



Business Plan

Executive Summary

The purpose of this business plan is to demonstrate the strategic direction for Lewisham Dental Practice.

The business owner, Dr Andrew Fries, has practiced for twenty years, and has owned the practice since 1991. The practice incorporated the private aspect of its business in 2011.

The practice currently offers national health dentistry; dental restoration and preventive care as well as private dentistry and cosmetic enhancements. It is also a training practice, and has been training vocational trainees for some 12 years.

Over the last year the practice has expanded into the first floor of the building, with the creation of two more surgeries, and installation of a second decontamination room, in line with PCT & GDC best practice guidelines. With the expansion came the introduction to the practice of Dr William Harley, who practiced in his own surgery close by, and will be an associate with Lewisham Dental Practice until he retires later this year. Including foundation dentists, this brings the total number of dentists in the practice to 9.

An enormous amount of work has been undertaken in the last 5 years to improve the practice in terms of its customer service, its capacity, and its accessibility. Much investment has been made in recruitment, retention and development of staff, and in attracting and keeping patients. A massive financial commitment has been undertaken to enable the practice to absorb Mr Harley's former practice in Belmont Hill, and to become DDA compliant. Meanwhile, LDP has had to cope with changes outside its control, such as CQC registration, the implementation of HTM 01-05 and the changes to NHS commissioning. In the next three years LDP needs to concentrate on reducing costs, which are now clearly above industry averages, and consolidating its position, before coping with the next significant change, which will be the new contract in or around 2015.

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Business Description

Introduction

Lewisham Dental Practice (LDP) is now a 6 surgery dental practice located within leasehold premises, 1st and 2nd floor, Lee High Road Lewisham. The property is leasehold: a 15 year lease for both floors was granted in December 2012. The practice is located close to a busy shopping centre and a walk away from Lewisham rail station and DLR.

Over the last year the practice has expanded into the first floor of the building, with the creation of two more surgeries, and installation of a second decontamination room, in line with PCT & GDC best practice guidelines. With the expansion came the introduction to the practice of Dr William Harley, who practiced in his own surgery close by (which has now closed). Dr Harley will be an associate with Lewisham Dental Practice until he retires later this year. Including foundation dentists, this brings the total number of dentists in the practice to 9.

The current owner, Dr Andrew Fries has practiced for twenty years, and has owned the practice since 1993. Andrew achieved MFGDP and has been a dental trainer since 1999. Andrew is also a VT trainer and mentor, and is training for a certificate in clinical supervision training.

The practice is a part NHS, part private service. Its purpose is to provide dental treatment, restoration and preventive care as well as cosmetic treatments in a comfortable, relaxing environment. The practice incorporated the private aspect of its business in 2011.

The practice offers a wide range of treatments privately, using the latest techniques and materials, including computerized digital cameras and x-rays for diagnosis. The practice also offers Denplan care, a private treatment scheme.

The work undertaken to achieve and maintain the British Dental Association's Good Practice Award reflects the practice's aims towards clinical excellence, efficiency and maintaining regulatory standards.

Non regulatory standards for the service are currently outlined in the service's promise, which is on public display in the practice and on the practice's website.

The scope of the service

The practice offers the following dental treatment services:

NHS and private consultations	NHS and private fillings
NHS and private crowns	Inlays
Root Canal Treatment	Extractions
Implants	Bridges
Dentures	Preventive advice
Hygienist Scale and Polish	Oral Hygiene Instruction
Mouth Guards	

In addition to dental treatment and preventive care, the following cosmetic services are available:

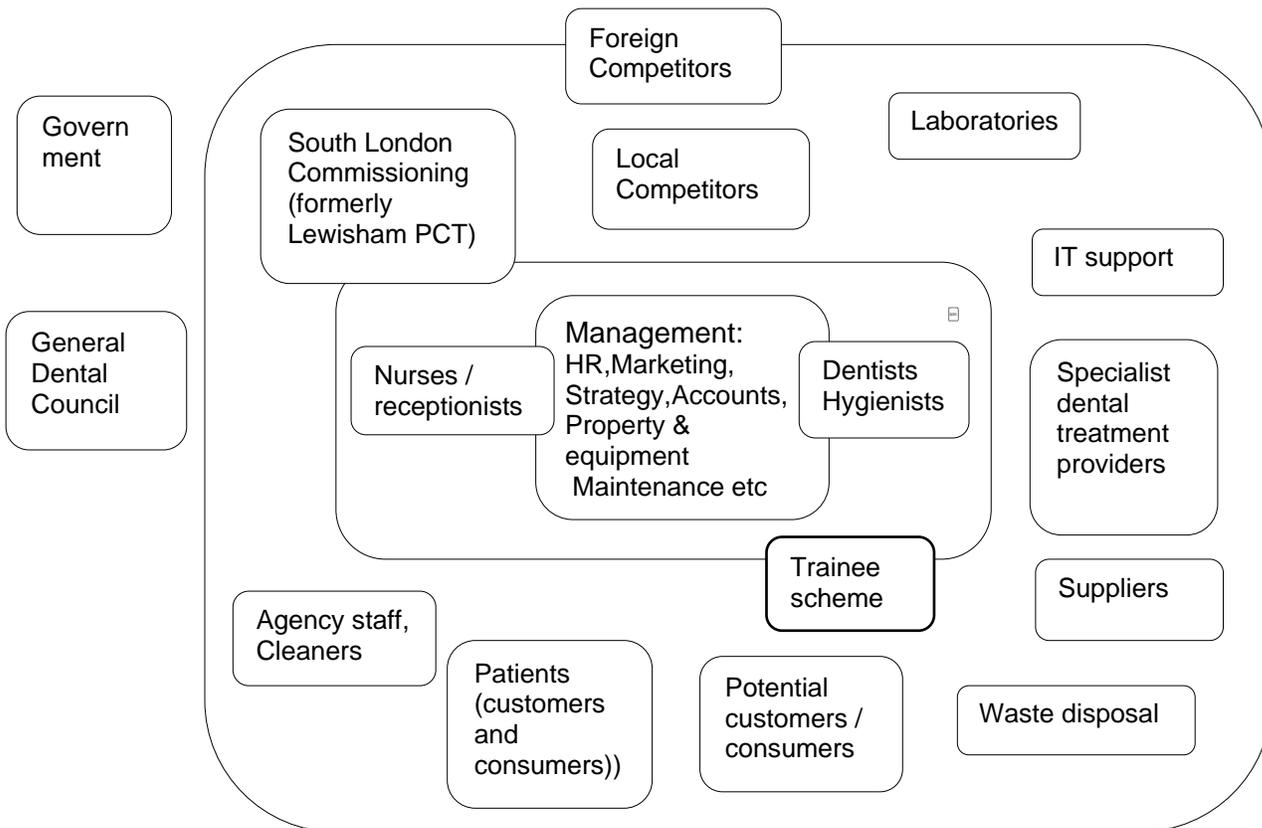
- | | |
|------------------------|-----------------|
| Clear aligners | Tooth Whitening |
| Lumineers | Veneers |
| Implants (on referral) | Inman Aligners |

