MANAGEMENT OF DYSPEPSIA IN PRIMARY CARE

*Helicobacter pylori* Breath Test

A Primary Care Enhanced Service

Sheffield
Primary Care Trust
722 Prince of Wales Road
Darnall
Sheffield
S9 4EU
Tel: 0114 3051000
Appendix VIII  Eradication Therapy Procedure for Community Pharmacists.
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1. Introduction

1.1. NICE guidelines on the management of dyspepsia were published in August 2004 (NICE Clinical Guideline 17).

The link for the full reference is www.nice.org.uk/guidance/CG17/guideline/pdf/english

The link for the quick reference is www.nice.org.uk/guidance/CG17/quickrefguide/pdf/english

1.2. Two key priorities for implementation include *Helicobacter pylori* (*H. pylori*) eradication in appropriate patients and the appropriate use of endoscopy services.

2. Service Description

2.1. The General Practitioner is responsible for the management of patients with dyspepsia and the appropriate referral for *Helicobacter pylori* breath test.

2.2. The *Helicobacter pylori* breath test can be carried out by either a nurse or health care assistant at the medical practice or by a health care assistant or pharmacist within an accredited pharmacy (with a consultation area). The deciding factor is the patient who can choose where they go for the *Helicobacter pylori* breath test.

2.3. Patients have to be referred by a general practitioner for a *Helicobacter pylori* breath test, using the appropriate referral form (appendix I), whether to their own staff or staff at a pharmacy.

2.4. The pharmacist will subsequently treat *H. pylori* positive patients with eradication therapy under a Patient Group Direction (PGD).

2.5. General Practice staff or pharmacy staff will offer advice on the management of dyspepsia to patients.

2.6. General Practice staff are responsible to code the results of each patient tested.

2.7. The pharmacy will communicate the results in a routine and robust manner to the general practice.

3. Rationale

3.1. 40% of the population have dyspeptic symptoms. Of these the majority will have non-ulcer or functional dyspepsia on endoscopy, i.e. normal endoscopy.

3.2. More is spent on treating dyspepsia than on any other drug group. It accounts for 9-10% of the national drug budget.
3.3. Gastroenterology services in Sheffield are under considerable strain at present, especially the endoscopy waiting lists in relation to the management of patients with dyspepsia. As part of trying to improve gastroenterology services in Sheffield there is a desire to streamline services for patients with dyspepsia.

3.4. A significant number of patients currently have exploratory gastroscopies to check for underlying pathology. This procedure is unpleasant for patients and should be used efficiently and for appropriate patient groups.

3.5. The $^{13}$C-Urea Breath test is recognised as being the non-invasive test of choice for identifying $H.\text{pylori}$ status and has completely superseded near-patient serology testing. Serology identifies antibodies to the $H.\text{pylori}$ bacteria, however this does not show if the infection is active or not, merely that the person has had it in the past. Therefore serology should not be used if re-testing for $H.\text{pylori}$.

3.6. $H.\text{pylori}$ is a bacteria strongly associated with peptic ulcer disease (PUD) – 95% of duodenal ulcers and 70% of gastric ulcers. Eradicating it from these patients reduces recurrence rates. Eradicating it from patients with non-ulcer dyspepsia (NUD) reduces symptoms. NICE recommends $H.\text{pylori}$ testing and eradication in patients with PUD, NUD and as an intervention for dyspepsia that has not been investigated.

4. **Aim and intended service outcomes**

4.1. To improve the care of patients with dyspepsia symptoms through the provision of a standardised effective & evidence based $H.\text{pylori}$ test and treat service.

4.2. To ensure that all patients with dyspepsia requiring a $H.\text{pylori}$ test as per NICE guidelines have access to this test in primary care and are given eradication therapy if positive.

4.3. To ensure that all requests for endoscopy are appropriate and only those patients with ALARM symptoms are referred to secondary care. An individualised approach to endoscopy has to be adopted.

4.4. To provide a means by which $H.\text{pylori}$ $^{13}$C-Urea breath testing can be performed in primary care, either within general practice or community pharmacy.

4.5. To improve access and choice for patients.

4.6 To improve primary care capacity by reducing medical practice workload related to the management of dyspepsia symptoms.

4.7 To ensure that the treatment and review of dyspeptic patients is documented on practice computer systems so that a register of patients with dyspepsia within the practice can be produced.
5 Service Outline: GP Surgeries

5.1 GPs should refer patients who meet the criteria identified in this service specification for a H. pylori breath test by completing and signing a referral form (appendix I). The referral form is used when referring patients either to their own staff or to a participating pharmacy for a breath test. It is a requirement for it to be completed for it then gives authorisation to a Health Care Assistant to perform the test. The GP should give the patient the patient information letter and leaflet (Appendix III).

5.2 Where the patient goes for the breath test is up to the patient (participating surgery or pharmacy). They can choose to use the surgery service or a pharmacy service. A list is available of participating pharmacies which can be used to show the patient in helping them make their choice (appendix II).

5.3 A protocol for performing the breath test should be followed (appendix V).

5.4 Surgeries should record the test results and all other relevant information in the patients’ medical notes.

\[3167\] *Helicobacter* breath test.
\[4JMO\] *Helicobacter pylori* GI tract infection. (Positive).
\[8BAC\] *Helicobacter eradication therapy*. (System1 Read Code: Xa1v4)
\[4JM1\] *Helicobacter pylori*. (Negative).

5.5 Surgeries should co-operate and liaise with community pharmacists operating the service.

6 Service Outline: Community Pharmacy

6.1 The pharmacy must have a consultation area, which provides a sufficient level of privacy and safety.

6.2 The pharmacy must have continuity of pharmacist providing the service. *If the trained pharmacist leaves, the company is to inform the PCT. The pharmacy can not continue with the service unless a trained pharmacist is in situ.*

6.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the administration of the *H. pylori* breath test and all other aspects of the service.

6.4 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within the protocols and guidance detailed in the service specification and to inform the PCT of any pharmacist staff changes.

6.5 The pharmacy will maintain records of the consultations performed and any medicines supplied (appendix VI), to ensure effective ongoing service, delivery and audit.

