This letter is for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn’t split across two pages, or add an instruction to continue to a second page.

Insert practice header or print to practice headed paper, or type address details below.

[Practice name]

[Address]

[Tel]

[Fax]

[Email]

[Date]

[Title\_Initial\_Surname]

[Patient Address Block]

Dear [Title] [Surname]

**Re: Hypnotic tablets (Sleeping tablets)**

We have recently been reviewing our prescribing of sleeping tablets and note that you are currently prescribed **[add tablet name] tablets** to help you sleep.

Current national guidance states that this medication should only be used for **short periods of time and prescriptions should be reviewed regularly**.

The reasons for this are:

* The body can get used to the tablets so they no longer work properly.
* You can become dependent on them so that you feel that you cannot sleep without them.
* The tablets can cause balance problems and make you more likely to fall. You may also experience a “hangover” effect the next day which may impair your ability to drive or operate machinery.
* They can cause daytime drowsiness and confusion as well as adversely affecting your memory and energy levels.
* Long term use can make depression and anxiety worse.

National guidance recommends avoiding long term use of this drug. However, if you have been taking the tablets regularly for a long time, stopping them suddenly can cause you to become unwell. Because of this it is important to reduce the amount of tablets you take in a very gradual and controlled way, with the aim of stopping completely. We plan to reduce your prescription over the next few months and monitor your progress as part of the practice’s medication review process.

[Select option]

* We would be grateful if you could make an appointment to discuss your tablets with the GP/nurse/pharmacist. Until you have this appointment your sleeping tablets have been removed from the repeat medication systems.
* We would like you to consider only taking the tablets when absolutely necessary to reduce the number of tablets you currently use. The practice is setting up a clinic for patients to discuss the long term use of sleeping tablets. [Add name] will be running the clinic and I have made an appointment for you to see them on the [add date] at [add time]. If this is inconvenient please telephone the practice to re-arrange your appointment.
* We would like you to make an appointment to see your usual GP.
* To support you to do reduce the amount of tablets, we have produced a “reducing dose regimen,” which we would like you to follow. This initial reducing regime will be for 14 days and will be attached to your next prescription. Before the end of the 14 day period, can you then make an appointment to see your GP/nurse/pharmacist/attend clinic.
* We note from our records that you have not requested a supply since [add date]. We will be removing these tablets from your repeat prescription list. If you need a supply in the future, you will need to see your GP.

|  |  |
| --- | --- |
| Practice telephone number |  |

We have enclosed a sleep guide and an information leaflet to explain why we are doing this.

If you would like further help or advice, please contact the practice.

Yours sincerely

[add name]