Key Partners

Key partners of the service include the Dental Deanery (in terms of dental training) NHS commissioning, British Dental Association (Governance and Advice) the Local Dental Committee, National Westminster Bank, Dental Laboratories, Henry Schein and other dental product suppliers for equipment, servicing and stock.

Environment

The following systems map shows LDP’s internal, near and far environments:



Mission Statement

The following mission statement was adopted by the practice in 2008:

This is a practice dedicated to quality dental treatment, screening, preventive care and cosmetic enhancements at affordable prices.

We are, as a team, committed to providing excellent services to our patients, helping them to achieve and maintain a happy, healthy and beautiful smile.

We are excited and enthusiastic about our work, which we will strive to deliver with a caring and professional manner.

Our practice will always be comfortable, and our vigilant attention to sterility and infection control will ensure complete safety for our patients.

We will encourage staff through training, supervision and team building. We follow post graduate education and we are all committed to continuous professional improvement

We have in place a quality control and clinical governance programme to ensure maintenance of both clinical and administrative standards.

We want to ensure our patients tell everyone they know that this is the best practice in the area.

Promises & Expectations

The following promise was adopted by the practice in 2008:

We promise to:

Welcome you into a caring and professional environment.

Provide an efficient service in a relaxed and friendly manner

Listen with respect and respond to your concerns.

Clearly state the cost of proposed dental treatment in advance.

Perform our very best standard of dental work for you.

Use the most up to date techniques and materials at our disposal for private treatment

Guarantee our private dental work for a minimum of two years.

Make no charges for appointments changed or cancelled where 24 hours notice has been given.

See you within 15 minutes of your appointments time (unless there is an emergency).

Only book one patient at a time to see each dentist (no double-booking).

Only recommend treatment that is necessary.

Answer the telephone quickly and courteously

We appreciate your commitment to:

Arrive in time for your appointments.

If you need to cancel, tell us at least 24 hours in advance.

Follow our instructions to care for the work we provide.

Attend review and maintenance appointments as advised.

Pay for treatment as requested. We accept cash, personal and business cheques and most credit and debit cards. We also offer interest free credit.

Talk to us, let us know what you think of what we do: right and wrong.

Help our practice grow by recommending us to your family, friends and colleagues

Financial Analysis

Following the expansion of the practice, and additional UDAs allocated to LDP from the purchase of Dr Harley's practise, LDP's turnover has increased by 50% since the last business plan was produced. However profit has reduced in the financial year 2012/13, mainly due to the costs involved in expanding the practice, and the extra equipment and materials needed to set up and run the additional two surgeries.

Costs

Costs as a percentage of turnover, compare to industry averages as follows:

	LDP 2008	LDP 2010	LDP 2012	Industry Average 2010/11 (13)
Lab & materials costs	10.8%	15.5%	14.8%	12.6%
Othernon staffcosts	15.3%	13.6%	16%	16.7%
Staff costs	18.2%	23%	28%	19.8%

Lab costs are still higher than average. It has not proved feasible to undertake more lab work in house, however it is worth shopping around to see if LDP can improve lab costs. Staff costs are far higher than average. This is partly due to the employment of two foundation dentists under the enhanced training scheme. However it is still clear that around 2% of staff costs relate to agency staff costs and therefore this needs to be reduced.

The Practice Team

In addition to the practice owner, there are now six associate dentists: Saira Akhtar, Ali Hilmi, Rikesh Patel, Imran Maan, William Harley and Kawther Kadhim, who starts June 2013. There are also two part time hygienists: Cheryl Matthews and Cynthia White.

With the exception of the vocational trainees, the dentists are all associates, which means in the dental profession they are self employed. LDP provide a chair, a nurse, materials and instruments, and in turn the associates are required to perform an agreed number of UDAs and to share their private earnings on a % basis.

The dental professionals are supported by a team of nurses and receptionists: Amy Billing, Lisa Steele, Jhene Begum, Winifred Henry, Olufunmilayo Akotipopo, Henal Patel, Sebina Ghale, Rebecca Silver and Lauren Storey.

The performance of staff and the efficient running of the practice are currently managed by the practice manager: Sarah Burton. LDP also has a part time business development manager: Sarah Fries.

