

Annual prescribing report 2019-2020



This report has been developed by:



Powys

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This logo is displayed alongside sections of the report where further data are available on the Server for Prescribing Information Reporting and Analysis (SPIRA). Find out more at awttc.org/spira

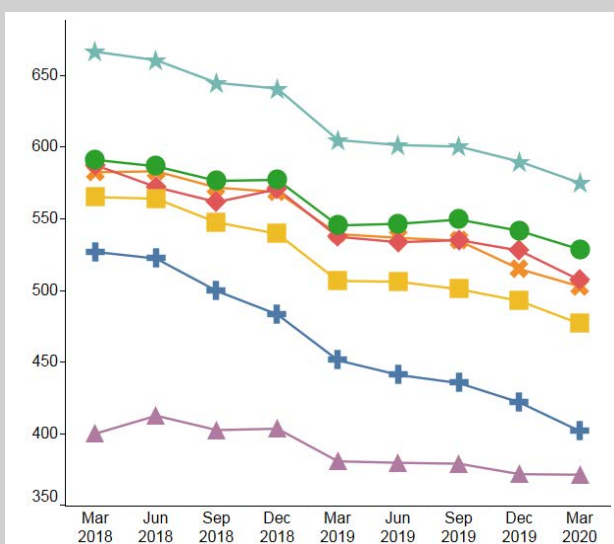
Primary care

Tramadol

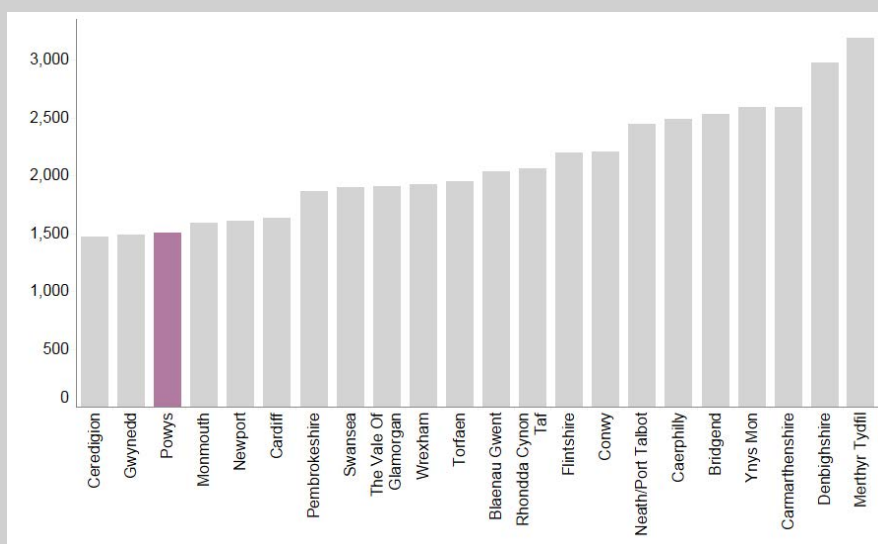


While there is a recognised place in pain management for tramadol, there are concerns regarding the risks associated with dependence, diversion, misuse and adverse drug reactions. The aim of this measure is to promote a prudent approach to prescribing tramadol, taking into account the risks and benefits, and to encourage timely review.

Tramadol prescribing (DDDs per 1,000 patients) - Quarterly trend up to March 2020



Tramadol prescribing (DDDs per 1,000 patients) - Locality data - Financial year 2019-2020



When compared with the previous year, Powys's performance **IMPROVED**

Tramadol prescribing decreased by **6.1%** in 2019-2020

Out of the 7 health boards, Powys is ranked:
 % change from last year : **6th** Current overall performance : **1st**

GLOSSARY

ADQs - average daily quantity - 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. ADQ is not a recommended dose but an analytical unit to compare prescribing activity.

DDDs - defined daily dose - a unit of measurement developed by the World Health Organization 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.

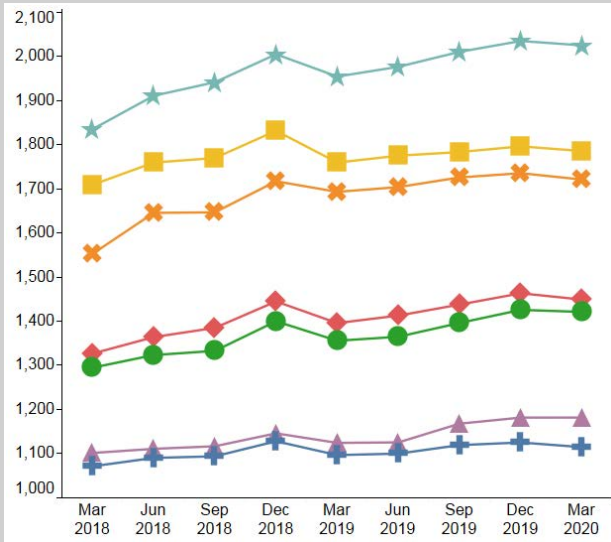
STAR-PUs - specific therapeutic group age-sex related prescribing units - designed to measure prescribing weighted for age and sex of patients. There are differences in the age and sex of patients for whom medicines in specific therapeutic groups are usually prescribed. To make such comparisons, STAR-PUs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

