AWTTC

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

National Prescribing Indicators 2025–2026

Analysis of Prescribing Data to September 2025

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

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Executive summary

The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing since 2003. The *National Prescribing Indicators 2025–2028: Supporting Safe and Optimised Prescribing* focuses on four priority areas, supported by additional safety and efficiency domains.

Background information supporting the choice of NPIs is detailed in the document National Prescribing Indicators 2025–2028. The National Prescribing Indicators 2025–2026 Specifications document details thresholds and targets for 2025–2026.

This report contains data relating to the NPIs for the second quarter of 2025–2026. Units of measure and targets for each NPI are included in Appendix 1 and primary care NPI prescribing data for GP clusters are presented in Appendix 2.

Priority areas

For 2025–2026, there are four priority areas, covering a total of 14 indicators.

Analgesics in primary care

- Opioid burden (user-defined group [UDG] oral morphine equivalence [OME] per 1,000 patients) decreased by 3.35% 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 per 1,000 patients) decreased by 11.6% 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 8.19% 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 1.81% 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 15.9% and 13.4%, respectively, compared with the baseline of quarter ending September 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 9.78% and 7.29%, respectively, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- The proportion of amoxicillin 500 mg capsules prescribed for a 5-day duration, as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations, increased by 24.6% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- The proportion of doxycycline 100 mg capsules prescribed for 5-day duration, as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations, increased by 52.7% across Wales, compared

with the equivalent quarter of the previous year, in line with the aim of the indicator.
- A good practice spotlight from Aneurin Bevan University Health Board (UHB) highlights a range of actions that have been undertaken to support the switch from 7-day to 5-day duration for doxycycline.
- The proportion of clarithromycin 500 mg tablets prescribed for 5-day duration, as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations, increased by 41.3% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.

Respiratory

- The proportion of dry powder inhaler (DPI) and soft mist inhaler (SMI) prescribing (as a percentage of all inhalers prescribed) increased by 9.38% 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 8.98% across Wales, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- A good practice spotlight from Hywel Dda UHB highlights a range of actions that have been undertaken to reduce SABA prescribing.

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

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

Supporting domain – Safety

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

Prescribing Safety Indicators

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

Hypnotics and anxiolytics

- Prescribing of hypnotics and anxiolytics (UDG average daily quantities [ADQs] per 1,000 STAR-PUs) in primary care reduced by 8.14% across Wales, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.

Yellow Cards

- Annual targets have been set for these indicators, with the aim of increasing the number of Yellow Card reports submitted. Quarter 2 data demonstrate:
  - A 9% decrease in reporting by GP practices across Wales, compared with the equivalent quarter of the previous year.
  - A 2% increase in secondary care reporting across Wales, compared with the equivalent quarter of the previous year.

  - A 14% increase in reporting by health boards/NHS trust across Wales, compared with the equivalent quarter of the previous year.
  - A 22% increase in reporting by members of the public across Wales, compared with the equivalent quarter of the previous year.
- The figures for Yellow Cards submitted by community pharmacy are also included in the report; however, targets have not been set.

Supporting domain – Efficiency

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

Best value biological medicines

- Use of biosimilar medicines (adalimumab, etanercept, infliximab, ranibizumab, rituximab, trastuzumab and ustekinumab) as a percentage of total 'biosimilar' plus 'reference' product, increased from 93% to 96% for the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- There was an increase in the overall use of adalimumab biosimilar compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- There was 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.
- Six health boards reported usage of ustekinumab biosimilar.

Low value for prescribing

- Overall spend on the low value for prescribing UDG (per 1,000 patients) decreased by 2.87% 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. All the good practice spotlights can be found on the AWTTC website.

The 2025–2026 NPI report for quarter ending December 2025 will be available on 17th April 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.

Contents

Health boards/practices achieving indicator targets/thresholds

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 September 2025

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
Opioid burden Total OME Per 1,000 Patients	16 24%	25 26%	39 71%	6 14%	7 15%	2 13%	10 23%
High Strength Opioid burden Total OME Per 1,000 Patients	21 31%	29 30%	24 44%	6 14%	5 11%	5 31%	17 39%
Tramadol DDDs per 1,000 patients	23 34%	21 22%	30 55%	9 20%	13 28%	6 38%	12 27%
Gabapentin and pregabalin DDDs per 1,000 patients	21 31%	20 21%	30 55%	2 5%	13 28%	4 25%	11 25%
Antibacterial DDDs per 1,000 STAR-PUs	✓	✓	✓	✓	✓	✓	✓
4C antibacterial DDDs per 1,000 patients	20 29%	40 42%	16 29%	17 39%	10 21%	5 31%	29 66%
Course duration Amoxicillin	59 87%	62 65%	34 62%	40 91%	34 72%	8 50%	38 86%
Course duration Doxycycline	49 72%	26 27%	7 13%	27 61%	6 13%	5 31%	26 59%
Course duration Clarithromycin	20 29%	13 14%	1 2%	9 20%	7 15%	4 25%	5 11%

Percentage of practices meeting threshold: 

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

Indicator Description	Aneurin Bevan	Betsi Cadwaladr	Cardiff and Vale	Cwm Taf Morgannwg	Hywel Dda	Powys	Swansea Bay
DPIs and SMIs as a percentage of all inhalers	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 2%
SABA as a percentage of all inhalers	30 44%	14 15%	27 49%	21 48%	34 72%	4 25%	11 25%
Hypnotics and anxiolytics ADQs per 1,000 STAR-PUs	19 28%	23 24%	36 65%	8 18%	7 15%	8 50%	13 30%
Low Value for Prescribing (UDG) spend (£) per 1,000 patients	9 13%	29 30%	21 38%	7 16%	6 13%	4 25%	16 36%

Percentage of practices meeting threshold:

1.0 Priority areas

1.1 Analgesics

There are three NPIs monitoring the usage of medicines for the treatment of pain for 2025–2028:

1. Opioid burden
2. Tramadol
3. Gabapentin and pregabalin

1.1.1 Opioid burden

Purpose: To encourage the appropriate use and review of opioids in primary care, minimising the potential for dependence, diversion, misuse and ADRs.

Units of measure:

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

Aim: To reduce prescribing.

There is a lack of consistent good quality evidence to support strong clinical recommendation for the long-term use of opioid analgesics for patients with chronic non-cancer pain. Opioid analgesics have well established side effects and repeated administration may cause tolerance and dependence. Despite the lack of evidence for use in chronic non-cancer pain, research in the UK has found an escalation of strong opioid prescribing in primary care, predominantly for non-cancer patients. This NPI promotes a prudent approach to prescribing opioid analgesics, taking into account the indication, risks and benefits, and encouraging timely review of patients prescribed opioids for chronic pain.

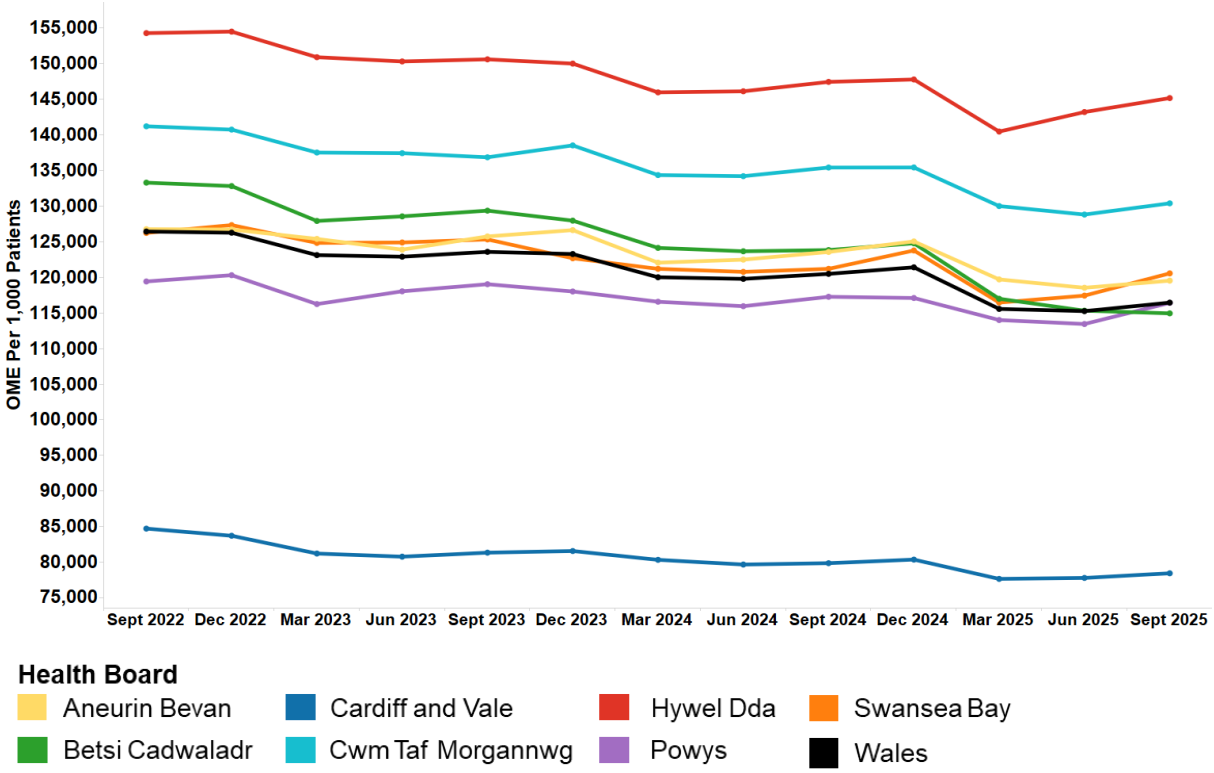
1.1.1.1 Opioid burden

- Across Wales, opioid burden reduced by 3.35% in the quarter ending September 2025 compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending September 2025, opioid burden prescribing ranged from 78,460 to 145,151 OME per 1,000 patients across the health boards.
- The health board with the lowest opioid burden was Cardiff and Vale UHB, whilst the highest opioid burden was seen in Hywel Dda UHB.
- Opioid burden decreased, compared with the equivalent quarter of the previous year, in all health boards.
- Betsi Cadwaladr UHB demonstrated the largest percentage decrease, compared with the equivalent quarter of the previous year.
- Swansea Bay UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

Table 1. Opioid burden UDG OME per 1,000 patients

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Betsi Cadwaladr	123,820	114,941	-7.17%
Cwm Taf Morgannwg	135,405	130,379	-3.71%
Aneurin Bevan	123,555	119,526	-3.26%
Cardiff and Vale	79,878	78,460	-1.77%
Hywel Dda	147,422	145,151	-1.54%
Powys	117,264	116,410	-0.73%
Swansea Bay	121,184	120,551	-0.52%
Wales	**120,481**	**116,444**	**-3.35%**

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



1.1.1.2 High strength opioids

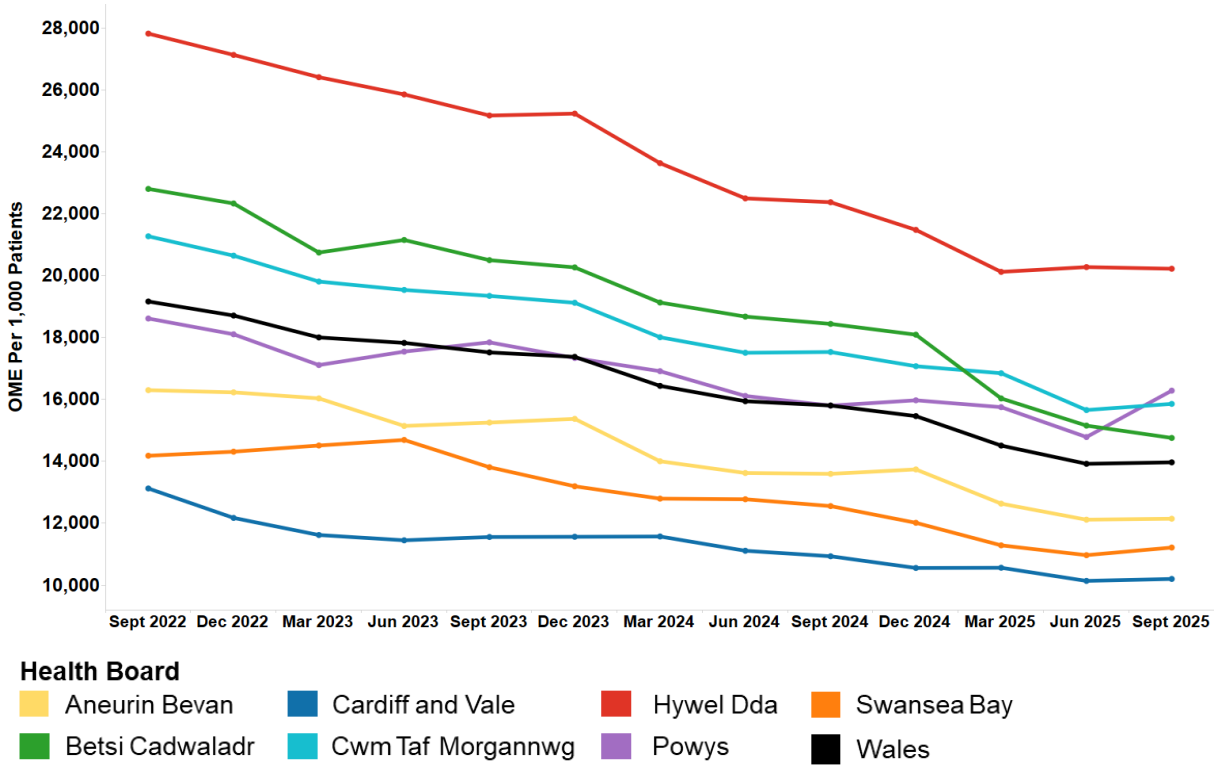
- Across Wales, high strength opioid prescribing decreased by 11.6% in the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, high strength opioid prescribing ranged from 10,201 to 20,232 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 six health boards.

- Betsi Cadwaladr UHB demonstrated the largest percentage decrease in high strength opioid prescribing, compared with the equivalent quarter of the previous year.
- Powys Teaching HB demonstrated a percentage increase, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Betsi Cadwaladr	18,448	14,761	-20.0%
Swansea Bay	12,557	11,216	-10.7%
Aneurin Bevan	13,599	12,148	-10.7%
Hywel Dda	22,383	20,232	-9.61%
Cwm Taf Morgannwg	17,540	15,862	-9.57%
Cardiff and Vale	10,934	10,201	-6.70%
Powys	15,805	16,290	3.07%
Wales	**15,809**	**13,971**	**-11.6%**

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



1.1.2 Tramadol

Purpose: To encourage the appropriate use and review of tramadol in primary care, minimising the potential for dependence, diversion, misuse and ADRs.

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

Aim: To reduce prescribing.

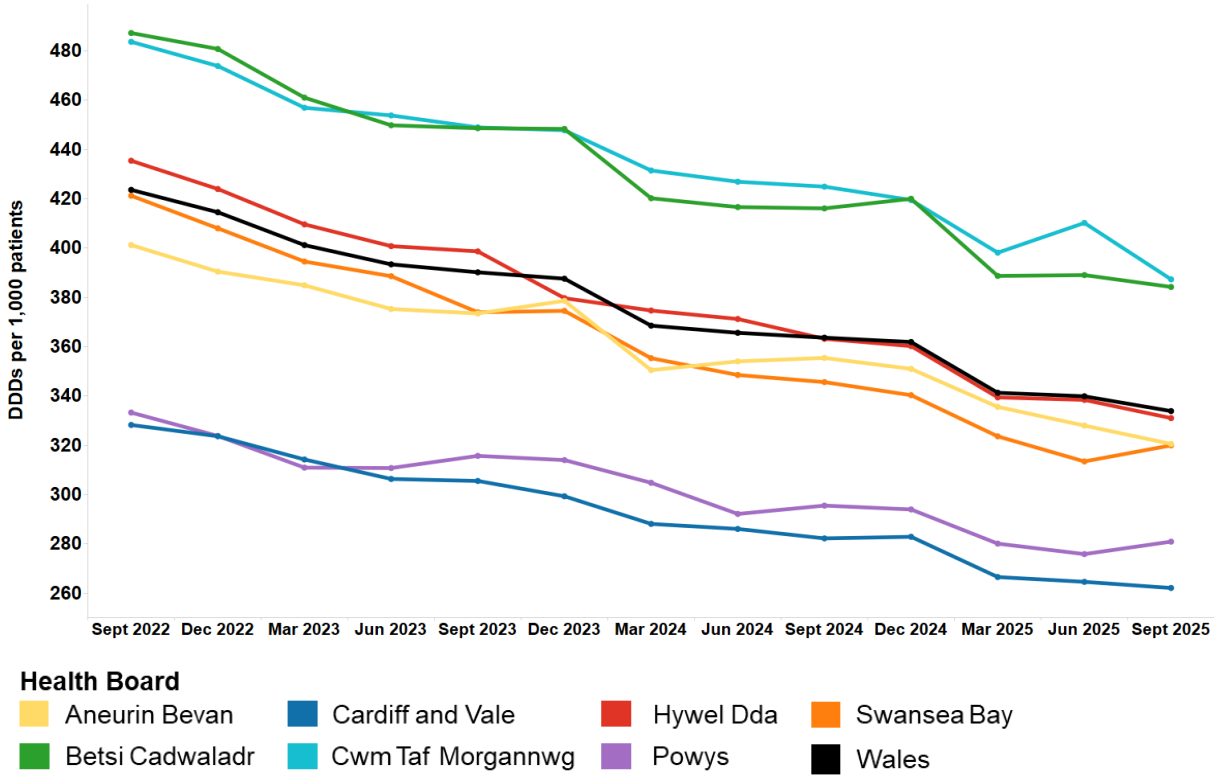
While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and ADRs. This NPI promotes a prudent approach to prescribing tramadol, taking into account the risks and benefits, and encouraging timely review.

- Across Wales, prescribing of tramadol was 8.19% lower in the quarter ending September 2025 than in the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, tramadol prescribing ranged from 262 to 387 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- Tramadol prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Aneurin Bevan UHB and the smallest percentage decrease was seen in Powys Teaching HB, compared with the equivalent quarter of the previous year.

Table 3. Tramadol DDDs per 1,000 patients

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Aneurin Bevan	355	321	-9.82%
Hywel Dda	363	331	-8.86%
Cwm Taf Morgannwg	425	387	-8.85%
Betsi Cadwaladr	416	384	-7.66%
Swansea Bay	346	320	-7.43%
Cardiff and Vale	282	262	-7.13%
Powys	296	281	-4.95%
Wales	**364**	**334**	**-8.19%**

Figure 3. Trend in tramadol DDDs per 1,000 patients



1.1.3 Gabapentin and pregabalin

Purpose: To encourage the appropriate use and review of gabapentin and pregabalin in primary care, minimising the potential for dependence, diversion, misuse and ADRs.

Unit of measure: Gabapentin and pregabalin DDDs per 1,000 patients.

Aim: To reduce prescribing.

Gabapentin and pregabalin have well-defined roles in the management of a number of conditions including epilepsy and neuropathic pain, and pregabalin also has a role in the treatment of generalised anxiety disorder. Both gabapentin and pregabalin have known psychiatric side effects and there is a potential risk of dependence, diversion, misuse and ADRs. Prescribers should make evidence-based, informed decisions on whether to prescribe, taking into account the risks and benefits of these medicines.

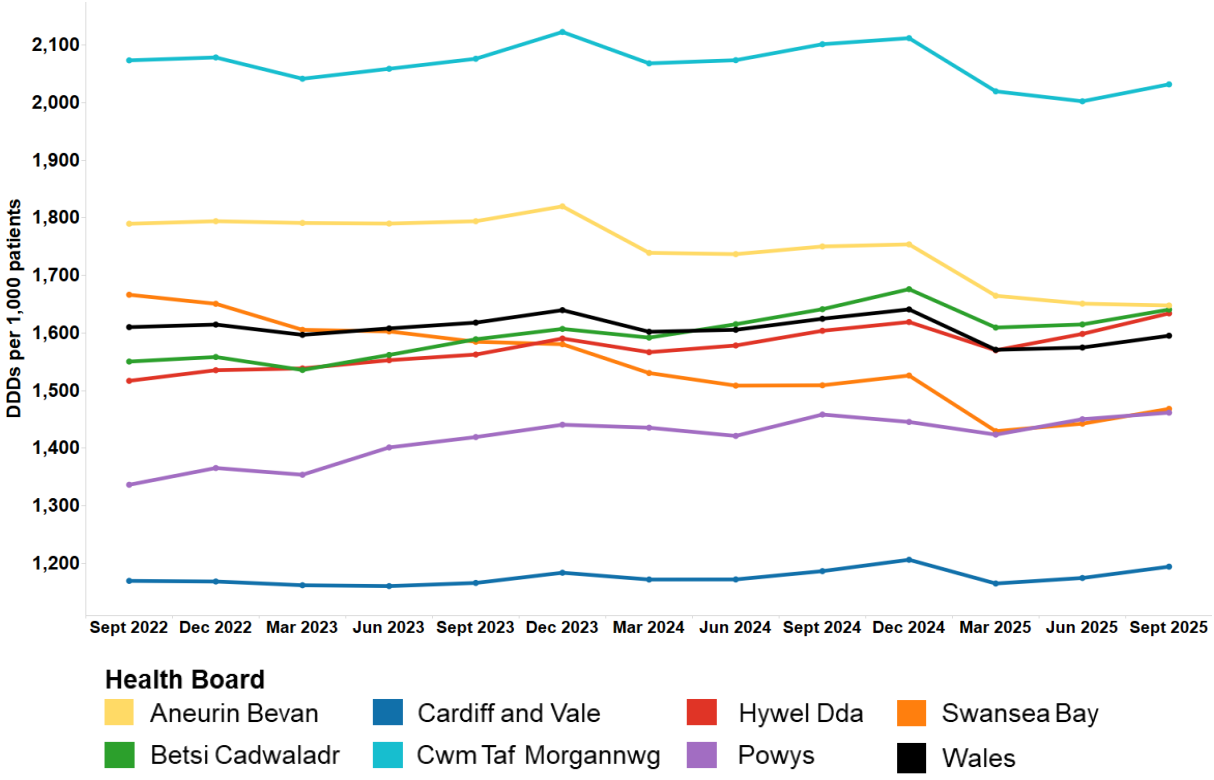
- Across Wales, for the quarter ending September 2025, prescribing of gabapentin and pregabalin decreased by 1.81% compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending September 2025, gabapentin and pregabalin prescribing ranged from 1,194 to 2,032 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- The largest percentage decrease was seen in Aneurin Bevan UHB, compared with the equivalent quarter of the previous year.

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

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Aneurin Bevan	1,750	1,648	-5.85%
Cwm Taf Morgannwg	2,101	2,032	-3.32%
Swansea Bay	1,509	1,468	-2.71%
Betsi Cadwaladr	1,641	1,641	-0.04%
Powys	1,459	1,462	0.22%
Cardiff and Vale	1,187	1,194	0.65%
Hywel Dda	1,604	1,634	1.88%
Wales	**1,625**	**1,595**	**-1.81%**

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



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

1.2.1 Total antibacterial prescribing

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

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

Aim: To reduce prescribing.

