

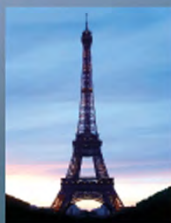
Private Dentistry

FEBRUARY 2005 VOLUME 10 NO. 1

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PRIVATE ORTHO

MAPLE HOUSE ORTHODONTICS GOES FOR THE 'WOW' FACTOR

How I did it

Michael Cheung challenged architect **Richard Mitzman** to create 'another world' in a Slough office block. The result was Maple House Orthodontics





Richard Mitzman is now firmly established as one of the country's foremost architects. Of particular relevance to dentists are his striking designs of dental practices – most of which have been featured in these pages. Not content with his last project having won a very prestigious RIBA Award he is continually progressing in his concepts and pushing the boundaries to be at the cutting edge of practice design.

Certainly his latest project, a practice in Slough designed for Michael Cheung of Maple House Orthodontics, does exactly that.

Michael qualified at Liverpool, built and ran his own general practice for 20 years. He then sold it and went to train as an orthodontist and soon acquired an MSc and M Orth to make him a specialist practitioner.

Michael's brief to Richard was to convert 2,700 sq ft of empty office in Slough in to a five surgery dedicated orthodontic practice. It was by no means an easy task because it had a low ceiling with low beams running across and four intrusive pillars which meant the geometry of the design was extremely hard because Richard had to work around these pillars and give enough room to walk around. Happily, he has been extremely successful in this respect and none of the pillars are obtrusive having all been incorporated in to surgery walls. The office block itself is curved so

Richard has managed to make the internal design follow the same curve as the outside of the building. This latter is very ordinary but as soon as one comes through the doors in to the practice it is like crossing the threshold and entering in to another world. Both Michael and Richard wanted to achieve a 'wow' factor and they certainly have done it with a vengeance.

There has been very careful planning of the surgery right from the start in order to minimise the lead time between the end of the three year full time M Orth course and seeing patients in the new surgery. Michael drew very heavily from the nearly 30 years of experience in general practice and as a result, he could go full time on 1 October when the course finished on 30 September. The project was more or less on time and within budget, which was no mean feat. The credit goes largely to Richard and his team, particularly Maneesha, who managed the project very well. Zenon, who led the Polish builders was amazing. They took pride in their workmanship and the standard of finish was very high. The team did not stop working over weekends and bank holidays. In the end, they transformed a near derelict site into a surgery of distinction, realising Richard's aim of crossing the threshold into another world when you enter the surgery.

CHOICE OF LOCATION

Michael had been practising

Figure 1: The reception area aims to encapsulate the 'wow' factor



Figure 2: A view of one of the surgeries. The entire practice is paperless

in Berkshire for over 20 years and he more or less knew where to plug a gap in orthodontic services. He asked the local Health Authorities of three counties to supply dental lists of GDPs of Slough and the neighbouring area to see the distribution of general practices. He then asked the local educational authorities for statistics on local school

children and found that there are nearly 25,000 school children within the area.

CHOICE OF PREMISES

The two dominant features in deciding on the choice of premises are ease of access and ease of parking. High Street is usually the centre of any town and is well served by public transportation. The

High Street in Slough is within five minute walk from the main line train station and the bus terminal, and it is also well served by two large multi-storey car parks. As an orthodontic practice mainly deals with referral business and very little passing trade off the street, one does not need a ground floor premise to raise the level of awareness of

one's presence. The building is a pre-war head office building for Prudential Insurance, and the second floor was left like a derelict site. Planning consent for change of use from office to dental surgery was straight forward as most of the planning requirements were already satisfied. Because of the improvement to the building, Michael was able to negotiate a good deal in securing a relatively long rent-free period.

The design starts from a circular consulting room, totally in glass, plus five surgeries radiating off it around it.

There was light into the building from both sides and the sun shone in to one side in the morning and the other in the afternoon. Richard therefore decided on all-glass partition walls to maximise the light translucing through the whole complex. Because there was no X-ray in any of the surgeries so this meant he could use glass on all the walls throughout the practice. Naturally this is obscured glass. There is a separate X-ray room housing the CEPH and OPG and this is the only one with a solid partition wall, which is lead-lined. The floor of the whole clinical area has been raised to bring the services underneath which compromised the ceiling height. This however seems acceptable because of the large area making everything appear higher.

Central sterilisation and storage is on the other side of the steri-walls - which are Richard's trademark in all the practices he has



Figures 3 & 4 (above and right): The circular glass consulting room has five surgeries fanning out around it, all with three sides of glass partitions, the fourth side being a colour coded storage wall

designed. This created an extravagance of space but allowed a lot of storage space which is necessary in an ortho practice.

