

What the Data Tells Us

For the first time, a large NHS trust has analysed over 250,000 patient records to understand just how common name discordance really is — and what it means for care.

Worcestershire Acute Hospitals NHS Trust · 2025–2026

When staff at Worcestershire Acute Hospitals NHS Trust asked every patient **"What would you like us to call you?"** and recorded the answer, what they discovered was remarkable.

Here are ten things the data revealed.

29%

OF PEOPLE OVER 65 GO BY A DIFFERENT NAME

250,356

PATIENT RECORDS ANALYSED

94.7%

WARDS NOW RECORDING #CALLME

600+

DISTINCT PREFERRED NAMES CAPTURED

TEN FINDINGS FROM THE DATA

Names are more complicated than records suggest

IMPLEMENTATION

1

Nearly 95% of inpatients now have a preferred name on record

In a live snapshot across all three hospital sites, 3,835 of 4,048 patients had a preferred name captured — a remarkable result for a voluntary initiative with no mandatory policy behind it.

IMPLEMENTATION

2

30 wards achieved 100% — including the ICU and CCU

Thirty of 80 wards had zero missing entries in the same snapshot. These are not quiet wards — they include intensive care, coronary care, and the cardiac catheterisation suite. For these teams, asking has become as routine as checking allergies.

IMPLEMENTATION

3

The emergency department improved by 28 percentage points in ten months

Completion in the ED rose from 53% to 81% — in the most demanding possible environment, with no extra technology or mandatory rules. That is cultural change, not process change.

NAME PATTERNS

4

Christopher is the name most people don't actually use

82.7% of patients registered as Christopher go by something different — the highest conversion rate of any common forename. And 95.9% of those simply want **Chris**. It is essentially a name given at birth that almost nobody uses in life.

NAME PATTERNS

5

You cannot guess whether a Robert is a Rob or a Bob

Most names converge on a single preferred form — 90% of Davids want **Dave**. But Robert splits almost evenly: Rob (57%) versus Bob (33%). It is the one common name where assuming the answer gets you wrong nearly half the time.

NAME PATTERNS

6

28 patients called Margaret go by Ann

They were registered as Margaret Ann — or similar — and have been called Ann their entire lives. Their medical record says Margaret. Without #CallMe, every clinical interaction, and every phone call to a waiting family, uses the wrong name entirely.

CULTURAL NAMING

7

38% of patients registered as Mohammed go by a completely different name

In many Muslim families, Mohammed is given as an honourific first name — but the person is known by their personal second name all their life. The 180 patients in this group used over 120 distinct preferred names, including Ibrahim, Bilal, Zain, and Musa. No system could predict this; only asking reveals it.

VULNERABLE PATIENTS

8

Roughly 3 cognitively vulnerable patients every day have an unrecognisable registered name

Combining the rate of unrelated preferred names with the prevalence of dementia, mild cognitive impairment, and aphasia among inpatients produces an estimate of around 1,000 patients per year — about 3 per day — who are both cognitively vulnerable and whose registered name their family would not recognise. These patients cannot correct the mistake themselves.

NAME PATTERNS

9

Margaret produces 36 distinct preferred names — including Terry

Two patients registered as Margaret go by Terry. There is no phonological connection, no obvious logic — it is simply the name they have always been called. Margaret also produces Maggie, Meg, Peggy, Mags, Greta, Ann, Jean, June, and dozens more. No algorithm could predict any of them.

SCALE

10

Over 235,000 preferred names captured in a single year

In twelve months, the simple question "What would you like us to call you?" was asked and answered for the vast majority of every patient who walked through the doors of a busy NHS trust. That is what a cultural change looks like in numbers.