Why patients love and leave you

*Dental Tribune* looks at potential reasons why patients leave their dental practices

For dental practices these days, one of the main concerns is concentrating on how many new patients come into the practice; however, the ones that leave are usually pushed to the back of the dentists’ mind.

As a dentist you may want to keep hold of as many patients as you can, so for your information here are some of the top reasons why people decide to change to a new dental practice.

1. **The practice doesn’t offer the patient what they want.** Patients who require special treatments, no matter what area it is in, may decide to look elsewhere for their dental treatment if their current practice does not offer or specialise in that area.

2. **Patients are not aware of what the practice does.** Patients haven’t done the mind reading course. If you don’t advertise what special treatments and facilities the practice has to offer the patients aren’t going to know, and as a result, they may go elsewhere for treatment that YOU can offer them. As one source said: “The reality is that patients spend most of their time in your office looking at the ceiling; so unless it’s written there, your patients most likely haven’t read about it.” — Maybe this is the way forward for advertising?

3. **The treatment doesn’t meet the patient’s expectations.** For many patients, if the treatment that they receive fails to meet their expectations they may look elsewhere for future dental work. Communicate with your patients to find out what they’re really thinking. Also, if a patient is made to feel uncomfortable by their dentist they may consider leaving and taking their business elsewhere.

4. **Quality of service.** It’s not just dental work that can leave a lasting impression on a patient; the level of friendliness and service from all members of staff, such as the receptionist, will leave an impression, and could decide for a patient if they stay or leave. This is also true for the level of care that is provided – it only takes a moment to take notice and talk to a patient to cover any fears that they may have. Treat them as an individual with needs, and not just as a form of income.

5. **Patients are worried about how long they have left it since their last visit.** According to sources, people would rather go to an entirely new dentist rather than face a dentist they’ve avoided for a long time. To avoid this from happening simply let the patient know that you will be there to treat them when they are ready. You could even find out how you could make it more convenient for them.

6. **Prices are not made clear or explained.** One of the most common complaints about visiting the dentist is the cost; however, explaining the cost of various treatments to your patients could make a huge difference to how they feel about paying for treatment, and less hesitant about paying for treatment in the future. Remember, people will tend to
Quick Guide

1. The practice doesn’t offer the patient what they want
2. Patients are not aware of what the practice does
3. The treatment doesn’t meet the patient’s expectations
4. Quality of service
5. Patients are worried about how long they have left it since their last visit
6. Prices are not made clear or explained
7. Relocation, relocation
8. Change of staff
9. New practice opens up
10. Opening hours

New practice opens up. The chances are that if a patient is not happy with their current dentist/practice then as soon as new practice opens up in the area they may move practices. The lure of introductory offers can sometimes be all it takes.

Opening hours. If your practice doesn’t offer the right opening hours (such as open after dark hours and weekend hours) then this may cause some of your patients to look for another practice where the times suit their lifestyle. Find out what your patients expect from their practice. Most often, the solution to keeping patients is communication. Whether you simply show them that you care, or update them with what treatments your practice can offer, telling them what you do is a key factor in their staying.

Getting new patients is tough enough, so put in the extra effort to keep them.

Change of staff. If a patient’s dentist has retired or left the practice and the replacement dentists is not up to the same standards originally set by the previous dentist, the patient may switch to another practice.

Relocation, relocation. Another reason why people change dental practices is because they are moving, or have moved, to a new location. You can’t do anything about this, but maybe you could give your patient a hint if you know of a dentist in the area they are moving to. As a dentist your main objective is to help people maintain their oral health – so do just that.

Prices are not made clear or explained. Explaining the costs of various treatments could make a huge difference to how they feel about paying.

‘The chances are that if a patient is not happy with their current dentist/practice then as soon as new practice opens up in the area they may move practices’

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All in a day’s work

Amelia Bray calls some friends for instant answers

At the BDA Conference in May the BDPMA will host a seminar or, rather, a panel of experts (it’s on Saturday 21st May thanks for asking). We’re loosely modelling it on the BBC TV programme Question Time but without the politics and panel member sniping. I’ll be doing my best David Dimbleby impression as chairman and the rest of the panel will comprise four experts.

