



AGENDA ITEM

3.2.5

QUALITY & SAFETY COMMITTEE

NATIONAL PRESCRIBING INDICATOR (NPI) REPORT

Date of meeting

22/11/2021

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Brian Hawkins – Chief Pharmacist
Medicines Governance

Presented by

Executive Medical Director

Approving Executive Sponsor

Executive Medical Director

Report purpose

FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals

Date

Outcome

(Insert Name)

(DD/MM/YYYY)

Choose an item.

ACRONYMS

CTMUHB Cwm Taf Morgannwg University Health Board

AWMSG All Wales Medicines Strategy Group

PPI Proton Pump Inhibitors

NPI National Performance Indicators

1. SITUATION/BACKGROUND

- 1.1 The All Wales Medicines Strategy Group (AWMSG) has endorsed the National Prescribing Indicators (NPI's) as a means of promoting safe and cost-effective prescribing since 2003. The National Prescribing Indicators: Supporting Safe and Optimised Prescribing were

refreshed for 2020-2021 with a focus on three priority areas, supported by additional safety and efficiency domains. Due to the workload pressures across NHS Wales during the COVID-19 pandemic, the NPIs for 2020-2021 were then carried forward into 2021-2022. Health board performance and analysis against these indicators is published by the All Wales Therapeutics & Toxicology Centre (AWTTC) on a quarterly basis. This report highlights Cwm Taf Morgannwg University Health Board's performance June 2021 vs June 2020.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 There are 12 measurable targets within the NPI's, CTMUHB has achieved the specified target in 9 of the 12 clinical areas identified. Further details can be found in appendix 1. There are three areas where the health board is not achieving the target. These are:

- Opioid burden
- Gabapentin & Pregabalin prescribing
- Proton pump inhibitor (PPI) prescribing

Opioid burden & gabapentin / pregabalin prescribing

Medicines management have recruited a Specialist Primary Care Pain Pharmacist (May 2020). This staff member is working with GP and secondary care clinical colleagues to develop pathways and a Multi-Disciplinary approach to pain management and prescribing across the Health Board. This will help support improvement plans against the Opioid and Gabapentin/Pregabalin NPI's. Improvement in these areas needs to be part of a long term, multidisciplinary approach to pain management. Management of pain forms part of the new primary care prescribing management scheme for 2021-22.

Proton pump inhibitors

PPI prescribing has increased across all of Wales. In part this may be due to shortages in other therapeutic alternatives. This will form part of the work plan in primary care in 2022-23.

In the clinical areas where the health board meets the NPI targets, we are continuing to work with colleagues to further improve performance.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Long-term improvement in all NPI clinical areas (especially pain management and antimicrobial stewardship) will need ongoing resource to ensure sustainability of multi-disciplinary improvement plans.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Effective Care If more than one Healthcare Standard applies please list below: Safe care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. Not applicable
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) In order to meet national improvement targets and improve performance against NPI's. The health board may have to invest additional resource to ensure sustainability of improvement plans. Improving prescribing performance against the NPI's could have a financial benefit if prescribing costs and volume are reduced.
Link to Strategic Goals	Improving Health

5. RECOMMENDATION

5.1 The committee are asked to **NOTE** the report

APPENDIX 1

National prescribing indicator 2021-22 (NPI) report: Cwm Taf Morgannwg University Health Board.

Indicator	Applicable to / data source	Target met	comment
1. PRIORITY AREAS			
ANALGESICS			
a. Opioid burden <u>Measure:</u> ADQ / 1000 patients <u>Target:</u> Maintain performance levels within the lower quartile, or show a reduction towards the quartile below.	Primary care	NO	CTM is the highest prescriber of opioids in Wales. There was an increase in prescribing of +0.23% in qtr. 1 2021 vs qtr1 2020. The national increase was 1.83%. The health board appointed a specialist primary care pain pharmacist in May 2020. This pharmacist is currently working with clinicians in primary & secondary care to develop pathways and strategies for improving opioid prescribing across the health board. Ongoing Investment in pain services is essential. Management of opioid prescribing has been included in the health board primary care prescribing incentive scheme for 2021-22
b. Tramadol <u>Measure:</u> DDD/1000 patients <u>Target:</u> Maintain performance levels within the lower quartile, or show a reduction towards the quartile below	Primary care	YES	CTM is the highest prescriber of tramadol in Wales. There was a decrease in prescribing of -4.90% in qtr1 2021 vs qr1 2020. The national change was -5.24%. The health board appointed a specialist primary care pain pharmacist in May 2020. This pharmacist is currently working with clinicians in primary & secondary care to develop pathways and strategies for improving tramadol prescribing across the health board. Ongoing Investment in pain services is essential. Management of tramadol prescribing has been



<p>Gabapentin & Pregabalin (DDD/1000 pts) <u>Measure</u>: DDD/1000 patients</p> <p><u>Target</u>: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</p>	Primary care	NO	<p>included in the health board primary care prescribing incentive scheme for 2021-22.</p> <p>CTM is the highest prescriber of gabapentin & pregabalin in Wales. There was an increase in prescribing of +0.86% in Qtr. 1 2021 vs Qtr. 1 2020. The national increase was 1.34%. The health board appointed a specialist primary care pain pharmacist in May 2020. This pharmacist is currently working with clinicians in primary & secondary care to develop pathways and strategies for improving prescribing in this area across the health board. Ongoing Investment in pain services is essential. Management of prescribing has been included in the health board primary care prescribing incentive scheme for 2021-22</p>
<p>ANTICOAGULANTS IN PRIMARY CARE <u>Measure</u>: Number of patients who have a CHA2DS2-VASc score of two or more who are currently prescribed an anticoagulant as a percentage of all patients diagnosed with AF.</p> <p><u>Target</u>: to increase the number of patients with AF and a CHA2DS2-VASC score of 2 or more prescribed an anticoagulant.</p>	<p>Primary care</p> <p>Primary care</p>	<p></p> <p>YES</p>	<p>Data not available via national data sources (WAPSU)</p>



