Pharmacy Business Plan

Manchester Community Pharmacy

DOCUMENT GUIDE

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Planning edition 4 October 2026. Manchester England. GBP. Proposed private pharmacy. NHS revenue excluded. Use the accompanying Excel model and confirm registrations, demand and finance before opening.

01 / BUSINESS

Executive summary

Manchester Community Pharmacy is a proposed single-site private community pharmacy in Manchester, England. This plan supports a funding and launch decision for January 2027. The current decision is to validate private demand, secure qualified staffing and premises, and demonstrate a funded route to trading before committing capital.

No founder qualifications, premises, registration, loan, equity commitment or NHS contract are supplied. NHS sales are excluded from all three delivered cases. The model includes paid owner pharmacist labour, employed pharmacist cover, relief, prescription and retail stock, VAT and debt. It may show losses; these require a changed commercial proposition or additional evidenced funding.

Base 2027 net revenue is GBP 467,325 and EBITDA GBP (60,410). 2029 revenue is GBP 665,567 and EBITDA GBP (6,232). Opening cash is GBP 181,625; minimum Base cash is GBP 95,231. Downside additional cash need is GBP 326,719. The business must address private demand and contribution before launch; proposed finance alone is not proof of feasibility.

02 / BUSINESS

Business details

The proposed trading name is Manchester Community Pharmacy. A UK private company limited by shares is the modelling form, with one working owner assumed for remuneration and equity purposes. Legal ownership, directors and superintendent pharmacist arrangements remain to be established.

Manchester is the city scope, not a selected postcode. Contact details, company number, GPhC premises number and pharmacist registration details are not available. Finalise these in the operating file before advertising a regulated service.

Field	Planning status
City and currency	Manchester England GBP
Opening	January 2027 proposed
Legal form	Limited company subject to advice
Address and credentials	Not supplied
NHS contract	Not secured and revenue excluded

03 / BUSINESS

Business concept and objectives

The offer combines lawful private prescription dispensing with over-the-counter medicines and selected everyday health products. A dispensary and private consultation area support confidential advice. Prescribing, specialist compounding, vaccination and NHS commissioned services are outside the forecast.

Before lease commitment complete 40 structured customer interviews, prescription pathway discussions and a postcode competitor map. These are research tasks, not claimed results. Review basket contribution, complaints, expiry loss, staffing cover and cash monthly. Expansion is excluded from the three-year forecast.

04 / BUSINESS

Business model canvas

The model earns retail basket contribution and private prescription dispensing contribution through a registered premises and qualified pharmacy team. Wholesalers, PMR software and disposal providers support fulfilment. No referral contract or recurring prescription book has been acquired.

Prices and volumes are planning assumptions. Medicines are purchased at independently editable unit cost; no reimbursement spread is guaranteed. NHS activation requires both approval evidence and a separate tariff and stock cost review.

BUSINESS MODEL CANVAS

Partners Authorised wholesalers PMR provider waste contractor accountant	**Activities** Private dispensing OTC advice stock and safety checks	**Resources** Registered premises qualified pharmacists technician and retail team
Value Confidential supply transparent private prices and continuity	**Relationships** Consent based refill contact complaint resolution	**Channels** In person and telephone requests payment at supply
Segments Private prescription holders and local retail customers	**Costs** Drug purchases paid owner and staff relief rent and IT	**Revenue** Private prescription and retail baskets NHS excluded

Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

05 / BUSINESS

SWOT and longer term goals

S1 confidential local advice and S2 a narrow service scope are intended strengths. W1 unvalidated private demand and W2 dependence on qualified cover are material weaknesses. O1 repeat lawful dispensing and O2 retail convenience remain hypotheses.

T1 established chains and online dispensing, T2 medicine shortages and purchase price changes, and T3 expiry and staff absence threaten contribution and continuity. Year three targets the same single site with no unsupported second location.

SWOT

Strengths S1 S2 Intended confidentiality and narrow safe scope	**Weaknesses W1 W2** Private book unvalidated qualified cover dependence
Opportunities O1 O2 Repeat private dispensing and retail convenience	**Threats T1 T2 T3** Established channels shortages expiry staff absence

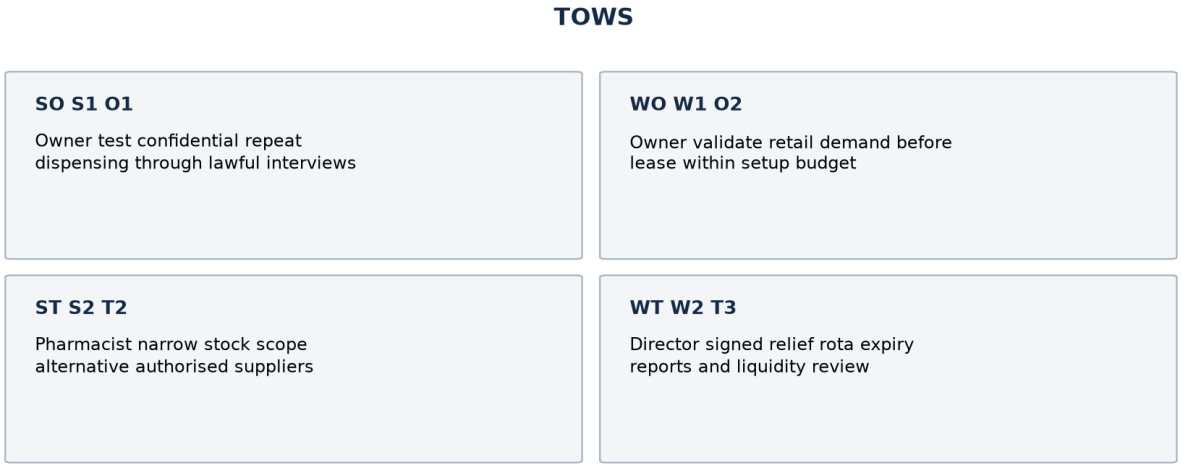
Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

06 / BUSINESS

TOWS strategy matrix

Tie actions to the SWOT: use confidential repeat-care relationships to test local demand, use narrow scope to limit stock breadth, and address weak evidence before signing the lease. A locum rota and dual qualified staff reduce dependence on the owner.

The owner reviews these actions monthly. Any increase in opening hours or public service scope requires a revised paid cover schedule and forecast.



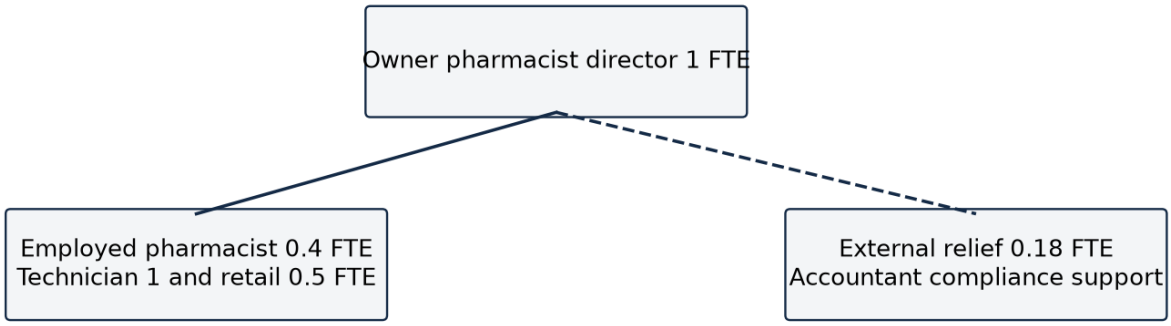
Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

07 / BUSINESS

Owner and management

The owner role is a paid full-time working pharmacist and company director at GBP4500 gross monthly. This is a job specification, not evidence that a named person is registered or clinically competent. Appointment of a superintendent pharmacist and responsible pharmacist must meet the applicable ownership and operating rules S1.

