HMS
HEALTHCARE MARKETING STRATEGY

Google Reviews Guide for Hospitals

How patients read your reviews, how to reply, and what the NMC guidelines allow, so reviews build trust instead of costing patients.

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4.3

With hundreds of reviews, a 4.3 can look more trusted than a 4.8 with a few.

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Your first impression is on Google.

Before a patient meets your doctors, reception or machines, they meet your hospital on Google. A family searches, and Google shows what it knows.

What a patient sees in one screen

Rating stars and count	**Comments** good and bad	**Photos** premises, people
Timings open or closed	**Phone** call button	**Replies** how you answer

> **Patients compare ratings before they compare credentials.**
>
> HMS view

- A hospital with strong doctors can lose a patient to a smaller clinic that replies politely and keeps its profile current.
- Most hospitals never learn how many patients they lost on this screen.

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Search your hospital's name and your top service plus 'near me' on a phone. Take screenshots. That is your starting point.

Rating, volume and recency.

The star rating is only one signal. Patients think like consumers: a restaurant with twenty reviews feels new, one with a thousand feels trusted.

Signal	What patients infer	Your lever
Rating	Overall experience	Fix experience problems
Volume	How established you are	Make feedback easy (see page 11)
Recency	Whether it is still true	Steady service quality
Replies	Whether anyone cares	Reply in 48 hours
Photos	Whether the place is real	Real premises photos

A few perfect reviews

Looks thin, sometimes suspicious.

Hundreds, some critical

Looks honest. Patients expect honesty, not perfection.

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Write down your rating, review count, newest review date and reply rate today. Repeat monthly.

Silence looks like guilt.

A negative review is not the problem. A negative review with no reply is. Reviews are public conversations.

What silence tells patients	What a good reply tells them
“They don't care.”	“No one will shout at us.”
“The patient was probably right.”	“No one will ignore us.”
“What if this happens to me?”	“They take feedback seriously.”

Respect builds trust faster than publicity.

Every reply is read by future patients, not only by the reviewer.

- ✓ Assign one owner for review replies.
- ✓ Reply within 48 hours, including the good reviews.
- ✗ Never ignore a review because it feels unfair. Reply once, calmly, and take it offline.

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Count unanswered reviews from the last six months. Reply to them this week.

Reply rules.

Official text | **Para 7.4** | **Paras 6.1 to 6.4**

- ✓ Reply promptly, politely and calmly. Thank first.
- ✓ Acknowledge the concern. Apologise where appropriate.
- ✓ Move the conversation offline: give a name and a number.
- ✓ Use the same tone for praise and criticism.
- ✗ Never confirm that the reviewer was a patient.
  Para 7.4
- ✗ Never share any diagnosis, treatment, bill or clinical detail.
  Para 7.4
- ✗ Never argue facts in public or blame the patient.
- ✗ Do not turn a reply into an advertisement or an offer.
  Paras 8.1(ii), (x)

> **Four-line reply: thank, acknowledge, take offline, sign.**
>
> Name and role of the person replying, not just the hospital.

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Print the eight rules. Give them to everyone who replies to reviews, including agencies.

Reply templates.

Positive review

"Thank you for taking the time to write. We will share your kind words with the team. We wish you and your family good health. [Name, role]"

Negative: waiting or billing

"Thank you for telling us. We are sorry the experience fell short. We would like to understand what happened. Please contact [Name] at [phone] so we can look into it. [Name, role]"

Negative: about a medical outcome

"We are sorry to read this. We take every concern seriously. We cannot discuss any individual's care in public. Please contact [Name] at [phone] and we will review it with the right people. [Name, role]"

Abusive or suspected fake

"We could not find a record that matches this review. We welcome feedback and would like to help. Please contact [Name] at [phone]." Then report it on Google.

? Statements on any medical outcome need medical and legal review. Take written advice for your institution.

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Adapt the four templates to your voice. Save them where every reply owner can reach them.

What reviews reveal.

Doctors measure outcomes. Administrators measure revenue. Patients measure what shows up in reviews, and it is rarely in medical reports.

