

Reducing harm from psychotropic medicines used for behaviour that challenges, in people with a learning disability

Delivered by:

Wessex
Patient Safety Collaborative

Led by:

NHS England

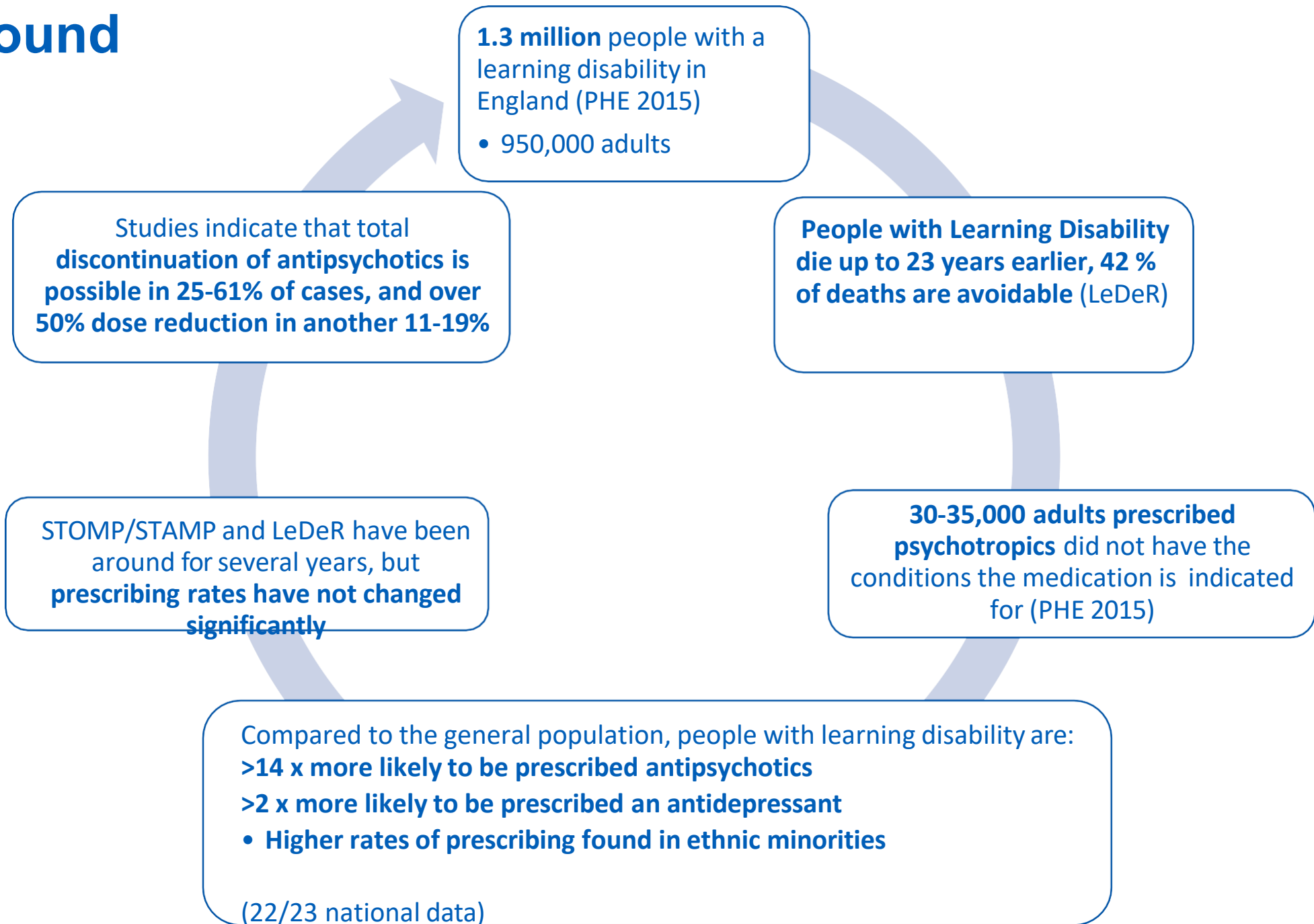
Antipsychotics in Learning Disabilities “Masterclass”

Tackling Antipsychotic prescribing in Learning Disabilities “Masterclass”

