Patient experiences of a quality improvement initiative to reduce inappropriate hypnotic prescribing in a rural practice

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Insomnia

- Difficulty in falling or staying asleep during the night
- Psychological and Physical impairments
- Approx 50% of Insomnia sufferers present to Primary Care
- £22m a year spent in primary care on Hypnotics
Aims of REST

- Improve the user experience of treatment for insomnia
- Increase non-pharmacological treatment of insomnia
- Reduce rate (and costs) of Z-drug and benzodiazepine hypnotic prescribing
Background - The collaborative

- Long term hypnotic use = evidence of greater harm than benefit

- 3 subjective sleep assessment tools:
  - Sleep Diary
  - Insomnia Severity Index
  - Pittsburgh Sleep Quality Index (PSQI)

- Cognitive Behavioural Therapy for Insomnia (CBTi)
Sleep management programme

- Gradual withdrawal from hypnotics
  - Patient letter outlining the stages of the programme
Diazepam slope

9 = Diazepam 5mg and Temazepam 10mg
8 = Diazepam 10mg
7 = Diazepam 7.5mg
6 = Diazepam 5mg
5 = Diazepam 4mg
4 = Diazepam 3mg
3 = Diazepam 2mg
2 = Diazepam 1mg
1 = Diazepam 0.5mg on alternate nights
Sleep management programme

- Sleep education
  - Information sheet on Sleeping tablets
  - Sleep hygiene package

- Use of sleep assessment tools
  - Sleep diary
REST collaborative resources for effective sleep treatment.
Effect on hypnotic prescribing

BINBROOK SURGERY

Special Cause Flag

Month

Individual Value

Avg of Data Shown 250.6511
Median Data Shown 65.49
Sigma for Limits 40.07
Base for Limits Average MR

Chart Type: Chart for Individuals
Centerline: 250.7
Process Limits: Lower: 130.5 Upper: 370.9

Special Cause Detected
A. 1 Beyond Control Limit
B. 9 On One Side of Average
C. 9 Trending Up or Down
D. 14 Alternating Up & Down
E. 2 of 3 Beyond 2 Sigma
F. 4 of 5 Beyond 1 Sigma
G. 16 Within 1 Sigma
H. 8 Outside 1 Sigma
X. Excluded or Missing Data

Database Column 8
Focus group

- How did you find the process?
- How did you feel about the material that the surgery sent you?
- What did you feel about the sleeping tablets you were taking before the surgery contacted you?
- How do you manage your sleep now?
- How would you describe your sleep these days?
- Overall how has it been for you?
Themes

- Causal dissonance around attribution
- Engagement with programme
- Trust in GP
- Fear of withdrawal
Causal dissonance around attribution

- Hereditary condition = drug treatment
  - “I think in my family it’s hereditary. My mother was the same... it is, you know, just one of those things”
  - “I was happy, I knew I was getting a good restful sleep for my illness”

- Lifestyle issue = amenable to non-drug treatment
  - “I think it’s important that it’s to do with not sleeping when I’m doing something the next day”.
  - “We’ve got family; we’ve got another baby on the way, parents that you worry about, family and health that you worry about”
Engagement with programme

- Hypnotic withdrawal
  - Compliant – “It’s just one of those things you have to get over”
  - Deemed a “success”
  - Participants not clear on reasons for the programme - “Why do they want to take people off sleeping tablets?”
Engagement with Programme

- Sleep management treatment
  - Dismissive of techniques
  - Lack of motivation to change behaviours
  - Overconfidence in prior knowledge – “I’ve been doing a lot of them for years...I’ve always read since being a kid”
  - Optional clinical support not accessed - “But in terms of support, how is that actually going to help you sleep without actually giving you something to help you sleep”
Trust in GP

- Confirming inefficacy of sleeping tablets
  
  “I just came off them because when they said you’ve got to stop prescribing them I came off them because I didn’t feel as though they’d done that much good anyway”

- Positive regard for GP
  
  “you can talk to him about anything – he’s a brilliant doctor for that”
Fear of withdrawal

- Sleeping tablets provided reassurance
  - “I’ve still got half a tablet at home in case of emergencies”
  - “I’m just frightened on my own in the house. I need something to help me sleep. Get me through the night.”
Quality of Sleep now

- “Sometimes I don’t sleep”

- “I have one night a week where I don’t sleep. Given that at one time it was every night, I can take one night but other than that I’m not really having any other problems”

- “I’m alright until he goes away and then I’m fretting”
Improvements to future withdrawal programmes

- A standardised formal end to intervention that rewards the patient for their participation recognising what they have achieved

  “Only thing was at the end...when I reached the end the receptionist said to me ‘that’s it then’, I said ‘well isn’t there anything else’... she just said that was all in the leaflets. I thought oh well forget it.”
What have we learnt?

- Sleep education provided in a consultation as opposed to in information leaflets

- Doctor – patient interaction = important
Summing up

- Prescribing levels significantly decreased
- Focus group provided valuable insights into patient perceptions of:
  - sleep assessment tools
  - non-pharmacological treatments
  - Overall service user perspective of experience
Thank you for listening!

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