

September 2011

# e update



## Planning a smooth patient journey

Is the journey your patients take at your practice a smooth or bumpy one? Do they have a clue they are even on a journey with you?

You have probably included the phrase on your website but unless you have a clear idea what your patient

journey involves, then it is just another meaningless buzz word.

In this edition we take a look at what makes up a patient journey and how your team should work together to make it successful and profitable.

Turn to page 14 for more.

### Inside this edition . . .

Read all about it



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

Practice risks



Common data protection mistakes exposed. More on p.13

Wise marketing



Are your marketing efforts paying off? More on p.11

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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  
Let's talk about the future  
Oral health: a sustainable programme invests in oral health



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Dentists and dental nurses are at greater risk of dermatitis than others. An Ellis Whittam expert explains what practices need to do to curb risks.

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## BDA says pilots are 'a positive step'

The launch of pilots that are expected to lead to a new model for delivering dental care in England signals a positive step forward for dentists and patients, the British Dental Association (BDA) believes.

The Department of Health has announced that 68 dental practices across England are to trial three new contractual models.

The pilots are intended to lead to the development of a new, outcomes-focused contract that dentists hope will encourage a more preventive approach to care.

Dr John Milne, chair of the BDA's General Dental Practice Committee, said: "The dental contract introduced in England in 2006 has been bad for patients and dentists alike.

"Based on an untried and untested system of Units of Dental Activity, it has put targets ahead of health, when health should be the target.

"In taking that approach it has failed to promote the modern, preventive approach to care that dentists want to provide and which patients would benefit from. The BDA has lobbied for this reform, playing a pivotal

part in winning the House of Commons Health Select Committee inquiry and then the independent review by Professor Steele that have led to the development of the principles on which the pilots are based.

"In the run-up to the 2010 General Election I made a plea for Professor Steele's report not to become a political football and encouraged dentists to engage with politicians to encourage whoever won the election to see the reform process through. It is a tribute to the lobbying of the profession that Steele's principles have transcended a change of Government and have now reached the stage where pilots are being officially launched.

"This announcement is a positive step and the pilots must now be given the time they need to produce meaningful results and a clear direction for any final arrangements. It is also important that Government continues to engage with the BDA as reform progresses and new NHS structures are developed. The General Dental Practice Committee will continue its policy of vigilant engagement as the process moves forward."

## Verifiable CPD available in Showcase guide

Following the success of the initiative since 2009, members of the dental team will be able to gain verifiable CPD hours for reading the Show Guide which accompanies BDTA Dental Showcase.

There will be a total of five articles featuring in a special CPD section of the Guide covering clinical and business topics.

This initiative is exclusive to Showcase visitors, only those who attend the event will be able to participate. Dentists and DCP's will be able to claim a maximum of three hours of verifiable CPD by reading the articles and answering a series of multiple choice questions on three out of the five articles of their choice. The answers will need to be submitted online after the event.

Achieving a 50% pass mark provides 3 hours of Verifiable CPD.

Reserve your complimentary ticket now!

BDTA Dental Showcase 2011 takes place between 20-22 October 2011 at the NEC, Birmingham. To secure your free of charge entry to the show, register for your



ticket at [www.dentalshowcase.com](http://www.dentalshowcase.com), call the registration hotline on +44 (0) 1494 729959 or text your name, address, occupation and GDC number to 07786 206 276. Advance registration closes on 17 October 2011. On-the-day registration: £10 per person.



# Target mums to improve kids' teeth

A new 27 year research project suggests that mothers with poor oral health are likely to have children who also have poor oral health when they reach adulthood.

The long-term study, of over a thousand children born in New Zealand in 1972 and 19731, provides strong evidence that the children of mothers with poor oral health are more likely to grow up with above average levels of tooth loss,



## Shocking results revealed about dental practices

New research reveals the alarming truth about the numbers of practices who greet patients with an answering machine, an engaged tone, or even worse, they simply leave the phone to ring.