Thursday 4th June: 12-1:30

Time		Speaker
12:00-12:10	Welcome and Introduction	Clare Howard, Clinical Lead Medicines HI Wessex
12:10-12:50	Why is long term use of antipsychotics in people with Learning Disabilities problematic and what to do about it.	Dr Ross Spackman Consultant Learning Disabilities Psychiatrist
12:50– 1:05	Patient Case Studies -	Mel Webb Consultant Practitioner (Nurse) & Clinical Lead Learning Disability Services (Hampshire and Southampton) Independent Prescriber and NMP service lead
1:05 - 1:15	The role of Structured Medication Reviews and testing the patient resources to support SMRs in adults Learning Disability	Cat White, PCN Pharmacist and Clare Howard
1:15 -1:30	Panel Q and A	All

Background



Patient harms - BRAN

People with Learning Disabilities may be more vulnerable to adverse effects of medicines and may have difficulty reporting them.

Some of the harms from antipsychotics that we worry about include;

Weight gain and metabolic syndrome

Diabetes

Sedation and cognitive dulling

Falls and fractures (as people with Learning Disabilities live longer)

Swallowing issues

Movement disorders

Cardiovascular risks

Broad Aim	Comments and specific actions
Education and raising clinicians' awareness.	Online webinar for all of Wessex. We can record a masterclass or webinar and make available on our website. Format see next slide
Good practice "things to think about" list to help people make sure support is in place to give the best chance of a successful antipsychotic reduction	Agreed but careful that it's not a prescriptive check list that might hinder people from attempting a reduction (or be an excuse not to try) .
Using the EasyRead HIN SMR Materials to invite people with Learning Disabilities to their Structure Medication Review	SMR materials are freely available and have been tested in people with Learning Disabilities https://youtu.be/G_3W6wczfXM
Raising confidence in communication	Can we run an online session to focus on how to communicate well with people with Learning Disabilities? Dave Gerrard (national Learning Disabilities Lead Pharmacist) might be able to help. https://youtu.be/hQXzcDbAVxc
Education session for service providers, carers and third sector to highlight the issue and the harms.	Following the clinicians' masterclass, deliver an event for service providers and carers about the issue to ensure all areas are aligned.
Collate positive patient stories to provide hope that this is possible and worth a try	Not everyone will be able to stop their antipsychotic but that's not a reason not to try in selected people. Could a collection of local positive patient stories increase confidence to try?
Mapping behaviour support that is available	This is a huge challenge, but we might be able to list what's out there and signpost.
Increasing the proportion of annual health check that incorporate a good quality SMR.	Can we measure this?
Wider awareness and uptake of the HIOW Learning Disabilities Friendly Practice framework.	Speak to Mel, Jo Mc about feasibility of this. Where are the gaps? Which practices to target?
Data – agree process with HIOW and record Dorset monthly data in a run chart.	Just check that there is agreement for sharing data.

Our plans to help people with Learning Disabilities get better care with medicines



Health
Innovation
Wessex



Helping your Doctors and Pharmacists learn

Make sure Doctors and others are aware of the harms that long term antipsychotics can cause to people with Learning Disabilities.



Services to help support you

Map all the non - medicine support that is available for you so that people with Learning Disabilities are supported if your Antipsychotics are reduced.



Good practice

Develop a list of things that Doctors and Pharmacists and Nurses need to think about before they start lowering the dose of medicines you take - if that's what has been agreed with you.



Annual health check

Make sure the Learning Disabilities Annual Health check includes a proper review of your medicines



Invite you for a structured Medication review

Use all the Structured Medication Review easy read materials for all medication reviews for people with Learning Disabilities



Antipsychotics in people with Learning Disabilities

Dr Ross Spackman, LD Psychiatrist



Alex – Olanzapine 2.5mg + 5mg

39yr old man I first met in 2016

Monday visits farm

Tue swims

Wed bowls

Thus trampolines

Friday home day

Shared house with 24hr support

Moderate LD

Autism + non verbal

Recurrent regurgitation of food.

Meds:

Olanzapine 2.5am & 5pm

Previous failed reduction

Bloods OK

BMI 20ish - stable

ECG ok 2013

Alex – Olanzapine 2.5mg + 5mg

2016

Seemed happy/anxious.

Restless, I wondered about ADHD, asked GP if tried ADHD meds in childhood.

See a year later.

2017

Seemed happy/anxious.

