

# DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

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## News in Brief

### Birthday Honours

Paul Langmaid, chief dental officer for Wales has been awarded a CBE in the Queen's Birthday Honours List. Sylvia Medland, who worked for the GDC until her retirement in 2009, has been awarded an MBE and John Rose, dental advisor to NHS Western Cheshire has also been awarded an MBE. Mr Rose was the founder chairman of the National Association of Dental Advisors.

### Best dental school

The Times Online Good University Guide 2011 has ranked the University of Glasgow Dental School as first for dentistry in Scotland and third overall in the UK. Universities were ranked according to eight key performance areas: student satisfaction, research quality, entry standards, student-staff ratios, services and facilities spend, completion, good honours and graduate prospects.

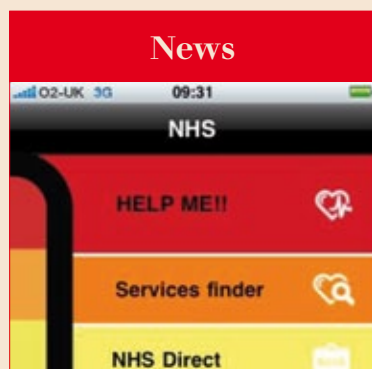
### Winning WAG's smile

Cheryl Cole has won the top spot in a public survey to find the WAG with the best smile. The X-Factor judge and pop star was strides ahead of the other WAGs with her beaming smile winning her more than 70 per cent of the votes. The survey, conducted for National Smile Month by the British Dental Health Foundation and power-toothbrush maker Oral-B, asked more than 1,000 people to vote for the WAG with the best smile and one with the worst. L.A. based fashion designer Victoria Beckham's pout proved to be the least popular of the WAGs, followed by new-mum Colleen Rooney.

### Canines with bad canines!

The number of dogs suffering from dental disease has risen by five per cent to 24 per cent, according to the Pets Dispensary for Sick Animals (PDSA). The veterinary charity revealed that nearly two million dogs could be suffering from dental disease. Northern Ireland and Wales has the highest rates while Scotland and London have seen a decrease in the number of pets needing attention. The best area in England for healthy pet gums is the North East, where only 20 per cent of pets needed treatment. The main reason for the overall rise, according to the PDSA, is poor diets, and lack of proper dental care or awareness on behalf of the owner.

[www.dental-tribune.co.uk](http://www.dental-tribune.co.uk)



### Appy days

NHS Bristol launches app for services access

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### The right foundation

Clive Lawrence looks at different types of business structure

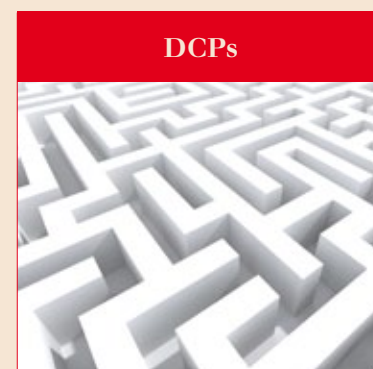
► pages 10-11



### Stopping recession

A clinical look at using resealable barriers in root recession coverage

► pages 19-20



### The trouble with patients

Mhari Coxon looks at how to deal with those patients that raise the blood pressure!

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## Vetting and barring scheme under review

### Home Secretary withdraws scheme pending a 'fundamental remodelling'; dental groups 'wait with interest'

A vetting scheme for all dental professionals changing jobs or starting work for the first time has been put under review by the new government.

The Vetting and Barring scheme, aimed at protecting children and vulnerable adults, has been criticised by many as disproportionate, overly burdensome and unduly infringing on civil liberties.

It was announced last year that from July 2010, any dental professionals who were changing jobs or starting work for the first time would need to register with the Independent Safeguarding Authority (ISA) and that by 2015 all dental professionals would need to be registered with the Vetting and Barring scheme. However, registration with the scheme has been postponed.

Home Secretary, Theresa May said: "The safety of children and vulnerable adults is of paramount importance to the new government.

