

5 Steps to Build A Valuable Private Practice

(So you don't need to rely
on your NHS Pension)



STAIANO
PLASTIC SURGERY

Most surgeons run their private practice like a **hobby**.

They are comfortable in their NHS job and are happy to do some private work on the side.

They do not think of their private practice as a business. And consequently, they often **do not give a very good service**. In fact, the service provided in the **NHS is often better**.

In the private sector, there is much more **opportunity** to control the type of service you deliver. You can change the way that your patients are looked after, and **you will be rewarded for it**. In fact, you will be rewarded in the **short-term and the long-term**.

It really is worth spending some **time and energy** in looking at the whole service you provide. I **am not talking about** how you deliver the treatments you perform – everyone is aware of this aspect of their practice and we all go to countless meetings and conferences talking about new types of suture or technique. I am talking about all the **other stuff**.

Things like how you **generate enquiries**. How you **deal with your enquiries**. How you **stay in contact** and nurture patients at every step of the process.

Have you thought about any of this?

Do you spend time working on your **systems and processes** so that you can deliver a quality experience on a consistent basis?

Or do you just worry about whether you should try the latest device or dressing, like everyone else?

If you want to have a significant effect on your outcomes, more specifically on patient satisfaction, which after all, is the **ultimate outcome measure**, then you need to be aware of the whole picture.

Anyway, all of this is the **short-term stuff**. There is also the **long-term**.

Most doctors do not think about what they are going to do when they **retire**. They rely on the fact that they will have an NHS pension and assume that they will be able to 'sell' the private practice that they have built up over the years.

But what is your private practice worth to someone else?

Is it dependant on you and your reputation, so that when you leave, will it be worth anything to anyone else? Just because you are generating many thousands of pounds in revenue, it doesn't mean that your successor will.

Why do patients come to see you?

If you weren't able to work, would there still be a demand for your service, or would patients just move on to the next surgeon? Is there something about your service that **sets it apart** from your colleagues?

It is all very well to say that you are an excellent doctor, but you can't 'sell' that, because it is not something **tangible** that your successor can use.

You need to have a practice built on tangible 'things' that you do which result in you **delivering a consistently high level of care** that is beyond what your competitors are offering.

If you have this – then not only will you be busier because your patients will value your service more, but you will also have a **valuable asset** which will be worth something to another doctor if you want to pass on your practice.

I have discovered this over the last 3 years, you might say that **I learnt it the hard way!**

I worked in the NHS for 18 years, the last five as a Consultant Plastic Surgeon. **I used to love working in the NHS** and I used to hope that other people wouldn't find out how good my job was because then everyone would want to do it. However, over the years **things changed**. Morale got very low and I grew to **hate** it. Every Christmas I promised myself that I wouldn't go on like this and I didn't want to grow old and bitter, complaining all the time. I had to do something, so I asked to go part-time on 3rd January 2012. They **did not refuse my request, but worse**. They ignored it and dodged the issue. Six months passed and I could see another Christmas looming with nothing having changed. I couldn't face that. So I **resigned** and I walked out of the NHS on 26th October 2012.

I did something.

They say,

“It is better to regret something that you did rather than something that you didn't do!”

I did not have a particularly busy private practice when I left, but I did not care because I did not leave the NHS for financial reasons, I was more concerned about my mental health. My practice at the local private hospital **grew steadily** for the first year after leaving the NHS and I was able to cope financially and maintain a similar standard of living compared with when I had my NHS salary. I was not paying off my mortgage, but we could have holidays and I did not have any worries about paying my credit card bills each month.

My private practice was growing and I took it for granted. They say that you don't realise what you have got until you lose it, and that was the case with me. Because things didn't stay that way.

“The only constant in life is change.”

In November 2013, **I made a decision**. I decided to **open my own clinic**. I was always frustrated when the **little things** didn't go right, like the admin of the hospital or patients not being kept informed of waiting times in my clinic.

So I thought I would take ownership of as much of the admin and patient contact as I could. I wanted to have **more control** over the way my practice was run. I made a business plan, and I set out to build a **beautiful luxury clinic**. My business plan was based on me gradually growing over the next 5 years. I knew there would be outlay costs to set up the business and I had money in the bank to cover this. What I did not foresee, was that as soon as I opened my clinic, the local **private hospitals stopped sending me any patients**. I thought that I would be providing a better service for patients and that this would be welcome, as I would still be bringing my patients to the hospital for their surgery.