The research was conducted by independent market research company Converso as part of a Software of Excellence customer satisfaction survey and these statistics were a by-product of the original project.

Researchers discovered that of the 3,557 dial-outs made over a 128-hour period, they reached 718 answer machines, 630 busy signals and 202 no answers, which equates to a staggering 44% of all attempted calls.

These statistics highlight a frightening fact that even in today's prevailing tough economic conditions, many practices are failing to maximise opportunities and are failing to meet even the most basic demands of their patients.

Product manager at Software of Excellence, Faith Jenkin, says: "It is remarkable that in the current economic climate practices still either do not have the resource to answer all their calls, or are closing their practice at lunchtime and consequently turning away prospective business."

tooth decay and fillings.

The findings strengthen the notion from previous research that adult oral health is affected by a combination of genetic and environmental factors.

The research compared the oral health of the children at the age of five in 1978, and again at the age of 32. The findings were compared with the mother's own self-rated oral health measured in 1978.

Analysis 27 years later indicated that approaching half of children (45.1 per cent), whose mothers rated their oral health as 'very poor' had severe tooth decay. Around four in every ten children (39.6 per cent) experienced tooth loss in adulthood. The research commented on the influence of environmental risk factors on oral health including social economic status, attitudes, beliefs and oral health related knowledge persisting across generations, providing further evidence in how a mother's view of her own oral health can affect that of her child's.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, said: "These findings represent important confirmation of a trend that has long been recognised. Work by Per Axelsson in Sweden in the 1970s clearly demonstrated that a child's likelihood of decay was determined by the amount of bacteria in the mother's mouth and that this was passed from mother to child.

"If further findings into oral health risks transmitting from one generation to the next can be substantiated, then we must target parents to educate their children in the hope they can better their own oral health and pass the message on to future generations."



Hosting a training course? Email [denise@bdpma.org.uk](mailto:denise@bdpma.org.uk)

