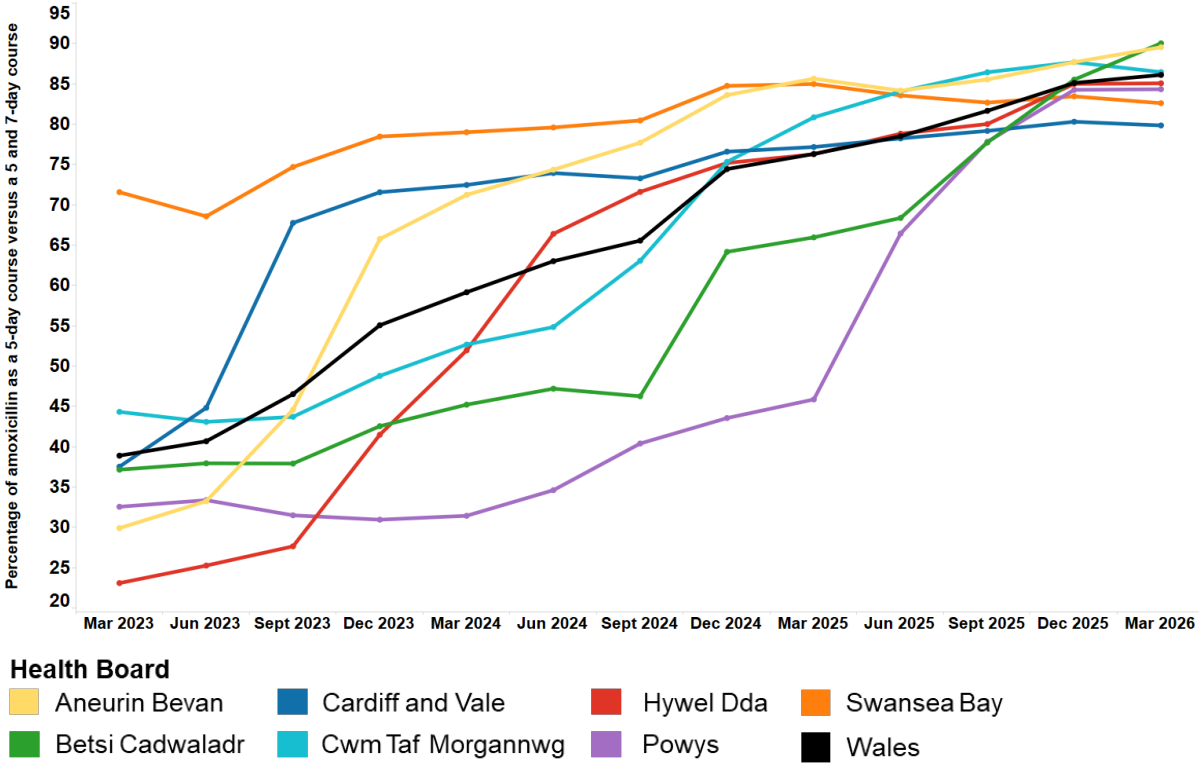
1.2.3.1 Amoxicillin

- Across Wales, 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 12.8% in the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, the proportion of amoxicillin prescribed for a 5-day duration ranged from 79.8% to 90.0% across the health boards.
- The health board with the highest proportion of amoxicillin prescribed for a 5-day duration was Betsi Cadwaladr UHB, whilst the lowest proportion of amoxicillin prescribed for a 5-day duration was seen in Cardiff and Vale UHB.
- Powys Teaching HB demonstrated the largest percentage increase, and Swansea Bay UHB demonstrated a percentage decrease, 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 4	2025–2026 Qtr 4	% Change
Powys	45.9	84.3	83.9%
Betsi Cadwaladr	66.0	90.0	36.5%
Hywel Dda	76.3	85.1	11.5%
Cwm Taf Morgannwg	80.8	86.5	6.93%
Aneurin Bevan	85.6	89.5	4.55%
Cardiff and Vale	77.2	79.8	3.47%
Swansea Bay	85.0	82.6	-2.80%
Wales	**76.3**	**86.1**	**12.8%**

Figure 15. 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



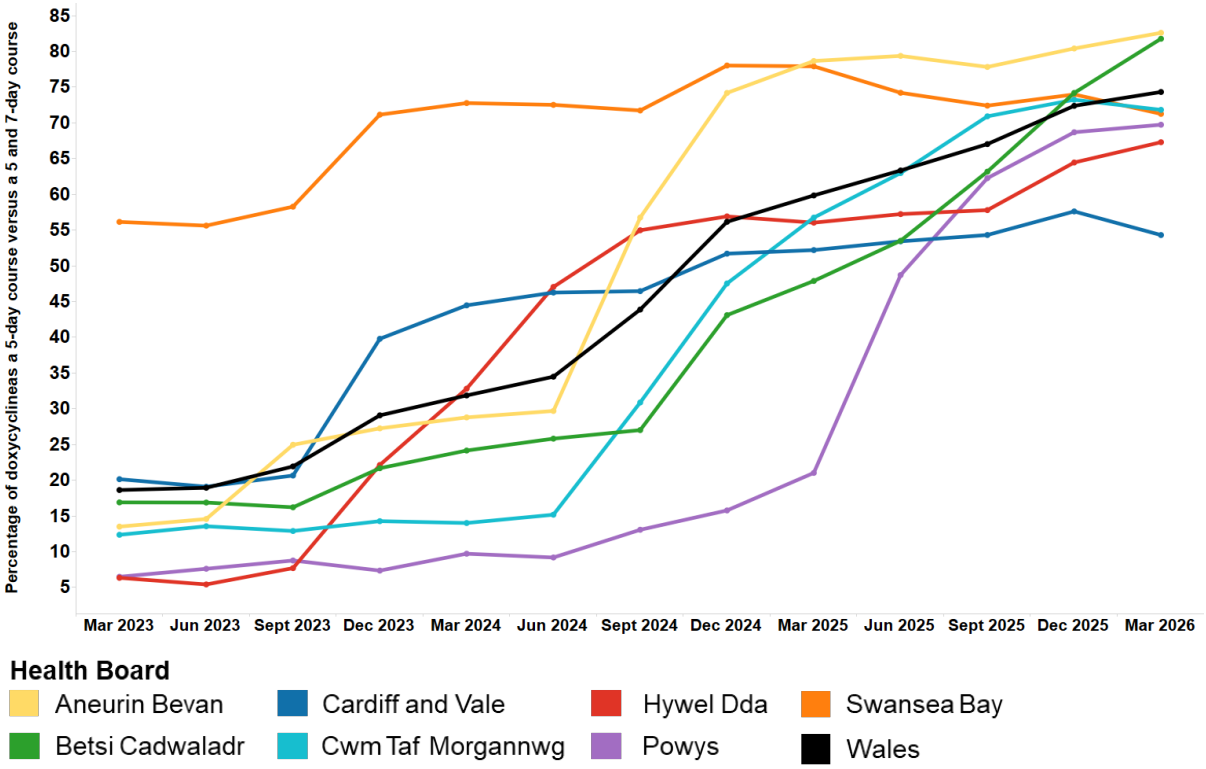
1.2.3.2 Doxycycline

- Across Wales, 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 24.2% in the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, the proportion of doxycycline prescribed for a 5-day duration ranged from 54.3% to 82.6% 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 was seen in Cardiff and Vale UHB.
- Powys Teaching HB demonstrated the largest percentage increase, and Swansea Bay UHB demonstrated a percentage decrease, 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 4	2025–2026 Qtr 4	% Change
Powys	21.0	69.7	232%
Betsi Cadwaladr	47.9	81.8	70.8%
Cwm Taf Morgannwg	56.7	71.8	26.6%
Hywel Dda	56.0	67.3	20.1%
Aneurin Bevan	78.6	82.6	5.02%
Cardiff and Vale	52.2	54.3	4.03%
Swansea Bay	77.9	71.3	-8.54%
Wales	**59.8**	**74.3**	**24.2%**

Figure 16. 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



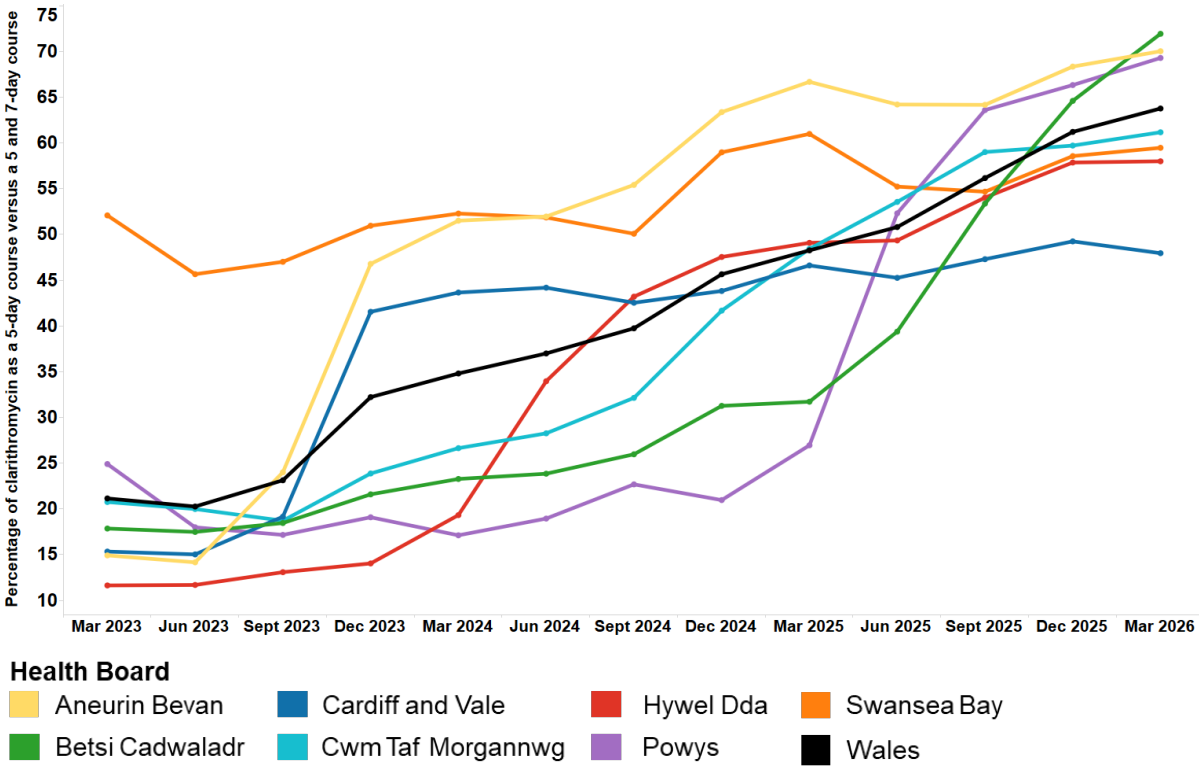
1.2.3.3 Clarithromycin

- Across Wales, 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 32.1% in the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, the proportion of clarithromycin prescribed for a 5-day duration ranged from 48.0% to 71.9% across the health boards.
- The health board with the highest proportion of clarithromycin prescribed for a 5-day duration was Betsi Cadwaladr UHB, whilst the lowest proportion was seen in Cardiff and Vale UHB.
- Powys Teaching HB demonstrated the largest percentage increase, and Swansea Bay UHB demonstrated a percentage decrease, 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 4	2025–2026 Qtr 4	% Change
Powys	27.0	69.3	157%
Betsi Cadwaladr	31.7	71.9	127%
Cwm Taf Morgannwg	48.4	61.2	26.3%
Hywel Dda	49.1	58.0	18.2%
Aneurin Bevan	66.7	70.0	5.02%
Cardiff and Vale	46.6	48.0	2.87%
Swansea Bay	61.0	59.5	-2.49%
Wales	**48.3**	**63.8**	**32.1%**

Figure 17. Trend in 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



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: 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 2021 to 2025* 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, DPI and SMI prescribing, as a percentage of all inhalers prescribed, increased by 8.60% in the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, the proportion of DPI and SMI prescribing ranged from 43.9% to 54.8% across the health boards.
- The health board with the highest proportion of DPI and SMI prescribing was Cardiff and Vale UHB, whilst the lowest proportion of DPI and SMI prescribing was seen in Swansea Bay UHB.
- DPI and SMI prescribing increased, compared with the equivalent quarter of the previous year, in all health boards.
- Betsi Cadwaladr 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 4	2025–2026 Qtr 4	% Change
Betsi Cadwaladr	37.5	44.0	17.4%
Powys	39.8	45.7	14.9%
Cardiff and Vale	50.7	54.8	7.93%
Swansea Bay	41.4	43.9	6.12%
Cwm Taf Morgannwg	44.8	47.4	5.93%
Aneurin Bevan	44.9	47.4	5.63%
Hywel Dda	52.5	54.4	3.63%
Wales	**44.0**	**47.8**	**8.60%**

Figure 18. Trend in DPIs and SMIs as a percentage of all inhalers prescribed

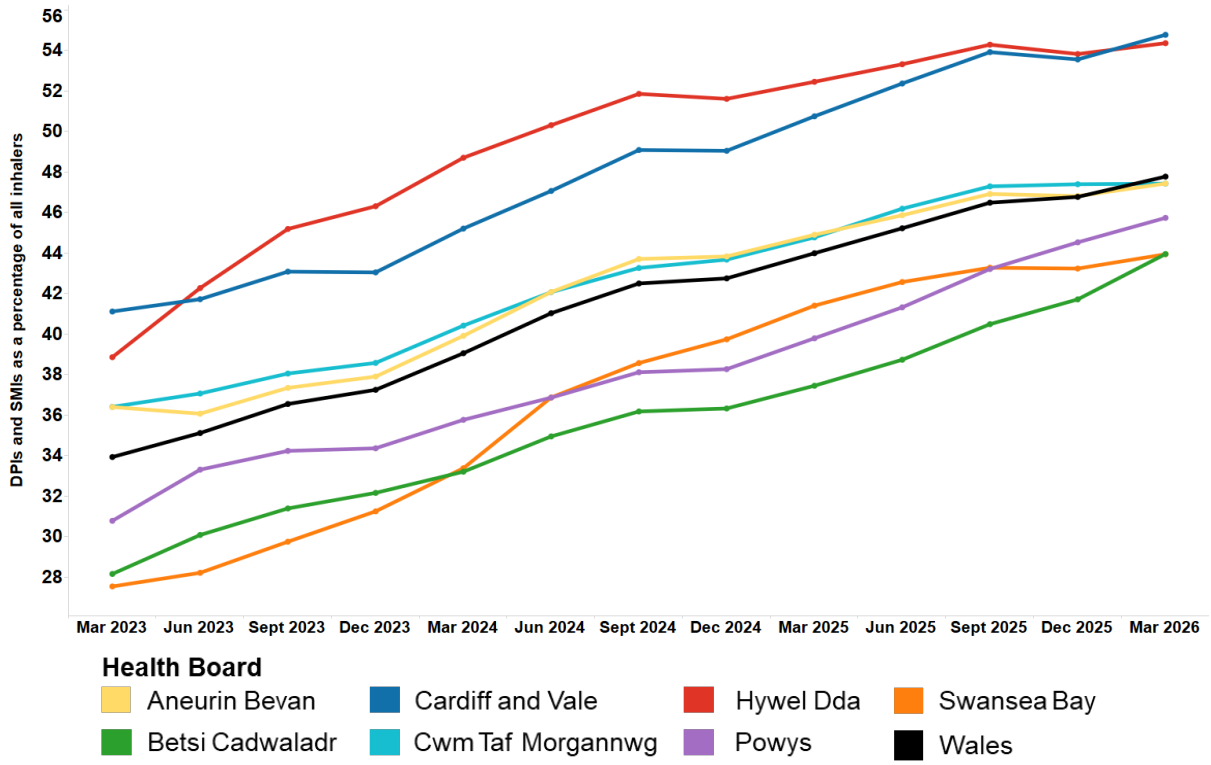
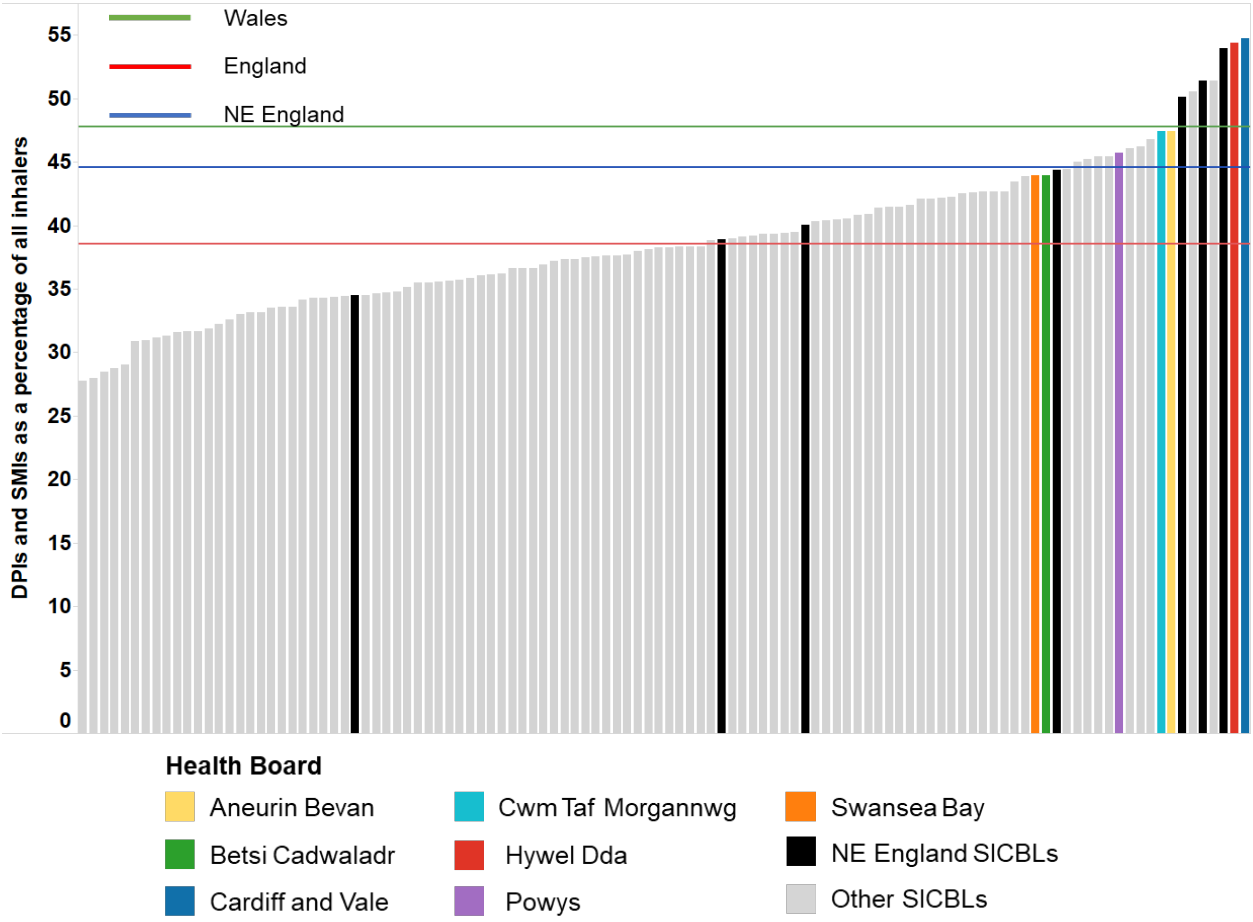


Figure 19. DPI and SMI prescribing in Welsh health boards and English SICBLs – Quarter ending March 2026



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: 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 9.42% in the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, the proportion of SABA items ranged from 24.8% to 35.1% 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 Swansea Bay UHB.
- SABA prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB demonstrated the largest percentage decrease, and Cardiff and Vale 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 4	2025–2026 Qtr 4	% Change
Powys	35.7	29.8	-16.3%
Betsi Cadwaladr	39.1	34.8	-11.0%
Hywel Dda	27.7	24.8	-10.4%
Swansea Bay	38.1	35.1	-7.99%
Aneurin Bevan	32.4	29.9	-7.80%
Cwm Taf Morgannwg	32.9	30.4	-7.69%
Cardiff and Vale	31.0	28.7	-7.66%
Wales	**34.3**	**31.0**	**-9.42%**