The owner oversees safe supply, supplier approval, stock controls, staff training and liquidity. The employed pharmacist covers agreed sessions, with paid locum relief for leave, sickness and training. External accountant and compliance advice do not replace clinical accountability.



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

08 / BUSINESS

Owner and key personnel profiles

No CV, registration number, references, previous pharmacy business history or financial statement has been supplied. Verify professional registration, fitness, competency and employment references before funding.

Recruit an employed pharmacist at 0.4 FTE in Base, a 1.0 FTE technician and a 0.5 FTE retail assistant. Upside pays for 0.6 employed pharmacist FTE. Technician scope requires verified registration or appropriate qualification, supervision and local protocols.

Role	Required evidence
Owner pharmacist	Registration fitness competence governance
Employed pharmacist	Registration and signed rota
Technician	Qualifications and authorised task scope
Retail assistant	Medicines escalation privacy training
Relief pharmacist	Registration and availability agreement

09 / BUSINESS

Target customers

The first target is Manchester residents who hold lawful private prescriptions and value convenient, confidential dispensing. The retail segment is local residents seeking OTC advice and everyday health products.

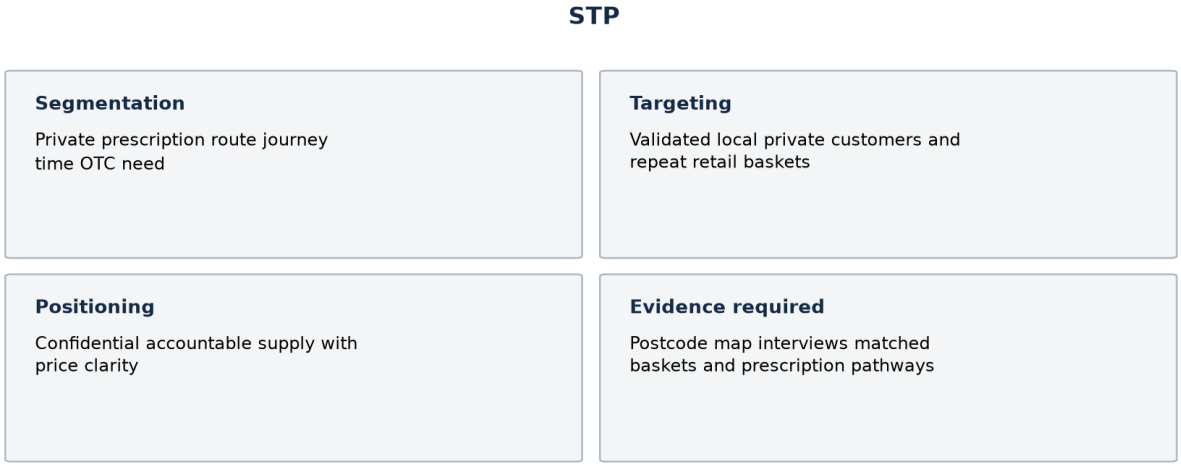
Do not assume that NHS patients will switch to private paid prescriptions. Private prescribers and patients must choose freely; referral arrangements and inducements need legal review. The proposed 15-minute journey catchment requires site-specific testing.

10 / BUSINESS

Segmentation targeting and positioning

Segment by prescription route, medicine availability, journey time and service need. Target a demonstrable private prescription book and repeat retail customers before committing to a premises.

Position through careful supply, privacy, transparent private prices and continuity. The proposition does not claim lowest price, faster clinical outcomes or service superiority without evidence.



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

11 / BUSINESS

Value proposition canvas

Customer jobs are obtaining prescribed medicines safely, finding OTC advice and understanding the final private bill. Pains include stock uncertainty, privacy concerns and unclear collection timing. Gains include dependable communication and a clear escalation route.

Products are private dispensing and retail health baskets. Pain relievers are stock confirmation, written price estimates and safe referral. Gain creators are consent-based refill reminders and accountable handover. These are intended service features to test.



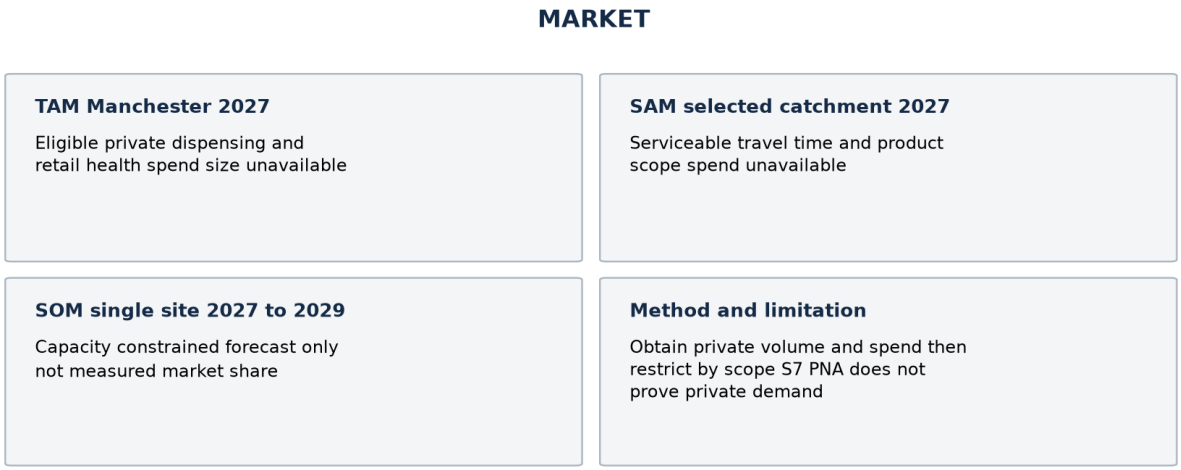
Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

12 / BUSINESS

Market size and trends

TAM is Manchester eligible annual private dispensing and retail health spend for 2027. SAM is that spend within the eventual travel-time catchment and product scope. Both monetary estimates are unavailable because no validated private prescription volume or category spend has been collected.

SOM is the obtainable single-site forecast constrained by pharmacist minutes and retail support. It is not validated market share. S7 directs local pharmaceutical needs evidence; it does not establish a private market gap. Do not multiply total NHS prescriptions by a private fee and present that as demand.



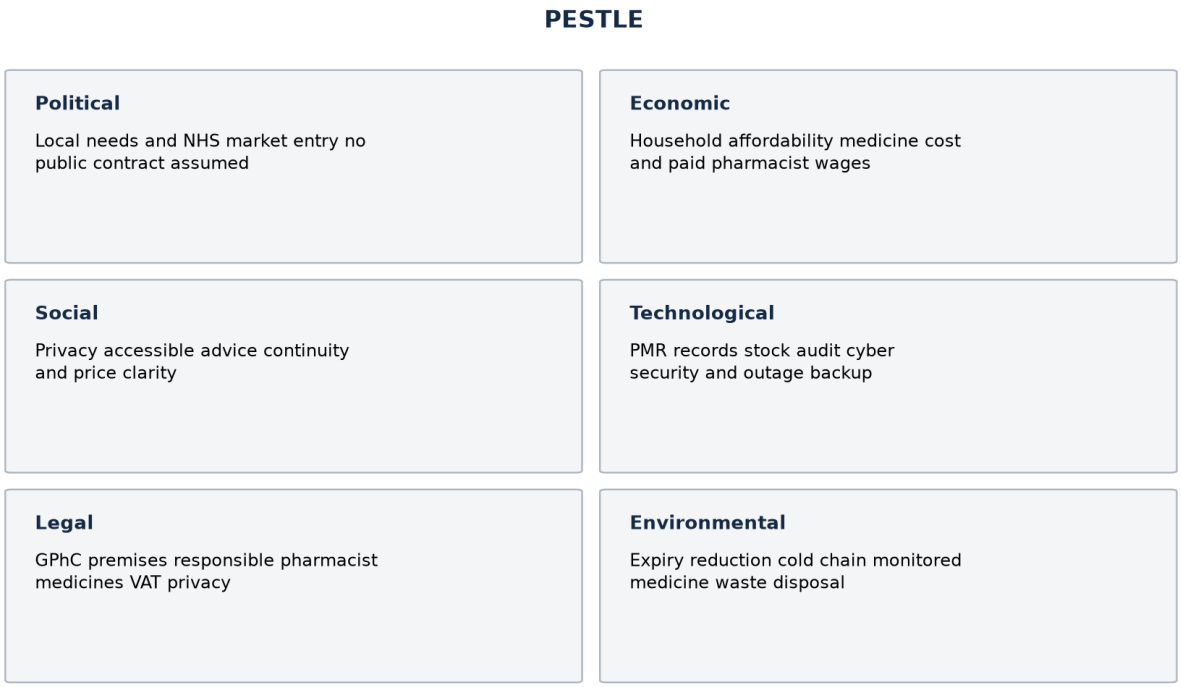
Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

