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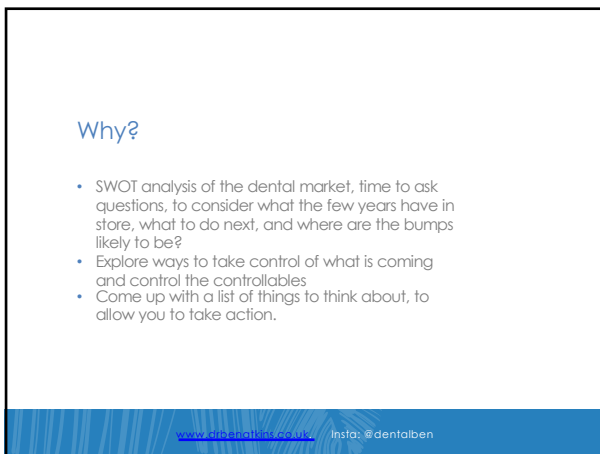
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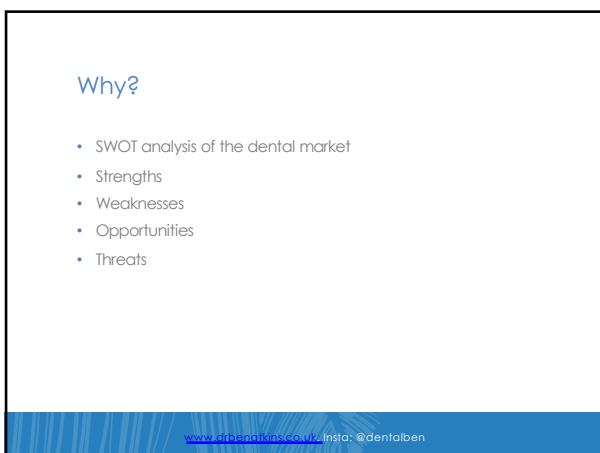
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### Strengths

- 50% - speak to any business - they would bite your hand off to access 50 % of the population
  - massive untapped aesthetic cleaning/preventive market.
- People want a nice smile
- Massive untapped potential
- Successful preventative practice (see download of journey)
- Time: we can create it in our business

Link to the weekly log, medical update template and Staging treatment doc.: [you've guessed it @dentalben](#)

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7

### Weakness

- **Number of patients in the market**, there are a finite number of patients
- Recession, and increasing cost of patient acquisition
- Relative expense of setting up a dental practice
- Change in business after period of stability
- Increased pressure on existing team, at a point of stability
- **Cash flow**
- **Shiny tools rather than ROI.**
- **Changes in legislation** requiring CQC practice registration
- Development of further management over all staff structure will be needed
- Fragmented industry; silos of working sectors within all the areas of dental care (industry, practice, NHS, oral hygiene products tc)
- Corporates - what do they actually own?
- Dental industry is set up to restore and not heal, as a whole, is this an opportunity for a proper preventative journey

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8

### Weakness

Number of patients: We will cover patient numbers in the prototype section,

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9

## Weakness

- Legislation:
- Tick list

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10

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## Weakness

Cash Flow:

- Dental practice/service must make above 15 % to be classed a profitable/safe business
- 50 % goes to associate dentists/therapists
- 21% staff service
- 4% lab bills
- 5% materials
- 5% other running costs

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11

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## Weakness

- I am weak, but I learn
- You are allowed to be, it is alright not to know all the answers.
- Just take control

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12

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### Threats

- **Change in the NHS contract**, how will this affect all practices?
- Increase in the number of patients required in a dental practice
- Access issues reduced, therefore not enough patients
- **Self-employed status**, COVID might be a very very good thing???. If you did not receive any money during COVID, then surely you can't be employed? This period might be a massive plus, might be..... How else can you mitigate this?
- Increase in associates wages will reduce amount of monies practices have for materials/kit. Plan for this.
- **Non-dental practices**, direct-to-consumer model offering dental treatment (whitening, aligners online)
- Clinical governance increasing, spiralling clinical governance costings. We don't know the effect of COVID on cross infection control (will it change? Could we really have done anything different, if we followed the guidelines). Will this be another increase in costs?
- **Litigation**, general worry, how do we plan for this?
- Amalgam, removal, possible European threat
- **Another pandemic**, I don't really want to talk about this one, as I think if we deal with the other bits, then this should be fine?

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### Threats

#### Change to the NHS contract:

- NHS prototype contract
- NHS funding: Capitation (burns on seats), and part activity payments (UDAS to me and you)
- RAG score
- Prevention key. Improve oral health, benefits you and patient
- ACTION: review your patient numbers (vital signs report)
- ACTION: use learnings /RAG status to manage your patients now

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14

### Threats

- **Self-employed status**,
- COVID might be a very very good thing???. If you did not receive any money during COVID, then surely you can't be employed? This period might be a massive plus, might be..... How else can you mitigate this?

