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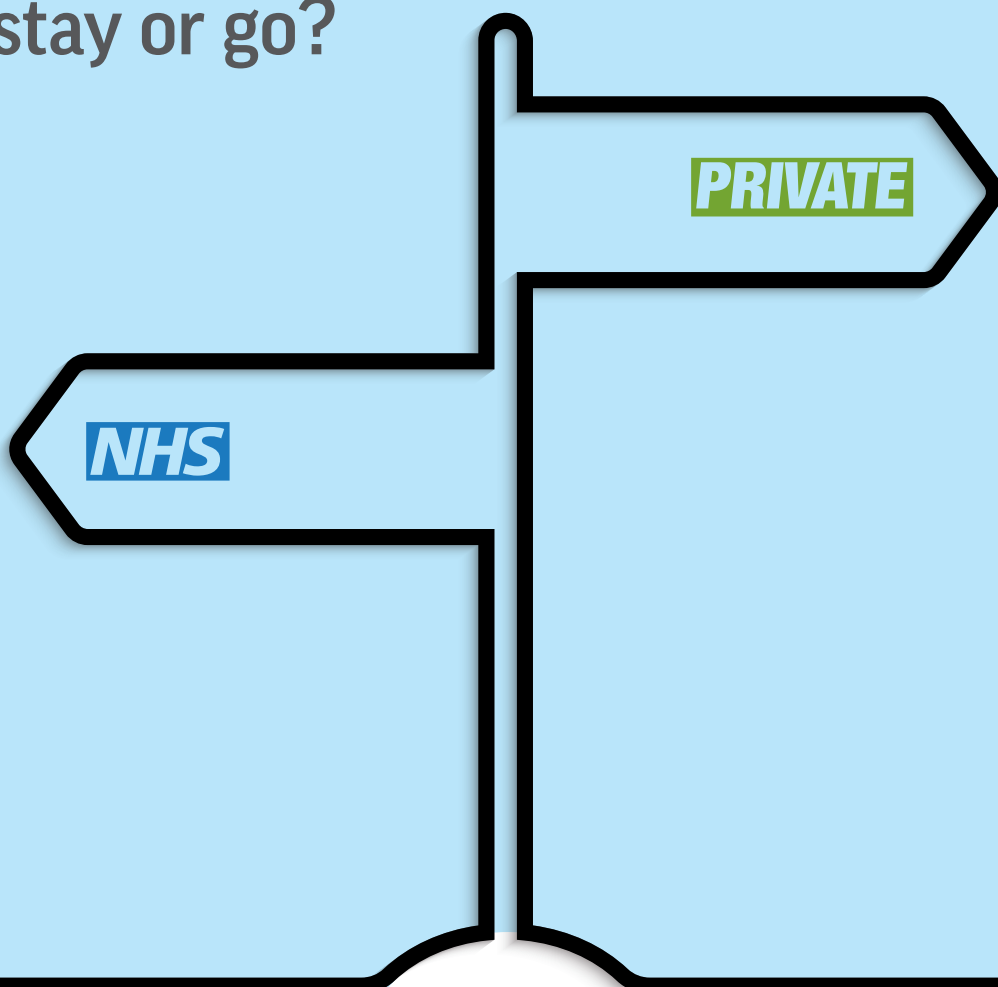
Dentistry guide to protecting the future of your practice

NHS options - stay or go?

Roger Matthews on
NHS Dental Reform

Raj Rattan on an
uncertain future for
practice owners

Kevin Rose on
positioning your
dental practice
to avoid the NHS
funding black hole



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Look to the future...

To say the future of NHS dentistry is uncertain would be something of an understatement. The long-awaited new contract is still in the piloting stage and whilst progress has been made, the end point is not yet in sight. Practice owners with a significant NHS element in their business are therefore faced with a dilemma - how should they prepare for the future? When looking ahead they must consider their own future, that

of their staff, and the treatment being provided to their patients.

Going private is naturally a big step, and most likely one which hasn't been fully considered by many. Maybe now is the time? In this supplement, produced in association with Denplan, *Dentistry* magazine will aim to clear the muddled waters, with input from key opinion leaders, from Denplan and from those

which have made the move into private practice using some of the different routes available. It does not mean abandoning the NHS or your patients, but protecting your practice and its staff, while preparing your patients for the new dentistry landscape. **D**

Julian English
Editor, *Dentistry* magazine



NHS Dental Reform – where does the road lead?

Roger Matthews, chief dental officer at Denplan explains the history of NHS dental contract reform, looks at where we are now along the timeline of reform and examines what this means for the current outlook for private dentistry in the UK

2006 was a major year of change for the NHS and a huge watershed for the profession in England and Wales, bringing in some major changes to dentistry that had been in place for sixty years. At this point in the NHS dental contract reform process, it is interesting to reflect how long it is since the UDA system came into existence – incredibly, it is approaching 10 years. It is six years since Jimmy Steele published his review in 2009, which is supposed to have paved the way towards resolving all the problems brought about by the UDA system. You may recall that it was only a year after the UDAs were introduced that parliamentarians of the Health Select Committee widely condemned the UDA system, the BDA said it was a disaster and even the Department of Health appeared to have their concerns about it. It is now over four

years since we began piloting change to the NHS contract so where are we now? Will we ever see the end of the UDA system?

Constraints of the UDA system

The biggest change that came into effect in 2006, was perhaps the loss of control. By commissioning a number of UDAs (approximately 85 million) across England and setting the value on those UDAs, the NHS effectively put a total cap on the dental budget. The UDA system placed additional pressures on dentists with regards to how much time they could spend on treating patients as well as the type of treatment they could provide. Prior to 2006, it was possible for dentists to work extra hours and see more patients if they needed to generate extra revenue (although this was not popular with the government). So effectively by capping the UDAs (since then it has only crept up slightly to 89 million), the government capped the dental budget. Many NHS dentists may well be asking at this point, will we ever see real change to this element of control and constraint?

