Urgent Care Business Plan

Irwell Same Day Care Manchester Version 1.0

DOCUMENT GUIDE

Contents

Irwell Same Day Care Manchester 3 October 2026

Executive summary....4
Business details....5
Business concept and objectives....6
Business model canvas....7
SWOT and longer term goals....8
TOWS strategy matrix....9
Owner and management....10
Owner and key personnel profiles....11
Target customers....12
Segmentation targeting and positioning....13
Value proposition canvas....14
Market size and trends....15
PESTLE analysis....16
Local demand and evidence....17
Competitors and positioning....18
Porter five forces....19
Strategy canvas....20
Location and premises....21
Equipment and resource plan....22
Clinical service strategy....23
Pricing and order economics....24
Competitor price comparison....25
Brand and customer experience....26
Sales channels and process....27
Launch marketing....28
Retention and ongoing sales....29
Daily operations and suppliers....30
Sustainability practices....31
Staffing and training....32
Staff skills and fair work....33
Legal and insurance requirements....34
Opening roadmap....35
Risks and management actions....36
Research and evidence....37

Quotes and assumptions..... 38
Startup costs and funding..... 39
Itemized startup costs..... 40
Owner personal survival budget..... 41
Financing terms and security..... 42
Revenue forecast and capacity..... 43
Costs and projected profit..... 44
Profit and loss forecast..... 45
Cash flow and financial position..... 46
Cash flow forecast months one to six..... 47
Cash flow forecast months seven to twelve..... 48
Financial position summary..... 49
Break even and scenarios..... 50
Model guide and completion..... 51

Reading this business plan

This hypothetical self-pay adult same-day 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 1.0; no lease, approval or financing is secured.

01 / OVERVIEW

Executive summary

A conditional private same-day medical clinic proposal

Operating plan

Irwell Same Day Care Ltd is a hypothetical Manchester startup providing weekday adult minor-illness consultations and simple minor-wound assessment and dressings. Two examination rooms are supported by two paid GPs, one nurse, a receptionist and a paid nonclinical owner. This is a limited-hours private service, with 100 percent self-pay income; it has no NHS urgent treatment centre designation, public reimbursement, insurer contracts or occupational-health book. The working name, premises, professionals, CQC registration, funding and patient demand remain unestablished.

Management decision

Base 2027 revenue is £434,123 and net loss £176,140. Proposed uncommitted equity £600,000 leaves £303,598 opening operating cash. Minimum Base cash is £149,825 across 36 months, above the £100,000 target. December 2029 cash is £306,179. Downside needs £1,131,675 additional liquidity to retain its £150,000 reserve. This sensitivity and unvalidated demand require conditional preparation and evidence before launch.

02 / BUSINESS

Business details

Manchester England with a narrowly defined adult scope

Operating plan

The proposed legal form is a private company limited by shares. January 2027 is the model operating origin, subject to readiness. The offer covers suitable adults aged 18 and over who need assessment of minor illness or a simple minor wound that can be managed safely without suturing, imaging, sedation or emergency facilities. No address, founder biography, clinical credential, lease or provider registration has been supplied. Patients pay for completed consultations and treatment within the accepted scope.

Item	Proposed status
Working name	Irwell Same Day Care Ltd clearance pending
City	Manchester England site unselected
Scope	Adult minor illness and simple wounds
Payment	100 percent self-pay
Operating origin	January 2027 conditional readiness
Funding	Uncommitted £600,000 equity

Management decision

CQC registration for treatment of disease disorder or injury and any applicable diagnostic activity must match the exact service R1 R2. The clinic must clearly state its private fees and limited hours and must not suggest access through NHS 111 or NHS reimbursement is contracted.

03 / STRATEGY

Business concept and objectives

Build an accessible service within safe limits

Operating plan

The proposed clinic offers scheduled same-day slots and accepts walk-in enquiries only after a trained clinician assesses urgency and suitability. Weekday rooms are notionally available seven hours daily, with booking calendars shortened for actual coverage. The objectives are competent assessment, informed consent, documented safety-netting and responsible result follow-up. Arrival does not guarantee treatment or priority.

Management decision

Before launch, simulate red-flag presentations, staff absence and referral handoffs. Emergency help through 999 and urgent NHS routing through 111 must remain prominent R6. Revenue never justifies admitting an unsuitable patient or delaying an emergency referral.

04 / STRATEGY

Business model canvas

Completed medical visits fund a paid local team

Operating plan

Revenue is the inclusive fee on a completed self-pay visit. Clinical leadership, the second GP, nurse, receptionist, owner, two rooms and secure records are resources. Triage, assessment, simple treatment, safety-netting and follow-up are activities. Proposed external laboratories, pharmacy, waste supplier and professional advisers are partners requiring contracts, not an established network. Local residents and weekday workers with suitable adult needs are candidate segments.

Partners	Activities	Resources
Proposed laboratories pharmacy waste and advisers. No supplier contracts.	Triage assessment simple treatment safety-netting results and secure 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**
Eligible adult minor illness and simple minor wounds.	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

The model excludes insurer receivables, NHS contracts, subscriptions, cancellation income and medication retail. An average external laboratory cost provision is included in visit economics even though testing must remain clinically indicated. Both visit types share the same rooms and paid GP capacity.

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.

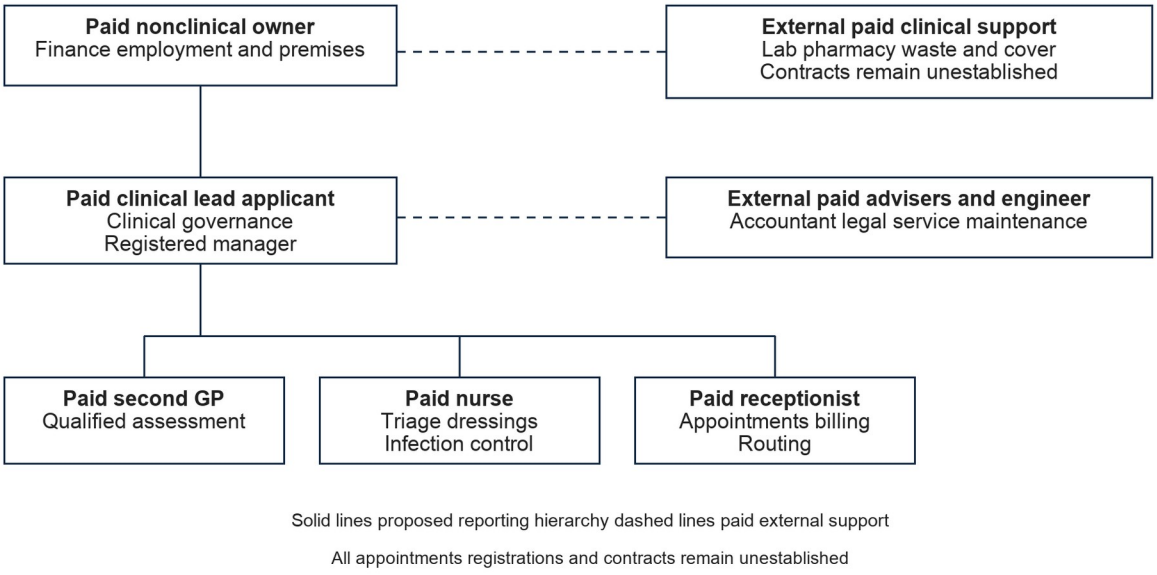
07 / STRATEGY

Owner and management

A paid nonclinical owner supports a clinical lead

Operating plan

The owner handles finances, employment, premises and contracts for 35 paid hours weekly. The clinical lead is a qualified GP and proposed registered-manager applicant, responsible for governance, patient acceptance, clinical supervision and complaints. A second GP provides accepted consultations. The nurse supports clinician-led triage, wound dressings, infection control and observation within verified competence. Reception schedules and bills without making clinical judgements.