6.6 The agreed PGDs will be used and only pharmacists who have gained accreditation in providing eradication treatment under a PGD, can issue treatment and advice to *H. pylori* positive patients.
6.7 The pharmacy will:
  • Provide advice to patients on the management of dyspeptic symptoms.
  • Refer to general practitioner where appropriate.

6.8 The PCT will provide training on the administration of the *H. pylori* breath test to pharmacists, pharmacy and GP staff who have not already been trained.

6.9 The PCT will provide training on the PGD for eradication therapy for new pharmacists to the service.

7 **Duties of participating Medical Centres and Community Pharmacists**

7.1 Patients can only be accepted into the service on presentation with a referral form (appendix I) signed by a GP of a participating surgery.

7.2 A member of the surgery or pharmacy team who has been trained in undertaking the *H. pylori* breath test will perform the test as per protocol and standard operation procedure (appendix V) detailed in this service specification and complete the procedure forms (appendix V).

7.3 Practice staff within a surgery or a pharmacist within a pharmacy will deal with results.

7.4 Patients with positive *H. pylori* results will be contacted by practice staff or a pharmacist (whoever is managing the test procedure) to arrange an appropriate consultation time for the patient to present for treatment. Practice staff issue an FP10 for eradication therapy. An accredited pharmacist will issue eradication therapy under a PGD.

7.5 Patients who have chosen a pharmacy to have their test and subsequently require eradication therapy will be charged prescription charges as appropriate. Pharmacists should ensure that patients exempt from prescription charges have completed and signed the declaration of exemption of prescription charges (appendix X).

7.6 The pharmacy will complete the appropriate communication forms (appendix XI) and send to GP. The GP is responsible for updating the patient’s record.

7.7 Whoever has done the test and or given any treatment should submit claim/activity forms quarterly (appendix VII) to the appropriate PCT officer: Keeley Askew, Admin Support, Medicines Management, 89 Green Lane, Ecclesfield, Sheffield S35 9WY.

7.8 The Medicines Management Team on an annual basis will audit at random 10% of practices and within these practices 10% of all tested patients to ensure that patients were appropriately referred (appendix XII).

7.9 The pharmacy will keep records of all consultations (appendix VI).
Patient presents to the GP with dyspepsia. No Alarm symptoms and symptoms not suggestive of GORD (gastro-oesophageal reflux disease).

GP completes referral form (appendix 1) and refers patient to nurse or health care assistant for a *H. pylori* breath test. GP also gives patient information leaflet ‘Your Helicobacter Pylori Breath Test’ with pre-test instructions and letter (appendix III).

Patient presents at further appointment to see the nurse or health care assistant with referral form.

The nurse or health care assistant completes checklist (appendix IV) and then undertakes *H. pylori* breath test as per standard operating procedure (SOP) (appendix V) and completes procedure form (appendix V).

The nurse or health care assistant completes claim form (appendix VII). Return quarterly.

On receipt of a *H. pylori* breath test result, practice staff should contact patient by telephone and inform of the results.

If result positive:
Staff to invite patient back to surgery for FP10 (eradication therapy). Provide patient with ‘Your Helicobacter Pylori Treatment’ information leaflet (appendix IX).

If result negative:
Staff to offer patient diet and lifestyle advice and OTC therapy if appropriate. Advise patient to see GP if symptoms persist.

Staff to complete patient records and code appropriately.

Member of the team to complete and submit summary claim form quarterly. – (appendix VII).
Patient Pathway for Pharmacy

Patient presents to the GP with dyspepsia. No Alarm symptoms and symptoms not suggestive of GORD (gastro-oesophageal reflux disease).

GP completes referral form (appendix 1) and refers patient to community pharmacy for a *H. pylori* breath test. GP also gives patient information leaflet ‘Your Helicobacter Pylori Breath Test’ with pre-test instructions (appendix III).

Patient presents at pharmacy with referral form

Member of the pharmacy team completes checklist (appendix IV) and then undertakes *H. pylori* breath test as per standard operating procedure (SOP) (appendix V) and completes procedure form (appendix V).

Member of the pharmacy team completes summary claim form (appendix VII).

On receipt of a *H. pylori* breath test result, pharmacist to contact patient by telephone and inform of the results.

If result positive

Pharmacist to invite patient back to pharmacy for eradication therapy as per Patient Group Direction. Refer to SOP for eradication therapy (appendix VIII). Provide patient with ‘Your Helicobacter Pylori Treatment’ information leaflet (appendix IX).

If result negative

Pharmacist to offer patient diet and lifestyle advice and OTC therapy if appropriate. Advise patient to see GP if symptoms persist.

Pharmacist to complete communication form and send to GP (appendix XI).

Member of the pharmacy team to complete and submit summary form quarterly. – (see appendix VII).
10 Management of patients with dyspepsia

10.1 Who should be referred for endoscopy?

- Urgent referral for endoscopy is indicated for patients of any age with dyspepsia presenting with ALARM symptoms.
  - **Alarm symptoms:**
    - Chronic gastrointestinal bleeding
    - Progressive unintentional weight loss
    - Progressive difficulty swallowing
    - Persistent vomiting
    - Iron deficiency anaemia
    - Epigastric mass
    - Suspicious barium meal
  - Patients over 55 with unexplained* and persistent** recent onset dyspepsia.

  *'Unexplained' is defined as a symptom and or sign that has not led to a diagnosis being made by the primary care professional, after initial assessment of the history, examination and primary care investigations (if any).
  **‘Persistent’ refers to the continuation of specified symptoms and/or signs beyond a period that would normally be associated with self-limiting problems. The precise period will vary depending on the severity of symptoms and associated features, as assessed by the healthcare professional. In many cases, the upper limit the professional will permit symptoms and/or signs to persist before initiating referral will be 4-6 weeks. *(Extracted from NICE Clinical Guidelines 17)*

- Routine endoscopic investigation of patients of any age, presenting with dyspepsia and without alarm signs is not necessary.

10.2 Who should be referred for H.pylori ‘test and treat’?

10.3 Patients who should be tested

- Patients (aged 18+) with dyspepsia (no ALARM symptoms) and without typical reflux symptoms.
- Patients (aged 18+) with dyspepsia (no ALARM symptoms) without typical reflux symptoms whose symptoms have not improved with lifestyle advice or antacid/H2RA / PPI trial.
- Patients who have received eradication therapy for *H pylori* (detected at endoscopy or by previous breath test) but have continuing symptoms. To confirm eradication the test must be carried out at least 4 weeks after completing the course of treatment.
• Patients with previously documented evidence of peptic ulcer (but not had *H. pylori* eradication) and no recent change in symptoms.

