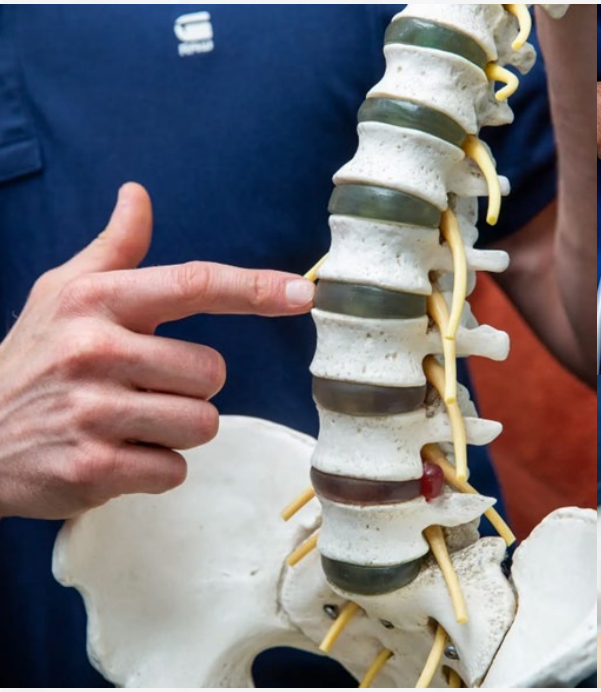
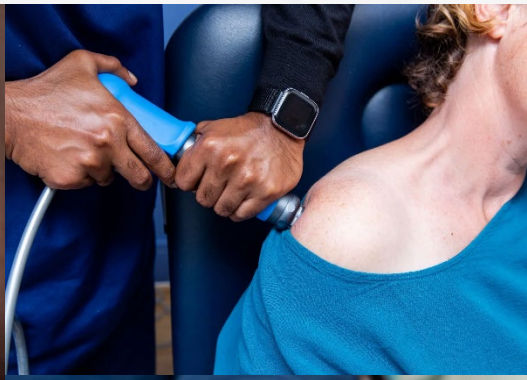
hmdg

The Private Practice Barometer 2026

An independent survey of the UK MSK industry





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Welcome to the Private Practice Barometer

This report is a data-driven deep dive into the current landscape of the industry, built from the answers of **over 700 UK clinic owners.**

Inside, you'll find raw data covering many different topics ranging from owners' wellbeing and compensation to hiring and scaling.

The Mission Behind the Metrics

We do what we do for a simple reason: we love it when clinic owners win. We know that success looks different for everyone. However, it is generally a mix of delivering the highest standard of care to patients, achieving a healthy work-life balance and hitting your most ambitious financial goals.

We know from experience that when the business side of a clinic is a constant struggle, those personal and professional goals rarely get met. This data isn't just about numbers. It's about giving you the foundation you need to build a successful business, at any scale, so you can actually achieve what you set out to do.

Running a clinic can feel incredibly isolating. Many owners tell us daily that they feel like they are flying blind or navigating without a map. We want this survey to provide some guidance by showing you how other clinic owners across the country are working. By sharing these high-level metrics, we hope to help you:

1. **Measure yourself** against the rest of the market.
2. **Make better decisions** backed by real-world data.
3. **Foster collaboration** rather than competition

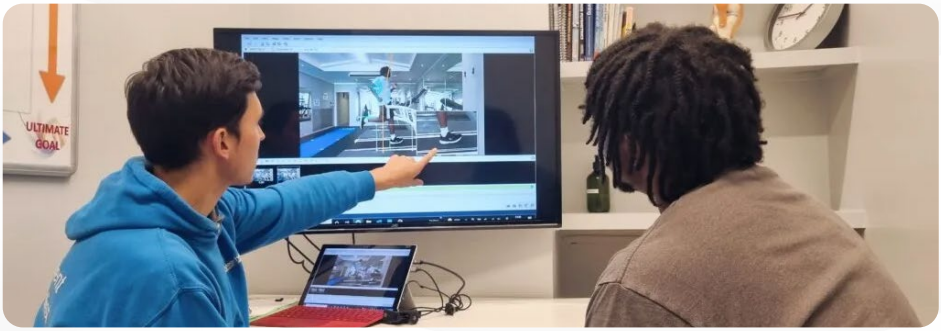
Rooted in Fact

As a company, we are obsessed with data. We believe that the best advice shouldn't come from gut feelings or trends, but from what is happening on the ground. That's why we've built this report. The conclusions you'll find here aren't just theories. They are rooted in the collective experience and daily reality of the 700+ clinic owners who participated.

A Few Caveats

Before you dig in, a quick reality check on the data:

- **Correlation vs. Causality:** Just because two metrics move together doesn't mean one caused the other. It's like noting that ice cream sales and sunburns both go up at the same time; one doesn't cause the other, they're just both reacting to the same sun. We have tried to flag this as part of our commentary where relevant.
- **Sample Sizes:** On a few specific questions, the response count was lower than we would have hoped. We've highlighted these clearly so you can interpret them with caution.
- **Raw & Real:** We chose to provide the raw data alongside our own commentary so you can see the full picture for yourself but also get our take on the numbers.



We have presented the raw data exactly as is to remain objective. However, we felt it was much more valuable to provide some analysis rather than just dropping a pile of numbers on your desk.

By nature, our commentary is less objective than the stats themselves. You might disagree with our interpretation and that is okay. In fact, we'd love to hear your take and discuss those differing views with you.

At the end of each section, we've included a few of our own thoughts and some questions for you to consider. We'd love for these to be more than just notes on a page. Feel free to get in touch about these!

It is Only the Beginning

This is our first year, and we're already looking at how to level up for next year. We will use your feedback to see how you would like the survey to evolve. If you didn't participate this time around, we really hope you'll join us next year: the more data we have, the more powerful this tool becomes for everyone.

A massive **thank you** to the 700+clinic owners who contributed their time and data to this project. It shows a real appetite for more collaboration in our industry.

We are also very grateful to the clinic owners who have taken the time to read through this report, critique it and give us feedback.

We'd love to hear from you. Whether you have feedback on this report or ideas for new data points we should track, please reach out.

We truly hope you find the insights in this report helpful and that they provide a clear benchmark for your own journey.

Thank you!

Ben Marcilhacy
CEO, HMDG

Executive Summary

We know you are busy and might have the time to go through 100 page of facts and figures.

We have prepared this executive summary to give you some of the most interesting findings of the study.

TL;DR

1. Industry Outlook and Resilience

- Despite a gloomy economic context, the industry is characterized by a remarkable sense of **agency and ambition**, with **81%** of clinic owners reporting that they feel either "Very" or "Somewhat" optimistic about the future.

  Only **7% of owners** expressed a pessimistic outlook. This positivity is even more pronounced among the owners of **larger clinics**, **53%** of whom describe themselves as **"Very Optimistic".**

81%

of clinics owners are optimistic about the industry

2. The Owner's Journey: Escaping the Messy Middle

- Clinic growth is not a linear path to happiness. Owners often fall into a Burnout Danger Zone when **managing 2–5 staff members.** At this stage, they frequently earn less and experience lower wellbeing than high-performing solo practitioners due to increased management burdens.
- The data suggests that true freedom and peak happiness (4.35/5) are achieved only when an owner transitions to a CEO role, generating less than 10% of clinic revenue personally, when teams and systems are in place.

3.77/5

is the average Mental Health Score of respondents

3. Operational Excellence and the 80% Rule

- Efficiency seems to have a ceiling. The industry average for diary utilization is **72.3%.** Pushing utilization **beyond 80%** typically results in wait-time increases for patients and a significant spike in staff and owner burnout.

4. Patient Reliability

- Patient reliability varies dramatically by discipline. **Chiropractors** see the highest attendance rates, yet also faces the most "life gets in the way" cancellations due to high-frequency treatment plans.
- Conversely, **Podiatry** patients have the highest churn (patients failing to return after a single visit) because the treatments are often "problem-specific," but they are the most reliable group for attending the specific appointments they do book.

5. The Human Capital Mismatch

- Recruitment is a primary bottleneck, with **53% of clinics** planning to hire. A structural mismatch exists: candidates increasingly seek **full-time, employed roles**, while many owners still offer part-time contractor positions to minimize risk.

  London-based clinic and larger clinics are the most likely to be hiring.

53%

of respondents are planning to hire in the next 12 months.

6. Owner Compensation and the Leave Paradox

- The average clinic owner in the UK takes home **£52,596** , with a median of **£50,000**. This figure is remarkably close to the market salary for a Senior Clinician, meaning many owners only generate significant wealth once they scale beyond their own clinical value.
- True financial freedom and higher earnings (a median of **£82,500**) typically require reaching the Enterprise" stage (11+ people). This financial pressure is mirrored in personal wellbeing: while **61%** of owners feel they take adequate leave, **39%** do not, representing a high-risk burnout cohort.

£53K

average salary of clinic owners.

The Owner

Behind every thriving clinic is an owner navigating the delicate balance between clinical excellence and the heavy mantle of leadership.

We know that being an owner in the UK today often means being the last one to leave, the one managing the stress of a team, and the person making the toughest calls for the sake of the patients.

This section explores the reality of your world—from how you are truly being compensated for your time to how you can evolve your role without losing your passion for care.

Who are the Respondents?

1. Professional Profile

- **Role:** The overwhelming majority are **Clinic Owners** (95.7% of known roles), making this a survey of decision-makers rather than employees.
- **Physiotherapy** is the dominant profession (59% of respondents offer it), 30% are physio pure players.
- **Multi-Disciplinary** clinics (offering 2+services) make up a significant portion (33%).

Podiatry (20%), Chiropractic (13%), and Osteopathy (15%) form the smaller cohorts.

Focus	Count	%
Multi-specialty	239	33.4%
Physio only	214	29.9%
Podiatry only	80	11.2%
Chiro only	46	6.4%
Osteo only	34	4.8%
Other only	32	4.5%
Strength & Conditioning Only	6	0.8%
Aesthetics only	3	0.4%
Pilates only	1	0.1%
Unspecified	60	8.4%
Total	**715**	**100%**

Service offered	Count	%
Physiotherapy	418	58.5%
Chiropractic	94	13.1%
Osteopathy	110	15.4%
Podiatry	143	20.0%
Strength & Conditioning	122	17.1%
Pilates	112	15.7%
Aesthetics	24	3.4%
Other	138	19.3%

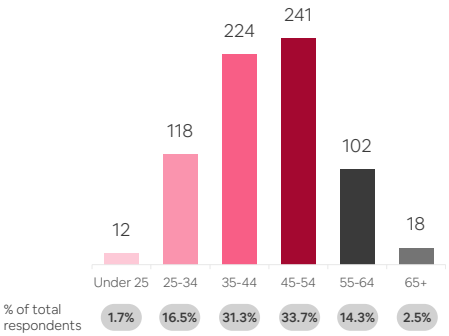
2. Business Scale

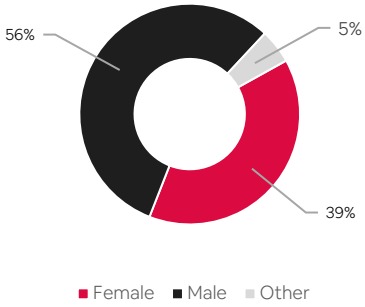
The sample represents the middle market of private practice perfectly.

- **Revenue:** Most clinics generate between **£100k -£500k** (56%). Only 5.3% are "Enterprise" clinics generating >£1M.
- **Size:** The typical clinic is small-to-medium, with **2-3 treatment rooms** (35%). Only 5.5% operate large facilities with 10+rooms.

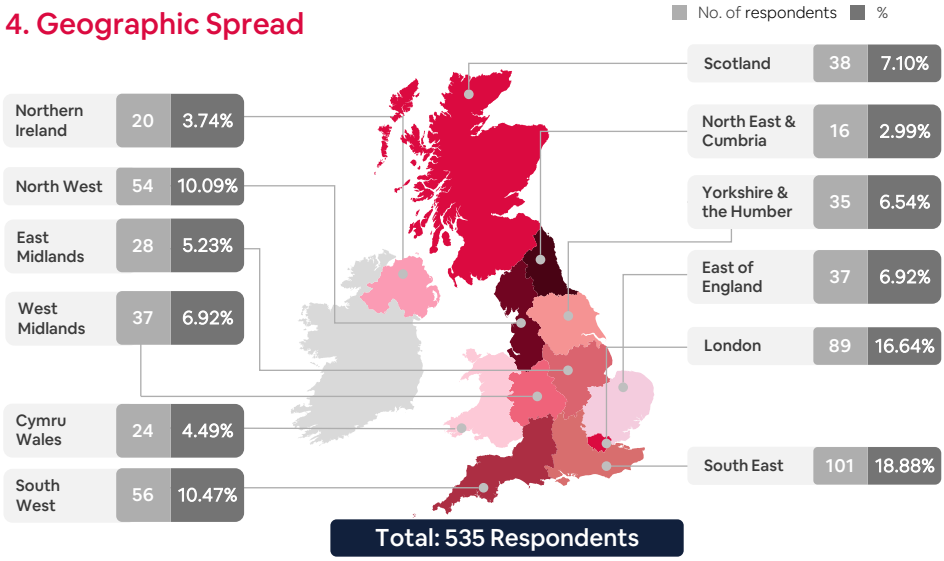
3. Demographics

- **Age:** The sample is experienced but not aging out. **65%** of respondents are between **35 and 54 years old**, representing the prime of their business careers.
- **Gender:** There is a slight male skew **(56% Male vs 39% Female),** which likely reflects clinic ownership statistics rather than the clinical workforce (which is often more female-dominated).





4. Geographic Spread



The survey has excellent national coverage but is weighted towards the **South East (19%)** and **London (17%),** followed by the South West and North West (10% each).

5. Experience Level

- Respondents are battle-hardened.
- **63%** have been operating for **more than 5 years.**
- Only **15%** are Start-ups (<2 years), meaning the data largely reflects stable, established businesses rather than new ventures.

6. Operational Structure

- **Premises:** The vast majority **rent** their clinic space **(73%)**, while **27% own** the building. This indicates high exposure to the commercial real estate market and rent hikes.
- **Locations:** Most are **Single-Site** operators **(63%).** However, a significant minority have scaled to multiple locations **(37%)** 22% have two sites, 15% have three sites or more.

7. Workforce & Team

- **Team Size:**

43% reported having No Clinical Staff (Solo practitioners) in the raw count, though this conflicts slightly with the revenue data, suggesting many might count themselves as the only full-time employee or rely entirely on contractors.

27% run a growing team of 4-10 people.

12.5% manage a large team of 10+ staff.

- **Employee Model:**

Hybrid Model

27% Most clinics mix employed staff with contractors.

Contractor-Heavy

14% Rely almost entirely on associates.

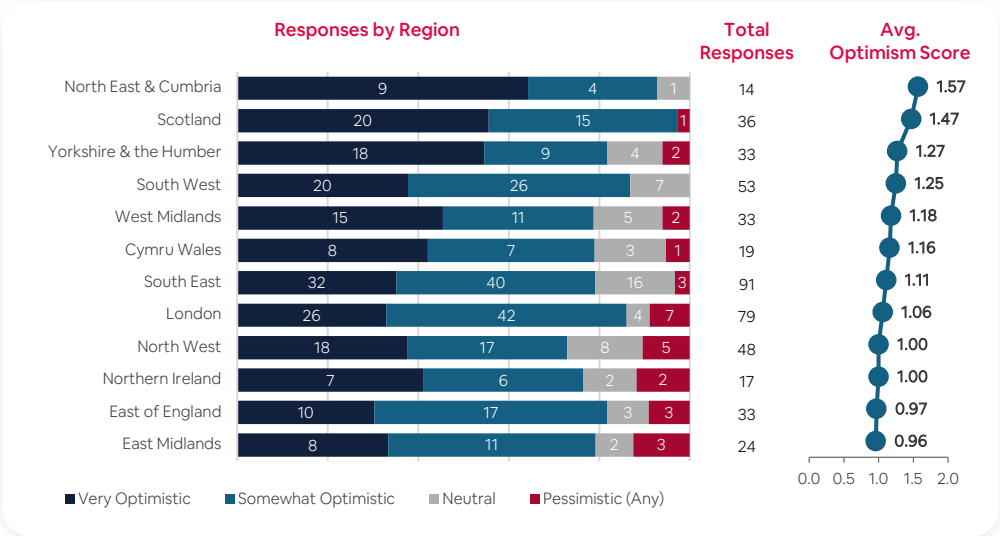
Fully Employed

10.5% A smaller group has moved to a 100% PAYE model, which is often cited as a hallmark of scalable premium clinics.

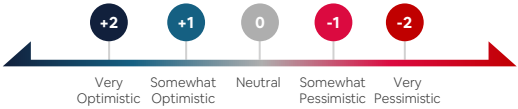
(Note: 49% did not specify their breakdown, suggesting this is a complex or sensitive area for many owners).

8. Mindset

- **Optimism**: Despite economic headwinds, the sector is overwhelmingly positive. **81%** of owners feel either "Very" or "Somewhat" optimistic about the future. **Only 7%** are pessimistic.
- **The North East & Cumbria and Scotland** emerged as the most optimistic regions, while the **East Midlands** and East of England showed relatively lower (though still generally positive) optimism scores



To compare regions, an **Optimism Score** was calculated by assigning values to each sentiment:



Work-Life Balance: 61% feel they take adequate leave. **39%** do not feel they get enough time off, highlighting a significant "Burnout Risk" cohort.

In summary:

The typical respondent is a 45-year-old male Physiotherapist from the South East, running a £300k clinic with 3 treatment rooms that has been open for 7-10 years. They are a single-site renter who is optimistic about the future and generally happy with their work-life balance, operating a hybrid team structure.

Clinic Owners' Top Priorities

Top Priorities for Clinic Owners

Across all 490 respondents, the focus is squarely on Growth and Efficiency:

1. **Increase Patient Numbers (70.4%):** The universal #1 goal. Everyone wants more patients.

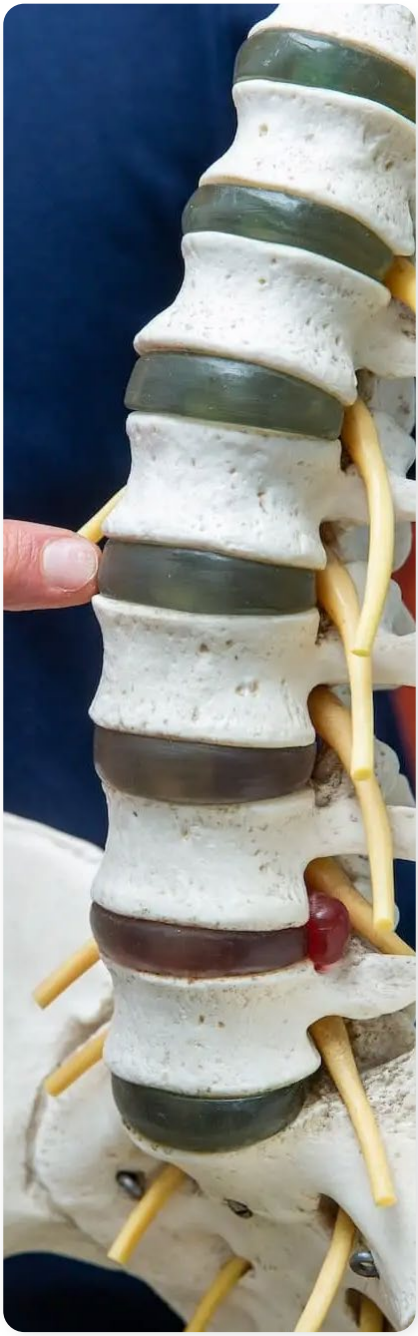
2. **Improving Clinic Systems & Processes (50.4%):** The "Owner's Headache." Half of all clinics are actively trying to fix their operations.

3. **Improving Patient Retention (50.0%):** A close third, recognising that keeping patients is as important as finding new ones.

4. **Building a Stronger Brand (49.6%):** Clinic Owners want a marketing engine that runs efficiently and predictably.

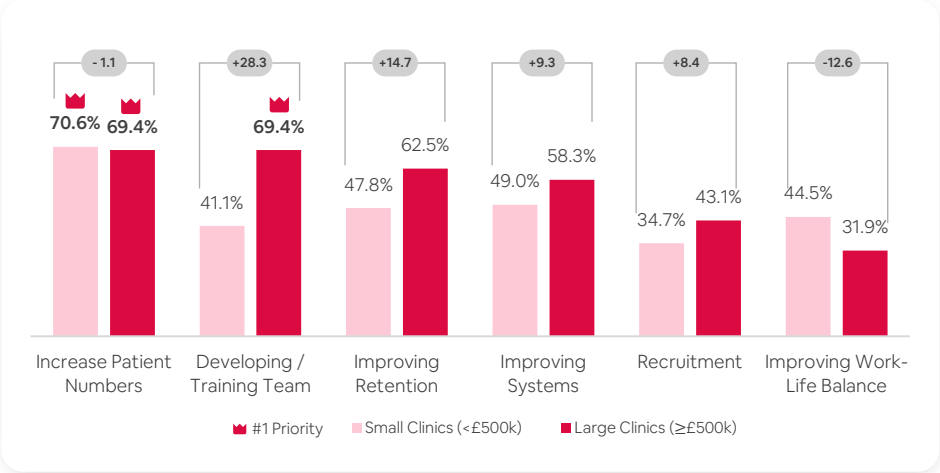
5. **Developing or Training the Team (45.3%):** Investing in people is the key to scaling.

Note: Reducing Burnout is #6 (42.7%), still a major factor but just outside the top 5.



Patterns by Size (£500k Revenue Threshold)

The priorities shift significantly when a clinic crosses the half-million mark.

