

Inside this issue:

Background	2
Quality Improvement Survey	3
GP Practice Collaborative	3
Focus Groups	4
Problem-focused Therapy Pilot	4
REST-Ed	5
Contact Information	6
Publications	6

Special point of interest:

REST-Ed

An opportunity for practices to help meet their QOF Medicines Management indicators Med 6 and Med 10 for 2009/10!

Page 5

Welcome to the REST Project Newsletter...



Dr Niro Siriwardena
GP & REST Project Lead

This newsletter describes the REST (Resources for Effective Sleep Treatment) project. It explains the work we have done with Lincolnshire GPs, nurses and practice teams to improve our understanding of sleep management, describes what we have achieved so far and outlines our plans to extend the learning from the project to primary care teams in Lincolnshire and beyond.

Sleep problems are common, affecting over a third of the population with many patients going on to have long term problems. Most patients present to primary care but we know that sleep problems are often not raised by patients or dealt with satisfactorily at a consultation.

Of course, sleeping tablets have a part to play but only in the short term and they are only licensed for

2-4 weeks. We found that GPs and nurses welcome alternatives to sleeping tablets.

The alternative that we have developed involves better assessment of sleep problems using standard tools and better psychological treatment using modified cognitive behavioural therapy for insomnia (CBTi) which has been shown to work for primary insomnia as well as sleep problems linked to anxiety, depression or pain.

We worked with local patients, GPs, nurses and managers to develop new ways of assessing and managing sleep problems in primary care. We found that better assessment techniques for sleep can easily be introduced by GPs and nurses.

Importantly, we found that proven assessment and psychological techniques for sleep problems can be easily incorporated into a 10 minute consultation.

Through this project Lincolnshire GPs and nurses together with practice teams are contributing to advances in translating evidence into better care for patients.



Background to REST

Resources for Effective Sleep Treatment (REST) is a three year quality improvement project funded by the Health Foundation as part of their Engaging with Quality in Primary Care initiative.

The central aim of REST is to improve treatment for people with insomnia by promoting a range of treatment options beyond sleeping pills.



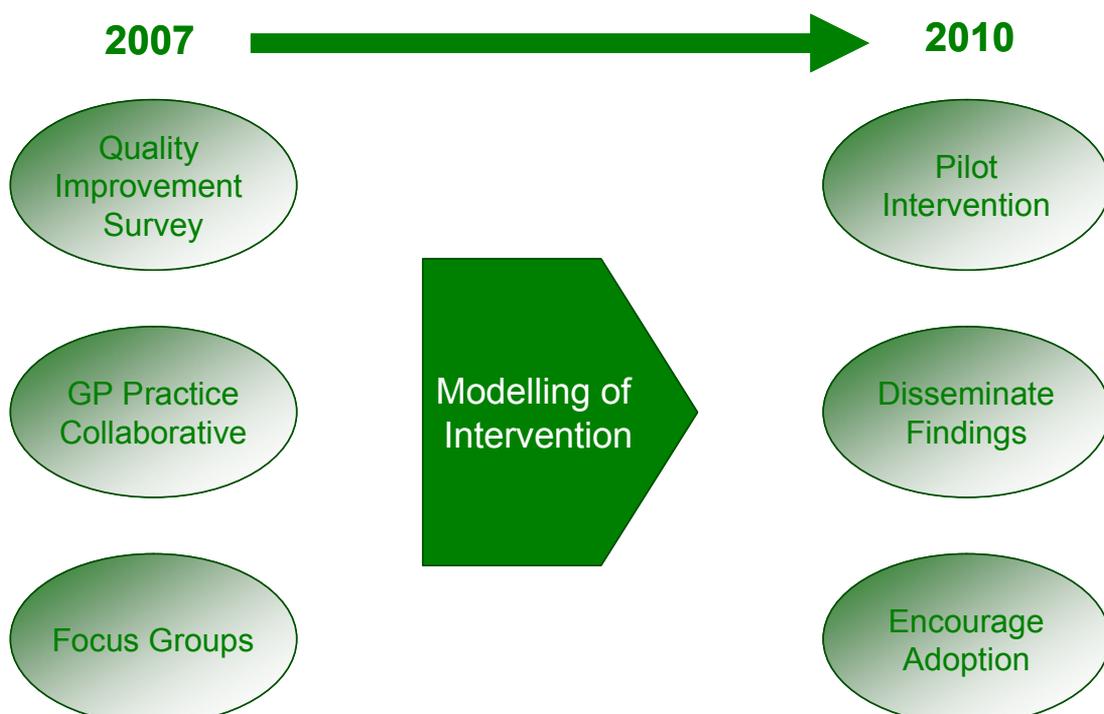
Insomnia is a common and often disabling condition that affects over a third of adults in the United Kingdom and Europe. It is characterised as a difficulty in falling or staying asleep

during the night which contributes to daytime tiredness, which in turn can lead to accidents, illness or work related problems.

