

July 2011

e update



Harmony at work

Are you on the same wavelength as your principal or do you feel that you're singing from different hymn sheets?

Have you been promised training only for that promise to disappear in a puff of smoke? Do you crave open lines of communication but often get an engaged tone?

Help is at hand for harmony at work - we have some practical steps to help you conduct your practice more effectively and build a strong, successful management team. And once you have completed this, we'll give you some practical ways to keep the momentum going.

Turn to page 12 for more.

www.bdpma.org.uk

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Read all about it



For all the latest news in the world of dentistry turn to pp.4-5

Looking good?



What does your team's look say about your practice? More on p.13

Short term staff



Find out the rules on dismissing short service employees. More on p.16

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Apex February Issue

Apex, a monthly ezine for the whole dental team, provides you with the latest news in dental research, worldwide clinical updates, interviews with key opinion leaders, practice advice and details of new dental equipment.

Do you really need an X-ray?
A simple solution for managing your practice
The success of a practice
The future of dentistry
Oral health programmes invest in sustainable





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DCPs pass halfway stage in CPD cycle

The General Dental Council is reminding dental care professionals (DCPs) of the importance of keeping track of their continuing professional development (CPD) hours by making their end of year declarations.

As registered dental professionals, DCPs have a duty to keep their skills and knowledge up to date so they can give patients the best possible treatment and care.

Compulsory CPD was introduced for DCPs in 2008 and runs in five year cycles, depending on when individuals first registered with the GDC.

More than 43,000 DCP registrants will end their five year cycle in 2013. Of these, 19% have currently not declared any hours. 33% have declared hours for their first year only. It is important to remember that CPD is a legal requirement of registration with the GDC and failure to meet the 150 hour requirement could

result in registrants being removed from the register and unable to practise at the end of their five year CPD cycle.

DCPs will have recently received a letter reminding them about their end of year declaration which, for the first time, will give them the opportunity to update CPD hours for previous years as well.

The easiest way for registrants to make their end of year declaration is by logging on to www.egdc-uk.org.

If they haven't got an eGDC account they can register using their ID-verification code, which is included in the declaration letter. Otherwise they can complete the form enclosed with the letter, returning it to the GDC in the freepost envelope by 28 August 2011.

Any forms received after this date will not be processed.

Premier Symposium moves venue due to demand

Now in its eleventh year, the Premier Symposium organisers have announced its move to a larger venue at Imperial College, London to accommodate the growing number of delegates attending the prestigious risk management event.

Organised by Dental Protection, the leading indemnity organisation for dental professionals in the UK and by Schülke, the international name in cross-infection control, this year's Premier Symposium will take place on Saturday 26 November 2011 at Imperial College, London.

The opportunity to hear well-informed and entertaining speakers in comfortable and spacious surroundings ensures that this meeting remains a highlight of the dental calendar.

The Premier Symposium 2011 will feature a range of topical lectures including Pat Langley and Jerry Watson discussing the positive side to CQC and revalidation, Dr Lisa Page discussing cases in which patients have been harmed by dental treatment and the negative impacts this has had on their lives and John Tiernan exploring the practicalities of engaging in difficult conversations with your patients.

Team tickets are available for DPL Xtra Practice Programme members, and a chance for all members of



the dental team to attend this valuable and informative pre-Christmas symposium.

Including five hours verifiable CPD, tickets are now on sale for this year's Premier Symposium. For more information, please [click here](#).

● Prof Richard Palmer and Prof Tara Renton at last year's sell-out Symposium



'Uplift' is really a pay cut, warns BDA

The Department of Health's recent announcement of just a 0.5 per cent increase in contract values for general dental practitioners in England for 2011/12 is a pay cut that will negatively affect their ability to invest in patient care, the British Dental Association (BDA) has warned.

The BDA demonstrated in its evidence to the Department of Health that expenses in dental practice are increasing

sharply, but that warning has been disregarded, the BDA has said. Dentists are also being asked to implement new best practice guidance for preventing oral disease in children in support of the Government's aim of reducing levels of oral disease in younger patients. Where it is considered appropriate, parents will be offered the opportunity for their children to have fluoride varnish applied to their teeth.

