Physical Therapy Clinic Business Plan

Irwell Physiotherapy Manchester Version 1.1

DOCUMENT GUIDE

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Irwell Physiotherapy Manchester 3 October 2026

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Reading this business plan

This hypothetical self-pay adult MSK physiotherapy clinic is an operating and funding proposal for owner and lender review. Official context is distinguished from unverified demand, costs, qualifications and financing. Financial schedules at the end use the same 36-month Base model and dated case captures.

The contents uses native Word fields with cached pages. Update the entire table after editing. All figures are GBP planning estimates from model version 1.1; no lease, approval or financing is secured.

01 / OVERVIEW

Executive summary

A conditional adult musculoskeletal clinic proposal

Operating plan

Irwell Physiotherapy Ltd is a hypothetical Manchester startup for individual adult musculoskeletal assessment and clinically indicated rehabilitation follow-up. Two treatment spaces share two paid HCPC physiotherapists, a support assistant, receptionist and nonclinical owner. It offers weekday self-pay care with no contracted NHS or insurer income. All roles, the site, fees, demand and equity remain unestablished.

Management decision

Base 2027 revenue £173,818 and net result £(177,929) follow the paid staffing model. Proposed equity £450,000 leaves opening cash £293,523. Minimum Base cash is £(80,667) and December 2029 cash £(80,667). Additional liquidity to preserve the reserve is Base £140,667 and Downside £685,745. These are unfunded requirements, not approved borrowing. Test fees demand and structure before commitments.

02 / BUSINESS

Business details

Manchester England with an adult MSK scope

Operating plan

A private company limited by shares is proposed, with January 2027 as the conditional operating origin. Adults aged 18 and over receive assessment of suitable bone joint muscle and movement concerns and individual rehabilitation reviews. No founder biography, credential, lease or observed demand has been provided. The working name needs clearance.

Item	Proposed status
Working name	Irwell Physiotherapy Ltd clearance pending
City	Manchester site unselected
Scope	Adult individual MSK care
Payment	Self pay only
Origin	January 2027 conditional
Funding	Uncommitted £450,000 equity

Management decision

CQC guidance updated August 2026 states standalone physiotherapy is outside Treatment of disease disorder or injury R1. This is not a blanket exemption for added activities or multidisciplinary services. Assess the exact scope again before launch. Both physiotherapists require HCPC verification R2 R3.

03 / STRATEGY

Business concept and objectives

Recover function within paid clinical capacity

Operating plan

Offer scheduled adult MSK assessments, personalised exercise advice and progress reviews. Goals are understandable treatment choices, informed consent, appropriate self-management and documented reassessment. There are no outcome or recovery-time guarantees. Two treatment spaces are notionally available seven hours each weekday, subject to actual clinical rosters.

Management decision

The lead sets suitability and red-flag escalation pathways. Requests outside competence require appropriate referral. This plan excludes children, neurological respiratory and pelvic specialisms, injections, diagnostic imaging, acupuncture, hydrotherapy and event emergency cover. Additional scope requires new staffing cost and regulatory review.

04 / STRATEGY

Business model canvas

Completed assessment and follow-up visits pay the team

Operating plan

Resources are two qualified therapists, two spaces, secure records, exercise equipment and a paid owner and support team. Activities are assessment, exercise planning, manual therapy within competence, follow-up review and safe referral. Prospective partners include professional advisers, equipment suppliers and referral providers; none is contracted. Adult residents workers and recreational athletes are candidate segments.

Partners	Activities	Resources
Proposed referral advisers equipment records and maintenance. No contracts.	MSK assessment exercise planning rehabilitation reviews records and billing.	Five paid roles, two rooms, premises and controlled patient records.
Value proposition	**Relationships**	**Channels**
Appropriate eligible assessment and clear inclusive fee with documented next steps.	Informed consent, agreed result routing and complaint handling.	Phone secure enquiries and walk-in enquiries. One clinician-triaged booking pool.
Segments	**Cost structure**	**Revenue streams**
Adult MSK assessment and rehabilitation review.	Gross capital, fully paid team, follow-up, supplies and overhead.	Completed private medical episodes only. No public contracts or advances.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Revenue is completed self-pay individual care only. No memberships, wellness classes, product retail, insurer book, NHS contracts, prepaid packages or cancellation fees are forecast. Follow-up visits are clinically indicated and counted in the same finite slot pool as assessments, never an additional unlimited revenue channel.

05 / STRATEGY

SWOT and longer term goals

A focused offer carries fixed clinical payroll

Operating plan

Proposed strengths are a clear service boundary, transparent inclusive fees and paid governance. They are plans rather than proven quality advantages. Weaknesses include no established patient list, five fixed paid roles, weekday coverage and no imaging. Opportunity is to test whether appropriate adults value private access alongside free NHS options. Threats include fee resistance, clinical error, staff interruption and strong established alternatives.

S1 Strength	W1 W2 Weaknesses
Focused scope and explicit paid governance. Proposed advantage not proven.	No patient list and weekday scope. High fixed payroll during the demand ramp.
O1 Opportunity	**T1 T2 Threats**
Test adult eligible demand for clear fees and suitable weekday appointments.	Established alternatives and clinical or equipment interruption threaten cash.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Longer-term hours or scope expansion requires actual collected contribution, staffing, regulatory review and funds. A second shift or new payer contract is not embedded in the forecast. Demonstrate safe delivery before growth.

06 / STRATEGY

TOWS strategy matrix

Connect the SWOT to decisions

Operating plan

SO uses focused scope to interview suitable adults and local employers about the specific offer. ST uses explicit fees and clinical boundaries to avoid unsupported comparisons with established providers. WO uses conditional lease terms and staged recruitment to limit exposure while demand is tested. WT requires qualified cover or a safe booking pause when staff or critical support is unavailable.

SO S1 plus O1	ST S1 plus T1
Interview eligible patients and clinicians on the precise narrow offer.	Use clear triage boundaries and safety-netting; no outcome superiority claims.
WO W2 plus O1	**WT W1 plus T2**
Require suitable self-pay demand evidence and gross quotes before lease.	Agree qualified cover or safe pause and engineer support before opening.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Do not turn the absence of local evidence into an optimistic growth story. The diagram labels the links between strengths weaknesses opportunities and threats. If credible fee and throughput evidence cannot cover paid costs, revise scope before capital commitment.

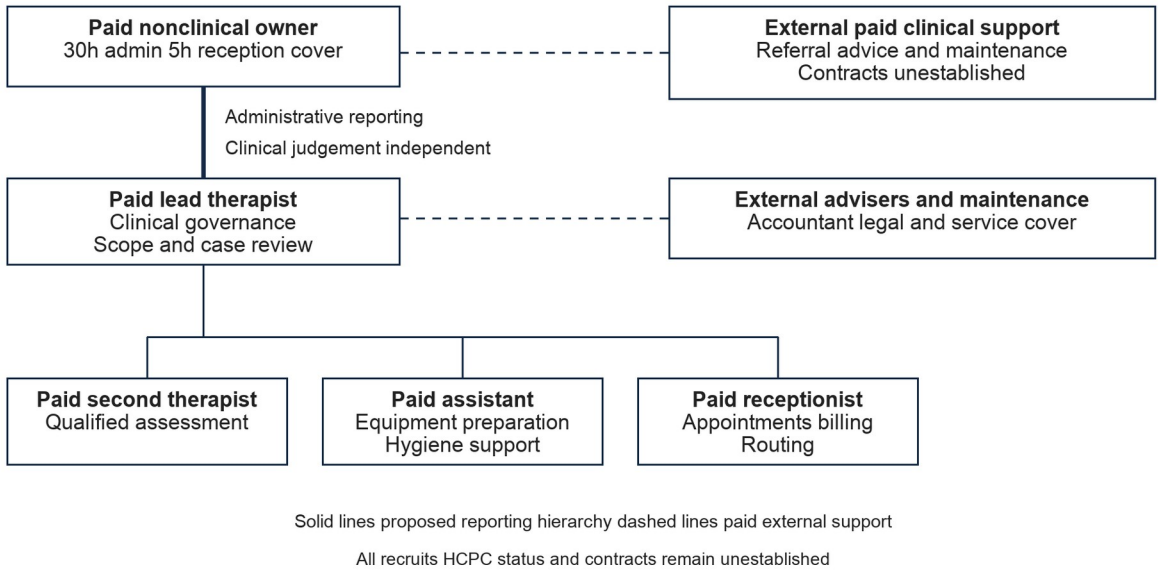
07 / STRATEGY

Owner and management

Separate commercial decisions from clinical judgement

Operating plan

The owner works 35 paid hours weekly on finance employment premises and administrative cover. The lead therapist owns clinical governance scope consent complaints and case review. The second therapist provides independent care within verified competence. The support assistant prepares exercise equipment and hygiene and does not assess diagnose or supply independently billable therapy. Reception handles appointments identity and billing.



Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Solid lines in the organisation chart show reporting and dashed lines show proposed paid external advice maintenance and referral support. The owner cannot provide clinical cover. All people and external contracts remain unappointed. Actual staffing calendars must close sessions when qualified cover is absent.

08 / PEOPLE

Owner and key personnel profiles

Recruit requirements rather than fictional biographies

Operating plan

Recruit two current HCPC physiotherapists with demonstrated adult MSK competence references appropriate indemnity and consent safeguarding and records skills R2 R3. The lead additionally needs governance supervision and complaints capability. Support and reception need confidentiality hygiene equipment and escalation training; no HCPC qualification is invented for them.

Management decision

Check current register entries before appointment and at renewal. Protect professional judgement from sales targets. Paid preparation includes two lead months and a full month of induction for the other three employees. The owner receives four paid preparation months.

09 / MARKET

Target customers

Adults with suitable movement and MSK needs

Operating plan

Candidate customers are Manchester residents workers and recreational athletes able and willing to self-pay for suitable MSK assessment and rehabilitation. Separate everyday pain and mobility concerns from sports recovery and post-operative rehabilitation only where competence and referral information permit. There is no supplied waiting list or measured segment size.

Management decision

Clinical suitability precedes ability to pay. The eventual site defines access and catchment. Do not imply the clinic replaces emergency services or specialist diagnosis. No referral partnership, employer scheme or insurer acceptance has been secured.

10 / CUSTOMER STRATEGY

Segmentation targeting and positioning

Clinical needs and ability to attend define targeting

Operating plan

Segments are adult everyday MSK concerns, appropriate sports recovery, post-operative rehabilitation and needs outside the proposed competence. Target the first two initially and include post-operative cases only with adequate competence and clinical information. Position the service around clear fees individual appointments understandable exercises and measured progress.

Segment	Target	Position
Everyday MSK sport recovery post-op and outside-scope needs.	First two only after clinical vetting, within the weekday catchment.	Suitable medical assessment with clear fee and documented next steps.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

The proposition and segment size are untested. Interview prospective adults about timing travel affordability and priorities. An enquiry is not a completed paid visit. Compare NHS and private alternatives on scope fees accessibility and continuity without invented outcome rankings.

11 / CUSTOMER STRATEGY

Value proposition canvas

Understand the patient job before promising value

Operating plan

Patient jobs include understanding a movement problem, returning to meaningful activities and knowing how to perform agreed exercises. Pains to test are unclear total cost, inconsistent exercise instructions and uncertainty about progress. Proposed relievers are upfront scope fees tailored instruction and documented reassessment.

Customer jobs	Products and services
Arrange a suitable assessment and understand the total fee and next steps.	Adult MSK assessment and individual rehabilitation review.
Pains to test	**Pain relievers**
Unclear eligibility cost and next steps after an assessment.	Written scope fee and clinician-led triage consent and safety-netting.
Gains to test	**Gain creators**
Dependable appointment information and an understood plan for exercises and progress.	Clear exercises reassessment goals and appropriate referral.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Gains are hypotheses about usable self-management and continuity rather than guaranteed recovery. The lead must validate exercise information and outcome measures. Feedback on access must remain separate from consented clinical outcome audit. Stop unnecessary repeat visits rather than maximising package sales.

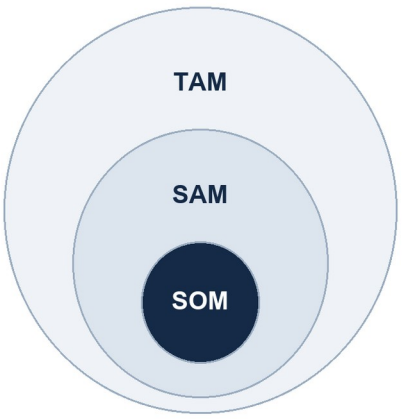
12 / MARKET

Market size and trends

Define geography without inventing spending

Operating plan

TAM is annual private spending on individual adult MSK physiotherapy in Greater Manchester. SAM is the clinically eligible reachable weekday share around the future site. Neither has a validated visit or spending denominator. SOM is the capacity-constrained 2027 sales hypothesis and cannot be called measured market share.



TAM Greater Manchester private episodes

Annual individual adult MSK physiotherapy spending unavailable

SAM Eligible reachable weekday catchment

Final site and accessible eligible annual spending not estimated

SOM Capacity constrained 2027 forecast

GBP 173,818 unvalidated sales hypothesis not measured share

Schematic scopes areas are not proportional to market estimates

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

The schematic sizes are non-proportional. NHS guidance R6 confirms free physiotherapy and self referral in many areas, not demand for this company. Gather local fee and suitable-request evidence and identify the site before estimating accessible spending.

13 / MARKET CONTEXT

PESTLE analysis

Professional scope and affordability shape the offer

Operating plan

Political context includes NHS alternatives and the standalone physiotherapy scope boundary R1 R6. Economic factors are self-pay affordability and five fixed paid roles. Social preferences about exercise support and access need interviews. Technology concerns secure records and exercise information. Legal factors are HCPC scope medical-purpose VAT health data and lawful employment R2 R4 R7 R8 R11.

Political	Economic
Standalone physiotherapy outside TDDI scope. NHS alternatives R1 R6.	Gross capital and five paid roles create a substantial fixed-cost threshold.
Social	**Technological**
Preference and willingness to pay are untested catchment hypotheses.	Commission equipment and secure records before accepting patients.
Legal	**Environmental**
HCPC scope medical VAT and health-data basis need review R2 R4 R7.	Waste cleaning and stock rotation must follow safe clinical processes.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Cleaning laundry equipment lifecycle and appropriate waste handling form the environmental panel. Assign readiness to the owner and clinical lead. Sources establish obligations while rent salaries prices volume and attendance remain estimates.

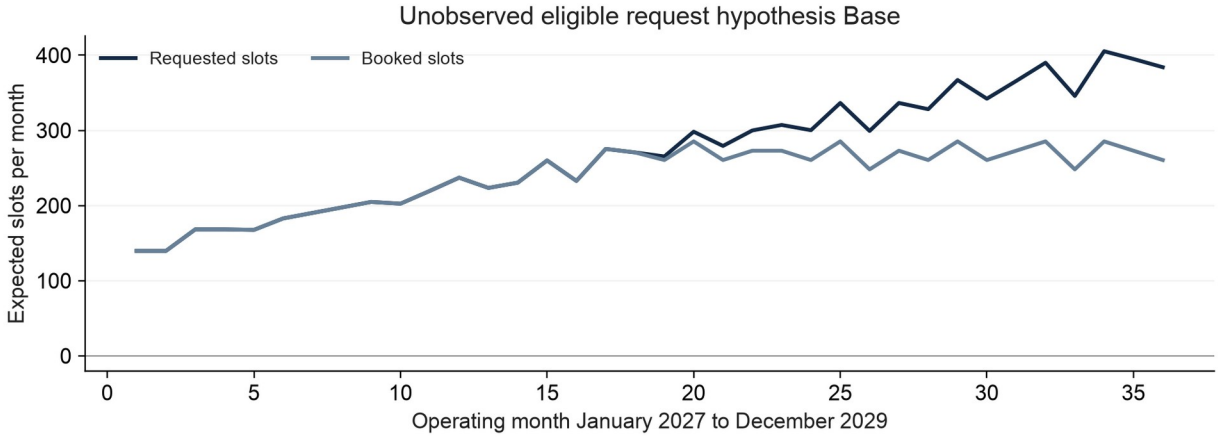
14 / MARKET

Local demand and evidence

Seven daily requests are a planning hypothesis

Operating plan

Base total visit requests start at seven per open day and grow by 0.35 daily requests each month. This includes both first and follow-up appointments, not seven new patients plus automatic repeat sales. Calendar weekdays and 95 percent session availability apply before the paid room therapist support and reception constraints. Five percent nonattendance consumes booked slots without revenue.



