

2025 BENCHMARK REPORT

# The state of patient experience in private healthcare

A cross-market analysis of 343,764 patient survey invitations, benchmarked against published industry data.

**343,764**

SURVEY INVITATIONS

**7**

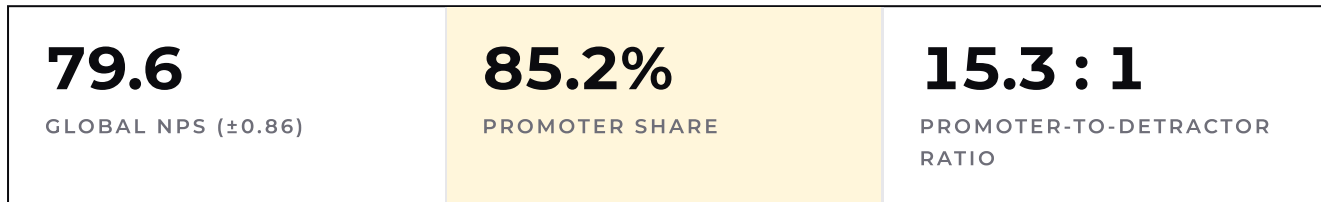
CLINICAL NICHEs

**4**

EUROPEAN REGIONs

# What this report found

Across seven clinical niches, four regions, and 343,764 survey invitations, private healthcare clinics using structured patient feedback programmes achieve NPS scores 20–27 points above published industry averages. This report breaks down why — and what separates the organisations doing it well from those leaving value on the table.



## Five findings worth acting on

- 01 Private healthcare outperforms industry benchmarks by a wide margin.**  
The global NPS of 79.6 sits 21–27 points above published averages (Retently +53; CustomerGauge +58), and exceeds the “world-class” threshold (+70) by nearly 10 points.
- 02 Passive patients are a hidden risk.**  
37.8% of patients who score 7–8 leave negative or mixed open-text feedback — 5.6 times the rate of promoters. Passives don’t complain loudly; they quietly churn.
- 03 Message copy changes the outcome.**  
Switching from the default to the best-performing copy variant lifts response rates from 20.8% to 25.1% — while also raising average NPS scores. The framing of your ask shapes the quantity and the quality of the answers you get.
- 04 Reminders deliver a substantial volume lift.**  
Accounts using survey reminders see response rates climb from 22.5% to 28.4% — a +5.9 percentage point gain.
- 05 Feedback programmes build reputation.**  
Clinics that collect more structured patient feedback also generate substantially more Google reviews. Patient experience measurement is a reputation engine.

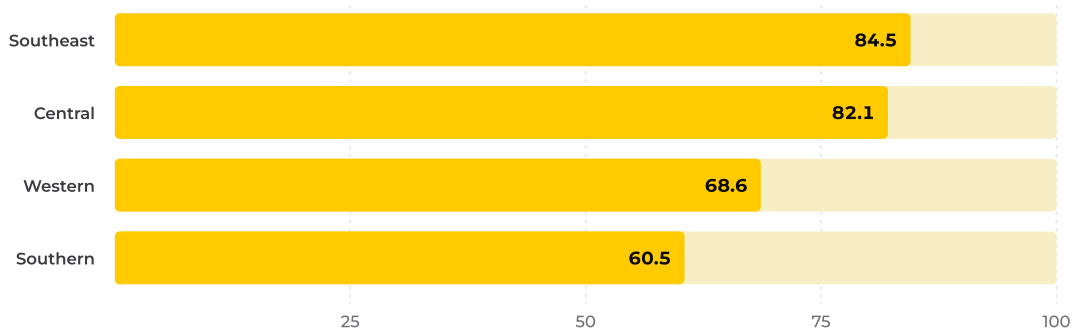
# What we measured, and how

This report draws on a full year of patient feedback data collected via the InsiderCX platform from private clinics and hospitals across four European regions. It is intended as a practical benchmarking resource for clinic managers, quality leads, and operations teams who want to understand how their patient experience programmes compare — and where the biggest operational opportunities sit.

All figures draw from respondents scoring the “How likely are you to recommend” question on a 0–10 scale. Promoters are 9–10, passives 7–8, detractors 0–6. Open-text sentiment analysis (positive, neutral, negative, mixed) was available for 46.6% of all respondents.

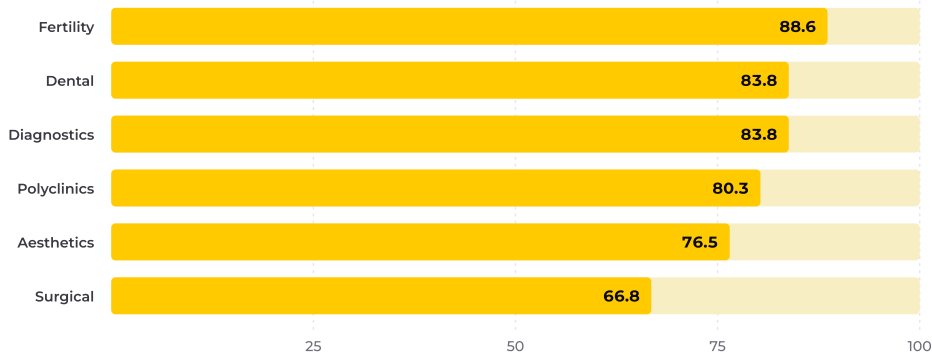
## NPS scores by region

Overview — full breakdown appears in Section 4



## NPS scores by clinical niche

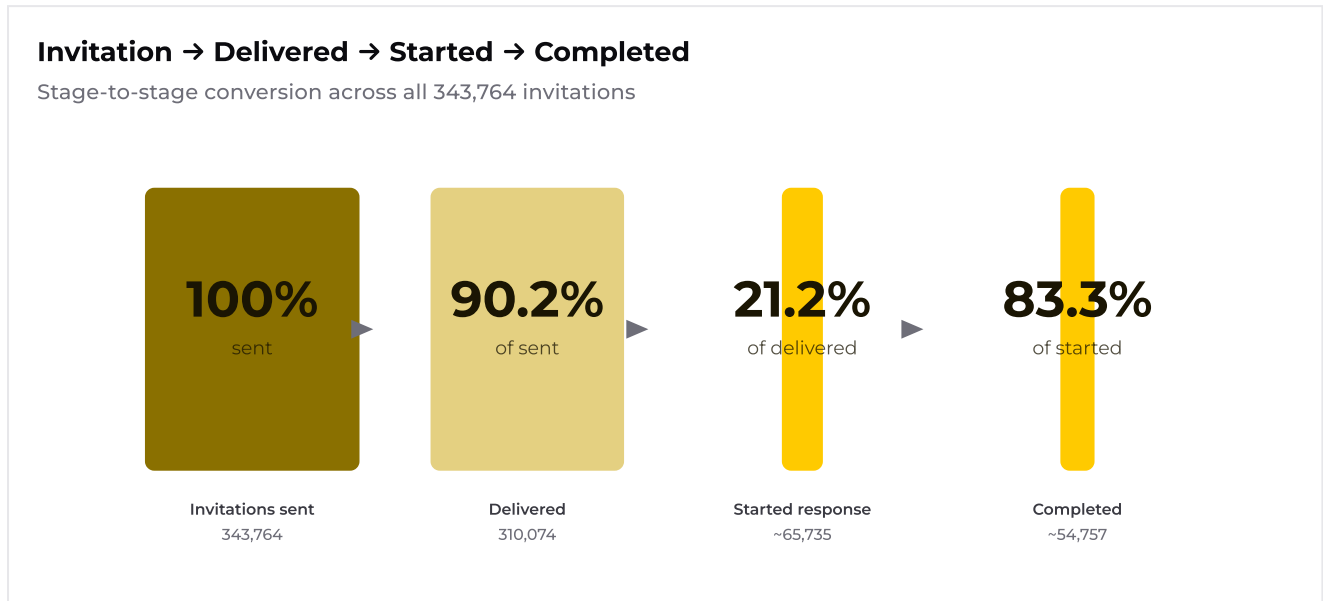
Overview — full breakdown appears in Section 4



# The response funnel: who actually answers

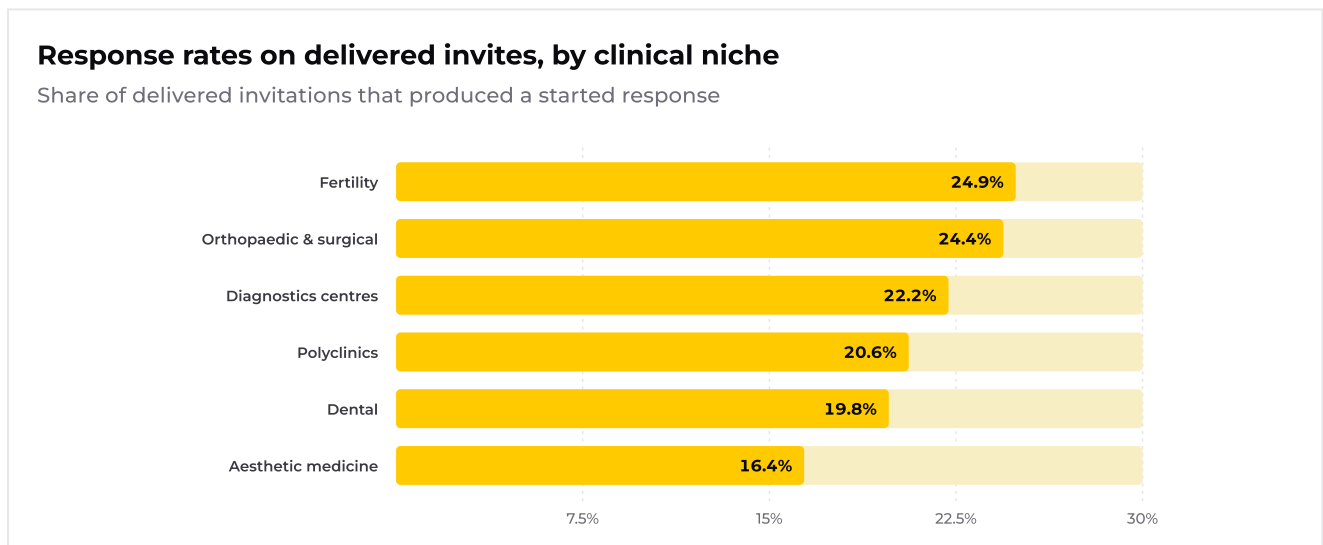
Every patient feedback programme is a funnel. You send invites: some get delivered, some recipients start the survey, some finish. The gaps between these stages are where most programmes leak volume — and where the largest operational opportunities sit.