For me, their range of expertise illustrates the developing role of today’s practice managers. We have the proprietor of a business services and support consultancy, a social media guru, a marketing expert and a dental business consultant. We could have had more experts – a team development coach maybe, a personal development advisor perhaps, an accountant, an IT systems guru, a PR person and so on.

We’ve bravely (perhaps recklessly) entitled it Everything you ever wanted to know about dental management – all your questions answered. But will we be able to answer all the questions posed? I believe so, but to be absolutely certain, I’d like the opportunity to call a friend – many friends indeed.

Ironically, perhaps, there will no doubt be members of the audience capable of providing solutions to problems that catch out the panel members. I say this confidently because of the BDPMA’s experience with Twitter. Not only do practice managers need to have a vast range of skills, these days, they need instant answers to problems. What sort of ultrasonic bath do I need to comply with HTM01-05? How do I track referrals to the practice website? Who offers good CQC training?

Twitter provides the answers or, rather, is the conduit to a raft of instant expertise. Add in the Facebook page and our website and we can probably claim an active network of more than 1,000 people directly or indirectly involved with dental practice management. I suppose the BDPMA could say that while we don’t necessarily know the answer, the chances are somebody who knows us will.

I know what the cynical among you are thinking – that the BDPMA provides an overload of expertise that practice managers simply don’t require. Well, let’s look at a typical practice management diploma course. The subjects covered are: leadership and management, personnel management, marketing, patient care, operational management, financial management, health and safety and quality assurance.

I think I’ve made my point, and if you’re a dentist principal now feeling sorry for your manager or a practice manager feeling overworked I recommend visiting the BDPMA website (www.bdpma.org.uk) and looking on the News & Events page for the Practice Managers’ Training Retreat, which is being organised by BDPMA member, Joanna Taylor. Regular de-stressing should also be part of the modern practice managers’ role.

About the author

Amelia Bray joined the industry as a dental nurse in 1994, having previously worked in veterinary and chiropractic clinics. In 2000 she assisted her boss (now husband) to relocate the dental practice from a town centre premises to a converted barn in the middle of an apple orchard in the Tamar Valley and at this point assumed the role of practice manager. Amelia completed the Diploma in Professional Practice Management in 2004 and has been involved with the BDPMA since 2000, starting out as Treasurer of the Devon & Cornwall Region before joining the National Executive as Assistant Secretary, Secretary then Treasurer and now Chairman.

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**Out of hours…out of mind?**

Julia Dawson looks at top-quality care for patients, even when the practice is closed

So, the practice is looking great, your team couldn’t be better and your patients seem delighted with the services you’re providing – during practice hours of course. But, what if one of your valued patients has an accident and needs urgent dental treatment? Can you ensure that they will be treated with the same care and attention when you’re off duty? What happens in the evening or on a Sunday while you’re enjoying some well-deserved down time?

We all understand that patient’s dental emergencies don’t always occur during normal working hours. By ensuring that your out of hours services are both clinically excellent and convenient you’re going to engender trust, loyalty and word of mouth recommendations from your patients. The tips below are designed to show that with a little planning and team spirit you can ensure your patients enjoy top-quality care, whatever the time of day or night.

**Emergency services**

Patients don’t realistically expect you to be available 24 hours a day, seven days a week. But they also don’t want to have to battle over out-of-hours appointments or deal with a complex dental emergency service when they are in pain – especially if they have already paid for high-quality, private treatment.

Most accident and emergency service staff are there to preserve life and cannot be expected to prioritise saving a tooth over an urgent medical condition. In the majority of cases, all that the A&E staff are able to do is patch a patient up, temporarily alleviate pain and refer them back to your practice when it reopens. Their role, after all, is to preserve life where possible and diagnose any urgent medical conditions;

...while patients are at or near their home, it is a really good idea to make sound provision for local out-of-hours treatment, which is in keeping with the quality of care that your patients have come to expect from your practice.

**Join forces**

For most practices, the solution is to join forces and share the out-of-hours calls with fellow dentists. Practices with several practitioners can often manage this between themselves with a simple rota and a mobile phone number. By recording clear instructions on a voicemail message, asking patients to leave their name and contact number and advising a specific timescale for when they can expect a call back, the on-call dentist only needs to check their messages periodically.