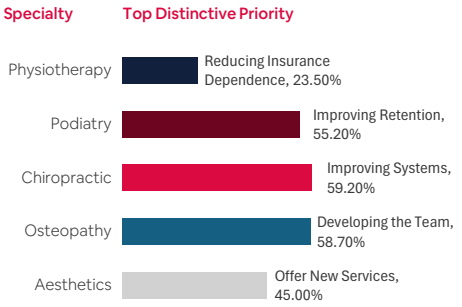


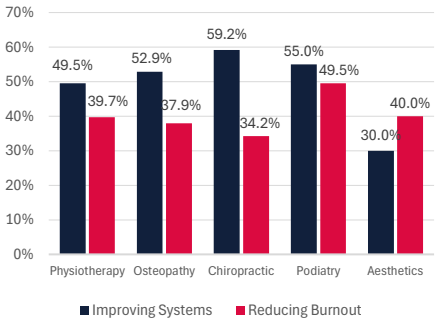
Key Insight:

- **Small Clinics (<£500k) are focused on Survival & Stability:** Getting patients in the door (70%) and trying to stop the owner from burning out (44.5%).
- **Large Clinics (≥£500k) shift their focus to People & Culture:** Their #1 priority ties between **"Increasing Patients"** and "**Developing the Team" (69.4%)**.
- They realise that to grow further, they need a high-performing team, not just a busy owner. They are also much more focused on **Retention (+15 pts)** than acquisition alone. They understand that they need to put in place the systems that larger clinics have already cracked.

Patterns by Specialty

Different professions have different pain points.





Key Insights:

- **Podiatrists are the most burnt out:**
  Nearly half (**49.5%**) list "Reducing Burnout" as a top priority, higher than any other group.
- **Chiropractors are the System Builders:**
  They are the most focused on efficiency and processes (**59.2%**).
- **Physios are the Diversifiers:**
  They are significantly more focused on Reducing Insurance Dependence (**23.5%**) compared to Chiros (**9%**) or Podiatrists (**6%**), reflecting their specific struggle with stagnant PMI rates.
- **Aesthetics is about "New“:**
  Their focus is on Offering New Services (**45%**)**,** driven by the fast-moving nature of beauty trends/ technology.

Other Insights:

- **The "Volume vs. Value" Disconnect.** While "Increasing Patient Numbers" is the #1 priority (**70%**), "Increasing Fees / Improving Profitability" consistently ranks lower (**42%**).
- **The Insight:** The industry is still addicted to "Busyness" as the primary metric of success. Owners are prioritising more work over more valuable work.
- **The Opportunity:** The top-performing clinics (see Pricing section) charge premium rates. There is a gap in the market for owners to shift focus from filling the diary to optimising the yield per appointment.

To Sell or Not to Sell?

1. The General Market Appetite

Most clinic owners are holding on to their moneymaker.

Only 12% are actively planning to sell within the next 3 years.

2. The Age Cliff

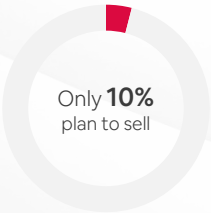
The intention to sell is heavily correlated with age, peaking just before retirement age.

Under 45	45-54	55-64	Over 65
<4% want to sell	**25%** want to sell – a massive jump	**28%** want to sell (the peak)	**18%** want to sell – many have likely already sold or are winding down thinking that they will not be able to sell

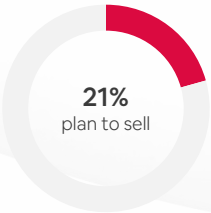
Insight: The Exit Zone is remarkably specific. The 45-64 age bracket is the prime demographic.

3. Size Matters: Large Clinics are Twice as Likely to Sell

Small Clinics (<£500k)



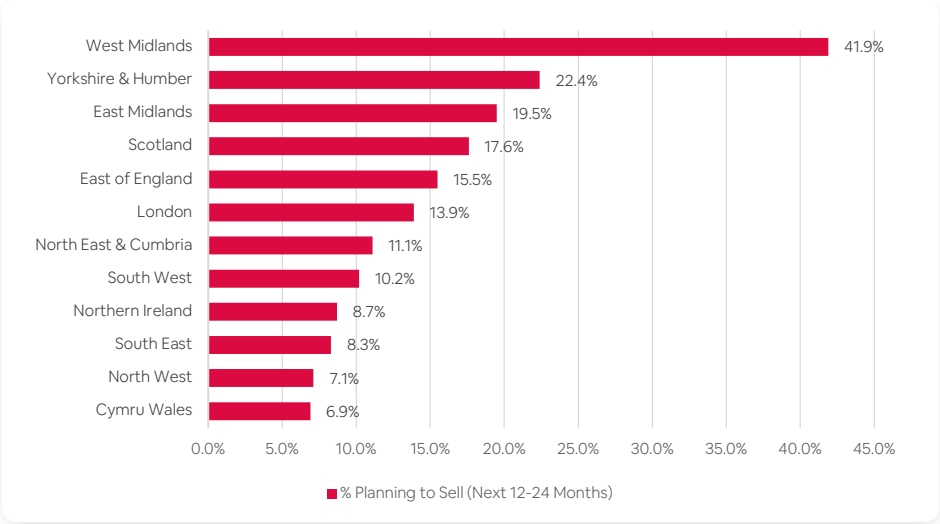
Large Clinics (≥£500k)



Insight:
Large clinics are likely more sellable assets with management structures in place. Small clinics are often owner-dependent "jobs" that are harder to exit.

4. By Region

The regional variance is massive and can partially be explained by skews in the respondent pool.



5. By Specialty: Podiatry is the Exit Zone

There is a striking difference between professions.

Podiatry:
19.6% plan to sell (Highest).

Physiotherapy:
11.4% plan to sell (Lowest).

Specialty	Plan to Sell (Yes)	Not Sure
Podiatry	**19.6%**	24.5%
Aesthetics	15.8%	36.8%
Chiropractic	13.9%	19.4%
Osteopathy	13.3%	22.9%
Physiotherapy	**11.4%**	19.7%

Insight: Podiatry clinics are the most likely to be on the market. This may reflect an older demographic of owners or a shift towards corporate consolidation in that sector. Physios, conversely, seem more committed to holding on to their clinics.

6. Preparedness: The Thinking vs. Doing Gap

There is a stark difference in how they are preparing to sell based on their size.

- **Small Clinics:**

35% are "Just thinking about it" and haven't done anything.

Only **12%** have spoken to a broker.

- **Large Clinics:**

Are much more active.

20% have already had conversations with buyers

13% have started restructuring their team for succession

They are not just thinking; they are executing.

7. Exit as an Escape vs. Exit as a Strategy

Owners who indicated they are planning to sell in the next 12-24 months report significantly lower wellbeing scores than those who plan to keep their business.

Median Wellbeing Score (1-5)

"Feel Isolated/Unsupported"

Take <2 weeks leave/year

There is a massive jump in the intention to sell at age 45-54 (from <4% to 25%). The data shows this age group also reports the highest operational challenge scores.

Planning to Sell Planning to Keep

- **The Insight :** This group is often the Sandwich Generation of clinic owners—they are managing growing teams and their own clinical caseload.
- **The Burnout Trigger:** For this bracket, the primary reason for wanting to sell isn't retirement, it's **Recruitment Fatigue.** Owners in this group who want to sell are 3x more likely to list "Finding and keeping staff" as their #1 stressor.

Owners looking to sell are significantly more likely to be burnt out, but it is most acute in the **45-54 age bracket.** While the 55-64 year olds are the most likely to sell, they are doing so with much better mental health. The 45-54 group is the danger zone where burnout is actively driving the decision to leave the profession.

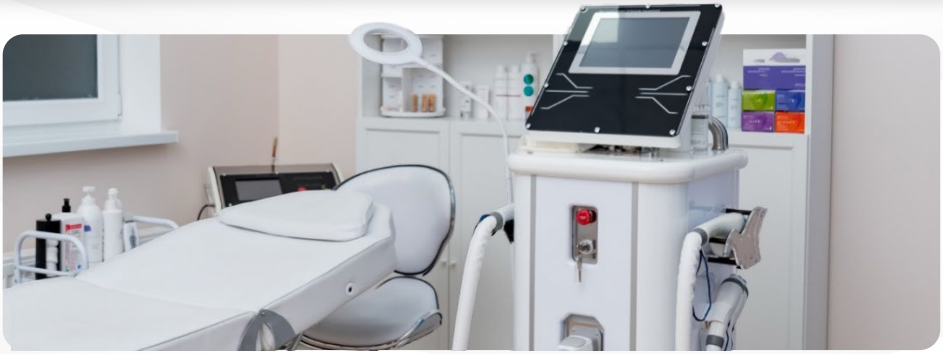
There is a 1:1 correlation between owners who say they **"Always feel isolated"** and those who want to sell before the age of 50.

Insight: Burnout in the MSK industry is rarely about the patients; it is almost always about the weight of leading alone.

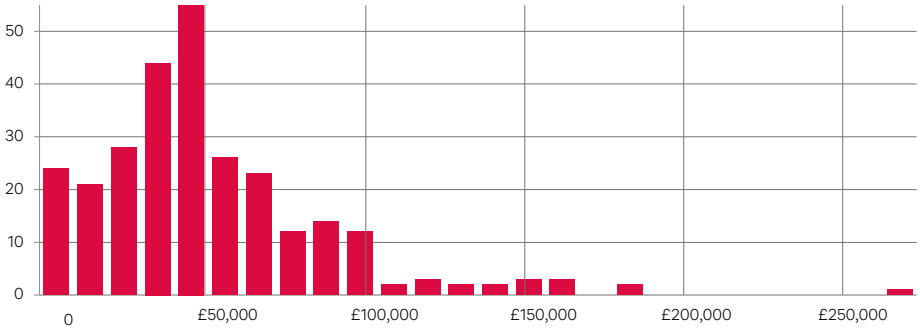
8. Timeline

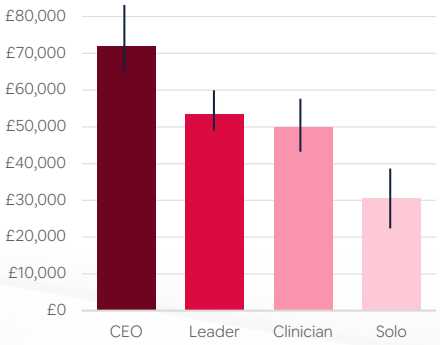
For those planning to sell, the majority (**51%**) are targeting **2028**, suggesting a 3-year horizon is the standard mental runway for an exit.

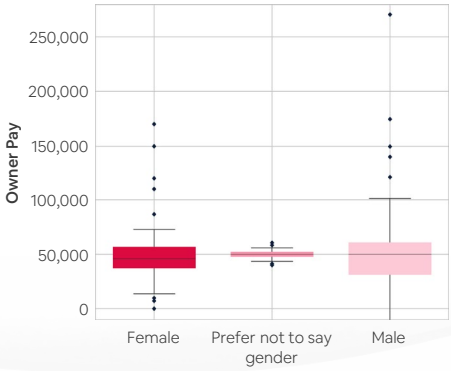
Summary: The Seller Profile is distinct: A clinic owner aged **45-64**, running a **£500k+ revenue** business, aiming for an exit in **3 years**. Smaller owners may want to sell, but most haven't taken any concrete steps to make it happen.



The Owner's Compensation







1. The £50k Ceiling

The average clinic owner is not taking home a fortune. For clinic owners, the overall pay statistics are:

£52,596 Average Pay

£50,000 Median Pay

Insight: This figure is remarkably close to the market salary for a Senior Physiotherapist/Clinician. Most owners need to rely on scaling up the operations to generate significant wealth beyond their clinical value.

The £48,000 figure is pulled down by solo practitioners who make up a large portion of the respondents. However, the data clearly shows a plateau where even clinics with 2–4 clinicians often fail to pay their owners more than £55k–£60k until they successfully transition from Lead Clinician to Business Operator.

2. The CEO Premium and How to Earn More)

The data proves that the only way to significantly increase personal income is to share the clinical load

- **The Solo Owner (>90% Revenue):** Pays themselves **£40,000** (median).
  - Reality: They are underpaid relative to their market rate as a clinician (median).
- **The Hybrid Owner (Treating 50-90%):** Pays themselves **£49,000** (median).
- **The Leader (Treating 10-50%):** Pays themselves **£55,000** (median).
- **The CEO (Treating <10%):** Pays themselves **£71,000** (median).

The data reveals a clear S-curve in compensation. While you might expect pay to rise linearly as you add staff and rooms, it actually hits a significant Danger Zone in the middle where profit margins are swallowed by overheads before you reach true scale.

Clinic Stage	Team Size (Clinical + Admin)	Median Owner Pay	The Reality
The Soloist	1 (just the Owner)	**£36,000**	High margin, low volume. Capped by time.
The Danger Zone	2 – 5 people	**£45,000**	You have staff costs but no CEO leverage.
The Scaled Practice	6 – 10 people	**£60,000**	The business starts working for you.
The Enterprise	11+ people	**£82,500**	Significant wealth beyond clinical value.

- **The Danger Zone:** This is the most precarious phase identified in the data. Owners with 2 to 5 staff members often earn less than they did as high-performing solo practitioners when you factor in the extra hours spent on management.
- **The Squeeze:** At this size, the owner is usually still treating 30+ hours a week to pay the bills, but they now have the added cost of a part-time receptionist or an associate.
- **The Outcome:** The associate takes 50% of the fee, the rent takes another 20%, and the owner is left with a smaller slice of a pie that isn't yet big enough to provide a surplus.

To break out of the danger zone and reach the £70k+ bracket, the data shows three non-negotiable thresholds:

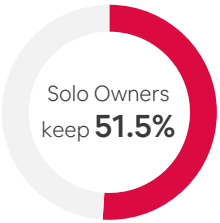
- **The Room Threshold (4 Rooms):** Owners with 1-3 rooms rarely break £50k. The leap to higher pay almost always happens once a clinic has **4 or more treatment rooms** running simultaneously. This provides enough "associate volume" to cover the base rent.
- **The Admin Threshold (1.5 FTE):** Owners who pay themselves more than £70k almost always have at least **1.5 Full-Time Equivalent (FTE) admin staff.**
  This could either be that admin staff help the owner focus on the business (causality) or that these clinic owners have scaled their clinic with the help of admin staff (correlation).
- **The Clinical Shift:** In the higher bracket (£95k+), the owner typically generates **less than 15%** of the total clinic revenue.

Insight: Getting off the tools is worth **£37,000 extra per year**. The CEOs earn double what the Solo owners earn. While the data suggests that getting off the tools is the path to higher income, there is a significant hidden risk in the transition phase.

Timing is essential. Clinic owners need to know their numbers and understand how many patients their team members will need to see to address the shortfall of income if they reduce clinical hours.

3. The Slice of the Pie Paradox

To create financial freedom, you must accept a smaller percentage of the total revenue.

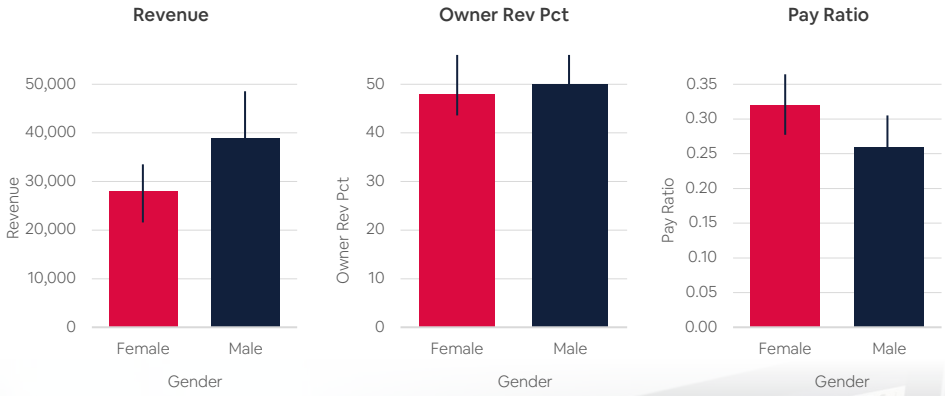


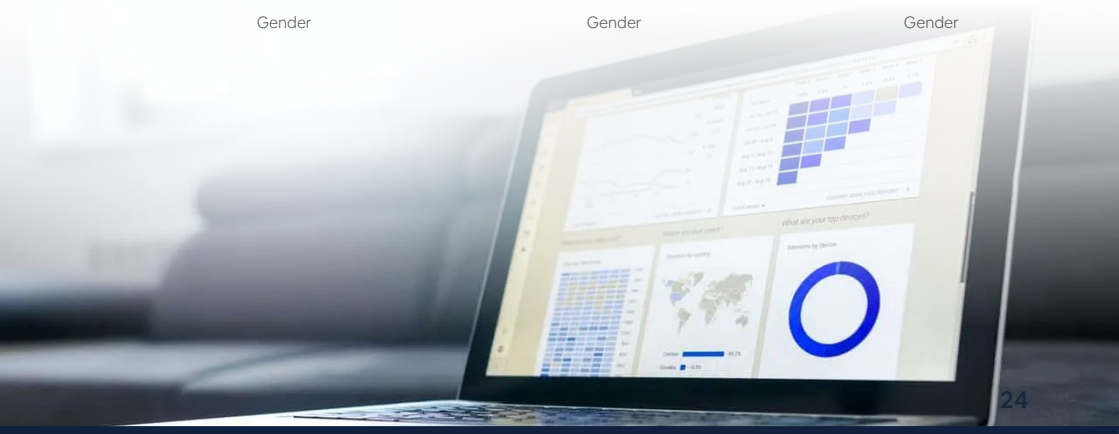
of every pound the clinic makes. (Big slice, small pie).

of every pound. (Tiny slice, massive pie).

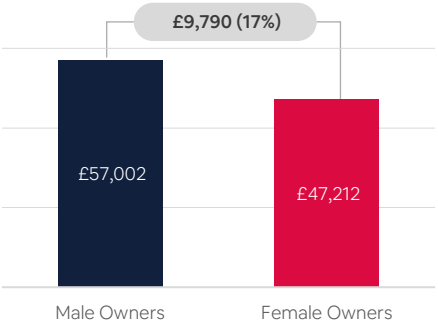
The Math: It is far better to have 12% of an £820k business (£98k potential) than 51% of a £95k business (£48k).

4. The Gender Pay Gap





There is a significant gap in take-home pay between male and female clinic owners.



Nuance: Interestingly, female owners actually extract a **higher percentage** of their clinic's revenue (36% vs 29%). This suggests women are running more profitable /efficient "boutique" clinics, while men are running larger, lower-margin volume businesses that ultimately pay a higher absolute salary.

Deep Dive on Gender Data

Sample size:

124 Women

176 Men

Insight: For every **£100,000** a clinic generates, a female owner pays herself £16,970, whereas a male owner pays himself **£14,666**.

The Volume Hypothesis

- **Revenue:** Male respondents declared 39% more revenue on average (£391k vs £280k).
- **Staff:** Male respondents have larger teams (8.02 staff avg) compared to female clinics (6.87 staff avg).
- **Rooms:** Male clinics operate larger facilities (4.54 rooms avg vs 3.87 rooms avg).
- **Prices:** There is almost no difference in the entry price between genders. Both groups align their initial consultation fees with the market standard.

Female Owners:

£75.54 (Mean)

£70.00 (Median)

Male Owners:

£74.64 (Mean)

£70.00 (Median)

A notable gap emerges in follow-up pricing, where female owners maintain higher rates than their male counterparts.

Female Owners:		Male Owners:	
£63.95 (Mean)	**£60.00** (Median)	**£59.00** (Mean)	**£55.00** (Median)

The Difference: Female owners charge **~9% more** (£5) per follow-up appointment on a median basis.

Insight: Male respondents are playing a "Scale Game", building larger machines with more staff and rooms. This increases total revenue but dilutes the percentage they can personally extract due to higher payroll and rent costs.

The Efficiency Paradox

Interestingly, while women respondents take home a higher percentage of revenue, men drive higher efficiency per room.

Revenue Per Room (Median):	Female:	Male:
	£60,000 per room	**£70,000** per room

Insight: Male owners are sweating their assets harder but make it happen at a higher cost. This aligns with the Volume model, churning more patients through the same space to maximise top-line revenue, even if the margin % is lower.

The Reliance Equality

Despite the differences in clinic size, both male and female owners carry a very similar portion of their clinic's clinical workload.

Female Owners: Generate **48.8%** of their clinic's total revenue personally.

Male Owners: Generate **49.6%** of their clinic's total revenue personally.

Insight: Both groups are equally hands-on. On average, the business depends on the owner to personally treat patients for roughly half of its income.

The Absolute Clinical Output Gap

While the percentages are the same, the actual volume of clinical work differs significantly because male-owned clinics are larger on average.

Male Owners:
Generate an average of **£104,785** in personal clinical billings.

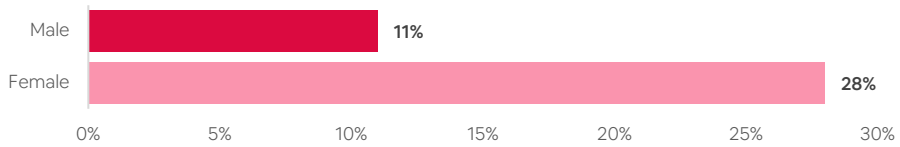
Female Owners:
Generate an average of **£72,179** in personal clinical billings.

Insight: Male owners are producing 39% more absolute clinical revenue than female owners. It suggests that male owners aren't just managing larger teams; they are also personally billing more. We unfortunately did not collect data on the numbers of hours spent on clinical work.

Specialty & Model Drivers

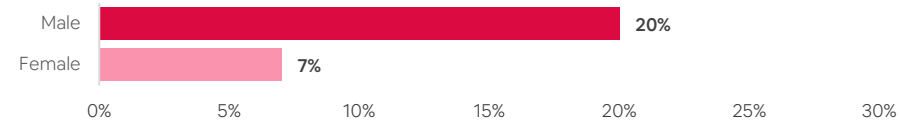
Why is this happening? The specialty mix offers a clue.

Percentage of owners by gender offering Pilates



Pilates is a high-margin, low-overhead service (often group classes) that boosts take-home efficiency.