Figure 20. Trend in SABA items as a percentage of all inhalers prescribed

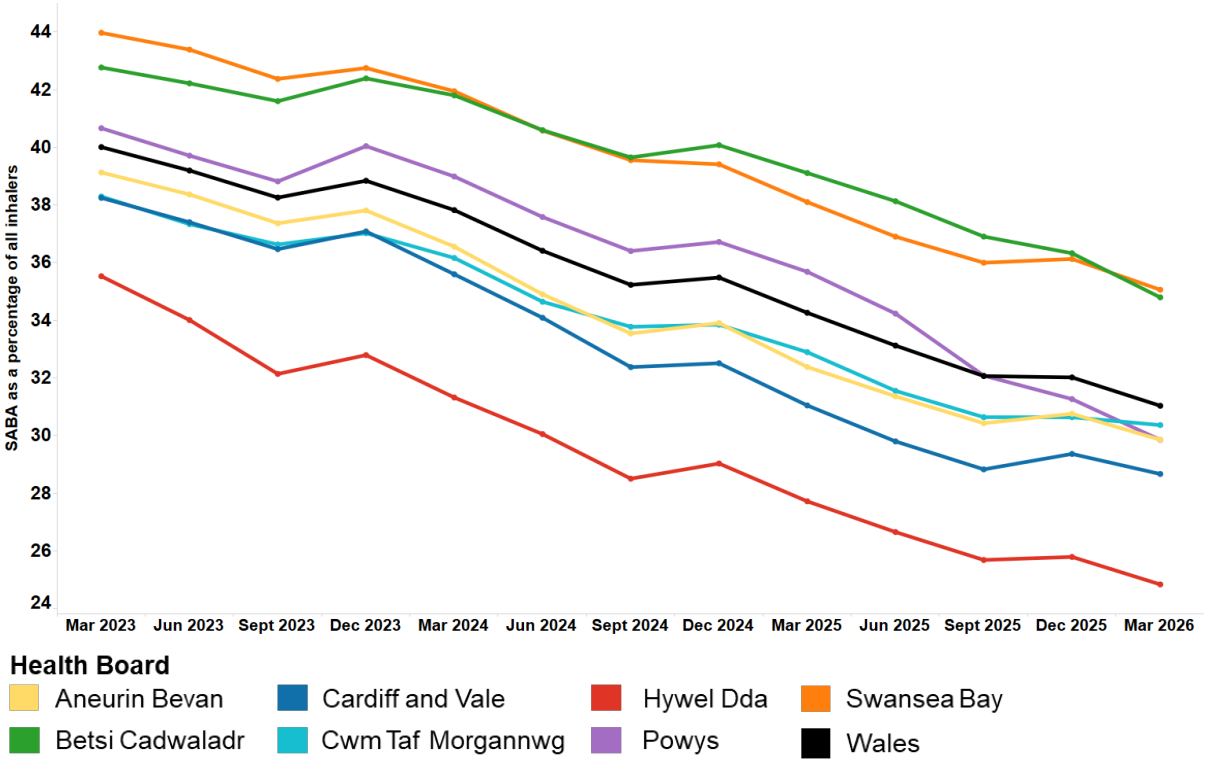
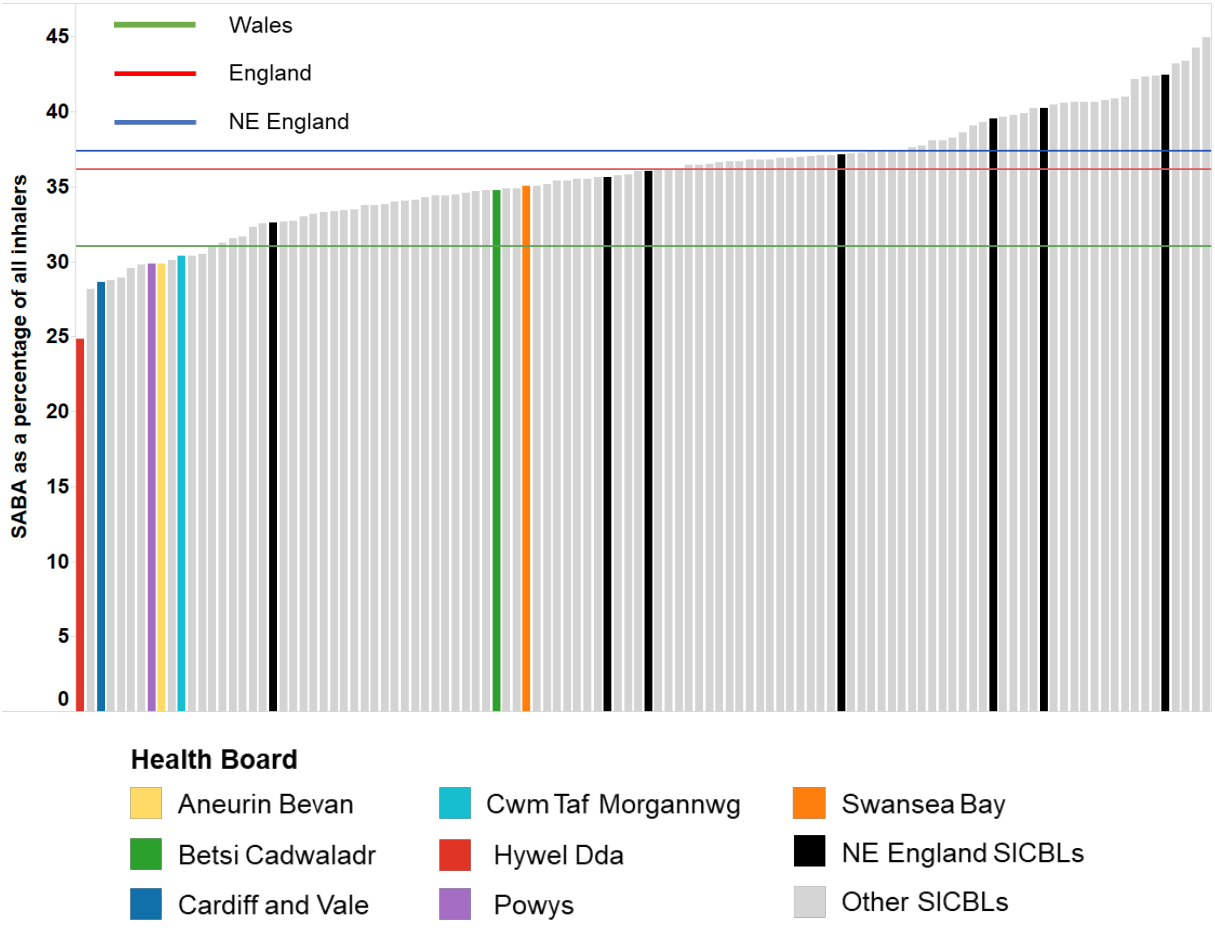


Figure 21. SABA prescribing in Welsh health boards and English SICBLs – Quarter ending March 2026



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 (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.

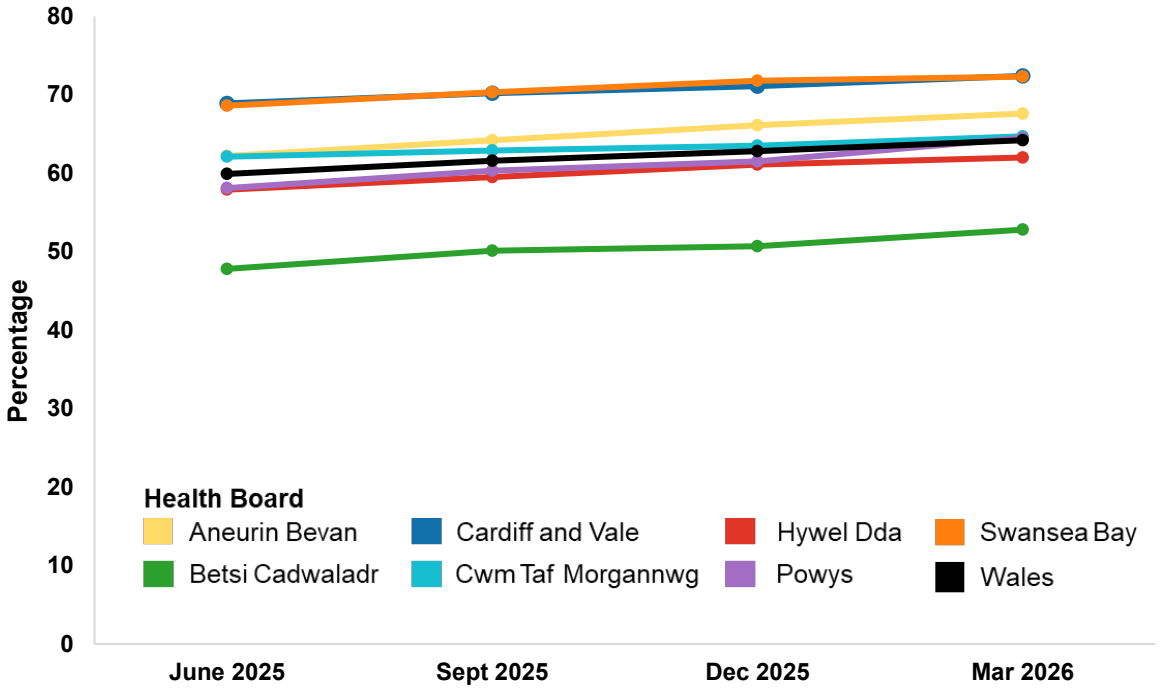
Adults with T2DM who also have CHF are at an increased risk of cardiovascular complications, including hospitalisation due to worsening heart failure. Treatment with an SGLT-2 inhibitor has been shown to provide significant benefits in this population, improving glycaemic control while also reducing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

- Across Wales, for the quarter ending March 2026, the percentage of patients with T2DM and CHF who were prescribed an SGLT-2 inhibitor was 64.2%.
- For the quarter ending March 2026, the percentage of patients with T2DM and CHF who were prescribed an SGLT-2 inhibitor ranged from 52.8% to 72.4% across the health boards.
- The health board with the highest percentage was Cardiff and Vale UHB. The health board with the lowest percentage was Betsi Cadwaladr UHB.

Table 14. Percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor

	2025–2026 Qtr 1	2025–2026 Qtr 2	2025–2026 Qtr 3	2025–2026 Qtr 4
Aneurin Bevan	62.2%	64.2%	66.1%	67.6%
Betsi Cadwaladr	47.8%	50.1%	50.7%	52.8%
Cardiff and Vale	68.9%	70.2%	71.1%	72.4%
Cwm Taf Morgannwg	62.1%	62.9%	63.5%	64.7%
Hywel Dda	57.9%	59.5%	61.1%	62.0%
Powys	58.1%	58.1%	61.5%	64.5%
Swansea Bay	68.6%	70.3%	71.8%	72.3%
Wales	**59.9%**	**61.6%**	**62.8%**	**64.2%**

Figure 22. Trend in percentage of patients with T2DM and CHF who are prescribed an SGLT-2 inhibitor



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.

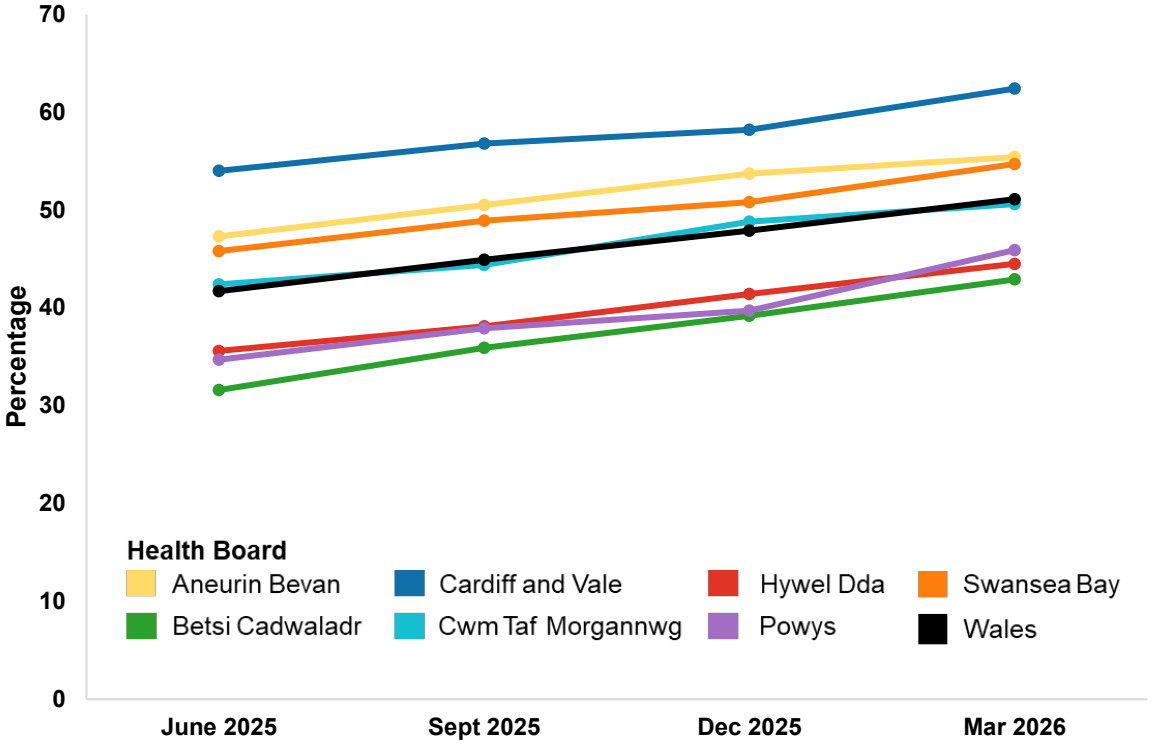
Strong evidence from well-conducted randomised controlled trials shows that SGLT-2 inhibitors reduce the risk of CKD progression, mortality, and cardiovascular events in adult patients with T2DM and CKD. Patients currently treated with an ARB or ACE inhibitor (titrated to the highest tolerated dose)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

- Across Wales, for the quarter ending March 2026, the percentage of patients with T2DM and CKD who are currently treated with an ARB or an ACE inhibitor and who were prescribed an SGLT-2 inhibitor was 51.1%.
- For the quarter ending March 2026, the percentage of patients with T2DM and CKD who are currently treated with an ARB or an ACE inhibitor and who were prescribed an SGLT-2 inhibitor ranged from 42.9% to 62.4% across the health boards.
- The health board with the highest percentage of patients was Cardiff and Vale UHB. The health board with the lowest percentage was Betsi Cadwaladr UHB.

Table 15. Percentage of patients with T2DM and CKD who are currently treated with an ARB or an ACE inhibitor and who are prescribed an SGLT-2 inhibitor

	2025–2026 Qtr 1	2025–2026 Qtr 2	2025–2026 Qtr 3	2025–2026 Qtr 4
Aneurin Bevan	47.3%	50.5%	53.7%	55.4%
Betsi Cadwaladr	31.6%	35.9%	39.2%	42.9%
Cardiff and Vale	54.0%	56.8%	58.2%	62.4%
Cwm Taf Morgannwg	42.4%	44.4%	48.8%	50.6%
Hywel Dda	35.6%	38.1%	41.4%	44.5%
Powys	34.7%	37.9%	39.7%	45.9%
Swansea Bay	45.8%	48.9%	50.8%	54.7%
Wales	**41.7%**	**44.9%**	**47.9%**	**51.1%**

Figure 23. Trend in percentage of patients with T2DM and CKD who are currently treated with an ARB or an ACE inhibitor and who are prescribed an SGLT-2 inhibitor



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.

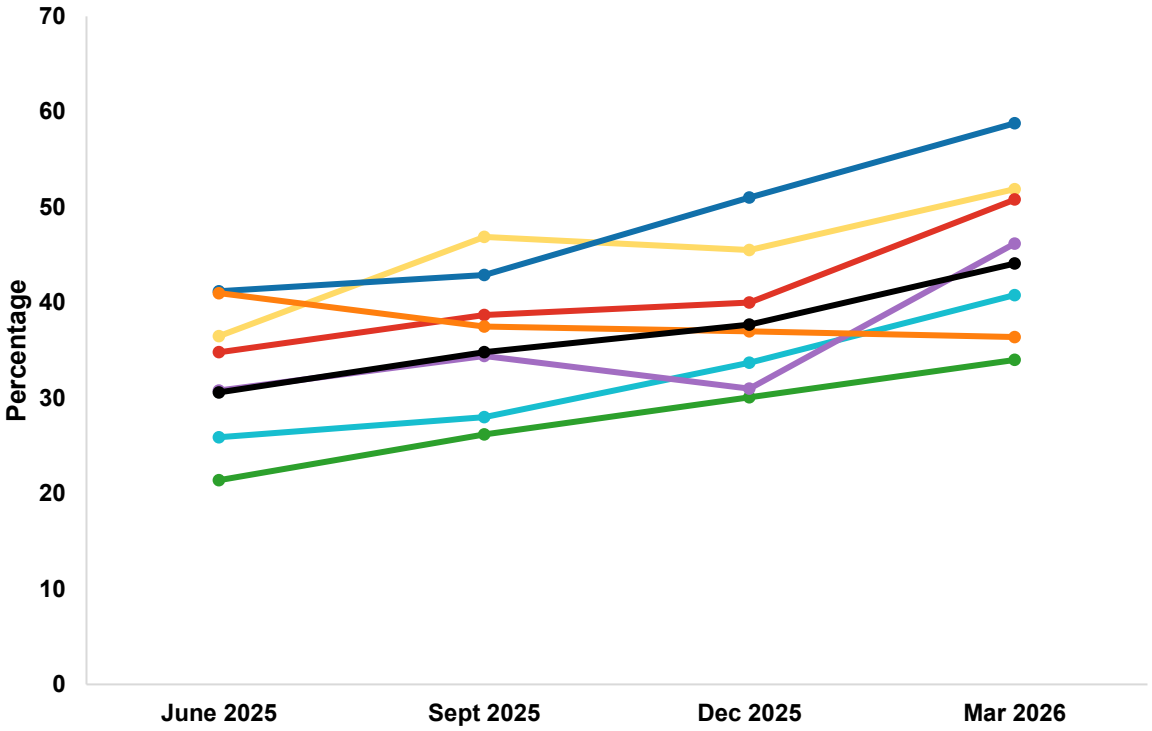
Renal benefits of SGLT-2 inhibitors have been demonstrated for adults with CKD and albuminuria, irrespective of diabetes status, in large randomised clinical trials and meta-analyses. Adults with non-diabetic CKD who are currently treated with an ARB or ACE inhibitor and have an ACR ≥ 22.6 mg/mmol should 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.

- Across Wales, for the quarter ending March 2026, the percentage of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor, have an ACR ≥ 22.6 mg/mmol and who were prescribed an SGLT-2 inhibitor was 44.1%.
- For the quarter ending March 2026, the percentage of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor, have an ACR ≥ 22.6 mg/mmol and who were prescribed an SGLT-2 inhibitor ranged from 34.0% to 58.8% across the health boards.
- The health board with the highest percentage was Cardiff and Vale UHB. The health board with the lowest percentage was Betsi Cadwaladr UHB.

Table 16. Percentage of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor, have an ACR ≥ 22.6 mg/mmol and who are prescribed an SGLT-2 inhibitor

	2025–2026 Qtr 1	2025–2026 Qtr 2	2025–2026 Qtr 3	2025–2026 Qtr 4
Aneurin Bevan	36.5%	46.9%	45.5%	51.9%
Betsi Cadwaladr	21.4%	26.2%	30.1%	34.0%
Cardiff and Vale	41.2%	42.9%	51.0%	58.8%
Cwm Taf Morgannwg	25.9%	28.0%	33.7%	40.8%
Hywel Dda	34.8%	38.7%	40.0%	50.8%
Powys	30.8%	34.4%	31.0%	46.2%
Swansea Bay	41.0%	37.5%	37.0%	36.4%
Wales	**30.6%**	**34.8%**	**37.7%**	**44.1%**

Figure 24. Trend in percentage of patients with non-diabetic CKD who are currently treated with an ARB or an ACE inhibitor, have an ACR ≥ 22.6 mg/mmol and who are prescribed an SGLT-2 inhibitor



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/1.73m² and have received a repeat prescription for an NSAID within the last 3 months.
- Number of patients with concurrent prescriptions for an NSAID, a 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/1.73m².
- Number of trimethoprim items prescribed to patients aged 65 years and over, per 1,000 patient list size aged 65 years and over.

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 for 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 and 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 for 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 and 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 55 years and under with a prescription for topiramate.

Prescribing Safety Indicators related to 'other'

- Number of patients aged under 16 years with a current prescription for aspirin.
- Number of patients with asthma who have been prescribed a beta-blocker.
- Number of patients with asthma who have been prescribed a non-cardioselective beta-blocker.
- Number of patients with concurrent prescriptions for verapamil and a beta-blocker.
- Number of female patients aged 55 years and under 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.

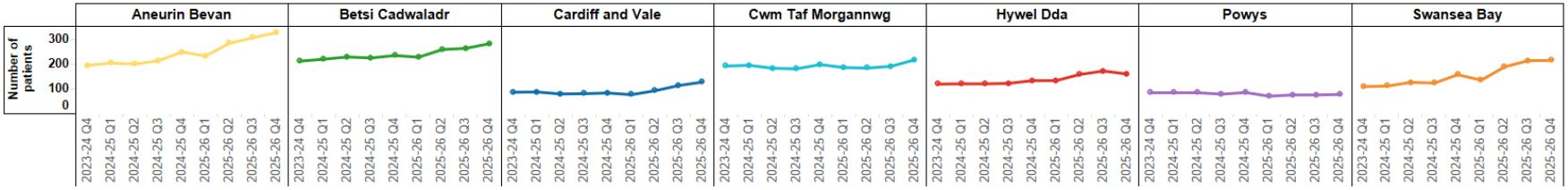
Please note:

At the time of writing, it is not possible to include data on the prescribing safety indicators relating to trimethoprim and topiramate within this quarterly report. These indicators are currently being amended 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 25. Prescribing Safety Indicators

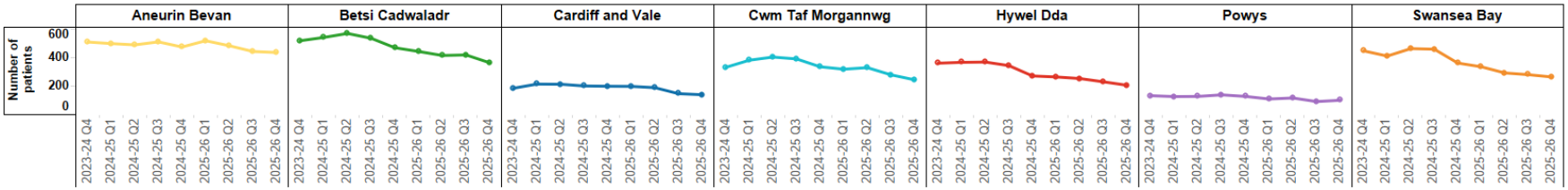
Prescribing Safety Indicators related to AKI

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.



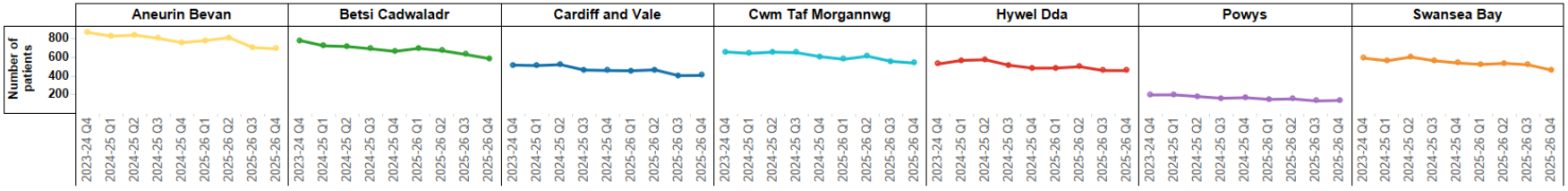
Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	196	205	201	215	250	234	285	308	329
Betsi Cadwaladr	213	221	230	226	236	229	260	265	284
Cardiff and Vale	87	88	80	81	84	77	93	114	128
Cwm Taf Morgannwg	193	196	184	182	199	187	185	192	218
Hywel Dda	120	121	121	123	134	134	159	173	161
Powys	85	85	85	79	86	71	76	76	78
Swansea Bay	110	112	127	124	158	136	190	215	216

02. Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min/1.73m² and have received a repeat prescription for an NSAID within the last 3 months.