The pilots

The first wave of pilots testing out new NHS contract reforms commenced in 2011, and 18 months later early findings were

published (NHS dental contract Pilots – Early findings). It revealed many issues, not least of all software system problems and the time it took to complete the oral health assessments. Patients needed interim care appointments to ensure their preventive care and advice was delivered and appointment times and waiting lists significantly expanded as assessments took longer.

On the positive side though, patients and dental teams welcomed this new preventive approach to dentistry. In fact, I think most contemporary dentists would agree that preventive dentistry is the only sustainable way forward for primary care dentistry.

In 2013, we had the second wave of the pilots and that took the total number of pilot practices to about 97. The report on phase two of the pilots was published in 2014 (NHS dental contract pilots – Learning after first two years of piloting). These findings revealed an enhanced version of the software had improved the time needed to carry out the assessments but it was still a ponderous process. What we can deduce from this review is that there was finally some recognition within The Department of Health that prevention in oral health is key, with acknowledgment that this takes time, coupled with a great deal of individualised advice. The recognition from

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the pilot processes was that prevention may be the best way forward but it was certainly not going to be the cheapest way forward.

In 2014, the report “Improving Dental Care and Oral Health - A Call To Action” was published. This was followed by an engagement exercise which basically asked dentists if they thought the pilots were testing the right ideas. It was sent out to approximately 18,000 contractor dentists in England, but when the feedback came back in November last year it seems there were only 88 responses. This made it difficult to find a consensus of what the view was going forward. However, it was concluded from the limited findings that a blended system of remuneration would be a preferred option – a mixture of capitation and activity payments.

As we now know, a blended contract is being taken forward in the new NHS prototypes, starting in October. They will start modelling the new contract which will be part capitation and part activity payments. The activity payments will however, still be in the form of UDAs. In February this year, we saw the Department of Health’s first proposals for the new prototypes. This report also showed why the pilots would not continue – due to two main reasons; a decline in access and a decline in patient charge revenue. In some practices patient charge revenue fell by up to 70%, clearly unsustainable with the loss it would incur to the NHS budget.

An Expanded Dental Quality Outcomes Framework (DQOF)

In the pilots, 10% of dentist contract value was assigned to quality improvement. Whilst still accounting for just 10% of contract value, DQOF will now be expanded in the prototypes. Quality improvement was originally measured in three ways in the pilots; by patient experience, clinical effectiveness based on caries improvements for children and periodontal improvements for adults and patient safety through the recording of medical history.

New inclusions in the prototypes will be measurements on the use of fluorides for children and the provision of one or more proven preventive measure/advice from *Delivering Better Oral Health*. Recall frequency will be measured according to NICE guidance and finally submission of accurate data to NHS BSA will also be a criterion. Practices will be allowed to “over-deliver” on their DQOF by a 2% “bonus” (no doubt top-sliced from the remuneration pool!). What we can deduce from all of this is that NHS dentists will need to get used to a variety of different measurements of quality in their practices.

An overview of the new prototypes

Up to 100 practices are likely to be involved in the new prototypes and only 68 of the pilots have gone into the prototypes. For all the other pilots, they will end on the 30 September and they will revert back to the UDA system.

The blended prototypes that are to be tested are summarised below:

Blend A

- Band 1 capitation (35%) – a regular monthly income for each patient
- Bands 2&3 Activity (UDAs) (55%)
- Quality/DQOF (10%)

Blend B

- Bands 1&2 capitation (65%)
- Band 3 Activity (UDAs) (25%)
- Quality/DQOF (10%)

In Blend A, dentists will receive mainly capitation for assessing the patient, carrying out radiography and doing routine preventive care, with activity payments for everything else. Blend B consists of mostly capitation payments with a pot of money set aside for provision of advanced care treatment.

The timetable to implement the new NHS contract

One of these blends will be taken forward for the new NHS contract. The timetable is to evaluate these prototypes in the next 18 months and possibly by 2017 they might be ready to phase the introduction of whichever of these two blends looks the better across a wider range of practices. By 2018/19, it is hoped this could be spread across all NHS practices. We expect patient charges to remain the same and the dentistry budget will stay broadly the same.

With such a long history and timetable of reform, it’s questionable how seriously progress is being made. Steele stated that his review offered a “firm basis” for future policy, but the prototypes are still a long way from what he envisaged. The delay has accompanied many changes in the wider NHS, increasing frustration for the dental profession and most importantly, little clarity for patients about what NHS dentistry offers and how to find it. And dentistry is not immune from the financial challenges and efficiency savings required of the NHS as whole.

What are NHS dentists saying?

Denplan recently carried out some research with Facts International* to poll NHS dentists about their views regarding the contract reforms as well as on a variety of other issues

related to NHS dentistry. It is apparent from these survey results that many NHS dentists currently feel disillusioned and frustrated with the lack of clear direction around the NHS contract changes.

Some key findings from the survey:

Current NHS contract and prototypes

- Nearly half of dentists (49%) are dissatisfied with working under the current NHS contract
- Two thirds (65%) of dentists don’t feel very knowledgeable about the current NHS dentistry pilots and prototypes
- Three quarters (76%) agree that they are frustrated with contract reform and 57% of these have decided on making changes to their practice in the next 12 months
- Only 54% are aware that the pilots will soon terminate and that a number of practices will act as prototypes for the reformed NHS contracts in England. 66% of these think that it is unlikely the prototype model will free them from the UDA system.

NHS funding for primary care dentistry

- 95% of dentists are not confident about political assurances for NHS funding commitments filtering through to dentistry
- 56% think the 2006 contract’s cap on the dental budget will not be reversed.

With the realisation that the NHS funding situation for primary care dentistry does not look likely to improve, it is unsurprising that many dentists largely or wholly reliant on the NHS may be feeling uncertain as to the future viability of their practice. If you are an NHS dentist considering a change to the way you manage and fund your practice, we hope this guide will prove useful in at least informing you about other options available and the support close at hand, should you decide to move away from the NHS and into private practice.

