

Where Bramblewood Dental Practice is losing revenue, and what it is worth to fix it

Twelve months to July 2026 · Three surgeries · Private

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DATE

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WHAT THIS REPORT COVERS

Executive summary

How we got here

Where patients are lost

Treatment plan conversion

Diary and capacity

Recall and reactivation

Enquiry handling

Marketing and unit economics

Digital, search and reputation

What is already working

Priorities

The ninety-day roadmap

What this report covers

The executive summary carries the headline findings. Every figure behind it is set out in the sections that follow, with the method, the definitions and the assumptions at the back.

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What we found

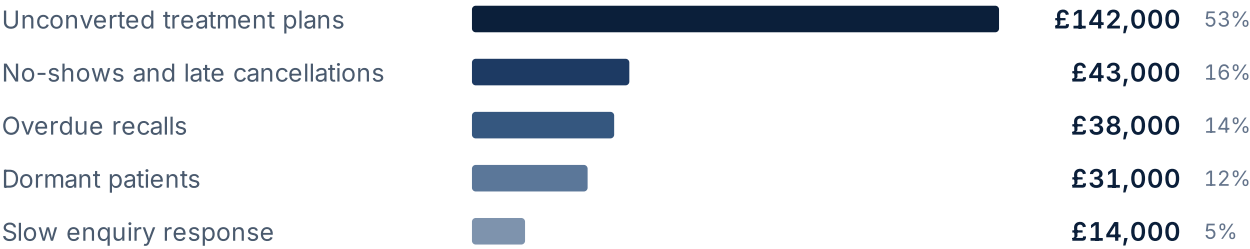
£268,000

of recoverable revenue identified over twelve months

Conservative recovery estimate: £96,000 to £134,000

Assumes 36 to 50 per cent of identified opportunity is realistically recoverable.
Assumptions are set out in the appendix.

Where it is going



The three priorities

1	Follow up the 61 treatment plans presented and never chased A named owner, a written sequence, and a fortnightly review of every plan over £2,000.	£142,000 identified
2	Recall the 214 patients overdue by more than six months A structured recall sequence, starting with the patients the hygiene diary used to hold.	£38,000 identified
3	Answer the 1 in 5 enquiries currently going unanswered Cover for lunchtime and after 5pm, where most missed calls fall.	£14,000 identified

How we got here

This report covers the twelve months to July 2026. Figures come from the practice management system, the telephone system, the practice's advertising accounts, its Google Business Profile and its website, together with a short set of figures supplied by the practice.

What we used

- Practice management system exports: appointments, production, treatment plans, recalls and patient activity.
- Telephone records: calls offered, answered and missed, by day and hour.
- Advertising accounts and invoices: spend by channel, including print and sponsorship.
- Google Business Profile, website analytics, search performance data and a technical crawl of the site.
- All 96 published reviews, read and coded by theme.
- A short questionnaire covering fees, chair hours, staffing and the practice's own goals.

What we could not see

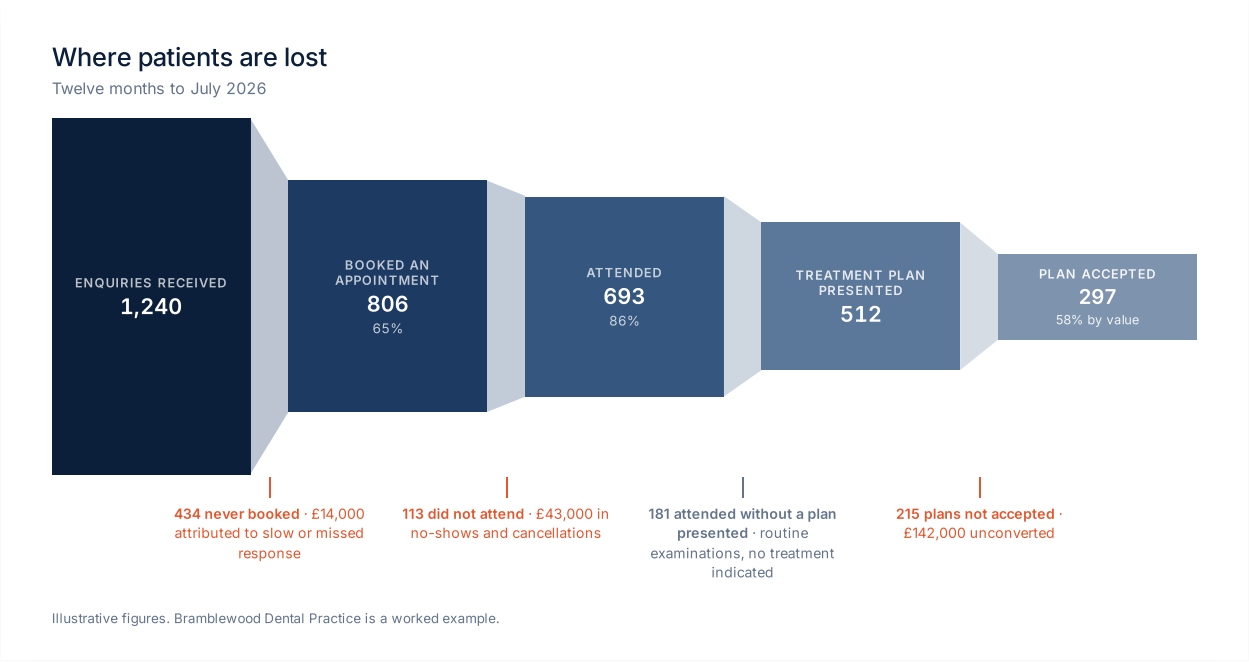
Being straight about the limits is what makes the rest worth acting on.