The hospitals did not see it this way. I went from seeing around 40 new patients/month to seeing 1 or 2 new patients/month. My income plummeted and my costs soared.

I was losing money.

This is a concept that I had never really appreciated before as I had always been employed. I was working as hard as I could and all the money I was earning, I was giving to my staff or paying my rates or rent or heating bill.

In fact, I had to **borrow money** to pay my bills. **My debts grew** and the banks stopped lending me any money. I was **refused loans**, overdrafts and credit cards. **It was embarrassing**. Everything always seems to come to a point at Christmas and by New Year's Day 2014, my debts had reached **£100,000** and were continuing to grow.

Where would it end? **I was desperate**. I didn't know what to do. **I joined the Federation of Small Businesses** because they had a special offer if you wanted a credit card machine. In their magazine, I saw an ad for a free book about how to run a business. I got the book, which was written by an entrepreneur who ran courses in Solihull about business growth (I later discovered that the free book was what is known as a lead magnet and it worked on me). I joined up for all the courses and the meetings and I loved them. I found that I learnt more in those meetings about delivering a better service to my patients, than I did at any the medical conferences that I attended, much more.

They said that it doesn't matter what business you are in – the same key issues are important. And it is so true.

- **Consistency**
- **Follow up**
- **A Personal Approach**

I used to think that **marketing was something unethical for used car salesman and charlatans**, but I soon realised that it is something that we **should all embrace** (you don't have to call it marketing if you would feel more comfortable calling it something else).

Right now, there are people in your area searching for solutions to their problems, that you can provide, but they will never come to see you.

Why?

Not because they have looked at your resume and they don't like you, or because you are too expensive. But because **either** they don't know you exist. Or, they know you exist but they don't know that you offer the service they are looking for.

Marketing is all about letting people know that you exist and what you can do for them.

There is nothing unethical about it in itself – it can be done in an ethical or an unethical way, and for long-term results to build the business you want, I strongly advise the former.

In fact, I think that you could argue that **we owe a duty to our patients** to let them know about the service we offer and our qualifications. Otherwise, there may be other doctors who may not be so well trained or experienced, but could have a good marketing company behind them, who the patients will visit in preference.

This practice is widespread in cosmetic surgery.

Marketing is not about saying to patients that they should visit you, but simply about telling patients that you exist and what you offer to allow them to make an **informed decision** about where they choose to be treated.

I do not blame the private hospitals for cutting me off when I opened my clinic. They are businesses and they would prefer to have **loyal doctors** who only work in their hospitals. They do not like it when someone tries to do **something different**. I'll be honest, it was not great to suddenly be plunged in to debt. **But it did teach me a lesson**. I realised that I had to get the patients **myself**. I realised that I had been reliant on the hospitals to give me patients and they could **turn off the tap** if they wanted to. It made me realise how much **control** the hospital had over my practice.

Every year the hospital brought out a new price list with a small increase in all the prices, but the surgeon and anaesthetist fee never changed, it was **always the hospital fee that went up**.

And why would it?

Why would they give us more money?

In fact, what is to stop them giving us less money?

What would you do if the hospital said that they were going to reduce all doctor's fees by 20%?

Would you boycott it?

This would only work if everyone objected, but do you think that they wouldn't find a couple of new or less experienced surgeons who would do the work for this amount?

I realised that I needed to take control of my practice and of my patients.

I needed to develop a service that was different from all the others.

Different is better than better and ideally it is different because it is better.

For most doctors who have been through the rigorous training to become a Consultant, the quality of the outcome from surgery or a procedure, is often very similar to your colleagues within quite a narrow margin of error.

If you want to **distance yourself from your colleagues** and start to get significantly better results, the key is not in trying to do the procedures any better (although we will all naturally continually strive to develop professionally).

The key is in developing a **better and more consistent service**. I have discovered that the **key to getting happy patients** is not about improving your surgical outcomes or reducing your complication rate or any of the things that they talk about at medical conferences and meetings.

Over the last few years, I have focused on developing systems and processes to ensure that I can **consistently deliver an excellent service**. Some of my **happiest patients** and those that will happily recommend me to their friends are not necessarily the ones with the best surgical outcomes.