"However it is also vital that we take a measured approach in these matters. We've listened to the criticisms and will respond with a scheme that has been fundamentally remodelled. Vulnerable groups must be properly protected in a way that is proportionate and sensible. This redrawing of the vetting and barring scheme will ensure this happens."

Children's Minister, Tim Loughton said: "Protecting vulner-

able children is a top priority. Any vetting system should not be a substitute for proper vigilance by individuals and society. At the moment we think the pendulum has swung too far."

The scheme was devised in response to an enquiry into the 2002 Soham murders which called for better information sharing. It was designed to protect children and vulnerable adults by preventing those who pose a known risk from gaining access to them through their work.

Within the meaning of the Safeguarding Vulnerable Groups Act 2006, the delivery of dental care is a 'regulated activity'; therefore it was proposed that all those delivering that care must be registered with the ISA in the long term.

Head of standards at the General Dental Council (GDC), Janet Collins said: "We will watch with interest the review into this scheme by the government. We will make sure registrants are up to date with any changes which affect their obligations under the scheme, as well as what information the GDC is obliged to share with the ISA.

"We'd also like to remind dental professionals the GDC expects all registrants to be aware of the procedures involved in raising concerns about the possible abuse or neglect of children and vulnerable adults."

British Association of Dental Nurses' President Sue Bruckel said: "Whilst we at BADN acknowledge the need to safeguard children and vulnerable adults, we welcome the Government's decision to review the proposed scheme; and await with interest further developments."

Susie Sanderson, chair of the British Dental Association's Executive Board, said: "We hope that the announcement of the halting of the proposed vetting and barring regulations signal a fresh approach to regulation that puts patient care before bureaucracy." **DT**

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# Government to review its dental 'inheritance'

The new dentistry minister has confirmed that the government will review the details of the NHS dental 'system that we have inherited'.

Earl Howe, the Parliamentary Under-Secretary of State for Health with responsibility for dentistry, also confirmed that the government's proposed reforms will be announced once they have talked to the profession and patient groups.

Earl Howe's comments were said during the Queen's Speech Debate in the House of Lords, in response to a speech by Lord Colwyn, a dental surgeon and Conservative Peer.

Lord Colwyn spoke of dentistry as being at 'another crossroads'.



The Government is to review NHS Dentist

He said that the decisions made in this Parliament to transform the delivery of NHS dentistry will be "extremely important. We have been left with an unfinished reform following the 2009 Steele review. We must grasp this opportunity if we are to improve the oral health of the nation".

Lord Colwyn, who is also an officer of the All-Party Parlia-

mentary Group for Dentistry (to which the BDA is elected secretariat), said that the challenge of reforming dentistry—to deliver a better system both for patients and dentists—comes at a time when tough financial decisions are to be made across all Whitehall departments.

He also welcomed the coalition government's commitment in their programme for government.

"The acknowledgement of dentistry in this document is very positive and much needed," he said.

He also alluded to the extra regulation that dentists will have to adhere to as both NHS and private practices will have to be registered

with the Care Quality Commission by the end of March next year.

Lord Colwyn called the challenges 'threefold'. "First, the Government must complete the unfinished reforms, learning from the mistakes of the much criticised 2006 contract—in particular, avoiding the failure properly to pilot change. The contract was so disastrous that it initially saw access fall dramatically. Only in the past six months has access climbed back to the level it was at in 2006. I am delighted that the government have committed to pilot any changes.

"Secondly, we must pursue consistently high-quality commissioning of primary dental care. Some PCTs perform well, but

many have room for improvement. They must be properly supported in their work, particularly by ensuring that they employ or have access to dental practice advisers and dental public health expertise.

"Thirdly, there must be a commitment to tackling oral health inequalities to close the unacceptable chasm which exists between those with good and poor oral health as highlighted in the British Dental Association's general election manifesto, Smiles all round," he said.

