

THE GRAND TOUR

Jonathan Lack opens his doors to allow readers a peek at his new periodontic and implant practice in Harley Street



Welcome to my practice at 1 Harley Street. Specialising in periodontics with services in implant surgery, we opened our doors this spring. I have been providing periodontal and implant treatment for 19 years, having trained and practised in Canada and the USA for the first nine years of my career.

The business in London itself has been up and running at a different Harley Street location for 10 years or so and the practice has grown over time.

My wish list

It was about six years ago that I started looking for a place of my own. My practice had grown to a point where it was essential that I had full control over all aspects of it and I could not achieve that where I was.

Being purely referral based from other dentists, it is essential that the front desk support and treatment of my patients and referring dentists is as attentive as possible.

It has been a hard and long slog, though. Over time several premises have come and gone that seemed promising, and I've been through designers and designs, change of use on some premises, legal work, and I've even been let down by potential landlords following a year and in some cases years of work.

The fact is there are so many restrictions in this area because many of the buildings are listed, and Westminster Council puts its own restrictions on, that it's very hard to find space that is truly appropriate. I wanted somewhere self-contained and private, a venue where patients could feel comfortable, safe and that they are receiving personalised care. Many of my patients have sedation prior to treatment and so they need a place where they can relax and let the effects of the sedative occur without feeling they are in a communal waiting room with everybody watching them.

Then it had to be just the right size for three surgeries, which I felt was the correct number for what I want to do – one for me, one for the hygienist and one for an associate or to rent to another periodontist or endodontist. I am currently looking for the right person to fill this third room.

For this property, we started talking in April 2010 and I actually sat down with the landlord in June 2010. We agreed a lease on that day in June but it took until 23 December to get the legal work done and signed. The legal work seems to take a long time even if there is nothing in dispute, so I would recommend that anybody undertaking a project such as this allow for a lot of extra time for delays with the legal paperwork.

Moving in

We opened the doors to the new practice at the end of March 2011. We gave ourselves a week for the transition, which, in retrospect, was very short and it went down to the wire. You can imagine everything we needed to get in place and timing was crucial. Getting the equipment and chairs here in time but not too early because we had nowhere to store them, largely because the place was a construction site until a week before opening, was a feat in itself!

We also had to set up the computers and switch over to a new practice management software – Carestream's R4 Clinical Plus. It runs on Windows and I had chosen Mac computers for the whole office, so that was another challenge. We are running Parallels to allow us to use Windows-based software for practice management and radiography.

Altogether it was a nerve-wracking process, but we managed to get settled in and everything put away so we could see patients. I must admit, though, that at midnight on the Sunday before we were scheduled to open Monday morning, I was still at the practice – washing windows of all things!



Come on in

The practice is on the third floor of the building and is a self-contained suite of rooms including reception, waiting room, three surgeries, a sterilisation room and an OPG radiography machine.

My visitors just need to take the lift to the third floor and ring the bell at suite six to get into the practice. As they walk in, the manned reception desk is on their right. Once the receptionist welcomes the patient, they are directed to the waiting room opposite.



Clockwise from left:
The exterior of 1 Harley Street

Sign outside building

The front door of suite six

The reception area



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The waiting room

The way we have furnished and decorated the waiting room, like all of the rooms in the suite, is to maximise the space available and make patients feel comfortable and at ease. The room itself is cosy, accommodating a number of leather armchairs, a large TV, a selection of magazines and drinks facilities, to which we invite patients to help themselves. Silver silk wall hangings combined with pristine white paintwork, and jazz music quietly playing in the background, accentuate the calm and luxurious ambience. I was hoping for the feel of a quality boutique hotel.