AEC - anticholinergic effect on cognition

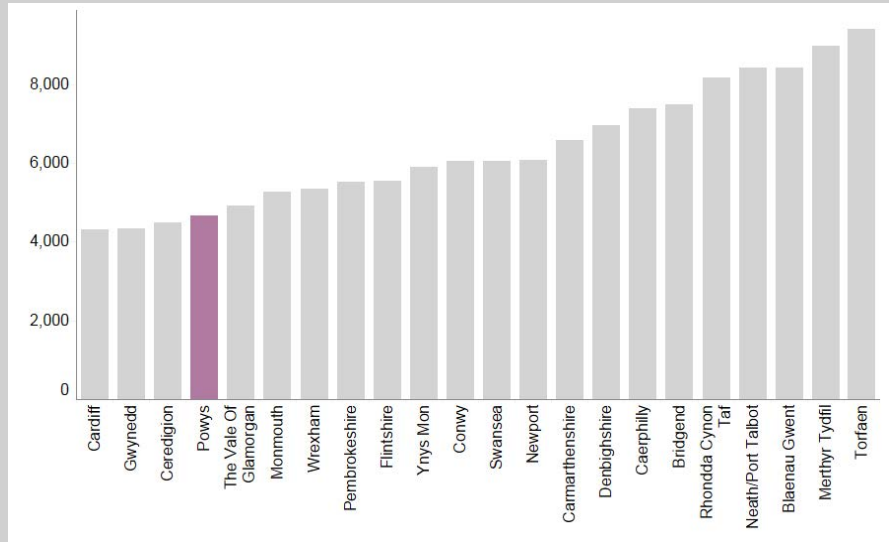


Both gabapentin and pregabalin have the propensity to cause depression of the central nervous system, and when used in combination with other depressants they can cause drowsiness, sedation, respiratory failure and death. The aim of this measure is to encourage the appropriate use and review of gabapentin and pregabalin in primary care, minimising the potential for dependence, diversion, misuse and adverse drug reactions.

Gabapentin and pregabalin (DDDs per 1,000 patients) - Quarterly trend up to March 2020



Gabapentin and pregabalin (DDDs per 1,000 patients) - Locality data - Financial year 2019-2020



When compared with the previous year, Powys's performance **DETERIORATED**

Gabapentin and pregabalin prescribing increased by **3.5%** in 2019-2020

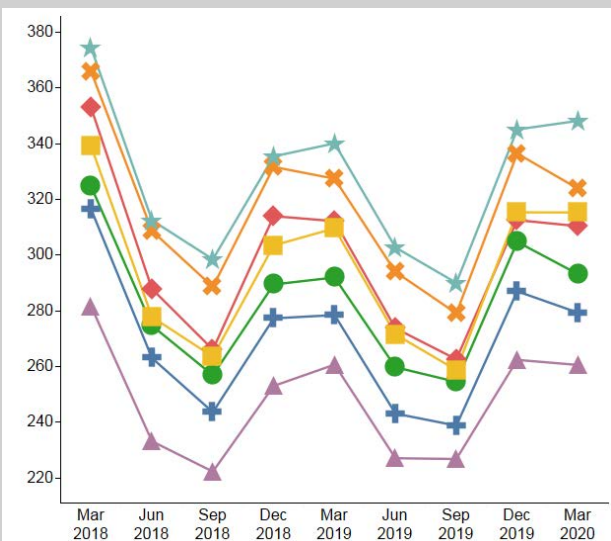


Out of the 7 health boards, Powys is ranked:
 % change from last year : **6th** Current overall performance : **2nd**

