

# Clinic Software: Product Review – Nookal With Darren Rieck

## Cast List

Steven Bruce

SB

Darren Rieck

DR

SB: This is a product review about clinic software. And as I say, I'm joined by Darren down in Australia who is the physiotherapist behind a clinical software called Nookal. Darren, welcome, thanks for joining us.

DR: Hi Steven, how you going?

SB: I'm doing all right, thanks. Kind of apart from the rugby and weather everything else is going reasonably well.

DR: It is warm down here, I'll tell you that.

SB: Okay, so Darren you're a physiotherapist, I think you spend more time on the software side of things now don't you? But tell us a bit about Nookal.

DR: Yeah, so as you said I'm a physiotherapist of approximately 20 years myself and had a couple of physio clinics here in Australia, in Brisbane, Queensland. At one time I had 15 or 16 therapists working for me across multiple disciplines, and over those years I used a number of software packages that

were ... they were good, they were able to book appointments, and write clinical notes, but I wanted a little bit more information from the data that I was generating out of my numbers and clients that were coming through the clinic. So I teamed up with an IT guy and that's how we sort of came up with Nookal, and one of our goals and visions is to educate clinics on the business side of their practice so they can make a data driven decision.

SB: What do you mean by educate them? I mean, are you running training courses, or are you just showing them how to use the data that can be produced by clinical software?

DR: Yeah, sorry about that, that's a good question. So it's more about using the numbers, like your bookings per case, your lifetime value, your forward booking averages, and so you can ... if you've got your staff, that you can mentor them on client retention, when they're not writing their clinical notes, when they are doing a good job, and just ways to improve both their clinical practice, and the business themselves with the data.

SB: So I guess then the first thing to take away, this isn't just about booking patients, and it's also about using the data that you're getting from the appointments, from the-

DR: The system, yeah.

SB: And the outcomes as well, are you measuring outcomes through the software?

DR: Yep, it's currently not ... it's in beta testing right now, but that's certainly something that we're looking for, patient related outcome measures will be part of the system then showing performance over time, as that's a big part of clinical practice, along with business metrics and clinical and nonclinical, and marketing metrics as well.

SB: Right. Should we start with the basics then? Do you want to show us a screen where we can see how I as a practitioner would book a patient into my own clinic?

DR: Yeah, no problem. So hopefully you can see my screen okay now.

SB: Yeah, very colorful.

DR: Thank you. Along the top you've got your tabs to navigate around the system with the dashboard, through the client listing, your contacts, you've got reports, and then these two here tabs are manage and setup, really help you just manage the system and set the system up.

And so at the moment we're seeing a week's view of a single practitioner. What we'd simply do is say on Wednesday, the sixth of November at 12:00,

click on the slot. And then the way Nookal works is you've got to search your current database to be able to book a client in, in order to avoid duplication. So let's book Henry Smith in. And as practitioners, as osteos, physios, chiros, massage therapists, we often treat people based on a diagnosis, so the way Nookal works is we work on cases to be able to classify and file all the relevant information about their case when they come in.

So if we say book in an initial consultation, and say it's for a back slip, and we've created the appointment there and once we've created it, we've got all the standard functionality to move it round if you want to. So there it is, move it round if you want to, or make it ... extend it if you want to spend more time with the patient like so.

SB: Can I assume that those case descriptions, condition descriptions you have, those are customizable aren't they?

DR: Absolutely, you can create ... so we recommend that you try and create your own cases that are relevant to your clinic, and by doing that you'll be able to record specific data. So as a physio myself, I've done a master's in research on the cervical spine. I used to be quite specific to be able to say if a whiplash client came in, or a wry neck, I could tell them X amount of sessions on average to treat this condition. And if we're not getting better at that over those number of sessions, we'll go and look for further investigation. So the case title is very important to determine your clinical reasoning as well. So yeah, absolutely really flexible in Nookal.

SB: Okay. Well we've booked this person in, and you've picked him from the client list, and I'm assuming that if it's a new patient then that's pretty straightforward as well, there's an option just to book a new patient in?