John Milne, Chair of the BDA's General Dental Practice Committee, said: "The level of this uplift is simply not enough. Dentists across England are working really hard, through a period of uncertainty, to deliver high quality care to their patients. They are contending with a growing mountain of pointless bureaucracy and escalating costs on top of the effects of the efficiency savings imposed last year. They need help to address those problems.

"While we support this prevention-focused activity to improve young people's oral health, the costs of providing the extra fluoride varnish to children have not been recognised by this uplift. The NHS rightly seeks to improve the quality of dental services and to increase the emphasis on disease prevention, but this cannot be done in an environment where not only are dentists incomes frozen, but the continued failure to reimburse expenses puts practices under severe financial pressure."



CQC forced to defend dental registration

On the 28th June 2011, Care Quality Commission (CQC) Chair Dame Jo Williams DBE was forced to defend the organisation's handling of the registration of dental providers.

After some intensive questioning by the House of Commons Health Select Committee, Conservative MP David Tredinnick (Bosworth) reminded the committee of the British Dental Association's view that that registration had been "shambolic"; he also asked whether she thought that assessment was fair.

Dame Williams acknowledged that there had been difficulties with the application of CQC regulation to dentistry, and she explained that even though the organisation has a single process for registration, using it for dental practices had been cumbersome. Dental practices are being faced with constraints due to the regulations even though some of them apply less to dental practices than to hospitals.

Following sustained questioning by Labour MP Rosie Cooper on CQC's failure to publish up-to-date information about its investigations on its website, the CQC Chair also faced a suggestion from Select Committee Chair Rt Hon Stephen Dorrell MP that providing this information to the public should have been a higher priority than registering dentists. However there was no explanation behind why the registration of doctors has been delayed to 2014.

Practice Plan workshops return

If you're looking to build patient loyalty, get recommendations and improve your profile then Practice Plan's workshop tour '*The health focused practice for patient care and profit*' with Shelia Scott, could be just the event for you.

Featuring Sheila Scott and her straight talking style, and open to all dental practices, this workshop will focus firmly on learning about what your patients want and how to deliver that with a profit - and includes 5 hours' CPD!

This full-day event, including refreshments and lunch, is priced at just £150 per delegate or free of charge for Practice Plan clients*.

The workshops will be touring the UK and there is sure to be an event near you. To find out more please see our Training and Development Calendar on page 6, or for full details or to book, visit www.practiceplan.co.uk/events

*Practice Plan practices with 250 or less patients on plan can bring up to five team members. To book call Kirsty on 01691 684163.



Hosting a training course? Email denise@bdpma.org.uk

Training & development diary

Date & location	Name of event & provider	Cost & notes	Contact details
August At your practice	Team working, ethical selling, customer care, complaints handling & more. UMD Professional	50% discount for BDPMA members £550 +VAT & travel	email penny@umdprofessional.co.uk
September London	ILM Level 7 Diploma in Executive Management. UMD Professional	£4,800 paid in instalments. 5% off for BDPMA before 30.9.11	email penny@umdprofessional.co.uk
9 September London	Management of medical emergencies for the whole dental team. BDA	£100 for practice managers	www.bda.org/training
14 September Bromsgrove	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
16 September London	Health, safety & risk (am) and Quality assurance (pm). Dentabyte Ltd	£75 per module. Early bird offer	www.dentabyte.co.uk
22 September London	Assertiveness at work. Heather Dallas for the BDA	£100 for practice managers	www.bda.org/training
22 September Nottingham	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
23 September London	Child protection; the dental team's responsibility. BDA	£100 for practice managers	www.bda.org/training
29 September Newcastle	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
30 September London	Risk management and clinical auditing. BDA	£100 for practice managers	www.bda.org/training
5 October London	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
Oct: London, Manchester, Bristol, Leeds, Scotland, Belfast	The Dentistry Business Accredited Programmes in Dental Practice Management	L4 is £2,100 and L7 is £2,500	www.thedentistrybusiness.com
11 October Manchester	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
13 October Bristol	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
14 October Manchester	Reception and telephone skills for the whole dental team. Heather Dallas for the BDA	£100 for practice managers	www.bda.org/training
28 October Glasgow	Reception and telephone skills for the whole dental team. Heather Dallas for the BDA	£100 for practice managers	www.bda.org/training
3 November London	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
4 November London	Business planning and financial management for owners & managers. Andy McDougall & BDA	£100 for practice managers	www.bda.org/training
11 November London	Reception and telephone skills for the whole dental team. Heather Dallas for the BDA	£100 for practice managers	www.bda.org/training
15 November Edinburgh	The health focused practice for patient care and profit. Sheila Scott with Practice Plan	£150. £50 for practices connected to PP or free for PP clients.	www.practiceplan.co.uk/events
18 November Manchester	Handling complaints and improving communication skills. BDA	£100 for practice managers	www.bda.org/training



