Scottish Dental Practice Committee Working Group Guidance Paper

Changing the Balance of your Dental Practice Earnings
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1. INTRODUCTION

The Scottish Dental Practice Committee (SDPC) is a committee of the British Dental Association and represents all non-salaried General Dental Practitioners (GDPs) in Scotland practising in the NHS and/or privately. The committee negotiates with NHS Boards and the Scottish Government Healthcare Quality and Strategy Directorate and other appropriate bodies on matters relating to the delivery and remuneration of dental services provided by non-salaried GDPs, including assistants, working in Scotland.

The latest government statistics show that over the last five years, GDP incomes in Scotland have plummeted by 30%, this is due to the chronic underinvestment by Scottish Government (SG) in the general dental service. If this shortfall in funding is not addressed, it is likely to lead to general dental practice being unsustainable.

The NHS Digital (formerly Health and Social Care Information Centre) Dental Working Hours Report 2014/15 and Motivation Analysis: Experimental Statistics which was published on 8 December 2016. It is noted that 17% of dentists thought that their pay was fair. In response to the statement within the ‘Morale and Motivation’ section, ‘I often think of leaving general dental practice’, more than 50% of the 800 primary care dentists in Scotland said that they did.

The National Association of Specialist Dental Accountants and Lawyers (NASDAL) had recently published figures which showed that the cost of compliance was estimated to have increased by over 1000%, this included the spiralling costs of decontamination, professional indemnity, and the annual retention fee by the General Dental Council (GDC). With regard to dental materials, which are a large part of dental practice expenses, the dental suppliers have recently increased their costs by 20%.

SDPC set up a short life working group in November 2015, based on the rationale that many Scottish dental practices were struggling to maintain the viability of their practices because of the low fee rates of the Statement of Dental Remuneration. The remit of the group was to provide practical support, advice and encouragement to Scottish GDPs to enable them to change the balance of their practice to address this chronic shortfall in NHS funding being made available from SG.

2. PURPOSE

The working group wanted to support, help and encourage GDPs in Scotland to supplement their NHS income in order to maintain overall viability of their practices, whilst recognising the need for this kind of advice it does not detract from the BDA’s overwhelming commitment to continue to lobby Scottish Government to address the chronic shortfall in the funding of NHS dentistry.

3. OPTIONS

There are different ways which GDPs can address how to enhance their NHS income by using private dental plans and within these plans there are three types of schemes:

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Private dental plans run by external organisations.
In-practice dental plans.
Private fee per item plan set by the dentist.

4. BENEFITS
Some of the benefits are listed below:

- More time to spend with your patients through quality interaction between you and your patient to develop treatment plans, and provide better aesthetic outcomes.
- Access to better materials available on the market.
- You can engage with the dental team in the development and aspirations of the practice through increased revenue.
- Invest in patient care and pass on the improvements in staff terms and conditions.
- Augment practice income which could encourage practices to employ hygienists and dental therapists.
- Allows you to invest in the facilities and the building fabric.

5. COMMON BARRIERS
There is a lack of time to ‘step back’ and look strategically at your business. Change will always be challenging therefore, it is important to be able to plan and have support from the BDA and likeminded colleagues. In order to make your practice sustainable you must investigate what you will need to earn, calculate a proper hourly rate and include your expenses, as well as taking account of your pension.

The vast majority of patients’ value their dentist so, it is important to offer them the choices in the right way in order to allow them to consider the alternatives for their dental care.

Work carried out by SDPC in this area indicates that for many practitioners’ changes should be small and gradual, working towards an increase in private treatments, and over time augmenting practice profit margins.

Overcoming the Barriers

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My practice is within a deprived area with a high rate of unemployment
Patients in all social categories are willing to pay for dental treatment if they recognise the value of it. Value for money is an important factor and you should inform your patients about all the options and the benefits of private treatment. GDPs need to be able to offer all these options with confidence.

NHS Regulations are restricting GDP’s from increasing private practice e.g. Rates and Allowances
By increasing your private to NHS income ratio there may be a sliding scale reduction in NHS benefits however, the advantages of increased private revenue are more than likely to outweigh the negatives. GDPs who have increased their private income highlight that they have more time to spend with their patients and feel they have more control over their working life. This also helps to reduce their stress levels.

What about my Pensions?
With the continued reduction in the pension saving limits, the potential reduction in the NHS Superannuation input may be less of a barrier. Pension costs can be factored in when setting your fees.

It would not be possible or I do not want to convert my practice fully to private dentistry
Each practice would have to assess their needs and requirements with a full conversion unlikely for most. However, even a small gradual increase of private treatments can make a big difference to practices profit margins.