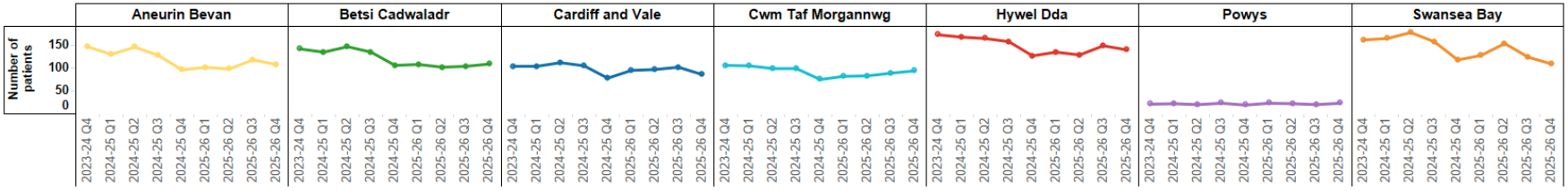
Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	507	496	487	508	472	516	481	441	434
Betsi Cadwaladr	516	539	567	533	467	441	413	417	362
Cardiff and Vale	184	213	212	200	198	197	188	146	139
Cwm Taf Morgannwg	330	380	402	389	334	317	328	278	243
Hywel Dda	359	365	367	342	270	263	252	229	205
Powys	132	126	127	138	127	109	116	91	100
Swansea Bay	445	409	461	457	360	334	291	279	263

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



Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	871	831	842	807	761	784	815	708	694
Betsi Cadwaladr	784	727	719	694	667	699	674	633	588
Cardiff and Vale	519	514	524	466	461	458	468	406	408
Cwm Taf Morgannwg	661	645	659	653	610	582	615	560	541
Hywel Dda	531	570	577	518	486	487	502	461	460
Powys	198	199	181	162	169	150	155	133	139
Swansea Bay	594	566	606	566	542	526	538	522	465

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	Aneurin Bevan									Betsi Cadwaladr								
	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
	147	130	146	128	96	102	98	118	108	142	135	147	135	106	108	102	104	109

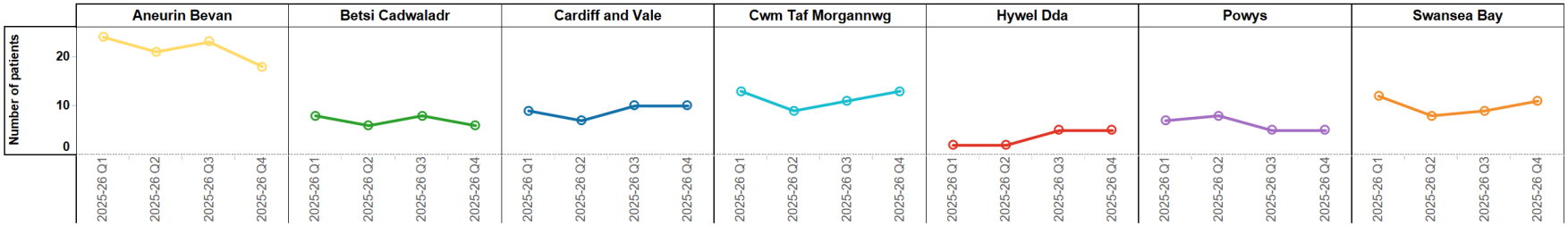
Number of patients	Cardiff and Vale									Cwm Taf Morgannwg								
	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
	104	104	112	105	78	95	97	102	86	106	105	99	99	75	82	83	89	94

Number of patients	Hywel Dda									Powys								
	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
	173	168	165	158	127	135	129	149	140	21	22	20	23	19	23	22	20	23

Number of patients	Swansea Bay								
	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
	162	165	178	158	118	128	154	124	109

Prescribing Safety Indicators related to antimicrobial stewardship

05. Number of patients with recurrent prescriptions for nitrofurantoin, with an eGFR of < 45 ml/min/1.73m².



Number of patients	Aneurin Bevan				Betsi Cadwaladr				Cardiff and Vale				Cwm Taf Morgannwg			
	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
	24	21	23	18	8	6	8	6	9	7	10	10	13	9	11	13

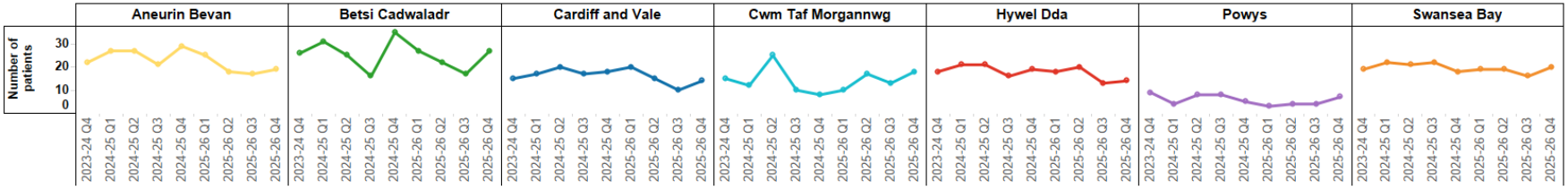
Number of patients	Hywel Dda				Powys				Swansea Bay			
	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
	2	2	5	5	7	8	5	5	12	8	9	11

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

Currently unable to include graph as data unavailable

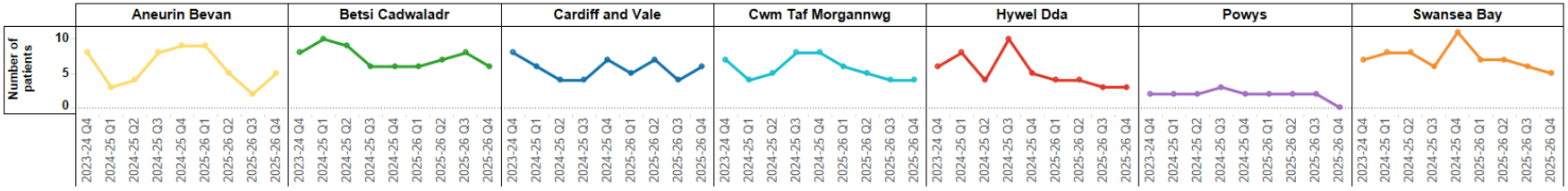
Prescribing Safety Indicators related to bleeds

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



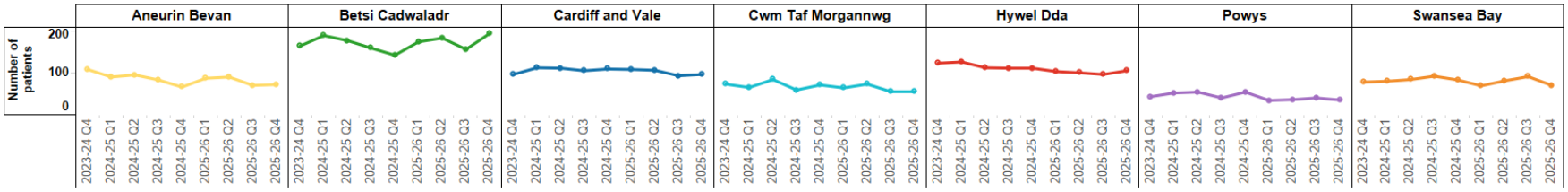
Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	22	27	27	21	29	25	18	17	19
Betsi Cadwaladr	26	31	25	16	35	27	22	17	27
Cardiff and Vale	15	17	20	17	18	20	15	10	14
Cwm Taf Morgannwg	15	12	25	10	8	10	17	13	18
Hywel Dda	18	21	21	16	19	18	20	13	14
Powys	9	4	8	8	5	3	4	4	7
Swansea Bay	19	22	21	22	18	19	19	16	20

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



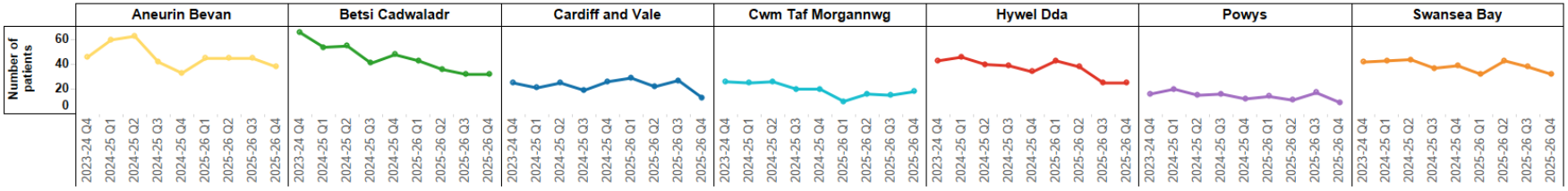
Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	8	3	4	8	9	9	5	2	5
Betsi Cadwaladr	8	10	9	6	6	6	7	8	6
Cardiff and Vale	8	6	4	4	7	5	7	4	6
Cwm Taf Morgannwg	7	4	5	8	8	6	5	4	4
Hywel Dda	6	8	4	10	5	4	4	3	3
Powys	2	2	2	3	2	2	2	2	0
Swansea Bay	7	8	8	6	11	7	7	6	5

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



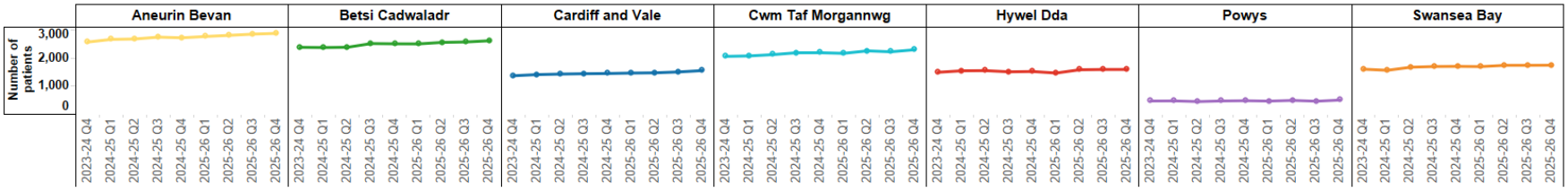
Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	108	90	95	83	66	87	90	70	72
Betsi Cadwaladr	164	189	177	159	142	174	183	156	194
Cardiff and Vale	96	112	111	105	109	108	106	93	96
Cwm Taf Morgannwg	73	65	84	59	71	64	73	55	55
Hywel Dda	123	126	112	111	111	103	100	96	105
Powys	43	52	54	40	54	34	36	40	35
Swansea Bay	78	80	84	92	83	69	81	91	70

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



	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	46	60	63	42	33	45	45	45	38
Betsi Cadwaladr	66	54	55	41	48	43	36	32	32
Cardiff and Vale	25	21	25	19	26	29	22	27	13
Cwm Taf Morgannwg	26	25	26	20	20	10	16	15	18
Hywel Dda	43	46	40	39	34	43	38	25	25
Powys	16	20	15	16	12	14	11	17	9
Swansea Bay	42	43	44	37	39	32	43	38	32

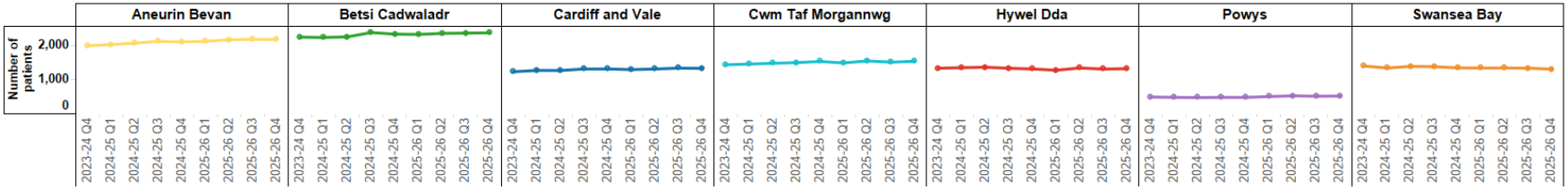
11. Number of patients with concurrent prescriptions for an oral anticoagulant (warfarin or DOAC) and an SSRI.



	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	2,580	2,675	2,690	2,756	2,732	2,779	2,820	2,863	2,891
Betsi Cadwaladr	2,392	2,384	2,394	2,526	2,517	2,514	2,568	2,583	2,627
Cardiff and Vale	1,377	1,418	1,437	1,450	1,457	1,473	1,482	1,513	1,561
Cwm Taf Morgannwg	2,069	2,085	2,131	2,198	2,199	2,177	2,266	2,233	2,305
Hywel Dda	1,501	1,554	1,560	1,518	1,529	1,474	1,591	1,601	1,602
Powys	475	479	454	476	485	472	496	467	509
Swansea Bay	1,611	1,571	1,682	1,707	1,712	1,704	1,749	1,749	1,753

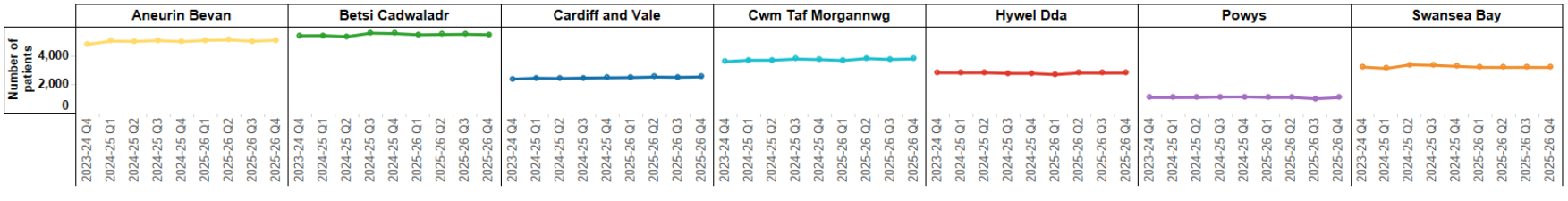
Prescribing Safety Indicators related to cognition

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



	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	1,996	2,032	2,072	2,126	2,108	2,128	2,171	2,184	2,178
Betsi Cadwaladr	2,248	2,238	2,257	2,383	2,336	2,328	2,358	2,366	2,376
Cardiff and Vale	1,233	1,273	1,270	1,314	1,315	1,296	1,313	1,339	1,332
Cwm Taf Morgannwg	1,438	1,458	1,481	1,501	1,534	1,491	1,551	1,513	1,540
Hywel Dda	1,336	1,352	1,365	1,335	1,314	1,278	1,343	1,312	1,323
Powys	492	481	475	481	480	505	526	514	520
Swansea Bay	1,401	1,342	1,390	1,382	1,347	1,342	1,344	1,338	1,308

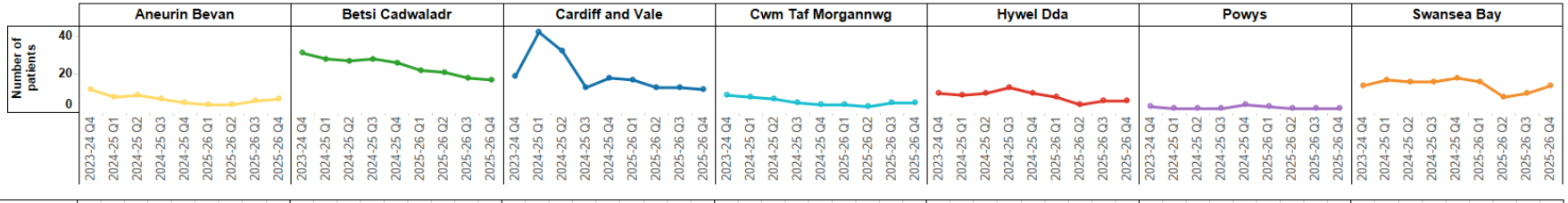
13. Number of patients aged 75 years and over with an AEC score of three or more for items on active repeat.



Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	4,795	5,021	4,993	5,056	4,977	5,065	5,094	5,011	5,073
Betsi Cadwaladr	5,385	5,396	5,331	5,564	5,535	5,450	5,468	5,487	5,453
Cardiff and Vale	2,399	2,459	2,440	2,471	2,488	2,505	2,541	2,519	2,549
Cwm Taf Morgannwg	3,602	3,696	3,695	3,777	3,740	3,679	3,813	3,745	3,791
Hywel Dda	2,831	2,827	2,833	2,786	2,785	2,706	2,816	2,811	2,814
Powys	1,118	1,117	1,125	1,156	1,166	1,126	1,130	1,037	1,118
Swansea Bay	3,225	3,128	3,380	3,341	3,273	3,204	3,199	3,204	3,198

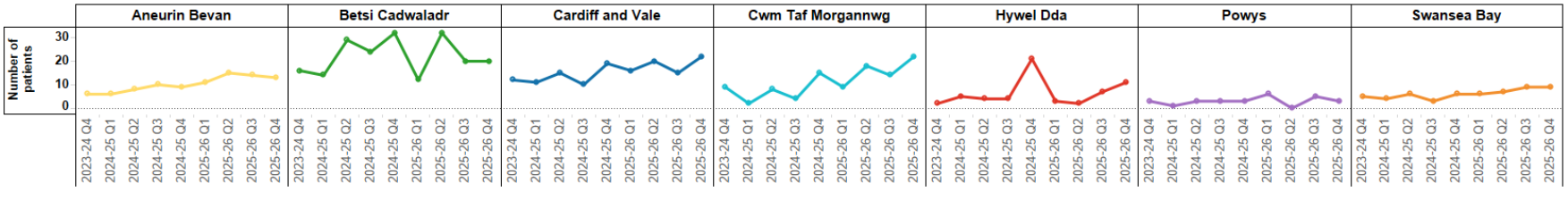
Prescribing Safety Indicators specific to females

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



Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	12	8	9	7	5	4	4	6	7
Betsi Cadwaladr	31	28	27	28	26	22	21	18	17
Cardiff and Vale	19	42	32	13	18	17	13	13	12
Cwm Taf Morgannwg	9	8	7	5	4	4	3	5	5
Hywel Dda	10	9	10	13	10	8	4	6	6
Powys	3	2	2	2	4	3	2	2	2
Swansea Bay	14	17	16	16	18	16	8	10	14

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



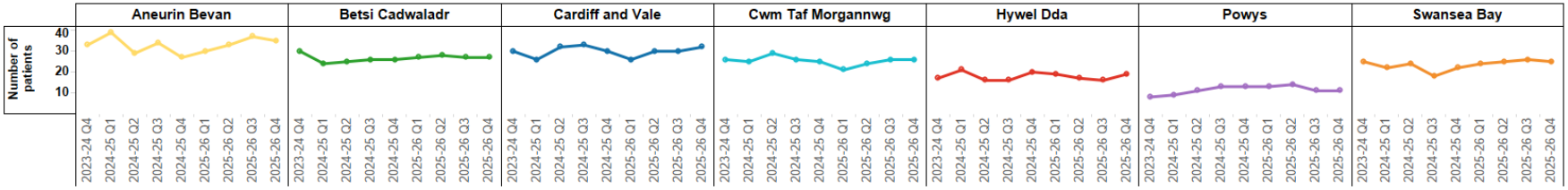
Number of patients	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	6	6	8	10	9	11	15	14	13
Betsi Cadwaladr	16	14	29	24	32	12	32	20	20
Cardiff and Vale	12	11	15	10	19	16	20	15	22
Cwm Taf Morgannwg	9	2	8	4	15	9	18	14	22
Hywel Dda	2	5	4	4	21	3	2	7	11
Powys	3	1	3	3	3	6	0	5	3
Swansea Bay	5	4	6	3	6	6	7	9	9

16. Number of female patients aged 55 years and under with a prescription for topiramate.

Currently unable to include graph as data unavailable

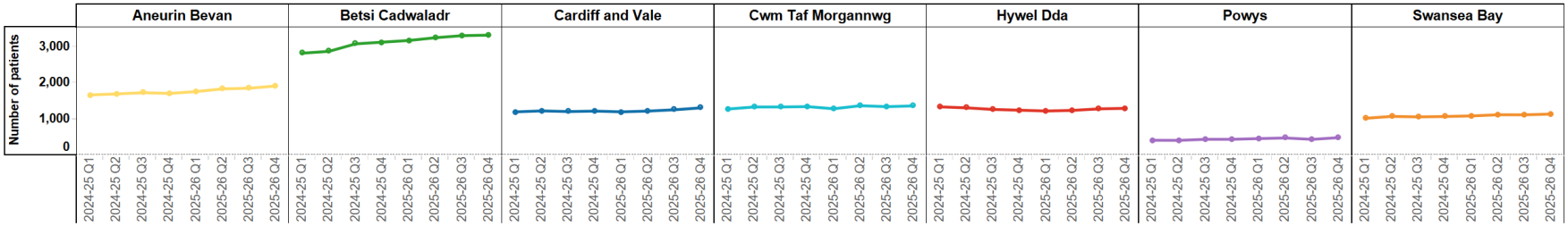
Prescribing Safety Indicators related to 'other'