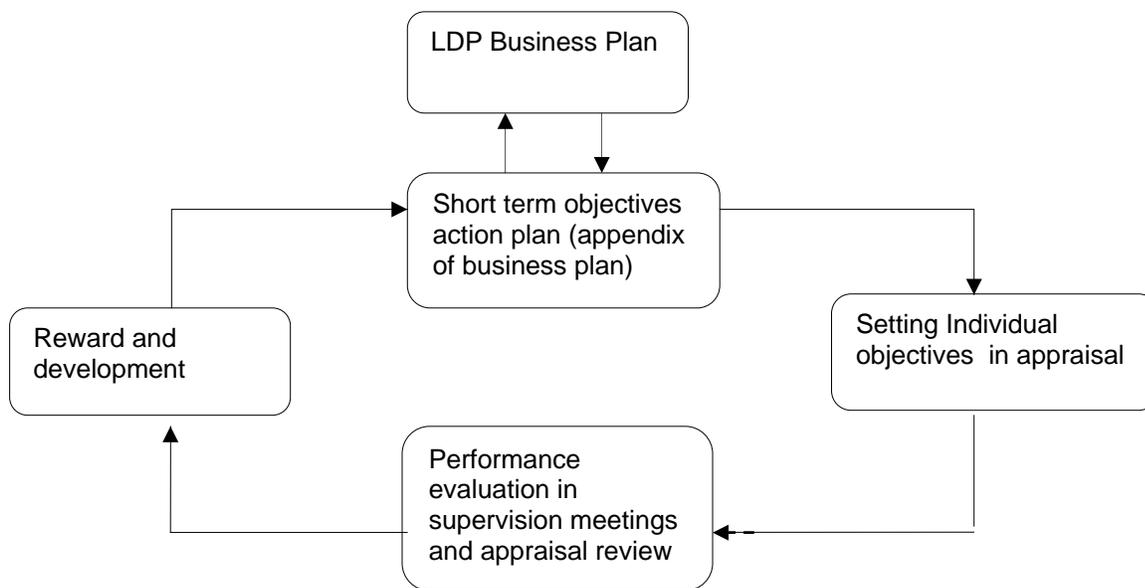
1. Performance management

Performance management can be defined as a set of processes that share three goals:

- To determine the extent of the contribution of staff to the organisation's strategic objectives
- To form a framework for achieving maximum output for given inputs
- To provide a way of inspecting the processes which deliver performance against objectives(1)

Another definition of performance management is the intention to achieve a shared vision of the goals of an organisation, assisting staff to appreciate their role in contributing towards achieving those goals, thereby improving both the staff and the organisation's performance (2).

These definitions suggest that for an organisation to achieve its objectives, it must have a system of management in place that links individuals' performance to the organisation's success. The key elements of such a system were illustrated by Storey and Sisson (3) and can be demonstrated in terms of LDP as follows:



Staff are monitored and rewarded for good performance in a number of ways, as follows:

1. There is an appraisal system, which sets objectives for staff linked into the business plan action points. Objectives are reviewed after 6 months and 12 months, as are skills, performance and development needs. In accordance with the appraisal process, consideration will be given at the end of the financial year as to whether staff's performance warrants a performance bonus.
2. Linked in to this are 5 weekly supervision meetings, which have the purpose of support, discussing tasks, training and communication. These 5 weekly meetings

are used as an opportunity to praise and thank staff for good performance, and discuss any performance issues: how they will be improved.

3. LDP pay for training courses for development needs identified and for CPD from recognised hospital courses. LDP also pays a discretionary contribution towards other courses for staff. Staff are paid to attend courses.
4. Each nurse has been given responsibility for their own surgery. There is a surgery inspection system, whereby once a month each surgery is checked for cleanliness and a list of any areas of concern is passed back to the nurse.
5. A feedback system for dentists exists to indicate how the nurses have performed their duties in the last month, to be fed back to individuals in supervision meetings. This encourages praise and recognition where nurses perform well, and identifies development needs.
6. Staff salaries are higher than elsewhere in South East London, but they contain an element of attendance bonus and loyalty bonus, which encourages full attendance and retention of staff.
7. As part of the appraisal and supervision process staffs' development needs are identified and an annual training plan produced and implemented. Team meetings take place on a weekly basis and team members are encouraged to contribute to ideas to improve the practice.

Continuing to build on the culture of trust and appreciation that has been developed in the past years with staff will increase the respect and confidence will allow the business to continue to operate on a fair, open and honest way.

1.1. Performance management of dentists

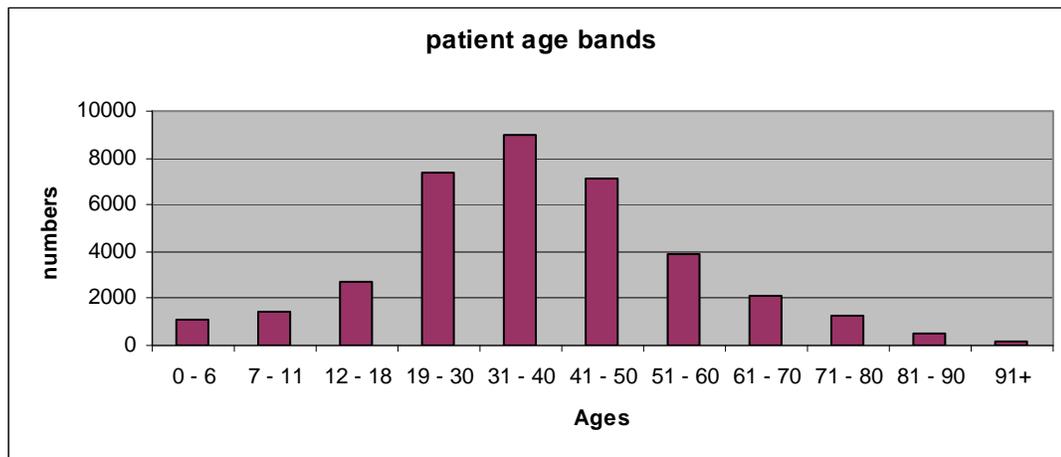
Whilst the dentists have similar 5 weekly meetings to the support staff, these meeting focus more on their performance against targets of dental activity, and any problems they are facing which might hamper their ability to achieve them. There is currently no process for measuring technical competence, except through the complaints system. Dentists are paid according to their target NHS dental activity, plus 50% of any private treatment is undertaken. The way their customer care is assessed is through a feedback form from patients after treatment. LDP considers both aspects of performance to be important.

