

Private Dentistry

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Promoting excellence in private practice

RISKY BUSINESS

Read up on the FGDP's eighth key skill

**IF WALLS
COULD TALK**
What your practice
colour scheme says
about you

THE FUTURE'S BRIGHT

A Milton Keynes oral surgeon
introduces his strikingly
different squat practice

FIMC

Three years ago, Dr Shahzad Naseem made a brave decision to abandon a long-lived career in hospital dental surgery. He wanted to create a mixed squat dental practice, but with a difference. Here he shares his story with *Private Dentistry*, from concept to completion

how i did it





Above: Dental Works' striking reception desk

Left: Each room has its own colour theme, apparent in this corridor shot



Having worked in many hospitals in many countries for 16 years as an oral and maxillofacial surgeon, it came as quite a surprise to many around me when in March 2004 I decided to open my own dental practice.

A year previously I started working at various dental practices - NHS, private and mixed. It involved a lot of travelling and at the best of times was extremely tiring. My aim was to gain as much experience as possible of running a dental practice in the shortest possible time. Within that year, I had developed an exact vision of what I wanted; briefly, a practice that not only caters for basic dental needs but would also offer the most up to date advances/technology in the field of dental and facial cosmetics. I wanted to treat the patient as a whole rather than just concentrate on teeth.

I made no secret of my plans to those around me, in particular my wife, who, despite her lack of dental qualifications, not only understood but also wanted to help me to achieve my goals, as did my close friends.

Fate takes control

Our first task was to find the right place. We started looking at existing practices within the Milton Keynes area, in particular bungalows for sale/lease/rent (I wanted the whole set-up on one floor for simple reasons: disabled accessibility, patient safety, administration etc). However, we soon discovered that one of the major practical problems was planning permission. Without going into too much detail, it soon dawned upon us that our vision would neither be fulfilled by buying an existing practice, nor by a property in a residential area. Consequently, we shifted our focus to commercial units.

I was working as an associate at a Notting Hill Gate practice (west London). My wife and son would drop me at Milton Keynes train station on their way to school every morning and I would commute to the practice from there. On one particular day in May 2004, the trains into London had been cancelled, so they waited while I went to find out why. By the time I returned from the station, they had both spotted a 3,200 square-foot unit, located

in the same block as the central railway station on the ground floor. This was exactly what we were looking for.

Getting started

Negotiations began for the lease, but contrary to my hopes, the process was long and far from smooth. The procedure involved changing the use licence - a seemingly endless stream of paper work to gain several permissions from various local council and health authority departments. At times it was incredibly frustrating and my wife would say, 'Let's leave this place and look for another spot'. However, I

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Above: The Dental Works logo ties in beautifully with the dramatic colour scheme

Opposite: The sterilisation room

always encouraged her to persevere and in hindsight I'm glad I did.

To keep us occupied, my wife and I engaged in talks with the local PCT, equipment suppliers, banks, builders, the planning department, our accountant and whoever else to proceed with the practice set-up.

The local health authority was also keen to have a practice with my vision under their umbrella, albeit for different reasons. Their concerns focused on the acute shortage of NHS practices in a rapidly growing city. Therefore, I had

their full cooperation to establish a mixed practice with a difference - complete with state-of-the-art equipment and décor. I signed a contract with the local PCT for three surgeries (pilot scheme - PDS) while the fourth one would be solely private. (The private surgery is equipped with a different dental unit, a chair-mounted monitor, an intra oral camera, DVD goggles and the necessary equipment for minor oral and facial surgery, implants, facial cosmetics, IV sedation and bleaching.)

Design issues

After 10 long months of negotiations, bargaining and meetings (not to mention many sleepless nights), I was finally in a position to proceed. It was at this point when my vision started to take shape. I must acknowledge that this would not have been possible without the help and guidance of several experts whom I enlisted the help of during the planning stage.

I asked a few professional designers to view the site and each had his/her own ideas. They were all attractive and



practical suggestions in their own right, but my wife and I felt buying into these designs would not only negate our original concept (our vision of a squat practice with a difference) but would also cost considerably. We worked out how much we would save by doing it ourselves - we could invest that money in equipment and modern dental gadgets. Therefore, we designed the project ourselves according to our vision and budget. Interior design is my wife's hobby, and her practical experience gained both at home and abroad gave me complete confidence in her abilities. The 3,200 square-foot unit was an open hall with no partitions – an entirely blank canvas.