## Training & development diary

| Date & location  | Name of event & provider   | Cost & notes   | Contact details  |
|--|--|--|--|
| 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  | <a href="http://www.thedentistrybusiness.com">www.thedentistrybusiness.com</a>   |
| 4 October<br>Birmingham                                    | Information governance & data security good practice, reinforcing Data Protection Act requirements | £95+ VAT   | <a href="http://www.datashielddirect.co.uk/transactions/DWR1.htm">www.datashielddirect.co.uk/transactions/DWR1.htm</a> |
| 5 October<br>Manchester                                    | Information governance & data security good practice, reinforcing Data Protection Act requirements | £95+ VAT   | <a href="http://www.datashielddirect.co.uk/transactions/DWR1.htm">www.datashielddirect.co.uk/transactions/DWR1.htm</a> |
| 5 October<br>London  | The health focused practice for patient care and profit. Sheila Scott with Practice Plan           | £150. £50 for practices connected to PP <b>or free for PP clients.</b> | <a href="http://www.practiceplan.co.uk/events">www.practiceplan.co.uk/events</a>                                       |
| 6 October<br>London  | Information governance & data security good practice, reinforcing Data Protection Act requirements | £95+ VAT   | <a href="http://www.datashielddirect.co.uk/transactions/DWR1.htm">www.datashielddirect.co.uk/transactions/DWR1.htm</a> |
| 11 October<br>Manchester                                   | The health focused practice for patient care and profit. Sheila Scott with Practice Plan           | £150. £50 for practices connected to PP <b>or free for PP clients.</b> | <a href="http://www.practiceplan.co.uk/events">www.practiceplan.co.uk/events</a>                                       |
| 13 October<br>Bristol                                      | The health focused practice for patient care and profit. Sheila Scott with Practice Plan           | £150. £50 for practices connected to PP <b>or free for PP clients.</b> | <a href="http://www.practiceplan.co.uk/events">www.practiceplan.co.uk/events</a>                                       |
| 14 October<br>Manchester                                   | Reception and telephone skills for the whole dental team. Heather Dallas for the BDA               | <b>£100 for practice managers</b>                                      | <a href="http://www.bda.org/training">www.bda.org/training</a>   |
| 18 October<br>Newbury                                      | NLP Taster Seminar. Miriam McCallum Associates   | £70 +VAT. Lunch included   | <a href="http://www.Intro2nlp.co.uk">www.Intro2nlp.co.uk</a>   |
| 28 October<br>Glasgow                                      | Reception and telephone skills for the whole dental team. Heather Dallas for the BDA               | <b>£100 for practice managers</b>                                      | <a href="http://www.bda.org/training">www.bda.org/training</a>   |
| 2 November<br>London                                       | Managing Difficult People (and good ones too). Sheila Scott  | £350 (incl lunch) Plus one hour's personal follow up                   | <a href="http://www.sheila-scott.co.uk">www.sheila-scott.co.uk</a>   |
| 3 November<br>London                                       | The health focused practice for patient care and profit. Sheila Scott with Practice Plan           | £150. £50 for practices connected to PP <b>or free for PP clients.</b> | <a href="http://www.practiceplan.co.uk/events">www.practiceplan.co.uk/events</a>                                       |
| 4 November<br>London                                       | Finance, H&S compliance and employment law for the dental practice. BDPMA                          | <b>Early bird £50 1/2 day, £90 full day. Book by 10.10.11</b>          | <a href="mailto:denise@bdpma.org.uk">denise@bdpma.org.uk</a>   |
| 4 November<br>London                                       | Business planning and financial management for owners & managers. Andy McDougall & BDA             | <b>£100 for practice managers</b>                                      | <a href="http://www.bda.org/training">www.bda.org/training</a>   |
| 11 November<br>London                                      | Reception and telephone skills for the whole dental team. Heather Dallas for the BDA               | <b>£100 for practice managers</b>                                      | <a href="http://www.bda.org/training">www.bda.org/training</a>   |
| 15 November<br>Edinburgh                                   | The health focused practice for patient care and profit. Sheila Scott with Practice Plan           | £150. £50 for practices connected to PP <b>or free for PP clients.</b> | <a href="http://www.practiceplan.co.uk/events">www.practiceplan.co.uk/events</a>                                       |
| 18 November<br>Manchester                                  | Handling complaints and improving communication skills. BDA  | <b>£100 for practice managers</b>                                      | <a href="http://www.bda.org/training">www.bda.org/training</a>   |
| 18 November<br>London                                      | Empowering your practice manager. Seema Sharma, Dentabyte  | £295 per person or £495 owner/manager team                             | <a href="http://www.dentabyte.co.uk">www.dentabyte.co.uk</a>   |
| 22 November<br>Leeds                                       | The health focused practice for patient care and profit. Sheila Scott with Practice Plan           | £150. £50 for practices connected to PP <b>or free for PP clients.</b> | <a href="http://www.practiceplan.co.uk/events">www.practiceplan.co.uk/events</a>                                       |
| 24 November<br>Northampton                                 | The health focused practice for patient care and profit. Sheila Scott with Practice Plan           | £150. £50 for practices connected to PP <b>or free for PP clients.</b> | <a href="http://www.practiceplan.co.uk/events">www.practiceplan.co.uk/events</a>                                       |
| 25 November<br>London                                      | Oral cancer: the dental team's responsibility. Saman Warnakulasuriya & Richard Cook for BDA        | <b>£100 for practice managers</b>                                      | <a href="http://www.bda.org/training">www.bda.org/training</a>   |



## BDPMA news

### Catch early bird offers - call Denise to book!

Don't forget that early birds still have the chance to snap up reduced price tickets for our seminar titled 'Finance, H&S compliance and employment law for the dental practice' at the British Institute of Radiography in London on Friday, November 4.

Early bird tickets booked by 10/10/11 are £50 for half day or £90 for the full day. Please call Denise on 01452 886 364 to book. (Full prices are £65 for half day incl lunch or £120 for the full day incl lunch, with £5 from each booking going to Saving Faces, our chosen charity for the year.)