Good to know

New minimum wage rates are released

The Government has accepted the Low Pay Commission's (LPC) recommendations for this year's National Minimum Wage (NMW) rates. The following rates will come into effect on 1 October 2011:

- The adult rate (which applies to those aged 21 and over) will increase by 15p from £5.93 to £6.08 an hour.
- The rate for 18-20 year olds will increase by 6p from £4.92 to £4.98 an hour.
- The rate for 16-17 year olds will increase by 4p from £3.64 to £3.68 an hour.
- The rate for apprentices will increase by 10p from £2.50 to £2.60 an hour. This rate applies to apprentices under 19 years of age working under a contract of apprenticeship or on the Government's Apprenticeship or Advanced Apprenticeship Scheme, and apprentices aged 19 or over working under a contract of apprenticeship or on the Government's Apprenticeship or Advanced Apprenticeship Scheme but who are in the first 12 months of their apprenticeship.
- The accommodation offset will increase from £4.61 to £4.73 per day from 1 October 2011.

As announced in the budget, the Government will invite the LPC in its next report to consider the best way to give business greater clarity on future levels of the NMW, including consideration of two-year recommendations. This could provide greater certainty for businesses, reduce risks and help them plan employment and investment decisions.

Welcome to my regular column. Each month I hope to keep you informed about BDPMA news and to talk about issues that affect, annoy and delight us as practice managers and administrators. *Jill*



Summer season highs and lows

July and summer already, where does the time go? While those of you living further south may be languishing in a summer haze, it continues to feel more like early spring up here in Scotland.

Whatever the weather, the summer season brings business complications for us all. From the headaches of juggling holiday cover and the tight management of cash flow because of lighter appointment books to the chaos that can be the pre-school rush, a practice manager's calendar is always tricky!

On a new note, I am delighted to announce that Hew Mathewson will be the new BDPMA Honorary Vice President. Hew brings a wealth of experience as ex chairman of the GDC and an adviser to the MDDUS - more of that and from Hew in the near future.

By now you should have received the latest edition of Practice Focus. We hope you were as delighted with the new look and the selection of useful articles as we are. As always, if there are topics you would like us to cover, just email Denise (by clicking on the link at the top right of this page) and let us know.

In the next edition of Practice Focus we plan to run a feature on the recall processes. Despite it being one of the most crucial processes in any practice, it is often overlooked and mismanaged. If you have had an interesting experience with recalls, please let us know.

But for now, sit back, take five and enjoy the latest e update from the BDPMA.

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If you are looking to gain practical advice on how to strategically manage your business, this is the event for you.

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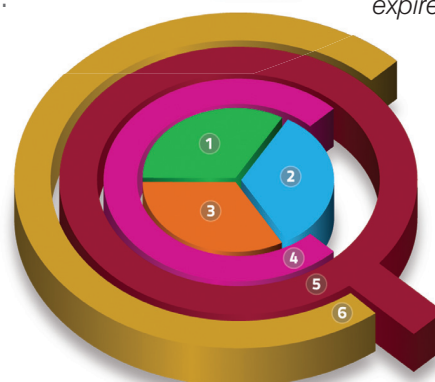


Example above of RAG report showing soon to expire certificates

Dentabyte launches the first **digital system** for maintaining compliance with **CQC**, a system that makes life easier for Practice Managers and owners as they balance performance management with practice success.

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Setting the right objectives for your teams will help focus their efforts

In the last article we introduced the concept of performance management and discussed some of the fundamentals for getting it right such as frequency, consistency, and positivity. But probably most fundamental of all is ensuring you are measuring the right things. In other words, those activities that if successfully undertaken over a 12-month period will drive your financial performance from where you are now to where you want to be.

This feature provides some suggestions for activities worth measuring for your reception and nursing teams.

Focusing the reception team

Setting the right objectives for your reception team will focus their efforts on the activities that you deem vital to the on-going success of the practice. Remember, no matter what the measure, it needs to be specific and you must be able to quantify the result.