10.4 Patients who should not be tested

• Patients with ALARM features; these patients should be referred for hospital assessment.

• Patients aged under 18 (not licensed)

• Patients with symptoms typical of gastro-oesophageal reflux.
  o There is insufficient evidence of benefit in eradicating *H. pylori* from patients with gastro-oesophageal reflux disease (GORD).

• Patients who have received antibiotic therapy for any reason within the previous 4 weeks - this may suppress H pylori and thus give a falsely negative result. These patients may be tested 4 weeks after completion of their course of antibiotics.

• Patients who have received treatment with proton pump inhibitors (PPIs) within the previous 2 weeks - they may suppress H pylori and thus give a falsely negative result. These patients may be tested 2 weeks after stopping PPIs.

10.5 How should dyspepsia that has not been investigated be managed?

• Patients with dyspepsia without alarm signs and symptoms not suggestive of GORD should be tested and treated for *H.pylori*.

• Patients who have had eradication but whose symptoms recur should be managed with a PPI and stepped down to the lowest dose required to control symptoms.

• Patients who test negative for *H.pylori*, if symptoms persist, should be offered a PPI for one month and then reviewed.

10.6 How should GORD be managed?

• Patients with GORD should be given a full-dose proton pump inhibitor (PPI) for 1 or 2 months and then reviewed.

• If symptoms recur after initial treatment a maintenance dose PPI should be used to control symptoms, with a limited number of repeat prescriptions.

10.7 How should peptic ulcer disease (PUD) be managed?

• Patients with PUD should stop their NSAIDs if used.
• Patients with PUD should be tested for *H.pylori* infection and offered eradication if positive. If *H. pylori* positive ulcer is associated with NSAID then full dose PPI should be given for 2 months prior to eradication therapy.

• An endoscopy to confirm healing post eradication therapy is only needed in patients with gastric ulcer.

• If symptoms persist and patients are *H.pylori* negative then a maintenance dose PPI should be used as required.

10.8 How should NUD be managed?

• Patients with endoscopically determined NUD should be tested for *H.pylori* and treated if positive, followed by symptomatic management and periodic monitoring.

10.9 How should patients be reviewed?

• Patients requiring long-term management of symptoms for dyspepsia should be offered an annual review of their condition, encouraging them to try stepping down or stopping treatment.

• A return to self-treatment with antacid or alginate therapy (prescribed or over the counter) may be appropriate.

• Patients should be offered lifestyle advice, including advice about healthy eating, weight reduction and smoking cessation.

11 The 13C-Urea breath test

11.1 Choice of test

• The $^{13}$C-Urea Breath test is recognised as being the non-invasive test of choice for identifying *H.Pylori* status and has completely superseded near-patient serology testing.

• In a systematic review of 30 published studies, $^{13}$C-urea breath tests were more accurate than serological tests.

• The $^{13}$C-Urea breath test can also be used post eradication to confirm that treatment has been successful. Serological tests are of no value in confirming successful eradication as the antibody remains in the bloodstream long after successful eradication.
11.2 Description of $^{13}$C-Urea breath test

- On the basis of convenience and cost, DIABACT UBT is the $^{13}$C-Urea breath testing kit of choice.

- The test involves the collection of breath samples before and after the ingestion of a $^{13}$C-Urea tablet. If \textit{H. pylori} is present in the stomach it produces the enzyme urease, which breaks down the ingested $^{13}$C-Urea to ammonia and $^{13}$CO$_2$. The samples are sent away for laboratory analysis and a result is provided within 48 hours. The post dose breath sample will contain this $^{13}$CO$_2$ if \textit{H. pylori} is present. Analysis and test tubes for breath samples are included in the kit provided.

- $^{13}$C-Urea is a stable isotope and therefore has no associated radioactivity.

11.3 Supplies of test

- Breath tests will be obtained under contract by the PCT and supplied to providers

For practices participating in this service breath tests should NOT be prescribed on FP10 unless a patient is unable to swallow the Diabact tablet. An alternative breath test could then be prescribed by FP10.

12 Eradication therapy

12.1 For patients who test positive, a 7-day, twice-daily course of treatment consisting of:

- Lansoprazole 30mg
- Amoxicillin 1 g
- Clarithromycin 500 mg

If allergic to penicillin:

- Lansoprazole 30mg
- Metronidazole 400mg
- Clarithromycin 250mg

should be prescribed. Community Pharmacists offering the \textit{H.pylori} breath test will supply this as per PGD.

12.2 Eradication is effective in 80–85% of patients.

12.3 Pharmacists will be reimbursed the cost of the eradication therapy where used plus VAT at that months drug tariff prices. Requirements for patients who normally pay for NHS prescription charges also applies under a PGD.
13 **Training**

13.1 The PCT will provide training to those staff participating in the scheme. This will include clarification on the service specification, the running of the service, how a breath test is to be done and for community pharmacists details and operation of eradication therapy under the PGDs.

13.2 Each GP / community pharmacy manager must ensure that all staff involved in providing any aspect of care under the scheme have the necessary training and skills to do so.

14 **Untoward events and complaints**

14.1 It is a condition of participation in the service that pharmacists and GPs give notification to the PCT clinical governance manager of any clinical governance issues or untoward events in relation to the service.

14.2 All complaints in relation to the service should be submitted to the complaints manager at Sheffield PCT.

15 **Documentation**

15.1 Pharmacies and GPs are to complete summary form and submit to the PCT quarterly (appendix VII). Only submit claims where full information is known i.e. test results received.

15.2 Practices are to document procedure in the patients’ notes on receipt of the communication form from the pharmacy.

15.3 A computer template is available for nearly all practice-based systems. Please ask the Health Informatics Help Desk for further information.

16 **Service Funding and Payment mechanism**

16.1 The PCT agrees to pay £15 per breath test (GP or Pharmacy) and to reimburse the pharmacy for the cost of the eradication therapy plus VAT, minus prescription charges where applicable.