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

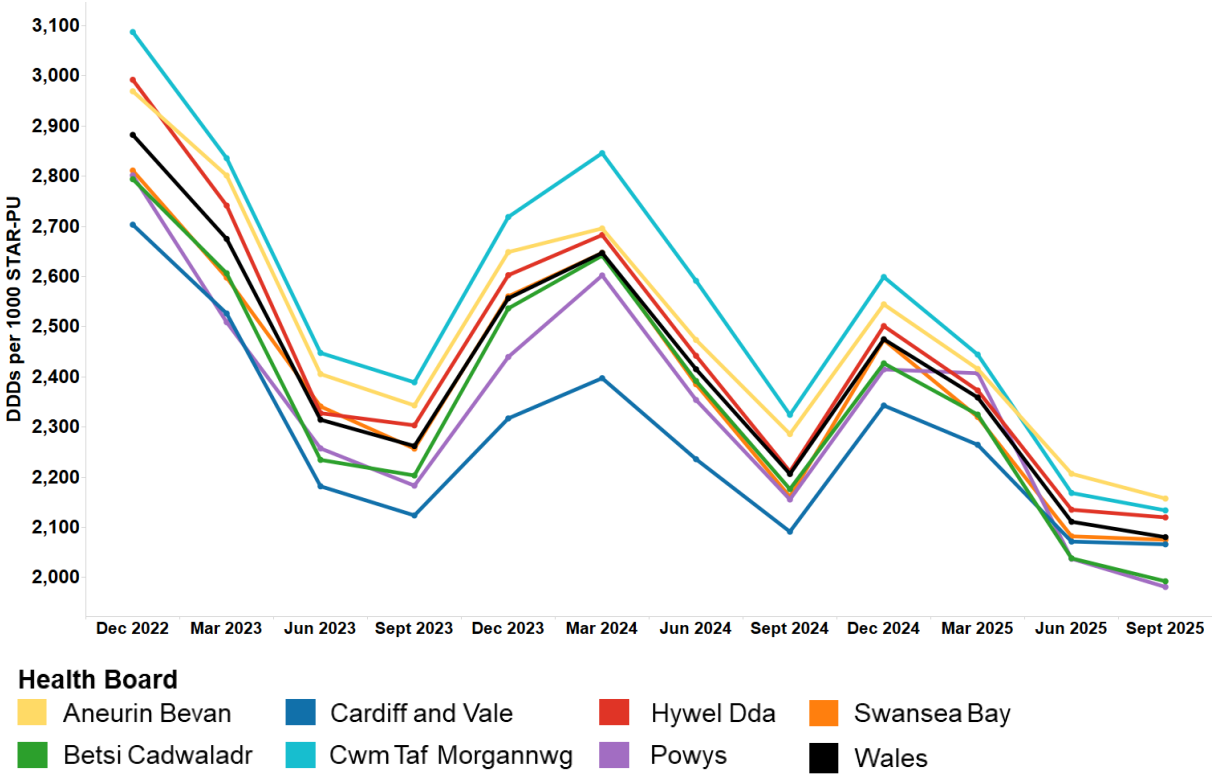
1.2.1.1 Total antibacterial DDDs

- Across Wales, for the quarter ending September 2025, total antibacterial DDDs per 1,000 STAR-PUs decreased by 15.9%, compared with the quarter ending September 2019, in line with the aim of the indicator.
- For the quarter ending September 2025, the total number of antibacterial DDDs per 1,000 STAR-PUs ranged from 1,981 to 2,158 across the health boards.
- The health board with the lowest prescribing was Powys Teaching HB, whilst the highest prescribing was seen in Aneurin Bevan UHB.
- For the quarter ending September 2025, all of the health boards achieved the target of a 6%, or greater, reduction against the baseline of quarter ending September 2019.
- 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 September 2019.

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

	2019–2020 Qtr 2	2025–2026 Qtr 2	% Change
Cwm Taf Morgannwg	2,753	2,134	-22.5%
Swansea Bay	2,543	2,075	-18.4%
Betsi Cadwaladr	2,386	1,993	-16.5%
Hywel Dda	2,452	2,120	-13.5%
Cardiff and Vale	2,388	2,066	-13.5%
Aneurin Bevan	2,471	2,158	-12.7%
Powys	2,206	1,981	-10.2%
Wales	**2,474**	**2,081**	**-15.9%**

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



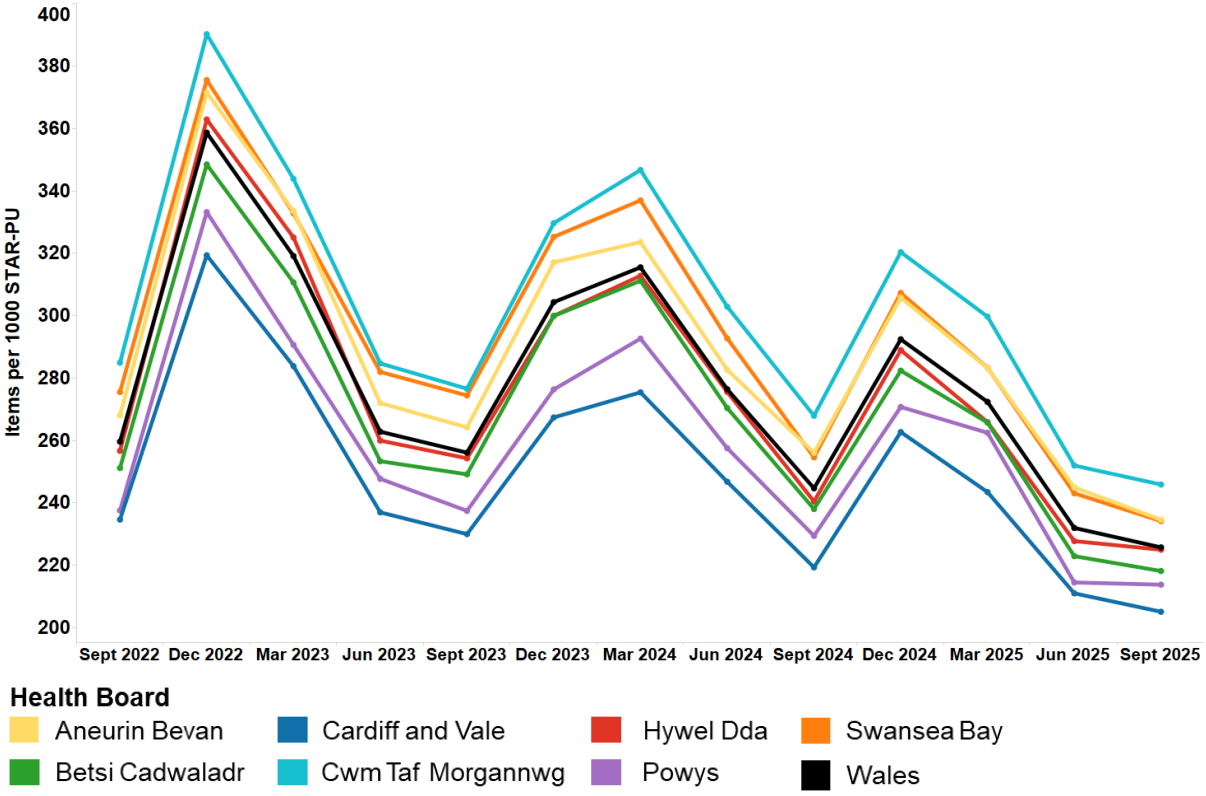
1.2.1.2 Total antibacterial items

- Across Wales, for the quarter ending September 2025, total antibacterial items per 1,000 STAR-PUs decreased by 13.4%, compared with the quarter ending September 2019, in line with the aim of the indicator.
- For the quarter ending September 2025, the total number of antibacterial items per 1,000 STAR-PUs ranged from 205 to 246 across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- The largest percentage decrease was seen in Swansea Bay UHB and the smallest percentage decrease was seen in Powys Teaching HB, compared with the quarter ending September 2019.

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

	2019–2020 Qtr 2	2025–2026 Qtr 2	% Change
Swansea Bay	279	234	-16.1%
Cwm Taf Morgannwg	290	246	-15.2%
Betsi Cadwaladr	255	218	-14.3%
Hywel Dda	263	225	-14.3%
Cardiff and Vale	239	205	-14.1%
Aneurin Bevan	259	235	-9.34%
Powys	227	214	-5.75%
Wales	**261**	**226**	**-13.4%**

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



1.2.2 4C antimicrobials

Purpose: To encourage a reduction in variation and reduce overall prescribing of the 4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) in primary care.

Unit of measure: 4C antimicrobial DDDs per 1,000 patients and 4C antimicrobial items per 1,000 patients.

Aim: To reduce prescribing.

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

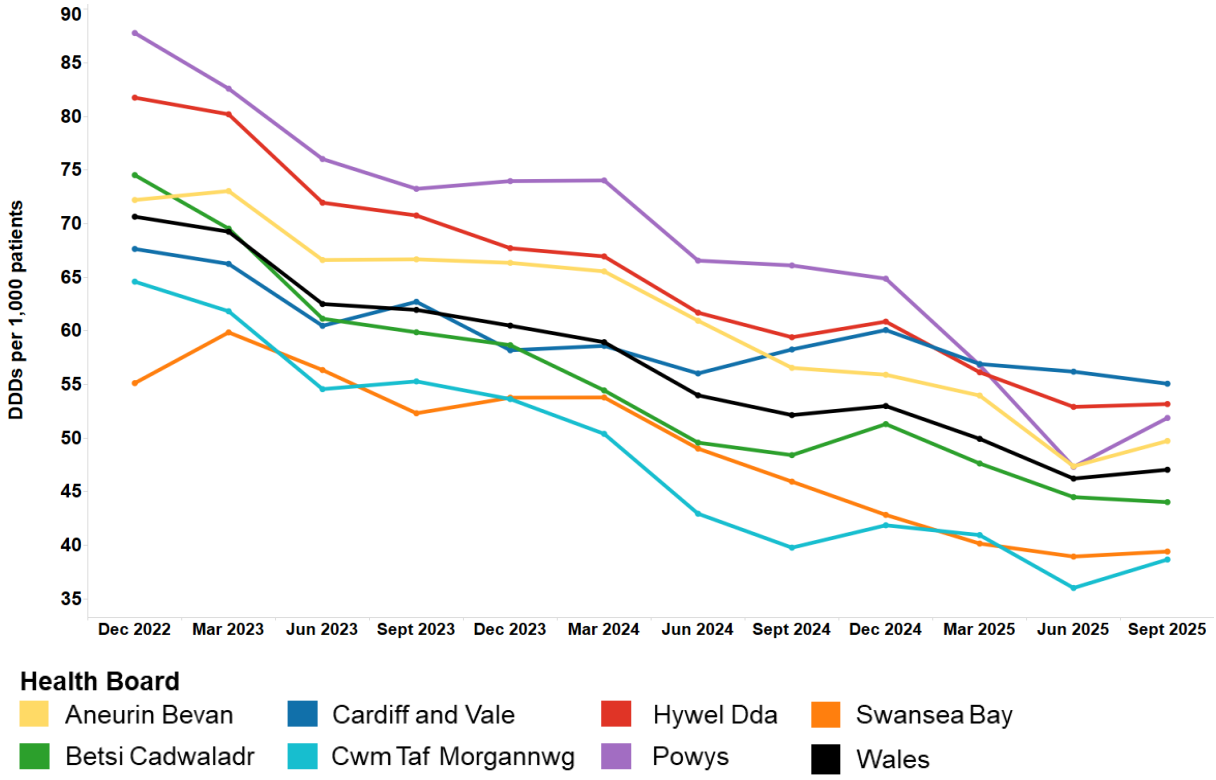
1.2.2.1 4C antimicrobial DDDs

- Across Wales, for the quarter ending September 2025, the number of 4C antimicrobial DDDs per 1,000 patients decreased by 9.78%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending September 2025, 4C prescribing ranged from 38.7 to 55.1 DDDs per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Cwm Taf Morgannwg UHB, whilst the highest prescribing was seen in Cardiff and Vale UHB.
- Prescribing of 4C antimicrobials decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Powys Teaching HB and the smallest percentage decrease was seen in Cwm Taf Morgannwg UHB, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	66.1	51.9	-21.5%
Swansea Bay	45.9	39.4	-14.2%
Aneurin Bevan	56.5	49.7	-12.1%
Hywel Dda	59.4	53.2	-10.5%
Betsi Cadwaladr	48.4	44.0	-9.06%
Cardiff and Vale	58.3	55.1	-5.48%
Cwm Taf Morgannwg	39.8	38.7	-2.78%
Wales	**52.1**	**47.0**	**-9.78%**

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



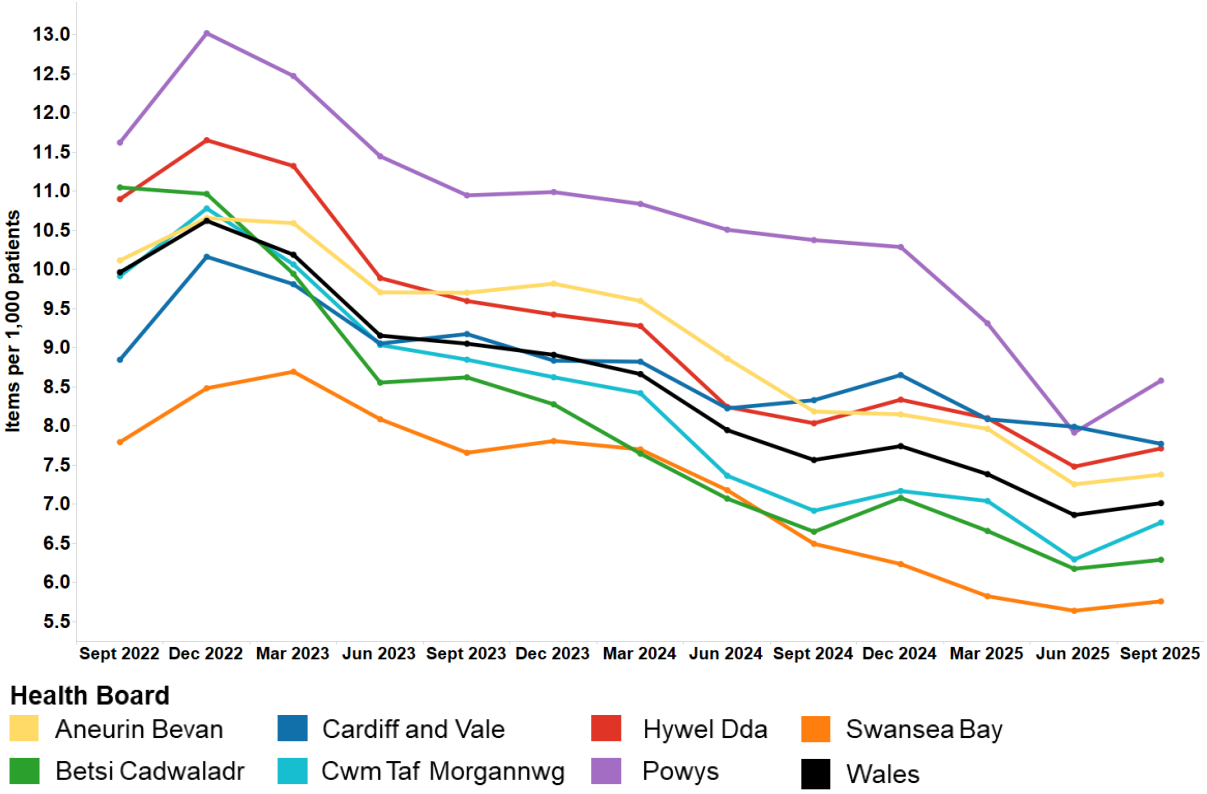
1.2.2.2 4C antimicrobial items

- Across Wales, for the quarter ending September 2025, the number of 4C antimicrobial items per 1,000 patients decreased by 7.29%, compared with the equivalent quarter of the previous year, in line with the aim of the indicator.
- For the quarter ending September 2025, 4C prescribing ranged from 5.76 to 8.58 items per 1,000 patients across the health boards.
- The health board with the lowest prescribing was Swansea Bay UHB, whilst the highest prescribing was seen in Powys Teaching HB.
- Prescribing of 4C antimicrobials decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Powys Teaching HB and the smallest percentage decrease was seen in Cwm Taf Morgannwg UHB, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	10.4	8.58	-17.3%
Swansea Bay	6.50	5.76	-11.3%
Aneurin Bevan	8.19	7.38	-9.84%
Cardiff and Vale	8.33	7.77	-6.70%
Betsi Cadwaladr	6.65	6.29	-5.39%
Hywel Dda	8.04	7.72	-4.00%
Cwm Taf Morgannwg	6.92	6.77	-2.17%
Wales	**7.57**	**7.02**	**-7.29%**

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



1.2.3 Course duration for respiratory tract infection antibiotics

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

Unit of measure:

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

Aim: To increase 5-day duration prescribing.

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

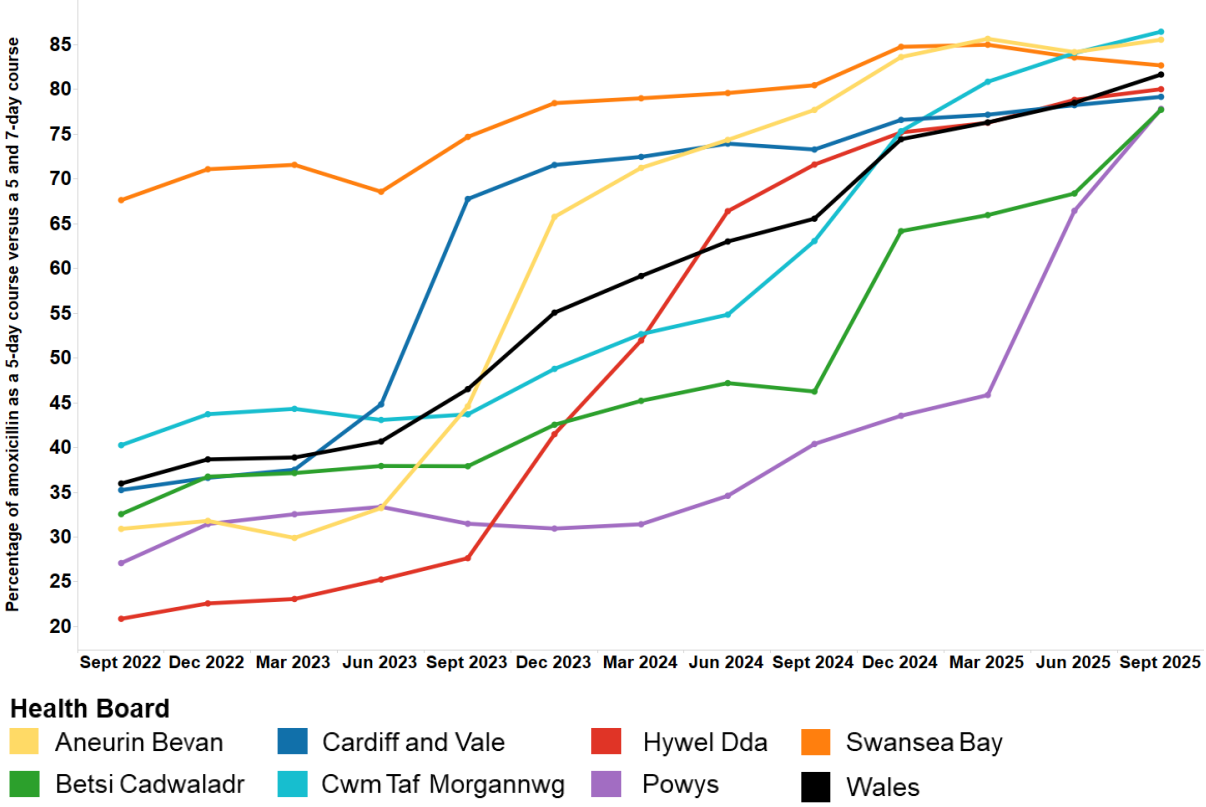
1.2.3.1 Amoxicillin

- Across Wales, the proportion of amoxicillin 500 mg capsules prescribed for a 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations) increased by 24.6% in the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, the proportion of amoxicillin prescribed for a 5-day duration ranged from 77.7% to 86.4% across the health boards.
- The health board with the highest proportion of amoxicillin prescribed for a 5-day duration was Cwm Taf Morgannwg UHB, whilst the lowest proportion of amoxicillin prescribed for a 5-day duration was seen in Betsi Cadwaladr UHB.
- Amoxicillin prescribed for a 5-day duration increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB demonstrated the largest percentage increase and Swansea Bay UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	40.4	77.8	92.6%
Betsi Cadwaladr	46.3	77.7	68.0%
Cwm Taf Morgannwg	63.1	86.4	37.1%
Hywel Dda	71.6	80.0	11.8%
Aneurin Bevan	77.7	85.5	10.1%
Cardiff and Vale	73.3	79.2	8.03%
Swansea Bay	80.5	82.7	2.75%
Wales	**65.6**	**81.7**	**24.6%**

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



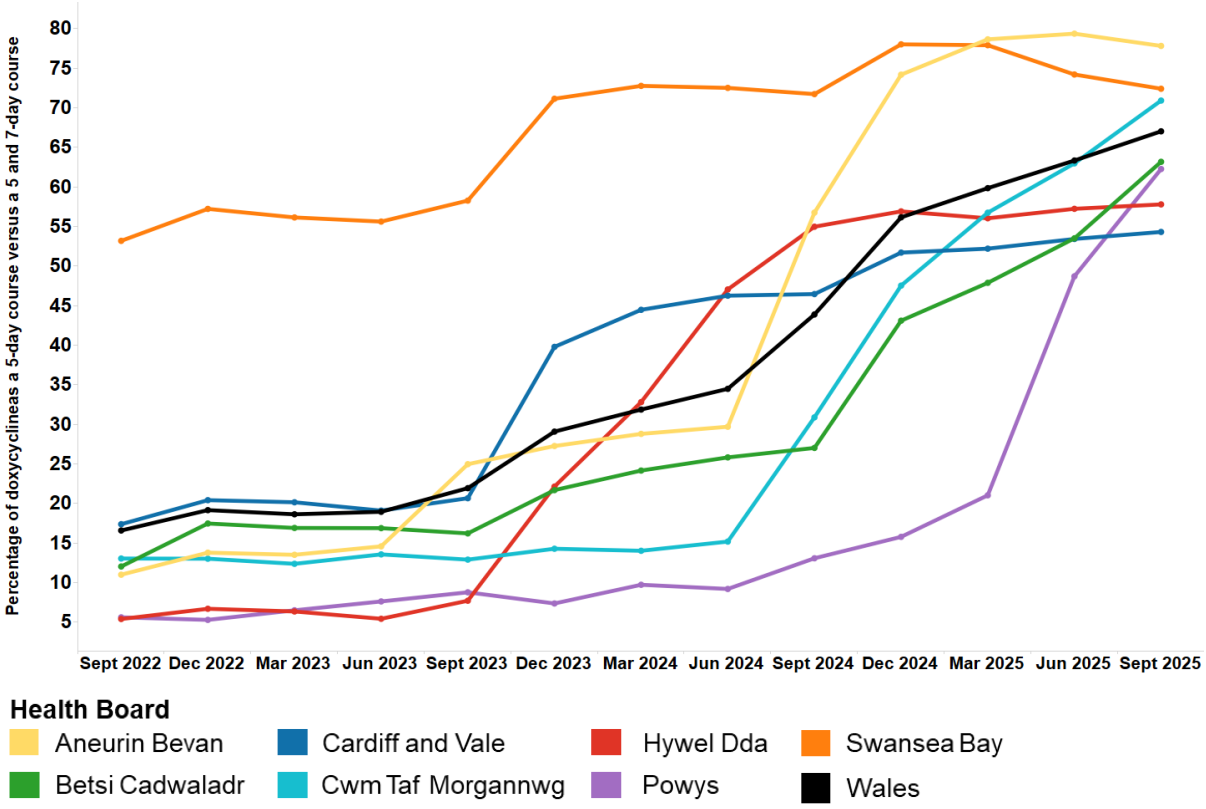
1.2.3.2 Doxycycline

- Across Wales, the proportion of doxycycline 100 mg capsules prescribed for a 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations) increased by 52.7% in the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, the proportion of doxycycline prescribed for a 5-day duration ranged from 54.3% to 77.8% across the health boards.
- The health board with the highest proportion of doxycycline prescribed for a 5-day duration was Aneurin Bevan UHB, whilst the lowest proportion of doxycycline prescribed for a 5-day duration was seen in Cardiff and Vale UHB.
- Doxycycline prescribed for a 5-day duration increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB demonstrated the largest percentage increase and Swansea Bay UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	13.1	62.3	376%
Betsi Cadwaladr	27.0	63.2	134%
Cwm Taf Morgannwg	30.9	70.9	130%
Aneurin Bevan	56.8	77.8	37.1%
Cardiff and Vale	46.5	54.3	16.9%
Hywel Dda	55.0	57.8	5.13%
Swansea Bay	71.7	72.4	0.94%
Wales	**43.9**	**67.0**	**52.7%**

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



Good practice spotlight

Aneurin Bevan UHB implemented a local indicator of "doxycycline 100 mg capsules prescribed for 5-day duration as a percentage of all durations" as part of their local incentive scheme (Clinical Effectiveness Prescribing Programme) for the financial year 2023–2024.