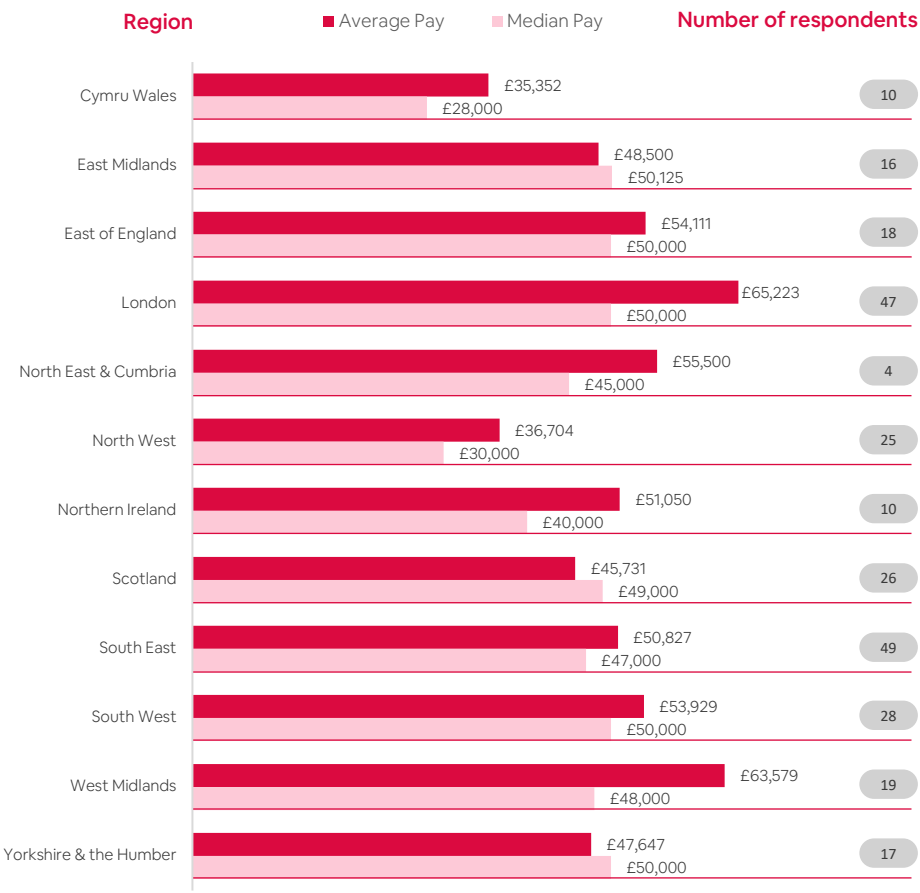
Percentage of owners by gender who offer Chiropractic



Chiropractic is a high-volume, lower-margin volume game, which aligns with the “Volume” model of larger clinics and lower take-home %.

This analysis does not account for clinics jointly owned by male and female owners. It only takes into account the gender of “Clinic Owner” respondents.

5. How Does Region Impact Clinic Owner Pay?



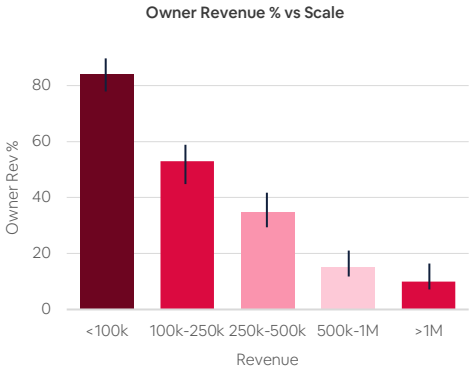
- **London and West Midlands lead in average earnings but show high inequality**. While these regions boast the highest average pay (over £63k), their significantly lower medians (£48k–£50k) suggest that a small number of ultra-high earners are inflating the average, while the typical owner earns a standard industry rate.
- **The North-South divide is complex, with the North West trailing significantly.** The North West reports some of the lowest earnings in the UK (£30k median), whereas the North East & Cumbria shows a surprisingly high average (£55.5k), likely an anomaly caused by a small sample size.

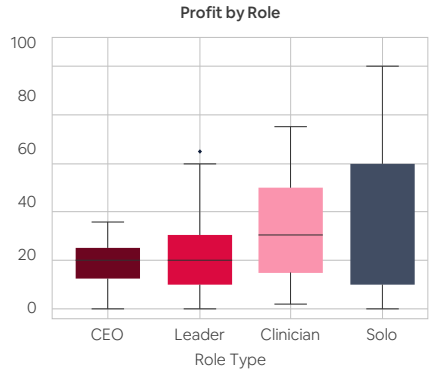
- **Southern and Eastern regions offer the most stable and consistent income.** Areas like the South East, South West, and East of England demonstrate strong uniformity, with average and median figures remaining close (£50k–£53k), indicating a reliable earning potential without the extreme volatility seen in London.
- **Devolved nations show a stark disparity in earning potential.** Wales reports the lowest earnings across the UK (£28k median), while Northern Ireland mirrors London's inequality; in contrast, Scotland shows a unique solid baseline where the median actually exceeds the average, indicating fewer low earners but also fewer ultra-high earners.

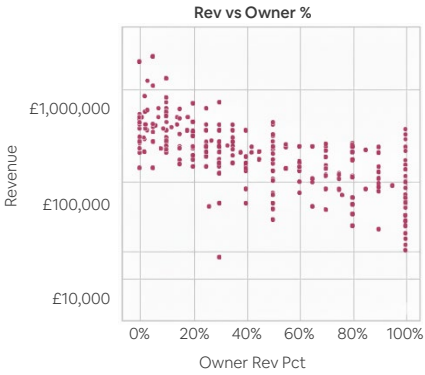
A significant number of the Welsh respondents are in the early "startup" phase (0-2 years in business. The North West has the highest concentration of **solo-practitioner Physiotherapists** in the dataset.

Summary: A clinic owner who wants to earn more **than £50,000** cannot do it with their own hands. They must build a machine (team/systems) that generates revenue beyond them. The Solo path hits a hard financial ceiling at ~£35k-£40k.

Scaling as an Owner







1. The Step Back Curve (How to Grow)

There is a nearly perfect inverse relationship between the size of the clinic and how much clinical work the owner does. Clinic owners are the bottleneck.

- **The Solo/Startup Phase (<£100k):** Owner generates **84%** of revenue.
- **The Transition (£100k–£250k):** Owner generates **53%.**
- **The Team Phase (£250k–£500k):** Owner generates **35%.**
- **The CEO Phase (>£500k):** Owner generates **15%** or less.

Insight: It is very hard to build a £500k+ clinic while generating more than 20% of the revenue yourself. If a clinic owner is stuck at £200k revenue, it's likely because they are still doing 50% of the work.

2. The Profitability Paradox (Margin vs. Wealth)

This is the most critical financial for owners looking to scale.

The Trap: Many owners stop growing because they see their profit percentage drop as they hire staff. They think they are failing.

Solo/Startup Owners (>90% contribution):

37.4% Profit margins **(highest)**

CEOs (<10% contribution):

18.3% Profit margins **(lowest)**

The Reality: You trade margin percentage for absolute wealth .

Solo/Startup Owners:
37% of £92k

£34,000 Profit margin

CEOs:
18% of £833k

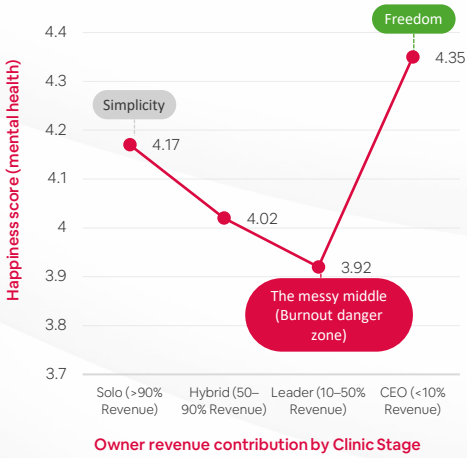
£150,000 Profit margin

Takeaway: To build long-term financial security, you must accept your profit margin halving.

3. The Messy Middle (Mental Health Warning)

Owners who indicated they are planning to sell in the next 12-24 months report significantly lower wellbeing scores than those who plan to keep their business.

The Happiness U-Curve of Clinic Ownership



Wellbeing scores reveal a dangerous valley in the growth journey.

- **Happiest:** The CEOs (generating <10% revenue) are the happiest **(4.35/5).**
- **Stressed:** The Leaders (generating 10–50% revenue) are the least happy **(3.92/5).**

- **Declining:** The Hybrid Owners (generating 50-90% revenue) see happiness decline as they onboard staff **(4.02/5).**

- **Simplicity:** The Solo owners"(generating >90% revenue). They have simplicity.

Insight : The hardest stage is the middle. You are trying to treat patients 2-3 days a week and run a growing team. You have two jobs. The data suggests you should rush through this phase: either stay small (and profitable) or get big enough to get off the tools entirely. The middle ground is where burnout lives.

Strategic Advice:
If you are generating 40% of your clinic's revenue and feeling stressed, you are in the "Messy Middle." You have two paths:

1. **Scale Down:**
   go back to being a high-margin Solo (37% profit) and regain your sanity.
2. **Scale Up:**
   Power through, plan to hire another clinician to replace some of your hours, shoot for growth and accept the lower margin percentage, and ascend to the CEO role (where wellbeing is highest).

Conclusion & Thoughts

We'd love to share some quick thoughts and observations we gathered while putting this report together. Please send us your thoughts and comments : **barometer@hmdg.co.uk**

Compensation

I recently chatted with a successful clinic owner who had a great exit. When she saw the compensation data, her first thought was:

- "I kept my salary at £50k for years, even when I could have taken more. My partner and I didn't need the extra cash, and it was much more tax-efficient. It gave us the room to reinvest and really grow the business."

Compensation is **not a one-size-fits-all**. It should reflect your personal goals and the specific business you're building

- What do I actually need to live and pay the bills?
- What's my risk appetite—taking cash now or reinvesting for growth?
- Is my current setup as tax-efficient as it could be?

A Note on Gender Data

We know our data isn't perfect yet. In this survey, we only included "Other" as an option beyond Male and Female, which didn't fully capture the diversity of the MSK community. We also realized the survey didn't account for clinics with multiple owners of different genders. We will fix that in the next editions.

Despite these gaps, the clinic owners we spoke with were eager to see this data included. It's a **starting point for a much-needed conversation** in an area where very little information currently exists.

One common theme in our conversations was that **women often choose to build their clinics differently**. These clinics might look different in several ways, but that's by design. It's a reflection of how they were intentionally built, rather than a lack of other options.

- What is your take on this?
- Which decisions have you made early on to reflect your goals?

Agency & Positivity

It's clear that clinic owners are **overwhelmingly positive** about the future of our industry.
Success means something different to everyone, but one thing is constant: as an owner, you have the power to **shape your business** exactly how you want it. It isn't always an easy path, but it is **incredibly rewarding**.
We would love to hear from you about:

- What kind of business do you truly want to build?
- How do you feel about your business vs. the industry as whole?
- How do you motivate yourself to keep going when things get tough?

The Clinic

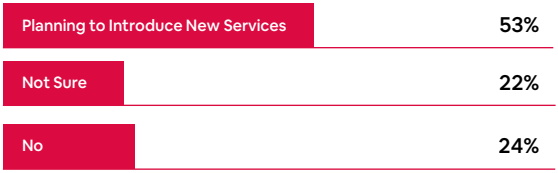
What does a high-performing clinic look like in 2026? This chapter provides an operational benchmark, examining the people side of operations, sharing data-backed insights on HR policies and hiring.

We also dive deep into the services, the expansion strategies that are driving growth and the tech stacks that are saving teams precious hours.

New Services and Expansion

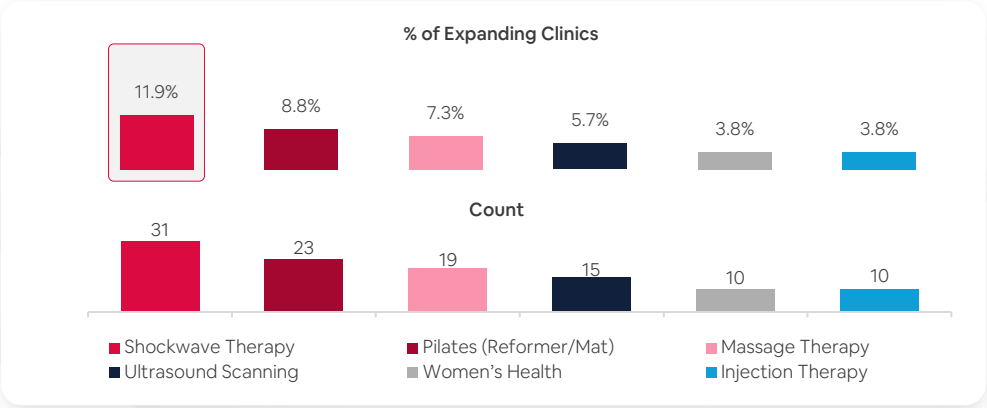
1. General Overview: The Appetite for Expansion

More than half of the industry is in expansion mode, looking to add new revenue streams rather than just doing more of the same.



2. The Top Trends (What everyone wants to add)

The clear winners are technologies that allow for higher billing codes or recurring revenue streams (classes/wellness).



- **Shockwave Therapy:** The undisputed #1 trend. It's a high-margin, tech-driven adjunct that fits easily into existing workflows.
- **Pilates (Reformer/Mat):** The move towards Wellness and retention. Clinics want to keep patients after they are fixed.
- **Massage Therapy:** A low-barrier entry to add cash-pay services.
- **Ultrasound Scanning**: Moving towards a Medical/Diagnostic model.
- **Women's Health**: A massive growth area, reflecting increased public awareness and demand. It is a notoriously difficult area to find talent, meaning that the number of clinics who are looking to offer Women's Health services might be underrepresented.

3. Trends by Clinic Size (£500k Threshold)

Small and Large clinics are expanding in completely different directions.

Small Clinics (<£500k): Focus on Wellness

10.6% Shockwave Therapy

8.7% Pilates

7.8% Massage Therapy

Insight: Small clinics are diversifying into "Wellness" to keep patients engaged. They want things that will add to what they are currently doing without increasing marketing/ad spend.

Large Clinics (≥£500k): Focus on Medicine

18.6% (Highest interest) Shockwave Therapy

9.3% Pilates

14% Injection Therapy

Insight: Large clinics are aggressively adopting medical/diagnostic that are more profitable.

4. Trends by Specialty

- **Physios: Shockwave (12.6%)** and **Pilates (10.9%)** are the clear winners.
- **Osteopaths:** Split evenly between **Pilates (8.5%)** and **Shockwave (8.5%)**, showing a modernisation of the profession.
- **Chiropractors:** Focused on **Massage (16.7%)** and **Podiatry/Orthotics (11.1%)**, building a holistic MSK Hub model.

5. The "Missing" Trends

It is notable what is not at the top. **Aesthetics** and **Nutrition** which are often mentioned as the next big thing are still pretty niche (<2%). Clinic owners are sticking to what they know: MSK health.

Summary: The data confirms a split: **Small clinics** are becoming "Wellness Hubs" (adding Pilates/ Massage), while **Large clinics** are evolving into "Diagnostic Centres" (adding Scans/ Injections). **Shockwave Therapy** is the universal bridge. It is the single most popular investment for clinics of all sizes.

Equipment Purchases

1. The Rise of the High-Tech Clinic

The data shows a decisive shift away from basic gym equipment and furniture. Clinic owners are aggressively investing in **advanced technology** that allows them to charge higher fees, diagnose in-house, and objectively measure patient progress.

Investing in technology isn't just a clinical choice; it is a significant revenue driver. The data shows that clinics utilizing high-end equipment command higher prices and see better retention.

Metric	Tech-Enabled Clinics*	Basic Equipment Clinics	Difference
Median Initial Fee	£85	£65	+£20 (31%)
Rebooking Rate	82%	71%	+11 pts
Annual Revenue	£340k	£165k	+106%

*Clinic offering one or more of: Diagnostic Ultrasound, Shockwave Therapy, Objective Strength Testing, Force Plates (e.g., Vald), Gait Analysis / 3D Motion Analysis or Class 4 Laser: High-power therapeutic laser systems.

2. Shockwave is the New Standard (38.8%)

Shockwave Therapy is the undisputed #1 priority, with nearly **40% of all respondents** planning to buy a machine.

Insight: Shockwave has transitioned from a niche luxury to a clinic essential. It offers the perfect business case: it creates a new, high-margin revenue stream that doesn't require extra staff or a large room. It is the single most efficient way to increase revenue per square foot, if clinics charge appropriately and use it to roll out services beyond physiotherapy.

3. The Shift to In-House Diagnostics

Diagnostic Ultrasound is the second most popular investment **(23.1%).** The shift toward in-house diagnostics is predominantly led by **Physiotherapists**, but it is rapidly emerging as a competitive standard in **Podiatry.**

Insight: Clinics are trying to capture the patient journey earlier. Instead of referring a patient out for a scan (and potentially losing them to a consultant), clinics want to offer the Scan & Plan service themselves. This moves the clinic up the value chain from Therapy Centre to Medical Diagnostic Centre.

Insight: While only 1 in 5 clinics currently own a scanner, **42%** of clinics generating over £500k have one. This confirms that ultrasound is currently a scale play. The larger the clinic, the more likely they are to move up the value chain into diagnostics.

4. The Data-Driven Revolution

Strength & Rehab Tech (Dynamometers, Force Plates, VALD) is practically tied with Ultrasound (**20.8%**)

Insight: Subjective feeling is being replaced by objective numbers. Clinics are investing heavily in tools that prove a patient is getting stronger. This creates a sticky service where patients stay longer because they want to see their force numbers go up on the screen, have tangible proof of the benefits of the treatments and know what they paid for.

5. Passive vs. Active Tech

Interestingly**, Laser Therapy (15.8%)** remains popular, showing that there is still a strong market for passive pain-relief modalities. However, it trails behind the active/diagnostic tech categories, suggesting the industry trend is leaning slightly more towards assessment (Ultrasound/Force Plates) than just treatment.

6. Essentials are Low Priority

Clinic Furniture (9.2%) and **IT (1.5%)** are at the bottom of the list.

Insight: Owners are happy to make do with their current desks and laptops. They are prioritising investments that directly generate revenue (clinical tech) over operational overheads.

Conclusion

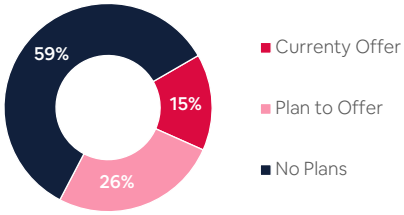
The clinic of the future is not defined by its reception desk or its weights rack, but by its technology stack. The Holy Trinity of modern private practice investment is now clearly established:

1. Treat	2. Diagnose	3. Measure
Shockwave	Ultrasound	Force Plates/Dynamometers

Non-Clinical Work Streams

1. Adoption: A Minority Pursuit

Out of the **456 respondents,**
most clinics are still relying entirely on hands-on revenue.



2. The Top Income Streams (Overall)

For those who do diversify, the focus is on **Digital** and **Retail.**

1. **Online Courses / Digital Products:** The #1 choice. This suggests a strong desire to decouple revenue from the clinician's time.
2. **Retail Products:** Selling physical goods (likely rehab aids, supplements, pillows).
3. **Pilates/ Yoga Classes:** Group sessions to maximise revenue per hour.
4. **Supplements & Foam Rollers:** Specific retail items mentioned frequently.
5. **Room Rental:** Monetising excess space.

Insight: Successful retail clinics generate **5-8% of their turnover** from products with almost zero additional staff time. It's a low-effort way to increase the Average Transaction Value (ATV) of a patient already in the building.

Insight: The data shows **that 84% of clinics** with digital products report that they contribute **less than 2%** of their total annual revenue. Only worth doing if you have a large social media following or a specific niche. For the average local clinic, the setup cost in time rarely pays off.

3. Patterns by Size (€500k Threshold)

- **Large Clinics (<£500k)** are nearly **twice as likely** to already have these streams in place (25% vs 13%). They have the resources and brand to launch them.
- **Small Clinics (<£500k)** are heavily focused on **Digital Products** (118 mentions), likely seeing it as a low-cost way to scale without hiring more staff or renting bigger premises.

Summary: Most owners are happy sticking to clinical work. But for those trying to break that mould, going digital is the primary strategy.

HR and Team

1. The Admin Engine Effect

One of the most significant findings is the tangible value of non-clinical staff. There is often a reluctance to hire admin staff because they are seen as an overhead rather than a revenue generator. The data proves otherwise.

- **The Admin Multiplier**: There is a strong positive correlation (0.39) between the ratio of admin staff and revenue per clinician.
- **The £14k Difference**: Clinics with "High Admin Support" generate a median of £70,871 revenue per clinician, compared to just £57,000 for those with low admin support.

Commentary: Effective admin teams don't just answer phones; they fill diaries. By removing the administrative burden from clinicians, you aren't just saving time: you are directly increasing the billing capacity of your fee-earners.

2. Employment Models: PAYE is for Scale

- **Prevalence:** Among clinics with teams, **52%** operate a mostly PAYE model, while **39%** rely mostly on Contractors. **9%** of the respondents are true hybrid clinics.
- **The Revenue Gap:** PAYE-dominant clinics generate are larger in revenue (Median **£300k**) compared to Contractor-dominant clinics (Median **£230k**).

Commentary: The Contractor model is safe and preserves profit margins for smaller clinics, but it appears to act as a cap on growth. To break past the £250k-£300k mark, the control, culture, and commitment of an employed team seems to become necessary.

3. The Retention Paradox & The Danger Zone

Counter-intuitively, clinics with formal retention policies (Onboarding, CPD, Incentives) reported higher staff average turnover than those without. (13.5% vs. 6%).

- **Why?** This is likely because larger clinics are the ones implementing these policies, and they naturally face higher churn than small, tight-knit teams. Conversely, more career-focused individuals may be seeking out larger faster paced clinics and want to move every couple of years for career change progression.
- **The Danger Zone:** Turnover rates peak in the £500k-£1M revenue bracket (Median 14%). This is the awkward adolescence of a clinic: too big to be a family where everyone stays out of loyalty, but perhaps not yet corporate enough to have perfect HR systems.
- **Stabilisation:** Once a clinic breaks the £1M+ barrier, turnover drops back down to single digits (9%), suggesting that very large clinics eventually solve the culture/retention puzzle.

4. The Recruitment Mismatch

Recruitment remains a primary bottleneck, with 53% of respondents planning to hire in the next 12 months.

- **The Mismatch:** The #2 barrier to recruitment (after "lack of qualified applicants") is "We can't offer full-time hours."