He ended his speech saying: "the coalition has made it clear that dentistry is a priority. The task now is to work out the detail with the profession, to deliver real change for patients and dentists." DT

## NHS? There's an App for that

NHS Bristol has launched its new iPhone application giving people information about local NHS dental services.

The application features details of every NHS dental service in Bristol, their contact information and their GPS location.

It also contains information about GPs and Walk-in Centres. Other features include an 'In Case of Emergency' (ICE) option, an alert appointment reminder

service and recorded messages with instructions on how to deal with specific health emergencies.

Deborah Evans, NHS Bristol chief executive, said: "This application is a way for us to open services up to the public and provide genuine information and choice for patients. I'm excited at the way we can use new technologies to improve patients' choice and I'm sure that the people of Bristol will feel the same way."

The application has been developed in partnership with Bristol-based company MyOxygenMobile,

and is the first application of its type in the UK. It is in the process of being developed for the new 'Android' platform of mobile phones.

Andrew Farmer, MyOxygen-Mobile manager, said: "We focussed on making the application clear and accessible using familiar icons and images to help the user. We feel the application is great for the people of Bristol, a perfect way of using new technology and we are keen to see how successful it will be."

The application can be downloaded for free through iTunes. DT

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## DENTAL TRIBUNE

The World's Dental Newspaper - United Kingdom Edition

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## Editorial comment

### Cut to the quick

The last few weeks have seen a wave of cutbacks by the coalition Government akin to an over-enthusiastic gardener and a new set of hedge trimmers.

First to go was the controversial Vetting and Barring scheme, which admittedly was much more political than fiscal. Then

there was a cull of project funding which had been agreed by the previous government since January. Projects such as the Stonehenge Visitor Centre, the roll out of the Future Jobs Fund and the building of a new North Tees and Hartlepool hospital have all

been cut, while the Health Research Support Initiative and Search and Rescue Helicopters are some of the projects which have been suspended.

Then there was the budget. Deputy PM Nick Clegg paved the way for doom and gloom in an email newsletter sent out the day before entitled *Why we have to do this*. Flashbacks of Dad with a paddle saying 'it's for your own good' aside, the country

braced itself for cuts in public spending, rises in tax and duty on all the good things in life and a rough ride as the country tries to stop the slide into a Greece-style financial crisis.

We will be looking into the budget in much more depth with regards to health-care in the next issue of Dental Tribune, so watch this space. **DT**

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

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Or email: [lisa@dentaltribuneuk.com](mailto:lisa@dentaltribuneuk.com)

## LA law change

Dental hygienists and therapists can now prescribe and administer local anaesthetic and fluoride varnish, after a change in the law.

The legislation came into force on 1 June and dental hygienists and therapists can now prescribe and administer local anaesthetics and sell, supply or orally administer fluoride supplements and toothpastes with high fluoride content.

Under the Medicines Act 1968, local anaesthetic can only be prescribed by a suitably qualified prescriber - traditionally a doctor or a dentist.

Legislation was introduced throughout the UK in 2000 to allow certain other healthcare professionals to administer prescription-only medicine in specific circumstances.

However, dental hygienists and therapists were missed off the list of healthcare professionals able to administer medicines.

The General Dental Council (GDC) immediately publicised the problem and issued a statement to registrants informing them that, until the law could be amended, hygienists and therapists should only give local anaesthesia to patients if it had been specifically prescribed by a dentist.

The Medicines and Healthcare products Regulatory Agency (MHRA) has now added dental hygienists and therapists to the group of healthcare professionals who are able to prescribe local anaesthetic under a patient group direction.

Alison Lockyer, chair of the GDC said: "We are pleased that this change has been made, it addresses an anomaly in the legislation which we had identified. The change will enable more effective working by the dental team." **DT**

## Brushing and flossing are vital, but don't always get the attention they deserve.



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References: 1. Data on file, McNeil-PPC Inc. 2. Sharma NC et al. *J Am Dent Assoc* 2004; 135: 496-504.



