Designing an Intervention for Improving Primary Care Management of Sleep Problems

**REST:** Resources for Effective Sleep Treatment

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**Context**

An improvement project in a Primary Care Trust in Lincolnshire, UK. Lincolnshire is a large rural county in the East Midlands of the United Kingdom comprising almost 700,000 patients. The project included patients, general practitioners, primary care teams, pharmacists and the research team.

The aims of the project are to:

- Reduce rates and volume of hypnotics and benzodiazepines prescribing by 50% and 25%, respectively in 3 years.
- Increase use of recorded non-pharmacological measures in insomnia up by least 100% in 3 years.
- Improve the user experience of management of insomnia.

**Problem**

Hypnotherapy continues to rise in the UK. The clinical benefits of hypnotic drugs are small with significant risks of complications from adverse cognitive, psychiatric or psychomotor effects. The cost of the problem, its nature and barriers to improvement are not well understood.

Previous attempts to improve prescribing rates in this area of practice varied due to practitioner and patient attitudes, lack of organisational support or systems for change.

**Practice Collaborative**

GP practices (8) worked as part of a collaborative approach (GP-led multi-disciplinary study: Act cycles and process redesign in unit assessment tools and measurement techniques). GPs showed innovative ways to respond to management of insomnia. GPs tested new models of assessment and non-drug treatment showing how these could be “normalized” in a primary care setting.

**Focus Groups**

Focus group studies of patients and prescribing practitioners have shown that:

1. Patients would like GPs to listen, show more empathy, assess carefully, provide alternatives to addictive drugs and provide more written advice. Practitioners want to be better equipped to provide alternatives to drugs and wean patients off when addicted to drugs.
2. Previous attempts to improve prescribing rates in this area of practice varied due to practitioner and patient attitudes, lack of organisational support or systems for change.

**Change in Prescribing**

GPs were able to introduce innovations into routine practice with early evidence of benefit to patients and changes in prescribing.

We are using Statistical Process Control (SPC) to identify changes in prescribing and this has been spread to other quality improvement measures across the PCT.

**Modelling Studies**

We plan to undertake a cluster randomized trial of an educational intervention for practice teams (GPs, nurses and practice managers).

- The intervention will be based on patient’s personal experience, efficient communication skills, trust and the long-term relationship in primary care and will include:
  - Assessment using sleep diaries & insomnia severity index (ISI).
  - Individualised Cognitive Behavioural Treatment for Insomnia (CBT) including:
    - sleep hygiene
    - repair relaxation
    - paradoxical intention
  - Interventions individualised and tailored to patient need.
  - Proposed outcomes: sleep measures, quality of life, prescribing rates, cost effectiveness.

**ANALYSE**

- Strategy for Change
- Further Information
- Lessons Learnt

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