13 / BUSINESS

PESTLE analysis

Regulation, household affordability, privacy, electronic dispensing, medicine supply and disposal affect the offer. Local need must be assessed against the current PNA and lawful market-entry route S2 S3 S7.

Monitor Drug Tariff and reimbursement rules only if NHS commissioning becomes relevant. Private-only economics still depend on medicine availability, clinical cover and price transparency.



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

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Local demand and evidence

No observed footfall, customer survey, prescription transfer agreement, purchase order or willingness-to-pay result exists. The opening demand fraction and mature volume are assumptions rather than a measured sales pipeline.

Collect postcode demand, competitor hours, private prescribing pathways and an anonymised basket test. Record sample dates, method and consent. Launch approval requires contribution evidence, not just expressions of interest.



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

15 / BUSINESS

Competitors and positioning

Boots Manchester Piccadilly is an observed existing pharmacy and retail competitor S8. Its official listing includes order collection and NHS pharmacy contraception services. This establishes competition and a broader offer, not a measured price or quality comparison.

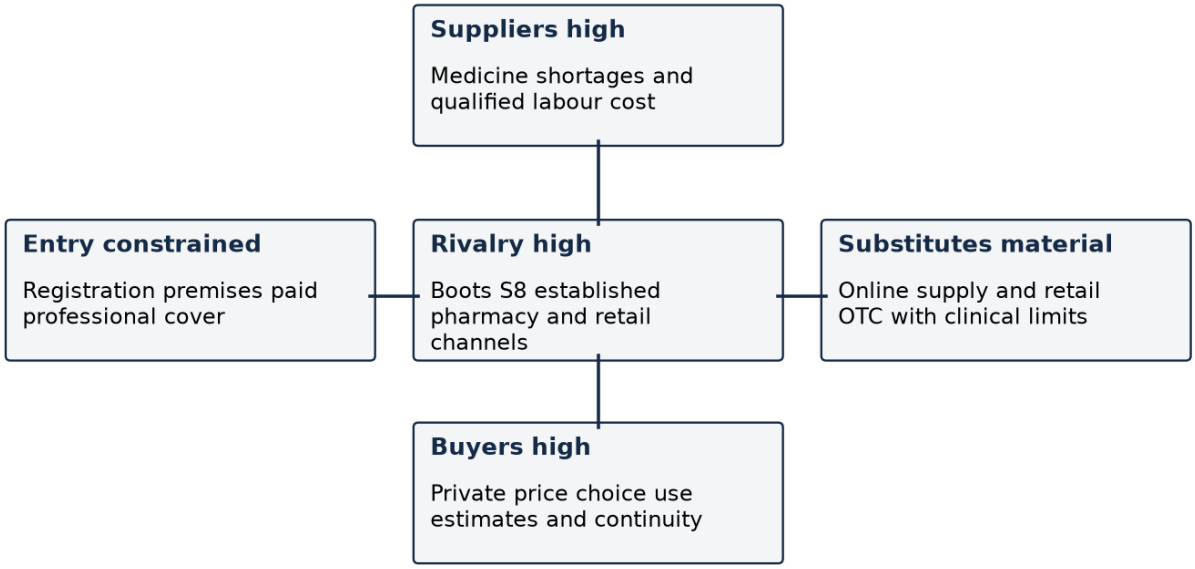
Other independent pharmacies and online dispensing are competitor types to map by the selected postcode. No ratings, mystery-shop results or unverified named stores are reported. Compete on a tested local need rather than assuming a chain service gap.

16 / BUSINESS

Porter five forces

Rivalry is high given established pharmacy and retail channels. Buyer choice is significant for private baskets; suppliers and pharmacist labour can constrain supply. Entry requires regulated premises and qualified staffing. Substitutes include online dispensing and supermarket health retail, with clinical limits.

Respond through confidential advice, disciplined inventory, multiple lawful suppliers, qualified cover and a small validated assortment. Price competition alone cannot repair a staffing-cost shortfall.



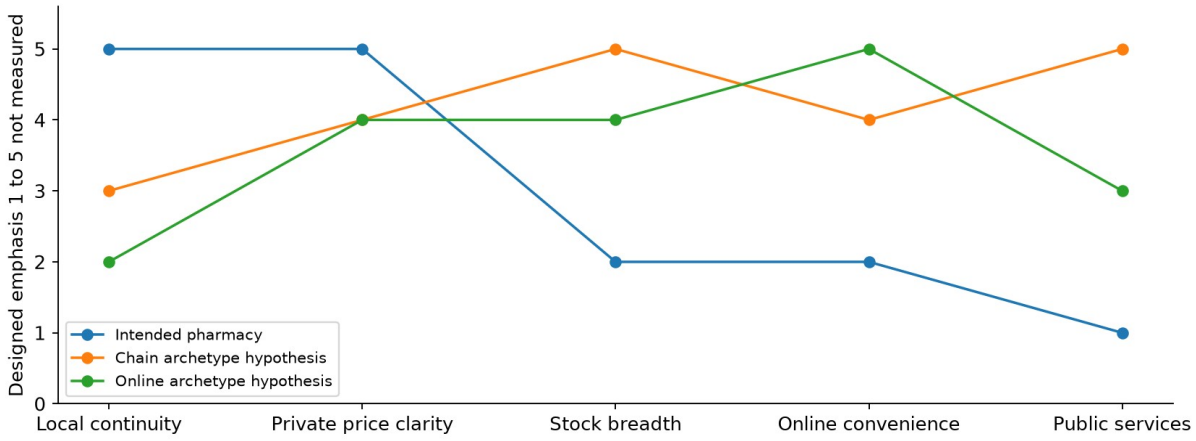
Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

17 / BUSINESS

Strategy canvas

The canvas shows designed emphasis rather than measured competitor scores. It contrasts intended local continuity, price clarity, inventory breadth, online convenience and commissioned service breadth against generic chain and online archetypes.

Validate the proposed emphasis with customers. Boots service availability is factual S8; the comparative plotted values are hypotheses and must not be represented as audited competitor performance.



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

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Location and premises

Budget a leased accessible ground-floor pharmacy of approximately 100 to 140 square metres. Include a dispensary, consultation space, secure medicine storage, temperature-controlled cold chain, staff facilities and safe goods receipt. Monthly rent GBP2500 is an unquoted allowance.

No site is reserved. Verify planning and lease use, GPhC registration suitability, accessibility, electrical capacity, controlled-drug storage, fire safety and privacy before signing. Rent VAT is assumed absent; confirm the landlord option to tax and adjust the model if needed.