Hadn't tried ADHD meds, but much less restless. Last year was ?just me being new.

Asked GP to do ECG.

See a year later.

Alex – Olanzapine 2.5mg + 5mg

2018

Vomiting / regurgitated food appears to happen to 2-3 days/week still. Asked staff to keep a diary 1 month per year.

Now 7 years since last reduction tried. Try again to reduce to 2.5mg bd after Christmas.

See a year later.

2019

Reduction hadn't happened 😞

Continues to have variable vomiting which is more frequent when anxious or excited, may vary from 4 times a day to once weekly

Recommended reduce Olanzapine to 2.5mg bd.

See a year later

Alex – Olanzapine 2.5mg + 5mg

2020

Email from primary care pharmacist: “The reduction to 2.5mg bd went fine. Can I keep going?”

– Yes please do 😊

6 months later:

Just to let you know following on from your letter dated 09/12/2019, we have successfully reduced at stopped A ’s Olanzapine. There has been no reported change in his behaviour and the carers said “would never know not taking it” (likely as he was regurgitating it anyway). The only medication he is now on from us is Peptac liquid peppermint 2x5ml spoon 4 times/day. We are scheduled to complete his annual health check this month.

Robert – Olanzapine 5mg + 2.5mg

70 yr old Man I met in March 2024

In 'shared lives'

"head gardener" at Day centre 5 days/week.

...You noted a progressive lengthening of his QTc on ECG.

440ms in January 2020,
456ms March 2022 and
461ms in February 2024.

There is a clear increased risk of Torsade de Pointes at QTc >500ms, which can be abruptly fatal.

Mild LD

Hx of anxiety
(started meds 1991/aged 39yo)

Hx of psychosis
(Nov 2000, May 2004, Sept 2009)

Admission under MHA May 2004 –
"psychotic depression."

Arthritis of hips; right >> left

Robert – Olanzapine 5mg + 2.5mg

Looks like since his 40's he has had a long term psychotic illness with an affective component, well managed with olanzapine.

well between October 2006 – April 2009 on Olanzapine 2.5mg bd.

His relapse into bizarre behaviour happened a month after Olanzapine was stopped completely in August in 2009.

Was lower in mood and more anxious when Venlafaxine was reduced to 37.5mg in April 2007.

Meds:

Olanzapine 5mg am 2.5mg pm

Venlafaxine 75mg am

Seen by me. Long summary letter.
Discharged with advice:

Please reduce Olanzapine to 2.5mg twice daily.

Please repeat ECG 4-6 weeks later to check QTc.

Robert – Olanzapine 5mg + 2.5mg

May 2024 on reduced Olanz.

Re-referred. Deterioration in mental health since the reduction in Olanzapine to 2.5mg bd.

Obsessing over small things, argumentative, moody, hard to care for, 'not himself'.

spoke to day centre: they report the same.

- Please Increase Olanzapine back to 5mg am + 2.5mg pm

June 2024.

Still elevated / agitated. Add Diazepam 2mg bd.

July 2024

About the same. Reduce Venlafaxine to 37.5mg
– made things worse, back to Venlafaxine 75mg.

November 2024 – back on original meds. ECG OK Discharged.

Robert – Olanzapine 5mg + 2.5mg

Jan 2025

Less severe recurrence of his symptoms:

More irritable and less patient with others, and more likely to appear cross or angry when given advice or asked to calm down.

Hit another 'Shared Lives' service user, also pushed a member of staff at the Day Centre, something they have not seen before.

Increased Olanzapine to 5mg twice daily 😞

ECG still OK. Discharged.

Saw in passing in May 2026

Remained well 😊.

No plans to reduce medication.

Types of cases

30s-50s, challenging when young, not at all now.

Older person with advancing dementia.

Younger adult now in a setting that suits them, problem free.

Verbal person, matured with age, no challenge for ages.

Into adulthood without meds, brief period of challenge in past.

On high doses & appears no different to when on lower doses.

Person who family / carers prefer subdued, & the “challenge” described, doesn’t seem that challenging.

Non verbal, high classic ASD traits, high aggression, meds at young age.

Definite history of SMI.

Preparing the ground

Are you aware...

What would you think if I suggested...

I note (s)he has X Y Z, Their medication might be contributing to that....

I'd like to check the bloods and ECG

When was the last reduction tried?