# New GDC panel website launched

A new website has been set up to recruit 50 new Fitness to Practise panel members to the General Dental Council (GDC).

The GDC wants dental professionals to get involved and play a key role in their work in protecting patients. The panel members will sit in public hearings and consider cases where a registrant's fitness to practise may be impaired due to their health, conduct or per-

formance, as well as applications for restoration to the registers and appeals against registration decisions.

Chair of the GDC, Alison Lockyer called it an 'opportunity to make a real difference'. She said: "We welcome applicants from all walks of life. We'll provide induction and regular training for successful candidates.

"So please take a moment to consider whether you -

or someone you know - could be the sort of person we're looking for.

"We know that dental care professionals traditionally haven't put themselves forward for these roles and we're trying to reverse that trend in particular. The competencies required may look daunting, but including simple examples from your daily life at home, at work or any voluntary or community groups in your application is of-

ten enough to demonstrate that you meet them.

"I also hope that people will be encouraged by reading about the experiences of our current FtP panel members."

Applicants must be able to demonstrate the following competencies: working within a legislative framework, analytical and decision-making skills, collaborative and professional communication skills, in-

tegrity and valuing diversity and team work.

The Fitness to Practise Committee is currently made up of 75 panel members. There are 38 dentists, 22 lay people and 15 dental care professionals on the Committee.

They are paid £353 a day and are reimbursed their expenses.

It is a part-time role, with members sitting for around 20 days a year and members are allocated to a particular hearing well in advance. [DT](#)

# Computer imaging shows patient new smile

Patients can now see through computer imaging how cosmetic dentistry can transform their teeth, before they undergo the procedure.

Many people are self-conscious about their teeth and their smile, but are hesitant to agree to cosmetic dentistry because

they're unsure of the results. A new computer system called Smilevision allows the dentist to use a digital video camera to capture an image of the patient's teeth. That image is then sent electronically to the Smilevision Laboratories.

The inventor, Dr Lawrence Brooks, and his team of experts

alter the image and reconstruct the teeth via computer, taking into account the patient's concerns, yellowing, uneven teeth, for example, or teeth that are too far apart or too small.

In about a week, the patient receives before and after photographs at home showing what his or her teeth could look like

after cosmetic procedures.

Smilevision is different from other kinds of computer imaging in that it uses the patient's own teeth in the after images.

Surrey dentist, Dr Eben van der Walt, from Portmore Dental Office in Weybridge, is among the first to have the new system.

He said: "For years we spent hours explaining what the options were and how a patient's teeth could look, but it was hard for them to visualise. Now, we can show them definitively what the results will be.

"The patients are able to really know how they'll look, and they get excited." [DT](#)

# Practice to take 8,000 patients



New practice to open in Fareham, Hampshire

A new NHS dental practice opening in Hampshire is to take on more than 8,000 new patients.

The new practice is opening in the Fareham area at the end of July.

Julia Bagshaw, associate director for primary care commissioning for NHS Hampshire, said: "We are committed to increasing the number of NHS dental places for Hampshire residents and are re-

ally pleased that this practice is opening in Fareham. The new practice means we now have 189 contracts for NHS dental services in place across Hampshire and currently 44 of these are taking on new NHS patients."

Appointments will be available in batches over the next few months. People are being told not to turn up at the dental practice without an appointment.

"The practice will not be able to accept patients who go directly to them, either in person or on the phone," added Ms Bagshaw. [DT](#)

# Short-term Ortho lecture

One of the first general dental practitioners to become a six-month smile provider will be giving a presentation on Short Term Orthodontics in Birmingham.

Dr Anoop Maini will be giving the lecture in September to British Academy of Cosmetic Dentistry Study Club members in Birmingham.

In line with the current trend for conservative cosmetic dentistry, Dr Maini will be explaining how GDPs can realistically utilise STO within their practice, outlining its strengths and limitations, as well as how it differs from the

objectives of Comprehensive Orthodontics.