Commentary: There is a structural mismatch in the market. Candidates are increasingly seeking the stability of full-time, employed roles, while many clinic owners are still trying to hire part-time contractors to minimise risk. Bridging this gap by offering full-time positions could be the key to solving recruitment woes.

5. The Bonus Backfire (Retention)

This is a counter-intuitive and controversial finding.

- **Clinics WITH Bonuses**: Staff turnover is **14.4%.**
- **Clinics WITHOUT Bonuses**: Staff turnover is **10**%.

Insight: Throwing money at staff (bonuses/incentives) does not fix retention. In fact, it correlates with higher turnover. This suggests that clinics relying on financial carrots might be compensating for poor culture, burnout, or bad management. Stable teams stick around for reasons other than bonuses (likely culture, autonomy, and manageable workload).

6. The Maturity Ladder

There is a clear hierarchy of when policies get introduced as a clinic grows.

- **Level 1: The Basics (Low Maturity, <£250k Revenue)**
  - Clinics start with an **Organisational Structure** (76% prevalence) and **Onboarding** (59%). These are the first things to break when you hire your first few staff members, so they are the first to be fixed.
- **Level 2: Professionalisation (Medium Maturity, £250k – £500k)**
  - Once a team is established, the focus shifts to retention and quality. **CPD Policies** (45%) and **Accessibility Policies** (45%) appear here.
  - **The Revenue Jump:** Clinics with a formal CPD policy have a median revenue of **£350,000**, compared to **£150,000** for those without. Investing in your team's growth is a hallmark of a scaling business.
- **Level 3: Corporate Social Responsibility (High Maturity, £500k+)**
  - Niche or corporate-style policies appear only in the largest clinics.
  - **Menopause Policy**: Rare (15%), but the clinics that have one are giants (Median Revenue £470k vs £200k).
  - **Sustainability & Diversity**: These are also markers of scale, being more prevalent in clinics with ~£350k+ revenue.

7. Culture vs. Policy: The Retention Finding

We looked to see if nice policies (Mental Health Support, Progression Paths) reduced staff turnover. **They do not.**

- In large clinics, the **turnover rate is flat** (10%) regardless of whether they have these policies or not.

Commentary: You cannot "policy" your way out of a retention problem. A written progression path document is useless if the daily culture doesn't support it. Staff leave managers and cultures, not policy documents.

8. The London Retention Crisis

If you run a clinic in London, you will likely replace your team almost twice as fast as a clinic in the rest of the UK.

- **Turnover is Higher:** The average staff turnover rate in London is 9%, compared to 5% for the rest of the UK.
- **Significance:** This is a statistically significant difference (p=0.027).
- **The "Churn" Factor:** In practical terms, a typical London clinic with 8 staff members loses nearly 1 person every year, whereas a similar regional clinic loses 1 every 2 years.

9. Why is London Different?

The data points to three key drivers of this instability:

- **The Wage War:** London owners are far more likely to cite "Candidates want more pay" as a barrier (32% vs 22%). The cost of living in the capital puts immense pressure on salaries, making staff more likely to jump ship for a small raise elsewhere.
- **The Qualified Bottleneck:** While both regions struggle to find qualified applicants, London's market is hyper-competitive. The combination of high demand and high living costs creates a mercenary environment where loyalty is expensive.

Summary for London Owners

If you are in London, you cannot simply copy the retention strategies of a clinic in Manchester or Glasgow. You are operating in a **high-churn environment.**

- **Accept it:** Build your business model assuming a 20% turnover rate. Don't build a model that breaks if one person leaves.
- **Pay or Progression:** You likely cannot win on stability alone. You either need to pay above market rate or offer a rapid progression path that justifies staying.
- **Always be Hiring:** Since replacement takes longer and happens more often, recruitment must be an always-on process, not something you start only when someone resigns. You need to create the clinics that attracts staff and not just adverts to get people in.

Hiring

1. The Great Mismatch: Hours vs. Talent

The single biggest friction point in the market is the gap between small clinics and full-time candidates.

- **The FT Hours Trap:** The barrier "We can't offer full-time hours" is predominantly a problem for smaller clinics (Median Revenue **£145k**).
- **The Impact:** These clinics are likely looking for "unicorn" employees/experienced clinicians willing to work part-time or on a split-fee basis.
- **The Contrast**: Larger clinics (Median Revenue **£290k**) have solved the hours problem but face a different barrier: "Not enough qualified applicants." They have the hours and the money, but they can't find the quality.

2. Hiring Demand is High

Despite economic uncertainty, the industry is in expansion mode.

- **53%** of all clinics plan to hire in the next 12 months.
- **Scale Matters:** This rises to **77%** for clinics with £500k–£1M revenue and **79%** for £1M+ clinics.
- **Volume:** Those hiring are looking for an average of **1.8** new clinicians and **0.7** admin staff.

3. The Missing Middle

There is a massive demand for Mid-Level clinicians (3-6 years' experience).

- **Most Wanted:** This is the most requested seniority level (95 mentions), ahead of Juniors (87) and Seniors (39).
- **Why?** Mid-level clinicians are the sweet spot. They are autonomous enough to run a diary without hand-holding but don't command the premium salaries of Clinical Leads.
- **The Problem:** Everyone wants them, making them the hardest demographic to recruit.

4. Recruitment Channels: Word of Mouth is King (But Limited)

- **#1 Method:** "Referrals/Word of Mouth" is still the dominant recruitment channel **(30%).**

- **The Ceiling:** While free and effective for small teams, it doesn't scale.
- **Agencies:** Only **7%** of recruitment is done via agencies, but this jumps to **29%** for EIM+ clinics.

Insight: Using a recruitment agency is a tax on growth. Smaller clinics avoid it (£230k revenue), while larger clinics (£300k+) accept it as the cost of doing business to find talent.

5. The "Pay Issue" Paradox

Clinics that cite "Candidates want more pay" as their main barrier actually have higher revenue (Median **£330k**) than those who don't (£200k).

- **Interpretation:** This suggests that pay isn't just an excuse used by struggling clinics. Instead, it is a friction point for successful, growing clinics that are trying to hire competitive talent (likely those elusive Mid-Level clinicians) and finding that market rates have risen faster than their fee structures allow.

6. The London vs. The Regions Divide

London is the hotspot for hiring, but the South East is where the big teams are being built.

- **London is Hiring Most Aggressively:** A massive **48%** of London clinics plan to hire in the next 12 months, the highest rate in the UK. It coincides with higher staff churn in the region.
- **The South East is Building Bigger Teams:** While fewer South East clinics are hiring (39%), those that are hiring are recruiting more people (Average **2.3 hires** per clinic vs **1.7** in London). This suggests the South East is home to larger "super-clinics" scaling up operations, whereas London sees a higher volume of smaller clinics making single hires.
- **The Challenge**
  - **London:** The #1 barrier is **"Not enough qualified applicants."** The talent war is fiercest in the capital.
  - Northern Ireland: Stands out with a unique barrier: **"We can't offer full-time hours."** This reflects a smaller, perhaps less commercialised market where clinics haven't yet reached the scale to support full-time roles.

7. Regional Hotspots & Coldspots

- **Hot Spots (Expansion Mode):**
  - **London (48%)** & **Scotland (47%):** Nearly half of all clinics here are expanding.

  - **Yorkshire & West Midlands (~40%)**: Strong steady growth.
- **Cold Spots:**
  - **North East (19%) & Northern Ireland (15%):** Very few clinics are hiring. This correlates with lower average revenues found in these regions in our financial analysis.
  - **Wales (21%):** Also showing low confidence in expansion.

8. Specialty Breakdown: Pilates & Gyms are Booming

The traditional treatment room model is being outpaced by the active space model.

- **Pilates is #1:** Clinics offering Pilates are the most likely to be hiring **(48%).** This aligns with the broader industry shift towards active rehab and wellness/classes which require more staff to run.
- **Strength & Conditioning:** Close behind at **46%,** confirming the trend towards gym-based rehab.
- **Physio vs. Chiro/Osteo:**
  - **Physiotherapy**: Only **34%** plan to hire.
  - **Chiropractic: 38%** are hiring, and they face the most acute "Qualified Applicant" shortage.
  - **Aesthetics: 38%** hiring but restricted by a lack of qualified talent.

Software

1. The Practice Management War: Cliniko Wins (For Now)

Cliniko is the undisputed market leader, but it is primarily the tool of the mainstream clinic, not necessarily the larger players.

- **Market Share:** Cliniko dominates with **~47%** of the respondents.
- **Satisfaction:** It is also the most loved, with a high satisfaction score of **8.4/10** (Median 9.0). Users rarely complain about it.
- **The Challenger: Jane App** is the rising star. It had only ~10% of responses but matches Cliniko on satisfaction (**8.3/10**) and has a slightly higher median revenue user profile (£235k vs £203k), suggesting it is attracting growing clinics.
- **The Enterprise Shift:** TM3 has a smaller share (~4%) but a significantly higher user revenue profile **(Median £330k).** However, its satisfaction score is much lower (**6.4/10**).
- Larger clinics have been around for longer and have remained on older legacy providers (like TM3) as they scaled. This demonstrates the stickiness of Practice Management Software and CRM providers.

2. The Accounting Standard: Xero is King

The debate is over. **Xero** is the standard for serious private practices.

- **Dominance:** Xero holds **41%** of the market (excluding unknowns).
- **The Revenue Signal:** Using Xero is a proxy for business maturity.
  - **Xero Users:** Median Revenue **£300,500.**
  - **Excel/Sheets Users**: Median Revenue **£140,000.**
  - **FreeAgent Users**: Median Revenue **£110,000.**
- You cannot run a £300k+ business on a spreadsheet. Migrating to Xero appears to be a prerequisite for scaling.

3. Internal communications

The way a clinic communicates internally is a surprisingly strong predictor of its scale.

- **WhatsApp is King (and Commoner):**
  - 73% of respondents have internal communication happening on WhatsApp. It is the default for the industry.

- Revenue Signal: Using WhatsApp is neutral; it's used by everyone from solopreneurs to £500k clinics. It doesn't correlate with growth or stagnation, it's just the baseline.

- **The Slack Tier and Professionalisation:**
  - Only 22% of clinics use professional tools like Slack or Microsoft Teams.
  - The Growth Signal: The median revenue of a Slack/Teams clinic is £375,000, compared to £200,000 for those who don't use them.
  - Moving communication off personal phones and into a dedicated workspace is a key milestone in professionalising a business. It separates work from life and usually coincides with hiring a Practice Manager.

4. The Tech Stack Recap

Based on the data, here is the typical evolution of a clinic's software stack

Stage 1

Solo/Startup phase (<£100k)

- PMS: Manual / Cheap
- Accounts: Excel / FreeAgent
- AI: High curiosity, experimenting.

Stage 2

Growing (£250k)

- PMS: Cliniko (High Satisfaction)
- Accounts: Xero (Non-negotiable)
- AI: Adopting Heidi to save time.

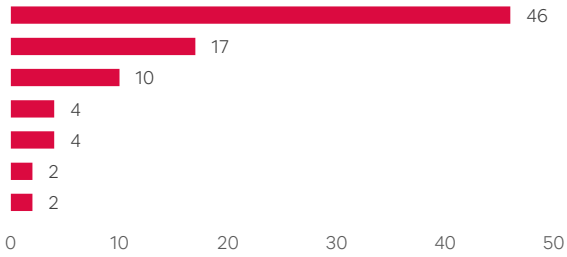
Stage 3

Enterprise (£1M+:

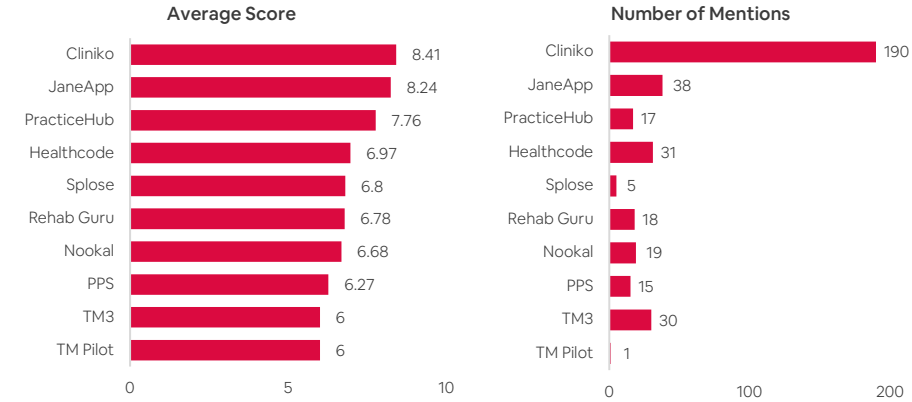
- PMS: TM3 (sticky software with high switching cost, despite lower satisfaction)
- Accounts: Xero + Reporting Add-ons
- AI: Fully integrated across the team (57% adoption).

Appendix: Marketing & Patient Retention Ranking

Software Provider	Category	
Mailchimp	Email	46
Peptalkr	**Retention / Email**	17
Go High Level	**CRM / Marketing**	10
HubSpot	**CRM / Marketing**	4
Cliniq Apps	**Retention / CRM**	4
ActiveCampaign	Video Editing	2
Descript	Email Marketing	2



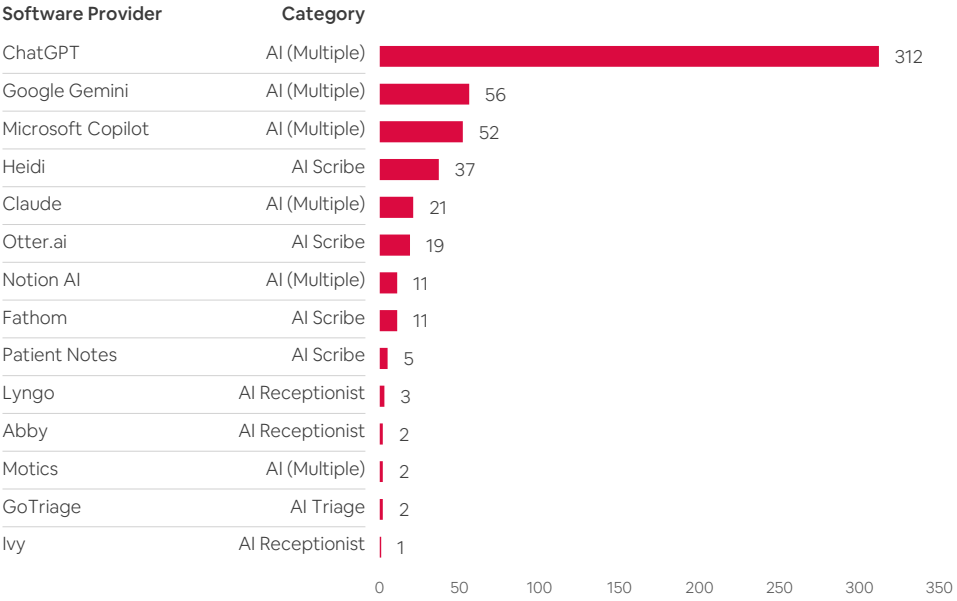
Appendix: PMS ranking



Note: Ranking based on average user ratings and number of mentions.

Disclosure: Because HMDG recommends Cliniko to their clients, Cliniko users may be overrepresented in these results relative to the general MSK market.

Appendix: AI Technology



AI and Automation

1. The Top 3 Wishlist Items to Automate

Regardless of size, every clinic wants to automate the tasks that bring patients in the door.

1. **Collecting Reviews (194 mentions):** The most desired automation. Owners know social proof is critical but hate the manual, awkward process of asking for it. They want a machine to do it for them.
2. **Marketing Campaigns (187 mentions):** Clinics want to automate their email and social ads. They want a set and forget system for generating new business.
3. **Reactivating Lapsed Patients (182 mentions):** This is the hidden goldmine. Owners are painfully aware they are losing money by not following up with old patients, but they don't have the time to do it manually.

2. Priorities Shift with Scale

While everyone wants growth, the specific pain points change as a clinic gets bigger.

- **Small Clinics (<£100k): The Reputation Phase**
  - **#1 Priority:** Collecting Reviews (15.4%).

Insight: For a small clinic, reputation is everything. They are desperate to build their Google profile to compete with established players.

- **Mid-Sized Clinics (£250k-£500k): The Data Phase**
  - **#1 Priority:** Marketing & Reporting: 24.1%. This is a **56% increase** in priority compared to small clinics. Once you have a team of 4-6 clinicians, tracking "Revenue per Clinician" and "New Patient Acquisition Cost" becomes the only way to ensure the clinic remains profitable after paying associate commissions.

Insight: At this size, the owner steps back from treating. Suddenly, "Monthly Reporting Dashboards" becomes a top 3 priority because they need to manage the business through numbers, not just feel.

- **Large Clinics (<£1M+): The Cash Flow Phase**
  - **New Priorities Emerged:** Billing, Invoicing, and Insurance Claims

- **Chasing Unpaid Invoices (18.6%).**
- **Processing Insurance Claims (21.4%).**

Insight: Large clinics deal with volume. Their wishlist shifts towards Back-Office Hygiene, chasing unpaid invoices (+3.7% higher priority than small clinics) and processing insurance claims (+3.9%). The sheer admin burden of getting paid becomes the bottleneck.

3. What They Don't Want

There is surprisingly low demand for automating **"Appointment Reminders"** (only 86 votes).

- **Why?** Because most Practice Management Systems (Cliniko, Jane, etc.) already do this perfectly. It is a solved problem.
- **The Opportunity**: The market gap is for **Review Generation** and **Patient Reactivation** tools that integrate as seamlessly as appointment reminders do today.

4. The AI Confidence Gap

There is high willingness but low clarity regarding AI adoption.

- **High Willingness: 60%** of clinics are either "Very Confident" or "Confident/Open" to AI. Only **14%** are actively resistant ("Very unconfident" or "Not confident").
- **The Messy Middle:** The group with the lowest revenue (**£167k**) is the "Not Confident" group. These are smaller clinics that likely *need* the efficiency of AI the most but feel too overwhelmed to implement it.

5. The Roadblocks: Confusion, Not Cost

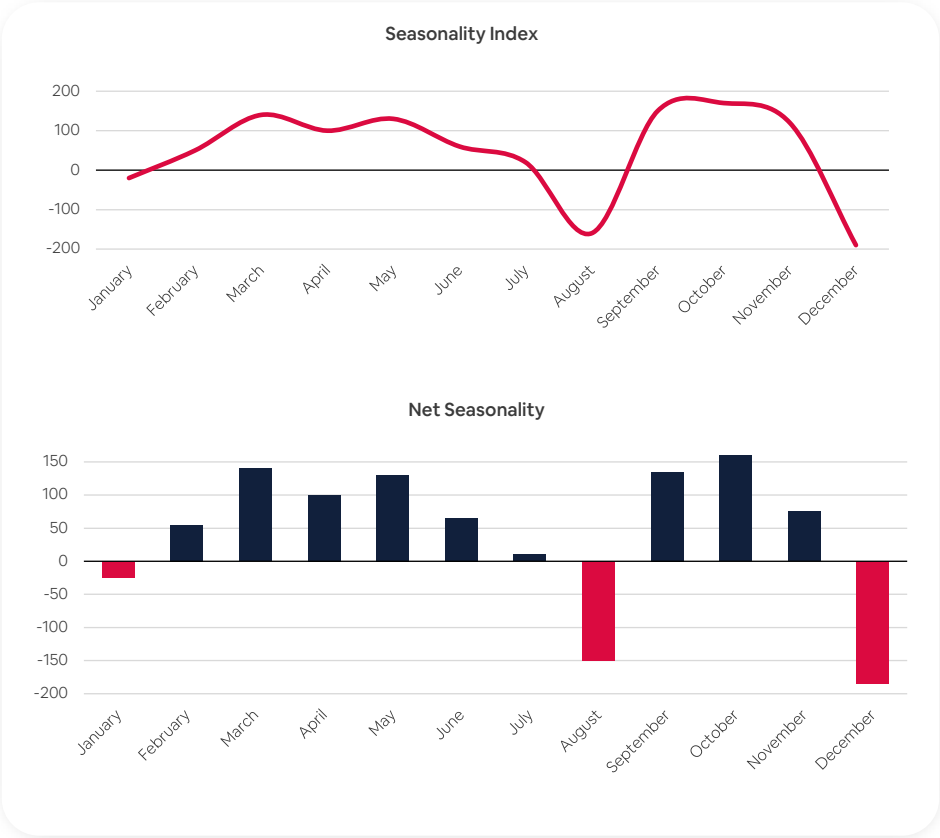
Money is NOT the main barrier to AI adoption.

- **#1 Barrier:** "I'm unsure which tools are actually useful or reliable" (**18%**).
- **#2 Barrier:** "I don't know where to start" (**18%**).
- **Low Barrier:** Only **8%** cited "Cost" as a main roadblock.

Commentary: The market is flooded with tools, and clinic owners are paralysed by choice. A lot of the products are unproven. The space is new and feels risky. The market is flooded with tools, and clinic owners are paralyzed by choice. They are waiting for a trusted authority (or their PMS provider) to tell them exactly what to use.