16.2 The payments will be made quarterly as per the Service Level Agreement for both General Practice and Pharmacy providers.
17 **Duration of Service**

17.1 The service will run to the date specified in the service level agreement.

18 **New Citywide Arrangements for the Ordering of the *H. pylori* Breath Test Kits and their Delivery**

18.1 Sheffield Care Trust will purchase the breath testing kits and hold the stock to be called off as and when required by the PCT from Wardsend Road North. The kits will be bought in quantities of 500 initially to benefit from a bulk discount rate of 15%*. Future discount rates may be reduced dependent upon the quantities ordered.

Requests for the kits from surgeries or community pharmacies, will be faxed to Keith Robertson, Supplies at Wardsend Road, Hillsborough, Sheffield, FAX: 0114 271 6141 using the appropriate order form, Appendix XIII.

18.2 Delivery will be made to GP’s and pharmacies that are located at or adjacent to GP premises free of charge. For orders placed prior to 12.00pm delivery will be next day, for orders placed after 12.00pm delivery will be the day after. **Deliveries to other pharmacies will be made to their nearest GP surgery. Pharmacies will need to arrange this with the surgery at the time of order.** The surgery name needs to be entered on the order form.

18.3 The kits are available for collection from Wardsend Road North, should this be required.

18.4 No kits will be issued without prior receipt of a valid Stores Order Form (appendix XIII).

18.5 Should the PCT terminate this agreement, the PCT agrees to buy up all remaining stock held in the SCT stores.

18.6 SCT agrees to ensure that adequate stock is always available and that it shall be purchased in the most economic quantities.

18.7 SCT will invoice the PCT on a monthly basis detailing the number of kits issued.

18.8 Pharmacies will need to collect kits from a nearby surgery. Indicate on the order form which surgery you intend to collect from and arrange this with the surgery direct at the time of ordering.

* The discount rate is variable and dependent upon the agreement of the distributor of the kits and the actual quantity bought at any one time.
Appendix I     Referral Form
for Breath Test for Diagnosis of Helicobacter pylori infection.
(Taken by patient to Surgery Health Care Assistant/Nurse or Community Pharmacist)
Patients Name:

Patients Address:

NHS number:
Date of Birth:     Telephone no:

I confirm that the patient has dyspepsia but none of the following:

• ALARM symptoms
• Predominately GORD symptoms
• Over 55 with unexplained and persistent recent-onset dyspepsia

I authorise that the above person be tested for Helicobacter pylori infection by using Diabact UBT 13C-urea breath test. (Read Code: 3167)

I understand that if the H. pylori test is positive the patient will be offered a 7-day, twice daily course of lansoprazole 30mg, amoxicillin 1g and clarithromycin 500mg or if allergic to penicillin lansoprazole 30mg, metronidazole 400mg and clarithromycin 250mg under a PGD if given by a community pharmacist.

Does the patient have:
An allergy to penicillin?     Y / N
An allergy to lansoprazole, clarithromycin or metronidazole?     Y / N (if yes circle which)
Severe renal or hepatic impairment?     Y / N
Is the patient taking warfarin, Theophylline, Carbamazepine, Phenytoin or a Statin? Please provide details..................................................................................................................................................

Is the patient taking combined oral contraceptive or patch?     Y / N

(This next question must be answered please to help the PCT work out the net savings this enhanced service offers).
If this test and treat service were unavailable would this patient have been referred for a gastroscopy?     Y / N