Here are some suggestions for monthly measures:

- To be proactive in managing the diary and achieve no less than X per cent of the diary filled within any calendar month
- To achieve a conversion rate of new enquiries to new patient appointments of X per cent within any calendar month
- To realise X number of new patients in any calendar month
- To reflect the brand values and meet the practice's expectations for managing new patient enquiries – measured through mystery shopping activity
- To achieve sundry sales of £X in any calendar month
- To ensure the reception area is well maintained according to agreed guidelines - spot checks by practice manager throughout any calendar month
- To fulfil brand standards in all aspects of their job - measured by a positive patient survey response

Keeping the nursing team on track

If your nurses double as receptionists then you should consider a mix of objectives from this list and the one above. You also want to encourage both teams to work together towards a common goal so you might consider



giving them some of the same objectives to assist you in this goal. Here are some suggested objectives for nurses:

- Setting the system recall parameters – ensuring patients have their recall flag set correctly – monthly audit report identifies patients without a flag
- Diary management – contribute to the achievement of target that diary is not less than X per cent full
- Proactively chase FTRs (open courses of treatment) to achieve a conversion of X per cent
- Achievement of sundry sales to £X
- Surgeries to be maintained to the practice's exacting standards - spot check undertaken of surgeries by PM at least once per month
- Positive patient survey response for nursing team
- Estimates to be sent to reception when required – receptionists to monitor amount of patients without estimates each month
- Stock control variances will be under X per month

A maximum of six criteria will ensure team members remain focused but the actual objectives themselves will be specific to your practice. We hope this brief overview provides you with some welcome food for thought.

For further details about Spot On Business Planning [click here.](#)



Improve the impact of your practice

Ever feel like you are at odds with your principal? Never had the training you were promised? Beginning to resent the lack of communication regarding your objectives? You are not alone. Here are some ways to help build a strong and successful management team.

A principal's expectations for the kind of manager needed for his/her practice vary considerably in terms of experience and skills. Expectations are difficult to control and impossible to turn off but by learning to identify and influence what the practitioner and you, the manager expect, you can dramatically improve the quality, impact, and effectiveness of your practice.

In our experience, the following scenarios are typical of how unrealistic expectations are created when principal and management partnerships originate:

- The principal is busy, needs someone to take charge and chooses the best candidate from the team thinking he/she will learn on the job.
- There is no detailed job description or objectives provided.
- No on-the-job or any other type of training is provided. The principal simply assumes the manager will learn as he/she goes along.
- Both principal and manager are reticent to discuss what's not working and often brush the issues under the carpet until it is too late.
- Resentment grows and what's at stake - the patients, the practice and the staff, outweighs the 'real' underlying issue: poorly managed expectations.

Build a strong management team

Here are some ideas for building a strong and successful management team.

a) Has the practitioner shared his/her practice vision with you? If yes, discuss the vision in detail so that you understand



and buy in. If no vision has been explained, arrange a time for one to be developed – you have to know where you are heading in order to manage that eventuality.

b) Create a detailed job description that reflects the role. We have compiled a thorough list of competences that managers should be undertaking – download it from

www.bdpma.org.uk

c) Highlight the competences that will require training and identify the training courses within time frames.

d) For each competence, agree the specific duties to be undertaken and create SMART (specific, measurable, achievable, realistic and timed) objectives to enable performance to be reviewed.

e) Agree contractual terms like working hours, remuneration etc.

Successful working relationships

There are lots of ways to build stronger practitioner-manager relationships but if you only manage to complete the five above in the first instance, you will be well on your way to forming a strong and successful union. And once you have created those strong foundations, here are some practical ways to keep that positive momentum going:

1. Agree regular reviews that work for you both but don't let too much time lapse. An old management adage says: 'You cannot manage what you don't measure.'
2. Arrange a weekly briefing (30 minutes) whereby you bring each other up-to-date, and discuss and plan for unexpected issues. Consistent communication between leaders / managers is essential for the success of any business.
3. Agree monthly management meetings (not to be confused with team meetings). You may want to include other senior members of staff such as the senior nurse, senior receptionist and administrator to discuss and plan ahead.
4. Managers should maintain a communication notebook. Anything that is asked of you, WRITE it down! Write outcome and comments. Go through your notebook every week to ensure nothing has been missed.
5. Lastly and most importantly, keep lines of communication open.