Base January 2027 to December 2029 unobserved requested and booked slots per month. Model version 1.1.

Management decision

No footfall interviews referrals waiting times or conversion have been observed. Track suitable requests bookings refusals redirected needs attendance completed visits and cash separately. Collect dated local primary evidence before using the demand ramp to justify a lease.

15 / MARKET

Competitors and positioning

NHS and private alternatives matter

Operating plan

NHS R6 describes free physiotherapy and routes that may include self referral. Private physiotherapists gyms and appropriate self-management are alternatives with differing scope. Specific local fees hours and outcomes have not been collected. There are no fabricated competitor ratings or waiting-time comparisons.

Management decision

Build a dated catchment comparison from primary provider terms. Assess total cost assessment length follow-up inclusions physical access and qualified scope. Test whether adults value the proposed fees and continuity enough to pay. Free alternatives limit conversion assumptions.

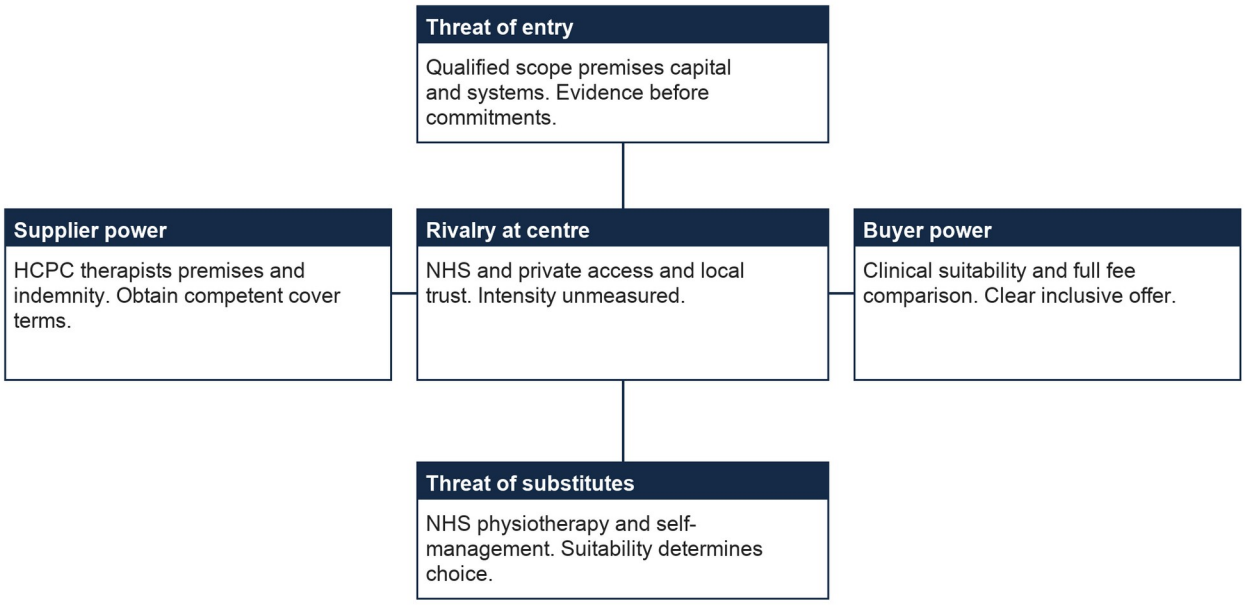
16 / COMPETITIVE STRATEGY

Porter five forces

Qualified labour and patient choice constrain margin

Operating plan

Rivalry reflects established NHS and private care and local trust; intensity is unmeasured. Supplier power comes from qualified therapists accessible premises equipment and indemnity. Buyers can compare self-pay fees and NHS routes. Entry needs competence capital secure systems and professional compliance. Suitable self-management and other pathways may substitute for some needs.



Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

The diagram places rivalry centrally and states responses beside the surrounding forces. Obtain cover terms transparent fees and gross quotes. No urgency outcome superiority or referral endorsement is implied. Competence is a constraint on scope expansion.

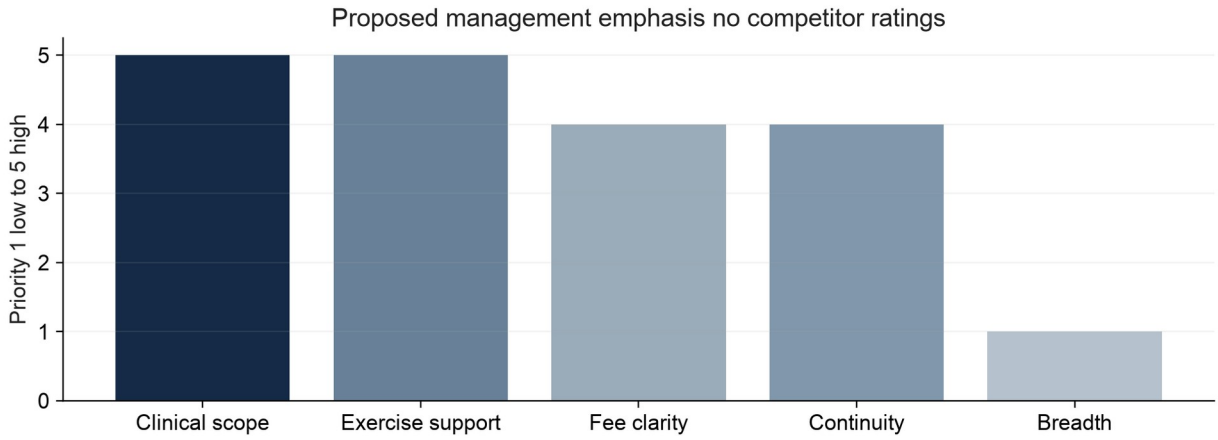
17 / COMPETITIVE STRATEGY

Strategy canvas

Internal priorities with no competitor scoring

Operating plan

The strategy canvas scores proposed management emphasis from one to five. Governance, safety-netting, transparent fees and suitable access receive high emphasis; broad clinical scope receives low emphasis. Scores are internal design priorities and have no patient-outcome or competitor measurement basis.



Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Changes to opening hours, treatment complexity or capacity require linked registration staffing cost and cash review. The model does not assume the support assistant substitutes for a physiotherapist or that records and follow-up take no paid time.

18 / OPERATIONS

Location and premises

Two treatment spaces at a site still to select

Operating plan

Select accessible Manchester premises with private assessment space exercise area reception staff facilities secure storage and hand hygiene. No address floorplan or lease is established. Rent £2,500 and rates £400 monthly sit in a £6,500 gross operating allowance. Confirm access and exercise equipment space rather than assuming any retail unit fits.

Management decision

Use conditional lease terms for permissions layout landlord liabilities utilities and funds. Check any landlord VAT and gross service charges. Two rooms cannot create more qualified therapist minutes. Separate slot records turnover and absence time from room opening hours.

19 / OPERATIONS

Equipment and resource plan

Therapy couches and exercise equipment

Operating plan

Initial equipment £25,000 gross covers treatment couches exercise aids and basic functional assessment tools. Fitout and IT cost £55,000 gross. Planning lives are 60 and 96 months. Equipment renewal £6,000 gross in July 2028 has a separate 36-month life and adds no capacity. No imaging injection shockwave or hydrotherapy equipment is included.

Gross assets GBP	Amount	Life months
Therapy equipment	25,000	60
Fitout IT composite	55,000	96
Renewal July 2028	6,000	36

Management decision

Obtain itemised quotes safe-use training acceptance checks maintenance and cleaning requirements. Replace composite depreciation with an actual asset register when purchased. All costs include assumed irrecoverable VAT and the deposit £10,000 remains refundable rather than depreciated.