GP Name: ____________________________________

Signed: _____________________________________

Date: ________________________________________

GP stamp:
# Appendix II  List of participating Pharmacists

<table>
<thead>
<tr>
<th>North of the city</th>
<th>Name of the pharmacy</th>
<th>Address</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Allen &amp; Barnfield Chemists Ltd</td>
<td>39 Wolfe Road, Foxhill</td>
<td>S6 1BT</td>
</tr>
<tr>
<td>2</td>
<td>Fir Vale Pharmacy</td>
<td>29-31 Rushby Street, Firvale</td>
<td>S4 8GN</td>
</tr>
<tr>
<td>3</td>
<td>Rowlands</td>
<td>149 Burngreave Road, S 3 9DL</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Grenoside Pharmacy</td>
<td>58 Greno Crescent, Grenoside</td>
<td>S35 8NX</td>
</tr>
<tr>
<td>5</td>
<td>Lloyds Pharmacy</td>
<td>100 Halifax Road, Wadsley Bridge</td>
<td>S 6 1LH</td>
</tr>
<tr>
<td>6</td>
<td>Lloyds Pharmacy</td>
<td>17 - 19 Page Hall Road</td>
<td>S 4 8GS</td>
</tr>
<tr>
<td>7</td>
<td>Lloyds Pharmacy</td>
<td>1A Station Road, Chapeltown</td>
<td>S35 2XE</td>
</tr>
<tr>
<td>8</td>
<td>Lloyds Pharmacy</td>
<td>Tyler ST, Wincobank</td>
<td>S 9 1NB</td>
</tr>
<tr>
<td>9</td>
<td>Lloyds Pharmacy</td>
<td>36 - 38 Ellesmere Road, Burngreave</td>
<td>S 4 7JB</td>
</tr>
<tr>
<td>10</td>
<td>Lloyds Pharmacy</td>
<td>41 Margetson Crescent, Parson Cross</td>
<td>S 5 9ND</td>
</tr>
<tr>
<td>11</td>
<td>Lloyds Pharmacy</td>
<td>428-430 Firth Park Road, Firth Park</td>
<td>S 5 6HH</td>
</tr>
<tr>
<td>12</td>
<td>Lloyds Pharmacy</td>
<td>6 Thompson Hill, High Green</td>
<td>S35 4JU</td>
</tr>
<tr>
<td>13</td>
<td>Lloyds Pharmacy</td>
<td>74 Buchanan Road, Parson Cross</td>
<td>S 5 8AL</td>
</tr>
<tr>
<td>14</td>
<td>Lloyds Pharmacy</td>
<td>84 - 86 The Common, Ecclesfield</td>
<td>S35 9WN</td>
</tr>
<tr>
<td>15</td>
<td>Lloyds Pharmacy</td>
<td>9 - 13 Exchange Street</td>
<td>S 2 5TR</td>
</tr>
<tr>
<td>16</td>
<td>National Co-Operative Chemists Ltd</td>
<td>Castle House, 24 Angel Street</td>
<td>S 3 8LS</td>
</tr>
<tr>
<td>17</td>
<td>Peak Pharmacy</td>
<td>255 Southey Green Road, Southey Green</td>
<td>S 5 7QB</td>
</tr>
<tr>
<td>18</td>
<td>Peak Pharmacy</td>
<td>427 Herries Road, Norwood</td>
<td>S 5 7HF</td>
</tr>
<tr>
<td>19</td>
<td>Rowlands Pharmacy</td>
<td>493 Bellhouse Road, Shiregreen</td>
<td>S 5 0EP</td>
</tr>
<tr>
<td>20</td>
<td>Wicker Pharmacy</td>
<td>55 - 71 Wicker, Wicker</td>
<td>S 3 8HT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>West of the City</th>
<th>Name of the pharmacy</th>
<th>Address</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Weldricks</td>
<td>150 Crookes</td>
<td>S10 1UH</td>
</tr>
<tr>
<td>22</td>
<td>Alliance Pharmacy</td>
<td>Waitrose Supermarket</td>
<td>123 Ecclesall Road</td>
</tr>
<tr>
<td>23</td>
<td>Boots The Chemists Ltd</td>
<td>11 - 12 Hillsborough Arcade, Middlewood Road</td>
<td>S 6 4HL</td>
</tr>
<tr>
<td>24</td>
<td>Boots The Chemists Ltd</td>
<td>214 Fulwood Road, Broomhill</td>
<td>S10 3BB</td>
</tr>
<tr>
<td>25</td>
<td>Boots The Chemists Ltd</td>
<td>252 - 254 West Street</td>
<td>S 1 4EU</td>
</tr>
<tr>
<td>26</td>
<td>Co-Op Pharmacy</td>
<td>621 Middlewood Road, Hillsborough</td>
<td>S 6 1TV</td>
</tr>
<tr>
<td>27</td>
<td>Crookes Valley Pharmacy</td>
<td>188 Crookesmoor Road, Crookesmoor</td>
<td>S10 1BE</td>
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<tr>
<td>28</td>
<td>Lloyds Pharmacy</td>
<td>30 Addy Street, Upperthorpe</td>
<td>S 6 3FT</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Name</td>
<td>Location Details</td>
<td>Postcode</td>
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</tr>
<tr>
<td>29</td>
<td>Lloyds Pharmacy</td>
<td>Porter Brook Medical Centre 9 Sunderland Street</td>
<td>S11 8HN</td>
</tr>
<tr>
<td>30</td>
<td>National Co-Operative Chemists Ltd</td>
<td>517A Manchester Road Stockbridge</td>
<td>S36 1DH</td>
</tr>
<tr>
<td>31</td>
<td>Peak Pharmacy</td>
<td>54b Holme Lane Hillsborough</td>
<td>S 6 4JQ</td>
</tr>
<tr>
<td>32</td>
<td>Tesco Pharmacy</td>
<td>50 Montgomery Terrace Road Upperton</td>
<td>S 6 3BU</td>
</tr>
<tr>
<td>33</td>
<td>Lloyds Pharmacy</td>
<td>9 Johnson Street Stockbridge</td>
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<td>298 Glossop Road Wadsley</td>
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<td>3A Far Lane Wadsley</td>
<td>S6 4FA</td>
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<td></td>
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<tr>
<td>36</td>
<td>Abbeydale Pharmacy</td>
<td>715-717 Abbeydale Road</td>
<td>S7 2BE</td>
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<tr>
<td>37</td>
<td>Alliance Pharmacy</td>
<td>628 Abbeydale Road</td>
<td>S 7 2BA</td>
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<td>38</td>
<td>Boots The Chemists Ltd</td>
<td>649 Ecclesall Road</td>
<td>S11 8PT</td>
</tr>
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<td>39</td>
<td>Bradway Pharmacy</td>
<td>298 Twentywell Lane Bradway</td>
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<td>S12 3GH</td>
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<td>41</td>
<td>Chesterfield Road Pharmacy</td>
<td>756 – 758 Chesterfield Road Woodseats</td>
<td>S 8 0SE</td>
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<tr>
<td>42</td>
<td>Co-Op</td>
<td>45 Baslow Rd Totley</td>
<td>S17 4DL</td>
</tr>
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<td>43</td>
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<td>44</td>
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<td>Unit 5 Heeley Retail Park Chesterfield Rd</td>
<td>S8 0RG</td>
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<tr>
<td>59</td>
<td>Alliance Pharmacy</td>
<td>20 Asline Road S 2 2UJ</td>
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</tr>
<tr>
<td>No.</td>
<td>Pharmacy Name</td>
<td>Address</td>
<td>Location</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------</td>
<td>----------------------------------------------</td>
<td>------------</td>
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<tr>
<td>60</td>
<td>Alliance Pharmacy</td>
<td>42 Manor Park Centre</td>
<td>S2 1WE</td>
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<td>61</td>
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<td>121 Upwell Street</td>
<td>Brightside</td>
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<td>62</td>
<td>Boots The Chemists Ltd</td>
<td>4 - 6 High Street</td>
<td>S1 1QF</td>
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<td>Boots The Chemists Ltd</td>
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<td>Meadowhall</td>
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<td>64</td>
<td>Boots The Chemists Ltd</td>
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<td>S1 4PA</td>
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<td>Frecheville</td>
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<td>Eckington Way</td>
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<td>266 Gleadless Rd</td>
<td>Heeley</td>
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<tr>
<td>75</td>
<td>Medisun Pharmacy Limited</td>
<td>255 Shoreham Street</td>
<td>S1 4SS</td>
</tr>
<tr>
<td>76</td>
<td>National Co-Operative</td>
<td>503 – 505 Gleadless Road</td>
<td>Newfield Green</td>
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<td>77</td>
<td>Park Grange Pharmacy</td>
<td>37 Park Grange Drive</td>
<td>S2 3SF</td>
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<td>78</td>
<td>Peak Pharmacy</td>
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<td>Manor Top</td>
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<td>Gilbert &amp; Armstrong – Mosborough</td>
<td>36 Queen Street</td>
<td>Mosborough</td>
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<td>Weldricks Pharmacy</td>
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<td>Darnall</td>
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<tr>
<td>85</td>
<td>Woodhouse Pharmacy</td>
<td>5 Skelton Lane</td>
<td>Woodhouse</td>
</tr>
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</table>
Appendix III Patient Information Letter & Leaflet.