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

Management decision

The owner reports commercial matters to the board and must respect clinical decisions. The organisation chart shows solid operational reporting lines and dashed paid external laboratory, pharmacy, adviser and maintenance support. Every role is unappointed; no founder credentials are invented.

08 / PEOPLE

Owner and key personnel profiles

Recruit against requirements rather than fictional CVs

Operating plan

Both GP appointments require current GMC registration with licence to practise, suitable primary-care and urgent-care competence, references and indemnity R3. The lead must additionally demonstrate registered-manager suitability R2. The nurse requires verified NMC registration and competence in the planned tasks R5. Reception needs confidentiality, identity-checking and emergency-call handling training.

Management decision

The owner remains nonclinical. Verify identity, professional registers, references, scope, safeguarding capability and indemnity before appointment. No clinical skill is inferred from willingness to invest or a job title. Professional checking and induction use paid preparation time.

09 / MARKET

Target customers

Appropriate adults who can attend weekdays

Operating plan

Candidate customers are adult Manchester residents and workers with clinically suitable non-emergency minor illness or simple wounds who knowingly choose to self-pay. Children, complex wounds, suspected fractures, serious infection and emergencies are outside the planned scope. There is no assessed market segment size or supplied waiting list. Ability to pay never overrides triage.

Management decision

The lead must approve clinical acceptance exclusions and safe handoffs. The eventual premises determine realistic accessibility and catchment. Do not market the clinic as a replacement for A and E or an NHS urgent treatment centre.

10 / CUSTOMER STRATEGY

Segmentation targeting and positioning

Clinical suitability precedes commercial targeting

Operating plan

Segmentation distinguishes eligible adult minor illness, eligible adult simple wounds, children and high-acuity or technically complex needs. Targeting selects the first two during weekday staffed sessions. Positioning proposes a clear total fee and safe same-day assessment where available, with documented next steps. Local speed or outcome superiority is not established.

Segment	Target	Position
Adult minor illness, simple wounds, children and high-acuity 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

Test willingness to pay and actual suitable requests. A website enquiry, a walk-in and a telephone request all enter one queue and the same safe capacity pool. No additional unlimited channel revenue is assumed.

11 / CUSTOMER STRATEGY

Value proposition canvas

Understand the patient job and the care boundary

Operating plan

Patient jobs include getting an appropriate assessment, knowing the total fee and understanding what to do if symptoms change. Proposed pains are unclear availability, uncertainty about eligibility and confusing separate charges. Proposed relievers are upfront scope and fees, clinician-controlled acceptance and written safety-netting. Gains are hypotheses about understandable access and continuity.

Customer jobs	Products and services
Arrange a suitable assessment and understand the total fee and next steps.	Eligible adult minor illness and simple minor wounds episodes.
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 route for results.	Documented safety-netting and agreed test follow-up responsibility.

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

Management decision

The service cannot guarantee diagnosis, an all-clear or a fixed wait. The lead reviews patient information and follow-up responsibilities. Interview suitable adults and gather feedback separately from clinical outcomes audit; the visual contains proposed customer hypotheses.

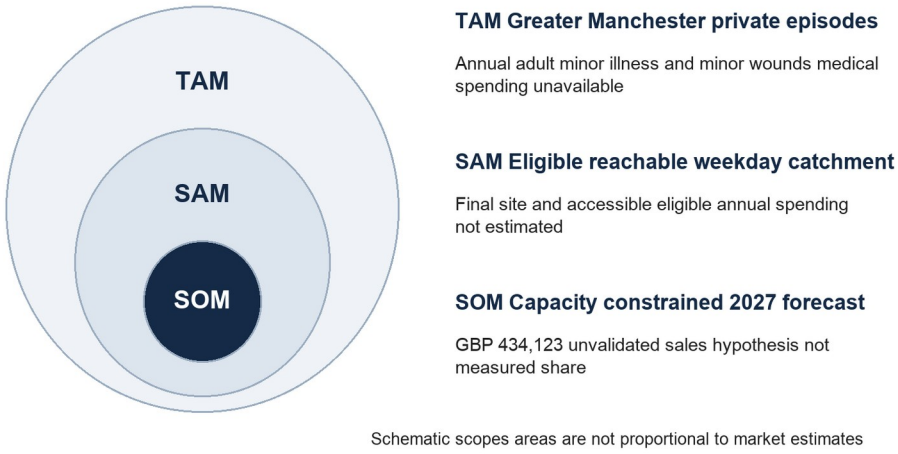
12 / MARKET

Market size and trends

Define an annual geography without inventing spend

Operating plan

TAM is annual private spending on the selected adult minor-illness and simple minor-wound visits in Greater Manchester. SAM is the eligible reachable part within the eventual site catchment and weekday scope. Neither has a credible category-spend denominator or independently evidenced annual visit count. SOM is the capacity-constrained 2027 revenue hypothesis, not measured market share.



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

Management decision

The scope chart is schematic with non-proportional areas and unavailable TAM and SAM amounts. NHS guidance establishes available care routes R6, not paid demand for this company. Obtain local primary evidence before a market-size or share claim.

13 / MARKET CONTEXT

PESTLE analysis

Local obligations constrain the operating proposal

Operating plan

Political context includes CQC registration and the presence of NHS urgent care R1 R6. Economic constraints are self-pay fee resistance and a fixed clinical wage base. Social preferences for private appointments remain untested. Technology concerns secure clinical records and continuity. Legal requirements include registered staff, medical-purpose VAT, special-category health data and safe treatment R3 R4 R5 R7 R11. Environmental factors include clinical waste and cleaning.

Political	Economic
CQC treatment and manager registration. NHS alternatives exist R1 R2 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**
Credentials VAT and health-data basis need documented review R4 R5 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

The six aligned panels connect each factor to a responsible action. Assign readiness tasks to the paid owner and lead. Regulatory evidence is distinguished from rent, wage, pricing and volume assumptions.