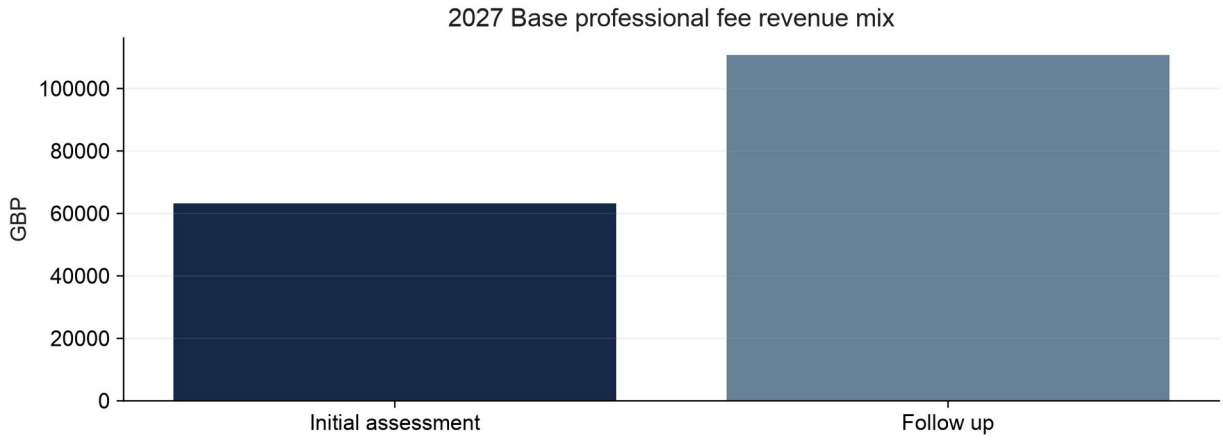
20 / OFFER

Clinical service strategy

Two individually booked medical-purpose visit types

Operating plan

Initial assessment fee £100 has a total 60-minute therapist slot comprising approximately 50 patient minutes and ten for records turnover and exercise documentation. Follow-up fee £75 uses a 40-minute total slot with approximately 30 patient minutes. Base visit mix is 30 percent assessment and 70 percent follow-up, giving a weighted 46-minute slot.



Base 2027 medical fee revenue by visit type in GBP from model version 1.1.

Management decision

The lead validates times and the clinical reasons for follow-up. Both are individual registered-professional medical-purpose services within MSK competence. No fitness memberships wellness classes merchandise medico-legal reports or staff supply revenue is forecast. These activities would need separate VAT and scope review.

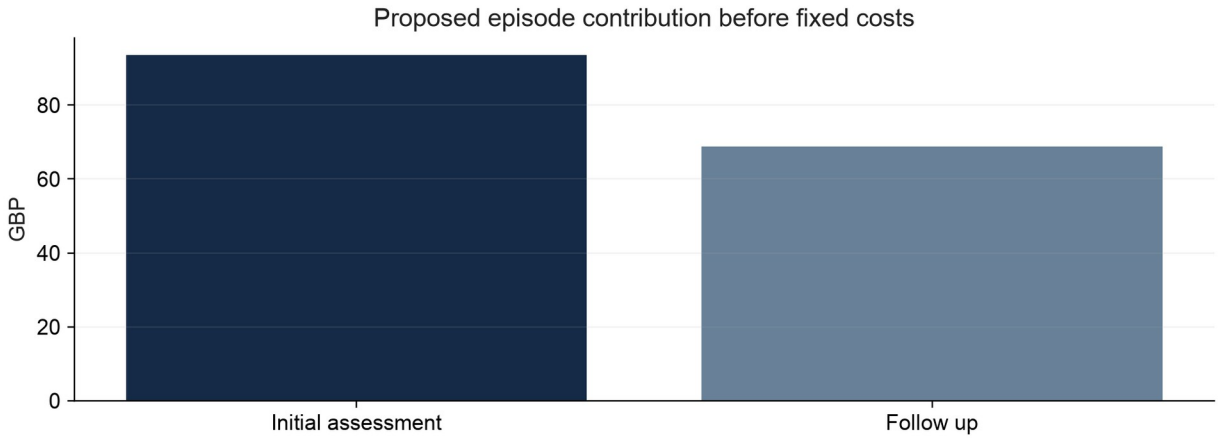
21 / OFFER

Pricing and order economics

Gross costs accompany exempt medical fees

Operating plan

The weighted initial fee is £82.50 at the assumed mix. Each completed visit incurs £2 gross weighted external clinical support provision £3 consumables and 1.5 percent payment processing. Initial contribution is £76.26 before paid payroll premises and supervision. Annual fees rise two percent and wages overhead and supplier costs three percent.



Base contribution in GBP per completed visit before payroll and overhead. Model version 1.1.

Management decision

Medical purpose and registered scope determine exemption R4; being called therapy is insufficient. Corporate care must meet the registered employee conditions. Nonmedical wellness fitness retail and reports are excluded at zero revenue. Costs are gross with no input recovery R10; reassess partial exemption if revenue mix changes.

22 / OFFER

Competitor price comparison

Planning fees await local like-for-like comparisons

Operating plan

The £100 initial assessment and £75 follow-up fees are authored planning inputs. No competitor quote market median or willingness-to-pay evidence has been collected. Compare equivalent adult MSK scope total appointment time exercise instruction reassessment and any separate fees using primary provider terms. Acknowledge free NHS routes R6.

Episode	Proposed fee GBP	Local comparable
Initial assessment	100	Not collected
Followup review	75	Not collected

Management decision

Obtain dated catchment comparisons before advertising. Test the inclusive fee with suitable adults. Do not infer demand or price elasticity from unrelated consultation menus or national waiting-list statistics.

23 / OFFER

Brand and customer experience

Clear information from enquiry to reassessment

Operating plan

Present plain language fees scope staff verification and access information. Reception identifies requests and routes suitability concerns to a therapist. The clinician records history assessment consent agreed treatment goals exercises and review criteria. Explain how to ask questions and seek appropriate help if symptoms change.

Request and vet	Attend and examine	Report and return
Therapist assesses suitability. Adult MSK scope and qualified staffed slots.	Identity preparation consent and qualified assessment within paid capacity.	Therapist documents exercises progress and review criteria. Referrals recorded.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

No guaranteed pain relief diagnosis or recovery deadline appears in marketing. Provide understandable exercise instructions and reasonable access adjustments. Records and marketing contacts use distinct lawful handling R7. The proposed experience remains to be tested.

24 / GROWTH

Sales channels and process

One finite appointment calendar

Operating plan

Telephone and secure online enquiries lead to suitable scheduled slots. Reception does not diagnose. Therapists decide acceptance and referral needs. Base patients pay completed fees within the service month; no prepaid bundles deposits or cancellation revenue are included. No NHS referral contract insurer authorisation or employer book is claimed.

Management decision

Track first visits follow-up visits cancellations and redirects in one slot pool. Use identifiable professional scope on service pages. Clinical suitability and adequate notes take precedence over conversion targets. Referrals remain clinically responsible rather than paid sales promises.

25 / GROWTH

Launch marketing

Budget information without guaranteed conversion

Operating plan

The £28,000 gross preparation allowance includes £4,000 launch communications. The £6,500 monthly operations allowance includes £800 marketing. Proposed work is accurate local service information fees directions and access plus introductions to potential referral providers with no promised volume.

Management decision

Measure appropriate completed care and collected contribution against spend. Do not publish unverified credentials testimonials or outcome claims. Health information cannot become a marketing list without separate lawful handling R7. Recruitment and premises commitments require evidence beyond enquiries.

26 / GROWTH

Retention and ongoing sales

Follow-up follows clinical need

Operating plan

Follow-up reviews reassess function and exercises and are paid individual visits under clear fee rules. The 70 percent mix is an unobserved commercial assumption including all follow-up demand. There is no guaranteed course length membership retention rate or automatic repeat channel.

Management decision

Review outcomes goals and discharge criteria. Avoid unnecessary sessions and prepaid lock-in. The lead checks clinical records referrals and progress; the owner reviews access payment and complaints without prescribing care. Lower clinically necessary attendance is a financial sensitivity, not a reason to extend treatment.