- Enquiries arriving by email or social media before March 2026 are not reliably logged, so enquiry totals understate the true figure.
- Treatment plan values are taken as presented, before any discount agreed at the chair.
- Marketing spend before September 2025 is incomplete, so channel returns are calculated on ten months.
- Patients who have moved away or died are not distinguished from dormant patients, so the dormant figure is a ceiling, not a target.
- Call recordings were not available, so we can measure response speed but not call quality.

Where a figure could be read two ways, we have taken the more conservative one.

Where patients are lost

Twelve months of enquiries, from first contact to accepted treatment. Each gap is a point where a patient who wanted treatment did not receive it.



Two thirds of the identified opportunity sits in the last gap.
The practice converts enquiries into attendances well. It loses money after the patient is in the chair and a plan has been presented.

Plans presented, not accepted		£142,000
Did not attend		£43,000
Never booked		£14,000

Treatment plan conversion

Bramblewood presented 512 treatment plans in the twelve months to July 2026, and 58 per cent were accepted by value. The gap is concentrated in plans that were never followed up after the consultation. It is the largest opportunity in this report.

61 treatment plans, worth £142,000, were presented and never chased.

Acceptance holds up on smaller treatments and falls away on implants: 44 per cent by count, but only 31 per cent by value. The practice management system holds no record of a second contact for 61 of the 215 plans that were not accepted.

TREATMENT	PRESENTED	ACCEPTED	BY COUNT	BY VALUE
Implants	41	18	44%	31%
Aligners	62	39	63%	58%
Cosmetic	88	57	65%	68%
Periodontal	34	21	62%	66%
General	287	162	56%	61%
Total	512	297	58%	58%

Unconverted plan value, by age



Plan follow-up and the clinician view

The ageing profile on the previous page shows the £47,200 of plan value open at the date of this report. Across the full twelve months, £142,000 of presented treatment was not accepted.

What happened after the consultation

OUTCOME	PLANS	VALUE	SHARE OF UNACCEPTED
Accepted at or near the consultation	231	£312,400	—
Accepted after one or more follow - ups	66	£84,100	—
Declined, reason recorded	98	£61,300	46%
Declined, no reason recorded	56	£38,500	26%
No second contact of any kind	61	£142,000	28%

Plans with a recorded follow-up were accepted at more than twice the rate of those without.

Nobody owns follow-up once the patient leaves the room.
Follow-up currently depends on whichever clinician remembers. There is no list, no owner and no review point, which is why the 61 untouched plans are the single largest number in this report.