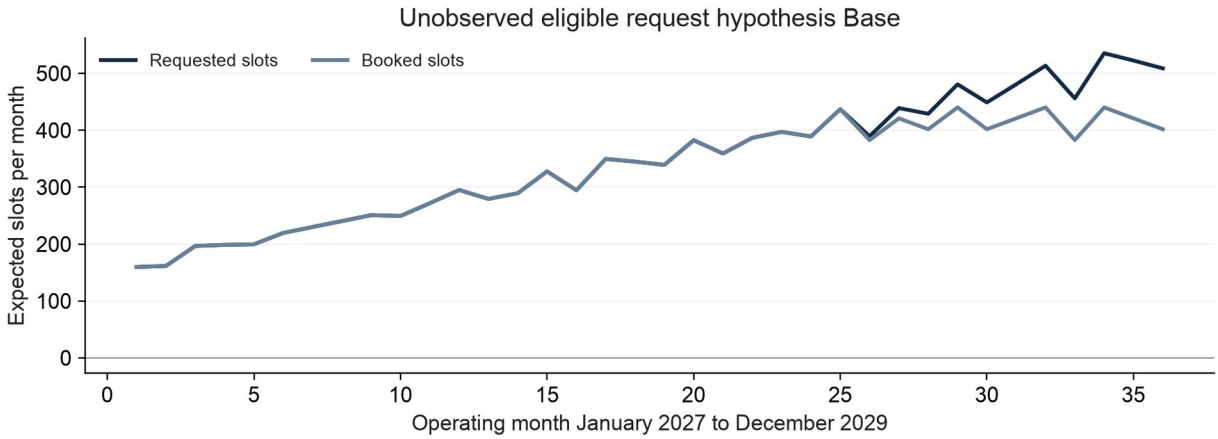
14 / MARKET

Local demand and evidence

The demand ramp is an explicit hypothesis

Operating plan

Base requested visits start at eight per open day and increase by 0.50 daily visits each month. The schedule uses actual calendar weekdays and a 95 percent session allowance. Room, GP, nurse and reception ceilings cap bookings before five percent nonattendance. These inputs are not observed footfall, referrals or survey responses.



Base January 2027 to December 2029 unobserved requested and booked slots per month. Model version 1.0.

Management decision

Record suitable requests, refused or redirected presentations, attendance, completed paid visits and collection separately after opening. Before commitments, run structured catchment interviews and comparable fee checks. No published NHS activity series is treated as proof of private conversion.

15 / MARKET

Competitors and positioning

Free NHS routes are material substitutes

Operating plan

The NHS describes urgent and emergency services and when to use 111 and 999 R6. Established private GPs and local care providers may also compete. Their exact scope, fees, availability and local share have not been collected. No ratings or clinical quality comparisons are invented. Free NHS access means private convenience cannot be assumed to generate paid demand.

Management decision

Build a dated comparison using primary provider pages and actual terms for the final catchment. Compare accepted ages scope hours fee inclusions follow-up and escalation. Patient safety and fee transparency are priorities rather than a claim of superiority.

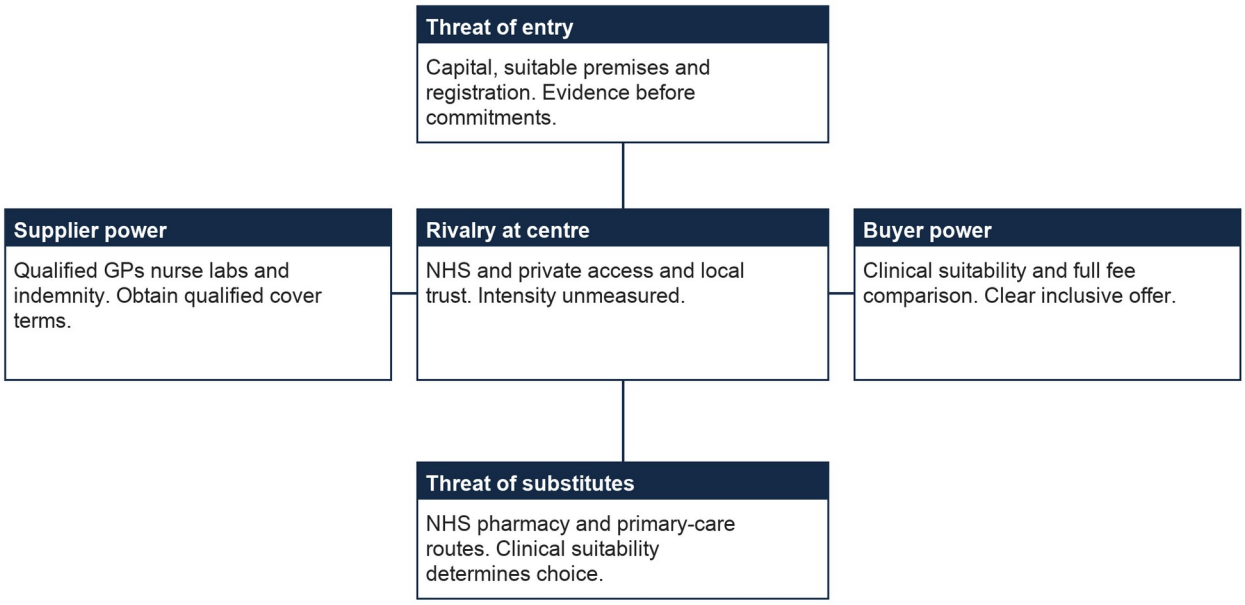
16 / COMPETITIVE STRATEGY

Porter five forces

Trust and paid competence shape competition

Operating plan

Rivalry is centred on established NHS and private access and local trust, with intensity unmeasured. Supplier power comes from qualified GPs, nursing, premises, laboratories and indemnity. Buyer power includes self-pay choice and free NHS alternatives. Entry requires regulated delivery and capital. Substitutes include appropriate NHS or pharmacy pathways but are not interchangeable for every presentation.



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

Management decision

The centre-and-surrounding-forces diagram states evidence limits and responses. Confirm qualified cover and lab terms, make fees clear and keep narrow scope. Never manufacture an urgency claim to improve conversion.

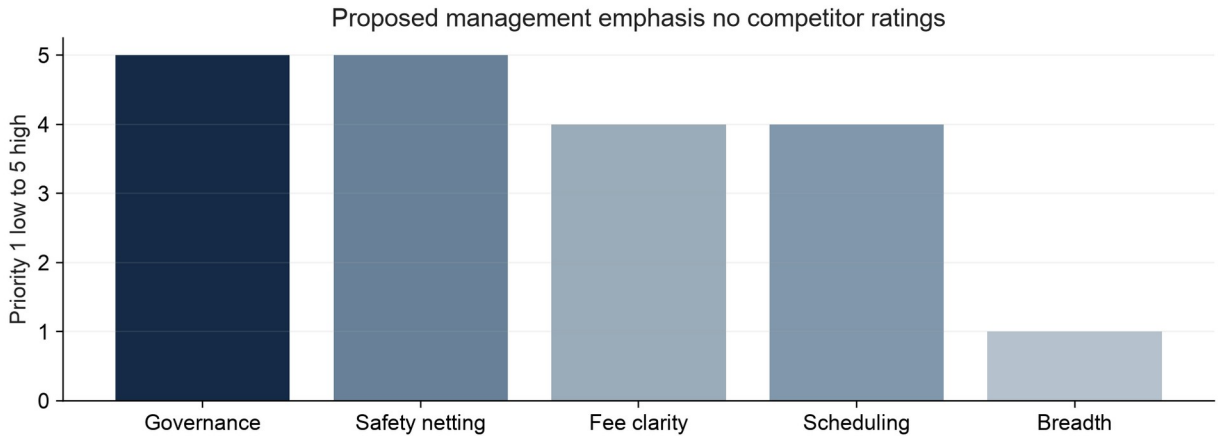
17 / COMPETITIVE STRATEGY

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 nurse substitutes for a GP or that records and follow-up take no paid time.