Attitude	**Cleanliness**	**Clarity**
Waiting	**Kindness**	**Communication**

Monthly theme log

Theme	Mentions	Fix and owner
Attitude of staff	___	_____
Waiting time	___	_____
Billing clarity	___	_____
Cleanliness	___	_____
Doctor communication	___	_____
Reception response	___	_____

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Read the last 50 reviews. Tally the six themes. Bring the tally to the next leadership meeting.

Patients who quit mid-search.

Imagine a family looking for a hospital for a normal delivery. They find a 3.6 rating and several comments about rude staff, billing confusion and long waits.

Search → **Read reviews** → **Close the page**

They do not call. They do not visit. You never know.

Hospitals say “we are not getting patients.” Sometimes they are getting them, and losing them silently online.

Find your silent losses

	Check	Score
1	Rating is 4.0 or above on Google	0 1 2
2	At least 100 reviews, with some in the last 3 months	0 1 2
3	Every recent negative review has a reply	0 1 2
4	Photos are real, recent and current	0 1 2
5	Hours, phone and address are correct	0 1 2
6	The top 3 negative themes have a named fix owner	0 1 2

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Score yourself. Any 0 goes on this month's list.

Should you ask for reviews? The NMC view.

Official text | **Para 8.1(xi)** | **Expl. V**

Happy patients often do not write unprompted, so the instinct to ask is understandable. In India today it needs care.

✕ Testimonials, and fake, paid or manipulated reviews, are barred by the NMC guidelines of 6 October 2026.
Para 8.1(xi); Expl. V

? A patient's own, unsolicited review on a third-party platform such as Google. The text does not clearly address it. HMS advice, until the NMC clarifies: do not solicit, incentivise, reproduce or showcase patient reviews in your promotion.
Expl. V

✓ Fix the experience problems reviews reveal.

✓ Reply to every review politely and without clinical details.
Para 7.4

✓ Keep your Google Business Profile accurate.

✓ Make feedback easy through your own internal channels.

Not legal advice.

HMS reads the guidelines as published. Take written advice from a healthcare lawyer on your policy.

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Write your review policy in five lines: do we ask, who replies, what we never post, who approves, who reviews monthly.

Safer ways to hear from patients.

Channel	How to use it
Discharge feedback form	Four questions: staff, clarity, waiting, billing. Private, tied to a named reviewer.
Follow-up call	A short call after discharge. Log themes, not names.
Suggestion box and QR to internal form	Goes to patient experience, not to Google.
Grievance route	Visible on the website and at reception, with a response time.

- ✓ Close the loop: tell the patient what changed.
- ✓ Log every fix and its owner.
- ✗ Do not offer gifts, discounts or favours in return for feedback or ratings.
  Para 8.1(x)
- ✗ Do not publish internal feedback as testimonials.
  Para 8.1(xi)

> **Better service creates the reviews. Systems should not.**
>
> HMS view

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Create the four-question discharge form this month. Pilot it in one ward.

Your weekly review routine.

Mon — 15 min
Collect
Open Google. List new reviews, rating and count.

Tue — 30 min
Reply
Reply to every new review using the templates.

Wed — 20 min
Route
Send each complaint to its owner with a 48-hour deadline.

Thu — 15 min
Log
Tally themes in the monthly sheet.

Fri — 15 min
Check
Confirm fixes done. Note anything for leadership.

Owners

Role	Job
Patient experience lead	Replies and routing
Department heads	Fix themes in their area
Medical director	Reviews sensitive replies
Marketing owner	Profile accuracy, monthly report

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Block the five weekly slots in a shared calendar. Name the person for each.

Fake, abusive and unfair reviews.

- ✓ Check your records first. Is there any visit that matches?
- ✓ Reply once, calmly, offering to help offline.
- ✓ Report reviews that break Google's rules (spam, abuse, conflict of interest) through the Google profile.
- ✓ Keep a dated log of what you found and what you reported.
- ✗ Do not post replies that reveal a person's visit, even to prove them wrong.
  Para 7.4
- ✗ Do not buy, trade or ask staff to write counter-reviews.
  Paras 8.1(xi), Expl. V
- ✗ Do not threaten reviewers.

