Steve Jones describes the staggering transformation of a rundown ex-Vodafone office into the architecturally stunning Pentangle Dental Transformations

Shortly after I turned 40, I started to see things in dentistry that I had not seen before. The first was a futuristic new build in London called The Harley Oral Reconstruction Centre owned by Malcolm Schaller and the second was Eric Van Dooren's practice at the top of an office block in Antwerp. These were both modernist practices with no carpets, soft furnishings or 'clutter', specifically built for modern reconstructive and surgical dentistry around a busy central sterilising area, well away from view of patients.

Since 1988 I had been practising at The Briars Dental Centre in Newbury, a traditional private practice built in an Edwardian House. Over the years we had expanded from four to seven surgeries. We liked to think that we were a West End practice in the country and, apart from pioneering provincial specialist referral practice during the 1990s, the ethos of the practice was very much unchanged. We had soft furnishings, curtains and carpets throughout and traditionally had the dentists name on each surgery door. Most of the older patients would be horrified if they were asked to pay a bill on the day of treatment. However, as I entered my 40s, I was earning well but things were no longer right for me. Over the years my restoratively based referral practice had expanded and yet my traditional family private practice still needed to be looked after. I took on an associate for one, then two days a week to help me, but I was then not able to work in my 'room' for

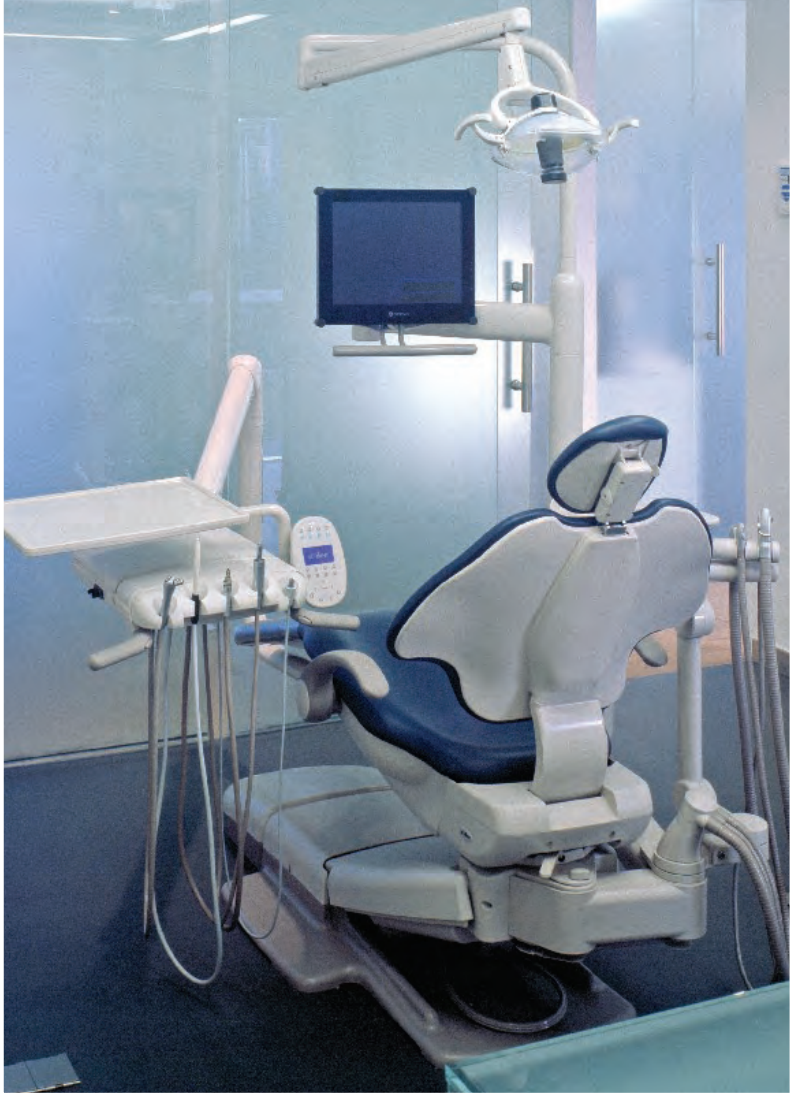
How I did it

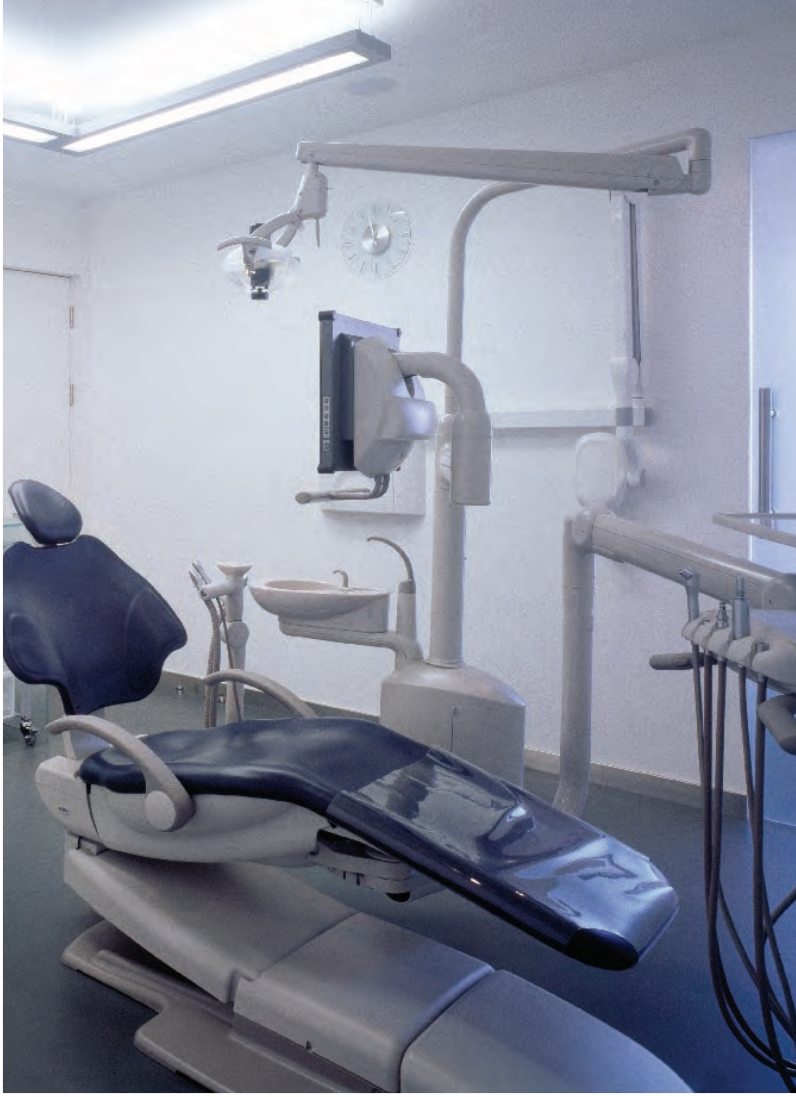
more than three full days, so resorted to working on Saturdays and evenings again, as I had done in my naïve dental youth. This was in addition to flitting round the hygienist surgeries to see 'exams' while another patient was lying supine in my own surgery. But it was not just a case of being too busy. My more complex dental implant surgical work needed sedation and there were no recovery facilities. A top-flight referral practice needs in-practice education facilities and dedicated face-to-face consultation areas. To me these were conspicuous by their absence. By 2003 there was just no space left in a building that we had spent the last 10 years diligently filling with dentists and hygienists. I voiced my concerns to the other partners and we discussed knocking through walls, or building on. However it always looked rather a compromise to me, and it looked like nothing but months of hassle to them. So it became apparent that in 2004, at the age of 43, I was to be moving on...

