

33 Weymouth Street: Millennium practice

**WHEN A GROUP OF
DENTISTS DECIDED
THEIR PRACTICE
NEEDED A REDESIGN,
THEY KNEW RICHARD
MITZMAN WAS THE
PERFECT MAN FOR
THE PROJECT.
INDEPENDENT
DENTISTRY'S EDITOR-
IN-CHIEF, ELLIS PAUL,
LOOKS AT WHAT
MAKES THIS PRACTICE
SO OUTSTANDING**

Number 33 Weymouth Street is a listed three-storey building in London's west end, housing the referral practices of three dentists: Brian Selwyn-Barnett, whose practice is limited to orthodontics, John Roberts and Barry Scheer, whose practices are limited to paedodontics.

Richard Mitzman was their choice of designer for the project and what emerged has made it the most innovative practice in the country. His brief was to produce a modern, light and spacious practice, yet preserve enough of the old features to be in keeping with the original listed building. I went to see the finished result myself and, as Richard never does anything without a specific reason, I asked him to give me a running commentary as we toured the practice.

Richard's first task was to change the rather dark and depressing atmosphere, so he placed great importance on the amount of light coming in. Wishing to reinstate the original size of the rooms

Figure 1: All doors feature opaque glass wherever possible



Figure 2: Glass was used for all worktops in the practice

before the house had been converted into a practice, he took out all the partitions and opened up the whole of the three floors. Where it was necessary to erect new partitions, these were all made in glass wherever possible. The window blinds were removed and replaced with opaque film glass. Comments from English Heritage were highly favourable.

DESIGN PRINCIPLES

The practice was built on two basic concepts, namely ergonomics and infection control. The fact that this was predominantly a children's dental practice was also significant. Richard did not want a Disneyland environment, particularly as the ortho patients tended to be in the 14-16 age

group and also because a growing number of adult ortho patients were attending the practice. Consequently, he made few gestures towards children, but those he did make were strong and powerful.

In further efforts to increase the airiness and light within the practice, all doors featured opaque glass wherever possible (Figure 1) and used a sliding mechanism to save space.

There are no door frames and no cornices, making it easier to keep clean. The only concession to having skirting boards was in the form of aluminium strips.

INFECTION CONTROL

Because it was felt that surfaces and equipment had to look visibly sterile, glass was used for all work tops with

directly from the dental surgery.

Each surgery is separated from the central sterilising area by a glass screen (Figure 5) and each also has a separate consultation area for each dentist, separated from the surgery by frosted glass. This eliminates any feelings of claustrophobia that may occur and also means that the dentists can talk to their patients away from the actual dental chair.

The design provides a very smooth patient flow from the waiting room through to the consultation area and then on through to the surgery. This

Figure 7: Play area for children



Figure 6: Once through the front door, patients arrive in the large open and airy reception and waiting room

pattern is repeated in Brian Selwyn-Barnett's first floor suite, where two hygienists are also accommodated. Because not every chair is in use all of the time, the practice has been designed with some slack in the

system, again removing another source of pressure for the teams working therein.

The dental units have been designed as compass units, i.e. the entire assembly (delivery system) swings around either to the left or right of the chair. The light and spittoon revolve in a similar way.

GROUND FLOOR

Upon entering the re-designed front door, patients come to a large open, airy and very bright area (Figure 6) which acts both as a reception and waiting room. Seating is provided by very modern-looking sofas, bought in London's Camden Market, adding to the stylish appearance, largely because all the walls are in straight lines, with the knibs left on the walls when the old walls were removed.

This helped give a little variety to the otherwise totally flat surfaces. The floor is a beautiful oak parquet and the colour scheme, as it is throughout the practice, is very basic and simple. There are only three colours - yellow, turquoise and blue which, contrary to expectation, actually provide a very warm, relaxing and restful atmosphere. There are no

pictures anywhere, simply because there is no need for them. By providing suspended ceilings downstairs, the noise level is reduced considerably, though upstairs the original 12-foot ceilings were preserved to give the environment a light and airy feel.

RECEPTION AREA

The reception desk is faced with recycled plastic (see Figure 6) at children's eye level and this is something everybody notices as they walk in the door. Facing this, behind a curved etched glass screen (see Figure 6), is a play area containing Nintendo (Figure 7), a play station, a design cabinet, Lego, a rocking horse and book shelves which are stuffed with children's books and comics.

The desk itself has two computer screens, again, below the glass (Figure 8) and four appointment books on top, with plenty of room to open them because the counter top otherwise is left totally free. Files are in double-sided swivelling filing cabinets from Rackline (Figure 9) and there is a room behind reception if a patient wants to talk to one of the practitioners in private. All other staff offices, changing rooms, showers, archives and ortho models are located down in the cellar.

I particularly liked the hand-made fish light shades in the stairwell (see Figure 6), creating a sense of fun. Filling the seven-metre well over the staircase, the shades are a reference to the ubiquitous goldfish tank, present in so many dentists' waiting rooms.

nothing placed upon them (Figure 2). Moreover, since glass has to be cleaned frequently, this ensured an extremely high level of infection control. All disposables and instruments needed for each patient, such as ortho pliers, are kept in the surgery in small trolleys which could be pushed beneath the work surface when not in use. This type of design also gives an uncluttered look and means that each chair can be used by any dentist or hygienist as there were no little 'nests' made by individuals. To keep everything clean takes time, so all the surgeries contain at least two dental chairs and units in an open plan design. This means that a new patient can be seated in a clean chair and then treated while the other chair is cleaned and sterilised. This avoids the stress of the patient changeover



Figure 3: The sterilising rooms all feature one-piece stainless steel customised worktops

and acts as a relief valve for a busy dental practice.

