NATIONAL PRESCRIBING INDICATORS

ANALYSIS OF YELLOW CARD REPORTING DATA TO DECEMBER 2013

April 2014
1.0 INTRODUCTION

The All Wales Medicines Strategy Group (AWMSG) endorses National Prescribing Indicators (NPIs) as a means of promoting safe and cost-effective prescribing. The Welsh Analytical Prescribing Support Unit (WAPSU) currently provides quarterly reports outlining medicines usage and monitoring for all of the NPIs at health board level. In addition to these quarterly reports, WAPSU provides more detailed information on specific NPIs and local comparators individualised to health board. This is a baseline report on yellow card submissions, a new NPI for 2014–2015.

This report has been prepared in collaboration with the Yellow Card Centre Wales. It provides both primary and secondary care information on yellow card submissions to the Medicines and Healthcare products Regulatory Agency (MHRA) by healthcare professionals in Wales.

The Yellow Card Scheme is the main adverse drug reaction (ADR) reporting scheme in the UK and was introduced in 1964 after the thalidomide tragedy highlighted the urgent need for routine monitoring of medicines. Although clinical trials are generally able to identify the more common and predictable side effects of medicines, rarer side effects may only be highlighted once the medicine is used by a far greater number of patients under the conditions of everyday use. It is therefore an important mechanism for reporting possible ADRs, as it is used to identify side effects and other problems which might not have been known about previously. All suspected ADRs to a medicine, vaccine, or herbal or complementary remedy can be reported. The MHRA uses the data to update the information provided on medicines to minimise risk and maximise benefit to the patient. The MHRA receives about 25,000 reports of possible side effects each year.

The number of yellow cards submitted by reporters within Wales has been in decline for the past ten years. The monitoring of yellow card submissions has been a local comparator since April 2012 to encourage appropriate reporting of potential ADRs. In order to highlight their importance, yellow card submissions have been included as an NPI for 2014–2015, and endorsed by AWMSG.

Information on how and when to submit a yellow card report can be found at the Yellow Card Centre Wales website: www.yellowcardwales.org.

Although NPIs are used to compare practice in primary care, and the main purpose of this NPI is to increase the number of yellow cards submitted by GPs in Wales, the principles supporting this NPI are applicable to all healthcare professionals working across all NHS healthcare sectors. The targets set for this NPI are for GP practices to increase reporting, with an aim to submit one yellow card per 2,000 practice population, and for health board submissions to exceed more than one per 2,000 health board population.
2.0 NATIONAL YELLOW CARD SUBMISSION DATA

The total number of potential ADRs reported to the MHRA via yellow card submissions from Wales has fallen from 1,013 for the period April 2008–March 2009 to 649 for the period April 2012–March 2013, a fall of 36%. Figure 1 shows the trend in overall reporting and reports by GPs in Wales since April 2008.

Figure 1. Trend in total yellow card submissions in Wales April 2008–March 2013
This downward trend appears to be reversing as the total number of yellow cards submitted for the first three quarters (April–December) of 2013–2014 is 868. Figure 2 shows the breakdown of these yellow cards by reporter type. This shows that there are many individuals and professions who report potential ADRs via the submission of a yellow card; however, the highest numbers are reported by hospital pharmacists and GPs.

**Figure 2. Yellow card submissions by reporter type April–December 2013**
During the October–December 2013 quarter, there were 340 yellow card reports submitted by healthcare professionals or patients in Wales. Figure 3 shows a breakdown of these reports by British National Formulary (BNF) chapter. The graph shows that ADRs were most frequently reported for medicines from Chapter 14: Immunological products and vaccines, and Chapter 2: Cardiovascular system. The ‘Unclassified’ category includes herbal remedies and other proprietary preparations that cannot be classified by BNF chapter.

Figure 3. Yellow card submissions broken down by BNF chapter
The number of reports from GPs in Wales has been in decline for the past 11 years. In the year April 2001–March 2002, 966 reports were made by GPs, compared to 116 in the period April 2012–March 2013 – a fall of 88%. In May 2013, the Welsh Medicines Resource Centre (WeMeReC) launched a Pharmacovigilance module. The WeMeReC bulletin supporting this module can be accessed via this link: www.wemerec.org/Documents/Bulletins/PharmacoBulletin2013Online.pdf

Since the launch of this module, the number of yellow cards submitted by GPs has started to increase; the number reported for the first three quarters of 2013–2014 was 200. Figure 4 shows the number of yellow card submissions made by GPs in Wales for each quarter since April 2011.

Figure 4. GP yellow card submissions for each quarter since April 2011 in Wales
To allow comparison between health boards, Figure 5 shows the number of yellow card submissions by GPs in health boards per 100,000 population over time.

Figure 5. Yellow card submissions made by GPs per 100,000 population

In April 2013, the Yellow Card Centre Wales launched a ‘Yellow Card Champion’ scheme. Each health board in Wales has a nominated hospital pharmacist who acts as a Yellow Card Champion. This role involves training other healthcare professionals in the importance of the Yellow Card Scheme and how to complete a report. The champions act as a link person for the Yellow Card Centre Wales to disseminate important drug safety advice and information from the MHRA. To find out who your local Yellow Card Champion is, or to organise a local training session, please contact the Yellow Card Centre Wales via their website: www.yellowcardwales.org.