27 / OPERATIONS

Daily operations and suppliers

Prepare assess exercise review and reconcile

Operating plan

The lead checks qualified coverage secure systems and booked scope. The support assistant prepares and cleans equipment without independent clinical treatment. Therapists assess plan and review care within total slots. Reception bills and routes administrative queries. Proposed equipment advisers records processors and maintenance providers need signed terms.

Open and prepare	Examine and report	Close and reconcile
Lead checks readiness. Assistant prepares clean exercise equipment.	Therapists assess and provide care. Assistant prepares equipment only.	Lead checks clinical tasks. Reception owner reconcile invoices cash.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Reduce sessions for missing qualified cover unsafe equipment or unavailable records. Emergency and red-flag pathways must be reviewed by qualified clinicians. Reconcile payments outstanding clinical tasks incidents and cash daily. No prescribing laboratory testing or medical consumable retail is in scope.

28 / OPERATIONS

Sustainability practices

Control clinical waste within safe practice

Operating plan

Use stock rotation, appropriate energy controls outside sessions and lawful clinical waste segregation. The support assistant records expired items and the owner confirms contractor terms. Single-use supplies cannot be reused for margin reasons. No carbon saving, green certificate or waste contract is established. Gross costs include supplies cleaning and external clinical support.

Management decision

Track supplies and waste per completed visit after opening and pursue savings only when safe. Environmental targets must not reduce hygiene preparedness or essential stock.

29 / OPERATIONS

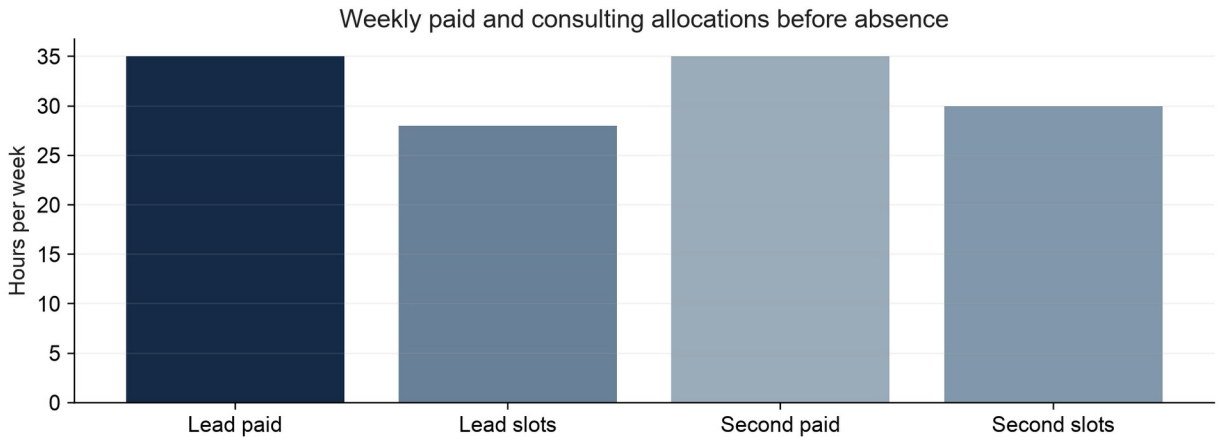
Staffing and training

Pay five roles and respect leave

Operating plan

Owner gross pay is £3,500 monthly, lead therapist £4,500, second therapist £4,000, support assistant £2,400 and reception £2,600. Each has 35 paid hours weekly. Gross payroll £17,000 plus employer NI £2,237.50, pension £510 and discretionary benefits £680 gives £20,427.50 monthly. NI is 15 percent above £5,000 annual threshold per role; pension is a conservative 3 percent of gross and benefits 4 percent of gross. Lead allocates 28 total slot hours and second 30, with remaining time for governance CPD and case review.

Monthly payroll GBP	Gross pay	Paid hours week
Owner nonclinical	3,500	35
Lead therapist	4,500	35
Second therapist	4,000	35
Support assistant	2,400	35
Reception	2,600	35
Total gross pay	**17,000**	**175**
Employer NI 15 percent	2,237.5	—
Pension 3 percent gross	510	—
Benefits contingency 4 percent	680	—
Total payroll cash	**20,427.5**	**—**



Base weekly paid and physiotherapist consultation allocations in hours before absence. Model version 1.1.

Management decision

An 82 percent availability allowance covers paid leave breaks training and absence. Slots include records and turnover. Support uses ten minutes per booking and reception twelve. Paid owner time is split 30 weekly hours administration and at most five reception absence cover hours, capped at the absent receptionist allocation. The owner cannot replace a therapist. Actual weekly rosters close unsupported sessions and all roles stay paid during launch delay.

30 / PEOPLE

Staff skills and fair work

Verify competence and lawful paid hours

Operating plan

HCPC therapists need relevant adult MSK competence and register checks R2 R3. Support is a nonclinical equipment and hygiene role with no invented professional credential. Paid induction covers safeguarding confidentiality consent record systems safe equipment and referral boundaries. The support salary implies about £15.82 hourly and reception £17.14 for 35 paid weekly hours.

Management decision

Current employer NI is 15 percent above the £5,000 annual secondary threshold R11. R13 records the announced freeze through 2030/31. Role-specific NI, 3 percent gross pension and 4 percent discretionary benefits are separate and no Employment Allowance is taken. Future rates wages hours and implementation require rechecking before hire. Three percent wage growth is an assumption. Nonclinical owner and support roles cannot replace qualified supervision.

31 / OPERATIONS

Legal and insurance requirements

Professional registration and scope precede launch

Operating plan

Standalone physiotherapy is excluded from CQC Treatment of disease disorder or injury scope under current guidance R1. Added listed professions diagnostic activities or broader services need fresh assessment. Verify both HCPC therapists and indemnity R2 R3. The assistant and owner provide no independent clinical service. Confirm medical-purpose and corporate supply VAT conditions R4 R10.

Management decision

Health data require an Article 6 basis Article 9 condition confidentiality access controls processor terms and incident procedures R7. Obtain scoped clinical indemnity employers liability generally at least £5 million R12 public liability cyber and equipment cover. Check premises permissions accessibility employment and safe equipment; no approval or insurance policy is secured.

32 / OPERATIONS

Opening roadmap

Pay preparation before launch readiness

Operating plan

September to December 2026 Base includes four paid owner months two lead months and one induction month for the second therapist assistant and receptionist. Sequence scope and qualified leadership demand checks conditional site gross quotes funds fitout equipment verification secure systems onboarding and safety simulation. January 2027 is a modelling origin, not an approved launch date.

Leadership and evidence	Site and supplier terms	Readiness then launch
HCPC lead adult MSK scope request evidence and committed equity.	Conditional site gross quotes and standalone scope review.	Paid team, commissioned equipment, insurance, secure records and approval.

Proposed management framework from retained code. Customer and market assumptions require local evidence.

Management decision

Require competent coverage documented referral pathways indemnity and committed funds before appointments. Downside lengthens paid preparation and adds a three-month service delay while all wages fixed costs and depreciation continue. No free owner work rescues delay.

33 / MANAGEMENT

Risks and management actions

Clinical quality and cash set stop rules

Operating plan

Risks are unsuitable cases scope drift inadequate outcomes staff absence privacy failures demand shortfall and unaffordable fees. The clinical lead owns suitability consent referral and case review. The owner owns supplier readiness and cash. Qualified cover or safe session reductions are required; extra booking is not a substitute for therapist time.

Management decision

Review rolling cash before commitments and completed visits contribution attendance capacity outcomes and complaints monthly. Pause commitments when liquidity falls below the reserve without evidenced finance. Negative cash is an unfunded requirement, not an authorised overdraft. Do not shorten clinically necessary slots to manufacture profitability.

34 / APPENDIX A

Research and evidence

Official sources establish context and obligations

Operating plan

Sources R1 to R13 record CQC professional registration VAT NHS care routes health data wages tax and insurance context accessed 3 October 2026. These sources do not establish local demand, credentials, supplier offers or sufficient funding. They support business readiness gates and inform the selected UK private payment model.