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



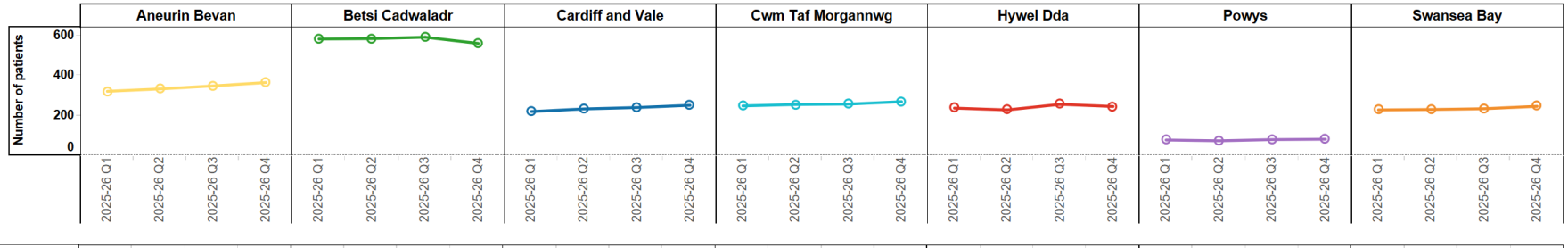
	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	33	39	29	34	27	30	33	37	35
Betsi Cadwaladr	30	24	25	26	26	27	28	27	27
Cardiff and Vale	30	26	32	33	30	26	30	30	32
Cwm Taf Morgannwg	26	25	29	26	25	21	24	26	26
Hywel Dda	17	21	16	16	20	19	17	16	19
Powys	8	9	11	13	13	13	14	11	11
Swansea Bay	25	22	24	18	22	24	25	26	25

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



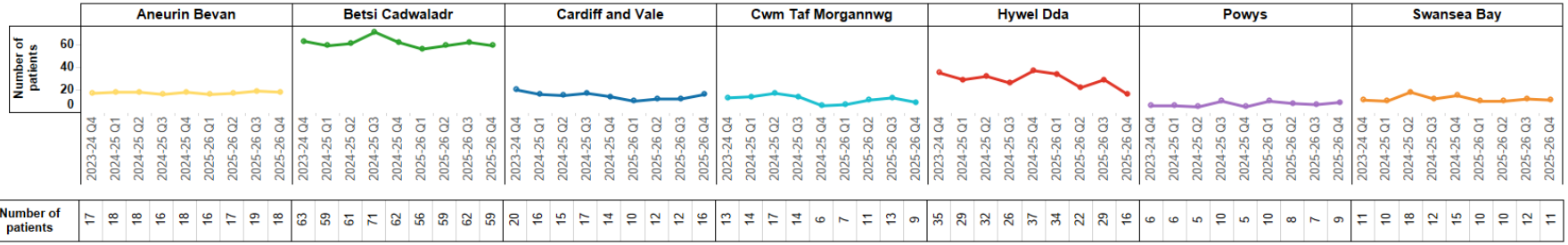
	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Aneurin Bevan	1,665	1,693	1,727	1,707	1,758	1,833	1,851	1,912
Betsi Cadwaladr	2,820	2,871	3,078	3,125	3,172	3,248	3,305	3,319
Cardiff and Vale	1,197	1,224	1,205	1,218	1,198	1,219	1,255	1,308
Cwm Taf Morgannwg	1,275	1,332	1,332	1,342	1,283	1,367	1,341	1,362
Hywel Dda	1,335	1,308	1,264	1,243	1,221	1,238	1,280	1,295
Powys	412	409	438	438	458	475	436	485
Swansea Bay	1,019	1,072	1,058	1,069	1,085	1,117	1,116	1,136

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



	Aneurin Bevan				Betsi Cadwaladr				Cardiff and Vale				Cwm Taf Morgannwg				Hywel Dda				Powys				Swansea Bay			
Number of patients	321	333	348	365	583	585	592	561	220	233	240	251	248	255	257	269	237	228	256	245	77	73	79	81	228	230	234	246

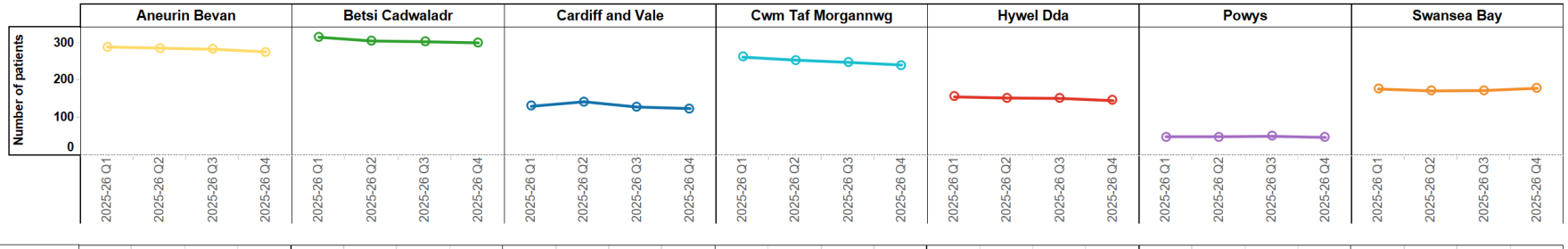
20. Number of patients with concurrent prescriptions for verapamil and a beta-blocker.



	Aneurin Bevan									Betsi Cadwaladr									Cardiff and Vale									Cwm Taf Morgannwg								
Number of patients	17	18	18	16	18	16	17	19	18	63	59	61	71	62	56	59	62	59	20	16	15	17	14	10	12	12	16	13	14	17	14	6	7	11	13	9

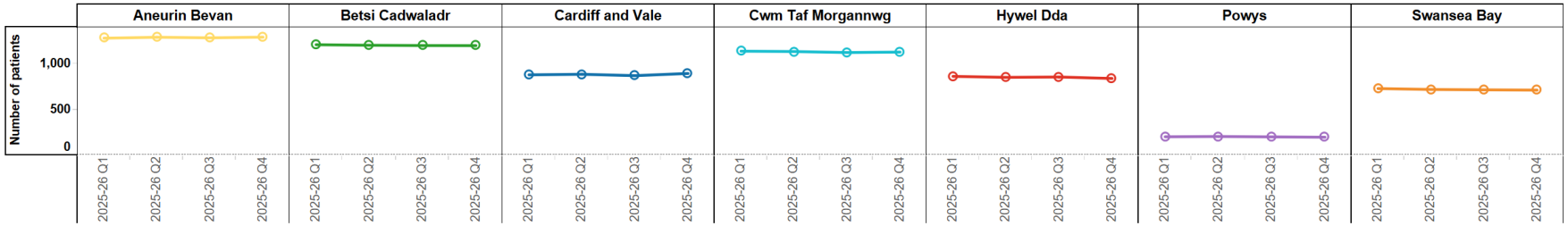
	Hywel Dda									Powys									Swansea Bay								
Number of patients	35	29	32	26	37	34	22	29	16	6	6	5	10	5	10	8	7	9	11	10	18	12	15	10	10	12	11

21. Number of female patients aged 55 years and under with a prescription for sodium valproate.



	Aneurin Bevan				Betsi Cadwaladr				Cardiff and Vale				Cwm Taf Morgannwg				Hywel Dda				Powys				Swansea Bay			
Number of patients	289	286	283	276	315	305	303	300	131	143	129	125	262	254	248	241	156	153	152	146	50	50	51	48	177	172	173	179

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



	Aneurin Bevan				Betsi Cadwaladr				Cardiff and Vale				Cwm Taf Morgannwg				Hywel Dda				Powys				Swansea Bay			
	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4	2025-26 Q1	2025-26 Q2	2025-26 Q3	2025-26 Q4
Number of patients	1,286	1,296	1,290	1,297	1,214	1,208	1,205	1,204	883	889	874	898	1,143	1,139	1,128	1,133	866	855	859	843	202	205	201	197	732	722	718	715

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 8.22% for the quarter ending March 2026 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending March 2026, hypnotic and anxiolytic prescribing ranged from 978 to 1,844 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 Betsi Cadwaladr UHB, and the smallest percentage decrease was seen in Cardiff and Vale UHB, compared with the equivalent quarter of the previous year.

Table 17. Hypnotic and anxiolytic UDG ADQs per 1,000 STAR-PUs

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Betsi Cadwaladr	1,878	1,691	-9.92%
Hywel Dda	1,939	1,764	-9.04%
Swansea Bay	1,746	1,605	-8.06%
Aneurin Bevan	1,725	1,588	-7.91%
Powys	1,370	1,270	-7.33%
Cwm Taf Morgannwg	1,977	1,844	-6.71%
Cardiff and Vale	1,038	978	-5.80%
Wales	**1,713**	**1,572**	**-8.22%**

Figure 26. Trend in hypnotic and anxiolytic UDG ADQs per 1,000 STAR-PUs

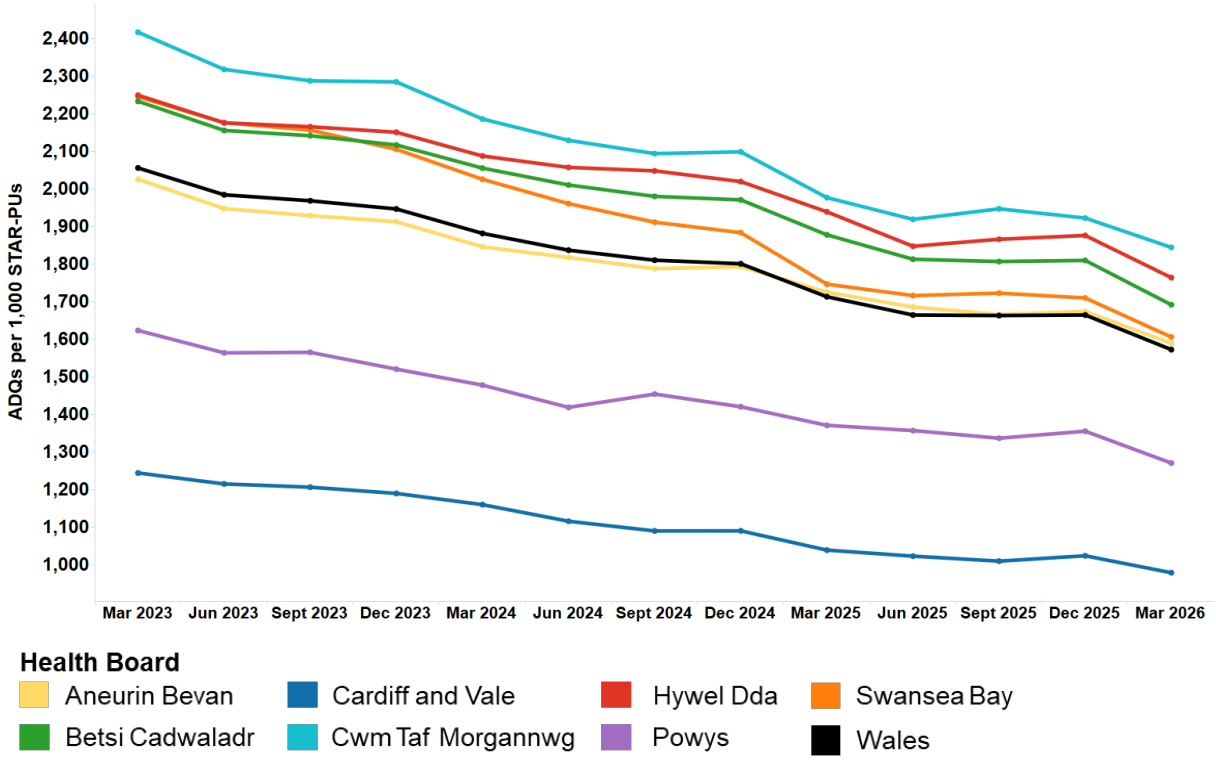
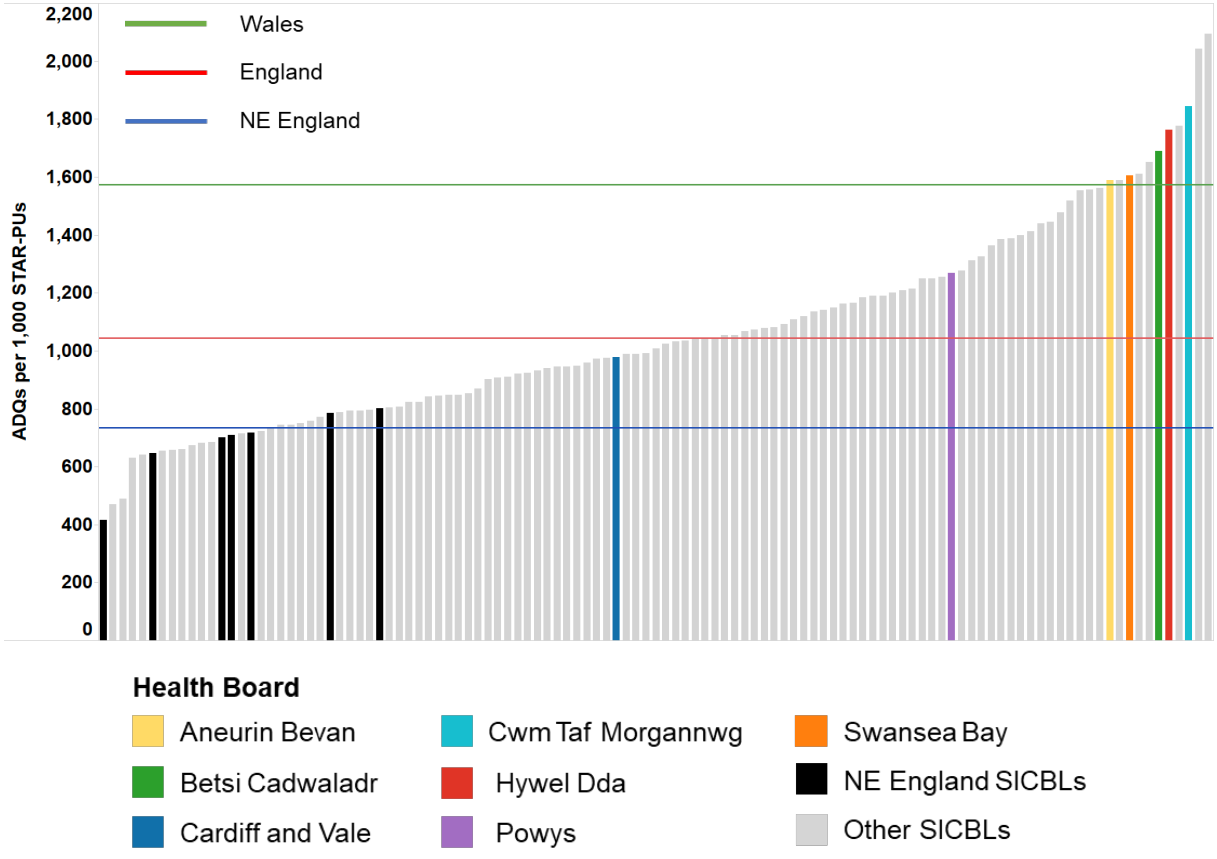


Figure 27. Hypnotic and anxiolytic prescribing in Welsh health boards and English SICBLs – Quarter ending March 2026



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, by secondary care, per health board/NHS trust 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.

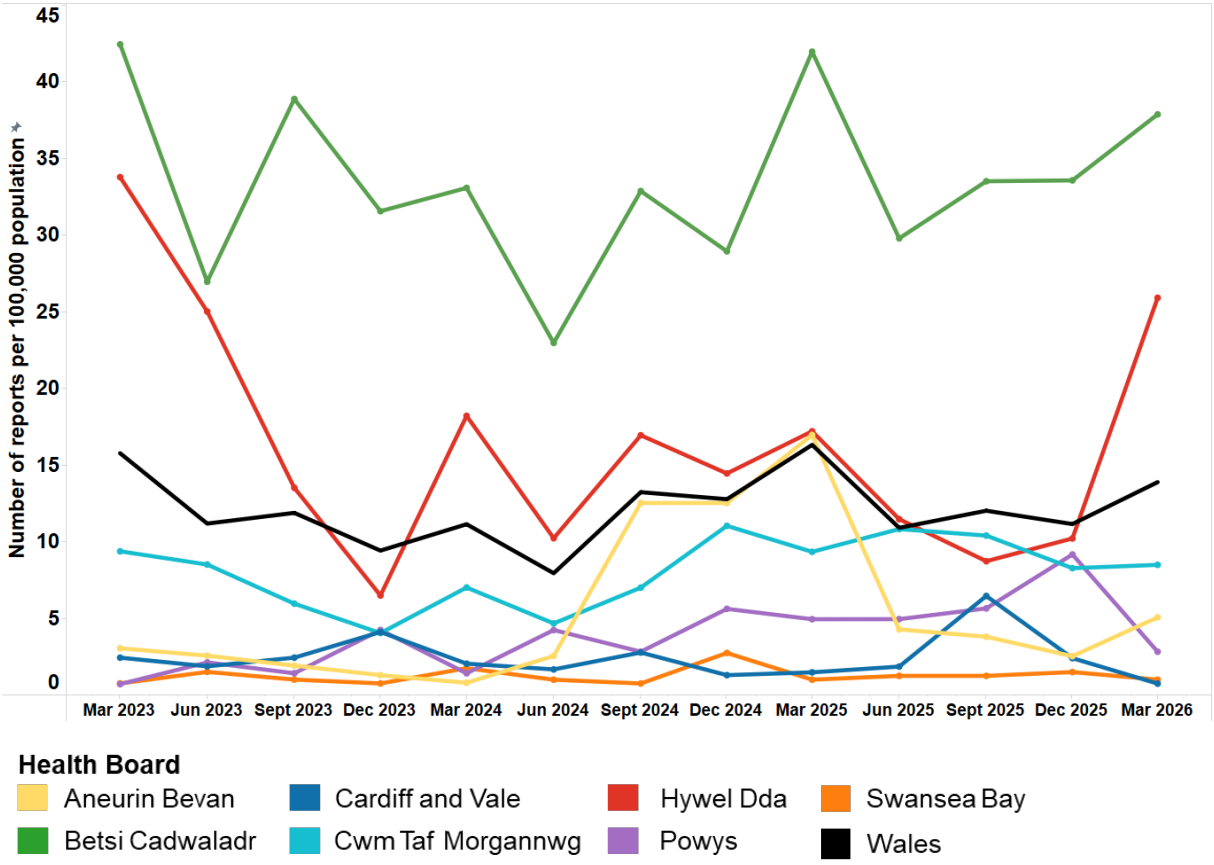
2.1.3.1 GP practices

- Across Wales, the number of Yellow Cards submitted by GP practices decreased by 15% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending March 2026, number of Yellow Cards submitted by GP practices ranged from 4 to 271 across the health boards.
- The health boards with the lowest reporting were Cardiff and Vale UHB, Powys Teaching HB and Swansea Bay UHB, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- Hywel Dda UHB showed a percentage increase. The largest percentage decrease was seen in Aneurin Bevan UHB, compared with the equivalent quarter of the previous year.

Table 18. Number of Yellow Cards submitted by GP practices

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Hywel Dda	69	104	51%
Swansea Bay	4	4	0%
Cwm Taf Morgannwg	44	40	-9%
Betsi Cadwaladr	300	271	-10%
Powys	7	4	-43%
Cardiff and Vale	8	4	-50%
Aneurin Bevan	107	32	-70%
Wales	**539**	**459**	**-15%**

Figure 28. Trend in number of Yellow Cards submitted by GP practices per 100,000 health board population



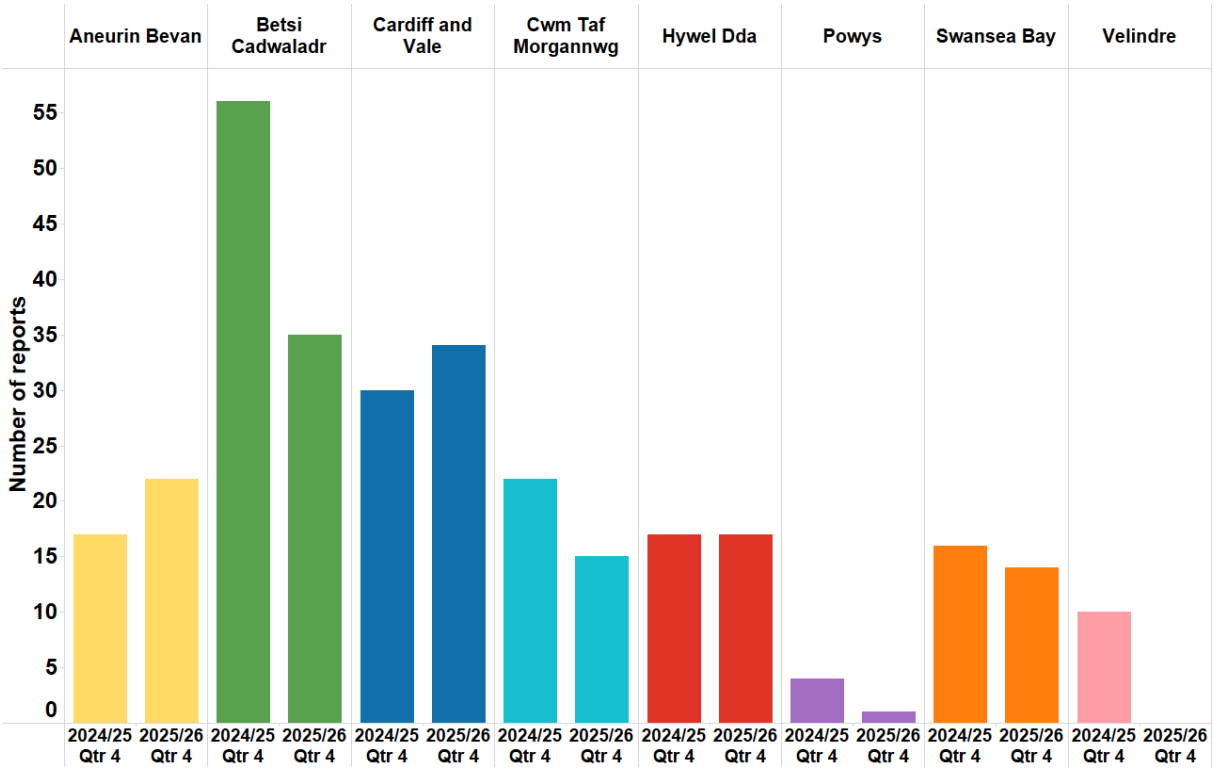
2.1.3.2 Secondary care

- Across Wales, the number of Yellow Cards submitted by secondary care decreased by 20% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending March 2026, number of Yellow Cards submitted by secondary care ranged from 0 to 35 across the health boards/NHS trust.
- The lowest reporting was seen in Velindre NHS Trust, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- The largest percentage increase in secondary care reporting was seen in Aneurin Bevan UHB, and the largest percentage decrease was seen in Velindre NHS Trust, compared with the equivalent quarter of the previous year.

