Your website and content: a review

How patients find you, understand you, trust you and choose you, and how to win more of them

Prepared for Mr Jonathan Britto, Consultant Plastic Surgeon. We followed a patient through every step from first search to operating theatre, and asked at each one: what helps them, and what gets in the way?

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Website and content review · November 2026

theambitionsagency.com · creationvideo.co.uk

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Executive summary

The review on one page

About 35% of your enquiries become procedures, against the 60% you want, and the practice can't see which website visits turn into enquiries. This review follows a patient from first search to operating theatre to find out why.

What is already working

Your expertise, written in your own words and found nowhere else. Your patients' verdict: 4.93 out of 5 from 163 reviews on Doctify. And a consultation process more generous than most surgeons offer.

What we found

Stage	The main finding
1. Being found	Google and AI can't tell that the expert behind your articles is you, many page labels are wrong or missing, and your videos are hard to find.
2. Being understood	The homepage and menu name no procedure, answers sit below long introductions, and no procedure shows a price.
3. Being trusted	Your articles rarely answer the questions patients worry about most, Google shows 2 reviews in a year, and your details differ from place to place.
4. Choosing to enquire	Some booking links lead to "Page Not Found", your best first step (the free video call) is hidden, and the contact page doesn't say what happens next.
5. Consultation to surgery	A thoughtful process that is easy to miss, and plans that go by encrypted email which may land in junk.
6. Measuring	Nobody can yet trace an enquiry or a phone call back to the website.

What we recommend

A monthly programme that fixes everything in this review and keeps it working. Nick leads the website and content, Mark leads video, and your part is one recorded hour a week. The most important fixes come first, and a monthly scorecard shows what is working.

> More of the right patients find you, and more of those you see go ahead. The two multiply.

Introduction

What this review covers

In short: the expertise on your website is exceptional. Almost every gap we found is in how that expertise is labelled, connected and measured, and every one of them can be fixed.

In August you described the problem to Mark: about 35% of enquiries go on to a procedure, against a goal of 60%. Your operating lists aren't as full as they should be, and the practice can't tell which website visits turn into phone enquiries.

This review asks one question of every page, profile and video: **at each step a patient takes towards you, what helps them and what gets in the way?**

How we approached it

Like a consultation: diagnosis first, then recommendations, each backed by evidence.

- Every figure was checked on 1 November 2026 against the website's own code, Google, YouTube and your public profiles. All 202 pages listed in your sitemap were examined.
- Where we rely on research or Google's guidance, we link to it, so you can check it. Where we speak from our own client work, we say so.
- We don't yet have access to your Google Search Console or Analytics. Where that data would strengthen or change a finding, we say so.
- Peter looks after your search rankings, and you've told us you can feel the progress in clinic. This review doesn't measure rankings. It looks at everything around them, and what we recommend builds on his work.

What is already working

- **Your writing.** The procedure pages carry original, expert explanation no competitor can copy. Google's own advice for AI search is to "focus on making unique, non-commodity content". You have it.
- **Your patients' verdict.** 4.93 out of 5 from 163 reviews on Doctify, and its 2025 Outstanding Patient Experience award.
- **Your consultation.** Patients describe two consultations, drawings and 3D modelling on screen. Few surgeons offer that much.
- **What surrounds the surgery:** the free 10-minute video call, the Prepare and Repair plan, twilight anaesthesia, and the new procedure pages with before and after videos.

> The raw material is outstanding. The gaps are in packaging, labelling and connection.

How this review is organised

It follows the journey a patient takes, from first search to operating theatre:

Stage	The question
1. Being found	Can the right patients find you on Google, YouTube, social media and AI assistants?
2. Being understood	Once they arrive, can they quickly understand what you offer and whether it suits them?
3. Being trusted	Does everything they see online confirm that you are the right surgeon?
4. Choosing to enquire	Is the next step obvious and easy?
5. Consultation to surgery	What happens between first contact and the decision to go ahead?
6. Measuring	Can you see which of all this produces patients?

Video runs through every stage. Mark has already filmed you and your patients, and the new procedure pages show what that footage can do. Video is how patients find you on YouTube and Google, how they understand you without reading thousands of words, how they come to trust you, and how they feel ready to get in touch. Each stage ends with a short "Video at this stage" box, and Annex A shows how to describe a video on YouTube so patients find it.

Each point is set out the same way: a question, such as "Can Google and AI tell who the expert is?", then **what good looks like, and why it matters**, **what we found** on your website and profiles today, and **the solution**.

Each also carries an importance rating:

- **Critical and urgent:** vital, and among the first things we fix.
- **High:** part of the first three months.
- **Steady improvement:** part of the regular monthly work.

What we draw on

No single method decides what goes in this review. The recommendations draw on:

- **Established best practice** for websites, search and accessibility.
- **Google's own guidance** on how it ranks pages and chooses what to show.
- **The latest research** on how people read web pages and how AI assistants read and quote them.
- **Endless Customers**, Marcus Sheridan's globally proven framework for becoming the most known and trusted voice in your field. Nick is certified and trained to coach it. Where its American advice doesn't suit a UK surgeon, we have left it out.
- **StoryBrand**, Donald Miller's widely used method for making a website's message clear at a glance.

Stage 1

Being found

By "being found" we mean something different in 2026 from even a few years ago. For a patient researching a procedure, it means:

1. **Being quoted in Google's AI summary**, the answer panel at the top of the results.
2. **Your videos appearing in Google's results**, not only on YouTube.
3. **AI recommending you.** When someone asks ChatGPT, Gemini or Google "who is the best surgeon for my procedure?", your name is in the answer.

Get these right and the top of your funnel fills: far more of the right patients reach your website, which is where stage 2 begins.

Why this stage matters more than it used to

- 82% of UK online adults use Google Search, and about 30% of UK keyword searches now show an AI Overview at the top (Ofcom, 2025).
- When an AI summary appears, people click a result about half as often: 8% of visits against 15%, in US data (Pew Research Center, 2025).
- 28% of British adults have used an AI chatbot for information about their own health (Ipsos, January 2026).

> So being found now means more than ranking. It means being the expert Google and AI assistants choose to quote, and that depends on them knowing exactly who you are.

1.1

Can Google and AI tell who the expert is?

Importance: critical and urgent

What good looks like, and why it matters

Google and AI assistants go to great lengths to judge how trustworthy information is before they show or quote it. On medical topics, Google gives trust the most weight, and one of the main ways it judges trust is who wrote the content. Its guidance asks: "Is it self-evident to your visitors who authored your content? Do pages carry a byline, where one might be expected?" (Google Search Central)

Good looks like this:

- Every article credited to you by name, linking to a page that sets out your qualifications and experience.
- A few lines in the website's code confirming who you are, where you practise, and which profiles elsewhere are yours.
- One name, used the same way everywhere.

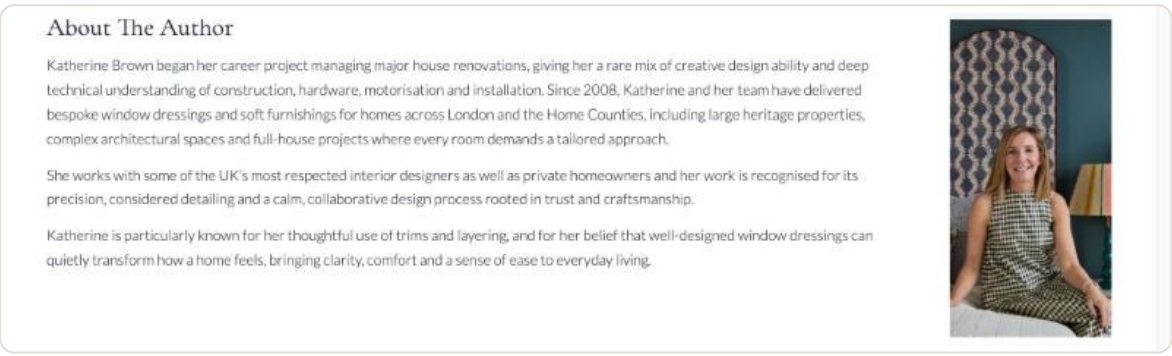
It's natural to assume that because it's your website, everything on it points back to you. Search engines don't work that way. They read each page on its own and take the author from the credit in its code.

A page built this way.

Katherine Brown Curtains and Blinds is one of our clients: a London business whose projects typically run from £5,000 to £30,000. We use her website because it is ours to show you, down to the code. Only the page structure carries over. Every article is credited to Katherine by name, with an author section at the end, and the code confirms who she is and which profiles are hers.



The main heading asks the reader's question. Beneath it: "By Katherine Brown", with the date.



The author section at the foot of the same article. kbcurtainsandblinds.co.uk, 1 November 2026.

What we found

- **No article is credited to you.** Of 122 articles, 120 are credited in the code to one website user account and 2 to another. The credit isn't shown on the page, but it is what Google reads, and it appears as "Written by" when an article is shared on social media.
- **Many articles talk about you rather than in your voice.** "According to Mr Jonathan Britto" appears on 20 pages.
- **Nothing in the code describes you or the practice.** Websites can carry "structured data", a short label in the code that tells Google and AI exactly who someone is: name, qualifications, specialism, where they practise. Yours has none for you, the clinic, your three locations, your procedures or your FAQs.
- **Your name differs on every platform,** and the website doesn't link them together:

Platform	Name used
Google Business Profile	Jonathan Britto Consultant Plastic Surgeon
YouTube	Jonathan Britto Clinic
Instagram	Jonathan Britto MD FRCS(Plast)
Facebook	jonathanbrittoclinic
LinkedIn	Jonathan Britto

> So today, the code credits your articles to a website login rather than to you.

The solution

1. Credit every article to you, with a byline that links to a proper author page: qualifications, GMC number, specialisms, hospitals, publications.
2. Add structured data for you, the clinic and each location, linking your GMC entry, PHIN, Doctify, YouTube, Instagram, LinkedIn and Facebook, so Google and AI know they are all the same expert.
3. Use one name everywhere, for example "Mr Jonathan Britto, Consultant Plastic Surgeon" for you and "Jonathan Britto Clinic" for the practice.

What structured data looks like.

A few lines in the page's code, invisible to visitors, read by Google and AI:

```
{
  "@type": "Physician",
  "name": "Mr Jonathan Britto",
  "jobTitle": "Consultant Plastic Surgeon",
  "hasCredential": "MD FRCS(Plast)",
  "address": "70 Harley Street, London",
  "sameAs": [ GMC entry, PHIN, Doctify, YouTube, LinkedIn ... ]
}
```

Simplified example. Katherine Brown's website carries this for her and her business. Yours currently carries nothing like it.

1.1 *Can Google and AI tell who the expert is?*

In short: not yet. No article is credited to you, and nothing in the code says who you are. Crediting every article to you and adding structured data fixes this.

1.2

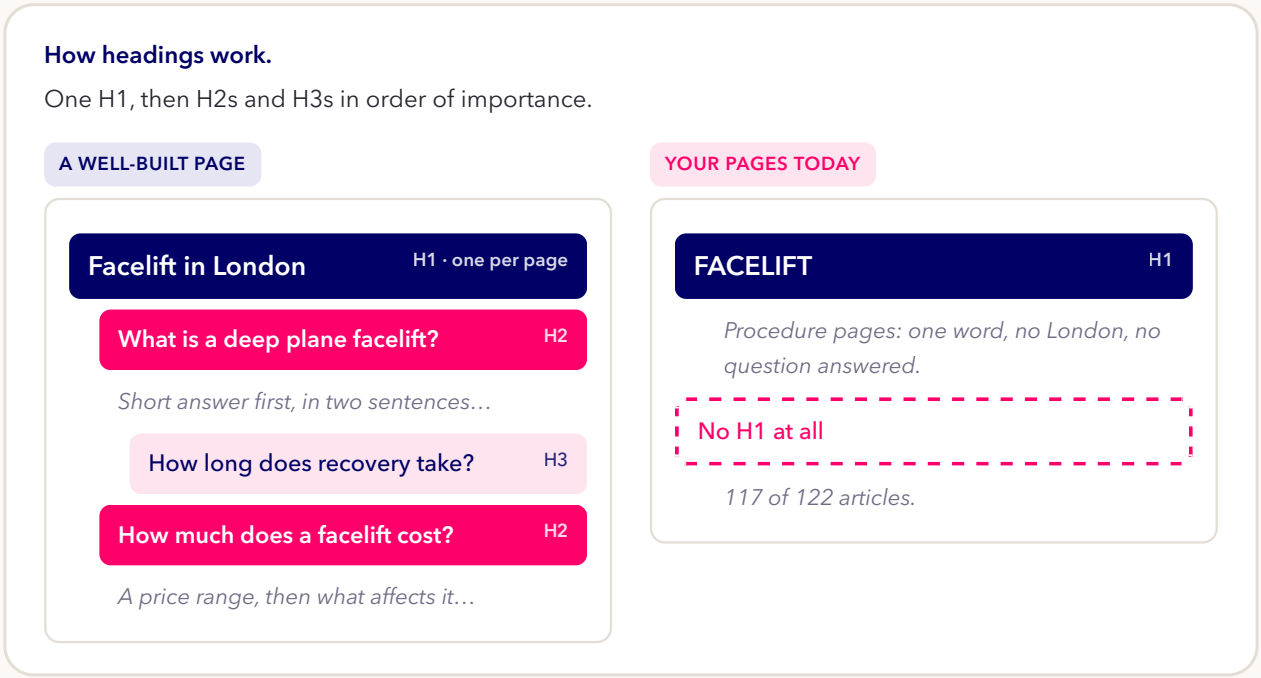
Do your pages carry the right labels for Google?