Matthew Rogers from Clear Vision Accountancy will take the morning slot. Matthew is a Fellow of the Association of Chartered Certified Accountants and has worked within the dental sector since 2009, when he brought his 15+ years' experience of accounts preparation, software setup and training, forecasting and commercial expertise to the profession. His specialism includes:

- Dental practice accounts - preparing financial statements and timely and accurate financial information
- Software setup and training - working closely with dentists and practice managers to implement new financial software which enhances financial reporting
- Financial forecasting - working with dentists to prepare business plans to predict future cash flows, profitability and aid financial and operational decision making.

Next month we will include a profile about Jane Hallas, who will be taking the afternoon slot. Jane is a qualified solicitor and Senior Associate Adviser at Employment Law and Health & Safety specialists Ellis Whittam. Avid readers of our publications will already be familiar with Jane as she writes employment law features in the e-update and Practice Focus.

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*



## Considering your development

Welcome to September's edition of the e-update, which we hope you will enjoy reading. It is packed with a variety of interesting and useful articles, one of which concentrates on personal and professional development.

Although there is no mandatory requirement for dental practice managers and administrators who are not registered DCPs to undertake CPD, the BDPMA encourages members to do so as a measure of personal development and professional commitment.

Each edition of Practice Focus includes a CPD programme that is worth two hours of verifiable CPD. We are delighted to announce that a record number of members completed this CPD programme in the summer edition.

With professional development in mind, we would like to see as many members as possible at our seminar in November. Early bird tickets are available until October 10 - please see the article opposite for more information. It would be great to meet members personally for what promises to be an interesting and useful day, and listen to your views about the Association and what we could do to improve it.

Another opportunity to do this would be by visiting us at the BDTA Showcase next month. You can find us at Stand B13 for the duration of the event and we will also be launching ADAM between 11am and 12noon on Thursday, October 20. Please come and join us to celebrate the transition to ADAM. Not only that we will be introducing our programme for conference and our spring seminar. Hannah and I will be available to chat to members, and we hope to see you there!

# business planning & strategic marketing



for dental practices *with*

## Andy McDougall

*Perfect for  
practice managers*



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

Covering business planning and strategic marketing and headlined by Andy McDougall from Spot On Business Planning, whether you are just learning the business ropes or looking to expand your knowledge and tools, you will take away practical advice and tips on how to manage your dental practice.

### the course...

#### Find out how to develop a business plan by:

- Understanding why a business plan is so vital
- Discovering the principles for developing a plan
- Managing the results and focusing on what is important.

#### This event will develop your understanding of marketing:

- Where to focus your marketing efforts and how this fits into the overall business
- How to create and build your practice brand.

## Marriott Hotel Sunderland

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November 2011  
9.00am - 4.30pm

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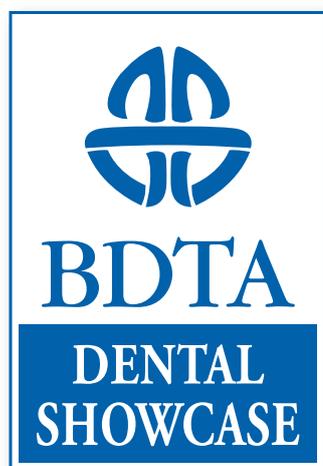
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2011



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BDTA Dental Showcase 2011 is organised  
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Mineral Lane, Chesham, Bucks HP5 1NL  
Tel: 01494 782873  
e-mail: [admin@bdta.org.uk](mailto:admin@bdta.org.uk)

A £10 on the day registration fee will  
be charged to visitors who do not secure  
tickets in advance. Advance registration  
closes 17 October 2011.