We planned our four spacious surgeries, each with a designated consultation area (within the surgery but away from the clinical area). Here the dentist and patient could sit and discuss the proposed treatment options away from the pressures of the dental chair. We also planned a central

sterilisation room, an OPG room, a store/stock room, a staff room, a kitchen, an office, separate disabled toilets, a record room, a recovery room and last but not the least, two spacious, attractive and relaxing waiting areas. Although the space was large enough to accommodate double the number of surgeries, we didn't want them to be tiny with little room for movement.

Making invaluable contacts

During negotiations, we met Mr Bradley Marz (who is now a good friend of mine) from Wright Cottrell. Bradley not only helped me finalise the equipment options and installation, ie three Adec Performers and one Adec 500, but also introduced me to Aspect Building Contractors, who specialise in dental surgeries and were eventually instructed to carry out the building work. One of the most appreciable qualities of Aspects is their seamless

coordination with other companies and individuals involved in the practice set up - this can be quite daunting without proper management. I must take this opportunity to acknowledge the professionalism of Aspects - they completed the whole project within roughly six weeks. In fact, we started seeing patients just seven weeks after the building work began.

After a couple of meetings, emails and phone calls with Bradley and the building contractors, Bradley came up with a basic design and room location plan. It included rough room dimensions with the positions of dental units, cabinets and other equipment. At this point we passed on the basic design and layout to Mr Yasser Mahmood, an architect who fine-tuned the basic design to conform to building rules and regulations.

Interior details

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furnishings were concerned, we took it step-by-step, starting with the reception area, moving on to each surgery and their rooms and finishing off with the practice exterior. A few of my patients who specialise in interior design and architecture were also instrumental in the final colour scheme and décor.

On paper, the chosen colours were bold and a bit of a shock, but we always knew that they would look 'stunning' (a word used by virtually all visitors to the practice) when put on the walls in the right proportion. The theme was to paint one wall in each surgery to match the dental chair, and introduce a well-lit painting/photograph to coordinate. For example, the main surgery is black, featuring a black unit, one black wall and black blinds, all offset with stone coloured walls. The other surgeries are themed with saffron, purple and burnt orange. The bespoke colours were mixed at Homebase using swatches from the chairs.

The two reception areas (halls may

be a more appropriate description) are themed with light grey, red and black. The reception desk is black with a glass top. We designed it ourselves and had it manufactured by a company that we discovered on the internet. Doing it this way saved at least £3,500, money we invested into extra equipment. The furnishings for the reception areas were chosen from IKEA and MFI, keeping the main colour scheme in mind. The staff uniform was chosen from Simon Jersey in black and grey – a little unconventional, yet elegant.

Our team

The role of a highly motivated team cannot be over emphasised. As Dental Works took shape, people I had known personally teamed up. They supported the idea and philosophy of Dental Works and wanted to become part of it. They now make up more than half of the staff here and have been working tirelessly since the opening! The team

must be credited for the daily appreciation (both written and verbal) we receive from patients and the Quality Assurance Certificate awarded to us by the local health authority. The practice is also one of the few BUPA accredited practices in the region, which again is a reflection of the high clinical standards we continuously maintain.

During the first few weeks we concentrated on providing basic general dental services, simply because I wanted to give every member of the team time to settle into this completely new practice with its own philosophy. After the initial settling phase, we began to accept referrals and establish the specialist services. We now offer cosmetic dentistry, facial cosmetics (Botox/Restylane), endodontics, intra venous sedation, oral surgery and implants. In February of this year, we installed our Cerec 3D (Sirona Dental Systems, 0845 0715040) at the practice.

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A vision realised

All the thought and effort put into the practice appearance always had the patients' comfort and ease in mind, both the physical and psychological. My wife and I spent numerous hours discussing how we could make the place look, feel and smell 'unlike a conventional dental practice', while also providing basic dental care. We wanted to use the latest technology available, not only to restore oral health but to achieve effective communication, which helps to explain how we came up with our practice ethos – 'Dental Works - working towards a confident smile'. ■

The practice

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