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The light fantastic: Advance Dental Clinic

6 WAYS TO STAY AHEAD OF THE COMPETITION

Focus: Cosmetic dentistry

Business and finance • Practice organisation • Private life • Private Dentistry Awards • Clinical excellence • CPD • Materials and equipment • Private Dentistry Directory

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Contents

Volume 16 No 4 April 2011

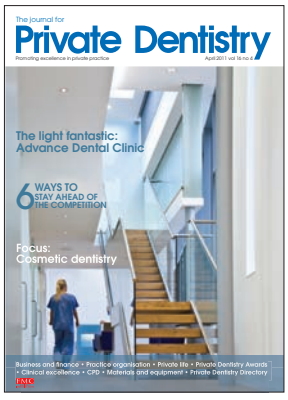
p18

Editorial

How I did it

Practice organisation

Business and finance



Cover stories

- The light fantastic: Advance Dental Clinic page 18
- 6 ways to stay ahead of the competition page 48
- Focus: Cosmetic dentistry page 90

p36

How I did it

Andrew Moore explains how he expanded his practice, Advance Dental Clinic in Chelmsford, and why he loves always having a project on the go

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Building a dedicated implant and advanced surgical unit to extend my existing clinic was an exciting and necessary step to further my vision of the Advance Dental Clinic as a recognised, state-of-the-art, centre of excellence.

This vision inspires the quality and range of treatment on offer (catering to referrals as well as registered patients), the in-house presence of specialist equipment such as a CT scanner, and the running of training courses there. It is also encapsulated in the design and fit-out of the clinic to not only ensure optimal ergonomics and efficiency, and control cross infection, but also to enhance the whole experience of being there for patients, dentists and dental staff. For me, these are all of apiece, each (including ambience and aesthetics) reinforcing the other in a positive feedback loop of raised performance and patient expectations.

Such ideals had already been realised in the all-new clinic I built for my practice in 2003, designed by former dentist and now architect Richard Mitzman.

My experience with this building, as a dentist and listening to feedback from patients, more than proves the validity of Richard's innovative approach. This includes compact twin surgeries for each dentist with glass 'seen to be clean' worktops, segregated patient and staff circulation and the installation of double-sided 'steri-walls' between the surgeries and the staff and sterilisation areas.

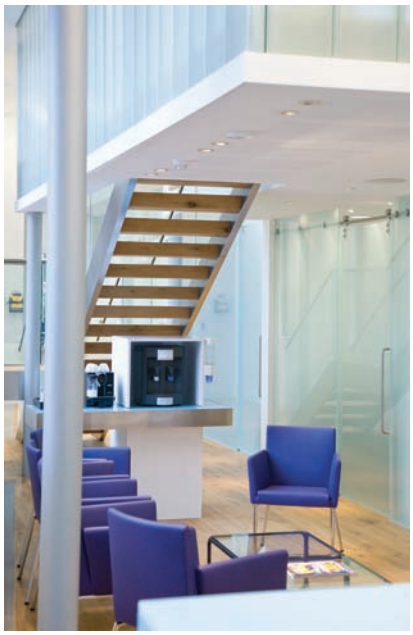
Also well liked are the sky-lit surgeries and the lofty, clerestory-lit patient corridor and the abundant use of frosted glass. Together these endow the compact building with abundant light and a sense of space and calm.

