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## **Patient Participation Group Action plan**

### **Title: Displaying patient names on the Appointment call screen**

During a routine morning surgery a patient approached the reception to raise their concern about their full name being displayed on the overhead patient call screen in the waiting room. His/her concern was that we had not sought their permission to display the full name.

Historically at our practice it was a walk-in surgery where a patient would attend the surgery between specific times and take a token in the form of a number. The Doctor would sound a buzzer and the patients would go to his room in numerical order. As the list grew and more GPs joined the surgery it became too complex for patients to understand which number to place on which GPs hook. Nationally PCTs supplied practices with a call screen which was connected to the computer system where it linked into our appointment system and allowed patients to self-book in and the patient name was displayed on the overhead call screen in the waiting room letting them know which Doctor and which room to go to. We did not ask our patients permission to do this.

We discussed this concern with our PPG at the next available meeting and agreed with them that we would carry out a survey to establish whether others had the same concerns as no one over the ten year period that it had been installed had ever raised an objection.

The PPG thought this to be a good action plan so a poll was created with a yes / no response to the question "Do you have any concerns that your FULL NAME is displayed on the overhead call screen when you are attending for an appointment and being called through?" Every patient that attended the reception was asked to complete a Yes or NO with a signature for a period of 4 months.

### **Analysis**

In order that we had a good accurate representation of our list size and a valid worthwhile result we calculated the percentage of patients who had provided us with a response

Patient list size 18 and over as at the end of the poll = 3438 patients  
Signatures = 609 patient responses

Totalling 17.7% of our patient population over 18 years of age had their say

### **Results**

Of the 609 patient responses, 607 responded that they were happy with their name being displayed and had no concerns whatsoever. Apart from the original patient who raised the concern, one other did mention that they may have a concern. Upon questioning the person their reason for their name being removed from display was valid and appropriate

The poll did bring to the forefront that foster children's names were also being displayed. We made contact with the foster parents to discuss our concerns that we have a duty of care to safeguard looked after children and that we are obliged to protect them from the public knowing their details and placements. We felt that by displaying their names on our overhead call screen would/could potentially provide the public with evidence of their placement in the community which in return could potentially have a negative result/outcome for the foster families and the looked after children.

#### Action

In regards to patient 2 who had an objection we held a discussion with the practice staff and the patient as to how they would like to be called through to the GP as this would also mean that the GP would be unable to come and fetch them by calling them verbally.

We jointly agreed that patient 2 would be given tokens as our system allows tokens to be given and the patient was happy with this plan. The GP would press the call button and a token number would appear on the overhead screen in place of the name. The whole practice team were made aware of the plan.

We jointly agreed with our foster parents that the children appear on our booking appointment screen under the foster carer's name and the child's name would be free text in the comment box which only the surgery staff is able to see.

Feedback to the patient who instigated this poll was positive; we explained our finding to the patient and thanked them for the opportunity to bring this matter to our attention

Presented to our practice population for comment November 2014