Of course, the surgical outcome is important, **but it is not everything**.

You need to spend time and energy on all the other parts of your service if you are going to build a better practice than your colleagues and if you want to own something that has value.

Five Steps To A More Valuable Practice

I have identified **five-steps** to developing and streamlining your private practice. By adopting and implementing small changes in each of the five steps, you will see an **exponential shift** in the quality of the service that you will deliver. You will discover that your results will be better even without changing the actual process of what you do to deliver the care.

This is because **your patient will be happier** and if you think about it, patient satisfaction is **the ultimate measure of your practice**. Complaints will be less and easier to deal with and **you will be happier**. On top of this, you will be able to choose your patients and charge more which will significantly **reduce your stress**, trust me.

Each step is built on these foundations:

- Consistency
- Systems
- Culture/Values
- Automation
- Processes

By putting these steps in to practice, not only will you be able to **predictably deliver a better service**, but you will also be developing a template that you can perfect and adapt as time goes on. This means that you will have something to pass on when you decide to **retire**. Something **tangible** that will be worth investing in.

In other words, **AN ASSET**.

Too many doctors do not think about what they will do with their practice when they **retire**. They assume that it will be valuable and someone will be happy to pay them to take it over. However, the reality is that it may **not be as worth as much as you think** to someone else. All the value may be tied up in you.

However, if you have **automated systems and processes with a well-defined culture and values** - then someone looking to come and take over your practice suddenly has a much better chance of carrying on what you are doing. And this will result in a more seamless transition, **taking away the stress and worry about who will look after your patients when you are gone**. And at the same time make the whole proposition much more attractive **and valuable** to your prospective replacement. It's a **win-win situation** and the sooner you start putting these processes in to place, the better.

Step 1. Making An Enquiry

You must make it as easy as possible for a patient to be able to contact you. There must be a **contact form or a call to action on every page of your website**. This form should ask for **minimal details** such as first name, phone number and/or email address. If you require more details, then you can always lead them to a second form once this one has been filled in where you can request as many details as you wish but if patients do not want to fill in the second form then at least you have their details on the first. There must be a clearly visible **phone number** on every page of your website. Your website should be **mobile responsive** so that if the phone number is tapped, then it is immediately dialled. Ideally the phone number should be a landline with a **local dialling code** rather than a mobile number. Even if your secretary only has access to a mobile phone, you can purchase a **call forwarding number** with a local dialling code that can be diverted to the mobile.

This has the **added benefit** of being able to be changed remotely if your secretary loses the phone, goes off sick or goes on holiday. Furthermore, you can set the number to dial another number if it is not answered within a given number of rings – this could be a call handling service or your own personal mobile phone. This will mean that you are **less likely to miss calls** and will give you an idea of how many calls are not being answered by your secretary. If you receive enquiries from many places such as your website, Facebook and print media then you can consider using **call tracking numbers** which can be purchased cheaply and will all lead to the same final number but you will get a breakdown of where the calls are coming from.

Consider the use of a **chat box** on your website which can be monitored by your secretary if he or she has access to a computer, or outsourced to a third party. A chat box has been a great addition to my practice. Not only does it allow potential patients to engage with you and get an **immediate response**, but it gives you data on the number of visitors to your website and also allows you to see what your secretary is saying to them.

You should aim to deliver a **response as soon as possible** for all enquiries. If the enquiry is made out of hours, then there should be an automated response stating that you will be in touch on the next working day and ideally put the **name of the person** who will be dealing with the enquiry in the automated response.

You should be aware that there will be a number of patients that you will **not be able to contact** initially and you should think about the **perfect process** for dealing with these enquiries. What if you phone the patient and there is no answer or you email them and there is no reply? Should you leave a message on the **answer phone**?

Should you phone them again or send a **second email**? If so when and **what should you say**? Map out the ideal situation and **automate** as much as possible to ensure that the process can be delivered **consistently**. Telephone is usually the best method of contact which cannot be automated as it requires a secretary or a member of your team to deliver. However, you can use a process to set a reminder for when to call as it is all too easy to focus on dealing with the enquiries of the day and forget about the enquiries that came in **yesterday, last week or last month**. It is normal to **worry that you are being a nuisance** by following up on enquiries and I never used to follow up with more than just one or two phone calls after the initial enquiry and that was on an ad hoc inconsistent basis. However, it is important to realise that you are **not cold calling** these individuals. Think about it from the point of view if **you** had enquired about a procedure. You are probably a busy person and find it difficult to answer the phone or respond to every email.

