AGENCY
HEALTHCARE DEMAND GENERATION

PRACTICAL GUIDE

Find Where Your Patients Go Missing

Follow every patient enquiry from the form to the chair, and take a better slide into the budget meeting

- One record per enquiry, field by field
- The handoff to agree with the clinic before you go live
- Three emails that answer the fear before the day
- A month of counting by hand, and the budget slide in its new order



The question nobody had answered

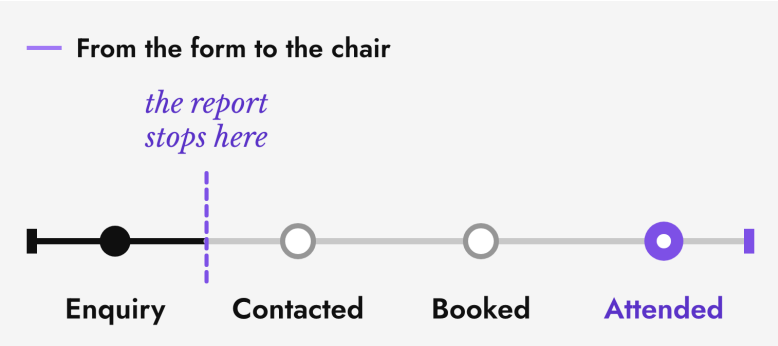
Some years ago I co-founded a pop-up orthopaedic clinic in the executive boxes at Ashton Gate, the football stadium in Bristol. I was the marketing director, and I had a vision. A luxury healthcare experience. We spent months on the concierge experience. (Months.)

One day I went to check on the patient experience, and a lady was sitting there crying. All she wanted to know was what was going to happen to her. So that was the concierge budget well spent.

On paper she was the best result a campaign can produce. She had booked and she had turned up. Every clinic also has the others, the ones who fill in the same form, book the same sort of slot and then do not come. On an enquiry report, she and they are the same row, because the report stops at the form.

This guide follows the enquiry the rest of the way, from the form to the chair, with what you need to take into the clinic and into the budget meeting. None of it needs a new platform, and you can start this week without asking anyone for money.

Sooner or later somebody in the budget meeting asks whether the patient-demand line filled any chairs. It is a better meeting if you asked first.



One record per enquiry, from the form to the chair

Every enquiry gets one record. The same record travels from the form to the chair, whoever touches it next.

Field	Your record
Source, the campaign or channel	
Enquiry date	
Contacted, and how quickly	
Booked, and for when	
Attended	
No-show	
Rearranged	

We are building exactly this with a client at the moment.

Measure it on your own side of the cookie banner, with tracking that records what happened and not what a platform was allowed to see.

Agree the handoff before the campaign goes live

1. Book the conversation with the clinic now. No tracking setting will have it for you, and it is far easier before the enquiries arrive than after.
2. Agree who calls back, how quickly, and where the result gets written down. The answer to the last one is the record on the previous page.
3. Agree who at the clinic sends the three emails on the next page.
4. Agree what comes back to you. Counts, not names. How many came from each source, month by month, inside the data protection rules.

THE HANDOFF, AGREED WITH THE CLINIC

Who calls back
How quickly
Where the result is written down
Who sends the three emails
What comes back to us each month

Answer the fear before the day

This is the lady in the executive box again. These emails are where her question gets answered, while she is still at home.

WHEN SHE BOOKS

A confirmation, saying plainly what happens next.

A WEEK BEFORE

A short note covering three things.

- What happens on the day, and how long it takes
- What to bring
- Where to park

TWO DAYS BEFORE

A reminder, with one simple way to rearrange instead of vanishing.

WHO SENDS THEM

The clinic, in the clinic's name.

WHAT TO LEAVE OUT

The product. None of it is promotional and none of it needs a product claim. It goes through review like everything else, and in my experience it is some of the easiest copy to get approved. A professor from Bath University, an expert in communicating with people in pain, once read our patient materials and told me why.

> "They do not want to know about the product. All they want to know is what is going to happen to them."

Count by hand, find the drop, change the slide

1. Pick one campaign and last quarter's enquiries from it. Ask the clinic how many of those people attended.

2. If nobody can tell you, count by hand for one month, one record per enquiry. It is tedious, and it may well be the most useful thing you do this quarter.

3. Find the biggest drop. It will be in one of three places.
   - Between enquiry and contact
   - Between contact and booking
   - Between booking and attendance

4. Fix that one first. It often is not a marketing fix at all. It is a callback rota, or an email nobody sent. Agree the fix with the clinic, and a date to count again.

5. Change the order of the slide before the meeting comes.
   - Attended appointments at the top
   - Cost per attended appointment next
   - Enquiries underneath, as the explanation and not the headline

> Somebody will ask how many of them came in. It is a far more comfortable moment when the answer is the first line on the slide.

The questions that come up first

Why would someone who booked not come?

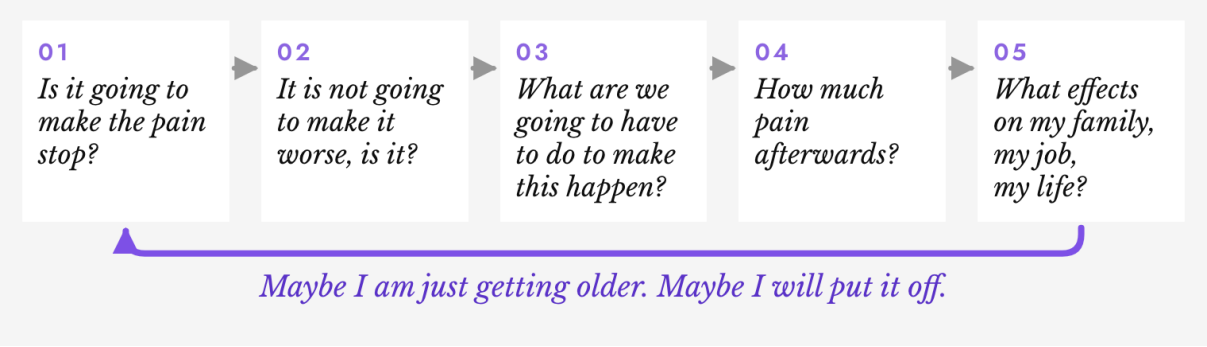
That professor walked me through the cycle a patient goes round, drawn on this page. Pain comes and goes. The form was filled in on a bad day, and the appointment falls on a better one. If nobody has told her what will happen on the day or how to move the date, she does the easy thing and stays at home.

What if the clinic will not share its diary?

Ask for counts, not access. Patient information is sensitive and the clinic owns the relationship, which is fair. A patient who books and does not come is an empty slot in their diary as well as a gap in your report, so the count is worth as much to them as it is to you.

The dashboards say the campaign is failing. Do we pull it?

Not on the platform dashboards alone. A platform that cannot see past a cookie banner will condemn a campaign that works. On one of our direct-to-patient programmes in Europe, the results looked thin on the platform dashboards, and anyone reading only those could easily have pulled the budget. We had built server-level backend tracking as the single source of truth, so we were not relying on the platforms. The results were there.



Put the guide to work.

If patient demand is the budget line you are defending this month, it is the line our direct-to-patient programmes are built around. Or request a free 60-minute call. I review every request myself before a call is confirmed.

Direct to Patient

/services/direct-to-patient

Sales Enablement

/services/sales-enablement

Product Launch

/services/product-launch

New Market Entry

/services/new-market-entry

Request a free 60-minute call

agencymedicalmarketing.com/getting-started

See our work

agencymedicalmarketing.com/work