Patients can get most treatments on the NHS. Why would they pay more money for private care?
Many treatments are still available on the NHS however, when patients are provided with the benefits of private dentistry, conversion to private care increases. Patients appreciate the advantage of high quality materials / better laboratory work and a wider choice of appointment times. Certain items are not available within the NHS e.g. Posterior Composites and Posterior Porcelain Crowns. This is an area where practitioners can increase their private workload. The key is to explain treatment options to patients is in a manner that is ethical and in the patients’ best interests.

There is concern mixing Private and NHS treatments may result in investigations be PSD
The key is to explain treatment options to patients in a manner that is ethical and in the patients’ best interests.

6. DENTAL PLANS
There are a number of suppliers offering Dental Plans for patients in Scotland. The advantage to the dental practice of using a dental plan is that there is often an increase in the value of the dental practice.
Planning Stage
The provider will be involved early in the process to help the practice decide which plan would suit the patients and the likely conversion rate. This stage should be confidential and with no cost to the practice. Various providers should be canvassed and the one most suitable should be appointed to provide the service.

Set up Support
The most suitable plan type should be decided and the provider must be able to supply this plan. The two most common plans are full care plan, where the patient pays a monthly fee and all dental care is provided other than lab bills and cosmetic treatment. A maintenance plan covers routine examinations, hygiene visits and radiographs. The provider should also be able to provide children's plans and examination only plans. Banding rates should be set with the help of the provider with reference to the practice accounts and the income that is required to be generated by the practice.

Training Support
The provider should assist in the training of practice staff. This should be tailored toward each practice needs dependant on location and demographics of patients. There should also be training to each dentist regarding the way to handle each individual patient during the conversion process. A date should be agreed and the provider should ensure all staff are adequately trained by that date and all documentation and support literature is in place. Training should be available to new staff as they join the practice.

Administrative Support
The provider should provide all documentation and literature to a standard expected of a private care plan, this should be at no cost or a nominal fee if a practice wishes to customise it. All direct debit facilities should be arranged by the provider who should also follow up patients who default on payment. The provider should supply a comprehensive list of all patients signed up for the care plan and the amounts they contribute. There should be direct access to the provider for both the practice and for patients.

Marketing Support
The provider should supply or advise the practice on the various promotional materials or events that are required to aid in the conversion process. There should be regular contact during the conversion process to see if any additional marketing services are required.

Business Development Support
There should be continuing support available to the practice at all times as the care plan is rolled out to patients. This should allow the practice to consult the provider with any problems that may develop.

Provider Fees
This should be transparent before a provider is appointed. The fees are generally a percentage of the fees collected from patients and this may reduce as the patient numbers increase. It is useful if all providers supply a note of their fees in a similar format to allow easy comparison.
Patient Insurance
It should be made clear if a patient accident and emergency insurance plan is included in their payments or collected separately. It should also be discussed whether such a plan is compulsory for the patient to be a member of a scheme.

It should be noted that there are also a number of providers in Scotland who offer Private Insurance plans.

7. GDP PRIVATE TREATMENT PLAN

It is essential whichever route you choose to follow when considering moving or changing the balance of your practice earnings that you take time to prepare yourself, your staff and your patients. It is also important to remember that small and incremental stages can work better to allow you to develop the changes best for your practice. The GDP will be responsible for the design, plan, cost and establishment of a specific scheme exclusive to their own practice. These dental plans will require accountancy support, legal assistance, and may need to meet certain legal obligations e.g. have a consumer credit license and or be regulated by the Financial Conduct Authority (FCA).

You will need to address the following issues:

- Preparation
- Engagement
- Staff Training
- Patient Interaction
- Allocation of Time
- Billing and Administration

8. SUPPORT FROM YOUR TRADE UNION

The British Dental Association (BDA) is the professional association and trade union for dentists practising in the UK. Its’ nearly 19,000-strong membership is engaged in all aspects of dentistry including general practice, public dental services, the armed forces, hospitals, academia, research prison dentistry and has more than 2,000 student members. The BDA is a non-profit member owned organisation has represented the profession for more than 130 years.

Part of the advice offered by the BDA comes in the form of BDA Advice Sheets and there is a UK wide document – ‘Private dental plans and in –practice capitation schemes’, available to BDA members.

This document was recently updated to reflect changes to regulation of the insurance providers by the FCA.

Professional advice is available locally from the BDA Scotland team and practical advice from members of SDPC who have successfully changed the balance of their practice. Please note however although the BDA is unable to give financial advice, we aim to provide the highest level of best practice advice.
9. **TOP TEN TIPS**

A list of top ten tips to assist GDPs in encouraging patient choice is provided below.

1) Be prepared.
2) Ensure dental staff fully on board.
3) Fully commit to the process.
4) Zone appointment times.
5) Use different dental materials for independent patients.
6) Use good visual aids when explaining treatments.
7) Consider investing in an intra oral camera.
8) Consider giving patients a simply written personal oral health report.
9) Be consistent.
10) Remember – one size does not fit all – there will be a suitable option for you.