Dear Patient,

Re: Breath test.

Your doctor has requested that you have a breath test. This test is used to detect a small bug (bacteria) called *Helicobacter pylori*, which is linked to stomach (gastric) disease.

Your doctor has asked you to have this test to see if you have this infection, as this may be the cause of your symptoms, or if you have had this test before it is to check that the medicines you have taken have successfully removed the bacteria.

In order to have the test you must make sure that:

1. **You do not take any antibiotics during the 4 weeks before the test.**

2. **You do not have any of the medicines, given for indigestion; omeprazole (Losec®, Zanpro®,), lansoprazole (Zoton®), esomeprazole (Nexium®), pantoprazole (Protium®) or rabeprazole (Pariet®) during the 2 weeks before the test.**

3. **You do not have any antacids, such as Peptac or Gaviscon or medicines such as ranitidine or cimetidine in the last 24 hours before the test.**

4. **You do not eat for at least 6 hours before you have the test, but you may have a sip of water.**

Please brush your teeth before leaving home to come for the test.

The test is very safe and easy to perform.

The results will be sent back to your doctor or pharmacist (whoever is performing the test) within 6 working days (usually) of having the test and they will let you know the result.

The leaflet attached explains what will happen during the test in more detail. If you have any concerns about the test, please ask your doctor, nurse or pharmacist before coming for the test.

Yours sincerely,
How is *H.pylori* treated?

*H.pylori* is killed by a combination of medicines.

You will need to take two antibiotics at the same time. In addition, you will need to take a medicine to reduce the acid in the stomach. (PPI e.g. Omeprazole, lansoprazole). This allows the antibiotics to work well in the stomach.

You will need to take this ‘combination’ therapy for 1 week.

It is important to take all the medicines exactly as directed, and to take the full course.

If this combination is taken correctly then this will clear the infection in almost all cases.

If you are using the combined oral contraceptive pill or transdermal patch you must use extra contraceptive precautions whilst taking the combination therapy and for a week after finishing the course.

If you are taking warfarin you must have your INR levels checked 3 days after starting the combination therapy.

Are there any side effects?

Most people don’t have any problems. The most common side effects are:

Indigestion, feeling sick, diarrhoea and headaches.

It is worth trying to finish the course if the side effects are not too bad.

If you have any problems then please speak to your doctor or pharmacist as a different set of tablets can be tried.
What is *Helicobacter pylori*?

*Helicobacter pylori* (commonly called *H.pylori*) is a bacterial infection that is found in the stomach or small intestine. It is one of the most common infections in the UK and more than a quarter of people will be infected with it.

What problems does it cause?

- Usually none — most people have no symptoms and don’t even know they’re infected.
- Infection with *H.pylori* is the most common cause of stomach ulcers or indigestion. An ulcer is where the lining of the stomach or intestine is damaged by the acid which is made in the stomach.
- The exact way *H.pylori* causes ulcers in some infected people is not clear.
- It is thought that it may alter the lining of the stomach (which is there to protect the stomach from acid) in some patients.

How is *H.pylori* diagnosed?

A simple breath test can let us know whether you are infected with *H.pylori* or not.

What is the breath test?

The breath test is when a sample of your breath is analysed to check for *H.pylori*. You will be asked to blow into 2 tubes and then you will be asked to swallow a whole tablet containing a substance called ‘urea’ with a drink of water.

Ten minutes later you will then be asked to blow into another 2 tubes. The test is now finished.

The test detects whether the bacteria is present by examining the carbon dioxide in your breath. It is a very safe and accurate test.

Before you can have the breath test you need to make sure that:

- You have not fasted for 6 hours.
- You have not had any antibiotics in the last month.
- You have not had any PPIs (lansoprazole, omeprazole) in the last 2 weeks.
- You have not had any antacids within the last 24 hours.

**Do I need to be tested for *H.pylori***?

You will need to be tested for *H.pylori* if:

- You have a peptic ulcer
- You have symptoms of indigestion that won’t go away, despite medication. (Treating for *H.pylori* may or may not cure this)
- It is common to test for *H pylori*, before doing any other tests in all patients with indigestion symptoms. If it is found then it can be treated. Once treated you should find that your symptoms may completely go away or they will be less severe than before.

Your doctor will decide if you need any further tests after this one. E.G. endoscopy (camera down your throat)
Appendix IV  Checklist Prior to Administering Breath Test.

- Ensure the patient is aged 18 or more……………………………………………………… □
- Ensure that the GP has completed referral form (appendix I)………………………… □
- Ensure the patient is not pregnant or breastfeeding (no point in testing because even if a positive result comes back the patient is excluded from taking the eradication therapy)……………………………………………………………………………. □

Ensure that the patient has:
- Fasted for at least 6 hours*…………………………………………………………………… □
- Not had any antibiotics in the previous 28 days*…………………………………………… □
- Not had any PPIs (lansoprazole, omeprazole, rabeprazole, esomeprazole, or pantoprazole) within the last 2 weeks*………………………………………………………… □
- Not had any antacids (including H2 antagonists i.e. ranitidine, cimetidine, nizatidine or famotidine) within the last 24 hours*……………………………………………………□
- The ability to swallow a whole tablet (about the size of a paracetamol tablet)…… □

*If the patient has not followed the instructions before attending for a breath test, the test cannot be performed on that day and the test should be re-booked for a more appropriate day.
## Appendix V  Protocol for the Urea Breath Testing Service

### 1. Clinical Condition

<table>
<thead>
<tr>
<th>Define situation/condition</th>
<th>Detection of <em>H. pylori</em> infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria for inclusion</td>
<td>Named patient (aged 18+) referred by GP (using referral form (appendix 1) to participating pharmacist or own staff ensuring a record is made in the patient’s notes.</td>
</tr>
</tbody>
</table>
| Criteria for exclusion      | • Patient aged under 18.  
• Patients that have not fulfilled the criteria i.e. have had antibiotics within the last 28 days or PPIs within the last 14 days.  
• Patients that cannot swallow a tablet (the size of a paracetamol tablet) – these patients cannot be given DIABACT UBT and will need to be prescribed another breath test, which consists of a drink being swallowed rather than a tablet.  
• Patients who are pregnant or suspect they might be  
• Breastfeeding mothers (pregnant and breastfeeding patients are excluded from eradication therapy, so do not test routinely). |
| Action if excluded          | Refer back to GP |
| Action if patient declines  | Refer the patient back to the GP and make a record in the patient’s notes |