# The Dentabyte Compliance Cloud

0208 297 9100

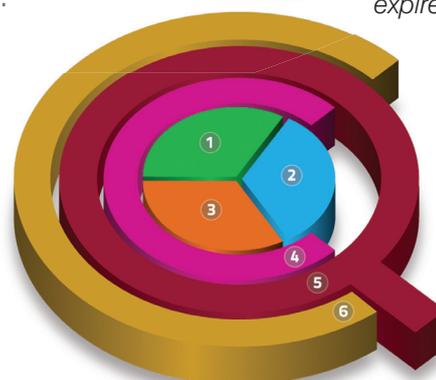


Example above of RAG report showing soon to expire certificates

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.

Key benefits of the Dentabyte Compliance Cloud:

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- 1 Involvement and information
- 2 Personalised care, treatment and support
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- 4 Suitability of Staffing
- 5 Quality and management
- 6 Suitability of Management

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[seema.sharma@dentabyte.co.uk](mailto:seema.sharma@dentabyte.co.uk)



# Are your marketing efforts paying off?

**Marketing your practice is hugely important for increasing your profile, attracting new patients and letting your patients and the wider public know about any new services you may be offering. Is your marketing paying for itself or is it money down the drain?**

There are number of ways to market businesses, from the more expensive, such as website creation and radio advertising, mid-cost, such as newspaper and magazine advertising, external signage and brochures, to low-cost e-shots or newsletters.

Unfortunately, a one-size-fits-all approach does not work where marketing is concerned. If it did, it would be a no-brainer! Giving careful thought and consideration to what would work best for your practice is essential – and testing out - and assessing the success of - different marketing techniques is a great idea.

## If it is broken, then fix it!

There are practices out there that we know spend more than £40,000 a year on weekly newspaper advertising but have never seen a single new patient join as a result of these adverts. £40,000 equates to a significant amount of new patients and begs the question; if your advertising isn't paying for itself, then why are you continuing with it?

The same theory applies to all marketing. Take websites for example, every practice needs a website, that's a given but how much should you expect to pay? Website design is a competitive area and the price of creating a website varies considerably. As web surfers, we make up our minds about a company within seconds of looking at their website.

## Cheap & nasty is not a good image

What does your website say about your practice? All singing, all dancing websites look amazing but will prospective new patients assume that your prices are out of their reach?

On the other hand, homemade, template or out-dated websites look cheap and nasty, and that is never the kind of impression a dental practice should portray.

Advertising is another kettle of fish. Consider what kind of patient your practice attracts. The publication you decide to advertise in should appeal to your patients or the type of patients you would like to



welcome aboard. Try out a couple of publications, a local newspaper and A5 magazine for example, and monitor the results.

## Monitor your success

But which marketing techniques work best for you? How can their success be monitored?

The most important thing is to ensure your receptionists ask every new patient how they heard about your practice and keep records for regular analysis. Try running a 'free consultation' campaign for a specific treatment, such as adult ortho, and use a variety of places to promote it, for example, your patient newsletter, newspaper advertising, internal posters and a banner on your building. When they book, ask them where they saw the promotion.

## Spend your budget wisely

Remember, spend your money wisely and don't flog a dead horse – if something isn't working, you'd be better off saving your pennies.



# What comes of treatment plans?

**So, you have gone to all the trouble of generating interest in your practice through a (potentially costly) marketing campaign. Your reception team has done its job and converted the opportunity into a visit. The clinical team has done its job and assessed the patient's teeth and gums and determined a treatment plan. Now what?**

I am afraid to say that in many cases, absolutely nothing! Patients won't always make decisions immediately, especially if they involve unanticipated costs or the chance of pain or discomfort. Dentists will often go to extraordinary lengths to produce treatment plans with colourful images and detailed explanations only to feel frustrated when nothing comes of them. And this scenario does not only happen in dentistry circles.

## Different approaches

I recently visited several companies to discuss a bathroom refurbishment project for my home. One company produced a wonderful, coloured cad-cam image of how my bathroom might look when they had completed the project. It excited me and made me favour them for the job.

But the second company visited me several times, followed up with calls and responded to my many and varied questions with comprehensive solutions, samples of products and so on.

## Have they been followed up?

This went on for over three weeks during which time I heard nothing from the original company. They had left me with my pretty drawing, confident that they had done enough to secure the business. Well guess what, I was not impressed after I had experienced the attentiveness of company number two who I eventually gave the business to.