Bearing in mind this is a children's practice, instead of metal laminate for the steri-walls Richard used lacquered MDF. These could be coloured and therefore much more suitable for young children. Each of the five surgeries is colour-coded and entrance from the waiting area is via sliding doors in to each one. There are however no doors at the back of the surgery so that the dentists can walk from one to the next thereby allowing him to work two surgeries by going from the dirty one to a clean one with the patient already in situ. This allows the nurse to clean up whilst Michael is seeing the next patient.

Inside each surgery there

is an addition to the steri-walls, the usual glass worktops and mobile units, which are another of Richard's trademarks. All the taps are hands-free and all the sinks extremely large to minimise splash so keeping the worktops much cleaner and drier.

The dental units are all designed to be used by either left or right-handed dentists and the colour of the upholstery is the same as the colour coding on the rear wall of each surgery.

The central sterilising area behind the surgeries runs the whole length of the practice and has a long bench to serve all five surgeries. Instruments, via the steri-walls, go firstly in to a large sink, in to an instrument washer then an ultrasonic cleaner and finally in to the autoclave. After this they are relayed on the trays



and slid back in to the steri-wall storage area. The cleaning and sterilising sequence is duplicated so that there are two areas behind each pair of surgeries.

One interesting feature, which Michael pointed out, was the long rows of metal-framed windows on each side of the suite. These were ill fitting therefore not only drafty but susceptible to break-ins. The problem was solved by fitting secondary laminated glazing on each frame – this is unbreakable and therefore almost eliminates the possibility of break-ins. Throughout the

building there is a suspended ceiling, which has been done extremely well and has concealed lighting. This makes the waiting area extremely cosy and combined with the beautiful Italian armchairs make for a very restful and impressive area. Off the waiting room there is a little alcove with chairs and a large flat screen TV that can either be used for patient education or waiting room entertainment.

The consulting area itself is large within the curved walls and has comfortable chairs for patients to sit in whilst Michael goes through



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PERSONAL VIEW



Figures 5 & 6 (above and below): The central sterilising area runs the whole length of the practice, behind each colour-coded surgery



treatment plans. The mobile desk can be 'parked' to make the room clutter-free.

Facing the front doors of each surgery is a patient demonstration unit that shares access to all the surgeries. This is used to teach oral hygiene and show how to remove and insert appliances and keep them clean.

There are nine computers and one server as well as digital photography and radiography.

DESIGN OF LOGO AND WEBSITE

The design of the logo was first priority as it features on all the out going correspondence and helps to raise the level of awareness. An orthodontic arch form was chosen to cradle the name of the practice. The graphic designer worked out the font and the colour scheme. A referral pad was designed on the basis of minimising paper work for the GDPs. The website was also designed on a minimalist approach with catchy and punchy images. The exercise was to invoke curiosity so that people would get in touch by phone or in person. Correspondence via email was discouraged as staff members tend to waste a lot of time on reading and deleting junk emails.

MARKETING THE PRACTICE

Michael personally visited 50 GDP practices within 15 mile radius of Slough. He tried to see the principal and/or the manager of the practice. A folder of the practice was



Figure 7: Five surgeries radiate off from the circular consulting room

prepared with information of the practice such as the area covered, architectural plans, photo-impressions of the likely interior of the practice, some examples of past work and a short working history

of Michael. Each practice was left with a referral pad and business card. Nearly 250 GDPs' names were collected. Everyone locally was sent an invitation to an opening party at the

end of September. The referring GDP gets a full report on every patient that was seen for an assessment. The report includes one extraoral photograph (to put a face to a name) as well as five intraoral photographs to tally with the assessment. Every local GDP will also receive a Christmas card, part of a rolling programme to continually remind them to refer patients.

Local press and editors of dental journals were contacted for doing a feature on the practice in order to reach a wider audience.

CARE OF PATIENTS

The policy of the practice is to offer NHS orthodontic treatment to all under 16 year old and private treatment to anyone older. The initial appointment will consist of full assessment,

photographs, and X-rays. The second appointment, perhaps a week later, will be for impressions for study models and an explanation of the intended treatment plan. As the surgery is fully digital for radiographs and photographs, the treatment plan can be explained with the patients' own extra and intraoral photographs in full view of the computer screen. The surgery is paperless, consequently, there is no misfiling of X-rays or photographs or patients' clinical notes. The explanation of treatment plans is further helped by 'Orthomation' - a software programme that actually plays a video onscreen depicting how teeth move to close gaps. All patients will also receive full oral hygiene instructions after placement of brackets. ●

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