Healthcare Improvement Scotland

Standardising and improving clinic letters in NHS Shetland

Background

Interpreting and acting on information in clinic letters (including discharge letters) from secondary care, forms a significant part of GP workload. Clinicians in secondary care specialist services also recognised the issue and contributed to defining the communication problems affecting downstream teams. NHS Shetland identified issues that stemmed from both the structure of letters and from variation in communication behaviours across teams.

NHS Shetland identified a series of challenges with their existing clinic letter processes:

- There was variation in how secondary care shared information, ranging from free-text letters to ad hoc emails.
- There was unpredictable structure, which meant administration and pharmacotherapy teams could not action recommendations without GP interpretation.
- There was potential for actions being missed, or for medication errors, due to the unstructured format.
- Patients were not always made aware of actions and relevant information.

NHS Shetland planned a quality improvement project aiming to improve the structure of clinic letters. A GP from Levenwick led the improvement project.

Approach

There were three key elements to the project: planning, engagement and delivery.

Planning

The team mapped out the existing system (before any change was implemented) so they could identify areas for improvement. These included communicating actions, medication information, the sign off process and standardising how patients were informed. It was decided that changes would be tested in two stages: first to semi-structured letters, and then to a highly structured format. *Table 1* below details the staged approach.

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Table 1: Change ideas relating to clinic letters

	Existing process (Unstructured letter)	**Intermediate process (Semi-structured letter)**	**Final process (Highly structured letter)**
Communicating actions	Actions unclear and require GP interpretation.	Actions presented more clearly but inconsistent.	Separate action sections for primary care and specialist teams, written for easy processing.
Medication information	Medication information unstructured and difficult to act on.	Medication section explicit, although, unstructured.	Structured medication section–start, stop, change.
Responsible clinician	Can only be processed by senior clinicians and GPs.	Can be processed by less senior staff including pharmacy technicians. Requires senior sign off.	Can be processed by technicians and admin, escalation only when needed. Optional senior review available.
Engagement with patients	Patients not routinely copied into clinic letters.	Patients copied into clinic letters about their condition and management plan.	Patients copied into accessibly written clinic letters. Some clinicians now addressed letters directly to patients with: a) clear management plan communicated to patient and GP, b) relevant facts about patient's health and well-being, c) information presented in a way that improves understanding.

Engagement

Members of the multidisciplinary team in primary care (including GP's, practice nurses, administrators, pharmacotherapy) and secondary care (allied health professionals, specialist nurses, consultants) were made aware of proposed changes and were able to give feedback. Communication emphasised the benefits to clinicians and patients of secondary and primary care collaboration to improve the clarity of clinical correspondence. Early engagement with secondary care specialist services was undertaken to confirm the problem, understand variation in communication behaviours, and secure agreement that current practices were creating avoidable workload and risk.

Delivery

A new template for clinic letters was developed with clear sections identifying 'actions for primary care' (to include medication changes and follow-up monitoring arrangements) and 'actions for secondary care'. It was also agreed that patients would be copied into letters where relevant

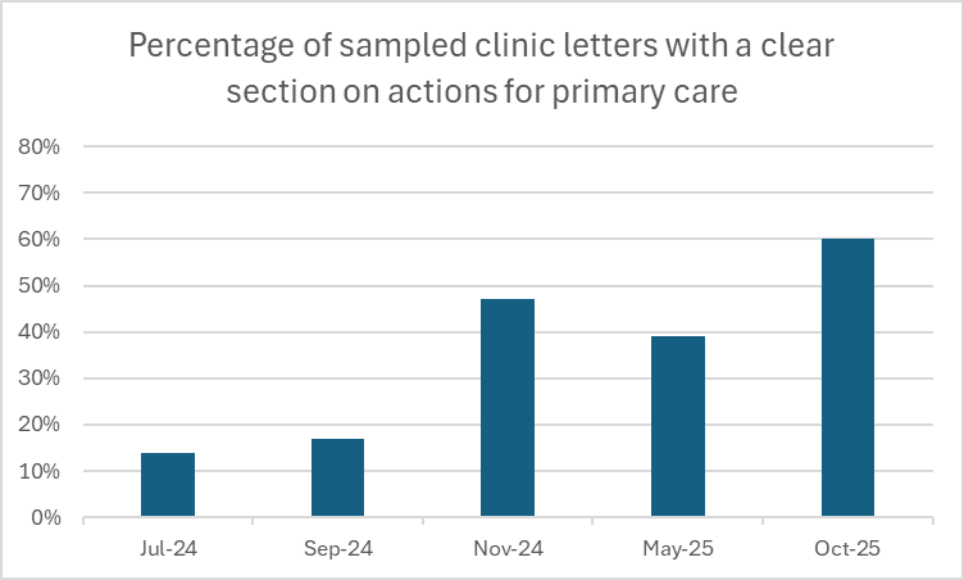
information was provided. Further feedback was sought from secondary care clinicians during the design, testing and embedding stages.

Impact

Improvement in process

The pharmacotherapy team collected data on five occasions on a sample of clinic letters. They measured the percentage of letters that had clear sections on medication and actions for primary care. Month-to-month variation was discussed within team.

Figure 1: Percentage of letters with clear actions for primary care (June 2024-October 2025)



Informal feedback from practice and pharmacotherapy teams have reported that clinic letters are now clearer and better structured. As a result of the new process, pharmacotherapy teams reported spending less time contacting patients or clinicians to clarify medication changes.

Improvement in consistency of use

In addition to pharmacotherapy team sampling, local data support was able to sample specific secondary care clinicians. Ten letters per clinician were sampled to see if the template was being used.

This sampling was carried out in November 2024 and April 2025 across 28 different clinicians. The sampling showed similar consistency in use of the new template with 42 % of sampled letters using it in November 2024 and 41 % in April 2025.

Improvement in patient understanding

One of the key changes to clinic letters was including patients in the audience as well as clinicians. This allowed better sharing of information with patients. It also prompted letters to be written with content that was accessible and meaningful to patients as well as clinicians. In addition, some clinicians started to address letters directly to patients, using plain language to describe information about patients' health, wellbeing and management plans.

The team gathered patient feedback to assess the impact. Some found the letters helpful:

- *'Took some time to read and digest it but helped me understand the journey I was on.'*
- *'Useful to have the nurse number written down and to know when my next appointment was.'*

Others felt the letters didn't improve their understanding:

- *'Quite a lot of jargon and medical terms in there I didn't understand.'*
- *'Didn't feel that I needed to get the letter as I usually trust that my GP will communicate the relevant information.'*

This feedback was discussed at the consultants meeting to consider further improvements. This included how patient-centred care is delivered, and how clinical information is shared with patients.

Key learning

- **Effective communication**: Improved communication between primary and secondary Care teams has been key to the project's success so far. This includes consistent feedback during the design and implementation of the template.
- **Identifying early adopters**: analysis of local data from secondary care identified that specialist nurses were often early adopters. Where uptake was lower, there was an ongoing need to identify key staff members to adopt and embed the change.
- **Early conversations** with specialist services created a common understanding of the communication issues and supported consistent adoption of new behaviours.

Next steps

- **Build knowledge**: Data collection will continue to inform future improvements.
- **Embed change**: The team will continue to test and implement the improved clinic letters
- **Patient-centred evaluation**: More patient feedback will be collected to assess how well the letters support understanding of patient treatment and care.

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