A poster was developed as a visual aid for prescribers, which has since been adopted as Appendix 2 of the All Wales back-up antibiotic prescribing: Good practice guide (awttc.nhs.wales/files/guidelines-and-pils/back-up-rx-good-practice-guide-to-web-merged-pdf/).

Messages were disseminated via newsletters and memos. A supportive evidence pack for practices was put together which described and supported the rationale behind shorter durations for doxycycline.

The support pack addressed expected concerns and barriers to changing long-term practice:

- What is the evidence base?
- Could this harm my patient/will this result in extra hospital admissions?
- Is a 5-day strategy already widely used elsewhere locally or nationally?
- Is a 5-day strategy in the guidelines?
- A link to an Antibiotic Guardian article that provides peer support for the culture change in prescribing World Antibiotic Awareness Week (WAAW) Blog: Shorter antibiotic course lengths – A primary care perspective

In Aneurin Bevan UHB, approximately half of the practices were using the VISION computer system in 2023. Between 2023 and 2025, practices with this system were approached and encouraged to add a default dose for a suite of antibiotics. The aim was to make the recommended course duration as the default option at the point of prescribing. This was done as a rolling programme as practices agreed, with help from the Medicines Management Team as resource allowed. Since this time, most of the practices have now moved to the EMIS/Optum system and the default dose functionality has been lost.

When the NPI course duration indicators were published, Aneurin Bevan UHB adopted this into their 2025–2026 incentive scheme to build on the previous year's work.

ScriptSwitch (prescribing decision support software) messages for doxycycline 100 mg, amoxicillin 500 mg, clarithromycin 500 mg and other agents such as co-amoxiclav were all made active. Amoxicillin 500 mg had been an active message since August 2023, and doxycycline 100 mg capsules had an active switch from July 2024.

In summary, Aneurin Bevan UHB have successfully implemented a culture change from a 7-day to 5-day course duration for the common respiratory antibiotics through consistent messaging and general principles of prescribing advice to influence prescribers over a sustained period of time.

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

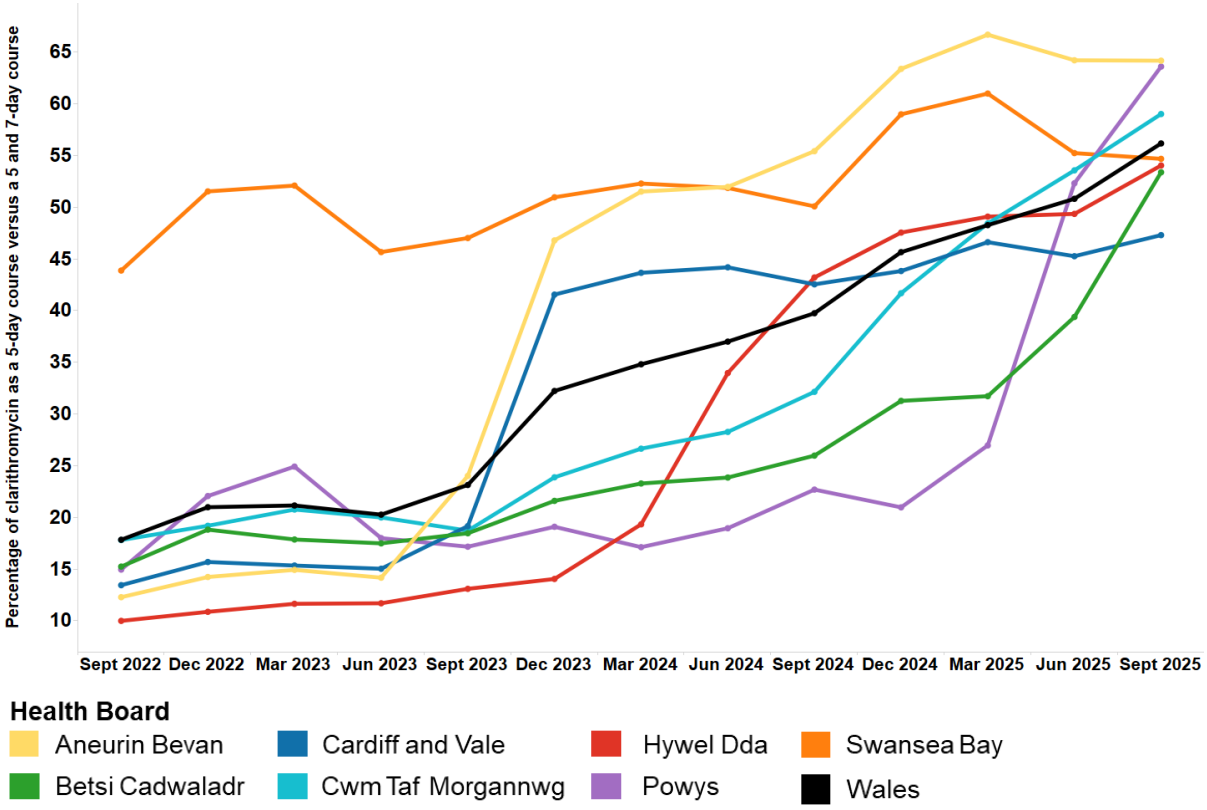
1.2.3.3 Clarithromycin

- Across Wales, the proportion of clarithromycin 500 mg tablets prescribed for a 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations) increased by 41.3% in the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, the proportion of clarithromycin prescribed for a 5-day duration ranged from 47.3% to 64.2% across the health boards.
- The health board with the highest proportion of clarithromycin prescribed for a 5-day duration was Aneurin Bevan UHB, whilst the lowest proportion of clarithromycin prescribed for a 5-day duration was seen in Cardiff and Vale UHB.
- Clarithromycin prescribed for a 5-day duration increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB demonstrated the largest percentage increase and Swansea Bay UHB demonstrated the smallest percentage increase, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	22.7	63.6	180%
Betsi Cadwaladr	26.0	53.4	106%
Cwm Taf Morgannwg	32.1	59.0	83.6%
Hywel Dda	43.2	54.0	25.1%
Aneurin Bevan	55.4	64.2	15.8%
Cardiff and Vale	42.5	47.3	11.2%
Swansea Bay	50.1	54.7	9.18%
Wales	**39.7**	**56.2**	**41.3%**

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



1.3 Respiratory

1.3.1 Decarbonisation of inhalers

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

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

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

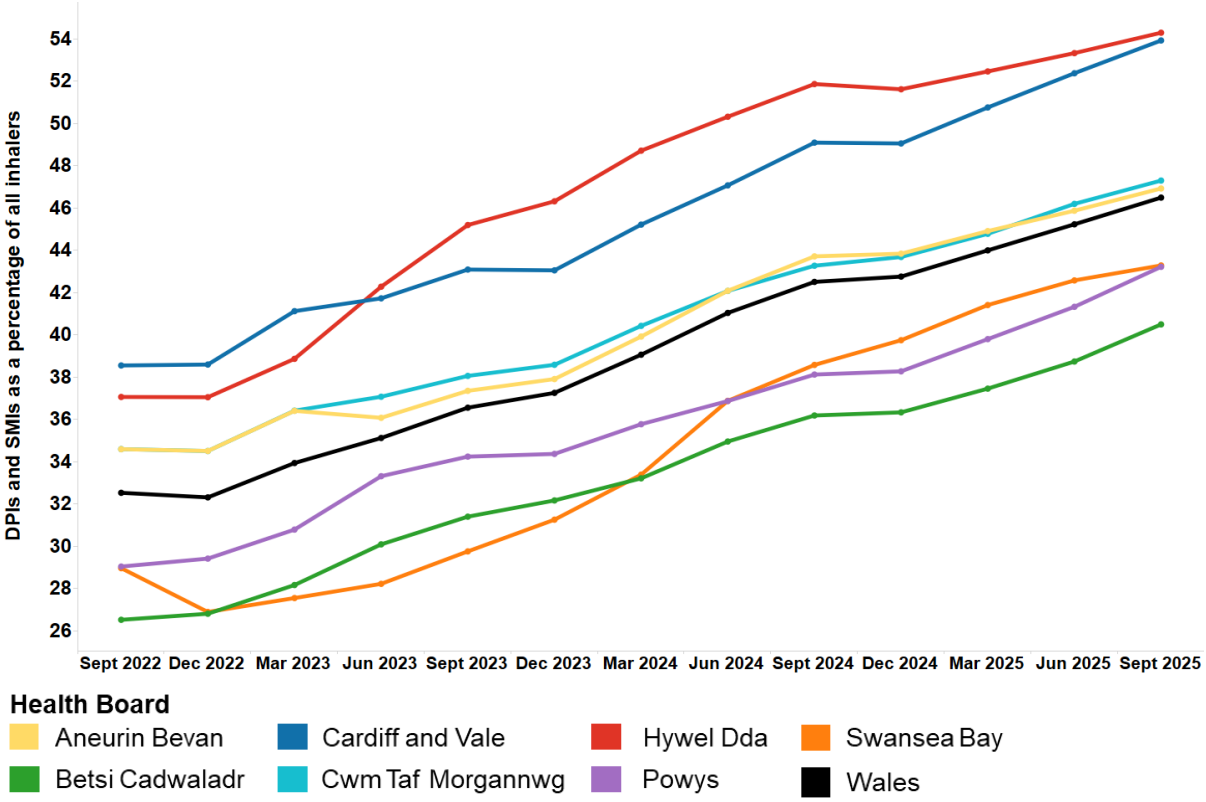
Metered dose inhalers (MDIs) are estimated to be responsible for 4% of the entire carbon footprint of the NHS. One of the key actions within the NHS Wales Decarbonisation Strategic Delivery Plan is to transition patients on MDIs to inhalers with a lower carbon footprint, but only where patient care will not be impacted. It is crucial that while efforts are made to reduce the emissions associated with inhalers, patient choice is maintained, and changes are only made where clinically appropriate.

- Across Wales, the proportion of DPI and SMI prescribing (as a percentage of all inhalers prescribed) increased by 9.38% in the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, the proportion of DPI and SMI prescribing ranged from 40.5% to 54.3% across the health boards.
- The health board with the highest proportion of DPI and SMI prescribing was Hywel Dda UHB, whilst the lowest proportion of DPI and SMI prescribing was seen in Betsi Cadwaladr UHB.
- DPI and SMI prescribing increased, compared with the equivalent quarter of the previous year, in all health boards.
- Powys Teaching HB 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 2	2025–2026 Qtr 2	% Change
Powys	38.1	43.2	13.4%
Swansea Bay	38.6	43.3	12.2%
Betsi Cadwaladr	36.2	40.5	11.9%
Cardiff and Vale	49.1	53.9	9.84%
Cwm Taf Morgannwg	43.3	47.3	9.31%
Aneurin Bevan	43.7	46.9	7.34%
Hywel Dda	51.9	54.3	4.68%
Wales	**42.5**	**46.5**	**9.38%**

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



1.3.2 SABA inhalers

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

Units of measure: 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.

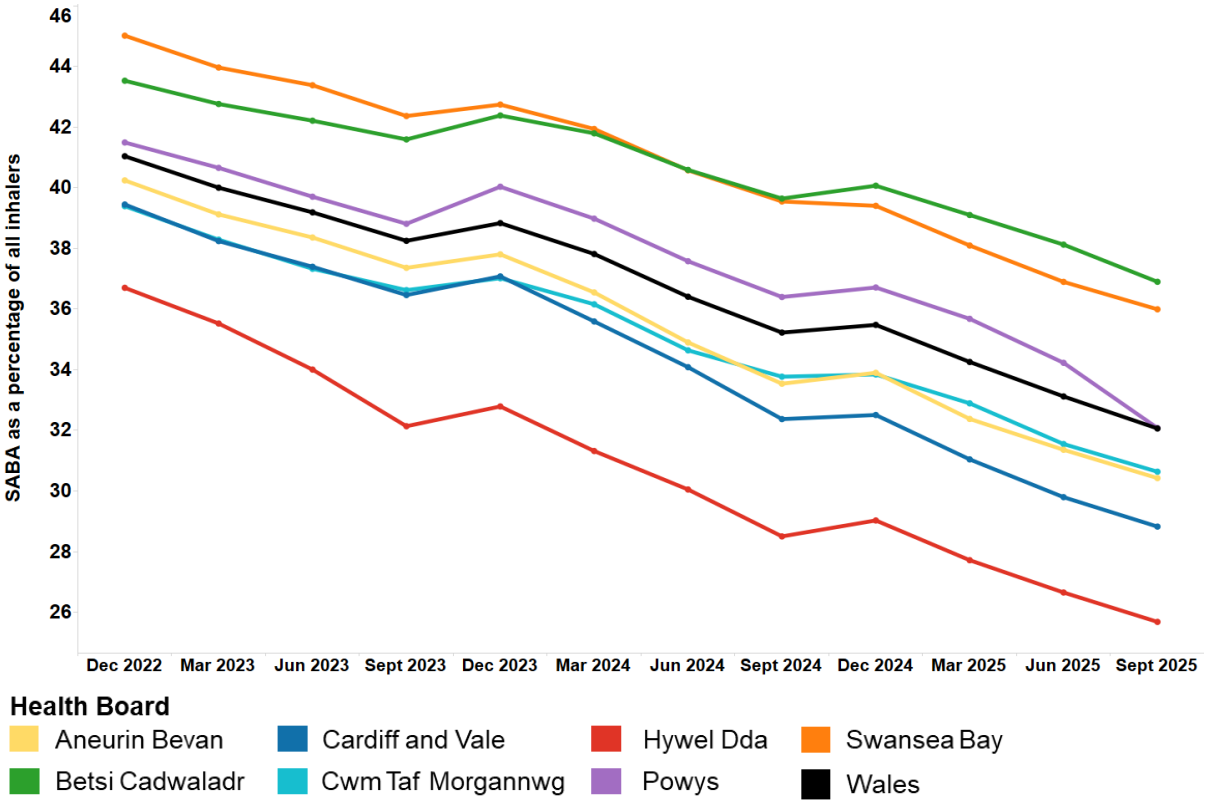
- Across Wales, the proportion of SABA items (as a percentage of all inhalers prescribed) decreased by 8.98% in the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, the proportion of SABA items ranged from 25.7% to 36.9% across the health boards.
- The health board with the lowest proportion of SABA items was Hywel Dda UHB, whilst the highest proportion of SABA items was seen in Betsi Cadwaladr UHB.
- SABA prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.

- Powys Teaching HB demonstrated the largest percentage decrease and Betsi Cadwaladr UHB demonstrated the smallest percentage decrease, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	36.4	32.1	-11.9%
Cardiff and Vale	32.4	28.8	-11.0%
Hywel Dda	28.5	25.7	-9.89%
Aneurin Bevan	33.5	30.4	-9.28%
Cwm Taf Morgannwg	33.8	30.6	-9.28%
Swansea Bay	39.5	36.0	-8.99%
Betsi Cadwaladr	39.6	36.9	-6.92%
Wales	**35.2**	**32.1**	**-8.98%**

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



Good practice spotlight

Excessive reliance on SABAs is associated with poorer asthma outcomes and increased environmental impact due to inhaler carbon footprint. Hywel Dda UHB has embedded a comprehensive programme to reduce inappropriate use of SABAs within its Sustainable Healthcare framework. Oversight is provided by the Approach to Healthcare group, which reviews all decarbonisation and sustainability initiatives across clinical services. A dedicated inhaler subgroup, chaired by a respiratory consultant and including pharmacists and respiratory nurses, leads on prescribing optimisation.

Strategic actions

- Governance and monitoring: Quarterly subgroup meetings review SPIRA data and set strategies to support practices in achieving SABA reduction targets.
- Prescribing controls: Secondary care data are used to monitor usage and reduce overprescribing of salbutamol MDIs, including restrictions on ward stock.
- ScriptSwitch messages: The Medicines Optimisation Team have implemented messages on ScriptSwitch (a prescribing decision support software) reminding prescribers of the Medicines and Healthcare products Regulatory Agency (MHRA) warning dated April 2025, encouraging maintenance and reliever therapy (MART) prescribing and discouraging SABA prescribing if clinically appropriate.
- Education and training: Practice nurses and prescribers receive targeted teaching on updated guidelines, promoting anti-inflammatory reliever (AIR) and MART as first-line asthma management options.
- Pharmacy engagement: Inhaler decarbonisation, prescribing data and guideline updates are presented at annual prescribing management scheme meetings and quarterly Prescribing Leads/cluster meetings.

Clinical interventions

- Asthma Clinical Nurse Specialist (CNS) support: CNSs work with practices to review high SABA users and transition patients to guideline-based regimens, promoting AIR and MART DPI regimens where clinically appropriate, with SABA removed from repeat prescriptions following patient education and counselling.
- Specialist Pharmacist Advisor clinics: Weekly inhaler review clinics in low DPI prescribing practices provide face-to-face consultations, inhaler technique checks, and counselling. Patients are switched to DPI MART regimens where clinically appropriate, with SABAs removed from repeat prescriptions following patient education and counselling.

Outcomes

Feedback from GP practices and the asthma CNS team has been consistently positive. The collaborative model is recognised as improving patient care – enhancing asthma management, inhaler technique, and adherence – while enabling practices to meet patient safety, clinical quality and decarbonisation

objectives. Hywel Dda UHB's ongoing efforts have yielded measurable success, maintaining its status as the lowest SABA prescriber across Wales.

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

1.4 SGLT-2 inhibitors

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

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

1.4.1 Patients with T2DM and CHF

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

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

Aim: To increase prescribing.

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

1.4.2 Patients with T2DM and CKD

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

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

Aim: To increase prescribing.

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

1.4.3 Patients with non-diabetic CKD

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

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

Aim: To increase prescribing.

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

Please note – Data are currently unavailable

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

2.0 Supporting domains

2.1 Safety

2.1.1 Prescribing Safety Indicators

Purpose: To identify patients at high risk of ADRs and medicines-related harm in primary care.

Units of measure:

Prescribing Safety Indicators related to acute kidney injury (AKI)

- Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for a non-steroidal anti-inflammatory drug (NSAID) within the last 3 months.
- Number of patients who are not on the CKD register but have an estimated glomerular filtration rate (eGFR) of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months.
- Number of patients with concurrent prescriptions 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.
- 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 14–55 years 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 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.