It was beyond the reception area and waiting room that that the architect (Alan Tate of Grey Associates), the builders (Aspect Building Contractors) and the surgery design and installation specialist company (Anglian Dental) really came into their own. I worked very closely with everyone involved in the project and they took on board every aspect of what I wanted to achieve. From a construction standpoint, Aspect Building Contractors' 20 years of experience in the dental construction business shone through. They were professional throughout and completed the project in a timely fashion

As dentists we may take on a project like

this a maximum of two or three times during our careers. We are far from experts on the topic. So in order to have a knowledgeable liaison acting on my behalf to deal with the builders and architect, I also hired a quantity surveyor – Mr Albert Stone of Albert Stone Associates. He was invaluable in bridging the gap in my knowledge of construction, so that the builders could talk to somebody who understood their 'language' while making sure my interests were being carefully watched. I cannot emphasise enough how much the knowledge and advice of a quantity surveyor will protect your interests, help keep costs and timings in check, and give you peace of mind.

My treatment room, which is the largest of the three, is straight down the corridor.

With high, ornate ceilings and a number of windows overlooking Cavendish Square, it is naturally light and airy – a real boon in this area.

Being Canadian I love being able to see the outdoors, and the patients like it too. I had one patient come round from sedation in the chair who said it was wonderful to open her eyes and see clouds and trees. It is another element that really helps patients to relax in the chair.



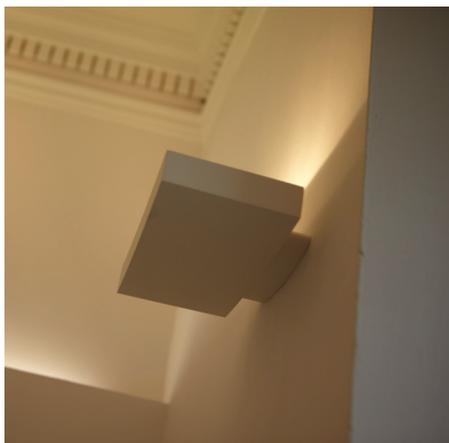
Long corridor to treatment rooms

Right hand page:
Entrance to treatment room two

Large surgery – floor level view



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All of the cabinetry is custom made. For example, the cabinetry is cantilevered off the walls so there is no footing to them (which is good for infection control purposes and provides an element of added spaciousness). The Belmont Cleo II knee break chair has an iPad incorporated into it. Patients can choose what they want to watch during treatment – perhaps CNN, BBC news, something on BBC iPlayer or a movie. I am a firm believer that patients appreciate some distraction while undergoing dental treatment. Nobody wants to stare at a boring ceiling imagining what horrors are being done to them! To



accommodate the iPad we had to work with Anglian Dental to get the arms on the chair to work without interfering with one another. Anglian then custom engineered a connector to the Belmont chair's arm, and I found a purpose-built iPad case that secures the iPad and allowed us to bolt it to the arm. We're lucky technology has caught up with what we needed and wanted. I was going to put a 22-inch screen on a big, heavy arm over the chair but then I thought: 'Would I want to lie under a suspended 22-inch monitor?'

Everything has been slotted in to give the feeling of space. That's another reason why the cabinets are wall-mounted, as well as lit from the inside, creating a light, translucent look to the storage cupboards.

All of the lighting has been purpose-designed so that it is not glaring in a patient's eyes, whether they are sitting up or lying back in the chair.

Our operatory lights are not commonly used yet in dental practices in the UK. From French company, LOLé, this is an LED light on which you can adjust the intensity at the swipe of a touchless sensor. We use them not just because we can adjust the intensity but also because most dental lights have a glass-backed shield that allows light to come through the back of the light. This light would have reflected off the iPad and obscured the patient's view of it, but these narrow-headed lights overcome such problems. In addition, since there are four very bright LED lights, even if my head blocks two there is still some light on the subject.

Shortly, a 50-inch TV is going to be mounted on one of the walls in the main surgery. I want to run very small seminars in here, with about eight to 10 delegates. The aim is to make it a personal experience, so that I can not only teach better but also get to know the people I am instructing. I will also be able to perform live surgery in one of the other treatment rooms and broadcast it into the larger one.

This room provides a good example of thinking things through before the refurbishment – I had been through the process of planning and designing potential offices on so many occasions that, by the time I secured this property, I knew just what I wanted.

