Finding and Keeping Patients - Ref 280

with Gilly Woodhouse

19th January 2023

TRANSCRIPT

Please note, this is not a verbatim transcript:

- *Some elements (repetition or time-sensitive material for example) may have been removed*
- *In some cases, related material may have been grouped out of chronological sequence.*
- *The text may have been altered slightly for clarity.*
- *Capitalisation and punctuation may be erratic…*
- *There may be errors in transcription. If something appears odd, please refer to the recording itself (and let us know, so that we can correct the text!)*

Steven Bruce
Hello there and welcome to another lunchtime CPD show. I've got Gilly Woodhouse joining me once again today, this time through the magic of the internet. Gilly, welcome back.

Gilly Woodhouse
Hello, lovely to be back.

Steven Bruce
And we've got a lovely Christmas picture of you there, which is good, the Internet can be a bit fallible sometimes. I can't actually remember how many times we've had you on, Gilly. But I was thinking of rechristening this the Buzz and Woody Show, but I got a feeling we might get sued by Disney and in any way My Space Ranger suit's at the cleaners. So I was prompted to do this show because I had a meeting with Gilly not so long ago. And as an aside, sanded out her opinion about what she thought my own clinic was doing well or badly. And it led me on also to thinking about the number of practitioners who I've spoken to over recent months, who are worried, desperately worried. They're worried about the rising costs of running their own business, their expectation that patients won't want to spend money on their health, so their income's going to drop. So hence Gilly, who's always buzzing with great ideas, you see what I did there, to keep businesses on track. Now, I imagine a lot of it is going to come down to good marketing. And of course, that is a dirty word for many osteopaths and chiropractors. But what's your take Gilly?

Gilly Woodhouse
Yeah, perfect time to be doing plenty of marketing right now. I think there's so much difficulty for patients to get in to see their GP, to get help from a physio, to get appointments, that they are getting a bit more desperate than perhaps they would have been before and are looking for alternatives. So if they can see you out there, if they know you're available to help them, then there is a huge, huge opportunity for manual therapy.

Steven Bruce
It's horrible, isn't it? But it almost seems as though, you know, we're taking advantage of a crisis in the NHS, which of course, to some extent, I suppose we are but in reality, what we're doing is helping patients who can't get their solution to the NHS. And you know, it may take some marketing so that they know that we are able to help them. But at the same time, if they don't know, they're just going to suffer at home alone.

Gilly Woodhouse
Exactly, yeah. But that's the thing. It's getting that message out to them that there's an alternative if they don't want to wait. If they are in that much pain and discomfort and it's affecting their lives, it's affecting their work. And for a very small fee, actually, when you look at what a treatment plan might cost, it's actually not a lot to get people a resolution but they just need to know you're there. They need to know where you are. They need to know how you help them. And that's what your marketing is all about.

Steven Bruce
Yeah, and of course, again, we're always resistant to the idea of hard sell. Hard sell is not what we're doing. It's not what we're advocating. It's basically they don't know about you, they can't use you. But of course it's always the patient's decision whether they want to spend their money on a new flat screen TV or on their healthcare or on getting their nails painted, or wherever it might be. Sadly, some people won't be able to afford treatment. What's your recommendation to the practitioner who says, I want to be able to help everybody, even those people who don't have any money.

Gilly Woodhouse
That's always so difficult because you are in private health care at the end of the day, you're not the NHS, which is free. And I do think you need to differentiate between that and earn properly, because this is why there's so many osteos and chiros that are burned out after a couple of decades of working very long hours for not a huge amount of money, struggling, maybe they haven't got any pension set aside or anything. So we must price correctly, so that you don't have to sort of stack them high and sell them cheap, and exhaust yourself and ruin your hands. So important that pricing is correct, and people will pay because it's not a lot of money actually, it isn't a lot.

Steven Bruce
You must get quite a bit of kickback on that though. Because every time any practitioner increases their prices, they'll be sucking their teeth and thinking, oh, I'm going to put patients off, my list is gonna go down. Just because I'm being greedy, I won't be able to help anybody.

Gilly Woodhouse
Yeah, it's not true. Because I put up 99% of my clients' prices when we have our first meeting. And we always talk it through and allay their fears. And how many times they come back to me and say, do you know what, either no one said a thing. Or they come back and say, yeah, I thought you were a bit cheap.

Steven Bruce
You just said you put up 99% of your clients' prices at your first meeting. That sounded a bit harsh.

Gilly Woodhouse
Well, they're usually not charging enough.

Steven Bruce
No what you meant is you advise your clients to put their prices up, not you put up your prices at your first meeting.

