

A patient contacts a clinic with a question. Reception sends them to bookings; bookings sends them to a clinician; the clinician asks them to contact finance. Each person may be trying to help, but the patient experiences something else: no one seems to own their enquiry.

Being passed around is more than an inconvenience. It can make people doubt whether the clinic is organised, whether anyone understands their situation and whether the eventual costs will be clear. It can also waste staff time, delay appropriate assessment and lead patients to abandon the process before they book.

Clinics can prevent this by making three things explicit: **clear contact routes**, consistent **handoff rules** and named **ownership of enquiry**. The aim is not to make every team member answer every question. It is to ensure that every patient knows who is responsible for the next step, what will happen and when.

Why patient trust is a commercial asset

Trust is often discussed as a matter of bedside manner. In practice, it is also shaped by everyday operations: how quickly an enquiry is acknowledged, whether the patient has to repeat their story, and whether the clinic explains fees before asking them to commit.

For a private clinic, these details affect both patient experience and commercial performance. A patient who understands the process is more likely to complete an appropriate booking, attend the appointment and make an informed decision about continuing. A patient who has to chase several departments may decide that the clinic is too difficult to deal with, even if its clinical care is strong.

That does not mean clinics should push people towards treatment. It means they should make the route to an informed decision straightforward. Trust grows when the clinic is clear about what it can answer now, what needs a clinical assessment and what the patient can expect to pay at each stage.

Start with the question patients are really asking

Before changing the website or the online booking process, map the patient journey from the first enquiry onwards. A useful starting question is: **what happens after the first appointment?**

Patients often need to understand more than how to secure a slot. They may want to know what the first appointment involves, whether tests or records are needed, when a clinician will discuss options, how follow-up is arranged and what further care could cost. If the clinic cannot explain those steps, the patient is likely to contact several teams in search of answers.

Write down the journey from the patient's point of view, including points where they might pause or need to ask for help:

1. They find information on the clinic website.
2. They ask a question or use the online booking process.
3. The clinic confirms what has been booked and what preparation is needed.
4. A clinician assesses the patient and discusses suitable options.
5. The clinic explains the proposed next steps and associated costs.
6. The patient decides whether to proceed, pause or seek further information.

At each point, identify the person or team responsible for moving the enquiry forward. If the answer is "the patient has to work it out", the route needs redesigning.

Give patients clear contact routes

A clinic website should help patients choose the right route without requiring them to understand the clinic's internal structure. Patients generally do not know whether a question belongs to reception, clinical administration, a specialist nurse or billing. They should not have to guess.

Instead of listing several department names and expecting patients to select one, organise contact information around common tasks. For example:

- **Book or change an appointment:** show the relevant booking route.
- **Ask whether the clinic can help:** provide an enquiry route, with a clear explanation of what information the team can give before assessment.
- **Discuss an existing treatment plan:** direct the patient to the clinical team or a secure route for clinical questions.
- **Ask about an invoice or payment:** provide a finance contact route.
- **Raise an urgent concern:** explain the appropriate urgent-care route rather than leaving the patient to wait for a routine reply.

State when the clinic expects to respond, what information the patient should include and what to do if the matter is urgent. Avoid vague wording such as “contact us and we'll get back to you”. A more useful message tells the patient who will respond, within what timeframe and what happens if the enquiry needs to be passed to someone else.

Make the online booking process part of the contact system

Booking should not be a dead end. After a patient books, confirm the appointment type, price, location or video arrangements, cancellation terms and preparation instructions. Include a route for questions that arise before the appointment.

If patients can book several appointment types, describe the difference in plain English. Do not rely on internal labels such as “initial consult” or “review tier” unless the patient can easily understand what each means. Where clinical suitability cannot be determined in advance, say so clearly: the booking is for an assessment, not a guarantee of a particular treatment.

Set handoff rules that staff can actually use

Clear contact details help patients enter the system. **Handoff rules** determine what happens once an enquiry reaches the wrong person or needs another team's input.