Importance: critical and urgent

What good looks like, and why it matters

Every page gives Google three kinds of label: a **title** (the blue link in search results), a **description** (the text beneath it) and **headings**. Good labels are unique to each page, say plainly what it is about, and use the words patients search with.

Headings come in levels, by importance. The main heading at the top of the page is called the **H1**, and each page should have exactly one. Section headings beneath it are **H2s**, and sub-sections within those are **H3s**. Google and AI read them like a book's contents page, to find the passage that answers a question.



Location matters too. Patients add a place to their searches, such as "facelift London" or "blepharoplasty Harley Street". Google can only match a page to a place if the page says where the service is offered, so a title or main heading that leaves out the place gives up that match. With consultations in London, Chelmsford and Colchester, you have three places worth naming.

Google's own guidance is direct: "Avoid repeated or boilerplate text in <title> elements" (title links) and "Create unique descriptions for each page on your site" (snippets).

What we found

- **54 articles carry the page title "Nose Reshaping London"**, including facelift, eyelid and brow articles. The title is what Google shows as the blue link in its results.
- **Template placeholder text is live.** 64 articles share to social media with the description "THIS TEXT COMES FROM THE EXCERPT SECTION ON THE POST - YOU CAN ADD ANY INFORMATION YOU LIKE INCLUDING LINKS." Patients see the same text on your blog page, under rhinoplasty articles,

followed by a paragraph about jowls (below).

- **Every page carries two titles.** The one a browser reads first ends with the same 67-character phrase, "The official site of Mr Jonathan Britto Consultant Plastic Surgeon", which is too long for Google to show in full. On your homepage it is that phrase alone. The second homepage title, "Jonathan Britto | Plastic & Craniofacial Surgeon London", is better but names no procedure.
- **On all 186 pages and articles, the first description simply repeats the title.** 67 also carry a second, written description, and the new ones on your homepage and procedure pages are good. Others are wrong: 24 articles, including rhinoplasty and chemical peel articles, share one line about deep plane facelifts.
- **117 of 122 articles have no main heading (H1).** On procedure pages, the main heading is a single word in capitals, such as "BROWLIFT", with no location.

What you are asking Google to show

for the article "Facelift and what to do first":

TODAY

jonathanbritto.com › facelift-and-what-to-do-first

Nose Reshaping London | The official site of Mr Jonathan Britto Consultant Plas…

Nose Reshaping London

FIXED

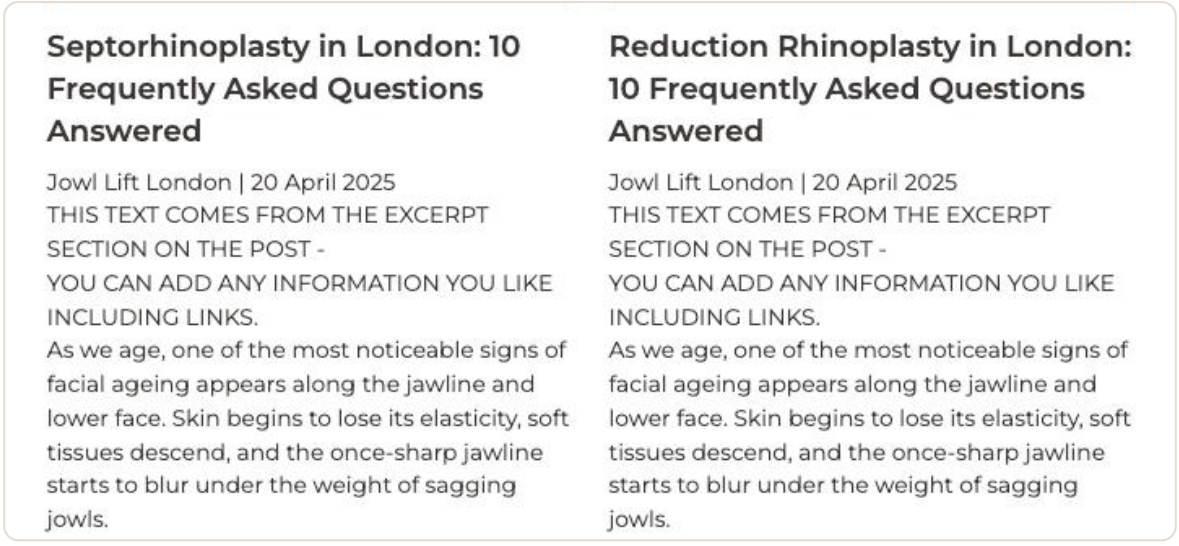
jonathanbritto.com › facelift-and-what-to-do-first

Facelift: what to do first | Mr Jonathan Britto, London

Thinking about a facelift? Consultant Plastic Surgeon Jonathan Britto explains the first steps, from consultation to choosing the right technique for your face.

The "Today" version uses the page's actual title and description, taken from its code on 1 November 2026. Google sometimes rewrites titles, but starts from these.

What patients see on your blog page today



Septorhinoplasty in London: 10 Frequently Asked Questions Answered

Jowl Lift London | 20 April 2025
THIS TEXT COMES FROM THE EXCERPT SECTION ON THE POST -
YOU CAN ADD ANY INFORMATION YOU LIKE INCLUDING LINKS.
As we age, one of the most noticeable signs of facial ageing appears along the jawline and lower face. Skin begins to lose its elasticity, soft tissues descend, and the once-sharp jawline starts to blur under the weight of sagging jowls.

Reduction Rhinoplasty in London: 10 Frequently Asked Questions Answered

Jowl Lift London | 20 April 2025
THIS TEXT COMES FROM THE EXCERPT SECTION ON THE POST -
YOU CAN ADD ANY INFORMATION YOU LIKE INCLUDING LINKS.
As we age, one of the most noticeable signs of facial ageing appears along the jawline and lower face. Skin begins to lose its elasticity, soft tissues descend, and the once-sharp jawline starts to blur under the weight of sagging jowls.

jonathanbritto.com/category/blog/, 1 November 2026. Eight article cards on the first page show this text.

A facelift article labelled "Nose Reshaping London" is unlikely to be shown to someone searching for a facelift, and placeholder text in front of patients undermines the care and precision your practice is built on.

The same article from Katherine Brown's website.

Its title names the place ("Curtain Length For Period Homes And London Flats"), its description is written for that article alone, the main heading is the reader's question, and each section heading is a question:

- What Curtain Length Suits My Period Home Or London Flat? — H1
  - What Curtain Length Suits A Victorian House? — H2
    - How Long Should Curtains Be In A Victorian Bay Window? — H3
  - What Curtain Length Suits An Edwardian Home? — H2
  - Should Curtains Go Floor To Ceiling In A Modern London Flat? — H2
  - Frequently Asked Questions — H2
  - About The Author — H2



Quick answer: Floor length or a soft break or puddle in reception rooms and principal bedrooms. Sill length only where genuinely practical, such as a kitchen window above a sink or a small cloakroom.

The Victorian townhouse is built for grandeur. High ceilings, deep cornicing, generous bay windows and tall sash windows all call for curtains that hold their own. Short curtains in a Victorian drawing room can feel timid, as though the fabric ran out before it reached the floor.

> ***'In a Victorian home, floor-length curtains are not just stylish, they are proportionally correct. The architecture demands it. The ceiling height demands it. A puddle in the right room can be absolutely magnificent.'*** – *Katherine Brown*

How Long Should Curtains Be In A Victorian Bay Window?

The bay window in a Victorian reception room is one of the most rewarding curtain projects there is. Curtains that drop to the floor from a well-positioned track or pole frame the bay beautifully and create a sense of warmth and enclosure that shorter curtains simply cannot achieve.

If ceiling height allows, curtains are stunning. But blinds can work too, especially in smaller or more functional rooms. Just make sure there's space for the curtains to stack back far enough not to block the light during the day.

Each question is followed by a "Quick answer" in a sentence or two: the passage Google and AI are most likely to quote. kbcurtainsandblinds.co.uk, 1 November 2026.

The solution

1. Remove the repeated phrase from every title (one setting), then write a proper title for each page: the procedure or question first, then your name and London.
2. Correct the 54 "Nose Reshaping London" titles and remove the placeholder text.
3. Remove the duplicate title and description, so each page carries one of each.
4. Write a unique description for every page, starting with the procedure pages.

5. Give every page one clear main heading, with questions as subheadings and a short answer straight after each one.

1.2 *Do your pages carry the right labels for Google?*

In short: many titles, descriptions and headings are wrong, repeated or missing, and placeholder text is in front of patients. Correct, unique labels on every page, starting with the procedure pages, fix this.

1.3

Do your articles support your procedure pages?

Importance: high · first three months

What good looks like, and why it matters

Good looks like one strong page per topic, with the procedure page at the centre. Articles support it, link to it, and answer the questions patients ask before they book: what it costs, what can go wrong, how it compares, how to choose a surgeon.

When several pages target the same search, Google has to guess which one to show, and often shows none of them well. Patients whose buying questions you don't answer find the answers somewhere else, often from another surgeon.

What we found

- **The same topics are covered again and again.** 31 articles on facelifts (11 on the deep plane facelift alone), 28 on brow and forehead lifts, 17 on neck and jowl lifts, 17 on rhinoplasty. Several are the same article under different names: "Browlift FAQ", "Eyebrow Lift FAQ", "Forehead Lift FAQ", then each again as "10 Frequently Asked Questions Answered".
- **The procedures you most want to grow have little or nothing:** 7 articles on lower eyelid surgery, none on lip lift, none on breast surgery.
- **The articles are an island.** 114 of 122 link to no procedure page, and none of your 14 procedure pages links to any article.
- **They rarely answer buying questions.** No article is about cost, and none gives a figure: ten FAQ articles ask "What are the risks and how much does it cost?" as one question and reply that the cost varies. Of 122 articles, about 8 compare options and 5 cover choosing a surgeon. About 100 restate what a procedure is.
- **They were published in batches:** 19 on 2 August 2025, 22 on 12 January 2026, 10 on 28 August 2026.

To be fair: the question-and-answer articles are laid out well for AI to read, with a question and a short answer.

> Today, your procedure pages, the pages that lead to a consultation, compete with your own articles instead of being supported by them.

The solution

1. Merge overlapping articles into one strong guide per topic, redirecting the old addresses so nothing is lost.
2. Link every article to its procedure page, and every procedure page to its best articles.
3. Write the missing articles in your own voice, starting with the questions patients ask before they book: cost, risks, comparisons, recovery, choosing a surgeon. Nick works with you on these through

short interviews, so the words are yours and your time is kept to a minimum.

With Search Console access, we can show which articles Google already favours, and so which to keep.

1.3 *Do your articles support your procedure pages?*

In short: not yet. Many articles cover the same few topics, only 8 of 122 link to a procedure page, and few answer the questions patients ask before booking. Merging, linking and writing the missing articles in your voice turns them into support.

1.4

Does Google see only the pages you want it to?

Importance: critical and urgent

What good looks like, and why it matters

Your sitemap is the list of pages you ask Google to include in search. Google's guidance is that it should list the pages you want to appear (Google Search Central). Good looks like a sitemap of finished, real pages only, and a description on every meaningful image, which helps Google understand photos such as before and afters (Google Images guidance). Test pages and duplicates waste Google's attention, can appear in results in place of the real page, and look unfinished to anyone who lands on them.

What we found

- **Test and duplicate pages are listed as live pages:** /dunk-test/, /jonathan-britto-alt/ (a second homepage), /testimonials-2/, /lifestyle-medicine-3/, /newsletters-step-2/, /authors/, an author page in your name holding placeholder "Lorem ipsum" text (/authors/jonathan-britto/), two thank-you pages, two copies of the lower eyelid page, and two results pages (/results/ and /before-after/).
- **A typo in a page address:** /surgery/cranofacial-reconstruction/.
- **The file that guides search engines (robots.txt)** points to the sitemap with an old, insecure http:// address, and carries a stray instruction that Microsoft Bing may read as a request to slow down.
- **An insecure image** (the logo, from an old address that no longer works) on 14 pages, which browsers can flag as a security warning.
- **About half your images (586 of 1,089) have no description** for search engines and screen readers. Some are decorative, where no description is right; most of the rest need one.