Customer Analysis

The service sees a number of regular customers, who appear to be loyal to the practice. The customer database currently holds a total of around 36,700 customers, 413 of whom have been archived this year, in an ongoing exercise to update the database. It is estimated that there are many more patients on the database who need to be archived.

5834 customers have joined the practice in the last 2 years (not including Mr Harley's patients)

The patient age bands are as follows:



Customer feedback has been gathered on why new customers are choosing LDP for their dental treatment. The majority of people have chosen LDP from our website or from other information sites on the internet. Currently the website appears in the top 5 dentists when querying Lewisham dentists in google.

Other reasons for choosing LDP include

- word of mouth, therefore excellent customer service is essential to maintaining income and
- having viewed literature advertising LDP's services

In the last few years LDP has undertaken a number of promotional events in Lewisham shopping centre, encouraging customers to join the practice. These promotions are very successful, however the FTA (fail to attend rate) increases significantly when they are run. The other promotional events run regularly are children's days, when appointments are exclusively reserved for children and entertainment is laid on including balloon blowing and facepainting.

In an environment of increasing customer expectations, excellent customer service provided by staff is increasingly important to ensure patients remain loyal. Quality dental care with a comfortable and professional and customer focused environment builds trust and word of mouth referrals for future patients. Customers' views are sought through feedback books on reception, through our website or through email if patients have provided us with an email address. The latest review of feedback shows that comments are **96%** favourable.

The main areas where customer service needs improvement is where patients have to be rebooked due to absent labwork, and patient frustration with referrals without any progress reports

Local Needs Assessment

Lewisham has a population of 250,000. The population is relatively young with one in four under 19. The population over 60 represents one in seven in our community. It is the 15th most ethnically diverse local authority in England. Two out of every five of our residents are from a black and minority ethnic background and there are over 130 languages spoken in the borough. (4)

Most people living in Lewisham will be living in converted flats, in multi-ethnic areas. These are known as type 18 in the ACORN classification and 1.14% of the UK's population live in this type. The population is diverse. On the whole they are well qualified. Many are in professional and managerial jobs, with good incomes. Others have lower level qualifications and are likely to be office and clerical staff. There are also a significant number of students. The majority of people are renting their homes privately. However, there is also a high proportion living in Housing Association property. (5)

Lewisham is an area of urban prosperity, populated by Educated Urbanites who are mainly young, multi ethnic, living in converted flats. In comparison to the national average, they are more likely to own and use a home pc / laptop. The age range 20-44 is far higher than the national average. Their financial profile is described as “ Young, well off private renters, less financially active” however they are more likely to have income over £50,000 than the national average. (6)

Within the borough, significant investment is planned for our town centres and localities. Some of the headline developments in Lewisham over the next 12 years include:

- A £280 million programme of rebuilding and refurbishment will see all the borough's secondary schools brought up to the highest standard to help our children and young people achieve their full potential.
- A major redevelopment of Lewisham and Catford town centres will provide new business and leisure opportunities along with new housing developments. (4)

By 2026, projections show that there could be as many as 35,000 more people making their home in Lewisham. A growing population will increase demand on services and the local infrastructure. Our schools, colleges, university, hospital and local surgeries will need to adapt and change to make sure that the needs of the future can be met. (4)

Lewisham's Oral health profile (12)

Children

Overall oral health in children in Lewisham is good. Five and twelve year old children living in Lewisham have better oral health than the London and national average for this age group. However, average levels of disease do not reveal the marked inequalities in oral health that exist within Lewisham.

The latest figures for the 2007/08 survey show that around 30% of 5 year olds have experienced dental decay and 23% have active tooth decay. Over the last 7 years the

proportion of children with dental disease has remained relatively stable. Among the 30% with experience of tooth decay each has had about 3 decayed teeth with the majority of the decay remaining untreated.

Older children

16% of 11 year olds have dental disease experience with 10% active decay

11% of 12-15 year olds have suffered trauma to their front teeth

One in two have some erosion commonly caused by drinking too many fizzy drinks

35% have unhealthy gums

35% of 12 yr-olds have irregularities which constitute a great or very great need for orthodontic treatment, falling to 15% of 15 yr-olds

Around 30% of 12 year old children have irregularities in their teeth that constitute a need for orthodontic treatment.

Adults

National Surveys conducted in the UK every 10 years have shown considerable improvements in oral health of adults. More adults keep their teeth for life. In 1968 as many as 37% of adults in England had no natural teeth; by 1998 this figure had fallen to 11%.

No local data are available on the oral health of adults in Lewisham.

Older people

People are not only living longer but also retaining their natural teeth for longer into old age. Changes that can occur over time in the gum tissues expose vulnerable root surfaces to the oral environment and thus, potentially to the decay process. Thus older people's oral health is still at risk of dental decay, gum disease and tooth wear, whilst they are at an increased risk of developing root decay and oral cancer. The treatment needs of older people can be complex with systemic disease and medication compounding oral risk factors, such as dry mouth, and making oral hygiene and treatment more difficult.

There is very little data available on the prevalence and distribution of oral diseases in older people in Lewisham.

At Risk Groups

Vulnerable groups of society often experience poorer oral health and can have more difficulty in gaining access to primary dental care services.

Adults with impairment or disability that makes diagnosis, experience or treatment of dental disease challenging are a special group at risk.

People with a mental illness tend to have fewer teeth, more untreated decay and more periodontal disease than the general population.

Those in long term institutional care can be vulnerable. This includes older people in residential homes who are often dependant on others for their diet, personal care and access to health services.