Table 19. Number of Yellow Cards submitted by secondary care

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Aneurin Bevan	17	22	29%
Cardiff and Vale	30	34	13%
Hywel Dda	17	17	0%
Swansea Bay	16	14	-13%
Cwm Taf Morgannwg	22	15	-32%
Betsi Cadwaladr	56	35	-38%
Powys	4	1	-75%
Velindre	10	0	-100%
Wales	**172**	**138**	**-20%**

Figure 29. Number of Yellow Cards submitted by secondary care – Quarter ending March 2026 versus quarter ending March 2025



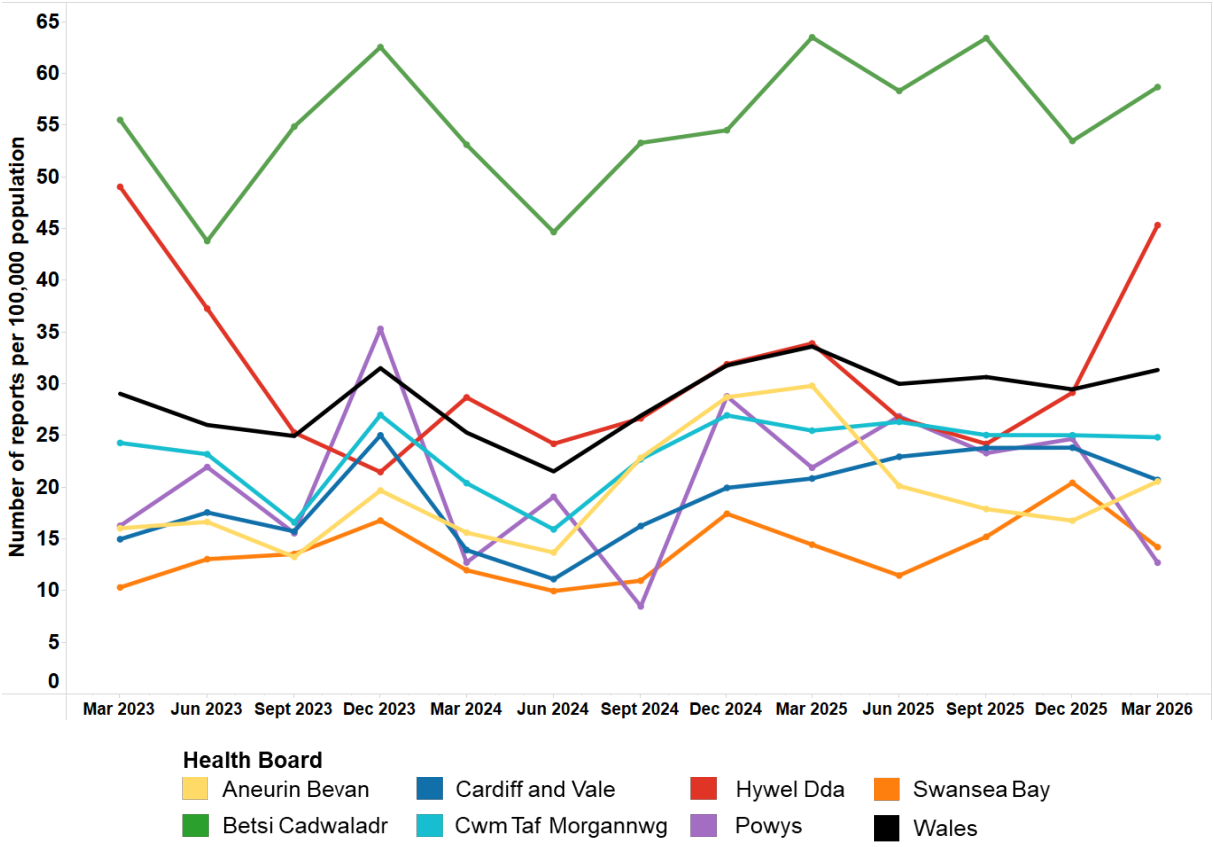
2.1.3.3 Health boards/NHS trust

- Across Wales, the number of Yellow Cards submitted by health boards/NHS trust decreased by 7% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending March 2026, number of Yellow Cards submitted by health boards/NHS trust ranged from 0 to 420 across the health boards.
- The lowest reporting was seen in Velindre NHS Trust, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- The largest percentage increase was seen in Hywel Dda UHB, and the largest percentage decrease was seen in Velindre NHS Trust, compared with the equivalent quarter of the previous year.

Table 20. Number of Yellow Cards submitted by health board/NHS trust

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Hywel Dda	136	182	34%
Cardiff and Vale	113	112	-1%
Swansea Bay	58	57	-2%
Cwm Taf Morgannwg	120	117	-3%
Betsi Cadwaladr	454	420	-7%
Aneurin Bevan	188	130	-31%
Powys	31	18	-42%
Velindre	10	0	-100%
Wales	**1,110**	**1,036**	**-7%**

Figure 30. Trend in number of Yellow Cards submitted by health boards/NHS trust per 100,000 health board population



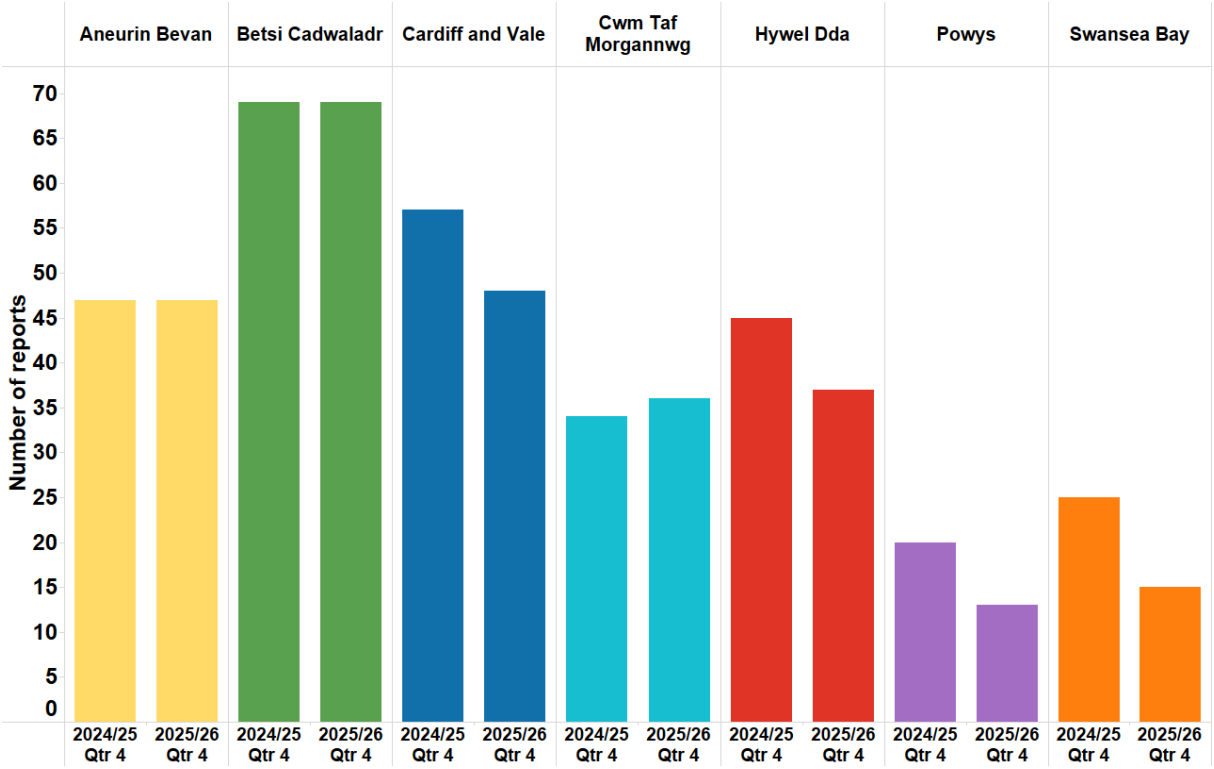
2.1.3.4 Members of the public

- Across Wales, the number of Yellow Cards submitted by members of the public decreased by 11% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- For the quarter ending March 2026, number of Yellow Cards submitted by members of the public ranged from 13 to 69 across the health boards.
- The health board with the lowest reporting was Powys Teaching HB, whilst the highest reporting was seen in Betsi Cadwaladr UHB.
- Cwm Taf Morgannwg demonstrated a percentage increase in member of the public reporting.
- The largest percentage decrease was seen in Swansea Bay UHB, compared with the equivalent quarter of the previous year.

Table 21. Number of Yellow Cards submitted by members of the public

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Cwm Taf Morgannwg	34	36	6%
Betsi Cadwaladr	69	69	0%
Aneurin Bevan	47	47	0%
Cardiff and Vale	57	48	-16%
Hywel Dda	45	37	-18%
Powys	20	13	-35%
Swansea Bay	25	15	-40%
Wales	**297**	**265**	**-11%**

Figure 31. Number of Yellow Cards submitted by members of the public – Quarter ending March 2026 versus quarter ending March 2025



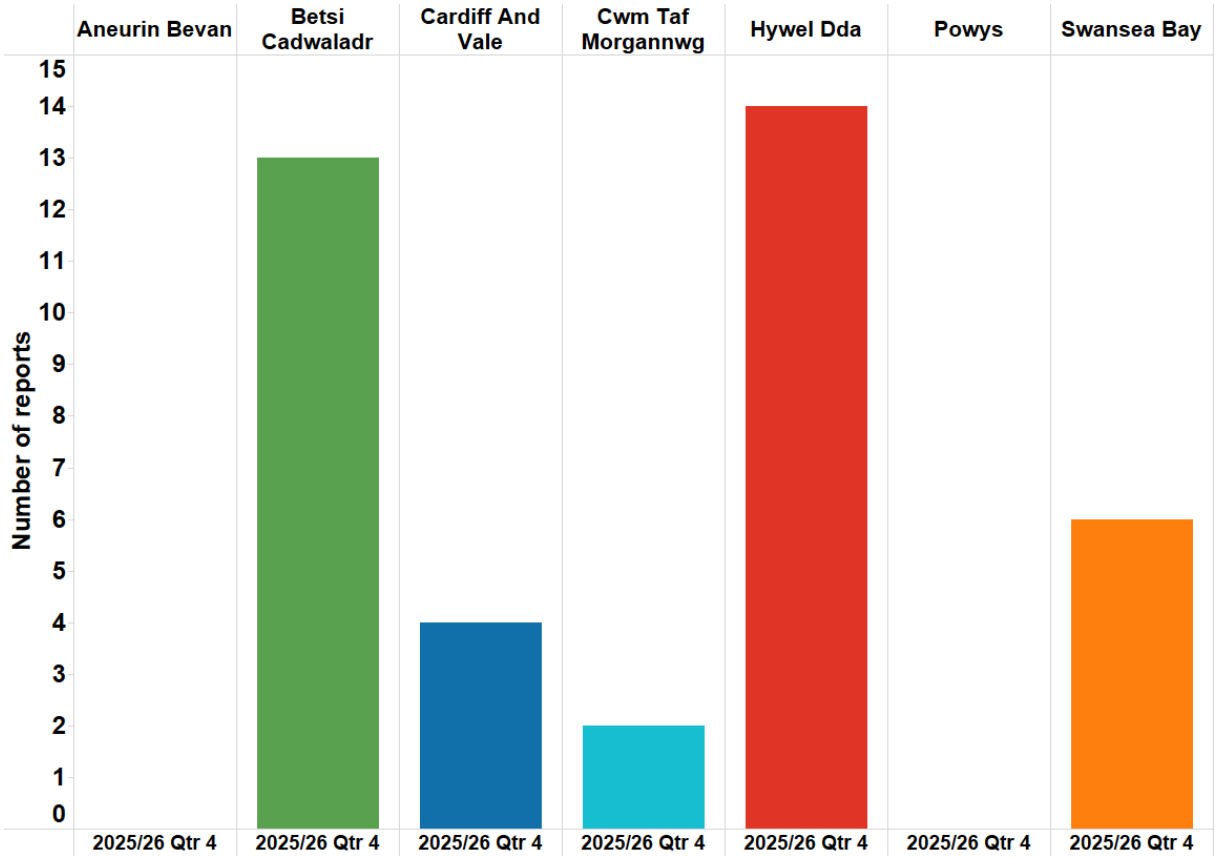
2.1.3.5 Community pharmacy

- Across Wales, a total of 39 Yellow Card reports were submitted by community pharmacies during the quarter ending March 2026.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 0 to 14.
- The health boards with the lowest reporting were Aneurin Bevan UHB and Powys Teaching HB, whilst the highest reporting was seen in Hywel Dda UHB.

Table 22. Number of Yellow Cards submitted by community pharmacies

	2025–2026 Qtr 4
Hywel Dda	14
Betsi Cadwaladr	13
Swansea Bay	6
Cardiff and Vale	4
Cwm Taf Morgannwg	2
Aneurin Bevan	0
Powys	0
Wales	**39**

Figure 32. Number of Yellow Cards submitted by community pharmacy – Quarter ending March 2026



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 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.

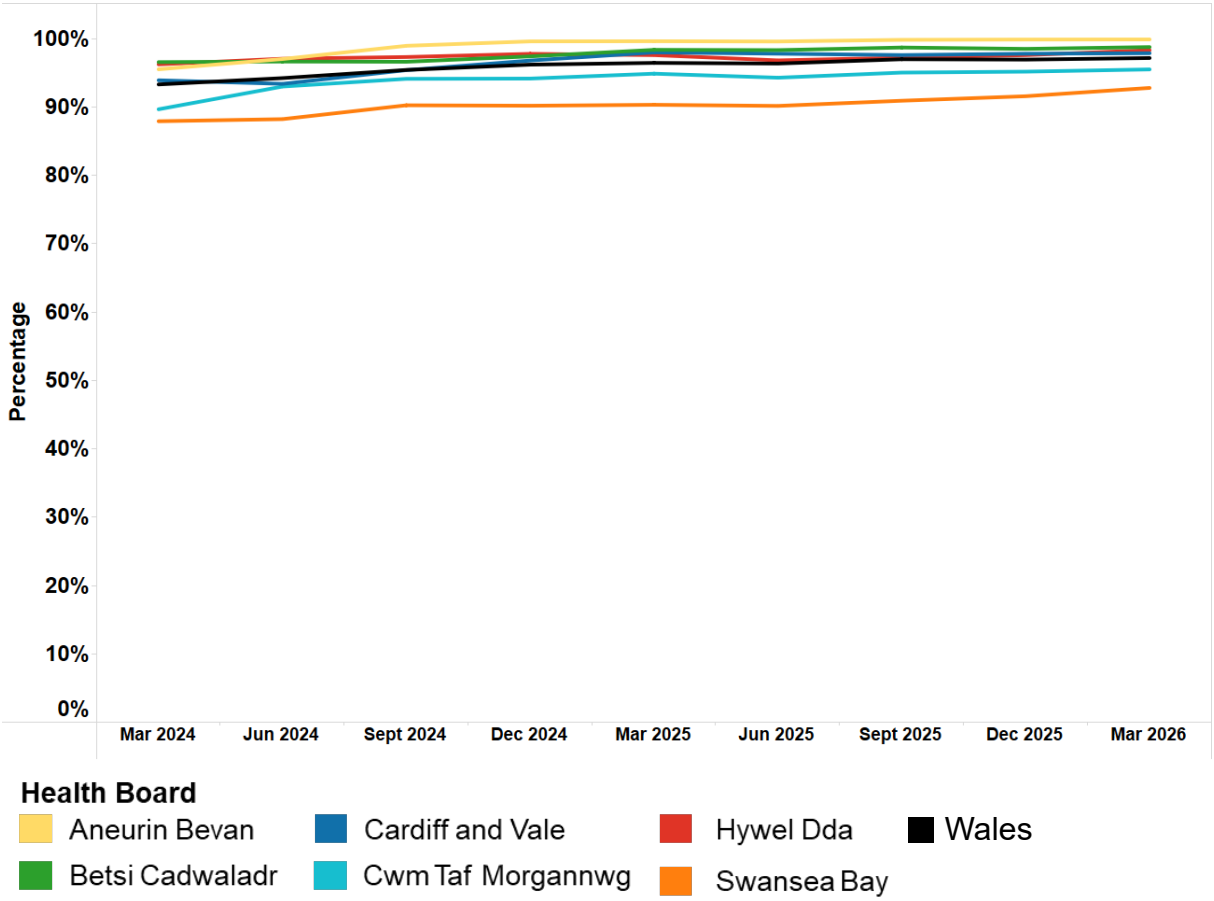
2.2.1.1 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 0.74%, for the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending March 2026, adalimumab biosimilar prescribing ranged from 92.8% to 99.9% 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.
- Swansea Bay UHB demonstrated the largest percentage increase, and Cardiff and Vale UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 23. Adalimumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Swansea Bay	90.3%	92.8%	2.73%
Hywel Dda	97.6%	98.3%	0.74%
Cwm Taf Morgannwg	94.9%	95.5%	0.66%
Betsi Cadwaladr	98.3%	98.7%	0.41%
Aneurin Bevan	99.6%	99.9%	0.26%
Cardiff and Vale	98.0%	97.8%	-0.12%
Wales	**96.4%**	**97.1%**	**0.74%**

Figure 33. Trend in adalimumab biosimilar (Amgevita®, Idacio®, Imraldi®, Yuflyma®) as a percentage of total biosimilar plus reference product prescribed



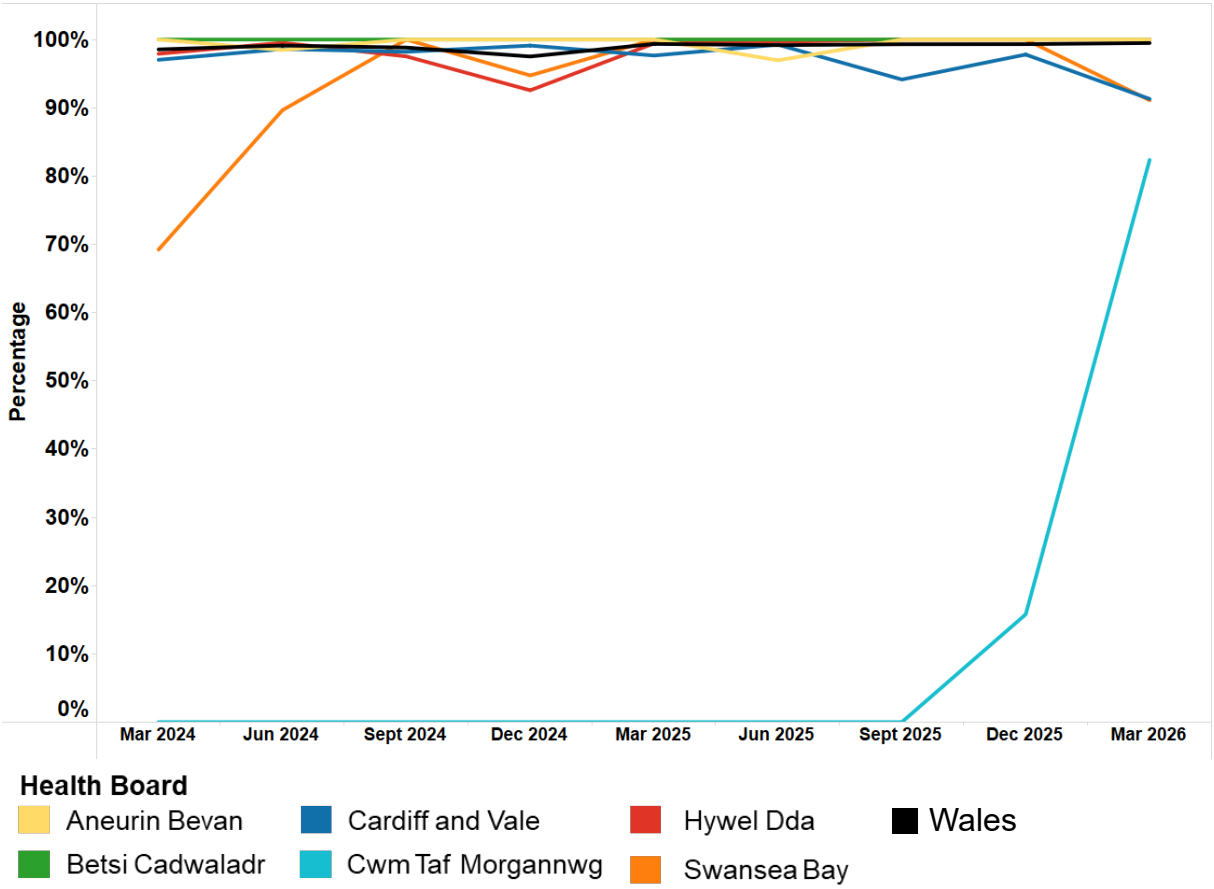
2.2.1.2 Ranibizumab

- Across Wales, ranibizumab biosimilar prescribing increased by 0.13%, for the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending March 2026, ranibizumab biosimilar prescribing ranged from 82.4% to 100% across the health boards.
- The health boards with the highest percentage of ranibizumab biosimilar usage (100%) were Aneurin Bevan, Betsi Cadwaladr and Hywel Dda UHBs.
- Hywel Dda UHB demonstrated the largest percentage increase, and Cardiff and Vale and Swansea Bay UHBs demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

Table 24. Ranibizumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Hywel Dda	99.4%	100%	0.57%
Cwm Taf Morgannwg	0.00%	82.4%	N/A
Aneurin Bevan	100%	100%	0.00%
Betsi Cadwaladr	100%	100%	0.00%
Cardiff and Vale	97.7%	91.3%	-6.50%
Swansea Bay	100%	91.1%	-8.89%
Wales	**99.4%**	**99.5%**	**0.13%**

Figure 34. Trend in ranibizumab biosimilar (Ongavia®, Rimmyrah®) as a percentage of total biosimilar plus reference product prescribed