19 / BUSINESS

Equipment and resource plan

Capital budget comprises GBP70000 fitout, GBP35000 shelving/security/cold chain, GBP30000 PMR/IT/dispensary equipment and GBP15000 capital contingency treated as spent. These are budgets, not supplier quotations.

Fitout depreciates over 120 months; other assets over 60. Replacement capex of GBP8000 occurs in month 24. Equipment should meet relevant operating and security requirements, with maintenance, validation and cold-chain monitoring within overhead.

Resource	Net GBP	Useful months
Fitout	70000	120
Shelving security cold chain	35000	60
PMR IT dispensing equipment	30000	60
Capital contingency	15000	60

Products and dispensing strategy

Private prescriptions account for 25% of private transactions and retail baskets 75% in Base. Stock a narrow formulary and retail assortment informed by actual lawful prescriptions, shelf life and replenishment reliability. No controlled drug, specialty or high-value medicine demand is assumed.

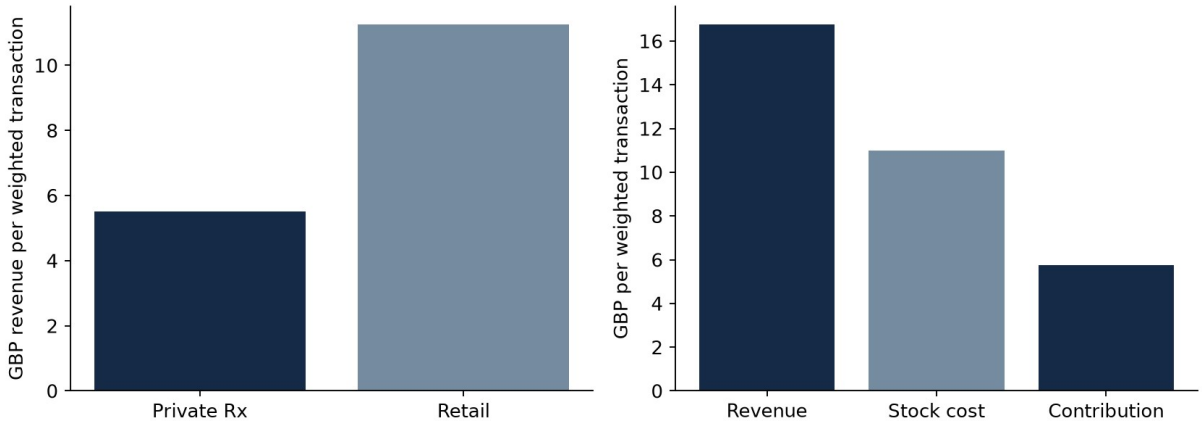
Prescription suitability, legal category, dose and interaction checks must follow the accountable pharmacist workflow. Quarantine returns and expired medicines. NHS stock and item economics are optional separate drivers and carry no delivered revenue.

21 / BUSINESS

Pricing and transaction economics

Base private prescription basket is GBP22 net at GBP17 drug cost. Retail basket is GBP15 net at GBP9 stock cost. Weighted private revenue is GBP16.75 and consumed-stock contribution GBP5.75 per transaction before expiry, payroll, overhead and tax.

These are unquoted blended baskets, not a fee schedule or reimbursement promise. Retail customer gross basket is GBP18 at 20% VAT; eligible prescribed medicine supply is zero-rated under S4. Compare actual medicine invoices and lawful private price lists before replacing assumptions.



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

22 / BUSINESS

Competitor price comparison

No like-for-like private prescription or retail basket prices were collected. Boots Manchester Piccadilly confirms an existing offer S8, but price comparison requires the same medicine, pack, prescription status and dispensing terms.

Collect dated public retail shelf prices and lawful private dispensing quotations for ten representative baskets. Record whether prices include VAT and delivery. Do not use NHS prescription charges as the pharmacy revenue price or assume private pricing is comparable to NHS patient charges.

Comparator	Evidence status
Boots Piccadilly	Store and service listing verified price not collected
Local independent pharmacies	Postcode mapping pending
Online dispensing	Matched basket study pending

23 / BUSINESS

Brand and customer experience

Use a clear pharmacy identity with private pricing displayed before supply. Avoid promises about clinical outcomes or medicine availability before checking stock and lawful fulfilment.

The workflow gives customers a realistic collection time, confidential discussion and a named route for complaints. Accessible language and reasonable adjustments should be documented. Marketing does not replace professional advice or promote prescription-only medicines unlawfully.

Sales channels and process

Private dispensing follows receipt of a valid prescription, professional checks, stock confirmation, price acceptance, supply and recordkeeping. Retail advice and supply follow product category and escalation procedures.

Website or telephone enquiries are service requests, not secured orders. Online sale and delivery are not forecast. Payment at supply is assumed for private transactions. Consent-based follow-up must avoid public disclosure of medicine details.

25 / BUSINESS

Launch marketing

Allow GBP600 monthly within other overhead for local listing, accessible information and a small lawful awareness programme. Preopening setup includes GBP4000 launch materials and GBP7000 recruitment/training within the GBP25000 total.

No paid referral contract, prescription-book purchase or measured conversion exists. Test private demand and retail contribution before a long lease. All promotion must comply with medicines advertising and data protection requirements.

Retention and ongoing sales

Use opt-in refill reminders, clear stock communication and complaint resolution to support repeat use. Analyse repeat transactions and basket contribution without assuming a subscription or recurring contracted book.

Review private prescription availability, first-fill-to-repeat ratio, OTC escalation and consent withdrawals. NHS patient nominations or services are not counted as delivered commercial demand.

27 / BUSINESS

Daily operations and suppliers

Daily controls cover responsible pharmacist appointment, staffing rota, temperature checks, stock receipt, controlled access, professional dispensing checks, cash reconciliation and claims audit where relevant.

Use authorised suppliers with traceability and recall capability. Stock cover targets 1.5 months of consumed cost in Base; purchases cannot be negative and falling cover leaves unconsumed stock visible. Expiry, shrink and dead stock are charged at 0.6% of opening inventory monthly. Supplier payments occur one month after purchases.

Sustainability practices

Reduce avoidable expiry with first-expiry-first-out ordering and small confirmed medicine orders. Segregate medicine waste, sharps and packaging using approved providers; do not infer a clinical waste disposal price from ordinary refuse rates.

Cold-chain efficiency and secure digital records support operations but cannot compromise temperature monitoring or privacy. Track returns, expiry loss and packaging waste rather than claiming a certified environmental outcome.

29 / BUSINESS

Staffing and training

Base staffing is owner pharmacist 1.0 FTE, employed pharmacist 0.4 FTE, technician 1.0 FTE and retail assistant 0.5 FTE, plus paid pharmacist relief 0.18 FTE. Loaded employee payroll uses an 18% allowance; relief is a separate contracted cost.

At 40 paid hours per FTE, pharmacist rota coverage including relief is 63.2 weekly hours against 48 opening hours. Productive capacity uses only regular pharmacist hours at 70%, excluding leave, governance and breaks; relief restores cover rather than creating extra forecast sales. Match the physical shift rota and all role competencies before opening.

Role	Base FTE	Monthly gross GBP
Owner pharmacist	1	4500
Employed pharmacist	0.4	1800
Technician	1	2600
Retail assistant	0.5	1100
Relief pharmacist	0.18	1080

30 / BUSINESS

Staff skills and fair work

Verify competence for dispensing, OTC escalation, stock, privacy and incident reporting. Staff may only perform tasks within authorised scope and adequate supervision. Schedule leave, breaks and training in a written rota.