DR: Yeah, so to book a new patient, again, you've got to search the database, so let's call it ... we used Steve Test today. And Steve Test is not in the system, so in order to book a new client in you have to have a first name, a last name, and some sort of contact, that's the minimum requirement. So we'll just enter in a number there just to demonstrate the point. You do have other information, you can upload the consent, if they're under 16 and they need parent guardians, you can enter all that information in there at the time of consult. However, it's not required to book the session in.

So we just create the client, and then again, once we've created the person, the patient in the system, we have to attach an appointment code and a case title, so we'll call it general private. Let's for today's purpose do a physio initial. So again, very simple, and there we go, we've color coded the initial private as a black as opposed to a followup, initial insurance is orange. So you can color code your service types so if you look at your data how many privates compared to third parties you've got booked in, things like that.

SB: Right, okay. And all right, so getting into the detail of that, when you start with your new patient, how can we record what we're seeing in the clinic, and our own diagnosis, and so on?

DR: So-

SB: In terms of the diagrams that we can annotate and ...

DR: Yeah, so you want to look at the clinical notes, so let's have a look at Steve Test's clinical notes. We can firstly arrive Steve and we'll click arrive, and that will appear in the arrivals. And then once we've done that we can go to clinical notes. So we click on Steve and then we click on clinical notes. And this is a blank, brand new clinical notes screen that's being set up, and these are all the templates that have been set up for us prior to the writing of the clinical notes. And let's just use SOAP for example.

SB: So if I could just interrupt you for a second Darren, if someone takes on Nookal as their clinical software, these templates all come with it, do they? What do they do if they want to-

DR: Yeah-

SB: Modify the templates? Can they put in their own, or change the ones that are there, or ... ?

DR: Absolutely. So basically you can ... the basic SOAP chart comes with Nookal with a number of symbols and body images, or images to be able to draw on. But if you have any sort of images that are specific to yourself, like a ROM chart, or anything, there is no problem, you send us a ticket, or you can upload it yourself-

SB: Yep.

DR: And that can be like you simply press this change chart button on the right, on the left, sorry. And you've got a spine, a foot, arm measurements, TMJ, any sort of hand images, you can have whatever you like on there.

SB: Right.

DR: So there's no problems at all. And they all allow you the ability to draw on them easily. And then you might change to numbness as ... so you can draw P1, P2, no problems at all. And in the clinical notes you've got the ability to add shortcuts, or snippets which will give you a whole bunch of information. For example, when I used to do my ACL assessments, I used to have a standard ACL assessment. I've created a snippet that went ACL, and then it gave me all my objective testing that I needed to do ... so that's a quite good feature. And then along you've got your symbols that you can upload for your treatment if required.

So you've got those scales, so the total thing ... the clinical notes is completely flexible for your clinic, so there's no problems at all. And once you've written it, you simply finalize it and it comes on the right hand side for you to view. And as I practiced, I used to spend 45 minutes initially and do a really good initial. You've got the ability to copy notes to previous progress notes, and change according to what you did that day and key in important information to the top as well.

SB: Okay. That's great, and I was wondering what that big gray panel was for, but now I obviously understand that. If I'm, in a followup appointment, can I see the previous notes while I'm going through my consultation? That was a question that was asked last time we did this.

DR: Absolutely, so if you see here I've got Steve Test booked in-

SB: Yeah.

DR: At 1:00, and you see the little diagram that's appeared next to the name in the diary-

SB: Yeah.

DR: That means that the clinical notes have been written, which is really important, that we try and write our clinical notes within 48 hours of the consultation. And you can-

SB: And that's something that's built into the system? What happens if we don't do it in 48 hours? Does it tell us off?

DR: Not currently, but we're building something to do that right now. It should be out within the next six to eight weeks, to let you know, "Hey, you haven't done your clinical notes." 48 hours is the recommended time by most code of conducts around the world, just because you get most clarity about the consultation within that period. And it'll just report, "Hey, these are the uncompleted notes you have to write within a 48 hour period."

SB: As I said last time, anything beyond 45 minutes and I can't remember what I did, so-

DR: Yeah, I'm the same, too, yeah.

SB: But just following up on that, once you've hit that finalize button I take it those notes cannot be edited, so legally they're a record which should stand up in the court of law?