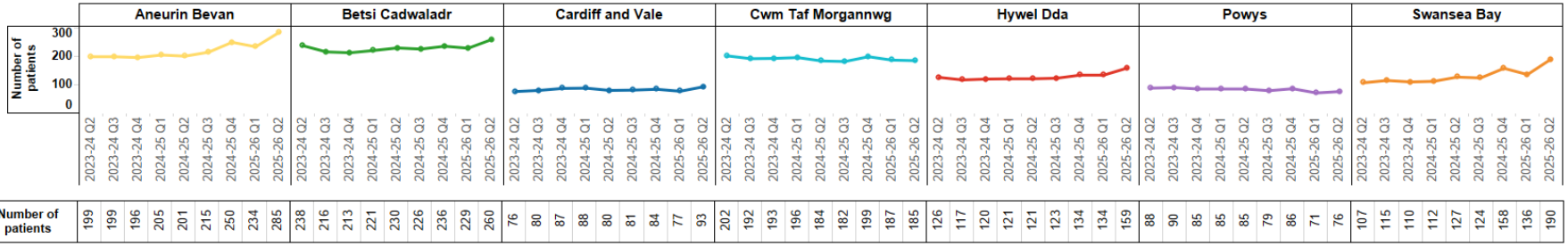
Please note

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

Figure 14. Prescribing Safety Indicators

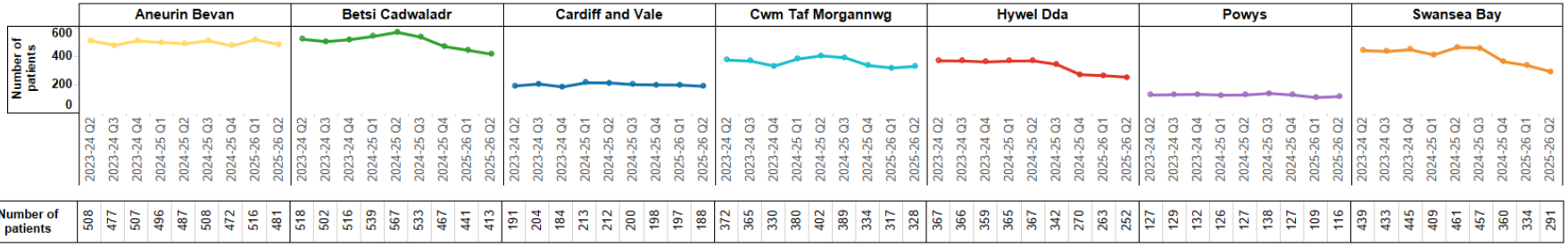
Prescribing Safety Indicators related to AKI

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



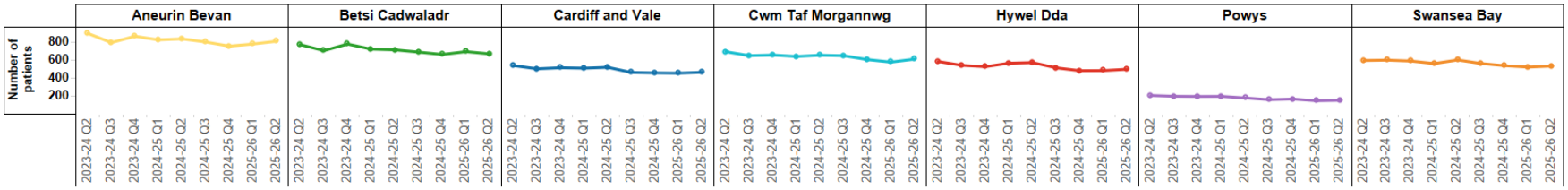
	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	199	199	196	205	201	215	250	234	285
Betsi Cadwaladr	238	216	213	221	230	226	236	229	260
Cardiff and Vale	76	80	87	88	80	81	84	77	93
Cwm Taf Morgannwg	202	192	193	196	184	182	199	187	185
Hywel Dda	126	117	120	121	121	123	134	134	159
Powys	88	90	85	85	85	79	86	71	76
Swansea Bay	107	115	110	112	127	124	158	136	190

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



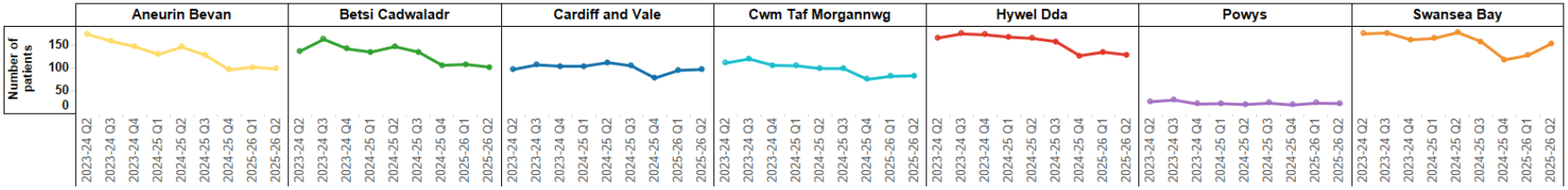
	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	508	477	507	496	487	508	472	516	481
Betsi Cadwaladr	518	502	516	539	567	533	467	441	413
Cardiff and Vale	191	204	184	213	212	200	198	197	188
Cwm Taf Morgannwg	372	365	330	380	402	389	334	317	328
Hywel Dda	367	366	359	365	367	342	270	263	252
Powys	127	129	132	126	127	138	127	109	116
Swansea Bay	439	433	445	409	461	457	360	334	291

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



Number of patients	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	904	800	871	831	842	807	761	784	815
Betsi Cadwaladr	778	710	784	727	719	694	667	699	674
Cardiff and Vale	543	507	519	514	524	466	461	458	468
Cwm Taf Morgannwg	698	654	661	645	659	653	610	582	615
Hywel Dda	589	546	531	570	577	518	486	487	502
Powys	209	200	198	199	181	162	169	150	155
Swansea Bay	600	604	594	566	606	566	542	526	538

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



Number of patients	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	174	159	147	130	146	128	96	102	98
Betsi Cadwaladr	137	163	142	135	147	135	106	108	102
Cardiff and Vale	97	107	104	104	112	105	78	95	97
Cwm Taf Morgannwg	111	120	106	105	99	99	75	82	83
Hywel Dda	166	175	173	168	165	158	127	135	129
Powys	26	30	21	22	20	23	19	23	22
Swansea Bay	175	177	162	165	178	158	118	128	154

Prescribing Safety Indicators related to antimicrobial stewardship

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

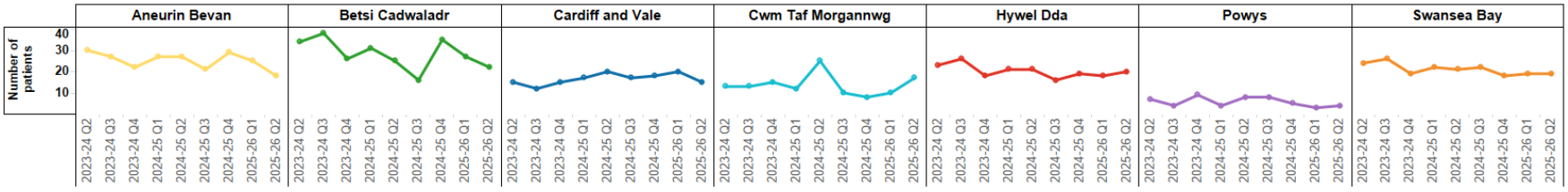
Currently unable to include graph as data unavailable

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

Currently unable to include graph as data unavailable

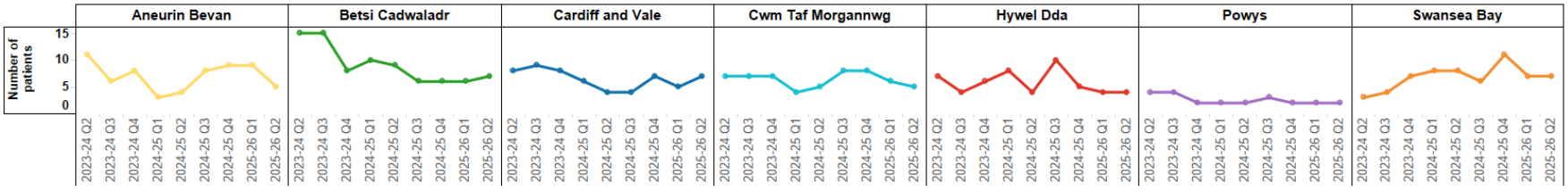
Prescribing Safety Indicators related to bleeds

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



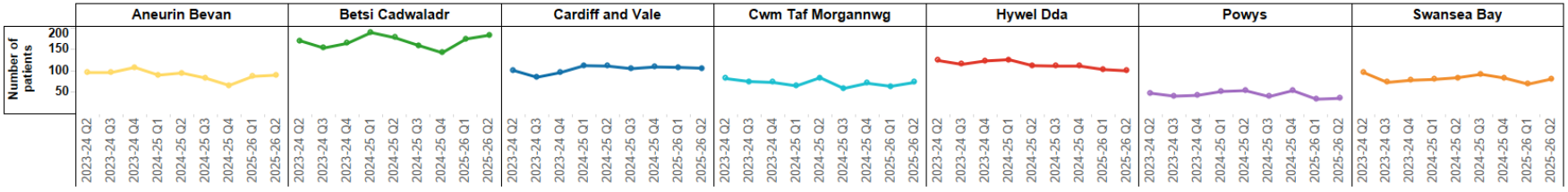
Number of patients	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	30	27	22	27	27	21	29	25	18
Betsi Cadwaladr	34	38	26	31	25	16	35	27	22
Cardiff and Vale	15	12	15	17	20	17	18	20	15
Cwm Taf Morgannwg	13	13	15	12	25	10	8	10	17
Hywel Dda	23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

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



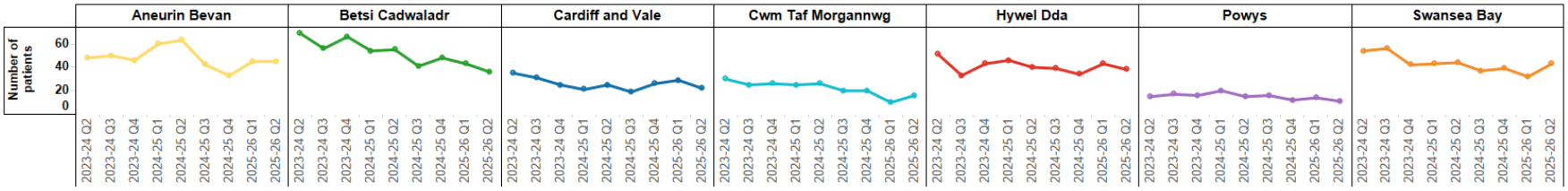
Number of patients	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	11	6	8	3	4	8	9	9	5
Betsi Cadwaladr	15	15	8	10	9	6	6	6	7
Cardiff and Vale	8	9	8	6	4	4	7	5	7
Cwm Taf Morgannwg	7	7	7	4	5	8	8	6	5
Hywel Dda	7	4	6	8	4	10	5	4	4
Powys	4	4	2	2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

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



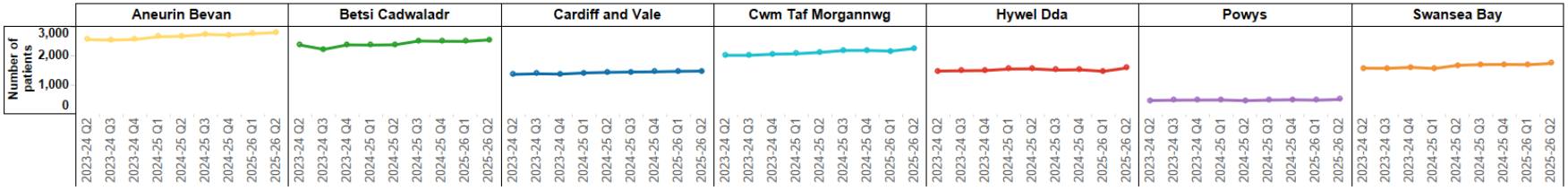
Number of patients	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	96	96	108	90	95	83	66	87	90
Betsi Cadwaladr	170	153	164	189	177	159	142	174	183
Cardiff and Vale	101	85	96	112	111	105	109	108	106
Cwm Taf Morgannwg	82	75	73	65	84	59	71	64	73
Hywel Dda	124	115	123	126	112	111	111	103	100
Powys	48	41	43	52	54	40	54	34	36
Swansea Bay	96	73	78	80	84	92	83	69	81

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 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	48	50	46	60	63	42	33	45	45
Betsi Cadwaladr	69	56	66	54	55	41	48	43	36
Cardiff and Vale	35	31	25	21	25	19	26	29	22
Cwm Taf Morgannwg	30	25	26	25	26	20	20	10	16
Hywel Dda	51	33	43	46	40	39	34	43	38
Powys	15	17	16	20	15	16	12	14	11
Swansea Bay	54	56	42	43	44	37	39	32	43

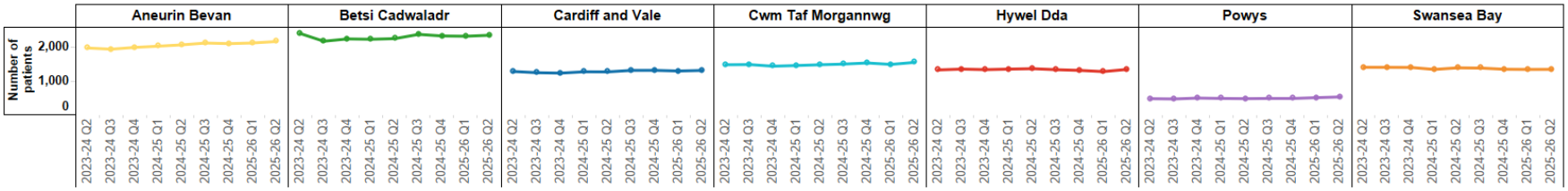
11. Number of patients with concurrent prescriptions for an oral anticoagulant (warfarin or DOAC) and an SSRI.



	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	2,575	2,558	2,580	2,675	2,690	2,756	2,732	2,779	2,820
Betsi Cadwaladr	2,385	2,236	2,392	2,384	2,394	2,526	2,517	2,514	2,568
Cardiff and Vale	1,368	1,388	1,377	1,418	1,437	1,450	1,457	1,473	1,482
Cwm Taf Morgannwg	2,030	2,030	2,069	2,085	2,131	2,198	2,199	2,177	2,266
Hywel Dda	1,483	1,494	1,501	1,554	1,560	1,518	1,529	1,474	1,591
Powys	461	471	475	479	454	476	485	472	496
Swansea Bay	1,583	1,577	1,611	1,571	1,682	1,707	1,712	1,704	1,749

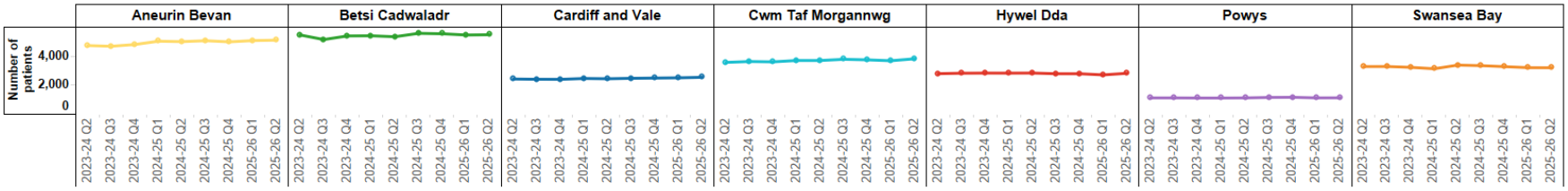
Prescribing Safety Indicators related to cognition

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



Number of patients	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	1,978	1,943	1,996	2,032	2,072	2,126	2,108	2,128	2,171
Betsi Cadwaladr	2,410	2,179	2,248	2,238	2,257	2,383	2,336	2,328	2,358
Cardiff and Vale	1,282	1,246	1,233	1,273	1,270	1,314	1,315	1,296	1,313
Cwm Taf Morgannwg	1,481	1,487	1,438	1,458	1,481	1,501	1,534	1,491	1,551
Hywel Dda	1,328	1,352	1,336	1,352	1,365	1,335	1,314	1,278	1,343
Powys	474	466	492	481	475	481	480	505	526
Swansea Bay	1,405	1,404	1,401	1,342	1,390	1,382	1,347	1,342	1,344

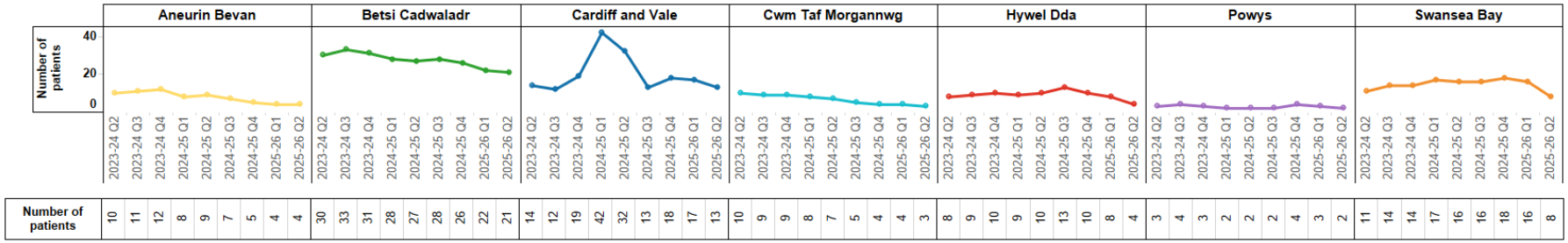
13. Number of patients aged 75 years and over with an AEC score of three or more for items on active repeat.



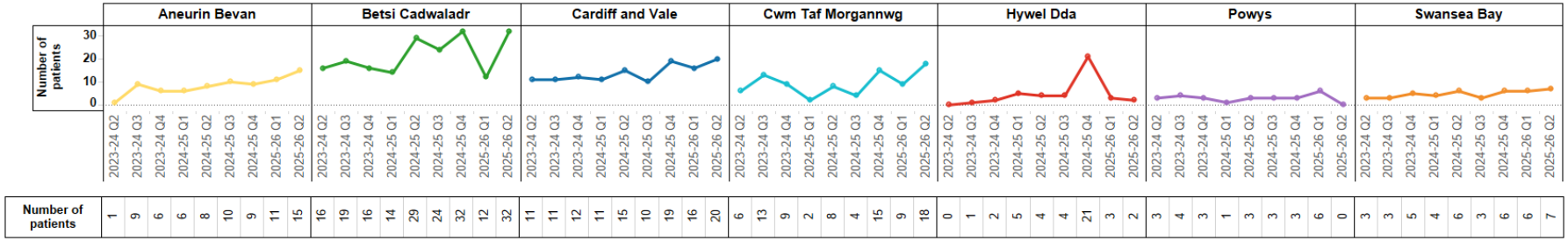
Number of patients	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	4,723	4,674	4,795	5,021	4,993	5,056	4,977	5,065	5,094
Betsi Cadwaladr	5,452	5,136	5,385	5,396	5,331	5,564	5,535	5,450	5,468
Cardiff and Vale	2,423	2,404	2,399	2,459	2,440	2,471	2,488	2,505	2,541
Cwm Taf Morgannwg	3,565	3,626	3,602	3,696	3,695	3,777	3,740	3,679	3,813
Hywel Dda	2,791	2,821	2,831	2,827	2,833	2,786	2,785	2,706	2,816
Powys	1,125	1,125	1,118	1,117	1,125	1,156	1,166	1,126	1,130
Swansea Bay	3,280	3,283	3,225	3,128	3,380	3,341	3,273	3,204	3,199

Prescribing Safety Indicators specific to females

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



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

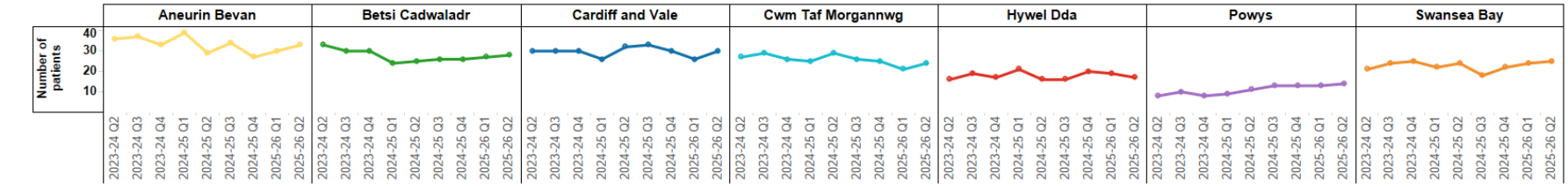


16. Number of female patients aged 14–55 years with a prescription for topiramate.

Currently unable to include graph as data unavailable

Prescribing Safety Indicators related to 'other'

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

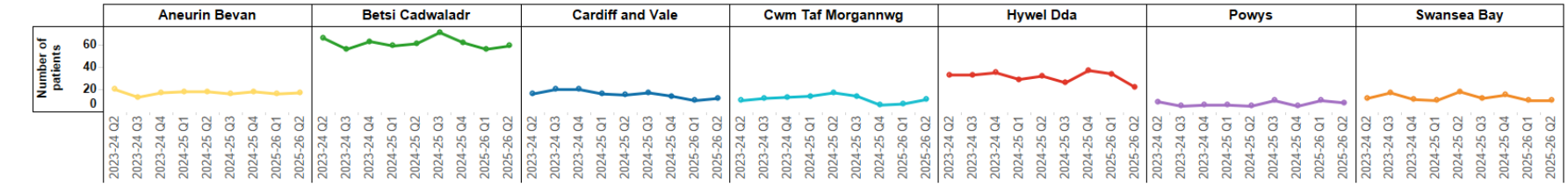


	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	36	37	33	39	29	34	27	30	33
Betsi Cadwaladr	33	30	30	24	25	26	26	27	28
Cardiff and Vale	30	30	30	26	32	33	30	26	30
Cwm Taf Morgannwg	27	29	26	25	29	26	25	21	24
Hywel Dda	16	19	17	21	16	16	20	19	17
Powys	8	10	8	9	11	13	13	13	14
Swansea Bay	21	24	25	22	24	18	22	24	25

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

Currently unable to include graph as data unavailable

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



	2023-24 Q2	2023-24 Q3	2023-24 Q4	2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4	2025-26 Q1	2025-26 Q2
Aneurin Bevan	20	13	17	18	18	16	18	16	17
Betsi Cadwaladr	66	56	63	59	61	71	62	56	59
Cardiff and Vale	16	20	20	16	15	17	14	10	12
Cwm Taf Morgannwg	10	12	13	14	17	14	6	7	11
Hywel Dda	33	33	35	29	32	26	37	34	22
Powys	9	5	6	6	5	10	5	10	8
Swansea Bay	12	17	11	10	18	12	15	10	10

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

Currently unable to include graph as data unavailable

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

Currently unable to include graph as data unavailable

2.1.2 Hypnotics and anxiolytics

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

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

Aim: To reduce prescribing.

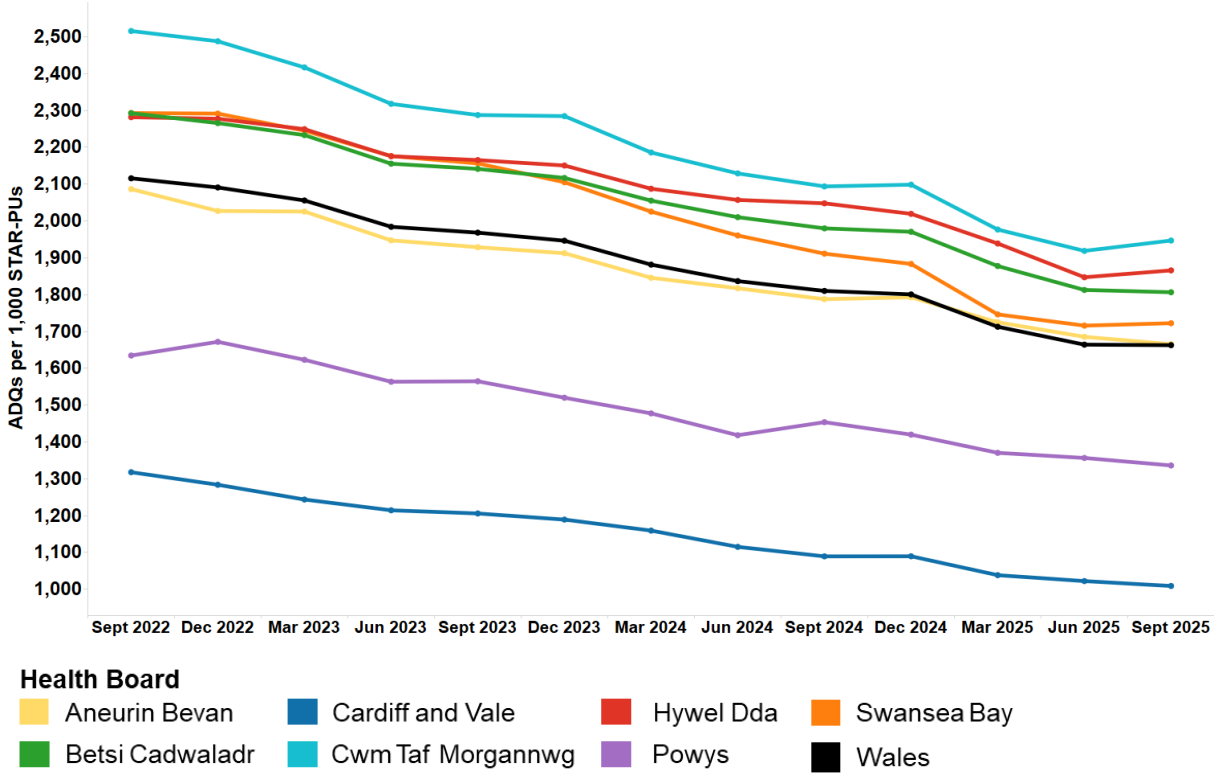
There has been concern with regard to the high level of hypnotic and anxiolytic prescribing in NHS Wales. Some prescribing may be inappropriate and contribute to the problem of physical and psychological dependence, and/or may be responsible for masking underlying depression.