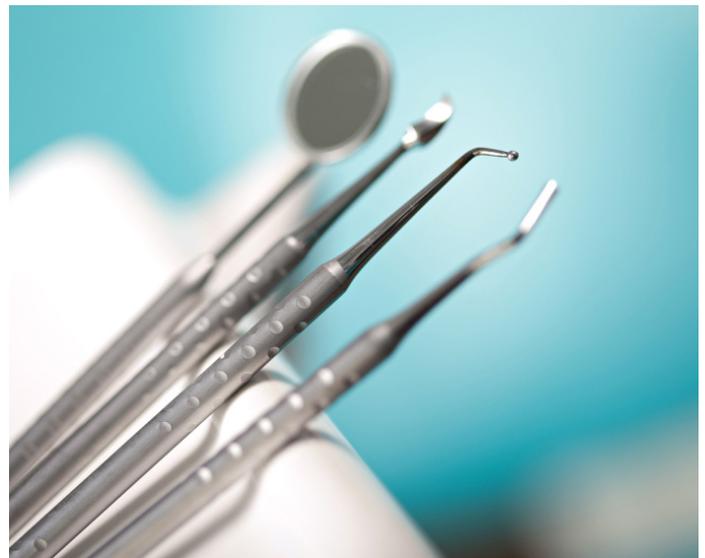
The moral of this story is you must follow up your treatment plans and show patients that you are as interested in them and their treatment, as you are hungry for their business.

## Close the treatment planning gap

So what can you do to close the treatment-planning gap?

Here are some of things we would suggest you consider:

- Log all treatment plans with (at least) details of start date, clinician responsible, value and outcome.



- Agree a timeframe after which someone follows up with the patient.
- Ensure that you have someone in the practice (if not a trained treatment coordinator then someone competent to liaise with patients and convert open treatment plans to actual treatments) and manage them using targets for conversion.
- Ask and log where you have been unsuccessful to determine why. Could it be how you present the plans, their value, your approach etc?
- Consider offering treatments in bite-size chunks. Big ticket treatment plans can be scary but if you offered them in smaller pieces, the uptake you achieve may improve.
- Provide a monthly report of the number and value of treatment plans generated and outstanding. When everyone can see how much potential businesses remains unconverted, the team may be more proactive with generating ideas to improve results. After all, the more profitable the practice, the more secure their jobs.

**We would be interested to know how you manage the treatment planning process. Drop us a line at [denise@bdpma.org.uk](mailto:denise@bdpma.org.uk)**



# Key risk areas of data protection

In his last article, Datashield managing director Michael Fryer looked at why identifying and prioritising information security risk is the best place to start to reduce the likelihood of losing patient data. This month he outlines key areas that expose practices to risk.

Our risk assessment experience with professional organisations reveals a number of issues that are common to most and provides focus to deliver risk reduction through practical, cost effective measures. I've outlined eight areas where poor practice exposes businesses to heightened or unnecessary risk.

- Many organisations only considered data protection in relation to IT. There are a range of other areas, including physical security of files, disposal of data and supplying data to third parties where the potential for data loss exists, and where risk can be reduced easily and cost effectively
- Electronic data is not encrypted and is also distributed by post and courier. All electronic patient data should be encrypted on laptops and any kind of portable media in use. Encryption software is low cost, easy to implement and provides immediate peace of mind
- No certainty about how third parties protect customer data. Principle 7 of the data protection act requires that you ensure third party processors, to which you supply patient data, protect it
- Passwords are shared and standards are not



robust. This presents risk of patient data being easily accessible and difficulty in the identification of users responsible for data loss

- Paper files are not locked away. Despite new technology much patient data is kept on paper and access is not limited to those who need it
- IT hardware is disposed of without data being removed. Care needs to be taken over disposal of such items
- Home workers do not dispose of data securely, resulting in an uncontrolled build up of data. It may be necessary to provide technology for remote workers and consider disposal of paper files
- Staff can access data they don't need in their role. Take steps to ensure that no one has access to information they don't need

These are some examples of areas where risk is likely to exist in your practice today. Some can be addressed by defining policy and tightening procedures thereby reducing risks of data loss. Technology solutions such as encryption are easily available and extremely cost effective ways of removing the risk of damage to your reputation and potential regulatory enforcement if a data loss occurs.