DR: Absolutely, they're physically locked, so if I just go back to it I'll show you. Clinical notes, you've got your electronic stamp, which shows you the date, the day, the date, and the time. And I've got Nookal support here, but it

would be the practitioner's name, and then the consultation type. So you've got every bit of electronic information to show your electronic signature.

SB: Yep.

DR: And this is where say you're writing your current notes again for the previous consultation. I'll find one that's got a little bit of information in. Let's go this one again. You'll be able to write on the current notes on the left, and view your previous progress notes on the right, all at one time. And also, you've got documents, if you upload x-rays, images, any sort of MRI scans, you'll be able to view them, and they'll be overlaid over the top of your current and your progress notes, so you can compare, ah, that's right, the MRIs showed X-

SB: Right.

DR: Or Y, and you'll be able to document that and treat accordingly. So it should all be there at your fingertips when you're treating the client, and on the tablet as well.

SB: I've got a couple of questions for you that have come in from our audience. They've not given us their names, unfortunately, but one of them is very cheery and says, "Good morning," I think it's good evening where you are. But-

DR: Yeah.

SB: She or he has asked us to show the online booking process. I assume you can book online, patients can book online?

DR: Yeah, no problem. So under the setup button here you've got the online functionality.

SB: Yep.

DR: And you can simply click ... I'll demonstrate it here, so if I click here, you've got this button here, you generate a button of code, so you put this code into your website, you embed it in your website and this button appears. And when you press this button on the website, so I'll click on it now, this is what it would look like embedded in the person's website, and if that had multiple locations, for example, you'd chose the location where you want to see the therapist you're after. Then you'd choose the ability to ... what service you'd like to do, so it might be a chiropractic integrated package with Edward. And you'd say, "I want to see Edward on the 13th." And on the 13th he's currently got these four sessions available, based on the number of the time slots in the diary. And let's say we want to do it at 10:00 a.m. in the morning. And then we go next. Then we reach the detail, so you've chosen the slot, the time, and the practitioner you want. Now you've got to enter your details.

You've got another option here, if it's a followup client you can give them a code that's generated randomly within Nookal, and that will take them straight to the finalize screen, so they won't have to fill out their details.

SB: Right.

DR: If we just fill it out ... and I'll just generate it randomly, just for today's purpose. Yes, this is it, and go next. And you have to fill out your address if it's not pre-populated in your web browser. And you might want a receipt, for GDPR compliance, so you can see here you've got to get consent both for marketing and reminders purpose, so we have a DPA all written up that will outline a lot of that, that we have to get-

SB: You and I could have a long discussion about that, because that last one's not necessary, but nonetheless the important point is the GDPR compliance, so that-

DR: 100%. Correct, we are 100% GDPR compliant.

SB: Yep.

DR: And then we go next. And I don't want to go on the waiting list or don't want to write any comments, and these terms and conditions are built by the individual clinic, so they may want to have their own terms that are said to the patient prior to making the booking. And then we finish.

SB: So on the subject of GDPR, presumably there is a link that we can put in there to the privacy policy that we're all supposed to have as well.

DR: Yeah, 100%.

SB: Right.

DR: It's all on Nookal.com on our website, and at the bottom you'll see privacy.

SB: Yeah, I'm just thinking that our clinics here would have to have their own privacy policy that we should want to link to.

DR: Yep, and we'll send them the DPA to sign, no problems at all.

SB: Okay.

DR: We're working through a couple of consultants, we can do that, and we generally do that through our ticketing system. So there's no problems at all for that. [crosstalk]

SB: What about paying online?

DR: Not yet. Something we're looking at in the future, in the next sort of 12 months, but it's certainly on the agenda. We're going to be integrated with a couple of payment portals.

SB: Right, so and payment in the clinic would be done some other way, not through Nookal for the same reason?

DR: In terms of ... well, if you've got a... sorry, a EFTPOS terminal, to take a payment through Nookal, you simply click on Steve Test for example, and you generate the invoice.

SB: Right.

DR: And then here's the consultation, and say you want to add in some strapping tape, it's obviously in dollars rather than sterling, apologies for that guys over there. But we would set your database up in your sovereignty, so no problems at all, we keep all data within the sovereignty of the region that the clinic is located. And so you can see it's \$108, and let's just say they pay it all by debit. It comes off, and if you really want to you just simply click the save button and if you've got the patient's email address already in there, it'll be emailed off to them automatically, so that's quite neat.

