

Reference: FOI.ICB-2425/133

Subject: Sleep and Insomnia

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Treatment Pathway: <ul style="list-style-type: none"> What is the treatment pathway for sleep and/or insomnia within your ICS/ICB? Please provide detailed information for both acute and chronic insomnia, including any specific protocols or guidelines followed. 	<p>Guidelines for GPs on Insomnia can be found on Remedy: https://remedy.bnssg.icb.nhs.uk/adults/sleep-medicine/insomnia/</p> <p>This includes the BNSSG insomnia pathway see: https://remedy.bnssg.icb.nhs.uk/media/n2deph5k/bnssg-insomnia-pathway-final-2024.pdf</p>
2. Formal Strategy or Plan: <ul style="list-style-type: none"> Does your ICS/ICB have a formal strategy or plan aimed at improving sleep and/or managing insomnia? If so, please could you share this document or provide detailed information on its key components and objectives? 	<p>The ICB does not have a formal strategy.</p>
3. Programs or Initiatives: <ul style="list-style-type: none"> What specific programs or initiatives has your ICS/ICB implemented to address sleep and insomnia? Please provide detailed information for both acute and chronic insomnia, including program names, objectives, target populations, and outcomes if available. 	<p>The ICB does not have any programs or initiatives.</p> <p>The ICB has been doing some work with UHBW (University Hospitals Bristol and Weston NHS Foundation Trust) looking at demand and capacity; this has been undertaken as for any other service/specialty where there is a backlog.</p>

4. Data Collection:

- Does your ICS/ICB collect data or statistics related to sleep and/or insomnia? If so, what metrics are tracked? Please provide relevant metrics and any available data for both acute and chronic insomnia, including prevalence rates, treatment outcomes, and patient satisfaction if available.

Clarification received:

Thank you for getting back to me. Please would you be able to provide information relevant to the following ICB10 codes, F51 & G47.

The ICB does not directly monitor, or track data, metrics or statistics related to sleep and/or insomnia. Below are A&E and Acute attendances and admissions for patients with an ICD10 code root of G47 or F51, where it was contained anywhere within the diagnosis fields (it does not mean it was a primary diagnosis or reason for attending / admission).

Financial Year	Attendance / Admission	Count
2018/19	A&E Attendance	1352
2018/19	Elective Admission	2468
2018/19	Non-Elective Admission	1748
2019/20	A&E Attendance	1170
2019/20	Elective Admission	2787
2019/20	Non-Elective Admission	2186
2020/21	A&E Attendance	907
2020/21	Elective Admission	1906
2020/21	Non-Elective Admission	1974
2021/22	A&E Attendance	919
2021/22	Elective Admission	2048
2021/22	Non-Elective Admission	2016
2022/23	A&E Attendance	514
2022/23	Elective Admission	2502
2022/23	Non-Elective Admission	2196

	2023/24	A&E Attendance	415	
	2023/24	Elective Admission	2669	
	2023/24	Non-Elective Admission	2477	
5. Responsible Personnel: <ul style="list-style-type: none">Who in your organisation would hold responsibility for:<ul style="list-style-type: none">Clinical leadership around sleep services and/or insomnia (including chronic insomnia)?Commissioning of sleep services and/or insomnia (including chronic insomnia)?Please provide the name, position, and contact details where possible.	The ICB does not have a lead for these areas.			
6. Additional Information: <ul style="list-style-type: none">Are there any collaborations or partnerships with external organisations or research institutions aimed at improving sleep health or addressing insomnia? If so, please provide details of these collaborations, including their goals and any outcomes achieved so far.	Project name	The use of Melatonin to aid sleep in patients suffering with Dementia		
	Nature of project	A Researcher in Residence opportunity with the University of the West of England. This work will influence future decisions about the use of melatonin for people living with dementia. There is anecdotal evidence of benefit to individual patients for melatonin in people with dementia, but efficacy at a population health level is not demonstrated in the low-quality published evidence.		
	Funding	£5000 Research Capability Funding from BNSSG ICB		

	Goals	Collect and evaluate local outcome data on use of melatonin for sleep disturbance in people living with dementia. Results of the project will be presented to the Joint Formulary Group to influence future Joint Formulary decisions.
	Outcomes achieved so far	None yet. Ongoing project.

The information provided in this response is accurate as of 5 August 2024 and has been approved for release by Dr Joanne Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.