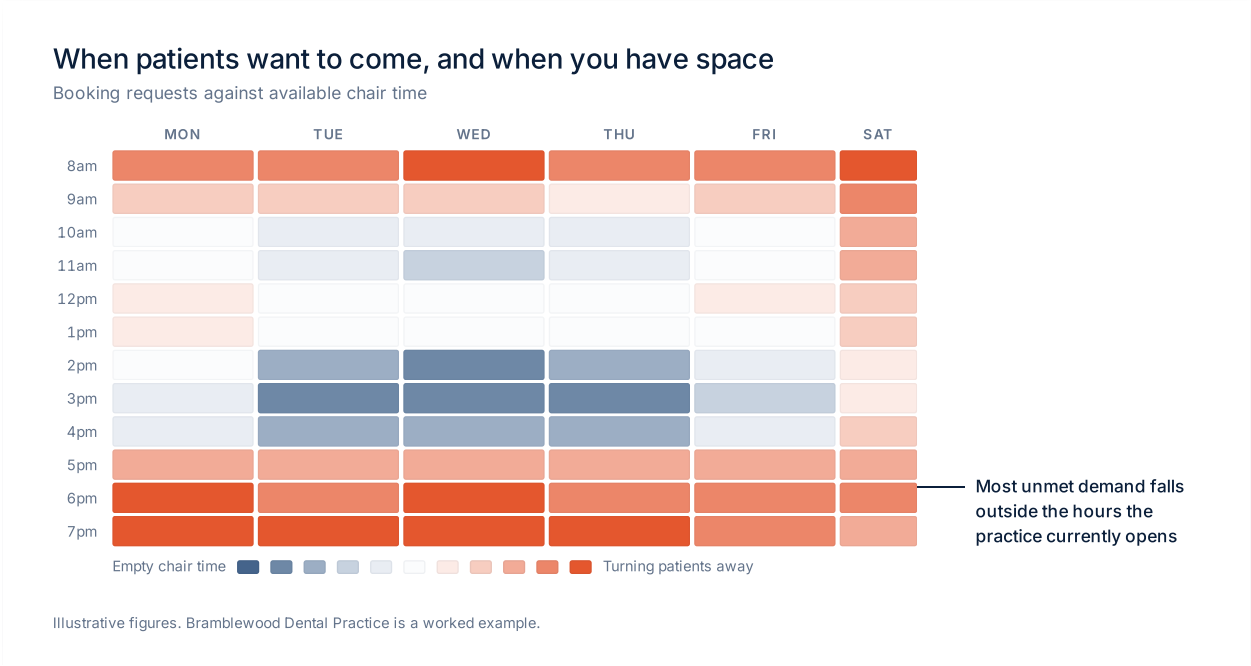
Acceptance by clinician

CLINICIAN	PRESENTED	ACCEPTED	BY COUNT	BY VALUE	PLANS NOT FOLLOWED UP
Principal	198	121	61%	64%	12
Associate A	166	94	57%	59%	19
Associate B	104	57	55%	41%	24
Therapist	44	25	57%	60%	6
Total	512	297	58%	58%	61

Shown for coaching, not ranking. Associate B presents the highest proportion of implant cases, which carry the lowest acceptance across the whole practice.

Diary and capacity

Chair utilisation across the three surgeries averaged 81 per cent. The average hides the pattern: the practice turns patients away early and late, and runs half empty in the middle of the week.



Most unmet demand falls outside current opening hours.

Requests for 8am, after 5pm and Saturday consistently exceed available chair time, while Tuesday to Thursday afternoons run well below it.

CHAIR UTILISATION

81%

Across three surgeries

WEAKEST SESSION

Wed pm

58 per cent utilised

BEST DAY

Monday

94 per cent utilised

REQUESTS DECLINED FOR TIME

186

Twelve months

No-shows, cancellations and the hygiene diary

MEASURE	TWELVE MONTHS	VALUE	COMMENT
Failed to attend	261	£38,160	6.2 per cent of booked appointments
Cancelled inside 24 hours	172	£28,900	4.1 per cent
Of those, refilled	48	£8,100	28 per cent fill rate
Net loss after refill	—	£43,000	Carried into the summary

When appointments fail

Monday		71 failures
Tuesday		41
Wednesday		37
Thursday		45
Friday		66
Saturday		1

Monday and Friday together account for 52 per cent of all failed appointments, against 40 per cent of booked appointments.

No deposit is taken on any appointment, at any value.

Twenty-nine failed appointments over the year were for treatment valued above £1,000. A deposit policy applied to those alone would have protected roughly £26,000.

The hygiene diary

MEASURE	PRACTICE	COMMENT
Hygiene occupancy	68%	Against 81 per cent for the practice overall
Reappointment rate	74%	Leaving with the next appointment booked
Average interval	7.9 months	Against a six - month recall standard

Hygiene is the recall engine of a private practice and it is the first thing to slip. At 68 per cent occupancy it is running roughly one session a week below capacity.

Recall and reactivation

The practice has 3,140 patients seen within the last twenty-four months. Beyond that sits a population nobody has contacted.

GROUP	PATIENTS	ESTIMATED VALUE	STATUS
Recall due within 30 days	286	—	Automated reminder in place
Overdue by 1 to 6 months	341	£24,600	Reminder sent, no follow - up
Overdue by more than 6 months	214	£38,000	No contact
Dormant, 18 to 24 months	198	£17,400	No contact
Dormant, over 24 months	406	£13,600	No contact
Recoverable, identified	1,159	£93,600	

Dormant values are discounted heavily, because a proportion of these patients have moved away or registered elsewhere. Only the £38,000 and £31,000 figures are carried into the summary.

Overdue more than 6 months		£38,000
Dormant 18 months plus		£31,000

No reactivation campaign has been run in at least three years.

The practice management system supports it. The function has never been switched on.