SB: Yeah.

DR: If I press save and print the invoice will appear, and if you have booked further appointments it'll appear on the invoice as well.

SB: While we're on the subject of payment, somebody sends in a question about vouchers. I know when we set up in our own clinic, we found vouchers were a pain in the neck to handle because you've got to account for the money that's coming in that has to be attributed to a later appointment and so on. How do you go about handling vouchers through Nookal?

DR: Yeah. So we've got a whole send and manage gift vouchers and certificates, so in managing, we've got a whole article on it, and you just need to generate an ad hoc invoice, so you've got the ability to it, so there's an article on it. I'll just demonstrate through the diary you go create invoice at the top and you create what's called an ad hoc, or a voucher.

SB: Yeah.

DR: And then you create ... so you've just got to create ... I don't think I've got a voucher code in here. Oh, I do, I do? I do, good. Gift voucher initial, and you can create any type of ... and then you'd have to make it relevant to the patient or whoever's buying the gift voucher, so let's say Joe Blogs is ... Jobs Smith is buying it for Joe Blogs, so and then it'll be under that client's name, pay the money, and then they'll see it under the patient's credit, it'll appear as a credit, and then they'll be able to claim that when they come through.



SB: Right, okay.

DR: So no problems at all with that. And then you'll just report on that by ... it'll be called an ad hoc invoice, ad hoc invoice gift voucher under the reporting for finances.

SB: Darren, you've taken us back to the diary now, are you able to show us what it would look like if we had a clinic with several practitioners and several different treatment rooms all at the same time?

DR: Yeah, so we've got a whole bunch of practitioners along the top there.

SB: Yep.

DR: And then you've got a whole bunch of locations, or treatment resources, if you wanted to. So in this clinic A, these people, or these practitioners are the ones working in that resource, or location. And then in Park Lane, if I go back to the day, we only that many practitioners. So you can either use it as a location, or as a usage. So this might be the clinic, and this might be the Pilates studio, for example. So there's no problems, you can use those tabs in many different ways. And it's quite easy-

SB: I'm just thinking, if we've got four rooms and we want to make sure we don't overbook those rooms, could our receptionist staff for example see it by room view, so they can say, "Yeah, I can shuffle people around to make sure that we fill the diary without overbooking."

DR: No, not currently, we don't have a current resource review, but that's something that we are certainly developing. So-

SB: Okay, so-

DR: It's resources at the moment.

SB: Basically it's just premised on the same practitioner being in the same room all the time during the day.

DR: Yeah, like you're basically ... if I click on Miriam Shaw for example, and you can see that every Monday to Friday in this clinic she's booked from here to here, and then what you'd do is you'd change the schedule, and you could choose which location and hours she works. So what will happen to avoid duplication is you work the hours based on the clinic location.

SB: Yep.

DR: Save that, and then within the diary it will shade blue and white like that. So that's how you'll know.

SB: Yep, okay. And I think you just answered one of the questions which has come in, which is how do you set up which practitioner is working on which days there?

DR: Yep. And one of the beautiful things about practitioners, because I know in the UK when I worked there for a couple of years, a lot of practitioners would use the same sort of facilities, you can set up staff members, so if I click on a staff member, say Anthony Anderson, you can choose which location, so you can lock them to say all locations, or only specific, say you just want clinic A and Park Lane.

SB: Yep.

DR: And then you've got ... one of the other really strengths of Nookal is our permissions and security. You've got this whole radio chart of different features, so you've got owner, manager, front desk, and then these are the features down the side, and you can turn, have no access, view access, or edit access for every single part of Nookal. So you just need to attach say the practitioner to Anthony Anderson, for example, and you can go all the way down the reports and say, "Anthony Anderson has no access," so this is the reports section here. He might have view access to the banking report only, but nothing else, so you can really lock down what parts of the system each practitioner can use.

SB: So when a practitioner joins the clinic, you can just apply one of those settings so that all of those buttons are automatically checked? And then-

DR: And they disappear-

SB: And then if you wanted to, one of the practitioners for example we'll say does something different and you want them to have access to one more thing, you can change that individually for them?