### 2. Characteristics of staff

| Qualifications required     | Health Care Worker (HCW) trained and assessed to carry out the Urea Breath test.  
Pharmacy Dispenser/Pharmacist trained and assessed to carry out the Urea Breath test.  
(Training is available via the PCT) |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Continuing education/training</td>
<td>Annual update and reassessment of competency to carry out the Urea Breath test.</td>
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### 3. Description of treatment

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>Diabact UBT 50mg tablets</th>
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<tr>
<td>POM/P/GSL</td>
<td>POM</td>
</tr>
<tr>
<td>Dose</td>
<td>One 50mg tablet</td>
</tr>
<tr>
<td>Route Method</td>
<td>Oral</td>
</tr>
<tr>
<td>Frequency</td>
<td>Once</td>
</tr>
<tr>
<td>Total dose number</td>
<td>One 50mg tablet</td>
</tr>
<tr>
<td>Follow up</td>
<td>None required</td>
</tr>
<tr>
<td>Advice for Staff:</td>
<td>Follow the method details for breath sample collection (Diabact UBT kit)</td>
</tr>
<tr>
<td>Advice for patient:</td>
<td>Patient information leaflet and letter (appendix III given to patient by GP before attends for test)</td>
</tr>
</tbody>
</table>
Appendix V Standard Operating Procedure Form for Diabact UBT

Patient Details

Patient name: ......................... NHS number: .................

Patient Address: ........................................

........................................................................
........................................................................

Postcode: ...........................

Tel no (home): ............................. Tel No (mobile): .............

GP name: ...........................................................

GP Tel No: .............................................................

Diabact UBT

Batch number: .............................. Expiry Date: ..................

Questions pre test: ............................. Y N

Questions to ask patient before the test is commenced.

1. Have you had anything to eat in the last 6 hours? □ □

2. Have you had antibiotics in the last 4 weeks? □ □

3. Have you had a PPI in the last 14 days? □ □

4. Have you had an antacid e.g. Gaviscon in the last 24 hours? □ □

5. Are you pregnant or think you may be? □ □

6. Are you a breastfeeding mother? □ □

If any of the above has been answered yes then do not proceed with the test.
Appendix V (continued)  Breath Sample Collection (Diabact UBT kit) Protocol

1  Ensure that the patient has understood and followed the instructions described in the letter and leaflet to the patient.

2  Collect 2 baseline samples as follows:
   a) Instruct the patient to hold their breath for a few seconds and then to blow through the straw into the base of the container with the blue top tube (zero time);
   b) With the patient still blowing, withdraw the straw as condensation appears inside the tube.
   c) Replace cap quickly (do not over tighten).
   d) Write the patient's name on the tube.
   e) Repeat with the second blue top tube.

3  Give the patient ONE $^{13}$C-urea tablet, to be swallowed with 150-200 ml water. They should stand while they swallow the tablet and then sit for the 10-minute period.

   Start time    End time

4  **Ten minutes** after swallowing the tablet. Collect 2 breath samples in the red top tubes as described above.

5  Check names/bar codes on pairs of zero and 10-minute tubes. The test is now completed for the patient.

6  Keep the individual patients’ tubes together and return them to the laboratory for analysis.

7  Documentation indicating patient’s surname, first name, date of birth and the address for the report must accompany the tubes.

8  Remember to seal the box with the “security strip” before posting

9  Document batch number of test and barcode number from the labels supplied in box (not on tubes or box) on the “Urea Breath Test Patient Record” (appendix VI pharmacist only) GP staff to record in patients notes.

**Summary:**

$T=0$ minutes; do 2 baseline samples, into test tubes with blue tops.

Give patient one $^{13}$C-urea tablet, to be swallowed with plenty of water, while standing. Then ask patient to take a seat in the waiting area for 10 minutes.

$T=10$ minutes (after ingestion of tablet); do 2 breath samples into test tubes with red tops

Test carried out by:..........................................................Date..............................

Checked by.............................................................................................................
# Appendix VI: Urea Breath Test Patient Record
(for community pharmacy use)

**Test Reference Number**

<table>
<thead>
<tr>
<th>Patients Name:</th>
<th>Contact Number:</th>
</tr>
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<td>GP/ Surgery:</td>
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>GP referral form (appendix I)</td>
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</tr>
<tr>
<td>Patient given pre-test letter and</td>
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<tr>
<td>leaflet (appendix III)</td>
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<td>Date:</td>
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<td>Date:</td>
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<tr>
<td>Test procedure form (appendix V)</td>
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<td>completed</td>
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<td>Record test identification code:</td>
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</tr>
<tr>
<td>Commence summary claim form (appendix VII)</td>
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<tr>
<td>Counselling given (test, result, implications)</td>
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<tr>
<td>Test kit completed (Form, box sealed &amp; addressed)</td>
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<td>Test kit posted</td>
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<td>Result received</td>
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</tr>
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<td>Date:</td>
</tr>
<tr>
<td>Treatment supplied</td>
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<td>Summary claim form (appendix VII)</td>
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<td>GP Informed (appendix XI)</td>
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</table>

**Notes:**
Appendix VII    Summary Claim Form for Community Pharmacists

H-PYLOREI BREATH TEST

Month of Test Result/Therapy : ____________________________

Summary Claim Form for Community Pharmacists
To be returned by the 10th of the month to Jo Tsoneva, Pharmacy Development Manager, NHS Sheffield, 722 Prince of Wales Road, Sheffield S9 4EU Telephone 0114 3051274.

<table>
<thead>
<tr>
<th>Total Number of Tests/Results Done</th>
<th>Total Number Given Eradication therapy</th>
<th>Total Number where Prescription Charge Levied</th>
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</thead>
<tbody>
<tr>
<td>+ve</td>
<td>-ve</td>
<td>L.A.C*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L.M.C*</td>
</tr>
</tbody>
</table>

*L.A.C = Lansoprazole, Amoxicillin & Clarithromycin  L.M.C = Lansoprazole, Metronidazole & Clarithromycin

If the patient normally pays prescription charges, the same applies under the PGD – total reimbursed is the eradication fee minus the prescription charge.

