

PRACTICE FACT FILE

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How we did it

Leo Mashensky and **Leo Rom** of 321 Dental explain how they created their new, purpose-built clinic in Hampstead

Our goal in setting up 321 Dental was to have a small, cheerful and relaxed, ultra-modern clinic that would offer a complete range of dental and cosmetic treatments. To ensure the highest standards and a highly personal touch we wanted to restrict this to just the two of us as dentists – both of us rigorously trained in Germany – while also offering the wide range of advanced and cosmetic treatments in which we are also trained. We would

be supported by a hygienist and orthodontist, as well as the usual nurses and receptionist. The plan is also to add a part-time paediatric dentist (as there are a number of schools nearby) and, when required, a dental surgeon we work with will fly in from Germany.

A risky business

We knew to start an all-new clinic,

far from our existing east London practice, with no registered patients and in an economic downturn, was a risky undertaking – as our colleagues always remind us. Yet it has become apparent to both of us that we cannot continue much longer within the NHS system. Apart from the bureaucratic hassles, its constraints on the time dedicated to any procedure and the materials to be used make it impossible to consistently deliver the quality of



Clockwise from above: The view from the reception desk; the waiting room with curved consultation room; the entrance to 321 Dental with the reception area overlooking the colourful waiting room

treatment our patients require and deserve – and for us to always perform to the standards consistent with our prolonged education and work experience in Germany so compromising pride in and satisfaction with our work.

I studied in Cologne and Leo Mashensky in Frankfurt. As well as conventional dentistry we trained in specialisations such as implant surgery, Invisalign teeth straightening and cosmetic treatments like veneers, Zoom teeth whitening, teeth bonding and facial rejuvenation (Botox and fillers).

Trading places

Mashensky moved to London in 1998 and joined a dental practice in east London, and I followed a year later to join him. In time we acquired the practice and we now have two associate dentists. However, because the practice is not in an affluent area it must, to be viable, provide NHS services along with private treatment.

Frustrated with NHS dentistry, for the reasons already outlined, we decided to set up our new clinic in north west London.

We chose the north west of London because it is easily accessible and close to an affluent hinterland, and is also near to both of our homes.

We decided that we would take turns to work part-time in the new practice to begin with, as would the hygienist, as we build up a patient list while maintaining our other practice.

Falling into shape

However – as if building a client base in constrained times was not enough of a challenge – finding suitable premises in our preferred area proved very difficult too. The places we found that would have suited us perfectly were opposed by the planners for use as a dental clinic.

Even once we eventually found potential premises, converting them into a clinic, let alone a state-of-the-art one, presented formidable challenges to our architect and the contractor.

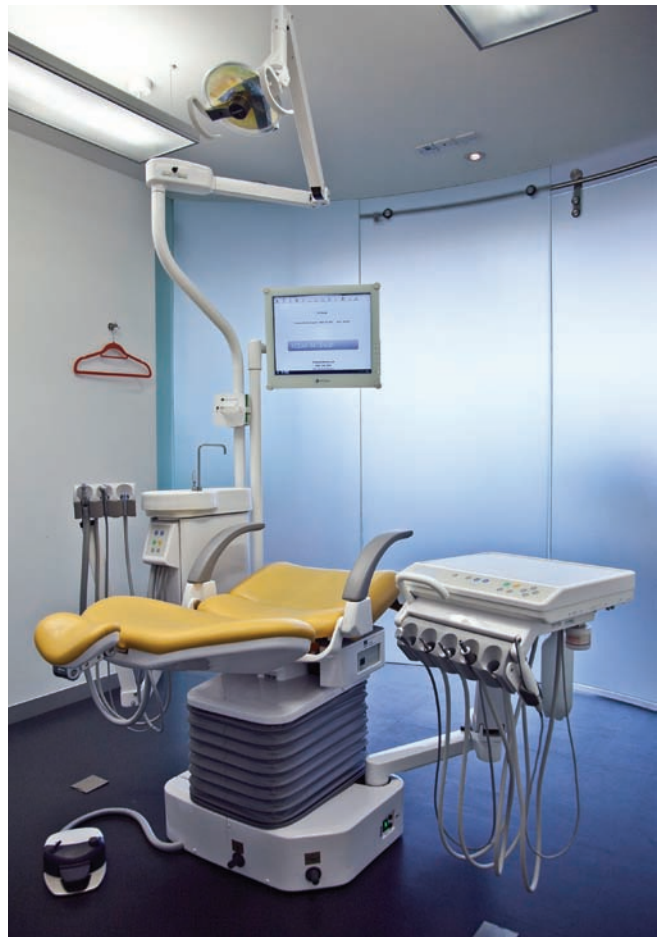
Atypically, and in retrospect surprisingly, it was the contractor Zenon (who had extended Mashensky's home) who recommended the architect.