Gilly Woodhouse
I advise that they put up their prices.

Steven Bruce
Do you see a huge disparity in prices between practitioners?

Gilly Woodhouse
No, they're all low.

Steven Bruce
They're all low. Yeah, okay. And we won't ask what you think they should be? Because people will have their own views of that, I'm sure. But I suspect that you are right, that however they've pitched their prices, they probably are under selling themselves?

Gilly Woodhouse
Well, yes, because what tends to happen is everybody looks at everybody else's prices in the area and then doesn't like to raise their head above the parapet and go a pound or two more, because they think, Oh, well, I've been qualified less time, so I can't be higher than him. So it doesn't take into account business at all, like costs, you know, in one clinic, there might be really high costs, and in another clinic might be quite low costs. And so, you know, you're looking at what the profit margin is at the end of the day. And also, the value you gave is so immense, huge.

Steven Bruce
I was moved to compare this with a private GP not far from here. And of course, GPs have different training, they have different skills, but they also lack certain knowledge. And I think that GPs' prices are something like 250 pounds for an hour's appointment. But if you go in with a musculoskeletal problem, I'm pretty confident that what they're going to do is recommend you to an osteopath, or a chiropractor, or somebody who knows about muscular skeletal problems. And then we'll spend half an hour an hour with that patient on our first appointment and probably charge 50 quid and you wonder, why is it we're so undervalued? Well, there's a lot of stuff coming in already. Martin says, he thinks as increasingly desperate patients come along, we might also encounter more serious conditions, which may be beyond our help, and we need to be extra vigilant. That is a really good point about you know, what will happen because of the NHS crisis, isn't it? And the guy I had in on Tuesday night, Kelston Chorley, we were talking off air when we went out for something to eat afterwards. And he was talking about the number of serious conditions which had been misdiagnosed or completely missed by GPs. So we don't want to beat ourselves up too much. But, you know, it is possible that we will miss things so we do have to keep in mind, you know, all those red flags that might come across the table. Vlad says, seriously, what is it with osteopath prices? Most osteopaths have similar pricing to massage therapists, and it takes us four times longer to qualify. I think there's more to it than that, as far as Vlad is concerned, yes, it takes us four times longer to qualify. But also, we've got an ongoing responsibility to diagnose and treat what's going on rather than do just maintenance rub-a-dub-dub to stretch muscles and things like that, or in the case of aromatherapy massage or something like that, it just makes people feel good and it does them good. But yeah. All right, okay. Vlad says, please do ask Gilly what she thinks osteopath prices or chiropractor prices should be, and Martin says the same thing.

Gilly Woodhouse
I think you know, I'm constantly pushing that boundary with clients, you know, saying, we can we can move them up again a bit more. I'm obviously you know, not going to say double your prices now, because that would cause all manner of fear. And it would upset patients, obviously. But your first patient

appointment, you can definitely put that up, because no one ever knows what you charge before because they only paid that once.

Steven Bruce
Yeah, so what should people be charging outside London? What should people be charging, then?

Gilly Woodhouse
I think you can easily be going 100 pounds an hour, for a first appointment. You know, I'm all for keep incrementally putting it up. And then you don't have to have, you know, back-to-back, 15 patients a day to make a reasonable living. It's crazy, the amount of skill you have, and the knowledge and the ability to spot red flags, the capability of referring people on to get the extra special help that they need. The fact you can report back to GPs, and so on and so forth, and send them off to a specific consultant. It's incredible what you can do.

Steven Bruce
Yeah, it is. And I remember early on in my career, it used to frustrate the hell out of me that we couldn't refer people for MRIs that the GP had to do that. But of course, now, not only are MRIs, private MRIs much, much cheaper than they used to be, but of course, the private centres are happy to take referrals from anybody, provided they're told what it is they're looking for. So you've got to be a qualified medical practitioner. So we can, as you say, we can refer people for imagery, which is something that they would probably appreciate, given the waiting times on the NHS, where imagery is appropriate, of course. The system says this person is called Groucho. And Groucho says, I have a colleague who says he finds out how much his competitors charge, and then he charges twice as much.

Gilly Woodhouse
Good. There's no rule, you see, there's no rule. We have this thing in our head that we can only charge this amount, because everyone else is charging this amount. But that's not a rule.

Steven Bruce
So if you were to do that, we will all be thinking well, someone will look at my prices and say I'm charging 100 quid, the other person is charging 50 quid, I need to have a reason to believe I'm getting better value for the 100 quid than I would have done for the 50. And there is something in the back of the mind that says, well, if it costs more, it must be better. But is there some sort of value added that people can put into their appointments? Patients value time, I think, don't they?

