PORTABLE FIELD GUIDE · FICTIONAL COMPOSITE · NON-CLINICAL

Worked Example: Evidence Governance in a Healthcare Market

> **A source is a keycard, not a master key.** Evidence is useful only for the claims its source role, scope, evidence state, freshness, jurisdiction and review state actually authorize.

This guide supports public service-discovery, competitor research, market research and publication governance. It is not medical advice, does not describe a patient or client, and does not make treatment, efficacy, safety or patient-outcome recommendations.

1. Scenario boundaries

Boundary	Fictional case	Control
Decision	Govern public service-discovery and competitor-evidence claims.	Non-clinical only.
Jurisdiction	England; international evidence used only where its methodological role is explicit.	No silent cross-jurisdiction transfer.
Evidence rule	The claim layer inherits source role, evidence state, freshness and jurisdiction from the linked evidence record.	No downstream strengthening.
Refusal rule	If a claim needs clinical, regulatory or legal competence not present in the review, narrow, escalate or refuse it.	Fail closed.

Beginner rule

Do not ask only whether a source is credible. Ask which exact claim that source is allowed to support.

2. Evidence packet

Source role	May support	Cannot prove alone
Regulator / official register	Scoped registration or official status.	Clinical superiority, outcomes or current capacity.
Guideline / evidence standard	Scoped evidence requirements or guidance context.	Universal patient suitability or provider-specific outcomes.
Provider first-party page	What the provider currently says it offers.	Efficacy, safety, suitability or comparative quality.
Manufacturer / product page	Attributed features/intended-use statements within verified scope.	Independent clinical benefit beyond supporting evidence.
UK advertising / claims governance	Public marketing/advertising controls and substantiation context inside the source remit.	Clinical efficacy, patient suitability or automatic legal clearance for a specific advert.
Review / forum	Qualitative experience themes and questions.	Representative efficacy, safety or causal outcomes.
Search visibility	Discovery/visibility state at the observed time.	Healthcare quality, regulatory status or patient fit.

3. Claim inheritance: no evidence laundering

The claim record may choose a Claim ID, proposed wording, claim type and primary Evidence ID. It must not retype a stronger upstream state.

> **Inherited fields:** source role → evidence state → freshness → jurisdiction fit.

Attempt	Correct governed response
Regulator evidence retyped as provider first-party evidence	Inheritance mismatch → BLOCKED.
STALE evidence retyped as CURRENT	Freshness inherited as STALE → stronger permission blocked.
UNRESOLVED evidence treated as OBSERVED	Evidence state inherited as UNRESOLVED → stronger permission blocked.
Evidence ID belongs to another Claim ID	Evidence link invalid → BLOCKED.

4. Conflicting evidence

A governed conflict requires two distinct valid Evidence IDs owned by the same Claim ID, two nonblank opposing statements, exact material/status controls and a valid conflict type.

Conflict	Observation A	Observation B	Governed response
Availability	Provider says rapid access.	Booking/referral information shows a longer pathway.	Refuse a precise access promise until reconciled.
Effect claim	Promotion uses strong benefit language.	Independent/regulatory evidence supports a narrower scope.	Refuse the stronger efficacy implication and escalate.

> One evidence record cannot be used twice to manufacture a conflict. Blank opposing statements cannot become a governed decision input.

5. Inclusion/exclusion decisions

Claim/source	Decision	Permission
Official registration/status	INCLUDE PRIMARY	Publish scoped current official status.
Provider service offering	INCLUDE FIRST-PARTY	Publish what the provider currently states it offers.
Access claim with open conflict	REFUSE STRONGER CLAIM	Report the conflict; no precise promise.
Eligibility/suitability context	ESCALATE	Use only after appropriate qualified review.
UK advertising/claims context	INCLUDE CONTEXT	Review public marketing wording; do not infer clinical efficacy or legal clearance.
Reviews	REFERENCE ONLY	Qualitative themes/questions.
Search visibility	DISCOVERY ONLY	Candidate and content-territory discovery.

6. Decision changed

Before: several sources look useful and the team is tempted to combine them into one confident narrative.

After: official status, provider service facts, guidance context, advertising/claims rules, testimonials and search visibility each receive a different publication or research permission.

> The information gain is not a higher evidence score. It is a clearer answer to: **what are we actually allowed to say or do next?**

A stronger-looking source does not authorize a different claim. Repetition does not transform low-fit evidence into high-fit evidence.