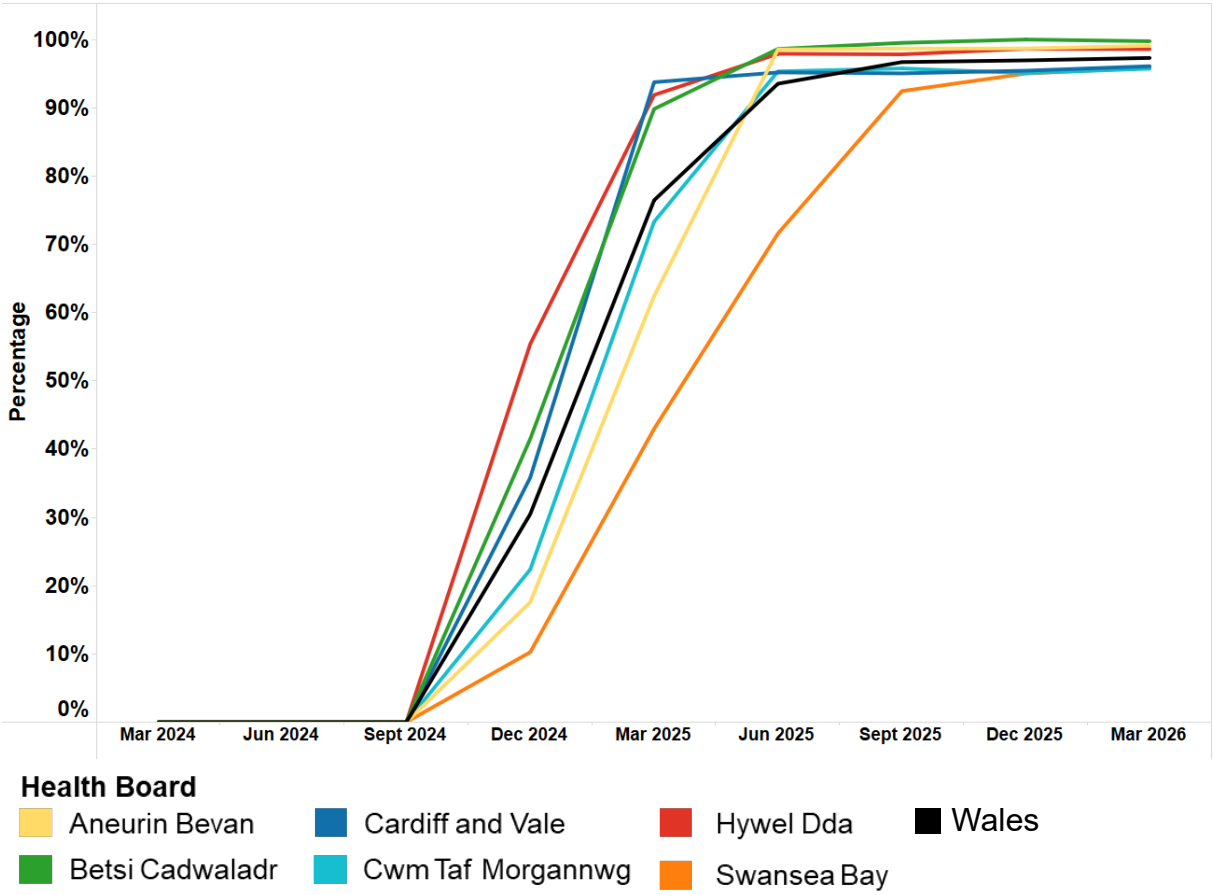
2.2.1.3 Ustekinumab

- Across Wales, ustekinumab biosimilar prescribing increased by 27.3%, for the quarter ending March 2026 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending March 2026, ustekinumab biosimilar prescribing ranged from 95.7% to 99.8% across the health boards.
- The health board with the highest percentage of ustekinumab biosimilar usage was Betsi Cadwaladr UHB, and Cwm Taf Morgannwg UHB demonstrated the lowest percentage of ustekinumab biosimilar.
- Ustekinumab biosimilar prescribing increased, compared with the equivalent quarter of the previous year, in all health boards.
- Swansea Bay UHB demonstrated the largest percentage increase, and Cardiff and Vale UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 25. Ustekinumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Swansea Bay	43.0%	95.9%	123%
Aneurin Bevan	62.4%	99.1%	58.8%
Cwm Taf Morgannwg	73.3%	95.7%	30.6%
Betsi Cadwaladr	89.8%	99.8%	11.1%
Hywel Dda	91.9%	98.6%	7.32%
Cardiff and Vale	93.8%	96.1%	2.50%
Wales	**76.5%**	**97.3%**	**27.3%**

Figure 35. 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 26. Infliximab, etanercept, rituximab and trastuzumab biosimilar as a percentage of total biosimilar plus reference product prescribed

	2025–2026 Qtr 4			
	Infliximab	Etanercept	Rituximab	Trastuzumab
Aneurin Bevan	98.5%	100%	100%	N/A
Betsi Cadwaladr	100%	95.6%	99.1%	100%
Cardiff and Vale	100%	90.3%	100%	N/A
Cwm Taf Morgannwg	99.7%	91.7%	100%	100%
Hywel Dda	99.5%	87.6%	100%	100%
Swansea Bay	96.3%	84.1%	99.4%	100%
Velindre	100%	N/A	N/A	100%
Wales	**99.1%**	**89.9%**	**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 95% to 96% for the quarter ending March 2026 compared with the equivalent quarter of the previous year.

Figure 36. Biosimilars as a percentage of total biosimilar plus reference product prescribed – Quarter ending March 2026

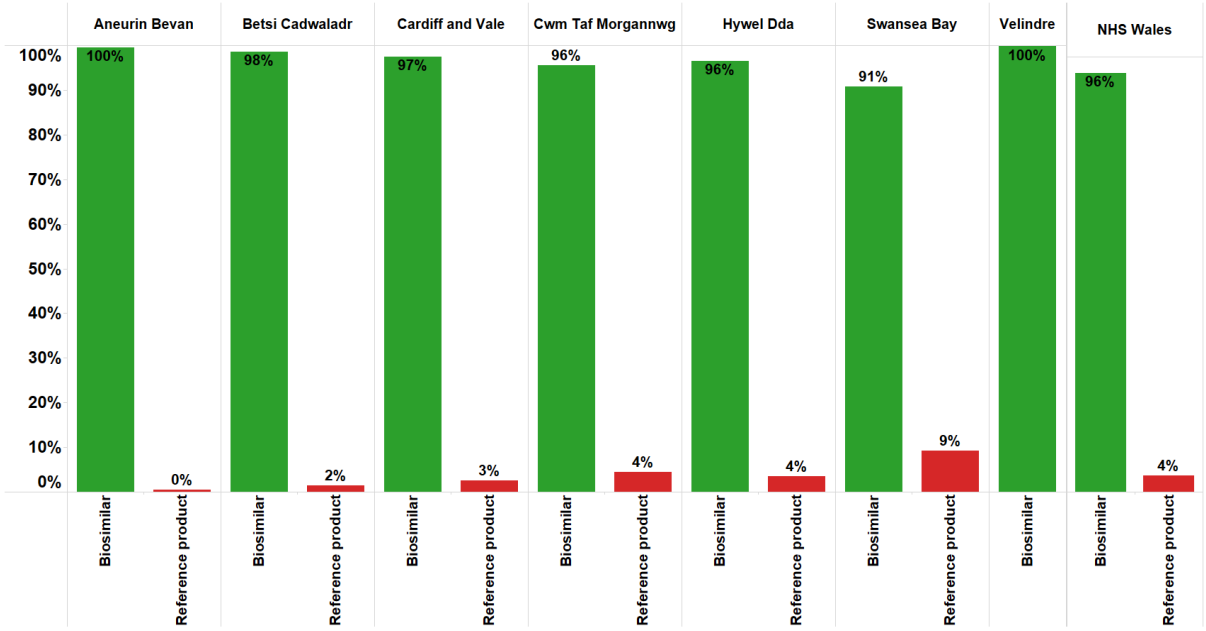
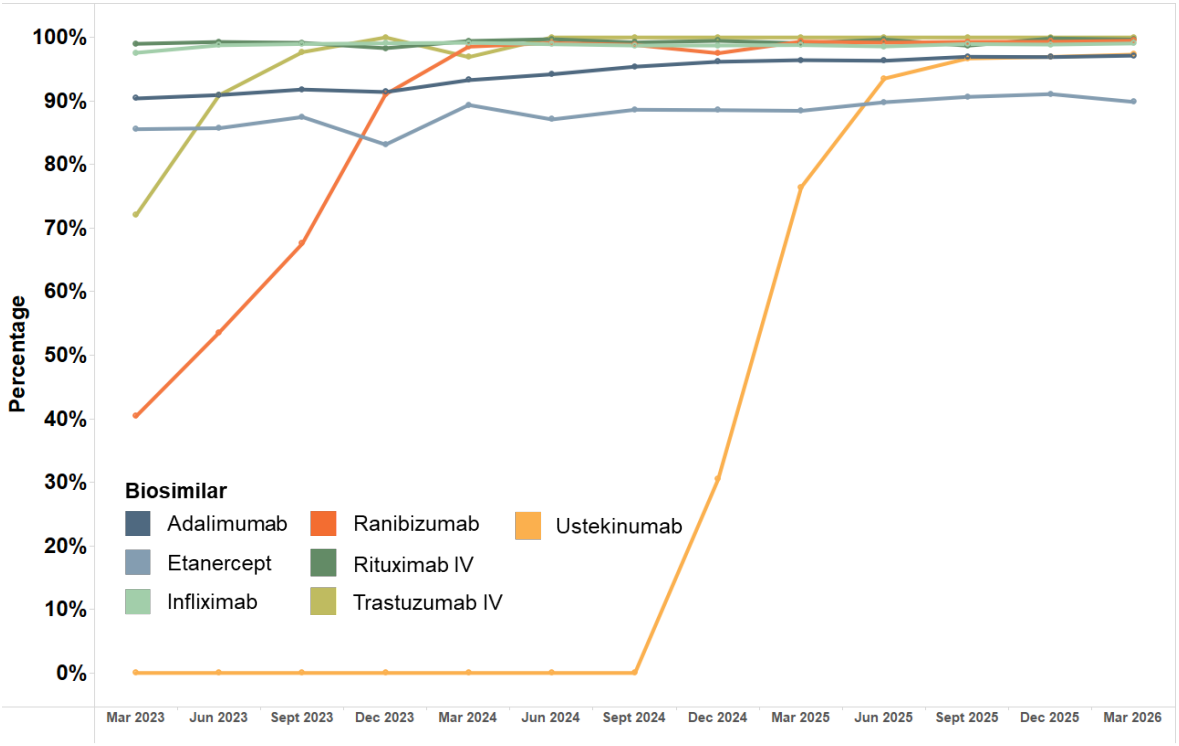


Figure 37. Trend in biosimilars as a percentage of total biosimilar plus reference product prescribed in Wales



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 *Items identified as 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.

Four 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:

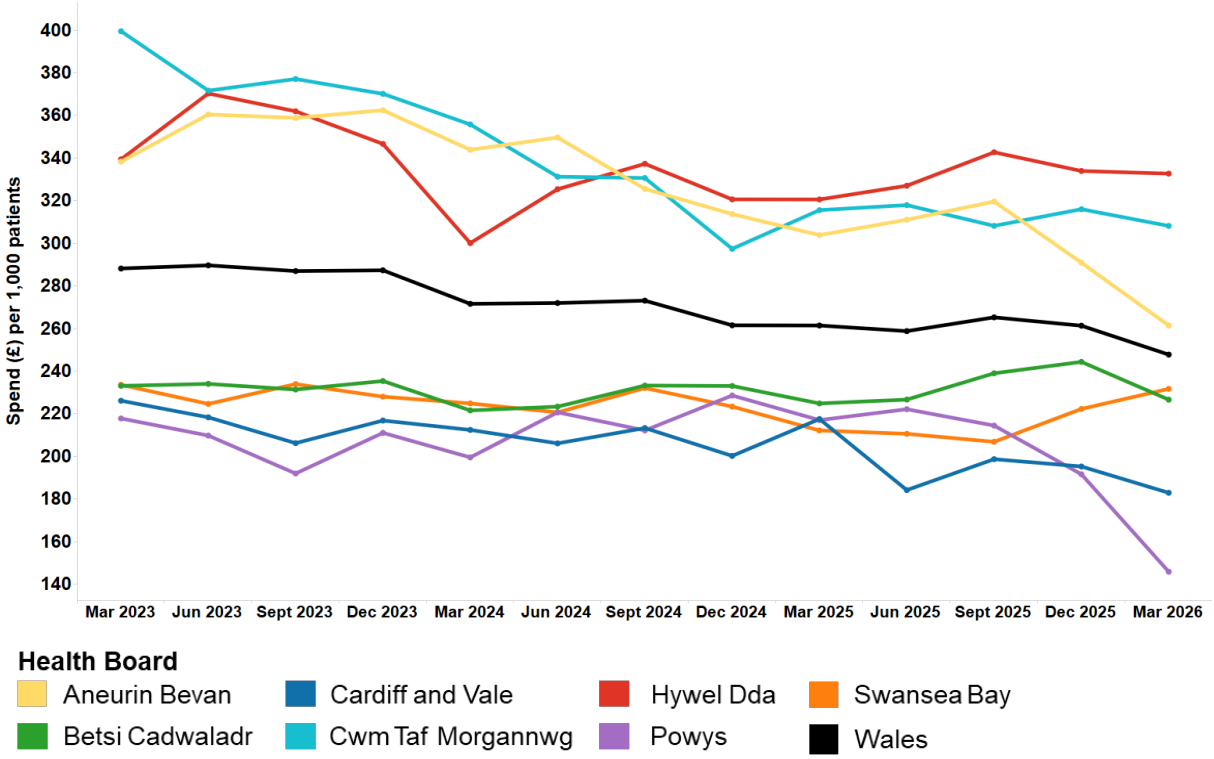
- chloral hydrate
- rubefacients
- alimemazine.

- Across Wales, low value for prescribing UDG spend per 1,000 patients decreased by 5.22% for the quarter ending March 2026, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending March 2026, low value for prescribing UDG spend per 1,000 patients ranged from £146 to £333 across the health boards.
- The health board with the lowest spend was Powys Teaching HB, whilst the highest spend was seen in Hywel Dda UHB.
- The health board with the greatest percentage decrease was Powys Teaching HB, and Swansea Bay UHB demonstrated the largest percentage increase, compared with the equivalent quarter of the previous year.

Table 27. Low value for prescribing UDG spend (£) per 1,000 patients

	2024–2025 Qtr 4	2025–2026 Qtr 4	% Change
Powys	217	146	-32.8%
Cardiff and Vale	218	183	-15.9%
Aneurin Bevan	304	261	-14.0%
Cwm Taf Morgannwg	316	308	-2.35%
Betsi Cadwaladr	225	227	0.79%
Hywel Dda	321	333	3.78%
Swansea Bay	212	232	9.20%
Wales	**261**	**248**	**-5.22%**

Figure 38. 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.

Hospital pharmacy systems record the issue of medicines within the secondary and tertiary care settings 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 providers which are recorded through the hospital systems.

Medicines supplied through hospitals in England or on FP10HP (issued by hospital clinicians in NHS England) to patients resident in Wales are not included in this report.

Combining data obtained from two different software systems provides challenges, particularly as these report data via different measurement criteria. Hence, in order to amalgamate data, AWTTC determine a standard unit of measure to support calculations such as total quantity.

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.

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 A1. 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 OME per 1,000 patients. High strength opioid 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.	
		4C antimicrobial DDDs per 1,000 patients.	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				
		4C antimicrobial items per 1,000 patients.		
		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. 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. 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
		Number of SABA items as a percentage of all inhalers prescribed.	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				
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

Table A2. Supporting domain NPIs for 2025–2028

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
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 A1. Opioid burden prescribing – Quarter ending March 2026 versus quarter ending March 2025

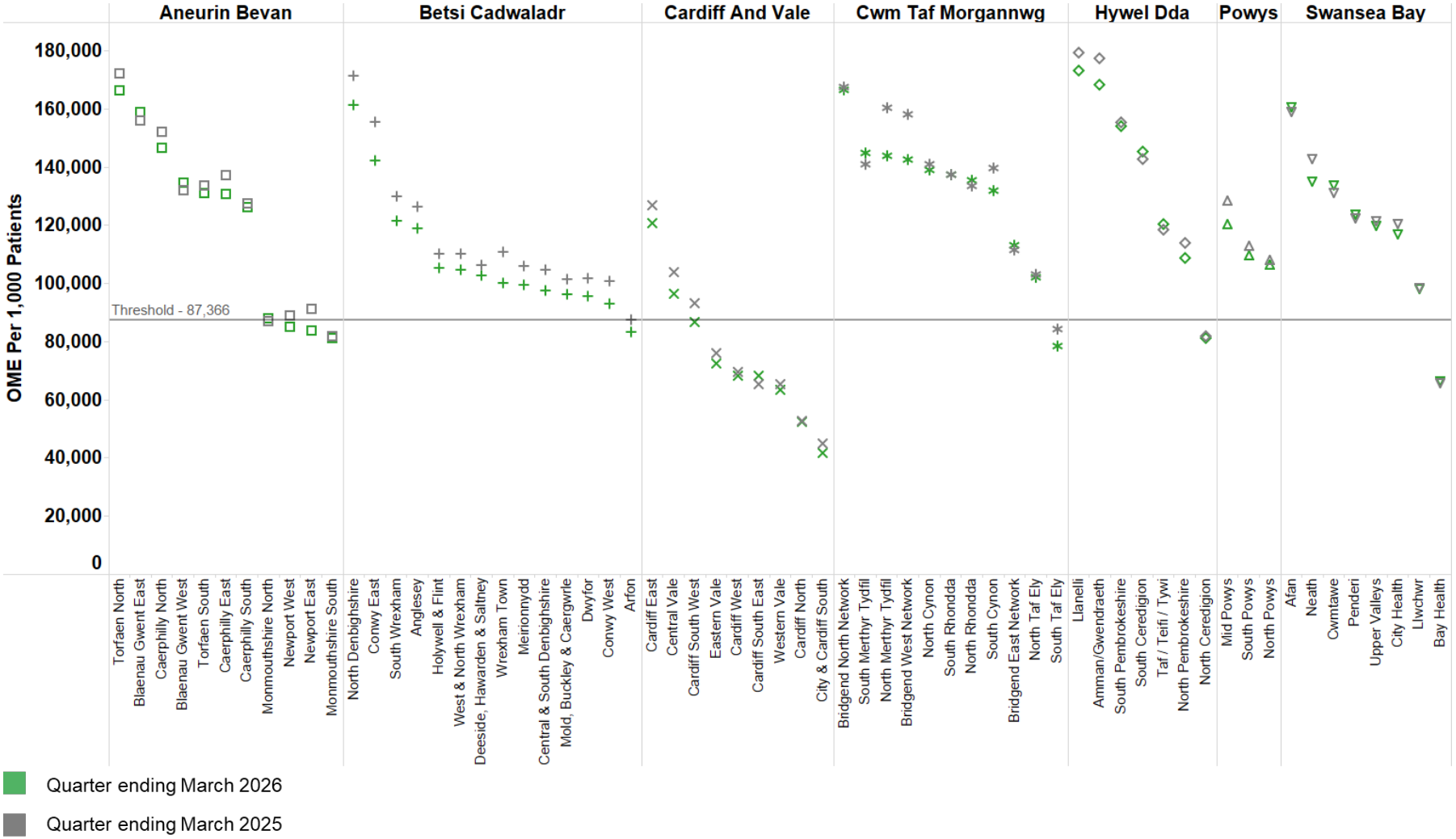


Figure A2. High strength opioid prescribing – Quarter ending March 2026 versus quarter ending March 2025

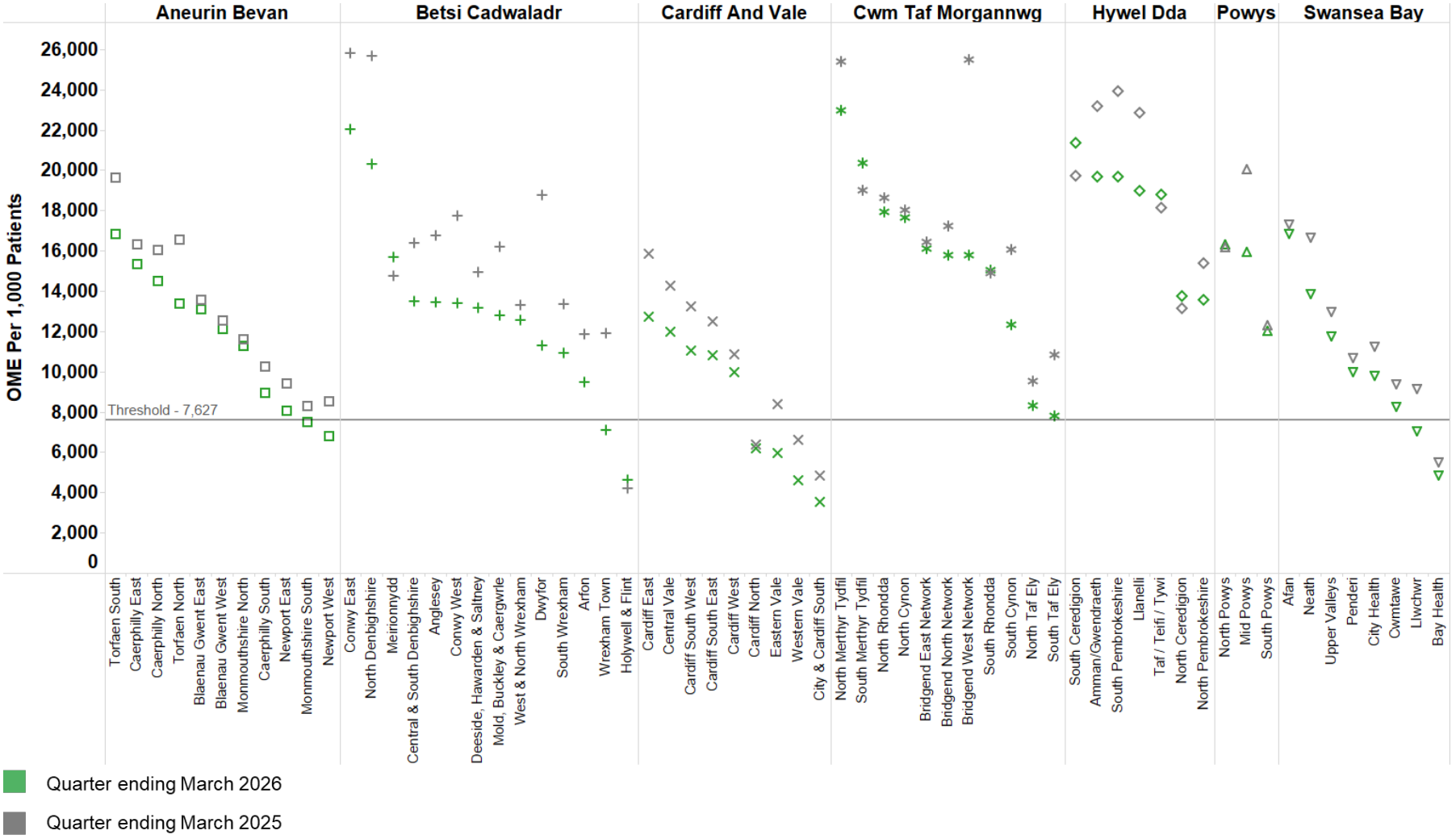


Figure A3. Tramadol prescribing – Quarter ending March 2026 versus quarter ending March 2025