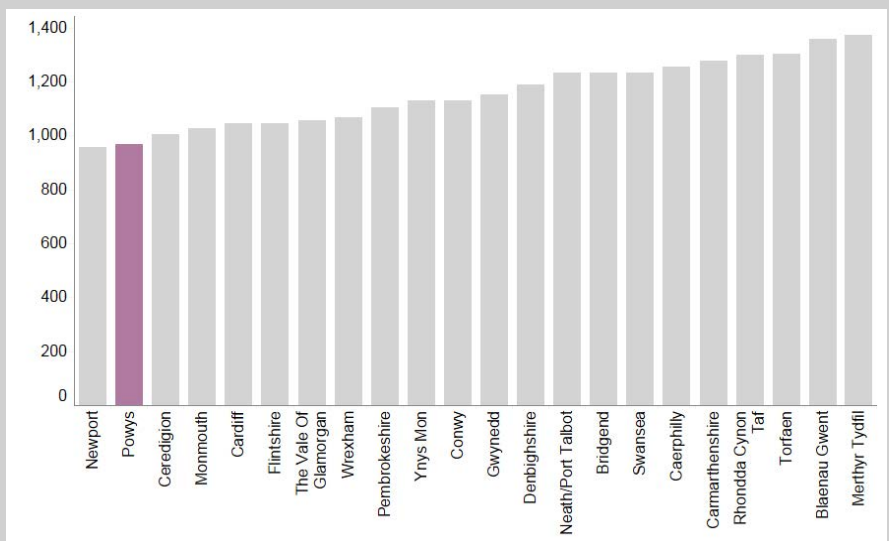


The widespread and often excessive use of antimicrobials is one of the main factors contributing to the increasing emergence of antimicrobial resistance. The aim of this measure is to encourage the appropriate prescribing of all antibiotics in primary care.

Total antibiotic prescribing (items per 1,000 STAR-PU's) - Quarterly trend up to March 2020



Total antibiotic prescribing (items per 1,000 STAR-PU's) - Locality data - Financial year 2019-2020



When compared with the previous year, Powys's performance **DETERIORATED**

Total antibiotic prescribing increased by **0.8%** in 2019-2020

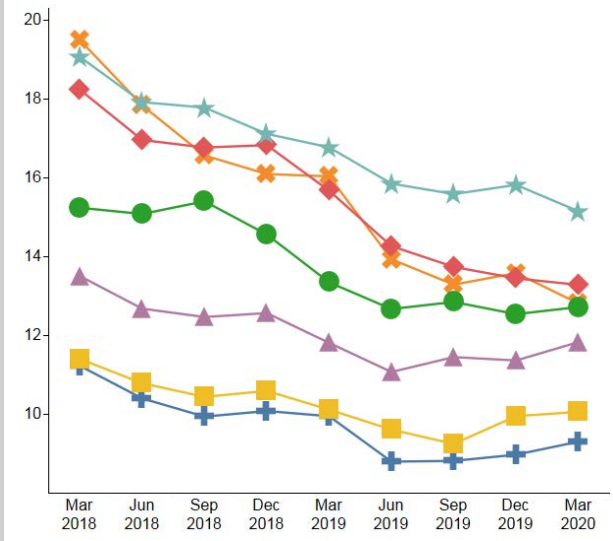


Out of the 7 health boards, Powys is ranked:
 % change from last year : **7th** Current overall performance : **1st**

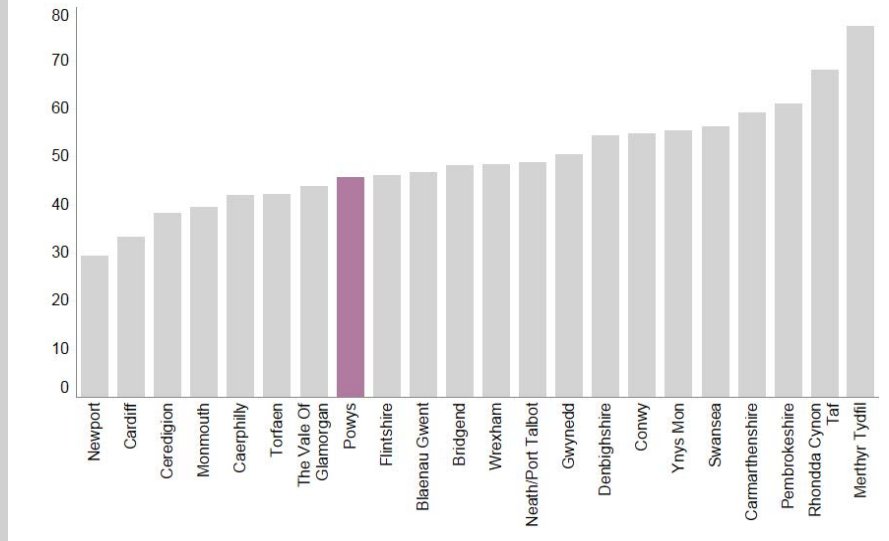


The use of the broad spectrum antibiotics known as 4C antimicrobials (co-amoxiclav, cephalosporins, clindamycin and fluoroquinolones) when narrow spectrum antibiotics remain effective increases the risk of healthcare associated infections (e.g. *Clostridioides difficile*, methicillin-resistant *Staphylococcus aureus* and resistant urinary tract infections). The aim of this measure is to reduce variation and overall prescribing of 4C antimicrobials in primary care.

