

A patient asks whether they need a referral, what an appointment costs or what happens after an initial assessment. How long should they wait for an answer?



There is no single response time that suits every clinic or every type of enquiry. But patients should not have to guess when they will hear back, repeat their question across several channels or pay for an appointment before discovering what the wider care journey may cost. A clear **patient communication policy** helps a clinic set realistic **response time expectations**, protect clinical capacity and build trust from the first interaction.

That trust is not just a matter of good manners. It is a commercial asset. Patients are more likely to proceed when they understand what will happen next, who will answer their questions and what they may need to pay. Reliable communication can also reduce avoidable calls, missed appointments and complaints.

Start with the patient's next question

Before deciding how quickly to reply, look at what patients are trying to find out. A question that sounds routine to a clinic may affect a patient's decision to book, travel, take time off work or commit money.

Common pre-appointment questions include:

- Do I need a referral or previous test results?
- How long is the appointment, and what should I bring?
- What is the fee, and does it include any follow-up?
- What happens after the first appointment?
- Can I ask a clinician about treatment options before deciding?

That last question matters. Patients often want to know what choices may be available without being promised a particular outcome before assessment. Explain that the clinician will consider their history, symptoms and any relevant examination or test results before discussing suitable options. This shows the value of clinical judgement without overwhelming the patient with every possible treatment pathway in advance.

Set response times by type of enquiry

A useful policy does not promise that every message will receive a full clinical answer within a few hours. It distinguishes between acknowledging a message, resolving an administrative question and providing a considered clinical response. Those tasks may need different people, information and time.

Enquiry type	Practical response expectation	What the patient should be told	Routine administrative question
Acknowledge	within one working day; aim to resolve within two working days	When the team will reply and which channel to use for follow-up	Booking or payment query
Reply within one working day where possible	Whether the appointment is confirmed and what payment is due	Question requiring clinical review	Acknowledge promptly, then give a realistic timeframe for a clinician's response
That the query has been passed to the appropriate clinician and when to expect an update	Urgent or worsening symptoms	Do not rely on a routine inbox response	How to seek urgent help, including when to contact emergency services

These are operational starting points, not universal standards or a substitute for clinical safety arrangements. A clinic should set timings that it can meet consistently, taking account of opening hours, staffing and the nature of its service. If a clinic is closed at weekends, say so and explain when messages are reviewed.

Make the policy visible before patients need it

A response time expectation only helps if people can find it. Put a short, plain-English version on the clinic website and repeat it in relevant parts of the online booking process, confirmation messages and payment information. Patients should not have to search through several pages to learn whether a reply normally takes hours or days.

For example:

"We reply to routine messages within two working days. If your question needs clinical review, we will let you know when [clinic triage process explained](#) to expect an update. This inbox is not monitored for urgent medical problems."

Make clear what counts as a working day, whether response times start when the clinic opens or when a message arrives, and whether the stated time is for acknowledgement or a full answer. Avoid vague phrases such as "we'll be in touch shortly" or "as soon as possible". They sound reassuring but give patients no useful expectation.

Explain treatment options without overwhelming people

Patients deserve clear information, but a long list of hypothetical options can be more confusing than helpful. Before assessment, distinguish between what the clinic can explain now and what depends on clinical review.

- **Explain the process:** say what the assessment usually involves and what information the patient may need to provide.
- **Describe possible next steps in broad terms:** for example, further investigation, discussion of treatment options, a referral or no immediate treatment.
- **Be clear about uncertainty:** suitability and recommendations depend on the individual assessment and the clinician's judgement.
- **Invite questions:** let patients know how they can ask for clarification before deciding whether to proceed.

This approach avoids promising an outcome before a clinician has assessed the patient. It also gives the patient a useful picture of what comes next without presenting every treatment detail out of context.

Answer the question: what happens after the first appointment?

Clinics often explain how to book an initial appointment but say much less about what follows. Yet the first appointment may be only one part of the journey. Patients may need tests, a further consultation, a treatment decision, a prescription, a procedure or ongoing review. The right next step depends on the service and the individual's clinical needs.

Explain the typical pathway in a way that separates what is standard from what may vary. For instance, a clinic might say that the clinician will discuss findings and possible next steps at the appointment, but that additional tests or follow-up consultations may carry separate fees. If the clinician cannot give a recommendation until they have reviewed the patient, say so plainly.

