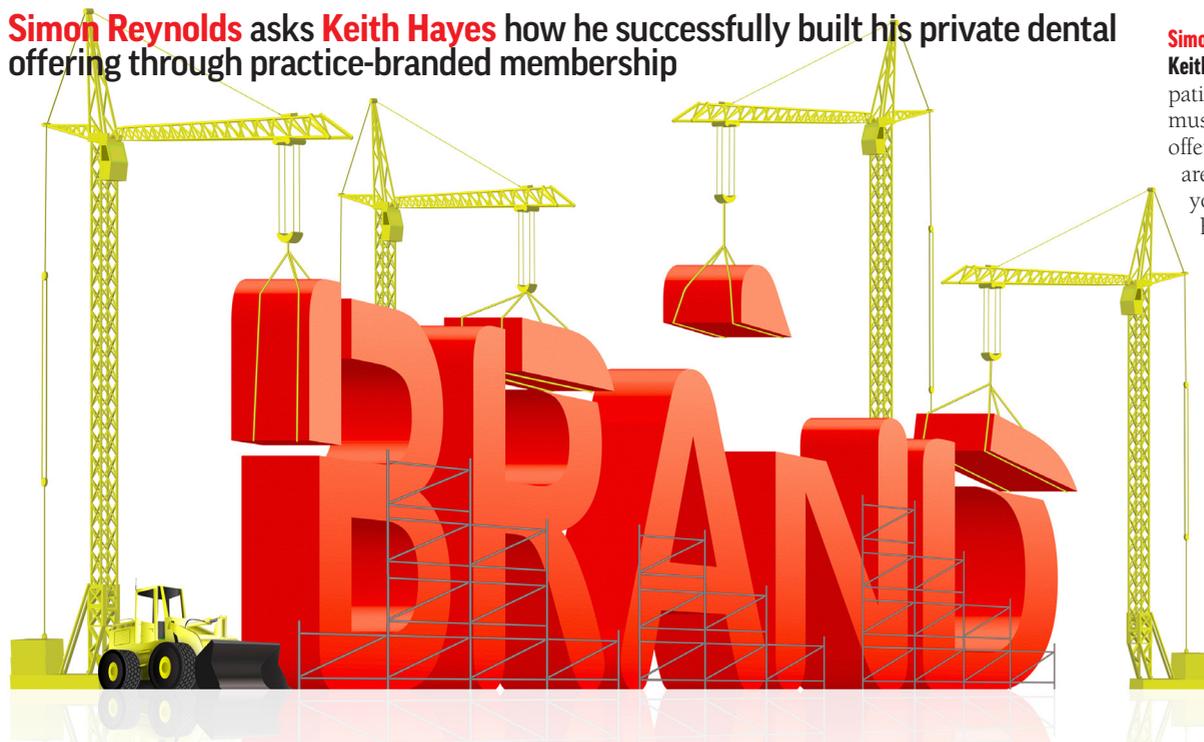


Business

Put your name on it!

Simon Reynolds asks **Keith Hayes** how he successfully built his private dental offering through practice-branded membership



After 25 years as a partner in a large mixed practice, Keith Hayes began to consider how he could build a private practice alongside his NHS commitment. Keith spoke to a number of colleagues about his ideas of setting up a payment plan, all of whom seemed to think it was a crazy idea. However, he went ahead, placing focus on practice branding the plan, and before long he had quite a large following.

Here, Simon Reynolds – commercial director of low cost plan provider – Patient Plan Direct, asks Keith how he went about building up his private dental offering and how plan membership helped him with this venture...

Simon: Why did you introduce a dental plan at your practice?

Keith: Having sold my previous mixed practice in 2000, I decided to set up a private squat practice from my home in a village about 15 miles away from Sevenoaks. We were not that easy to find and I wanted to attract former patients, many of whom had been pleased to have had the option of a payment plan. I thought it would be sensible to give them a clue as to how to find us again by calling our new practice, Keith Hayes Caring Dentistry, and by offering a practice-branded payment plan of the same name.

The patients quickly found us and we were able to offer them a more competitive payment plan because the administrative fees were lower. This made acceptance close to 100%.

Simon: What are the key factors to growing a base of plan patients?

Keith: It is essential to clearly define your objectives and work out how you intend to achieve them. You need to have the complete support of all team members, because just one person who is not confident will easily damage your chances of getting the right message across. That message should be very simple, well rehearsed, and sincere.