The solution

1. Remove or hide the test and duplicate pages, redirecting any with value to the right page.
2. Correct robots.txt and the insecure logo.
3. Add descriptions to every meaningful image, starting with before and after photos and the procedure pages.

1.4 *Does Google see only the pages you want it to?*

In short: no. Test pages, duplicates and thank-you pages are listed for Google. Clearing them out fixes this.

1.5

Can patients find your videos?

Importance: high · first three months

What good looks like, and why it matters

- YouTube describes itself as "one of the largest search engines in the world" (YouTube Help). It is owned by Google and used by 94% of UK adults (Ofcom).
- YouTube is among the sources Google's AI summaries cite most (Pew).
- Google shows videos in its results mainly from pages where the video is the main content (Google video guidance), so videos within procedure pages are unlikely to appear as video results on their own.
- Research on cosmetic surgery videos found most are poor quality, and those featuring qualified plastic surgeons score significantly higher (Aesthetic Surgery Journal, 2020). A surgeon explaining clearly stands out.

Good looks like:

- **Videos titled and described in the words patients search with**, with chapters, captions and a link to the matching procedure page.
- **Your videos on YouTube as well as your website**, so they can appear in Google's results and AI answers.
- **Longer videos answering the questions patients ask before they book.**
- **A steady flow of new videos**, rather than occasional batches. A good aim is a video on every page of your website.
- **A short video on your contact page.** In our experience, this is the single most powerful video a website can carry: 30 seconds telling people exactly what happens after they fill in the form. It is a game changer for enquiries.

One of your videos, before and after.

"What is lower blepharoplasty?" explains eye bag surgery beautifully, and has been watched 7 times since 7 August 2026. This is what a patient reads on YouTube today, and the same video rewritten from your own words in it:

TODAY

What is lower blepharoplasty?

Lower blepharoplasty (lower eyelid lift) surgery is a complex procedure in both analytics and surgical technique, nonetheless it brings great reward in both comfortable function and confidence in appearance.

REWRITTEN

Lower blepharoplasty (eye bag surgery) explained | Mr Jonathan Britto

What is lower blepharoplasty? Consultant Plastic Surgeon Mr Jonathan Britto explains his approach to lower eyelid surgery for eye bags and dark shadows: banish the shadows and reflect the light, so you look refreshed and still yourself.

00:00 My approach to lower blepharoplasty
00:19 A natural smile and hidden scars
00:53 Twilight anaesthesia
01:28 Light and shadow, as a painter sees it
…
02:45 Come and have the conversation

The rewrite uses the words patients type ("eye bag surgery"), answers the title in its first line, and adds chapters, which Google can show in its results as "key moments". The full worked example, with links, hashtags and a template for every future upload, is in Annex A at the end of this review.

What we found

- **Your YouTube channel has 4 subscribers and 937 views across 25 videos**, all uploaded since 7 August 2026. One video has 693 of those views; the other 24 average about 10 each.
- **Titles are slogans, not searches.** For example, "We operate on features but we are measured in feelings". Only about 3 of 25 use words a patient would type.
- **Every video is under 3 minutes**, and 11 are under a minute. None gives the longer, detailed answers people watch when researching a procedure.
- **No video links to the page for its procedure.** None has tags, all are filed under "People & Blogs" rather than "Education", and two have no description at all.
- **8 of your 186 pages and articles carry a video**: six procedure pages, the Patient Journey page and one article. **Your contact page has none.**
- **On your website, videos are hosted on the pages themselves**, with nothing in the code to tell Google they are videos. Only one page shows a YouTube video.
- **The videos patients look for before choosing a surgeon don't exist yet:** cost, recovery, risks, comparisons (deep plane against other facelifts, surgery against fillers), what happens at a consultation, and patients telling their own story.

The solution

1. Retitle and redescribe the existing videos in the words patients search with, with chapters, captions and a link to the matching page. A worked example on your lower blepharoplasty video comes with this report.
2. Put your talking-head videos on YouTube as well as on the website, and mark them up so Google knows they are there.
3. Film the missing videos, starting with your contact page and the questions patients ask before they book, and keep a steady flow of new ones. Mark has already filmed you and your patients; this builds on that.

> Video is where you are strongest and least seen.

The seven videos every practice needs

Endless Customers sets out seven types of video that do the most to win business. Marcus Sheridan calls them The Selling 7. For you, they look like this:

Video	For you, this means
1. Cost and pricing	What a procedure costs, and what drives the price
2. The 80% video	The questions nearly every patient asks at consultation, answered before they arrive
3. Procedure videos	Each procedure explained. You have strong short ones already.
4. Landing page videos	Short videos on key pages, led by the contact page: what happens when you enquire
5. Patient journey videos	Patients telling their own story, from first worries to result. The new procedure pages are a start.
6. Bio videos	You and your team, so patients feel they know you before they meet you
7. Claims we make	The evidence behind what sets you apart, such as twilight anaesthesia or how your before and after photos are taken

Video matters so much to how patients find and choose a surgeon, on YouTube, your website and social media, that we will set out the full plan in a separate video guide.

With access to YouTube Studio, we can see what people searched to find each video and how long they watched.

1.5 *Can patients find your videos?*

In short: hardly anyone can, though your videos are some of the best material you have. Better titles and descriptions, YouTube uploads and new videos on patients' questions change that.

1.6

Do your profiles add up to one clear picture of you?

Importance: high · first three months

What good looks like, and why it matters

Google and AI build their picture of you from everywhere you appear: your website, Google Business Profile, YouTube, Instagram, Facebook, LinkedIn, Doctify and the GMC register. The more confidently they can join those up as one person, the stronger that picture, and the more likely they are to show and recommend you. They join them up through the same name everywhere, links in both directions, and the website's code confirming which profiles are yours.

Since July 2025, Google can show public posts and reels from business Instagram accounts in its results, going back to 2020 (PPC Land). Instagram captions are now part of how you are found, not just social posts. LinkedIn is where GPs, other surgeons, hospital teams and journalists check who you are.

Good looks like one complete digital footprint: every profile under one consistent name, filled in fully, with captions written in the words patients search with, and each profile linking back to the right page of your website.

What we found

- **Five platforms, five different names** (see the table in 1.1), and nothing in the website's code linking them together.
- **Instagram is your strongest channel:** 2,272 followers and 756 posts, with something new every two or three days. But recent posts get 5 to 12 likes and no comments. Some of the best posts are your thoughtful replies to patient reviews.
- **Facebook has 92 followers**, a page named "jonathanbrittoclinic", and shows "Not yet rated (0 reviews)".
- **LinkedIn has 824 followers and no posts.** The headline reads "Principal: Jonathan Britto, Consultant Plastic Surgeon", with no summary, career history or education showing.

The solution

1. Use one name on every platform. Link each profile to your website, your website to each profile, and list them all in the website's code (see 1.1).
2. Confirm Instagram is set up as a public business account, and write captions in the words patients search with, linking to the matching page.
3. Rename the Facebook page and turn on recommendations.
4. Complete the LinkedIn profile: headline, summary, career, education, publications. Then post occasionally for referrers and press.

> Today there is a real risk that Google and AI don't connect your profiles, and see five weaker, separate presences instead of one strong expert.

1.6 *Do your profiles add up to one clear picture of you?*

In short: not yet. Five names, nothing linking them, and Facebook and LinkedIn barely used. One name, linked profiles and complete pages fix that, and Instagram can now carry you into Google.

1.7

Does the website work well on a phone?

Importance: high · first three months

What good looks like, and why it matters

Most patients will first see your website on a phone. Google's benchmark for a good experience is the main content appearing within 2.5 seconds (web.dev). Accessibility guidelines say visitors must be able to zoom in (W3C), which matters to anyone with less than perfect eyesight, including many eyelid patients.

What we found

- **On mobile tests, the homepage's main content took between 6 and 9 seconds to appear** (2.9MB to download), against the 2.5-second benchmark. On a computer, pages load well.
- Mobile tests on the video pages look worse still, but the test downloads videos in full where a real phone doesn't, so we have not counted those figures against you.
- **Every page stops visitors zooming in.** Tests also flag low text contrast and headings out of order.

The solution

1. Compress and resize the homepage images, and let visitors zoom.
2. Fix contrast and heading order as each page is reworked.

1.7 *Does the website work well on a phone?*

In short: on a computer, yes. On a phone, the homepage is slow and visitors can't zoom. Both are straightforward fixes.

Video at this stage

Video is how many patients will find you first. YouTube is one of the largest search engines in the world, Google shows videos in its results, and its AI summaries cite YouTube often. Today your 25 videos have 937 views between them.

- Titles and descriptions in patients' own words, with chapters (1.5, and the worked example in Annex A).
- Longer videos answering the questions patients ask before they book.
- Short cuts of each video for Instagram, which Google can now show in its results (1.6).

Stage 1 in summary

We began with what being found means in 2026: being quoted in Google's AI summary, your videos appearing in Google's results, and AI naming you when a patient asks who to see.

Today, the website works against all three:

- **Google and AI can't tell you are the expert.** No article is credited to you, and nothing in the code says who you are.
- **Many pages carry the wrong labels**, including 54 articles titled "Nose Reshaping London", and placeholder text is in front of patients.
- **Your articles compete with your procedure pages** instead of supporting them, and few answer the questions patients ask before booking.
- **Test and duplicate pages are listed for Google.**
- **Your videos, some of your best material, are barely seen**, and most of the videos patients look for don't exist yet.
- **Your profiles don't add up to one picture**: five platforms, five names.
- **On a phone, the homepage is slow** and visitors can't zoom.

What changes when this is fixed

First, far more of the right patients find you: in Google's results and AI summaries, on YouTube, on social media, and in the answers AI assistants give. The top of your funnel becomes much fuller and much broader.

Second, they arrive in a different state. A patient who has watched you explain their procedure and read your answers to their questions arrives already trusting you: more confident, and far more likely to go ahead. That goes straight to the 35% we started with.

> Fix stage 1 and far more of the right patients find you, already halfway to trusting you. What happens when they arrive is stage 2.

Sources for stage 1

- Ofcom, Online Nation 2025 (10 December 2025)
- Pew Research Center, Google users are less likely to click on links when an AI summary appears (22 July 2025)
- Ipsos UK, Health anxiety and online sources (21 January 2026)
- Google Search Central: Creating helpful, reliable, people-first content; Succeeding in AI search; Title links; Snippets; Introduction to structured data; Sitemaps; Images; Video
- YouTube Help, Tips for video descriptions
- Ward B et al., YouTube for Cosmetic Plastic Surgery: An Effective Patient Resource? Aesthetic Surgery Journal 2020
- Marcus Sheridan, Endless Customers: The Selling 7
- Katherine Brown Curtains and Blinds, What curtain length suits my period home or London flat? (viewed 1 November 2026)
- PPC Land, Instagram content becomes searchable on Google (2025)
- web.dev, Largest Contentful Paint; W3C, Understanding resize text

Stage 2

Being understood

By "being understood" we mean that within seconds of arriving, on a phone, a patient can tell:

1. **That you do the procedure they are considering**, and where.
2. **Whether it is likely to be right for them.**
3. **Roughly what it costs, and what happens next.**

Patients who understand you quickly stay, read and come to consultation already informed. Patients who don't go back to Google and try the next surgeon.

Why this stage matters

- Most attention stays at the top of a page: 57% of viewing time is spent on the first screen, and 74% on the first two (Nielsen Norman Group, 2018).
- People scan rather than read, and "most users will read very little from a wall of text" (Nielsen Norman Group, 2019).
- 43% of working-age adults in England can't fully understand typical health information, rising to 61% when it includes numbers (British Journal of General Practice, 2015).
- A UK study of 200 cosmetic facial surgery websites found most were poor quality and needed a high reading level (British Journal of Oral and Maxillofacial Surgery, 2018). Clear pages stand out.

> The clearer your pages, the more patients stay, and the easier it is for Google and AI to quote you. Stage 2 feeds stage 1.

2.1

Does your homepage say what you do, and where?

Importance: high · first three months

What good looks like, and why it matters

A new visitor's first question is simple: "Am I in the right place?" Donald Miller's StoryBrand says a visitor should be able to tell within a few seconds what you offer, how it will make their life better, and how to take the next step. So the first screen of the homepage answers three questions before anyone scrolls: who are you, what can I come to you for, and where. Good looks like:

- A main heading that says what you do, for example "Consultant Plastic Surgeon for the face and eyes, Harley Street".
- The procedures you most want to grow, named and one tap away.
- Where you practise: London, Chelmsford and Colchester.
- One clear next step.

This doesn't need a redesign. It is the words, and their order, within the design you already have.