When to escalate

Situation	Action
Threat, harassment, defamation	Medical director and legal adviser
Allegation of negligence	Medical director, risk and legal
Media attention	PR owner, one spokesperson
Repeated fake reviews	Report on Google, keep a log, legal advice

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Write the escalation table with real names. Save it with your reply templates.

Small hospitals can win.

Large hospitals often ignore reviews because nobody is assigned. Small clinics do the opposite: they reply, thank, apologise and show concern.

> **Human connection beats infrastructure.**
>
> Patients who feel noticed return, even when others are cheaper.

Copy what small clinics do

- ✓ The doctor or manager replies in their own name.
- ✓ Replies are specific to the comment, not copy-pasted.
- ✓ Complaints get a call within one working day.
- ✓ Fixes are visible: the hospital changes the thing patients mentioned.
- ✗ No replies that promise results or compare with other hospitals.
  Para 8.1(ix)

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Choose one person to reply this week in their own name. Review the tone after a month.

The review scorecard.

Score 0 (no), 1 (partly), 2 (yes, with proof). Total out of 20.

	Check	Score
1	Rating of 4.0 or above, trending up	0 1 2
2	Fresh reviews every month	0 1 2
3	Every review has a reply within 48 hours	0 1 2
4	Replies follow the written rules and never share clinical detail	0 1 2
5	A named owner for reviews and a backup	0 1 2
6	Complaints routed to department owners with a deadline	0 1 2
7	Monthly theme log reviewed by leadership	0 1 2
8	Internal feedback form in use	0 1 2
9	Written review policy that matches the NMC guidelines	0 1 2
10	No staff, agency or vendor is paid or rewarded for reviews	0 1 2

0 to 6
Start here. Fix the basics.

7 to 13
Tighten the gaps.

14 to 20
Strong. Keep a dated record.

The 90-day review plan.

30 **Days 1 to 30: Stop the bleeding**
Reply to every old review. Fix profile details. Write the policy and templates. Name the owner.

60 **Days 31 to 60: Build the system**
Weekly routine running. Discharge feedback form live. Theme log started. First fixes shipped.

90 **Days 61 to 90: Learn and improve**
Review themes with leadership. Check rating trend and reply rate. Re-score.

Monthly numbers (private)

Number	Day 0	Day 90
Rating	___	___
Review count	___	___
Replied within 48 hours	___ %	___ %
Complaints fixed on time	___ %	___ %

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Book the three review dates. Invite the owners named on page 12.

Get a review system built

Want a review and reputation system for your hospital?

HMS Reputation Management builds review handling, patient feedback and public communication within the NMC guidelines, so reviews build trust.

Reputation Management	**hmsconsultants.in, Services, Reputation Management**
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About the author

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HMS Consultants is a healthcare marketing consultancy, not medico-legal experts or a law firm. This guide is not legal advice.

> **Knowing is Knowing, Doing is Doing™**

Sources and disclaimer.

Primary text

NMC Ethics and Medical Registration Board, Public Notice No. R-13014/01/2024-Ethics, 6 October 2026: *Guidelines on Ethical Advertising and Public Communication by Hospitals/Medical Institutions and Registered Medical Practitioners*. Paragraph numbers refer to it. The text was read from the copy published by Medical Dialogues.

medicaldialogues.in/pdf_upload/2026/10/07/nmc-guidelines-on-ethical-advertising-and-public-communication-478642.pdf

Related HMS guides

Hospital PR Playbook. Hospital Marketing Audit Checklist. NMC Compliance Guide for Doctors. Google Reviews for Hospitals (HMS blog). hmsconsultants.in/blog

How to use this guide

The guidance reflects HMS's understanding of public information and its practical advice. Items marked grey area are not NMC positions. Consult a qualified healthcare lawyer before acting.

Disclaimer

This guide is general information. It is not legal advice, and HMS Consultants is not a law firm. The NMC may issue clarifications. Take legal advice on your specific content and arrangements. Edition 1, 13 November 2026.

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