## The full invitation-to-response funnel, 2025



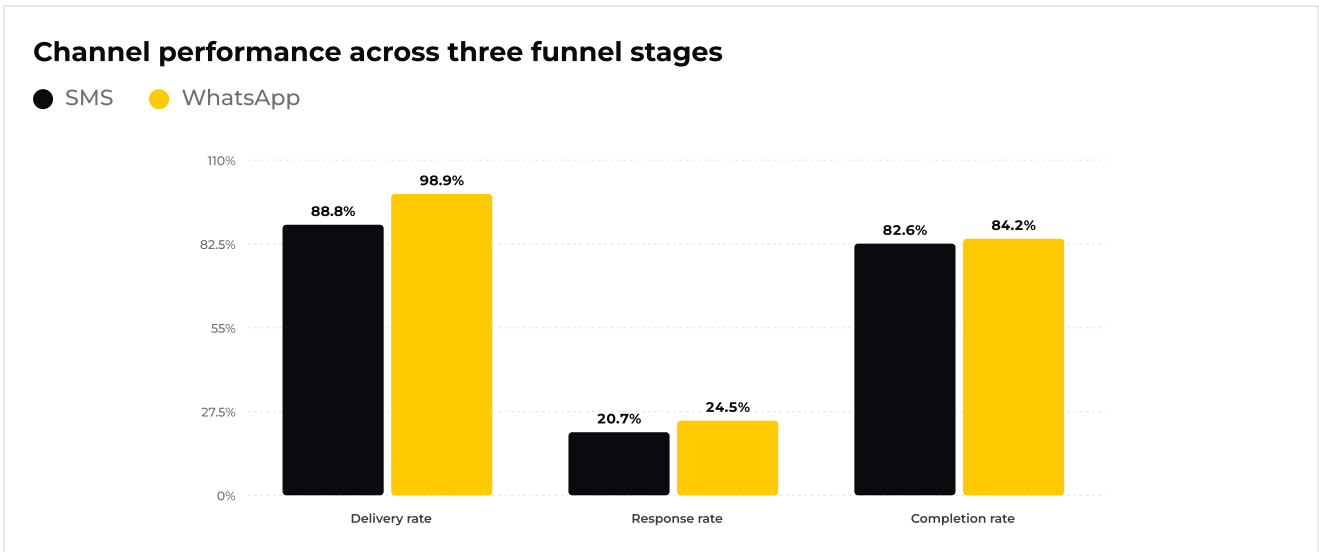
Across all of the invites sent, **90.2% were delivered, 21.2% of delivered invites produced a started response, and 83.3% of started responses were completed.** The headline response rate of 21.2% is comfortably above the industry average — CustomerGauge’s 2025 benchmark places typical B2C survey response rates in the 5–15% range, and U.S. healthcare research (Anzolo) reports a national average of 23% for post-visit surveys.

## Response rate by clinical niche



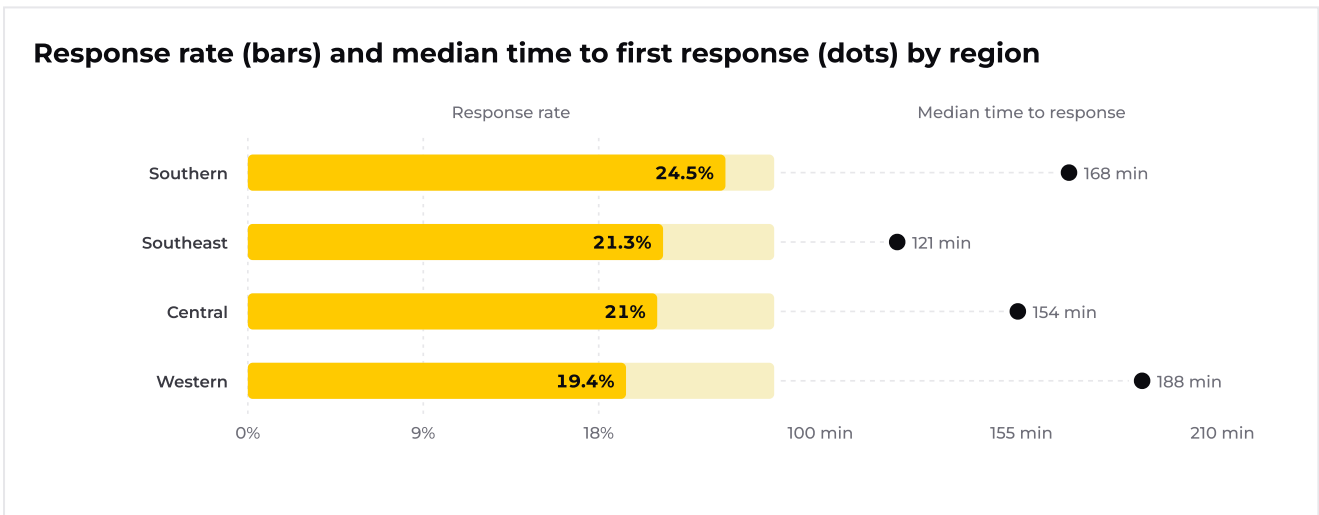
Fertility clinics lead at **24.9%**, followed closely by orthopaedic and surgical hospitals (24.4%) and diagnostics centres (22.2%). The pattern: patients in higher-stakes care relationships respond more readily. Aesthetic medicine trails at **16.4%** — elective care with less emotional urgency translates into less engagement with post-visit surveys.

## SMS vs WhatsApp



WhatsApp delivers better than SMS at every stage. Delivery is **near-perfect (98.9% vs 88.8% for SMS)**, response rates are **3.8 percentage points higher (24.5% vs 20.7%)**, and completion rates are marginally better. SMS still accounts for 87.8% of volume in this dataset, but for clinics with the option to send via WhatsApp, the channel choice is straightforward.

## Response rate and time to response by region



Southern Europe leads on response rate at **24.5%** — driven largely by orthopaedic and surgical patients. Southeast Europe sits at **21.3%** with the tightest median response time (**121 minutes**). The longer median of **188 minutes** in Western Europe reflects both time-zone patterns and the particular niche mix of the clinics in the dataset.

# NPS benchmarks: how private healthcare compares

Net Promoter Score remains the most widely used single metric for patient loyalty in healthcare. But an NPS figure in isolation means very little — its value comes from context. This section draws on all the scored NPS responses available and benchmarks them against the most current published industry data.

<h1>79.6</h1> <p>GLOBAL NPS (±0.86 MOE)</p>	<h1>85.2%</h1> <p>PROMOTER SHARE</p>	<h1>15.3 : 1</h1> <p>PROMOTER-TO-DETRACTOR RATIO</p>
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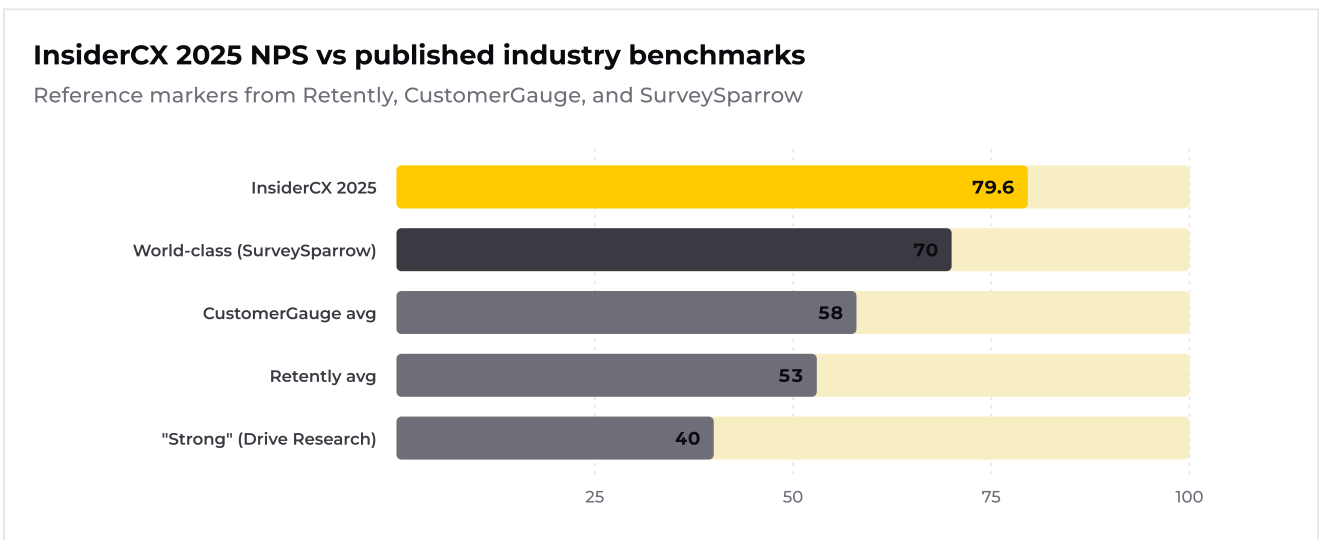
## Global NPS: 79.6

The global NPS is **79.6** — built from a promoter share of 85.2%, a passive share of 9.3%, and a detractor share of 5.6%. For every patient who would not recommend, more than fifteen would.

