Resources for Effective Sleep Treatment (REST): case study of engaging general practice teams to improve the quality of care for patients presenting with sleep problems

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Method: multiple case study

- Empirical enquiry investigating a contemporary phenomenon in real-life context
- Boundary between phenomenon and context unclear
- Using multiple sources of evidence, triangulating data

Questions

- Why and how did general practices engage to improve quality of care for insomnia?
- What was the effect of this engagement?
- What are the lessons for future quality improvement collaboratives?
Insomnia and general practice

- Common > 30% of adults in any year
- Recurrent or chronic in 33%, i.e. 10% of population
- Psychological, physical effects, reduced productivity and impaired quality of life
- Hypnotic drug use persistent despite evidence for non-pharmacological interventions
Resources for Effective Sleep Treatment

- Improve the user experience of treatment for insomnia
- Increase non-pharmacological treatment of insomnia
- Reduce rate (and costs) of inappropriate Z-drug and benzodiazepine hypnotic prescribing
Problem: Insomnia
Population: Adults presenting to general practice with sleep problems
Priorities (aims): Improvement in care for insomnia

Inputs: QI methods

Activities: Surveys
Collaborative
Focus groups
Education
QI methods
Feedback

Outputs: Improved processes of care for insomnia

Participants: General practices and patients

Anticipated outcomes
Unanticipated Outcomes

Short term: Quality collaboratives for insomnia
Improved care processes for insomnia

Medium term: Increased utilization of CBTi
Reduced inappropriate hypnotic prescribing

Long term: Increased diffusion of QI methods
Improved care for other clinical areas

Practitioner beliefs about sleep

- GPs did not like prescribing drugs but were not sure what else they could do or how to do this

- Compared to anxiety where GPs tended to use or refer for psychological treatments for insomnia, drugs were often an early choice of treatment, particularly Z drugs over benzodiazepine hypnotics

- GPs positive to initiatives to reduce inappropriate prescribing

Siriwardena AN, Qureshi Z, Gibson S et al. Family doctors’ attitudes and behaviour to benzodiazepine and Z drug BJGP 2006.

What patients told us about hypnotics

- 95% had taken hypnotics for 4 weeks or more
- 45% advised to continue treatment for a month or more and a further 42% not advised on duration
- 92.1% were on repeat prescriptions
- 87.9% first prescribed by GP
- 18.6% wished to stop medication

Siriwardena AN, Qureshi MZ, Dyas JV, Middleton H, Ørner R. Magic bullets for insomnia? Patients’ use and experience of newer (z drugs) versus older (benzodiazepine) hypnotics for sleep problems in primary care. BJGP 2008.
What patients needed

- Listening, empathy, taking the problem seriously
- Health beliefs: concerns about sleep tablets vs. need for help
- Previous self-help: what they have tried already: OTC, complementary
- Careful assessment
- Problem focused therapy: including CBT-i

What practitioners needed to understand

- Don’t assume that patients would always want or need a prescription
- Many patients had tried non-drug treatments but not adequately or consistently
- Patients are often open to alternatives

Changes in processes and prescribing
Why did change occur?

- Interest in topic
- Funding
- High prescribing
- Concern re hypnotics
- Peer pressure
- Non-PCT initiative
- Non-QOF

Initial interest

Engagement and innovation

Changes in practice and feedback
How did change occur?

- Real engagement of practice staff
- Willingness to innovate and initiate change
- Better understanding of patient expectations and staff preconceptions
- Commitment to address educational and learning needs for patients and practitioners
- Overcoming barriers to implementing new tools and techniques
- Response to feedback on new tools and techniques
- Approach tailored to practice
Problem:
- Poor care of insomnia
- Low levels of interest
- Limited understanding
- Therapeutic inertia
- +/- Pressure to change

Population:
- Primary professionals
- Patients
- Commissioners
- Regulators

Priorities (aims):
- Improvement in care for insomnia
- Reduction in inappropriate prescribing

Inputs: QI activities

Outputs: Improved care processes for insomnia

Activities:
- Survey feedback
- Interviews of patients and practitioners
- Collaboratives
  - [Education] Providing resources
  - Overcoming barriers with QI methods
- Sharing knowledge
- Feedback

Participants:
- General practices
- Patients
- PCT

Anticipated outcomes

Unanticipated outcomes

Competing explanation
- Improved care processes for insomnia
- Model(s) for testing
- Other initiatives
- Pressure on prescribing budgets
- Peer/regulatory pressure
- Etc.

Short term:
- Improved care processes for insomnia
- Reduced inappropriate hypnotics
- Increased use of other sedatives
- Failure to implement
- Worse experience for some patients
- Lack of support and unmasking

Medium term:
- Increased utilization of CBTi
- Reduced inappropriate hypnotics
- Improved care for other clinical areas

Long term:
- (?) Increased diffusion of QI methods
- (??) Improved care for other clinical areas

Evidence/data:
- Surveys
- Observation (inc. participant)
- Interviews, meetings and focus groups
- Time series
- Surveys
- Randomised controlled study
Conclusions

- GPs and patients contributed to information for how care for insomnia could be improved.
- Practices tested out new models of assessment and non-drug treatment including components of CBTi showing how these could be ‘normalized’ within a primary care setting.
- This type of ‘modelling’ collaborative is helpful for developing new or adapting existing interventions prior to formal testing.

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