In the ever-evolving world of the new GDS contract, many more practitioners are looking for ways to remove themselves from government involvement and enter the private sector. For many, this can be a very daunting step.

Factors to consider
1. One should be planning a different level of customer service and practice environment (Figures 1, 2 and 3). These small differences are the things that patients will notice and not the quality of the dentistry. It is important to remember though, that there is greater clinical freedom as a private practitioner to choose the best treatment options for your patients. It is our role to give patients the pros and cons of all treatments, but ultimately, it is up to the patient to choose the level of care they feel is right for them once they have been given all the information.

2. Ensure that the whole team is on board with your decision and support your reasons for changing to private funding. A move away from the latest NHS treadmill will undoubtedly allow for a less stressful way of working for the whole practice team, and a move to private practice could be structured so that they benefit from increased pay and conditions. Team training and communications are essential to a successful private conversion.

Converting to private practice
Dr Jay Padayachy and Dr David Bloom of Senova Dental Studios consider the ways of converting from NHS to private practice and the various payment modalities available. They also discuss their own experience of conversion, pointing out the various pitfalls and highlighting what to avoid.

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To secure your place please contact info@coopr8.com tel: 01923 655404
3. Discuss the move with your financial advisor and accountant. An assessment of your hourly rate is essential for fee setting, be it for fee-per-item or a form of monthly plan. Look at all the practice operating costs, which should include for example, your drawings, pension contributions and any other expenses you may require for making the move, including the potential for further postgraduate education to ensure you are offering the best that modern dentistry can offer to your patients. Now look at the number of chair hours you will actually work each year to ensure you have allowed for some holiday time. Divide the former by the latter to work out your hourly rate and set your fees using this (see below for payment options).

4. Discuss the move with your colleagues. Many dentists are very happy to offer encouragement and specific advice. A good forum for this is the Yahoo group GDPUK that allows contact with a broad range of experiences in this respect. Attend lectures and management seminars arranged by many of the dental education seminar companies.

5. Understand your patient database. It is likely that you will see fewer patients than under your existing contract, so a loss of some patients is not a problem. The ones who value the service you provide and understand the rationale for the changes you are implementing will stay with you. There have been many practices that have made a successful conversion in deprived areas. This is certainly something we experienced ourselves with the location of our original practice in north Watford where we had managed to build patient loyalty to high levels despite the low socio-economic status of the surrounding area.

What are the benefits?
Moving to private practice allows dentists to take control over their practices. It allows for properly funded preventative dental care to be offered to patients in a fashion conducive to improving oral health. As more time is spent with patients, the daily throughput of patients is reduced considerably, allowing them to be seen on time and to feel that the whole environment is now geared towards patient care that changes the overall patient experience for the better. This in turn reduces all of the various time-sensitive pressures on the whole practice team, helping to turn the conversion into a virtuous circle. It also helps all of the practice team develop skills in whichever direction is appropriate.

Payment modalities
1. Fee per item. This is the most transparent way of working out estimates for patients as they pay only for treatment carried out. This works very well for many practices (including ourselves). However fees do need to be set correctly. Private dentistry now needs to be budgeted for by the patient and hence becomes more of a discretionary spend, and in harsher economic times, visits to the dentist may become less regular, resulting in cash flow fading away. Thus the patient needs to understand the treatment plan you are recommending and how it will benefit them in the short, medium and long term with other options discussed, including the pros and cons. Ways need to be made to enable the patient to afford the dentistry. This can be either by giving a 5-10 per cent courtesy discount for payment upfront, which will also help reduce the number of no shows or cancellations in your diary. Alternatively payment plans should be made available whereby they have treatment spread out over...
12 months interest free or interest bearing over a longer time span. Companies providing such services include Direct Dental Finance (www.directdentalfinance.com). However ensure that whichever company you choose they provide on-site finance training for all of your staff.