Gilly Woodhouse
Yes. And the fact that someone actually listens to them, they probably never shared their whole medical story before, their journey. And that's something that you have great skill in, is listening. And people want to feel heard. So that's amazing value. And then, if I may, I think giving them a good treatment plan, a journey, where are we going to get you back to health as best as we can, depending upon their situation. But if you can show them the journey, and what their likely outcome is and find out what they would like their outcome to be. Do they want to go back and play golf because now they can't play, they're depressed, their wife's fed up, so they never go out the house anymore. They're always moaning. What's their end result? Because if you work together, and say, okay, you do these exercises for me, I'm going

to treat you, it's going to take three or four treatments to get you to where you want to get to, I think, you know, everybody's different. We'll take this journey, then I can give you an outcome that you're looking to achieve.

Steven Bruce
Yeah. It's a lesson that I drew from a show we did with a chap called Russ Rosen, who's an American chiropractor working in Hawaii. We've got him coming on the show again in the not-too-distant future. And he went down well with a lot of people because he was saying, we need to stop thinking about it as getting patients back in. It's getting patients towards a goal and it's exactly as you said, there. What is it they want to achieve? You know, our job isn't finished until we get them as good as they can possibly be. And it's up to the patient if they want to go down that full route, obviously, the initial stage is probably to get them out of pain. But then there's more to it.

Gilly Woodhouse
Yeah, there's absolutely no hard sell there. Look, if they were Googling, and they found, you know, they've got this back problem. They're googling, they are looking for a solution. They're not looking for a sticking plaster. They're not looking for one treatment, and then be told, see how you go, they're a SHIG thing I'm now calling it, then they don't have the solution. So I've had this with friends that I've sent for treatment, and then they ring me up two weeks later, crying still in agony going well, he said, see how you go. But I'm not sure where I'm supposed to go? What do I do with that?

Steven Bruce
Do you know Gilly, it's, you know, you and I met the other day. And later that same day, we talked about the SHIG problem. Later that same day, I was standing at the reception desk in my clinic, and a patient came out and the patient was taking a long time chatting to reception. But the practitioner came out shortly afterwards. And he hadn't been booked in again. And the receptionist turned to the practitioner and said, well, what should we do and the practitioner actually used those words, see how you go. And I thought I'll have a word. This is what Gilly would beat you over the head about. But it is so easy to do, isn't it, because we're conscious. We don't know for sure where treatment is going to take the patient. Yeah.

Gilly Woodhouse
But they don't know. That's the thing. They don't know where to go next. One of my girlfriends I was talking to this morning and I said I was coming on here and she said, oh, I went to see an osteo she said and he said we'll see how you go and when you get home if you like you can book yourself back in. And she said I'm not going back on principle. Why isn't he looking after me, why isn't he booking me back in?

Steven Bruce
And very often, you know, Claire, my wife fellow osteopath, Claire will often say that, unless you tell them to book back in, they will feel they haven't got permission to do it. So, as you say, there, it's not looking after the patient. Interesting question here from Stu. Stu says, should my consultation fee be on my website? What do you think?

Gilly Woodhouse
Yeah, let them know what it is. Because you see, you've got different types of people. I'm always giving the example of the hairdressers. If I went into a new hairdressers with my darling husband, the old boy, I would pay top whack because I want the best hairdresser. So that might be 100 quid, I perceive them to be better because they're more expensive. I don't have any evidence of that, actually.

Steven Bruce
Well, you do, it's on top of your head.

Gilly Woodhouse
Look, no glitter. He would pay five quid to the boy who sweeps up the hair, because he's saved 95 quid. You don't want that patient.

Steven Bruce
Well, there is an element of that isn't there that patients who are looking for the Groupon deal or the cheapest price or whatever, they're always going to be the ones who will spend most of their appointment haggling about how much you you're charging them and actually, that makes treatment difficult for you and probably difficult for them as well.

Gilly Woodhouse
Yeah, yeah. They need to make a reasonable investment with you and in their own health, I think.

Steven Bruce
There is another aspect to that that occurs to me, though, you said to Stu, put your consultation fee on the website, actually, you're more likely to get the patient in if they're already on the phone when you tell them what the fee is, I think and it's at that consultation that you can convince them of why you are such a good practitioner.

Gilly Woodhouse
I don't know, if they're a new patient, I would always want them to be booking online because it's the middle of the night when people hit that point where they're like, you know, so let's make it easy for them to book in number one. You know, they're looking for a solution. They're in agony. They can't sleep and it's at that point, they're on their phone, maybe in bed going, I have to find something, they're Googling, they find your website, they can see what you offer. Remember your websites, your shop window, your closed, you're asleep. They're looking in the window. What have you got, what's in there? Why would I come in tomorrow when it's open?