Smaller or single-handed practices can join an inter-practice rota, or indeed set one up where none already
The areas the DBG assesses are:

- Your premises including access, facilities, security, fire precautions, third parties and business continuity plans.
- Information governance including Freedom of Information Act, manual and computerised records, Data Protection and security.
- Training, documentation and certificates.
- Radiography including IRR99 and IR(M)ER/2000 compliance.
- Cross infection and decontamination including HTM 01-05 compliance and surgery audits.
- Medical emergencies including resuscitation, drugs, equipments and protocols.
- Training, documentation and certificates.
- Waste disposal and documentation and storage.
- Practice policies and written procedures.
- Clinical audit and patient outcomes including quality measures.

The assessment will take approximately four hours of your Practice Manager’s time depending on the number of surgeries and we will require access to all areas of your practice. A report will be despatched to you confirming the results of our assessment. If you have an inspection imminent then we suggest that you arrange your DBG assessment at least one month before the inspection to allow you time to carry out any recommendations if required. Following the assessment you may wish to have access to the DBG Clinical Governance Package with on-line compliance manuals.

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Progress not perfection
Ernestine Wright discusses how to systemise your practice to make your life easier

Over the past few months, most private practices in the UK have been spending a lot of time preparing for compliance under the Care Quality Commission. Principals, practice managers and their teams have employed many precious man-hours on everything from completing the paperwork to revisiting aspects of their practice to ensure compliance, and many of the discussions in surgery about GDPs' frustrations with the CQC.

I frequently hear dental practices saying that they would prefer to be spending their time treating existing patients or attracting new ones to their practice, rather than completing paperwork or documenting systems to ensure the smooth running of the business. That being the case, systems may not be the most popular things to discuss, but they are vital to the success of your practice. If you do want to attract new patients and ensure that your existing ones keep coming back, then having systems in place is more likely to help ensure that you have a healthy appointment book and a profitable practice.

There are literally hundreds of systems that you need. For example, with regards to compliance for the CQC, a series of well-run systems make it much easier to implement, and keep the right side of CQC regulations in important areas such as:

- Clinical Compliance
- Health and Safety
- Staff Discipline
- Staff Interviewing and Recruitment
- Induction of new staff
- Appraisals

...Creating a well run system can seem like an overwhelming task

...Tem can seem overwhelming; a never-ending task reminiscent of the painting of the Forth Bridge? So at this point I am going to recommend that you make your mantra “Progress not Perfection” when considering the systems you need to have in place to effectively run a dental practice. Start with the priority areas and know that you will constantly have to review/ amend as you develop your practice.

So what would I recommend as the priority areas for systemising your practice? My top three are:

1. **Conforming to Regulations**
   - So that you can practise dentistry and continue to run a business.
   - To include, most importantly:
     a. Clinical Standards and Protocols
     b. Health and Safety

2. **Client Experience**
   - So that you can attract new patients, ensure your existing patients keep coming back and recommending you, and maintain a profitable business.
   - To include, most importantly:
     a. New Patient Enquiry By Phone Process (and scripts)
     b. Client Experience Checklist
     c. Appointment Booking Procedures

3. **Managing your Team**
   - So that you have the right support team to help you grow your business.
   - To include, most importantly:
     a. Robust interview process
     b. Contracts and job descriptions
     c. Regular team meetings and individual performance appraisals

In many ways the most important systems are not the back-office, hidden systems that help your administration run well (although they are, of course, important), but the systems that are patient-facing, which enable your team to give a consistent message that truly represents the standards for which you and your practice stand.

Most dental practices want to deliver a fantastic customer service for their patients but some are frustrated with the reality of achieving this. What typically happens on a day-to-day basis is that their team finds a way of doing things that (with or without the principal’s agreement) they have decided are effective. They may vary these ad-hoc systems for the benefit of the patient, or to make their own day easier to manage. This can work reasonably effectively until somebody new joins the team. At this stage the team member who best knows the system will verbally pass it on to the newcomer and nothing gets written down. In situations where even this is impossible, the new team member may find themselves having to create a new system all of their own. So without systems your team can be very flexible to suit the patients and themselves and exhibit a ‘can do’ attitude towards patients, but can end up delivering a different message every time. However, with systems your team can deliver a consistent and accurate message and feel confident that the message they are giving is the right one. In addition to this your team can promote a message that is congruent with your brand.