What a structured recall week typically returns

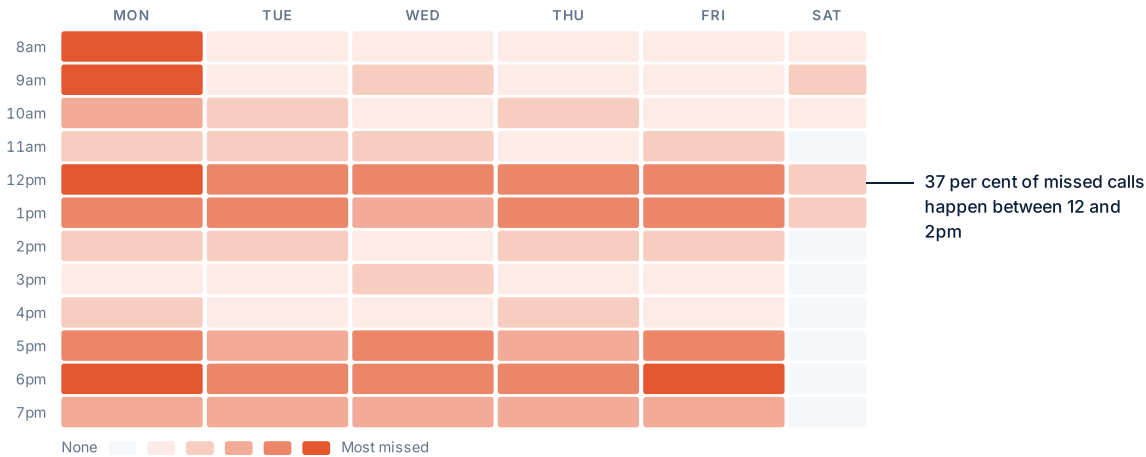
Working the 214 patients overdue by more than six months, at a conservative 18 per cent rebooking rate and the practice's own average first-visit value, returns roughly £14,600 in the first quarter, with the remainder following as treatment is accepted.

Enquiry handling

One in five enquiries is not answered. New patients rarely leave a voicemail; they ring the next practice on the list.

When enquiries go unanswered

Calls not answered, by day and hour, over twelve months



Illustrative figures. Bramblewood Dental Practice is a worked example.

The busiest hour for missed calls is the hour the front desk is at lunch.
Thirty-seven per cent of all missed calls fall between noon and 2pm, and a further 24 per cent after 5pm.

Speed to lead and call outcomes

MEASURE	PRACTICE	COMMENT
Calls offered	4,180	Twelve months
Calls answered	3,344	80 per cent
Calls missed	836	20 per cent
Voicemails left	91	11 per cent of missed calls
Missed calls returned	37	4 per cent of missed calls

Time to first response, web enquiries

Within 5 minutes		6%
5 to 60 minutes		14%
1 to 4 hours		23%
4 to 24 hours		39%
More than 24 hours		18%

Median first response: 4 hours 10 minutes. Research on lead response consistently finds that contact inside the first minute converts several times better than contact an hour later; in dentistry the effect is amplified because patients contact several practices in one sitting.

Only 4 per cent of missed calls are ever returned.

The telephone system logs every missed number. Nobody works the list, because the list has never been part of anyone's day.

What answering the phone is worth

Of the 836 missed calls, an estimated 210 were new patient enquiries, based on the practice's own answered-call mix. At the practice's conversion rate and average first-year value, recovering a third of those is worth approximately £14,000.

Marketing spend by channel

The practice spent £34,900 over twelve months. Cost per new patient is reasonable. Cost per accepted treatment is not, because the spend buys enquiries the practice does not convert.

CHANNEL	SPEND	ENQUIRIES	NEW PATIENTS	COST PER PATIENT	ACCEPTED
Google Ads	£14,200	410	96	£148	54
Meta Ads	£8,600	288	54	£159	26
Local print and sponsorship	£6,300	61	18	£350	7
Referral scheme	£3,100	94	41	£76	29
Organic and direct	£2,700	387	137	£20	81
Total	£34,900	1,240	346	£101	197

Print and sponsorship costs three and a half times more per patient than any other channel.

It is the only channel where the return does not currently justify the spend. Redirecting that £6,300 alone would fund the follow-up and recall work in this report several times over.

Cost per accepted treatment

Organic and direct		£33
Referral scheme		£107
Google Ads		£263
Meta Ads		£331
Print and sponsorship		£900

Referral is the second cheapest channel and produces the highest acceptance rate of any paid source. It is also the only channel with no budget attached to it.

Unit economics

These are the numbers that decide whether marketing spend is an investment or a subscription.

MARKETING EFFICIENCY RATIO

29.8

Total revenue divided by total marketing spend

NEW PATIENT VALUE, 12 MONTHS

£684

Average across all channels

COST PER NEW PATIENT

£101

Blended across all channels

VALUE TO COST RATIO

6.8 : 1

Healthy is 3 : 1 or better

COST PER ACCEPTED TREATMENT

£177

Blended. The number most practices never calculate.

PAYBACK PERIOD

2.4 months

From first appointment

The unit economics are healthy. That is the important finding on this page.