## How does 79.6 compare to the industry?

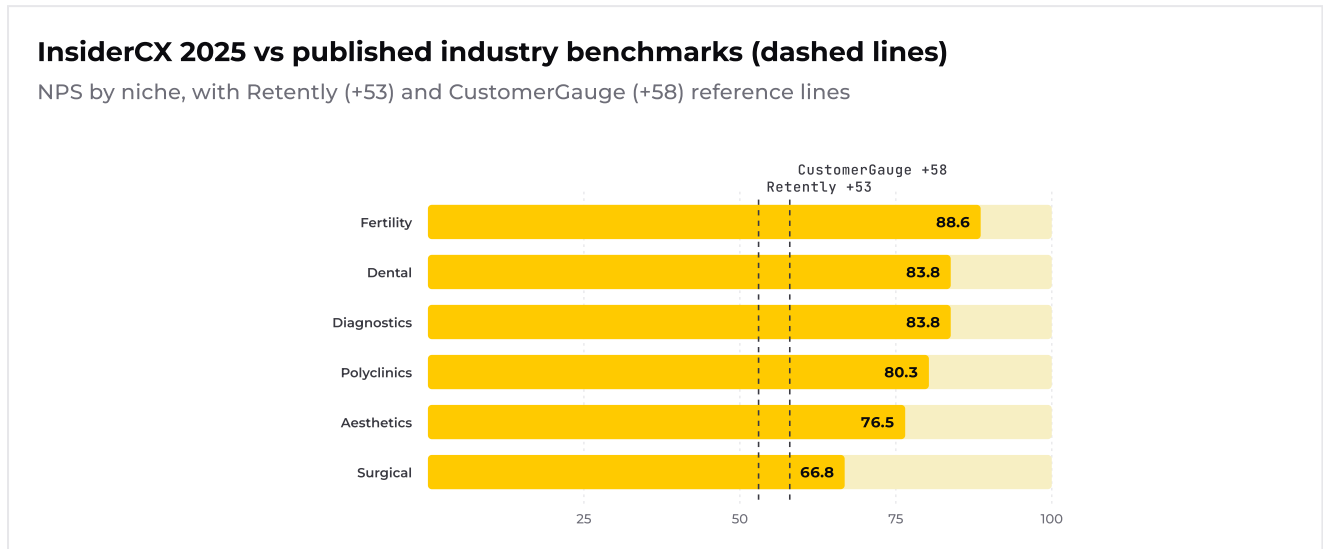
Published 2025 benchmarks place the average healthcare NPS between **+53 (Retently)** and **+58 (CustomerGauge)**. Drive Research describes scores above +40 as “strong.” SurveySparrow classifies +70 as “world-class.”

The InsiderCX dataset sits **21.6 points above the Retently average** and exceeds the “world-class” threshold by nearly 10 points.



That said, this dataset reflects private healthcare — clinics where patients choose their provider and have higher baseline expectations. Public systems operate under different constraints. What the data confirms is that private clinics actively collecting and acting on feedback score materially higher than the industry at large.

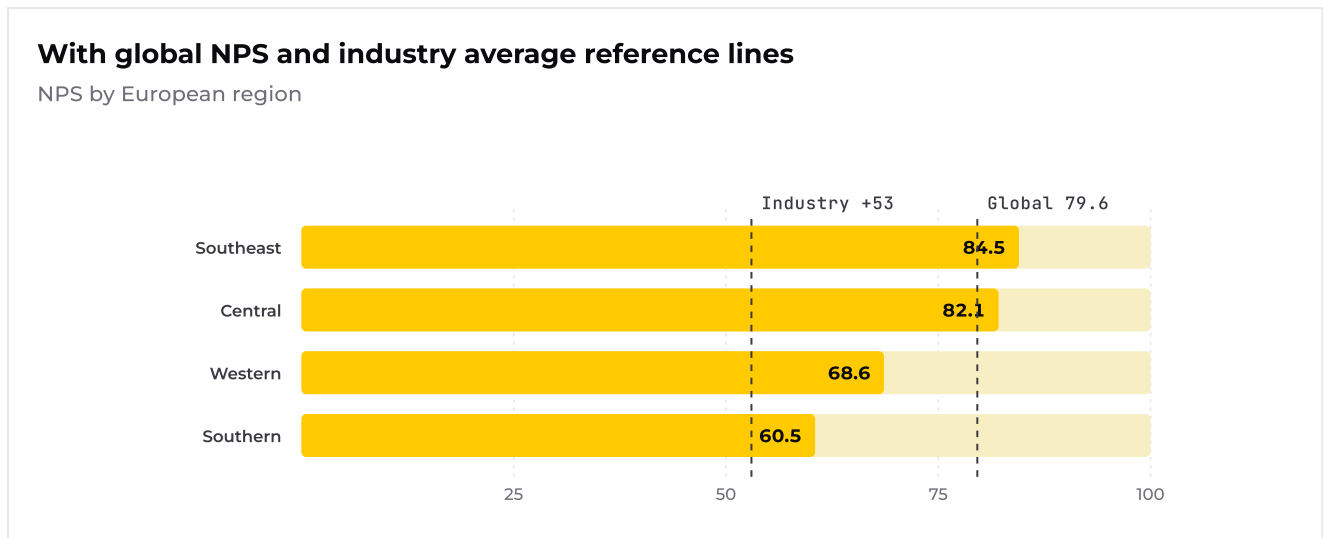
## NPS by clinical niche



**Fertility and reproductive medicine** scored 88.6, with a 92.4% promoter share. **Dental and diagnostics centres** share 83.8 — both backed by 12,000+ responses each. **Polyclinics** score 80.3. **Aesthetics** sits at 76.5 — still well above industry averages.

**Orthopaedic & surgical hospitals** record the lowest niche NPS at 66.8, but this niche is driven in large part by large institutions whose surgical complexity creates a structurally different patient experience. Even so, 66.8 still exceeds both industry averages (+53 and +58).

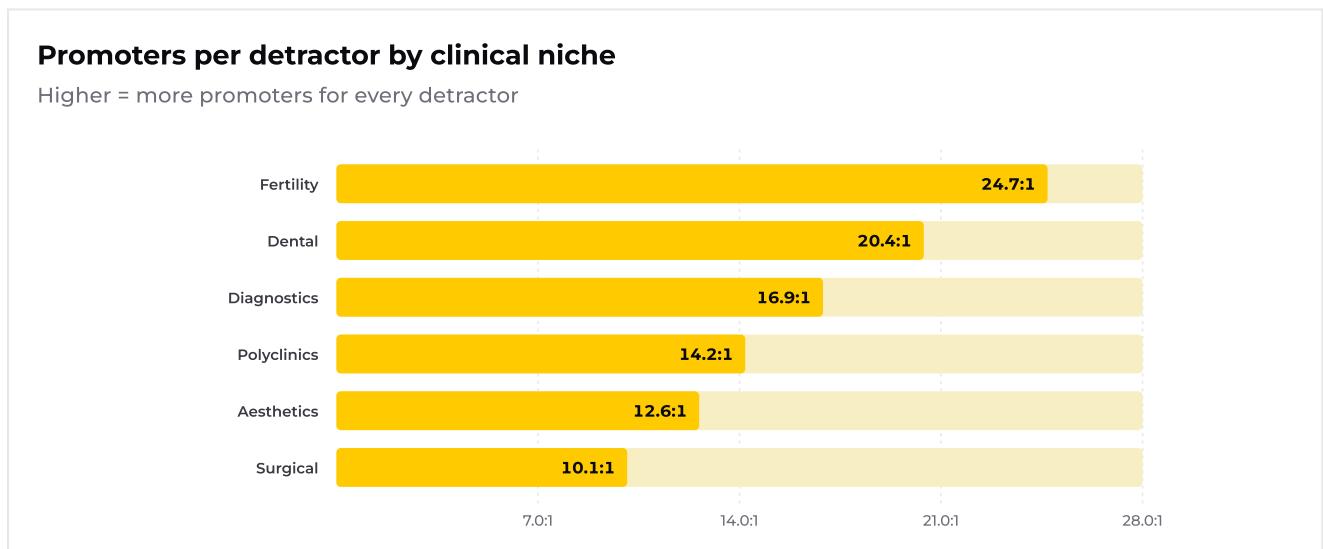
## NPS by region



**Southeast leads at 84.5** — the most statistically robust regional cut in the dataset. Central performs comparably, while the **Western region scores 68.6**, shaped primarily by a niche mix leaning toward diagnostics and aesthetics, along with potentially different cultural baselines for recommendation behaviour. **Southern posts 60.5**, heavily weighted by the institutions mentioned previously.