HMRC S5 gives 15% employer NIC above the secondary threshold. The model 18% allowance includes an approximate pension provision and does not calculate individual payroll thresholds or employment allowance. Confirm statutory wages, working time, pension and contract details for 2027 before recruitment.

31 / BUSINESS

Legal and insurance requirements

Opening requires suitable registered premises, verified pharmacist roles, lawful retail pharmacy ownership, responsible pharmacist governance and medicines compliance S1. NHS dispensing requires pharmaceutical list and commissioning approval S2 S3; it is excluded from forecast.

Arrange professional indemnity, employers liability, public liability, property, cyber/privacy and interruption cover. Verify controlled-drug requirements, waste, safeguarding, equality, employment and data protection. No permission, insurance policy or clinical service authorisation is claimed.

Opening roadmap

Months minus three to minus two: validate catchment and unit economics, verify professional eligibility, assess premises, obtain quotes and finance commitments. Month minus one: complete registration, fitout, supplier/PMR setup, recruit and test the rota.

January 2027 is a modelling date. Do not open before all required permissions and clinical cover are effective. Downside includes five preopening months of rent and interest, while retaining the common January 2027 forecast axis for comparison. A real delay requires moving the start date and reforecasting.

33 / BUSINESS

Risks and management actions

Private demand may fail to support paid pharmacy staffing. Purchase prices can rise faster than private prices, shortages can divert prescriptions, and stock can expire. NHS approval cannot be assumed to rescue these economics.

Stop launch if the working owner cannot be verified, pharmacist coverage is insufficient, the premises fails registration suitability, or equity and lender commitments are absent. Review actual stock purchase cost and contribution before ordering broad inventory.

Risk	Action and owner
Unvalidated private book	Owner validate before lease
Qualified cover absence	Owner signed rota and relief agreement
Purchase price and expiry	Technician weekly stock report pharmacist approval
Funding gap	Director proof of funds and reforecast
NHS approval uncertainty	Director public revenues excluded until evidenced

Research and evidence

Official sources S1 to S7 establish the regulation, tax, payment and local needs research context. S8 provides one verified local competitor listing. Findings were accessed on 4 October 2026.

Research does not establish commercial demand, founder eligibility, a premises or tariff margin. Use the source register with the accompanying live model; obtain qualified advice for exact medicine, tax and clinical classifications.

S1 GPhC Standards for registered pharmacies. Owners must ensure safe effective services and comply with medicines employment privacy and other law. Qualified responsible pharmacist and registered premises are launch conditions. Accessed 2026-10-04. https://assets.pharmacyregulation.org/files/document/standards_for_registered_pharmacies_june_2018_0.pdf

S2 NHS England Pharmacy Manual. Fitness and market entry assessment are separate requirements. No entitlement to an NHS contract is assumed. Accessed 2026-10-04. https://www.england.nhs.uk/long-read/pharmacy-manual/

S3 PCSE Market Entry. Pharmaceutical list application process and fees apply. NHS revenues excluded by default. Accessed 2026-10-04. https://pcse.england.nhs.uk/help/pharmacy-market-administration-services/market-entry

S4 HMRC VAT Notice 701 57. Eligible prescribed medicines dispensed by registered pharmacists are zero rated; OTC sales do not automatically qualify. Clinical exemption depends on service and registration. Accessed 2026-10-04. https://www.gov.uk/guidance/health-professionals-pharmaceutical-products-and-vat-notice-70157

S5 HMRC employer rates 2026 2027. Employer NIC 15 percent above secondary threshold GBP5000 yearly. Forecast 18 percent load is an approximate allowance including pension, not a statutory universal rate. Accessed 2026-10-04. https://www.gov.uk/guidance/rates-and-thresholds-for-employers-2026-to-2027

S6 NHSBSA Payments and pricing. Drug Tariff published monthly and pharmacy payment timetable governs claims. Optional NHS reimbursement and fee drivers require tariff and actual purchase reconciliation. Accessed 2026-10-04. https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/payments-and-pricing

S7 Manchester pharmacy needs assessment. Local PNA is the starting evidence for services and unmet need. This plan does not assert a geographical gap or validated catchment. Accessed 2026-10-04. https://www.manchester.gov.uk/health-and-wellbeing/manchesters-pharmacy-needs-assessment-pna

S8 Boots Manchester Piccadilly. Existing Manchester pharmacy and retail competitor with collection and NHS pharmacy contraception service listed. Prices and ratings not collected. Accessed 2026-10-04. https://www.boots.com/stores/1108-manchester-piccadilly-m1-1ly

S9 HMRC Corporation Tax rates. Main rate 25 percent small profits rate 19 percent and marginal relief can apply. Model conservatively uses 25 percent after loss carry; actual eligibility and timing need accountant. Accessed 2026-10-04. https://www.gov.uk/corporation-tax-rates

35 / BUSINESS

Quotes and assumptions

No supplier, landlord, pharmacist, locum, insurer or lender quote has been obtained. All prices, baskets, demand, staffing compensation, stock cover and finance terms are planning assumptions unless explicitly tied to a source.

Before replacing inputs record quote date, validity, VAT status, legal scope and supplier conditions. Opening VAT recovery assumes an evidenced refund in the first trading month; slower recovery and rent VAT must be stressed. Private invoice and stock cost assumptions require matched product evidence.

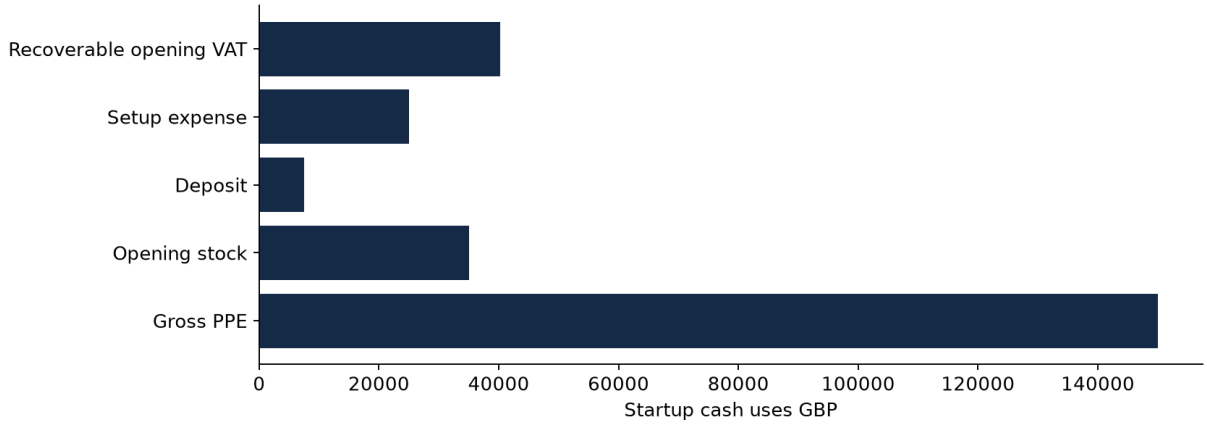
36 / FINANCE

Startup costs and funding

Proposed startup funding is GBP350000 equity and GBP100000 loan, neither secured. Startup uses include GBP150000 capital, opening stock, deposit, setup, preopening rent and interest, loan fee and recoverable VAT. The GBP100000 opening reserve target is retained cash rather than an expense.

Capital contingency is modelled as spent and capitalised. Negative operating cash does not trigger automatic equity or debt. The final figures below distinguish cash uses, funding requirement and remaining cash.