Managing the transition from NHS to private dentistry can be a challenging prospect for many, but at Denplan we have a long heritage in supporting NHS dentists in making this transition successful. Denplan can help ensure you retain your practice income and continue to run a thriving practice in the future whilst, perhaps most importantly, placing your patients and their oral health at the centre of your practice. **D**

**100 dentists responded to an online survey in April and May 2015, with all respondents holding an NHS contract in England, treating over 70% of their patient base as NHS patients. They were not part of a corporate body or a member of a payment plan provider*

A step-by-step guide to your private practice options

Preventive dentistry is an entire approach to overall patient care. Its purpose is to promote and maintain oral health by making sure that dental caries, periodontal disease, tooth wear and less common oral diseases are prevented before they cause any damage.

It's interesting to note that the new NHS dental contract is based on capitation, activity payments and quality, and a focus on preventive care. This is a system that payment plan specialists such as Denplan have been operating successfully and developing for nearly 30 years.

A flexible dental payment plan gives you the option of setting your patients' own fees based on their individual oral health needs, ensuring you retain complete control of your practice income. In the new NHS prototypes models, any capitation payments will be set centrally by the government. With such a significant amount of turbulence on the cards for NHS dental care, perhaps now is the perfect time to consider your private options and start securing your practice income and future success. This step by step guide explains the options and support available to help you decide on the best option for you, your practice and your patients. **D**

Step 1 What options are available?

If you are considering a move to private practice, a good place to start is by asking yourself the following questions:

- What is it you want to achieve or change as a result of offering private care?
- What support can I expect from a provider in helping me achieve this?
- Does the provider's values and aspirations match my own?
- Do I want a full or partial transition to offering private care?

You could undertake a principal-only transition where the NHS contractual obligations are fulfilled by associates within the practice, and the principal focuses on private patients. The principal gains freedom from a targets driven system and can benefit from the additional time spent with patients. The practice should also benefit from increased revenue, while still retaining its NHS contact and offering patients a greater degree of choice.

Step 2 Consider a payment plan

Offering a dental plan to patients wishing to benefit from private care can:

- increase the practice's stable and regular income – whatever the economic climate
- allow patients to budget for their dental care
- generate patient loyalty and increase regular attendance – which can make the difference between attendance and cancellations or postponements

It's not unusual to assume that patients will be unwilling or unable to afford a payment plan, however, Denplan's own research has confirmed that payment plans appeal to a wide range of patients whatever their financial circumstances because patients can budget for their dental care in confidence and value the additional time they can afford to spend with their dental team.

In addition, patients that visit the dentist regularly and are on a payment plan are the most likely to visit their dentist at least once every six months (88%), compared with private fee-per-item patients (52%). This can help provide a stable income for the practice and motivated patients.*

Step 3 Planning

You'll have to make some important decisions when considering a transition to private practice and you will need to ensure that your patients fully understand the benefit of being able to see you on a private basis. Private patients often provide more income to the practice than a typical NHS patient, so you'll also be able to benefit from needing a smaller patient list to keep the practice financially viable. This means more time for you to treat each patient in the way you judge most appropriate and will help make patient appointments feel less rushed.

Aspects to consider:

- Calculate how many patients you would need to transfer onto a payment plan to continue to have a profitable practice
- Take into consideration the time it will take you to carry out full patient assessments and regular oral health reviews – your own practice's hourly rate will allow you to calculate patient fees needed to fund these visits
- By offering longer appointments, you'll also have more time to discuss the broader range of treatments you can offer as a private practice – for example patients considering the appearance of their smile as well as their oral health - creating another additional income stream for your practice
- Who and how will you deliver home care advice? Effective preventive care means advising patients on their oral hygiene. These appointments could be handled by specially trained team members such as hygienists, therapists or dental nurses – providing better value for money for patients and giving team members improved job satisfaction
- Making these decisions about the division of roles within the dental team, could also enable you to optimise your time in practice by being more productive and focussing on other income generating treatments – all while still delivering the very best patient care
- Involve the whole team in the decision making process, as much as reasonably possible. They will need to be fully briefed and onboard with the process so that they will be able to answer patient enquiries confidently and accurately

An experienced payment plan provider will support you in analysing the financials and help you to create a personalised business plan for your practice.

Step 4

Communication with patients

Both you and the dental team will play an important role in communicating any changes to the practice to your patients. If communication is done well, you will maximise the chances of attracting these patients to your private service. You may have been treating some of your patients for a long time and established a trusting relationship with them so you will need to take care in how you communicate any changes to these patients, to ensure you retain their loyalty.

Key points:

- Think carefully about how to clearly communicate any changes to your patients. For example, will you communicate via a letter

or face-to-face conversations, or a combination of both? Will your dental team need additional training in handling patient questions?

- Don't be afraid to seek opinion from others – you may have colleagues or peers who have been through the NHS transition process who can advise on what works well in terms of communicating the reasons for change and the benefits to patients

A payment plan provider will be able to advise on the most appropriate communication methods to inform your patients of any changes to the practice. They can also help train your dental team on how to speak to patients about the changes and how to explain the benefits of a payment plan.

Step 5

The right level of support

We know that introducing a payment plan into your practice may seem like a daunting task, especially if you are converting from the NHS. Therefore, it is very important to choose a provider who really understands your individual practice situation and who will work in partnership with you to achieve your desired business and clinical outcomes.