- Across Wales, the prescribing of hypnotics and anxiolytics decreased by 8.14% for the quarter ending September 2025 compared with the equivalent quarter of the previous year, in line with the aim of this indicator.
- For the quarter ending September 2025, hypnotic and anxiolytic prescribing ranged from 1,009 to 1,947 ADQs per 1,000 STAR-PUs across the health boards.
- The health board with the lowest prescribing was Cardiff and Vale UHB, whilst the highest prescribing was seen in Cwm Taf Morgannwg UHB.
- Hypnotic and anxiolytic prescribing decreased, compared with the equivalent quarter of the previous year, in all health boards.
- The largest percentage decrease was seen in Swansea Bay UHB, and the smallest percentage decrease was seen in Aneurin Bevan UHB.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Swansea Bay	1,911	1,722	-9.88%
Hywel Dda	2,048	1,866	-8.89%
Betsi Cadwaladr	1,980	1,806	-8.76%
Powys	1,454	1,336	-8.09%
Cardiff and Vale	1,089	1,009	-7.39%
Cwm Taf Morgannwg	2,094	1,947	-7.02%
Aneurin Bevan	1,788	1,665	-6.83%
Wales	**1,810**	**1,663**	**-8.14%**

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



2.1.3 Yellow Cards

Purpose: To encourage an increase in the number of Yellow Cards submitted in Wales.

Unit of measure: Number of Yellow Cards submitted per GP practice, 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 MHRA monitor the safety of medicines and vaccines that are on the market.

Yellow Card reporting supports the identification and collation of ADRs, which might not have been known about before.

A strong safety culture requires good reporting of adverse events and critical incidents from across all professions and healthcare settings, as well as from patients.

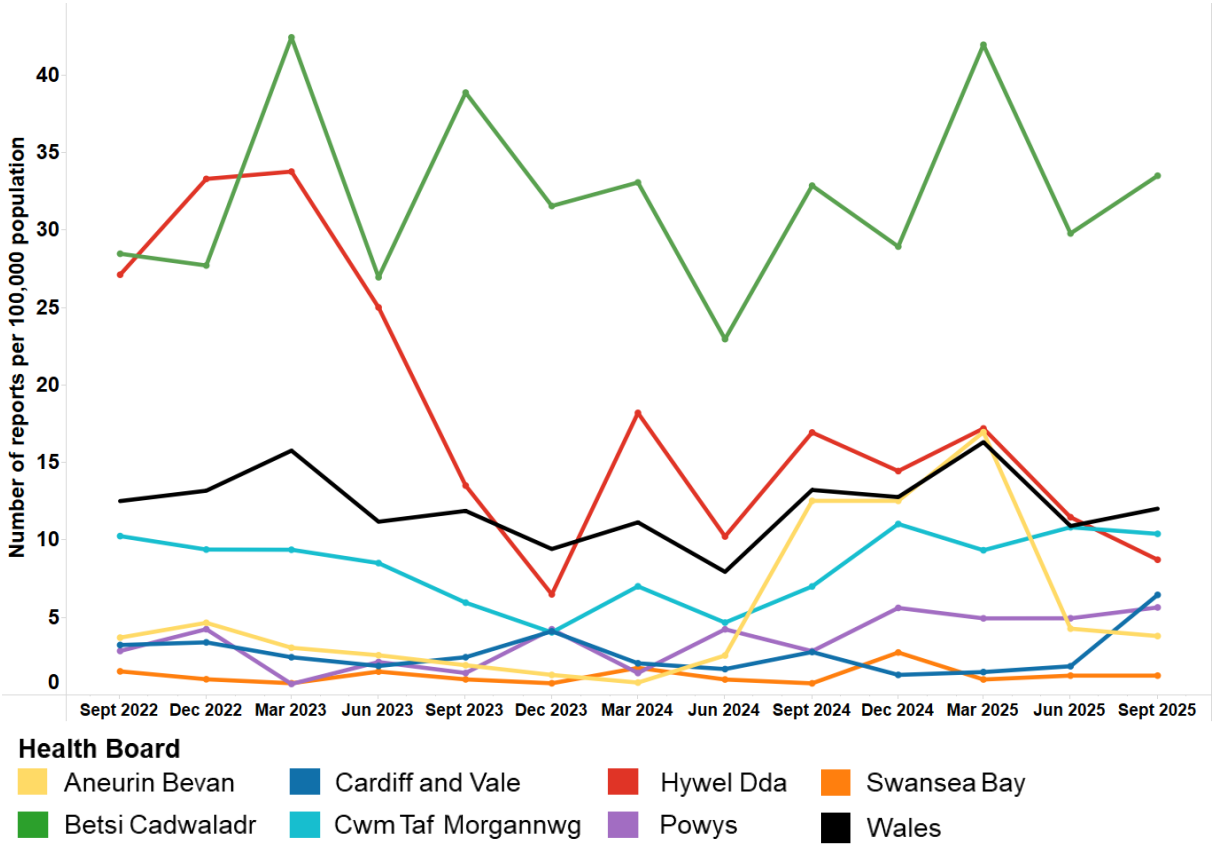
2.1.3.1 GP practices

- The number of Yellow Cards submitted by GP practices across Wales decreased by 9% compared with the equivalent quarter of the previous year, despite the aim of the indicator being to increase reporting.
- A percentage increase in GP practice reporting was seen in five health boards. The largest percentage increase was seen in Cardiff and Vale UHB. The largest percentage decrease was seen in Aneurin Bevan UHB.

Table 15. Number of Yellow Cards submitted by GP practices

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Cardiff and Vale	15	35	133%
Powys	4	8	100%
Swansea Bay	3	5	67%
Cwm Taf Morgannwg	33	49	48%
Betsi Cadwaladr	235	242	3%
Hywel Dda	68	35	-49%
Aneurin Bevan	79	24	-70%
Wales	**437**	**398**	**-9%**

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



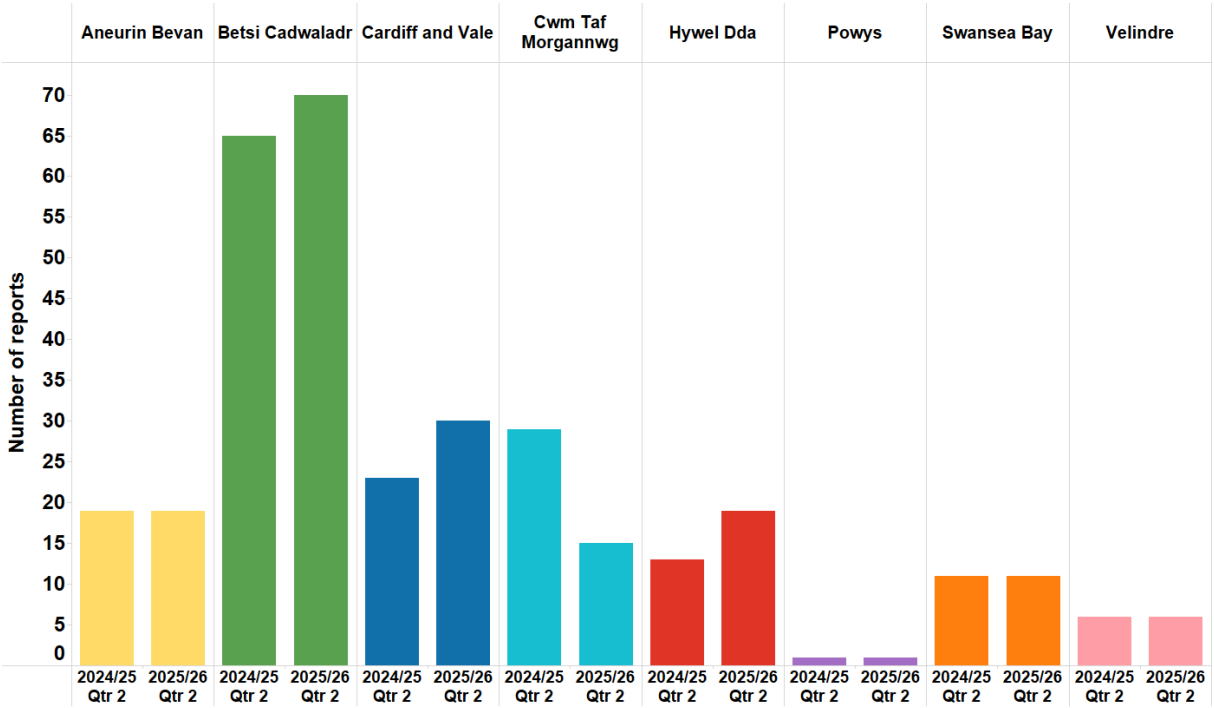
2.1.3.2 Secondary care

- The number of Yellow Cards submitted by secondary care increased by 2% compared with the equivalent quarter of the previous year.
- The largest percentage increase in secondary care reporting was seen in Hywel Dda UHB. Cwm Taf Morgannwg showed a percentage decrease compared with the equivalent quarter of the previous year.

Table 16. Number of Yellow Cards submitted by secondary care

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Hywel Dda	13	19	46%
Cardiff and Vale	23	30	30%
Betsi Cadwaladr	65	70	8%
Aneurin Bevan	19	19	0%
Swansea Bay	11	11	0%
Velindre	6	6	0%
Powys	1	1	0%
Cwm Taf Morgannwg	29	15	-48%
Wales	**167**	**171**	**2%**

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



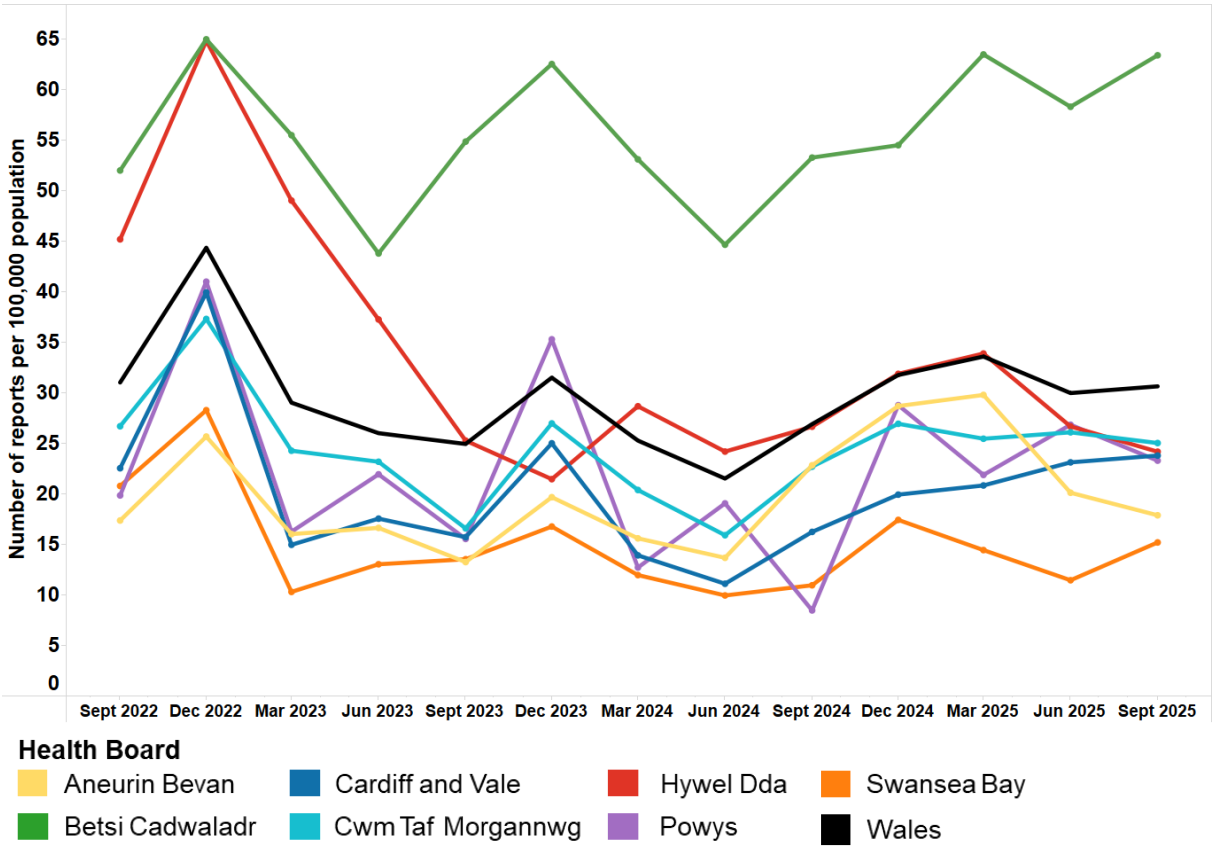
2.1.3.3 Health boards/NHS trust

- The number of Yellow Cards submitted by health boards/NHS trust increased by 14% compared with the equivalent quarter of the previous year.
- The largest percentage increase was seen in Powys Teaching HB. The largest percentage decrease was seen in Aneurin Bevan UHB.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	12	33	175%
Cardiff and Vale	88	129	47%
Swansea Bay	44	61	39%
Betsi Cadwaladr	381	458	20%
Cwm Taf Morgannwg	107	118	10%
Velindre	6	6	0%
Hywel Dda	107	97	-9%
Aneurin Bevan	144	113	-22%
Wales	**889**	**1,015**	**14%**

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



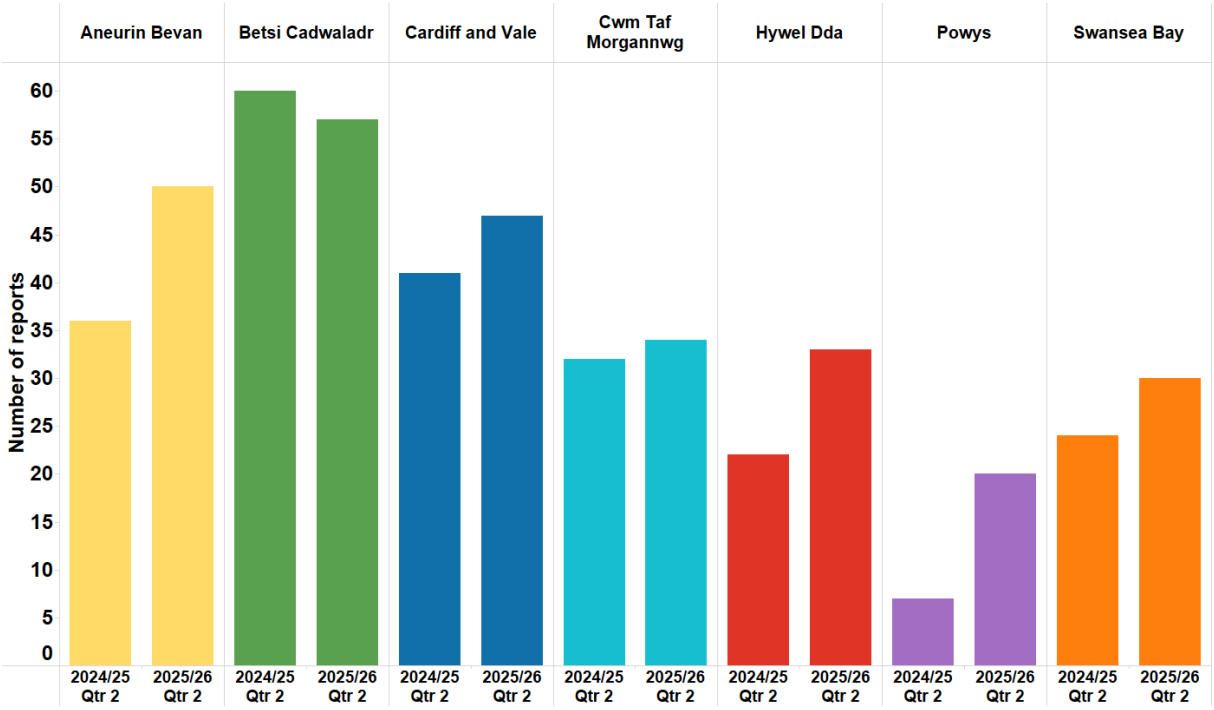
2.1.3.4 Members of the public

- The number of Yellow Cards submitted by members of the public across Wales increased by 22% compared with the equivalent quarter of the previous year.
- The largest percentage increase in member of the public reporting was seen in Powys Teaching HB. A percentage decrease was seen in Betsi Cadwaladr UHB.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Powys	7	20	186%
Hywel Dda	22	33	50%
Aneurin Bevan	36	50	39%
Swansea Bay	24	30	25%
Cardiff and Vale	41	47	15%
Cwm Taf Morgannwg	32	34	6%
Betsi Cadwaladr	60	57	-5%
Wales	**222**	**271**	**22%**

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



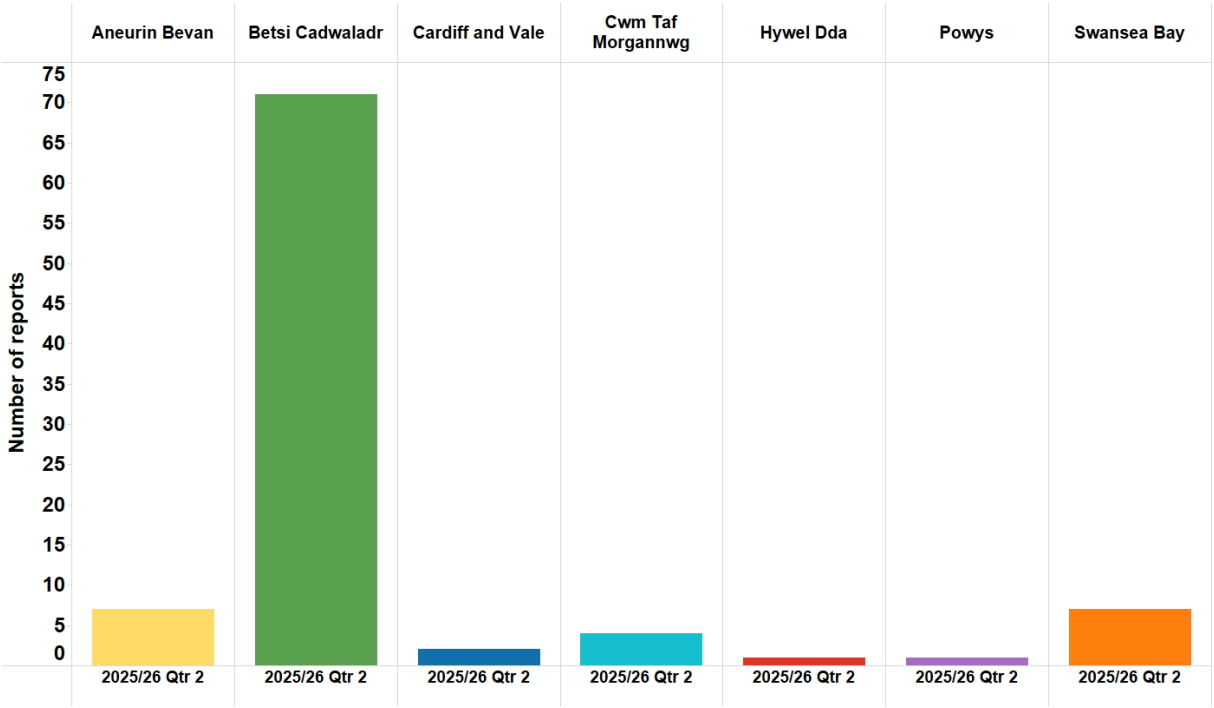
2.1.3.5 Community pharmacy

- Across Wales, a total of 93 Yellow Card reports were submitted by community pharmacies during the quarter ending September 2025.
- The number of Yellow Card reports submitted by community pharmacies in health boards across Wales ranged from 1 to 71.

Table 19. Number of Yellow Cards submitted by community pharmacies

	2025–2026 Qtr 2
Betsi Cadwaladr	71
Aneurin Bevan	7
Swansea Bay	7
Cwm Taf Morgannwg	4
Cardiff and Vale	2
Hywel Dda	1
Powys	1
Wales	**93**

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



2.2 Efficiency

2.2.1 Best value biological medicines

Purpose: To ensure prescribing of best value biological medicines supports cost-efficient prescribing in primary and secondary care in Wales.

Unit of measure: Quantity of best value biological medicines prescribed as a percentage of total 'biosimilar' plus 'reference' product.

Aim: Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.

Biological medicines are those that are made or derived from a biological source and, as such, are complex, with inherent variability in their structure. A biosimilar medicine is a biological medicine that is developed to be highly similar and clinically equivalent to an existing biological medicine (i.e. 'reference' medicine or 'originator' medicine). Continuing development of biosimilar medicines offers 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.