GBP startup and funding	Amount
Gross PPE	**150,000**
Opening stock	35,000
Deposit	7,500
Setup expense	25,000
Preopening rent	7,500
Preopening interest	1,625
Loan fee	1,500
Recoverable opening VAT	40,250
Startup cash uses	**268,375**
Reserve target	100,000
Funding requirement	**368,375**
Proposed equity	350,000
Proposed loan	100,000
Proposed sources	**450,000**
Funding shortfall	0
Opening cash	**181,625**
Opening retained loss	(35,625)



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

37 / FINANCE

Itemized startup costs

Fitout and equipment are capitalised; stock and deposit remain assets. Setup, preopening occupancy, interest and loan fee are expensed in opening retained earnings. Eligible input VAT remains an opening receivable until the assumed first-month refund.

Opening stock allocation follows private Rx share and retail share. Public stock only grows through the optional NHS branch if activated. Any acquired pharmacy goodwill, prescription book or lease premium would require new capital and is excluded.

GBP startup and funding	Amount
Gross PPE	**150,000**
Opening stock	35,000
Deposit	7,500
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Reserve target	100,000
Funding requirement	**368,375**
Proposed equity	350,000
Proposed loan	100,000
Proposed sources	**450,000**
Funding shortfall	0
Opening cash	**181,625**
Opening retained loss	(35,625)

38 / FINANCE

Owner personal survival budget

The owner earns GBP4500 gross per month as an operating expense. A 75% take-home estimate gives GBP3375, against an illustrative GBP3100 monthly household budget, leaving GBP275. This is not a disclosed actual owner budget or a tax calculation.

Illustrative household allocation: housing GBP1600, food GBP450, transport GBP250, utilities/insurance GBP350 and contingency GBP450. Personal equity availability, mortgage commitments and other income are unknown. Recalculate take-home pay with payroll advice.

39 / FINANCE

Financing terms and security

The proposed GBP100000 loan bears 6.5% annual interest with 60 equal principal payments after six operating months of principal grace, plus a 1.5% arrangement fee. Interest is charged and paid during preopening and every operating month.

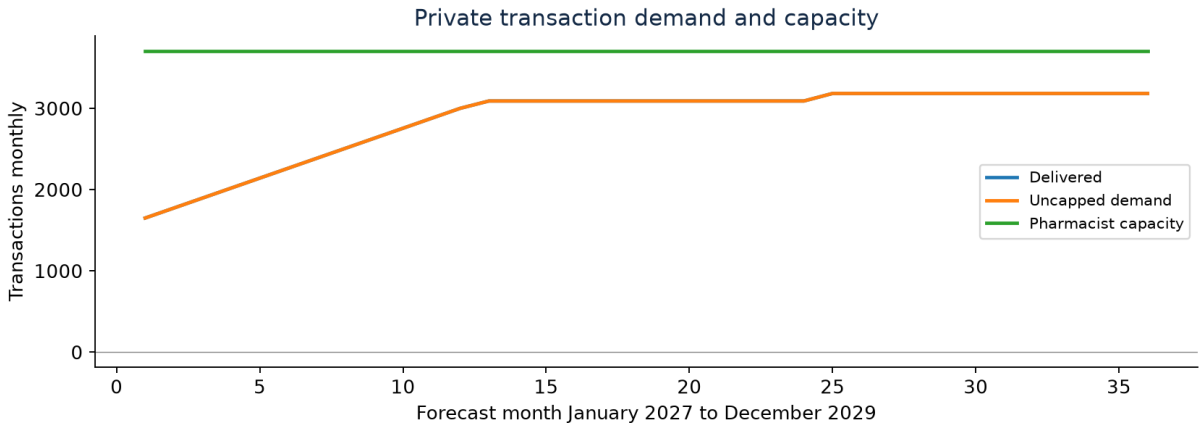
No bank approval, collateral valuation, guarantee or household asset pledge is supplied. Downside uses 8% and five preopening months. The loan is not refinanced or topped up automatically. Repayment obligations remain when the business loses money.

Revenue forecast and capacity

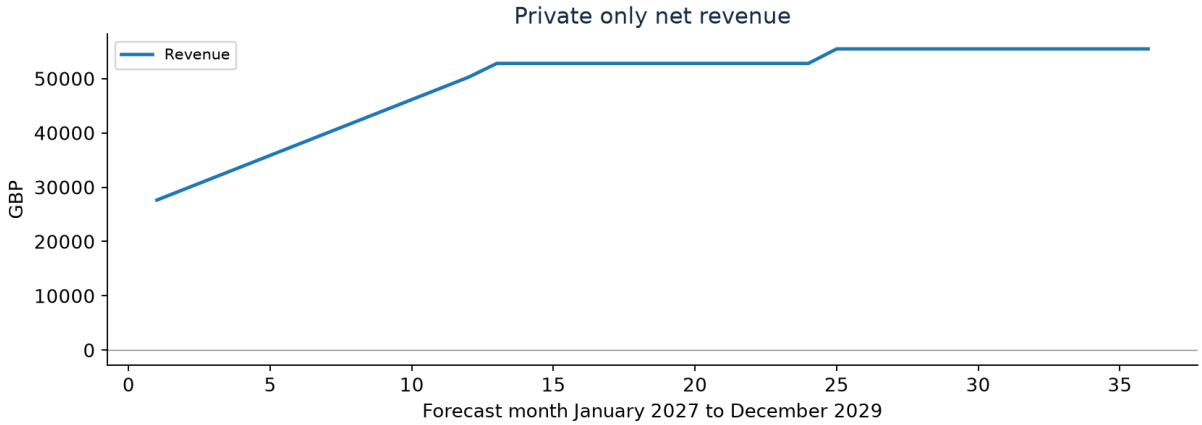
Base private demand starts at 55% of 3000 monthly mature transactions and ramps over 12 months, then 3% annual volume growth is capped by pharmacist and retail support capacity. A transaction is a blended invoice or basket, not one prescription item.

Private weighted pharmacist time is 2.75 minutes. Net regular pharmacist minutes are 1.4 × 40 × 52/12 × 60 × 70% = 10192 monthly, permitting 3706 private transactions before retail support caps. Optional NHS items use five pharmacist minutes each and reduce available private capacity. No public sales are included by default.

Calendar year forecast	2027	2028	2029
Private transactions	27,900	37,080	38,192
Net revenue	467,325	633,512	665,567



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.



Source: Base net revenue GBP monthly forecast Jan 2027 to Dec 2029 model v1.0.

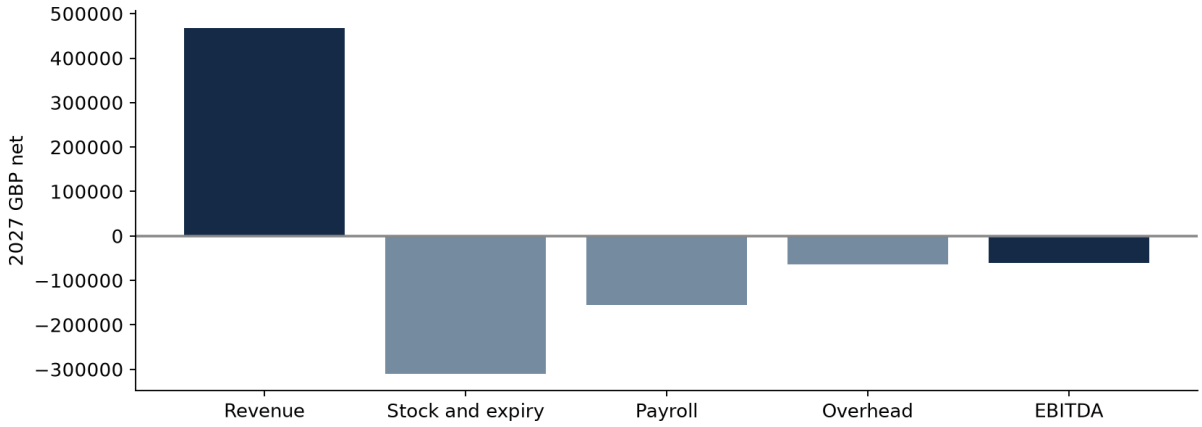
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Costs and projected profit

Consumed stock cost is built separately for private medicines and retail goods, not a fixed gross margin. Expiry and shrink are charged on opening inventory. Payroll includes owner pay, employed staff, 18% employer allowance and relief; overhead includes rent and the GBP2800 monthly other-cost allowance.