Seasonality

1. The Three Peaks of the Clinic Year



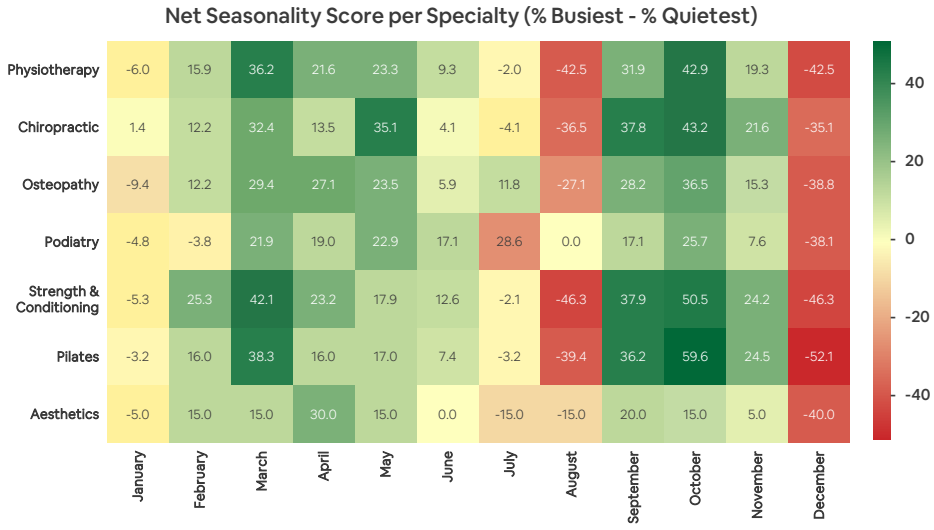
There are three distinct periods where clinics are busiest:

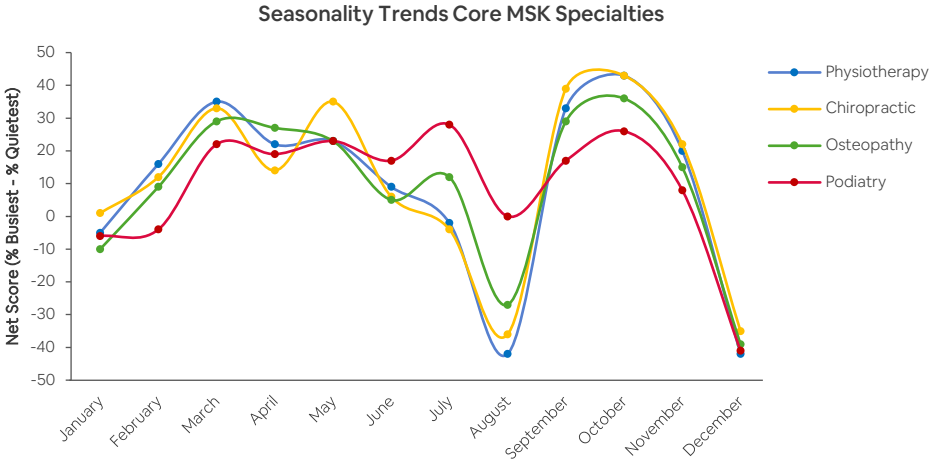
- **The Autumn Surge (October):** This is the absolute peak of the year (Net Score +161). Patients are back from holidays, kids are in school, and people are rushing to fix issues before the year ends.
- **The Spring Rush (March):** The second biggest peak (Net Score +143). This is likely the New Year Resolution crowd finally getting injured or seeking treatment after starting new fitness regimes in January/February.
- **The Post-Summer Bounce (September):** A sharp recovery immediately after the August slump. Clinics also benefit from a backlog of patients who have delayed their treatments over the summer.

2. The Quiet Times

- **December (The Christmas Crash):** The single quietest month of the year (Net Score -188). Patients de-prioritise treatment for festivities.
- **August (The Summer Slump):** The second quietest month (Net Score -155). Everyone is on holiday.
- **January (The Hangover):** January is **net negative** (-24). Despite the "New Year, New Me" narrative and the focus on health after the holidays, clinics are often quieter than expected, likely due to financial hangovers from Christmas. The real rush doesn't hit until February/March.

3. Specialty-Specific Insights





Specialty	Best Month	Net Score	Key Characteristic
Podiatry	July	+28.6%	Summer-Resilient
Pilates		+59.6%	Autumn-Dominant
S & C		+50.5%	Late-Year Surge
Chiropractic	October	+43.2%	Transition Season Peak
Physio		+42.9%	Double-Peak (Mar/Oct)
Osteopathy		+36.5%	Spring/ Autumn Balance
Aesthetics	April	+30.0%	Pre-Summer Peak

Physiotherapy: The Double-Peak Giants

Physiotherapy follows a classic M-shaped annual trend, with two very distinct periods of high demand.

- **The Spring & Autumn Anchors:** March **(+35.2%)** and October **(+42.9%)** are the primary revenue drivers. These months represent the return to sports in the spring and the back-to-routine period in the autumn.
- **The January Lag:** Contrary to popular belief, January is a **net-quiet month (-6.0%)** for Physios. The New Year boom doesn't actually hits the clinic diary until **February and March**.

Podiatry: The Summer-Proof Specialists

While most of the MSK industry dreads the summer holiday slump, Podiatrists thrive in it.

- **The July Peak:** Podiatry is the only specialty to see a major peak in July (**+28.6%** net score), likely driven by "sandal season" and patients seeking foot care before summer travels.
- **August Resilience:** While Physiotherapists see a massive drop-off in August (-42.5%), Podiatry remains remarkably stable at a **neutral 0.0%.**
- **The December Danger Zone:** Interestingly, Podiatry's toughest month is December (38.1%), showing that while they are summer-proof, they are not Christmas-proof.

Insight: People are more active in summer (sandals, running, walking), leading to foot issues that can't wait. People are less busy at work and might find it easier to find time to attend appointment. Podiatry also sees a unique **July Peak** which no other specialty has. This is a unique trait of Podiatry clinics.

Chiropractic Loves May & October

Chiropractors experience a unique double-top seasonality that peaks in late spring and mid-autumn.

- **The May Surge:** Chiropractors see a much stronger May (+35.1%) than their Osteopath or Physio colleagues. This potentially aligns with the start of the gardening and outdoor DIY season.
- **The October Peak:** October matches March as the busiest time of year (+43.2%), representing a final health push before the end of the year.

Strength & Conditioning / Pilates:

- These services see a much sharper rise in February compared to January, and they experience the most dramatic drop-off in December.

Osteopathy: The Spring Specialists

Osteopaths see a particularly concentrated busy season in the first half of the year.

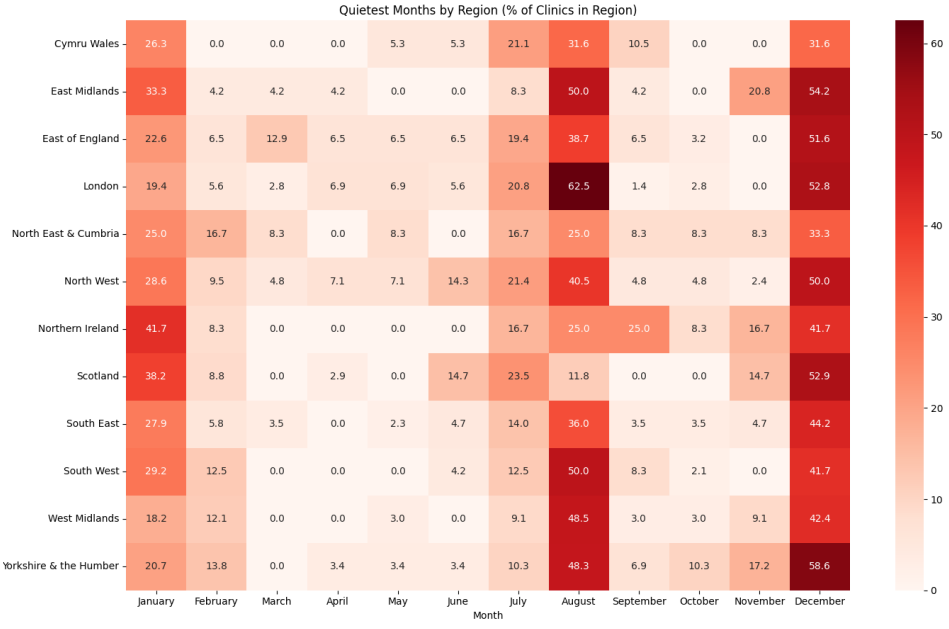
- **March & April Momentum:** Osteopathy remains busier for longer in the spring than other specialties, maintaining a very strong April (+27.1%).
- **The Winter Slump:** Osteopaths report the highest quietness scores in December (-38.8%), suggesting that manual therapy is often the first discretionary health expense to be cut during the festive season.

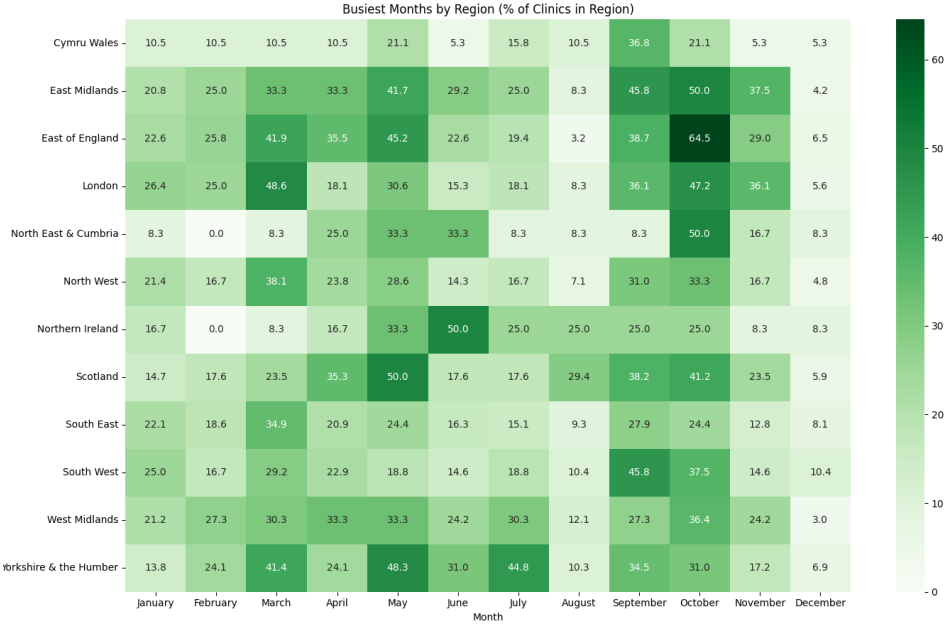
Pilates & S&C: The February Reset Professionals

For movement-based specialties, the calendar is dictated by the New Year, New Me cycle, but with a slight delay.

- **The February Jump:** Strength & Conditioning coaches see one of the highest February scores in the dataset (+25.3%), as people move from thinking about fitness in January to "doing" it in February.
- **The October Peak:** Pilates hits its absolute high in October (+59.6%), the highest net score of any specialty in any month, as patients look for indoor, structured exercise as the weather turns.

4. Seasonality Across Regions





National Seasonality Trends

- **The December Slump:** December is the quietest month for the majority of UK regions, particularly in Yorkshire & the Humber **(58.6%),** East Midlands **(54.2%)**, and Scotland **(52.9%)**. This is likely due to the holiday season and reduced elective clinical activity.
- **The August Holiday Effect :** In London, South West, and West Midlands, August is reported as the quietest month. This trend is strongest in London, where 62.5% of clinics experience a significant dip during the peak summer holiday period.
- **Spring vs. Autumn Peaks:**
  - **Spring (March/May):** Peak activity is seen in the Spring for London, the South East, Scotland, and Yorkshire.
  - **Autumn (September/October):** A secondary major peak occurs in the Autumn for regions like the East of England, East Midlands, and Cymru Wales. October is particularly busy for the East of England **(64.5%).**

London and the East are the Most Volatile Market

Pattern strength is measured by how concentrated the bookings are in specific months (High Consensus).

- **London (Highest Variance):** London shows the most extreme seasonality. It has the strongest "Quiet" consensus in the country, with **62.5%** of clinics reporting **August** as their quietest month (significantly higher than the national average deviation of +26%).
- **East of England (Strongest Peak)**: This region has the most concentrated busy period, with 64.5% of clinics agreeing that October is their peak—the highest consensus for any single busy month in any region.

Insight: Large clinics deal with volume. Their wishlist shifts towards back-office hygiene, chasing unpaid invoices (+3.7% higher priority than small clinics) and processing insurance claims (+3.9%). The sheer admin burden of getting paid becomes the bottleneck.

Unique Regional Peaks & The Outliers

Several regions peak at times that contrast with the national October trend:

- **The March Surge (London & South):** London **(48.6%)**, the South East **(34.9%)**, and the North West **(38.1%)** all peak in March. This is a specific specificity of the southern regions and the North West, possibly linked to the end of the financial year or spring activity levels.

- **The Summer Peak (Northern Ireland):** Northern Ireland is unique in reporting June as its busiest month **(50% of clinics),** whereas most of the UK is entering a summer lull.
- **The "Autumn Early Starters" (Wales & South West):** Cymru Wales and the South West peak earlier than the rest of the country in September, rather than October.

Divergent "Quiet" Periods

While December is the quietest month nationally, specific regions differ:

- **The August Slump:** In London, South West, and West Midlands, the "summer holiday effect" in August is a stronger predictor of low volume than the December holiday period.
- **The January Dip:** Northern Ireland is the only region where January is identified as the primary quietest month **(41.7%),** suggesting a slower start to the year than the rest of the UK.

Strategic Recommendation

- **Cash Flow Planning:** Owners must hoard cash in **October** and **March** to survive the **December** and **August** droughts.
- **Marketing Timing:** Think about increasing **marketing spend as soon as mid-January** (to capture the Feb/March wave) and **late August** (to capture the Sept/Oct wave).
- **Diversification:** Adding **Podiatry** to a Physio/Osteo clinic can be a good hedge against the Summer Slump.

Conclusion & Thoughts

We'd love to share some quick thoughts and observations we gathered while putting this report together. Please send us your thoughts and comments : **barometer@hmdg.co.uk**

The £1M Clinic Analysis

Not every clinic owner dreams of building a massive empire, and that's okay. However, to give you a clear picture of what "good" looks like in clinical operations, we needed a simple, consistent way to compare different practices.

While turnover isn't a perfect metric, we chose it for a few practical reasons:

- It's objective and allows for clear comparison across the board.
- It shows skills: you can't really scale a clinic to £1M+ by just "winging it."
- Our sample size was large enough to make this a meaningful benchmark.

Most clinic owners we know got into it to make a difference for their patients, but very few would mind making some cash along the way! We hope this analysis helps you define what success looks like for *your* specific journey.

- Did you have any surprises about the analysis?
- Are there any concrete takeaways that can apply to your business?

It is a People Business

I'll admit, I was naively hoping this report would settle the age-old industry debates: PAYE vs. contractors or the best way to handle staff incentives. As it turns out, the data shows a more nuanced reality.

The analysis suggests that the "how" matters much less than the "why" (the intention behind your decisions). The report shows that you can be just as successful with a transactional team of contractors as you can with a "family-style" team of full-time employees.

As an owner, your job is to build a culture that actually fits *your* style. I have plenty of opinions on which I'd choose, but hey—I'm not the clinic owner:

- Have you made a conscious, intentional choice regarding your HR structure?
- How would you describe your personal management and leadership style?

Timing is Essential

Reducing your clinical hours or building an admin team might seem like the "magic fix" for most problems. While these are vital steps in your journey, **timing is everything.**

We often see owners move too early and drain their profits, or wait too long and face total burnout. These shifts work best when they align with the actual health of your business.

- How did you know (or how will you know) it's the right time to scale up?
- Are there any growth steps you've been putting off for a little too long?

The Business

Clinical excellence is the foundation, but financial resilience is the engine of any sustainable practice.

Here, we look at the business vitals of the industry, offering a clear-eyed look at revenue, pricing trends and other key drivers of growth.

Whether you are looking to optimise your patient retention or understand how to defend your margins while scaling, this section provides the hard numbers you need to stay ahead.

Profiling the £1M+ clinic

1. The Profile of a £1M+ Revenue Clinic

We have looked at the **17 clinics** in the dataset that reported a revenue higher than **£1M (ie. 5.3% of respondents).**

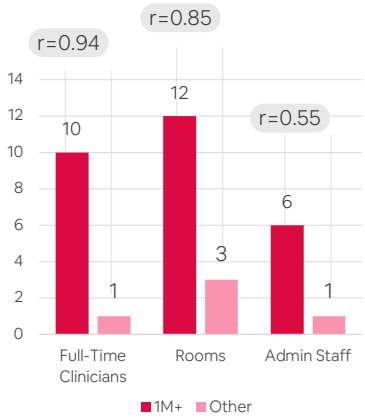
These clinics are not just busier they are fundamentally structured differently. They are older, larger, more expensive, and heavily staffed, operating more like a well-run business than owner-operator practices.

Ever wondered what's happening behind the doors of a seven-figure practice? We went under the hood of the UK's top clinics to find out. We wanted to move past the guesswork and see exactly what changes when a clinic scales. From the tech they use to how they structure their teams, this is about uncovering the patterns that help a business grow from a local gem into a powerhouse.

Heads-up: While we've found these patterns in almost all high-growth clinics, remember that correlation isn't always causality. Adding a fancy new software or a Sustainability Policy won't instantly triple your revenue, but these are the "success signals" that tend to show up when a clinic is doing something right!

2. The Scale Traits (Strongest Correlations)

- **Staffing:** They employ a median of 10 Full-Time Clinicians (vs. 1 for smaller clinics). They are not relying on a loose network of part-timers; they are building a permanent workforce.
- **Infrastructure:** They operate across 3 Locations (median) with 12 Treatment Rooms (vs. 1 location and 3 rooms).
- **Support:** They have a substantial back-office, with a median of 6 Admin Staff (vs. 1).



3. Financial Strategy: Premium Pricing & Aggressiveness

Million-pound clinics charge significantly more and are unafraid to raise prices.

- **Premium Fees:** Their initial consultation fee is £80 (vs. £70), and follow-ups are £65 (vs. £55).
- **Pricing Discipline:** 88% increased their prices last year (vs. 73%), and 88% plan to do so again next year. They do not hesitate. That means 77% are repeat increasers.

Metric	£1M+ Clinics	Below £1M Clinics
Increased fees (Past 12m)	**88.2%**	73.0%
Plan to increase (Next 12m)	**88.2%**	67.8%
Repeat Increasers (Both)	**76.5%**	50.7%

- **The "Scale Tax" on Profit:** their Profit Margin is lower (17.5% vs. 20%)

Insight: Scaling to £1M+ introduces management layers, higher facility costs, and larger payrolls that compress the margin percentage, even if the absolute profit (GBP) is much higher.

Self-reported profit margins (especially in clinics with turnover under £100K) often include phantom profits because many solo owners do not deduct a fair market salary for their own clinical time from their net earnings.

4. Operational Maturity

They run on systems, not just clinical skill.

Strategic Planning

82%

have a written business strategy (vs. 53%).

Management

59%

employ a dedicated Full-Time Practice Manager (vs. 30%).

Data Driven

47%

use a Business Intelligence (BI) dashboard to track performance (vs. 22%).

5. Technology & Equipment

They invest heavily in advanced technology to differentiate their offering.

Shockwave

76%

have Shockwave therapy (vs. 47%).

Ultrawave

59%

have their own Ultrasound Scanner (vs. 23%).

Tech Adoption

29%

They are twice as likely to use advanced tools like VALD force plates (29% vs. 18%)

6. Marketing Efficiency

Budget

They spend significantly more in raw numbers:
£3,000/month median vs. **£1,000**.

Efficiency

However, they spend *less* as a percentage of their revenue:
2.3% vs. **5.1%**.

7 . Marketing: They Dominate Google

Small clinics rely on "organic" growth (Word of Mouth, Social Posts). Million+ clinics pay to play.

Google Ads (PPC)

100%

of £1M+ clinics use Google Ads (vs. 64% of smaller ones).

SEO

76%

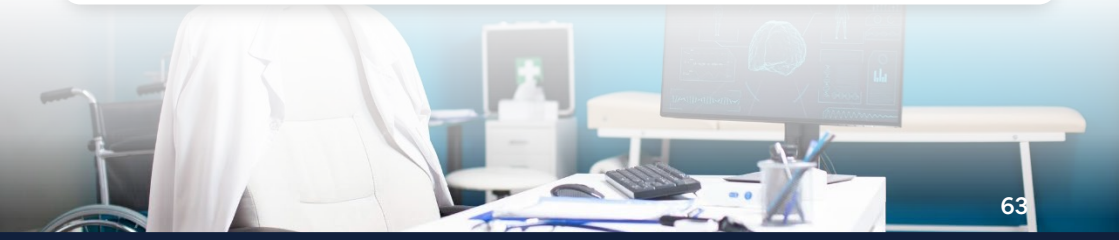
invest in SEO (vs. 57%).

Newsletter

76%

use Email Marketing (vs. 45%).

Insight: They control their own patient generation processes rather than waiting for referrals.



8. Financial Hygiene: The Monthly Mindset

How they handle their numbers is a major differentiator.

Monthly Accounts

59%

of £1M+ clinics have their accounts prepared **monthly** (vs. only 21% of smaller clinics).

Yearly Lag

In contrast, **61%** of smaller clinics only see their accounts **once a year**.

Insight: You can't change what you don't measure. You can not navigate using data that is 12 months old. Real-time financial visibility appears to be a prerequisite for scaling to this level.

9. The Physio-First Multi-Disciplinary Model

- **Physio is the Core: 100%** of the £1M+ clinics offer Physiotherapy (vs. 66% of others). Either Physio is an essential anchor service for large clinics **or** it is a selection bias (most probable).
- **Diversification:** They are far more likely to be multi-disciplinary:

Osteopathy

47%

offer it (vs. 17%).

Pilates

41%

offer it (vs. 21%).

Podiatry

35%

offer it (vs. 22%).

Insight: They don't just specialise; they cross-refer. They likely capture more value per patient by keeping referrals in-house.

This could be due to a selection bias in our sample.

10. Employment Model: Control vs. Flexibility

They lean towards control.

- **More PAYE:** They have a higher percentage of PAYE employees (**60%** median vs. **50%**).
- **Less Sub-Contracting:** Conversely, they use fewer sub-contractors (**25%** vs. **40%**).

Insight: Control vs. Flexibility: Larger clinics likely need the stability and control that comes with employed staff to maintain their brand standards and reliable capacity (the Admin Engine we saw earlier).

Metric	Correlation	Explanation
PAYE %	0.06	Positive but weak
Contractor %	-0.06	Negative but weak

Insight: The low correlation score (0.06) tells us this isn't a strict law. You can have a £1M+ clinic with contractors, and you can have a small clinic with employees. It's a preference of the big players, not a strict requirement like the number of rooms was.

11. Demographics: The Older Male Bias

There is a distinct demographic skew at the top end.

Gender

73%

of £1M+ owners are **Male** (vs. 56% in the general pool).

Age

80%

of them are aged **45+.** (There were **zero** £1M+ owners under the age of 35 in this dataset).