**This is your last opportunity to be in with a chance of winning a free Datashield First Step Risk Assessment as the deadline is September 30. Please click on the link above and complete a very short survey. Datashield First Step Risk Assessments provide a fast and cost effective method to move from a tactical to a strategic approach with a series of planned actions that will deliver real risk reduction for the business. A winner will be randomly selected and announced next month. To find out more visit [www.datashielddirect.co.uk](http://www.datashielddirect.co.uk)**

Win a  
**FREE Datashield  
First Step Risk  
Assessment worth  
£834! [Click here](#)**



# What makes up a patient journey?

Patient journey - it is a term widely used in dentistry yet I am not sure we are all clear about what it actually means.

Often you will see it bandied about in welcome packs and on websites but I doubt very much if patients have any clue as to what we are referring to. It's like other buzzwords we use freely, especially preventive, which I don't think patients have much idea of the meaning of or relevance to them.

So what is a patient journey and what is the point of referring to it at all?

## What does it mean to patients?

In essence, the patient journey is an easy-to-remember phrase that refers to the customer experience. How you respond to their needs, how friendly the team are, whether they would return – that sort of thing.

The patient journey should reflect everything you do in your practice: the processes, communication, approach of the team, the facilities you provide and how they look – in fact pretty much everything you can think of. And that is the danger of summing it all up in something as quick off the tongue as the patient journey. It makes it sound less comprehensive and vital as it actually is.

## Satisfied customers come back

We all know that the experience of customers (patients) determines the success of our business (practice). If customers are completely satisfied they will return and they will recommend their friends and families, which results in additional business.

In contrast, if someone is displeased, he/she will likely not return and may tell others about the bad experience and the referral tap (the number one source of new patients for most dental practices) is turned off.



## Some aspects to consider

So if you want to use the term 'patient journey' to focus your team on delivering your brand on a day-to-day basis, then consider what it includes and perhaps launch an initiative with the team that seeks to review, agree and implement an improved aspect of your journey at each team meeting.

It may take more than a year to implement but when you think that you are reviewing every single process in the practice, you recognise that such an achievement in just 12 months would be incredible.

The following list is by no means complete but illustrates some of the many aspects of the patient journey that you should review:

### Pre-visit

- Phone management of enquiries and agreed greeting
- Messaging system
- Handling of the call – enquiry recording process
- Literature sent agree protocol
- Follow up and recording of monthly statistics

### Patient attending the practice

- First visit process
- Recall process
- Signage and look of practice – doorstep challenge!
- Parking and toilets – very important
- Team appearance
- Ambience of waiting area – Policy for magazines / daily papers, T.V. – subtitled / channels, decoration, posters/ leaflets, Wi Fi, tea / coffee, flowers
- Reception greeting – process
- Clinician greeting - process

### Surgery process

- NHS vs Private
- Medical history and smile menu process/review
- Length of appointment and outcomes goal
- Consent – process
- Before and After Photos
- Back to reception and follow-up appointment process
- Treatment letter process
- Estimate, finance options process and plans
- End of treatment letters and policy

### Training – sales and brand training

If you would like us to discuss any one of the above in a future edition of E update, please email [info@spoton-businessplanning.co.uk](mailto:info@spoton-businessplanning.co.uk)



# Managing work-related dermatitis

Andrew Rivett, Training and Technical Manager at Employment Law and Health & Safety specialists Ellis Whittam, looks at how to manage work-related dermatitis.

At Ellis Whittam we know that as a dental practice, when it comes to health and safety, you will maintain the highest professional standards to protect your colleagues and patients.

