

CASE STUDY · HEALTHCARE

Seen as a college hospital.

It was a centre of excellence.

A medical college and teaching hospital had **hi-tech infrastructure, five-star rooms and suites, and senior clinicians** — and almost no premium patients, because it was read as a college hospital rather than a private one. It also had no website, no marketing team and no processes of any kind. We corrected the perception, and built the marketing function to carry it. What follows is the situation before, what we did, and the result.

A NOTE ON DISCLOSURE AND ON NUMBERS

This client is under confidentiality and is described by category rather than by name; the identity can be shared under NDA. On figures, one rule applies throughout: **a number appears here only where we can stand behind it.** The figures here are the institution's own and describe an engagement that is still running. We would rather be short a number than give you one we cannot defend in a room.

Five-star suites, senior clinicians, and a label that kept premium patients away.

CATEGORY	MARKET	MANDATE	WINDOW
Healthcare — medical college and teaching hospital	India	Reposition, and build the marketing function	4+ years, ongoing

THE SITUATION BEFORE

Premium on the inside. Read as something else from outside.

- **The reality was already premium.** Modern, hi-tech medical infrastructure, five-star rooms and suites, and senior clinicians. On capability and on comfort the institution could stand against any private hospital in its market.
- **It was not read that way.** Because it was a medical college hospital, it was assumed to be an institution for patients who could not afford private care — not a private hospital in its own right. The label was doing the judging, not the building.
- **The consequence was specific: premium patients went elsewhere.** The hospital was not short of capability. It was short of consideration — it was simply not on the list when a paying patient chose where to be treated.
- **Zero website. Zero team. Zero processes.** There was no marketing function of any kind: no digital presence to be found through, no in-house team, and no process to handle an enquiry once it arrived.

THE REAL EXPOSURE

The gap was not between what the hospital offered and what premium patients wanted — those already matched. The gap was between what the hospital was and what it was assumed to be. Advertising alone could not have closed it: there was no website to send anyone to, no team to run it, and no process to convert an enquiry into an admission. The perception had to be corrected, and the machinery to carry it had to be built.

WHAT WE DID

Corrected the perception, and built the function to carry it.

1. **Repositioned the institution from college hospital to centre of excellence.** Nothing had to be invented. The infrastructure, the suites and the clinicians were already there; what changed was what the brand led with — specialist capability and standard of care, rather than the teaching role that had been doing the institution's thinking for it.
2. **Rebuilt the identity to match the reality.** The institution began presenting itself as what it actually was, so that a premium patient meeting it for the first time was not working against an assumption before the first conversation.
3. **Built the digital foundation where there had been none.** A website, and the presence a patient uses to find a hospital, assess it and make contact — the absence of which had made every other marketing decision moot.
4. **Built an in-house team rather than renting one.** The structure was designed and costed against what an equivalent agency arrangement would have cost, so the decision was financial as well as strategic — and then the team was hired into it.
5. **Put the operating processes in place.** A marketing function is not a team and a website; it is what happens between an enquiry and an admission. That was built as deliberately as the rest of it.
6. **Ran performance marketing against the repositioning,** so that the corrected perception reached the patients it was meant for rather than being announced and left.
7. **Ran the function as fractional CMO throughout,** working directly with the institution's leadership.

THE RESULT

40%+ YoY

Growth in private patients — the measure the repositioning was built to move, rather than footfall or awareness.

Zero → full stack

From no website, no team and no processes to a complete in-house marketing function: identity, digital, people, process and performance marketing.

National accolades

Recognition won at national level over the course of the engagement.

4+ years

The engagement is ongoing. The function we built is the one still running.

A NOTE ON THIS ENGAGEMENT

This engagement is **current rather than closed**, and the figures above describe it to date rather than a final position. The client is under confidentiality and is described by category rather than by name; the identity can be shared under NDA.