Insight: This likely reflects the time it takes to build such a large entity. It is rarely an overnight success; it is a mid-to-late career achievement.

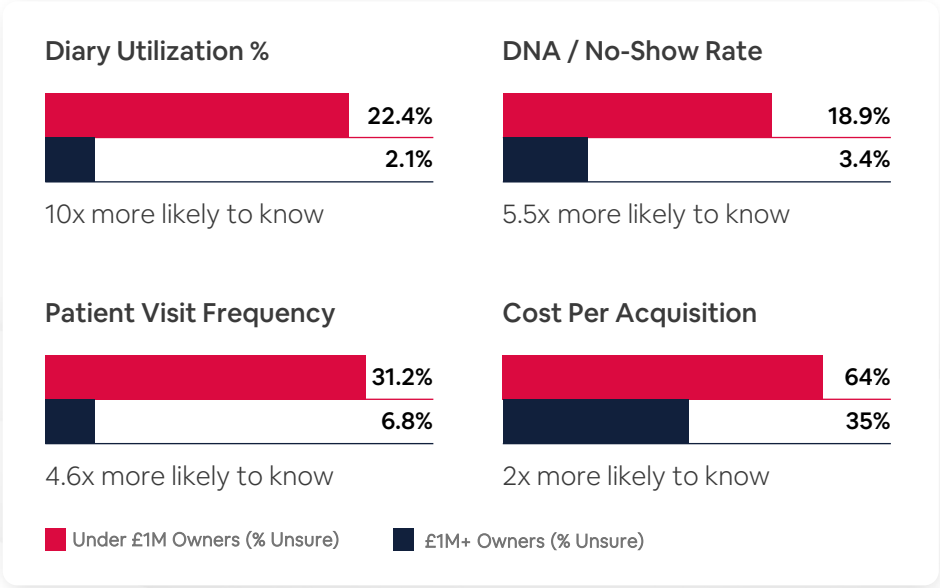
12. The Owner: From Clinician to CEO

This is perhaps the most dramatic shift.

- **Clinical Work:** In smaller clinics, the owner generates **50% (median)** of the revenue themselves. In £1M+ clinics, the owner generates only **10%.**

Insight: You cannot treat your way to a million. The owners of these clinics have largely stepped off the tools to manage the business.

- The data reveals a Measurement Gap. For the £1M+ owner, data isn't just a hobby; it's the dashboard they use to fly the plane. The data shows that **knowing your numbers is a prerequisite for scale, not a result of it.** You don't start tracking metrics because you hit £1M; you hit £1M because you started tracking metrics. The "Not Sure" response is effectively a ceiling on a clinic's growth. You can't fix what your don't measure!



13. Patient Mix: Less Reliance on Self-Pay

Unexpectedly, they are less reliant on pure self-pay patients.

PMI (Insurance)

They get **26%** of their revenue from Private Medical Insurance (vs. just 5% for smaller clinics).

Self-Pay

Only **67%** of their revenue is self-pay (vs. 90% for smaller clinics).

Insight: To fill a clinic of that size (10+ clinicians), you often need the volume channels that insurance companies provide. You cannot rely solely on direct-to-patient marketing.

The Diversification Strategy (Correlation: +0.21)

- Listing "Reducing dependence on insurance or referrer relationships" as a top priority.

Insight: This is highly specific to the £1M+ group (53% vs 16%). It reveals that while they currently rely on insurance (as seen in earlier data), they are actively trying to keep it in check. They have reached a scale where they are diversified and want to keep control on their patient mix.

14. Optimism: The Winner's Effect

Despite the stress of running a large operation, they are significantly more positive about the future.

- **Very Optimistic: 53%** of £1M+ owners are "Very Optimistic" about the future of private practice (vs. 37% of smaller owners).

The "Anti-Burnout" Effect (Correlation: -0.12)

- Listing "Improving work–life balance / reducing burnout" as a priority.

Insight: This has a negative correlation. Smaller clinic owners are desperate to fix their burnout (**44%** prioritise it), whereas 1M+ owners are far less focused on it **(18%).**

- **Why?** Likely because the Million+ owners have already "escaped" the clinical treadmill by hiring a full management team. They solved the burnout problem years ago by scaling out of the treatment room.

In a nutshell, the top predictors for “£1M+ clinic”:

How to read the table?

If you had to bet money on which clinics make £1M+, looking at their Number of Rooms would give you a 58% advantage over guessing randomly.

These are correlation not causality factors. This means that increasing your number of Treatment Rooms will not make you £1M+ clinic owners. However, to reach that threshold you are likely to need a certain number of rooms.

Rank	Feature	Correlation	Explanation
1	Number of treatment Rooms	0.58	Capacity is King. You cannot hit £1M without the physical space to deliver it.
2	Admin Staff Count	0.52	Back-Office Engine. High revenue requires a machine behind the clinicians (reception, billing, management).
3	Full-Time Clinical Staff	0.46	Employed Workforce. Success correlates strongly with building a permanent team, not just using contractors
4	Number of Locations	0.40	Expansion. Multi-site operation is a clear path to the million-pound mark.
5	Part-Time Clinical Staff	0.34	
6	Monthly Accounts	0.20	Financial Grip. Reviewing finances monthly (vs yearly) is a key trait of the £1M+ owner.
7	Ultrasound Scanner	0.19	Tech Differentiator. Investing in high-end diagnostics correlates with high-end revenue.
8	Marketing Budget	0.17	Spend correlates with revenue, but not as strongly as capacity (Rooms/Staff).
9	Owner Pay	0.31	The Reward. Successful owners pay themselves significantly more (£85k+ median).

Rank	Feature	Correlation	Explanation
10	Reducing Insurance reliance	0.21	They are big enough to fight back/actively trying to reduce dependence on insurers.
11	PMI (Insurance) %	0.17	Higher insurance volume helps drive the revenue needed for this scale and help pay the fixed costs.
12	Google Ads	0.17	100% of million-pound clinics use Google Ads; it's standard practice.
13	Physiotherapy Service	0.16	This could be a function of the respondent pool being biased towards physiotherapy.
14	Practice Manager	0.14	Having a dedicated manager is common but not the strongest predictor (Admin staff count is better).
15	Optimism	0.07	They are slightly more optimistic, likely because they are winning.

Retention Analysis

Rebooking rates

1. Average Patient Retention

The typical patient attends **5.5 sessions** in average.

- Average: 5.51 sessions
- Median: 5.00 sessions

2. The Range: Low vs. High Retention

There is a significant spread between clinics that discharge patients quickly and those that retain them longer.

- **Low Retention Clinics (Bottom 25%):** Average **4 sessions or fewer** per patient.
- **High Retention Clinics (Top 25%):** Average **6 sessions or more** per patient.
- **Super-Retainers (Top 10%):** Average **8+ sessions** per patient.

Summary: Most clinics operate in the 4-6 session range. If a clinic is averaging fewer than 4 sessions, they are significantly below the industry norm (potentially under-treating). If they are averaging over 6, they are in the top tier for retention (potentially better clinical outcomes or more effective rebooking processes). This is pretty clear signal for clinics who are in the 4 range. Something is not working. You need to look into it!

3. Average Rebooking Rate

The average patient rebooking rate across all clinics is **74%**.

- **Median: 80%**. The average Churn (ie. patients failing to return after the first visit) is **26%** (median: 20%).
- **70%** of respondents are in the 70-90% range, while 22% are in the 90%+ range.

This means that for every 10 patients who walk into a clinic for an initial assessment, roughly 7-8 of them book a follow-up appointment.

The top clinics see 9 or more of these patients rebook after their initial consultation. That is what excellence looks like.

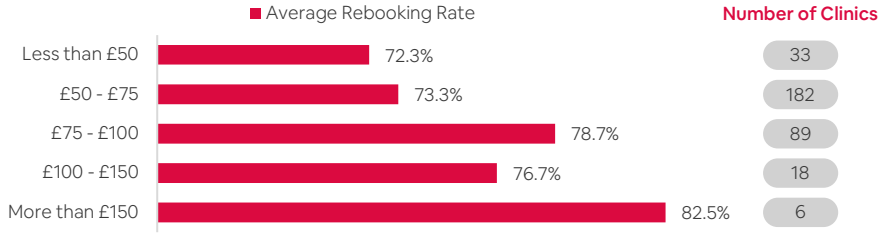
4. The Price Impact is limited

The analysis does not show any major impact of price on patient rebooking rate.

Initial Assessment Price

PREMIUM (>£90)	HIGH (£70-£90)	MEDIUM (£50-£70)	LOW (<£50)
77% rebooking rate	**74.8%**	**72.0%** (Lowest valid group)	**72.8%** (Small sample)

Insight: Clinics charging the most for the first visit tend to retain patients slightly better. This reinforces the "Value > Cost" principle.



It could also be related to larger clinics charging more and having better systems in place to maximise retention.

Follow-Up Appointment Price

PREMIUM (>£75)	HIGH (£60-£75)	MEDIUM (£45-£60)	LOW (<£45)
76.8% rebooking rate (Highest)	**75.3%** rebooking rate	**72.1%** rebooking rate (Lowest)	**75.7%** rebooking rate (Interesting outlier)

Insight: The trend holds: the most expensive follow-ups have the highest retention (76.8%).

What Drives It Up or Down?

Surprisingly, external factors (Price, Rating, Tech) have **very little impact** on rebooking. The data shows almost **zero correlation** with any of the typical business metrics.

5. The Clinical Reality

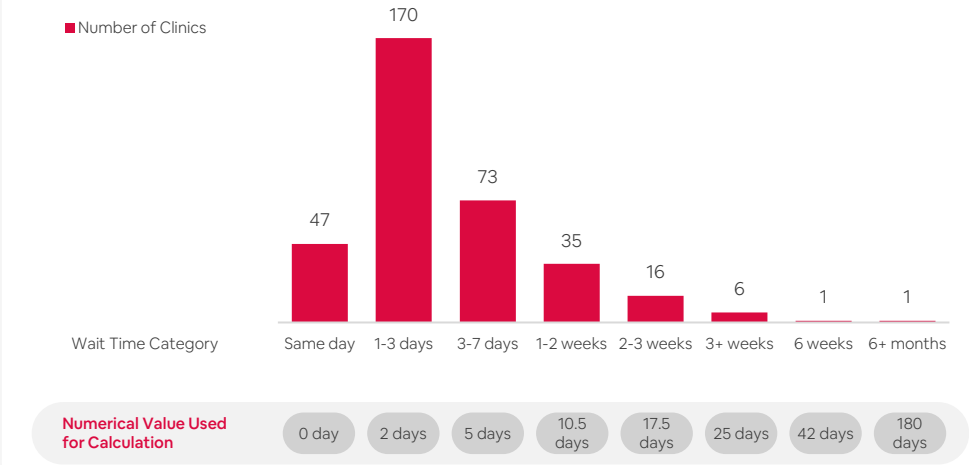
Since none of the business metrics (Price, Tech, Size) drive rebooking, the data strongly implies that rebooking is driven by **Clinical Skills and Communication**/the soft skills that happen inside the room, which are harder to measure.

Key Takeaway: You cannot buy a higher rebooking rate with software or lower prices. It is purely a reflection of the trust established in the first session

6. Wait Times

Wait times for patients are generally in the 2-5 days range:

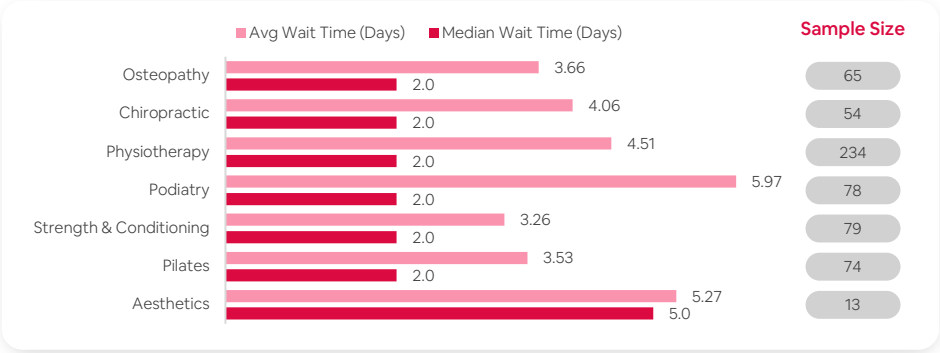
- **Average (Mean) Wait Time:** ~4.94 days
- **Median Wait Time:** 2.00 days



- **Immediate Availability (<2 days):** 71.3% Rebooking Rate
- **Wait time (2-5 days):** 74.30% Rebooking Rate
- **Wait time (1-2 Weeks):** 68.7% Rebooking Rate
- **Wait time (>2 Weeks):** 80.0% Rebooking Rate (Data set is small for this group, but trend is visible. 42% of these are podiatrists.)

The Same Day Trap: Clinics offering immediate appointments have relatively lower retention (71%). This reinforces the idea that being "too available" might not be a competitive advantage for long-term patient loyalty.

There are small variations across industries



- **Longest Wait Times: Podiatry** (5.97 days) and **Aesthetics** (5.27 days) have the longest average wait times. Aesthetics is the only specialty where the median wait time rises to **5 days**, suggesting significantly lower immediate availability compared to other disciplines.
- **Physiotherapy Hub:** As the largest sample in the dataset, Physiotherapy sits near the overall average with a **2-day median wait.**

Note: Many clinics provide multiple services, so respondents may be counted in more than one specialty category

7. Automation: A Small Boost

- **With Automation:** 74.2%
- **Without Automation:** 71.6%

Insight: Using automated reminders gives you a **~2.6% lift** in retention. It's not a game-changer, but it’s free money for just switching on a software feature or setting up basic systems.

Summary

The drivers of high rebooking aren't being cheap or being available instantly.

The profile of a High-Retention Clinic is one that:

1. **Builds trust** and good relationship from the get-go.
2. **Uses Automation** (Reduces friction).

This analysis is only looking at the number provided.
The number of sessions that a clinician recommends will have a major impact on the number of sessions.

8. The "Sticky" vs. "Transactional" Specialties

There is a clear divide in how often patients return based on the type of treatment they are seeking.

- **Most Loyal Patients (Chiropractic):**
  - **Lowest Churn:** Only **16%** of patients fail to return after the first visit.
  - **Highest Retention:** Patients visit **11 times** on average per episode.

Insight: Chiropractic care operates on a "course of treatment" model, where patients are habituated to frequent, ongoing adjustments.

This data is from Chiropractic “pure players” ie. clinics who only offer Chiro services. (n=46)

- **Transactional Nature (Podiatry):**
  - **Highest Churn:** nearly **29%** of patients do not return after the first visit.

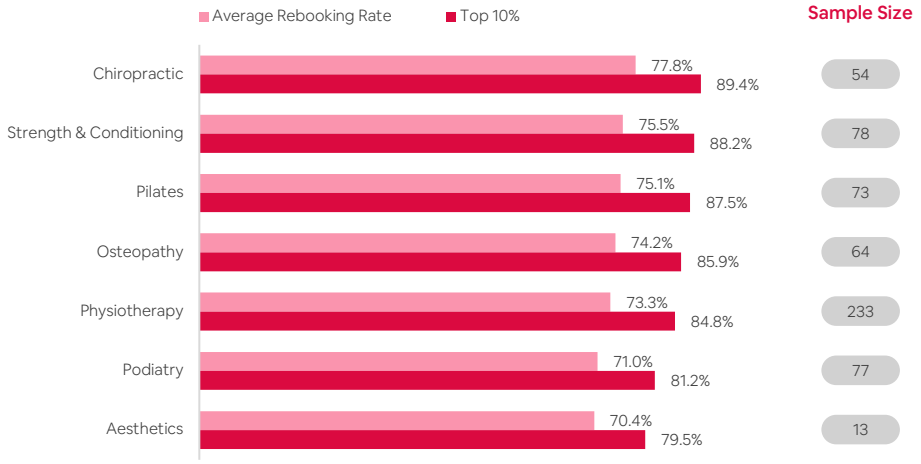
Insight: Podiatry is often problem-specific (e.g., "fix my ingrown toenail"). Once the immediate pain is resolved in a single session, the patient has no need to return, leading to naturally higher churn.

- **The Middle Ground (Physiotherapy & Osteopathy):**
  - **Churn:** ~16% (Physio) and ~15% (Osteo).
  - **Sessions:** ~4-5 sessions per episode.

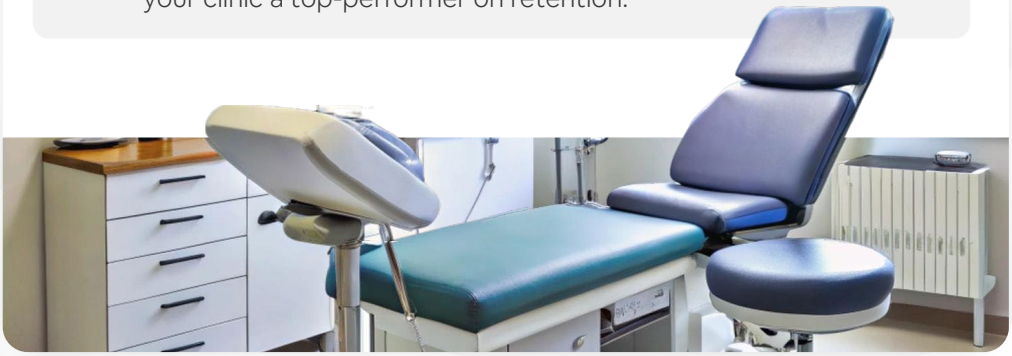
Insight: These professions sit in the middle. Patients return for a short rehabilitation block but graduate once recovered.

Which specialties retain patients the best?

- **Chiropractors are the kings of retention,** with the highest average rebooking rate of **77.8%** (and 84% for pure players).
  This likely reflects their treatment model, which often involves more frequent, shorter adjustments.
- **Podiatry and Aesthetics** have the lowest retention rates (70-71%), possibly because many of their treatments are one-offs or require less frequent follow-up (e.g., insoles, botox cycles).

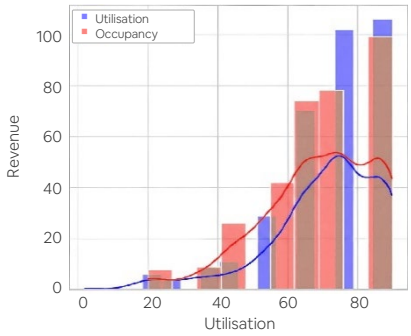


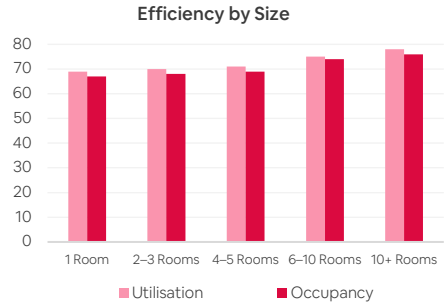
Key Insight:
The nature of the treatment dictates the natural retention ceiling. If you run a Physio clinic, aiming for the 80%+ retention seen in some Chiropractic models is a stretch goal but will make your clinic a top-performer on retention.



Diary Utilisation, Room Occupancy and Availability

1. The "80% Ceiling"





Across the entire industry, there is a remarkably consistent ceiling for efficiency.

- **Average Diary Utilisation:** 72.3%
- **Average Room Occupancy:** 69.7%

Insight: It is extremely rare for clinics to push beyond 80% utilisation sustainably. If your clinic is running at **80%**, you are effectively full. Pushing beyond this typically breaks systems, burns out staff, or ruins the patient experience (zero flexibility for rescheduling). (See below)

2. The Scaling Efficiency Curve

Contrary to the belief that larger clinics become bloated and inefficient, the data proves the opposite. Bigger clinics are fuller.

- **1-Room Clinics:** 66% Utilisation / 63% Occupancy
- **2-3 Rooms:** 68% Utilisation / 65% Occupancy
- **6-10 Rooms:** 71% Utilisation / 69% Occupancy
- **10- Rooms: 75%** Utilisation / 72% Occupancy

Insight: Large clinics (>10 rooms) are the most efficient machines in the industry. They have likely solved the marketing flywheel problem, allowing them to fill a massive facility better than a solo practitioner can fill a single room.

3. The Availability Reality Check

When asked about their availability:

26%
of clinics claim to be "Fully booked 90% of the time."

56%
say they have "Some availability but are still busy."

The Data Disconnect: The self-reported "Fully Booked" status (90%) contradicts the actual data average (72.3%). This suggests a **perception gap**: owners feel busier than they actually are, likely due to admin burdens making a 70% clinical load feel like 100% work capacity.

4. The "Evening/Weekend" Trap

A specific cohort (8% of respondents) noted:

"Evenings and weekends are busy but lots of availability during the day."

Insight: This is a classic growth trap. These clinics are capped not by marketing, but by patient behaviour. They cannot grow without shifting their patient base to daytime slots (e.g., retirees, flexible workers) or hiring staff willing to work undesirable hours.

5. The Wait Time Tipping Point

As utilisation rises, patient wait times do not increase linearly.
They grow exponentially.

- **50-70% Utilisation:** Average wait time is **2.6 days**.
- **70-80% Utilisation:** Wait time jumps to **3.9 days** (+48%).
- **>80% Utilisation:** Wait time jumps to **5.5 days** (+106% from baseline).

Why this matters: Once wait times exceed 3-5 days, you start losing acute patients (e.g., someone with extreme back pain today won't wait 5 days; they go elsewhere). Pushing past 70-80% drastically increases this barrier to entry.

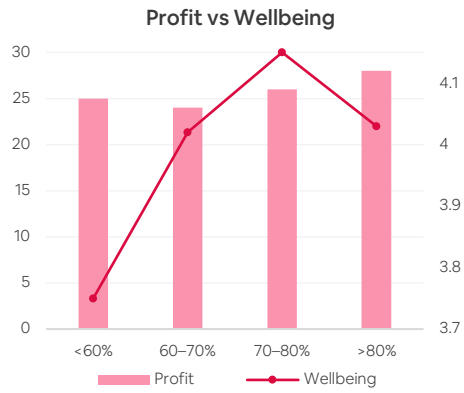
6. The Human Cost (Burnout Spikes)

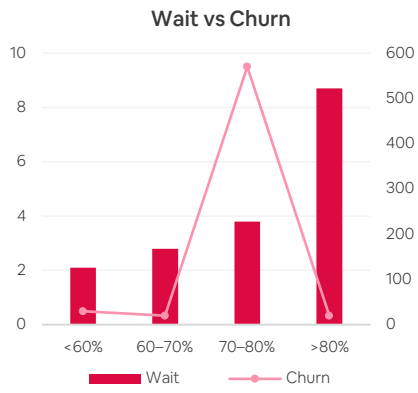
While financially successful, clinics running hot (>80%) pay a human toll.