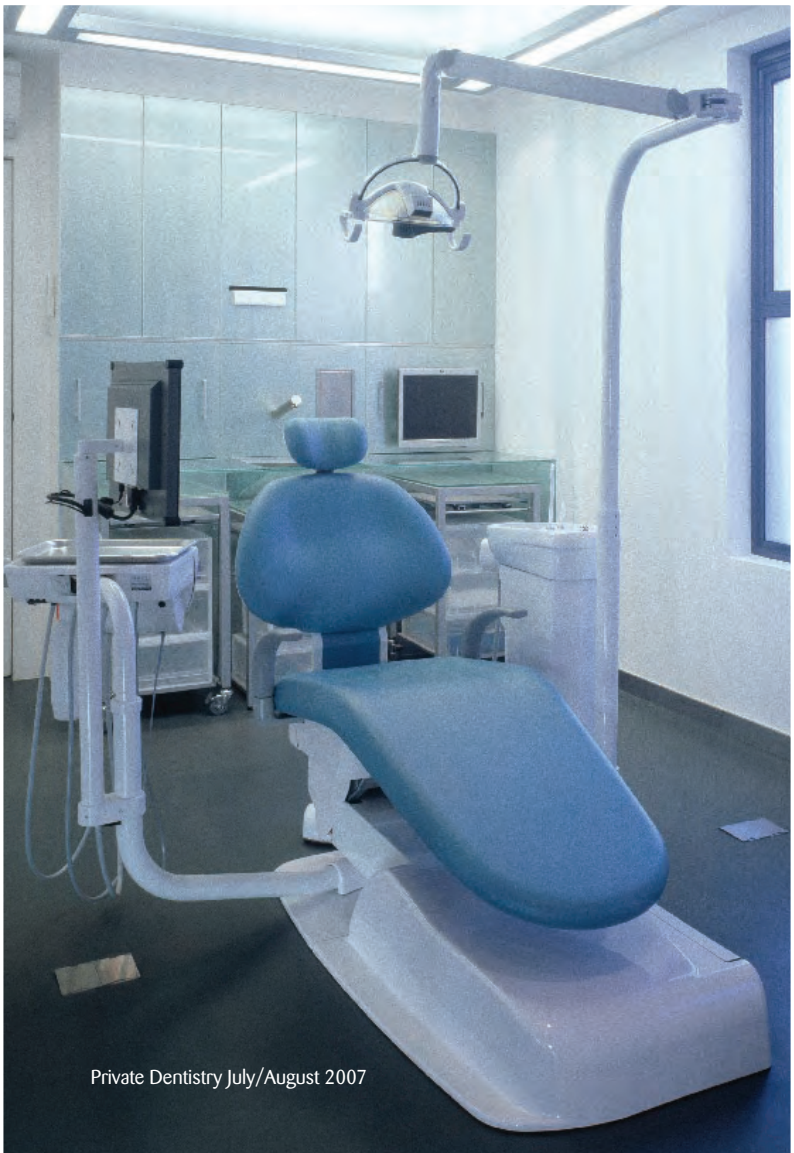
Pastures new

Finding new premises is never easy. We all know colleagues who have been looking for years without success. I knew that while I was looking to build a totally referral focused practice I did not want to go minimalist because part of the pleasure of my work has always been planning and carrying out multi-disciplinary work with like-minded colleagues. To do this, and to cope with future growth, requires four surgeries and I knew that I needed a building of at least 2,500 square feet, preferably with ground floor access and parking for patients. The town planners quickly ruled out any change of use for business park offices on the outskirts of town, which had been my first choice. To get the change of use without being stymied by lack of patient parking meant taking a town centre property. I had initially been against this because a referral practice takes patients from a radius of 25 miles, not primarily from the high street.

However, the property that became available in Autumn 2004 was ideal in that it was the right size, had no structural internal walls and was 2,600 square feet in area. It was actually one of Vodafone's first two office buildings