DR: That's the granular level, absolutely, 100%. And I know when I had my 16 physios working for me, I gave some greater access to say provide a statistic for my senior staff-

SB: Yeah.

DR: And my junior staff really had no reporting, so then that allowed the senior staff to do better mentoring to the junior staff. So you can get down to that granular level, like cancellations, new clients report, for example. My two seniors would have access to that, they'd generate a report and do their weekly mentoring, or performance review as required.

SB: Okay. Another question, someone says, "Good evening, Darren," because they've hoisted in that you're staying up late to watch us, to be with us. They

said, "Could you show how DNAs, clients not attending, are processed in Nookal?"

DR: Yep, no problems at all. So this is a week view of a practitioner. And if you see Lauren here, I'm going to go click on her name, and you can see this button here, it says, "DNA", did not attend. So and then you've got a couple of options, so the way that I used to practice is I'd want to know the reason why the person DNA. So we'd get you to enter a reason in. You've got the ability to cancel and rebook, or set it as a DNA. So let's set that as a DNA for today. And you'll see that it's gone, or gone to red, sorry. Now what I'm going to do is I'm going to go to my report, I'm going to go to my cancellations report, generate the last 30 days, and then you'll be able to see in the report, these are the providers on the left hand side, and then you'll see cancellations on this column, and then DNAs on this column. So you'll be able to see what the cancellation percentage as well as the DNA percentages of over a given period of time the individual practitioners are. So that was something that was really important for me for client retention, it's one of my metrics, both DNAs and cancellations.

And then you can benchmark, so benchmarking's a really good thing, you can benchmark Edward, and his cancellation rate is zero when the clinic average for the last 30 days has been 11.89, so it was really good to be able to benchmark your therapists against each other.

SB: Yeah. Here's one about just plain cancellations. And somebody raised then when we talked about a different clinic software system. If say one of these clients cancels before their appointment's due, how does it show up on the screen? Because practitioners often know what their patient list is, and they get mystified if someone disappears from the list without warning.

DR: Yeah, so ... what I'm assuming, let's just book in ... so I've booked Angela Test in there and let's say it's 12:00 and she's rung up and said, "I can't come in," so I click on there, and I'm just going to go appointment, and cancel appointment.

SB: Yep.

DR: And go to pick up right, and then I can either cancel or rebook, so again, it's a business process to be able to try and rebook them in, which is the first button, or cancel appointment. It will disappear off the diary and create a slot, and then appear on that report. So one of the things that we are considering doing is at the bottom here, you know how you've got your metrics at the bottom which tells you total clients, new clients, and occupancy-

SB: Yeah.

DR: Is creating some sort of grayed out, these are my cancellations for the day. So what I did in my-

SB: Okay,

DR: No, the process I did in my clinic was I used to click on that, go to note, and go ... cancellations, Angela Test, and then create the note which is really quick, so you can drop the cancellation list down. And so when it was yellow, I used to get my ... that would be the note, and then when I'd read it and acknowledged I used to change it to green, and that would communicate to my front office staff that I'd actioned my cancellations for that day. That's a really easy workaround for it currently.

SB: Yeah.

DR: And it took me what, 20 seconds.

SB: Yeah, absolutely. Okay, you've talked a lot about metrics and so on. Excuse me. Do you want to show us what we can do with the statistics that Nookal generates?

DR: Yeah, no problems.

SB: Because I quite like looking at that waving jellybean screen of yours, it's quite entertaining.

DR: That one at the top left. So within the clinic, we look at various different aspects, so you've got the financials, which are often ... these are grouped into main areas, and this is where you'll see, when you go the permissions, they're grouped according to permissions as well. So you've got your banking report, which basically allows the front office staff to reconcile their day's takings with a different method, and then the detail. So every report shows a summary at the top, detail at the bottom. So you can see that there's a detail and if they didn't reconcile a cash for example, they can click on the invoice and it'll take them there, and they'll be able to fix it up straightaway.

