

21 November 2023

Belfast Trust Sleep Clinic

Please could you provide me with the following information about the Sleep Clinic, Belfast City Hospital?

- 1. On average what is the Epworth score in the Sleep Clinic for those diagnosed with Sleep Apnoea?**

The Epworth score was not designed to predict the presence or absence of obstructive sleep apnoea and so it is not of clinical utility as a predictive tool and nor is there any clinical merit in gathering an average value for all our patients. It is worthwhile mentioning too that a clinical population is heterogeneous in terms of symptom burden and therefore in Epworth score, which again renders an average of extremely limited clinical value.

- 2. What is the lowest Epworth score in the Sleep Clinic which has resulted in a diagnosis of Sleep Apnoea?**

See response above at question 1.

- 3. On average, what is the Epworth score for patients in the sleep clinic who have a medically restricted driving licence?**

See response above at question 1.

- 4. What is the lowest Epworth score that a patient who was referred by the Sleep Clinic for a medically restricted driving licence had?**

Patients are not referred by the Sleep Clinic for a medically restricted license. See also response to question 1.

- 5. On average what is the SPO2 score in the Sleep Clinic for those diagnosed with Sleep Apnoea?**

This is not of clinical utility. See response to question 1.

- 6. What is the lowest SPO2 score in the Sleep Clinic which has resulted in a diagnosis of Sleep Apnoea?**

This is not of clinical utility. See response to question 1.

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- 7. On average, what is the SPO2 score for patients in the sleep clinic who have a medically restricted driving licence?**

We do not collect data on patients according to the nature of their driving license. There is no clinical utility in this data.

- 8. What is the lowest SPO2 score that a patient who was referred by the Sleep Clinic for a medically restricted driving licence had?**

Belfast Trust Sleep Clinic do not refer patients to the DVA for a medically restricted license.

The current DVA guidance makes it clear that it is a driver's individual responsibility not to drive if sleepy or at risk of becoming sleepy and to notify the DVA themselves, if it is necessary. You can read more about this on the Sleep Apnoea Trust website.

- 9. On average, what is the RLS score for patients in the sleep clinic who have a medically restricted driving licence?**

- 10. What is the lowest RLS score that a patient who was referred by the Sleep Clinic for a medically restricted driving licence had?**

The service assume that questions 9 and 10 refer to the International Restless Legs Scale, IRLS. This data is not collected for our patients as a group, as there is no clinical merit in that group data. Please see response to question 1.

In addition, it does not follow that a patient with sleep apnoea will have RLS, and this has limited clinical relevance to the issue of driving.

- 11. On average what is the apnoea hyopppnoea index score in the Sleep Clinic for those diagnosed with Sleep Apnoea?**

- 12. What is the lowest apnoea hyopppnoea index score in the Sleep Clinic which has resulted in a diagnosis of Sleep Apnoea?**

- 13. On average, what is the apnoea hyopppnoea index score for patients in the sleep clinic who have a medically restricted driving licence?**

- 14. What is the lowest apnoea hyopppnoea index score that a patient who was referred by the Sleep Clinic for a medically restricted driving licence had?**

- 15. On average what is the Modified Mallampati score in the Sleep Clinic for those diagnosed with Sleep Apnoea?**

- 16. On average, what is the Modified Mallampati score for patients in the sleep clinic who have a medically restricted driving licence?**

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Regarding questions 11 to 16 - as before, there is no clinical utility in this data and so we do not collate such information for our patient population. Patients are, by nature, heterogeneous rendering an average clinically unhelpful.

- 17. On average how long does it take for the Sleep Clinic to make a recommendation that a patient at the clinic needs to be referred for a medically restricted driving licence after a diagnosis of sleep apnoea is made?**
- 18. What are the factors relevant to such a decision?**
- 19. What are the factors relied on not measure the risk of a patient falling asleep at the wheel while driving?**
- 20. What proportion of patients are referred for a medically restricted driving licence?**
- 21. In 2021, how many patients were there with a diagnosis of sleep apnoea in the Sleep Clinic**
- 22. In 2021, how many patients with a diagnosis of sleep apnoea in the Sleep Clinic had been or were referred for a medically restricted driving licence?**

Regarding questions 17 to 22 - please see response to question 8. Belfast Trust do not "refer" patients for a medically restricted license.

- 23. What are the factors relied on to determine that a patient no longer needs to be reviewed at the clinic?**

Patients on CPAP remain under the care of the sleep service as a whole for as long as they have a device - they receive annual reviews from our Sleep Physiology team.

Patients are generally discharged from the *medical* sleep clinic when they have been started on CPAP, they have had a symptomatic improvement from it, they are committed to the treatment and engaged in the process and there is objective evidence of treatment compliance.

There are occasions where it is clear that further review in the medical sleep clinic will not change compliance with CPAP therapy and, under those circumstances, patients are sometimes discharged before that.

- 24. What is the policy about contacting DVA if a patient who no longer needs to be reviewed has a medically restricted driving licence?**
- 25. On how many occasions have apnoea patients who have a medically restricted driving licence been found to (a) not need to be reviewed anymore; and (b) not need to have a medically restricted driving licence?**

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Regarding questions 24 and 25 - please see previous answers regarding medically restricted driving licenses. The sleep service does not make decisions about driving licenses. That is the role of the medical advisors at the DVA.