2. Maintenance plans. In effect the patient is registered with the practice and pays for their routine 6 or 12 monthly exams and bi-annual hygiene visits and radiographs over a 12 month period by direct debit. This helps them spread the cost of this routine treatment and also encourages them to attend on a regular basis. By being committed members of your practice you may also choose to give them a discount off any treatment they need or want as a goodwill gesture. However beware some patients may raise objections to having to pay for any extra hygiene visits they may need if they are periodontally susceptible or if they need to be seen three or four times a year. Thus you and your staff’s verbal skills need to be sufficiently developed to deal with these situations. It is important that patients understand exactly what they are getting when they do sign up as they may have friends who are on a full-blown capitation scheme. Again it is important to have your fees set correctly. Various companies are available to help you with this, including Dental Payment Administration Service (www.dpas.co.uk) and Smilecare (www.smilecare.org.uk). The advantage of using these companies is the plan is crucially branded with the practice’s own brand, reinforcing the practice marketing message and taking advantage of the patient goodwill that already exists. From the outset it is your own plan rather than nationally branded, and what the plan offers is entirely determined by you to suit the practice profile.

3. Full-blown capitation. This was certainly the modality of choice in the late 1980s and early 1990s when practices were nervous of going private and wanted to sweeten this for their patients by offering to cover any necessary treatment for a fixed monthly amount. The level payable was dependant on which group they would be classified in. Laboratory fees, cosmetic and specialist treatments were excluded. Hence fee setting was even more important especially with a high-risk patient. Unfortunately, some companies were more concerned that the dentist signed up large numbers of patients at the incorrect cost to ensure they received more administration fees. This was certainly of no benefit to the dentist who may then have felt aggrieved to provide the level of care the patient actually needed; we know we are being controver-

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if you are doing a 10-unit smile
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ecessary by the dentist was cov-
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patients in a full-blown capitation

sial in writing this and there are a
great many good dentists who do
do the best they can for their pa-
tients in a full-blown capitation
scheme. However, this is a way of
perpetuating the ways of the NHS
whereby only treatment deemed
ecessary by the dentist was cov-
ered. This would create a real
problem if the patient was mov-
ing to another area and wanted to
find a dentist who also was part of
the capitation scheme.

And now in this age where pa-
tients are demanding more
want-based than needs-based
dentistry, such schemes can cre-
ate a real grey area. For example, if you are doing a 10-unit smile
makeover (Figures 4 and 5) for
someone and they have already
heavily restored premolar teeth,
which you have discussed with
them on a previous occasion and
recommended crowns as part of
their scheme. If they want to
address their cosmetic concerns
and you recommend a mixture of
veneers and crowns, do you carry
out the veneer work on the front
teeth as fee-per-item and the per-
molars as crowns as previously
recommended as part of their
scheme? Or is it all now cosmetic
because you may be building out
the buccal corridor at the same
time? Certainly no one at the cap-
itation company will be able to
help as they receive their
monthly administration pay-
ment and will say that it is up to
you to make that call.

What did we do?
When our practice moved
away from the NHS in the early
1990s, many patients were signed
up under a full-blown capitation
scheme. We moved companies
after a number of years as a result
of increasingly high administra-
tion charges and branded the
scheme as our own rather than a
well-known brand name. It has in
fact been shown that patients re-
main loyal to their dentists and
practice team and not to a na-
tional brand name, and in fact
dentists register more patients on
their own scheme as a result.

After a number of years still of-
fering full-blown capitation, we
decided we could not offer the
level of care or options to our pa-
tients that we wished to. We were
now placing an increasing num-
er of bonded inlays and onlays
rather than amalgams and even-
tually crowns. This was not envis-
egaged when we set up the original
capitation scheme. After much
discussion, we decided to stop and
offer a maintenance plan only.

Deciding to change was hard,
but once we had made that deci-
sion, we were greatly helped by
the administrators of our prac-
tice-branded scheme, Dental
Payment Administration Service,
who helped with the letters and
leaflets we sent out to our patient
base. This also gave us the oppor-
tunity to change from 20-minute
hygiene and 10-minute exami-
nation appointments in the den-
tist diary, to 60-minute hygiene
appointments, which included
the dentist’s examination in the
hygiene diary thus creating more
productive use of our time in our
operatory.

Key to success
A successful dental practice is
one that delivers its clinical ser-
vices within a framework that bal-
ances:
• Offering treatments at rates, that
delivered across the target
patient cohort, covers the oper-
ing costs of the practice plus a
reasonable post-tax profit.
• Identifying, registering and re-
taining the required numbers of
patients to whom to deliver
treatment.
• Delivery, taking into account all
required resources including
chair-side hours, premises,
equipment, people and work-
ing capital.

Only with these three ele-
ments in harmony, does a prac-
tice truly have the building
blocks of success.

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Dr David Bloom,
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Restorative Dentistry, The British
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