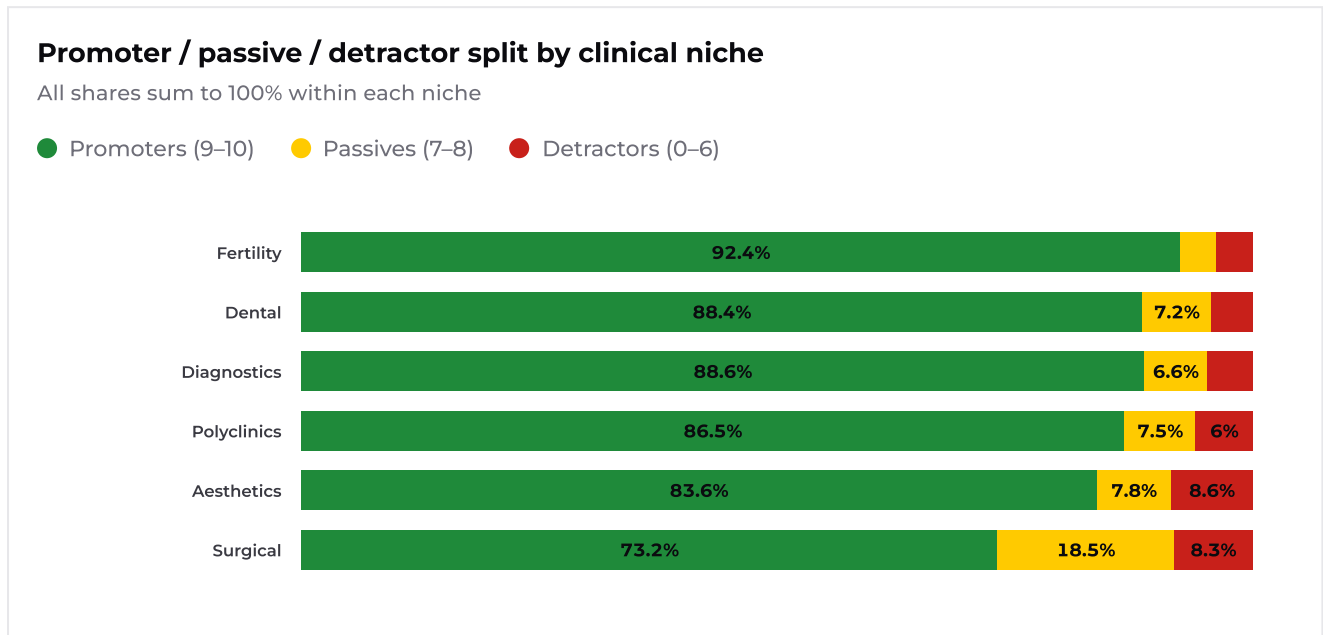
## Beyond NPS: the promoter-to-detractor ratio

NPS compresses a complex distribution into a single number. The promoter-to-detractor ratio shows how dominant promoters are relative to detractors, which might be a more actionable lens for operators.



Fertility leads at **24.7:1**, driven by a very low detractor rate. Dental follows at **20.4:1**. Surgical care sits at **10.1:1** — nearly twice as many detractors per promoter as fertility. The ratio often points more directly to where improvement effort is needed than headline NPS does.

## The full distribution



### KEY FINDING

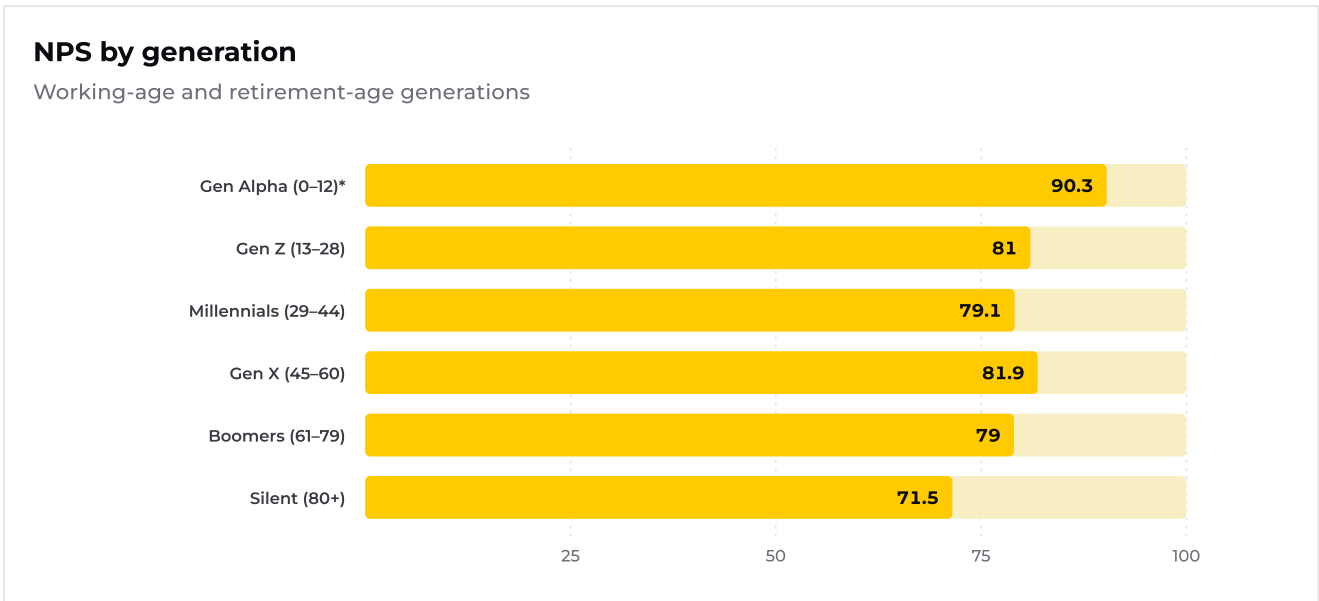
Passive shares are remarkably consistent across niches (4–8%), with surgical care as the outlier at 18.5%. **NPS differences are driven almost entirely by the balance between promoters and detractors** — which is where operational improvement has the most leverage. If you'd like to find out why passives deserve separate attention, see Section 6.

# Who responds, and how they score

Patient feedback is only as representative as the people who provide it. This section examines how response rates and NPS scores vary across gender, age, and generation, revealing patterns that challenge common assumptions about who engages with patient surveys.

## The generational myth

A common concern is that NPS may be skewed by generational differences, i.e. that younger patients score systematically harder, or that one generation is harder to please. The data does not support this.

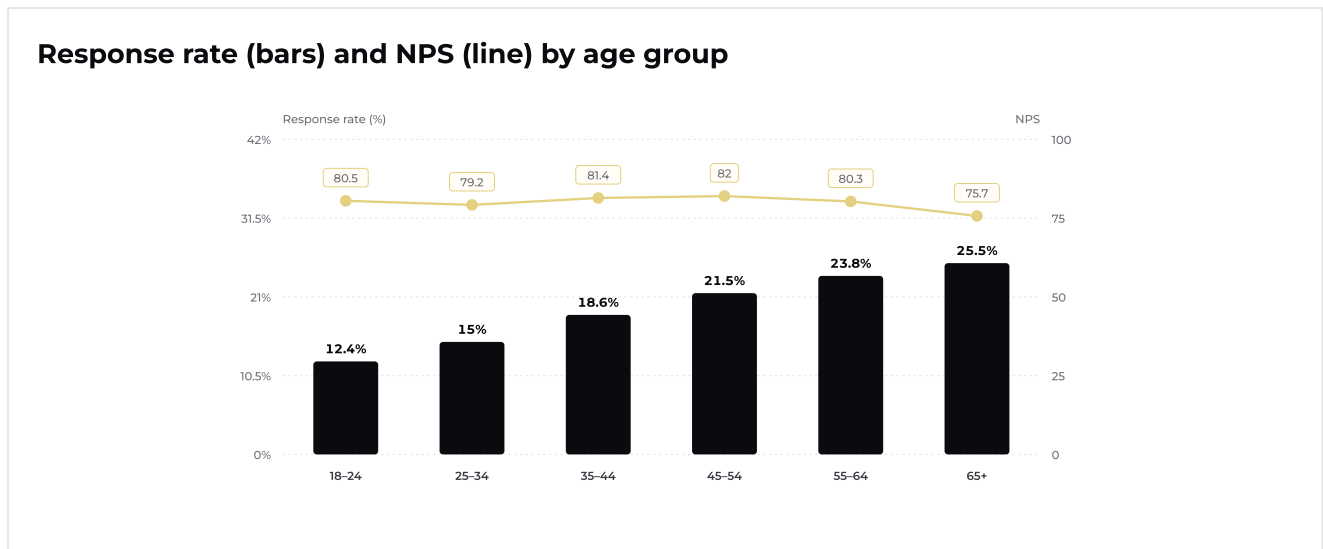


From **Gen Z (81.0)** to **Boomers (79.0)**, only 2.9 NPS points separate the four working-age and retirement-age generations. Gen X edges slightly higher at 81.9; Millennials sit at 79.1. These are not operationally meaningful differences.

One outlier stands out. The **Silent generation (80+)** drops to 71.5, reflecting the more complex care journeys and communication challenges older patients encounter. Their lower NPS is most likely to be a structural issue, not a quality failure.

*\*Gen Alpha responses were collected from parents answering on behalf of their children, covering services such as dental visits, dermatology, etc.*

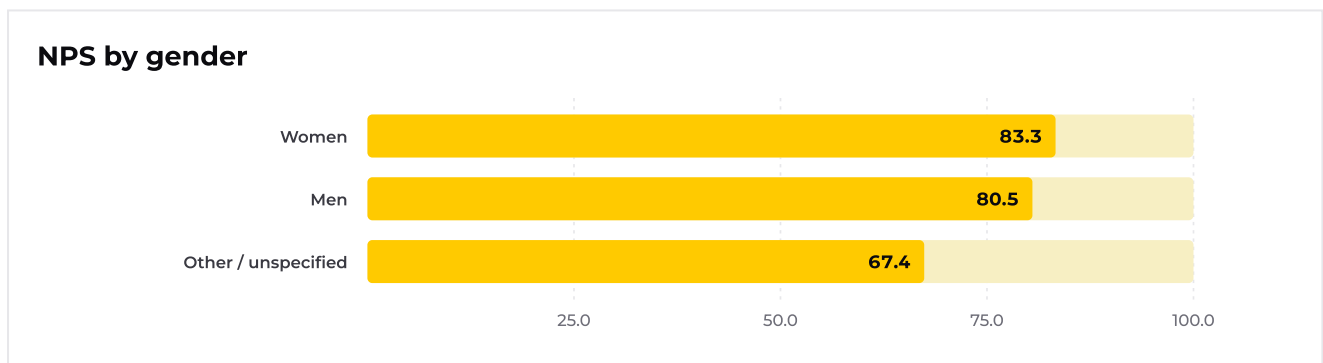
## Age, response rate, and the engagement paradox



Older patients respond more, but they also score more critically. **The 65+ cohort reaches a 25.5% response rate** — more than double the 18–24 group — but posts the lowest NPS at 75.7. **The least engaged cohort (25–34 at 15.0% response rate) scores 79.2.**

The practical implication: clinics with a predominantly older patient base should expect their NPS to skew slightly lower than it would if all age groups responded at equal rates. This isn't a problem to solve, but context to be aware of when benchmarking across accounts with different demographic profiles.