Steven Bruce
Well, Phil here who says he has no website has been very honest. And he's told me what he charges. He says he's in Red Hill and he charges 80 pounds for an hour for a new patient and 55 pounds 30 minutes for a follow up. So, or a one hour follow up is 110. I'm wondering, Phil, why your first appointments are so cheap relative to the others. But 110 quid for a one hour appointment follow up is good. I don't know how you would decide which times he needs but seems fair. He says he tries to be higher than

anybody else. But as I said he doesn't do any advertising, has no website and just works from word of mouth.

Gilly Woodhouse
If it works, yeah.

Steven Bruce
Absolutely. If it works, don't fix it. Yeah. I don't know if you'll know the answer to this, Gilly. John has asked whether the GOsC once said that we can charge as much as we like but we're not allowed to undercut our colleagues in the same area.

Gilly Woodhouse
I've never heard that.

Steven Bruce
No, they wouldn't be allowed to tell us what we can charge. They can tell us what we can charge for simple things like administrative functions, like producing copies of notes and stuff like that, because that's I think, laid down statutorily, but they can't tell us not to undercut our colleagues if we wanted to. But then again, we'd be idiots to try and undercut our colleagues. I think it just makes you look secondary.

Gilly Woodhouse
Race to the bottom, then.

Steven Bruce
It is yeah. Ben says, it frustrates the hell out of me that we can't take the non-medical prescribers course, and physios can, it's crazy. We need to be able to do this, especially now with the way the NHS is. You know, that's a long running and fraught question, I think. Have you had that discussion with your clients, Gilly, about prescribing?

Gilly Woodhouse
No.

Steven Bruce
Yeah, I think it's outside the scope of what you do. But as you probably know, there will be polar camps on this, a lot of osteopaths saying, and probably chiropractors saying, we don't prescribe. That's exactly what we don't do. We're manual therapists. And there are others who are saying there is a role for drugs. And we should be able to prescribe the simple anti inflammatories, painkillers and so on. And he's right, and I wonder what our illustrious trade bodies are doing to try and improve the situation. Adam says he puts his prices up every year on January the first in line with the retail price index. He's done it for years, and he's never had a problem. How's that sound? It must have taken a bit of a height this year.

Gilly Woodhouse
And there's no rule that you can only put them up once a year. There's no rules at all. So you can put them up again in the middle of the year.

Steven Bruce
Biljana says, surely prices will vary according to the duration of the appointment, the cost of premises, transport to and from etc, etc.

Gilly Woodhouse
Yeah, you've got to factor that in, you've got to know what your profit margin is. But also, your demographic and your particular skills. If you've got additional skills in pregnancy and babies, for instance, that you've spent a fortune on doing extra courses for, or you're an expert in sports injuries, etc. You've worked with athletes, or you've got a specialist in with musicians or dancers, then why shouldn't you charge more than the guy who does just a general variety of ordinary stuff? You know, I think if you specialise, you should charge more.

Steven Bruce
The other side of that, of course, is that whether or not you specialise, you are taking on a significant responsibility because, you know, we have a medical responsibility for our diagnosis and our safe and appropriate treatment. And the more skills you've got, the more I wouldn't say onerous, but the greater that responsibility comes, especially if you're dealing with very vulnerable people like the elderly, or of course pregnant women who, you know whether or not we're actually likely to cause a problem, we could easily be associated one if we're not careful. It's interesting. John says that the Institute of Osteopathy published a piece that included prices around the country recently, I'll see if I can dig that out. Because I can then we can share that I hope with people, or at least point them in a direction or if they're not members of the IO already. And Ben says, it's a tricky thing pitching prices, some patients assume that time equals cost. Others understand that there is the argument that they're paying for our expertise, not how long it takes to help them. And I really think that that last thing is what we have to explain to patients, they need to understand that. I mean, if you go and see a spinal consultant, an orthopaedic consultant or something, he doesn't say, well, I only took five minutes, you don't have to pay the full fee. They charge you the full fee regardless.

Gilly Woodhouse
It's your knowledge and experience that's so valuable, because your diagnostic skill that's so important, I think. That's what separates you out from a lot of other therapies.

Steven Bruce
Yeah, and our musculo skeletal diagnostic skills are so much greater than almost any GP unless they themselves are specialised in MSK and patients need to understand that they are getting a better service. And I think we need to be confident in it. And it's, you know, everybody seems to suffer from impostor syndrome. We lack confidence in our own abilities, don't we?