A value to cost ratio of 6.8 to 1 means the practice can afford to spend more on acquisition, not less. What it should not do is spend more before the conversion and follow-up gaps are closed, because every additional pound currently buys an enquiry with a 58 per cent chance of turning into treatment.

What the same spend would return with the gaps closed

SCENARIO	ACCEPTED TREATMENTS	REVENUE FROM MARKETING	EFFICIENCY RATIO
Today	197	£486,000	29.8
With follow - up and missed calls fixed	244	£602,000	36.9
As above, plus 20 per cent more spend	293	£722,000	34.5

Illustrative, based on the practice's own conversion rates applied to the recovered volume. Assumptions are set out on page 27.

Website performance

The site looks well designed. It performs poorly, and it is slowest on exactly the pages that carry the highest value treatments.

Core web vitals, mobile

MEASURE	PRACTICE	THRESHOLD	STATUS
Largest contentful paint	4.1s	Under 2.5s	Poor
Interaction to next paint	340ms	Under 200ms	Poor
Cumulative layout shift	0.08	Under 0.1	Good
Total page weight, home	4.8 MB	Under 1.5 MB	Poor
Time to first byte	0.9s	Under 0.8s	Needs work

Technical findings

- **No structured data anywhere on the site.** No practice schema, no treatment pages marked up, no FAQ markup. Search engines and AI assistants are reading plain text and inferring.
- **Eleven treatment pages carry the same meta description.** Duplicate metadata across the highest value pages.
- **Images are uncompressed.** The implants page alone loads 3.1 MB of photography above the fold.
- **Opening hours appear in three places and disagree in two of them.** Site footer, contact page and Google Business Profile.
- **No analytics on the booking flow.** The practice cannot see where enquiries drop out.

Booking friction

STEP	PRACTICE	COMMENT
Clicks from home page to booking	6	Best local practice: 2
Fields on the booking form	11	Four are optional but not marked as such
Works on a phone after hours	Yes	But the form is the only route in
Confirmation email	No	Enquirers receive nothing until a human replies

Most enquiries arrive when the practice is closed, and the only route in is an eleven-field form with no confirmation.

Search visibility

The practice ranks for its own name and very little else. Every high-value treatment term is held by a competitor.

SEARCH TERM	MONTHLY SEARCHES	DIFFICULTY	POSITION	BEST LOCAL	IN MAP PACK
dental implants islington	390	High	14	2	No
invisalign near me	1,600	High	9	1	Yes
emergency dentist islington	720	Medium	22	3	No
private dentist north london	480	Medium	17	4	No
teeth whitening cost london	880	High	31	6	No
composite bonding islington	210	Low	11	2	No
nervous patient dentist london	170	Low	28	5	No
bramblewood dental	140	—	1	—	Yes

Positions are twelve-month averages for mobile search within three miles of the practice.

Where the traffic actually comes from

Branded search		3,910 visits
Direct		1,840
Paid search		1,520
Non-branded organic		640
Social		430
Referral		240

Non-branded organic search brings 640 visits a year, roughly two a day.
People who already know the practice can find it. People looking for a dentist do not. Two of the eight terms above carry low difficulty scores and sit within reach inside six months.

Google Business Profile

ELEMENT	STATUS	COMMENT
Categories	Partial	Primary set. No secondary categories for implants or orthodontics.
Services listed	3 of 18	Treatments the practice offers are largely absent
Photographs	11	Best local competitor: 84. Last upload 14 months ago.
Posts	0	No posts in the last twelve months
Questions answered	1 of 6	Five patient questions unanswered, oldest 9 months

Competitor analysis

Three private practices within a mile, all competing for the same treatments. This is how a patient comparing them sees it.

	BRAMBLEWOOD	NORTHGATE DENTAL	CLERKENWELL SMILE	ANGEL LANE DENTAL
Google rating	4.3	4.8	4.7	4.5
Reviews	96	341	208	127
Reviews last 12 months	19	112	74	38
Reviews replied to	2%	96%	88%	41%
Map pack, treatment terms	1 of 7	6 of 7	5 of 7	3 of 7
GBP photographs	11	84	62	29
Treatment pages	11	24	19	14
Prices published	No	Yes	Yes	Partial
Online booking	Form only	Live diary	Live diary	Form only
Finance options shown	No	Yes	Yes	Yes

Bramblewood is behind on every measure a patient can see before they ring.

The gap is not clinical and it is not price. It is review volume, review recency, published information and the ease of booking.

Review velocity, last twelve months

Northgate Dental		112 reviews
Clerkenwell Smile		74
Angel Lane Dental		38
Bramblewood		19

Northgate collects in eight weeks what Bramblewood collects in a year. Nothing about their patients makes this inevitable; they ask every patient, and Bramblewood does not ask at all.

