

# Branding: the patient's perspective

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**'Never before have companies and brands been confronted with such a high degree and pace of change. It is the most terrifying but also the most exciting time to be in business since the Industrial Revolution.'**

This statement was made by the Henley Centre for Forecasting, the UK's leading think tank, in November 1999 following a 12 month study on the change in consumer attitudes within Britain. Although their review was primarily focused on major brands such as Tesco and Shell, it could nevertheless be used to aptly describe the wave of change currently also sweeping the dental profession.

The welfare of the patient has always been the primary concern of dental practices across the country. But now practices are having to take into account more factors than ever before in how that care should be delivered. Phrases such as 'patientcentric', 'customer-focused' and 'branded-dentistry' are often thrown around to explain the new models of patient care. But what do they actually mean? And how should practices be considering these important changes in the way that their patients are behaving?

Dental practices can be a disorientating environment for patients. There are different sounds, smells and sights. There is an inevitable element of jargon attached to clinical treatment. It is hard to judge the quality of care that is actually being delivered from the patient's perspective.

All of these factors are commonly understood within the profession and subject to regular research. Perhaps less well understood is how patients, or clients or consumers, are changing the way that they judge their dental practice and how brands can be used to drive this process.

The Demos Report in 1996<sup>1</sup> revealed the increasing rise in consumer interest in dentistry when it identified 'a culture among service consumers in which they think of themselves as active, choosing, questioning customers, rather than passive patients or recipients.'

The report identified the key factors that drive patient trust of their dental practice:

- Customer service (friendly service, reassuring manner, explaining options).
- Safety (cleanliness, hygiene).
- Customer interest (avoiding unnecessary

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treatment, clinical judgement).

- Quality (minimising pain, quality of fillings etc., referral to specialist).

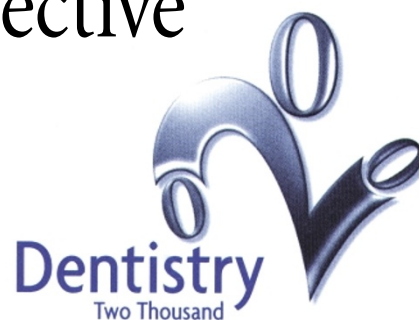
Thomas Bayne, Chairman of Mountain View noted, 'With all of the press about Rip-Off Britain people have become a lot less tolerant. We are seeing the creation of a sort of vigilante consumer which is far more likely to express and act on their dissatisfaction.'

It is within this context that practices need to review opportunities to immediately create a positive impression on these factors for their patients. No longer will it be good enough that, for example, cross-infection policies are followed correctly, but increasingly there is a need for the patients to know they are being followed.

A recent example of this is a dentist who has changed his procedures so that the instrument tray is brought to the chairside while the patient is in the chair. Commenting on this change the dentist said 'It is not our processes that have changed. It is simply that we have introduced an element of theatre so that now our patients know that the instruments that we use on them are sterile.'

Increasingly in this changing environment dental practices are also looking at other means of reinforcing the care. One way of doing this is the use of brands within the practice to reassure the patients.

Wilson<sup>2</sup> defined brands thus: 'Brands enable customers to identify specific products or services which promise specific benefits. As such, they form shorthand in that they create a set of expectations in the minds



of customers about purpose, performances quality and price.'

Brands therefore provide a shortcut to patients. They allow consumers to infer a series of benefits without needing to investigate in detail whether they are there — for example, the high quality of Levi jeans is assumed without needing to examine the stitching or material.

Imagine what the patients' view would be of the cross-infection and safety policies in a mythical Volvo Dental Practice — they would not even question this area, it would be implicit in everything the brand said about the practice that this was an area of strength.

Some dental practices have made the move into this new arena by taking on the brands of major retail companies and moving dentistry onto the high street. Other practices have started to use independent brands to reinforce their position with the public and to bind together the loyalty that patients already exhibit to their dentist. Undoubtedly other models will develop over the coming years.

One of the items which does not appear to be under question in this debate is the increasing interest the patient or customer will be showing in their dentistry. Paul Edwards, Chief Executive of the Henley Centre, has written, 'Brands and businesses can no longer tell consumers what is good for them. Businesses are in a new type of relationship with consumers, a contract between informed, consenting adults.'<sup>3</sup>

There is therefore a need for practices to consider and re-align themselves from the client's perspective to consider seriously their use of brands to support and communicate the types of quality dentistry that is being undertaken in the practice of the future.

1 Open wide — futures for dentistry, Perri 6, Demos, 1996.

2 Cravens & Woodruff. *Marketing*. Addison Wesley, 1986.

3 Paul Edwards, *Marketing Magazine*, November 1999.

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