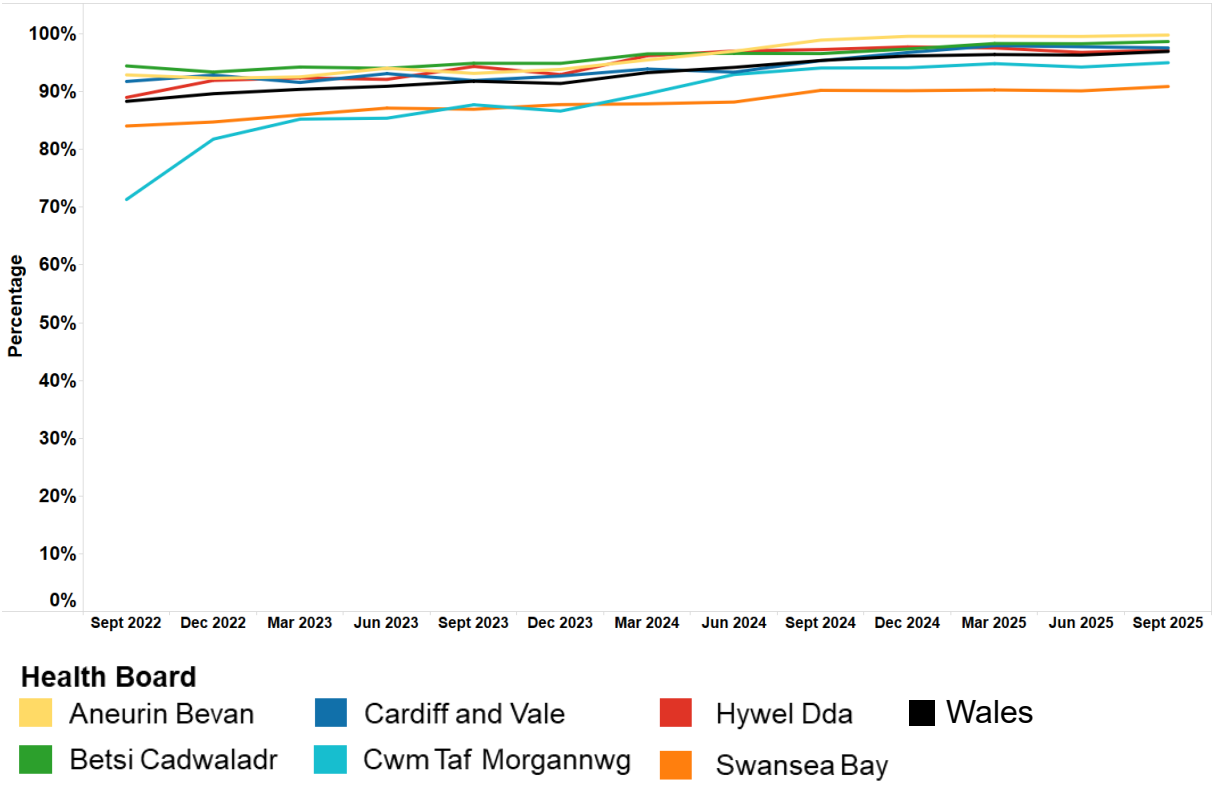
2.2.1.1 Adalimumab

- Across Wales, adalimumab biosimilar prescribing increased by 1.64%, for the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending September 2025, adalimumab biosimilar prescribing ranged from 90.9% to 99.8% across the health boards.
- The health board with the highest percentage was Aneurin Bevan UHB whilst the lowest percentage was seen in Swansea Bay UHB.
- Adalimumab biosimilar prescribing increased, compared with the equivalent quarter of the previous year, in five of the health boards.
- Cardiff and Vale UHB demonstrated the largest percentage increase. Hywel Dda UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Cardiff and Vale	95.4%	97.6%	2.30%
Betsi Cadwaladr	96.6%	98.7%	2.16%
Cwm Taf Morgannwg	94.1%	95.0%	0.97%
Aneurin Bevan	98.9%	99.8%	0.88%
Swansea Bay	90.2%	90.9%	0.74%
Hywel Dda	97.3%	97.2%	-0.10%
Wales	**95.4%**	**97.0%**	**1.64%**

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



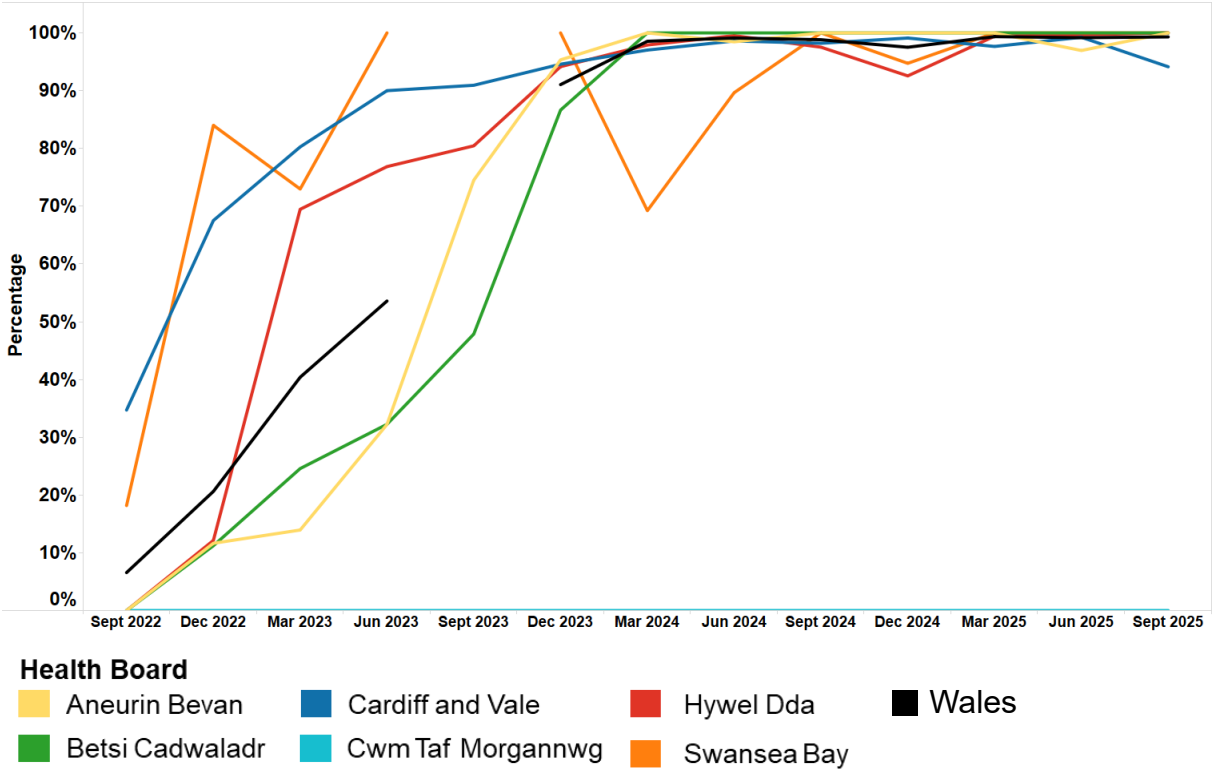
2.2.1.2 Ranibizumab

- Across Wales, ranibizumab biosimilar prescribing increased by 0.49%, for the quarter ending September 2025 compared with the equivalent quarter of the previous year. This is in line with the aim of this indicator.
- For the quarter ending September 2025, ranibizumab biosimilar prescribing ranged from 0.0% to 100% across the health boards.
- The health boards with the highest percentage of ranibizumab biosimilar usage (100%) were Hywel Dda UHB, Aneurin Bevan UHB, Betsi Cadwaladr UHB and Swansea Bay UHB.
- Cardiff and Vale UHB demonstrated a percentage decrease, compared with the equivalent quarter of the previous year.
- Cwm Taf Morgannwg UHB demonstrated no usage of ranibizumab biosimilar.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Hywel Dda	97.5%	100%	2.53%
Aneurin Bevan	100%	100%	0.00%
Betsi Cadwaladr	100%	100%	0.00%
Swansea Bay	100%	100%	0.00%
Cwm Taf Morgannwg	0.00%	0.00%	0.00%
Cardiff and Vale	98.2%	94.1%	-4.13%
Wales	**98.8%**	**99.3%**	**0.49%**

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



* Due to a data anomaly Swansea Bay UHB ranibizumab data and therefore Wales data cannot be reported for quarter ending September 2023.

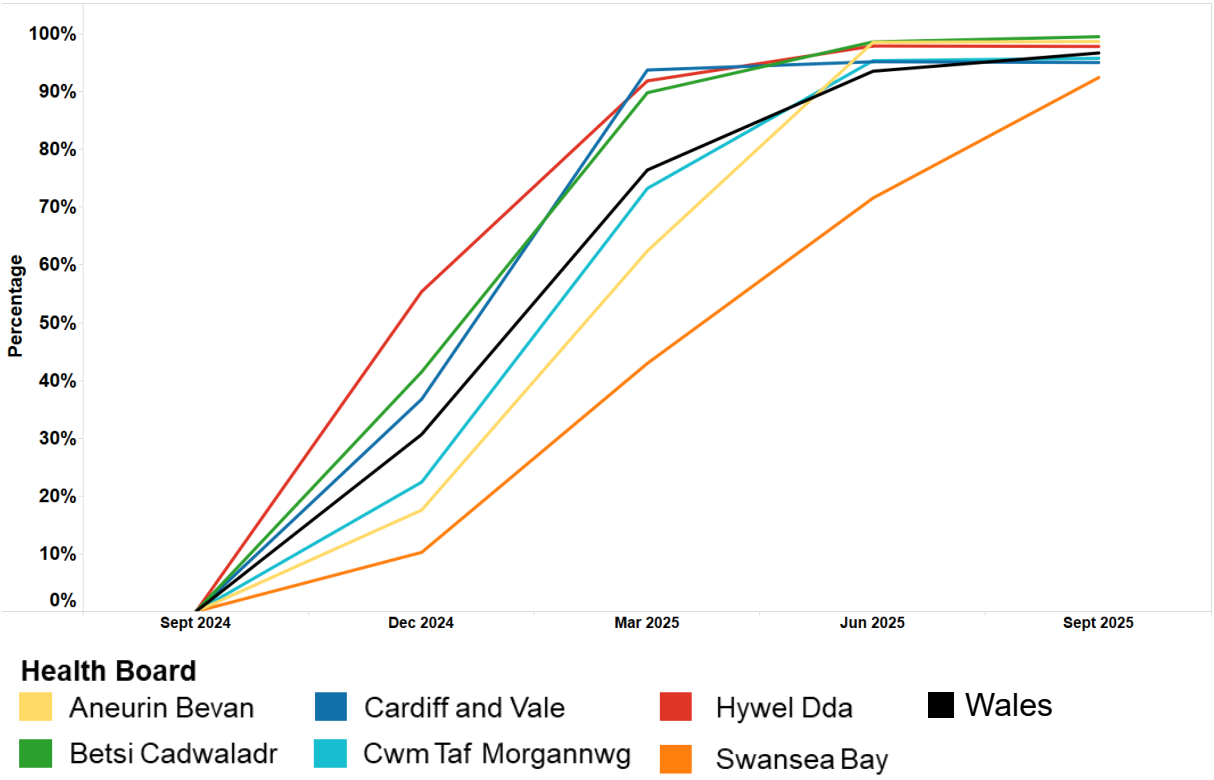
2.2.1.3 Ustekinumab

- Prior to the quarter ending December 2024, there was no ustekinumab biosimilar usage.
- For the quarter ending September 2025, ustekinumab biosimilar prescribing ranged from 92.4% to 99.5% across the health boards.
- The health board with the highest percentage of ustekinumab biosimilar usage was Betsi Cadwaladr UHB.
- Swansea Bay UHB demonstrated the lowest percentage of ustekinumab biosimilar.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Betsi Cadwaladr	N/A	99.5%	N/A
Aneurin Bevan	N/A	98.7%	N/A
Hywel Dda	N/A	97.8%	N/A
Cwm Taf Morgannwg	N/A	95.8%	N/A
Cardiff and Vale	N/A	95.0%	N/A
Swansea Bay	N/A	92.4%	N/A
Wales	**N/A**	**96.7%**	**N/A**

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



2.2.1.4 Infliximab, etanercept, rituximab and trastuzumab

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

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

	2025–2026 Qtr 2			
	Infliximab	Etanercept	Rituximab	Trastuzumab
Aneurin Bevan	99.4%	99.5%	99.7%	N/A
Betsi Cadwaladr	100%	96.9%	99.1%	100%
Cardiff and Vale	99.6%	90.0%	97.6%	N/A
Cwm Taf Morgannwg	99.6%	90.2%	99.5%	100%
Hywel Dda	99.5%	87.0%	99.3%	100%
Swansea Bay	95.9%	85.7%	97.8%	100%
Velindre	100.0%	N/A	N/A	100%
Wales	**99.0%**	**90.7%**	**98.6%**	**100%**

2.2.1.5 Total biosimilar usage

Within Wales there was an increase in the use of the reported biosimilar medicines (specifically adalimumab, etanercept, infliximab, ranibizumab, rituximab, trastuzumab and ustekinumab) combined as a percentage of reported 'reference' biological medicines plus biosimilars combined, from 93% to 96% for the quarter ending September 2025 compared with the equivalent quarter of the previous year.

Figure 24. Biosimilars as a percentage of total 'biosimilar' plus 'reference' product prescribed – Quarter ending September 2025

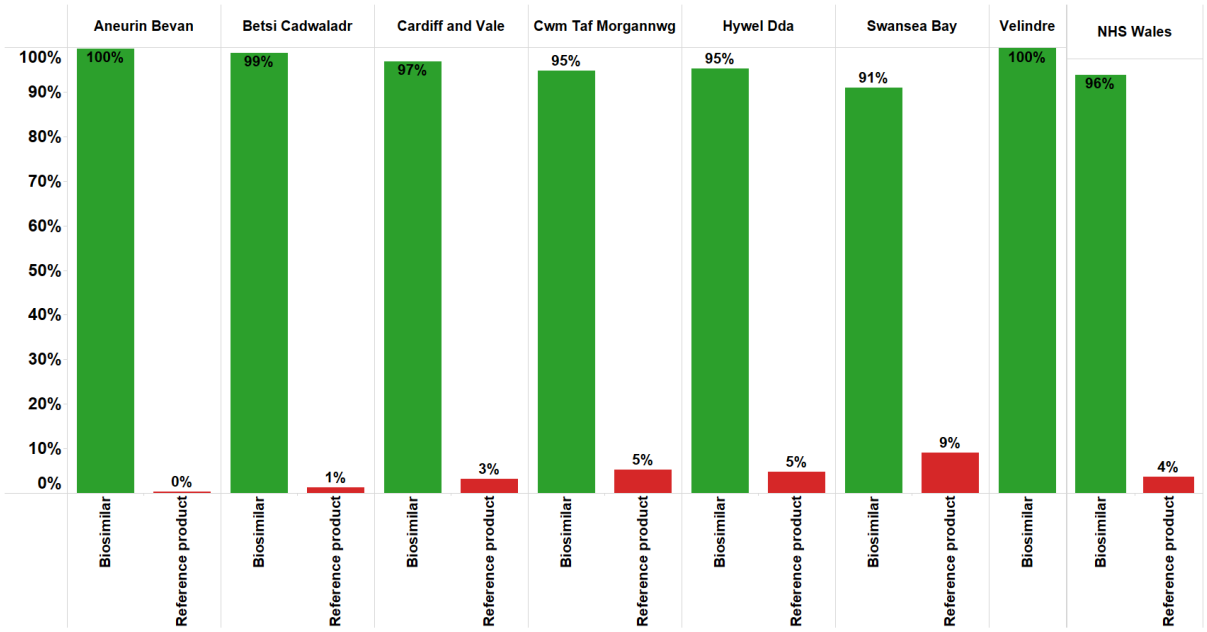
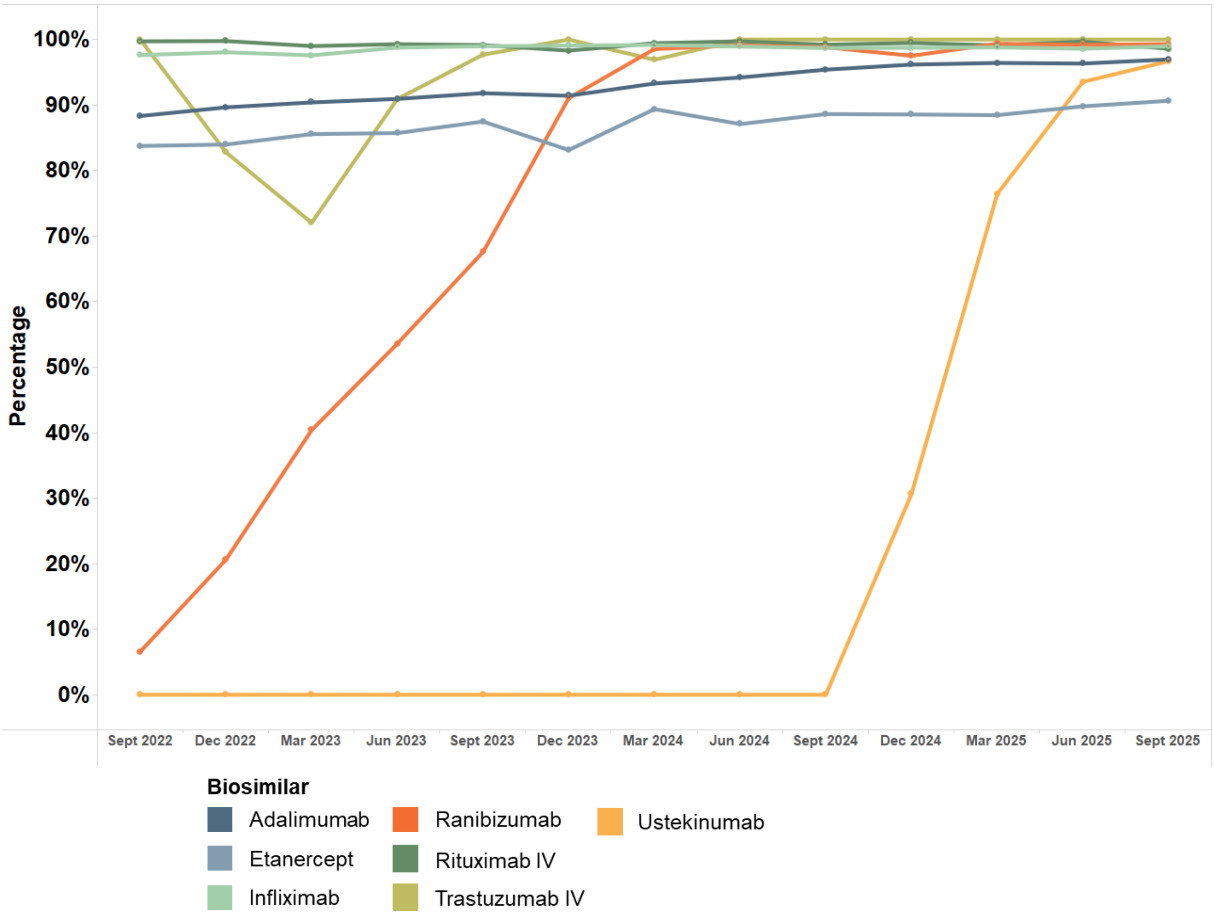


Figure 25. Trend in biosimilars as a percentage of total 'biosimilar' plus 'reference' product prescribed in Wales



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 *Low Value for Prescribing in NHS Wales* initiative is to minimise the prescribing of items that offer a limited clinical benefit to patients and where more cost-effective treatments may be available.

Five items/item groups were identified for the purposes of the first phase of this initiative:

- co-proxamol
- lidocaine plasters
- liothyronine
- doxazosin modified release tablets.

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

- omega-3 fatty acid compounds
- oxycodone and naloxone combination product
- paracetamol and tramadol combination product
- perindopril arginine.

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

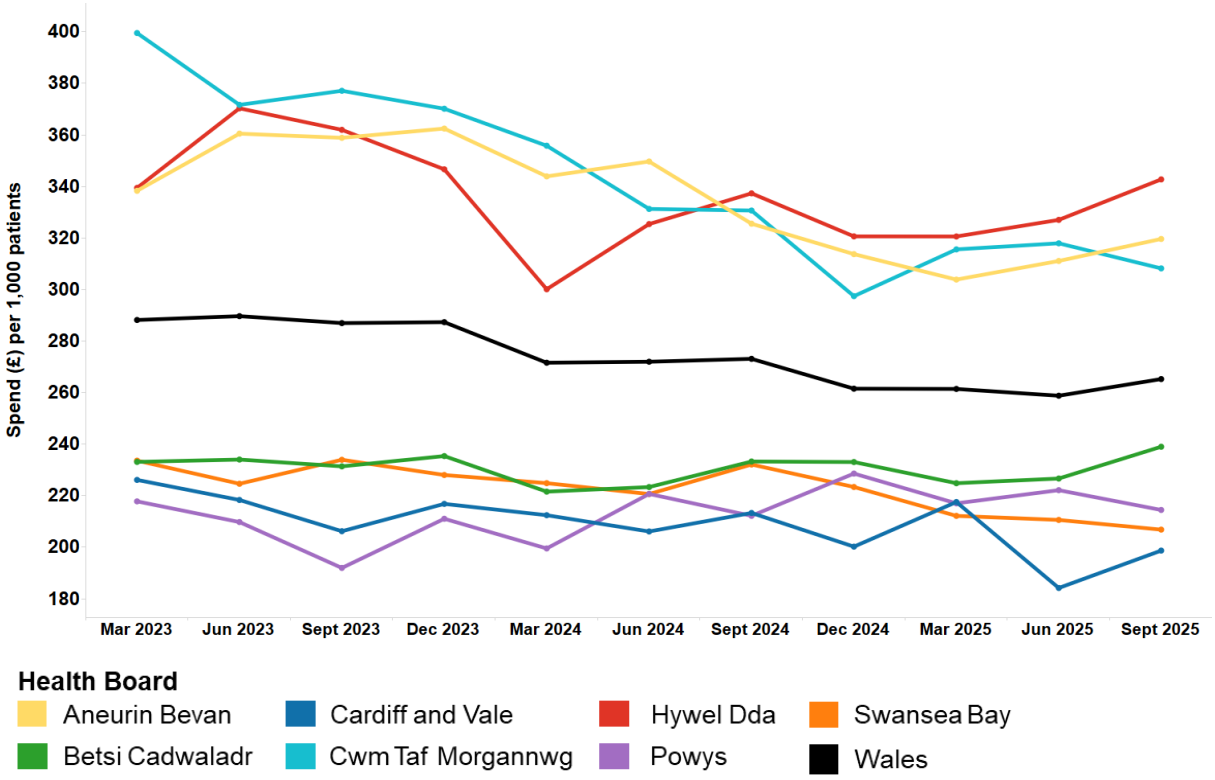
- chloral hydrate
- rubefacients
- alimemazine.

- Across Wales, low value for prescribing UDG spend per 1,000 patients decreased by 2.87% for the quarter ending September 2025, compared with the equivalent quarter of the previous year. This is in line with the aim of the indicator.
- For the quarter ending September 2025, low value for prescribing UDG spend per 1,000 patients ranged from £199 to £343 across the health boards.
- The health board with the lowest spend was Cardiff and Vale UHB, whilst the highest spend was seen in Hywel Dda UHB.
- The health board with the greatest percentage decrease was Swansea Bay UHB.
- Betsi Cadwaladr UHB demonstrated the largest percentage increase.

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

	2024–2025 Qtr 2	2025–2026 Qtr 2	% Change
Swansea Bay	232	207	-10.9%
Cardiff and Vale	213	199	-6.85%
Cwm Taf Morgannwg	331	308	-6.79%
Aneurin Bevan	326	320	-1.82%
Powys	212	214	1.07%
Hywel Dda	337	343	1.61%
Betsi Cadwaladr	233	239	2.46%
Wales	**273**	**265**	**-2.87%**

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



Caution with interpreting NPI monitoring data

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

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

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.

PU – Prescribing units (PUs) were adopted to take account of the greater need of elderly patients for medication in reporting prescribing performance at both the practice and primary care organisational level.

STAR-PU – Specific therapeutic group age-sex related prescribing units (STAR-PUs) are designed to measure prescribing weighted for age and sex of patients. There are differences in the age and sex of patients for whom medicines in specific therapeutic groups are usually prescribed. To make such comparisons, STAR-PUs have been developed based on costs of prescribing of items within therapeutic groups.

UDG – A user-defined group (UDG) is a specific basket of items developed to monitor a particular NPI.