Visibility in AI assistants

A growing share of patients now ask an assistant to recommend a dentist rather than searching and choosing for themselves. An assistant returns one shortlist, with reasons attached. We asked the same six questions a patient would.

PATIENT QUESTION	CHATGPT	GOOGLE AI	GEMINI	CLAUDE	PERPLEXITY
Dental implants Islington	☐	☐	☒	☐	☐
Invisalign near me	☒	☐	☒	☒	☐
Emergency dentist Islington	☐	☒	☐	☐	☐
Best private dentist North London	☐	☐	☐	☐	☐
Teeth whitening cost London	☐	☐	☐	☐	☐
Nervous patient dentist Islington	☒	☐	☐	☐	☒

☒ Recommended by name ☒ Mentioned, not recommended ☐ Not mentioned

Bramblewood was recommended by name in none of the thirty answers.
It was mentioned in passing in four. Northgate Dental appeared in twenty-two, and was named first in nine.

What the assistants said instead

Assistants assemble their answers from what they can read: the practice website, the structured data behind it, the Google Business Profile, reviews, and mentions on other sites. Where Bramblewood was omitted, the reasons were consistent and fixable.

- **No prices or finance information published**, so the practice cannot be included in any answer about cost, which is what four of the six questions ask about.
- **Thin treatment pages.** The implants page runs to 180 words and answers none of the questions patients ask.
- **No structured data**, so the practice is not clearly identified as a dental provider with those services in that location.
- **Low review volume and no replies**, which assistants weight heavily when ranking recommendations.

Assistant answers vary between sessions and change as models are updated. These results were captured in the week to 28 July 2026 and should be read as a snapshot, not a ranking.

Reputation: the numbers

Reviews are the single strongest signal a nervous new patient uses, and one of the strongest inputs to what an AI assistant says about a practice.

AVERAGE RATING

4.3

From 96 published reviews

RESPONSE RATE

2%

Two replies, both to five star reviews

REVIEWS IN LAST 12 MONTHS

19

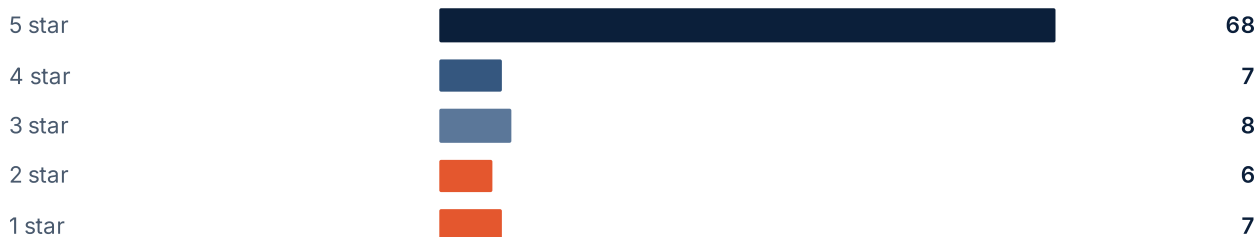
Best local competitor: 112

MOST RECENT REVIEW

11 weeks

Competitors average under a week

Distribution



Twenty-one reviews at three stars or below, none of which received a reply. A single unanswered one star review sits second from top on the profile because of its recency.

The rating is not the problem. The silence is.

Sixty-eight five star reviews is a good foundation. Nobody has been asked for one in months, and nobody has replied to a complaint in the practice's history.

What the rating is worth

Moving from 4.3 to 4.6 would place Bramblewood above Angel Lane and within sight of Clerkenwell. On the practice's own enquiry volumes, a rating in that band is associated with a materially higher click-through from the map pack. Asking every patient, consistently, is the whole mechanism.

Reputation: what patients actually say

All 96 reviews were read and coded. The themes matter more than the score, because they name the things the practice can change.

What patients praise

THEME	MENTIONS	TYPICAL OF
Gentle, painless treatment	34	All clinicians, consistently
Options explained clearly	28	Principal and Associate A
Friendly reception team	19	—
Clean and modern practice	16	—
Appointments run on time	11	Weekday mornings

What patients complain about

THEME	MENTIONS	WHERE ELSE IT APPEARS IN THIS REPORT
Cannot get through on the phone	8	Missed calls, page 11
Cost not explained before treatment	7	Case acceptance, page 06
Waiting time in the practice	5	Utilisation, page 08
Hard to book a convenient time	5	Unmet demand, page 08
Felt rushed at the consultation	3	Plan follow - up, page 07

Every complaint theme in the reviews corresponds to a number elsewhere in this report.

Patients are describing the same five problems the data shows. The phone is the most common complaint in the reviews and the largest operational gap in the practice. The second most common, cost not being explained, is the most likely explanation for implant acceptance sitting at 31 per cent by value.

Reviews were coded by theme, not sentiment. A review can carry more than one theme. Quotations are not reproduced in this report.