Oh.. Its never been tried?

Oh.. Five years ago? That's a long time.

Preparing the ground

I'd like to reduce it next year.

I'd like them to trial a very small reduction.

Its appropriate to trial a small reduction. When would be the best time of year to do it?

A trial reduction is clinically appropriate. Please explain this to all staff and come back in a month and we can discuss when best to do it.

I will be reducing their medication next year. Please can you ensure his care plans are up to date and consider how to support him if there is a bit more anxiety than usual.

Shall we reduce it now, or in 6 months?

Reduction strategies

eg 2mg Risperidone

Reduce by 0.5mg & add 0.5mg, max once per day as PRN for more agitated days.



Reduce by 0.25 mg per day.



Reduce by 0.5mg.

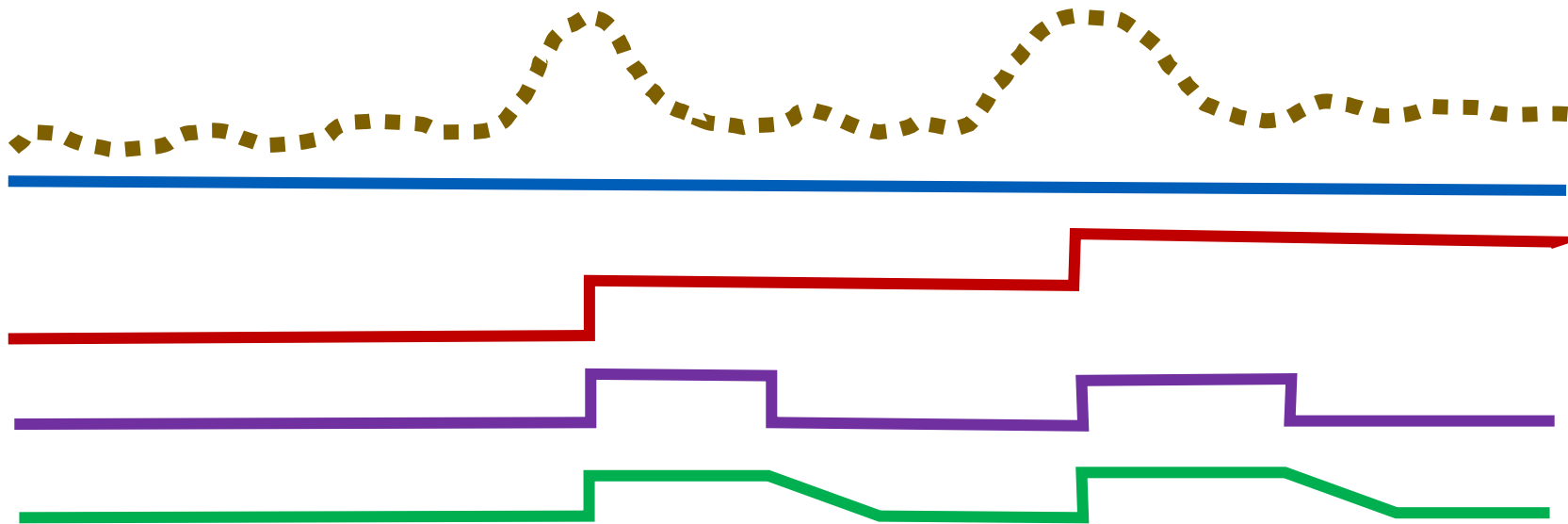


Avoiding increases (when appropriate)



Dorset HealthCare
University
NHS Foundation Trust

- Shift timing / loading.
- Short term benzos.
- Delaying measures.
- Short term increases.
- Carefully consider the dose.



Asking for help

?was there any advice in last letter / discharge letter.

Include your reason:

? Patient asked / Carer's asked / Family asked / Pharmacist asked etc.

? Worried re ECG / Weight trajectory / Bloods / EPSEs

? You'd like to do this vs you wonder if you should do this.

You propose, psychiatrist OK's vs You ask, Psychiatrist proposes.

Helpful to have bloods and ECG in last year (or 5 years at least).

Consider Dear CLDT vs Dear Psychiatrist.

More info = more helpful.

