

AGENDA ITEM

3.2.7

QUALITY & SAFETY COMMITTEE

NATIONAL PRESCRIBING INDICATOR (NPI) REPORT

Date of meeting

15/11/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

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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

LCV

Low clinical value

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 2021-22 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 2022 vs June 2021.

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

- 2.1 For 2021-2022 there are 13 measurable targets and CTM has achieved the specified target in 10 out of the 13 areas defined. Further details can be found in appendix one. There are 3 areas where CTM are not achieving the targets. They are:
- Gabapentin & Pregabalin prescribing
 - Proton pump inhibitor (PPI) prescribing
 - Insulin prescribing

2.1.1 Opioid burden, tramadol and 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, tramadol and Gabapentin/Pregabalin NPI's. There have been improvements made in opioid prescribing and tramadol prescribing (see appendix 1). Prescribing of gabapentinoids has increased. Improvement in these areas needs to be part of a long term, multidisciplinary approach to pain management. Management of pain forms part of the proposed new primary care prescribing management scheme for 2022-23 and will be a priority area for the HB wide prescribing performance group that is being established.

2.1.2 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.

2.1.3 Long acting insulin analogues

The health board has seen an increase in the prescribing of long acting insulin analogues. It should be noted that CTMUHB is historically the lowest prescribing health board in Wales.

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

- 3.1 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)
	This report outlines areas where the health board are achieving, and failing to achieve national agreed standards of safe and effective prescribing.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
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 no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications /	Yes (Include further detail below)



Impact	This report shows that investment into pharmacist posts to support safe and effective prescribing have had a positive impact. Further improvement will require further investment and development of specialist prescribing support teams. Details of this will be explored in the Medicines Management IMTP.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

The committee are asked to **NOTE** the contents of the report

Appendix 1

National Prescribing Indicator (NPI) Report 2022-2023: Cwm Taf Morgannwg UHB

Indicator	Applicable to / data source	Target met	comment
1. PRIORITY AREAS			
1.1 ANALGESICS			
1.1.1 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	YES	CTMUHB remains the highest prescriber of opioids in Wales. However, we have seen the second highest % decrease of prescribing of the HBs in Wales. There was a decrease in prescribing of 3.45% in quarter 4 2021/22 compared to quarter 4 2020/21. The national decrease was 1.69%. The health board appointed a specialist primary care pain pharmacist in May 2020. This pharmacist continues to work with clinicians in primary and 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 was included in the health board primary care prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.
1.1.2 Tramadol <u>Measure:</u> DDD/1000 patients	Primary care	YES	CTMUHB is the second highest prescriber of tramadol in Wales. There was a decrease in prescribing of 9.46% in quarter 4 2021/22 compared to quarter 4 2020/21 (again, the second highest decrease of all Welsh HBs). The national



<p><u>Target:</u> Maintain performance levels within the lower quartile, or show a reduction towards the quartile below</p> <p>1.1.3 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>change was -6.5%. The health board appointed a specialist primary care pain pharmacist in May 2020. This pharmacist continues to work with clinicians in primary and 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 was included in the health board primary care prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.</p> <p>CTMUHB is the highest prescriber of gabapentin and pregabalin in Wales. There was an increase in prescribing of 0.11% in quarter 4 2021/22 compared to quarter 4 2020/21. The national increase was 0.66%. The health board appointed a specialist primary care pain pharmacist in May 2020. This pharmacist is currently working with clinicians in primary and 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 gabapentinoid prescribing was included in the health board primary care prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.</p>
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1.2 ANTICOAGULANTS IN PRIMARY CARE <u>1.2.1 Measure:</u> Number of patients who have a CHA ₂ DS ₂ -VASc score of two or more who are currently prescribed an anticoagulant as a percentage of all patients diagnosed with AF. <u>Target:</u> to increase the number of patients with AF and a CHA ₂ DS ₂ -VASc score of 2 or more prescribed an anticoagulant. <u>1.2.2. 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. <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	Primary care		Currently 90.5% of patients in CTMUHB with a CHA ₂ DS ₂ -VASc score of 2 or more are prescribed anticoagulation. This is an increase from the previous. The overall Wales average is 91.1% so there is room for further improvement. This will be a priority area for the HB wide prescribing performance group that is being established.
	Primary care	YES	The health board currently has 56.7% of patients meeting this indicator; this is an increase of 12.2% from the same period in 2021. The national average is 53.7%. Anticoagulant clinics in primary care are supported by cluster pharmacists.