What we found

- **The main heading is "Welcome to Jonathan Britto Clinic"**, followed by "Plastic surgery ~ skin health ~ lifestyle medicine".
- **The homepage never names a procedure.** The words facelift, eyelid and blepharoplasty don't appear on it.
- **Surgery shares the page equally** with medical aesthetics, lifestyle medicine, ambassadors, challenges and events.
- **That makes it harder to tell what the practice is mainly for**, for patients and for Google and AI. Lifestyle medicine is a real strength, and it may deserve a home of its own, linked from here, so each site is clearly about one thing.

Your homepage's first screen today



jonathanbritto.com on a desktop screen, 1 November 2026.

> A patient looking for a facelift or eyelid surgeon can't tell from your homepage that you are one.

The solution

1. Rewrite the main heading and opening lines to say what you do and where.
2. Lead with surgery and the procedures you most want to grow, each linking to its page.
3. Keep skin health and lifestyle medicine, further down, as part of what makes your care different.

2.1 *Does your homepage say what you do, and where?*

In short: not yet. The homepage welcomes visitors but doesn't tell them what you do or where. New words in the existing design fix that.

2.2

Can patients find their way around?

Importance: high · first three months

What good looks like, and why it matters

The menu is the map of your website. It appears on every page, so patients use it to find their procedure, and Google uses its links to work out which pages matter most (Google Search Central).

Good looks like a short menu built around what patients come for, with a clear split between two kinds of page:

- **Procedure pages:** what you can book. Each named in the menu, one tap away.
- **Guides and articles:** answers to patients' questions, grouped by procedure, in one clearly named place.

Two menus side by side

KATHERINE BROWN	YOUR MENU TODAY
About · Services · Pricing · Inspiration · Learning Centre · Contact	About Us · Your Journey · Surgery · Medical Aesthetics · Lifestyle medicine · Patient stories · Fees · Contact us · Social hub
6 items. Pricing has its own place, and every article lives in the Learning Centre.	9 items, with 26 more beneath them. No procedure is named.

What we found

- **No procedure appears in the menu.** "Surgery" opens to Face, Eyes, Nose, Breast and Reconstruction, which jump to sections of one page. A patient looking for a facelift has to choose "Face", then find "Facelift" on the next page.
- **Your 122 articles sit under "Social hub"**, as "Blog & Newsletters", beside Ambassadors, Challenges and Events. A patient looking for answers about recovery would not think to look there.
- **Four top-level items** (About Us, Patient stories, Fees and Social hub) are labels with no page of their own.

> Today the menu is organised around the clinic. Patients look for procedures and answers.

The solution

1. Name each procedure in the Surgery menu, linking straight to its page.
2. Give articles one clear home, such as "Patient guides", grouped by procedure.

3. Shorten the top level, so the menu reads as a list of what patients come for.

2.2 *Can patients find their way around?*

In short: with difficulty. Procedures are two steps away and articles are filed under "Social hub". A menu built around procedures and patient guides fixes that, for patients and for Google.

2.3

Do your procedure pages answer patients' questions straight away?

Importance: high · first three months

What good looks like, and why it matters

Good writing for the web puts the answer first, then the detail (Nielsen Norman Group). Under each question, a plain answer in a sentence or two. The detail follows for anyone who wants it.

That short answer is also the passage Google and AI are most likely to quote, as the "Quick answer" on Katherine Brown's article shows (1.2). And the questions patients care about most, such as cost, recovery, risks and scars, are easy to see, not hidden.

What we found

- **The headings are already right.** The procedure pages use patients' questions as headings ("What is a browlift?"), following the upper eyelid page's model. That is a strong base.
- **The answers don't always come first.** The facelift and rhinoplasty pages open with a clear answer. "What is a browlift?" opens by defining the forehead, and only in its third sentence says what the operation does.
- **The questions patients care about most are hidden.** Cost, recovery, risks and scars sit in collapsed boxes at the foot of each page. Several pages also hide part of their main text behind "Read More" buttons, including two on the browlift page.

Answer first: "What is a browlift?"

TODAY

The ‘forehead’ is that part of the face between the hairline and the eyebrows, and the ‘brow’ usually refers to the lower half of the forehead, to the level of the upper eyelid…

ANSWER FIRST

A browlift sets the position and shape of your eyebrows and smooths the forehead. It can also take weight off the upper eyelid and improve vision, as well as refreshing the upper face. [Your existing text follows.]

The "Answer first" version is built from your own words further down the same section. Your text stays; it gains a two-sentence answer at the top.

The solution

1. Add a short, plain answer under each question heading, in your words, with the detail beneath.
2. Bring the most-asked questions up the page, open rather than collapsed.

3. Show the main text in full rather than behind "Read More" buttons.

2.3 *Do your procedure pages answer patients' questions straight away?*

In short: the questions are there, but the answers are often buried. A two-sentence answer under each heading, and the key questions brought into view, fix that.

2.4

Are your pages easy to read on a screen?

Importance: high · first three months

What good looks like, and why it matters

The NHS writes its patient information for a reading age of 9 to 11, and up to 14 for complex medical topics, with sentences of up to 20 words and paragraphs of up to three sentences (NHS service manual). It puts the everyday term first and the medical one second, for example "eye bag surgery (lower blepharoplasty)".

Your patients are a broad mix of people, but nearly all have one thing in common: they arrive knowing little about the subject, and they are busy. They won't spend time decoding complex writing. They will find a surgeon who explains it more simply.

That isn't about simplifying the expertise. Highly educated readers prefer plain English too (GOV.UK), and on a phone a long paragraph fills the screen. Good looks like the same knowledge, in shorter pieces.

What we found

- **Procedure pages run to 1,700 to 3,700 words.**
- **Every main page reads at a university level.** Reading-ease scores run from 35 to 49, where plain English starts at about 60. That is a reading age of about 17 to 19.
- **Up to 9 paragraphs per page run over 100 words**, and each page has 15 to 26 sentences over 30 words.
- **On a phone, some sections run for nearly three screens without a break.**

To be clear: the substance is yours, original and first-hand, and it is what sets you apart. Patients describe consultations where you explain with drawings and 3D modelling. That gift for explaining is getting lost online, in the format rather than the knowledge.

The solution

1. Open each procedure page with a short, plain summary.
2. Break long paragraphs and sentences, adding subheadings so no section runs more than a screen on a phone.
3. Put the everyday term first and the medical term second. Nick works through each page with you, so the words stay yours.

2.4 *Are your pages easy to read on a screen?*

In short: the writing is expert but hard going on a screen. Shorter paragraphs, plain terms first and a summary at the top fix that, without losing any of the depth.

2.5

Can patients find out what it costs?

Importance: high · first three months

What good looks like, and why it matters

Cost is the first question almost every buyer has, and the one most businesses avoid answering. Endless Customers puts it first among the topics that win business, and in our experience a page about cost becomes one of the most visited pages on every website we work on.

This isn't about exact prices, though you could publish those too. It is about ranges and ballparks, so patients feel comfortable they won't get a horrible surprise. Good looks like a price range or starting price for each procedure, what is included, and what makes it higher or lower. The GMC already expects doctors offering cosmetic procedures to be clear about charges, including follow-up and any further surgery (GMC).

It matters for your 35%. You told Mark you suspect price plays a part. Patients who know the range before they enquire have already decided it is within reach, so more of them go on to surgery. Those for whom it isn't save themselves, and your team, a consultation.

What we found

- **No main surgical page gives a price or a range.** The one exception is the combined breast uplift and implants page ("Prices from £6,000").
- **Your non-surgical pages already do it:** "Prices from £350" for wrinkle modulators and "Prices from £300" for chemical peels. The step is simply to do the same for surgery.
- **Every cost answer is the same paragraph,** changing only the procedure's name: "divided into surgical fee… the anaesthetic fee, and the facility fees". Rhinoplasty has no cost question at all.
- **The fee guide doesn't yet guide anyone on fees.** It is about 170 words, and its only figure is the £295 consultation.
- **The figures exist.** The "Request a quote" form promises a fee estimate and brochure by email.

> The prices are already written down. They are just behind a form, where patients who might have gone ahead don't ask.

The solution

1. Publish a range or starting price for each procedure, with what is included and what affects it.
2. Answer "how much does it cost?" properly on each procedure page, and in a cost article and video for the main procedures (1.3 and 1.5).

3. Turn the fee guide into a real guide to fees: ranges for each procedure, what is included, and what affects the price.

2.5 *Can patients find out what it costs?*

In short: not yet. The website explains how fees are divided but never what they are. Publishing ranges, which you already send by email, fixes that.

2.6

Can patients tell whether a procedure is right for them?

Importance: high · first three months

What good looks like, and why it matters

Patients want to know early whether they are a good fit: who a procedure suits, who it doesn't, and what the alternatives are. Endless Customers stresses saying clearly who something is and isn't a good fit for. It is one of the strongest builders of trust, because it shows you will turn people away when surgery isn't right. The GMC asks doctors to tell patients about lower-risk alternatives (GMC).

Good looks like a section on every procedure page: who this is for, who it isn't for, and what else might help.

What we found

- **Only the facelift page asks "Is a facelift right for you?"** The other pages explain why someone might consider a procedure, not whether it suits them.
- **No page says plainly who a procedure is not right for**, beyond a question about previous fillers on the eyelid, facelift and lip lift pages.
- **Comparisons are rare**: surgery against fillers or skin treatments, or one technique against another (see 1.3).

The solution

1. Add "Is this right for you?" to every procedure page, including who it isn't for.
2. Name the alternatives, including non-surgical ones you offer, and when each makes more sense.

> 2.6 *Can patients tell whether a procedure is right for them?*
>
> **In short:** only on the facelift page. A short "Is this right for you?" section on every page, honest about who it doesn't suit, fixes that.

Video at this stage

Video is the plain-English version of your expertise. A busy patient who won't read 3,000 words will happily watch you explain their procedure in three minutes, and on camera you are a natural explainer. The GMC itself encourages sharing information in the format patients prefer, including "audio" and "other media".

- A short welcome on the homepage that answers "Am I in the right place?" (2.1).
- Each procedure explained in a few minutes, at the top of its page (2.3).
- "What does it cost?" and "Is this right for me?" videos for each main procedure (2.5, 2.6).

Stage 2 in summary

We began with what being understood means: within seconds, a patient knows you do their procedure and where, whether it suits them, and roughly what it costs.

Today, patients have to work hard for all three:

- **The homepage never names a procedure**, and surgery shares the page equally with everything else you do.
- **The menu names no procedures**, and files your articles under "Social hub".
- **Answers are often buried** beneath long introductions, collapsed boxes and "Read More" buttons.
- **The writing reads at a university level**, in long paragraphs that fill a phone screen.
- **No procedure has a price**, though you already send estimates by email.
- **Only one page helps patients judge whether a procedure is right for them.**

What changes when this is fixed

First, patients stay. More of the people stage 1 brings to your website find their procedure, read your answers and understand what makes you different.

Second, the people who enquire are the right ones. They know the price range, they have a good idea the procedure suits them, and they come to consultation informed. That goes straight to the 35%.

> Fix stage 2 and patients understand you before they call. What they need next is to be sure you are the right surgeon: stage 3.

Sources for stage 2

- Nielsen Norman Group: Scrolling and attention (2018); Text scanning patterns: eyetracking evidence (2019); Inverted pyramid: writing for comprehension (2018)
- Rowlands G et al., A mismatch between population health literacy and the complexity of health information, British Journal of General Practice 2015
- Awal DH, Mills C, Cosmetic facial surgery: are online resources reliable and do patients understand them? British Journal of Oral and Maxillofacial Surgery 2018
- GOV.UK, Use clear language
- NHS digital service manual, How we write
- General Medical Council, Guidance for doctors who offer cosmetic interventions
- Google Search Central, Link best practices
- Marcus Sheridan, Endless Customers: The Big 5

Stage 3

Being trusted

By "being trusted" we mean that everything a patient sees, on your website and wherever else they check, tells the same story: this is the right surgeon. In 2026 that means:

1. **You answer the questions patients worry about most**, openly: cost, risks, alternatives.
2. **Other patients vouch for you**, recently and in numbers, where people look: Google and Doctify.
3. **Your qualifications and experience are visible where patients decide**, and easy to check.
4. **Every detail agrees everywhere**, so nothing jars.

Google and AI look for the same things. They weigh reviews, check that details match across the web, and favour claims backed by evidence.

Why this stage matters

- 89% of UK adults use online reviews when researching a product or service, according to Which?, a figure the Competition and Markets Authority repeated in March 2026 (CMA).
- Google says of its map results: "More reviews and positive ratings can help your business's local ranking" (Google Business Profile Help).
- Google's new AI in Maps answers questions and makes recommendations drawing on reviews. It launched in the US and India in March 2026 (Google).

> Patients can't judge surgical skill directly, so they judge the signals around it. Today, your signals undersell you.

3.1

Do you answer the questions patients are afraid to ask?