Then you've got aging debts, adjustments, any type of changes to the accounts categories, and in Australia we have a Medicare and an ACC system, so we'll be having something like health code put in there in the not too distant future as well. One of my favorite reports I think I showed you last time, Steven, was the business performance and the occupancy reports, so this took us a long time to generate. So I'm all about looking at the numbers, and going, "Well, how are we going? How can we improve?" So some of the things that ... this is version one, so we're always opening to listening to new clinics and improving as required. But you've got bookings per case, the lifetime value of the client, which that's certainly something important because client retention is the way to build a list.

SB: Yeah.

DR: The new client CBA, so basically you've got ... in Nookal, you've got say a person comes in in January for an ankle, and then they come in in July for a knee, they're two different ... they're two different cases, so in January they're the new client, but in July they're a unique client, which will be a new client versus a unique client CBA, so they're both different metrics, different cases that give you different metrics.

Then you've got the average visit value, how much on average the total patient revenue is for that practitioner over a given period. How utilization rates, or how full are they, so Austin Nookal is 42.5% over the last 30 days. And how much they're earning per hour for you. So I had some staff on salary and some on commission, and I would want to look at this hourly rate and go, "Well, I'm paying you \$20 an hour but you're only generating \$12. Let's have a look at your list, let's see where's the client bookings happening, where are the gaps? Are you doing your marketing?" Things like that.

SB: Right.

DR: So yeah, and then the other really probably good one I like is the providers and practice, which tells you down into detail things like how much they've generated for services, classes, inventory, passes, redemptions, things like the vouchers, and pass redemptions. And then it gives you average transaction for that practitioner over the period. How much the actual client of that practitioner has spent in the clinic, so if you've got a multidisciplinary clinic, they might be spending on other disciplines, inventory items, other things, so that's important to look at the difference of those two. And total sales. And then we look at our other consultations and class statistics as well. There's a lot there, so there's a lot I can go into, Steve, but it's probably time ... this is time-

SB: Well we've 15 minutes left still. And I think probably it's quite important that people can see that there is so much power behind the system, and if they want to go down this route, which of course from a business perspective they should, then the resources are there to help them do that. So they can actually use all this stuff, perhaps with a bit of-

DR: Absolutely.

SB: I suppose, I was about to say, with a little bit of help from somebody, so that does beg the question, what sort of help will they get from you and your team if they took on-

DR: Yep.

SB: Or they needed to work out how do I use all this statistical power?

DR: Yeah, so we're currently covered by 20 hours of the 24 hours, I think I've mentioned that to you before. I've got three people working for me within the European Union. And specifically in the UK, so we cover UK hours completely. And we've got live chat, we've got phone, we've got our ticketing system and email system. And we do a weekly, biweekly group webinar where you can ask questions like they are today in an open forum, and learn off Danny, Cath, or Kevin, whoever's doing the webinar at the time.

SB: Okay, so I was going to say, that's presumably in UK or European time rather than Australian time.

DR: Correct, so the Australian market, we've got six or seven over here in Australia, and with three over in the UK.

SB: Right. Okay.

DR: So, yeah.

SB: So what else do you think that sets your system apart from any of the others? And I know you've told me you don't look at your competitors, you base it on what you feel you needed in the clinic when you were a busy physio. So what are the big selling points with Nookal?

DR: Yeah, I guess I'll say I think listening to our clients, we're going to be upgrading our complete mobile system, like I've got a full vision for Nookal where I want to in the next couple of years implement like a paperless solution to the clinics. And make it affordable. And being able to understand the movement or the flow of how the patient comes into and out of the clinic, so for example, you've got the waiting list, like I said, but we look at the client form, so being able to send the client form electronically to the patient before they come in, they can fill that out, that is auto populated on their client profile, and the receptionist just needs to click and go, "Yep, I can see all that, that's approved." That gives you more time with the patient, rather than them having to fill out paperwork in the clinic.

And then also having the ability to book online, and also generate ... One other thing that I thought was quite important in terms of the reports, generate data on what's the notes you've done, if you haven't written notes, discharges, cancellations, and DNAs, the clinical side of the practice.

SB: You showed me the waiting list a minute ago. It just occurs to me, if somebody cancels for their osteopathy appointment, or their chiropractic appointment and there's somebody who's waiting for one, does the system alert me to the fact that someone wants that slot?