4C antimicrobial prescribing (items per 1,000 patients) - Quarterly trend up to March 2020



4C antimicrobial prescribing (items per 1,000 patients) - Locality data - Financial year 2019-2020



When compared with the previous year, Powys's performance **IMPROVED**

4C antimicrobial prescribing decreased by **7.7%** in 2019-2020

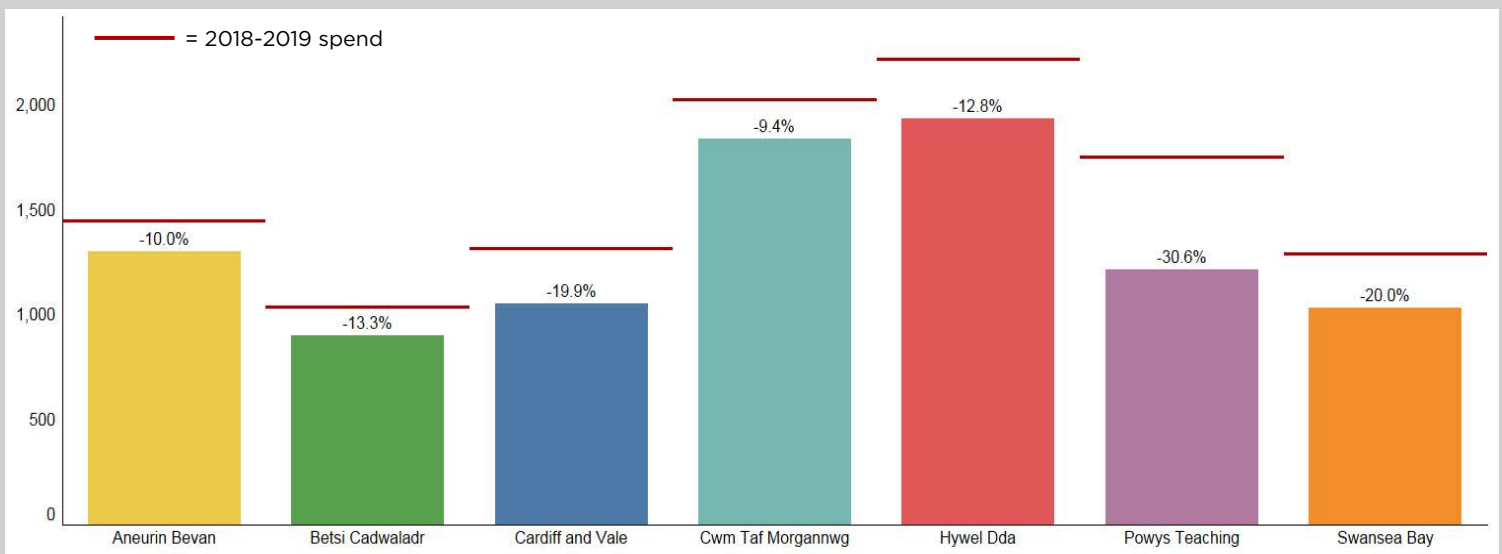


Out of the 7 health boards, Powys is ranked:
 % change from last year : **6th** Current overall performance : **3rd**



A series of 'Low value for prescribing' papers endorsed by the All Wales Medicines Strategy Group recommend decreased prescribing of a range of items considered as not suitable for routine prescribing; whether they are items of low clinical effectiveness or items where more cost-effective alternatives are available. The data below displays the difference in spend (per 1,000 patients) on items listed within Paper 1 and Paper 2 of this series.

