// THE PLAYBOOK

FOR UK PRIVATE DENTAL PRACTICES

The Dental Practice Marketing Audit

47 points most UK private dental practices fail — and the systems that take a practice from 40 to 165 new-patient bookings a month.

BY

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SECTION

Why 90% of dental practice marketing fails

Most UK dental practices spend money on marketing the way they spend money on cleaning supplies: a recurring expense they accept without measuring the return. A boosted post here, a freelancer doing Google Ads there, a website refresh every five years. The result is a marketing function that consumes £400-£1,500 per month and produces a handful of attributable new patients.

Meanwhile the practices winning their local market — the ones with three-month waiting lists for Invisalign and patient bookings stretched to next quarter — operate completely differently. They treat marketing as a system, not a series of one-off activities. They measure CAC and LTV. They have treatment-specific funnels. They have automation handling the boring parts. They have AI receptionists capturing leads their competitors lose to after-hours silence.

This audit walks through the 47 points we evaluate when we onboard a new dental practice. Most practices fail 30+ of them. Each is independently fixable. The compounding effect of fixing them systematically is the difference between a practice that grows on autopilot and a practice that stays at the same revenue level for a decade.

SECTION

Section 1: Website & landing pages (12 audit points)

Point 1: Treatment-specific landing pages exist for high-margin treatments (Invisalign, implants, composite bonding). Most practices have one generic 'treatments' page; winning practices have dedicated landers for each priority treatment.

Point 2: Landing pages load in under 2.5 seconds on mobile. Lighthouse score 90+. The page speed impact on conversion is well-documented and brutal: a 3-second delay drops conversion by roughly 40%.

Point 3: Pricing is visible (with appropriate 'from' disclaimers). Hidden pricing converts significantly worse than transparent pricing in dental specifically — patients want to know if they can afford the treatment before they make a call.

Point 4: Before-and-after gallery is present and CAP/GDC compliant. Patient consent documented. Same lighting and angle. Treatment timeline disclosed.

Point 5: Direct calendar booking is available (not just an enquiry form). Removing the 'wait for callback' step lifts conversion 40-70%.

Point 6: Social proof is prominent (reviews, before-and-afters, testimonial videos). Patients buy on trust; trust requires evidence.

Point 7: Mobile-first design (78% of dental traffic is mobile). If your landing page looks worse on phone than desktop, you're losing the majority of your traffic.

Point 8: Treatment FAQ section addresses common objections. Cost, pain, time off work, recovery, finance options.

Point 9: Live chat or AI chatbot is available for instant question handling.

Point 10: Clear single primary CTA above the fold. Multiple competing CTAs kill conversion.

Point 11: Practice photos look professional, not stock-photo generic. Patients are choosing a place they'll let a stranger work in their mouth; trust comes from authenticity.

Point 12: GDC registration, CQC registration, and indemnity details visible (typically footer). Quiet trust signals that matter for the few patients who check.

SECTION

Section 2: Paid acquisition (10 audit points)

Point 13: Google Search campaigns exist and are structured by treatment, not by broad practice keywords. 'Invisalign Manchester' campaigns separate from 'dental implants Manchester' campaigns separate from 'emergency dentist Manchester' campaigns.

Point 14: Negative keyword lists are maintained. Most practices waste 20-40% of Google Ads spend on irrelevant searches (jobs, NHS-only enquiries, free treatment) that should be excluded.

Point 15: Enhanced Conversions is enabled. Hashed PII sent to Google improves match rates and reporting. Most practices have never heard of this.

Point 16: Conversion tracking attributes booking value, not just click conversion. An Invisalign booking is worth 10x an emergency check-up booking; the system should know that.

Point 17: Meta ads run for cosmetic-led treatments (Invisalign, cosmetic, composite bonding) with appropriate creative.

Point 18: Audience targeting on Meta uses lookalike audiences seeded from real patient lists, not generic interest-based targeting.

Point 19: Retargeting campaigns run against website visitors who didn't convert. Cheapest, highest-converting traffic available.

Point 20: A creative refresh cadence exists (new ad variants monthly). Creative fatigue kills CTR over 60 days.