## Gender



Women score marginally higher than men — **83.3 vs 80.5** across large samples. The “Other / unspecified” category scores 67.4, but this reflects data quality at intake — patients whose gender was not captured in the clinic information system — rather than a demographic signal.

# The passive patient problem

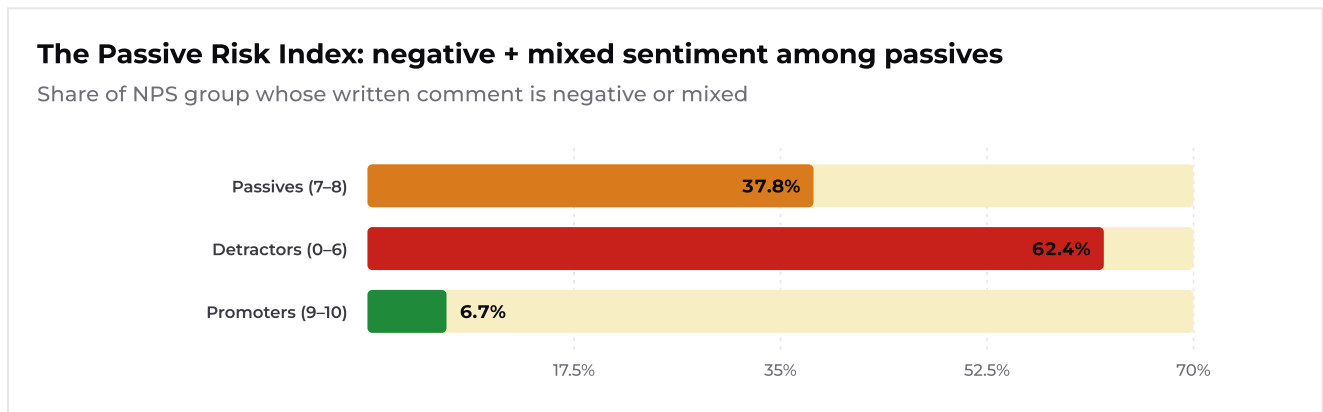
Most patient experience programmes focus on promoters and detractors. Amplify what's working, fix what's broken. But this leaves a blind spot in the middle of the NPS scale — and the data suggests that blind spot is larger and more consequential than the industry assumes.

## What the NPS formula hides

Passives — patients who score 7 or 8 — account for 9.3% of all respondents. By design, the NPS formula subtracts detractors from promoters and ignores them entirely. The implicit assumption is that passives are “satisfied enough.” That assumption deserves scrutiny.

## What passives actually say

When we analysed the open-text sentiment by NPS category, the gap was striking. Among passives, **37.8% left negative or mixed sentiment in their written comments** — expressing dissatisfaction, frustration, or conflicted feelings despite scoring 7 or 8 on the recommendation question.



For context: among promoters, the equivalent rate (negative or mixed sentiment) is just 6.7%. Passives are **5.6 times more likely than promoters** to express active dissatisfaction in their written comments — despite sitting only one or two points below them on the NPS scale.

The full picture adds colour. Only **13.1% of passives** leave genuinely positive feedback. The remaining 49% are neutral — comments that express neither satisfaction nor complaint. A neutral comment from a passive isn't alarming on its own. But combining the 49% neutral and the 37.8% negative-or-mixed leaves a clear conclusion: **fewer than one in eight passives are genuinely satisfied.**

## Why this matters operationally

Passives quietly churn. They **won't complain loudly enough to trigger a service recovery workflow**. They won't leave a negative Google review. They simply don't return — or offer a lukewarm non-recommendation when asked by a friend. With retention and word-of-mouth referrals being the main drives of growth in the sector, 9.3% of patients behaving this way is not a rounding error.

## Introducing the Passive Risk Index

We propose the **Passive Risk Index (PRI)**: the percentage of passive respondents whose open-text sentiment is negative or mixed. In this dataset, the global PRI is **37.8%**.

$$\text{PRI} = \frac{\text{Passives with negative or mixed open-text}}{\text{Total passive respondents (NPS 7-8)}} \times 100$$

**PRI** = Passive Risk Index — expressed as a percentage

**Negative or mixed** = open-text sentiment classified as negative or mixed

**Total passives** = all respondents who scored 7 or 8 on the NPS question

The PRI deliberately excludes neutral sentiment. A passive who writes “Everything was fine” is behaving consistently with their score, no dissonance to flag. But a passive who scores 7 and then writes about long waiting times or poor communication is signalling something their NPS score alone would never reveal. The PRI captures that gap.

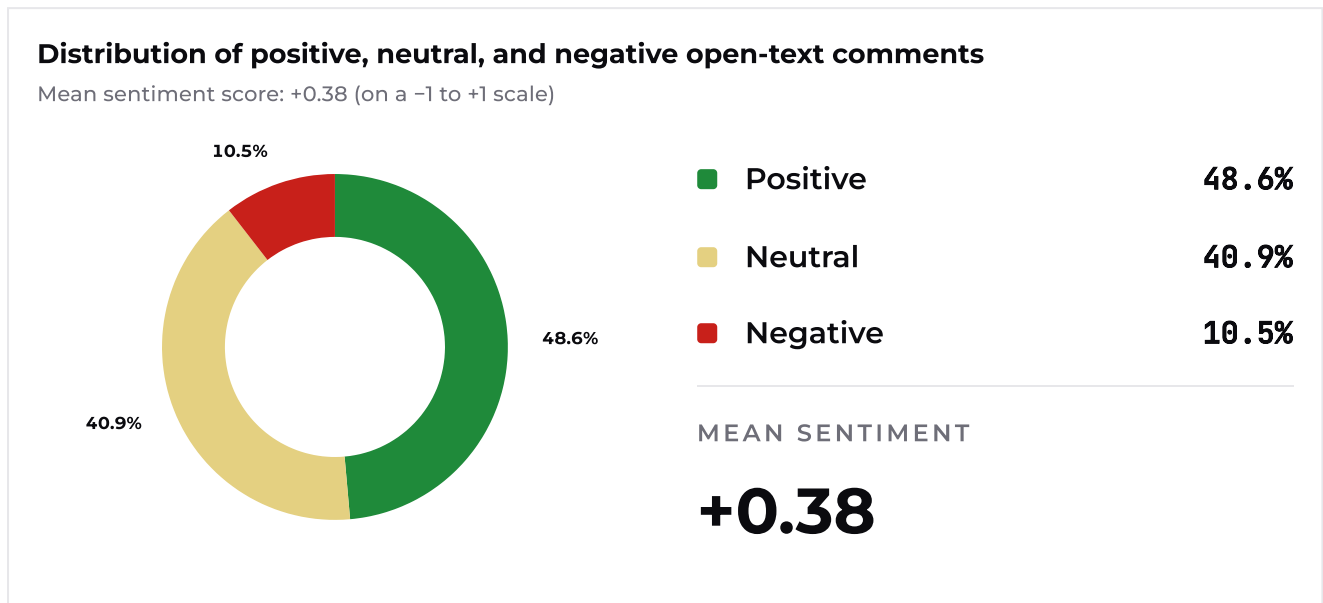
### PRACTICAL IMPLICATION

Build a closed-loop follow-up workflow for NPS 7–8 responses that mirrors — in spirit, not urgency — the process you already run for detractors. Nearly four in ten of these patients have something specific to tell you. The cost of ignoring them compounds over time.

# What patients talk about

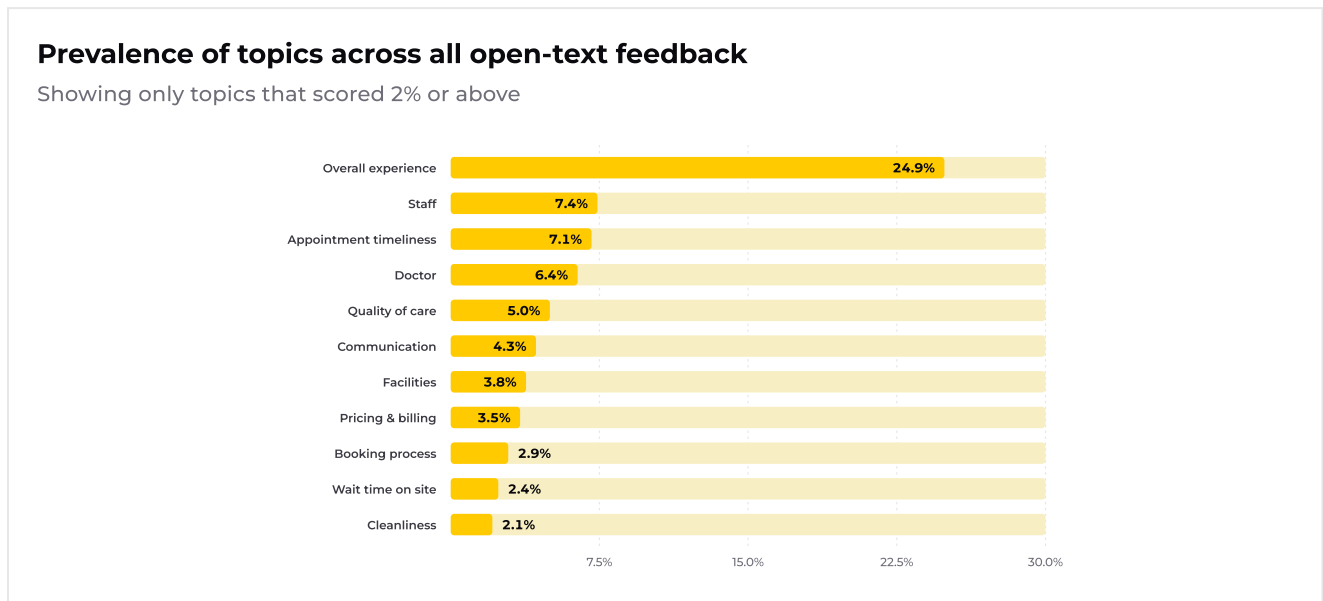
NPS gives you a number. Open-text feedback gives you the reason behind it. This section examines the patient responses with analysable open text — what patients said, how they felt, and where the patterns diverge.