Links

Latest Frith Prescribing Guidelines in LD:

[Aggression and Self-Injurious Behaviour \(Chapter 10\) - The Frith Prescribing Guidelines for People with Intellectual Disability](#)

<https://www.cambridge.org/core/books/frith-prescribing-guidelines-for-people-with-intellectual-disability/aggression-and-selfinjurious-behaviour/369468D353642E694A9E0AEC78876FBB>

Drug info leaflets:

<https://www.choiceandmedication.org/dorsethealthcare/printable-leaflets/>

Handy fact sheets:

<https://www.choiceandmedication.org/dorsethealthcare/printable-leaflets/handy-fact-sheet/>

Antipsychotics in people with learning disabilities webinar



Melanie Webb, Consultant Practitioner (Nurse)
& Clinical Lead Learning Disability Services

Melanie.webb5@nhs.net

4 June 2026

60-year-old gentleman, lives in residential accommodation

Diagnostic Summary:

- F70.0/71.0 (ICD 10) mild to moderate learning disability
 - F20.0(ICD10) Schizophrenia (in remission)
 - F41.1 (ICD 10) generalised anxiety disorder.
-
- Long standing historical behavioural presentation
 - Conflicting information - medical history / diagnosis
 - Medications have had limited impact on behavioural presentation
 - Medication in place since at least early 2000`s – referred 2022
 - Rationalise medication/review diagnosis and ensure evidence-based prescribing

Initial Plan:

- **Chlorpromazine 150 mg in the morning and 100mg at night** -reduce and discontinue Chlorpromazine – not a potent anti psychotic and side effect profile
- **Risperidone 4mg twice daily** - reduce Risperidone to 6mg daily – limited benefits derived above this dosing
- **Clopixol depot injection weekly (500mg/1ml) 1ml weekly**- Replace Clopixol injection with oral Zuclopenthixol
- **Sertraline 100mg o.d.** (remain)
- **Risperidone 0.5mg twice daily as required** (remain as a protective factor, potential for alternative)

Implementation/Response

- Lacks capacity, however participated in discussions, very vocal about desire to stop medication
- Very consistent, supportive and committed support team
- In house behaviour support team / robust risk management
- No significant physical health concerns (elevated Prolactin)
- No evidence of depression / psychosis
- Chlorpromazine reduced by 50mg on two occasions over 6 months – emergence of psychotic symptoms, significant increase in risk, reinstated original dosage.
- Paused and commenced Risperidone reduction which continues, no concerns

35 year old lady – lives in supported living

Diagnostic Summary:

- Code F70 (ICD 10) Mild learning disability
- Code F41.1 (ICD 10) Generalised anxiety disorder
- Code F31.9 (ICD 10) Bipolar affective disorder unspecified - later revised treatment- emergent hypomania (Sertraline)

- Onset of anxiety, low mood, neglect during pandemic, Sertraline introduced, switched to Aripiprazole and discharged from service
- Re-referred as eager to reduce/ discontinue Aripiprazole 15mg daily

Implementation/response

- Capacious, happy for involvement of robust support network
- Reviewed anxiety management strategies, wellness plan and self soothe box which had been previously developed
- Incremental reductions approximately 3-4 monthly avoiding “trigger times”
- Maintained a cautious approach to reduction, particularly during the final stages, in recognition of the hyperbolic impact (switched to liquid preparation)
- Post discontinuation some re-emergence of anxious behaviours, mood fluctuation
- Reintroduced Aripiprazole 2.5mg with positive effect. Discharged with future recommendations

hiowhealthcare.nhs.uk



We CARE through:



Compassion



Accountability



Respect



Excellence

Resources to help with the Structured Medication Review process

Inviting you to your medication review

Making sure you are taking the right medicines



NIHR | Yorkshire and Humber Patient Safety Research Collaboration

Health Innovation Network ageUK

About this booklet

Medication review



Your doctor's (GP) surgery is inviting you to a **medication review**.

A **medication review** is where your health professional talks with you about how you are finding your medicines.



Your medication review will happen on the phone or at your doctor's (GP) surgery.



At your medication review, you will speak to your doctor or a **pharmacist**.

A **pharmacist** is a health professional who can help you with your medicines.



We will contact you to arrange a time for you to have your medication review.



Please read this information to find out what will happen at your medication review.



You may also want to ask your doctor or pharmacist questions like:

- Why do I need to take so many medicines?



- What side effects do my medicines have?