Differences in spend (£ per 1,000 patients) between financial years 2018-2019 and 2019-2020



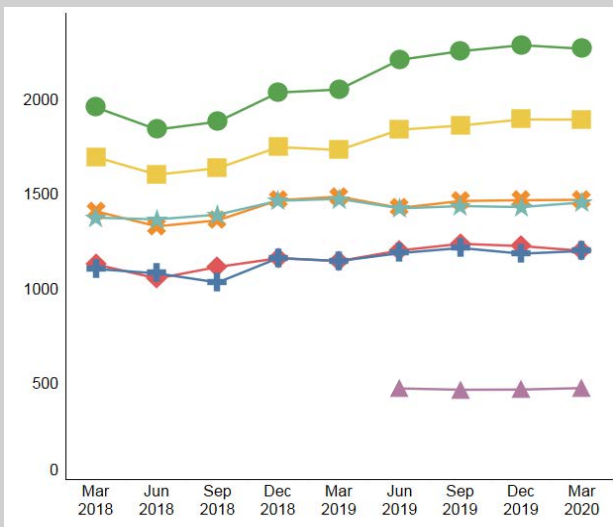
Powys achieved a decrease in spend on items of **30.6%** in 2019-2020

Out of the 7 health boards, Powys is ranked:
 % reduction in spend in 2019-2020 : **1st** total spend per 1,000 patients : **4th**

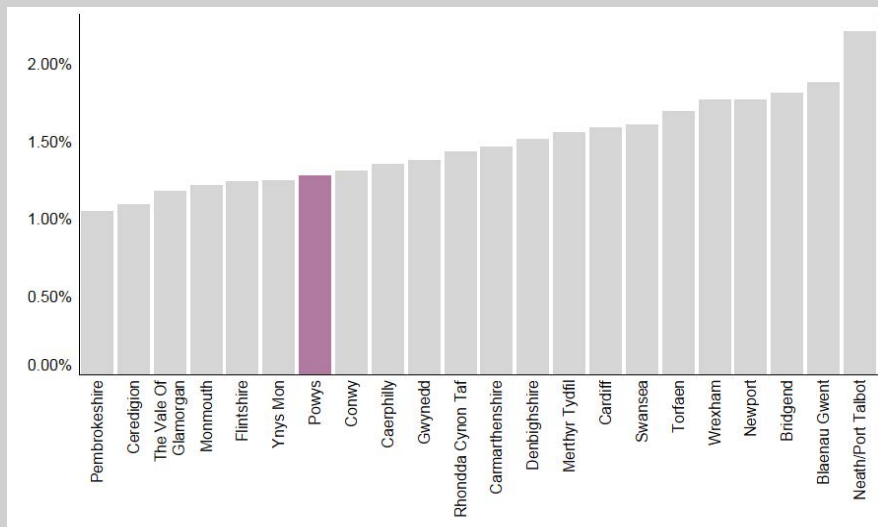


Antipsychotics should be avoided in patients with dementia unless the person is at risk of harming themselves or others, or experiencing agitation, hallucinations or delusions that are causing them severe distress. Patients identified by this indicator should be reviewed and/or monitored as appropriate.

Number of patients ≥ 65 years old prescribed an antipsychotic - Quarterly trend up to March 2020[†]



Number of patients ≥ 65 years old prescribed an antipsychotic as a percentage of all patients ≥ 65 years old - Locality data - Quarter ending March 2020



Comparing number of patients identified, quarters March 2020 vs June 2019[†]

