Face the Future

Face the Future is an independent, nurse-led skincare clinic based just outside of Leeds. It combines cutting-edge therapies with a range of exceptional, globally-sourced skincare technologies and a rigorous commitment to training. Led by Kate Bancroft, a nurse independent prescriber with over three decades experience in the health industry, Face the Future has been at the vanguard of clinics that strictly self-regulate their therapies, placing care-duties above profit and ensuring that patients are fully informed of the realities of treatment options.

My husband and I started our practice in 2005, a period in which both cosmetic dermatology or medical aesthetics were fledgling practices. I had graduated with a degree in health and social care and, in 2009, became a nurse independent prescriber. Paul had a proven track record in business. We wanted to pool our skills and experience to open a practice that focussed on correcting skin disorders and disease, but also provided support to patients who were disappointed with traditional care.

The services we now offer are comprehensive, ranging from the purely cosmetic (such as dermal fillers) to more medical interventions for the treatment of acne, rosacea and sun damage. Techniques and approaches to treatment are constantly evolving in the skincare industry: regular investment in new technologies ensures that the services that we offer keep pace with developments in the sector. It allows us to offer advanced treatments like cryostimulation to our patients when many of our competitors cannot.

Good faith and collaboration

As a nurse-led clinic, all our patients at Face the Future are offered free consultations with a qualified medical practitioner, giving them time to express any anxieties relating to their skin condition and potential treatment options. We try to avoid rigid programmes of care and instead offer a more personalised approach to individual needs and lifestyles. We find that offering free consultations is crucial in encouraging the build-up of trust between the professional and the patient. Many patients come to us after years of frustration and disappointment and need significant support throughout their treatment journey. Beginning this process with a show of good faith on our part demonstrates that we wish to begin a patient-clinician relationship, acting on the results of the consultation.

Communication is crucial. Today, thanks to the internet and availability and ease of obtaining information, patients have a much better understanding of the treatment options available. They have a much higher expectation of care within the private sector because of this. It is essential that staff respect and value patient-input and encourage patients to take an active part in treatment planning. Treatment is much more a collaborative process than a prescriptive programme of care, as it was generally in the past.
Patient-focused

Paul’s business acumen has meant that we have maintained a sound balance between our clinical focus on patient-centred care and the rigours and realities of running a private sector business. We are aided, however, by being in the rare and fortunate position where our significantly low overheads mean that we are free to ensure our fundamental focus remains always on our patient care rather than commercially based decision making. We work hard to ensure our patients needs come first, undertaking regular audits of service and an annual patient survey. These prove invaluable in terms of future planning and help us understand what patients want and expect.

Our qualified and experienced body of staff demonstrate excellent customer-service skills, fundamental to our high client retention rates. Our staff are offered excellent training opportunities and have travelled extensively in the UK and Europe – to access some of the best industry training available. As a qualified educator myself, I am of the view that well-trained and well-motivated staff can offer a much better customer experience. All non-medical staff are currently being supported through their level four qualifications to ensure we keep in line with current JCCP (Joint Council for Cosmetic Practitioners) recommendations.

Regulatory Standards

The JCCP is the newly proposed “self-regulating” body for the non-surgical aesthetics industry in England, formed after the government publication of its policy on regulation in the sector in January 2016. The primary aim of the JCCP is to provide a mechanism that can enable the public to clearly identify safe practitioners across all non-surgical aesthetic treatments.

The world of Medical Aesthetics/ Cosmetic Dermatology has historically been poorly regulated. Although voluntary self-regulation is one way forward, we are proud to work within the statutory framework of the CQC. This gives us a benchmark for high standards and policies and procedures put in place to protect our patients. This statutory regulation also means that we can work with Clinical Commissioning Groups (CCG’s) to offer services to patient groups outside the private sector. CCG’s were created following the passing of the health and Social Care Act in 2012 to be responsible for the planning and commissioning of health and care services for their local area.

To treat or not to treat?

One of the major challenges that we face revolves around the growing popularity of treatments such as botox and dermal fillers. Due to an historic lack of regulation, the public are often poorly educated regarding the potential risks and benefits of these treatments. Some young people often view life through a Facebook filter and are excessively influenced by airbrushed images on social media. They often view these treatments as an extension of fashion, which can be particularly problematic in certain instances.

We have worked hard to try and make sure our websites and social media platforms do not encourage nor advocate this so called “fashion-filling” at a fundamental level. We often reject patients who we feel are seeking treatment to help with deeper routed issues of low self-esteem and poor self-confidence. We work with other industry professionals and refer on through appropriate avenues if we feel patients would benefit from exploration of issues relating to low confidence and self-esteem.

We are proud of our approach to this side of the industry. Even with patients where botox and filler may be indicated, we try to encourage small corrections rather than obvious changes, enhancing what is already there rather than changing the way someone looks. My hope is to positively influence this industry and provide the best patient-centred care possible.