- **Burnout Mentions**: In the "Healthy" group (50-70%), 32% of owners cited burnout as a challenge. In the "Overloaded" group (>80%), this spikes to 38%.

- **Wellbeing Scores:** Owner mental health scores actually peak in the 70-80% zone (4.18/5) but begin to drop once utilisation exceeds 80% (4.09/5), suggesting the extra money comes at the cost of stress on the team.

Strategic Takeaway





- **The 80% Rule:** If your diary is 80% full, be cautious about trying to fill the gaps. Instead, explore raising your prices or adding some capacity (hire another clinician). You are almost operationally full.
- **Room Efficiency:** If your Room Occupancy is significantly lower than your Clinician Utilisation (e.g., Clinicians are 80% full, but Rooms are 40% full), you are wasting rent. You need to hire more staff to work parallel shifts or sublet the space.
- Theoretically this makes sense, if a resource (clinician) is >80% utilised, there is statistically **almost zero** probability of finding a slot for a rescheduled appointment within the same week.
  - **This creates a negative feedback loop**: A patient cancels > cannot rebook soon > drops off care > revenue loss.
  - At 80% utilisation, you retain enough slack in the system to absorb cancellations and emergencies without chaos.
- The 80% Optimum visible from the data:

At 80%

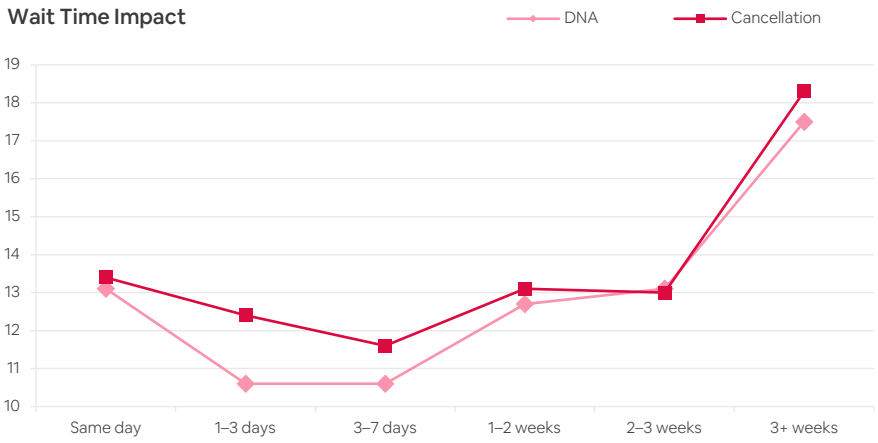
You keep wait times under **3 days**, ensuring happy patients.

At 80%

You maintain maximum **Owner Wellbeing** before burnout sets in.

No-shows and Cancellations

1. The "Golden Window" for Appointments



There is a distinct sweet spot for waiting times that minimises missed appointments.

- **Best Retention (3-7 Days):** Patients booked 3 to 7 days in advance have the lowest DNA (~6.2%) and cancellation rates (**~8%).**
- **The Danger Zone (>3 Weeks):** If a patient has to wait more than 3 weeks, the DNA rate triples to nearly 16%, and cancellations spike to **17.5%**.
- **The Too Soon Effect:** Surprisingly, same day bookings have a slightly higher DNA rate (7.7%) than those booked a few days out, likely due to the chaotic nature of urgent appointments.

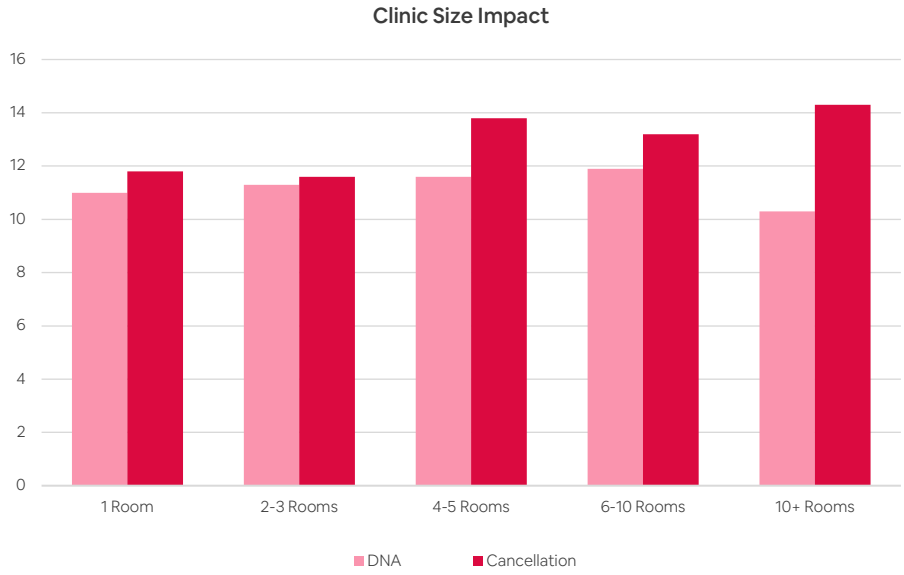
2. Automation is Non-Negotiable

Clinics that do not use automation tools (reminders/follow-ups) are significantly worse off.

- **Without Reminders**: Average DNA rate is **11%**.
- **With Reminders**: Average DNA rate drops to **6.3%**.

Insight: Simply turning on automated SMS/Email reminders nearly halves the no-show rate.

3. The "Big Clinic" Paradox



As clinics grow, their problems shift from "No-Shows" to "Cancellations."

- **Small Clinics (<£100k, 1 room)**: Have the best overall attendance with very low cancellation rates (~7.4%).
- **Large Clinics (<£1M, 10+ room)**: Have the lowest DNA rates (5%) but the highest cancellation rates (11.7%).

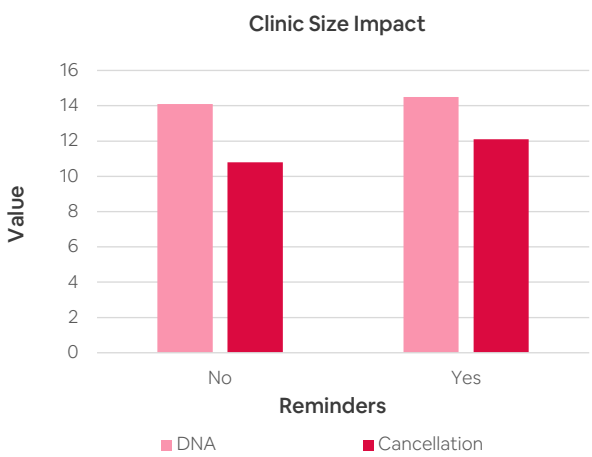
Insight: Larger clinics likely have stricter policies and better automated systems that catch "would-be" no shows and convert them into cancellations. They don't lose the slot entirely to a no-show, but they still face the administrative burden of churn.

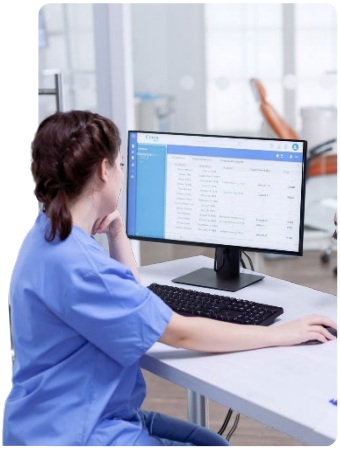
4. Regional Reliability

There are clear geographic trends in patient reliability.

- **Most Reliable**: The South West and Yorkshire regions boast the lowest DNA rates **(~5.5%).**
- **Most Challenging**: The East of England has the highest rates for both No-Shows **(9.8%)** and Cancellations **(13.5%)**.
- **London**: Despite the busy city pace, London clinics perform better than average, with a DNA rate of **~6.8%.**

5. Tech Stach Performance





The choice of Practice Management Software correlates with attendance performance. WriteUpp and Cliniko users report the best attendance figures, with significantly lower loss rates than the industry average.

WriteUpp (Best Overall)

6.2%	7.7%	~13.9%
DNA Rate	Cancellation Rate	Total Missed Appointments

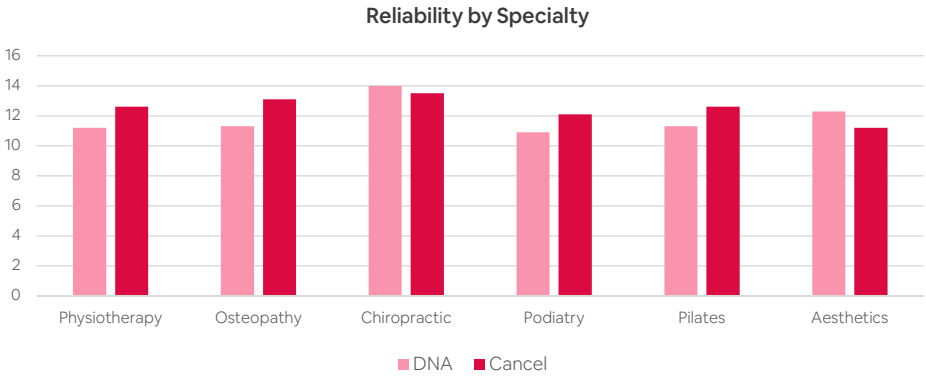
Cliniko (Close Second)

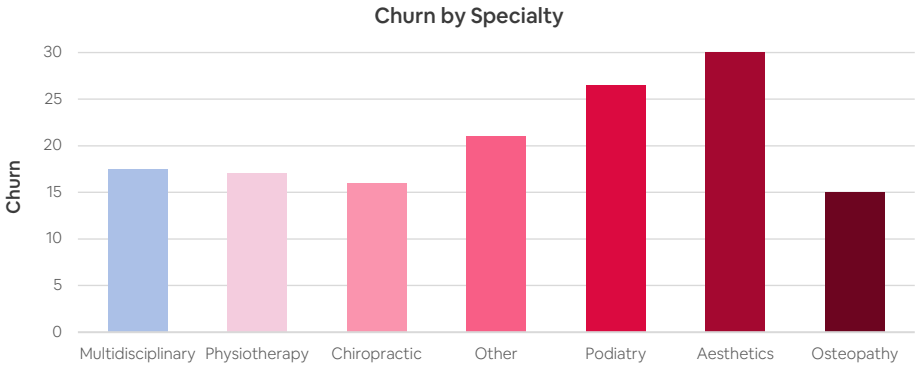
6.3%	8.2%	14.5%
DNA Rate	Cancellation Rate	Total Missed Appointments

Comparison to Strugglers

For context, clinics using other systems like Nookal or PPS reported total missed appointment rates (DNA+ Cancellation) of over 26%, meaning users of the top-performing software retain approximately 12% more appointments overall.

6. The Most Reliable Patients: Podiatry & Osteopathy





Contrary to their high churn rate (patients not returning after one visit), **Podiatry** patients are actually some of the most reliable when it comes to attending the appointment they *do* book.

Podiatry-only clinics: Lowest DNA rate **(5.7%)** and lowest Cancellation rate **(7.3%).**

Insight: This suggests that while Podiatry patients may only need one fix, they are in genuine need/pain and rarely flake on that specific appointment.

Osteopathy also performs exceptionally well as a standalone specialty:

- **Osteopathy-only clinics**: Extremely low DNA rate **(5.5%)** and low cancellations **(8.2%).**
- Compare: This is significantly better than Multi-Disciplinary clinics **(7.1%)**.

7. The Flakiest Patients: Chiropractic & Aesthetics

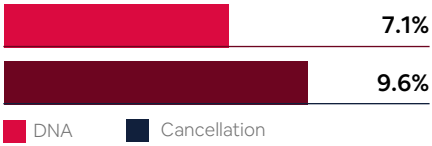
Chiropractic: Has the highest DNA rate among the major core therapies **(8.2%)** and the highest cancellation rate **(11.9%).**

Insight: High-frequency treatment plans (often 2-3x a week) naturally lead to more "life gets in the way" cancellations compared to sporadic, acute appointments.

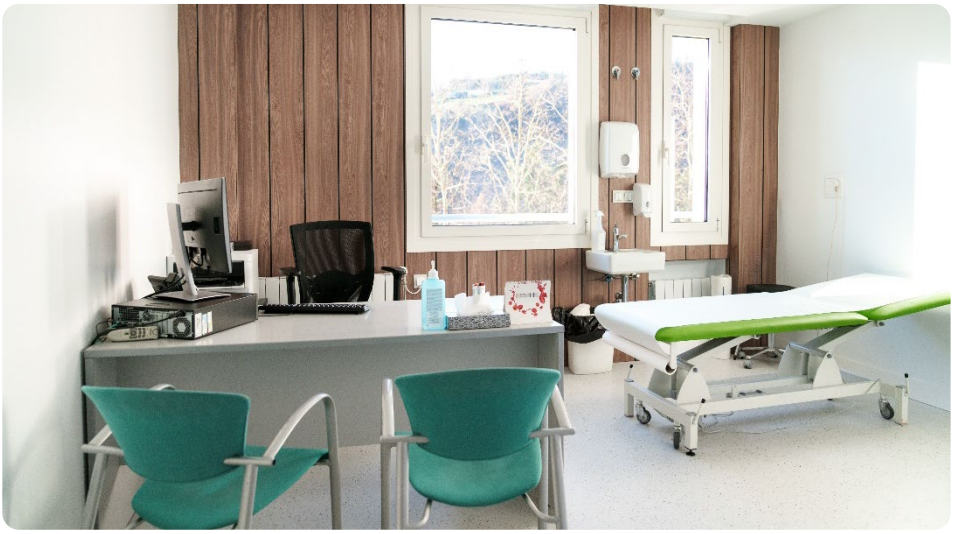
Aesthetics: While the sample size is small, Aesthetics shows a high tendency for No-Shows (**~10%** in pure clinics, **8.8%** overall). This is typical for elective/ cosmetic services compared to pain-driven medical services.

8. The Portfolio Effect of Multi-Disciplinary Clinics

Clinics that offer everything (Physio + Osteo + Pilates, etc.) sit firmly in the middle.



Insight: By mixing reliable patients (Osteo/Podiatry) with high-frequency/high-churn patients (Pilates/Chiro), these clinics get an average reliability score. They don't get the extreme efficiency of a pure-player Podiatry clinic, but they avoid the high churn of a pure-player Chiro clinic.



The PMI Question: Revenue vs. Profit

1. The Insurance Trade-Off

Revenue: PMI Clinics are Bigger. Accepting insurance is a volume play. These clinics make significantly more revenue, but they sacrifice their profit margin to get it.

- **Accepts PMI**: £275,000 Median Revenue
- **No PMI**: £150,000 Median Revenue

Insight: Clinics that accept insurance generate **83% more revenue** than those that don't. It acts as a massive funnel for patient volume.

2. Profit Margin: Non-PMI Clinics are More Efficient

- **Accepts PMI:** 20% Median Margin
- **No PMI:** 25% Median Margin

Insight: While the "No PMI" clinics are smaller, they keep more of every pound they earn (likely due to higher self-pay rates and less admin overhead).

Self-reported profit margins (especially in clinics with turnover under £100K) often include "phantom profits" because many solo owners do not deduct a fair market salary for their own clinical time from their net earnings.

3. Patient Volume (New Patients)

- **Accepts PMI:** 40 New Patients/Month (Median)
- **No PMI:** 35 New Patients/Month (Median)

Insight: The median volume boost from insurance is moderate (+5 patients/month), but the average volume is lower for the PMI group (68 vs 79), likely skewed by some very large self-pay clinics or outliers. However, the median confirms the general trend that PMI adds volume.

Metric	Accepts PMI (n=238)	No PMI (n=83)	Difference
Median Revenue	£275,000	£150,000	83%
Median Profit Margin	20%	25%	-5 pts
Median New Patients	40 /month	35 / month	14%

4. PMI Impact By Specialty

Specialty	Revenue Impact (Accepts vs No PMI)	Profit Margin Impact	Sample Size
Physiotherapy	+100% (£280k vs £140k)	No Change (20% vs 20%)	219
Osteopathy	+173% (£300k vs £110k)	-15 pts (15% vs 30%)	61
Chiropractic	+17% (£350k vs £298k)	-10 pts (20% vs 30%)	50
Podiatry	+27% (£338k vs £265k)	-1pt (20% vs 21%)	74

Self-reported profit margins (especially in clinics with turnover under £100K) often include "phantom profits" because many solo owners do not deduct a fair market salary for their own clinical time from their net earnings.

Physiotherapy (The Volume Engine)

- **Revenue:** PMI Clinics earn double the revenue of non-PMI clinics (£280k vs £140k).
- **Profit:** Surprisingly, the median profit margin stays the same (20%).

Insight: For Physios, accepting insurance seems to be a "no-brainer" for scale without necessarily killing your margin percentage.

Osteopathy (The Margin Sacrifice)

- **Revenue:** PMI Clinics earn **173% more** (£300k vs £110k).
- **Profit: Massive Drop.** Margins fall from **30%** (No PMI) to **15%** (PMI).

Insight: Osteopaths see huge growth from insurance but pay a heavy price in efficiency. They are trading high-margin niche work for lower-margin volume.

Chiropractic,The Resilient Niche

- **Revenue:** only a modest boost (**+17%**) from insurance (£350k vs £298k).
- **Profit:** drop significantly (**30%** down to **20%**).

Insight: Insurance moves the needle *least* for Chiropractors. They seem to build large, profitable cash practices more easily than other professions.

Conclusion

- **Chiropractors** have the least gain from insurance (they do fine without it)
- **Physios** have the most balanced gain (double revenue, stable margin)
- **Osteopaths** face the hardest choice: stay small profitable, or accept insurance to explore revenue but slash margin

Marketing and Patient Acquisition

1. General

1. **Word of Mouth is King:** Combining patient and general referrals, the organic channel accounts for the lion's share of new business. This validates the earlier finding that "Clinical Skills/Trust" drives retention but also drives acquisition.
2. **Big clinics extensively use Paid Marketing:** While £1M+ clinics invest heavily here (as seen before), for the *average* clinic, paid ads drive about **28%** of new footfall.
3. **Consultants are niche:** Relying on consultant referrals is a very small piece of the pie (8%) for most clinics, likely relevant only for highly specialised (neuro, ...) or post-surgical rehab clinics.

2. Different Priorities: Scaling vs. Surviving

Clinic owners who invest heavily in marketing (>£1,000/month) have a fundamentally different mindset compared to low investors.

Top Priorities for High Marketing Investors

72%
Increase Patient Numbers

63%
Developing & Training the Team
(Significant focus here)

61%
Building a Stronger Brand

Top Priorities for Low Marketing Investors

67%
Increase Patient Numbers

51%
Building a Stronger Brand

50%
Improving Systems

47%
Developing & Training the Team
(Much lower priority)

Key Takeaway

High investors are not just buying new patients; they are building the capacity to handle them. They are **16 percentage points more likely** to prioritise **team training** than low investors.
This suggests they are in a Scaling phase (investing in both leads and staff), whereas low investors are in a Survival phase (trying to get patients and fix systems, but investing less in their people).

3. By Clinic Size (Revenue)

The source of patients evolves as a clinic grows.

Revenue Band	Word of Mouth (Patient Refs)	General Referrals	Paid Marketing	Consultant Referrals
< £100k	39.5%	36.4%	19.1%	5.0%
£100k - £250k	36.7%	36.4%	21.6%	5.3%
£250k - £500k	31.6%	32.4%	29.2% (Highest)	6.8%
> £500k	30.5%	35.3%	24.1%	10.1% (Highest)

- **Small Clinics (<£100k)**: Rely heavily on Referrals (Word of Mouth & General) (~75% combined). Paid marketing accounts for 19% of their patient acquisition.
- **Medium Clinics (£250k - £500k)**: This is the Marketing sweet spot. They have the highest percentage of patients coming from Paid Marketing (29%), suggesting they are aggressively spending to scale up to the next level.
- **Large Clinics (>£500k)** : They diversify. While paid marketing drops slightly as a percentage (24%), they have the highest rate of Consultant Referrals (10%), double that of small clinics. This reflects their established relationships with GPs, surgeons and specialists.

4. By Specialty

Different professions rely on different channels.

Specialty	Professional Referrals (General + Consultant)	Word of Mouth (Patient Refs)	Paid Marketing
Chiropractic	41.40%	33.20%	25.30%
S & C (Strength & Conditioning)	44.30%	33.40%	22.20%
Aesthetics	43.30%	31.30%	25.40%
Physiotherapy	42.70%	34.80%	22.50%
Pilates	42.10%	35.80%	22.20%
Osteopathy	42.00%	39.20%	18.90%
Podiatry	41.60%	37.20%	21.20%

- **Chiropractors & Aesthetics:** These are the most commercial specialties. They have the lowest reliance on patient referrals and the highest reliance on **Paid Marketing (25%+)**. They have to buy their growth more than others.
- **Physiotherapy:** The most medical model. They have the highest rate of **Consultant Referrals (10%)** and rely heavily on patient word-of-mouth.
- **Osteopathy:** Very traditional. They rely almost exclusively on Referrals (Patient + General) and have relatively low paid marketing (19%).

5. Marketing Maturity & The Blind Spot

- **The Knowledge Gap:** Only 25.8% of clinic owners know their Cost to Acquire a Patient (ie. “CAC”).
- **The Cost:** For those who do know, the median cost is £25.00 per new patient.
- **The Correlation:** Marketing spend has a solid correlation (0.42) with total revenue.

Insight: 75% of owners are flying blind on marketing efficiency. If you know your CAC is £25 and your Initial Assessment is £75, you have a 3:1 return immediately. This is the single biggest low hanging fruit for professionalizing the industry.

6. The Cost of Ignorance: A £127k Gap

The single most telling metric in the dataset is whether an owner knows their **Cost of Acquisition (CAC),** i.e., how much they spend to get one new patient.

