MedSIP 2025/26 End-of-Year Summary

Helping people with a learning disability at risk of behaviour that challenges to avoid harm from psychotropic medicines

1. Overview and aims

During 2025/26, the Medicines Safety Improvement Programme (MedSIP) in partnership with the Patient Safety Collaboratives have supported 22 Integrated Care Systems (ICSs) across England to take a whole-system approach focussed on helping people with a learning disability at risk of behaviour that challenges to avoid harm from psychotropic medicines. Building on national discovery and definition work undertaken in 2024/25, the programme in 2025/26 focused on enabling local systems to progress through Phases 1–5 of the WSA7 framework*, establishing the foundations for co-produced, system-wide improvement rather than isolated interventions.

2. Outcomes and impact

Alongside the progress made in establishing the conditions for sustainable improvement in a highly complex area of care there are early signs of measurable impact; by March 2026, analysis of novel GP clinical system searches across approximately 1,335 GP practices demonstrated ***34 severe harms avoided***, associated with ***102 fewer people being prescribed an antipsychotic for at least three months*** (people on the Learning Disability Register not on the SMI register) than would have been expected if baseline prescribing rates had continued.

3. Progress against the Theory of Change

Collectively the programme has achieved the local *activities* and *outputs* expected at this stage of the initiative:

Whole-system collaboration

Local systems consistently involved multiple parts of the health and care ecosystem in understanding the problem and planning improvement. This included NHS and non-NHS providers, social care, VCFSE partners, and—where feasible—people with lived experience and carers. While the depth of involvement varied between systems, intent to work collaboratively was explicit and approaches were not tokenistic. This indicates that systems largely approached this as a whole-system, multi-agency challenge placing the holistic needs of patients at the centre, rather than a medicines-only initiative.

Shared understanding of the system

Wide ranging stakeholders contributed to system mapping to help develop a shared understanding of the local problem: Nationally developed AcciMaps and personas alongside local surveys, interviews and face to face workshops were used to develop a shared picture of

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how harm arises across a local geography, explicitly exploring "work as imagined versus work as done". *Click here for local case studies*

Co-designed improvement planning

During Phase 4, improvement planning was co-created with stakeholders across health, social care and VCFSE sectors. Insight from Phases 1–3 was actively analysed and reused rather than treated as background context. Action-planning workshops supported collective ownership, change ideas identified were grounded in lived experience, local data and operational reality. Many systems deliberately prioritised feasible, high-leverage actions rather than large-scale redesign. Development of local Driver Diagrams were used to describe how change ideas will contribute to the overall improvement aim. *Click here for local case studies*

Emerging Learning Health Systems

Early conditions of a Learning Health System are evident:

- Strong local leadership and ownership through multidisciplinary core working groups acting as the delivery engine.
- A developing learning community, supported by repeated engagement locally as teams to progress through the Phases as well as through National Action and Learning Collaboratives, and our shared learning platform FuturesNHS.
- Data use is emergent: Systems are using local GP prescribing data developed specifically for this initiative, visualised in run charts, to inform prioritisation and track progress locally. At the same time systems are identifying additional measures and existing dashboards to support measurement for improvement.

4. Qualitative impact

Relationship and trust building are explicit features of the programme design and an emergent property of the work. Systems report:

- Convening stakeholders in conversations that had not previously occurred
- Openness about gaps and limitations of current provision
- Willingness to engage in iterative co-design throughout NHS uncertainty.
- Increasing confidence in shared decision-making

Together, these findings indicate that MedSIP is fostering the relational conditions necessary for whole-system collaboration and sustainable improvement

5. Looking forward - 2026/27

While variation in pace and maturity remains, local systems working with PSCs have established strong foundations for whole-system improvement and are beginning to show measurable harm reduction.

