

Our Reference      North East and North Cumbria ICB\  
FOI ICB 24-166

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By Email

13 August 2024

Dear Applicant

**Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)**

Thank you for your request received by North of England Commissioning Support (NECS) on 16 July 2024 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000.

The ICB covers the areas of County Durham, Gateshead, Newcastle, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley (which covers the five local authorities of Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-on-Tees).

Please find the information you requested on behalf of the ICB as follows.

**Your Request**

I am writing to you under the Freedom of Information Act 2000 to request the following information from your organisation. Please would you provide me with an answer to the following in relation to sleep and/or insomnia:

**1. Treatment Pathway:**

- 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.

**2. Formal Strategy or Plan:**

- 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?

**3. Programs or Initiatives:**

- 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.

#### **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.

#### **5. Responsible Personnel:**

- Who in your organisation would hold responsibility for:
  - 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.

#### **6. Additional Information:**

- 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.

Please provide the information in an email, Microsoft Excel, or Microsoft Word document (whichever is most convenient). If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under the Section 16 obligations of the Act, as to how I can refine my request.

### **Our Response**

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB holds some of the information you have requested.

Sleep medicine is a multidisciplinary specialty and there are close ties with other services in the Trust, such as ENT, Maxillo-Facial, Clinical Psychology and Sleep Neurology. Patients are referred to the Sleep Service by GPs or Consultants (usually ENT or Respiratory). Patients are assessed by a consultant and if necessary, referred for a Sleep Study or other testing.

The Sleep Service offers a wide variety of sleep disorders and conditions including insomnia, narcolepsy, obstructive sleep apnoea (OSAHS), etc. There are nearly 100 conditions that fall under sleep medicine.

1. The treatment pathways are noted below for each ICB place.

#### County Durham place

For Children and Young people there are a number of pathways available:

- Throughout antenatal appointments the midwifery team will offer advice around safe sleeping and this is continued with the health visiting team for children under six.
- Older children can access advice from the GP or school nurse in the first instance.

- A sleep pathway is attached to demonstrate this Tier1/2/3 and 4 offer.

#### For Adults:

- Sleep medicine is a multidisciplinary specialty and there are close ties with other services in the Trust, such as ENT, Maxillo-Facial, Clinical Psychology and Sleep Neurology. Patients are referred to the Sleep Service by GPs or Consultants (usually ENT or Respiratory). Patients are assessed by a Consultant and if necessary referred for a Sleep Study or other testing. The Sleep Service offers a wide variety of sleep disorders and conditions including insomnia, narcolepsy, obstructive sleep apnoea (OSAHS), etc. There are nearly 100 conditions that fall under sleep medicine.
- The Newcastle upon Tyne Hospitals NHS Foundation Trust sleep clinic <https://www.newcastle-hospitals.nhs.uk/services/sleep-service/> also provides a sleep conditions service.
- Other support services are provided by Durham and Darlington Talking Therapies ([Your Symptoms – Durham and Darlington Talking Therapies](#)) and the Recovery College ([Sleeping well – Recovery College Online](#)).

#### Newcastle Gateshead place

There is no sleep service in Newcastle Gateshead ICB place. CYP Services do not have a pathway in relation sleep difficulties. There are sites such as Sleep Scotland and Cerebra that can be accessed by families for insight and support in relation to sleep issues.

#### North Cumbria place

There are no defined pathways in North Cumbria ICB place, sleep and/or insomnia is managed on a case-by-case basis.

#### North Tyneside and Northumberland places

There are no specific guidelines/pathways/strategy for either acute or chronic insomnia. Typically, GPs would assess each patient on a case-by-case basis e.g. a specific trigger such as bereavement as part of this assessment we would discuss sleep hygiene measures. If appropriate short courses of medications may be prescribed (e.g. Zopiclone, melatonin) but long-term use is avoided.

Patients can also be signposted to the NHS website sleep station:

[https://www.sleepstation.org.uk/nhs\\_options/](https://www.sleepstation.org.uk/nhs_options/)

If there was clinical suspicion of obstructive sleep apnoea (OSA) as a cause of their poor sleep patients would be referred to respiratory. For patients with refractory/severe chronic insomnia Newcastle Hospitals neurology provide a sleep clinic.

#### South Tyneside and Sunderland places

#### *Assessment*

- Take a history – ask about:
  - duration of sleep problems and any precipitating events.
  - sleep patterns – "Take me through a typical 24 hours".
  - sleep environment.
  - symptoms suggestive of a sleep disorder.

- daytime energy levels.
  - medications and substance use including time and doses. Sensitive ask about recreational or illegal drug use.
  - any over the counter medications or preparations to aid sleep.
  - any co morbid conditions that may be affecting sleep.
- b. Perform relevant physical examination.
  - c. Consider assessing further using:
    - a sleep diary (Sleep Foundation or The Sleep Charity) – ask the patient to complete over 2 weeks to identify general patterns of sleep and wake times, and day to day variability.
    - Insomnia Severity Index.
    - Epworth Sleepiness Scale.
    - investigations for other causes of fatigue if clinically relevant and not done previously.
  - d. Consider differential diagnosis.
  - e. Consider the patient's fitness to drive, especially if the patient has a commercial licence.

