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Royal Cornwall Hospitals NHS Trust

Proton Pump Inhibitor Review Policy

V2.1

March 2019

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1. Introduction

1.1. There is now clear evidence that proton pump inhibitor use (PPI) use is associated with a significantly increased risk of Clostridium difficle infection (risk increased between 2-3 times compared to patients without PPI use). Observational data also suggests an increase in the rate of community and hospital acquired pneumonia and enteric infections (such as Campylobacter gastroenteritis) in patients taking PPIs. Furthermore up to 70% of patients taking long term PPIs do not have an evidence based indication for them.

This Trust has experienced an increased incidence of cases of Clostridium difficile over recent years. PPI use has been implicated (often along with other factors) in around 80% of cases.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. The purpose of introducing this PPI review tool is to reduce unnecessary PPI use in hospitalised patients.

2.2. The tool is designed to facilitate PPI review, to assess the appropriateness of PPI use in patients already on a long term PPI therapy as they are admitted to hospital, and to interrupt therapy where appropriate.

2.3. As most patients on long-term PPIs do not have any of the indications listed on the tool it is envisage that the majority of patients admitted on PPI therapy will have them stopped on admission.

2.4. The decision to re-start the PPI therapy on discharge will depend on the indication for use. Where this is unclear the decision should be deferred to the patients GP and communicated in the electronic discharge summary.

3. Scope

This policy applies to all doctors working at the Royal Cornwall Hospital Trust

4. Definitions / Glossary

PPI	Proton pump inhibitor
MPC	Medicines Practice Committee
HICC	Hospital Infection Control Committee
ASMC	Antimicrobial Stewardship Management Committee

5. Ownership and Responsibilities

This policy has been written by Neil Powell (Pharmacy).
Approved by the Antimicrobial Stewardship Management Committee
Approved by the Medicines Practice Committee
Approved by the Hospital Infection Prevention and Control Committee

5.1. Role of the Managers

Line managers are responsible for:

- Ensuring this policy is embedded into clinical practice in specialty areas.

5.2. Role of the Group/Committee

The Antimicrobial Stewardship Management Committee is responsible for:

- The audit and dissemination of uptake of the tool and outcome of utilising the tool in terms of PPIs stopped.

5.3. Role of Individual Staff

All staff members are responsible for:

- Responsible for implementation of the tool in their ward areas.

6. Standards and Practice

6.1. All patients admitted on PPI therapy are to be reviewed on admission to determine whether the PPI can be stopped.

6.2. Where this has not occurred by the admitting team it is the receiving ward doctor's responsibility to review the continuation of the PPI.

6.3. Review of a patient's PPI prescription should be evidenced in the patients notes, and use of the approved PPI review tool is recommended. The PPI should be stopped if the indication is not in line with the indications listed on the PPI review tool, unless the clinical rationale for continuing the PPI is clearly documented in the patient record by a clinician with sufficient knowledge and experience to determine the risk/benefit balance.

7. Dissemination and Implementation

7.1. This policy will be disseminated to all Divisional Directors and Specialty Leads and Clinical Governance leads to ensure implementation in their areas.

7.2. Divisional Matrons and ward managers will also be informed to ensure they understand the PPI review process.

7.3. Director of Pharmacy to ensure all pharmacists and pharmacy technicians are aware of the processes.

7.4. GP leads to be informed to ensure understanding of the PPI review process and how it will affect their patients.

7.5. This policy will be publicised through Trust communication emails, induction of new F1 and F2 doctors and education meetings (e.g Grand Round and Surgical Governance Meeting)

7.6. The Review Tool is available via EROS.

8. Monitoring compliance and effectiveness

Element to be monitored	• Monitor availability of the tool (i.e is it in the notes). • Utilisation of the tool. • Number of patients on a PPI and whether it was continued or stopped. • Reason given for PPI continuation. • Non-compliance with the tool recorded.
Lead	Antimicrobial pharmacist
Tool	Attached
Frequency	Monthly audit with yearly report
Reporting arrangements	Completed report to be sent to the MPC, HICC ASMC. Report to be reviewed at these meetings and action plan developed based on report findings
Acting on recommendations and Lead(s)	The HICC, in accordance with MPC, will take the lead in action planning and actions carried out immediately.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

9. Updating and Review

This document will be reviewed yearly by the ASMC and approved by the MPC and HICC

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Proton Pump Inhibitor Review Policy V2.1			
Date Issued/Approved:	29/11/2018			
Date Valid From:	March 2019			
Date Valid To:	July 2020 (as per last full review)			
Directorate / Department responsible (author/owner):	Neil Powell (Pharmacy)			
Contact details:	01872 252590			
Brief summary of contents	PPI review policy detailing which patients on PPIs admitted to RCHT are permitted to continue therapy and those that fall outside of the permitted indications to be stopped unless reasons for continuation documented.			
Suggested Keywords:	PPI, Proton Pump Inhibitor, review tool,			
Target Audience	RCHT	CFT	KCCG	
	✓			
Executive Director responsible for Policy:	Medical Director			
Date revised:	29/11/2018			
This document replaces (exact title of previous version):	Proton Pump Inhibitor Review Policy V2			
Approval route (names of committees)/consultation:	HICC, MPC, ASMC			
Divisional Manager confirming approval processes	Iain Davidson			
Name and Post Title of additional signatories	Not Required			
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}			
	Name: Kevin Wright			
Signature of Executive Director giving approval	{Original Copy Signed}			
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Pharmacy			

Links to key external standards	NA
Related Documents:	*Clostridium difficile* infection: How to deal with the problem Department of Health 2009
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
25/07/17	V2.0	none	
29/11/18	V2.1	*None*	*NA*

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

This assessment will need to be completed in stages to allow for adequate consultation with the relevant groups.