What is already working

A report that only finds faults is not an honest report. Five things at Bramblewood are working well, and none of the recommendations here should disturb them.

- **Enquiry to attendance is strong.** Eighty-six per cent of booked patients attend, better than most practices of this size achieve.
- **Clinical reputation is genuinely good.** Thirty-four reviews independently describe treatment as gentle or painless. That is the hardest thing on this list to build and the practice already has it.
- **The unit economics support growth.** A value to cost ratio of 6.8 to 1 means acquisition is affordable once the conversion gaps are closed.
- **The referral scheme is the best value channel in the practice.** £76 per new patient and the highest acceptance rate of any paid source.
- **Hygiene reappointment is well managed.** Seventy-four per cent leave with the next appointment booked.

The practice does not have a demand problem.

It has more enquiries than it converts, and more demand than it has chair time at the hours patients want. Both are better problems than the alternative, and both are solvable without spending more on marketing.

What this all adds up to

Bramblewood is a clinically strong practice with healthy unit economics, losing money in four specific places, none of which requires new patients to fix.

The four conclusions

- **The largest loss is a process gap, not a marketing gap.** £142,000 of presented treatment went unaccepted, and 61 plans worth exactly that were never followed up by anyone. There is no owner, no list and no review point.
- **The practice is invisible to patients who do not already know it.** Two organic visits a day, one map pack appearance out of seven treatment terms, and no recommendation in thirty AI assistant answers. Nineteen reviews a year against a competitor's 112.
- **The phone is both the most common complaint and the largest operational gap.** Twenty per cent of calls unanswered, 4 per cent returned, and the busiest hour for missed calls is the lunch hour.
- **Spending more on marketing now would waste money.** The economics can carry more spend, but every extra pound currently buys an enquiry into a funnel that loses 42 per cent of presented treatment.

The sequence matters more than the list.

Close the conversion and response gaps first, because they cost almost nothing and are worth £194,000. Then build visibility, because it is slower and more expensive but it is what protects the practice over the next three years. Spending on acquisition before the first is done would be spending to fill a bucket with a hole in it.

If the practice does one thing

Give treatment plan follow-up a named owner, a written sequence and a fortnightly review. On the practice's own numbers, that single change is worth more than everything else in this report combined, and it requires no software, no new staff and no marketing spend.

What to do first, and why

Every finding weighed by what it is worth over twelve months against the effort to put it right.

ACTION	EFFORT	TIME TO EFFECT	12-MONTH VALUE
Treatment plan follow - up, named owner	Low	Immediate	£142,000
Overdue recall campaign	Low	1 month	£38,000
Cover the phone at lunch and after 5pm	Low	Immediate	£14,000
Ask every patient for a review	Low	2 months	Indirect
Reply to every review	Low	Immediate	Indirect
Dormant patient reactivation	Medium	2 months	£31,000
Deposits on appointments above £1,000	Medium	1 month	£26,000
Extend hours into unmet demand	Medium	3 months	£17,000
Publish prices and finance options	Medium	1 month	Indirect
Website booking rebuild	High	3 months	£22,000
Structured data and treatment pages	High	6 months	£19,000

The first five cost almost nothing and are worth £194,000 plus the reputation effects.

None requires new software, new staff or new marketing spend. They require someone to own them.

"Indirect" means the action does not produce revenue on its own but materially raises the return on the actions that do. Review volume and published prices both feed search visibility, AI assistant recommendations and case acceptance.

The ninety-day roadmap

Sequenced so that the work paying back fastest happens first, and nothing depends on anything that has not already been done.

Days 1 to 30

ACTION	OWNER	MEASURE OF DONE
Name an owner for treatment plan follow - up	Principal	Named in writing, in post
Build the list of 61 unfollowed plans	Practice manager	List exists, sorted by value
Written follow - up sequence agreed	Practice manager	Approved by principal
Stagger the lunch break to cover the phone	Reception lead	Rota changed
Reply to all 21 unanswered negative reviews	Practice manager	Response rate above 90 per cent

Days 31 to 60

ACTION	OWNER	MEASURE OF DONE
Work the 214 overdue recalls	Reception lead	All contacted, outcomes logged
Switch on review requests after every appointment	Practice manager	Running daily
Publish prices and finance options on the site	Principal	Live on 11 treatment pages
Deposit policy for appointments above £1,000	Principal	Written, in use

Days 61 to 90

ACTION	OWNER	MEASURE OF DONE
Dormant patient reactivation campaign	Practice manager	604 contacted
Extend two sessions into unmet demand	Principal	Diary changed, utilisation tracked
Fortnightly plan review embedded	Practice manager	Four reviews held
Baseline reporting in place	Practice manager	Monthly page produced

Everything above is done by the practice's existing team.

Nothing in the first ninety days requires an external supplier.