I confirm that I have carried out the above service.

Name:........................................................................................................

Signature:..............................................................................................
Appendix VIII Eradication Therapy Procedure for Community Pharmacists.

Upon receipt of a positive result from Glasgow Royal Infirmary.

Recall patient to see pharmacist who is authorised to supply the eradication therapy under PGD.

Summary of supply to patient under PGD of a 7-day, twice daily course of:

- Lansoprazole 30mg
- Amoxicillin 1g
- Clarithromycin 500mg

or if patient is allergic to penicillin:

- Lansoprazole 30mg
- Metronidazole 400mg
- Clarithromycin 250mg

For BOTH PGDs:

- Check exclusions
- Check contra indications
- Check cautions
- Check interactions

- If after checking exclusions, contra indications, cautions and interactions the pharmacist has any concerns as to the suitability of the eradication therapy the GP should be consulted and informed of any potential consequences. If necessary the eradication therapy should be withheld until the pharmacist is satisfied as to the safety of supplying the drugs.

- Label the eradication therapy being supplied.

- Check if the patient normally pays NHS prescription charges. Complete an exemption form (appendix X) if the patient is exempt from paying NHS prescription charges.

- Supply the patient with the eradication therapy, giving the manufacturers’ PILs, together with eradication leaflet (appendix IX) and any relevant counselling and advice.

- The summary claim form (appendix VII) should be completed.
Your *Helicobacter pylori* treatment

**Patient Information**

**What treatment will I need for H.pylori?**
For effective treatment you will need to take a combination of medicines, two antibiotics and a medicine to reduce the acid in your stomach, all at the same time.

**How long will I have to take this combination?**
You will need to take this combination of medicines for one week.

**What should I expect after I have finished my course of treatment?**
After taking your course of medicines you may suffer from further symptoms similar to those you had before treatment.

**How long will this last?**
Usually these symptoms will settle on their own within a few weeks.

**What if I don’t get any better?**
If the symptoms have not settled down after a month then please return to your GP. Please consult your pharmacist or GP if you have any concerns about this.
Appendix X: Declaration of Prescription Exemption Declaration of Prescription
To be completed by the patient

The patient doesn't have to pay because he/she:

A ☒ is under 16 years of age
B ☒ is 16, 17 or 18 and in full-time education
C ☒ is 60 years of age or over
D ☒ has a maternity exemption certificate
E ☒ has a medical exemption certificate
F ☒ has a prescription prepayment certificate
G ☒ has a war pension exemption certificate
L ☒ is named on a current HC2 charges certificate
H ☒ gets income support
K ☒ gets income-based jobseekers allowance
M ☒ is named on a working families Tax Credit NHS exemption certificate
N ☒ is named on a disabled persons Tax Credit NHS exemption certificate

I am the patient ☐ I am the patient’s representative ☐

To the Patient - Please complete the declaration below:

1. I am exempt from charges for the reason specified above. I understand that this is an NHS service and that the NHS will retain data relating to my use of the service and may contact me for my views.

Signed (Patient)…………………………………….Date……………………………………………….

Evidence of Exemption Seen: YES ☐ NO ☐
Appendix XI Communication Form : Helicobacter pylori result

Patient name: ……………………………………………
Patient Address: …………………………………………
…………………………………………
…………………………………………
NHS number ……………………………………………
Referring GP: ……………………………………………
GP address:………………………………………………
………………………………………………
………………………………………………
Date of test:………………………………..

I confirm that the above patient presented for a Helicobacter pylori breath test and the result was:

Positive □ Negative □

The patient was given:

Lansoprazole, Clarithromycin and Amoxicillin under a PGD and advice (PIL) □

Lansoprazole, Clarithromycin and Metronidazole under PGD and advice (PIL)* □

Advice** □

* Only patients allergic to penicillin.
**Patient (H.pylori negative only) was given diet and lifestyle advice plus over the counter medication where appropriate. Advised to see GP if dyspepsia symptoms persist. Patient should be managed as per NICE guidelines.

Any other comments: ………………………………………………………………………………………………
………………………………………………………………………….…………
………………………………………………………………………….…………

Please add to the patient’s medical records and read code accordingly:

4JMO Helicobacter pylori GI tract infection. (Positive) □
8BAC Helicobacter eradication therapy (System1 Read Code: Xa1v4) □
4JM1 Helicobacter pylori negative □

Name of Pharmacist: ____________________________ Date: ____________________________

Signature of Pharmacist: ____________________________

Pharmacy Stamp: ____________________________
Appendix XII  Annual audit

The Medicines Management Team Practice Pharmacist or Practice Technicians will on an annual basis audit at random 10% of practices (randomised list of practices which is then fixed and worked down in rotation) and within these practices 10% of all tested patients to ensure that patients were appropriately referred.

Do a search on read code 3167

Of total number identified on search choose 10% of total at random.

Of these 10% enter patient’s notes and ensure the patient had dyspepsia and therefore was an appropriate referral for breath test.

The Medicines Management Team will check total amount of kits ordered and delivered to practices, against that number of claims returned by each practice. Any wild variations in numbers should be investigated. E.G. Practice has submitted 20 claims for year, had delivered 50 kits. Allowing for number kept in stock (one months supply) does a discrepancy exist? A visit to the practice to verify stock can be made if appropriate.
# ORDER FORM

<table>
<thead>
<tr>
<th>Name of GP Practice or Pharmacy (please print clearly)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery Address in full (see 18.2 in specification)</td>
<td></td>
</tr>
<tr>
<td>(please print clearly)</td>
<td></td>
</tr>
</tbody>
</table>

Please supply ☐ Helicobacter Pylori breath testing kits

Signed: ________________________________

Print Name: ________________________________

Job Title: ________________________________

Date: ________________ Contact Number: _____________________

**FAX ORDERS TO:**
Keith Robertson
Fax: 0114 271 6141
Tel: 0114 271 6190

**E-MAIL ORDERS and QUERIES TO:**
Nathan.kelly@sct.nhs.uk
Tel: 0114 271 6147
Fax: 0114 271 6148