At Denplan, we offer a comprehensive support package for all our member dentists. Denplan's range of services include:

- **CONSULTANCY SUPPORT** – our experienced and local business consultants will provide expert advice and support whenever you need it, to help grow and market your practice
- **ADMINISTRATION SUPPORT** – our Practice Support Advisors can help with everything from business development advice to queries about plans and patient registration
- An award winning **CUSTOMER ADVISOR TEAM**** – who are dedicated to patient retention and can answer enquiries from your patients
- **PROFESSIONAL SUPPORT** – our Professional Services team, supported by practising dentists, will help you stay up to date with regulation and legislation changes and best practice. Whether it's guidance on CQC inspections or CPD changes you need to know about, we have all the information you might need
- **PRACTICE MARKETING AND PR CONSULTANCY** – we can create a marketing plan for you, produce a patient profiling report to help you understand patient demographics in your area, produce tailored and branded marketing materials for your practice, help develop a good relationship with your local media, or advise on how to raise your profile by social media

- **ONLINE BUSINESS SUPPORT** – easy access for patients through online registration. The Denplan website also responds to over 16,000 searches for a Denplan Dentist each month

- **BESPOKE PRACTICE TRAINING AND PROFESSIONAL DEVELOPMENT** – we can arrange tailored training and events for you and your dental team through our Denplan Academy. We also host a number of clinical training events throughout the year on a wide range of topics

- **DENPLAN EXCEL ACCREDITATION** - Denplan Excel is an advanced quality assurance programme, recognised by the British Dental Health Foundation. It has been developed for dentists to help support clinical governance, professional regulation and excellence in patient care and communication. The accreditation demonstrates to your patients, staff and peers that you value high standards and that your practice follows effective processes for complying with these regulations. Denplan Excel also includes DEPPA - a leading edge clinical online tool which measures patients' oral health and risk of future dental disease

At Denplan, we provide a range of value added services, worth thousands of pounds as part of your membership and we can provide the help and advice you need to ensure that, whatever your individual goals and aspirations may be, the transition runs smoothly and as stress free as possible. We have a rich heritage of helping practices achieve and sustain financial stability while being able to focus on helping patients to achieve optimal oral health.

We can help you get back to the kind of dentistry you trained to deliver without worrying about the future. It sounds simple, and in the right circumstances, with the right level of support, it can be!

*Figures are from YouGov PLC. Total sample size was 5,823 adults. Fieldwork was undertaken in February 2015. The survey was carried out online. The figures have been weighted and are representative of all UK adults (aged 18+).

** Top 50 Companies for Customer Service Awards. Denplan was awarded first place in the award category for Best Service Provider, recognised as second in the UK for email service and third for call service in 2014.



An uncertain future?

Dr Raj Rattan - an experienced practice owner and advisor for Denplan and Dental Protection - highlights the current uncertainty facing owners of NHS practices

How do you see the current situation for owners of NHS dental practices?

For practice owners there is currently a climate of uncertainty, with the main part of that stemming from a sense of disappointment that progress towards contract reform has been slow. Whilst we have a sense of direction through the planned prototypes, practitioners do not have any detailed information about its likely impact on patient care and practice management. The pilots running since 2011 yielded lots of useful information and highlighted the challenges of maintaining access whilst trying to work in a different way, but it now seems that we are still a few years away from seeing a definitive contract. The decline in access was clearly an unintended and unwelcome consequence of the original pilot proposals.

Two types of prototype contract, Blend A and Blend B, are planned for the autumn and until we start to see results, the uncertainty is likely to remain. This uncertainty impacts mood amongst practice owners and associates - the dental profession does not like uncertainty about the future direction of the NHS and this frustration is evident at many events where I have given a presentation on the subject.

Many dentists work to five year business plans; the business model necessitates this. For them, the lack of clarity and uncertainty poses management challenges. Anyone who is planning today within this time horizon during which we are likely to see the introduction of a reformed contract, needs to consider capacity planning, skill mix options and strategic development with the ultimate aim of optimising patient care. We must not forget to remain patient-focussed amidst all the political uncertainty. Without clear direction, it is difficult to structure a service that delivers appropriate care and high quality treatment for patients. Many practitioners who participated in the pilots felt that they were able to achieve this ideal but these benefits came at a price. That price was the loss of access - 15% or more in some cases. The situation is complex and part of the solution maybe to adopt a skill mix approach. The dilemma is and has always been the time, quality and cost triangle. If there is a constraint in cost, then the other elements shift to compensate and therein lies the challenge.

Practitioners cannot manage this complexity without knowing the details of what is likely to happen and also details of the cost envelope. Planning is much more difficult when you don't have all the pieces of the jigsaw. In their absence, the choices practice owners have are to sit tight and wait for certainty, then set the direction - a reactive approach. The alternative is to adopt a pro-active stance. We have some idea of the direction of travel and the picture will be clearer as time goes on, so dentists can do some scenario planning. Personally, I always prefer the latter approach as there's an advantage to being ahead of the curve and not just reacting to events.

What should practices do to put them in the best place to develop?

Practices need to look at their patient base first, the demographics and patient numbers, as well as the clinicians in their practice. They should identify their strengths and look at the configuration of the dental team. This paves the way to identify opportunities for practice development and business development. My experience has always been that the focus should be on service and patient care. Patient care means so much more than treatment alone and a service-focussed approach to care will deliver growth.

Opportunities for organic growth under the NHS are limited, that's been the case since 2006. In the early years since the implementation of the 2006 contract, there was some growth for some practices because dental monies were ring fenced for primary care dentistry. In recent years that has not been the case and any recovery of fees (claw back) does not necessarily find its way back into dentistry. The only area for growth is the private sector.

That could be offering the same patients alternative services. To expand the range of services practices should look at the demographics of their patients and see what they will need over the next ten years - this will be different for every practice.

What are the biggest business challenges facing practice owners?

The first challenge for practice owners is how to secure the underlying value in the business.

I have always believed that in any long-term business commitment, it is important to stop at key points and underpin the business strength and not put that at risk when creating the next phase of the business plan. This anchors the status quo and minimises the downside of any future initiative.

The second challenge is how to grow the business. Given the present contract and the limitations within it (not only in terms of growth but also in terms of lack of absolute clarity as to what is available and what is not), practice owners should consider how well the service is delivered within the regulations, with particular reference to the availability of complex treatments. In our Denplan seminars, we have discussed the use of the Ansoff Matrix as a useful tool for this purpose.

