



**AGENDA ITEM**

3.2.5

**QUALITY & SAFETY COMMITTEE**

**NATIONAL PRESCRIBING INDICATOR (NPI) REPORT**

<b>Date of meeting</b>	22/11/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Brian Hawkins – Chief Pharmacist Medicines Governance
<b>Presented by</b>	Executive Medical Director
<b>Approving Executive Sponsor</b>	Executive Medical Director
<b>Report purpose</b>	FOR NOTING

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
(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

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Effective Care If more than one Healthcare Standard applies please list below: Safe care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	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.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	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.
<b>Link to Strategic Goals</b>	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
<b>1. PRIORITY AREAS</b>			
<b>ANALGESICS</b>			
<p><b>a. Opioid burden</b> <u>Measure:</u> ADQ / 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	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
<p><b>b. Tramadol</b> <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	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><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><b>ANTIMICROBIAL STEWARDSHIP</b></p> <p><b>a. total antibacterial items</b></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>b. 4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin)</b></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>	<p>Primary care</p>	<p>YES</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> <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>
<p><b>2. SAFETY</b></p>			
<p><b>a. Proton pump inhibitors (PPI’s)</b></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>	<p>Primary care</p>	<p>NO</p>	<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>b. Hypnotics &amp; anxiolytics (H&amp;A)</b></p> <p><u>Measure:</u> ADQs per 1,000 STAR-Pus</p>	<p>Primary care</p>	<p>YES</p>	<p>CTM is the highest prescriber of H&amp;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>



<p><u>Target:</u> Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</p>			<p>working with clinicians in primary &amp; 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</p>
<p><b>Yellow cards</b> 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</p> <p>Target: To increase reporting</p>	<p>Health board wide</p>	<p>YES</p>	<p>The number of yellow cards reported in CTM has increased in all areas</p>
<p><b>3. EFFICIENCY INDICATORS</b></p>			
<p><b>a. Best value biological medicines</b> <u>Measure:</u> Quantity of best value biological medicines prescribed as a percentage of total 'biosimilar' plus 'reference' product</p> <p>Target: Increase the appropriate use of cost-efficient biological medicines, including biosimilar medicines.</p> <p><b>b. Insulin</b></p>	<p>Primary &amp; Secondary care</p>	<p>YES</p>	<p>Data not available via national data sources (WAPSU)</p> <p>Secondary care data not available</p>