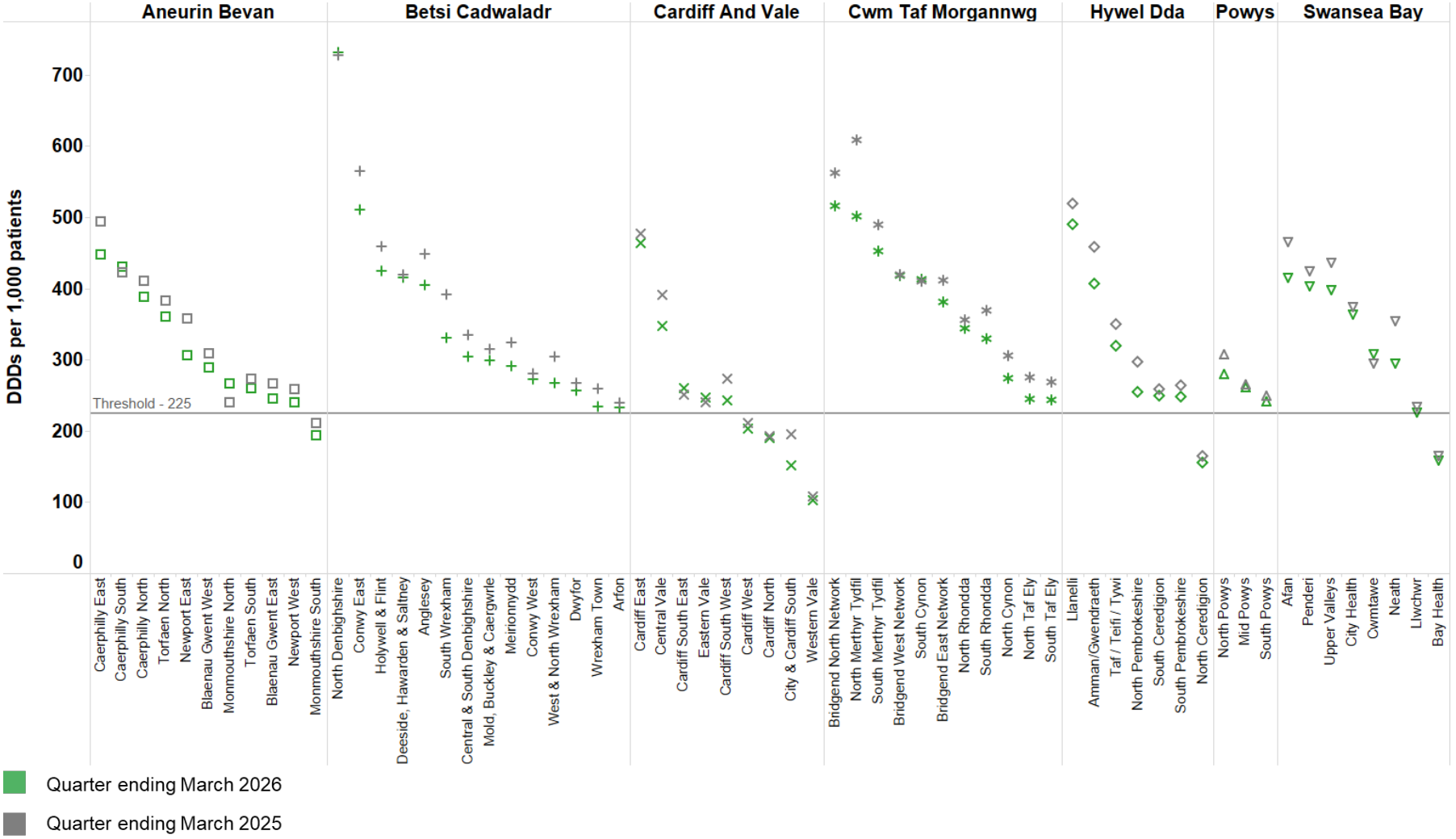


Figure A4. Gabapentin and pregabalin prescribing – Quarter ending March 2026 versus quarter ending March 2025

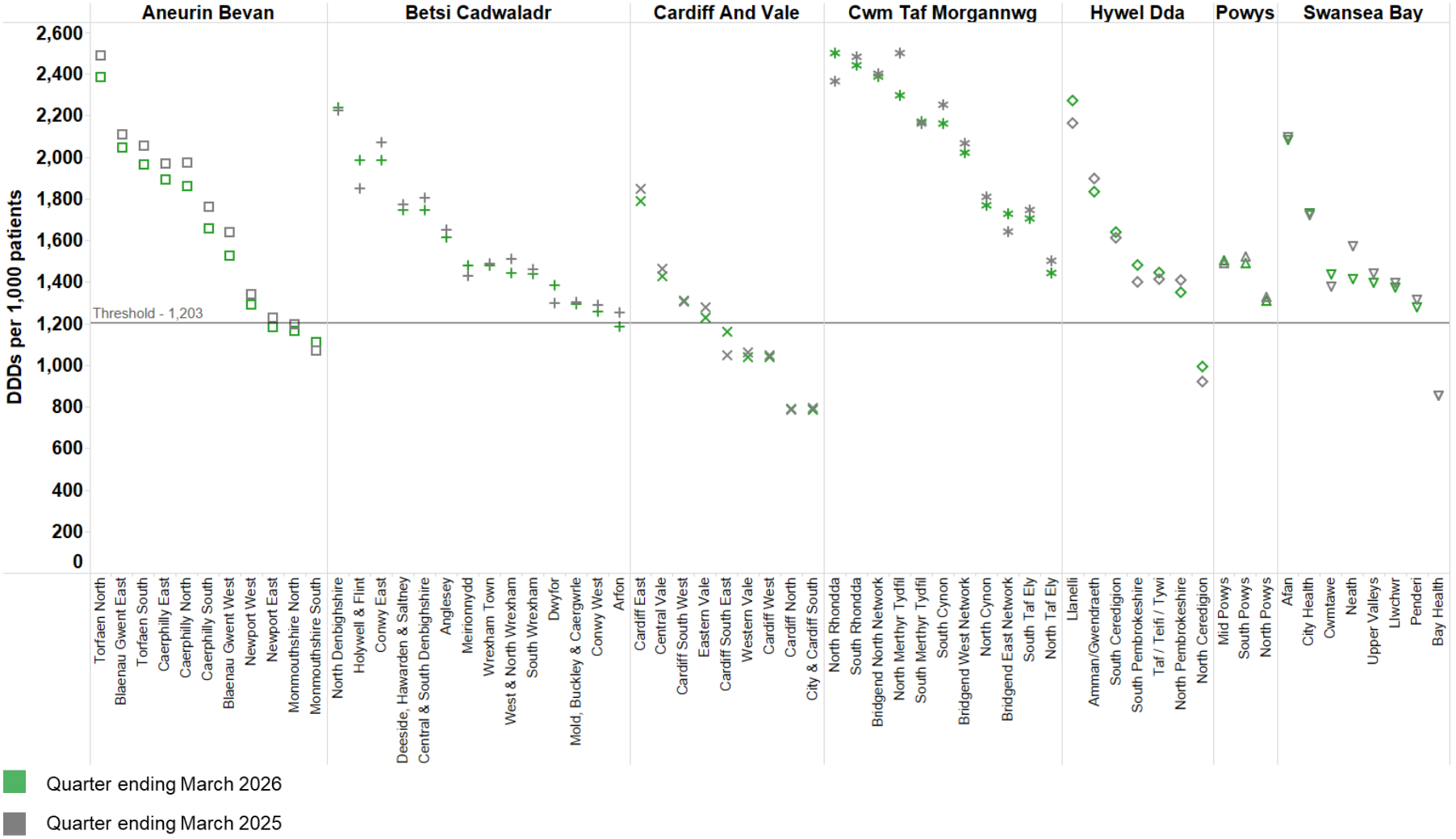


Figure A5. Antimicrobial prescribing – Quarter ending March 2026 versus quarter ending March 2020

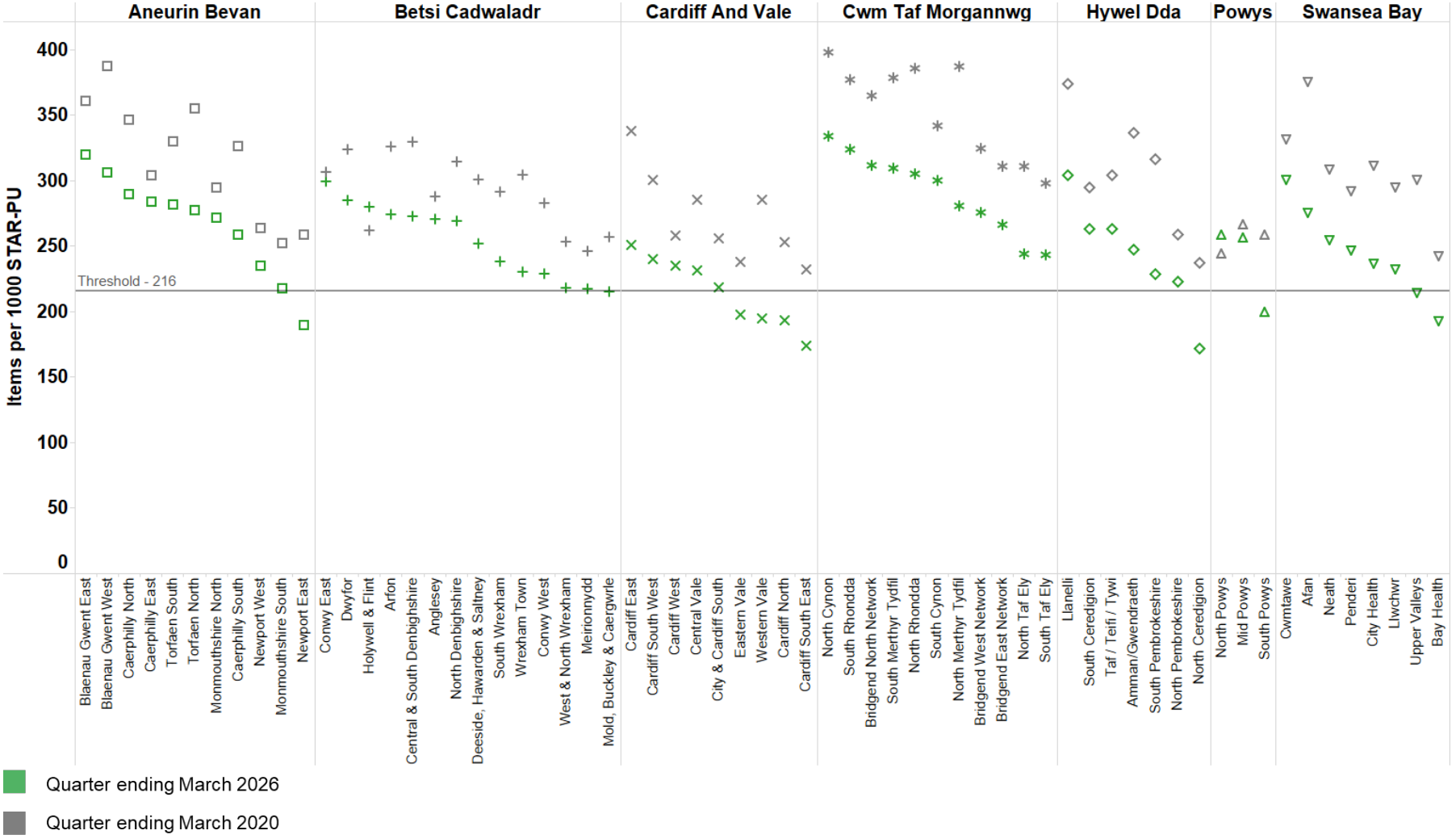


Figure A6. 4C antimicrobial prescribing – Quarter ending March 2026 versus quarter ending March 2025

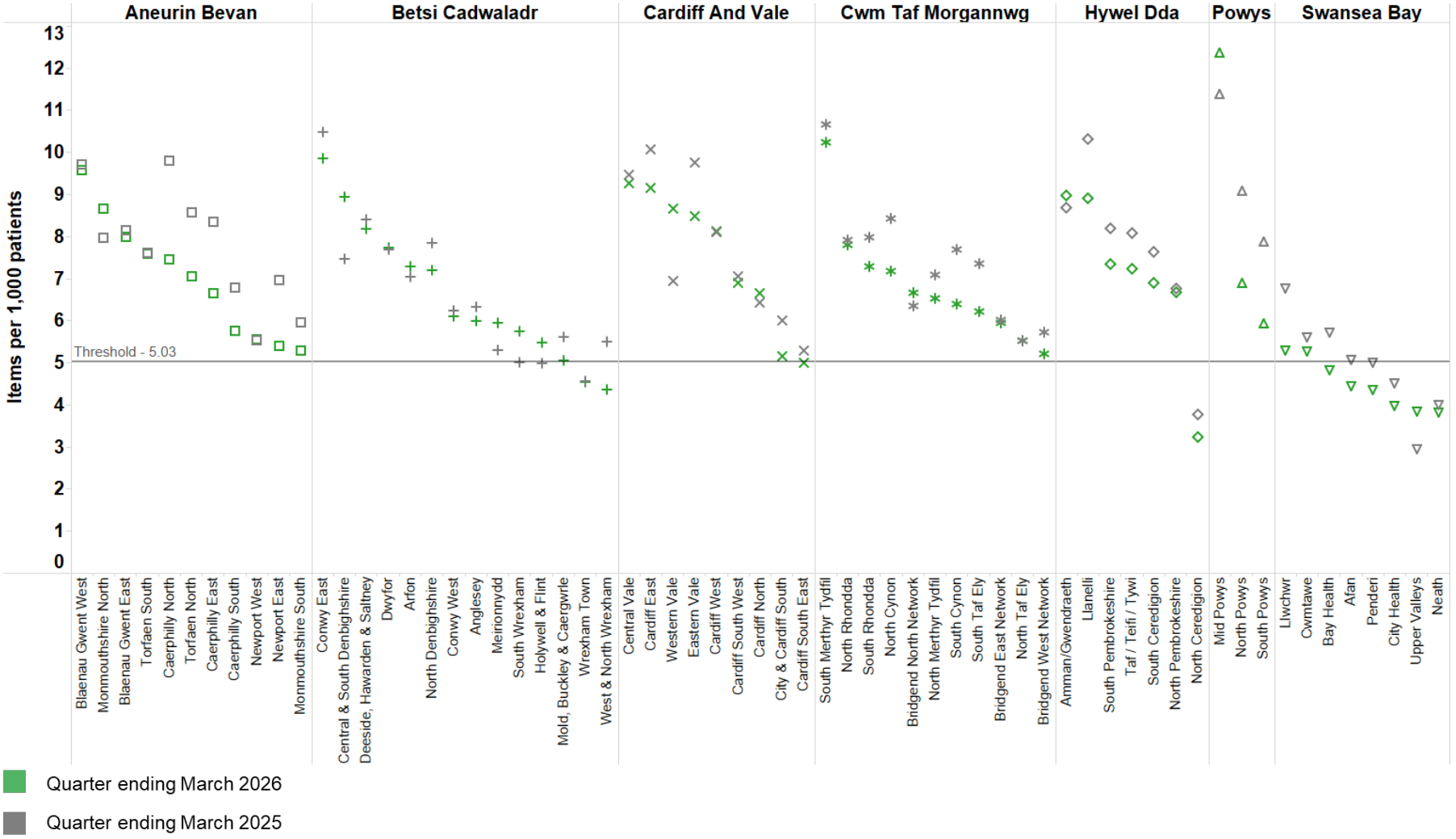


Figure A7. Amoxicillin 5-day course duration – Quarter ending March 2026 versus quarter ending March 2025

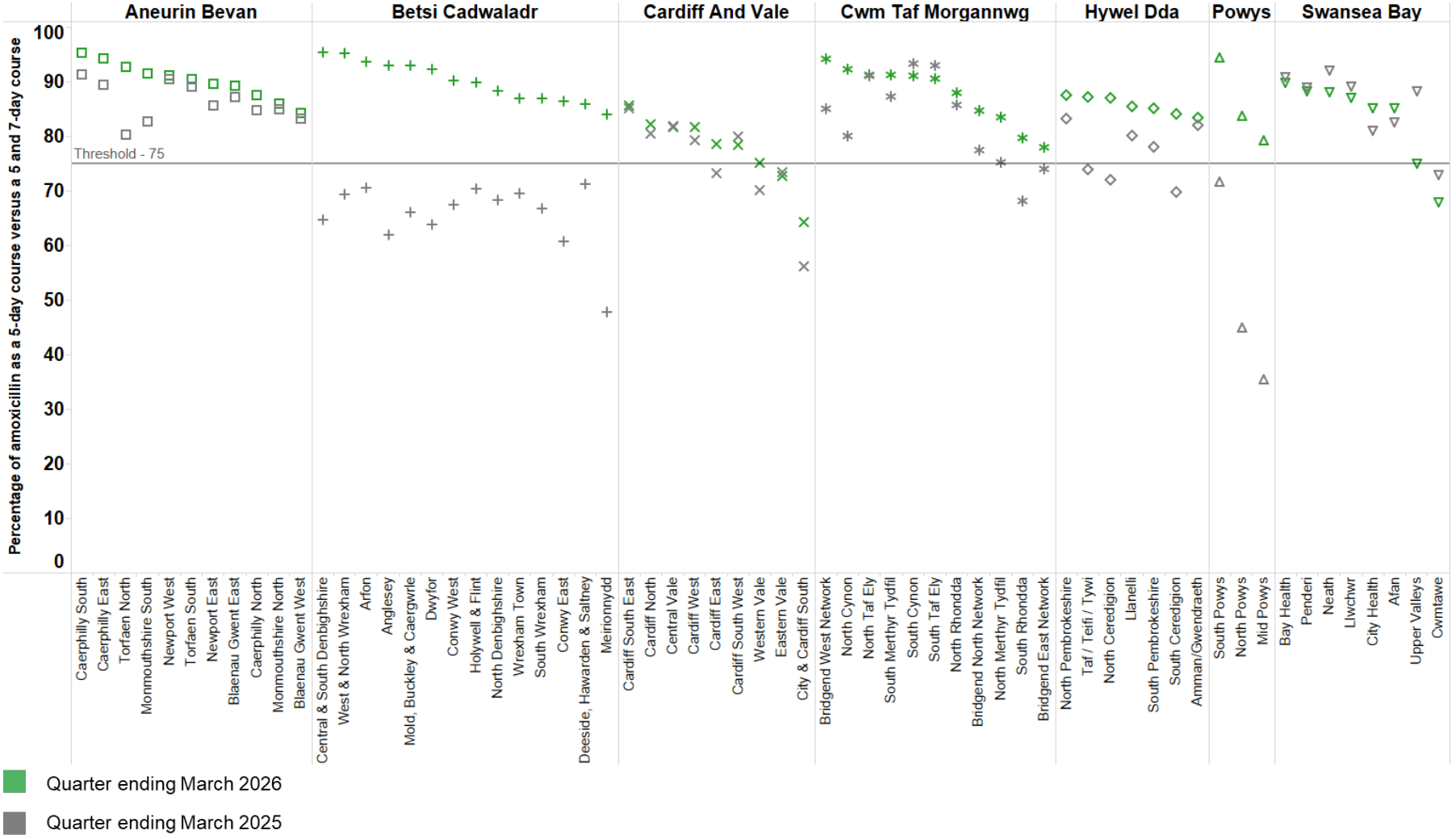


Figure A8. Doxycycline 5-day course duration – Quarter ending March 2026 versus quarter ending March 2025