## Overall sentiment



48.6% of comments were positive, 40.9% neutral, and 10.5% negative. The mean sentiment score (on a -1 to +1 scale) is **+0.38**. The substantial neutral segment — over two in five comments — is worth noting. These are patients who took the time to write something, but expressed neither satisfaction nor dissatisfaction. A mature feedback programme treats neutral comments as prompts for further inquiry, not data to be filed away.

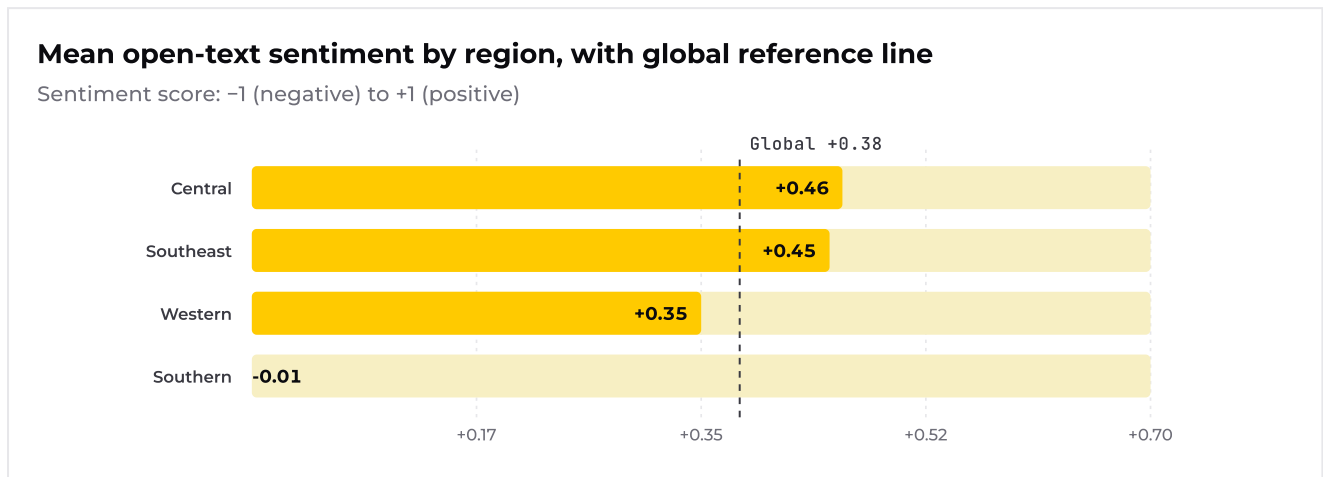
## What patients actually talk about



A single category — overall experience — accounts for nearly a quarter of all tagged feedback (24.9%). After that, the operational fundamentals dominate: staff (7.4%), appointment timeliness (7.1%), the doctor specifically (6.4%), and quality of care (5.0%). Together, these five topics account for more than half of everything patients wrote about.

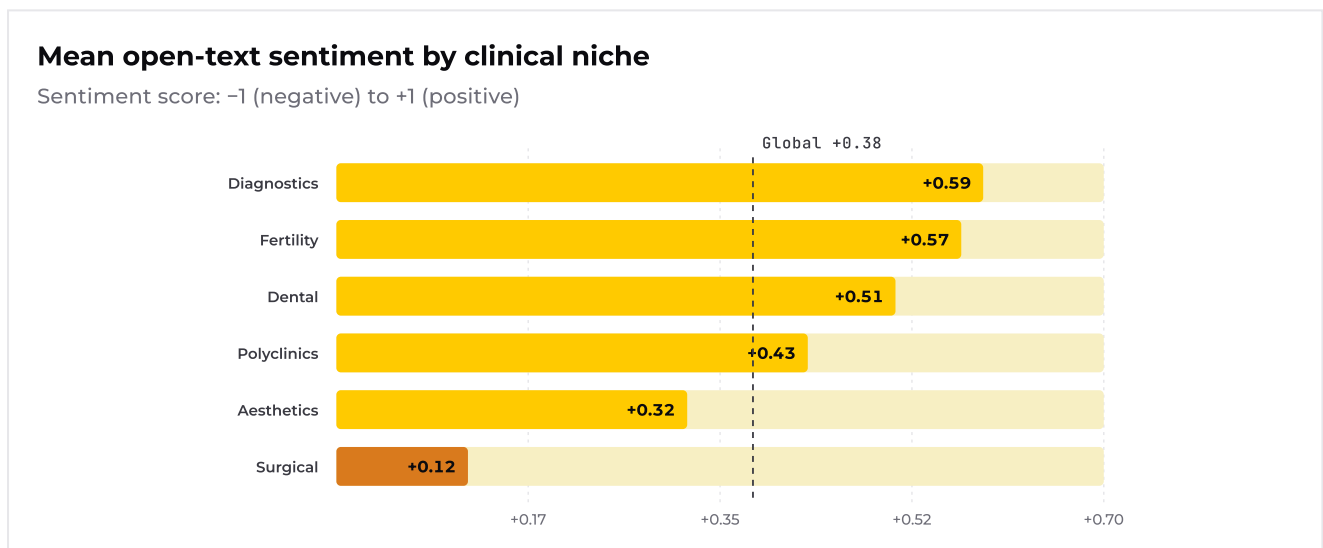
**Pricing and billing appears in 3.5% of feedback** — notable because it confirms cost remains a factor in patient experience even in private settings where patients have self-selected into a paid model. For clinics in competitive markets, pricing transparency and perceived value are worth monitoring actively.

## Sentiment by region



Central (+0.46) and Southeast (+0.45) lead on sentiment, consistent with their strong regional NPS scores. **Western sits at +0.35** — positive overall but below the global mean, possibly reflecting a cultural tendency toward understatement in feedback rather than genuine dissatisfaction. Southern is the outlier at **-0.01**.

## Sentiment by clinical niche



Diagnostics (+0.59) and fertility (+0.57) clinics record the highest sentiment scores. These niches share a common trait: focused, time-bound, outcomes-oriented patient interactions.

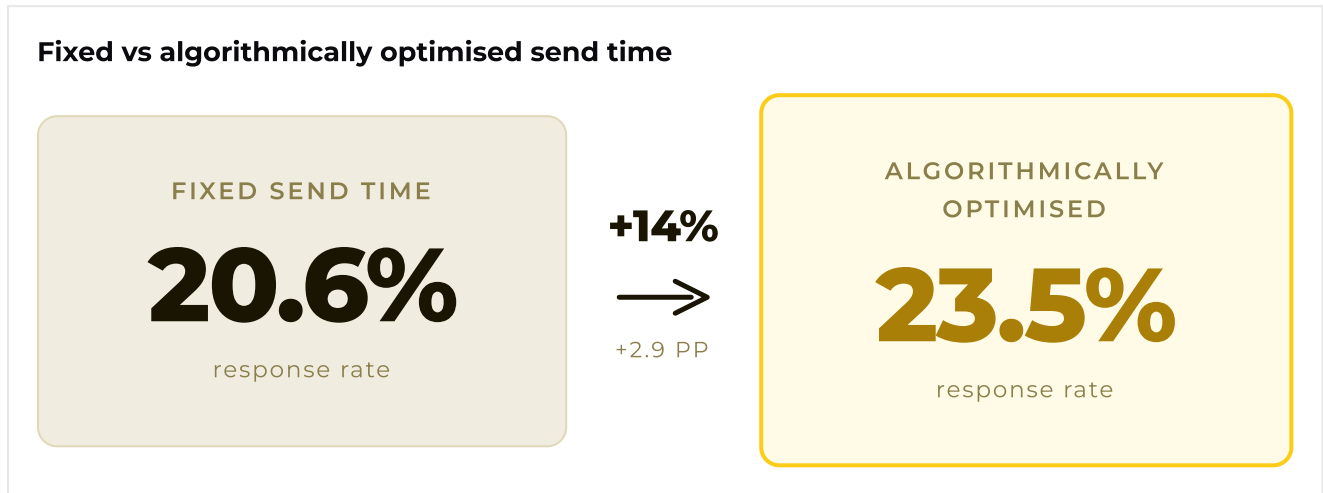
Surgical care sits at **+0.12** — barely positive. Surgical journeys involve longer stays, more physical discomfort, and more complex recovery, all of which depress open-text sentiment. This isn't a quality failure, but rather a structural feature of the care type. The takeaway for surgical providers: benchmark against surgical peers, not dental or diagnostics.

# Optimising the feedback loop

Collecting patient feedback is necessary. Collecting enough of it, with sufficient quality and representativeness, is where most programmes fall short. This section examines four operational levers that materially affect response rates: send-time optimisation, message copy, survey reminders, and time-of-day tuning.