Gilly Woodhouse
Yeah, yeah. That's my big admission. I know, there's so many people in pain that I've seen throughout my life, particularly with being in so many hospitals with my youngest, so many people in pain, they don't know that you're there, and that you can help them and you can give them a diagnosis and help them to find support groups or specialists, or it will just simply help them back to health to live a better, more pain free life with whatever condition they've got going on.

Steven Bruce
I did pay attention when you were talking to me in the cafe the other day, but better coming from you, when you had me pinned against the wall. What did you tell me about my own clinic?

Gilly Woodhouse
Yeah, I think it's a fantastic community hub. And you've got that special outreach into community that members of the team that you have there, that connect up with other small businesses, other people within the community that are important. I think that's vital, you're planning an open day, which I think is a great idea. Again, you know, I always used to talk about those BC, before COVID. They're really valuable, because I think that, you know, people see that door, and they go, yeah, but what goes on behind the door, they don't know. And so to get them in, give them a cup of tea and talk about what you do, there various lots of therapies you have, et cetera, is really important.

Steven Bruce
But I came back at you on this one, because as you will know, as everybody who's ever paid attention to me, I hate the title newsletter, when people send out an email saying, here's our newsletter, the instinctive response of almost everybody is to hit the delete button. And I think, I am concerned that I can't think of an alternative title, but open day is a bit of a newsletter title. And when we put a banner outside our clinic, which says Open Day, will people actually be enticed in? Or will they just think? So what?

Gilly Woodhouse
Yeah, you've got to market it online as well, on Facebook and everything and say what's going on and have some little talks maybe about whatever topics you want to include, you know, your theme for the day, like sports injuries. This osteo here is going to talk about sort of a few warm up things and why you need to warm up before you go running around like a crazy thing. And you can have little talks and different things going on in different rooms. So interest people to come along, oh, 10 past 11, they've got a talk on nutrition when you're getting ready for a marathon or whatever it is, and oh, I'll pop in and listen to that. So it's just yeah, it's giving them a reason to come in or else they probably won't bother.

Steven Bruce
Free coffee.

Gilly Woodhouse
Yeah, that's always a good one.

Steven Bruce
It is at this time of year and we're doing this open day on the same day as the monthly Farmers Market, which is held in the carpark at the front of the clinic. So yeah, there'll be lots of people wandering around, I hope. Yeah. Okay. So outreach into the community. What else we got?

Gilly Woodhouse
Yeah, you've got a really cohesive team. They're really enthusiastic. Yeah, I really liked how they they talked about how they were cross referring to each other, which is really healthy within the practice and within the business. They're cross referring and giving patients other options to get help from other people

in between treatments, perhaps or to augment their treatment. So yeah, fantastic. They're doing really, really well there.

Steven Bruce
I had a brainy idea a couple of months ago, I don't know if I told you about this, we had a Macmillan coffee morning in the clinic, that wasn't my idea. That was on a Saturday and then on a Sunday, the NHS ran a mobile vaccination clinic, again, in the carpark outside our clinic. And there was this queue that went from one end of the carpark to the other, so it's probably 150 yards. It was a very slow moving queue and I thought, well, we've got lots of cakes leftover from Macmillan, let's raise some more money for the charity, so we sold the cakes and that was good. But I then said to the NHS team, well, why don't you run the next clinic from inside my clinic, there's a lavatory. We can do teas and coffees. We've got proper treatment rooms and all the rest of it. And of course, they took it up and we did that last Sunday and it was freezing cold. So the punters were really, really pleased to be able to get out of the cold. And sadly, I mean the NHS organisation of the day was pretty rubbish, but it meant that all these people who were coming through NHS treatment sat down at a table in front of a leaflet about my clinic with other leaflets showing what treatments we offer and what they're for. And we could talk to the NHS people about what we did as well. And again, I don't know if it'll translate into huge amounts of business, but it certainly increased our awareness to a certain extent. Got some more questions. Perry says they're not paying for time, there has to be a time limit, obviously. But if I decide a patient needs onward referral, and no treatment, I would be finished in 20 minutes or so. But the patient has been well cared for and advised. Yeah, good sound thinking I'd say. Eli says, any thoughts on how much experience or time since qualifying should affect pricing?

Gilly Woodhouse
Good question. I wouldn't put any kind of boundaries on that. Because you still, you know, you've had your thorough training for years or five. And you've had all that experience as well. It might mean, potentially, you take a bit longer to give a patient and outcome than perhaps somebody with 20 years' experience, it goes up, seen as before, do this, this and this. And that usually sorts it, possibly, you know, but I wouldn't say, you know, you shouldn't be charging very much, because you're newly qualified, I think you still got, you are competent, you've still got excellent skills, and diagnostic ability, etc.

