KR: We have seen an increased number of NHS practices who want to convert to private. Surely, with so many more private practices around now, that will make things more competitive. What's been your experience recently?

MO: I am definitely finding that dental practices are experiencing a slowdown in new patient enquiries, particularly for the more high-value treatments like implants and Invisalign. What's important to note is that even if enquiries are lower, it doesn't mean that there isn't a need for straighter teeth or replacing missing teeth, it's just that we may need to overcome a few more barriers to attracting that new patient.

KR: So, you still perceive there is a market for high value treatments and that people will still opt for them given

the right circumstances. How would you suggest people go about this?

Marketing during the

cost-of-living crisis

With the economy in recession, it's understandable that practices may be

concerned about their ability to attract new patients who are looking for more

Area Manager, Katrina Rees spoke to dental marketing expert Mark Oborn,

to get some hints and tips practices can use to ensure they still attract the right

than just a check-up and a scale and polish. With this in mind, Practice Plan

type of new patient during this challenging financial climate.

MO: Simply put, there are four things practices need to consider: Patient finance, understanding your unique selling proposition – your USP, providing a safe simple first small step and finally communication.

Patient finance is a great marketing tool. By spreading the cost over an extended period of time, it makes treatment more affordable from a cash flow basis. I have a really neat trick to pass on to help communicate this to a patient considering treatment.

When talking about the cost of treatment, try to link the daily/weekly/monthly cost to something which people wouldn't think twice about spending on. For example, if your treatment for Invisalign comes to £60 per month over a five-year finance agreement, then this works out at around £2 per day. So,

what sort of thing would your patients spend £2 per day on without thinking? It could be a cup of coffee, a mobile phone contract, or a home Internet connection.

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If we link the cost of treatment to something they wouldn't think twice about spending that amount of money on, then it suddenly makes things more affordable in the mind of the patient - 'If I can spend two pounds per day on a cup of coffee, perhaps I can divert that money and get my teeth straightened and feel more confident'. Simple.

KR: Medenta colleagues use a similar technique for overcoming the cost versus affordability issue, so I know it's one that works. What about understanding your USP?

MO: To be able to market your practice successfully you need to understand your unique selling proposition. What do you do that is different? Why should a patient choose you? Many practices immediately start to think about the treatments; teeth whitening is teeth whitening, Invisalign is Invisalign, but that is not what people are buying.

What people purchase in dentistry is the solution to their problem (straighter teeth, replacing teeth etc) delivered by a unique

individual. So, remember, you are not a machine or robot, and to borrow a phrase from sales, people buy people first.

KR: You mentioned that understanding your USP is important. What sort of things could practices consider as their USP?

MO: To find your USP you need to consider what you do that is different when you deliver your service of teeth whitening or Invisalign?

Examples could be continuous care from the same treatment coordinator at each appointment, your follow-up processes, the fact that you always do a small amount of dental bonding included within your *Invisalign* treatment, your qualifications, including courses you have been on, your geographical location and accessibility to road, bus and train or your opening hours, early morning, late evening or weekends.

A unique selling point is rarely a single factor. It may be a combination of your experience, the way you deliver treatment and the time and place it is delivered. All of these can make you unique and when you understand what your prospective patients want from a dental practice, it helps you to be able to speak their language and become more attractive to them.

KR: You also mention 'providing a safe simple first small step'. What do you mean by that?

MO: Dentistry is inherently risky as patients cannot try before they buy, and you can't restore teeth to the way they were before treatment. Patients will also know that treatments can vary depending on the clinician and on how that person is feeling on the day. As I've already said, you aren't a robot, and everyone can have a bad day!

Dental marketing should focus on reducing risk and increasing trust. Asking the patient to pay a large amount of money for an initial consultation, only for them to discover that they aren't suitable for treatment, or can't afford it, can be a barrier and is risky for the patient.

So how could you make a simple, safe first small step for the patient to come and see you?

You could consider:

- 1. Free consultations, although I would always take a deposit
- 2. Virtual consultations, again, take a deposit
- 3. Smile simulations using digital technology such as Smilemate

- 4. E-consultations where patients upload a series of photographs, and you manually review them and get back to the patient
- 5. Open days where they can come and view the practice and discuss particular treatments.

Whatever you do, don't start to discount your existing initial consultation.

If you do decide to change the price, then change what you offer. So, if you start to offer a free consultation, make it different from your paid consultation. If you choose to reduce the cost of your initial consultation, remove some of the features from it as well. Otherwise, you are just discounting your services and devaluing what you offer.

KR: Your final point was communication. Could that be considered one of the most important things we need to be doing?

MO: That's right. Once you've looked at patient finance and decided on the best way to present this, got your unique selling proposition developed and thought about a simple safe first step, we need to communicate it. Nobody wants to be sold to, so give up on the idea of creating marketing videos and promotional adverts. Instead start creating useful content that people actually want to engage with and/or watch.

Creating engaging content on social media or sending informational e-mails can be a great way to both help the patient and encourage them to request an appointment. Websites with clear messaging and cleverly designed interactive chat bots can also help.

Keep your marketing message/content focused on the patient and not focused on you. By this I mean talk about the patient, talk about your understanding of their problem, how they can solve it, what their concerns might be and then at the end talk about your safe simple first step, how affordable treatment can be made and perhaps one thing which sets you apart as being different. In these circumstances, less is more!

On the subject of content, the social media algorithms are changing rapidly to show content to people who do not follow you. This gives you a real opportunity which can be exploited. Put yourself in the patient's shoes and create content they want to view. If you simply create great content that people want to see, then you will be seen! •

Further information

If you'd like to read more useful and insightful content, visit Practice Plan's recently launched YouHub. YouHub is a comprehensive resource centre designed to help those in the dental profession to take positive action in the key areas affecting them the most right now. Split into four sections: Wellbeing, Recruitment and Retention, Cost of living, and Business Finances, YouHub aims to help people develop resilience and gain the knowhow needed to navigate their way to calmer waters. Visit www.practiceplan. co.uk/youhub/ for further information.



Bios

Mark Oborn is the only person in Dental Digital Marketing to have a master's degree in Business (MBA) majoring in marketing and creativity PLUS to have run a dental business for 14 years and to have been working in dentistry for 23 years as a GDC registered technician. He's also a Master Practitioner of the communication modelling system, Neurolinguistic Programming (NLP) as well as being a Master Practitioner of Hypnosis and a Master NLP Coach.

Katrina is an Area Manager at Practice Plan who joined the dental sector in 2018 after 25 years' working in sales and people management roles. Practice Plan is the UK's leading provider of practice-branded patient membership plans, partnering with over 1,800 dental practices and offering a wide range of business support services.

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