Importance: critical · starts first and runs throughout

What good looks like, and why it matters

Before any significant decision, people research the same five subjects. Endless Customers calls them The Big 5: **cost, problems, comparisons, reviews, and the best**. A practice that answers them openly becomes the voice patients trust. One that doesn't sends patients elsewhere for the answers, often to another surgeon.

For you, they look like this:

The Big 5	What your patients ask
Cost	What does a deep plane facelift cost in London, and what makes the price go up or down?
Problems	What can go wrong with lower eyelid surgery, and how is it put right?
Comparisons	Deep plane or mini facelift? Surgery or fillers?
Reviews	Who is a necklift not right for? What do patients say about recovery?
The best	How do I choose the right facelift surgeon in London?

This is a new kind of content, different from explaining a procedure. It is honest and plain about money, risks and alternatives, the subjects most practices avoid. And it changes what happens at consultation. Patients who have read and watched your answers beforehand arrive informed, with their worries already addressed. Marcus Sheridan found in his own business that buyers who had read 30 or more pages of the company's website before a sales appointment bought about 80% of the time (PR News). A Cochrane review of 209 trials of patient decision aids found that people who had them were better informed, and that using them before a consultation didn't lengthen it. The trials cover many kinds of decision, not cosmetic surgery marketing (Cochrane, 2024).

What we found

- **Cost and problems:** no article is about either. Ten FAQ articles ask "What are the risks and how much does it cost?" as one question, and reply that the cost varies. No main surgical page gives a price (2.5).
- **Comparisons:** about 8 articles.
- **Reviews and fit:** only the facelift page asks whether the procedure is right for you (2.6).
- **The best:** 5 articles on choosing a surgeon.
- **Meanwhile, about 100 of your 122 articles restate what a procedure is** (1.3).

> This is the heart of the matter. Answering The Big 5 openly is where we see consultations turn into procedures far more often.

The solution

1. Answer The Big 5 for each main procedure, starting with cost, then problems, comparisons, fit and choosing a surgeon.
2. Answer each one on the procedure page, in an article and on video (1.5), in your own words. Nick draws them out of you in short interviews, so your time is kept to a minimum.
3. Send the relevant answers to patients before their consultation (stage 5).
4. We recommend reading the book. *Endless Customers* sets out the full method; Marcus Sheridan's earlier *They Ask, You Answer* is an easier read of the same framework. Either will do.

3.1 *Do you answer the questions patients are afraid to ask?*

In short: not yet. Your articles explain procedures, but rarely answer the questions patients worry about most. Answering The Big 5 openly, in your words, fixes that, and it is the single biggest lever on the 35%.

3.2

Do enough patients vouch for you where people look?

Importance: critical and urgent

What good looks like, and why it matters

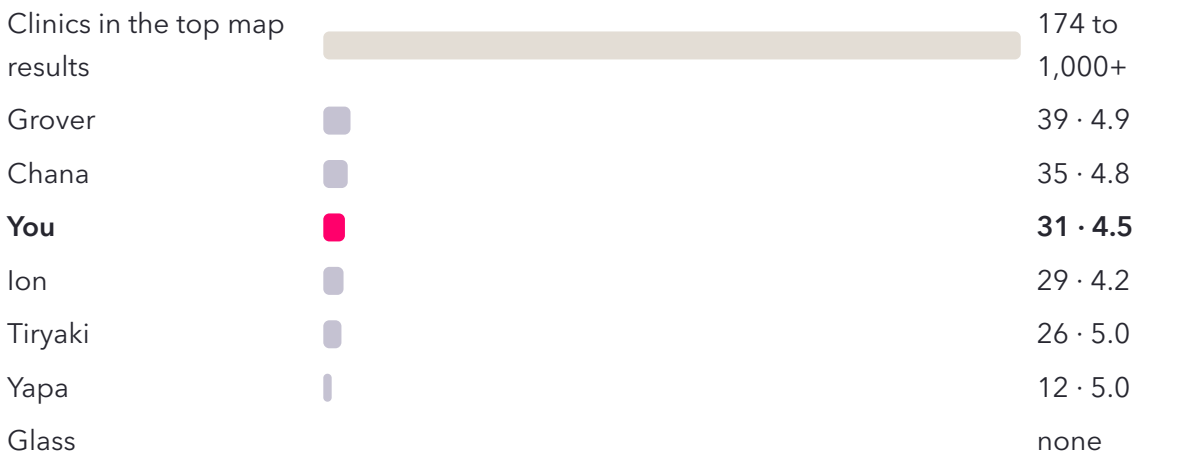
Good looks like a steady flow of recent reviews on Google and Doctify, because every patient is asked at the right moment, and a calm, consistent reply to each one.

The law is clear on how to ask. Since April 2025, inviting only satisfied patients to review counts as cherry-picking: the CMA names "encouraging just those who are satisfied to leave reviews" (CMA guidance). Asking every patient is fine. Replies are shaped by the GMC: criticism online does not relax your duty of confidentiality (GMC), so a good reply thanks the reviewer and invites contact without confirming they are a patient.

What we found

- **Doctify shows what your patients think:** 4.93 out of 5 from 163 reviews, at least 10 new this year, and its 2025 Outstanding Patient Experience award.
- **Google tells a different story: 4.5 from 31 reviews**, 27 five-star and 4 one-star.
- **Only 2 Google reviews in the last 12 months.** The busiest period was about three years ago.
- **Google's default order shows a one-star review first**, and 3 of the 4 one-star reviews have no reply.
- **In the wider market, you don't yet appear in the top 20 map results** for "facelift surgeon London", "blepharoplasty London" or "eyelid surgery Harley Street". The clinics that do typically have between about 170 and more than 1,000 reviews. (Map results vary with where the searcher is.)

Google reviews: you, the six surgeons you compared yourself with, and the clinics leading the map results



Number of Google reviews and rating, checked 1 November 2026. Bars are to scale, with 1,000 reviews as the full width.

> Your patients rate you outstanding on Doctify. On Google, where most patients look first, that story is barely visible.

The solution

1. Ask every patient for a review at the right moments, automatically, alternating between Google and Doctify. Never only the happy ones.
2. Reply to every review, including the unanswered one-star reviews, in a warm standard form that respects confidentiality.
3. Track the numbers monthly, so you can see the gap closing.

> **Worth discussing:** we strongly recommend talking through automated review collection. It is one of our core services.

3.2 *Do enough patients vouch for you where people look?*

In short: on Doctify, yes. On Google, not yet: 2 reviews in a year and no replies to most criticism. Asking every patient, automatically, and replying to every review fixes that.

3.3

Does your website show what patients already say?

Importance: high · first three months

What good looks like, and why it matters

Good looks like your rating and number of reviews stated plainly, near the top of the homepage and on every procedure page. Each review carries a short headline in the patient's own words, so a scanning reader takes in the point at a glance. Procedure pages show reviews from patients who had that procedure. Awards are written as text, so Google and AI can read them, not only shown as an image.

What we found

- **Your review score isn't stated anywhere on the website.**
- **Homepage reviews have no headlines**, and are signed "Verified Patient (Doctify)".
- **The Doctify award is an image with no description**, so Google and AI can't read it.
- **The testimonials page says "We do not show extensive before and after images on the site"**, which your new procedure pages now contradict. There are also two copies of it.

The solution

1. State your rating and review count on the homepage and procedure pages.
2. Add a short headline to each review, and show matching reviews on each procedure page.
3. Write the award as text, update the testimonials page, and remove the duplicate.
4. Publish a short review policy, which the CMA's guidance expects of any business that publishes reviews on its own website (CMA).

3.3 *Does your website show what patients already say?*

In short: partly. The reviews are there, but the score, the headlines and the award aren't. Stating them plainly, procedure by procedure, fixes that.

3.4

Can patients see your credentials where they decide?

Importance: high · first three months

What good looks like, and why it matters

Patients decide on the procedure page, so that is where your credentials belong. Good looks like a short "Your surgeon" panel on every procedure page: qualifications, your GMC number linked to the register, the hospitals where you operate, and the research and roles that set you apart. It is also what Google and AI look for when judging expertise (1.1).

What we found

- **Your credentials appear on only 2 pages**, your academic and story pages: FRCS(Plast), MD, Board Certified in Cosmetic Surgery, and Royal Society of Medicine Section President in Plastic Surgery. They aren't on the homepage or any procedure page.
- **Your GMC number appears once**, on your academic page. It isn't on the homepage or any procedure page.
- **Where surgery takes place is unclear.** The website lists 70 Harley Street, Phoenix Chelmsford and The Oaks Colchester. PHIN and Doctify add Weymouth Street Hospital and The Harley Street Clinic.
- **Your research is linked on only 2 pages.** No procedure page cites it.

> Few surgeons can show a career like yours: Harvard residencies, a consultant post since 2004, craniofacial work at Great Ormond Street. Patients deciding on a procedure page see none of it.

The solution

1. Add a "Your surgeon" panel to every procedure page, with your GMC number linked to the register.
2. List the hospitals where you operate, and keep the list the same everywhere.
3. Cite your own research on the procedure pages it supports.

3.4 *Can patients see your credentials where they decide?*

In short: not yet. Your credentials are outstanding but sit on two pages patients rarely reach. A short panel on every procedure page fixes that.

3.5

Does every detail match everywhere?

Importance: critical and urgent

What good looks like, and why it matters

Google and AI cross-check your details across the web. When they match, they are confident they are looking at one practice. Google's own guidance is to "Represent your business as it's consistently represented and recognised in the real world" (Google Business Profile guidelines). Good looks like one name, one address and one phone number, the same everywhere, and facts such as fees and years of experience that agree.

What we found

- **Five different postcodes for 70 Harley Street:**

Where	Postcode
Your website	W1G 7AF
Google Business Profile	W1G 8QQ
PHIN	W1G 6AH
Bupa	W1G 7HH
Doctify and your email signature	W1G 7HF

W1G 7HF is the best supported, but we haven't yet confirmed it.

- **Two postcodes for Chelmsford:** CM2 8HN on your website, CM2 8FR on Doctify and PHIN. We haven't yet confirmed which are correct.
- **Two practice names.** Your Google profile is "Jonathan Britto Consultant Plastic Surgeon"; your website is "Jonathan Britto Clinic". When we searched "Jonathan Britto Clinic 70 Harley Street" on 1 November, no map listing for you appeared. The only map result was a paid advert for another clinic.
- **Facts that disagree.** Your fee guide says the consultation is £295; PHIN says £250 to £350. Your homepage says "Approaching 20 years as Consultant"; you became a consultant in 2004.

> When the details disagree, Google and AI are less sure they are looking at the same practice, and less likely to show it. Today, someone searching your clinic's own name can be shown an advert for someone else.

The solution

1. Confirm the correct name, addresses and phone number once.

2. Correct them everywhere: website, Google, PHIN, Doctify, Bupa and email signatures.
3. Bring fees and years of experience into line across the website and your profiles.

3.5 *Does every detail match everywhere?*

In short: no. Five postcodes, two practice names and figures that disagree. One set of details, corrected everywhere, fixes that.

3.6

Do your claims carry their evidence?

Importance: high · first three months

What good looks like, and why it matters

Every practice makes claims. The trusted ones show the proof beside each one. Endless Customers makes this one of The Selling 7: show buyers how you deliver on what you say. AI rewards it too. In one peer-reviewed test, adding citations, quotations and statistics made content markedly more visible in AI answers (GEO study, KDD 2024). The GMC also expects information doctors publish to be factual and checkable (GMC).

What we found

- **The homepage calls you "a leading international aesthetic, plastic and craniofacial surgeon"**, with nothing beside it to show why.
- **The evidence exists, and it is strong:** your publications, visiting professorships, your presidency of the Royal Society of Medicine's Section of Plastic Surgery, Great Ormond Street. It sits on pages patients rarely reach.

> You have more evidence than most surgeons. It just isn't next to the claims it supports.

The solution

1. Put the proof beside each claim: a publication, a role, a figure, a patient's words.
2. Link to your publications from the pages they support.
3. Film short videos that show the evidence behind what sets you apart (1.5).

3.6 *Do your claims carry their evidence?*

In short: not yet. The claims are on the homepage and the proof is elsewhere. Bringing them together fixes that.

3.7

Do your trust pages tell Google and AI how you work?

Importance: high · first three months

What good looks like, and why it matters

AI assistants and Google don't only read the page in front of them. They search a website broadly, in the background, for signs of a well-run, accountable practice. In our own work across client websites, a full set of trust pages, linked from the footer of every page, is one of the signals that matters most.

The trust pages on one of our client websites



The footer of Marshall & Stewart, a luxury bed maker and Ambitions client: nine trust and transparency links on every page.

Page	What it tells patients, Google and AI
Code of Ethics	The principles you practise by
Editorial Standards	Who writes your content, who checks it, and how it is kept up to date (see 1.1)
Use of AI	Where AI is used in the practice, and where it isn't
Website Security	How patients' information is protected online
Privacy Policy and Cookie Policy	What you collect and why, with a way to change cookie settings
Data Protection	How patient records are held, as data controller
Terms & Conditions	Fees, cancellations and what is included

For a surgical practice, a page on how to raise a concern belongs in the same set.