Steven Bruce
I used to resent it as an associate after I qualified when I was being paid less, because my appointments were charged at a lower rate than the principal's now, of course, the principal had a lot more experience than me. But the immediate impression to the patients was that I was second rate and I was the, you know, I was not as good. And of course, I wasn't as good, but it doesn't help the treatment outcomes if they think that. So maybe that's another thing is if you're working in practice with other people, because as an associate in practice, at least in theory, you should always be able to call on the experience of your principal, if something isn't quite what you think. So I'm not sure if I follow this one, Stu says, how do we feel about a flat rate for consults and treatments, as he has a colleague that uses this model? Consultations are 45 minutes and treatments for 30 minutes, flat rate for both?

Gilly Woodhouse
I do like the idea of a higher rate for the first appointment, because I think that's when you bring all your knowledge and experience and skill to bear on this body presenting itself with all these issues. And this is where you work out what the heck is going on with this body, what you're going to need to do in order to help them. So I think that has a higher value. I mean, I know that you're still reassessing when they come back, etc. But that first one, particularly if they've been around the houses and haven't got an answer anywhere else, and there's just like someone says, well give osteopathy a go or whatever, you know, they're finally going to get a diagnosis and highly likely do anyway and start to work out what the journey is going to look like now. So I do feel it has a higher value.

Steven Bruce
Yeah. Jen has sent in a comment saying that there's Bupa as well, which restricts you to 30 pounds per treatment. I don't know what your thoughts are about that, Gilly? Well, I've got some fairly firm views about that.

Gilly Woodhouse
Me too. Yeah. Dump them. Thoroughly disrespectful of your skills.

Steven Bruce
Yeah. And yeah, it's outrageous that they restrict it to that. As soon as they did impose that limit, which was several years ago, we ditched them straight away. We said we're not having the salaries of our experienced osteopaths dictated by an insurance company that just wants to get the cheapest they possibly can.

Gilly Woodhouse
No, I agree.

Steven Bruce
Darcy says we shouldn't confuse giving value and helping the patient with a rigid time slot. It's absurd that say for example, a simple facet joint strain, which requires probably 15 minutes of actual treatment that you give 45 minutes. It's the diagnostic and treatment skill patients pay for, not the time. You go to a consultant surgeon for a joint injection and that's 150 pound plus for 10 minutes and a cup of coffee. Yeah. And I think is it you that's often reminding me that you don't sort of say with your dentist, well, I paid for an hour. I want an hour's drilling.

Gilly Woodhouse
Yeah. Can you drill a bit longer please?

Steven Bruce
There's a lot of patient education in this, good communication, I think in terms of explaining to patients that we're not going to wrestle everything around for an hour because you don't need it. So what else have you got for us today then, Gilly, really what so what can you do which is good and ethical and helps both Patient and practitioner?

Gilly Woodhouse
Well, I'm really, really keen on giving a really good treatment plan, I find so many times this isn't happening and the patient's left to go. So I would say, you know, if you don't do that as a regular thing in clinic, when you have a new patient, then try to start bringing that into practice, because it's going to mean that you're giving them such fantastic service and value that they will recommend you on and on. They won't be left feeling, you know, what do I do now? Who do I go to? I've had that, you know, a friend of mine rang me back and said, I've got a slipped disc, she's told me, and it'd be good idea to come back again another time, but she never booked me in. What should I do now? I'm not quite sure. Shall I go to the GP and get an MRI or where should I go? And what does a chiro do? Should I go and see a chiro instead? And it's just like, she was so confused. She couldn't remember what she was supposed to do about getting the inflammation down. She couldn't remember what she was told, because she was in so much pain at the time. So she needed holding and supporting and guiding and to see what the journey was going forward so she could get sorted. And three months later, she's still on high level painkillers and crying.

Steven Bruce
Half of my audience are saying yes, send her to a chiropractor. That's all the chiropractors, of course.

Gilly Woodhouse
Yes. Well, I mean, you know, it doesn't matter which modality you are, when that new patient's made that decision to come to you, serve them, serve them to the very best standard you can and give them the outcome that they came for. And I'm always saying, you know, they've got the problem. This is the outcome, take the money out of that equation, give them the outcome, at the end of the day, they won't care if it cost them 200 or 300 quid.