18 / OPERATIONS

Location and premises

Two examination rooms at a site still to select

Operating plan

Select accessible premises with private waiting and consultation space, two examination rooms, staff facilities, clinical storage, hand hygiene and emergency access. Manchester is the proposed city, with no address or floorplan established. Rent is £3,500 and rates £700 monthly inside a £9,000 gross operating allowance. These amounts are unquoted.

Management decision

A conditional lease should depend on use permissions, access, clinical layout, utilities, CQC readiness and funds. Confirm landlord VAT and repair liabilities in actual gross quotes. The two rooms do not double clinical staffing automatically.

19 / OPERATIONS

Equipment and resource plan

Basic clinic assets with no imaging capacity

Operating plan

Initial clinical equipment is £45,000 gross for two examination rooms and appropriate basic observations and resuscitation resources; fitout and IT are £96,000 gross. No ultrasound scanner, X-ray or laboratory analyser is proposed. Equipment life is 60 months and fitout IT 96 months for planning. A £12,000 gross renewal in July 2028 adds no room or patient capacity.

Gross asset cost GBP	Amount	Life months
Clinical equipment	45000	60
Fitout IT composite	96000	96
Renewal July 2028	12000	36

Management decision

Obtain itemised specifications supplier quotes acceptance testing and maintenance requirements. Actual useful lives need asset-level review. The lead must define equipment appropriate to the safe scope before purchase, and gross costs assume no recoverable input VAT.

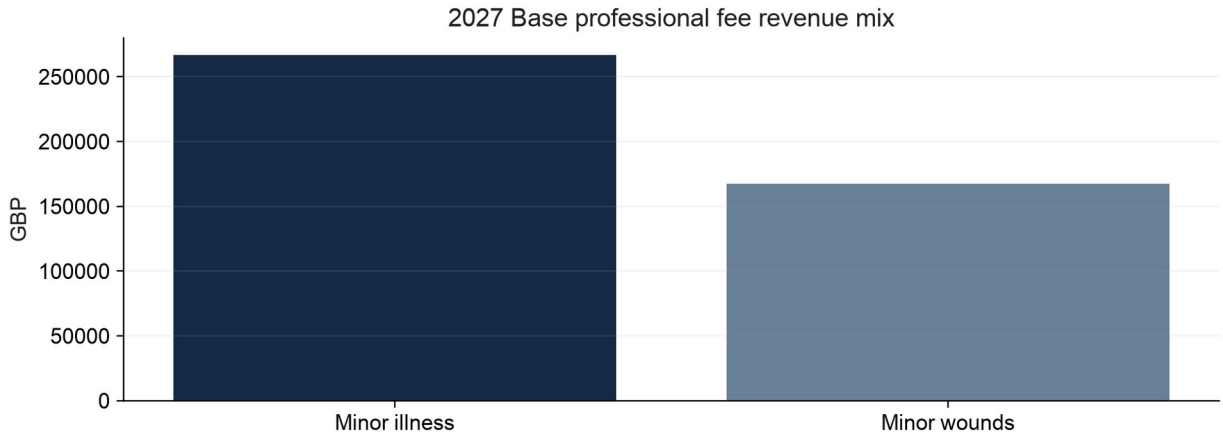
20 / OFFER

Clinical service strategy

Two clearly bounded completed visit types

Operating plan

The minor-illness consultation has a proposed inclusive fee of £150 and a 25-minute GP slot. Simple minor-wound consultation and dressing has a proposed £220 fee and a 40-minute GP slot. Slots include consent documentation and turnover. Planning mix is 70 percent illness and 30 percent wounds. No suturing, fracture management, imaging, sedation, children, vaccinations or medication retail is forecast.



Base 2027 medical fee revenue by visit type in GBP from model version 1.0.

Management decision

The clinical lead validates exact inclusion criteria and appointment lengths. Prescriptions where appropriate are clinically governed; separately purchased pharmacy medication is outside company revenue. Any outsourced testing included within the episode requires clinically indicated orders, supplier terms and result tracking.

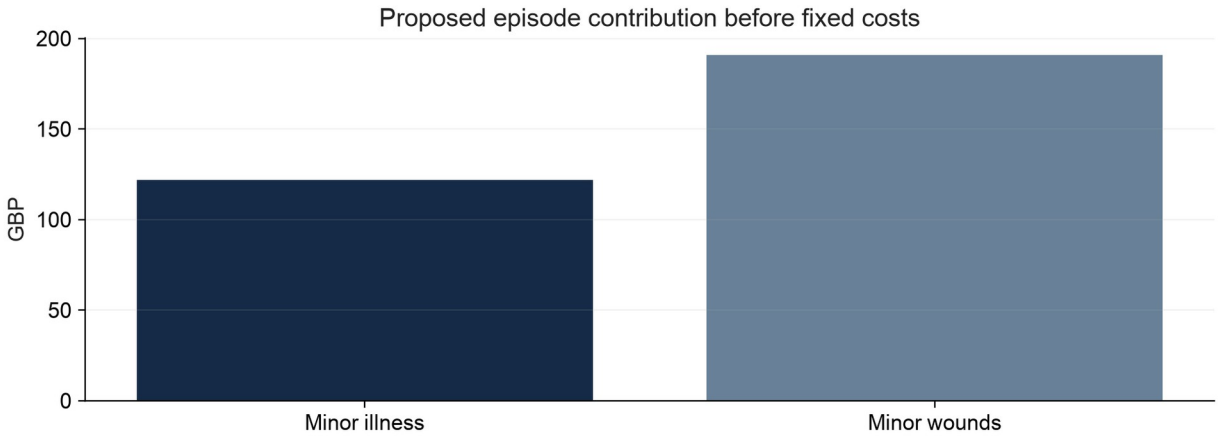
21 / OFFER

Pricing and order economics

Inclusive medical fees with gross supplier costs

Operating plan

Medical-purpose consultation and treatment is modelled as VAT-exempt subject to accountant review of eligible registered professionals and the company supply R4 R10. All costs and capital are gross with no input VAT recovery. Each completed visit has a £12 blended laboratory provision, £14 supplies and 1.5 percent payment fee. A £1,000 monthly clinical-support retainer is a fixed cost.



Base contribution in GBP per completed visit before payroll and overhead. Model version 1.0.