It is a myth to say that a practice needs to abandon the NHS (unless the dentist wants to). It is possible for a practice to cater for the NHS and private sector. I don't necessarily mean 'mixing' NHS and private treatment as that can be fraught with risk, but to consider the relationship management aspect of patient care. At the end of the day, we sometimes under-estimate the value patients place on the dentist who treats them as well as the treatment itself. It is the mutual trust and respect of that relationship that counts most.

Other challenges fall into different categories and depend on where in the business cycle the practice is. The imperative in the early stage of the business cycle is to stay on course and meet the financial commitment. Then comes the challenge of growth.

For the practices that are at the maturity stage of the cycle, the ratio of costs relative to revenue lead to reduced profits and many would interpret that reduction as an early warning sign of the decline phase unless actions are taken to remedy this. This should be the point of re-invention as the legend Charles Handy would describe it. At the point of maturity and preferably just before, to avoid the inevitable decline create 'a second curve' says the great man. This can be an effective strategy for dental practices.

Another challenge worth mentioning is that of compliance and quality improvement. There are drivers - internal and external - that require us to constantly seek to improve the quality of care and service we offer our patients, but we must not shy away from stating that quality comes at a cost - to the provider and the recipient of care. There are also regulatory challenges, guidance documents, and increased patient expectations all of which combine to create this challenging environment.

Dr Raj Rattan is a general dental practitioner in Oxford, Strategic Associate Dean at the London Deanery and also a senior dento-legal consultant with Dental Protection. He has recently been appointed as Head of Clinical Policy at Denplan on a part-time basis, looking at the changes which are taking place in primary dental care delivery across the UK. Raj has also provided consultancy services to Denplan over the years and he has authored numerous books and articles on dental practice and is a sought-after speaker.

Are newly qualified dentists better placed to run a business than previous graduates?

No, I don't think so. I think today's graduates might have a greater awareness of the importance of good business management, but the skills required to achieve this still need to be taught and learned after graduation. Dental Foundation Training (DFT) takes care of part of this, but the DFT curriculum is extensive and there is a lot to cover in one year. The programme directors and patch associate deans (as they are known in London) do a fantastic job, but there is a lot to cover and the educational programme cannot cover business management skills in any great detail because it would detract from the other domains in the curriculum.

Young dentists will need to attend courses and rely on others in helping with business planning. Those who aspire to be practice owners should take an interest in the business management of the practices where they work as associates – this will give them a valuable insight.

How do you rate the support available to them from external sources?

The range of support available to practice owners has expanded. I would caution against a one size fits all approach to practice management and business planning. Undoubtedly, there are business and financial 'golden rules' that are universal, but we must not forget that external sources of advice should be tailored to the individual.

First a new practice owner should decide on their vision - what they want to do, how they want to create their practice - establish their own personal fingerprint. They should then look in the marketplace for the right support for that vision, rather than buy into someone else's formula. A formula approach often doesn't work as there are so many variables, you need a resource that will help you along your journey, rather than replicate someone else's journey.

The person in the driving seat needs to be the practice owner, and if they need help then bring

in a navigator - someone who can help them get to their destination and not the destination of their last client. There is no one-size-fits-all approach to practice development.

A practice needs to have a dental accountant or a financial advisor with dental experience, who understands how the profession works. It's important to work with people with dental experience - I'm not saying others couldn't do it, but in my experience it's always been easier with people who have first-hand knowledge of the marketplace. Finally, check the credentials of those from whom you seek advice.

Denplan's risk-based preventive approach is based on DEPPA (Denplan PreViser Patient Assessment). How does this compare to the approach used in the pilot practices?

The DEPPA model is a very elegant one, both in terms of its philosophy and application. It's a risk-based model, with the principle of controlling risk factors before we carry out treatment. It also lends itself to a team approach to delivering care.

It is entirely appropriate that risk factors should be controlled before definitive treatment is provided once other priorities like pain-relief and stabilisation have been addressed. Without controlling the risk factors, the long term health gain for the patient arising out of the clinical intervention will be severely compromised.

Previously NHS funding has always been for intervention, not prevention, therefore the drivers have been more towards provision of treatment than prevention. This is where the capitation model works well, allowing for individual clinicians working within the model to decide and determine what proportion of resources to allocate to prevention and to treatment. It is interesting to note that this model underpins the prototype models due for testing later this year. The NHS has now recognised the inherent value in a part-capitation model, catching up with what has been long established by Denplan.

My personal take on the situation is that Denplan and the Department of Health have been

in parallel lanes, gathering the same information and have drawn the same conclusions, it just so happens that Denplan came to that conclusion 29 years ago because the model lends itself to the practitioner saying, 'this is how I want to structure my practice.' Business planning is easier when the revenue stream is known and predictable. Freed from the constraints inevitable in a taxpayer-funded and inevitably political system, dentists can aspire to the dentistry they were trained for and use the skills they have developed over their professional career.

Do you feel the new NHS contract will allow most dentists to deliver an adequate level of care?

It depends on what we mean and understand by the word 'adequate'. The medico-legal trend line is inclined upwards and practitioners should be working with generous margins of tolerance. What I mean by this is that if you only just clear the bar and provide 'adequate care', then it is easy to slip into the realms of 'inadequacy' and the medico-legal risks of 'inadequacy' are well documented. Given these background threats, should we not be aiming to clear the bar by a wider margin so that any fade in performance still leaves us clear of the bar? This would, in my view, be an optimum and very effective risk management strategy. When the consequences of failing to clear the bar can be so dire in today's climate, why would anyone want to settle for adequacy?

It is the same with clinical practice. At a time where the incidence of litigation and complaints is at an all-time high, why would any dentist want to risk practising on the edge of adequacy? The dilemma occurs when practitioners may be constrained or forced to work on this edge because the funding does not permit the luxury of working in a zone where there is a safety margin. That margin of safety comes at a price and the question that every dentist must ask is whether they believe they have the revenue stream to work within that zone.