Other adult groups at risk include those socially excluded for example through addiction (drug and alcohol), lack of educational attainment, poverty, those seeking asylum and the homeless.

NHS Lewisham Oral Health Strategy

In 2010 Lewisham Primary Care Trust (PCT) produced an Oral Health strategy which set out priorities for the next 5 years. With the dissolution of PCTs in April 2013 it remains to be seen whether the South London NHS commission (the body that has replaced the PCT) will continue with these priorities, therefore for the time being any action points relating to their strategy have been suspended.

The external environment

Social Issues

British people are increasingly aware of the benefits of cosmetic dentistry. General dentists are learning the techniques to whiten and straighten teeth, and remove imperfections. People are more likely to shop around for cosmetic treatments, and are likely to compare prices on the internet.

Increasingly important to patients is the preventative aspects of health, and this is the case for oral and dental health. LDP already provides information and education on preventative care.

More than half the dental treatment carried out in the UK (as measured by turnover) is now provided privately (7) this should be tempered by the fact that Lewisham is one of the most socially deprived boroughs in the country, so many people are unlikely to be able to afford expensive private treatments. However, some patients are already expressing an interest in implants and therefore consideration should be given to introducing this type of private treatment at a competitive rate.

Recent research shows that one in five people in Britain do not have a dentist, with around half citing the reason to be lack of access, 43% citing cost and 28% mentioning fear. (8) Meanwhile, research from the university of Bristol suggests that admissions for the surgical treatment of dental abscess have doubled in the last 10 years. Therefore there is still merit in promotion days. Also, improvement of LDP's external signage is also required to ensure the public are aware of our existence (A number of Mr Harley's patients have expressed surprise at the fact that LDP has been open for 23 years).

Whilst Lewisham's population is mostly young, there is a significant number of older people in the borough and social trends suggest numbers of old people will continuously increase in coming years. A practice above ground floor is not conducive to older patients. A wheelchair lift is due to be installed in July, which will allow patients with mobility problems to access dental treatment in Lewisham centre.

There is a large business community in Lewisham, and many public services, and community / religious centres, where forging links may improve competitive advantage.

Anecdotal evidence from associates suggest there is a large unmet need for perio treatment within Lewisham.

Technological Issues

The future of the dentistry profession is the development of implants to replace bridges and dentures, laser techniques for reduced pain, and rotary root canal treatments. These may be options for LDP once prices are more reasonable, but at the moment the costs would

make treatments prohibitively expensive to most Lewisham residents. Other, less expensive advancements may be feasible for LDP to consider.

Advances in IT lead to increased communication possibilities with customers, and increased management information possibilities.

Technological advances could assist with increasing customer satisfaction, for example by providing media during treatment that will reduce the sensory impact of the treatment and make the treatment less of an ordeal.

Economic Issues

It is loyal customers who bring growth to a business, skyrocket the business' reputation and propel the business as a world class organization within the field. A customer can be satisfied with a single act; loyalty however is built through a series of acts and behaviour. (10) Loyal customers will market a business through word of mouth and will be more likely to forgive mistakes. They are also less likely to be swayed by competition.

Studies of customer behaviour indicate that, when asked why they changed from one service provider to another, almost half the customers mention poor service as a reason for change. In comparison, only 8% mention the technical aspects of the product, and only 8% mention price. 68% of leading customers did so because of what they perceived as indifferent attitude on the part of the service provider. (10)

One way that has been identified as a way to retain customers, is to treat them with respect, irrespective of their socio-economic background. (11) The distinction between nhs and private treatment makes it difficult, however, not to differentiate in this way.

Downturn in economy may affect whether people choose cosmetic treatments. There may be a need to focus on events which may trigger people wanting to look good, link in with marketing to find ways of encouraging people to spend their ever dwindling spare cash on cosmetic enhancements. Moreover, LDP needs to ensure maximum share of the customer base by ensuring they have competitive advantage. It would appear that private dental practices are suffering from dwindling diary entries, and as the recession continues the issue of empty diaries may begin to cause problems in terms of income and meeting NHS contract performance targets. This is one of the greatest threats to the continued success of the practice.

The location of the practice may prevent LDP from capitalizing on increased marketing, therefore consideration needs to be given to improving external advertising on the building to make best use of passing trade.

Environmental Issues

Regulations regarding waste are continuously being amended and updated and LDP needs to ensure continued compliance. With this comes a need to ensure as much waste is being recycled as possible and where unrecyclable paper products are being used, recyclable alternatives should be sourced.

Political Issues

LDP was chosen to become an enhanced training practice with effect from August 2010. This means that 2 foundation dentists attended the practice simultaneously for the last 3 years. Additional nursing staff were recruited to assist the additional dentist in the practice. It would appear that 2012/13 is the last year that enhanced training will be offered, however there are no staffing issues as a consequence as changes in staff have meant no excess resources.

In future, public funding cuts proposed by the new government may include cuts in nhs dentistry. Every effort to anticipate this should be made, including encouraging fee paying patients to sign up for payment plans. Staff should ensure this encouragement is undertaken in a sensitive and non intrusive or aggressive manner.

Legal Issues

The dental profession is one of the most regulated in Britain. The practice must meet stringent health and safety legislation, on top of health and safety and other employment legislation required by most businesses. (For example, staff must be vaccinated before they are able to work). HTM05-01 has recently imposed more requirements in relation to decontamination: including cross infection control, sterilization, waste and water controls.

In 2011 the Care Quality Commission (CQC) implemented regulatory requirements on dental practices which required all dentists to be CQC registered. LDP needs to ensure we continue to meet Key Outcome Indicators required by the Commission, and attain full compliance with any inspection undertaken by the CQC

It is anticipated that Dr Fries will be required to sign a new contract with the NHS commissioning body in 2015. Little is currently known about the requirements of the new contract, although it is anticipated that the emphasis will be on preventative measures and collaboration with the patient to improve oral health. LDP needs to ensure it is fully briefed and ready to adapt to all changes required as a result of the new contract.