What do your uniforms tell patients?

In a world where image is everything, what does your look say about your practice? Daniel Plewman of happythreads.co.uk talks about what to consider when purchasing uniforms.

One of the first things a patient will notice is how your staff are dressed. If you invest in nice uniforms, patients will notice.

What does a uniform say about your practice? Does it say, 'we are professional, we care about our appearance, we are happy at work'?

Many dental practices require a more individual look and wish for something more than the generic scrub top or beautician type tunics.

We find that many dental teams do not want to be dressed as beauty professionals and found that the high polyester content of these tunics did not offer enough breathability for the active role undertaken by dental professionals.

Unisex scrub tops are unpopular

Many also complained that the standard scrub top is a unisex product that does not flatter and may give the impression that they have been 'borrowed' from a hospital or school.

Some companies have bridged this gap by providing stylish, breathable uniforms separately designed for males and females, while maintaining the correct clinical appearance.

Many practices have a strict uniform policy and there are certain advantages to this as it creates a professional environment and lets the customer know they are in safe clinical hands.

Often a chat with a uniform supplier can help; they should be able to suggest a few options to work within your own branding.

Different teams in different colours

Practices may wish to have different teams in different colour schemes but with a degree of continuity. Often a chat with a uniform supplier can help; they should be able to suggest a few options to work within your own branding.

Value for money is a hot topic at present and a change in uniforms can require a commitment in terms of time and money. Can the company supply references, can you contact these people yourselves, and one quick call



The koi brand of uniforms, pictured above, represent a modern approach to clinical uniforms. They are available from www.happythreads.co.uk and CTS dental supplies. Please see special offer for BDPMA members below.

to another clinic might answer your questions. Cheap uniforms may only last a few months (or weeks in some cases!) so its important to understand how long your new tunics will look presentable.

Embroidered uniform branding

Embroidery can be used to reinforce a team approach by getting the practice logo embroidered on all garments.

It is important that the uniform supplier has an understanding of how the embroidery works. Logos may have to be re-arranged and you need to ensure that this does not take away from your branding.

It is important that the supplier works out a solution and sends a proof to the client for approval before proceeding.

There are also tax implications, uniforms without a logo may be considered a taxable benefit according to HMRC's guidelines. You may wish to speak to a specialist dental accountant for further details.

Happythreads is offering a 15% discount for BDPMA members until July 31 on all koi products. Please quote the promo code BDPMA15 when ordering.

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Dismissing short service employees

Jane Hallas, (pictured), Senior Associate Adviser at Employment Law and Health & Safety specialists Ellis Whittam, considers a few potential scenarios for practice managers.



1. We have a new starter who looked promising when we hired her but is proving to be a disappointment. Can we dismiss her?

Yes, provided the employee has less than 51 weeks' continuous service and is not in a protected category you can dismiss an employee without prior warnings.

It is advisable to follow some kind of process though just to ensure that there are no 'hidden' issues such as a potential disability, which could make any dismissal unfair.

Invite the employee to a meeting to discuss your concerns. Always use the employee's probationary period to assess performance and deal with concerns as soon as they arise.

2. I thought 12 months' employment was needed to bring a claim for unfair dismissal?

In general, employees need to have 12 months continuous service to be able to bring a claim for unfair dismissal. If they are dismissed at the beginning or during the 51st week of employment without notice, they can bring a



claim of unfair dismissal as their statutory notice period is added to the dismissal date.

3. What is a 'protected category'?

In some circumstances a short service employee can bring a claim in the Employment Tribunal for unfair dismissal.

Examples include a pregnant employee who alleges the real reason for the dismissal was her pregnancy; if the employee is from a minority ethnic or racial group and alleges it was because of this they were dismissed; if the employee is disabled or if the employee says it was because of their sexual orientation, religious or other belief system, age or gender.

Those who allege they were sacked because they were whistle-blowers or had reported a serious health and safety concern can also claim.

4. How do I know if the employee is disabled?

Sometimes it will be clear that the employee is disabled. Other times it will be less obvious.

Whether an employee is disabled is ultimately a question for an Employment Tribunal to determine. The definition includes anyone who has a physical or mental impairment that is substantial (which means more than minor) and long lasting (the employee is either born with the disability or it has lasted or is likely to last for 12 months or more) and has an adverse effect on a person's normal day-to-day activities. If in doubt, a medical report from the employee's GP should be sought.