That's been the focus of our non-member Denplan events which took place during June. The theme has been on risk appetite and this chimed with many of the delegates. They had either experienced the consequences themselves or knew of somebody who had. This risk has always been there, but previously remained latent. It is now on people's horizons and informs the discussions around the future of dentistry.

DEPPA – an innovative patient assessment tool

DEPPA is an evidence-based assessment of a patient's health and risk of future diseases, such as dental caries, periodontal disease, tooth wear and oral cancer. It has been shown to significantly enhance patients' understanding of their oral health and can be used to encourage them to follow their dentist's care advice and recommended treatment, as well as being a valuable clinical decision support tool.

Through a short online questionnaire and clinical examination, a single report provides all relevant information in an immediately accessible format. It features an easy to

follow 'traffic light' system and produces a personalised and straightforward assessment to enable the dentist and practice team to take an active role in advising and reassuring patients on their long term oral health.

The personalised results can be printed out for the patients, scanned into patient records and with consent and appropriate encryption security - emailed directly to the patient.

The Denplan PreViser Patient Assessment (DEPPA) software is available to all Denplan members from £90 per dentist per month. Further information is available at www.denplan.co.uk/deppainfo

Denplan has recently hosted a number of non-member roadshows entitled 'Your practice, Your Choices', where Roger Matthews and Raj Rattan examined the upcoming changes to NHS dental contracts and how dentists might be affected, to help them understand what actions they need to be considering. Further events will be scheduled later this year. Visit www.denplan.co.uk/events for the latest information.



'Denplan's support has given me the scope to improve the practice'

Dr Ian Hill of Fox Hollies Dental Practice in Birmingham describes his transition to Denplan

I've worked at Fox Hollies Dental Practice since 1985, when I was the associate of the previous owner. He had 80 Denplan patients at the time, so there has always been a link with Denplan.

I bought the practice in 2001, when the original owner retired. The small number of Denplan patients had stayed but the rest of the practice was all under an NHS contract. That was until 2006, when I looked at the new NHS contract. When I saw what they were offering me in particular, I thought there was no way I could work under that basis.

So I got in touch with Denplan and asked them about taking the practice private - could they take me through the process? Denplan sent a consultant, whose name was Kerry, down to us - she talked me through everything, helped me with the business plan and discussed what could / would happen. After careful consideration I decided to convert the practice to private.

Going private

We began around Christmas 2005, so that by April 2006, when the new contract started we were ready to stop NHS treatment. My contract value went to a bigger practice just up the road - at that time Birmingham, especially this part of the town, had plenty of NHS dentists.

Kerry helped us set everything up - she was fantastic. She was actually with us full time for the first week and we also had another Denplan assistant who stayed with us for about three months to sign up patients. We'd sent a letter out to all our patients explaining what was happening, and as they came in for check ups, the assistant, who was set up in

her own room, went through the process with them. She explained how Denplan worked to the patients, and they either signed up, chose to stay with us on a fee-per-item basis, or wanted to stay with the NHS and so went to another practice. Although we went from 5,000 patients to about 1,500 we have never looked back.

Support

I think the area Denplan have really helped us with is regulatory requirements, they've been fantastic. That side has increased massively over the last few years and I don't know how I would have done it without the Denplan manuals and training. I certainly wouldn't have been able to cope by myself.

Denplan's support has given me the scope to improve the practice. We've refurbished, built a decontamination room, also improved the waiting room and replaced the windows. If we'd stayed in the NHS we wouldn't have had the money to do any of that. I suspect we would have dwindled away and the practice would have disappeared.

I remember the weekend before we went completely private - I don't think I slept at all. However, it went through nice and smoothly and it was a big help to have Denplan's support on hand, it would have been hell without Kerry. Since then we've had so much support and there's always someone on hand.

Our most recent consultant has just been promoted, so we're just starting with a new one, he seems very on the ball and has already helped us out a lot with the practice social media marketing - without help here I wouldn't have the faintest idea!

Currently we're growing steadily, with about 1,600 Denplan patients now, and about 200 on a fee-per-item basis. Most new patients we pick up through word of mouth. We get quite a few coming and saying, 'You treat my friend, and they pay less privately than I do on the NHS.'

New patients

When we see a new patient and do a Denplan assessment, we talk them through Denplan

'The area Denplan have really helped us with is regulatory requirements. That side has increased massively over the last few years and I don't know how I would have done it without the Denplan manuals and training'

and how it could be beneficial to them. We like patients to go away and think about it, then we know they're not under pressure. We're a very small practice, and usually it's myself or my wife - who's the other dentist here - who talks to the patient.

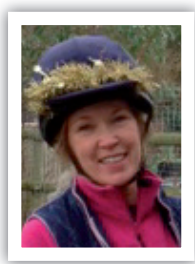
If they do decide to join we do a full check up and are able to sign them up online within the practice. That's very useful from our point of view, there's no form filling and waiting for the post, it's all done there and then and they get a check up straight away.

We do use DEPPA (Denplan PreViser Patient Assessment), I've just done one this morning. Initially it was quite slow, but like most things it's a process and once you're used to it you speed up. The patients like it, they like seeing their own print out.

The vast majority of the Denplan patients are very geared up as far as dentistry is concerned, I don't really have to sell them anything, they know what they want. **D**

Ian Hill has run Fox Hollies Dental Practice in Acocks Green, Birmingham since 2001, together with his wife Sue, who is also a dentist. Ian qualified from Liverpool Dental School in 1980 and Sue in 1982. Ian previously worked in Liverpool and Manchester before moving back to work in Birmingham in 1983.

www.foxholliesdentalpractice.co.uk



'I'm able to enjoy my dentistry again'

Dr Claire Jackman of Bottisham Dental Practice in Cambridge, describes her conversion to Denplan last year using the principal-only transition process

I started Bottisham Dental Practice in 2001, and I'm leasing a lovely purpose-built practice from the Doctors next door, in our village's medical centre. We have three surgeries - I designed the practice myself and at the time I think I underestimated the space we would need. It was myself and two associates at the time and we were all NHS before the new contract (in 2006). At first the new contract seemed fine, but as time went on I saw that some treatments cost a lot more and we were getting less money coming in. I couldn't cope with rushing patients through check ups - many of them I've been seeing for over 20 years and I wanted to be able to give them the treatment they deserved. Over the years we were getting more crowded, I got another associate to come in and my income on the NHS was lower because I had more people doing the work.