Ethical issues

Amalgam has for some time been seen to be potentially harmful to the environment. Although there is no evidence that amalgam fillings are harmful to health, a number of European countries have already banned its use. The previous business plan suggested financial consideration should be given to reducing the use of amalgam in the practice. This is not currently viable, however it is possible that the NHS as a whole may decide to ban the use of amalgam sometime in the future.

SWOT ANALYSIS

The following SWOT analysis was undertaken by the practice team in April 2013:

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> • Welcoming staff • Choice / availability • Children days • Mixed choice of cosmetic treatments • Clean, modern refurbished practice • Decontamination process is best practice • Good choice pt literature / tv • Promotions and discounts • Pts able to leave feedback • Strong management / team 	<ul style="list-style-type: none"> • More use could be made of staff skills eg OH / fluoride application • No specialist treatment available • Team work / team building • Directing pts to correct floor • Improve private tx plans / payment plan • Keeping Mr Harleys pts informed of new location etc
<u>Opportunities</u>	<u>Threats</u>
<ul style="list-style-type: none"> • Promotions / adverts • Improve website – staff pictures (some there some not) • Commission scheme for staff selling products 	<ul style="list-style-type: none"> • M:F dentist ratio for pts with a preference • Direct access – pts going to hyg without examination – missed disease etc • Enough equipment between both floors • Downstairs waiting room ‘blind spot’ • Hitting head on xray • Dentists leaving in August - new ones coming? • Stairs

Comments on SWOT analysis:

Strengths:

New to this plan's strengths include: childrens days, promotions and discounts, patients being able to leave feedback and strong management team. It is also encouraging to see welcoming staff at the top of the list – clearly a consequence of the time spent on reinforcing good customer service in the practice.

Weaknesses:

- More use could be made of staff skills eg OH / fluoride application – this will be actioned when NHS commissioning services amend the contract to allow payment for this type of service.
- No specialist treatment available – it is anticipated that implants and specialist perio services will be introduced in the near future
- Team work / team building – it is disappointing to see this remain as a weakness. Further work is needed in this area

- Directing patients to correct floor – it has been decided to ensure all patients book in at the reception on 1st floor – this will avoid patients travelling up and down unnecessarily. Action is now needed to make this happen.
- Improve private tx plans / payment plan – a payment plan is to be introduced this year. Work was undertaken last year on making treatment plans clearer to understand – this needs to be bedded in.
- Keeping Mr Harleys pts informed of new location – welcome letters have now been sent to all Mr Harley's regular patients. During the coming year these will also be sent to his irregular patients.

Opportunities:

- Promotions / adverts: LDP will continue with childrens days, promotions in the shopping centre, and ad hoc discounted treatments. An advertisement in the local paper will accompany the official opening of the 1st floor expansion in July 2013.
- Improve website – staff pictures – pictures will be taken on the day of the official opening and will be added to the website
- Commission scheme for staff selling products – selling sundries is part of team members' job roles and it is unlikely that staff would be willing to forgo part of their wages to allow for commission pay instead.

Threats:

- M:F dentist ratio for pts with a preference – our new associate dentist makes the M:F ratio 5:3, considered sufficient for the few that do express a preference
- Direct access – both hygienists have confirmed they are happy to see patients without prescription. It has been agreed that they will strongly recommend a dentist visit and will utter a disclaimer where patients have not visited a dentist for some time.
- Enough equipment between both floors – an equipment review is undertaken on an annual basis. Any equipment needed in the meantime should be brought to the attention of the practice manager
- Downstairs waiting room 'blind spot' – A security mirror allowing views around the corner has been purchased and will be installed in the near future
- Hitting head on xray - ??
- Dentists leaving in August - new ones coming? LDP have been advised that only one foundation dentist will be allocated next year. However changes in staff and dentists' working days should mean that no redundancies are required
- Stairs – a stairlift will be installed in July 2013.

Business Plan 2010

There are a few issues outstanding from the action plan 2010 which are included in the recommendations.

Conclusions

An enormous amount of work has been undertaken in the last 5 years to improve the practice in terms of its customer service, its capacity, and its accessibility. Much

investment has been made in recruitment, retention and development of staff, and in attracting and keeping patients. A massive financial commitment has been undertaken to enable the practice to absorb Mr Harley's former practice in Belmont Hill, and to become DDA compliant. Meanwhile, LDP has had to cope with changes outside its control, such as CQC registration, the implementation of HTM 01-05 and the changes to NHS commissioning. In the next three years LDP needs to concentrate on reducing costs, which are now clearly above industry averages, and consolidating its position, before coping with the next significant change, which will be the new contract in or around 2015.

Recommendations

- 1) Reduce costs to below industry averages, especially agency costs
- 2) Take proactive measures to ensure diary remains full
- 3) Improve customer service by keeping track of labwork and referrals
- 4) Produce a system of internal referral to Dr Patel for complex perio treatment for patients in need
- 5) Encourage fee paying patients to sign up to private patient plan
- 6) Introduce clinical audits of associate dentists
- 7) Improve external signage
- 8) Install wheelchair lift
- 9) Ensure all regulatory requirements of the Care Quality Commission continue to be met, and pass any inspection undertaken
- 10) Improve teamwork
- 11) Ensure patient flow between 1st floor and 2nd floor reception is more efficient / effective
- 12) Improve treatment plans
- 13) Ensure all Mr Hartley's patients are aware of the closure of Belmont Hill and the transfer to LDP
- 14) Introduce implant surgery to the practice
- 15) Increase website effectiveness as an advertising medium
- 16) Consider feasibility of competitively priced technical advancements
- 17) Prepare for changes required by new NHS commissioning contract
- 18) Forge links with business / community centres
- 19) Obtain Investors In People award
- 20) Obtain Customer Service Excellence award

Action Plan

Please refer to Appendix A.