<p>1.2.3. Measure: Number of patients who are prescribed antiplatelet monotherapy, as a percentage of all patients diagnosed with AF.</p> <p>Target: to reduce the number of patients with AF prescribed antiplatelet monotherapy</p>	Primary care	YES	<p>CTMUHB currently scores 4.37% when measured against this indicator; this is an absolute decrease of 1.29% from the comparator period, with a relative reduction of 22.8% (average reduction across Wales is 16.95%).</p> <p>Whilst this is a strong performance, the national average is 3.67%, so there is still room for improvement.</p>
<p>1.3 ANTIMICROBIAL STEWARDSHIP</p> <p>1.3.1 Total antibacterial items Measure: items per 1,000 STAR-PUs</p> <p>Target: Reduce prescribing by 5% vs baseline of Q4 2019-20</p>	Primary care	YES	<p>CTMUHB remains the highest prescriber of antibacterials in Wales. There was a decrease in prescribing of 15.3% in quarter 4 2021/22, compared to quarter 4 2019/20. The national change was -15.6%.</p> <p>The health board currently has only one specialist antimicrobial pharmacist. Further ongoing investment in antimicrobial services is essential. Management of antimicrobial prescribing was included in the health board primary care prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.</p>
<p>1.3.2 4C antimicrobials (co-amoxiclav, cephalosporins, fluoroquinolones and clindamycin) Measure: items per 1,000 patients</p>	Primary care	YES	<p>CTMUHB is the 4th highest prescriber of "4C" antibacterials in Wales. There was a decrease in prescribing of 28.8% in quarter 4 2021/22 compared to quarter 4 2019/20. The national change was -11.9%.</p>



<u>Target</u> : Reduce prescribing			The health board currently has only one specialist antimicrobial pharmacist. Further ongoing investment in antimicrobial services is essential. Management of antimicrobial prescribing was included in the health board primary care prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.
2 SAFETY			
2.1 Proton pump inhibitors (PPI's) <u>Measure</u> : DDDs per 1,000 PUs <u>Target</u> : reduce prescribing	Primary care	NO	CTMUHB is currently the 2 nd highest prescriber of PPIs in Wales. There was an increase in prescribing of 2.12% in quarter 4 2021/22 compared to quarter 4 2020/21. The national change was 2.05%. This may have been in part due to national supplies issues with alternative products for the management of GI problems. Management of PPI prescribing was included in the health board primary care prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.
2.2. Hypnotics & anxiolytics (H&A) <u>Measure</u> : ADQs per 1,000 STAR-Pus <u>Target</u> : reduce prescribing	Primary care	YES	CTMUHB is the highest prescriber of hypnotic and anxiolytics in Wales. There was a decrease in prescribing of 7.27% in quarter 4 2021/22 compared to quarter 4 2020/21. The national change was -7.64% The health board appointed a specialist primary care mental health pharmacist in July 2020. This pharmacist is currently working with clinicians in primary and secondary care to develop pathways and strategies for improving prescribing in this area across the health board. Management of H&A prescribing was included in the health board primary care



			prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.
2.3 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 (except secondary care where reporting remains consistent).
3 EFFICIENCY INDICATORS			
3.1 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 and Secondary care	YES	There has been a modest increase in biosimilars across the 5 reference pharmacological agents listed in the WAPSU report, apart from adalimumab where CTMUHB has achieved an increase of 24.5%. The NHS Wales average across the 5 products is 89%: CTMUHB is only achieving 80%, with 20% reference product still in use in the health board. A programme of switching to biosimilar adalimumab is currently ongoing in CTM and will be a priority in 2022-23.
3.2 Insulin <u>Measure:</u> Items/number of long-acting insulin analogues as a percentage of		No	CTMUHB had the lowest % use of long-acting insulin analogues in Wales, but this rose from September 2021 to



<p>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>3.3 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 and Secondary care</p> <p>Primary care</p>	<p>YES</p>	<p>March 2022 in secondary care. There was an 11.7% increase in prescribing from quarter 4 2021/22 compared to the same period 2020/21. The All Wales prescribing change was - 3.76%.</p> <p>In primary care, CTMUHB remains the lowest prescriber of long-acting insulin analogues in Wales. There was an increase of 0.3% compared to the equivalent period in 2020.</p> <p>CTMUHB has the highest spend of low clinical value (LVC) medicines in Wales. There was a decrease of 8.72% in quarter 4 2021/22 compared to quarter 4 2020/21. The national change was -6.92%. Management of LCV prescribing was included in the health board primary care prescribing incentive scheme for 2021-22 and in the proposed scheme for 2022-23.</p>
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