

For an existing patient, finding the right way to contact a clinic should not feel like starting again. They may have a question about a treatment plan, need to rearrange an appointment, want to check a charge or be worried about a new symptom. A useful “contact us” page helps them work out what to do next, who will respond and when.

This is more than a customer-service detail. Patient trust is a commercial asset: it supports continuity, reduces avoidable calls and missed appointments, and makes it more likely that patients will follow the agreed care pathway. But trust is weakened when contact details are hard to find, response times are vague or costs appear only after a patient has committed.

The page should give practical answers without implying that every concern can be resolved remotely. It should explain how the clinic receives and routes questions, when to expect a reply, what to do in an urgent situation, and what happens after the first appointment. It should also set clear boundaries: a message is not a substitute for clinical assessment or emergency care.



Start with the patient’s question: where to send questions

“Contact us” is often written from the clinic’s perspective: a general email address, a phone number and a list of opening hours. Existing patients need something more specific. They want to know where to send questions about their care, whether the person reading the message can <https://fundingguru.com/blog/patient-trust-is-a-business-asset-what-specialist-clinics-need-to-get-right> help, and what information to include.

Give patients a small number of clearly labelled routes. For example:

- **Clinical questions:** questions about symptoms, treatment, medicines or advice already given.
- **Appointments:** booking, cancelling, changing a time or asking about preparation.
- **Payments and invoices:** queries about charges, receipts, payment plans or refunds.
- **Records and administration:** requests for letters, copies of records or changes to contact details.

For each route, state the channel to use—secure message, telephone or email—and any limitations. If ordinary email is not suitable for sensitive information, say so plainly and direct patients to the secure alternative. Avoid making patients guess which inbox to use or send the same question to several addresses.

Keep the existing-patient route prominent on the clinic website, not buried beneath new-patient enquiries. If the online booking process includes a confirmation email or patient portal, link back to the relevant contact route there too. Patients often return to the message they received when they booked, rather than searching the whole website again.

Set response time guidance patients can rely on

“We’ll get back to you as soon as possible” sounds reassuring but does not help a patient decide what to do. Give response time guidance for each channel, using realistic service expectations that the clinic can meet. If response times differ on weekends or bank holidays, explain that too.

Contact route What it is for What to tell patients Telephone Time-sensitive administrative queries or help navigating care Opening hours, what happens if the line is busy, and whether a voicemail is monitored Secure message Non-urgent questions about ongoing care Typical reply timeframe and whether replies are reviewed outside clinic hours Email or online form Invoices, records or general administration, where appropriate Expected reply timeframe and a warning not to use the route for urgent clinical concerns

Do not promise a same-day clinical response unless the service is staffed to deliver it. A clear, achievable timeframe is better than an ambitious promise that is regularly missed. Explain what the patient should do if they have not received a reply by the stated point, including whether to call, resend a message or use another route.

It is also helpful to say what happens after a message arrives. For example, a coordinator may direct an administrative query to the right team, while a clinician may need to review a clinical question. Make clear that messages are not monitored continuously and that sending one does not automatically create an appointment or an urgent clinical review.

Explain urgent concern instructions clearly

Urgent concern instructions should be easy to spot, written in plain language and separate from routine contact details. Patients should not have to read a long page to discover that an inbox is checked only during office hours.

State that the clinic’s routine contact channels are not for emergencies. Tell patients what to do if they believe they need immediate help, using appropriate UK guidance: call 999 or attend A&E for a life-threatening emergency; contact NHS 111 for urgent medical advice that is not life-threatening. If the clinic offers a separate urgent line for its own patients, explain when it is available, who answers it and what it can—and cannot—do.

Avoid vague instructions such as “contact us if symptoms worsen”. Where relevant, refer patients back to the specific safety-netting advice given by their clinician, including any symptoms that should prompt urgent help. The clinic should not use a general contact page to make new clinical judgements or offer blanket reassurance.

Explain what happens after the first appointment

Existing patients often contact a clinic because the next step is unclear. After the first appointment, will the patient receive a written plan? Is a follow-up appointment expected, or only recommended if something changes? Who should they contact if they want to proceed, pause or ask questions before deciding?

Describe the usual pathway without suggesting that every patient will follow the same route. A typical explanation might cover:

1. The clinician reviews the patient’s history, concerns and any relevant information.
2. The clinician explains their assessment and whether further assessment or tests are appropriate.

3. Where treatment is an option, the patient is given time to consider the choices, likely benefits, risks and uncertainties.
4. The clinic explains the next appointment or follow-up arrangements, including how to get in touch if the patient has questions.