<table>
<tr><td colspan="6">Name of Name of the strategy / policy /proposal / service function to be assessed
Proton Pump Inhibitor Review Policy V2.1</td></tr>
<tr><td colspan="3">Directorate and service area:
Pharmacy</td><td colspan="3">Is this a new or existing Policy?
Existing</td></tr>
<tr><td colspan="3">Name of individual completing assessment:
Neil Powell</td><td colspan="3">Telephone:
01872 252590</td></tr>
<tr><td>1. Policy Aim*

Who is the strategy / policy / proposal / service function aimed at?</td><td colspan="5">To facilitate PPI review on admission and cessation in patients not requiring it for their inpatient stay. This is expected to reduce the patient's Clostridium difficile risk.</td></tr>
<tr><td>2. Policy Objectives*</td><td colspan="5">Reduce PPI use in inpatients</td></tr>
<tr><td>3. Policy – intended Outcomes*</td><td colspan="5">Reduce Trust apportioned Clostridium difficile numbers as well as community apportioned numbers if the patients remains off PPI therapy.</td></tr>
<tr><td>4. *How will you measure the outcome?</td><td colspan="5">Clostridium difficile rates are monitored by Infection Prevention and Control. Compliance with the policy will be regularly audited and fed back to relevant specialties.</td></tr>
<tr><td>5. Who is intended to benefit from the policy?</td><td colspan="5">Patients admitted to RCHT</td></tr>
<tr><td rowspan="3">6a Who did you consult with

b). Please identify the groups who have been consulted about this procedure.</td><td>Workforce</td><td>Patients</td><td>Local groups</td><td>External organisations</td><td>Other</td></tr>
<tr><td>✓</td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">Please record specific names of groups

Medicines Practice Committee
Infection Prevention and Control Committee</td></tr>
<tr><td>What was the outcome of the consultation?</td><td colspan="5">Not indicated</td></tr>
</table>

7. The Impact
Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step**.

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		**No**		
Sex (male, female, trans-gender / gender reassignment)		**No**		
Race / Ethnic communities /groups		**No**		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		**No**		
Religion / other beliefs		**No**		
Marriage and Civil partnership		**No**		
Pregnancy and maternity		**No**		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		**No**		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	**Yes**		**No**	✓

9. If you are **not** recommending a Full Impact assessment please explain why.

Because it doesn't impact the groups in section 7

Signature of policy developer / lead manager / director		Date of completion and submission
Neil Powell		29.11.18
Names and signatures of members carrying out the Screening Assessment	1. Neil Powell 2. Human Rights, Equality & Inclusion Lead	

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed __ Neil Powell

Date ____29.11.18

Appendix 3. The PPI Review Tool is available via EROS CHA3310

File within 3rd spine

NHS number: _____
Name: _____
Address: _____
_____
Date of birth: _____
CR number: _____

Royal Cornwall Hospitals NHS
NHS Trust

PROTON PUMP INHIBITOR DISCONTINUATION TOOL

PPI review and cessation where appropriate is part of the Clostridium difficile reduction strategy at RCHT. Complete the table below by placing a tick in the appropriate box and documenting the name of the doctor completing the PPI assessment.

	Yes	No
Is the patient on a PPI?		
Appropriate indication for continuation of PPI whilst in hospital (see list below)?		
If no appropriate indication has PPI been stopped on drug chart?		
If not discontinued in accordance with tool, then reasons why		
Name of doctor completing form		

Indications for continuing long term PPI therapy in hospitalised patients

- Zollinger Ellison syndrome.
- Short gut syndrome / high output stomas.
- High risk patients on NSAIDS or aspirin. High risk patients include age over 65, history of peptic ulcer disease or serious GI complication, those taking other medications that increase the risk of GI side effects or those with serious co-morbidity e.g. cardiovascular disease, renal or hepatic impairment (BNF 65).
- Patients over 45 years of age taking NSAIDS for back pain (NICE CG88).
- Patients currently completing H. Pylori eradication therapy for peptic ulcers (usually 8 weeks maximum).
- On PPI to heal non – H. Pylori associated peptic ulcer (usually 8 weeks minimum).
- Oesophageal stricture or Grade IV oesophagitis.

Notes

- For maintenance treatment of GORD and oesophagitis (other than grade IV), PPI therapy should be discontinued during hospitalisation and reviewed on discharge.
- Patients on corticosteroids should not be given PPI for ulcer prevention unless they have other risk factors for GI disease (e.g. NSAIDS, previous peptic ulcer).
- PPIs are not indicated for use in non-specific abdominal symptoms or chest pain.
- Where a PPI is indicated the lowest effective dose should be prescribed.
- Prescribe antacids (e.g. Peptac) or a H2 antagonist (e.g. ranitidine) for reflux symptoms.

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