What we found

- **The website has a privacy policy and a cookie policy, and nothing else of this kind.** There is no code of ethics, editorial standards, AI, security, data protection, terms or concerns page.
- **The cookie policy was written for another business.** It links to a dental company's cookie page (dental-focus.com) for the details.

The solution

1. Rewrite the cookie policy for your practice.
2. Build the full set and link it from the footer of every page. Nick builds them through short structured interviews, so they describe how your practice really works.

3.7 *Do your trust pages tell Google and AI how you work?*

In short: only the legal minimum, and the cookie policy belongs to another business. A rewritten cookie policy and a full set of trust pages in the footer fixes that, for careful patients and for the AI reading your site in the background.

Video at this stage

Nothing builds trust faster than seeing and hearing you, and hearing patients in their own words. This is where most of The Selling 7 belong:

- Big 5 videos: cost, problems, comparisons, fit and choosing a surgeon (3.1).
- Patient journey videos: patients telling their own story, from first worries to result. Your new procedure pages are a strong start.
- Bio videos of you and your team, so patients feel they know you before they meet you (3.4).
- "Claims we make" videos showing the evidence behind what sets you apart, such as twilight anaesthesia or how your before and after photos are taken (3.6).

Stage 3 in summary

We began with what being trusted means: you answer patients' hardest questions openly, patients vouch for you where people look, your credentials are visible where patients decide, and every detail agrees.

Today, your signals undersell you:

- **The questions patients worry about most go unanswered:** cost, problems, comparisons, fit and choosing a surgeon.

- **Doctify shows an outstanding surgeon; Google barely shows one**: 2 reviews in a year, and most criticism unanswered.
- **The website never states your score**, and its reviews have no headlines.
- **Your credentials sit on two pages** patients rarely reach, and your GMC number on only one of them.
- **Your details disagree:** five postcodes, two practice names, and a search for your clinic's own name showed another clinic's advert.
- **Your claims and your evidence sit apart.**
- **Only two of the trust pages** Google and AI look for.

What changes when this is fixed

First, more patients find you. More reviews and consistent details help you appear in Google's map results, and give AI confidence to recommend you. Stage 3 feeds stage 1.

Second, patients choose you before they call. Patients who have read your answers to The Big 5 arrive informed, with their worries addressed. When they are sure you are the right surgeon, they shop around less, and price becomes one factor among several rather than the deciding one. That goes straight to the 35%.

> Fix stage 3 and patients arrive already sure of you. What remains is making the next step easy: stage 4.

Sources for stage 3

- Competition and Markets Authority: Fake reviews guidance (CMA208) (April 2025); Fake and misleading reviews: 5 businesses under CMA investigation (27 March 2026)
- Google: Tips to improve your local ranking; Guidelines for representing your business; Ask Maps and Immersive Navigation (12 March 2026)
- General Medical Council: Responding to criticism in the media; Guidance for doctors who offer cosmetic interventions
- PR News, To save his business, Marcus Sheridan became a 'pool' reporter
- Stacey D et al., Decision aids for people facing health treatment or screening decisions, Cochrane Database of Systematic Reviews 2024
- Aggarwal P et al., GEO: Generative Engine Optimization, KDD 2024
- Marcus Sheridan, Endless Customers: The Big 5 and The Selling 7; *They Ask, You Answer*

Stage 4

Choosing to enquire

By "choosing to enquire" we mean the moment a patient decides to take the first step. In 2026, that step should feel obvious, easy and safe:

1. **One clear next step on every page**, in words that say what the patient gets.
2. **A contact page that welcomes them**, and tells them exactly what happens next and who they will hear from.
3. **A short form that asks the right things**, and lets patients choose how they would like to be contacted.

Patients who have found you, understood you and trusted you still hesitate here. Any uncertainty, and they put it off. Many never come back.

Why this stage matters

- Nielsen Norman Group's guidance on web forms starts with three words: "Keep it short" (Nielsen Norman Group). Every unnecessary question is a reason to stop.
- Endless Customers counts a short video on key pages among The Selling 7, because it helps visitors understand quickly why they should take action. In our experience, a video on the contact page lifts enquiries on every website we have added one to (1.5).

> Everything in stages 1 to 3 pays off here, or is lost here.

4.1

Is the next step clear on every page?

Importance: high · first three months

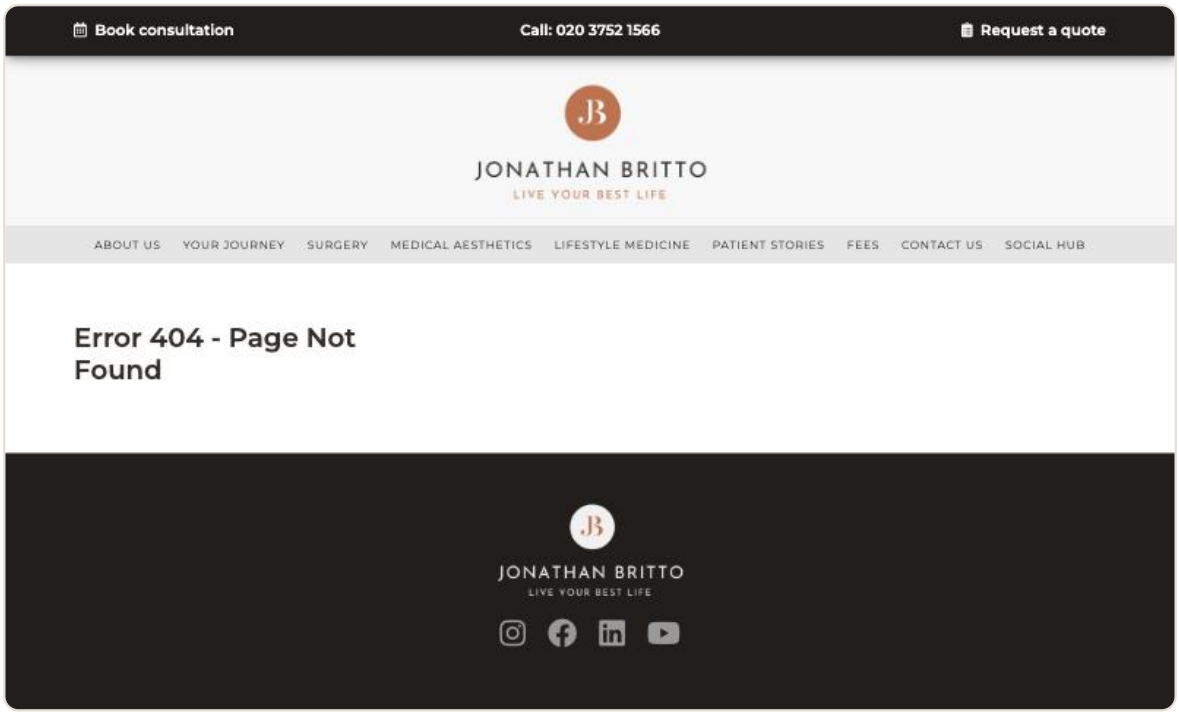
What good looks like, and why it matters

Donald Miller, who created StoryBrand, puts it simply: "If you confuse, you lose." That doesn't mean only one button. It means a clear order: one main step that stands out on every page, and any others clearly second, so patients never have to stop and choose. Every button says what the patient gets, and does what it says.

What we found

- **Your rarest offer is hidden.** The form offers a free 10-minute video call with you. Of 30 UK cosmetic surgery practices we checked, only four offer a free call or appointment with the surgeon, and none of the London facial surgeons you compared yourself with. Most charge £100 to £500 for a first consultation. No button mentions it, and on the procedure pages it appears only inside the collapsed question "What happens during my consultation?".
- **"Book" doesn't mean book.** The page is titled "Book a Consultation Online", but it is a form asking which day you would prefer: Tuesday, Wednesday or Thursday. There is no calendar.
- **Two paths compete.** "Book consultation" (up to five times on a procedure page) and "Request a quote" both sit in the header. The quote page promises a fee estimate and brochure by email, pulling patients away from booking.
- **Booking links lead nowhere.** Nine "Book consultation" links on three pages (Before and After, Chemical Peels and the combined breast page) open "Page Not Found". Another, on the homepage, points to a section of the page that doesn't exist.

What a patient sees after pressing "Book consultation" on those pages



jonathanbritto.com/book-consultation, 2 November 2026.

> Your best first step is free, short, with you personally and almost unique in London, and almost nobody can see it.

The solution

1. Choose the one main step you want every patient to take, and give it the main button everywhere, with the other clearly second. The free video call is the obvious candidate, since almost nobody else offers it. There is very little research either way, but your own records can show which converts better, the free call or the paid consultation, so the choice rests on your figures rather than our opinion.
2. Let patients pick a time for the video call themselves, or rename the page so it promises what it delivers.
3. Fold the quote request into the same journey.
4. Fix every broken booking link straight away, before The Times article runs, so no reader hits a dead end.

4.1 *Is the next step clear on every page?*

In short: not yet. Booking links lead nowhere, and your rarest offer is hidden. A clear order of buttons, all of them working, fixes that.

4.2

Does your contact page make it feel safe to enquire?

Importance: critical and urgent

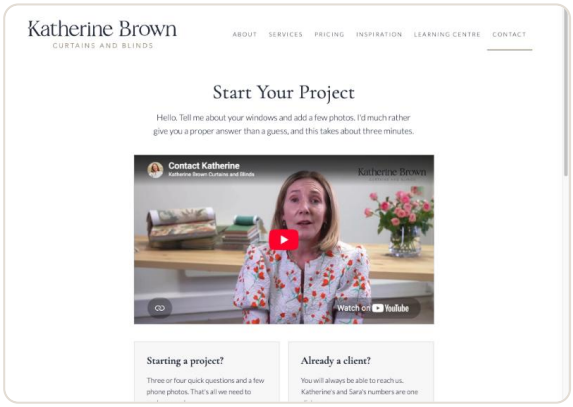
What good looks like, and why it matters

The contact page is where a patient commits. Good looks like:

- A heading that invites the next step, not "Contact us".
- A 30-second video of you saying what happens when they get in touch (1.5).
- What happens next, in three simple steps, including who will reply and how.
- Reviews beside the form that answer the worries patients have at this moment.
- A button that says what they get, not "Submit".

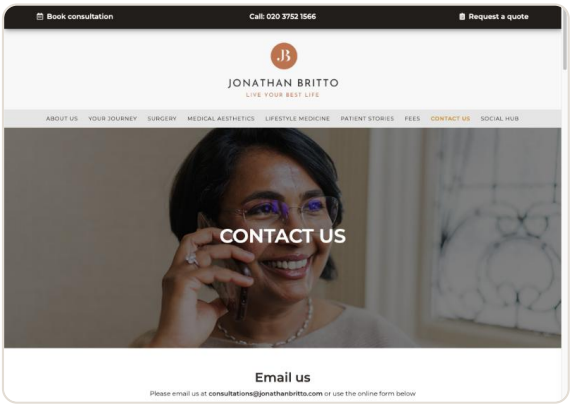
Two contact pages, first screen

KATHERINE BROWN



"Start Your Project", a personal note, a short video of Katherine, then three steps: we read it properly; you get a reply and an itemised estimate; Katherine visits. kbcurtainsandblinds.co.uk/contact/

YOUR CONTACT PAGE TODAY



"Book a Consultation Online" opens on a photograph and "CONTACT US". The form starts below the first screen. jonathanbritto.com/book-online/

Both 1 November 2026.

What we found

- **The first screen is a photograph and the words "CONTACT US".** The form isn't visible until the patient scrolls.
- **Nothing says what happens next:** not when they will hear back, who from, or how.
- **No video and no reviews** on the page where patients make their decision.
- **The button says "Submit".**
- **Your Patient Journey page explains** the analysis phase, reflection with you and twilight anaesthesia well, but doesn't say how soon a patient will hear back, or how to book.

> At the moment a patient is ready to commit, the page gives them a photograph and a form. It should give them you.

The solution

1. Rebuild the contact page as one simple path: an inviting heading, a short video of you, what happens next in three steps, the form, then reviews.
2. Tell patients who will reply and how. We would only add a timescale you are confident of keeping.
3. Change the button to say what they get, for example "Book my free video call".

4.2 *Does your contact page make it feel safe to enquire?*

In short: not yet. The page asks for details without saying what happens next. A short video of you, three clear steps and reviews beside the form fix that.

4.3

Does the form ask the right things?

Importance: high · first three months

What good looks like, and why it matters

Good looks like a form that asks only what your team needs to reply well, and nothing more: name, email, phone number, how the patient would like to be contacted, the procedure they are interested in, which clinic suits them, and a short free-text question such as "What would you like to change?". Patients who describe their concern in their own words feel more invested in hearing back, and your team can reply far more personally. One clear consent box is enough.