Steven Bruce
Well, you were speaking there of a slipped disc problem. I worry that we've recently switched to a model with our IDD therapy where we don't sell the IDD on a treatment-by-treatment basis. Because if we do that, it means that there's a likelihood people won't go the full course of the treatment. And all the evidence is that it's the full course of treatment that has a lasting outcome, not stopping as soon as you get either a niggle or you get a bit of improvement. And I was talking to a patient the other day and saying, you know, it's 20 sessions of IDD, is eight of rehab therapy. And this is the price and he said I know, the price is irrelevant. I just want the outcome. And it was a real reminder to me that isn't my decision whether the patient wants to come in for that therapy or not. But also, you know, in the case of the osteopath you mentioned, if he or she doesn't feel that she can fix the slip disc, she must be qualified to say, well these are the alternatives available to you. And IDD might be one of them. If it's the right sort of patient. What have I got here, Neds has asked how people inform clients about price rises. What do you do, do you get an email out or?

Gilly Woodhouse
Yeah, I mean, I think it's fair to email out and say from the first of February, our prices will increase by a fiver or whatever it is, don't go by the pound because it's just not enough. But you know, I do sometimes see people apologising on social media, I'm really, really sorry, I'm gonna put my prices up and I hope you'll still come back and I'm like, we don't need to make this into a drama. This, you know, people don't mind, they won't probably notice, like, things that I, like hairdressing or something. I go how much,

because I don't know what I paid last time. I can't remember, I'm not noting it down. It's by far more than last time. I think this is often a money mindset thing in our minds, you know, whoever instead of offering a service, our money mindset that we're fearful that people are going to judge us or walk away, and it's not the case actually.

Steven Bruce
Rosie says it's very hard in central London where her impression is 95% of the demographic have got medical insurance and they simply go elsewhere and I think we're talking about Bupa now again, we're very clear at how little they pay but we'd be very quiet and if they weren't able to accept it. Have you got any advice, Gilly?

Gilly Woodhouse
Well, there will still be plenty of people who don't have medical insurance. I still think you've got a market there. I don't know of anyone in London I haven't been able to help with building up patient numbers.

Steven Bruce
Yeah, and your method for building up patient numbers, big use of social media, I imagine?

Gilly Woodhouse
Yeah, but also systems and operations. I like things to be really, really organised and get processes in place. So it's really easy for patients to book. Sometimes it's really difficult. I'm on a lot of websites looking around at this and that and it's like, how do I book? Oh, I have to send them an email. Really? Please don't make me fill in an email to book an appointment.

Steven Bruce
Yeah. I think it's a common theme with pretty much everybody who advises about marketing, isn't it, you've got to take away every obstacle that stands in the way of them actually getting what they're trying to buy. And in our case, that might be a treatment appointment. And I suppose in the middle of the night, when you're wracked with pain or something, the last thing you want is a lengthy email to write about what you want and still no idea of when your appointment is going to be you just want to go on the website, put in the minimum details and know that tomorrow at 10 o'clock, I'm going to see somebody who will hopefully help me. Yeah.

Gilly Woodhouse
Then they might even get a few weeks sleep.

Steven Bruce
Yeah. Anna says how can she go about encouraging existing patients to see new osteopaths in her clinic? They'll only see me even if they have to wait ages and will recommend others to see me rather than someone they've no experience of. I'm loathe to make their charges less than mine.

Gilly Woodhouse
Yeah. Well, there is that differential in price that we touched on before. And I do think that can work. Because, again, I would pay a bit more and potentially wait to see you, the old boy would be delighted to

save 10 quid and go to somebody else. But the the other thing you can do generally is just say, do you know what? Bob's really good with knees, I want you to have two sessions with Bob, and then come back to me. And we'll reassess how you're getting on, how does that sound?

Steven Bruce
That's a good point, isn't it, if you emphasise the quality of the practitioner for the specific problem that's being handled. And I don't think we're suggesting you should lie about this. Because of course, if you're talking about a low back pain or neck pain or something, they will be experts in it. Yeah.

Gilly Woodhouse
If you're recommending them and saying, you know, they're really good at this. And you're getting the patient agreement. If you use those words, how does that sound? Most people will go, yes, that sounds great. Yeah, there's not many that will go. That sounds dreadful. I'm not doing that.

Steven Bruce
So it might be the case, if Anna's got a waiting list, either she or a receptionist, if she's got a receptionist, can ring them and say, Anna's really concerned that you're on a waiting list, but so and so is really good at this problem. We can get you in earlier to see them. And then if you still need to see Anna, she can see you in three weeks' time, four weeks' time, whatever it is, how does that sound? Quite like the how does that sound. That's good.

Gilly Woodhouse
Works a treat, use that a lot.

Steven Bruce
Tess has said this is a science subject. But what's a good answer to give when a new patient says, you're my last resort on the first presentation? She says she finds it really insulting. It's like they're saying you're literally the last person they'd ever try. Any ideas on that?