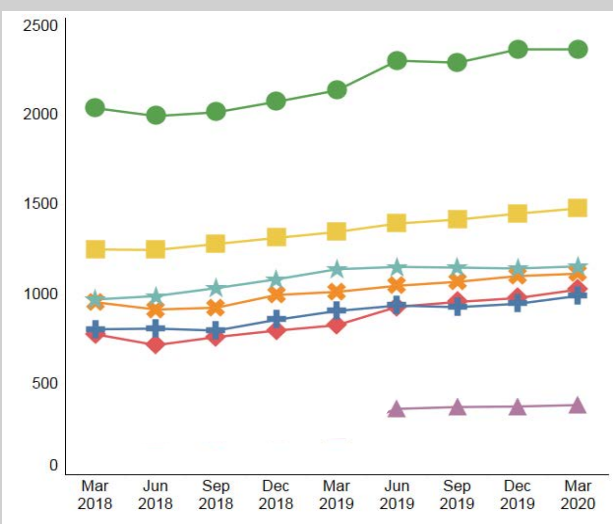
Powys's performance **DETERIORATED**

Number of patients identified increased by **0.4%** ↑

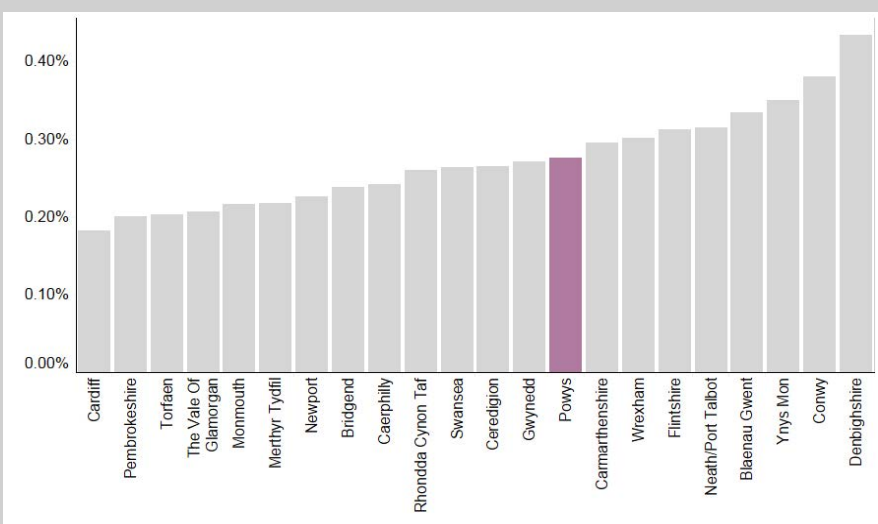


Beta-blockers should be avoided in patients with asthma due to the potential to precipitate bronchospasm. Patients identified by this indicator should be reviewed and/or monitored as appropriate.

Number of patients with asthma prescribed a beta-blocker - Quarterly trend up to March 2020[†]



Number of patients with asthma prescribed a beta-blocker as a percentage of patients with asthma - Locality data - Quarter ending March 2020



Comparing number of patients identified, quarters March 2020 vs June 2019[†]

Powys's performance **DETERIORATED**

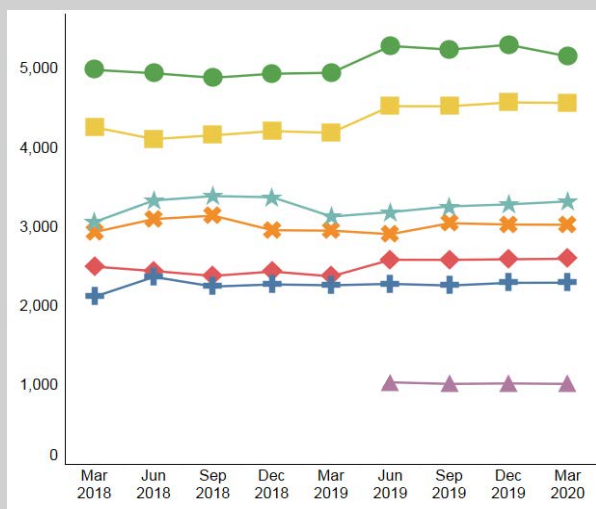
Number of patients identified increased by **5.7%** ↑

* Patient Safety Indicators will not pick up instances where a patient has been reviewed and prescribing has been found to be appropriate.
[†] 2018-2019 Powys reporting has been omitted due to technical difficulties with data extraction from one GP practice. For this reason, change in performance is shown relative to June 2019 and Powys has been omitted from the health board rankings for this Patient Safety Indicator.

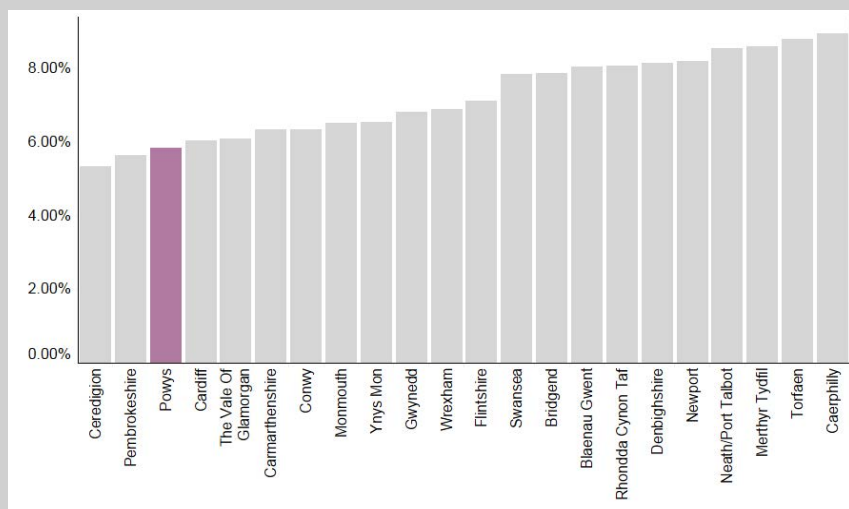


Risk of adverse clinical outcomes in older people prescribed anticholinergic medications increases with increasing anticholinergic exposure. Patients identified by this indicator should be reviewed for a possible reduction in anticholinergic burden; helping to minimise potential medication-related risks.