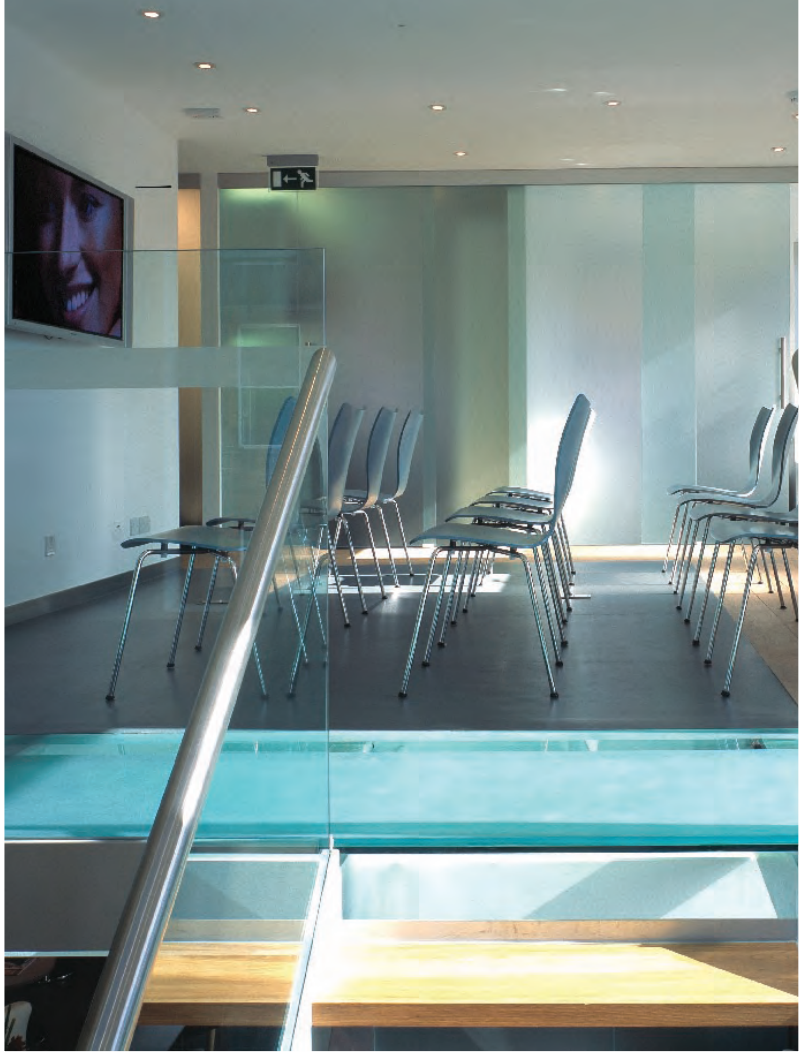




back in 1986 and the freehold was available. It was in a run-down commercial part of Newbury but the whole area south of the building was to be redeveloped as part of a new shopping precinct in years to come. Too good to walk away from!

A new partner

Even in those early days I knew that a freehold property would cost at least £500,000 and that refurbishment and equipping would cost at least the same again. I would not be able to fund this without the bank taking a charge on my house and, in any case, knew that the project (as well as the chore of selling my general practice) was likely to be extremely stressful. I needed to find a like-minded colleague to join me and talked to several colleagues during 2004. To find someone committed to reconstructive dental referral practice who is at the right stage of life, at a particular moment in time, is never easy. The right person has to be relatively free of debt, and already well-established, yet ready to invest in the future. They need to have been 'round the block' in dentistry and ready to enter another phase of their career. The first phase is getting qualified then gaining further qualifications and experience while working where 'needs must', which was usually under NHS regulations for my generation. Ken James called this 'the stage of wonder'. He or she will then have to have survived the 'stage of blunder'. This is probably another 10 years or so



of reinventing the dental wheel in your own environment, getting most of it wrong, but learning rapidly by these experiences. Hopefully some enthusiasm will remain for Ken's 'age of thunder', in which you aim to flourish in the final stage of your career before winding down to retirement.

The right dentist will probably be between 35 and 45. As is often the case, the solution was working within a mile of me and was sharing a beer with me just before Christmas 2004. Rob Oretti, a colleague in Newbury, had sold his practice to Oasis a few years before and was working as an associate and mentor for implant dentistry for the Oasis Dental Group. Though we were not then close friends, we kept finding ourselves at the same meetings and we both still had a passion for our work after more than 20 years in the job.