This is where clinical judgement matters. Assessment findings may mean that a proposed treatment is unsuitable, that another option should be considered, or that more information is needed. The contact page should not promise outcomes before assessment. It should instead help patients understand how to ask about the reasoning behind a recommendation and how to request a follow-up discussion.

Explain treatment options without overwhelming people

A contact page is not a replacement for a consultation or a full treatment guide. Its job is to show patients how they can get a clear explanation when they need one. Tell them whether they can ask questions before agreeing to treatment, who can answer clinical questions and whether a further appointment may be needed.

Encourage the clinic to provide information in manageable layers: a short overview, links to more detailed treatment information and a route to speak with an appropriate clinician. Patients should be able to understand the purpose of an option, the main considerations and what happens next without being asked to interpret a dense list of technical terms.



For example, rather than writing “contact us regarding suitability”, say: “If you are unsure whether the treatment discussed is right for you, send a secure message or call to ask for a review. Your clinician may recommend a further appointment before advising on next steps.” This is specific, but does not imply that suitability can be determined through a brief message.

Make pricing transparent across the full care journey

Fees should be easy to find before a patient has to ask. A contact page can provide a direct link to a clear pricing page, but it should also explain how charges may arise across the care journey. Patients may need to know whether a follow-up, test, report, prescription, administration task or cancellation could carry a separate fee.

Present the information in one accessible place wherever possible. Avoid scattering important charges across several pages, booking messages and terms and conditions. If a price depends on assessment, explain what determines it and when the patient will be told the amount. Make clear whether a quoted fee is an estimate or a fixed charge, and what is included.

For clinics that offer payment options, explain the basics without implying that finance is suitable for everyone. A provider such as Funding Guru may be relevant to a clinic's financing arrangements, but patients should be able to see the applicable terms, eligibility criteria and any fees before deciding. Do not make a finance option the only visible way to understand treatment costs.

Likewise, companies such as Releaf may appear in the wider private healthcare landscape, but a clinic should make its own service, clinical responsibilities and pricing explicit. Naming another organisation should never leave patients uncertain about who provides their care, who to contact or who is responsible for charges.

Protect privacy and make the route accessible

Tell patients what information to include so the team can identify their record and respond appropriately. Usually this means their name and a secure patient identifier, rather than unnecessary clinical detail in an unsecured message. Explain how personal information is handled and link to the privacy notice.

Offer alternatives for people who cannot use an online form, have accessibility needs or need an interpreter. If the clinic uses a patient portal, explain how to access it and what to do if login details no longer work. Avoid requiring patients to repeat sensitive information to multiple members of staff when the clinic can route the query internally.

Staff guidance matters as much as page design. The clinic should have a clear process for acknowledging, categorising and escalating messages, including concerns that may need clinical review. Professional standards set by bodies such as the General Medical Council (GMC) are relevant to doctors' conduct, but a contact page should not overstate what a regulator does or suggest that the GMC handles routine patient queries. Patients need the clinic's own complaints and feedback route, with an explanation of how to use it.

Common vague phrases—and clearer alternatives

Small wording changes can prevent avoidable uncertainty. Replace generic phrases with practical instructions:

- **Instead of:** "We aim to respond promptly." **Say:** "We usually reply to secure messages within two working days."
- **Instead of:** "For urgent enquiries, contact the clinic." **Say:** "This inbox is not monitored for urgent concerns. Call the clinic during opening hours; outside those hours, use NHS 111 or 999 as appropriate."
- **Instead of:** "Please contact us with any questions." **Say:** "For treatment questions, use the secure patient message service. For invoices, call the administration team."
- **Instead of:** "We provide personalised care." **Say:** "Your clinician will explain which options may suit your assessment findings and what follow-up each option involves."

A practical checklist for clinic teams

- Is the existing-patient contact route easy to find on the clinic website and in booking communications?
- Can patients tell where to send questions about clinical care, appointments, payments and records?
- Are response time guidance and opening hours specific and achievable?
- Are urgent concern instructions prominent, accurate and separate from routine messaging?

- Does the page explain what happens after the first appointment and how follow-up is arranged?
- Can patients find the total likely costs across the care journey, including possible additional fees?
- Are privacy, accessibility and complaints information easy to access?
- Does the online booking process point existing patients to the right contact route after they book?

Conclusion

A good “contact us” page for existing patients is a practical part of the care pathway. It tells people where to send questions, how long a reply may take and what to do if a concern is urgent. It also sets expectations about assessment, clinical judgement, follow-up and costs without promising outcomes or overwhelming patients with information.

Review the page from the patient’s point of view: after paying or attending an appointment, can they reach the right person without chasing? If the answer is clear, the clinic is more likely to protect trust, support safe communication and reduce avoidable friction throughout the patient journey.