Appendix 1. AWMSG National Prescribing Indicators 2025–2028

Table 1. Priority area NPIs for 2025–2028

National Prescribing Indicator	Applicable to:	Unit(s) of measure	Target for 2025–2028	Data source
Priority areas				
Analgesics	Primary care	Opioid burden UDG 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.		
		Proportion of amoxicillin 500 mg capsules prescribed for 5-day duration (as a percentage of all amoxicillin 500 mg capsules prescribed for 5- and 7-day durations). Proportion of doxycycline 100 mg capsules prescribed for 5-day duration (as a percentage of all doxycycline 100 mg capsules prescribed for 5- and 7-day durations). Proportion of clarithromycin 500 mg tablets prescribed for 5-day duration (as a percentage of all clarithromycin 500 mg tablets prescribed for 5- and 7-day durations).	75% of prescriptions issued as a 5-day duration versus all 5- and 7-day durations.	NWSSP
Respiratory	Primary care	Number of DPIs and SMIs as a percentage of all inhalers prescribed.	80% of inhalers prescribed to be of low GWP or show an increase towards the quartile above.	NWSSP
		Number of SABA inhalers 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 2. 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 1. Opioid burden prescribing – Quarter ending September 2025 versus quarter ending September 2024

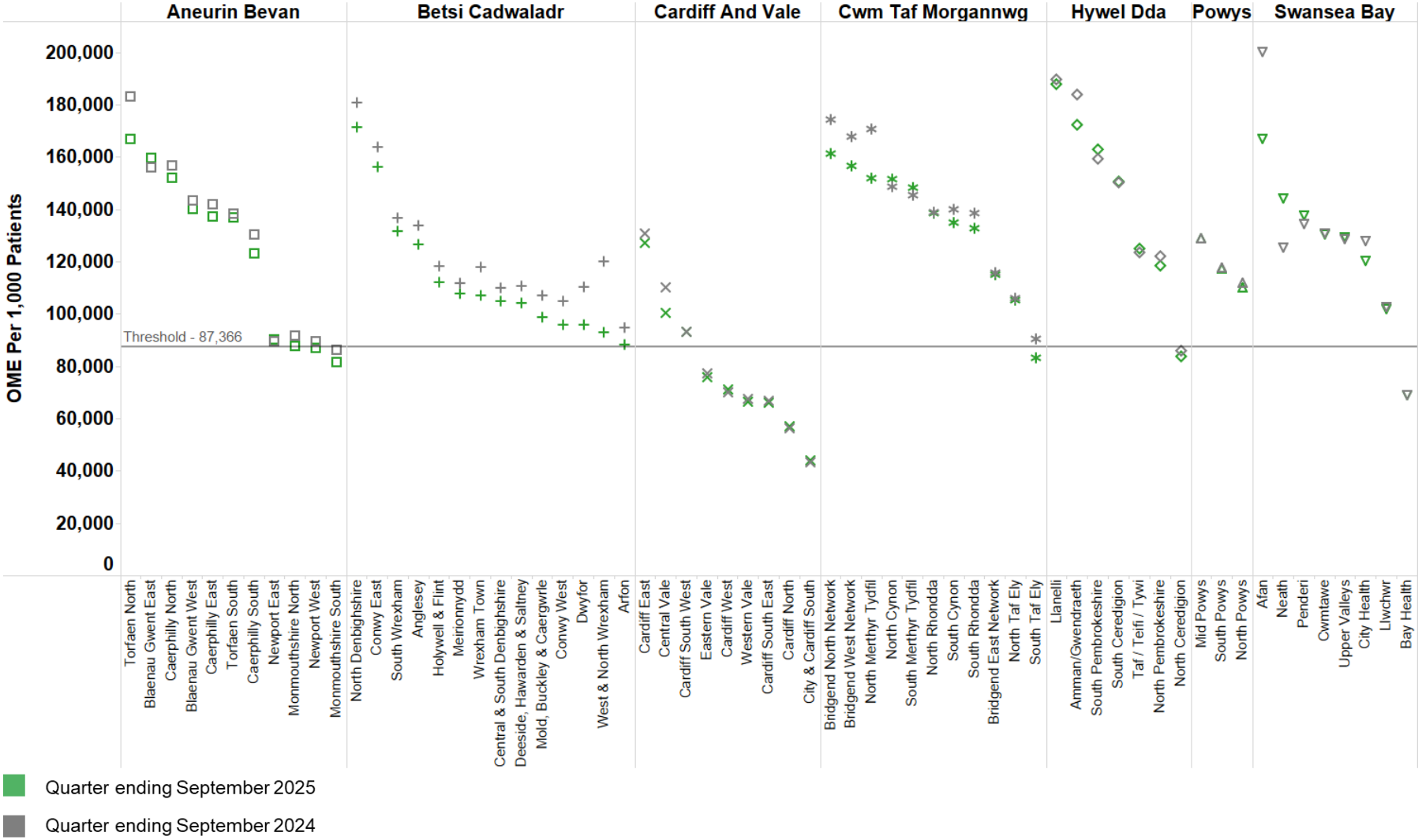


Figure 2. High strength opioid prescribing – Quarter ending September 2025 versus quarter ending September 2024

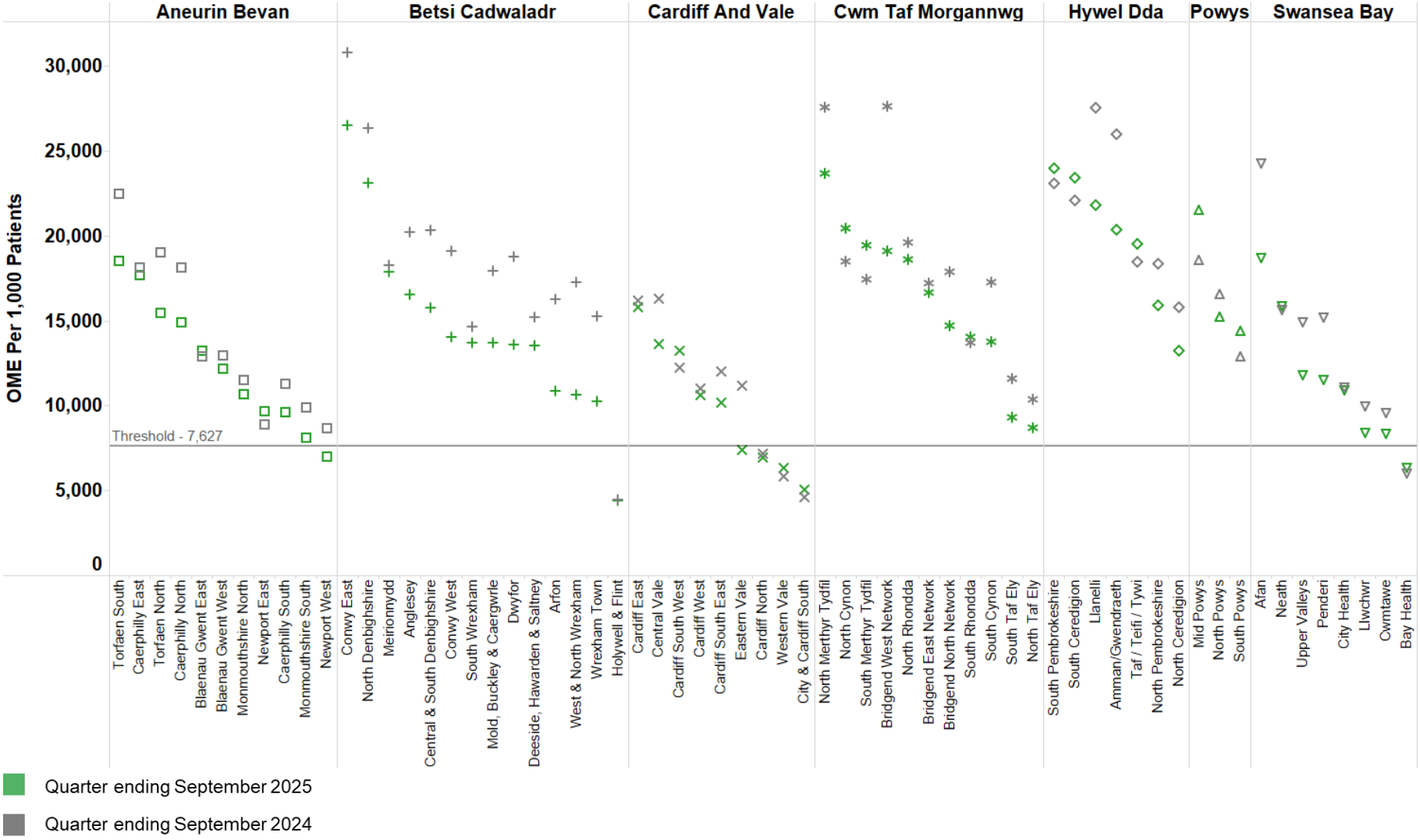


Figure 3. Tramadol prescribing – Quarter ending September 2025 versus quarter ending September 2024

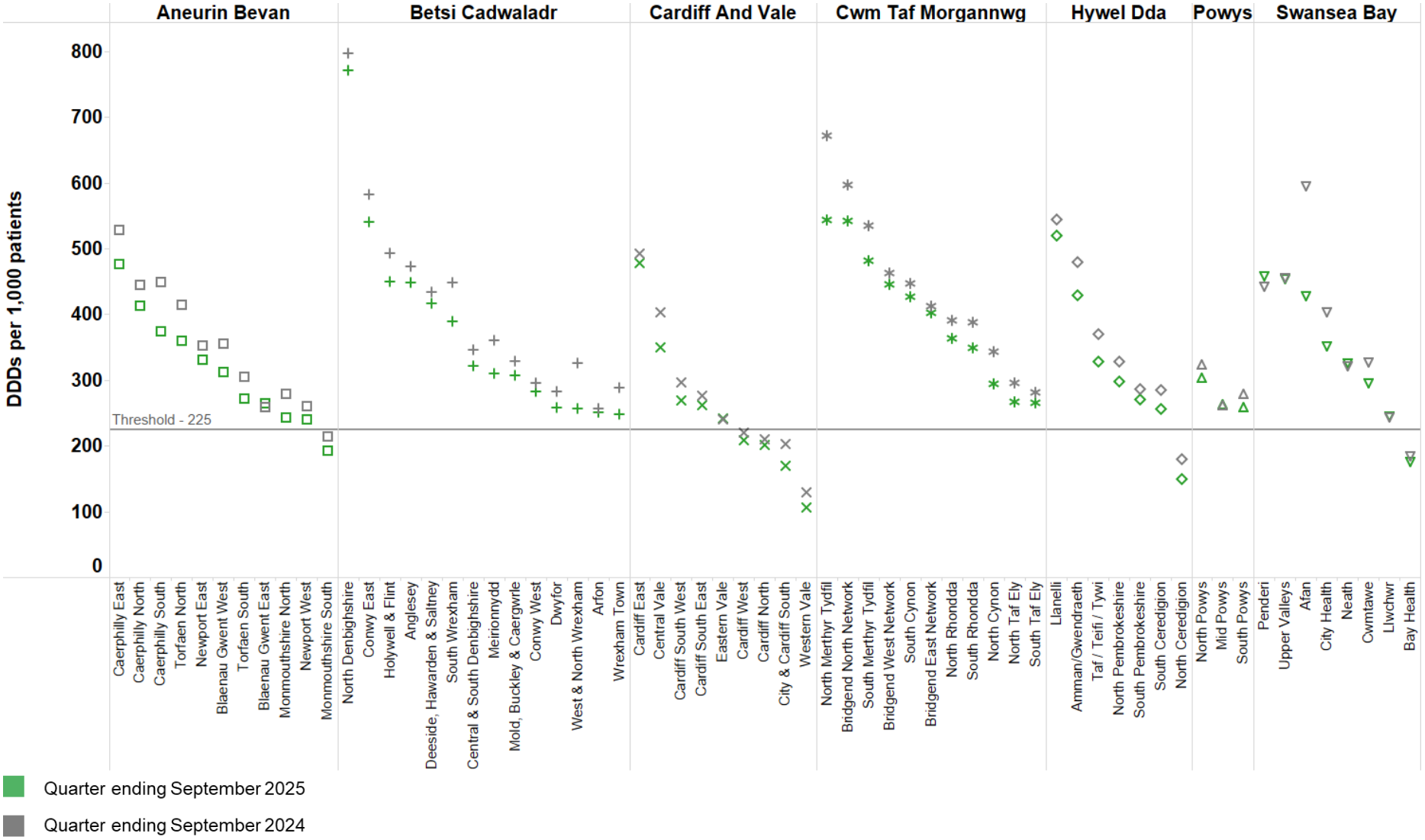


Figure 4. Gabapentin and pregabalin prescribing – Quarter ending September 2025 versus quarter ending September 2024

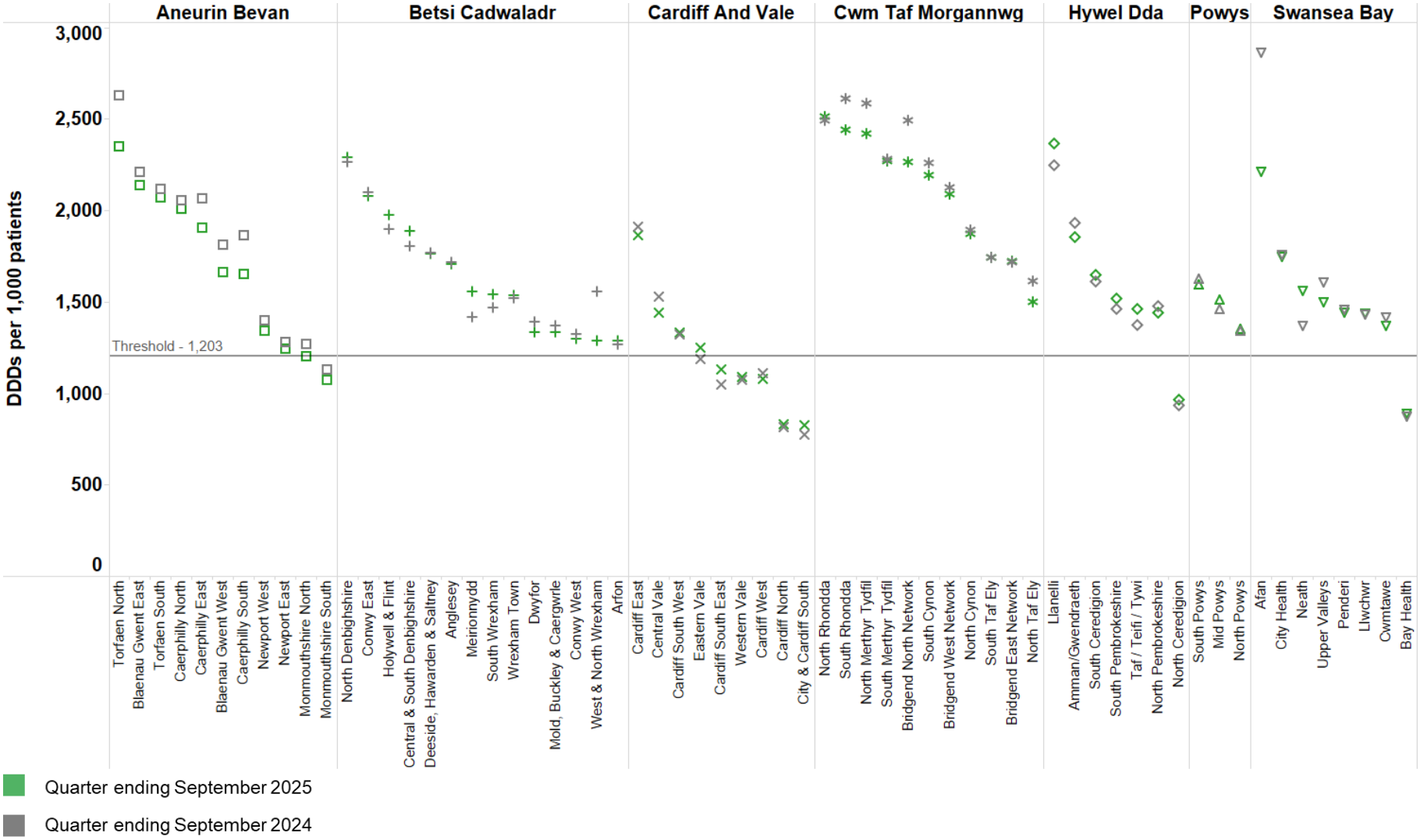


Figure 5. Antimicrobial prescribing – Quarter ending September 2025 versus quarter ending September 2019

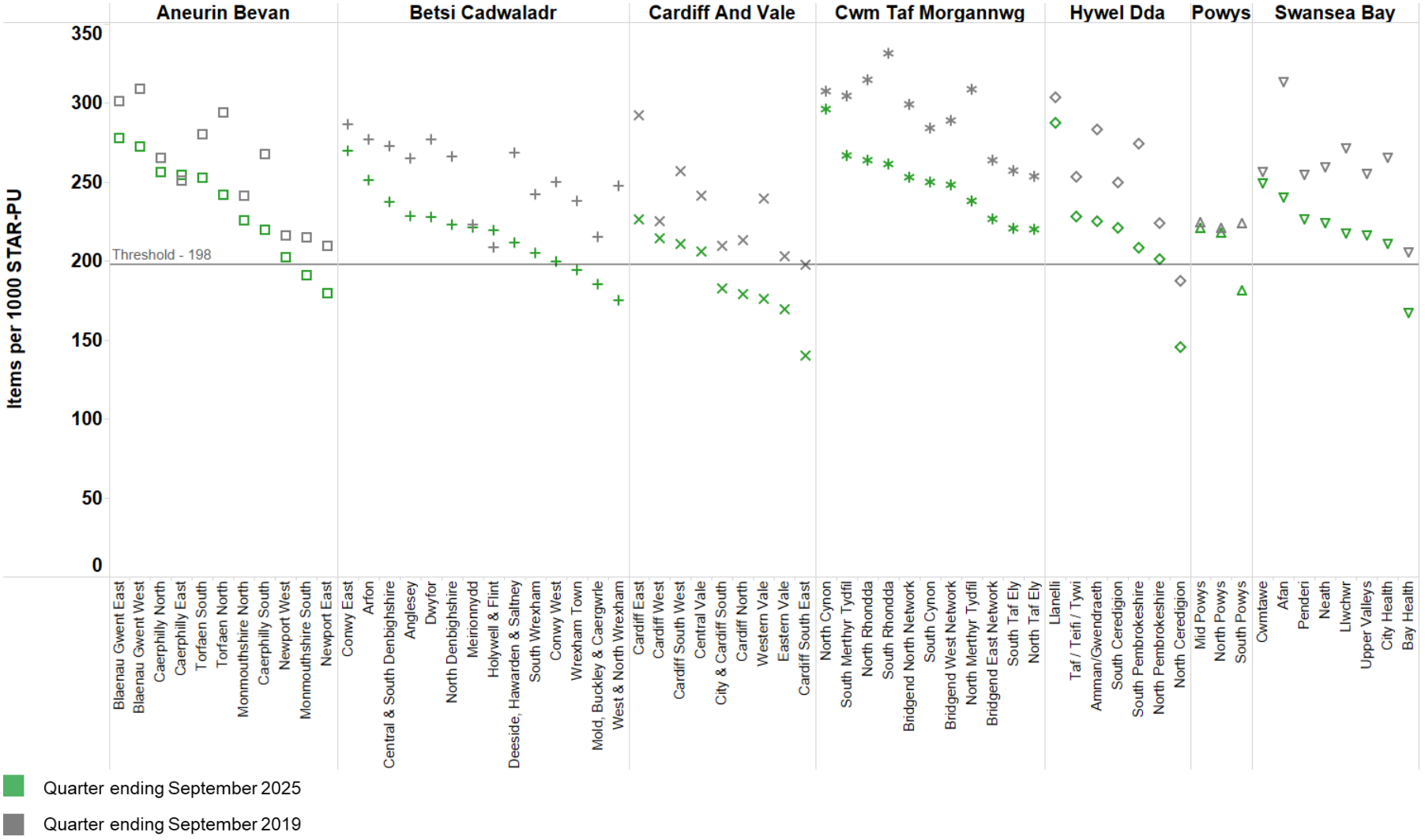


Figure 6. 4C antimicrobial prescribing – Quarter ending September 2025 versus quarter ending September 2024

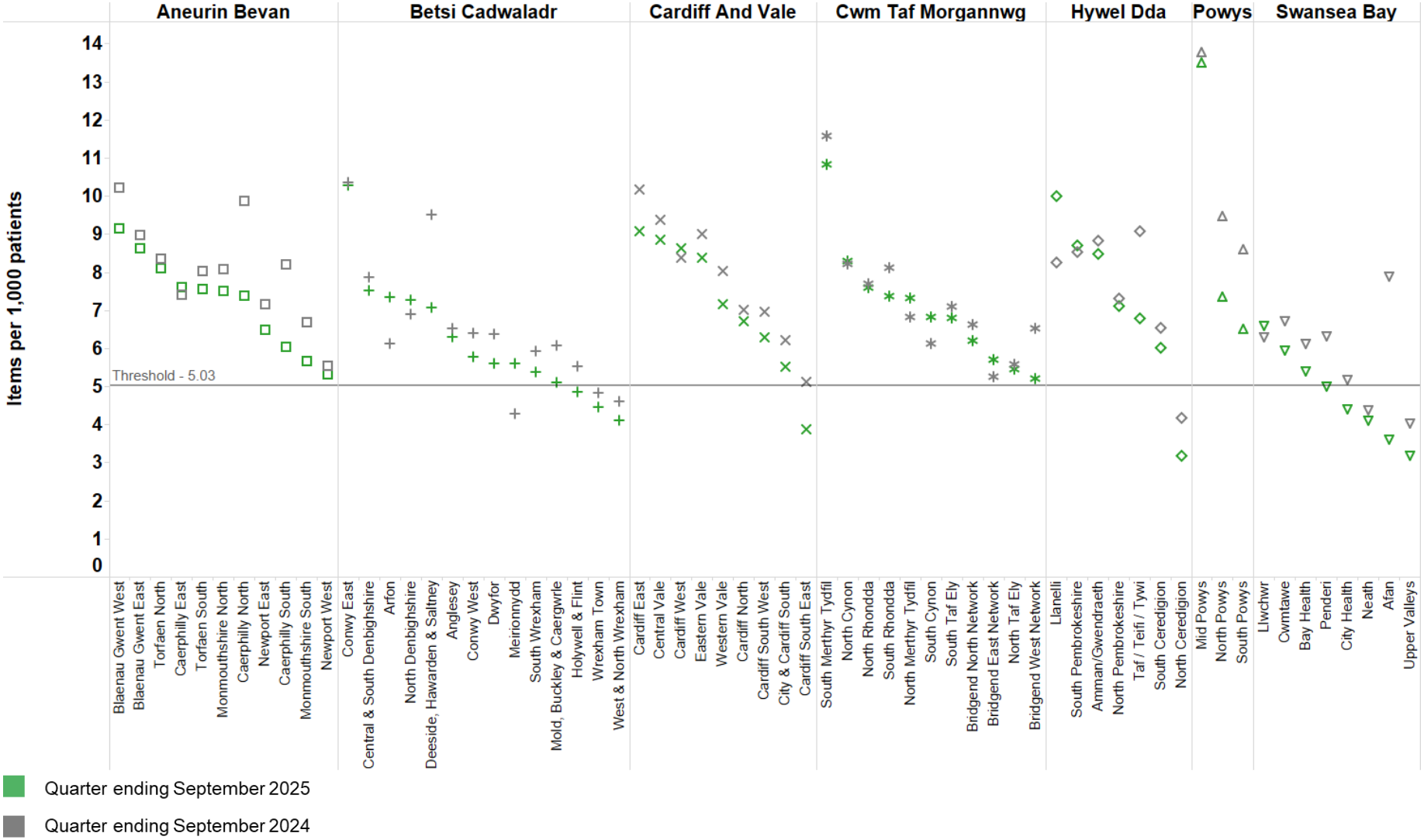


Figure 7. Amoxicillin 5-day course duration – Quarter ending September 2025 versus quarter ending September 2024