You may also want to tell your doctor or pharmacist if you:



- Find it difficult to open your medicines.



- Find it difficult to remember to take your medicines.



- Find it difficult to swallow your pills.



How to safely stop taking your medicine



NIHR | Yorkshire and Humber Patient Safety Research Collaboration

ageUK | Health Innovation Network

What is in this booklet

About this booklet.....4

How to safely stop taking your medicine.....5



You can listen to an audio recording of this booklet by scanning this QR code with your phone or tablet.

<https://healthinnovationwessex.org.uk/resources/programme-toolkits/structured-medication-reviews-in-adults-with-a-learning-disability>





Talking to your Healthcare Professional about your Medication



A **medication review** is when you meet with your health care professional to talk about the medication you take, and if any changes need to be made



Please fill in this booklet and bring it with you to your medication review.



This is to help you think about your medication, what is working, and what could be better.



It will help the person doing your medication review understand about your health, and how you feel about your medication.



You can also tell them if you have any problems with your medications.

This can include medications prescribed for you, or medications you buy, such as painkillers or for constipation.



How to make Reasonable Adjustments checklist

You are legally required to make reasonable adjustments where patients need them to be able to use your service. For further information about this, please see:

<https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/>

People with a learning disability will need you to consider the following:

Adjustments to the environment: Does the patient need....

- a quiet waiting area – please remember to inform your reception staff of their needs.
- the lighting in the room to be adjusted – check when they arrive and adjust.
- the noise in the room to be reduced – plan to use a room with reduced noise levels.
- to use any of their own sensory resources such as noise cancelling headphones or fidget toys

Adjustments to help the patient understand their health information

- Does your patient need support from a family member, carer or support staff to communicate with you? If so, make sure to invite them to the consultation.
- What type of information works for your patient (written / oral / sign language) – if unsure, check with the patient or their family member, carer or support staff or see their hospital passport.
- Have you got easy read information sheets available for the treatments and illnesses you plan to discuss?
- Does the patient or their family member need the information in another language?
- Do they need time to process the information you've give them? Would diagrams help?

Other adjustments the patient may need

- Does the patient need a longer appointment?
- Does the patient need a virtual appointment?
- Does the patient need additional support to have their physical health monitoring done, such as specialist support for blood tests?
- Does the patient need a pre-appointment visit or phone call or written information to help them prepare for the visit.

Where have you documented these reasonable adjustments?

- I have documented this using the digital Reasonable Adjustment Flag*
- I have recorded it as a flag within our internal electronic patient record system

*The Reasonable Adjustments Digital Flag is a national record which can be accessed from a person's medical record, where the reasonable adjustments that they need can be recorded and shared with other organisations. <https://digital.nhs.uk/services/reasonable-adjustment-flag>



Best Practice Guidance for completing a STOMP Structured Medication Review



STOMP stands for Stopping Over Medication in People with a learning disability



Best Practice Guidance for completing a STOMP Structured Medication Review

Prior to the Medication Review

- **Gather information about the medicines prescribed and their indication**
 - See our Guidance for Healthcare Professionals on preparing for a review
- **Enable the patient and their carers to prepare for the review**
 - See our Invitation and Booklet for patients and families, carers and support staff to use
- **Check what reasonable adjustments may be needed for the review**
 - See our Reasonable Adjustment Checklist