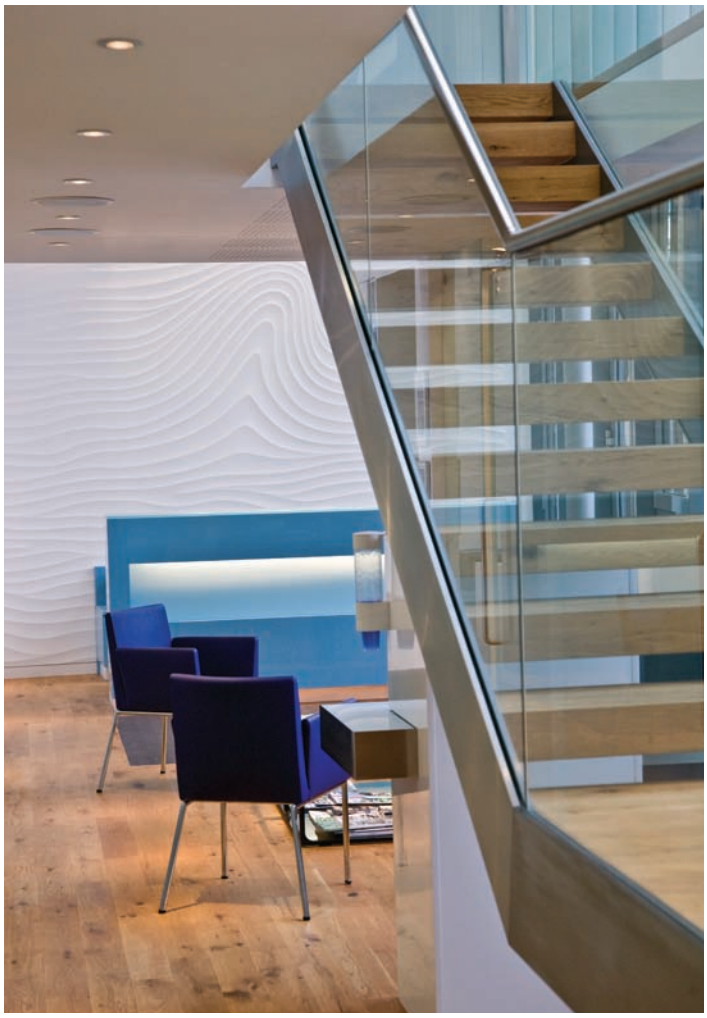
Out with the old

Much as we all appreciate the many virtues of this building, it became too small for our needs – in part thanks to the attention the clinic drew, particularly after winning a prestigious architectural award (RIBA Regional Award) and *Private Dentistry*'s Best New Practice at the Practice of the Year Awards 2004.

As well as registering a steady stream of new patients (and attracting and helping retain good staff), there has been a steady increase in the number of referrals from other dentists for implants and other forms of advanced surgery – in which I continued to train, as well as to teach and provide short courses in the clinic. (In 2003, implants had only constituted 20-25% of my workload; now it is 80% as the dentists referring patients has grown from about 20 to between 60 and 70.)

With the increased workload, staff numbers grew from three nurses, a receptionist, a part-time associate dentist, a part-time hygienist and myself to two full-time associates, two hygienists, eight nurses, three receptionists and a part-time periodontist. As a consequence, I found myself regularly displaced from my beloved second surgery. The time lost and frustration this caused me, particularly in waiting for surgeries to be cleaned between patients, certainly confirmed the soundness of the twin surgery concept and the increased productivity it brings.





Clockwise from bottom right: Frosted glass sliding doors hide the surgeries from the open plan reception area and waiting room; the waiting room includes a refreshments area; the 'wave' mural behind the reception desk and the stainless steel glass-sided staircase are impressive showpieces that add to the wow factor of the clinic

photography: Lloyd Goodall

Left: Staff corridors create a specialised circulation that lead to the sterilisation centre
Above: A steri-wall in use; the back wall of each surgery is a steri-wall – a double-sided wall accessed and equipped from both surgery and staff circulation corridors

Also, doing more implants and advanced surgery (such as bone grafts and sinus augmentation), which require a larger room than conventional dentistry (as well as longer for cleaning and preparation between patients), necessitated a pair of larger surgeries just for my use.

Furthermore, each course I taught required the use of the entire original clinic, which was another major problem, as all the other regular activities could not be carried out.

Parking permits

The original clinic occupies an arm of what was an L-shaped site – Richard had originally intended a double-storied clinic with the other arm extending over the parking area.

However, plans had to change as the planners insisted on a single-storey brick building with pitched roofs. It would have been possible to squeeze another pair of surgeries into the other arm but that would have meant forfeiting the patients' parking area. This would have caused a problem as referrals come not only from the locality but travel from all over East Anglia and the south-east.

There would also have been no extra space for other facilities I wanted, such as a staff room that would also serve for the courses running at the clinic.

The right connection

I had long had my eye on another site behind and contiguous with mine. But this belonged to a developer who had planning permission for a four-bedroom house and would not sell. Eventually, with the help of the credit crunch, he changed his mind. Upon buying the site in late 2008, I immediately commissioned Richard to design a dedicated implant centre.

We decided that the centre should be connected with the original clinic and share facilities with it, such as the staff room and improved sterilisation facilities, but have its own entrance, reception and waiting area.

Facing a side street, the planners did not insist on single storey, brick or pitched roofs but rather emphasised the need for on-site parking. This allowed Richard to adopt a more crisply contemporary idiom of highly glazed boxy forms.

A small upper floor enclosed in vertical planks of frosted glass projects up through a much larger ground floor. This has big windows behind a projecting frame of laminated timber that gives depth and warmth to the facade as well as a little shading.