A useful rule is that the person who receives an enquiry remains responsible for it until a named colleague or team has accepted the handoff. “I've forwarded this” is not the same as “the right person has taken ownership”. The patient should not be left to repeat their question or discover that the message went nowhere.

For each common enquiry type, agree:

- which team can answer it;
- what information should be collected and where it should be recorded;
- when the enquiry must be escalated to a clinician or manager;
- how the receiving team confirms that it has accepted the handoff;
- who updates the patient, and by when, if the answer is delayed.

These rules should protect clinical judgement, not replace it. Administrative staff can explain the booking process, published prices and practical arrangements. They should not be expected to decide whether a treatment is clinically appropriate or promise a likely outcome.

Make ownership of enquiry visible

Every enquiry should have an identifiable owner, even if several people contribute to resolving it. That owner does not have to answer every question personally. They are responsible for making sure the patient knows the next step and that the enquiry reaches the right person.

Clinics can put this into practice with a simple shared record or case-management process. Record the patient's question, the current owner, the next action, the person or team responsible for that action and the date the patient should receive an update. Use appropriate privacy and information-governance controls, especially when handling clinical information.

Ownership also needs to survive staff absence, shift changes and team boundaries. Agree who covers open enquiries and how that cover is recorded. A patient should not have to start again because the person who first replied is on leave.

Use warm, specific handoffs

A good handoff is both operational and human. Where appropriate, tell the patient: "I've sent your question to our clinical team. They will contact you by Thursday. You do not need to repeat the details you have already provided." This is more reassuring than "someone will be in touch".

When the question is outside the recipient's role, explain the boundary without making the patient feel at fault. For instance: "I can explain the appointment fee, but a clinician needs to assess whether that treatment may be suitable for you." That keeps the response helpful while avoiding an inappropriate clinical promise.

Explain treatment options without overwhelming people

Patients need enough information to understand their choices, but a long list of interventions, technical terms and caveats can make decision-making harder. The right amount of detail depends on the question and the stage of the journey.

Before assessment, explain the process and the types of decision that may follow. After assessment, the clinician can discuss options in light of the patient's needs, health information and preferences. Present the realistic choices in a consistent structure:

- what the option involves;
- why it may or may not be considered;
- the main benefits, limitations and relevant risks;
- what follow-up or monitoring may be involved;
- the likely costs, where these can be established;
- what the patient can do if they want time to decide.

Clinical judgement matters here. A clinic should not imply that every patient is suitable for every service, or that a particular outcome is assured before an assessment. Professional standards set by the General Medical Council (GMC) are an important reference point for doctors' professional conduct, including communicating appropriately

and supporting informed decisions. Clinics should ensure that public information and staff scripts respect the distinction between general information and individual clinical advice.

For example, if someone asks whether a specific treatment will work for them, the clinic can explain that suitability and likely benefits depend on clinical assessment. It can then describe what that assessment involves and how the patient will receive an answer. This is more useful than either promising a result or refusing to provide any information at all.

Show the full care journey price, not just the entry fee

Hidden or scattered fees can undermine trust at exactly the moment a patient is deciding whether to proceed. A low advertised first-appointment price is not a complete picture if the patient may also need tests, follow-up consultations, medication, procedures or ongoing monitoring.



Publish the charges that can be known in advance, and say plainly where costs depend on clinical findings. Make it easy to see whether a fee covers the consultation alone or includes other services. If a treatment plan changes after assessment, explain when and how the patient will receive a revised estimate before agreeing to further paid care, where practicable.

Journey stage What to explain Who should own the question? Before booking Appointment type, published fee, what is included and cancellation terms Bookings or patient services Assessment What the appointment involves and whether tests may be recommended Clinical team, with administrative support After assessment Options, proposed next steps, known charges and costs that remain uncertain Clinician for clinical recommendations; finance or patient services for payment details Ongoing care Review schedule, monitoring, repeat charges and how to ask for help Named care contact or the relevant clinical team

If a clinic offers payment plans or signposts to external finance, explain the distinction between the clinical fee and any separate finance arrangement. For example, a clinic might refer patients to a provider such as Funding Guru in a business-finance context, but should not imply that a particular provider offers patient finance unless that is confirmed. Any financial option should be described accurately, with relevant terms and eligibility made clear.