It would therefore be helpful if you persevere with getting in contact at **different times of the day** and using **different modalities** such as telephone, email, text and post (if you have the address of the patient). If you have thought through the **perfect process**, then you will have an idea of how long you should be following patients up for.

When you have decided that you will no longer send any more emails or make any more phone calls then send a final email or leave a final voice mail saying something like:

“ Sorry that we were unable to get hold of you and we are here to help if you need us. ”

If you have managed to capture the nature of the patient's enquiry it can be very helpful to send out **targeted information** about the specific area of their complaint. If there is a procedure that you perform regularly then

you can develop three or four emails covering different aspects of the procedure that you can set to send out every few days, each of which should also contain a call to action asking the patient to reply or get in touch if they want to move onto the next step.

The goal for all your communication following an initial enquiry is to move on to the next step which is to schedule a consultation.

All your communication should be focused with that in mind. The information **should not be about convincing a patient to have a procedure** or an operation, it is simply about details of the service that you offer and positioning you as an expert in the field so that they will want to come for a consultation and find out more.

There is also a saying that **people are not always ready to buy when you are ready to sell**.

Patients will make enquiries at different stages of the research process. Some might be very early on and may be **looking for information** and do not want to commit to a consultation yet. For this reason, for those prospects who have not moved on to a consultation, for whatever reason, I find it very useful to send out **occasional emails** where I talk about items in the news or a subject of relevance.

Ideally you will have **segmented your database** and so these emails can be targeted to the relevant prospects. There are some prospects who can take many **months and even years** before they are ready to come for a consultation so it is helpful to nurture them and let them know that you are still around when they decide to move things forward.

I also find it useful to let prospects know about my **social media channels** and encourage them to follow me because this shows that I am up to date and available (by the way, I think it is important to have social media channels publicly accessible for your professional profile - **Twitter, Facebook and Instagram** have huge reach). Once they have moved out from this stage then they move onto stage 2.

Step 2. Schedule A Consultation

It is worth taking some time to map out the ideal process following the booking of a consultation with a patient.

These are things you might like to consider:

- **Immediate confirmation** of the date and time of the consultation with directions and details about parking and any other relevant information.
- It can be useful to send a link with a **map and the phone number**. I know this is on your website, but make it easy for them to contact you without having to look for it again.
- You should have a system where a **reminder** is sent out, either on the morning of the consultation or the day before. It is useful to send this out in a different format to the way the confirmation was sent out, so if the confirmation was an email, send the reminder by SMS text as some people prefer certain forms of contact over others.
- If you have a particularly busy practice you may want to ask the patient to confirm that they are coming to the appointment and reopen the appointment if they have not confirmed it within a certain time period, although be careful as this can cause problems if they turn up.
- Perhaps a better way to ensure attendance is to ask for a **deposit or payment for the consultation** prior to them visiting. Some practices who offer free consultations will ask for a deposit which is then refunded on attendance.
- You can also consider sending out a **personal introduction** to you. A video works well in these circumstances as they can see your face and know who you are when they come to the clinic. Give a background to your training and qualifications and maybe something about your **personal life and ethics**. If you are well qualified, then you should be happy to talk about this and it is important for patients to know that they can compare you with other practitioners.

Remember, you are not trying to convince them to have a procedure, you are just trying to get them to the next level which is to attend the consultation.

If prospects **DNA** (do not attend) their appointment, then these are often **golden prospects** who are frequently overlooked.

You should sit down and decide what the **best course of action** for these are.

This should include a **phone call** to see if they forgot the appointment and then an email or text sequence offering the opportunity to rebook the appointment.

These should be worded in a nice and friendly manner suggesting it was probably an oversight on their part if they did not come to the appointment and you would be very happy to see them if they still have something you could help with.

If they do not reply, then they should be put in to your nurturing sequence of emails that you have for prospects who have not booked a consultation yet.

Step 3. Attend Consultation

I would recommend that you send a **written quote** to all patients following their consultation.