Dr Maini will also advise GDPs on how to identify patients within their practice who might benefit from STO treatment, as well as how to inform candidate patients about the different components of the six-month smile system.

The presentation, entitled Realistic, Fast, Fixed Cosmetic Orthodontics for GDPs, will take place on 16 September at James Hull & Associates in Birmingham at 7pm and will be followed by a question and answer session. Tickets for members cost £25. Non-members are also welcome. [DT](#)

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# Awareness of oral cancer 'too low' in the UK

Awareness of the risk factors and symptoms of oral cancer is 'too low' in the UK, according to the British Dental Health Foundation.

A new study published in the *British Dental Journal* revealed that the majority of mouth cancer sufferers ignore the first symptoms of the disease and do not seek the

advice of a healthcare professional during the early stages.

The Scottish research, entitled *The experiences of young oral cancer patients in Scotland: symptom recognition and delays in seeking professional help*, was conducted by lead author Liz Grant, a public health pharmacist from NHS Greater Glasgow & Clyde.

The research team interviewed relatively young mouth cancer patients in Scotland and found that most had heard of oral cancer but didn't think their symptoms were indicative of the life-threatening illness.

Furthermore, 40 per cent of the participants decided to self manage their symptoms and sought over-

the-counter treatments which were suggested by a pharmacist.

Chief executive of the British Dental Health Foundation, Dr Nigel Carter said the study further confirms gaps in understanding and awareness of oral cancer.

He said: "Public awareness

of oral cancer and the associated risk factors appears to be too low here in the UK. An awareness of the risk factors and symptom recognition by the public is a critical issue in determining survival rates, as early detection greatly improves the chances of survival.

"Almost 90 per cent of patients who were interviewed had a prior knowledge of oral cancer and the causes such as tobacco and alcohol. However, this prior knowledge was neither instrumental for them to suspect they may have mouth cancer nor did it prompt them to visit a healthcare professional in the first place."

None of the interviewees thought it would happen to them.

A third of interviewees mentioned their first sign as some kind of 'lump', a few described a 'white spot' 'mark' or 'patch' and two described an abscess.

It was also found that wasting time of a healthcare professional or appearing to be a hypochondriac was a delaying factor in patients seeking help.

For those attempting self treatment there was an inevitably some delay in visiting their GP or dentist.

This period of delay in these cases ranged from a few days to two months. The period of time which elapsed between the interviewees noticing their symptoms and them making contact with a health care professional varied from a few days to a year, although two thirds saw someone within eight weeks.

Participants who had taken part were all in their thirties and forties and from Scotland.

Mouth cancer has previously been found to be more common in men than women and people over the age of 40, though an increasing number of women and young people are developing the condition.