Number of patients ≥ 75 years old with an AEC score of ≥ 3 for items on active repeat - Quarterly trend up to March 2020[†]



Number of patients ≥ 75 years old with an AEC score of ≥ 3 for items on active repeat as a percentage of patients ≥ 75 years old - Locality data - Quarter ending March 2020



Comparing number of patients identified, quarters March 2020 vs June 2019[†]

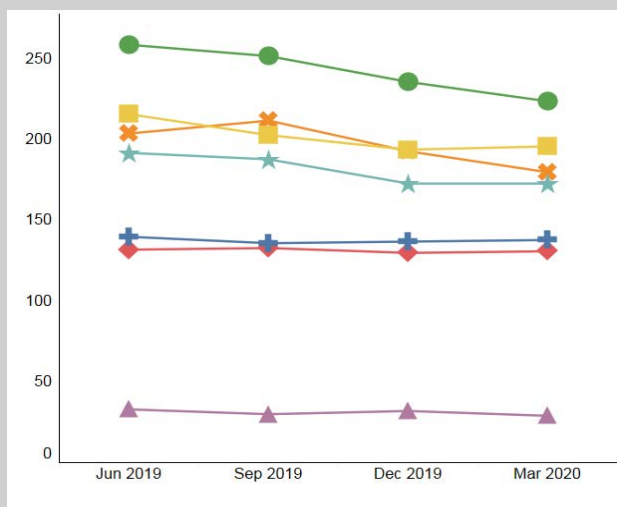
Powys's performance **IMPROVED**

Number of patients identified decreased by **1.9%**

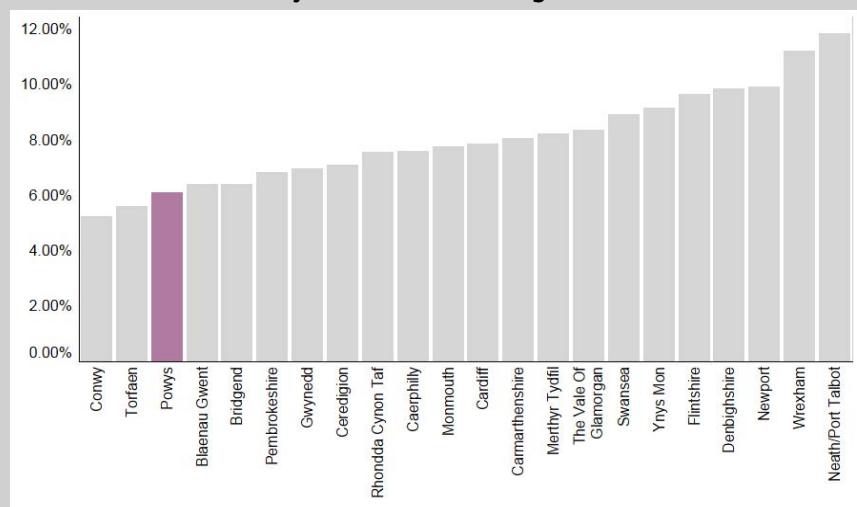


Due to the high risk of malformations and developmental problems associated with exposure of babies to valproate medicines, they must no longer be used in women or girls able to have children unless they have a Pregnancy Prevention Programme in place. Patients identified by this indicator should be reviewed.

Number of female patients aged 14–45 years old with a prescription for sodium valproate - Quarterly trend up to March 2020



Number of female patients aged 14–45 years old with a prescription for sodium valproate as a percentage of female patients aged 14–45 years old - Locality data - Quarter ending March 2020



Comparing number of patients identified, quarters March 2020 vs June 2019

Powys's performance **IMPROVED**

Number of patients identified decreased by **12.1%**

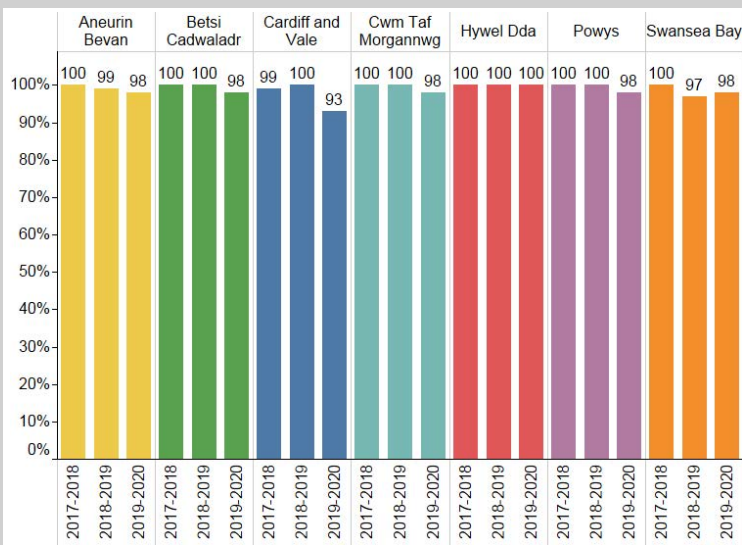
Comparing number of patients as a % of female patients aged 14–45 years old, quarters March 2020 vs June 2019

