Reducing Unnecessary PPI Prescriptions within Primary Care

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REASON WHY?

PPIs (proton pump inhibitors) reduce stomach acid and are used for reflux, ulcers, and NSAID protection
-Many patients remain on them long-term without review, including a high number at Shifnal and Priorslee GP practices.
Long-term use may be associated with:
- Low vitamin B12 and magnesium, C. difficile infection, Fractures and kidney disease and Increased prescribing costs

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

Reduce inappropriate long-term PPI prescribing by 10%, as evidenced by EMIS audit data showing a reduction in patients prescribed PPIs for >6 months without a clear indication or review.

PLAN

NICE guidance (CG184) states : regular review, use the lowest effective dose, and stop when no longer needed.

Aim:
- Reduce inappropriate long-term PPI prescribing in the practice
- Focus on patients prescribed PPIs for >6 months without a clear indication or review

Interventions:
- Educational poster highlighting risks and NICE guidance
- EMIS template to standardise and prompt medication reviews

Expected outcomes:
- Improved clinician awareness of appropriate PPI prescribing
- Improved documentation and review of PPI use
- Reduction in inappropriate long-term PPI prescribing

DO

Collected data from 50 random patients on long-term PPI (>6 months) without clear indication or step-down attempt

Displayed a practice-wide educational poster highlighting:
- Risks of long-term PPI use
- Guidance on improving prescribing practice

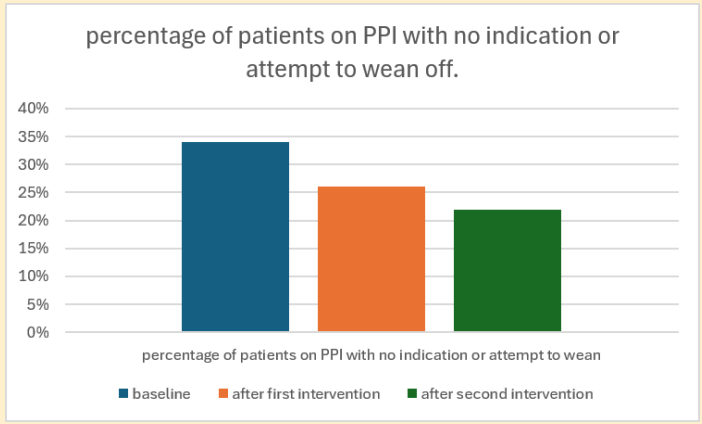
Completed a 2nd data collection to assess changes in:
- Long-term PPI prescribing
- Overall number of patients prescribed PPIs

Distributed an EMIS de-prescribing template to clinicians to support structured medication reviews

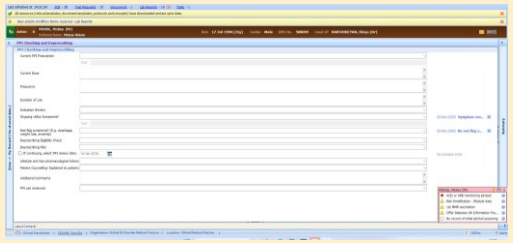
Completed a final data collection to evaluate overall impact of interventions

Challenges:
Incomplete/inconsistent documentation of PPI indications: time consuming data collection

STUDY



Intervention 2: Template





Intervention 1: Poster

A sample of 50 patients was audited before and after interventions. The Baseline showed that 34% of patients had no indication to be weaned off, after the first intervention 28% of people had no indication and then 22% after the second intervention.

A total reduction of **12%** was achieved.

ACT

ADOPT both interventions

Why:
- Reduced inappropriate prescribing (34% → 22%)
- Improved alignment with NICE guidance
- Improved prescribing consistency

Next steps:
- Roll out EMIS template across wider practices (TelDoc)
- Introduce automated EMIS prompts for PPI review
- Provide further clinician education
- Re-audit in 6-12 months to assess sustainability

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