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

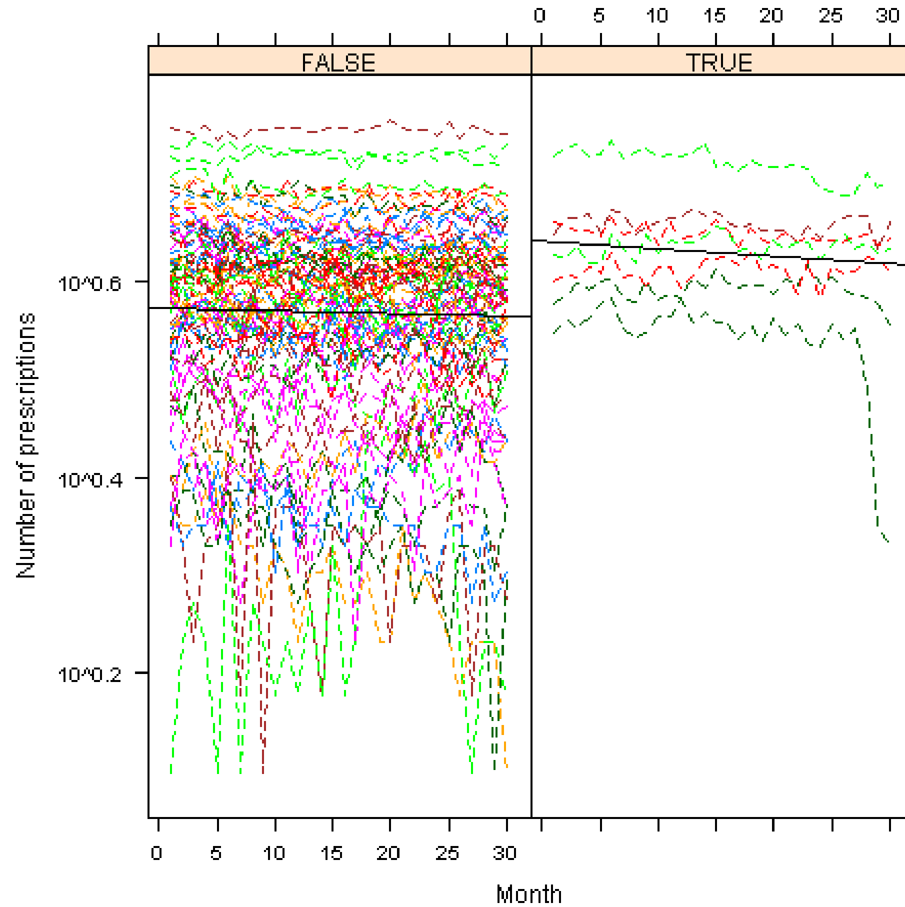
2 = Diazepam 1mg

1 = Diazepam 0.5mg on alternate nights

Sleep management programme

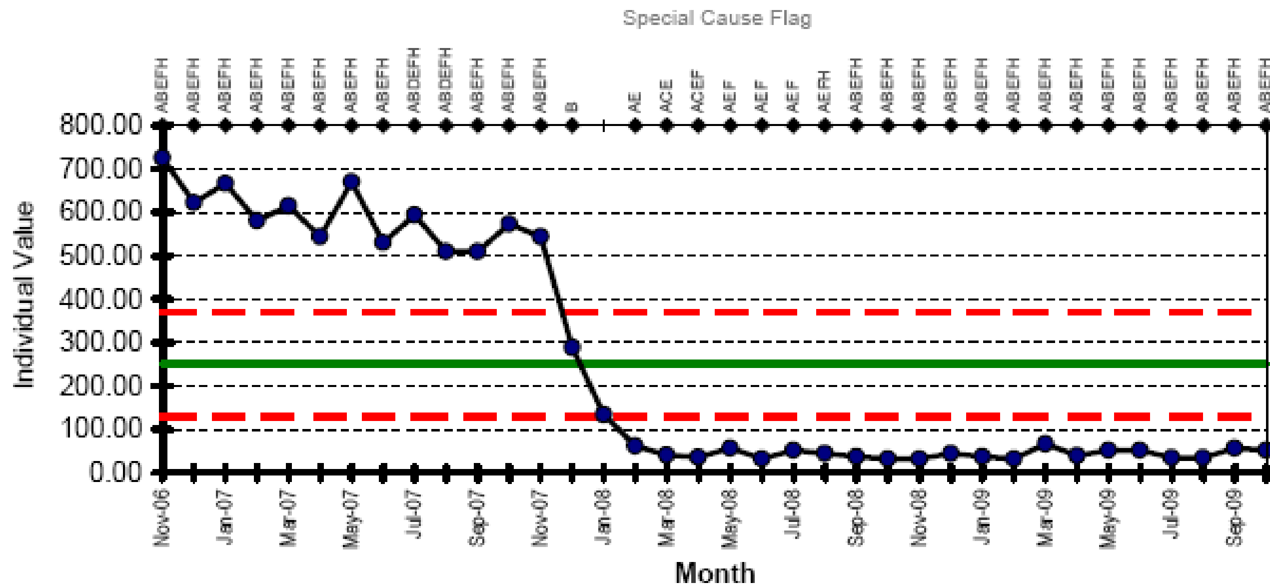
- Sleep education
  - Information sheet on Sleeping tablets
  - Sleep hygiene package
- Use of sleep assessment tools
  - Sleep diary

REST collaborative



Effect on hypnotic prescribing

BINBROOK SURGERY



Special Cause Detected

Chart Type: Chart for Individuals

Database Column 8

Centerline: 250.7 Process Limits: Lower: 130.5 Upper: 370.9

Avg of Data Shown	250.6911
Median Data Shown	56.48
Sigma for Limits	40.07
Base for Limits	Average MR

A. 1 Beyond Control Limit
B. 9 On One Side of Average
C. 6 Trending Up or Down
D. 14 Alternating Up & Down
E. 2 of 3 Beyond 2 Sigma
F. 4 of 5 Beyond 1 Sigma
G. 15 Within 1 Sigma
H. 8 Outside 1 Sigma
X. Excluded or Missing Data

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 its 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 its important that its 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 of 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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