Management decision

Before actual opening, recheck current guidance and obtain qualified reviews of clinical scope company tax employment and premises. Collect primary local fee comparisons suitable-request evidence gross quotes and signed supplier arrangements. The forecast remains a hypothesis until real evidence replaces assumptions.

R1 https://www.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/regulated-activities/treatment-disease-disorder-or-injury

R2 https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists/

R3 https://www.hcpc-uk.org/public/which-professions-do-hcpc-regulate/

R4 https://www.gov.uk/guidance/health-professionals-pharmaceutical-products-and-vat-notice-70157

R5 https://www.hcpc-uk.org/standards/standards-of-proficiency/physiotherapists/

R6 https://www.nhs.uk/tests-and-treatments/physiotherapy/

R7 https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/special-category-data/what-is-special-category-data/

R8 https://www.gov.uk/government/publications/the-national-minimum-wage-in-2026/the-national-minimum-wage-in-2026

R9 https://www.gov.uk/corporation-tax-rates

R10 https://www.gov.uk/guidance/vat-exemption-and-partial-exemption

R11 https://www.gov.uk/guidance/rates-and-thresholds-for-employers-2026-to-2027

R12 https://www.hse.gov.uk/pubns/hse40.htm

R13 https://assets.publishing.service.gov.uk/media/6926e0849c1eda2cdf034098/Budget_2025_policy_costings_-_revised.pdf

35 / APPENDIX B

Quotes and assumptions

Replace assumptions together

Operating plan

Demand mix fees attendance slot times pay availability gross rent equipment collections settlement and equity are authored assumptions. Obtain gross quotes for couches exercise aids fitout records linen cleaning indemnity maintenance and premises. Verify scope fee inclusions support responsibilities and cover arrangements. No quote interview referral or funding approval is fabricated.

Management decision

FIRST save edited Excel and import Inputs into retained build_model.mjs with import_inputs.py, then rebuild. Rebuild replaces Excel values with source values. Refresh cases visual data Word and contents together. Keep gross cost basis unless VAT entitlement is evidenced.

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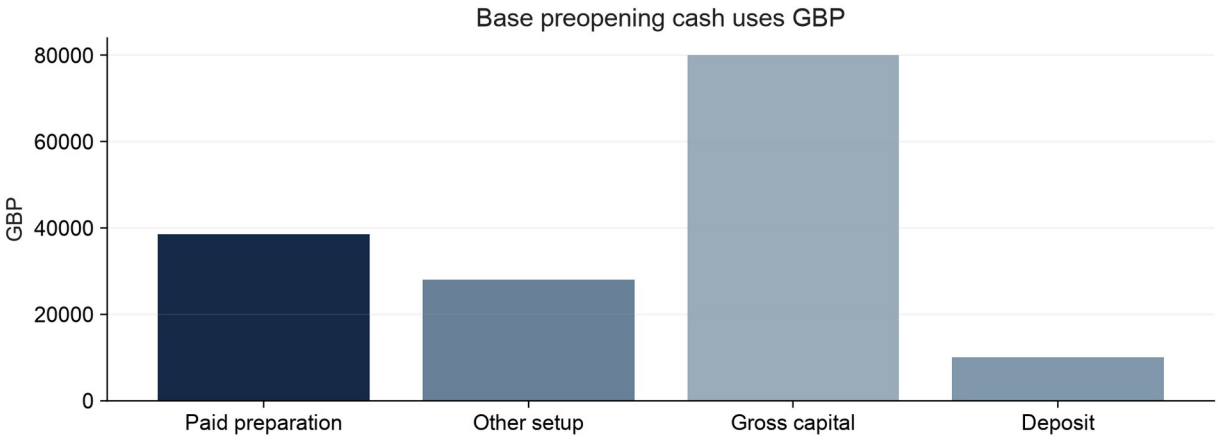
Startup costs and funding

Fund preparation and liquidity before committing

Forecast basis

Uncommitted equity £450,000 finances preopening cash uses £156,478: loaded preparation payroll £38,478, other preparation £28,000, equipment £25,000, fitout IT £55,000 and deposit £10,000. Opening cash is £293,523. No debt grant or later equity fills gaps.

Funding and uses GBP	Base amount
Proposed equity	450,000
Paid preparation payroll	**38,478**
Other preparation	28,000
Equipment	25,000
Fitout IT	55,000
Deposit	10,000
Total cash uses	**156,478**
Opening cash	**293,523**



Base preopening cash uses in GBP from model version 1.1. Unquoted gross estimates.

Interpretation and limits

Minimum Base cash £(80,667) compares with target £60,000; reserve funding gap £140,667. Downside requires £685,745 above forecast equity to maintain its £90,000 reserve. Obtain actual gross quotes funds and revised scope before preparation if adequate liquidity cannot be evidenced.

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Itemized startup costs

Gross assets and preparation differ in accounting

Forecast basis

Equipment £25,000 gross and fitout IT £55,000 gross include assumed unrecovered VAT. Four owner months two lead months and one second therapist assistant and reception induction month are paid before operations. Other setup £28,000 comprises premises £10,000 advisers £6,000 commissioning £4,000 launch £4,000 and training £4,000. All are unquoted estimates.

Gross preparation uses GBP	Amount
Owner loaded 4 months	16,830
Lead loaded 2 months	10,855
Other staff induction	10,793
Other preparation	28,000
Equipment	25,000
Fitout IT	55,000
Deposit	10,000
Total uses	**156,478**

Interpretation and limits

Preparation expenses form opening retained loss. Assets start separately capped depreciation in January 2027 even if service is delayed. The £10,000 deposit remains an asset. No preopening supplier credit or free owner work is assumed.

Owner personal survival budget

Personal affordability is separate from company cash

Forecast basis

Owner gross monthly pay £3,500 for 35 nonclinical weekly hours uses a retained-pay proxy of 65%, giving £2,275. Household assumption £2,400 leaves £(125) monthly personal surplus or deficit. No dividends further drawings or other income is forecast.

Personal monthly proxy GBP	Amount
Company gross pay	3,500
Retained pay proxy	**2,275**
Household	2,400
Estimated surplus	**(125)**

Interpretation and limits

The proxy is not an exact PAYE or pension calculation. Personal debts pension and other commitments are unknown. Validate actual take-home and how the equity contribution is funded. Household costs are outside company profit and loss and cannot be silently supported by clinic cash.

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Financing terms and security

Equity only with no approved borrowing

Forecast basis

Proposed equity £450,000 arrives before preparation. Debt interest and principal are zero. No security equipment lease lender grant overdraft or later equity is established. Any future financing needs separate signed draw fees interest maturity principal and security terms.

Proposed funding GBP	Amount
Equity	450,000
Debt	—
Automatic later funds	—
Downside reserve funding gap	685,745

Interpretation and limits

Downside requires £595,745 to avoid negative cash or £685,745 to preserve reserve. Requirements are not receipts. Negative cash means the business cannot execute this path without evidenced funds or revision; no balancing plug is used.

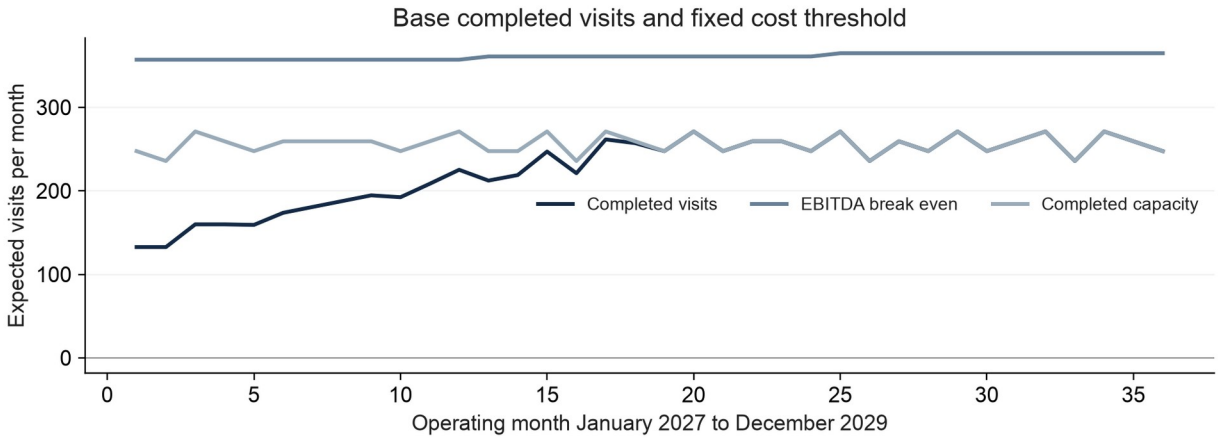
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Revenue forecast and capacity

Two treatment spaces share paid therapist capacity

Forecast basis

Base 2027 completed visits total 2,106.9, generating £173,818. Initial assessment mix 30 percent at £100 and followup 70 percent at £75 gives a 46-minute weighted total slot. Requests start 7/day and grow .35 daily visits monthly. Five percent of bookings do not attend. Fee growth 2 percent annually is assumed.