This looks **professional** and it also serves as a **reminder** for the patient if it is some time before they are considering having the procedure. It is also a reminder for you if they re-enquire several months later to avoid embarrassment or looking unprofessional and to remain consistent with the price you are charging.

It also gives an opportunity for you to contact them a few days later to check that they got the quote and to see if there are any questions that they might have.

You may want to consider contacting the patient the **day after** they have been to see you.

You can decide on the best process for this but this can be in the form of an email where you ask if they have any questions and make sure that they have your contact details and links to your social media channels.

I find a **personal phone call** to the patient works well.

You do not have to talk about anything to do with the consultation or the problem they consulted with. You can simply check that the service that they had was up to scratch to see if they had any problems with booking the consultation or finding your clinic.

It is good practice to send out a **questionnaire or a survey** following the consultation. It should be **short and simple**. It should include a net promoter score which is a scale from 1-10 asking how likely they are to recommend you to a friend.

I send one out with three questions.

- Firstly, ask for their net promoter score.
- Secondly, ask whether there is anything we did particularly well.
- Thirdly, if there are any areas that they feel we could improve our service.

This could be sent by email or text.

Do not overlook the importance of **word of mouth recommendations** and **patient reviews**. You should ask for these at **every available opportunity**.

It is amazing how many more reviews you get when you start asking for them.

Ask patients who have been to see you to **recommend you to others** if they have been happy with the way they have been treated.

Consider offering a **buddy scheme** where they can talk to other previous patients of yours. Many doctors will offer this, but not many will have it formalised and give it a name.

If you want patients to spread the word about you and your service, you need to **give them something to spread the word about** and by having systems like a 'buddy scheme' this gives them something to tell their friends.

After a certain period of time has elapsed (this should be decided beforehand and built in to your processes), if you have not heard from the patient, it may be worth **getting in touch** and suggesting they come back to the clinic maybe for a free event or just offer a second free consultation.

The next stage is when the patient **books a procedure**.

Step 4. Procedure Booked

Once patients have booked a procedure then it is important to realise that this is quite a big undertaking and investment for them. You need to avoid **buyer's remorse** which is a natural tendency to question whether you have done the right thing whenever a major purchase or decision is made. This means you need to **acknowledge the booking immediately** and this can be with a short email or a letter simply saying:

“thank you for booking, I appreciate there are many other providers and I am very grateful you have chosen me.”

I let them know what will happen next which can be as simple as:

“I will send you details within the next week outlining the process from here.”

Once a procedure is booked, most of the process usually comes from the hospital but the patient has probably **developed a rapport with you** and I feel that it is important to **take ownership of the process**.

Find out **direct line contact numbers or email addresses** for any of the interested parties who may be involved including the reservations department, preadmission or outpatients. Send patients details of these in case they have any queries related to these areas.

Offer a further consultation if they want to go over anything and let them know that the hospital will be contacting them to arrange a preadmission and what they can expect with that.

It can be useful to ask the hospital to send you a sample of the documentation they send to the patient so that you do not duplicate too much information and you give the correct details. I find information is often usefully delivered as a **frequently asked questions** document which is something you can put together and add to as you get asked similar questions again and again.

I find it very helpful in my practice to **take a deposit** from patients when they book. This is good for several reasons:

- It helps with your cash flow in that the money is paid in to your account prior to the procedure.

- It is also good for the patient because it makes them feel that they have **reserved their slot** and it gives them some security.
- Some patients want to pay as much as they can as soon as they can once they have made the decision to have a procedure because it may have taken them some time to save up the money and they are worried it will disappear.

It is very easy to do these days with PayPal and other resources that allow you to take credit card payments or BACS transfers.

I find the **consent process** is often inadequate and current consent forms do not allow enough detailed information. It can be useful to send out documents such as an **information sheet** or a specific **consent form** for people to view prior to surgery. These can also be linked up with **electronic signature** software such as DocuSign, VeriSign or Adobe Sign to allow the patients to have ample time to go through them and to electronically sign them prior to the procedure. This is good practice in terms of **informed consent** and you can ensure that the information you give is **consistent and clearly recorded** which will help from a medicolegal viewpoint. Furthermore, it serves to **manage your patient's expectations** which will ultimately lead to **happier patients**.

Prior to the appointment, it is useful to let patients know what will happen when they come into hospital. For instance, will they need any blood tests? ...will they have swabs?