Management decision

The laboratory provision is a weighted cost allowance, not a promise of a test on every visit or evidence of a quote. No extra lab sales, cancellation income or insurance receipt is forecast. Contribution must cover paid payroll overhead depreciation and capital timing before the clinic is sustainable.

22 / OFFER

Competitor price comparison

Planning fees await equivalent local comparisons

Operating plan

The £150 illness and £220 simple-wound fees are authored planning inputs. There is no competitor quote, market median or observed willingness-to-pay evidence. Comparisons need a primary provider source for equivalent scope, accepted ages, consultation length, tests, dressing, follow-up and any separate fees. Free NHS routes must be acknowledged accurately R6.

Episode	Proposed fee GBP	Comparable local price
Adult minor illness	150	Not collected
Adult simple wounds	220	Not collected

Management decision

Obtain dated like-for-like prices before advertising and test the inclusive offer with suitable adults. Do not infer price elasticity from unrelated consultation menus or a national waiting-time statistic.

23 / OFFER

Brand and customer experience

State what the clinic can safely deliver

Operating plan

The working name needs clearance. Communications explain private status, weekday hours, accepted adults, fee inclusions, registration once granted and emergency guidance. Reception verifies identity and arranges clinician review. The nurse or GP performs triage within competence; the GP assesses accepted patients, documents consent and provides safety-netting and follow-up responsibility.

Request and vet	Attend and examine	Report and return
Clinician-led triage. Suitable adult scope and staffed sessions before booking.	Identity preparation consent and qualified assessment within paid capacity.	GP documents next steps and checks indicated test results. Escalation recorded.

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

Management decision

Do not promise that every arrival is seen or that a same-day slot guarantees resolution. Emergency signs require immediate appropriate routing rather than commercial intake. Health records and marketing contacts need distinct lawful handling R7.

Sales channels and process

One clinically controlled queue

Operating plan

Telephone, secure online enquiry and walk-in enquiry are candidate channels. Each enters a trained-clinician triage process and staffed calendar. No GP referral is required as a blanket commercial policy, but the clinical lead assesses suitability and continuity information. Patients pay completed fees in the service period in Base; no deposits or cancellation income are assumed.

Management decision

Reception does not independently diagnose or accept red-flag presentations. No access through NHS 111, insurer authorisation or employer contract is claimed. Record declined redirected and completed requests separately so conversion does not reward unsafe intake.

25 / GROWTH

Launch marketing

Budget communications without guaranteed demand

Operating plan

The £50,000 gross preparation allowance contains £5,000 for initial communications. The £9,000 monthly gross operating allowance includes £800 marketing. Proposed activity is accurate service information, local awareness and clear fees and scope. No endorsements, purchased patient data or guaranteed employer referrals are supplied.

Management decision

Measure clinically appropriate completed visits and contribution against spend. Keep emergency guidance prominent and registration claims accurate. Do not use patient health information for promotions without an appropriate distinct legal basis R7.

26 / GROWTH

Retention and ongoing sales

Repeat care follows clinical need

Operating plan

There is no membership, recurring rescan product or automatic retention rate. Follow-up is clinically indicated and its handling must be covered by the inclusive episode policy and paid governance time. The forecast counts completed eligible visits in one shared demand pool rather than a separate guaranteed repeat sales channel.

Management decision

Agree follow-up fee rules before advertising and avoid unnecessary visits. The lead checks test-result acknowledgement and safety-netting. The owner reviews complaints collection and service access without taking clinical decisions.

27 / OPERATIONS

Daily operations and suppliers

Triage assessment follow-up and cash reconciliation

Operating plan

The lead checks clinical coverage equipment and the booking list before sessions. Nurse triage support and GP assessment precede accepted treatment. Reception handles identity scheduling and billing. External laboratories supply indicated tests under agreed terms; GP result-review responsibilities remain explicit. Owner and lead reconcile daily incidents outstanding results and payment records.

Open and prepare	Examine and report	Close and reconcile
Lead checks list and readiness. Nurse supports cleaning and chaperoning.	Qualified GPs assess and treat. Nurse supports triage and simple dressings.	Lead checks outstanding results. Reception owner reconcile invoices cash.

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

Management decision

Pause or reduce bookings when qualified coverage, secure records or emergency readiness is unavailable. Medicines handling prescribing infection control safeguarding and urgent transfer arrangements must be locally approved R11. No clinical protocol is invented by this business plan.

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 nurse 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

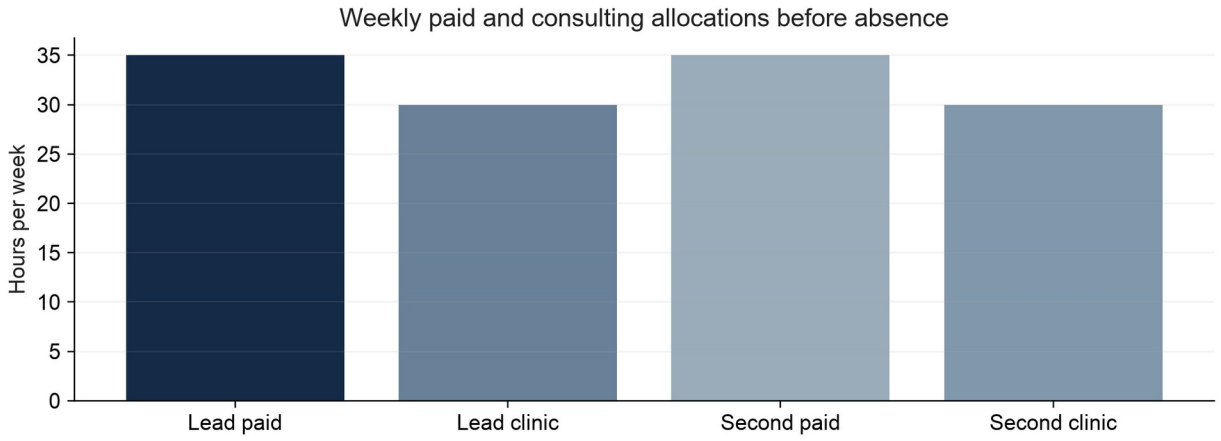
Staffing and training

Pay five roles and constrain every booking

Operating plan

Monthly gross pay is owner £4,000, lead GP £9,000, second GP £8,000, nurse £3,500 and receptionist £2,600. Each role has 35 paid hours weekly. Employer loading is 22 percent. Each GP allocates 30 hours to consultations before the 82 percent availability allowance; remaining paid time and the allowance cover governance records training leave absence and breaks. Nurse support is assumed at 18 minutes per booked visit and reception at 12 minutes.

Paid monthly role GBP	Gross pay	Paid hours week
Owner nonclinical	4000	35
Clinical lead GP	9000	35
Second GP	8000	35
Nurse	3500	35
Reception	2600	35
Total gross pay	**27100**	**175**
Employer loading 22 percent	5962	—
Total payroll cash	**33062**	**—**



Base weekly paid and GP consultation allocations in hours before absence. Model version 1.0.

