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Why we ruled out the SDR motion for both clients

Two clients in the same parent group. Different ACVs. Fundamentally different outreach systems.

CLIENT SITUATION

A diagnostics company under £5k average contract value and a high-ACV orthopaedic implants company under the same parent group. Both were considering a six-touch SDR sequence over fourteen days against a purchased list of 4,000 contacts each.



The decision we walked into

THE QUESTION WE ASKED

Did the maths of healthcare attention actually work for either client at this cadence — or were we about to spend two years' worth of brand permission in three months?

THE OPTION WE RULED OUT

A standard SDR motion for both. Same playbook, same cadence, same volume. Estimated cost per client: £8k/month for tooling + £55k/year for one SDR. Estimated outcome: replicable across both, scalable to multiple territories. Honest outcome: brand permission burned in both inboxes within a quarter.



What we picked, and why

THE OPTION WE PICKED

Different cadences for different ACV.

- Diagnostics: signal-based templated cadence — three touches over six weeks, triggered by specific public events (procurement framework refresh, journal publication, conference attendance).
- Orthopaedics: relationship-led, named-account programme — twenty accounts x three named humans each, four-touch sequence over eight weeks, every touch handwritten or signal-triggered.

WHY

Healthcare attention is not the same constraint as B2B SaaS attention.

24% of HCPs are accessible at all

The accessible ones give the entire supplier ecosystem thirty-six minutes per week. Templated high-volume burns through that thirty-six minutes as filtering noise. Personalised low-volume earns a slice of it as actual signal. The maths only works if cadence matches ACV.



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What this teaches

SDR motions imported from B2B SaaS rarely survive contact with healthcare attention economics. The honest test is whether your cadence respects the thirty-six-minute weekly ceiling, or burns through it.

Two companies in the same parent group can need fundamentally different outreach systems if their ACVs differ by an order of magnitude.