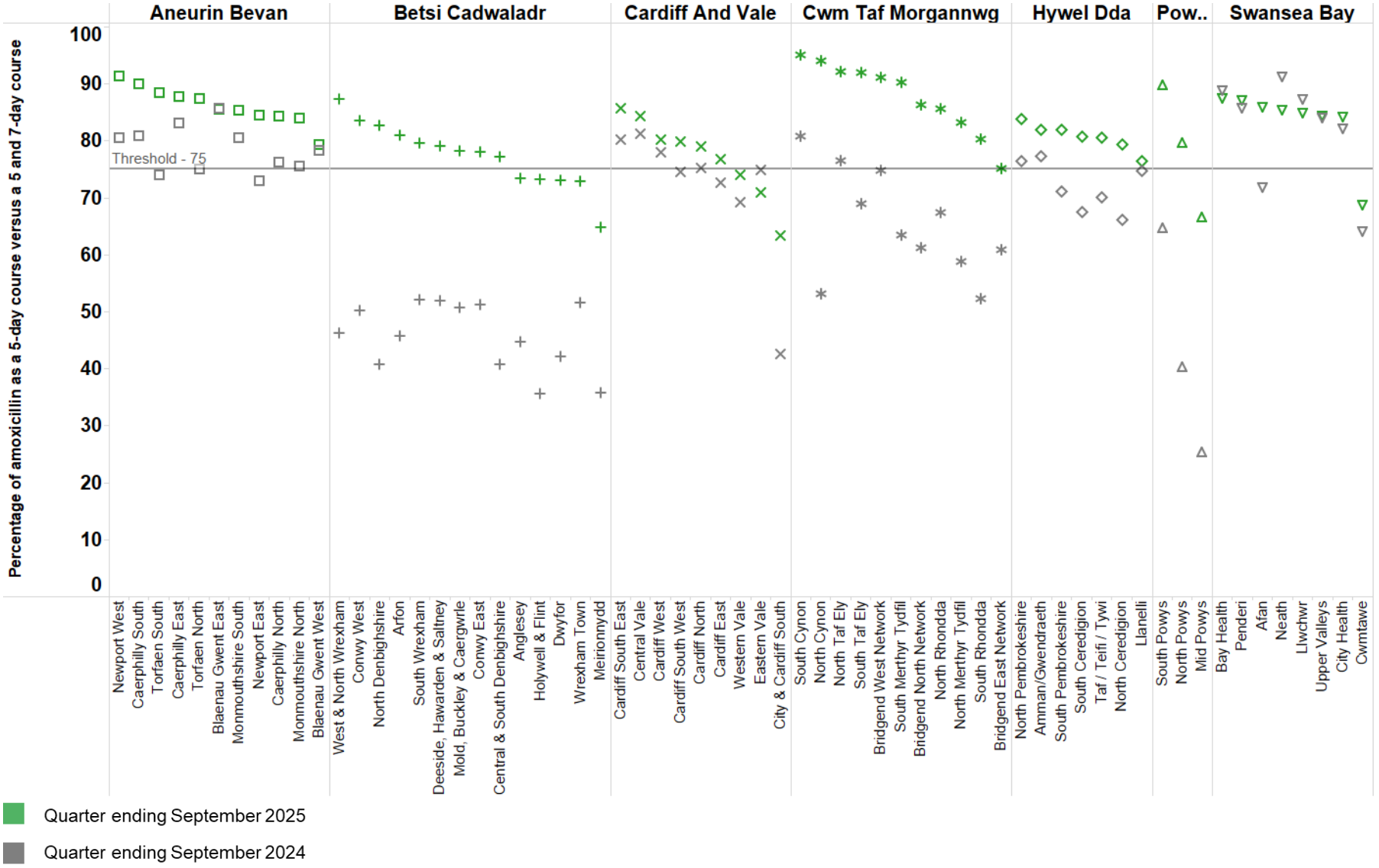


Figure 8. Doxycycline 5-day course duration – Quarter ending September 2025 versus quarter ending September 2024

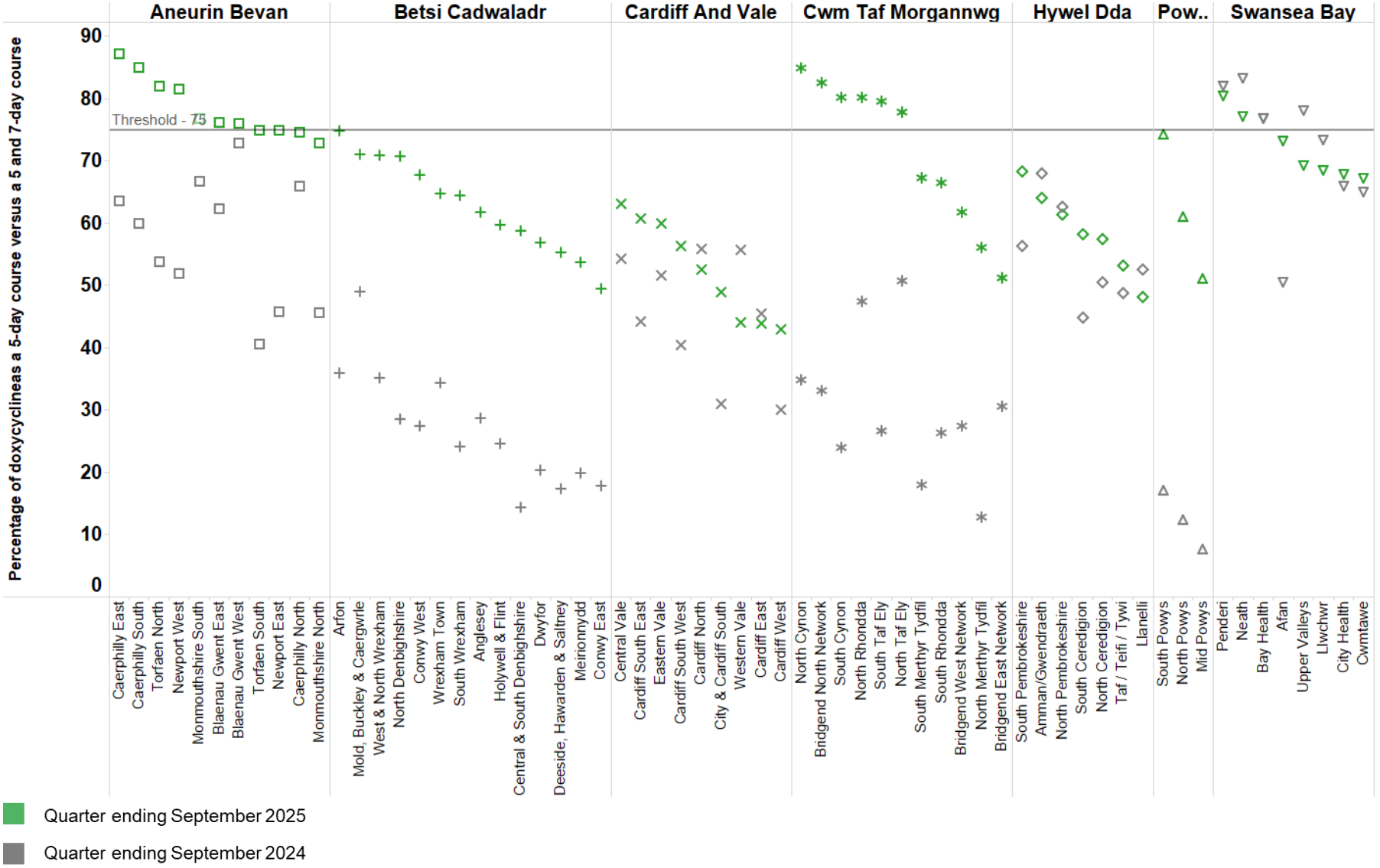


Figure 9. Clarithromycin 5-day course duration – Quarter ending September 2025 versus quarter ending September 2024

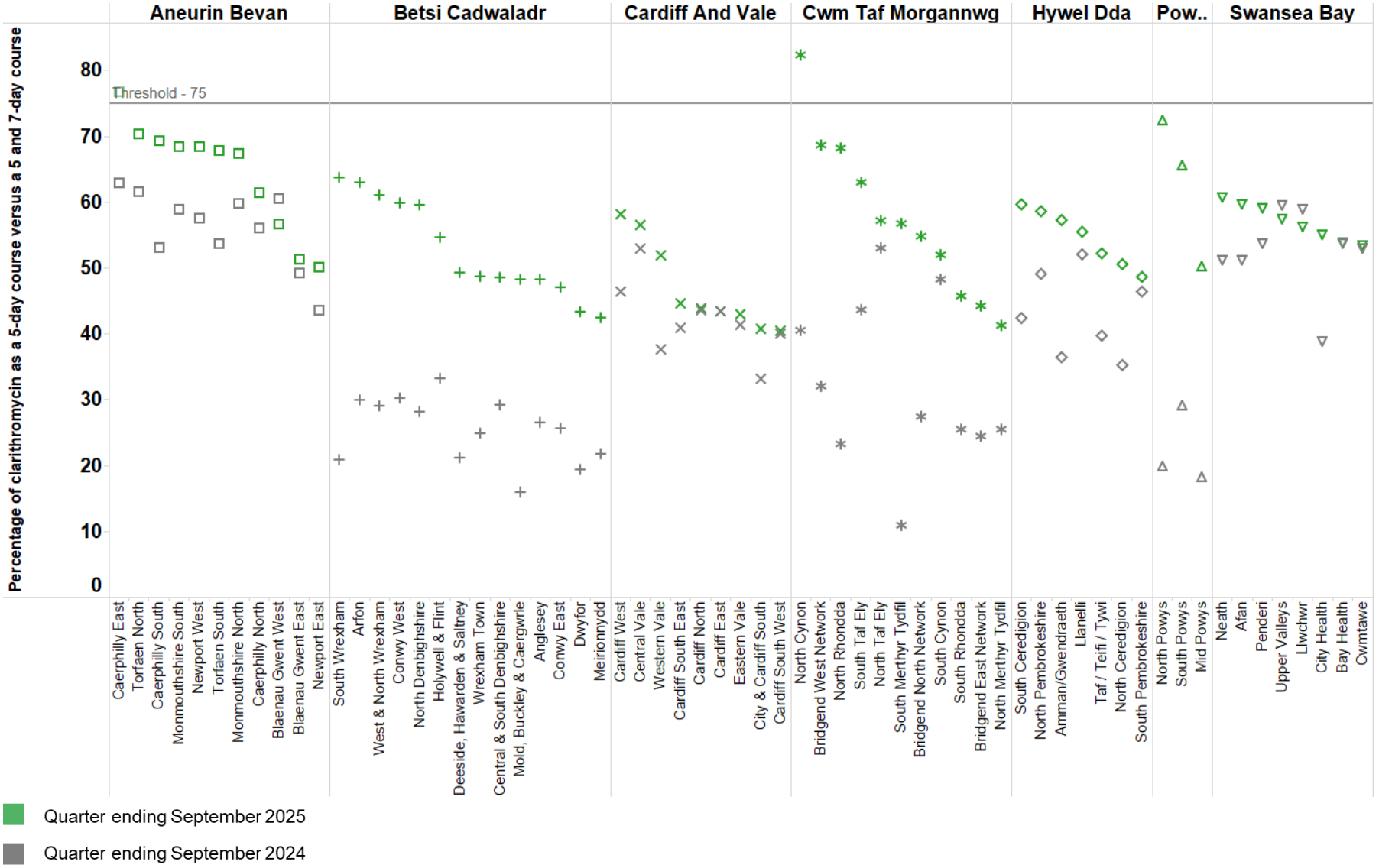


Figure 10. Decarbonisation of inhalers – Quarter ending September 2025 versus quarter ending September 2024

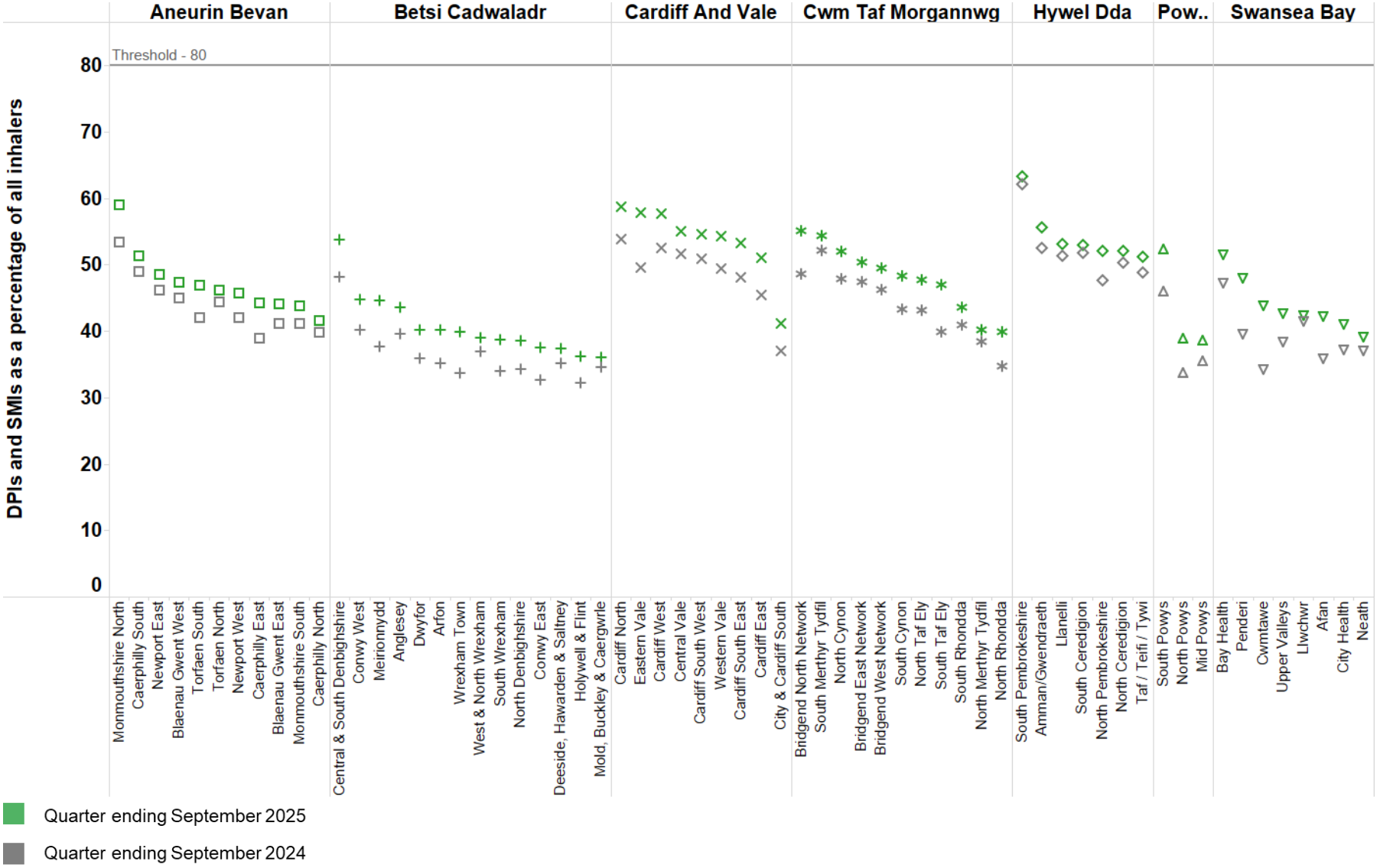


Figure 11. SABA inhalers – Quarter ending September 2025 versus quarter ending September 2024

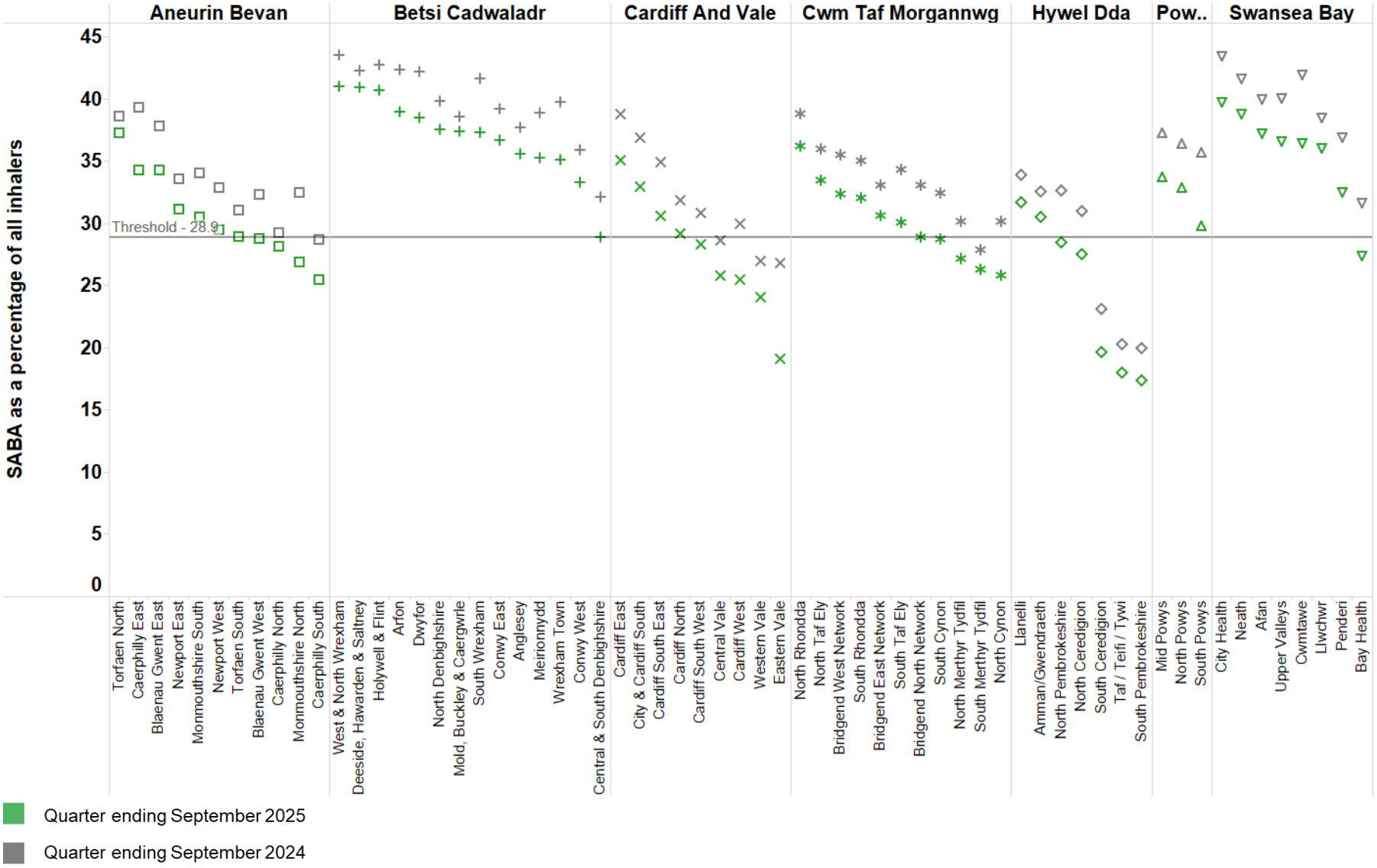


Figure 12. Hypnotic and anxiolytic prescribing – Quarter ending September 2025 versus quarter ending September 2024

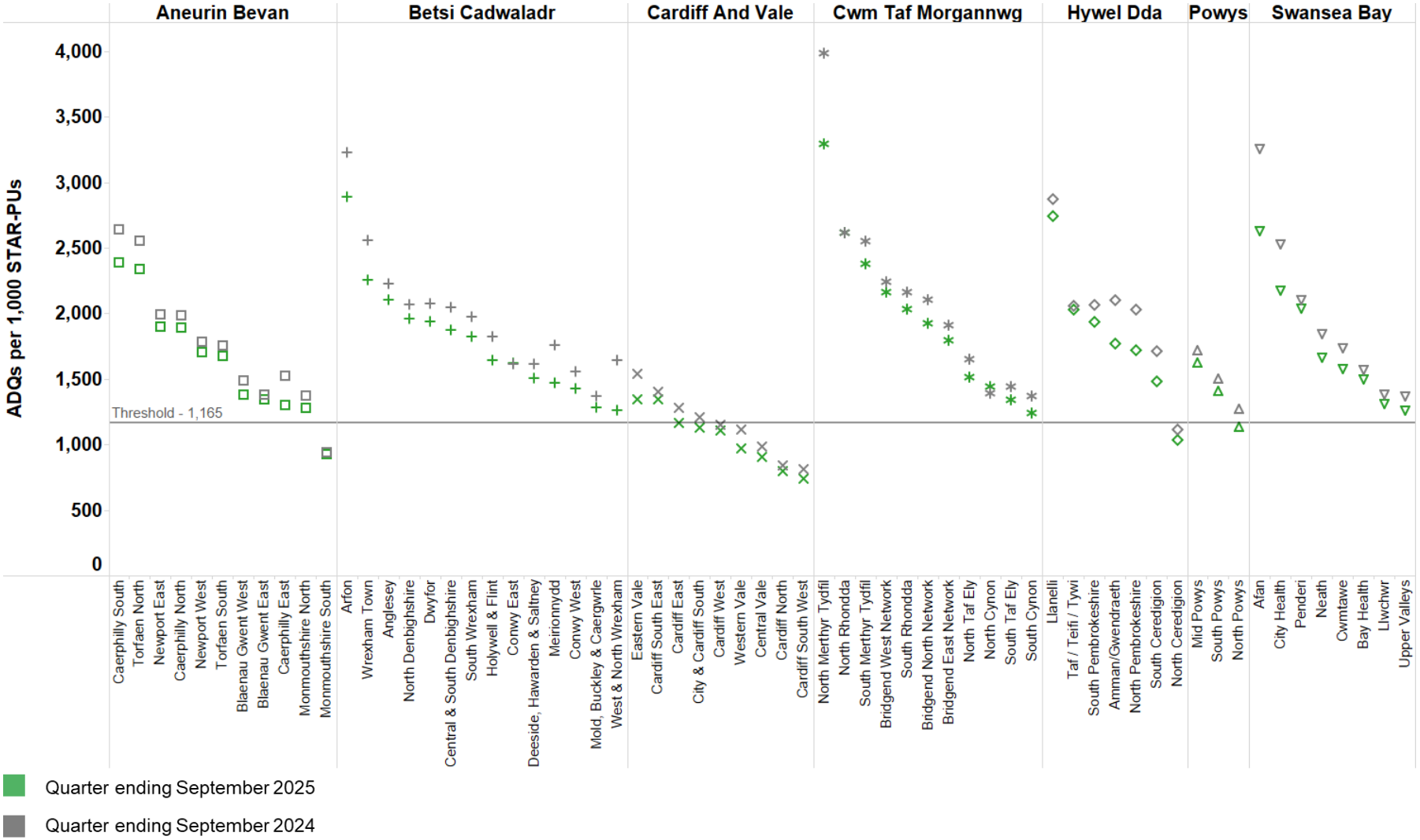


Figure 13. Low value for prescribing– September 2025 versus quarter ending September 2024