DR: Yep, so it'll show you ... there's an alert, like a little number will come up top right. But then if you booked that slot, you can see the waiting list appears here. And you've just got to click on that waiting list, choose the case, create

the appointment. Two clicks and you'll see Sarah Test is being made there as well. So if someone does cancel, and the receptionist's job is to book someone in, they'll be able to check the waiting list straightaway. No problems at all.

SB: Okay. And somebody joined us late apparently, but has asked whether you can draw on an iPad with Nookal and get signatures on systems like that.

DR: Yep, awesome, great question. So let's go to staff, and let's go Anthony Anderson again. And you can see here you've got the ability, there's a signature there. So you can generate an automatic one, or a custom one, and you can upload an image to have your own digital signature on there, and that will appear in your letters, reports-

SB: Yeah, I think-

DR: And-

SB: I think they might have been asking whether a patient could perhaps sign a consent form, or a GDPR form through an iPad.

DR: Oh, apologies, yep. Okay, so that's client forms, signature example. It's been built on the right there. And they just sign it there.

SB: Okay. And you get one of those signatures which looks nothing like anything you've ever seen before, because it's done on an iPad, but-

DR: That's right.

SB: Presumably it counts legally.

DR: Yes, as long as they're ... yeah, electronically that's right, and then that's saved as an image under the document ... we were in the clinical notes-

SB: Yeah.

DR: Before, that'll be saved under the images as a document. So yep, no problems at all with that, that's bog standard.

SB: Here's a very interesting question and I know where they're coming from with this one. Can you stop practitioners from seeing patient contact details, but still let them see their diaries at home? So I guess what we're talking about here is-

DR: IP locking.

SB: We've had instances in the past of people privately contacting patients and trying to build their own list when they move away from someone's practice. But yet, we still want them-

DR: Yep.

SB: To be able to see the diaries, of course.

DR: Yep, so you've got a couple of features here, you can have a view only diary outside a specific IP range. And you've got this ability here, what's called IP locking, so your IP address generates ... tells you where you are in the world, right? And IP locking module prevents logging into your Nookal account from other IP addresses. So it's an advanced feature that we don't recommend, but yes, we've got that ability to do that. No problems at all.

SB: Okay, so let's say one of my practitioners is at home, he can log in on his own computer or his iPad, he can see his diary?

DR: No, he wouldn't be able to view it, he'd only be able ... unless, you'd have to generate ... so you'd go to configure, and you'd have to put the addresses, if you wanted him to have the address, and you could exclude staff to have ... you'd have to work out what his IP address is and exclude it. The other option you would have, if you did want that, is go to permissions.

SB: Yep.

DR: And you say if they're a practitioner, you'd say they have view only access.

SB: Right.

DR: You wouldn't give them edit access, you'd give them view access only. And then go and set their profile up, so let's save that change. And then go to a staff member, let's go Austin ... oh, Anthony Anderson again. And here would be instead of the permission owner we'd set him as a practitioner, and that he'd only get that view only access for the diary. But then you can't ... the whole point of having a cloud product is the ability to be mobile and flexible, so-

SB: Of course, yeah.

DR: Yeah, I guess there has to be a level of communication inside the business as well.

SB: Yeah, but I can understand peoples' concern about the ability of one of their associates being able to contact patients independently and therefore build their own list away from the clinic, because it has happened in the-



DR: Yeah. So you just turn off contacts for them, they can never see contacts. See contacts here?

SB: Yep.

DR: You just set the permission that they never have contacts, but they can have access to the diary.

SB: Yeah.

DR: But they can't have access to contacts there.

SB: Brilliant, that's what I think the question was really asking.

DR: Sorry, yeah, apologies.

SB: There's so there's so much in there that you can set, that I'm quite impressed with the level of granularity, as it were.

DR: Yeah.

SB: You did mention affordability earlier on, I suppose one of the key questions that people will want answered is how much is this going to cost, what's your pricing basis?

DR: Yep, that's a great question, let me just give me a quick look up now because I don't always know our prices, because-

SB: No, I don't blame you.

DR: I'm more driven about whether it works. The biggest thing for me is does it work for you at the clinic, and then if it works for you then we... Yep. So for one practitioner, it's 25 pounds. For two it's 45 pounds.