Patients presenting with insomnia in primary care are often prescribed hypnotics and because this affects future help-seeking behaviour, drugs tend to be prescribed repeatedly or long term. We needed to investigate alternative methods because of adverse effects of hypnotics such as increased risk of falls, fractures, depression, suicide and excess mortality, particularly in the elderly.

In 2006 we surveyed Lincolnshire GPs to examine their attitudes to benzodiazepine and 'Z' drug prescribing. We found that GPs did not particularly like prescribing hypnotic drugs and they were positive towards initiatives to reduce hypnotic prescribing. However, GPs were less likely to use non-pharmacological methods for treatment, and this is likely to be related to lack of training or support to use psychological treatments.

REST Project Structure



Quality Improvement Survey

The first task undertaken by the REST team was to survey all 102 GP practices in Lincolnshire to ascertain a baseline measure of the use and knowledge of quality improvement (QI) tools and levels of QI culture within practices. The survey was sent to the quality improvement leads (QOF leads or equivalent) in each practice.

Overall there was a 62% completion rate with 63 questionnaires returned.

The results of this survey were also used to assess the relationship between leadership behaviour, culture of innovation and adoption of quality improvement techniques in general practice.

The survey showed that Lincolnshire general practices were engaged in leadership behaviours to some extent and these behaviours were linked to better team performance.

The survey highlighted the fact that quality improvement tools were underutilized in general practice.



We plan to repeat the survey towards the end of the REST Project to measure changes in practices and particularly in practices that have been directly involved with the REST Project.

GP Practice Collaborative

The REST collaborative was set up to find out whether it was feasible to implement sleep assessment tools and sleep management techniques in a primary care setting.

Eight practices took part in the collaborative: *Binbrook Surgery, Birchwood Medical Practice, Bourne Galletly, Horncastle Medical Group, Newmarket Medical Practice, South Park & The Heath, Swingbridge Surgery and the University Medical Centre.*



The research team met monthly with GPs, nurses and practice managers from the 8 practices over 6 months, to share learning and promote rapid experimentation (Plan, Do, Study, Act) cycles to redesign processes for manag-

ing sleep problems. Clinicians (doctors and nurses) introduced the sleep assessment tools (sleep diaries and the 'Insomnia Severity Index') and non-pharmacological methods such as sleep education, sleep hygiene, muscle relaxation, stimulus control and sleep restriction. We adapted these techniques for patients presenting with a new sleep problem as well as longer term insomnia sufferers including those on hypnotics.

A range of data were collected, including ideas and perceptions from members of the collaborative which were crucial in developing and refining the 'problem-focused therapy' that has emerged as a key intervention from REST.

We also showed a fall in hypnotic prescribing in the collaborative practices. *Benzodiazepine prescribing decreased by an average of 2.2% per month (95% CI reduction of 4.6 to increase of 0.2) and Z-drugs by 3.7% per month (95% CI 5.9 to 1.4) in the 8 practices compared to non-participating practices (n=94).*

Focus Groups

We used focus group interviews to gather information about the doctor-patient consultation for sleep problems.



We ran separate focus groups for patients and practitioners.

The aim of the interviews was to:-

- Pinpoint aspects of the consultation that contribute to a positive patient experience.

- Identify barriers and facilitators to reducing inappropriate prescribing of hypnotics.

The focus groups were very informative. We found that:

Patients wanted GPs to listen, show empathy, assess carefully, provide alternatives to drugs and provide more than written advice.

The clinician focus groups showed that:

Practitioners want to be better equipped to provide alternatives to drugs and wean patients off when addicted to hypnotic drugs.

These and other findings were instrumental in developing the model of problem-focused therapy.

Problem-Focused Therapy Pilot RCT

We used advice and knowledge from local clinicians that have been involved with the project to develop an educational intervention for practice teams to deliver the new model of problem-focused therapy for sleep.

Problem-focused therapy consists of several key components:-

- Sleep assessment**
- Sleep education**
- Sleep hygiene**
- Stimulus control**
- Muscle relaxation**
- Sleep restriction**

This pilot study is currently underway with four Lincolnshire practices.

Practices will be randomised to control or intervention groups once they have recruited the 20 patients required. The practices that are in the control arm of the trial will be asked

to continue a 'treatment as usual' approach, including a standard sleep hygiene leaflet.



The intervention practices will deliver the problem-focused therapy to adult patients presenting with sleep problems due to lifestyle causes, pain or mild to moderate depression or anxiety.

Measurements will be taken throughout the trial for each patient, at 0,4,8 and 13 weeks to measure any changes that occur as a result of the intervention.

REST-Ed

Your opportunity to benefit....

The REST project has teamed up with the NHS Lincolnshire Prescribing Team to offer an educational package to all GPs that are not currently involved with REST.