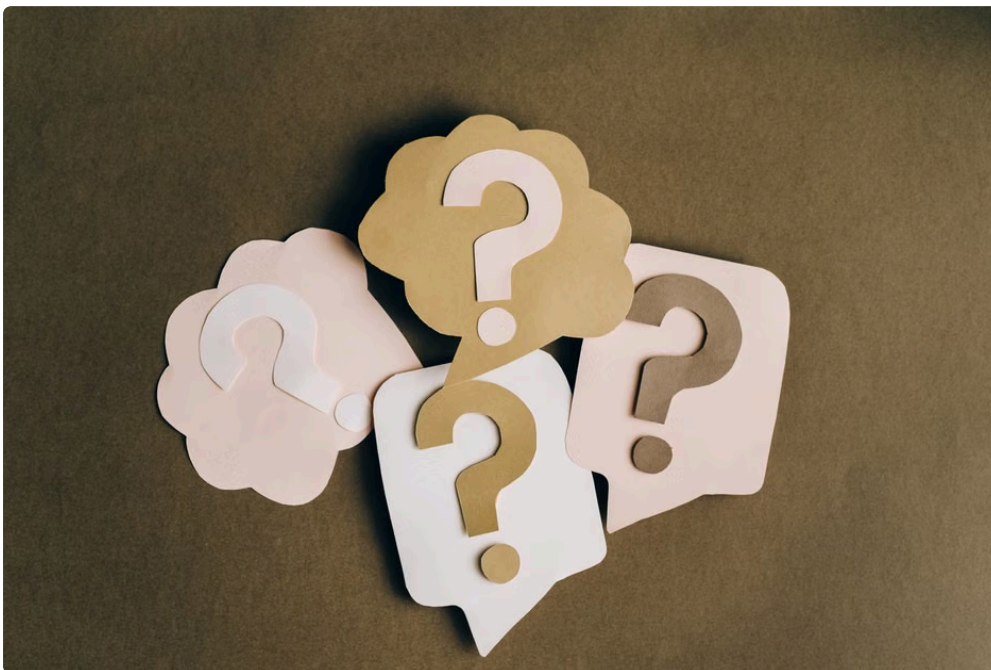
Similarly, when looking at how specialist services explain their journeys, a clinic might review public-facing information from providers such as Releaf as a point of comparison. The useful question is not whether another organisation's wording can be copied, but whether a patient can understand the steps, decision points and costs in this clinic's own service.

Measure whether the changes are working

Clinics should check whether patients are actually experiencing fewer handoffs and less uncertainty. Useful measures include:

- how often an enquiry is transferred before it is resolved;
- the time from first contact to a clear response;
- how often patients have to repeat information;
- booking abandonment and missed appointments;
- questions or complaints about unexpected fees;
- patient feedback on knowing whom to contact next.

Review these measures alongside staff feedback. A high number of transfers may signal unclear website content, confusing appointment labels or a lack of authority for frontline staff to answer routine questions. Fix the underlying cause rather than asking staff simply to "communicate better".



A practical test for every clinic

Ask a colleague who does not know your internal structure to follow the clinic website and online booking process as a new patient. Can they work out where to go, what the first appointment costs, what it is for and what happens afterwards? If they ask a question, can they see who owns the reply and when they should expect it?

Stopping patients being bounced between departments does not require every issue to be fundingguru.com solved by one person. It requires a joined-up service: clear contact routes, dependable handoff rules, visible ownership of enquiry, clinically responsible explanations and transparent pricing across the full care journey. When patients know what happens next—and who will help them get there—the clinic feels easier to trust and easier to use.