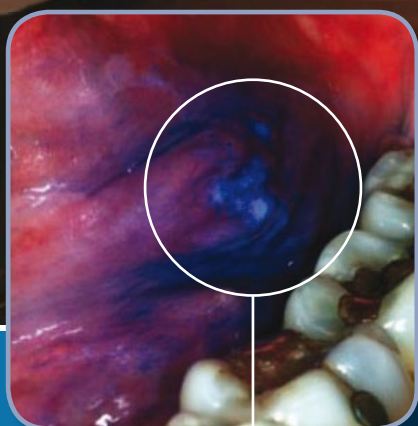
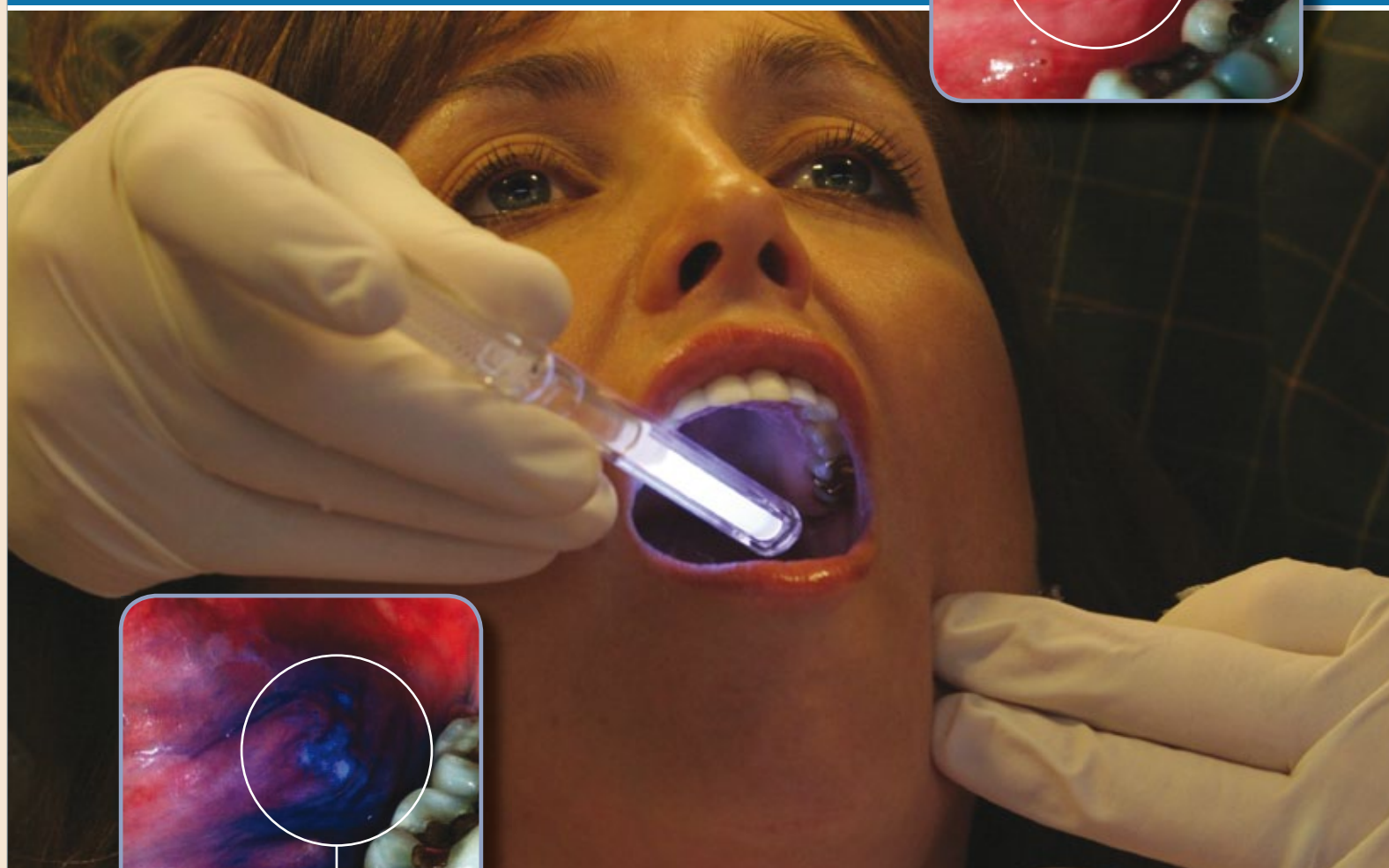
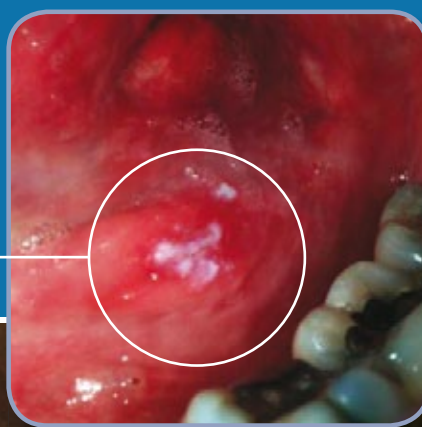
Tobacco and alcohol are thought to contribute to at least three-quarters of mouth cancer cases.

