Managing a dental practice: Jimmy’s story

By Dr Alun Rees

Jimmy* stood shily on my doorstep and asked, “Can we go for a pint Alun?” This wasn’t the normal way for a client to start our work together, but I had known Jimmy for the better part of 30 years and understood that he was a proud man who found it difficult to ask for help.

People seek my help for a number of reasons. Often, it is because they have reached a crisis in their business lives or have arrived at a crossroads and cannot decide which path to take. At other times, they realise they are stuck in the middle lane, being overtaken by other businesses. Some want an outside set of eyes helping them take a new direction where they could perform better.

In Jimmy’s case, this was a crisis, and over a couple of pints, he started to share his problems. “I paid the Inland Revenue £40,000 a couple of weeks ago and now they’re back and want the same again,” he told me. “I was able to cash in a policy last time, but I don’t understand why I’m so broke. I thought I was making good money—the practice is full and I’ve never been busier.”

My approach

I was a dentist before changing career, and I work in a way that is unique but familiar to my clients. First, I take a thorough history of the client and his or her business. Next, I make a detailed examination of the practice and a number of diagnoses. In consultation with the client, we decide on priorities and a time frame for change and then formulate a definitive treatment plan, if you will. Frequently, the best course of action can be to take a simpler, more understandable approach to the problem. In Jimmy’s case, we needed to stop the bleeding.

As a specialist clinician, Jimmy took pride in his clinical skills, and so he focused on getting the minuette of every case as organised and accurate as possible. When it came to running a business, he presumed that, as everything had worked in the past, it would continue to do so in the future. His previous response to any dip in cash flow was to work harder. This time, however, it would not work.

The need for financial controls

Although he paid his accountant a monthly retainer and annual bookkeeping fees, no accounts had been submitted to Her Majesty’s Revenue and Customs (HMRC) for the previous three years. His practice manager and he rarely communicated effectively and he presumed that she was “managing”, whereas she was barely administering. There were errors that were unnoticed—badgets or planning. With a monthly gross of about £50,000, everything appeared fine—until it did not. It only takes one rock to sink a ship and Jimmy was sailing without charts or depth gauges.

We moved Jimmy to a new firm of accountants, who liaised with HMRC. I negotiated with the bank on his behalf to temporarily increase his overdraft, and we were able to get the practice out of the emergency ward as stability was regained.

As in dentistry, people who have had their acute pain removed are tempted to return to old habits, but Jimmy could see that there were other things waiting to trip him up. He was at an age where retirement was in his thoughts and I was able to show him that a profitable, well-run business would fetch a better price than one in its present state.

Taking his retirement sale as our end point, we created a vision for the business and determined what would be measurable land marks along the journey.

The results

By introducing financial controls and budgets, he was able to bring his materials, laboratory and utilities bills down by 25 per cent. At the same time, we increased his fees and showed a turnover by 10 per cent, increasing overall profit by 20 per cent.

Both he and his associate accepted referrals for some treatments, but that was done on a random basis. By introducing a defined patient journey for all new and old patients, patient satisfaction improved—patient treatment plan acceptance almost doubled. With an average course of treatment priced in excess of £3,000, this was significant.

Jimmy boasted about being a hit of a dinosaur when it came to marketing, with a very basic website. With the engagement of his much younger associate, the practice took some definitive steps forward in its marketing, utilising targeted social media. The referring dentists were identified and supported, and again communication was improved. Referrals increased by 20 per cent in the first year, and he was able to employ a new associate.

Two years after the crisis, though, Jimmy had a health setback and needed a quadruple coronary bypass. I insist on my clients asking themselves what the it means if questions regarding their planning. Having put good personal and business systems into place, Jimmy was able to sell the practice as a going concern and start his retirement a couple of years earlier than he had considered.

* Name has been changed.

About the author: Dr Alun Rees graduated from Newcastle Uni- versity in the UK and started his career as an oral surgery resident before working as an associate in several practices and opening two of his own. He sold his dental business in 2005 and, as a coaches and mentors into practice, Jimmy was able to show him that a profitable, well-run business would fetch a better price than one in its present state.

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Dr Alun Rees runs the Dental Business Coach, where he offers support and advice regarding dental practice organisation and management. (Photograph: Alun Rees)

Starting Well drives encourage young children to visit dentist

By DT UK

LONDON, UK: It can sometimes feel like dentists are fighting a losing battle when it comes to children’s oral health, especially given that rec- ent figures from NHS Digital show that the number of children admitted to hospital for tooth decay has risen for the second consecutive year. It comes as no surprise, then, that around 30,000 children in the London Borough of Ealing have reg- istered for a dental practice this year, thanks in part to Starting Well, a SmileLife Initiative.

The initiative, run by NHS England, is intended to reduce oral health inequalities and improve the oral health of children under 3 years of age. This is done by focusing on those children not currently regularly attending a dentist and by providing their parents with ad- vice regarding sugar intake and the benefits of fluoride exposure for teeth.

Though it will eventually be a national programme, Starting Well, a SmileLife Initiative was launched in 3 high priority areas in January 2018, one of which was Ealing. These areas were chosen on the basis of local trends in oral health, existing oral health improvement plans and local authorities’ experience with tooth decay.

At the recent BDA Dental Showcase, Kelly Nizzles, Regional Lead for Dental, Pharmacy and Ophthalmic Services at NHS England’s London Region Team, outlined how well the initiative had performed.

It has worked so well for us and we are giving training to the den- tists with paediatricians at the hos- pital and community dental services along with Health Educa- tion England,” said Nizzles.

“Number of our practices in Ealing have done things like events. In one event, there’s a parade taking place. Around 40,000 people go through the whole of Ealing for a re- ligious ceremony and all those prac- tices came and had stands there and got to talk to a number of people. We had about 400 new children from 0 to 5 that have gone into the practice from that event. We provide them with various resources to help them.”

Due to the initiative’s success, it is likely to soon be expanded to other London boroughs like Stratford and Hammersmith. This would likely involve commissioning new dental practices and including ad- ditional oral health promotion in their contracts.

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