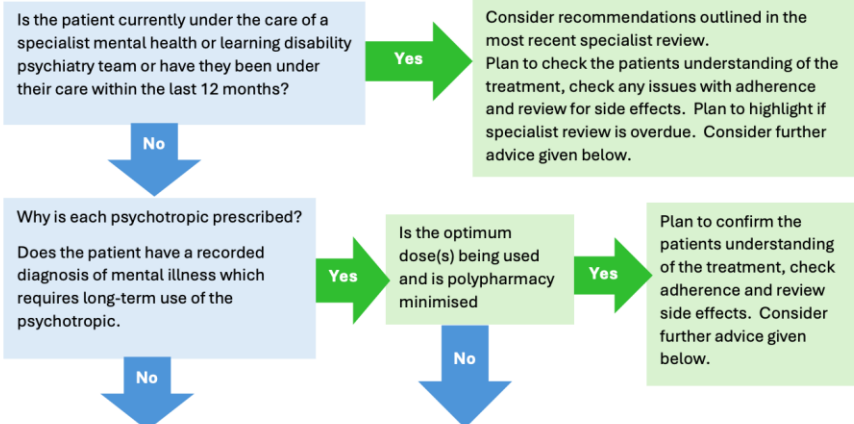
During the Medication Review

- **Agree a shared purpose for the review.**
 - Involve the patient, families, carers and support staff in the decisions about medicines
 - Discuss and document the patient's mental capacity to decide about medicines
 - Explore patient, family, carers and support staff perspectives about medicines
 - Communicate information about STOMP and off licence medicines
 - See our resources bank for tools on how to provide and communicate information in an accessible way.
- **Assess the benefits of the medication**
 - Identify target symptoms and use approved rating scales to monitor benefit
 - Explore and discuss non-pharmacological options for treatment
 - Review polypharmacy and highlight where medicines may no longer be required
 - See our resources bank for accessible tools to help measure behaviour, mood / anxiety, pain / discomfort, sleep, dysphagia, quality of life
- **Assess the side effects of the medication**
 - Review and discuss any recent physical health monitoring.
 - Use approved rating scales to monitor for side effects
 - Ask about and address any barriers to adherence
 - See our resources bank for accessible tools to measure psychotropic side effects, anti-cholinergic burden, constipation
- **Agree a shared holistic plan for follow up**
 - Agree a plan for follow up consultation(s), physical health monitoring, referrals and other actions including who, how and when they will be achieved.
 - Offer advice on disposal of unused medicines
 - Communicate the plan in an appropriate way to the patient.
 - See our resources bank for templates on sharing and recording review outcomes with patients and their families / carers and paid carers.

After the Medication Review

- **Communicate the review outcomes with all relevant stakeholders**
- **If medication changes have been made, encourage patients and their families, carers/ support staff to monitor and report symptoms using accessible charts**
 - See our resources bank for accessible charts to monitor outcomes
- **Record details of the review in the electronic patient record**
 - See our resources bank for templates on how to record a STOMP SMR
 - Ensure that electronic coding is updated and accurate, including diagnostic details, medication details and SMR review details.
 - Check the information in the Reasonable Adjustments Digital Flag is accurate

Questions to consider when preparing to review Patients with a Learning Disability who are taking psychotropic medication



Consider the following prior to the consultation:

□ **When was the medication started and by whom?**

If started in secondary care or in private care, review letters to determine the long-term plan for treatment. If necessary, contact the secondary care team or private care provider for further information.

□ **What are the target symptoms that the psychotropic is being used for?**

Consider information from specialist letters, patients, family and carers. Update patients record where appropriate. Plan to ask if target symptoms have improved or resolved.

□ **How does the patient take their medication?**

Check medication adherence. Is the medication being taken regularly? How frequently are they requesting the medication?

□ **Is the prescribing off-label?**

Check has this been documented and discussed with the patient? If not, plan to explain what this means and why the medicine is being used this way.

□ **What information do you have about previous history of treatment?**

Have there been attempts to reduce / remove medication in the past? If unknown, plan to ask in consultation and document.

□ **Have non-medication alternatives been offered or previously used?**

Questions to consider when preparing to review Patients with a Learning Disability who are taking psychotropic medication



This can include psychological therapies, or other interventions used. Plan to ask about non-medication alternative and where appropriate, other tools to understand and manage the patient's needs, such as behavioural support plans.

□ **What support might you need to review this medication?**

Do you need advice from a specialist team about non-pharmacological approaches to manage behaviour, or how to withdraw psychotropics safely? If so, plan to contact the specialist team either before or after the consultation for advice.

□ **What information might you need for deprescribing?**

Check resources for information on withdrawal symptoms, recommended tapering schedules, interactions, risks (e.g. risk of seizure, falls, relapse) and plan what monitoring and safety netting might be required.

□ **What is the patient perspective about ongoing treatment?**

Plan to ask about this during the review along with the perspectives of family, carers and support staff about medication as this may influence prescribing choices and adherence.

□ **Will the patient need support to understand the conversation?**

Consider what reasonable adjustments will be required. How will you communicate with the patient so that they understand you? Do they need someone to join them to help them to communicate.

□ **Is there evidence that the patient might lack capacity?**

If so, make sure that you invite appropriate family, carers or support staff to the consultation so that you can have a best-interest discussion.

