

Designing an Intervention for Improving Primary Care Management of Sleep Problems

REST: Resources for Effective Sleep Treatment

Michelle Tilling¹, Tanefa Apekey¹, Dr Zubair Qureshi¹, Jane Christmas¹, Dr Jane Dyas^{2,3}, Dr Hugh Middleton³, Dr Roderick Ørner⁴ & Prof A Niroshan Siriwardena^{1,4}
¹Lincolnshire Teaching Primary Care Trust, ²Trent Research and Development Support Unit, ³University of Nottingham, ⁴University of Lincoln

Modelling Studies

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 rate and (costs) of z- drug and benzodiazepine prescribing by 50% and 25% respectively in 3 years.
- Increase use of recorded non-pharmacological measures in insomnia by at least 100% in 3 years.
- Improve the user experience of management of insomnia.

Problem

Hypnotic prescribing 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 extent of the problem, its nature and barriers to improvement are not well understood.

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

Practitioner Survey

GPs have a limited repertoire of responses for people presenting with sleep problems. GPs tend to opt for prescriptions as treatment. GPs are more positive towards and tend to prescribe the newer, expensive Z drugs.

Patient Survey

- 90% prescriptions initiated by GP.
- 95% had taken hypnotics for 4 or more weeks.
- 40%+ experienced side effects.
- 50% had tried to stop hypnotics.
- 20% would like to stop. More patients on newer Z drugs had tried to come off or wished to do so.

Practice Collaborative

GP practices (8) worked as part of a collaborative approach. GPs used Plan-Do-Study-Act cycles and process redesign to test assessment tools and management 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.

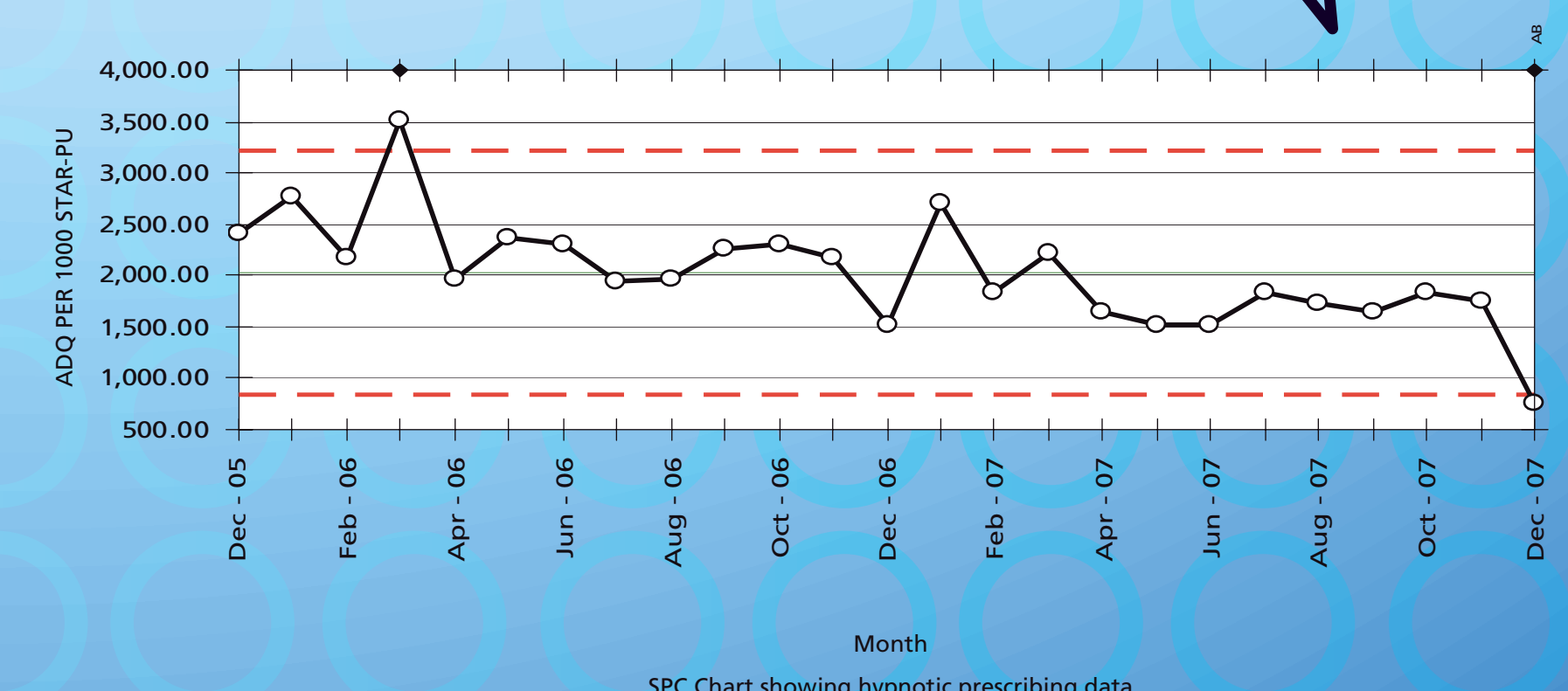
Focus Groups

Focus group studies of patients and prescribing practitioners have shown that: Patients would like GPs to listen, show empathy, assess carefully, provide alternatives to addictive drugs and provide more than written advice. Practitioners want to be better equipped to provide alternatives to drugs and wean patients off when addicted to drugs.

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.

ANALYSE
CONNECT
DISTILL
DELIVER



Strategy for Change

We are aiming for a sustainable change in practice for management of sleep. We are using evidence based methods to develop an effective spread-and-adoption strategy. We have worked with patients, practitioners and 8 willing adopter 'pilot' practices (8% of the total) using rapid experimentation cycles.

We have developed a network of good practice, measurement and improvement tools, opinion leaders and champions for change.

We are beginning

- To understand barriers and facilitators.
- To identify good practice and,
- To design appropriate improvement methods and interventions.

Further information

Website www.restproject.org.uk
 Project Manager michelle.tilling@lpct.nhs.uk
 Project Lead nsiriwardena@lincoln.ac.uk
www.lincoln.ac.uk/shsc/staff/1627.asp

REST Intervention

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

- The intervention will be founded on patients' personal experience, clinician 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 (GBTI) including:
 - sleep hygiene
 - muscle relaxation
 - paradoxical intention
 - stimulus control
 - sleep restriction
- Interventions individualised and tailored to patient need.
- Proposed outcomes: sleep measures, quality of life, prescribing rates, cost consequences.

Lessons Learnt

This project has emphasised the importance of:

- Gathering data at the onset of quality improvement initiatives
- Understanding invisible barriers or facilitators for change and
- Involving patients and practitioners in initial and ongoing development of change.

We are beginning to realise our initial aims and to develop practical tools and techniques to formally trial in primary care.

References

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