Performance monitoring

Please refer to Appendix B as to how to establish whether these business objectives have been successful

Risk Assessment

Please refer to appendix C as to the inherent risks involved in each of these objectives, what threat (if any) they may be to the success of the practice, and what action might be taken to minimize these risks.

Notes

- 1) Mabey, C., Salaman, G. And Storey, J. (1988)cited in B713 *Fundamentals of Senior Management* (2006) Block 2, Open University
- 2) Fletcher, C (1993) cited in B713 *Fundamentals of Senior Management* (2006) Block 2, Open University
- 3) Storey, J. and Sisson, K. (1993) cited in B713 *Fundamentals of Senior Management* (2006) Block 2, Open University
- 4) Lewisham's Sustainable Community Strategy 2008-2020
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Appendix A

I D	Baseline	Key Objective	Actions	Outcome	Milestones		
					Apr -14	Apr-15	Apr-16
1	Costs are much higher than industry averages	Reduce costs	Monitor budget on monthly basis. Involve staff in financial issues by setting objectives on financial awareness	Ratios improve year on year. Individual costs are monitored, discussed and reduced	Discuss quarterly costs in team meetings. Compare LDP costs to industry averages Progress:		
2	Diary is not always full, drives up cost:income ratios	Ensure diary remains full	Chase customers given reminders and not booked. Reduce FTAs by telephone reminders	Diaries remain full	Telephone patients not booking appts. after 6,9,12 and 24 months. Call previous FTAs on morning of appt. Call FTAs after missed appt. to rebook Progress:		
3	Patients frustrated by labwork going missing, and referrals without any progress reports	Improve customer service by keeping track of labwork and referrals	Introduce an in / out date system on R4	Patient satisfaction improves	Introduce an in / out date system on R4 for labwork and referrals Progress:		
4	Patients in need of perio treatment are not visiting hygienist	Improve perio treatment for patients in need	Referrals offered to RP on a private or NHS basis	Patients oral health improves	Produce procedure for referral once RP has completed training Progress:	Agree procedure with team and implement Progress:	

ID	Baseline	Key Objective	Actions	Outcome	Apr -14	Apr-15	Apr-16
5	Take up of denplan is low.	Increase private income by the addition of a more straightforward private payment plan	Introduce Denplan essentials	Private treatment and Payment plan patients increase	Denplan essentials introduced, 50 patients signed up to plan Progress:	100 patients signed up to plan Progress:	
6	There is no quality monitoring of associate's clinical work	Improve consistency of quality of treatment	Introduce clinical audit and feedback system	Consistency of quality of treatment is achieved	Introduce clinical audit and feedback system Progress:		
7	Potential new patients do not know we exist	Improve external signage	Increase amount and quality of external signage once front of building works completed	New patients will be attracted in to practice	Establish when external works are being completed then Order signage Progress:		
8	LDP still is not fully DDA compliant	Patients with mobility problems need to get to 1st floor without using stairs	Install wheelchair lift	LDP fully DDA compliant	Install wheelchair lift Progress:		
9	Care Quality Commission requires all dental practices to be fully compliant in all outcomes	Ensure all regulatory requirements are met to ensure registration with the Care Quality Commission	Undertake compliance exercises to ensure continued compliance with CQC requirements	LDP remains CQC compliant and inspection ready	Undertake compliance exercises to ensure compliance continues Progress:		

ID	Baseline	Key Objective	Actions	Outcome	Apr -14	Apr-15	Apr-16
10	Teamwork identified as a weakness in SWOT analysis	Improve teamwork	Identify individuals who are hampering good teamwork and improve performance	Teamwork identifies as a strength in next SWOT analysis	Identify individuals and include teamwork improvements as an objective Progress:		
11	Patients do not know whether to go to 1 st floor or second floor, work distribution for receptionists on each floor is uneven	Improve 'patient flow' through practice	Establish and implement solution to patient flow problem	Patients know where to go, there are no bottlenecks at reception	Establish solution Implement solution Progress:		
12	Treatment plans can be confusing for patients	Provide clearer treatment plans for patients	Amend letter to simplify understanding	Treatment plans are more easily understood and more likely to be taken up	Prepare and implement amendments Progress:		
13	Not all Mr Harley's patients are aware he has moved	Ensure all patients are aware that Belmont Hill has closed	Send welcome letters to all Mr Harley's patients who haven't yet received one	All patients move from Belmont Hill to LDP	Send welcome letters to all Mr Harley's patients who haven't yet received one (before Mr Harley retires) Progress:		
14	There are an increasing number of referrals for implants that LDP could be undertaking in house	Offer implants as treatment in house	Arrange for interested associates to attend training course then implement in house referral procedure	Implants are offered as treatment to LDP patients	Associates to attend training Introduce implants as private treatment Progress:		

I D	Baseline	Key Objective	Actions	Outcome	Apr -14	Apr-15	Apr-16
15	Website can be improved in terms of content and as an advertising tool	Improve website Use social media as an advertising tool	Improve website Commence using social media	Website is a useful advertising tool	Add photographs Improve 'selling aspects' of website Begin using facebook and twitter on a regular basis Progress:		
16	Practice could benefit from technological advances	Consider feasibility of technical advancements	Decide on which advancements to consider Undertake cost / benefit analysis	Any advancements that benefit the practice are planned in for implementation and implemented when financially viable	Decide on which advancements to consider, Undertake cost / benefit analysis for each advancement Progress	Undertake implementation programme Progress	
17	Customer / patient numbers unknown	Establish actual customer numbers by archiving old patients	Tidy patient database and archive all dormant patients	LDP is ready for changes in contract which include payment based on numbers of current patients	Old patients archived Progress:	Current customer numbers discussed in quarterly team meetings Progress:	
18	Local communities / businesses are unaware of our service and what we can offer	Engage with local communities and businesses	Establish which organisations to link with and establish contact	Opportunities exist for working with community groups to improve oral health of the community	Establish which organisations to link with and establish contact Progress:		