#### *Management: Acute insomnia*

- a. If a suspected neurological sleep disorder is present (e.g. narcolepsy, parasomnias, or problematic circadian rhythm disorders not responding to simple advice), request routine sleep medicine assessment.
- b. If diagnostic uncertainty or any concerns, seek sleep medicine advice.
- c. Address the patient's worries and beliefs about sleep. Acute insomnia is often seen as part of an adjustment reaction to an acute life event. Normalising that sleep can be impacted by life stressors can help patients cope.
- d. Manage any contributing conditions, e.g. pain, depression, anxiety.
- e. Discuss good sleep hygiene.
- f. Consider using a short course of a hypnotic medication for up to 3 to 7 days only if daytime impairment is severe, insomnia is causing significant distress and is likely to resolve soon. Screen for patient factors that may predict problems with drug misuse before considering prescribing.

#### *Management: Chronic insomnia*

A stepped model of care has been shown to be effective starting with non-drug therapies. Insomnia-specific cognitive behaviour therapy (CBTi) is the treatment of choice but is only available online in South Tyneside.

- a. If a suspected neurological sleep disorder is present (e.g. narcolepsy, parasomnias, or problematic circadian rhythm disorders not responding to simple advice), request routine sleep medicine assessment.
- b. If diagnostic uncertainty or any concerns, seek sleep medicine advice.
- c. Use the patient's 2-week sleep diary (Sleep Foundation or The Sleep Charity) to inform management.
- d. Manage any co-morbid conditions, and address any medication or substance use that may be affecting sleep.
- e. Address the patient's worries and beliefs about sleep.
- f. Provide basic sleep education.
- g. If indicated from the patient's sleep diary, discuss:
  - stimulus control therapy – helps patients who associate bed with frustration and worry.
  - bedtime restriction therapy – helps patients who have difficulty staying asleep.
  - relaxation training – helps patients who cannot wind down and sleep due to physical tension, an overactive mind, or worry.

- Consider online cognitive behaviour therapy for insomnia (CBTi) or psychology referral if required.
- h. Only consider medication if insomnia is associated with severe daytime impairment and significant distress.
- i. If severe insomnia not responding to management, consider requesting routine sleep medicine assessment.

### *Request*

- a. Request routine sleep medicine assessment if:
  - a suspected neurological sleep disorder is present, e.g. parasomnias, narcolepsy, problematic circadian rhythm disorders not responding to simple advice.
  - severe insomnia not responding to management.
- b. If diagnostic uncertainty or any concerns, seek sleep medicine advice.
- c. If psychological input is required or if patient interested in the South Tyneside sleep course, request non-acute adult mental health assessment.

### Tees Valley place

Insomnia management is offered in a primary care setting as per NICE guidelines. Sleep services are commissioned for patients across Tees Valley via South Tees Hospitals NHS Foundation Trust. Copies of protocols/clinical guideline are not held by NENC ICB at Tees Valley place, please redirect your query to the acute trust. The service specification with South Tees Hospitals NHS Foundation Trust is attached.

2. The ICB does not have a formal strategy or plan aimed at improving sleep and/or managing insomnia at Durham place level.
3. Where applicable this information relating to programmes or initiatives has been provided in the response to question 1.
4. NENC ICB does not collect data or statistics related to sleep and/or insomnia. This is collected by providers. A list of acute trust providers is noted below.

On this occasion it is not possible to provide the requested information. In line with your rights under section 1(1)(a) of the Act to be informed whether information is held, we confirm the ICB does not hold all of the information requested. However, we have determined that the information is held by the acute hospital NHS foundation trusts (FTs) within the North East and North Cumbria region.

In accordance with our duty under s.16 of the FOIA to provide reasonable advice and assistance to an individual requesting information, we have provided the FOI email addresses for those acute hospitals to make your request.

<b>NENC Acute Hospital FTs</b>	<b>Email</b>
County Durham and Darlington NHS FT	cdda-tr.cddftfoi@nhs.net
Gateshead Health NHS FT	ghnt.foi.enquiries@nhs.net
North Cumbria Integrated Care NHS FT	foirequest@cumbria.nhs.uk
North Tees and Hartlepool NHS FT	foi@nth.nhs.uk
Northumbria Healthcare NHS FT	foi@northumbria.nhs.uk
South Tees Hospitals NHS FT	foi@stees.nhs.uk
South Tyneside and Sunderland NHS FT	stsft.freedomofinformation@nhs.net
The Newcastle upon Tyne Hospitals NHS FT	nuth.freedom.information@nhs.net

5. We have a multi-disciplinary clinical leadership model in place within the ICB, both at a NENC wide and local delivery team level. We work across the system to ensure effective clinical expertise feeds into our processes. We don't have anyone specifically aligned to sleep services/insomnia but where required we would mobilise a multi-disciplinary group to advise and implement any service development.
6. Providers would hold information on collaborations or partnerships with external organisations or research institutions. A list of acute trust providers is included in the response to question 4.

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000. Generally, the Information Commissioner cannot make a decision unless you have exhausted the complaints procedure provided by the North of England Commissioning Support Unit.

The Information Commissioner can be contacted at:

Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

[www.ico.org.uk](http://www.ico.org.uk)

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 [www.legislation.gov.uk](http://www.legislation.gov.uk) . This will not affect your initial information request.

Yours sincerely

*S Davies*

**S Davies**  
**Information Governance Officer**