General Practice Airways Group

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Dear Christopher

NICE technology appraisal – nasal continuous positive airway pressure for the treatment of obstructive sleep apnoea

We are writing to add our support to the submission from the British Thoracic Society on the above appraisal.

While Obstructive Sleep Apnoea (OSA) is primarily a problem that requires specialist diagnosis and initiation of treatment, nevertheless primary care professionals are considerably impacted by the poor and inconsistent provision of specialist services to investigate and diagnose sleep problems. We would therefore like to highlight various key points from a primary care perspective. All these we believe should be addressed by a carefully designed educational implementation programme which we would recommend is integral to the guideline.

1. Awareness of OSA needs raising both in primary care and amongst the general public. It poses a major burden on the lives of those who suffer from it, and the toll in terms of vehicle accidents is considerable. Greater public awareness that this is a treatable condition will encourage more patients to consult.

2. Diagnosis of OSA is not always straightforward, and many GPs lack the necessary experience and skills to investigate sleep problems presenting in primary care. NICE guidance needs to be clear on what the GP role is in diagnosing and treating OSA.

3. The Epworth Sleeping Scale can be a very useful tool for diagnosing the seriousness and extent of sleepiness, but not the cause. A greater awareness and

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usage of this tool should be encouraged, as well as an exploration of possible causes.

4. Management of OSA is not a strength in primary care. Our recommendation of an education and training programme for primary care, on appropriate identification, diagnosis and referral is vital in order that healthcare resources are used effectively. Within primary care it is possible to support weight loss in people diagnosed with or at risk of developing OSA. While there are many conditions and risk factors for disease which could be improved with weight loss, OSA is rarely highlighted in this respect, and a more regular link between OSA, and overweight and obesity could be beneficial. We note OSA is very briefly mentioned in NICE guidance on obesity.

5. Pulse oximetry is a simple and non-invasive method of monitoring oxygen levels. More widespread use of pulse oximetry in primary care would aid diagnosis, and be useful in other clinical environments. We hope that NICE will consider the use of pulse oximetry for OSA in primary care.

6. Many GPS may lack confidence in ongoing management of patients using Continuous Positive Airways Pressure treatment (CPAP). There need to be good links between specialist centres and primary care, and the availability of ongoing support for the GP who is managing a patient receiving CPAP. An on-line learning tool would usefully support primary care in an understanding of CPAP.

7. Clear referral pathways at a local level are key to improve the access patients have to specialist sleep services. This is particularly important if there is likely to be an expansion of specialist sleep facilities. Appropriate systems and pathways need to be developed to ensure that those in greatest need are accessing the facilities fastest.

Once again we would like to add our support to the statement from the British Thoracic Society, and are keen to remain involved with the development of NICE guidance on OSA and CPAP from a primary care perspective.

Kind regards,

Dr Steve Holmes, Chair of General Committee, General Practice Airways Group

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