Gilly Woodhouse
I think it may just be that they didn't know what you did before. And they've tried everything, they've been on Google again and either chiro or osteo has popped up wherever, you know, down the road from where they live. And they've had a look at the website and gone, oh, I wonder if they could help me and it feels for them like it's last ditch they've been round and round the NHS hamster wheel. They've been down the cul de sacs and back out again, and they have got to a point of being a bit desperate. So I would be thinking thank goodness, you've now found me, you know, wished you'd found me earlier. And then you wouldn't have had all these months or years of pain perhaps.

Steven Bruce
I might turn the question around to them and say, well, why am I your last resort? And then maybe they'll say that. maybe they'll say I just didn't know about you or I couldn't find you or you only popped up after weeks of research on the internet or something like that. But it gives you an opportunity to find out what they're thinking.

Gilly Woodhouse
Yeah, well, you guys are still the best kept secret in healthcare, basically.

Steven Bruce
Well, possibly. And sadly, it's still perpetuated by a conventional system, which doesn't know much about us osteopaths or chiropractors, and which is prone to saying, oh, I wouldn't go near them in so many cases. Obviously, there are more and more people within the conventional system who know what we do and know how good we are. So we ought to mention the dreaded M word, maintenance. Because so many practitioners, they hate the word maintenance because it does sound as though you're just trying to rope people back in for dozens of treatments.

Gilly Woodhouse
Well, the way I look at it is, we take our teeth to the dentist every six months for maintenance, but why don't we take our bodies?

Steven Bruce
By fairness, I do take my body to the dentist as well at the same time.

Gilly Woodhouse
But we don't, you know, there's that thing we've been trained to look after our teeth. But we haven't been trained to look after our bodies and look, you know, I'm not going to stop sitting with appalling posture at my desk all day long. With my neck in my shoulders, that's not going to stop. So I'm still going to have to go and be released and sorted out. And that's why I go regularly, you know, and the painter and decorator and so on, are not going to stop lifting their arms up for hours above their heads or the plumber under the U bend, or the infant schoolteacher sitting on impossibly small chairs all day long. We're all going to carry on doing those things that cause us issues. And you know, why wouldn't we look after the patients and say, you know what, given your work, etc. this is likely to crop up as an acute problem again, or an issue later. We could prevent that from happening if you're willing. We could book you in for X number of months' time, whatever your opinion is. How does that sound?

Steven Bruce
Gilly, we have 297 viewers. Groucho, one of them says it's been great advice. Thank you very much. But we're out of time.

Gilly Woodhouse
Thank you.

Steven Bruce
Well, what I hope you've taken from this is, first of all, some encouragement it's not all doom and gloom. But also, there are some simple ethical strategies you can employ, which will help you and help your patients. I'd love it if you let me know whether you found this useful. And also let me know what ideas you've got yourself. We've had some of them shared during the show, but I'd love to share others if you've got thoughts that might help out. A very quick look ahead. Next week, Tuesday case-based discussion at lunchtime. As always, if you've got something interesting or challenging, it doesn't have to be

something you can't cope with, just something we can all learn from, then please let us know. On the 30th, that's a Monday, we've got another lunchtime show. This one's about how you can use mindfulness in practice. And on the evening of Wednesday, the first of February, we're looking at shoulders with Jeehan Lynch. She's going to be in here in the studio with me, and she's a consultant MSK physiotherapist, there's bound to be loads we can learn from her. I've got a first aid course, a face to face first aid course running on the fourth of February in the studio here. And then we set it up specifically for the MCA, the McTimoney Chiropractic Association, but we still got a few spaces left. So doesn't matter if you're a chiropractor or not. If you want to attend a first aid course, genuinely one of the best first aid courses you'll ever attend. Now's the time to book. There's still no booking page yet, because we only learned a couple of days ago that we could add people and we haven't got around to it. It'll fill up quickly. So just drop us a quick email and grab yourself a place. The email addresses on the screen, Elaine@apmcpd.co.uk. And on the 8th of February lunchtime. I've got Simeon Neil Asher and Dr. Bob Gerwin joining me, again courtesy of the Internet to talk about anterior interosseous syndrome. Simeon I'm sure you know, Bob Gerwin, phenomenal neurologist from the States. He and Simeon have run courses here that we're running another one, I think in June on inter muscular stimulation, dry needling and trigger points and so on. The last one was just brilliant, but we'll give you more information about that as soon as we tie the date down. But that's it for today. I hope you've enjoyed the show, and I hope to see you soon. Enjoy the rest of the week and have a great weekend.