

Our Reference North East and North Cumbria ICB\
FOI ICB 24-008

NECS – John Snow House
Durham University Science Park
Durham
DH1 3YG

Tel: 0191 301 1300
E-mail: necsu.icbfoi@nhs.net

By Email

8 April 2024

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received by North of England Commissioning Support (NECS) on 3 April 2024 for information held by NHS North East and North Cumbria Integrated Care Board (NENC ICB) under the provisions of the Freedom of Information Act 2000.

NENC ICB covers the areas of County Durham, Gateshead, Newcastle, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley (which covers the 5 councils that make it up – Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton-on-Tees).

Please find the information you requested on behalf of the ICB as follows.

Your Request

I am looking into Local guidelines on management of dyspepsia and looking at dyspepsia pathways in primary care, more specifically, what, if anything, is stipulated on how to test for H. pylori (Stool antigen, breath testing or serology).

The guidelines could look a bit like the North Central London ICB one I have attached.



North-Central-Lond
on-ICB-Dyspepsia-p.

I have not been able to find one for your Care Board online – I have only managed to find your Northern Cancer Alliance Guidelines.

Please could you provide me with:

1. Your Integrated care board guideline on dyspepsia management in primary care

2. If you do not have an ICB guideline on this, your old CCG guidelines on dyspepsia management in primary care.
3. Let me know if the northern Cancer Alliance guidelines are what primary care in your ICB follows if there are no other guidelines

If anything is unclear please do contact me.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB holds some of the information you have requested.

1. There are no local Dyspepsia management in primary care guidelines. ICB follows NICE guidance on dyspepsia management. ICB formulary is available at: [North East and North Cumbria Formulary \(northeastnorthcumbriaformulary.nhs.uk\)](http://NorthEastandNorthCumbriaFormulary.northeastnorthcumbriaformulary.nhs.uk)
2. There are no CCG guidelines still available.
3. The Northern Cancer Networks guidelines are followed across the ICB where appropriate. In South Tyneside and N Cumbria there is a dyspepsia Healthpathway. It is quite detailed and difficult to share, so the relevant section on H. Pylori testing is shown below:

***Helicobacter pylori* test and treat**

H. pylori is:

- an independent risk factor for peptic ulcer disease.
- present in about 50% of patients with functional dyspepsia. It is not always clear whether *H. pylori* causes the symptoms.

When testing for *H. pylori*, ensure that the patient has not taken a proton pump inhibitor in the past 2 weeks or had antibiotics in the past 4 weeks.

A stool antigen test detects current infection.

Medical management starting with *H. pylori* test and treat

- Arrange [H. pylori test and treat](#).

***Helicobacter pylori* test and treat**

H. pylori is:

- an independent risk factor for peptic ulcer disease.
- present in about 50% of patients with functional dyspepsia. It is not always clear whether *H. pylori* causes the symptoms.

When testing for *H. pylori*, ensure that the patient has not taken a proton pump inhibitor in the past 2 weeks or had antibiotics in the past 4 weeks.

A stool antigen test detects current infection.

- If *H. pylori* test is negative:
 - Offer empirical full-dose PPI:
 - [Omeprazole](#) 20 to 40 mg once a day for a month
 - [Lansoprazole](#) 30 mg once a day for a month
 - If there is not an adequate response after both of these, consider requesting [routine gastroenterology assessment](#).
- If *H. pylori* test is positive, offer [first-line eradication therapy](#).

First-line eradication therapy

Do not use clarithromycin, metronidazole, or quinolone if used in the past year for any infection. If diarrhoea develops, consider *Clostridium difficile*.

- First-line treatment – Offer a 7-day course of treatment with:
 - [omeprazole](#) 20 mg twice a day, and
 - [amoxicillin](#) 1 g twice a day, and
 - [clarithromycin](#) 500 mg twice a day.
- Second-line treatment – Offer a 7-day course of treatment with:
 - [omeprazole](#) 20 mg twice a day, and
 - [amoxicillin](#) 1 g twice a day, and
 - [metronidazole](#) 400 mg twice a day.
- If the patient is allergic to penicillin, offer a 7-day, twice a day course of treatment with:
 - a PPI, and
 - [clarithromycin](#) 500 mg twice a day, and
 - [metronidazole](#) 400 mg twice a day.
- If the patient is allergic to penicillin and has ever had previous exposure to clarithromycin, offer a 7-day, twice a day course of treatment with:
 - a PPI, and
 - [metronidazole](#) 400 mg twice a day, and
 - [levofloxacin](#) 250 mg twice a day.
- If adequate response, advise the patient on [follow-up and self-care](#).
- If no adequate response:
 - and retesting shows *H.pylori* is still present, offer [second-line eradication therapy](#). If adequate response, advise the patient on [follow-up and self-care](#).
 - offer [full-dose PPI](#) for a month.
 - consider requesting [routine gastroenterology assessment](#).

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by the North of England Commissioning Support Unit.

The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow

Cheshire
SK9 5AF

www.ico.org.uk

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk . This will not affect your initial information request.

Yours sincerely

S Davies

S Davies
Information Governance Officer