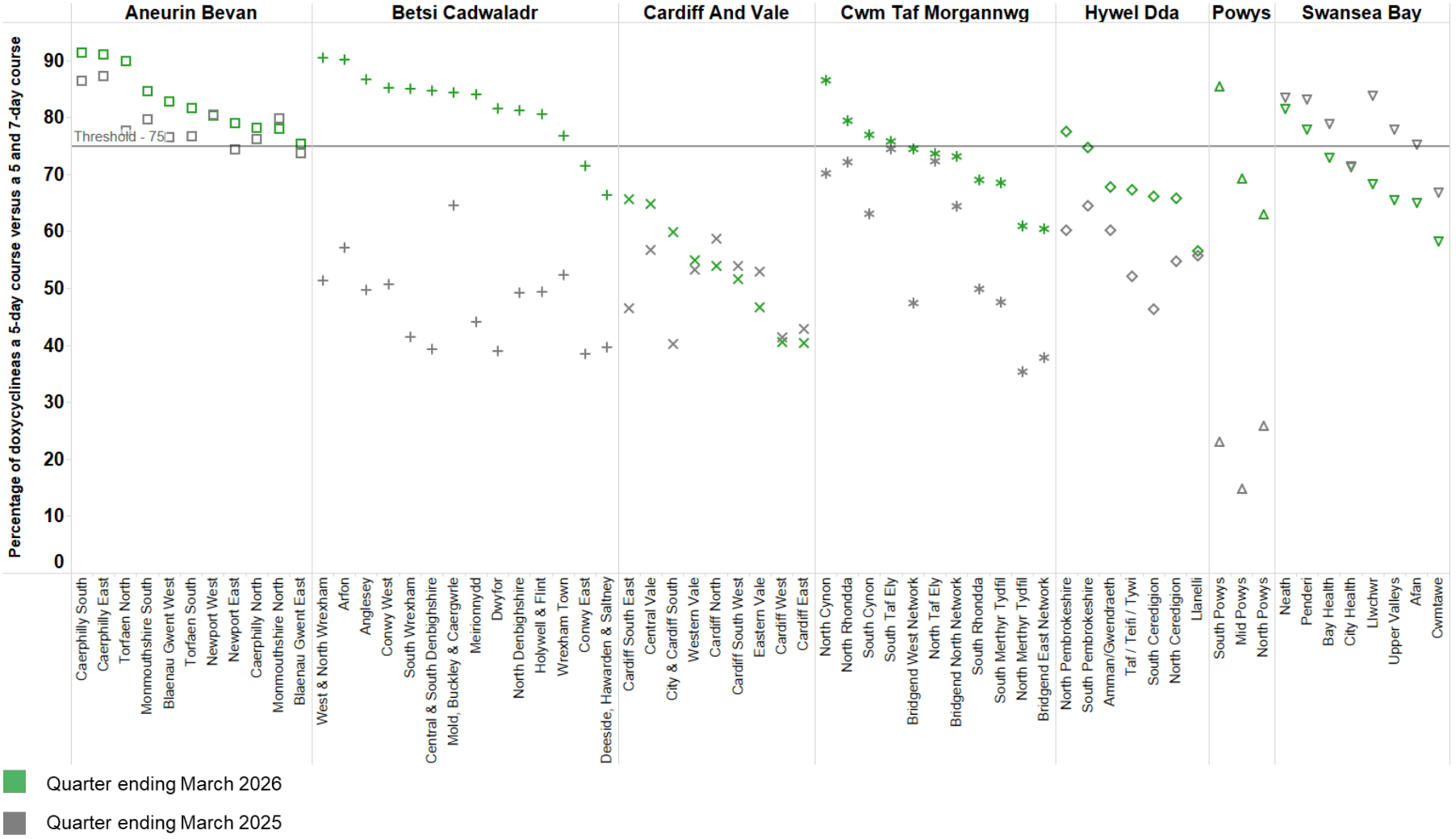


Figure A9. Clarithromycin 5-day course duration – Quarter ending March 2026 versus quarter ending March 2025

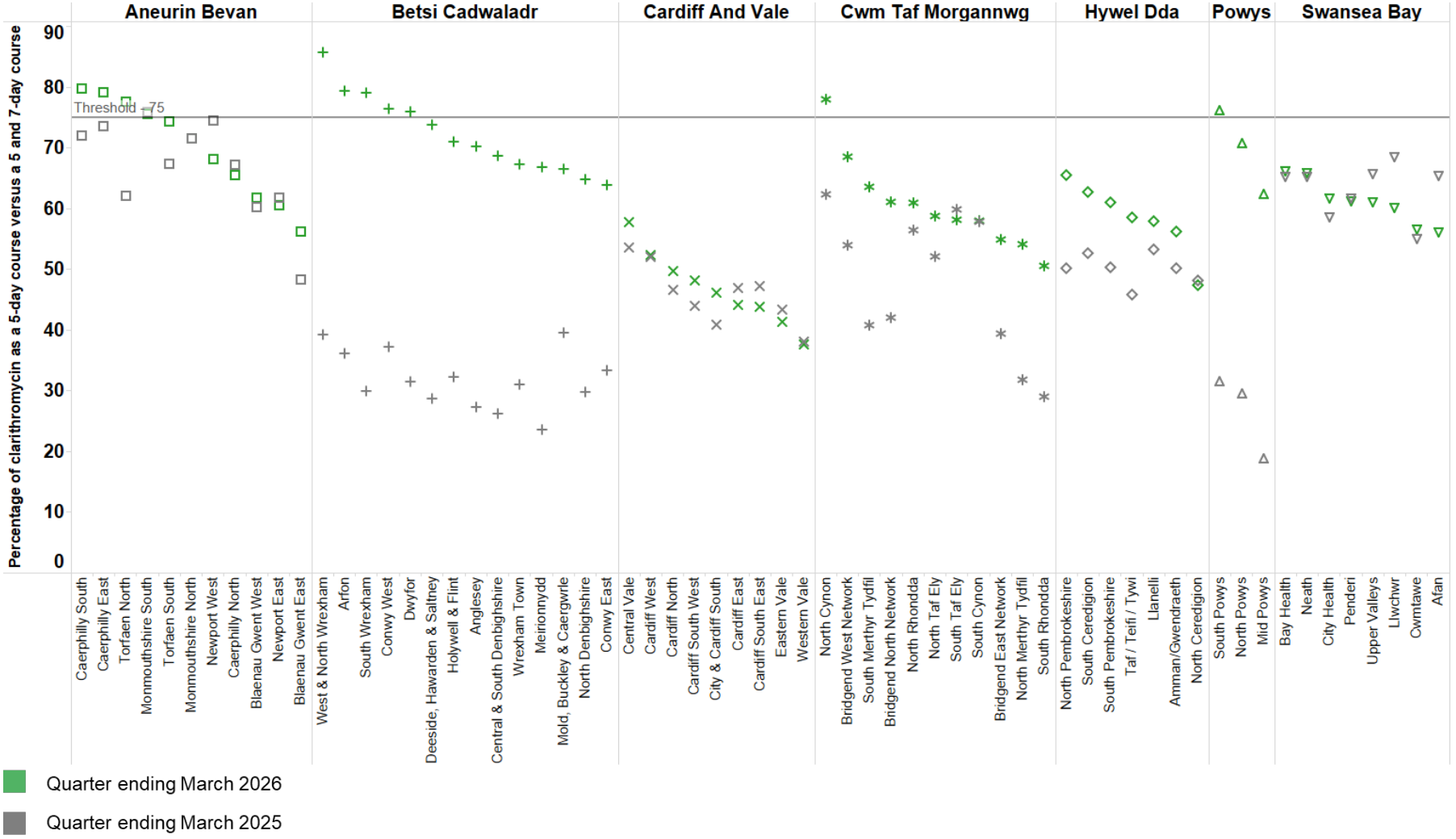


Figure A10. Decarbonisation of inhalers – Quarter ending March 2026 versus quarter ending March 2025

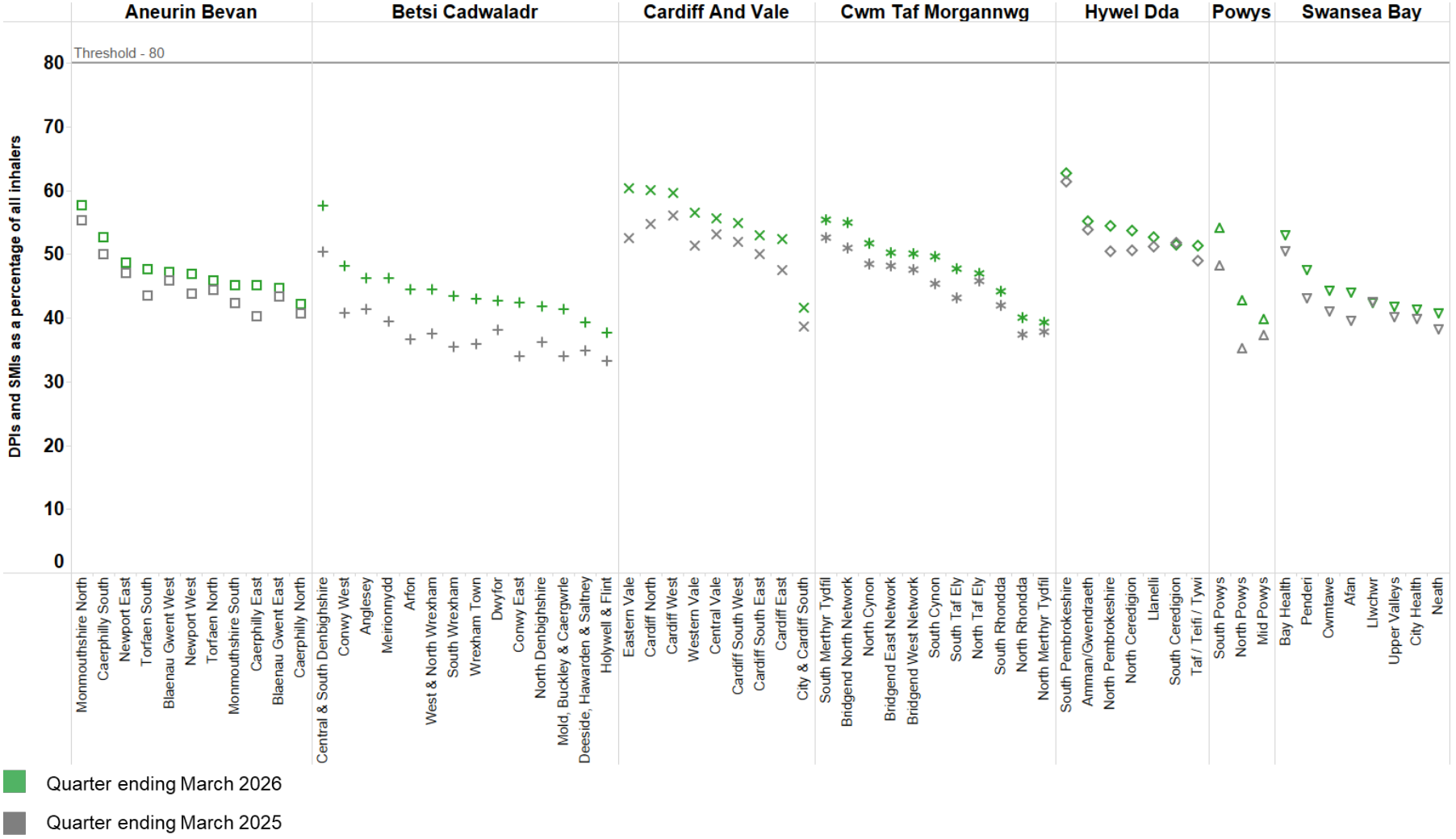


Figure A11. SABA inhalers – Quarter ending March 2026 versus quarter ending March 2025

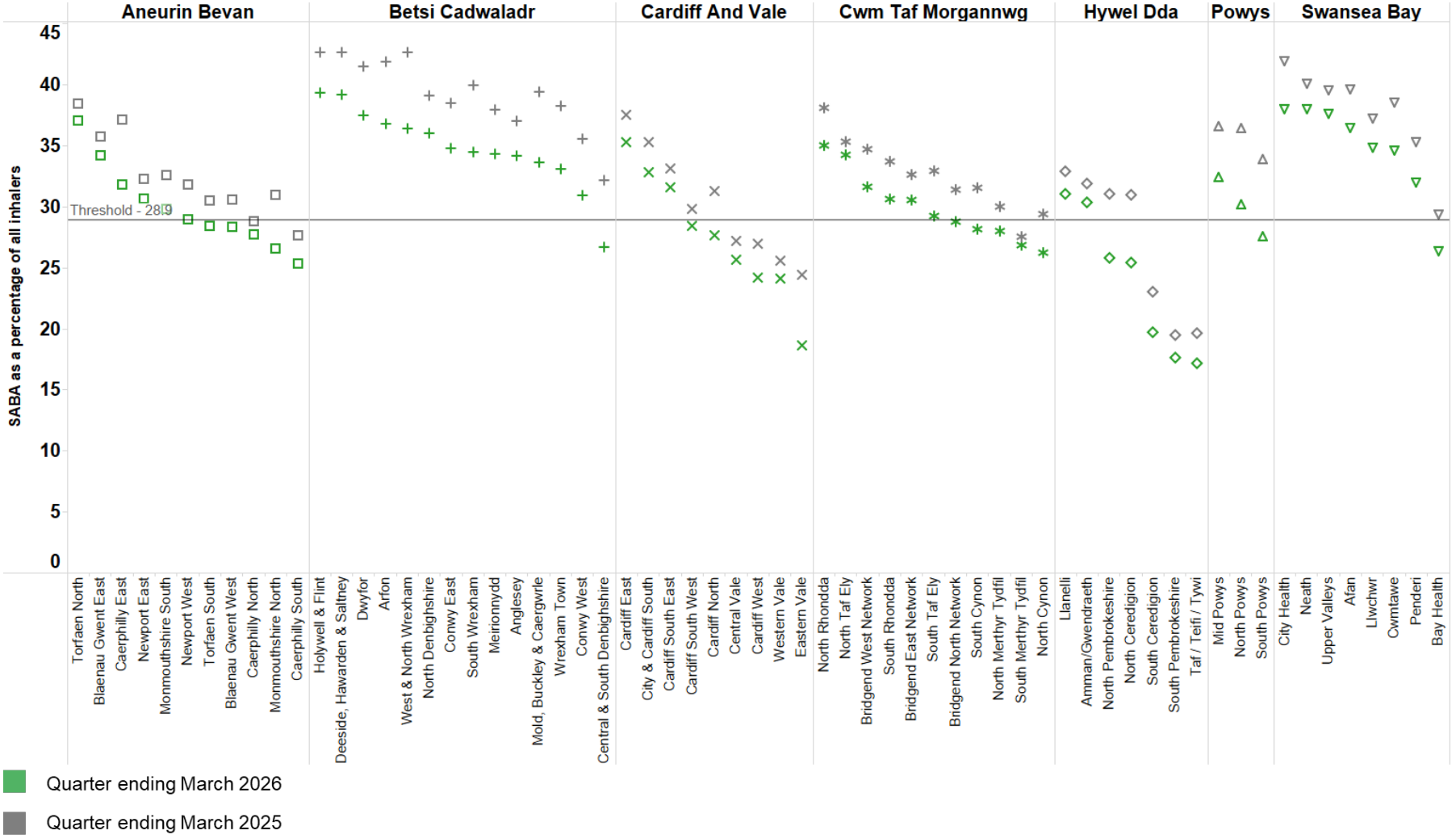


Figure A12. Hypnotic and anxiolytic prescribing – Quarter ending March 2026 versus quarter ending March 2025

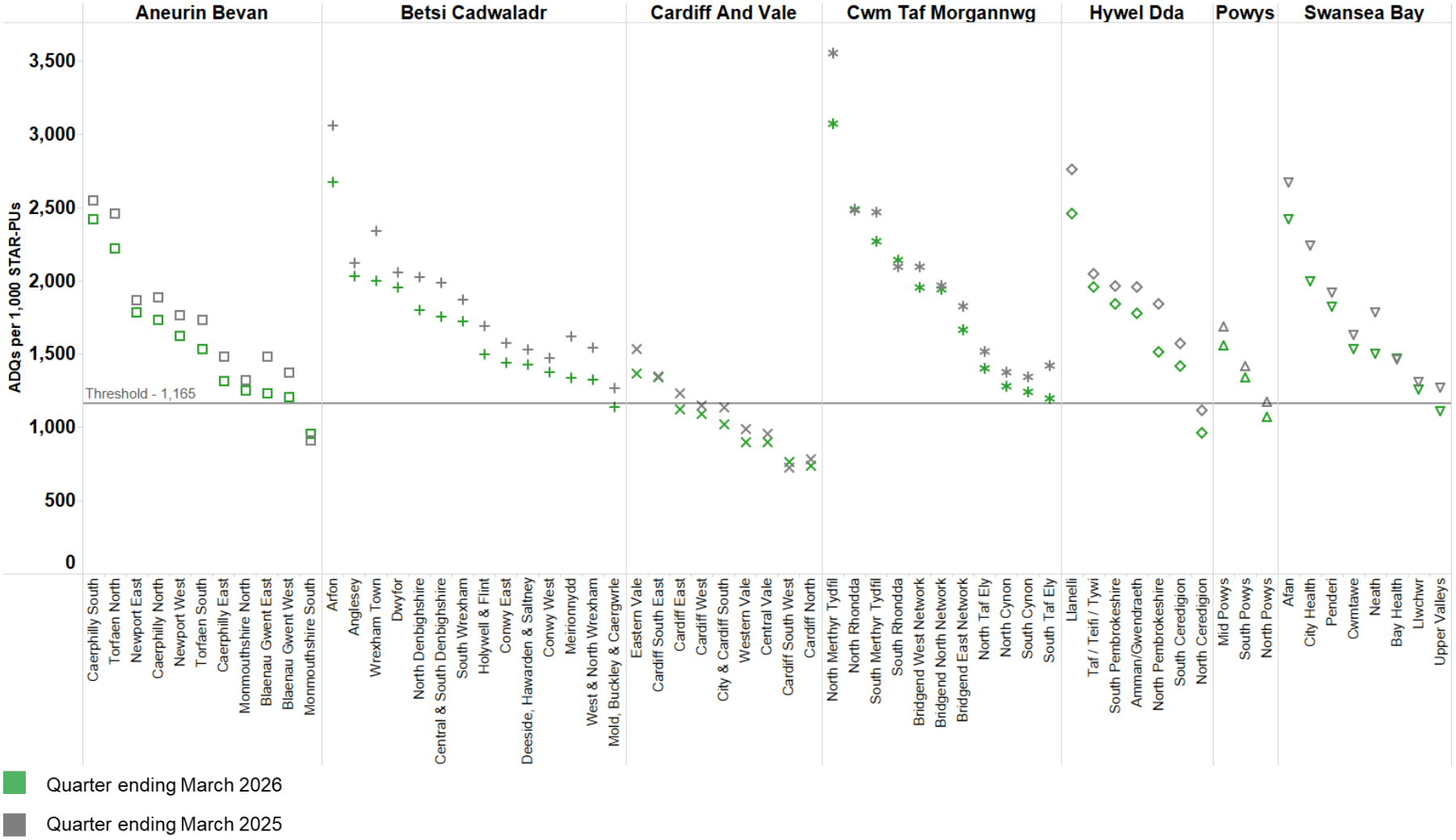
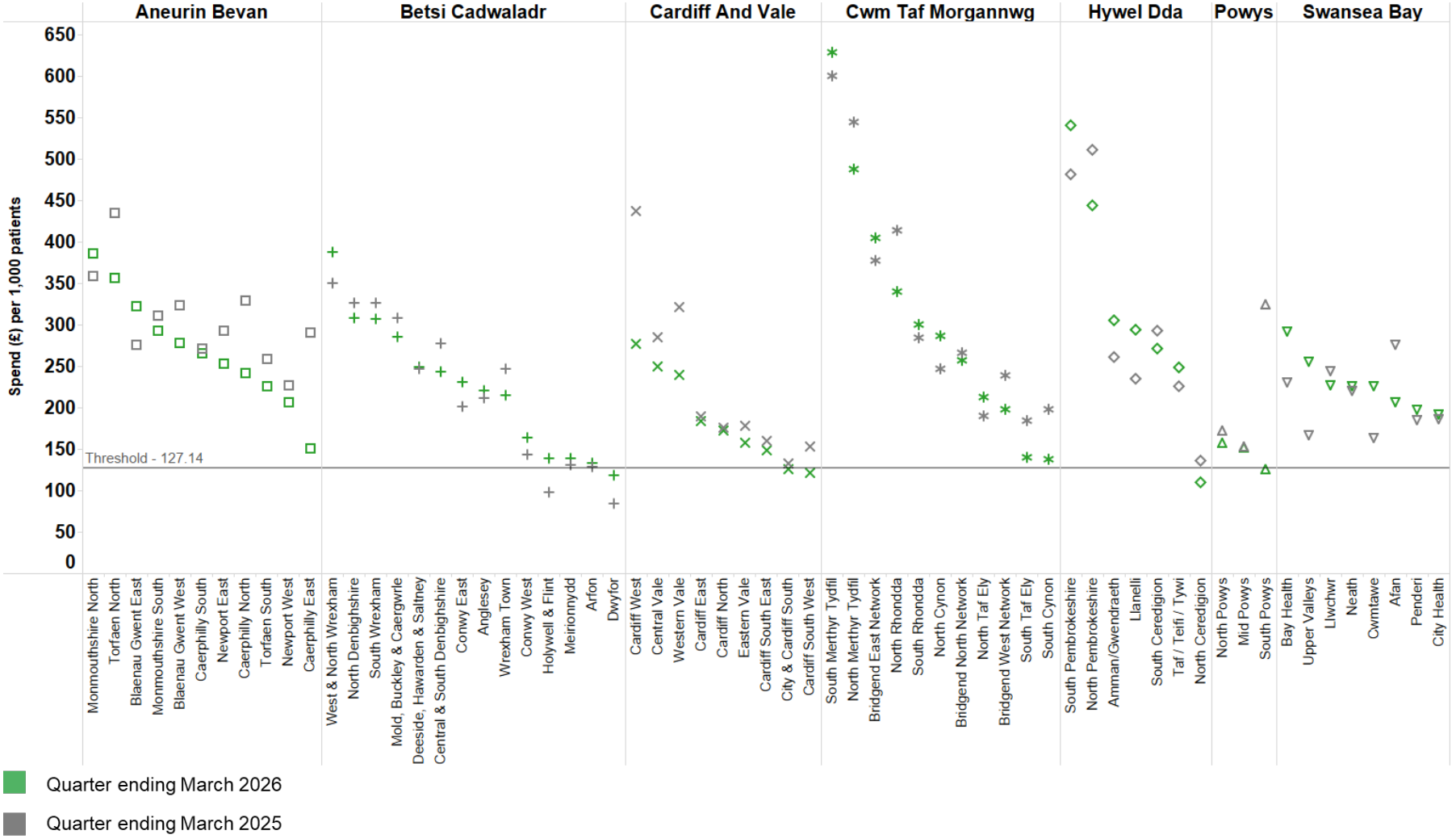



Figure A13. Low value for prescribing – Quarter ending March 2026 versus quarter ending March 2025