Point 21: Daily budget caps and bid strategies are appropriate to learning velocity, not just minimised to look frugal.

Point 22: Spend allocation between channels is reviewed monthly and reallocated based on CPL and conversion data.

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Section 3: SEO & local visibility (8 audit points)

Point 23: Google Business Profile is fully optimised. Description, services, attributes, photos, posts, Q&A; all maintained. Most practices set this up once in 2018 and have not touched it since.

Point 24: GBP weekly post cadence in place. Google rewards activity. Practices posting weekly outrank static practices.

Point 25: Treatment-specific landing pages targeting 'treatment + city' keywords exist and are properly indexed.

Point 26: Internal linking structure routes treatment authority through the site. Most practice websites have no internal linking strategy at all.

Point 27: Schema markup implemented (LocalBusiness, Dentist, MedicalProcedure, FAQ). Rich snippets in Google search results lift CTR meaningfully.

Point 28: Citation profile across UK directories is consistent (NAP: name, address, phone). Inconsistencies confuse Google and damage local rankings.

Point 29: Page experience metrics (Core Web Vitals) all green. Failed metrics suppress rankings.

Point 30: Backlink profile being actively grown via PR, partnership, and content. Slow channel; foundational over years.

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Section 4: Automation & CRM (9 audit points)

Point 31: CRM system (typically GoHighLevel for dental) configured with patient pipeline stages.

Point 32: Speed-to-lead automation under 60 seconds. Every new enquiry gets instant SMS acknowledgement and booking link.

Point 33: AI receptionist deployed for after-hours and overflow call handling.

Point 34: Appointment reminder automation (24-hour and 2-hour SMS) reduces no-shows by 30-50%.

Point 35: Post-treatment review request automation. 48 hours after appointment, automatic SMS asking for Google review with link.

Point 36: Reactivation sequences for dormant patients (no booking in 12+ months). Quarterly campaigns running.

Point 37: Treatment plan follow-up automation for patients who consulted but didn't book.

Point 38: Birthday and treatment-anniversary touchpoints active.

Point 39: Referral programme has tracked codes, automatic incentive issuance, and analytics.

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Section 5: Reporting & operations (8 audit points)

Point 40: Weekly dashboard tracking new patients, source attribution, treatment value, CPL by channel.

Point 41: Monthly P&L; review with marketing spend, marketing-attributed revenue, and net marketing ROI.

Point 42: Call tracking on phone enquiries with source attribution. Most practices don't know which channel drives their phone calls.

Point 43: Front-desk training on enquiry handling, qualifying questions, and book-rate optimisation.

Point 44: Quarterly marketing review with the practice principal. Strategy adjustments based on data.

Point 45: Treatment mix and capacity planning informed by marketing data. Marketing should drive what's profitable, not what's loudest.

Point 46: Patient feedback loops feed back into landing page content and FAQ updates.

Point 47: Annual brand refresh and competitor audit. The market shifts; the marketing should shift with it.

SECTION

What to ship first

If you score yourself against the 47 points above and you're failing more than 20 of them — which is the case for most UK dental practices — here's the priority order we'd ship in.

Week 1-2: Treatment-specific landing pages for your top 3 revenue treatments. Speed-to-lead automation. CRM cleanup. GBP optimisation. These four moves typically deliver a 30-50% booking lift inside 30 days at zero additional ad spend.

Week 3-6: Google Search campaign rebuild around treatment-specific structure. Meta cosmetic ad campaigns launched. AI receptionist deployed. Review request automation running.

Week 7-12: Reactivation campaign against the dormant patient list. Local SEO optimisation. Schema markup. Internal linking. Referral programme launched.

This is the plan we ran with the Manchester practice. 40 to 165 new patient bookings per month inside 90 days. The same plan works for any UK private practice that's stuck at the level it's been at for the last three years and ready to break out.

// Ready to ship?

If you run a dental practice business in the UK and want this system built for you, there's one next step.

Book a 30-minute strategy call. We audit your current marketing live, identify the gaps, and map a custom plan. Zero pressure. If we're not the right fit, we'll tell you on the call.

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