Management decision

Bookings are the minimum of two-room hours, GP clinical hours, nurse support and reception capacity. The owner can support administration, never clinical cover. Actual rosters must close unsupported sessions rather than treat monthly average capacity as permission to run a clinician-free day. All roles remain paid through delayed opening.

30 / PEOPLE

Staff skills and fair work

Verify professional scope and lawful pay

Operating plan

GPs require GMC registration licence and demonstrated relevant competence R3. The nurse needs verified NMC status R5. Paid induction covers confidentiality safeguarding emergency routing infection prevention consent records and role boundaries. Reception salary £2,600 monthly for 35 weekly hours corresponds to about £17.14 per paid hour and exceeds the reviewed April 2026 adult floor £12.71 R8.

Management decision

Recheck future wage rates actual paid hours pension leave employer contributions and rest rules. The 22 percent payroll loading is a planning allowance, not an exact National Insurance calculation. Training and qualified supervision cannot be provided by an unqualified nonclinical owner.

31 / OPERATIONS

Legal and insurance requirements

Registration and safe care are opening gates

Operating plan

The provider and manager applications must match treatment and any diagnostic activity actually undertaken R1 R2. Doctors and nurse require current professional verification R3 R5. Medical-purpose VAT eligibility and company structure need tax advice R4 R10. Health information requires an Article 6 basis and Article 9 condition plus appropriate confidentiality access controls processor terms and incident handling R7.

Management decision

Obtain scoped clinical indemnity, employer liability, public liability and cyber quotes. Employer liability ordinarily requires at least £5 million R12. Confirm premises permissions medicines and waste responsibilities and safe treatment obligations R11. No approval or licence is currently established.

32 / OPERATIONS

Opening roadmap

Fund paid preparation and then validate readiness

Operating plan

Base preparation includes six paid owner months, four lead months and one induction month for the second GP nurse and receptionist. Sequence leadership and scope definition, demand checks, conditional premises and quotations, CQC applications, fitout equipment verification, staff onboarding and emergency simulation. January 2027 is a modelling origin, not an approved opening date.

Leadership and evidence	Site and supplier terms	Readiness then launch
GP lead applicant scope suitable request evidence and committed equity.	Conditional lease gross supplier terms and registration applications.	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 evidence of registration qualified cover safe transfer secure records indemnity and committed funds before accepting patients. Downside includes longer paid preparation and a further three-month operating delay; fixed payroll and overhead continue. No free preopening work or undocumented bridging funds rescue a delay.

33 / MANAGEMENT

Risks and management actions

Safety and liquidity require visible stop rules

Operating plan

Risks include high-acuity arrivals, missed or delayed result follow-up, staff shortage, privacy incidents, inadequate demand and fee resistance. The clinical lead owns acceptance and clinical escalation; the owner owns supplier readiness and rolling cash. Negative cash is an unfunded requirement, not an authorised overdraft. No registration or suitable roster means no launch.

Management decision

Review cash weekly before commitments and clinical incidents outstanding results capacity and collection monthly after opening. Have qualified cover terms or a safe session reduction plan. Do not shorten visits below locally validated needs to cross a financial threshold.

34 / APPENDIX A

Research and evidence

Official sources establish context and obligations

Operating plan

Sources R1 to R12 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.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/who-has-register/do-i-need-register-manager

R3 https://www.gmc-uk.org/registration-and-licensing/our-registers/a-guide-to-our-registers/the-licence-to-practise

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

R5 https://www.nmc.org.uk/registration/

R6 https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/

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.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-12

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

35 / APPENDIX B

Quotes and assumptions

Replace linked cost and operating assumptions together

Operating plan

Demand, prices, case mix, appointment lengths, attendance, clinical availability, payroll, rent, capital, collection and proposed equity are authored assumptions. Obtain gross quotes for equipment fitout records medicines support labs indemnity waste and premises. Confirm laboratory fee inclusions, result turnaround urgent contact and data responsibility.

Management decision

Changes to scope affect capacity clinical staffing registration and economics together. Keep gross purchasing costs unless actual input VAT entitlement is demonstrated. Rerun the retained JavaScript and refresh cases financial tables diagrams and the Word contents after inputs change.

36 / FINANCE

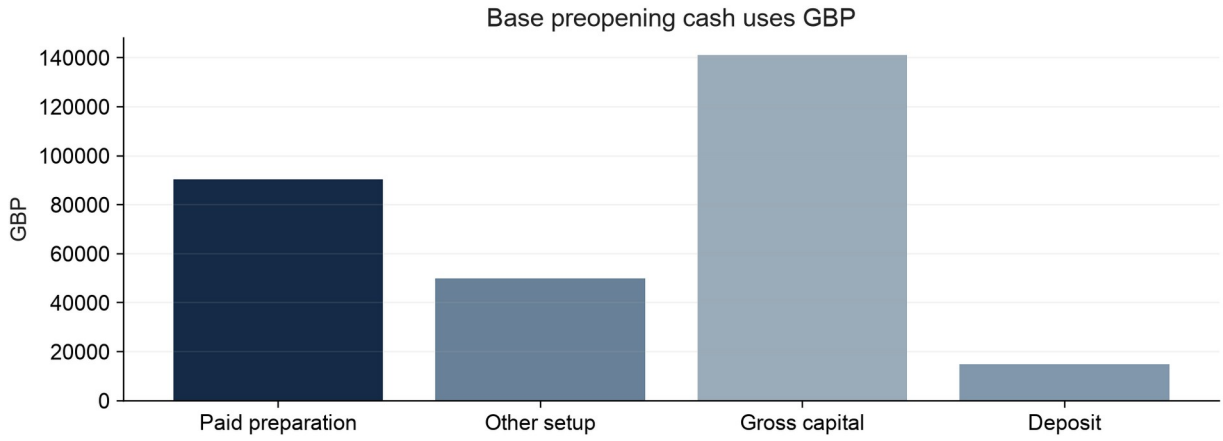
Startup costs and funding

Fund paid preparation before committing

Forecast basis

Proposed equity £600,000 is uncommitted. Preopening Base cash uses total £296,402: loaded preparation payroll £90,402, other preparation £50,000, clinical equipment £45,000, fitout IT £96,000 and deposit £15,000. Opening cash is £303,598. No debt grant or later equity fills gaps.

Funding and uses GBP	Base amount
Proposed equity	600,000
Paid preparation payroll	**90,402**
Other preparation expense	50,000
Gross clinical equipment	45,000
Gross fitout IT	96,000
Refundable deposit	15,000
Total cash uses	**296,402**
Opening cash	**303,598**



Base preopening cash uses in GBP from model version 1.0. Unquoted gross estimates.

Interpretation and limits

Base minimum cash £149,825 exceeds the £100,000 reserve. Downside minimum cash £(981,675) represents unfunded operating failure. Obtain funds and actual gross quotations before paid preparation. No owner work or induction is free.