You need to listen carefully to what the patient wants, accept that each person is different, and understand that a payment plan doesn't suit everyone. Your private practice

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must be bespoke in order to provide an individual experience for each patient, rather than 'one size fits all.'

Simon: How did you keep up the momentum of adding new plan patients?

Keith: Communication is key. You need to tell patients what you are doing, what new types of treatments are available and whether these would be of benefit to them. We were able to spend more time using intra oral photography to talk about what we could do as well as what we must do. People don't want to feel as though you are constantly trying to sell them something and this is where a payment plan really helps.

We published occasional newsletters that included plan information as well as other items of interest, such as the practice's fundraising activities for various charities. We invited patients to give us ideas for spending on projects such as the local burns unit, Water Aid, or the local hospice, which helps to make them feel involved while also sharing our message of community spirit. It's important to show the 'personality' of the practice.

We didn't spend much on advertising; it's just not very effective. Instead, we found word of mouth to be a much more valuable and powerful too – happy patients do tend to tell their friends and family! Our phone was constantly ringing with new patients, so make sure there is always someone there to answer it with a friendly greeting.

Simon: What were the key benefits you communicated to patients?

Keith: Patients who opt for private dentistry are really buying one main commodity that is not available in the NHS, which is time. They are also buying continuity of care from the same faces that they trust. Of course, they want to know that you are a good dentist and that you use the best materials and equipment, but the number one factor is you. With this in mind, we made sure to let our patients know that by opting for private dentistry with us they could be sure of seeing the same dentist each time, and that their appointments wouldn't feel rushed. We made sure to follow up on these promises too, that always helps!

We found that a friendly voice on the telephone, who recognised each patient, resonated very well, and strangely enough, people also liked that their dentist wore loupes and showed them what was in their mouth.

Ample parking helps too!

Simon: Can a plan work in a mixed practice?

Keith: Yes certainly, although you need to make sure that patients can see a significant difference in service. You must not imply that NHS dentistry is inferior, but you can offer private dentistry through longer appointments that are available at more convenient times. This also allows you the time to use your intra oral camera, which is a huge advantage in showing patients what they would not otherwise have seen, and gives you the chance to offer plenty of choice and explanation.

Some dentists make the mistake in thinking that you can just switch from an NHS dental mentality to a private one overnight; you simply can't, and you won't fool the patients either. Don't ever be tempted to fit NHS patients into your private schedule or mix NHS and private on the same patient.

You may find that your private treatment sessions extend to a greater share of your week, at which point you will want to consider who will maintain your NHS contract if you decide to keep it.

Simon: What should practices consider when choosing which plan provider to work with?

Keith: My first piece of advice is keep it simple, select just one plan provider and a private fee list; don't confuse things by offering umpteen alternatives.

In my opinion, it is extremely important that the plan has you or your practice name on it, therefore opt to work with a practice-branded provider. I've already mentioned that a private patient's main consideration is continuity of care and if the plan has your name on it, that's what they are looking for. I worry why anyone would consider going from an NHS label to something less well known – who might then be in control of your goodwill?

It also helps if the plan provider is experienced, can show you previous success stories and has a transparent, low cost administration fee – like Patient Plan Direct for example.

Simon: How did your plan benefit your sale of the practice?

Keith: In my previous answer, I mentioned the word 'goodwill', and when another dentist wants to invest a huge amount of money into buying your practice, they most certainly want to know that the goodwill is going to be there after you have gone.

It is extremely important that you introduce your trusting patients very carefully to your hand-picked successor and explain how they are going to maintain the care and attention that you have provided.

If the new practice owner maintains the payment plan, staffing and appointment scheduling then patients won't feel the need to find a new dentist or sign a new mandate, in which case most will stay.

Certainly, people are slow and reluctant to change and the regular monthly payment they make brings a loyalty to the practice. A new dentist will certainly appreciate that this income is likely to remain. **D**



Keith Hayes qualified from The Royal London Hospital in 1977. He has been a wet-fingered dentist for more than 30 years, as well as teaching both undergraduates and post graduates. He has been the clinical director of a dental corporate and has also been appointed as a practice supervisor and a clinical mentor by the NHS and the GDC. Keith now owns RP4, a low-cost, comprehensive system designed to help dental practices with their compliance in preparation for their CQC inspection, www.rightpath4.com.

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