From a design standpoint, Alan Tate and

From top: Translucent, lit wall cabinets

Uplighting

iPad and dental light – patient view from chair

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Above: Large surgery – overhead view

Third surgery with knee break Belmont chair – overhead view

Anglian Dental were both phenomenal. Anglian Dental gave a level of service and support that was beyond what I thought existed in this day and age. They are true professionals. Whatever my vision, they really tried to allow me to have it rather than offering me bog standard equipment, which happens with a lot of other companies.

The same attention to detail has been implemented in the other two, but slightly smaller, treatment rooms. Each is equipped to the same high standard and with the same equipment, from the new Belmont Cleo II knee-break chair, which has a smaller footprint than most chairs, again allowing us to maximise the space available, to the iPad and the LOLé light. One is currently occupied by the hygienist and the other will, one day, be used by an associate or a periodontal or endodontic colleague looking to rent a room.

Between two of the surgeries is a Dürer VistaScan Perio Plus scanner. At only the footprint of an A4 piece of paper, it fits perfectly in the corner we had available. We went with



this system because digital sensors can be quite bulky and therefore uncomfortable for patients. This is almost like regular film but it's actually a phosphor plate, which is reusable and inside a protective sheet. So once we've exposed the radiograph we put it in one of the cartridges, drop it into the machine and it scans the image to the desktop computer in

seconds. You can scan a full-mouth series of radiographs in about 90 seconds.

Next on the tour is the sterilisation room, which fulfils CQC and HTM 01-05 requirements. We have chosen a washer disinfectant and steriliser that can download cycle logs directly to a networked computer. It can also work with special software to link

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the cycle log to instrument use on a patient. The steriliser has a rectangular chamber that results in much shorter cycle times than most class B vacuum autoclaves. This means you don't need to have as many instrument sets in circulation. The equipment in this room comes from Geringe, distributed by Lancer.

Going back to the issue of making the most of the space available, the door to the sterilisation room, which meets the requirements to have a suitable barrier there, is lead-lined. When fully opened 90 degrees, it then serves as a barricade when we're taking an OPG.

The area that houses the OPG also has neat floor-to-ceiling storage cupboards and a hidden kitchenette for staff to use when there are no patients on the premises.

I chose an OPG machine rather than a cone beam CT (CBCT) scanner because there are at least five or six of them in Harley Street alone, so it makes no sense for me to have one too, especially as the technology changes so often. If I need something the same day I can get it, and I know that the scanning centres I use upgrade their equipment whenever newer, lower dose equipment becomes available.

A word of advice

If you are looking to invest in a new practice

or update your current premises, I would recommend, first and foremost, that you put down on paper what you want from your work environment. Figure out how you want the space to feel for you and your patients, and then how many surgeries and what auxiliary equipment you are going to need. Essentially, know how much space you need before you go looking.

Don't forget to factor in CQC and HTM 01-05 requirements.

Once you have found the right place, you've got to pay attention to the details. It is important to work with people who are going to listen to what your view of the practice is, rather than them imposing what they always build. Then, even when you have the right team, at the end of the day it's down to you to make sure it turns out the right way. I would advise you to choose your team carefully and only by recommendation from other dentists who have actually used the people you are thinking of using. I have had some bad experiences over the years so feel free to call me if you want more information.

Present and future

Our practice ethos is to try to treat patients in a tranquil, comforting environment and to give them the best quality of care that we can with

Sterilisation room

the latest technology and scientific evidence available to us. Certainly, I think we are on the right track for that with our updated premises.

I am going to continue to practise the periodontal and implant elements of dentistry and bring hands-on, didactic teaching into the practice. We carry out a large number of pre-implant, lateral wall sinus lifts and block bone grafts for dentists who place straightforward implants themselves. As a result there is a demand for hands-on training in this element of implant surgery along with soft tissue management around implants. This level of training is best undertaken in a small, focused environment such as that offered here, where attention to detail is possible.

One of the problems with this area is that it is rare to find a place with a freehold or a very long leasehold you can buy. I am on a leasehold, which means I do not have any long-term guarantees I can remain here. We've put a lot of time and effort into it all, obviously, and I love this space so if I have to give it up I might just retire! Not really; first I have to pay for all of this! **L**