The REST-Ed package will be run as two general practice collaboratives over six months (September 2009 – March 2010) in Sleaford and Lincoln.

“GPs wishing to participate will be able to choose the collaborative location that is most convenient for them and will be invited to attend the bi-monthly educational sessions that will be run at that location” says Michelle Tilling REST Project Manager,

“We’re following the format that we used for the previous collaborative because it worked so well. The sessions will be run for two hours over a lunchtime to help practitioners fit the education into their working day and practices will receive funding for their participation.”

The NHS Lincolnshire Prescribing team are offering the opportunity for practices to have their participation in REST-Ed formally agreed as one of the actions neces-

sary to achieve QOF Medicines Management indicators Med 6 and Med 10 for 2009/10.

Letters of invitation are being sent out from the prescribing team during June 2009.

Niro Siriwardena, GP & REST Project Lead says,

“The education involves explaining new methods for assessment and treatment of sleep problems. It’s introducing new techniques that GPs and nurses can use in day to day practice. The collaborative will also help GPs and nurses to understand and use improvement techniques as well as adding to GPs’ continuing professional development through the new RCGP credits for Impact and Challenge.”



What to do now.....

If you would like to take part in the REST-Ed collaborative, please contact the NHS Lincolnshire Prescribing Team

steve.gibson@lpct.nhs.uk or susan.ferguson@lpct.nhs.uk

to register your interest.

“We have learnt a lot from the project and are trying to reduce our prescribing. We use sleep diaries and questionnaires and are incorporating CBT techniques in our insomnia consultations”

“Patients are benefiting from our new strategies and feel their problem is taken seriously. The project has helped our team develop a coordinated approach to dealing with insomnia.”

Dr Zubair Qureshi, member of original GP collaborative

Resources for Effective Sleep Treatment Project Contact Information



Michelle Tilling
Project Manager

NHS Lincolnshire Headquarters
Cross o Cliff Court
Bracebridge Heath
Lincoln
LN4 2HN

Phone: 01522 515406
Fax: 01522 515365
E-mail: michelle.tilling@lpct.nhs.uk



Dr. Niro Siriwardena
Project Lead

University of Lincoln
Brayford Pool
Lincoln
LN6 7TS

Phone: 01522 886939
Fax: 01522 837058
E-mail: nsiriwardena@lincoln.ac.uk



Fiona Togher
Project Researcher

NHS Lincolnshire Headquarters
Cross o Cliff Court
Bracebridge Heath
Lincoln
LN4 2HN

Phone: 01522 515406
Fax: 01522 515365
E-mail: fiona.togher@lpct.nhs.uk

Selected REST Publications and Presentations

Siriwardena AN, Qureshi Z, Gibson S, Latham M. **Family doctors' attitudes and behaviour to benzodiazepine and Z drug prescribing: a barrier to implementation of evidence and guidance on hypnotics.** *British Journal of General Practice* 2006; **56**: 964–967

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.** *British Journal of General Practice* 2008; **58**: 417–22. Advance online publication DOI: 10.3399/bjgp08X299290

Siriwardena AN, Apekey T, Tilling M, Qureshi MZ, Dyas JV, Middleton H, Ørner R. **General practitioners' preferences for managing insomnia and opportunities for reducing hypnotic prescribing.** *Journal of Evaluation in Clinical Practice* (in press) 2009.

Siriwardena AN, Apekey T, Tilling M, Harrison A, Dyas JV, Middleton H, Ørner R, Sach TS, Dewey M, Qureshi MZ. **Effectiveness and cost-effectiveness of an educational intervention for practice teams to deliver problem focused therapy for insomnia: rationale and design of a pilot cluster randomised trial.** *BioMed Central Family Practice* 2009; **10**: 9

Siriwardena AN. **The exceptional potential for quality improvement methods in the design and modelling of complex interventions** [editorial]. *Quality in Primary Care* 2008; **16**: 387–389.

Siriwardena AN, Apekey T, Tilling M, Qureshi Z, Dewey ME, Ørner R, Dyas J, Harrison A, Middleton H. **Effect of a general practice collaborative for modelling a novel approach for management of sleep problems presenting to primary care. [Poster].** International Forum on Quality and Safety in Health Care, 17–20 March 2009, ICC, Berlin.

Apekey T, McSorley G, Tilling M, Siriwardena AN. **Leadership, innovation and uptake of quality improvement methods in general practice. Using local evidence to support world class commissioning and innovation.** Trent Vineyard, Nottingham, 3 October 2008.

Dyas J, Apekey T, Tilling M, Middleton H, Sharp J, Ørner R., Siriwardena AN. **Experiences of insomnia for patients and prescribers in the primary care consultation – a focus group study.** Society for Academic Primary Care Annual Scientific Meeting, Galway, 9–11 July 2008.