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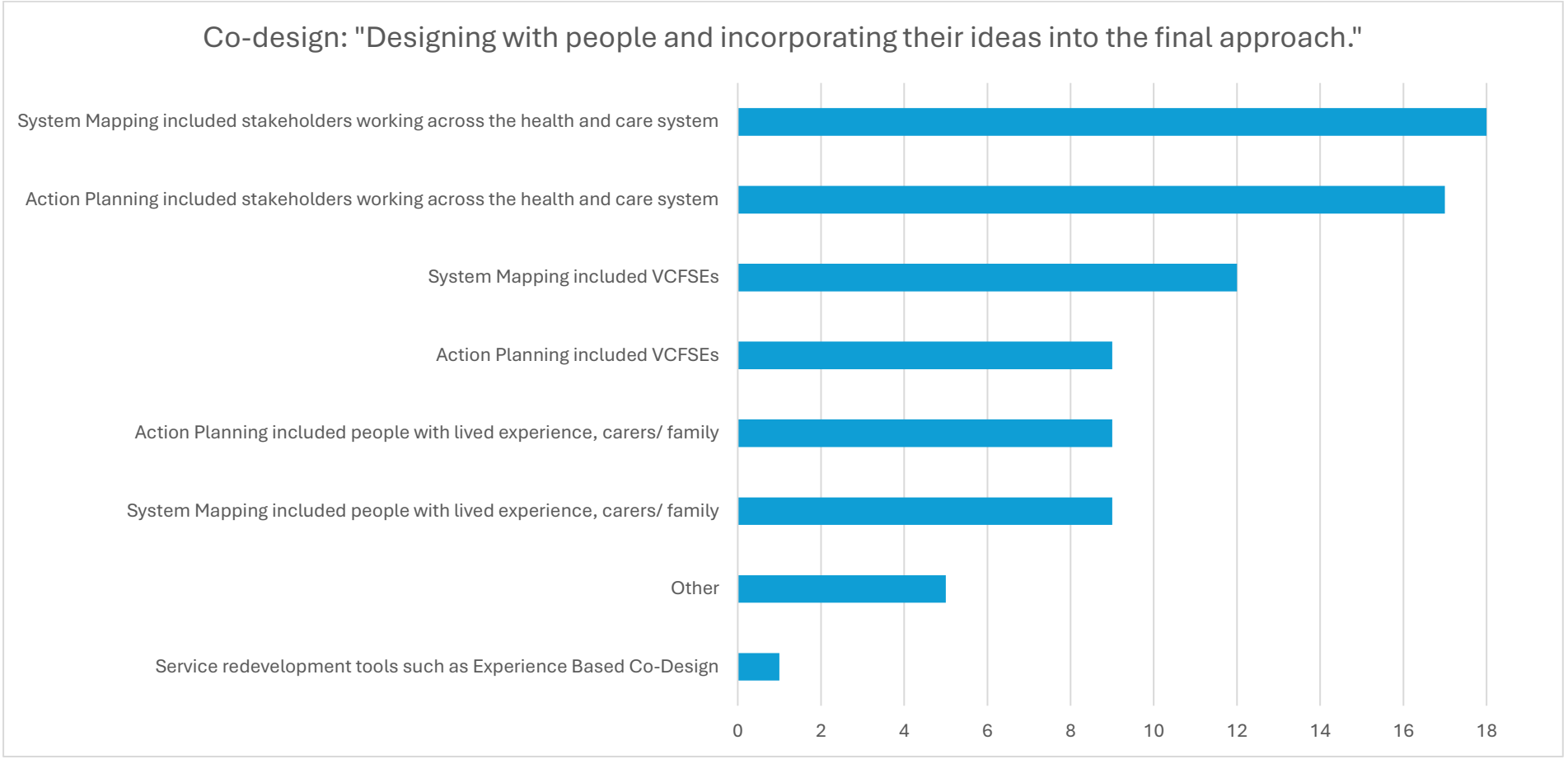
Charts:

How were stakeholders involved in Phase 1, 2, 3 and 4?



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