I D	Baseline	Key Objective	Actions	Outcome	Apr -14	Apr-15	Apr-16
19	BDA Good Practice is the only award achieved so far.	Further awards to increase recognition of customer service excellence	Work to attain customer service excellence	Customer Service Excellence Award achieved.	Prepare for CSE award Progress:	CSE award achieved Progress:	
20	BDA Good Practice is the only award achieved so far.	Further awards to increase recognition of investment in staff	Work to attain investors in people award	Investors In People Award achieved.		Prepare for IIP award Progress	IIP award achieved Progress:

Appendix B

	Key Objective	Outcome	Apr-14	Apr-15	Apr-16
1	Reduce costs	Ratios improve year on year. Individual costs are monitored, discussed and reduced			
2	Ensure diary remains full	Diaries remain full			
3	Improve customer service by keeping track of labwork and referrals	Patient satisfaction improves			
4	Improve perio treatment for patients in need	Patients oral health improves			
5	Increase private income by the addition of a more straightforward private payment plan	Private treatment and Payment plan patients increase			
6	Improve consistency of quality of treatment	Consistency of quality of treatment is achieved			
7	Improve external signage	New patients will be attracted in to practice			
8	Patients with mobility problems need to get to 1st floor without using stairs	LDP fully DDA compliant			
9	Ensure all regulatory requirements are met to ensure registration with the Care Quality Commission	LDP remains CQC compliant and inspection ready			
10	Improve teamwork	Teamwork identifies as a strength in next SWOT analysis			

	Key Objective		Apr-14	Apr-15	Apr-16
11	Improve 'patient flow' through practice	Patients know where to go, there are no bottlenecks at reception			
12	Provide clearer treatment plans for patients	Treatment plans are more easily understood and more likely to be taken up			
13	Ensure all patients are aware that Belmont Hill has closed	All patients move from Belmont Hill to LDP			
14	Offer implants as treatment in house	Implants are offered as treatment to LDP patients			
15	Improve website Use social media as an advertising tool	Website is a useful advertising tool			
16	Consider feasibility of technical advancements	Any advancements that benefit the practice are planned in for implementation and implemented when financially viable			
17	Establish actual customer numbers by archiving old patients	LDP is ready for changes in contract which include payment based on numbers of current patients			
18	Engage with local communities and businesses	Opportunities exist for working with community groups to improve oral health of the community			
19	Further awards to increase recognition of customer service excellence	Customer Service Excellence Award achieved.			
20	Further awards to increase recognition of investment in staff	Investors In People Award achieved.			

Appendix C

No	Risk	Risk/ Impact	Action Planned/ Control Measure	Update -	Net Risk Rating
Objectives 1-2	Steps to improve financial standing of the business do not increase profit	Turnover and profit stay the same or reduce	Monitor budget monthly to ensure targets met, monitor diary weekly to ensure days are full		HIGH
Objective 3	Customer service remains the same in spite of introducing tracking for referrals and lab work	Loss of customers through customer unfriendly policies	Implement tracking procedures and monitor their success		MEDIUM
Objective 4	Perio treatment not increased for patients in need	Perio treatment plans not taken up by patients	Ensure all team members are trained to promote perio where clinically needed		LOW
Objectives 5	Private income not increased by the addition of a more straightforward private payment plan	Turnover and profit stay the same or reduce	Include take up of payment plans in team members objectives		HIGH
Objective 6	Consistency of quality of treatment not improved by quality audits	Loss of customers through lower quality treatment	Ensure audits take place regularly and results monitored to ensure improvement		MEDIUM
Objective 7	External signage not improved	Loss of new customers through "passing trade"	Ensure new signage increases visibility of practice		LOW
Objective 8	Patients with mobility problems still unable to get to 1st floor without using stairs	No DDA compliance	Ensure appropriate chairlift installed. Undertake DDA assessment		MEDIUM
Objective 9	Regulatory requirements to ensure continued	Non compliance(s) found during inspection	Ensure all policies and manuals up to date.		HIGH

	registration with the Care Quality Commission are not met		Undertake regular briefings / training sessions with staff		
Objective 10	Teamwork not improved	Customer service suffers due to poor teamwork	Ways to assess and monitor good teamwork introduced		MEDIUM
Objective 11	Patient flow through practice not improved	Customer service suffers due to patients not knowing where to go	Monitor through flow of patients		LOW
Objective 12	Treatment plans for patients do not become any clearer	Treatment does not get taken up, income does not increase	Monitor take up of treatment plans		MEDIUM
Objective 13	Belmont Hill patients do not join LDP	Diary empty, unable to meet UDA requirements, income falls	Monitor movement of patients to LDP through take-up of reminders		HIGH
Objective 14	Implants not taken up as a treatment in house	Turnover stays same or reduces	Ensure all team members are trained to promote implants where clinically needed		MEDIUM
Objective 15	Website does not attract new patients	Loss of new customers through "passing trade"	Ensure social media is used regularly		LOW
Objective 16	No technical advancements added to practice	Customers lost due to lack of new technology	Monitor the consideration of new technologies in terms of cost and benefit		MEDIUM
Objective 17	Actual customer numbers unknown due to lack of archiving	Customer numbers, and therefore income under new contract, could be overestimated	Monitor the number of archived patients on a regular basis		LOW
Objective 18	Local communities and businesses not engage	Opportunity to gain new patients lost	Monitor the consideration of communities and businesses to engage with		LOW
Objective 19-20	No recognition of customer service excellence	Hard work to attain level of service not recognised	Ensure awards are attained		LOW