The visual contrast with the original clinic and the separate entrance assert the semi-independence of the implant clinic, in part to reassure other dentists when

Clockwise from bottom right: The view from the top of the showpiece staircase; the X-ray room; one of the surgeries housed at the Advance Dental Clinic. All the surgeries incorporate steri-walls, which have improved from those in the original clinic to include a purpose-made Corian sink set into the glass worktop, with a MISCEA tap activated by sensors that also dispense soap and disinfectant

referring patients that this is a dedicated unit – not just a conventional dental practice.

There are also continuities with the earlier building and shared facilities such as the new sterilisation unit. This has separate rooms for dirty and clean processes – both with separate entrances, airflow and hand-wash basins – so meeting HTM 01-05 'best practice' standards.

Also shared is the upper-floor staff room with adjacent kitchen. This is used as a training room where groups of up to 16 delegates can watch procedures performed in the surgery below on a big screen.

For ease of patient and staff movement, the floor level of the original building continues into the new unit, which is dug into the upward sloping site by more than a metre at its far end. The new unit also continues the planning configuration that Richard advocates. Patient and staff circulation are along each of the long sides with the surgeries in between. Each chair is abundantly lit by a skylight directly above it set into the sloping roof that extends the original. Here the roof is planted and supports solar hot-water panels.

Once again, the back wall of each surgery is a 'steri-wall', accessed and equipped also from the staff circulation and sterilisation centre. These 'steri-walls' have further evolved from those in the original clinic to include, set into the glass worktop, a sink purpose-made in Corian with a MISCEA tap activated by sensors that also dispense soap and disinfectant. The original finishes continue into the new with large blue rubber floor tiles in the surgeries and staff areas and oak floor boards, lending visual warmth to the patient circulation. Again, separating the surgeries from the patient circulation are expanses of frosted glass with wide sliding doors of the same material.

In the new unit this patient circulation is part of a broad, light-filled, lofty volume. This includes a waiting area with coffee and chilled water machine and terminates in the second reception desk before a 'wave' mural modelled in relief in white plaster.

The wow factor

Rising to the staff/training room against the windows is a stainless steel, glass-sided staircase, which is an impressive showpiece adding to Richard's sought-after 'wow factor'.

Some may see this staircase and the generous space it is within as unnecessary gestures but they enhance the ambience immeasurably, lending an expansive, calm serenity that spreads to the whole clinic. The original waiting room would sometimes become crowded, and when filled with children it became cheerful rather than restful. The quiet, new waiting area seems more apt to those awaiting major procedures.

Left, top left, top right: The kitchen is adjacent to the staff room, which is also used as the training area for the courses offered by the clinic
Bottom left: The view from the staff room of the 'planted' roof, which supports solar hot-water panels

The small print

Building the new unit was a major undertaking and investment. This time I financed it differently – the original is owned by my pension plan and this is a personal investment aided by a bank loan. Reflecting the higher space standards and items such as the stainless steel and glass-sided staircase, as well interim price rises, it cost considerably more, especially if calculated per surgery. Yet having successfully built the original clinic and now, with ample experience using Richard's system, being absolutely certain of what I wanted, I was not in the least daunted. Besides, although I love dentistry and the challenging work and trainings I do, I also enjoy having a 'project' on the go.

After purchasing the site it took nine months to design the clinic, get planning approval, prepare construction documents and be ready for tender. This was won by the same contractor as built the original, Zenon. Then when construction started in September 2009 it was found that

the local surveyor had made a mistake and the site was a metre shorter than he had indicated. This necessitated altering the design as well as the already designed and specified steel work. This lost precious time; the building was not enclosed by winter 2009, as planned, slowing down construction in the bitter, wet early months of 2010.

Nevertheless, I was very excited when the steel frame was up and could see the outlines of the building. Having independent access to the site from the side road hugely facilitated construction that proceeded for nine months, without disturbing us much apart from the loss of on-site parking, before breaking through the original back wall to connect old and new.

However, I had already arranged to teach a course in the new unit in June 2010 and, as is all too usual, this resulted in a mad last-minute rush. Video camera and monitors, for instance, were only installed late the night before – thankfully, they worked first time.

The protracted process of snagging still continues. Yet it has been worth it. Everybody – patients, dental staff and myself – love the place, its functionality as well as its light-filled serene spaces. All this was amply confirmed by the many compliments the building drew during the opening party from patients and other dentists who regularly send referrals. PD

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