<p><u>Measure</u>: Number of patients who are currently prescribed an anticoagulant and have received an anticoagulant review within the last 12 months, as a percentage of all patients diagnosed with AF who are prescribed an anticoagulant.</p> <p><u>Target</u>: To increase the number of patients who are prescribed an anticoagulant and have received an anticoagulant review within the last 12 months</p> <p><u>Measure</u>: Number of patients who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with AF.</p> <p><u>Target</u>: to reduce the number of patients with AF prescribed antiplatelet monotherapy</p>	Primary care	YES	<p>The health board currently has 47.9% of patients meeting this indicator; this is an increase of 2.5% from the same period in 2020. The national average is 43.3%. Anticoagulant clinics in primary care are supported by cluster pharmacists.</p> <p>CTM currently scores 5.32% when measured against this indicator; this is an absolute decrease of 0.59% from the comparator period.</p> <p>The national average is 4.29%.</p>
<p>ANTIMICROBIAL STEWARDSHIP</p> <p>a. total antibacterial items</p> <p><u>Measure</u>: items per 1,000 STAR-PUs</p>	Primary care	YES	<p>CTM is the highest prescriber of antibacterials in Wales. There was a decrease in prescribing of -15.4% in Qtr1 2021 vs Qtr1 2020. The national change was -15.8%.</p>



<p><u>Target:</u> Health board target: a quarterly reduction of 5% against a baseline of April 2019–March 2020.</p> <p>b. 4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin)</p> <p><u>Measure:</u> items per 1,000 patients</p> <p><u>Target:</u> A quarterly reduction of 10% against a baseline of April 2019–March 2020.</p>	Primary care	YES	<p>The health board has only one specialist antimicrobial pharmacist. Ongoing Investment in antimicrobial services is essential. Management of antimicrobial prescribing has been included in the health board primary care prescribing incentive scheme for 2021-22</p> <p>CTM is the highest prescriber of "4C" antibacterials in Wales. There was a decrease in prescribing of -23.2% in qtr. 1 2021 vs qtr. 1 2020. The national change was -14.3%.</p> <p>The health board has only one specialist antimicrobial pharmacist. Ongoing Investment in antimicrobial services is essential. Management of antimicrobial prescribing has been included in the health board primary care prescribing incentive scheme for 2021-22.</p>
2. SAFETY			
<p>a. Proton pump inhibitors (PPI's)</p> <p><u>Measure:</u> DDDs per 1,000 PUs</p> <p><u>Target:</u> Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</p>	Primary care	NO	<p>CTM is the highest prescriber of PPI's in Wales. There was an increase in prescribing of 2.86% in qtr1 2021 vs qr1 2020. The national change was 4.17%. This may have been in part due to national supplies issues with alternative products for the management of GI problems.</p> <p>PPI prescribing will be part of the medicines prescribing work plan for 2022-23.</p>
<p>b. Hypnotics & anxiolytics (H&A)</p> <p><u>Measure:</u> ADQs per 1,000 STAR-Pus</p>	Primary care	YES	<p>CTM is the highest prescriber of H&As in Wales. There was a decrease in prescribing of -8.32% in qtr.1 2021 vs qtr.1 2020. The national change was -7.54%</p> <p>The health board appointed a specialist primary care mental health pharmacist in July 2020. This pharmacist is currently</p>



Target: Maintain performance levels within the lower quartile, or show a reduction towards the quartile below			working with clinicians in primary & secondary care to develop pathways and strategies for improving prescribing in this area across the health board. Management of prescribing in this area has been included in the health board primary care prescribing incentive scheme for 2021-22
Yellow cards Number of Yellow Cards submitted per GP practice, per hospital, per health board and by members of the public. Number of Yellow Cards submitted by community pharmacies, by health board Target: To increase reporting	Health board wide	YES	The number of yellow cards reported in CTM has increased in all areas
3. EFFICIENCY INDICATORS			
a. Best value biological medicines <u>Measure:</u> Quantity of best value biological medicines prescribed as a percentage of total 'biosimilar' plus 'reference' product Target: Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.	Primary & Secondary care		Data not available via national data sources (WAPSU)
b. Insulin		YES	Secondary care data not available



<p><u>Measure:</u> Items/number of long-acting insulin analogues as a percentage of total long- and intermediate-acting insulin prescribed</p> <p><u>Target:</u> Reduce prescribing of long-acting insulin analogues and achieve prescribing levels below the Welsh average</p> <p>c. low value for prescribing</p> <p><u>Measure:</u> Low value for prescribing UDG spend per 1,000 patients</p> <p><u>Target:</u> Maintain performance levels within the lower quartile or show a reduction towards the quartile below</p>	<p>Primary & Secondary care</p> <p>Primary care</p>	<p>YES</p>	<p>CTM has the lowest % use of long acting insulin analogues in Wales. There was an increase of 0.38% vs the equivalent period in 2020.</p> <p>CTM has the highest spend of low clinical value medicines in Wales. There was a decrease of -4.83% vs the equivalent period in 2020. The national change was -4.08%. Management of prescribing in this area has been included in the health board primary care prescribing incentive scheme for 2021-22 and is part of the medicines management work plan.</p>
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