The new build

By Easter 2005, Rob and I had joined forces in talking to the town planners and The Royal Bank of Scotland. Richard Mitzman, the architect of that original practice in London, had produced a wonderful design full of glass and light. There were to be four treatment rooms, two of them slightly larger designed for surgical procedures and fitted with cameras and audio linked to a seminar area for teaching purposes. Dexis intra-oral digital radiography was to be installed in all four surgeries. Three of the surgeries fed straight into a dedicated back of house sterilising area with two Miele washer-disinfectors and two W&H Lisa vacuum autoclaves. In addition there was a recovery room, two small consultation rooms, a very small lab room, good staff facilities and space for a CT scanner.

The patient area was to have a 50-inch plasma screen to provide some ambient background noise and a drinks area and PCs for waiting patients to access the internet.

Due to all sorts of issues to do with builders, regulations and paperwork, the build did not begin until the end of November 2005. There is no need to detail the various problems in the construction phase of the project as other contributors to this feature have frequently listed them - they are probably broadly similar every time. Our most obvious recommendation to anyone starting out on this journey is to engage a good quantity surveyor at the earliest opportunity. At the end of the day they will be fighting to keep your build within the sum of money that you thought you were building it for.

Naturally Rob and I were both working full-time at this point and so, with the phone ringing constantly and many meetings every week, you must accept that normal life has to take a back seat for a while. It is essential to have a good project manager and our manager was Maneesha, who was part of Richard Mitzman's architectural team. The builders are obviously very important and we used the contractors that Richard had used for his last four projects. Apart from installing a new main drain, the major structural task was to cut a large hole through the concrete beamed ceiling to create a double volume entrance. This gives the patient the essential 'wow' factor on entering the practice as well as capitalising on the natural light that was available at all times of the day through the many windows.

A new beginning

We decided to take on five staff initially; three nurses, a

dedicated receptionist and a practice manager. The process of assembling, training and running a top-class dental team occupies many pages of *Private Dentistry* each year and will not be discussed in any depth here. Suffice to say that when planning a project such as this, in a locality where one is already well-known, the process is more akin to 'head-hunting' rather than advertising. All five members of staff had worked with us before and we were careful to be open and honest in voicing our intentions to our previous practices well before notice was given. We were meant to open in April 2006 but actually it was not until 1 June that we were able to see patients. Having been held back from our work during our staff induction and training period, we were raring to go as soon as we gained access to the building, but of course we had no proper working protocols in place. However, Rob and I had never worked together before, the Software of Excellence (SOE) software was not properly formatted for the practice and the air conditioning was not functioning. As the temperature rose to 30°C by mid-June, it was fair to say that the atmosphere was highly charged. And there was still a CT scanner to learn to drive...

Financial considerations

We were never under any illusion that this was going to be anything other than a very expensive project and all along we were committed to buying the freehold within the shelter of a SIPP (self-invested personal pension), into which we had transferred our pension plans. The building is therefore held in trust for us and we pay rent to ourselves.

This rent will pay off the debt on the building in about six years, then a fund will start to accrue which we may use for other investments. The refurbishment only involved the inside of a rectangular building but involved making all the walls, doors, cabinetry, electrics and plumbing from new.

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We decided we needed a more eye-catching entrance and signage and this added £30,000 to a build cost of just over £510,000. To this was added nearly £400,000 of dental equipment bought on lease. To pay the various professional expenses early on we spent another £150,000 in cash.

Rob and I brought referral practices that generated about £600,000 per annum in total from patients referred in by 130 local dentists. We knew that we would also attract referrals from other dentists placing implants who wished to use our low dose CT scanner. We had therefore convinced ourselves that in dedicated facilities, our increased referral practice income would rapidly outstrip ongoing expenditure. However a new, highly geared business is an exceptionally hungry animal and as we approach the end of our first year trading, it is obvious that we will have to wait a while for our first pay cheques!

The future

Would we do it again? Yes, because working in the new practice has been a pleasure, mainly because we are working in a new way that we ourselves (with some help from Richard Mitzman) designed. Not only are we completely paperless but also uncluttered due to ample storage space and a dedicated central sterilising area. Rob and I have really enjoyed working together, we are still married to the same wives and it is obvious that the practice is well-placed to cope with the growth in cosmetic and reconstructive dentistry in the years ahead.

You only live once! PD

Companies involved in the project

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