



Royal Cornwall Hospitals
NHS Trust

Proton Pump Inhibitor Review Policy

V4.0

September 2023

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

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 difficile 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.
- 1.2. 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.
- 1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of utilising 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 envisaged that most 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

5. Ownership and Responsibilities

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 (available on RCHT Microguide) 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

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	<ul style="list-style-type: none"> • 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	Available on RCHT Microguide.
Frequency	Monthly audit with yearly report
Reporting arrangements	<p>Completed report to be sent to the MPC, HICC ASMC.</p> <p>Report to be reviewed at these meetings and action plan developed based on report findings.</p>
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 And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Proton Pump Inhibitor Review Policy V4.0
This document replaces (exact title of previous version):	Proton Pump Inhibitor Review Policy V3.0
Date Issued / Approved:	Friday 15 September 2023
Date Valid From:	September 2023
Date Valid To:	September 2026
Author / Owner:	Daniel Hearsey – Advanced Clinical Specialist Pharmacist: Antimicrobials (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: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	Antimicrobial Stewardship Management Committee. Medicines Practice Committee. Hospital Infection Prevention and Control Committee.
Manager confirming approval processes:	Richard Andrzejuk.
Name of Governance Lead confirming consultation and ratification:	Kevin Wright.
Links to key external standards:	Clostridium difficile infection: How to deal with the problem Department of Health 2009.

Information Category	Detailed Information
Related Documents:	Reference and Associated documents or include 'none required' here.
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
25/07/2017	V2.0	None	Neil Powell, Consultant Antimicrobial Pharmacist
29/11/2018	V2.1	None	Neil Powell, Consultant Antimicrobial Pharmacist
04/06/2020	V3.0	None	Neil Powell, Consultant Antimicrobial Pharmacist
14/08/2023	V4.0	New format	Daniel Hearsey – Advanced Clinical Specialist Pharmacist: Antimicrobials

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

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

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

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Proton Pump Inhibitor Review Policy V4.0
Department and Service Area:	Pharmacy
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Daniel Hearsey – Advanced Clinical Specialist Pharmacist: Antimicrobials
Contact details:	01872 252590

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	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.
2. Policy Objectives	Reduce PPI use in inpatients.
3. Policy Intended Outcomes	Reduce Trust apportioned Clostridium difficile numbers as well as community apportioned numbers if the patients remains off PPI therapy.
4. How will you measure each outcome?	Clostridium difficile rates are monitored by Infection Prevention and Control. Compliance with the policy will be regularly audited and fed back to relevant specialties.
5. Who is intended to benefit from the policy?	Patients admitted to RCHT.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Medicines Practice Committee. Infection Prevention and Control Committee.
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Daniel Hearsey –
Advanced Clinical Specialist Pharmacist: Antimicrobials

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)