Richard Mitzman had been a dentist before retraining as an architect and has become renowned for his approach to the design of dental clinics and for the purpose-designed units they are fitted out with.

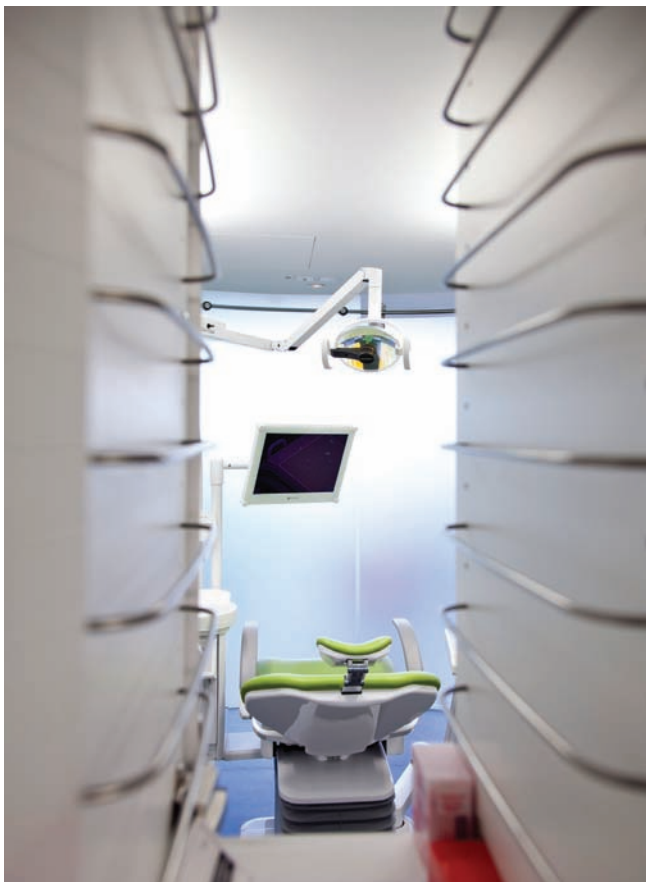
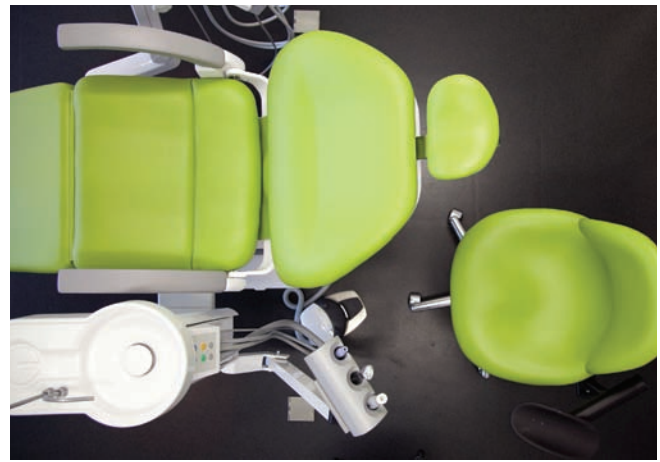
321, go

What we eventually found at 321 Finchley Road – hence the practice name 321 Dental – was a space nobody wanted.