37 / FINANCE

Itemized startup costs

Gross capital and preparation have distinct accounting

Forecast basis

Equipment £45,000 gross and fitout IT £96,000 gross include assumed unrecovered VAT. Six paid owner months four lead GP months and one second GP nurse and reception induction month precede operations. Other preparation £50,000 comprises premises £18,000 advisers £12,000 commissioning £8,000 communications £5,000 and training £7,000. These are unquoted estimates.

Gross preparation uses GBP	Amount
Owner loaded six months	29,280
Lead loaded four months	43,920
Other staff induction	17,202
Other preparation	50000
Equipment	45000
Fitout IT	96000
Deposit	15000
Total uses	**296,402**

Interpretation and limits

Preparation payroll and other expenses become opening retained loss. Capital has separately capped depreciation from opening. Deposit stays an asset. No preopening supplier credit is assumed. Delayed clinical delivery still carries paid payroll overhead and depreciation.

38 / FINANCE

Owner personal survival budget

Personal affordability is separate from company profit

Forecast basis

The owner receives £4,000 gross monthly for 35 nonclinical weekly hours. A 65 percent retained-pay proxy gives £2,600 against assumed household expense £2,400 and surplus £200. Actual PAYE pension household debts and other income are unknown.

Personal monthly proxy GBP	Amount
Company gross pay	4000
Retained pay proxy	2600
Household	2400
Estimated surplus	**200**

Interpretation and limits

This is not an exact take-home tax computation. Personal expenses are outside company accounts. No dividends or further drawings are forecast. Verify that proposed equity is affordable without sacrificing personal needs or clinical payroll.

39 / FINANCE

Financing terms and security

Equity only with no automatic funding

Forecast basis

The model proposes £600,000 equity paid before preparation. Debt interest and principal are explicitly zero. No security equipment lease lender grant overdraft or later equity is established. New financing would require separately evidenced draw timing terms fees and repayment schedules.

Proposed funding GBP	Amount
Equity	600000
Debt	0
Automatic later financing	0
Downside reserve liquidity	1,131,675

Interpretation and limits

Downside requires £981,675 to avoid negative cash or £1,131,675 to retain £150,000. These requirements are not forecast receipts. Negative cash does not constitute an approved overdraft or permission to continue trading.

40 / FINANCE

Revenue forecast and capacity

Two rooms share qualified staffing ceilings

Forecast basis

Base completed visits in 2027 total 2,538.7 and produce £434,123. Illness mix is 70 percent at £150 and wounds 30 percent at £220. Slots are 25 and 40 GP minutes including records and turnover. Requests start at eight per open day and grow by 0.50 daily visits monthly. Nonattendance is five percent and annual fee growth two percent.



Base January 2027 to December 2029 expected completed visits per month and cost threshold from model version 1.0.

Interpretation and limits

Actual calendar weekdays and 95 percent session availability govern two-room combined hours. GPs each allocate 30 clinical hours from 35 paid weekly hours before 82 percent availability. Nurse support uses 18 minutes per booking and reception 12. Bookings are the minimum of demand room GP nurse and reception limits. Actual rosters must close unsupported sessions. Fractional forecast visits are expected averages.

41 / FINANCE

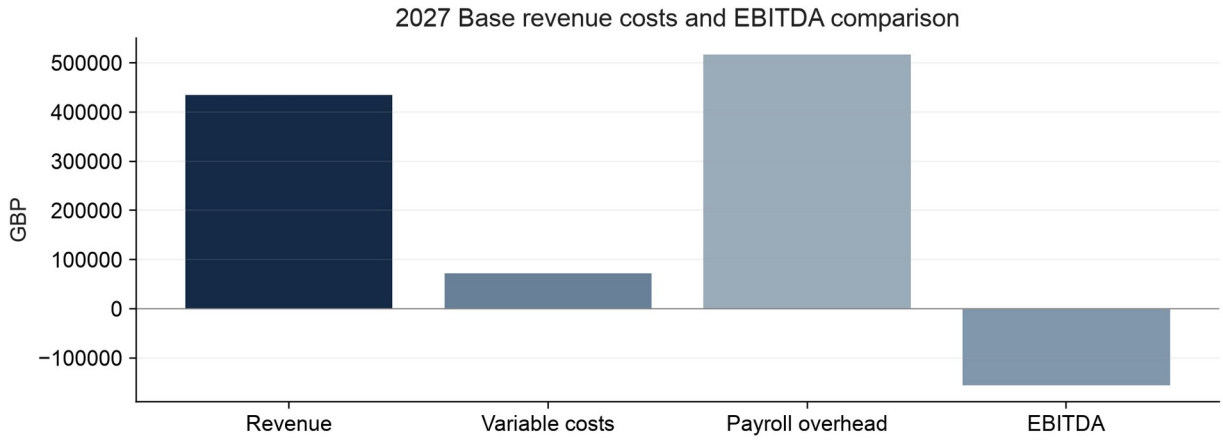
Costs and projected profit

Five fully paid roles remain through delays

Forecast basis

Base 2027 loaded payroll is £396,744. Gross monthly salaries total £27,100 with 22 percent loading. Fixed gross operating costs £9,000 monthly and clinical support £1,000 are paid. Completed visits incur £12 blended lab provision £14 supplies and 1.5 percent payment costs. Wages fixed costs and supplier unit costs rise three percent annually.

2027 Base cost GBP	Amount
External lab provision	30,465
Gross supplies	35,542
Payment fees	6,512
Loaded payroll	396,744
Gross operating costs	108,000
Clinical support	12,000



Base 2027 revenue cost and EBITDA comparison in GBP from model version 1.0.

Interpretation and limits

2027 EBITDA is £(155,140) and depreciation £21,000. Gross costs assume no input VAT recovery. Laboratory provision is a weighted allowance, not a test on every visit. Owner GPs nurse reception paid preparation and record time are included; none is a free labour bridge.

42 / FINANCE

Profit and loss forecast

The initial demand ramp creates a loss

Forecast basis

Base annual revenues in 2027 2028 2029 are £434,123, £685,774 and £843,499. Net results are £(176,140), £6,124 and £95,141. Only suitable completed visits are billed. No NHS insurer medication retail or cancelled-slot income is included.

GBP forecast	2027	2028	2029
Medical fee revenue	434,123	685,774	843,499
Variable costs	72,519	115,579	143,431
Contribution	361,604	570,196	700,068
Loaded payroll	396,744	408,646	420,906
Gross operating costs	120,000	123,600	127,308
EBITDA	**(155,140)**	**37,949**	**151,854**
Depreciation	21,000	23,000	25,000
Operating profit	**(176,140)**	**14,949**	**126,854**
Interest	—	—	—
Pretax profit	(176,140)	14,949	126,854
Positive PBT tax reserve	—	8,825	31,714
Net profit	**(176,140)**	**6,124**	**95,141**

Interpretation and limits

Tax is a conservative 25 percent same-month cash reserve on positive monthly pretax profit. It does not calculate statutory annual corporation tax thresholds loss relief capital allowances or actual HMRC payment timing R9. No deferred tax asset or debt interest is assumed. Each capital cohort stops depreciating when its life ends.