□ **Has recommended physical health monitoring has been carried out?**

Use NICE guidance to see what health monitoring is required. Plan to complete any required monitoring and/or discuss recent results and/or take action if results out of range. Check the Annual Health Check documentation.

Call for PCNs to bid to be part of the Health Innovation Wessex

“Testing of resources to support Structured Medication Reviews in adults with a Learning Disability” project.

Deadline Friday 26th June

Testing of resources to support Structured Medication Reviews in people with Learning Disabilities

We are seeking to work with between 5 and 10 Primary Care Networks or Neighbourhood Teams in Hampshire and Isle of Wight and Dorset to test a suite of resources aimed at improving the quality and quantity of Structured Medication Reviews carried out in people with Learning Disabilities.

As part of the Medication Safety Improvement Programme, we are working to reduce harms from long term use of antipsychotics in people with Learning Disabilities for behaviour that challenges across Wessex.

We have secured a small amount of funding to support small scale testing of Structured Medication Review resources to support the Structured Medication Review process in people with Learning Disabilities.

Successful PCNs will work with us to achieve the following:

1. Understand if the resources help PCNs to develop better processes for inviting, supporting and carrying out Structured Medication Review in people with Learning Disabilities.
2. Understand if the resources lead to an increase in SMRs in people with Learning Disabilities
3. Understand if the use of the resources reduces the number of people who fail to attend for their appointments (DNA rate)
4. Understand if the resources help clinicians to feel more confident about carrying out a Structured Medication Review in people with Learning Disabilities.
5. Understand if people with Learning Disabilities (and or their carers) feel that the experience was better for them.

In return for a grant of £1,000 per PCN, the PCNs will be expected to;

- Carry out a baseline analysis to understand how many Structured Medication Reviews were carried out in people with Learning Disabilities in the month prior to the study period
- Familiarise themselves with the resources available and decide how they will be used locally. (see overleaf)
- Download and run clinical systems searches to identify people with Learning Disabilities who do not have a diagnosis of and SMI and receive an Antipsychotic medicine.
- Carry out SMRs in pre-identified people with Learning Disabilities who have been prescribed a repeat prescription for an antipsychotic without a diagnosis of SMI.
- Record the number of SMRs carried out in people with Learning Disabilities during the study period.
- Capture patient and carer feedback about the resources and their impact on the Structured Medication Review process.

Application Form

Testing of resources to support Structured Medication Reviews in adults with a Learning Disability

Please submit your completed application form before 4pm Friday 26th June via email to medicines.optimisation@hiwessex.net

Applicant Details	
Lead Applicant Name	
Lead Applicant Job Title	
Lead Applicant Organisation	
Lead Applicant email address	
ICB	
If known, please provide details of the wider project team involved in this work (name, job title, organisation)	
Please provide an overview of your proposed project.	
Proposed test site (s)	
Proposed patient community group(s) (e.g. in care home/ at home / All adult patients with a Learning Disability)	
Who will lead on the Structured Medication Review consultation process e.g. GP, Pharmacists, other?	
Which data sources will you use to identify patients?	
How to you propose to use the HIN and co-SMR patient resources e.g. electronically/paper based / sent via SMS / animation shared with patients / animation screened in waiting rooms etc.	
Please tell us how you will ensure sufficient time is allocated for a	



Project Timeline



Applications to be submitted to Health Innovation Wessex

End June 2026



Successful PCNs informed
Memorandum of Understanding signed

End July 2026



Report current arrangements for SMRs and 3 weeks of baseline data regarding SMR numbers and did not attend rates (use template provided)

August 2026



Develop process for using Co-SMR resources & HIN patient resources. Detail resources you will use and select target patient group. Start implementation.

Sept-end Nov 2026



Report final 3-week implementation data

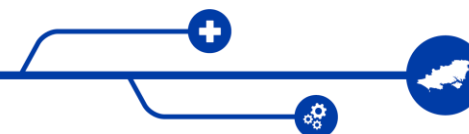
- SMR numbers
- DNA rates
- Qualitative data

Nov 2026



Jan 27-Participate in focus group event with HI Wessex other PCN project leads to collate final project insights. Health Innovation Wessex to complete evaluation report for final completion by end of March 27

**Dec 2026-
March 2027**





Panel Questions and Answers