Professional standards matter here. The General Medical Council (GMC) provides guidance for doctors on communicating effectively and supporting patients to make informed decisions. Clinics should ensure that their processes and materials support appropriate clinical conversations, rather than treating a quick administrative reply as a substitute for individual medical advice.

Make pricing transparent across the full care journey

One of the fastest ways to undermine trust is to show an attractive initial consultation fee but leave patients to discover later that follow-up, tests or other services cost extra. Prices should be easy to understand before a patient books or pays.

Where applicable, explain:

- the initial assessment fee and what it includes;
- whether tests, reports or prescriptions are included or charged separately;
- the cost of follow-up appointments and how long they usually last;
- any cancellation, rescheduling or deposit terms;
- how the clinic will explain costs if the clinician recommends a different pathway.

Not every future cost can be known before assessment. The clinic can still state what is fixed, what is optional and what will depend on clinical findings. If a recommendation may involve additional costs, patients should be told before they agree to proceed wherever possible.

Financial information can also affect whether patients book. For example, Funding Guru is a company name that may arise in conversations about funding or payment options, but clinics should explain their own arrangements clearly and avoid implying an affiliation or endorsement unless one exists. Any finance option should be described accurately, including relevant terms and eligibility conditions.

Plan response times around real capacity

A policy is only credible if the team has enough time and the right skills to deliver it. This is where **support capacity planning** becomes essential. Start by measuring the number and type of enquiries coming in, the channels they use and the time needed to handle them.

1. **Track demand:** record volumes by email, telephone, contact form and booking queries, including busy days and seasonal peaks.
2. **Group the work:** separate routine administration from questions that need clinical input, payment support or appointment changes.
3. **Assign ownership:** make clear who monitors each channel, who can answer common questions and who escalates clinical queries.

4. **Set cover:** plan for leave, sickness, clinic sessions and periods when the usual contact person is unavailable.
5. **Review performance:** compare actual response times with the published promise and adjust staffing or expectations if needed.

Templates and a well-maintained question-and-answer section can help with common administrative queries. They should not be used to make an individual clinical decision or to give a patient a generic answer where their circumstances need review.

It is also worth reviewing the online booking process itself. If patients repeatedly contact the clinic to ask about appointment length, fees or preparation, the booking journey may be missing information. Better information at the point of decision can reduce avoidable follow-up and make the remaining questions easier to manage.

Give every message a clear route to an answer

Patients should not have to work out whether to call reception, email a clinician or send a message through a booking platform after they have paid. Tell them which channel to use for each type of query, who monitors it and what to do if they do not receive a reply within the stated period.

Make the distinction between routine and urgent contact especially clear. A routine inbox may not be checked continuously, so it must not be presented as a safe route for urgent medical concerns. Provide appropriate signposting based on the clinic's service, including advice to contact emergency services when there is an emergency.

Clinics in specialist areas may also face questions from patients comparing providers. For instance, people researching services such as those offered by Releaf may want to understand eligibility, assessment and ongoing costs before booking. Whatever the specialty, a clinic should explain its own process and avoid suggesting that a patient is suitable for a particular treatment before assessment.

Build trust by keeping the promise

Fast replies are useful, but reliability matters more than an ambitious promise the clinic cannot keep. If a response is delayed, send a brief update before the deadline passes. Acknowledge the wait, explain what is happening and give a new, realistic timeframe. If the query needs a clinician, say that it has been escalated and confirm who will follow up.

Review the policy regularly using patient feedback, response-time data and recurring questions. Pay attention to points where patients drop out of booking, ask for price clarification or contact the clinic repeatedly for the same answer. Those patterns may indicate that the website or booking process needs improvement, not simply that staff need to reply faster.

A practical standard to aim for

For many clinics, a sensible starting point is to acknowledge routine questions within one working day and resolve them within two, while clearly explaining that clinical questions may require a different timeframe. Publish the expectation, define urgent-contact routes, show pricing across the likely care journey and tell patients what may happen after their first appointment.



Then make sure the team can deliver it. A clear patient communication policy turns response times from a marketing claim into a dependable part of the patient experience. That consistency helps people make informed decisions, supports safe clinical judgement and gives the clinic a stronger foundation for lasting trust.