Let’s look at a possible system for a “New Patient Enquiry by Phone”. I believe this is one of the most important things to get right in these challenging economic times. In other words, you want to ensure that you make the most of the phone enquiries you receive by turning as many of them as possible into new patient consultations.

**Procedure for new patient enquiry by phone:**

The process needs to include:

- Rules regarding within how many rings the phone is an-
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Looking for opportunity
Sharon Holmes discusses options for recruitment of staff

I would, in all probability, say that one of the hardest tasks is recruiting for the right candidate to join your team. Over the years we have used different methods of recruitment to try and select the best possible candidates. Due to this task being an extremely important role, we have streamlined our group policy and procedures on recruitment.

We have used various methods for recruitment, such as recruitment agencies, word of mouth amongst our own staff, internal promotions and outside recruitment for replacement of the post and the internet. We also have potential candidates who either email or post us their CVs.

Out of all of the above methods I have come to rely on using the internet the most. We place our adverts on various websites; we source the best CVs that have been submitted and after careful screening of the CV we then contact the potential candidates and offer them interviews.

Once the interviewee arrives at the practice they are given a questionnaire to fill in so that I have a guideline to start from. The practice manager carries out the first interview, from this a short list is created and a second interview process is put in place with the selections where I then carry out the interview or either Dr Malhan or Dr Solanki to make that all-important final choice.

This can be time consuming, but I find it most effective as I am thorough with my screening process as well as knowing what I will require from the potential candidate once I have elected them. This does mean more work as once you have made your selection it is important to collect all the necessary essential documents as well as following up on at least two character references.

This can be testing as at times it is difficult to get a character reference in a short space of time, which means you have to make the request several times, which means you are unable to make the job offer as soon as you may want to. To get around this issue we now ask the potential candidates to provide written references at the time of their interview.

I find that going through the process yourself instead of using a recruitment agency the process becomes a personal one due to the fact that the potential candidate has not been coached on what to say during the interview process. You can also negotiate your fee as to what you feel the candidate and their experience is worth to what you feel the candidate and their experience is worth to the role that you are filling. There is no placement fee incurred as well as no disappointment six weeks down the line if it does not work out as you are no longer entitled to a percentage back from the agency.

This process of recruitment may be time consuming but it is definitely cost effective and during times of recession we are all trying to watch our spending.

I have been in England for nine years just gone and I have noticed that there is definitely a period of difficulty for recruitment at some point during the year. I have become aware that it is difficult to recruit for staff from September to January. The response to advertisements on the internet or through agencies slows down radically and this I can only be attributing to the end of the summer holidays and on the other end of the scale, December’s approach and staff waiting to be paid out bonuses or incentives.

This can be extremely frustrating as it creates stress for the whole team when someone hands in their notice around this time of year as the remaining members of staff have to pick up the shortfall. Agencies also find themselves short on nurses around this time of year so if you don’t get your bookings in early enough you are going to find yourself without a nurse.

As we are a group of six practices we are able to have a couple of extra staff in some of the bigger branches which allows us to be able to send staff to cover shortfalls where needed for a period of time which brings stability to the practices. However if the annual leave requests around summer time are not managed effectively you can still find yourself being short staffed.

We have recently had dealings with a government sponsored Recruitment Company who offer apprenticeships to school leavers. They do all the screening and recruitments and pay for the candidates to receive training. It is our responsibility to mentor and direct them all other levels of employment. Their tutor comes to the practice to carry out assessments and so forth.

This is cost effective as you can either pay the student the minimum fee of £2.50 per hour or more if you wish to do so. This is an ideal opportunity to help someone young to get into the market place and have an opportunity to develop and as it is affordable you are able to have an extra member of staff as part of your contingency plan for avoiding disaster when it comes to functionality on a day to day basis.

As Winston Churchill once said: “A pessimist sees the difficulty in every opportunity an optimist sees the opportunity in every difficulty.”

About the author
Originally from South Africa, Sharon Holmes has worked in the field of dental practice management since 1992. In 2003, she moved to the London City Dental Practice where after 18 months, she was responsible for managing four practices in the group. The London City Dental Practice is now part of a mini co-operate group called the Dental Arts Stud, of which she has been instrumental in its creation.