

uncertainty!



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HOW ARE DENTAL PRACTICES GOING TO MOVE AWAY FROM THE NHS IN THE FUTURE? I BELIEVE THAT 'CONVERSION' IS GETTING MORE DIFFICULT, AND WILL CONTINUE TO DO SO AS REGULATIONS BECOME MORE STRINGENT, AND PATIENT MANAGEMENT AND COMMUNICATIONS EVEN MORE CRITICAL.



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I have always thought that the most important prerequisite for a successful private conversion is an incredible degree of patient trust and appreciation of the practice, and of the specific dentist. This becomes more important as consumers become more questioning, more discerning, more demanding. I have been helping dental practices convert for more than twenty years and have noticed in the last two in particular that:

- Under the new contract, conversion has become less about offering patients a positive choice, and more about denying them continued NHS care
- It has become less easy to mix private and NHS care and treatments, so putting a 'toe in the water' has been more or less limited to new patients (after capacity for NHS patients has been reached) and to cosmetic treatments
- There is less chance to 'test market' appreciation of private dentistry (by showing 'the difference' through active mixing) than there was for the tranche of converting dentists who effected long slow moves into private care in the 80s, 90s and early 00s
- For patients – there is certainly more choice of NHS and private practices, with plenty of new shiny attractive NHS practices with availability springing up
- Most significantly, the NHS patient base is changing and the easiest conversions already won. Many patients have already made their move – which turned out to be a good one – to private care. They now love their relaxed, communicative dentists; would never now return to NHS practice, and are already exalting the benefits of their own private dentist to their friends and colleagues
- Also those recently turned private patients who have found their needs unmet in private practices have returned to the shiny new NHS practices, and are unlikely to make the same 'mistake' twice.

So how will practices make the move from NHS to private in the future?

Firstly, it is vital to understand what patients need from the practice, and to organise to meet those needs. Many practices define their private care in terms of how they repair teeth (with different materials and lab options perhaps) or offering better cosmetic options – forgetting that for an existing patient base, the patients' hope is that they never need future repairs, and that cosmetic dentistry is far less important than dentists think! I.e. the 'cosmetic' difference is hardly worth having to pay extra for overall, and the patient will fail to see the value in having to convert for this easily explained benefit.

I also think it is dangerous to define the value of dental care in terms of a need that will apply to individual patients only a few discrete times in a lifetime – if patients (are allowed to) think they only need to visit a dentist when they 'need something', they are hardly going to stay dentally healthy, and attracting patients for discrete services will hardly be a profitable long term investment for the practice.

I believe the sustainable option (for both profitability and patient benefit) is to define and prove the value inherent in returning to a practice regularly for screening and for maintenance. And then to price screening and maintenance at the level required to cover the costs and profit in delivering this.

In the private practice of the future, we will surely see more valued full mouth, health and relevant lifestyle exams, which are more than the 'a quick look for holes' that decades of NHS fee scales seemed to sanction. There will be more emphasis on essential and well organised hygiene and oral health advice – after all, we now know that almost all tooth and gum disease is totally and utterly preventable, and that a number of general health and lifestyle factors increase the risks to general health if gum inflammation is allowed to develop.

So practices should be focusing on helping patients keep regular recalls, and pay daily attention to their mouths. Those practices that already do this exceptionally well are profitable, stable practices, even throughout the recession.

Most will also need to 'up' their game in terms of 'customer care' routines, with practice procedures designed to take account of the patient's busy day, as much as the dentist/hygienist's appointment book. They will need to offer continual support of and training for team members, as they are expected to build relationships with patients, and offer total support and friendly, helpful communications.

Principals will have to become better leaders – nurturing and inspiring individuals who support the work they do for patients, and will have to hire excellent managers – particularly people managers – to make sure the practice performs and maintains patient focus at all times.

We will also see practices geared up to offer 'special' treatments, with new procedures and results being made available, but the mainstay of the practice of the future, will always be how well it meets the real needs of all patients who pass through its doors. 📌

Sheila Scott is a business coach who helps dentists and their teams grow and prosper. See her website www.sheila-scott.co.uk for more details.

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