7. Controlled action

Action	Allowed?	Control
Improve verified service-discovery information	YES	Current first-party or official facts; bounded wording.
Compare provider access/referral explanations	YES, bounded	Compare process, not patient suitability or quality.
Publish efficacy/safety superiority	NO without fit evidence/review	Qualified review plus fit-for-purpose evidence required.
Review UK public treatment-service marketing	YES, bounded	Use MHRA/CAP within their advertising remit; escalate specific legal/regulatory uncertainty.
Use reviews for question discovery	YES, qualitative	No outcome generalisation.
Use ranking visibility for discovery	YES	No clinical or regulatory inference.

8. Current competitor and search gap

Directional UK search/SERP research captured 18 August 2026 shows why the governance layer matters.

Query territory	Directional UK volume	Dominant pattern	Method gap
healthcare SEO	~1,000	Agency/service guides, visibility, local SEO, trust and conversion.	Claim-level evidence permission is usually missing.
healthcare content marketing	~320	Topics, channels, authority and acquisition.	Needs an upstream claim/refusal gate.
healthcare market research	~320	Research firms, professional bodies and NHS innovation guidance.	Market evidence still must stay separate from clinical evidence.
CQC regulated activities	~320	Official status/regulatory information.	Administrative authority must not become outcome proof.
healthcare competitor analysis	~20	Broad service/reputation comparisons.	Add claim permission, conflict preservation and refusal.
healthcare marketing compliance	~10	Low exact demand; high consequence.	Use bounded MHRA/CAP claims-governance context.

Semrush UK values are directional snapshots, not forecasts. Low volume does not mean low decision value or low risk.

9. Audience, JTBD and entity strategy

Prospective patient / service researcher

Pain: availability gets confused with suitability.

Entity path: person → provider → service → access.

Caregiver / family researcher

Pain: testimonials feel more concrete than evidence.

Entity path: experience signal → question → provider.

Healthcare marketer / content lead

Pain: needs differentiation without unsupported claims.

Entity path: claim → evidence role → publication permission.

Marketing / compliance owner

Pain: public treatment-service wording can cross claim boundaries.

Entity path: marketing claim → MHRA/CAP → publication/escalation.

Innovation / product founder

Pain: wrong respondents produce weak market evidence.

Entity path: innovation → stakeholder → need → market evidence.

Reviewer / compliance owner

Pain: approval logic is hard to reconstruct.

Entity path: source → claim → conflict → reviewer → decision → action.

> **Human-first rule:** query variants are research clues, not instructions to manufacture one page per phrase.

10. Portable handoff

The workbook snapshot contains only formula-linked Claim ID, claim text, Decision ID, decision state and readiness. Per-row Action IDs are deliberately removed so a ghost or blocked action cannot masquerade as a governed association.

The separately selected next action must be READY and its Claim ID, Decision ID, narrative, owner and reopen trigger must all match the ACTION record.

> If a governed snapshot or selected action is overwritten, the HANDOFF share state must fail closed.

11. What remains unresolved

The fictional evidence packet does not establish whether any provider is clinically appropriate for an individual patient, whether a treatment is effective or safe for a particular person, whether marketing availability matches real-time capacity, whether a specific advertisement is legally compliant, or whether review themes are representative.

> Those are controlled unknowns, not editorial defects. The correct answer may be **not established by this evidence packet**.

12. Authoritative context and source roles

NICE - Evidence standards framework for digital health technologies
https://www.nice.org.uk/what-nice-does/digital-health/evidence-standards-framework-esf-for-digital-health-technologies

FDA - Use of Real-World Evidence to Support Regulatory Decision-Making for Medical Devices
https://www.fda.gov/regulatory-information/search-fda-guidance-documents/use-real-world-evidence-support-regulatory-decision-making-medical-devices

CQC - Register as a provider / Regulation 17
https://www.cqc.org.uk/guidance-regulation/registration/register-provider
https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-17

MHRA - Blue Guide / June 2026 advertising investigations
https://www.gov.uk/government/publications/blue-guide-advertising-and-promoting-medicines
https://www.gov.uk/government/publications/advertising-investigations-june-2026

ASA/CAP - Substantiation / Healthcare medicinal claims
https://www.asa.org.uk/advice-online/substantiation.html
https://www.asa.org.uk/advice-online/healthcare-medicinal-claims.html

NHS Innovation Service - Market research
https://innovation.nhs.uk/innovation-guides/development/market-research/

BHBIA - Legal and Ethical Guidelines for Healthcare Market Research
https://www.bhbia.org.uk/resources/50/legal_and_ethical_guidelines_for_healthcare_market_research_including_practical_examples/

Google Search Central - People-first content
https://developers.google.com/search/docs/fundamentals/creating-helpful-content

These sources inform the governance method only. They do not validate the fictional composite or establish any patient, clinical, commercial, legal or ranking outcome.