Poor diet is linked to a third of all cancer cases. Evidence shows an increase in fruit and vegetables lowers the risk, as can fish and eggs.

Around 5,000 people in the United Kingdom are diagnosed with mouth cancer each year, claiming the lives of almost 2,000, making it the UK's fastest growing cancer. **DT**

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## Healthy teeth rise in Scots kids

A record number of children in Scotland have healthy teeth, according to a new report.

The report, by the National Dental Inspection Programme, found that 64 per cent of pupils in primary year seven (last year of primary school) had no sign of tooth decay in 2009. In 2007, the figure was 59.1 per cent.

The figure exceeds the Scottish Government's target for 60 per cent of 11-year olds to have no obvious signs of tooth decay. However, the target was not reached in some parts of Scotland, such as Glasgow and Lanarkshire.

Children in Shetland recorded the best average last year while children in Greater Glasgow and Clyde, Dumfries and Galloway, Lanarkshire and Western Isles health board areas are still below the 2010 target.

The report found that dental disease is still being found much more in children from deprived



Rise in healthy teeth in kids

backgrounds than those from affluent homes.

Minister for Public Health Shona Robison announced the report's findings at an NHS Scotland event for National Health Service staff. She said: "There are now more kids in Scotland with healthy teeth than ever before."

"We wanted 60 per cent of primary sevens to have no sign of tooth decay by 2010 and I am pleased to say that this target has been met."

"Dental health in Scotland is improving, particularly in deprived communities, and this is a trend that we want to continue."

"Thanks to work to ensure that children know the impor-

tance of dental care at the earliest age, Scotland's primary sevens are now better placed to have a lifetime of good oral health."

Ms Robison added: "Across all areas of the NHS, not just in oral health, we are committed to improving the wellbeing of our nation. That means supporting measures that prevent ill health. We don't just want to treat people who are ill; we want to make sure people stay healthy."

"In today's tough economic times we need to be as efficient as possible and that means maximising our investment in the health of the Scottish people."

The 2009 National Dental Inspection Programme (NDIP) is a development of the Scottish Health Boards' Epidemiological Programme. It is a joint venture between all NHS Boards in Scotland, the Scottish Health Department, Glasgow Dental School (University of Glasgow) and the Dental Health Services Research Unit, Dundee. **DT**



Dental Play box teaches children about oral healthcare

## Dentistry is child's play in expanded scheme

A scheme where children dress up as dentists and dental nurses so they can learn about oral healthcare and visiting the dentist has now been launched in the north-west of England.

The programme Dental Play Box is run by Action for Sick

Children and has been operating for a number of years in Scotland. It is now expanding into the north-west of England.

The play facilitator travels around nurseries and pre-schools running play sessions with a box of resources, which includes role play uniforms such

as a dentist and dental nurse, hand puppets, toothbrushes, games, stories and a teacher's pack. The settings are able to borrow the resources so the children can explore the contents in their own time.

A spokeswoman for Action for Sick Children said: "These boxes help children to learn through play how to understand dental treatment and encourage them to co-operate with the dentist, which in turn makes a visit to the dentist a much less scary experience. Some of the items inside the Play Box are dressing up outfits, a wide selection of toys and jigsaws, videos, books, dental tools and leaflets."

The Dental Play Box, sponsored by Boots, is focussing on the north-west as it has bad statistics regarding oral healthcare. The charity's long-term plan is to expand into different areas of the country. **DT**

## Treatment pilot in care homes

Dentists are going to be offering NHS treatment to residents in care homes in Northamptonshire after a study found some older people are missing out on regular dental care.

Nine dental practices will offer oral health assessments to residents at 47 of the country's care homes.

Any follow up care can then be done at the dental surgery or at the care home itself.

The scheme will run as a six

month pilot and if it is successful, it will be rolled out across all the care homes in Northamptonshire.

An improvement in oral health has led to people retaining their teeth into old age, and so maintaining good oral health is important for daily comfort and living.