SB: Yep.

DR: For three to five it's 65 pounds, up to eight, 105, and then up to 12 it's 145 pounds per month.

SB: Right, so people will then say, "Well, if I've got 16 practitioners, I've only got four rooms, so they're not all in there 100% of the time," they're still paying for 16 practitioners?

DR: Mm-hmm

SB: Okay.

DR: Yeah, currently there are ... due to the GDPR and the requirements in the UK, we have to back the data up at regular intervals, and we have to encrypt the data both at rest and in transit. So the costs, the infrastructure costs for us, no matter if they work one hour as opposed to 38 hours a week, we still have to back up that data, and that's our obligation so-

SB: Yeah.

DR: That's where the costs come in.

SB: Okay. What we'll try and do, Darren... if it's okay with you, but obviously on the website we'll put up a link to your system. And then also we will be putting up a transcript of what we've said and a brief summary of what's been said, plus they'll see the recording if they want to go through it all. But the key thing is that we make sure that people can get in touch with you if they're interested in taking on the system, I think. I've got-

DR: Yeah, definitely.

SB: Yeah, I've got no further questions coming in from others. Any final points from you before we close our session?

DR: Look, I'm more than happy to chat to anyone, and Danny and myself are more than happy to do an online, a one on one demo for you to demonstrate the product and see if it works for you.

SB: You mentioned Danny, Danny's your UK rep isn't he?

DR: Yep, he's my UK rep, my primary guy, so we're more than happy to spend some time with ... we've had three or four this week from the UK that we've demonstrated the product. And really, if it works for you, great. That's the biggest thing, so ...

SB: Okay. And there was one question I was asking you when the line went dead earlier on, I take it the prices in the UK or in the European Union, they're fixed in the country of provision, are they? So-

DR: That's right.

SB: It doesn't depend on exchange rates with Aussie dollar and things like that?

DR: No, it's all in pounds. It's all in pounds. And to send an SMS out, it is currently six and a half P.

SB: Right. Actually that's a good point, because you talked about marketing and ticking the right boxes in the GDPR forms, can you automate email sequences specific to conditions or to patients in Nookal?

DR: Yeah, that's probably one of the other things I was going to show. Like we've got this campaign button here.

SB: Yeah.

DR: Can you see that okay, Steve?

SB: Yep.

DR: So you've got the ability, for example, when I practiced you would have certain service types that you'd want to send them a reminder message every 12 months to let them know that, hey, it's been 12 months. So we call that recalls.

SB: Yep.

DR: So we'll set up a recall message, and we might choose to do a specific service type, so in Australia it might be Medicare, or any service type that's specific to you guys in the UK. And you might generate this message on the first time they come in, in all locations with all providers. And when they're first booked in you'll do it, and you ... at 12 months after they come in. Every day of the week, but you'll skip the weekend. So and you might send them either an SMS or an email, email's free, so for me these would government back to consultations in Australia that you'd basically say, "Hey, it's been 12 months since I've seen you. Feel free to give us a call if you want us to come back in." And then you could just say, "X, Y osteo," for example, and you go, "Dear ... " and then you just set the placeholders. Dear first name, last name. It's been 12 months, please call, whatever you want to do.

So basically it's a really solid system once you ... and then when you press save, it will automatically send the email out every 12 months, based on that service type, so that EPC, or NHS, or health code, or Bupa, whatever type of service code you want to do.

SB: Okay.

DR: And you can link that to specific practitioners as well, if you want.

SB: Super.

DR: Yeah.

SB: That's excellent, and it takes us to the end of our scheduled time, and I think we need to cut it off because people will be getting ready to get into the clinic over here, Darren.

DR: Absolutely.

SB: Thank you so much for giving up your evening to talk about Nookal. It looks like a brilliant system, and I hope that this generates some interest for you.

DR: Thank you, thank you.

SB: And I hope from my own members, from my own viewers, and I hope they appreciate the fact that we're trying to put different clinical softwares in front of them so they can see for themselves what the difference is, pros and cons are. And-

DR: I think that's important.

SB: That it helps them with their practice, that's the purpose of what we're doing.