Under a fairly new block of flats was an un-let shell that had been empty for years, its frontage enclosed only by boarding. This ground floor space, set back from and at an angle to the road, had been part of a larger space intended for retail, part of which edged the street and included a basement. This prime portion had been let for ▶



Clockwise from left: The steri-walls in action, which form the back wall of the surgeries; the steri-walls are accessible from the sterilisation area; one of the surgeries at 321 Dental with curved frosted glass doors; the sterilisation area



Clockwise from above: The view from the decontamination area through a steri-wall to one of the colourful surgeries; the surgeries are located adjacent to the waiting area; the vivid green dental chair, in-keeping with the modern décor

some time, leaving as a residue a bare shell that not only had no direct street frontage or basement but also was devoid of services such as water and sewage connections. It was also smaller than would have been ideal for us, but it was the best we could get in the area back in 2008.

Access granted

Permission was granted to push the frontage out beyond the enclosing boarding and existing roof so as to align with the adjacent shop front. The gap between the existing solid roof and the all-glass frontage is now enclosed with flat glass to maximise the light admitted into the clinic, and thus make the interior more visible through the transparent frontage. This, together with prominent signage, helps announce the presence of the clinic that is unavoidably set back beyond a forecourt, which might distance it from Finchley Road but also separates it a bit from this not entirely salubrious stretch of street.

To remove waste water and sewage, a portion of the existing concrete floor slab had to be demolished and a sump excavated and built for a pump. These wastes are now pumped below the raised floor installed throughout the clinic, under which are also the hot and cold water pipes, electrical and telephone wiring.

In the surgical and sterilisation areas, we have used large rubber tiles on the floor surface and large pale grey ceramic tiles in the patient areas – both of these provide easy-to-clean surfaces.

Architect know-how

The layout of the clinic follows the approach Richard Mitzman has refined in a succession of clinics, here adapted to the rather cramped dimensions while also giving a sense of spaciousness.

Richard advocates two surgeries for each dentist to maximise productivity by allowing the dentist to keep working while the second surgery is cleaned and prepared. This is the system we were familiar with in Germany and would have preferred here; but the limited space permitted only three surgeries.

At present just two of these are fully equipped as we work here on different days. The third surgery will be equipped when the time comes for both of us to be here simultaneously. We will then juggle the use of this surgery so that we can work as efficiently as possible. The third surgery will also be used by the part-time hygienist, orthodontist and children's dentist, or the dental surgeon when he visits.



Clockwise from bottom left: The branding on the glass frontage of the practice; the X-ray room; the curved consultation room is surrounded by glass, letting in natural light

As Richard also advocates, the surgeries are between the patients' waiting and circulation area and the sterilisation and staff circulation areas.

Let the light shine through

Richard's purpose-designed 'steri-walls' form the back wall of the surgeries and are accessible from both them and the sterilisation area. The clinic was designed and fitted out prior to the issuance of HTM 01-05, so sterilisation

is in a single large room. When the time comes, this will easily be divided by a glass partition.

As is planned here, glass is used extensively throughout the clinic, both for its 'seen to be clean' characteristic and to let natural light (admitted only through the plate glass frontage and the strip of flat glass roof along it) permeate all parts. The surgeries and the independent consulting room, for instance, are partitioned from the patient waiting room by curving,

frosted glass screens, which have curving glass sliding doors.

The bulging curves of these screens provide a fluidly dynamic visual animation while the recesses between the bulges expand the dimensions of the patient area so that, along with the translucency of the glass, they give us a great sense of spaciousness to these parts as was possible.

Together with the stylish colourful furniture in the practice, which Richard chose and is his signature, this and the abundant light give the clinic a very contemporary look of cheerful calm. We chose the colours (mainly orange, green and white) because they are fresh, not too cold and help to create a modern atmosphere.

So this is how we did it. We are now patiently building up our patient list in eager anticipation of the time, still a little way off, when both of us will work only in our new, purpose-built clinic. **PD**

COMPANIES INVOLVED IN THE PROJECT

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