Other overhead comprises marketing GBP600, utilities GBP400, rates GBP350, insurance GBP250, PMR/IT GBP400, waste/security GBP250, accountant/admin GBP300 and maintenance GBP250. Prices and stock cost rise 2% annually in Base; wages rise 3%. Operating losses remain visible.

Base year-one loaded payroll is GBP 154,560; overhead is GBP 63,600. Year-one net profit is GBP (89,775). Changes in wages, drug cost or expiry require a model refresh.



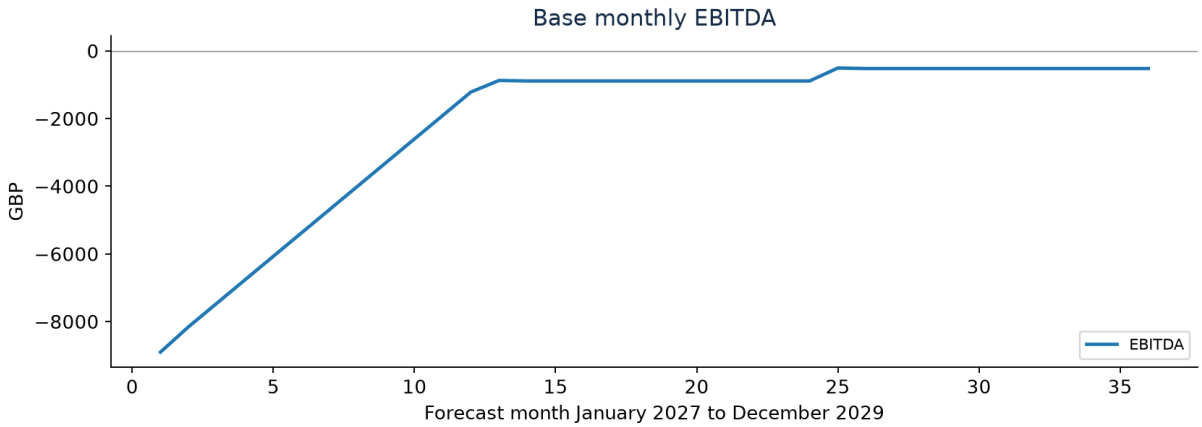
Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

Profit and loss forecast

The annual profit table shows the three calendar operating years January to December 2027, 2028 and 2029. Revenue excludes VAT and includes no NHS income in the delivered cases.

Depreciation is capped at each asset life. Loan interest follows outstanding debt. The conservative 25% corporation tax assumption applies after model loss carry and is paid in the same month; actual marginal relief, restrictions and payment dates require accountant review. No owner dividends are forecast.

GBP net forecast	2027	2028	2029
Net revenue	467,325	633,512	665,567
Stock consumed and writeoffs	**309,575**	**419,767**	**441,007**
Payroll incl owner and relief	**154,560**	**159,197**	**163,973**
Overhead	**63,600**	**65,190**	**66,820**
EBITDA	**(60,410)**	**(10,642)**	**(6,232)**
Depreciation	23,000	23,133	24,600
Interest	6,365	5,254	3,954
Tax	0	0	0
Net profit	**(89,775)**	**(39,029)**	**(34,786)**



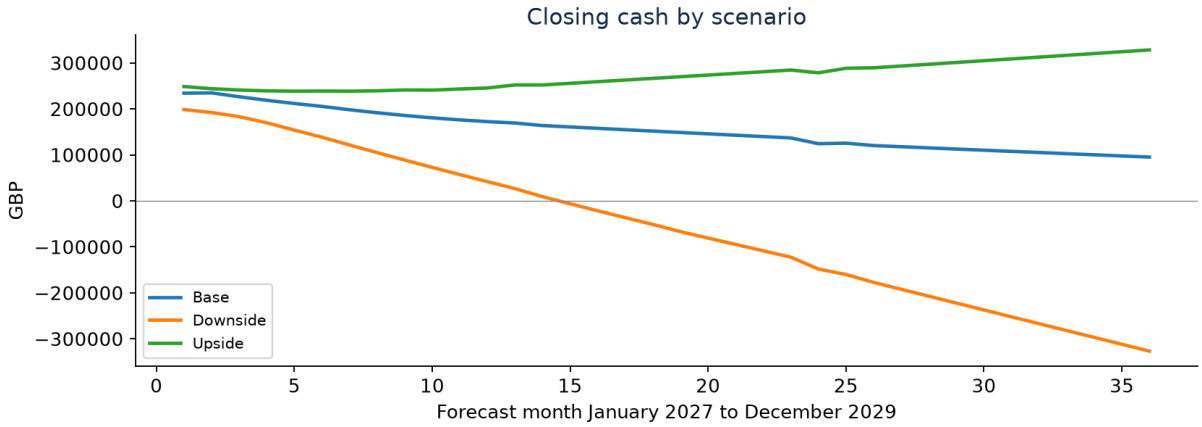
Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

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Cash flow and financial position

Private patients and retail customers pay at supply. NHS claims, if separately enabled, collect after the whole-month lag and remain receivables until collected. Supplier invoices are paid one month after purchase; no receipts or payments exceed invoiced balances.

VAT applies at 20% to assumed standard-rated retail lines and taxable overhead, with zero VAT on eligible prescribed medicines S4. VAT accrues monthly and settles the following month, including refunds. This is a simplified cash schedule; actual VAT return frequency and repayment delay must be reviewed. Negative cash is an additional funding need.



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.

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Cash flow forecast months one to six

The first six months show private demand ramp, paid owner and staff, replenishment, supplier-credit timing and the proposed principal grace. The opening VAT refund appears in month one under the explicit recovery assumption.

No sales are labelled actual. Cash before January 2027 has already funded stock, fitout and setup. Early positive supplier-credit cash is a timing benefit, not accounting profit.

GBP cash	1	2	3	4	5	6
Opening cash	**181,625**	**234,167**	**234,830**	**226,445**	**218,753**	**211,756**
Customer receipts gross	31,350	33,682	36,014	38,345	40,677	43,009
Supplier payments gross	0	10,935	24,350	25,879	27,409	28,938
Payroll paid	12,880	12,880	12,880	12,880	12,880	12,880
Overhead paid gross	**5,636**	**5,636**	**5,636**	**5,636**	**5,636**	**5,636**
Interest paid	542	542	542	542	542	542
Tax paid cash	0	0	0	0	0	0
VAT settlement paid refund negative	(40,250)	3,026	991	1,100	1,209	1,318
Operating cash flow	**52,542**	**663**	**(8,385)**	**(7,691)**	**(6,998)**	**(6,304)**
Capex gross paid	0	0	0	0	0	0
Principal paid cash	0	0	0	0	0	0
Net cash change	**52,542**	**663**	**(8,385)**	**(7,691)**	**(6,998)**	**(6,304)**
Closing cash	**234,167**	**234,830**	**226,445**	**218,753**	**211,756**	**205,451**

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Cash flow forecast months seven to twelve

Principal payments begin in month seven. Supplier payments continue to reflect prior invoices; stock holding and VAT timing may diverge from profit.

Annual totals and cash are linked to the same monthly engine. Replacement capex arrives in month 24 and is included in the three-year cash forecast.

