Helicobacter pylori testing is an invest-to-save opportunity for PCOs

Gareth Malson looks at what is involved in offering Helicobacter pylori testing and eradication treatment from pharmacies.

Heartburn, a bloated stomach, nausea and, perhaps, an excessive consumption of Rennies. All are signs or symptoms of undiagnosed dyspepsia — a condition that affects 40 per cent of the population, according to 2004 guidelines from the National Institute for Health and Clinical Excellence (www.nice.org.uk). The same guidelines advocate that patients with suspected dyspepsia should be tested for the presence of Helicobacter pylori in the stomach. This can be done using a 13C-urea breath test (see Panel, p776).

Many people who are told by their GP that they need the test cannot have it done the same day (since, for example, the test should not be performed on anyone who has taken antacids during the previous 24 hours) so will need to return to do it. Testing could be a service that pharmacies offer but is it a worthwhile investment of pharmacy time?

When the NICE guidelines came out in 2004, there was no mechanism in place within primary care in Sheffield to deal with dyspeptic patients. “Traditionally, these patients had to go to the hospital to get tested for H pylori,” says James Wood, a director at...
PHARMACY SERVICES

Breath test for helicobacter

A urea breath test requires a breath sample to be collected before and after the patient swallows a 13C-urea tablet. Samples are collected when the patient blows through a straw into a test tube.

The sample is then sent to a laboratory to detect the presence of 13CO2. *H. pylori* produces urease enzyme, which breaks down 13C-urea into ammonia and 13CO2. Therefore, if these bacteria are present in the stomach, 13CO2 will be detected in the post-tablet breath sample.

Diabact UBT, which is used by GPs and pharmacies in Sheffield to detect *H. pylori*, costs £19.95 each (including laboratory analysis) although discounts are available on bulk purchases. Details on ordering it and a video showing how the test is performed is available at www.mdediagnostic.co.uk.

Wicker Pharmacy in Sheffield. To rectify the situation, the local primary care trust set up a service to allow H. pylori testing in GP surgeries or accredited community pharmacies (of which there are about 70).

How the system works

GPs are responsible for identifying patients who are suitable for undergoing a breath test, says Steve Freedman, deputy head of medicines management (primary care) for N H S Sheffield. These, for example, do not include people who present with alarm symptoms (eg, progressive unintentional weight loss, persistent vomiting, chronic gastrointestinal bleeding), who should be referred urgently for an endoscopy, he explains.

"Once suitable patients have been identified, they are given a referral form and instructions on how to prepare for a breath test," says Mr Wood. "They can then decide where they want to go to be tested."

Wicker Pharmacy is one of the participating pharmacies. Mr Wood told The Journal how the service is run: "Our service is technician-led, so patients will have an initial consultation with a technician who explains how the test works. Patients are then asked to come back when it is convenient for them — usually early morning, because the test must be conducted on an empty stomach."

The technician also needs to make sure patients are suitable for receiving the test.

Unsuitable patients include those who:

- Have taken antibiotics in the previous 28 days
- Have taken proton pump inhibitors during the previous 14 days
- Have taken an antacid in the previous 24 hours
- Are pregnant
- Are breastfeeding
- Are breastfeeding

"The test requires a breath sample to be collected before, and 10 minutes after, taking a 13C-urea tablet," he explains (an explanation of how the test works is given in the Panel). "We usually give patients a newspaper while they're waiting." Once the test is completed, the samples are sent to an approved laboratory. When the results return, the patient is contacted and given the result. "This is the only element of the service that's done by one of our pharmacists," says Mr Wood. "If the presence of H. pylori is confirmed, we can prescribe eradication treatment under a patient group direction. If it is not present, we offer lifestyle advice to help control the dyspepsia, and can recommend over-the-counter medicines."

Eradication treatment consists of a seven-day, twice daily course of:

- Lansoprazole 30mg
- Amoxicillin 1g (or metronidazole 400mg if the patient is allergic to penicillin)
- Clarithromycin 500mg (or 250mg if the patient is allergic to penicillin)

Pharmacists must also complete a communication form to notify the GP of the result of the test and which treatment, if any, was issued.

Pharmacies and GPs are paid £15 by the PCT for every test they perform, confirms Mr Freedman. Where eradication therapy is issued, the pharmacy is reimbursed for the cost of the medicines provided, according to that month's Drug Tariff (minus any standard prescription charges patients have paid), he adds.

For pharmacies to receive payment, a claim form needs to be completed after every test is performed, which also records whether the patient received eradication treatment. All forms are submitted to the PCT quarterly for payments to be processed.

Practice-based pharmacists working for the PCT provided evening training sessions on how the breath test is performed, who is eligible and how to run the service. According to Mr Freedman, such sessions are run once or twice a year, and all pharmacy staff are encouraged to attend. During these sessions, pharmacists are also given training on providing eradication therapy via a PGD.

Success

During the 2008/09 financial year, around 2,000 breath tests were performed through the Sheffield scheme. Of these, about 800 were carried out in pharmacies. Mr Freedman believes that, if the service is well run and receives good support from local GPs, an individual pharmacy could expect to conduct 30–40 tests per year.

Mr Wood is adamant that offering this service through pharmacies and GPs benefits patients: "Our service has been particularly popular with those in full-time employment who might struggle to find the time to schedule a second GP appointment. These people can have the test done in our pharmacy before work or on a weekend."

"As an enhanced service, it's a really good thing to be involved with. We enjoy doing it, we've received good feedback from patients and the remuneration is reasonable. It's also an 'invest to save' opportunity for commissioners, particularly where such tests are being conducted in hospitals. Or, where tests are conducted by GPs, pharmacies that open early in the morning or at weekends could improve public access."

Although this service does not represent a massive financial opportunity for pharmacies, it does offer an opportunity for additional income through a service that does not need to take up too much of pharmacists’ time.

Not many primary care organisations offer this service through pharmacies. The key to convincing a PCO to commission such a service may lie in emphasising the benefits that pharmacies can offer — ie, increased public access. With almost half the population suffering from dyspepsia, many stand to benefit from this service.