Out of the 7 health boards, Powys is ranked:
% change from March 2019 : **1st** Current overall performance : **1st**

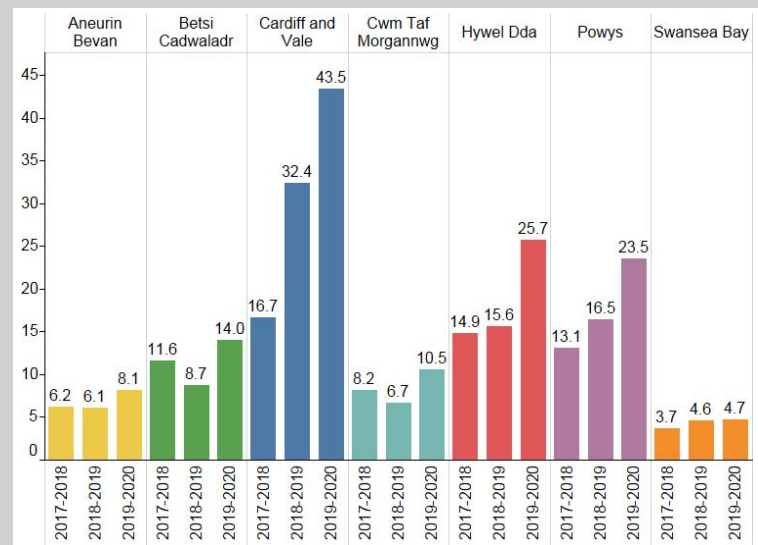
* Patient Safety Indicators will not pick up instances where a patient has been reviewed and prescribing has been found to be appropriate.
† 2018-2019 Powys reporting has been omitted due to technical difficulties with data extraction from one GP practice. For this reason, change in performance is shown relative to June 2019 and Powys has been omitted from the health board rankings for this Patient Safety Indicator.

The New Treatment Fund requires the seven health boards to make recommended medicines available as soon as is reasonably practicable and certainly within 60 days of AWMSG/NICE approval. The data below displays the proportion of medicines made available on formulary within 60 days and the average time (in days) until their inclusion, following AWMSG/NICE approval.

Percentage of medicines on formulary within 60 days



Average time (days) to inclusion of medicines on formulary



Out of the 7 health boards, Powys is ranked:

% of medicines on formulary within 60 days : **2nd**
in 2019-2020

Average time to inclusion of medicines on formulary : **5th**
in 2019-2020

FIND OUT MORE...

National Prescribing Indicators 2020-2021
Supporting Safe and Optimised Prescribing
February 2020

National Prescribing Indicators

National Prescribing Indicators (NPIs) are developed annually to promote rational prescribing and reduction in variation, balancing both quality and cost. The indicators are evidence-based and are designed to be clear and applicable at practice level.

Tramadol, gabapentin and pregabalin, total antibiotic prescribing, 4C antimicrobial items, low value for prescribing and the Patient Safety Indicators are all monitored as part of the NPIs for 2019-2020. The full list of NPIs have been organised into three priority areas as well as additional safety and efficiency domains.

Full details of the NPIs for 2020-2021 are available at AWMSG.nhs.wales

Medicines Identified as Low Priority for Funding in NHS Wales
October 2017

Low value for prescribing

Read *Items Identified as Low Value for Prescribing in NHS Wales* (Papers 1, 2 and 3), for more information on the items included and the rationale for their inclusion.

Read the papers at AWMSG.nhs.wales

New Treatment Fund
Medicines Recommended by NICE and AWMSG: Health Board Formulary Status
Pages 1, January 2019 to 31 December 2019

New Treatment Fund

Read the latest report compiled by AWTTTC for more information on the New Treatment Fund and more detailed statistics on time elapsed until formulary inclusion following AWMSG/NICE approval for individual medicines.

Read the New Treatment Fund report at AWMSG.nhs.wales