GBP cash	7	8	9	10	11	12
Opening cash	**205,451**	**198,174**	**191,599**	**185,726**	**180,556**	**176,089**
Customer receipts gross	45,341	47,673	50,005	52,336	54,668	57,000
Supplier payments gross	30,467	31,997	33,526	35,055	36,585	38,114
Payroll paid	12,880	12,880	12,880	12,880	12,880	12,880
Overhead paid gross	**5,636**	**5,636**	**5,636**	**5,636**	**5,636**	**5,636**
Interest paid	542	533	524	515	506	497
Tax paid cash	0	0	0	0	0	0
VAT settlement paid refund negative	1,427	1,536	1,645	1,754	1,863	1,972
Operating cash flow	**(5,611)**	**(4,908)**	**(4,206)**	**(3,503)**	**(2,801)**	**(2,098)**
Capex gross paid	0	0	0	0	0	0
Principal paid cash	1,667	1,667	1,667	1,667	1,667	1,667
Net cash change	**(7,278)**	**(6,575)**	**(5,872)**	**(5,170)**	**(4,467)**	**(3,765)**
Closing cash	**198,174**	**191,599**	**185,726**	**180,556**	**176,089**	**172,324**

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Financial position summary

The year-end balance sheet shows cash, any NHS receivables, inventory, deposit, VAT receivable, gross PPE, less accumulated depreciation and net PPE. Liabilities are trade payables, debt and VAT payable.

Equity is the proposed initial GBP350000; retained earnings include preopening expense and subsequent net profit or loss. No unexplained balancing amount or assumed overdraft is added. Every month is reconciled in the retained financial QA.

GBP year end	2027	2028	2029
Cash	172,324	124,329	95,231
NHS receivables	0	0	0
Inventory	49,500	52,005	54,636
Deposit	7,500	7,500	7,500
VAT receivable	0	0	0
Gross PPE	**150,000**	**158,000**	**158,000**
Less accumulated depreciation	(23,000)	(46,133)	(70,733)
Net PPE	**127,000**	**111,867**	**87,267**
Total assets	**356,324**	**295,700**	**244,634**
Trade payables	39,643	39,275	41,262
Debt	90,000	70,000	50,000
VAT payable	2,081	854	2,587
Total liabilities	**131,724**	**110,129**	**93,849**
Equity	350,000	350,000	350,000
Retained earnings	(125,400)	(164,429)	(199,215)
Total equity	**224,600**	**185,571**	**150,785**
Liabilities and equity	**356,324**	**295,700**	**244,634**

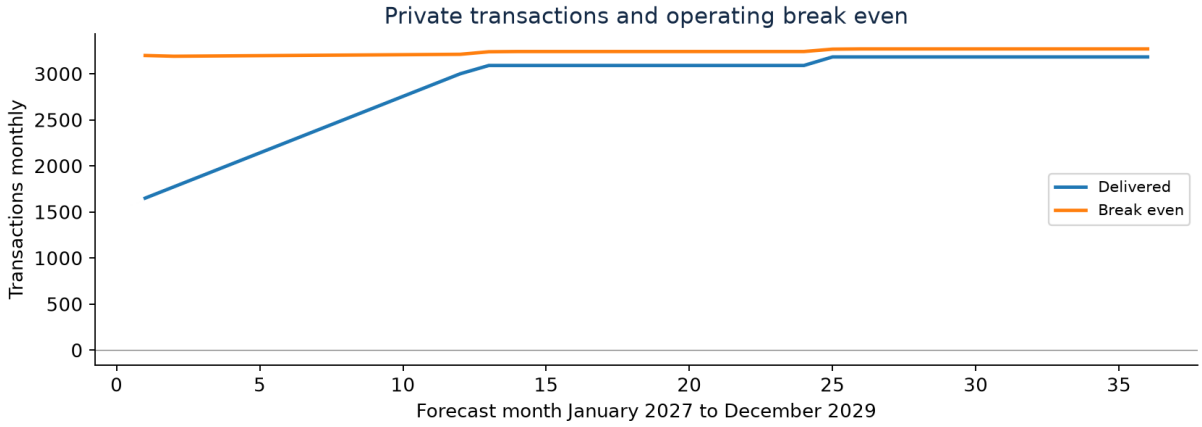
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Break even and scenarios

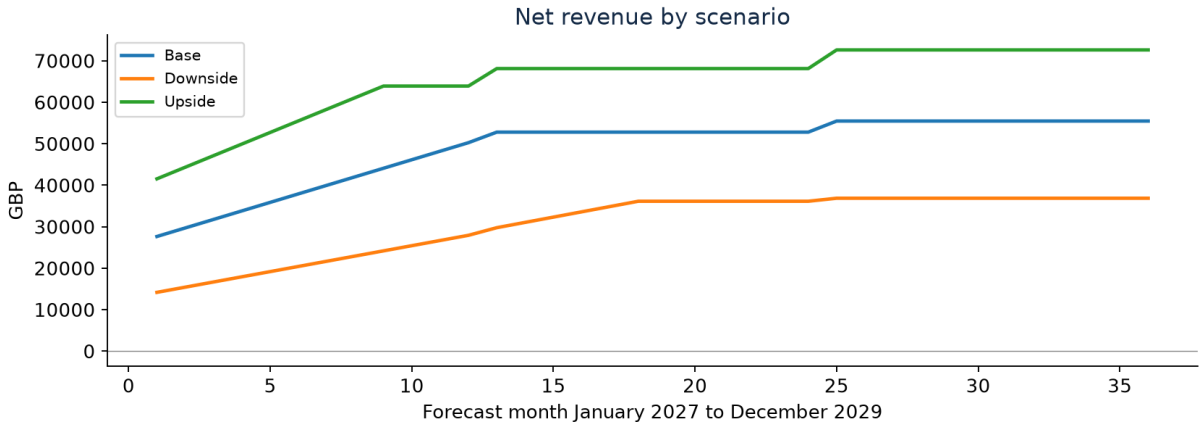
Private operating break even divides payroll, overhead and current expiry writeoffs by the weighted price less consumed stock cost. It excludes debt, corporation tax, replacement assets and working-capital financing. The cash forecast captures those costs.

Base, Downside and Upside are dated snapshots. Live case selection changes the linked operating statements; changing any editable numeric input marks snapshots STALE. Public commissioning remains excluded in every delivered case. Finance commitment and validated demand are prerequisites for proceeding.

Captured v1.0 GBP	Base	Downside	Upside
Year one net revenue	467,325	252,524	666,158
Year one EBITDA	**(60,410)**	**(167,920)**	**15,609**
Year three net revenue	665,567	442,298	871,358
Year three EBITDA	**(6,232)**	**(154,603)**	**84,264**
Minimum monthly cash	**95,231**	**(326,719)**	**238,535**
Additional cash need	**0**	**326,719**	**0**



Source: retained planning data and model v1.0 4 October 2026. Frameworks are proposed design; financial series GBP forecasts January 2027 to December 2029. No observed demand or measured competitor ratings.



Source: captured Base Downside Upside monthly net revenue GBP Jan 2027 to Dec 2029 v1.0.

Model guide and completion

Edit blue numeric inputs on Inputs and Startup. Inputs F5 selects 1 Base, 2 Downside or 3 Upside. Summary and Annual present results; Operations shows transactions, staff capacity and payroll, Stock shows replenishment and payables, and Statements holds monthly P&L, cash and full balance sheets.

Scenarios are captured values with a dated version and formula stale warning. Every case input is checked with ISNUMBER, including zero NHS flags. An inactive blank leaves Base usable but marks STALE; an active missing driver returns an error. Transfer edits back to retained build_model.mjs before rebuilding snapshots and Word, since Excel changes are not automatically imported. The launch decision remains conditional on demand, quotes, professional eligibility and finance.