I moved into the practice on a 15-year lease, which is coming to an end in 2016. Over the last few years the whole village has expanded and the doctor's surgery needed the space, so I discovered I had to find new premises. The last couple of years have been very difficult, needing to find more money and a new practice too.

I'd been involved with Denplan ever since they began, when I was first working in Peterborough, so I had always had a few Denplan patients. For me Denplan is the best known and the best engineered payment scheme, backed up by great resources. Even though it can be more expensive than some of the competition it has just been very easy for me and my patients.

Making the change

So I talked to my wonderful Denplan consultant Frances, who I'd been working with for a couple of years, and the conversion to Denplan seemed the best way to fund everything. We started last year and, working with Frances, sent a letter out and put adverts up in the practice. We did it slowly, without making any quick changes. I

Claire Jackman decided she wanted to be a dentist when she was 11, and qualified from UCH London in 1988. She started her own practice in 2001 and relies on her husband, children, horses and dogs to keep her sane.
www.bottishamdental.com

'Claire is a brilliant dentist and very thoughtful how she goes about things. Denplan for us is brilliant as both my husband and I have bridges for which the maintenance could be quite costly. Now our two daughters are grown up they've switched to Denplan too, so the family are all with Denplan through Claire and very happy.'

Aline Clark,

Patient at Bottisham Dental Practice

wanted to be able to talk to the patients, tell them they were valued and give them the option of going private or staying on the NHS and being treated by one of the associates. Many patients actually found that Denplan worked out cheaper for them than NHS treatment.

The reaction

On the whole the reaction from the patients has been great. I've had some saying, 'I don't know why you didn't do this sooner' all the way to, 'You're letting us down, how could you sell out like this?' Most though are saying, 'I want to stay with you Claire.' That's gratifying as I've been building up the practice for 15 years, they know me and respect me and want to stick with their dentist. So much of it is personal, which is why I've been taking my time over the process and talking it through with the patients.

The switch to Denplan has made all the difference, rather than struggling it's made me look at my dentistry and be able to enjoy it again in a more relaxed way. With patients on payment

plans running the practice is easier, confusion over appointments seems to happen less. My book has been reorganised so I'm seeing Denplan patients at certain times. I'm working Saturdays and evenings, but I'm not resentful of it like I might have been in the past.

My staff have been brilliant, on the whole I would say they've picked it up really well, I couldn't have done it without them, especially practice manager Emma and my lead team. Many of them have become Denplan members as well.

Looking to the future

Until the contract comes in no one knows what will happen in the NHS. I've heard so many different views, sometimes scary, sometimes a bit more positive. Unfortunately the money just isn't there in the NHS now. I will always try and hold with it and I think on the whole the practice will be mainly NHS. As we grow though I have one associate who wants to do implants, and another with an interest in ortho, and as they develop there will be opportunities for new associates to come in and do the NHS work.

It means that I've been able to (touch wood!) have an offer accepted on a new premises locally, so I can soon go ahead and start developing my new practice. It's a chapel building only three miles away so hopefully all the patients will follow me there. I'm 50 next year, so I'm working to a 12 year strategy and hopefully having a strong mixed practice will be attractive and provide me with a good exit plan in the future. There will be options to sell as a whole, or split the private and NHS elements.

I would say my treatment hasn't actually changed, I like to do 20-minute check ups and then do some of the cleaning myself. I think I was already providing a good level of service that you don't always get on the NHS elsewhere. The thing that was stressing me out was I didn't have the time to do what I wanted to do properly - now I'm not thinking, 'I have to get so many UDAs into my day.' My days are slightly easier and the patients are appreciative. The change has gone better than I could have thought. We've had about a third of patients convert, so I'm really pleased. Those numbers show that my patients are loyal to me and I'm loyal to them. **D**

Supported by an educational grant from Denplan

Avoiding the black hole

Going private means more than just introducing a payment plan. Business consultant **Kevin Rose** offers his thoughts on the key areas to consider

The one certainty about the NHS is that something is going to have to give. The smart money is being placed on diversification and one way or another, the creeping privatisation of NHS dentistry. The forward-thinking dental practice owner is making decisions now about how to avoid becoming a victim of the spiralling NHS funding black hole.

But beyond the logistics, number crunching and the administration of transferring patients onto a full fee-paying business model, have you stopped to think about how to build a successful private practice? You may be concerned that there are private practices with gaps in their books, despite all of the marketing advice and methods that are out there. So, exactly where do you start to avoid these mistakes?

However and wherever you position your dental practice, the fundamental home truth is that all practice owners have to consider what their patients want, what they will value and pay for. Until your patients can perceive the value of what you offer, it is of no value to them and they won't pay for it. This may be a truism but it is sensible advice. As business consultants we have witnessed practice owners creating expensive follies without consideration for what patients actually want.

Our suggestion is that you work through the following process in order to establish your basic business model;

1 - What is your business purpose (think beyond 'dentist') and focus on how you

can or could differentiate what you do away from your competition (your competition now potentially including your former NHS service and the dentists in your area).

2 - Who are your patients and potential patients and be absolutely clear about what they want. Remember that you can ask them. You are in the privileged position of being able to complete live market research every day!

3 - Why would your patients remain loyal to you? Think about the reassurance and advice you provide, the confidence that they have in you, your team and clinical abilities. In other words, think about how you can demonstrate through your actions, your trustworthiness.