Projected upside and assumptions

The headline figure in this report is what was identified. This page sets out what is realistically recoverable, and on what assumptions.

OPPORTUNITY	IDENTIFIED	RECOVERY RATE	CONSERVATIVE	OPTIMISTIC
Unconverted treatment plans	£142,000	35 to 50%	£49,700	£71,000
No-shows and late cancellations	£43,000	40 to 55%	£17,200	£23,700
Overdue recalls	£38,000	45 to 60%	£17,100	£22,800
Dormant patients	£31,000	20 to 35%	£6,200	£10,900
Slow enquiry response	£14,000	40 to 55%	£5,600	£7,700
Total	£268,000	36 to 50%	£95,800	£136,100

Assumptions

- **Recovery rates are applied to identified value, not to revenue.** They reflect the proportion of each opportunity that a practice with existing staff typically converts within twelve months of putting a process in place.
- **No price increases are assumed.** Every figure uses the practice's current fee scale.
- **No additional marketing spend is assumed.** The projection above is entirely from existing patients and existing enquiries.
- **Dormant patients are discounted hardest,** because a proportion have moved away or registered elsewhere and cannot be recovered at any conversion rate.
- **Indirect effects are excluded.** Improvements to review volume, published prices and search visibility are not counted in these figures, although they would raise them.

We have used the conservative column throughout this report.

The £96,000 to £134,000 figure on the executive summary is this table, not a projection built backwards from a target.

What to do first, with or without us

This section exists because this audit was paid for. A free audit can only ever conclude that you need what the agency sells. This one can tell you to do three things yourself, and it does.

Do these regardless

- **Give treatment plan follow-up a named owner this week.** One person, a written sequence, and a fortnightly review of every plan over £2,000. Worth more than everything else in this report combined, and it costs nothing.
- **Call the 214 patients overdue by more than six months.** Start with the ones the hygiene diary used to hold. A structured week of calls will pay for the next twelve months of anything else you do.
- **Cover the phone between noon and 2pm.** Thirty-seven per cent of missed calls fall in that window, and it is the most common complaint in your own reviews. A staggered lunch break solves most of it.

Where we would help, if you want it

The three actions above are process changes and you do not need us for them. Where practices usually do want help is making them stick: the systems that carry on working when the person who owns them is on holiday, and the reporting that tells you each month whether they still are. On the findings in this report, that would most likely mean the follow-up system first, review requests second, and visibility work only once the first two are running.

If that is useful, the next step is a twenty-minute conversation about which is worth building first. If it is not, this report is yours and the three actions stand on their own.

Nothing in this report is contingent on working with us.

The figures, the method and the recommendations are yours to take to anyone.

Method, definitions and sources

Definitions used in this report

TERM	DEFINITION
Case acceptance by value	Value of treatment accepted divided by value of treatment presented, in the same period
Case acceptance by count	Number of plans accepted divided by number presented
Unconverted plan value	Presented treatment with no acceptance recorded, and no cancellation recorded
Overdue recall	Past the practice's own stated recall interval by more than 30 days
Dormant patient	No appointment attended in 18 months or more
Chair utilisation	Booked clinical minutes divided by available clinical minutes
Speed to lead	Time from enquiry received to first outbound contact of any kind
Marketing efficiency ratio	Total practice revenue divided by total marketing spend
New patient 12 - month value	Total production from patients in their first twelve months, divided by the number of those patients

Sources

AREA	SOURCE	PERIOD
Production, plans, appointments, recalls	Practice management system exports	Aug 2025 to Jul 2026
Calls offered, answered, missed	Telephone system reports	Aug 2025 to Jul 2026
Marketing spend	Advertising accounts and supplier invoices	Oct 2025 to Jul 2026
Website performance	Field and lab data, mobile	Jul 2026
Search positions	Mobile, within three miles, twelve - month average	Aug 2025 to Jul 2026
Reviews	All published reviews, read and coded	To 28 Jul 2026
AI assistant answers	Six questions, five assistants, repeated	Week to 28 Jul 2026

Confidence

Figures drawn directly from the practice management system and the telephone system are stated as recorded. Figures involving estimation, principally the value attributed to missed calls and to dormant patients, are marked in the relevant sections and have been calculated on the most conservative defensible assumption. Where a figure could be read two ways, we took the lower one.

This report is a commercial analysis. It is not a clinical audit and has no bearing on clinical governance or CQC requirements.

PRACTICEYIELD

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PracticeYield is an operator-led growth consultancy for UK private dental and healthcare practices, founded by someone who spent years as Marketing Director inside a multi-site private healthcare group: the person who used to buy these services rather than sell them.

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NEXT STEP

A 20-minute intro call

Worked example. Bramblewood Dental Practice is not a real practice and every figure in this document is illustrative. Prepared to show the format, structure and depth of a PracticeYield Growth Audit.