Ellis Whittam provides employers with fixed fee, unlimited support on Employment Law, Health & Safety and Human Resources. Many services such as webinars and monthly e-briefings are free. To find out more you can [email](mailto:jane.cuffin@elliswhittam.co.uk) Jane Cuffin, call her on 0845 226 8393, visit the [website](http://www.elliswhittam.co.uk) and follow them on [Twitter](https://twitter.com/elliswhittam).



Evaluating your Facebook efforts

Do you have a Facebook Business Page? If so, have you considered how you will track your effectiveness? As with any marketing activity, social media efforts should be measured. Below are several metrics you can use to help determine how you are doing.

Quality fans

Number of quality fans - note the word 'quality'. A quality community consists of existing patients, potential new patients, alliances, referral partners, neighbourhood friends or colleagues, and those with a genuine interest in your practice.

Testimonials

Facebook testimonials are more valuable than your average testimonial. Why? Because the testimonial rests adjacent to the patient's profile photo—this provides a live link to a real person (not just a printed name). Testimonials can be the deciding factor for a new patient weighing whether you are the best fit.

Website traffic

Hopefully your practice is already using a tool like Google Analytics to determine where your website traffic is coming from. This free tool can prove invaluable by informing you where web visit referrals are originating. Talk to your webmaster about Google Analytics or a similar report that you can easily follow. The report will tell you if you are receiving traffic from Facebook.

Engagement and interaction

A unique benefit of social media is the ability to interact and converse with your community. Many practices are successfully using creative programmes to motivate interaction. If your Facebook Page participation is low, consider what you can do differently to change this.

New patients

This is of course the most important metric. Often practices will say they are seeing the number of new patients 'from the Internet' grow. However it's

important to distinguish exactly where on the Internet they found you. When patients find you via a friend on Facebook, they may say a friend referred them rather than Facebook sent them.

Talk to your patients

You need to ask patients, "Have you seen us on Facebook?" Likewise if you have invested in video, you may also want to ask, "Have you seen our videos?" or "Have you seen our Twitter?" and so forth.

Think long term

Keep in mind that Facebook is not a short-term campaign. Similar to word of mouth marketing, the movement of social metrics may be slow. However the quality of

new patient referrals via social media (conversational, relationship-focused) will be far greater than those acquired via traditional media (one-to-many, sales-oriented).

Which metrics are you using to measure your social marketing efforts?

● Rita Zamora is a leader in social media marketing for dental professionals. She offers a free 30 minute consultation to all BDPMA members. To find out more you can [email her](#), [contact her via Twitter](#) or [Facebook](#) or visit her [website](#).





Get in touch. Send your news & views to denise@bdpma.org.uk

Feature

Customise and design your Facebook page - free

As the popularity of social media increases and companies discover the benefits of interacting with an ever-expanding, loyal customer base, the power of Facebook as a legitimate business tool is on the up.

Another growing trend is for large companies to pay website designers to change the welcome page of their Facebook page so that new customers land on a very visual page that encourages them to 'like' it – a social media term that means they are now signed up to receive constant updates from the company they 'liked'.

If you look at a page such as Pepsi (www.facebook.com/pepsi) you will see what a large budget can buy you - but who has access to that sort of marketing budget?

Thankfully, now even smaller businesses can compete equally in the social media stakes by taking advantage of an innovative new service called Pagemodo.

Pagemodo (www.pagemodo.com) is a free tool available to anyone who has a Facebook account. It gives Facebook users an easy way to build an attractive, eye catching profile page. You don't have to spend lots of money on

a designer and programmer and you don't have to have those skills yourself.

This very user-friendly site has a step-by-step process that quickly and seamlessly guides you through the process of making your page.

Just like a webpage, only easier to set up, you can feature your logo, choose backgrounds that match your brand colours, and show off your work with photos large and small. There is even the option to add in video. With a multitude of templates available, there is something for every business. Put in your own wording to encourage people to "like" your Facebook page, and stay one step ahead of your competitors!

If you don't have the time to create your own Facebook Business Pages and Pagemodo templates, they can be set up for you by Pink Spaghetti PA Services, with prices ranging from just £25 to £75 – perfect for small businesses who are busy focusing on their core activity.

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