Clinic Size	% Who Know Their CAC	% Who Responded "Not Sure"	The Data Maturity Gap
Small (<£500k)	24.5%	75.5%	Operates on "Marketing Hope"
Large (≥£500k)	68.2%	31.8%	Operates on "Marketing ROI"

- **Knowers vs. Guessers:** Owners who track and know this number generate 63% more revenue than those who don't.

Knows CAC: Median Revenue
£327,500

Doesn't Know: : Median Revenue
£200,000

- **Patient Volume:** Knowers also average **50 new patients/month** compared to just **35** for those who are guessing.
- **The Problem:** The top reported marketing challenges are "We don't track ROI properly" and "I don't know what's working" (cited by 180 and 163 respondents respectively).

7. The Omnichannel Scale Strategy

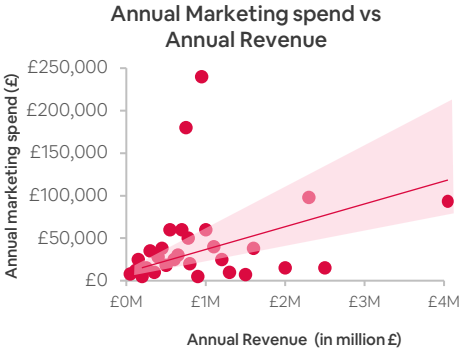
High revenue clinics don't just spend more; they are everywhere. There is a direct link between the **number of marketing channels** used and clinic size.

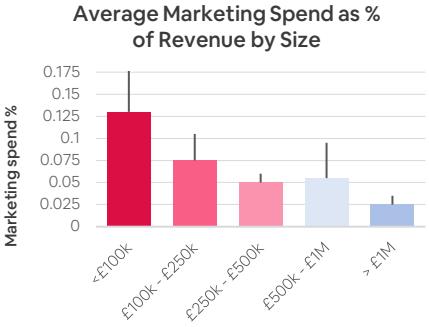
- **Small clinics:** (<£250k): Use ~6 channels.
- **Large clinics:** (>£500k): Use ~9 channels.

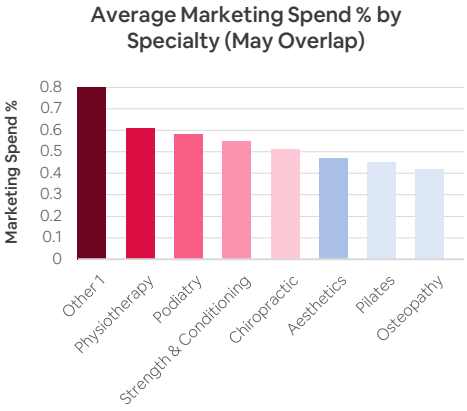
The Paid Pivot:

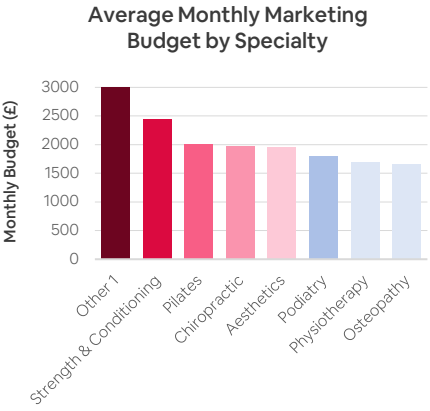
- **Small clinics** rely on free/organic channel: Their #1 channel is **Google Business Profile**, followed by organic social media
- **Large clinics** shift to paid/scale channels: Their #1 channel is **Google Ads (PPC)**. They are also significantly more likely to use premium credibility platforms like **Doctify.**

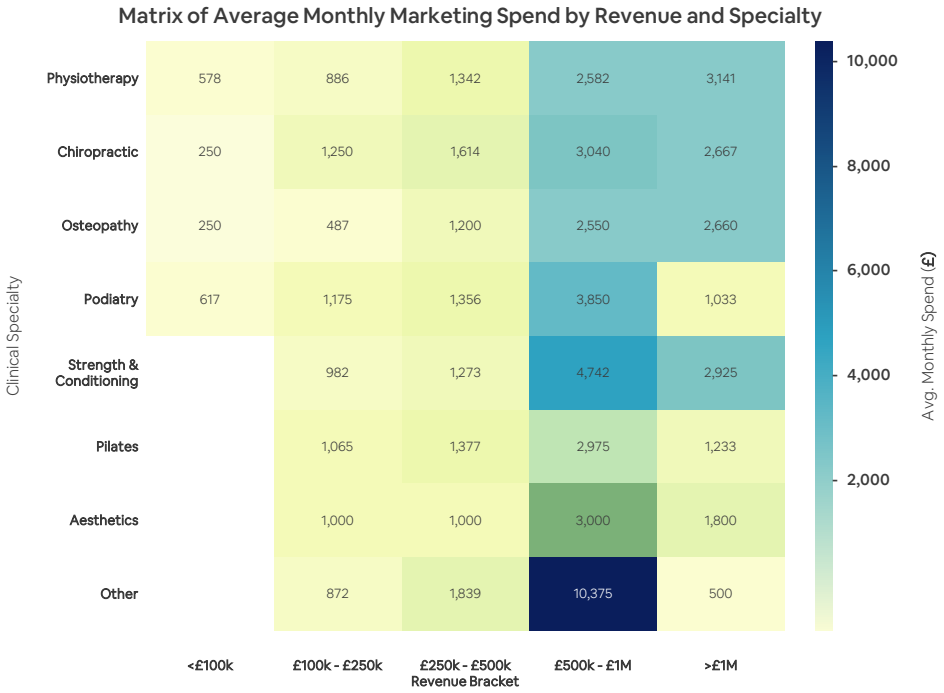
8. How much do clinics spend?











- Clinics invest between 4-11% of their revenue in marketing.
- The average marketing monthly for a clinic is ≈£1.800/month
- There is a moderate positive correlation (r = 0.42) between annual revenue and absolute marketing spend. However, when looking at marketing spend as a percentage of revenue, there is a clear economy of scale effect.
- Larger clinics invest more (in absolute amount) as they grow. Logically, their marketing budget represents a smaller fraction of their revenue as they grow.
  - **Smaller Clinics (< £100k revenue):** Spend the highest proportion of their revenue on marketing, averaging **11.2%.**
  - **Mid-sized Clinics (£250k - £1M):** Marketing spend stabilises between **5.1% and 4%.**
  - **Large Clinics (> £1M revenue):** Spend the lowest proportion, averaging just **2.2%.**

This suggests that as clinics grow, they likely rely more on organic growth, patient retention, and established referral networks rather than high-cost acquisition.

Revenue	Monthly Marketing Spend Average	% of Sales
Less than £100K	£515.00	11.20%
£100K-£250K	£963.00	7.35%
£250K-£500K	£1,397.67	5.09%
More than £500K	£3,259.21	4.00%
	£1,774.96	**4.60%**

- Marketing investment varies across clinical specialties. Note that many clinics are multi-disciplinary, so these categories overlap.

Specialty	Avg. Marketing % of Revenue	Avg. Monthly Budget	Sample Size
Physiotherapy	6.1%	£1,685	92
Podiatry	5.8%	£1,817	24
Strength & Conditioning	5.5%	£2,450	39
Chiropractic	5.1%	£1,974	19
Aesthetics	4.7%	£1,933	6
Pilates	4.5%	£2,006	38
Osteopathy	4.2%	£1,633	20

- **Physiotherapy** and **Podiatry** clinics tend to allocate a higher percentage of their revenue to marketing.
- **Strength & Conditioning** and **Pilates** services often have higher absolute monthly budgets (over £2,000) but represent a lower percentage of total revenue, potentially indicating these are offered within larger, higher-turnover facilities.

6. The Hybrid Winner

Who should handle marketing? The data suggests a Hybrid approach is adopted by the largest clinics.

- **Hybrid (Agency + In-House)**: Highest Median Revenue (£300k). This suggests using an agency for technical tasks (Ads/SEO) while keeping authentic content (Socials/Email) in-house.
- **Agency Only**: Second best (£278k).
- **In-House Staff Only**: Surprisingly low performance (£197.5k). Delegating marketing to a general practice manager or admin often yields poor results compared to using specialists.
- **Owner DIY**: The lowest revenue group (£155k). Doing it yourself is a bottleneck.

7. The Success Loop: Winners are doubling down

Who is planning to spend more on marketing next year? It's not the struggling clinics trying to save themselves; it's the successful ones trying to grow even bigger.

- **Planning to Spend More:** Median Revenue **£325k** (and grew **13.5%** last year).
- **Not Planning to Spend More:** Median Revenue **£280k** (and grew **10%** last year).
- **Takeaway:** Marketing is being used as an *accelerator* by high performers, not a *life raft* by struggling ones

Pricing

1. The Geographic Price Map

Location is the biggest driver of initial consultation fees

Region	Average Initial Fee	Average Follow-up	Variation from National Avg	Sample Size (n)
London	£84.22	£62.15	+21.3%	92
South East	£71.45	£54.30	+2.9%	104
East of England	£68.90	£52.10	-0.8%	58
South West	£66.12	£50.85	-4.8%	81
West Midlands	£64.50	£49.20	-7.1%	64
North West	£63.15	£48.75	-9.1%	76
East Midlands	£62.80	£47.90	-9.6%	42
Yorkshire & the Humber	£61.45	£46.33	-11.5%	49
Scotland	£60.90	£47.20	-12.3%	38
Wales	£58.40	£45.10	-15.9%	41
Northern Ireland	£54.20	£42.50	-22.0%	32

North East & Cumbria: Small sample size (n=6) and a few outliers make this data point unusable for analysis.

2. Specialty Pricing Models

Location is the biggest driver of initial consultation fees

Specialty	Median Initial Fee	Median Follow-up	Sample Size (n)
Podiatry	£81.00	£61.00	77
Physiotherapy	£74.00	£63.00	233
Osteopathy	£70.00	£55.00	64
Chiropractic	£69.00	£47.00	54
Aesthetics	£60.00	£237.00 ⚠️	13
Pilates (1:1)	£55.00	£55.00	73
S & C	£55.00	£45.00	78

- **Podiatry (The Price Leader):** Charges the highest initial fee (£81), reflecting the specialised/medical nature of the service.
- **Physiotherapy:** Sits at the market average (£74 Initial / £63 Follow-up).
- **Chiropractic (The Low Entry Model):** Has the lowest initial fee (£69) and significantly lower follow-up fees (£47). This confirms the high-volume/low-friction business model identified earlier.
- **Aesthetics:** The data shows an anomaly (low initial/high follow-up), likely due to free consultations followed by expensive treatments (£237+).

3. The Initial Assessment Premium

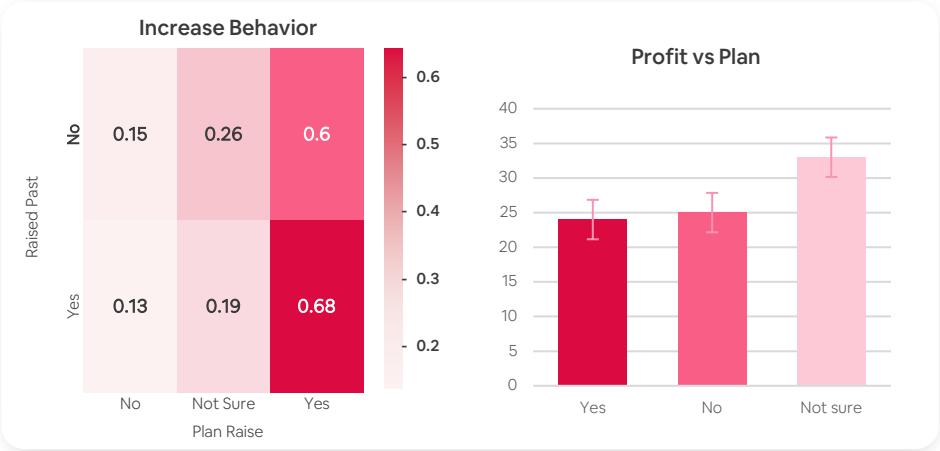
Out of the total respondents who provided valid pricing data:

- **18.4% of clinics (62 clinics)** do not charge a premium for the Initial Consultation (using either a flat-rate or discounted pricing model). (Initial = Follow-up OR Initial < Follow-up). Only a tiny minority (≈3%) charge more for the follow-up appointments.
- 81.6% of clinics (274 clinics) charge a premium for the Initial Consultation.

Better Drop-off Rate: Interestingly, clinics charging the same or less for the initial visit actually report **a lower drop-off rate** (10.2%) than those charging a premium (14.4%).

- This implies that a lower barrier to entry (cheaper initial cost) might get patients through the door and past the first session more easily.

4. The Inflationary Wave



Clinics are aggressively raising prices to combat costs:

- **Past Behavior: 73.5%** of clinics raised prices in the last 12 months.
- **Future Intent: 66%** plan to raise prices *again* in the next 12 months. Only 13% said "No".
- **Magnitude:** The average planned increase is **7.8%**, with a median of 6%.

Insight: If you are not raising prices by at least 6-8% this year, you are effectively taking a pay cut and falling behind the majority of the market.

5. Price vs. Revenue Correlation

There is a positive but weak corellation **(0.17)** between higher prices and total revenue

Takeaway: Raising prices helps, but it is not the *primary* driver of a £1M+ clinic. Volume (Scale/Rooms) matters more than being the most expensive clinic in town. You don't have to be luxury to be big.

6. The Serial Raisers

Raising prices is a habit. Once a clinic breaks the psychological barrier of raising fees, they are much more likely to do it again.

If they raised fees last year: **68%** plan to raise them again this year.

If they didn't raise fees last year: Only **59%** plan to raise them this year.

Insight: The fear of raising prices diminishes with experience. Clinics that did it survived, so they are doing it again.

7. The "Catch-Up" Effect

Clinics that *didn't* raise prices last year are now catching up and go for larger increases.

Planned Increase (Serial Raisers): Aiming for **7.5%.**

Planned Increase (Chasers): Aiming for **8.9%.**

Insight: Delaying a price rise is costly. Those who waited are now forced to inflict a much sharper shock (nearly 9%) on their patients, whereas serial raisers can smooth it out with smaller, regular increments.

8. Who is Raising?

There is a massive correlation between revenue scale and pricing confidence.

Planning to Raise	Not Planning to Raise	Not Sure
£437,000	**£285,000**	**£228,000**
Average Revenue	Average Revenue	Average Revenue

Insight: The largest, most successful clinics are the most aggressive with pricing. The smallest clinics are the most hesitant ("Not Sure"), likely paralysed by fear that patients will leave.

9. The Profit Paradox

Raising prices is a habit. Once a clinic breaks the psychological barrier of raising fees, they are much more likely to do it again.

- **Future Raisers** actually have *lower* profit margins (24%) than those "Not Sure" (33%).

Interpretation: This seems counter-intuitive, but it aligns with the Growth Phase data. Larger clinics (who raise prices) run on tighter margins due to staff/overheads. Smaller clinics (who are unsure) are often high-margin solo operators who don't need to raise prices to survive, but could raise them to fund the growth.

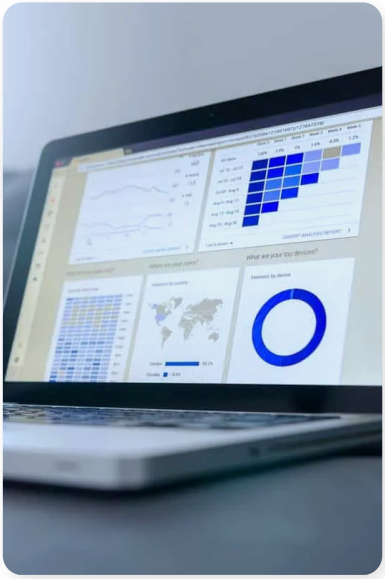
10. Why Don't They Raise?

The top reasons for not raising fees are psychological:

Altruism and Accessibility "Wanted to maintain accessibility/ affordability“	17 votes
Fear "Concerned it would put patients off“	9 votes
Market Ceiling "Pricing already at upper end“	9 votes

Strategic Advice

1. **If you didn't raise last year:** You are statistically likely to be smaller (£340k vs £390k) and are now forcing yourself into a painful 9% hike if you wanted to catch up with the market.
2. **The "Not Sure" Group:** This group is the most vulnerable (£228k revenue). Indecision is keeping them small. The data says: **pick a side**. The successful clinics (Yes) and the stable niche clinics (No) have made a decision. Being "Not Sure" is the worst place to be.
3. **Frequency:** the "68% Club” make price rises an administrative task (likely annual), not an emotional decision.



Conclusion & Thoughts

We'd love to share some quick thoughts and observations we gathered while putting this report together. Please send us your thoughts and comments : **barometer@hmdg.co.uk**

The Secret to Happiness (Kind Of)

It's always fascinating to see which clinic owners are the happiest. Usually, it's the ones who feel in control. The data shows these owners tend to run larger clinics because they've mastered a simple truth**: you can't fix what you don't measure.**

They don't use over-complicated maths. they just stay on top of a few core KPIs. By tracking their progress, they can actually see the impact of their hard work. Bottom line: **know your numbers, lower your stress.**

- What KPIs do you track?
- How do you visualise them? Do you share these with your team?

Let's talk about pricing

We totally get it—pricing is a touchy subject for clinic owners. On one hand, you've got the real-world pressure of the market and external factors that naturally put a cap on what you can charge for an appointment.

There are also plenty of **heartfelt reasons** why you might hesitate to raise your rates. Maybe you're committed to keeping your care accessible, or perhaps you're already at the top of the local benchmark. But often, we see owners layer on their own mental hurdles and shy away from a price hike, even when it's justified.

Just to be clear: we're not suggesting you raise prices across the board without a second thought. But we *do* want to spark a bit of reflection. If you haven't adjusted your rates in a while and find that you're not being fairly compensated for the high level of care and hard work you put in, **it might be time for a change.**

Investment vs. Cost

When you're running a business, **every penny counts.** We know that many clinic owners still have that "day one" scrappy mindset. While that frugality can be a huge strength, refusing to spend on what matters can be **really expensive.**

This is especially true when it comes to operations and overhead. Think about it:

- **Support:** How many appointments/how much revenue are you losing because you don't have an admin helping you stay organized?
- **Growth:** How many potential patients are you missing out on by not leaning into marketing?

The most successful clinic owners realize that not every line on their P&L is just a "cost". Some of them are **investments** in their future.

The Methodology

In this section, we've laid out exactly how we analysed the data for this report.

We realise that 99% of you probably won't need to dive into the technical details, but we believe in being as transparent as possible about our process.

Our goal was to provide an unbiased analysis so that everyone in the industry can use these numbers with total confidence.

Methodology

Methodology

To ensure the integrity and reliability of our findings, this study employed a structured quantitative research design. The following sections outline the systematic approach taken to data collection and analytical validation.

Research Design and Instrument

The primary instrument for this study was a structured online survey, designed to capture both objective data points and subjective perceptions.

- **Question Logic:** The survey utilised skip logic and branching to ensure respondents only encountered questions relevant to their specific experiences, reducing survey fatigue.
- **Scale Usage:** Perceptual data was gathered primarily through five-point Likert scales, ranging from "Strongly Disagree" to "Strongly Agree," to allow for nuanced statistical analysis.
- Some question suggested amounts/range while other were completely opened.
- **Validation:** Before full deployment, the instrument underwent a test phase. The responses entered during the test phase were not taken into account for the analysis.
- **Data Collection Period:** August 1st - November 8th 2025
- **Total Respondents:** 715
  - 358 answered all the questions
  - 357 answered some questions but not all of them
- The survey was distributed via email and online ads

Status	Count	Description
Completed	358	Responded to all mandatory questions through to the end.
Partial (in-progress)	357	Started the survey but dropped off (often at the financial metrics section).
Total Respondents	**715**	

Data Integrity and Quality Control

To protect the validity of the results, several "data cleaning" protocols were implemented:

Consistency

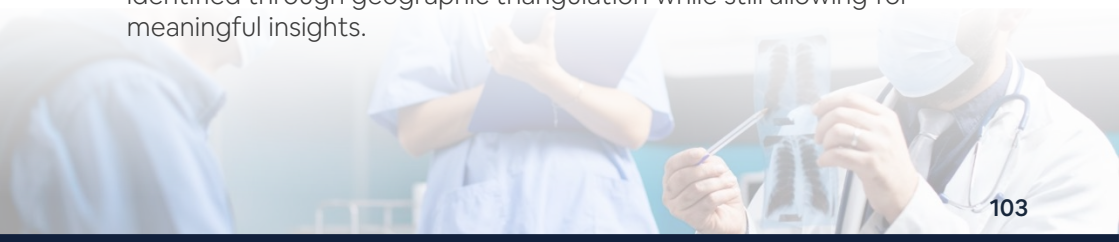
Some metrics were reported differently by respondents (a 20% rate could be reported as 0.2 or 20 or 20%). We used scripts to unify the date and flag outliers.

Inconsistency Audits:

Logic checks were embedded to identify contradictory answers, ensuring that the final data set reflects attentive and honest participation.

Analysis Framework

- The raw data was processed using Microsoft Excel. Analysis focused on identifying **central tendencies and statistically significant correlations** between the variables discussed in the introduction. All reported percentages have been rounded to the nearest whole number unless the precision was vital to the insight.
- The raw data was processed for statistical evaluation, focusing on identifying central tendencies and significant correlations.
- **Qualitative Analysis (AI-Assisted):** For open-ended responses, we utilised an **AI-driven clustering approach** to categorise large volumes of text into thematic groups.
- **Manual Verification:** To ensure the nuance of the human experience was not lost, our research team **manually reviewed and verified** all AI-generated clusters. This hybrid approach combines computational efficiency with human to ensure the qualitative insights are both accurate and representative.
- **Anonymity Adjustments:** To prioritise respondent privacy, a modification was made to the "Location" question ten days after the survey launched. We replaced the collection of specific **postcodes** with broader **regional categories**. This change ensures that individual participants cannot be identified through geographic triangulation while still allowing for meaningful insights.



Feedback & Contact

Thank you for participating and for reading; we hope these insights help you build the business you've always wanted. If you have questions, feedback, or want to get involved in next year's report, we'd love to hear from you.

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