## Optimised send time: +14% uplift at no cost

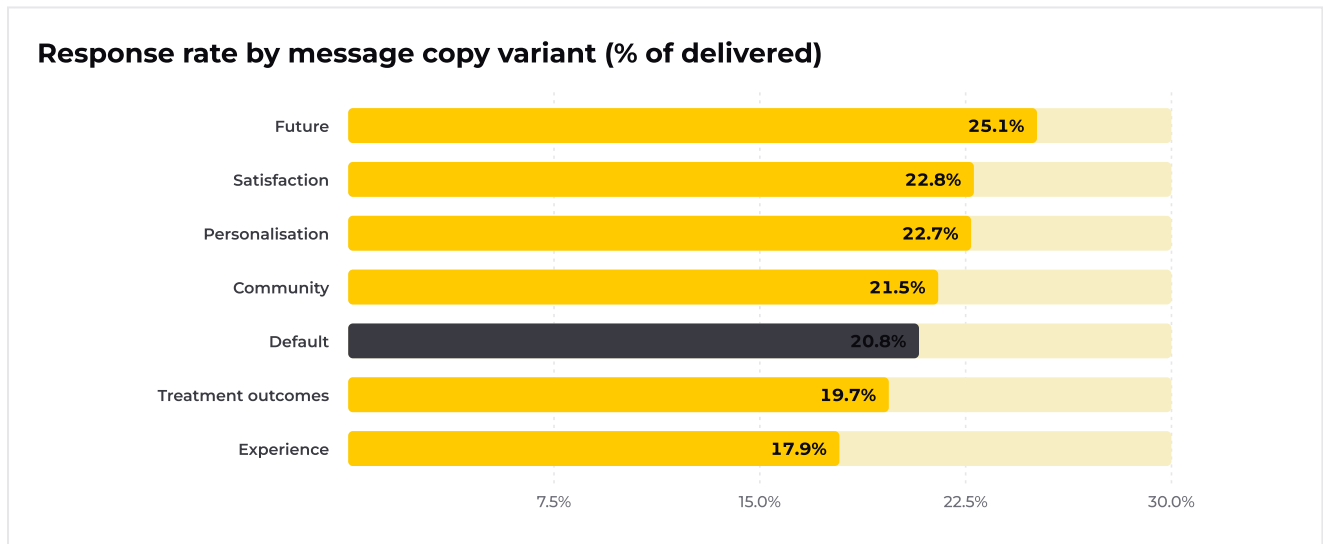
The simplest intervention in the dataset is moving from a fixed send time to an algorithmically optimised one — varying when each patient receives their survey based on their likely responsiveness window.



Clinics using fixed-time sends achieved a response rate of **20.6%**. Moving to optimised timing lifted that to **23.5%** — a **+14% uplift** in response rate. For a clinic currently sending 1,000 invites a month, that’s roughly 30 additional responses with no change to messaging spend, survey content, or patient-facing communication.

## Message copy: the framing of the ask

Beyond timing, the content of the invitation message itself significantly affects whether patients respond. The platform tested six copy variants alongside a default message.



The **“Future” variant** — framing the survey around helping the clinic improve for future patients — achieved **25.1%**, the highest response rate of any variant and **+4.3 percentage points above the default (20.8%)**. “Satisfaction” (22.8%) and “Personalisation” (22.7%) also outperformed. The “Experience” variant underperformed at 17.9%, as did “Treatment outcomes” at 19.7%.

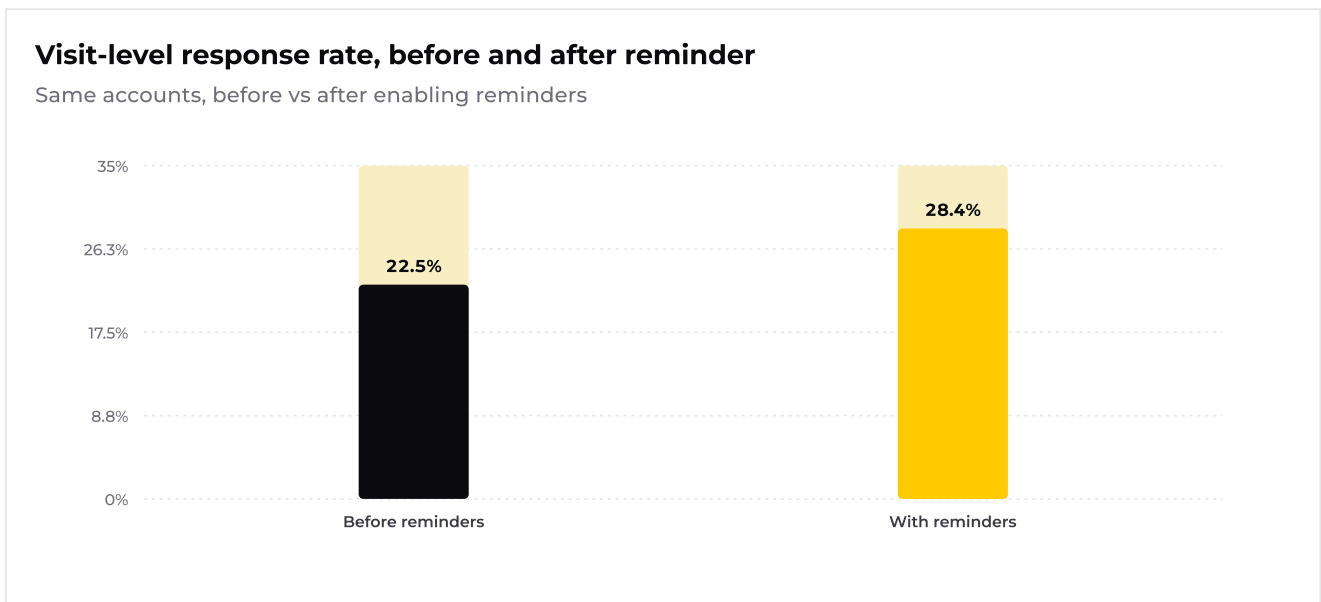
**TAKEAWAY**

The way you ask for feedback shapes how many patients respond — and, separately, shapes the scores they give when they do. A forward-looking, purpose-driven invitation outperforms a generic “please rate us” ask by a wide margin.

<b>Future</b>	{patient:sms_first_name} , your feedback has a great impact on our work. Please complete a short survey (1 min): {survey_link} Thank you
<b>Personalization</b>	{patient:sms_first_name} , feedback helps us tailor our services to your needs. Please complete a short survey: {survey_link} Thank you
<b>Satisfaction</b>	Hello {patient:sms_first_name} ! Did we meet your expectations? Share your impressions with us through a short survey (1 min) - {survey_link} Thank you
<b>Community</b>	Hello {patient:sms_first_name} , help us improve care for all our patients by completing a short survey (1 min) {survey_link} Thank you
<b>Treatment outcomes</b>	Hello {patient:sms_first_name} ! For better treatment outcomes we need your opinion - share your impressions through a short survey: {survey_link} Thank you
<b>Experience</b>	{patient:sms_first_name} , together with you we want to create better dental experiences. Help us by completing a short survey: {survey_link} Thank you

## Survey reminders: the +5.9 percentage point lever

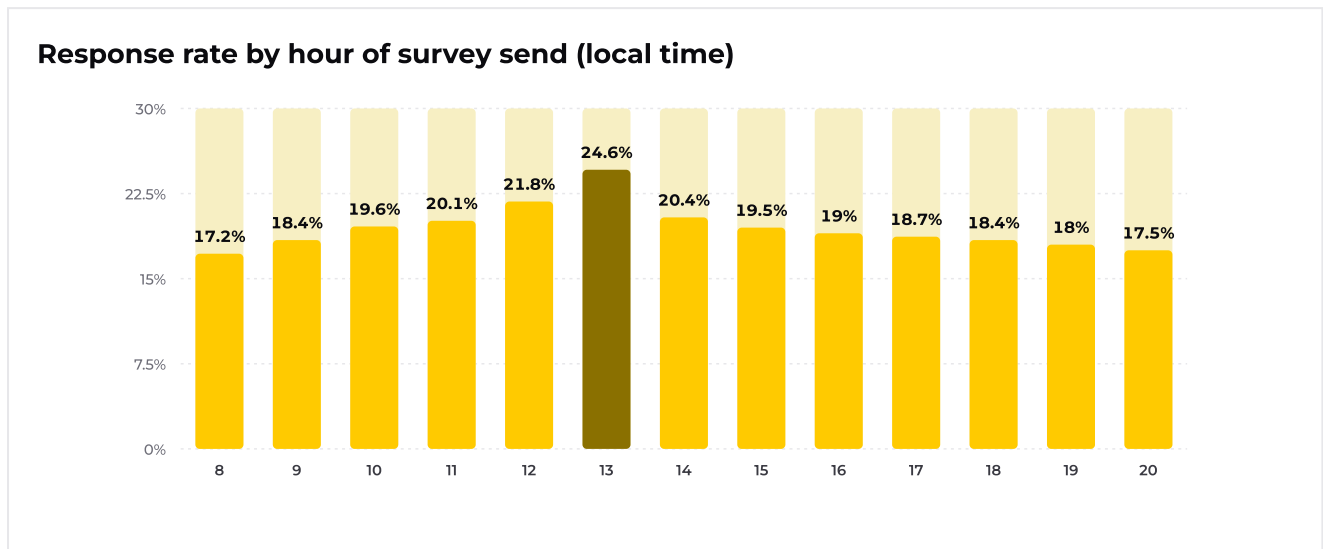
Among accounts using survey reminders, the impact on response volume is another big effect of operational levers measured in this dataset.



