

NHS Shetland coding standardisation

Background

NHS Shetland delivers healthcare to a population of around 23,000 people spread across 16 inhabited islands. The population includes more older adults than the national average, and many live in remote or rural areas.

Across all Shetland GP practices, it was identified that there were inconsistencies in templates and coding systems. This posed a particular challenge in the Shetland context, as staff often work across multiple practices and remote communities. NHS Shetland identified these inconsistencies meant it was hard to monitor long term conditions (LTC), understand outcomes across the region, or effectively plan services.

Aim

While baseline measures were not defined at the outset, early insights highlighted opportunities for improvement in clinical coding accuracy. The team focused on developing a shared approach to LTC care across all practices by providing standardised templates to support more accurate data and better recall systems.

Approach

The team followed a structured process to design and implement improvements:

1. Build a team and engage stakeholders

A multidisciplinary working group was formed, made up of data analysts, nurses, administrative staff and practice managers. Practice managers with coding experience were engaged early to build credibility and local support.

2. Understand the current system

A team of analysts and practice staff reviewed processes across all ten Shetland practices. They identified inconsistencies around LTC appointment recording and issues with their recall list accuracy due to coding and template variation.

3. Design a new template and agree codes

A standardised template and agreed set of clinical Read Codes were developed by nurses and administrative teams. This improved consistency by reducing the number of codes in use. The template was tested in practices and refined before wider rollout.

4. Provide training and support

In-person site visits were used to deliver training and follow-up support. Staff were guided through the template and encouraged to raise questions and challenges as they embedded the changes into routine practice.

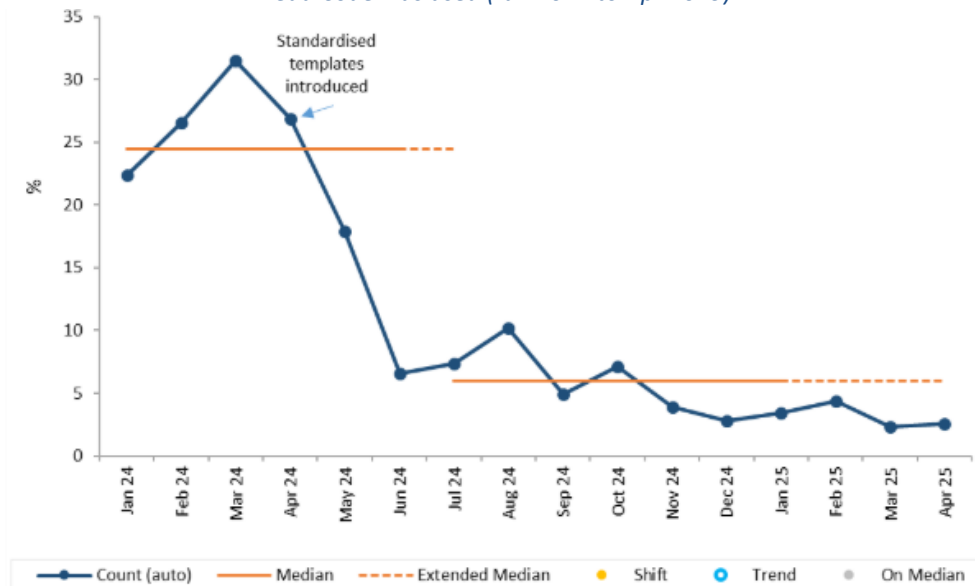
5. Monitor and report using a local data platform

The Shetland Health Intelligence Platform (SHIP) is a local system that links primary, secondary and community care data. The team used monthly data from the SHIP to monitor template usage and assess progress. This helped to track variation across practices, identify patients who may have been missed and inform further improvements.

Impact

Introduction of standardising templates and Read Codes resulted in a significant reduction in the use of codes that are not in the agreed template, improving consistency and data quality across practices (see Figure 1).

Figure 1. Percentage of long-term condition (LTC) monitoring and management appointments where a non-standard Read Code was used (Jan 2024 to Apr 2025).



The median dropped from around 25% to 6% with a marked improvement visible from June 2024 onward.

Improving the recall list accuracy has reduced multiple appointments for the same patient, allowing for more medical needs to be addressed in one appointment. In one practice, staff were able to see a higher number of patients with long-term conditions without increasing demand for appointments.

For staff, the introduction of standardised templates has improved confidence in recording and assessing the right information:

‘[they] feel more confident that they are collating the correct data required and understand how to find the templates easier’ (Community Treatment and Care (CTAC) nurse).

Better coding has resulted in more complete and consistent data across all GP practices:

‘Review of SHIP is showing there is much less missing data than when the project started last year, indicating improved practices from clinicians and more consistent coding’ (Primary Care Lead).

Key Learning

- Standardised templates have improved consistency and usability across Shetland’s GP practices, making it easier for nursing teams to accurately record their work.
- The simplicity of the design has encouraged widespread adoption.
- Face-to-face training across all sites boosted staff confidence in using the system.
- A uniform recall system ensure consistent follow-up processes and template use, supporting equitable care and reliable data collection.

Next Steps

- Continue face-to-face training and support, reinforcing template use and addressing any emerging challenges.
- Monitor template usage and data quality to identify any areas of further improvement.
- Maintain engagement with staff across practices to gather feedback and ensure the system continues to meet their needs.
- Review and refine templates to ensure they remain relevant, user friendly and aligned with clinical best practice.

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