What we found

- **There is no phone number field**, so every reply has to go by email.
- **The booking form doesn't ask which procedure** the patient is interested in, or which clinic suits them: London, Chelmsford or Colchester.
- **"How did you find us?" is compulsory**, which is useful (stage 6). But the choices are online search, two kinds of referral and "other website": no YouTube, Instagram, Doctify, AI assistant, press or newsletter. Two options are misspelt ("referal", "Personnal").
- **Two consent boxes are required.** The second is labelled "marketing" but is really about replying to the patient, which is confusing.
- **The booking and quote forms ask different questions**, so enquiries arrive in two different shapes.

The solution

1. Use one form for every enquiry.
2. Add phone number, preferred way to be contacted, procedure and clinic.
3. Update the "How did you find us?" choices to match where patients really come from.
4. Replace the two consent boxes with one clear one.

4.3 *Does the form ask the right things?*

In short: partly. The form asks for preferred days and times, but not for a phone number, the procedure or the clinic. Asking the right few questions fixes that.

4.4

Can patients get in touch the way they prefer?

Importance: steady improvement · monthly

What good looks like, and why it matters

Some patients like a form, some prefer to call, and more and more prefer a message. Good looks like the form as the main route, because it tells you which work brings in patients, with phone and WhatsApp clearly available for those who want them.

What we found

- **The phone number works well:** it is in the header, tappable on a phone, and a bar at the foot of the phone screen offers "Book consultation" and "Contact".
- **There is no WhatsApp option**, though you prefer WhatsApp yourself.
- **Patients can't choose a time online**, even for the free video call.

The solution

1. Add WhatsApp as a quieter option beside the form.
2. Offer online booking for the free video call.

4.4 *Can patients get in touch the way they prefer?*

In short: mostly. Phone works well; WhatsApp and online booking for the video call would complete it.

Video at this stage

The single most powerful video on any website is on the contact page (4.2): 30 seconds of you saying what happens when a patient gets in touch. And your best first step is already on camera: the free video call with you. A patient who has watched you, then spoken to you, arrives at consultation feeling they know you.

Stage 4 in summary

We began with what choosing to enquire should feel like: one clear next step, a contact page that welcomes patients and says what happens next, and a short form that asks the right things.

Today, the step is harder than it needs to be:

- **Some booking links lead to "Page Not Found"**, and your best first step, the free video call with you, is hidden.

- **"Book" doesn't mean book**, and two paths compete in the header.
- **The contact page opens on a photograph**, with no video, no reviews and nothing about what happens next.
- **The form doesn't ask for a phone number, the procedure or the clinic.**
- **No WhatsApp, and no online booking.**

What changes when this is fixed

First, more of the patients who are ready actually enquire. Every patient stages 1 to 3 bring to your website has a clear, easy, reassuring first step.

Second, enquiries arrive better. Your team knows the procedure, the clinic and how to reach each patient, and the first conversation is a free call with you. A patient who has already spoken with you is far more likely to go on to consultation and surgery. That goes straight to the 35%.

> Fix stage 4 and more of the right patients take the first step, straight to you. What happens after that is stage 5.

Sources for stage 4

- Nielsen Norman Group, Website forms usability: top 10 recommendations
- Marcus Sheridan, Endless Customers: The Selling 7
- Katherine Brown Curtains and Blinds, Start your project (viewed 1 November 2026)

Stage 5

Consultation to surgery

By "consultation to surgery" we mean everything between a patient's first contact and their decision to go ahead. In 2026, at its best, that means:

1. **Patients arrive at consultation already informed**, because they have been sent your answers to their questions beforehand.
2. **They leave with a clear plan, a price and time to reflect**, and the plan reaches them.
3. **Nobody is left without a follow-up**, and every question between consultation and decision is answered.

This is where the 35% is decided. The website can't show us this stage, so it is set out differently from the others: what good looks like, what we can already see, and the questions that will tell us where patients are lost.

Why this stage matters

- A Cochrane review of 209 trials of patient decision aids found that people who had them were better informed, and that using them before a consultation didn't lengthen it (Cochrane, 2024).
- NICE recommends offering people resources before the discussion, and using websites to prompt their questions (NICE NG197).
- The GMC expects doctors offering cosmetic procedures to give patients the time and information they need to reflect, and to be clear about charges (GMC).

> Better-informed patients make better decisions, and make them with confidence.

5.1

What good looks like

Endless Customers calls the method **Assignment Selling**. The assignment is homework. Before a consultation, the practice sends each patient a short, chosen set of answers to read and watch: the pages and videos on their procedure, its cost, its risks, recovery and what happens at consultation.

It may sound counterintuitive, but the more of the right work you give people, the better their decision, and the more confidently those it suits go ahead. Patients who have done the homework arrive with their questions answered and their worries addressed. For a surgeon, it is simply better-informed consent.

- **Before the consultation:** the patient has read and watched your answers to the questions most patients ask, so the consultation time goes on them, not on the basics.
- **After the consultation:** a clear written plan and price arrive promptly and reliably, with the answers to the questions patients usually think of afterwards.
- **In between:** a named person stays in touch at agreed points, with the patient's agreement and without pressure, so no patient drifts away simply because nobody followed up.
- **Throughout:** each step is counted, so you can see where patients go ahead and where they stop.

The Big 5 content and videos in stages 1 to 3 are what make this possible. Each answer you publish is also one you can send.

5.2

What we can already see

Much of this is already in place, and it is thoughtful. Your website describes a consultation process few surgeons offer:

- A free video call with you, then a face-to-face consultation, then a further conversation to answer questions. Patients are encouraged to keep a "procedure diary" of questions as they think of them.
- After the consultation, a detailed written plan and quote, with information about twilight surgery, comments from previous patients, and your approach to holistic care.
- Patients describe two consultations, with drawings and 3D modelling on screen.
- The Prepare and Repair plan, offered free.

Three things stand out:

- **Your plan and quote may be going to junk folders.** Your website warns patients that the practice's encrypted emails "may fall into your junk folder". The written plan and quote may be the most important document a patient receives, and a patient who never sees it can't say yes to it.
- **This process is easy to miss.** It is set out on your Patient Journey page, but the procedure pages and contact page don't point to it, so most patients won't see it before they enquire.
- **We can't see what patients are sent before the consultation**, or what follow-up happens if they don't book.

> The care you put into the consultation is exceptional. The question is whether every patient experiences all of it, and whether the plan reaches them at all.

5.3

Questions for you and the practice

These will tell us where the 35% is lost. Rough answers are fine.

Before the consultation

Why we ask: to see how quickly and personally enquiries are answered, and what patients know when they arrive.

1. When an enquiry comes in, who replies, by what means, and roughly how quickly?
2. Roughly what share of enquiries arrive by phone, form, email and WhatsApp?
3. How many people take the free video call, and how many of them go on to book a consultation?
4. What does a patient receive before their consultation? Could we see the brochures and a typical fee estimate?

The consultation and the plan

Why we ask: the plan and quote are the moment of decision, so we need to know they arrive, and arrive well.

1. How soon after the consultation does the written plan and quote arrive, and in what form?
2. How often do patients say they didn't receive it, or found it in junk? Do patients need to open it through a secure portal?
3. How many patients have the third conversation before deciding?

After the consultation

Why we ask: patients who say "I'll think about it" are often the easiest to help, and the easiest to lose.

1. If a patient doesn't book surgery, does anyone follow up? Who, when, and how?
2. What reasons do patients give for not going ahead: price, timing, nerves, choosing someone else?
3. Does the rate differ by procedure, by clinic, or by how the patient found you?

Measuring the 35%

Why we ask: to set the starting point every improvement is measured against.

1. How is the 35% worked out: from enquiries to surgery, or from consultations to surgery, and over what period?
2. Where are enquiries recorded: a practice system, a spreadsheet, the inbox?
3. Roughly how many enquiries and consultations are there a month, and for which procedures?

5.4

What we would expect to do

The answers will shape the detail, but the work usually looks like this:

1. **A pre-consultation pack for each main procedure:** a short, chosen set of your pages and videos, sent once the consultation is booked.
2. **Make sure the plan arrives:** a plain message telling the patient it is on its way and how to open it, and a check that it has been received.
3. **A gentle follow-up** at agreed points after the consultation, each with a useful answer rather than a sales message, and never pressure.
4. **Count each step**, from enquiry to video call to consultation to surgery, so the 35% can be tracked month by month (stage 6).

In short: your consultation is a real strength. What we don't yet know is how many patients arrive informed, whether every plan reaches its patient, and what happens to those who don't book straight away. The questions above will tell us.

Video at this stage

Video turns the homework into something patients actually do.

- The 80% video: the questions nearly every patient asks at consultation, answered on film and sent beforehand.
- A short "what happens after your consultation" video, sent with the plan, including how to open it.
- Recovery and aftercare videos for the weeks after surgery, which patients share with family.

Stage 5 in summary

We began with what good looks like between first contact and decision: patients arrive informed, leave with a plan that reaches them, and are never left without a follow-up.

- **The consultation process you describe is thoughtful and generous**, more so than most surgeons offer.
- **Your plan and quote go out by encrypted email** that your own website warns may land in junk.
- **The process is easy to miss** before patients enquire.
- **We don't yet know** what patients receive beforehand, or what follow-up happens afterwards.

What changes when this is fixed

First, consultations become decisions. Patients arrive having read and watched your answers, with their worries addressed, so the consultation is about them.

Second, fewer patients are lost after the consultation, because every plan arrives and every patient is followed up with care. This is the stage that moves the 35% towards your 60%.

> Fix stage 5 and the patients stages 1 to 4 bring you are far more likely to go ahead. Knowing that it is working is stage 6.

Sources for stage 5

- Stacey D et al., Decision aids for people facing health treatment or screening decisions, Cochrane Database of Systematic Reviews 2024
- NICE, Shared decision making (NG197)
- General Medical Council, Guidance for doctors who offer cosmetic interventions
- Marcus Sheridan, Endless Customers: Assignment Selling

Stage 6

Measuring

By "measuring" we mean being able to answer one question with evidence: **which of all this produces patients?** In 2026 that means:

1. **Every enquiry is counted**, by form, phone or message, and you know where it came from.
2. **Each patient can be followed** from enquiry to video call to consultation to surgery.
3. **You can see which pages, videos and reviews** patients met before they got in touch.

You told Mark the practice can't link website visits to phone enquiries. This stage is about fixing exactly that, so every recommendation in this review can be proven, or dropped.

Why this stage matters

Endless Customers ends with a scorecard: a short set of numbers, tracked every month, that shows whether the work is producing results. Without it, every decision about the website, content and video is a guess. With it, the 35% stops being a feeling and becomes a figure you can watch move.

> Measure first, and everything else in this review can be judged by results.

6.1

Can you see which enquiries the website produces?

Importance: critical and urgent

What good looks like, and why it matters

Good looks like one Google Analytics account, set up properly, counting every form sent and every tap on your phone number, and showing which page, search or video each one came from.

What we found

- **Your analytics carries an old tag alongside the current one.** Every page carries one current Google Analytics tag, and an older one that Google stopped processing in July 2023. Which account your website reports come from, we don't yet know.
- **We can't yet confirm enquiries are counted reliably.** Nothing in the website's code records a phone number being tapped. The forms send without changing the page, which Google Analytics doesn't reliably count on its own.
- **The two thank-you pages are listed for Google** (1.4), so any count based on visits to them would include people arriving from search.

The solution

1. Remove the old tag and confirm which account your reports come from.
2. Count every form sent and every phone tap as an enquiry, with its source.
3. Take the thank-you pages out of Google's list.

6.1 *Can you see which enquiries the website produces?*

In short: not reliably. One properly set-up account, counting every form and every phone tap, fixes that.

6.2

Can you link phone calls to the website?

Importance: high · first three months

What good looks like, and why it matters

Many patients call rather than fill in a form. Good looks like call tracking: the website shows a tracked version of your number, so each call can be linked to the search, page or campaign that led to it, while still reaching the same phone. Alongside it, a "How did you find us?" question asked of every patient, by form and by phone.

What we found

- **One phone number appears on every page**, with no call tracking. A call from someone who has just watched your facelift video looks exactly like a call from someone who found you in a directory.
- **"How did you find us?" is asked on the booking form only**, with four options that miss YouTube, Instagram, Doctify and AI assistants (4.3).
- **The Times article is a good example.** As things stand, you won't be able to see how many enquiries it brings. A "How did you hear about us?" question on every form and call, with The Times as a choice, would show you.

The solution

1. Add call tracking to the website's phone number only. Google, directories and your profiles keep your main number, so your details still match (3.5).
2. Ask "How did you find us?" with proper choices on every form, and of every caller.

> 6.2 *Can you link phone calls to the website?*
>
> **In short:** not yet, which is the problem you described to Mark. Call tracking and a better source question fix that.