Base January 2027 to December 2029 expected completed visits per month and cost threshold from model version 1.1.

Interpretation and limits

Calendar weekdays and 95 percent session allowance govern rooms. Lead 28 and second 30 slot hours from 35 paid weekly hours are reduced by 82 percent staff availability. Assistant 10 minutes per booking and reception 12 minutes add limits; paid owner 5h weekly cover is capped to reception absence within 35h owner time, leaving 30h administration. Bookings are the minimum of all ceilings and demand. Slots include notes and turnover. Actual rosters close uncovered sessions; fractional visits are expected averages.

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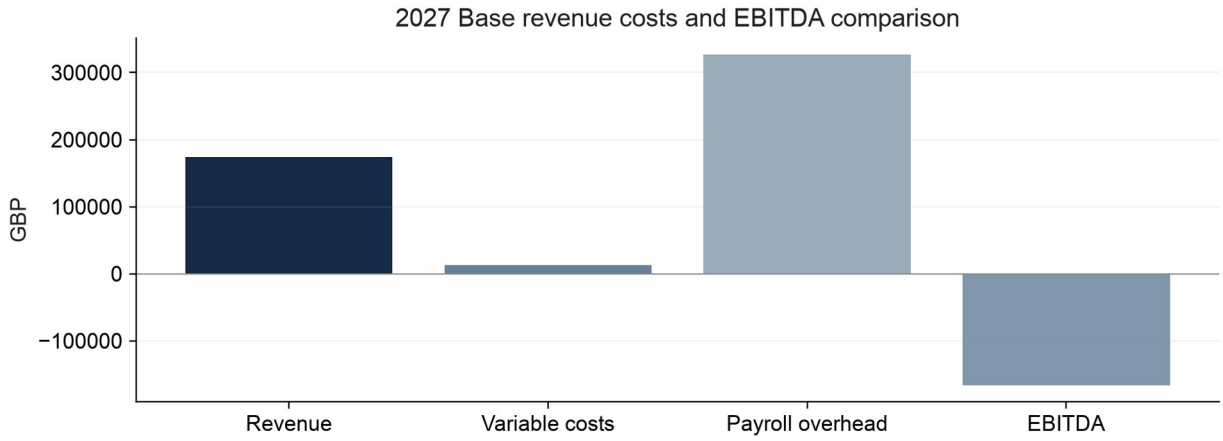
Costs and projected profit

Paid payroll persists through low demand

Forecast basis

Base 2027 loaded payroll is £245,130. Gross monthly pay £17,000 withseparate NI pension and benefits give £20,427.50. Gross premises operations £6,500 and supervision £300 monthly remain paid. Completed visits incur £2 clinical support £3 supplies and 1.5 percent payment fees. Wages fixed and supplier costs rise 3 percent annually as an assumption.

2027 Base cost GBP	Amount
External clinical support	4,214
Supplies	6,321
Payment fees	2,607
Loaded payroll	245,130
Gross operations	78,000
Supervision	3,600



Base 2027 revenue cost and EBITDA comparison in GBP from model version 1.1.

Interpretation and limits

2027 EBITDA £(166,054) precedes depreciation £11,875. All costs are gross with no input recovery. Owner therapists assistant reception preparation governance and record time are paid. The current NI 15 percent above £5,000 annual threshold applies per role. Pension 3 percent gross and discretionary benefits 4 percent are separate;2027 onward law and actual benefits require review R8 R11.

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Profit and loss forecast

The complete team exposes the funding risk

Forecast basis

Annual Base revenue 2027 to 2029 is £173,818, £248,261, £264,048; net results £(177,929), £(120,176), £(116,962). Only suitable completed individual medical-purpose care is billed. Wellness fitness retail reports NHS contracts insurer income and cancelled-slot fees are all excluded.

GBP forecast	2027	2028	2029
Medical care revenue	173,818	248,261	264,048
Variable costs	13,142	18,918	20,279
Contribution	**160,676**	**229,344**	**243,769**
Loaded payroll	245,130	252,596	260,287
Operating costs	81,600	84,048	86,569
EBITDA	**(166,054)**	**(107,301)**	**(103,087)**
Depreciation	11,875	12,875	13,875
Operating profit	**(177,929)**	**(120,176)**	**(116,962)**
Interest	—	—	—
Pretax profit	**(177,929)**	**(120,176)**	**(116,962)**
Positive PBT tax reserve	—	—	—
Net profit	**(177,929)**	**(120,176)**	**(116,962)**

Interpretation and limits

A conservative 25 percent same-month reserve applies to positive monthly pretax profit. It is not statutory annual corporation tax, marginal relief loss relief capital allowances or actual HMRC payment timing R9. No deferred tax asset or debt interest is assumed. Each asset stops depreciating at its life limit.

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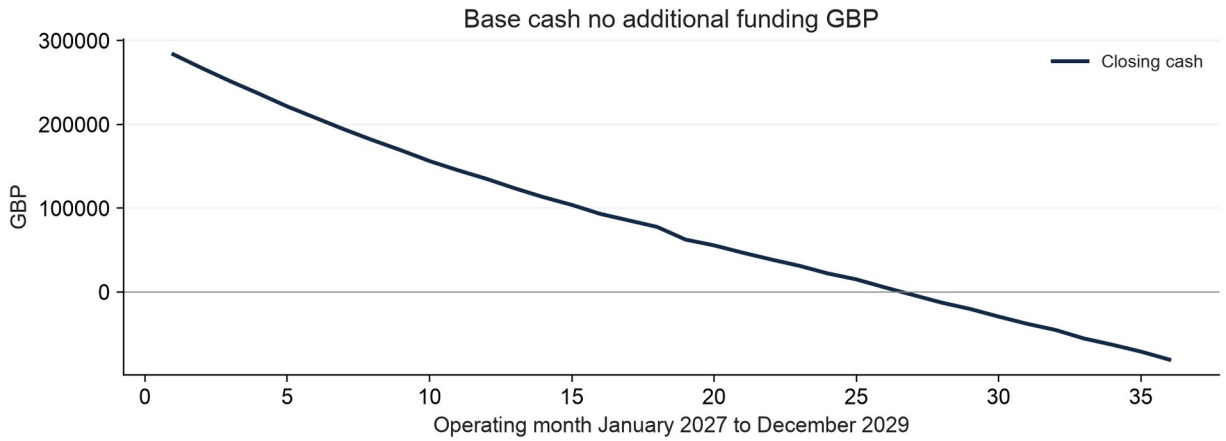
Cash flow and financial position

Cash follows gross costs and invoice cohorts

Forecast basis

Minimum Base cash £(80,667) and December 2029 cash £(80,667) retain any funding shortfall honestly. Base reserve gap £140,667 and Downside gap £685,745 are additional uncommitted needs. Equity stays £450,000 in each capture.

GBP forecast	2027	2028	2029
Operating cash flow	**(158,383)**	**(106,960)**	**(102,846)**
Future capex	—	6,000	—
Net cash change	**(158,383)**	**(112,960)**	**(102,846)**
Closing cash	**135,139**	**22,180**	**(80,667)**



Base January 2027 to December 2029 closing cash in GBP from model version 1.1. No additional finance.