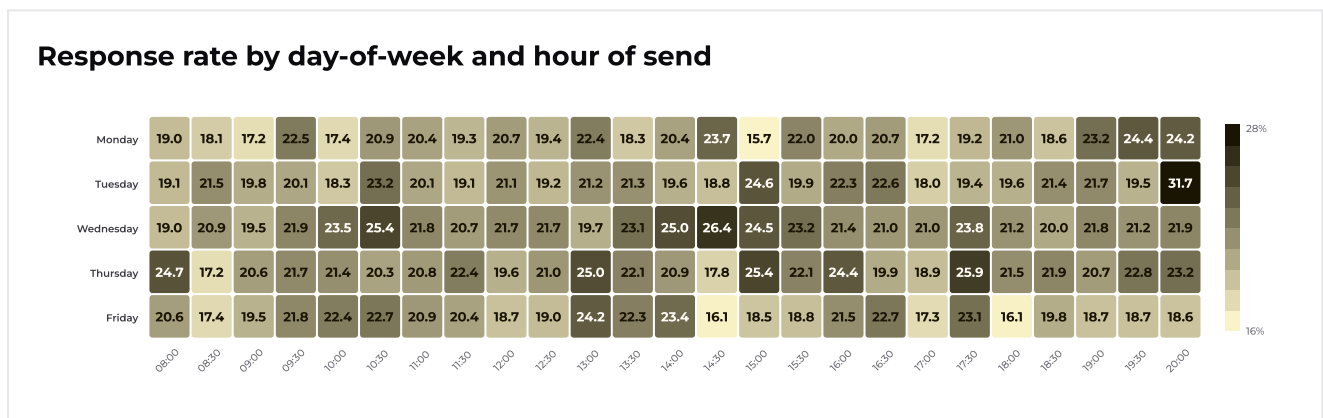
Before reminders, these accounts achieved a visit-level response rate of **22.5%**. With survey reminders in place, response rate rose to **28.4%** — an **+5.9 percentage point** increase.

For a clinic currently collecting 100 NPS responses a month without reminders, adding a single reminder could push that number above 125 — a meaningful improvement in statistical confidence and the speed at which trends become visible. Published research in adjacent contexts supports this: industry data shows SMS-based reminders reduce appointment no-shows by up to 39%, tapping into the same behavioural pattern.

## When to send: the best hours



Hour of delivery matters, though the effect is narrower than the other levers. The **13:00 slot leads at 24.6%** — roughly the lunch break, when patients are on their phones. Most other hours cluster between 18–20%. By day of week, Monday and Wednesday marginally lead at ~20.0%, with the remaining weekdays clustering between 19.6–19.8%. Day-of-week tuning offers limited incremental value beyond the larger levers.



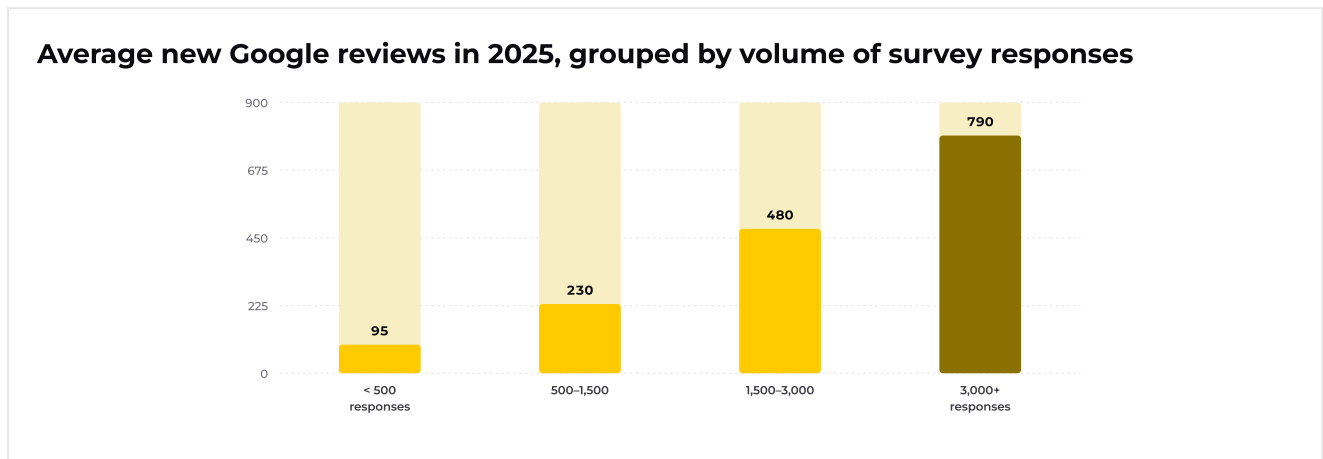
### PRACTICAL PRIORITY ORDER

1. **Enable reminders** — a meaningful uplift (+5.9pp).
2. **Move to optimised send timing** — single largest impact at zero cost, +14% uplift.
3. **Test message copy variants** — affects both volume and score.
4. **Tune time of day** — the final refinement once the bigger levers are in place.

# From feedback to reputation

Patient feedback programmes are usually justified on internal grounds: quality improvement, operational insight, detractor recovery. But the data points to a second, equally valuable outcome — clinics that collect more feedback also generate more Google reviews. This is where feedback grows beyond an operational tool, and becomes a reputation engine.

## More feedback, more reviews



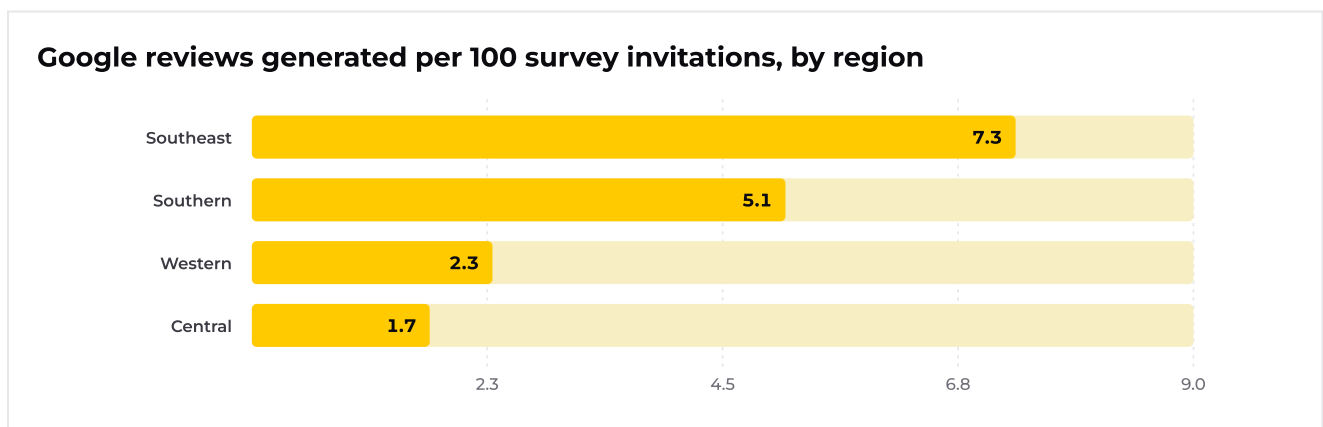
Across 64 clinic locations with matched survey and Google review data, the pattern is straightforward: **the more patient feedback a clinic collects, the more Google reviews it accumulates.** Clinics with fewer than 500 survey responses averaged around 95 new Google reviews in 2025. **Clinics with more than 3,000 survey responses averaged over 790** — more than eight times as many.

### WHY THIS HAPPENS

Many InsiderCX survey workflows include a natural redirect step — patients who score a clinic highly on the survey are invited (not required) to share feedback publicly on Google. The survey acts as both a feedback collection tool and a review generation funnel. It's worth noting that this is not review gaming — it's a structured process where already-satisfied patients are given the option to make their sentiment public.

## Review velocity by region

Review velocity — new Google reviews per 100 survey invitations — gives you a normalised way to compare how effectively different markets convert patient engagement into public reputation signals.



**Southeast Europe leads at 7.3 reviews per 100 invites.** Southern Europe follows at 5.1. The Western region trails at 2.3, consistent with the generally lower engagement observed in survey data throughout this report. Central sits at 1.7.

For clinic managers, review velocity gives you a concrete operational target. If your practice generates 3 reviews per 100 invites and the regional benchmark is 5, that's a specific gap you can close — by reviewing the post-survey redirect flow, the timing of the review prompt, or the copy used in the invitation.

## What this means for your clinic

This report set out to answer a straightforward question: what does a well-run patient feedback programme actually look like, measured across enough volume to distinguish signal from noise? The dataset — 343,764 invitations, four regions, seven clinical niches — provides a clear answer.

Private healthcare clinics actively collecting and acting on patient feedback achieve NPS scores that significantly exceed industry benchmarks. The global NPS of **79.6** sits 21–27 points above published healthcare averages. Even the lowest-scoring niche (orthopaedic and surgical care at 66.8) outperforms the industry's top quartile.

But the headline NPS is only part of the picture. The more operationally valuable findings are in the detail:

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- **Passive patients are a hidden risk.**

37.8% of patients scoring 7–8 leave negative or mixed open-text feedback — 5.6 times the rate of promoters. The Passive Risk Index gives clinics a way to monitor this blind spot.

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- **The way you ask shapes what you hear.**

Moving to optimised send times lifts response rates by 14%. The right message copy adds another 4+ percentage points and meaningfully improves sentiment.

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- **Reminders are another large lever.**

+5.9 percentage points from 22.5% to 28.4% — for accounts using automated survey reminders. No other intervention in this dataset comes close.

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- **Feedback drives reputation.**

Clinics collecting more feedback accumulate more Google reviews — by a wide margin. Patient experience programmes don't just improve operations; they build the public reputation that drives new patient acquisition.

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These findings are drawn from one year of data on one platform. They will evolve. InsiderCX will continue to publish updated benchmarks as the dataset grows, new markets come online, and new optimisation strategies are tested. The organisations represented in this report are not just measuring patient experience — they are building the evidence base for how to do it well.