...or a pregnancy test – in which case will they need to provide a urine sample? ...can they drive to the hospital or should they bring someone with them?

It is also helpful to provide details of where the hospital is with a **map** if they have not been there already and simple information such as parking and what to do when they arrive at reception. You can also include information about **eating and drinking** preoperatively although this should usually be provided by the hospital and you need to avoid conflicting information. It is also important to state that if they have **any questions** they should let you know and given them plenty of avenues to contact you such as **phone, email, text or social media channels**.

If you have a postoperative advice sheet, it can be helpful to send it to your patients preoperatively. Now they are ready to have the procedure.

Step 5. Procedure Completed

If you have not already given a postoperative advice sheet, then now is the time to give it.

It is useful to have it documented as being given in some way.

- If you have given it preoperatively, then you can mention it on your consent form.
- If you are giving it postoperatively, then as well as a paper copy, you may consider emailing a copy to the patient so that you have a paper trail that it has been sent.

I think it is useful to make contact the day after the procedure, again with information of how to contact you if they have any questions or concerns.

Ideally this will be with a personal phone call although it could be an email (which could be automated) just so the patient knows you are encouraging contact and they feel looked after

At this stage, you can consider sending a **wow gift** which can be something like a fruit basket or a hamper.

This can be particularly effective if it has not been mentioned before and it comes as a **complete surprise**. We send all our patients a fruit basket a day or two after their surgery.

You should think what the **ideal contact** with a patient after surgery is, not only in terms of their postoperative outpatient appointments, but in terms of the information you send to them. This could include a **survey**, a request for **recommendation** or a request for a **review or a testimonial**.

These come at different times of the patient's journey.

To give you an example, in my practice:

- I send out a survey 10 days postoperatively:
 - this has tick box answers which I can use to benchmark my practice
 - as well as a free text area for them to make comments and give feedback
 - and a box to tick to say whether I can use this information for promotional material.

- At six weeks, I ask for a review
 - I have my own review software, but I also direct patients to several prominent websites such as **Google+, I Want Great Care and Facebook**.
 - I ask for a patient's recommendation at this stage and offer a free consultation to any patients they recommend.
 - If I do see patients who have recommended by a previous patient, I acknowledge this with a thank you card to the original patient and if they go on to have surgery then I send a gift such as a hamper, although I do not advertise this and so it comes as another **wow moment**.

I **never discharge my patients** and I always offer them regular follow-up, usually after the first year as a **yearly** event.

Not many patients continue to come back, however, I am always happy to see them because I think it is important to be kept in mind for the future. I also send out **regular information** with industry updates, information about blog posts and any events.

I find it very useful to **segment my database** so I know what stage of the process each of my contacts is in and also what procedure they are considering which means I can send out relevant information rather than just blanket emailing all my patients every time.

This allows me to provide a **better service** to my patients so when controversial topics come up in the news like the PIP scandal or the ALCL incident with breast implants - I was able to email all my patients who have breast implants to let them know where they stand and what they should do.

The other things you could consider are:

- a closed Facebook group to allow your patients to discuss issues,
- clinic evenings for potential patients as well as for good patients who have referred others again to make them feel special.
- a regular (eg quarterly) newsletter send out by email or post (I recommend post) to patients on your database.

All these things increase the value of each patient and go towards looking at the **business as an asset** and can only generate more goodwill.

If you can implement changes at each step of the patient pathway, then it will have an exponential effect on the quality of the service that you will be able to provide to patients.

This is not only a **valuable asset** that you can pass on, but it also results in **higher patient satisfaction** and this leads to:

- A better overall feeling about your service and therefore a **better 'result'** for your patient, (even though you are still doing the same thing on point of delivery of patient care).
- More word of mouth recommendations which is the **best source of new referrals** that you can get.
- Less chance of patient's complaining, and **when they do complain, it becomes feedback** to help you to improve your service, rather than a negative interaction.
- **Less stress** for you in dealing with patients as they are happier overall.
- As the word gets out and your reputation starts to grow, you will benefit from more work and you can start to **raise your prices** to reflect the better service that you provide compared to your colleagues.
- This means – **working less for the same money**, which is the smart way to grow.

What do you think your practice would look like if you actually did all this?

Do you want to find out?

“ Knowledge is not power.

The implementation of knowledge is power. ”



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