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15

### Threats

- **Finances**, understand the finances within a dental practice, this is just as important for a performer as it is for a practice owner. If you don't understand the maths, then you will have a reduced control. Where does the money go? Once you start looking, it is amazing how much can be trimmed before you spend it
- **Complicated dentistry**, what we do is complicated - communicate this with your patients, virtual tours of your cross infection room, show them the stuff we take for granted. We are miles ahead of the other medical professions. Hugely more important to do post COVID 19
- **NHS**, definitely split (NHS is there for health not aesthetics, BSA will support this (scale and polish is now definitely if required for health), patients want whiter teeth, why not every patient have private clean?
- **Role for patient journey**, utilise the 'Red Patient Journey'. Major worry for my young associates: how do I treat massive amount of decay?
- **Oral hygiene**: Chief Dental Officer's staging treatment
- Patient communication, utilisation of the electronic journey to increase sales for our own patients, internal and external

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16

### Threats

- **Complicated dentistry**, what we do is complicated - communicate this with your patients, virtual tours of your cross infection room, show them the stuff we take for granted. We are miles ahead of the other medical professions. Hugely more important to do post COVID 19

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17

### Threats

- **Role for patient journey**, utilise the 'Red Patient Journey'.  
**Major worry for my young associates: how do I treat massive amount of decay? Oral hygiene: Chief dental officers staging treatment.**

I have put a link to the CDO doc on the notes: follow @dentalben on insta. To receive link to the docs.

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18

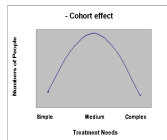
## Opportunities

- **Decay rates** in the middle classes are done with, decay is now spread into compartmentalised areas of society; 80% of dental disease in 20% of the patients???
- The hard to reach. This is going to be a very very hard journey, but we have to tools. EG: the homeless, asylum seekers, nursing homes (this is where the heavy metal generation are heading next!!!!)
- Brexit, Do we need to follow European tendering laws now?
- **Existing customers:** Sweat current assets. A lot of practices do very little private work. Have we ever really asked each other what is my potential to earn?
- Work force diversification, allows for the reduction in wages for the same treatment.
- **Prototype roll out:** Need to plan for this and understand how to prep current practice for this process.
- Meet all suppliers
- Buying groups of associates, EG individual website, Insta pages, uniforms, wage negotiation? Imagine going to the corporates and saying you can bring 20 dentists to work for them, but this is what you want?
- Buying groups, size and scale does not have to be only corporates
- **Surgery efficiency,** have you looked at your patient journey, prep for your surgery, or do you just turn up and expect your nurse to read your mind?

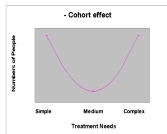
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19

## Opportunities



Diagrammatic representation of the distribution of dental treatment need complexity circa 2020

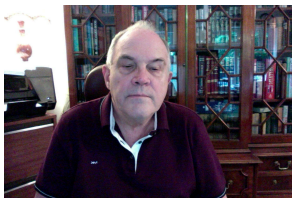


Diagrammatic representation of the distribution of dental disease complexity circa 1978

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20

## Opportunities



'Dr Nigel Carter CEO Oral Health foundation.

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21

## Opportunities

•**Existing customers.** Sweat current assets. A lot of practices do very little private work. Have we ever really asked each other what is my potential to earn?



Mr Ben Flewett, Managing director of Software of Excellence

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22

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## Opportunities

•**Prototype roll out.** Need to plan for this and understand how to prep current practice for this process.

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## Opportunities

- **NHS, definitely split** (NHS is there for health not aesthetics, BSA will support this (Scale and polish is now definitely if required for health), patients want whiter teeth, why not every patient have private clean?)
- **Growth of aesthetics market**
- Growth of hygiene market
- Reduced number of dentists within the UK market
- Prices of practices coming down? More coming onto the market? Resulting in dentist wanting to sell practice. If a financier: why buy dental practices, when you could get 30% return within the market?
- **Increase patients wants** (wants rather than needs!) regarding teeth
- Increase usage of therapists to complete more profitable services for the practices
- Exit strategy, do we all know what we need. Financially to do what we do.... What is the number?
- **Work/life balance**..... do we have balance in our lives? Work to live, rather than..... Don't follow other people's paths??
- Who are we, and what do we actually want? I'm not just a dentist, actually when you write this down, dentistry is such a small part, it is just a very safe environment (mentally)

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24

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## Opportunities

NHS, **definitely split** (NHS is there for health not aesthetics, BSA will support this (Scale and polish is now definitely if required for health), patients want whiter teeth, why not give patients a private clean?

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25

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## Opportunities

Growth of aesthetical market.

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26

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## Opportunities

**Life balance**..... do we balance our lives? Work to live, rather than.....  
Don't follow other people's paths??  
Who are we, and what do we actually want? I'm not just a dentist, actually  
when you write this down, dentistry is such a small part, it is just a very safe  
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27

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For more information

Download:

Please follow on Instagram and I will send you a link to the relevant docs.

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28

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Thank you, and next steps

- To Regenerate for their support
- Amazing profession
- Plan
- Control the controllable
- Prevention

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29

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