4 - What do you stand for? The most successful businesses are recognising the importance of values and 'doing the right thing' in all aspects of what they do.

Different ideas about differentiation

It's tempting to get drawn into thinking that this is all about premises, equipment and gadgets but stop and think about the reality of your patients. Think about what is good or different about what you offer and then put yourself in the shoes of your patients and ask the question "So what, why should I care about that and would I pay for it?". Avoid meaningless clichés like 'life transformational' and 'unique personal service' all of which are tired and worthless.

'Wherever you position your practice, the fundamental truth is that all practice owners have to consider what their patients want, what they value and pay for'

As we suggested to a client recently "Given the reputation of your competition, you could build your business by simply not being pushy and not trying to sell them something every time a patient walks in the door!"

In this post recession era where the consumer has lost its trust for everything from banks through to supermarkets, businesses are moving away from failed old models that satisfied short term financial objectives but could not build loyal customers. Those that survive, recognise that the availability of information online and the ease of switching supplier or brand can be a threat as well as an opportunity. Personal service businesses have to differentiate themselves through their behaviours, listening to their customers, collaboration, authenticity and most of all the loyalty they build, which is surely the most valuable asset in any business, and in particular dental healthcare.

Planning on avoiding the black hole? There has never been a better time than now. **D**

Kevin Rose has a width of perspective and a depth of experience that he has been sharing in dentistry since 2006, having interviewed hundreds of small business owners and set up businesses from scratch. He decided to 'do something' about dentistry when he noticed that his dentist didn't have a website, seemed to make up his prices and never smiled. Rose & Co is a team of dentists and business owners. Their objective is to guide dental practice owners to lead successful and efficient businesses that improve dental health. Kevin and the team have been steadily building a loyal group of clients and guiding them away from the painful mistakes that he has seen other regulated professions make. www.roseand.co



Five reasons to make a change

Denplan Excel Accredited dentist, **Andy Thomas**, highlights five reasons why he decided to convert his NHS dental contract to Denplan:

1. Having qualified at the end of 1990 with what I imagined to be a degree of high standard I launched my career into NHS dentistry by taking up a vocational training post in early 1991. I was allowed to practise the way I had been taught at university, I was conscientious and used the best quality materials and instruments that money could buy. My trainer set me on a path to pursue high attainment which has stayed with me until now. The UDA system, introduced in 2006, prescribed the types of treatment I could afford to do and lowered the quality of the materials I was able to use.

2. The UDA system not only caps the amount of money you are allowed to earn each year, it is also completely inflexible. The year my UDA value was based on was an unusual year; my associate was on a sabbatical in New Zealand for nine months and my VDP was never going to be asked to churn out lots of work. This meant I was assessed to have a UDA value of £17.50, with no way of increasing it. Throw into the equation that my associate went on maternity leave during one financial year and you can imagine the cash flow and claw back problems.

3. All previous NHS funding systems have insisted that we must do something to our patients to earn our money. At some point we have to pick up a handpiece and cut away

tooth tissue to pay the mortgage. Surely the better mindset is to think that payment should be made for preventing damage to teeth, not rewarding damage. Patients paying me to not drill their teeth sounded like a great idea.

4. Having reached the conclusion that the NHS was no longer for me I had to find a viable alternative. One of the reasons for conversion was that the alternative revealed itself in the form of my Denplan consultant. At all stages of the conversion process I was professionally supported, advice was freely given, nothing was left to chance and the transition proved ultimately successful. The target of converting 2,000 NHS patients to Denplan patients in three months really did happen.

5. Hindsight's a wonderful thing and you so often hear of hesitant dentists who finally convert saying 'I should have done it years ago'. If I had known how much happier my staff, patients and I were going to be, I would have converted sooner. Freedom to use the best materials, to save teeth rather than extract, to have more time with my patients, to have the opportunity to become Excel Accredited and be reviewed by my peers to show that high quality I have been striving for. All of this and much more has only been possible since leaving the NHS and is the best reason for doing so. **D**

'My patients paying me to not drill their teeth sounded like a great idea'

The next step...

Now you've got the information, **Dentistry** magazine would like to know what you think - please visit the URL below to let us know how you feel about the future. Five respondents will be randomly chosen to win a free ticket to CPD Dentistry UK. The event takes place on 22 January 2016 and offers a whole year's worth of CPD in one day.

Andy Thomas BDS MJDF RCS (Eng) MFDS RCS(Ed) qualified from Birmingham University in 1990 and spent his VT year at the Queen's Medical centre in Nottingham. After spending some years as an associate he returned to Birmingham Dental School to work on the Oral Medicine clinics and the final year student clinics as a demonstrator. He bought his current practice in Swanage in 1997 and has been there ever since. He also spent 12 years as a Vocational Trainer. Currently Andy balances three careers as he is not only a Denplan Excel GDP but also works at Poole hospital as a clinical assistant in Oral Surgery and is an international lecturer with Denplan. His main areas of lecturing interest lie in early detection of head and neck cancer (including skin cancer) as well as radiology. www.regencydentalpractice.co.uk

Join the Dentistry survey of NHS and mixed practices at www.dentistry.co.uk/protectyourfuture

For more information on how Denplan could help your practice, visit www.denplan.co.uk/dentists

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More NHS contract changes ahead

Keep your options open with Denplan

No-one can predict what's coming, but with Denplan you can plan your future

Further change is on the way. How do you feel about Prototypes, pension changes and possible 'tiering' of treatment? Are these things making you think again about your NHS commitment?

We offer a range of options for practices, so you can be free to practise the skills you're proud of and the balance of treatment offerings that suits your practice's needs.

Denplan's 'Principal-only' transition option allows you to make incremental change without reducing your current NHS offering. You'll also receive free dedicated local consultant support and access to Denplan's range of professional guidance, regulatory advice and business planning.

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For more information about our 'Principal-only' transition option, call us on 0800 169 9962 or visit denplanchoices.co.uk to try our virtual fortune teller

That's the world of Denplan for you.



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