For 20 years, the practice did not have enough chairs to go round each surgery, with only one chair available per dentist.

Clearly, time was wasted as each new patient was seated.

The enormous savings on cabinetry (often the most costly items in a practice), meant that money was

available to spend elsewhere and the units were made to be used by both left and right handed dentists.

There is a terminal in each surgery which goes under the glass shelf and can be read through the glass while being kept in a non-sterile part. The huge expense of providing glass working tops was avoided by Richard's use of 12mm glass instead of 15mm glass, giving considerable savings in cost.

STERILISING ROOMS

All the sterilising rooms have one-piece stainless steel, custom-made worktops (Figure 3). The walls have through and through cupboards and shelves (Figure 4) going from the CSD into the surgery and back again. Clean trays therefore can be stored straight from the CSD and accessed

Figure 4: The walls have through and through cupboards and shelves



Figure 5: Each surgery is separated from the central sterilising area by a glass screen



While separated from the reception by an obscure glass screen, this has a clear panel halfway up, enabling the staff to watch over the children in the room (see Figure 6).

The adult waiting area is completed by the coat racks and a coffee machine, both to be found in the alcove, which used to be the fireplace in the original building.

SURGERY AREAS

Opening off the waiting and reception area are two suites of surgeries. The first one belongs to paedodontist John Roberts. From the waiting area, the patient goes through directly into a consultation room and this is separated from the main surgery area by etched glass screens. One of them slides open to allow entry into the treatment area which has two chairs and full units (see Figure 5). The cleaning and sterilising room can also be accessed from the surgery but this is obscured by another etched glass screen.

Barry Scheer is the other paedodontist working in the practice. His suite also opens off the reception area and consists of an X-ray and developing area, a consultation area and a two-chair operatory, one of which is set up specifically for Barry, who is left-handed.

It is from this surgery and from John Roberts' surgery that there is direct access into a separate oral hygiene and seminar room (Figure 10). This is in a conservatory and was one of the main features of the practice before refurbishment.



Figure 8: The desk has two computer screens below the glass



Figure 9: Filing cabinets from Rackline

It is tiled in beautiful Victorian floral patterned tiles and is one of the building's listed features, and therefore had to be preserved.

The enormous garden within the room, lit by a skylight, has been retained, and the layout of the practice means that all the patients visiting the practice must, at some stage, go through this room. This has the added



Figure 10: Separate oral hygiene instruction and seminar room

benefit of increasing patient awareness of the preventive side of the dental practice.

Barry's working area has a small screen separating the two chairs so that it can be used

either as a dual surgery by Barry, or as one chair for him and one for the hygienist.

FIRST FLOOR

This has a separate waiting area and consists mainly of a three chair suite used by orthodontist Brian Selwyn-Barnett. Again, great attention has been paid to maintaining good patient flow. The new patient enters the consultation room and then goes through a door in the rear wall directly into another X-ray and developing room. One complete surgery has a single chair and is used for new patient visits and adult patients. It also contains an extension to one of the knibs of a white screen which acts as a photographic background and all the photographic equipment used is set here in this corner.

From this surgery, the patient walks through an oral hygiene instruction area, equipped with three ordinary chairs and three mirrors (Figure 11). Here, patients can practise inserting, removing and cleaning orthodontic appliances under supervision and can be given oral hygiene instruction. From here, patients go into the two-chair surgery which is used for routine ortho treatment. Again, this is separated by glass screens from the nearby sterilising area. The three chairs mean that there is a degree of flexibility of use, e.g. Brian with one or two hygienists, using single or twin chairs.

Readers may well think that Brian Selwyn-Barnett has rather too much space in having three working chairs. Yet as any orthodontist will know, the problem lies in getting an even



Figure 11: Patients can practise inserting, removing and cleaning ortho appliances under supervision in this room



Figure 12: Hygienist at work with a young patient

spread of patients throughout the year. For example, there are extremely high activity periods during the school holidays, which means that extra capacity has to be available. Extra hygienists are employed and all the chairs are used. Hygienists

can also work in the oral hygiene instruction areas, releasing dental units for other patients (Figure 12).

MINIMUM DISRUPTION

How did Richard Mitzman

manage to get the entire practice refurbished, yet allow the three busy practitioners to work without interruption? In fact, it was achieved by starting with the first and second floors, the basement and the exterior, which needed a new roof. When the first floor was finished, the dentists were moved upstairs to the newly finished surgeries while work commenced on the ground floor reception and surgeries. Because of this, only four working days were missed in eight months. In addition, a further section of the first floor is equipped with two more units and is being sub-let to another dentist, while the top floor flat has been converted to an attractive two-bedroom apartment.

My final impression is the overwhelming feeling of light and space throughout the building. Coupled with a beautiful interior, superb planning and the excellent detail of every single item within the practice, 33 Weymouth Street is the most outstanding practice I have ever seen. Richard Mitzman has not only made the practice look magnificent, but has also paid great attention to ergonomics, patient flow, infection control, efficiency and the patients' comfort and relaxation. **ID**

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