6.3

Can you follow each patient from enquiry to surgery?

Importance: critical and urgent

What good looks like, and why it matters

Good looks like a simple record of every enquiry: who, which procedure, which clinic, where they came from, and how far they got: video call, consultation, plan sent, surgery booked. It needn't be complicated. It is the only way to know where the 35% is lost, and to see it improve.

What we found

- **From the website, enquiries go to the practice inbox**, to consultations@ and medsec@. We can't see whether they are logged, followed up or linked to a procedure.
- **So we don't yet know** how the 35% is worked out (see "Measuring the 35%" in 5.3).

The solution

1. Set up a simple enquiry record, filled in automatically from the website where possible.
2. Agree a monthly scorecard: enquiries, video calls, consultations, plans sent, surgeries, by procedure and source.

6.3 *Can you follow each patient from enquiry to surgery?*

In short: we don't know yet, and that is the point. A simple enquiry record and a monthly scorecard fix that.

6.4

Can you see which videos work?

Importance: high · first three months

What good looks like, and why it matters

Video is the biggest investment this review recommends, so it should be the best measured. Good looks like knowing which videos are watched, for how long, what people searched to find them, and which ones patients watched before they enquired.

What we found

- **Plays of the videos on your website aren't counted.** Google Analytics counts video plays automatically only for YouTube videos, and yours are hosted on the website itself, with no extra code to count them.
- **YouTube's own figures** (what people searched, how long they watched) sit in YouTube Studio, which we haven't yet seen.

The solution

1. Count plays of every website video, and link them to enquiries.
2. Review YouTube Studio monthly: searches, watch time, and which videos lead people to the website.

> 6.4 *Can you see which videos work?*
>
> **In short:** not yet. Counting video plays and reviewing YouTube's figures monthly fixes that, and shows which videos are worth making more of.

Video at this stage

Video is the biggest investment in this review, so it should be the best measured (6.4): which videos are watched, for how long, what people searched to find them, and which ones patients watched before they enquired. That shows which videos to make more of.

Stage 6 in summary

We began with one question: which of all this produces patients? Today, nobody can answer it:

- **Analytics can't yet be relied on** to count enquiries.
- **Phone calls can't be linked** to the website.
- **There's no visible record** following each patient from enquiry to surgery.

- **Video plays on the website aren't counted.**

What changes when this is fixed

First, you can see what works. Every page, video, review and article can be judged by the patients it brings, so effort goes where it pays.

Second, the 35% becomes a number you watch move, month by month, towards your 60%.

> Fix stage 6 and every other stage can be proven. That is how we would report to you every month.

Our recommendation

How do we fix all of this, and grow your practice?

Everything in this review comes back to one problem. About 35% of your enquiries become procedures, against the 60% you want, and your operating lists aren't as full as your skill deserves.

It is a problem I fix time and again. My clients, here and in the US, are service businesses where people must trust you completely before they commit: a bespoke curtain maker in London, a luxury bed maker, a roofing company in Indiana. For all of them, trust is the whole job. In surgery, it matters more than anywhere.

> With our help, more of the right patients find you, and they arrive already informed and already sure of you. That takes the pressure off the consultation and fills your operating lists.

What it takes

A monthly programme that fixes everything in this review, and keeps it working. I lead the website and content. Mark leads video. You give us one hour a week.

- **One hour a week with me.** A recorded conversation that draws out your expertise in your own words. We turn it into Big 5 articles, answer-first procedure pages and video scripts. You approve; you don't write.
- **Video at the heart, filmed by Mark.** Regular filming for The Selling 7: procedures explained, cost, patient stories, the contact page video, the questions every patient asks. Published on your website and YouTube with titles and descriptions patients search for (Annex A), and cut down for Instagram.
- **Every fix in this review**, critical and urgent first.
- **A monthly scorecard** from enquiry to surgery, so you can see exactly what is working.

What to expect

This isn't a quick fix. My clients see their businesses change over the course of a year, as the content builds, the videos are found and the measuring shows what works. We measure against your own goal: moving the 35% towards 60%.

The two work together. More of the right patients find you, so you hold more consultations. More of those consultations go ahead, so your 35% moves towards your 60%. The two multiply: a fifth more consultations, converting at 45% instead of 35%, means over half as many procedures again. Reach your 60%, and they more than double.

Katherine Brown's business shows what is possible: her turnover has more than doubled, from around £600,000 to £1.2 million. And at Marshall & Stewart, a customer who had read one comparison article walked into the showroom and bought a £32,000 bed within 45 minutes.

The order we would work in

When	What
First	The critical and urgent items: crediting your articles to you and describing you in the code (1.1); page labels (1.2); the pages Google sees (1.4); reviews (3.2); matching details everywhere (3.5); the contact page and its video (4.2); counting enquiries (6.1) and following each patient (6.3).
Next	The high items: videos on YouTube, social profiles, the phone experience, the homepage and menu, answer-first pages, prices, credentials, the form, call tracking.
Throughout	The Big 5 (3.1) and video: new answers and new videos every month, sent to patients before their consultations (stage 5).

Why us

- **I learnt my trade at Saatchi & Saatchi and Ogilvy**, and I am certified and trained to coach Endless Customers, the framework behind much of this review.
- **Mark has already filmed you and your patients**, and knows how you work on camera.
- **We already know your website**, having rebuilt four of your procedure pages and the Patient Journey page with you this autumn.

Investment

£4,500 a month, plus VAT. An initial three months, then month to month.

That covers everything above: the weekly hour with me and all the writing that comes from it, Mark's filming and editing, every fix in this review, and the monthly scorecard. It costs less than one marketing hire, for a senior team running all of it.

Next step

We meet, agree the first priorities together, and begin.

Nick Burrage, The Ambitions Agency
Mark Slocombe, CreationVideo

Annex A

YouTube descriptions: a worked example

"What is lower blepharoplasty?" · Mr Jonathan Britto · November 2026

The video explains lower eyelid surgery beautifully. Whether anyone finds it depends on the words around it.

YouTube calls itself "one of the largest search engines in the world" and matches searches to a video's title and description. Since it went up on 7 August 2026, this video has been watched 7 times. Below: the description today, an ideal version built from Jonathan's own words in the video, and a template for every future upload.

What YouTube and Google read

1. **The title and description.** YouTube matches search terms to them, and advises putting one or two main search words in both.
2. **The first two or three lines most of all.** They are all a viewer sees before tapping "more", so they should say what the video is about.
3. **Chapters.** A list of times starting at 00:00 (at least three, each 10 seconds or longer) turns into chapters on YouTube. Google can show them in its results as "key moments", taking a searcher straight to the right point.
4. **Captions.** Accurate captions let YouTube and Google read what is said. Automatic captions mishear medical words and use US spelling ("anesthetic").
5. **Hashtags.** Up to three appear beside the title and link to similar videos.

The description today

CURRENT

What is lower blepharoplasty?

Lower blepharoplasty (lower eyelid lift) surgery is a complex procedure in both analytics and surgical technique, nonetheless it brings great reward in both comfortable function and confidence in appearance.

Everything below is hidden until the viewer taps "more"

Eyelid surgery for the upper and lower eyelids is perhaps the most sought-after set of procedures requested from Jonathan, based on the detail of his analysis and the expertise of his surgery, which has been honed in years of oculoplastic surgery for reconstruction (in adults and children) and the restoration of appearance and function.

As with upper blepharoplasty, lower lid blepharoplasty comprises a 'family' of related surgical procedures, the aim of which is to create a natural balance between the eye itself, the lower eyelid margin position, and the balance of shape of the lower eyelid to the cheek

Lower eyelid aesthetic balance is all about the uniform reflection of light from the lower lid to the cheek,

and the vertical height of the lower eyelid. A short vertical lower lid height brings a youthful appearance. The uniform reflection of light from the eyelid and cheek in harmony banishes shadow and the effects of premature ageing and fatigue.

'Eyebags' are a wide description! Many patients will present with shadow in the lower eyelids which they describe as eyebags. [...] Not all lower lid 'eyebags' are the same. Some come from excess skin, others from saggy muscle, and yet others from herniating fat below the eyeball into the eyelid. The principles are timeless, but the indications, aims, alternative procedures, and expectations of outcome are bespoke.

What holds it back

- **The opening lines don't answer the title.** A viewer who asked "what is lower blepharoplasty?" first reads that it is complex.
- **The description and the video tell different stories.** The video is about light and shadow, natural creases, hidden scars, twilight anaesthesia and the choice of technique. Most of the description is about types of eye bags, which the video doesn't cover. YouTube compares the two, and so does a viewer who reads, then watches.
- **Patients' own words are missing.** "Eyebags" appears, but not "eye bag surgery", "eye bag removal" or "lower eyelid surgery", the phrases people type.
- **No next step.** No link to the lower eyelid page, no way to book, no related video, no chapters, no hashtags. The video is filed under "People & Blogs" rather than "Education".

Worth keeping: the eye bags explanation is excellent. It answers one of the questions patients ask most, and deserves its own video: "Not all eye bags are the same".

The ideal version

IDEAL

Lower blepharoplasty (eye bag surgery) explained | Mr Jonathan Britto

What is lower blepharoplasty? Consultant Plastic Surgeon Mr Jonathan Britto explains his approach to lower eyelid surgery for eye bags and dark shadows: banish the shadows and reflect the light, so you look refreshed and still yourself.

Everything below is hidden until the viewer taps "more"

Jonathan looks at the whole face, from the forehead round to the cheek. The aim is a natural smile, with the creases of the eyelid lining up in the right place and the scars carefully hidden.

In this video:
00:00 My approach to lower blepharoplasty
00:19 A natural smile and hidden scars
00:53 Twilight anaesthesia
01:28 Light and shadow, as a painter sees it
01:47 The different types of lower blepharoplasty
02:18 What a good result looks like
02:45 Come and have the conversation

Jonathan offers twilight anaesthesia (sedation with local anaesthetic), so you are relaxed and comfortable, and Jonathan can see how the eyelid and cheek move as he works.

There is more than one type of lower blepharoplasty. The position of the scar (well hidden, or none on the skin at all) and the contours of the lower eyelid and cheek are chosen for each patient.

Every patient is assessed in consultation. Results vary from person to person, and like all surgery, lower blepharoplasty carries risks, which Jonathan discusses with you before any decision.

Before and after videos, recovery and FAQs: https://jonathanbritto.com/surgery/lower-blepharoplasty/
Book a consultation: https://jonathanbritto.com/book-online/ or call 020 3752 1566
Upper eyelid surgery explained: https://www.youtube.com/watch?v=SP-7-4UGIBI

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#blepharoplasty #eyebagsurgery #JonathanBritto

Why each change

Change	Why it matters
Title leads with the procedure and adds "eye bag surgery" and his name	Matches what patients type, and both the medical and everyday terms. His name builds recognition every time it appears in results.
First lines answer the question, in his words	It's all most viewers read. "Banish the shadows and reflect the light" is his own phrase from the video and memorable.
Chapters, timed from the transcript	Chapters on YouTube, and possible "key moments" in Google, linking straight to the part a patient wants.
Text matches what he actually says	YouTube and the viewer find the same story in the description and the video.
Results vary and risks line	Helps explain risks and variation in results. Reads as honest, which builds trust.
Links to the page, booking and a related video	Turns a viewer into a visitor and then an enquiry. Keeps them watching his videos, not someone else's.
Name, qualifications, GMC number, locations	Tells YouTube, Google and AI tools who the expert is and where he practises, the same way on every platform.
Three hashtags	Shown beside the title, linking to similar videos.

Captions

Upload the transcript as captions, corrected to UK spelling ("anaesthetic"). It takes a few minutes, makes the video accessible to people watching without sound, and gives YouTube and Google every word he says.

Template for every video

1. **Title** (under 70 characters): the procedure in patients' words, the medical term, then "| Mr Jonathan Britto".
2. **First two lines:** answer the title's question in plain words, and say who is speaking.
3. **Two or three short paragraphs** drawn from what is actually said in the video.
4. **Chapters** for any video over a minute: 00:00 first, at least three, each 10 seconds or longer.
5. **Consultation line:** assessed in consultation, results vary, risks discussed.
6. **Links:** the matching procedure page, booking, and one related video.
7. **Who and where:** name, qualifications, GMC number, locations. Identical every time.
8. **Three hashtags:** the procedure, its everyday name, his name.

Settings for every upload: category Education, corrected captions, added to a playlist for its procedure, and the video placed on the matching page of the website.

Patient videos: never patient names or initials anywhere; say clips are unretouched and shared with consent; results vary.

Sources

- YouTube Help: Tips for video descriptions
- YouTube Help: Video chapters
- YouTube Help: Add subtitles and captions
- YouTube Help: Find playlists and videos using hashtags
- Google Search Central: Video structured data and key moments
- GMC: Guidance for doctors who offer cosmetic interventions: maintaining trust
- ASA/CAP: Marketing of cosmetic interventions