However, in the course of our work with our dental clients, we find that there are not only less obvious hazards but also potential for standards to slip in areas that clients think they have well sorted. Work-related dermatitis is one such issue.

The HSE has identified dental practices as a higher-risk workplace for exposure to work-related dermatitis. Studies have shown that the incidence of work-related contact dermatitis is nearly ten times greater in dental nurses and seven times greater in dentists compared to other industries.

Work-related dermatitis can affect all members of the dental team who regularly wash their hands, are exposed to chemicals used in dental work and/or are exposed to rubber materials such as those in personal protective equipment.

The law requires employers to adequately control exposure to materials in the workplace that cause ill health. This includes controlling exposure to

materials that cause skin diseases and to materials that enter the body through the skin and cause problems elsewhere. Employers and employees need to comply with the Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH).

This requires employers to carry out a risk assessment, and depending on the risks, put in place suitable measures to manage the risks. These could include:

- Consider using less hazardous alternative approaches such as an equipment washing machine, use of tools or less hazardous products.
- Provide gentle soaps for hand hygiene which, whilst still effective, minimise the risk of skin disease.
- Train employees in the use of equipment and gloves, correct hand cleaning and regular use of moisturisers.
- Provide good hand-drying facilities e.g. good quality soft paper towels.
- Provide emollients in suitable dispensers to prevent cross-contamination.
- Consider using a system of skin-checking to ensure preventative measures are working.

Ellis Whittam's health and safety consultants have identified that safety data sheets are generally not available and COSHH assessments had not been carried out. Appropriate training is all too often not carried out either.

Ensuring the Health & Safety of your colleagues and patients is your top priority and the consequences of getting it wrong are increasingly severe. Always take professional advice if you are unsure about any of these issues.

**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 Jane Cuffin](mailto:jane.cuffin@elliswhittam.co.uk), call her on 0845 226 8393, visit the [website](http://www.elliswhittam.co.uk) and follow them on [Twitter](https://twitter.com/elliswhittam).**





# Planning your personal development

**Personal and professional development enables people to achieve their very best and facilitates learning opportunities – and it is something the BDPMA holds in high esteem. But before you jump headlong into a new course, read this article.**

In the UK, current General Dental Council regulations require all registered UK dental professionals to undertake continuing professional development and provide evidence of the equivalent of verifiable CPD. Although there is no mandatory requirement for dental practice managers and administrators who are not registered DCPs to undertake CPD, the BDPMA encourages members to do so as a measure of personal development and professional commitment.

## BDPMA offers CPD support

As you know, each issue of Practice Focus provides two hours of verifiable CPD and the aim of our CPD programme is to provide articles and material of relevance and to test your understanding of the contents.

The anticipated outcomes are that practice managers and administrators will be better informed about recent management advances and developments and that they might apply their learning to their practices and ultimately to the care of their patients.

We also provide a training and development calendar in each issue, as well as in our e updates. But before embarking on a particular course, please consider the following:

## How do you learn best?

Distance learning courses require discipline and can be lonely but there are opportunities to contact other students and meet up for support. An alternative would be learning in a workshop environment. Think about the tools offered by the course provider, ask lots of questions and consider what the best route for you is.

## Know your capabilities

Don't embark on a full blown degree if you have never studied at all before; ease yourself in and build your confidence. But don't underestimate what you are capable of either and remember, a lot of what you are studying is actually what you do every day; it's not like learning trigonometry at school!



## Consider your lifestyle

Don't commit to something that will tilt the stress scales too far. Consider the course commitment in time and travel; would you be better doing a distance learning course? Do you have support of the practice and will that include time for attending the course and/or study. Does your family support you? The additional commitment of training will have an impact on your life and as such will require the help and support of those closest to you. Discuss it with them before you embark.

## Download our advice sheet

So now that you have thought a bit more about what, why and how to make your choices, visit the Members' Area of our website to look at some of the routes to learning and download the document AS13 Developing Your Skills As A Dental Practice Manager for more information.

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