Di Fenton, head of dentistry for NHS Northamptonshire, said: "A sample of care home residents showed that all had some degree of tooth decay which can affect people's general quality of life, and

more seriously can lead to problems with eating.

"We've a commitment that every resident in Northamptonshire should have the opportunity to access an NHS dentist, including those who would struggle to visit the dentist at their surgery."

"We'll be carefully monitoring the outcomes of this pilot, and should it prove successful we hope to make it available to every care home resident in Northamptonshire in the autumn." **DT**

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# A website is a dynamic low cost marketing tool for your practice

Says Seema Sharma of Smile Impressions  
and Dentabyte



Websites can be fantastic marketing tools

Do you tend to treat everyone who wanders through your door, or do you have a dynamic growth strategy which moves your practice in the direction that you want to take it? When I decided to take time out to work ON my business instead of IN my business I found it had profound effects on my practice and my work/life balance.

There have always been two ways to achieve a pleasing bottom line - increase revenues or reduce costs. With the rising costs of rents in Docklands, my insistence on highly trained staff to implement my vision, and the costs of compliance brought about by the growing raft of regulations in dentistry, I have always found cost control quite a challenge, and have tended therefore to concentrate on revenue growth.

I have three mantras which have worked wonders for my practices over the years - market something different; market differently; market to different people.

### Marketing something different

Routine dentistry has a routine hourly rate, so for 'in-hours' growth, the challenge became to balance this with higher value services to make a difference to the average hourly rate. Over the years we have introduced orthodontics, Invisalign, Clearstep, specialist oral surgery, implants, endodontics and of course aesthetic dentistry, and pushed our average hourly rate up by 50 per cent.

### Marketing differently

Having spent years produc-

ing paper leaflets, I am now completely indebted to my web designer for the fantastic marketing tools my websites have become, and the direct and indirect costs we have saved. We built a layered website - simple visual information for those who just glance, depth for those who wanted more and comprehensive patient information leaflets which encourage treatment plan acceptance. All the text we used followed the FAB (Feature, Advantage, Benefit) approach - less about the features (treatments), more about the advantages and benefits of our services. We then trained our team to use the website as a treatment planning tool in the surgeries and show patients the benefits of our services and how to download information leaflets. As a result, my treatment coordinator's job has become easier and our treatment plan acceptance flew up, accompanied by a huge reduction in the amount of time, paper and ink that we had to expend on advertising and production of printed patient information.

### Marketing to different people

A stream of new patients is the lifeblood of any practice and our marketing team set about attracting new patients with vigour by:

**a) Giving us visibility on the net** - With more practices moving onto the web, when we were not online we did not stand a chance of being heard so we had to embrace the net. Rome wasn't built in a day so when we decided to go online we secured the capability to create a site which could evolve. This

was not expensive - I was lucky to find experienced, dedicated professionals who provided real value for money.

**b) Shouting as loud as we could** - We did this through directory listings and link-building activity - a listing is anything that brings your URL up in a search. There are thousands to choose from but picking the right ones was the trick. This was an essential for maintaining position. Keywords are shared but prevalence comes in degrees and we wanted to be at the higher end of the scale for sustained presence.

**c) Encouraging our patients to shout for us** - The best growth strategy is one of referrals and recommendations - delivering the patient care and service that drives someone to talk about us at a dinner table is one of our key drivers. These days social networking is incredibly powerful - so getting patients to shout online for us is another growth strategy.

### Conversion rates!

You could be found a thousand times a day but if you don't give the patient compelling reasons to come to you, optimisation work is all lost. Building our low cost marketing proposition was key and should be the cornerstone of marketing activity for all practices, whether it is online or offline.

Goodbye search engine optimisation, hello conversion rate optimisation! Say it, ensure your patients want it and then make it easy for them to act on it. To browse Seema's practice website, visit [www.smileimpressions.com](http://www.smileimpressions.com). For more information email [marketing@dentabyte.co.uk](mailto:marketing@dentabyte.co.uk).



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