Interpretation and limits

Base patient invoices collect in the service period and suppliers settle after 30 actual-calendar days with uniform invoice issue timing. Retained vintages prevent artificial receipts under long terms or declining demand. £6,000 renewal July 2028 is capex. No VAT refund or later funds appear.

Cash flow forecast months one to six

Base monthly cash in GBP thousands

Forecast basis

This table covers January to June 2027. All amounts are GBP thousands rounded to one decimal for legibility; workbook amounts remain full GBP. It includes patient receipts gross suppliers payroll payment fees positive-PBT tax reserve and capital expenditure. No debt dividends prepayments or VAT recovery are forecast.

GBP thousands	Jan	Feb	Mar	Apr	May	Jun
Opening cash	**293.5**	**283.6**	**267.2**	**251.6**	**236.8**	**221.5**
Patient receipts	10.9	10.9	13.2	13.2	13.1	14.3
Supplier payments	0.2	6.7	8.2	7.4	7.8	7.4
Payroll	20.4	20.4	20.4	20.4	20.4	20.4
Payment fees	0.2	0.2	0.2	0.2	0.2	0.2
Tax reserve	—	—	—	—	—	—
Operating cash flow	**(9.9)**	**(16.4)**	**(15.6)**	**(14.8)**	**(15.3)**	**(13.7)**
Capex	—	—	—	—	—	—
Net cash change	**(9.9)**	**(16.4)**	**(15.6)**	**(14.8)**	**(15.3)**	**(13.7)**
Closing cash	**283.6**	**267.2**	**251.6**	**236.8**	**221.5**	**207.8**

Interpretation and limits

Word is static Base version 1.1. Excel retains all 36 months and live selected inputs. Import saved desired edits into retained source FIRST then rebuild captures figures and document. Paid payroll overhead and depreciation continue during delayed delivery.

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Cash flow forecast months seven to twelve

Base monthly cash in GBP thousands

Forecast basis

This table covers July to December 2027. All amounts are GBP thousands rounded to one decimal for legibility; workbook amounts remain full GBP. It includes patient receipts gross suppliers payroll payment fees positive-PBT tax reserve and capital expenditure. No debt dividends prepayments or VAT recovery are forecast.

GBP thousands	Jul	Aug	Sep	Oct	Nov	Dec
Opening cash	**207.8**	**194.2**	**181.3**	**169.2**	**156.4**	**145.4**
Patient receipts	14.9	15.5	16.1	15.9	17.2	18.6
Supplier payments	7.9	7.7	7.5	8.0	7.5	8.1
Payroll	20.4	20.4	20.4	20.4	20.4	20.4
Payment fees	0.2	0.2	0.2	0.2	0.3	0.3
Tax reserve	—	—	—	—	—	—
Operating cash flow	**(13.7)**	**(12.9)**	**(12.1)**	**(12.8)**	**(11.0)**	**(10.2)**
Capex	—	—	—	—	—	—
Net cash change	**(13.7)**	**(12.9)**	**(12.1)**	**(12.8)**	**(11.0)**	**(10.2)**
Closing cash	**194.2**	**181.3**	**169.2**	**156.4**	**145.4**	**135.1**

Interpretation and limits

Word is static Base version 1.1. Excel retains all 36 months and live selected inputs. Import saved desired edits into retained source FIRST then rebuild captures figures and document. Paid payroll overhead and depreciation continue during delayed delivery.

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Financial position summary

Year-end balances reconcile without invented funding

Forecast basis

Assets are cash patient receivables separately depreciated equipment fitout renewal assets and refundable deposit. Supplier payables form liabilities. Equity is paid share funding plus retained preparation loss and forecast results. Negative cash is displayed rather than hidden in an assumed overdraft.

Year end GBP	2027	2028	2029
Cash	135,139	22,180	(80,667)
Receivables	—	—	—
Equipment carrying value	68,125	61,250	47,375
Deposit	10,000	10,000	10,000
Total assets	**213,264**	**93,430**	**(23,292)**
Supplier payables	7,670	8,012	8,252
Total liabilities	**7,670**	**8,012**	**8,252**
Paid equity	450,000	450,000	450,000
Retained earnings	(244,406)	(364,582)	(481,544)
Total equity	**205,594**	**85,418**	**(31,544)**
Liabilities and equity	**213,264**	**93,430**	**(23,292)**
Balance difference	—	—	—

Interpretation and limits

A zero balance difference demonstrates accounting consistency only; it does not establish funds or solvency. Obtain separate finance or change the operating scope before executing a path with negative cash. Table figures are full GBP forecasts at year-end.

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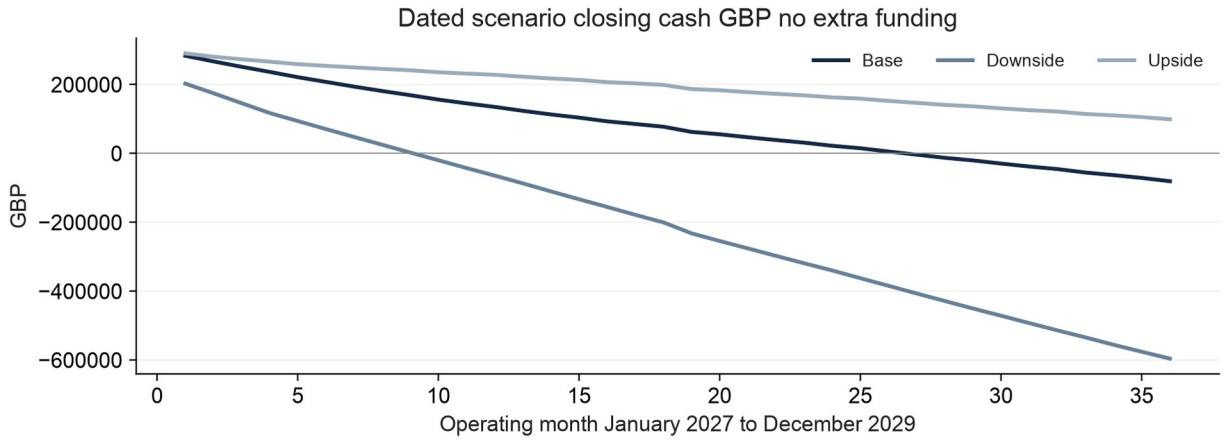
Break even and scenarios

Compare contribution threshold with qualified capacity

Forecast basis

January 2027 Base EBITDA break-even requires 357.0 completed visits versus 247.5 at full safe booking capacity. The required completed visits exceed the two-therapist maximum at the proposed fees and payroll. More demand alone cannot cure this structural capacity and contribution shortfall. The first demand ramp adds further losses. Minimum cash is Base £(80,667) Downside £(595,745) Upside £99,342.

Captured case GBP	Minimum cash	Reserve gap
Base	(80,667)	140,667
Downside	(595,745)	685,745
Upside	99,342	—



Base Downside and Upside closing cash in GBP. Dated captures 3 October 2026 model version 1.1. Refresh after inputs change.

Interpretation and limits

EBITDA break-even excludes depreciation tax capex and payment timing. Case captures dated 3 October 2026 share one live model. Downside uses lower demand and fees longer slots higher costs and delayed launch; Upside prices and demand remain unobserved. If full safe capacity cannot support costs, revise fees scope or staffing before commitments. Shortening necessary slots is not a financial remedy.

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Model guide and completion

One live case and exact snapshot checks

Forecast basis

Excel covers January 2027 to December 2029 with three annuals. Blue Base Downside and Upside drivers and selector feed the same live capacity and statements. Actual calendar invoice cohorts model collections and supplier payment. Asset depreciation stops at each cohort life. Debt and automatic finance are zero. Captures compare each input exactly so offset edits and blanks flag stale.

Interpretation and limits

FIRST save desired Excel edits and run retained import_inputs.py to update the JavaScript input array. Then rebuild from that source. Rebuilding replaces workbook inputs with source values. Missing selected inputs make dependent outputs unavailable; unselected blanks do not block valid live calculations. Zero is valid. Reimport saved Excel and repeat native and independent checks before refreshing the static Word plan.