43 / FINANCE

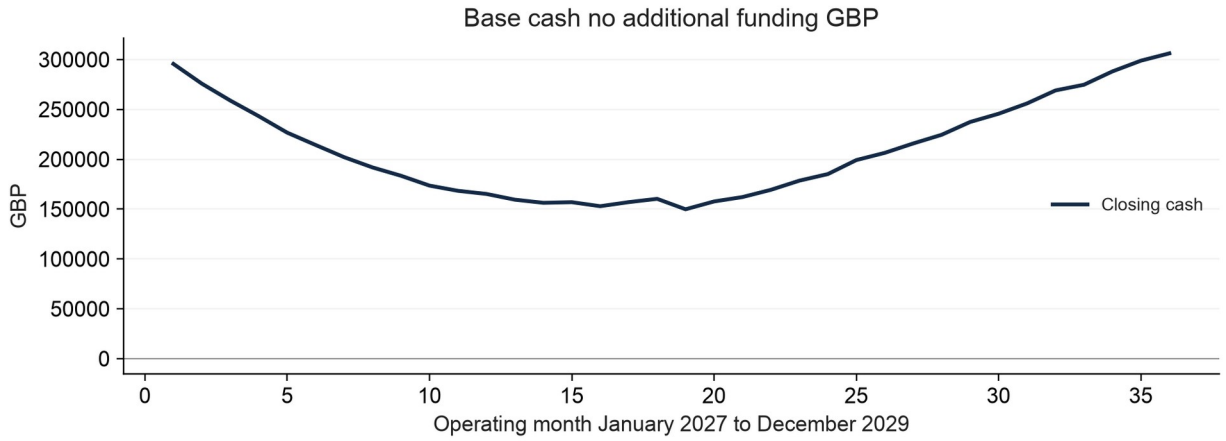
Cash flow and financial position

Cash tracks gross capital and invoice timing

Forecast basis

Minimum Base cash is £149,825 and December 2029 cash £306,179. Base needs no additional liquidity for the £100,000 target. Downside needs £1,131,675 for its £150,000 reserve. Equity £600,000 is held constant across cases.

GBP forecast	2027	2028	2029
Operating cash flow	(138,411)	31,941	121,051
Gross future capex	—	12,000	—
Net cash change	(138,411)	19,941	121,051
Closing cash	165,187	185,128	306,179



Base January 2027 to December 2029 closing cash in GBP from model version 1.0. No additional finance.

Interpretation and limits

Base patients pay in the service period. Suppliers settle after 30 actual-calendar days under uniform invoice issue timing. Each invoice vintage is retained so long terms and declining sales do not create artificial receipts. Gross equipment renewal £12,000 in July 2028 is capex, not a per-visit expense. No input VAT refund or later finance is forecast.

Cash flow forecast months one to six

GBP Base monthly operating cash forecast

Forecast basis

This table covers January to June 2027. It includes completed medical visit receipts gross supplier payments payroll payment fees positive-PBT tax reserve and renewal capital expenditure. No deposits subscriptions VAT recovery borrowing or dividends appear. Source is version 1.0 Base.

Base cash GBP	Jan	Feb	Mar	Apr	May	Jun
Opening cash	**303,598**	**295,624**	**275,812**	**258,848**	**243,179**	**226,654**
Patient receipts	25,927	26,236	31,946	32,254	32,409	35,650
Gross supplier payments	450	12,593	15,368	14,378	15,386	14,446
Payroll cash	33,062	33,062	33,062	33,062	33,062	33,062
Payment fees	389	394	479	484	486	535
Tax reserve	—	—	—	—	—	—
Operating cash flow	(7,974)	(19,813)	(16,963)	(15,669)	(16,525)	(12,393)
Future gross capex	—	—	—	—	—	—
Net cash change	**(7,974)**	**(19,813)**	**(16,963)**	**(15,669)**	**(16,525)**	**(12,393)**
Closing cash	**295,624**	**275,812**	**258,848**	**243,179**	**226,654**	**214,261**

Interpretation and limits

The workbook retains all 36 months and live selected-case inputs. Long collection and payment terms use actual-calendar invoice vintages. Word is static; rerun model case captures visuals and integration after assumptions change. Staffing and overhead remain paid throughout delayed opening.

45 / FINANCE

Cash flow forecast months seven to twelve

GBP Base monthly operating cash forecast

Forecast basis

This table covers July to December 2027. It includes completed medical visit receipts gross supplier payments payroll payment fees positive-PBT tax reserve and renewal capital expenditure. No deposits subscriptions VAT recovery borrowing or dividends appear. Source is version 1.0 Base.

Base cash GBP	Jul	Aug	Sep	Oct	Nov	Dec
Opening cash	**214,261**	**202,060**	**191,770**	**183,417**	**173,542**	**168,317**
Patient receipts	37,347	39,045	40,742	40,511	44,138	47,919
Gross supplier payments	15,926	15,687	15,423	16,716	15,638	17,269
Payroll cash	33,062	33,062	33,062	33,062	33,062	33,062
Payment fees	560	586	611	608	662	719
Tax reserve	—	—	—	—	—	—
Operating cash flow	(12,201)	(10,290)	(8,353)	(9,875)	(5,225)	(3,131)
Future gross capex	—	—	—	—	—	—
Net cash change	**(12,201)**	**(10,290)**	**(8,353)**	**(9,875)**	**(5,225)**	**(3,131)**
Closing cash	**202,060**	**191,770**	**183,417**	**173,542**	**168,317**	**165,187**

Interpretation and limits

The workbook retains all 36 months and live selected-case inputs. Long collection and payment terms use actual-calendar invoice vintages. Word is static; rerun model case captures visuals and integration after assumptions change. Staffing and overhead remain paid throughout delayed opening.

Financial position summary

Balances reconcile without a financing plug

Forecast basis

Assets comprise cash patient receivables separately depreciated clinical equipment fitout IT renewal assets and refundable deposit. Liabilities are gross supplier payables. Equity is proposed paid equity plus retained preparation loss and subsequent profit or loss. No loan liability VAT asset patient advance or balancing plug is included.

Year end GBP	2027	2028	2029
Cash	165,187	185,128	306,179
Patient receivables	—	—	—
Equipment carrying value	120,000	109,000	84,000
Deposit	15,000	15,000	15,000
Total assets	**300,187**	**309,128**	**405,179**
Supplier payables	16,728	19,546	20,456
Total liabilities	**16,728**	**19,546**	**20,456**
Paid equity	600,000	600,000	600,000
Retained earnings	(316,542)	(310,418)	(215,277)
Total equity	**283,458**	**289,582**	**384,723**
Liabilities and equity	300,187	309,128	405,179
Balance difference	—	—	—

Interpretation and limits

The balance difference must be zero. Negative Downside cash is retained to reveal funding requirements rather than converted into an invented approved overdraft. Reconciliation does not establish actual available funds or solvency. All table amounts are GBP forecast year-end balances.

47 / FINANCE

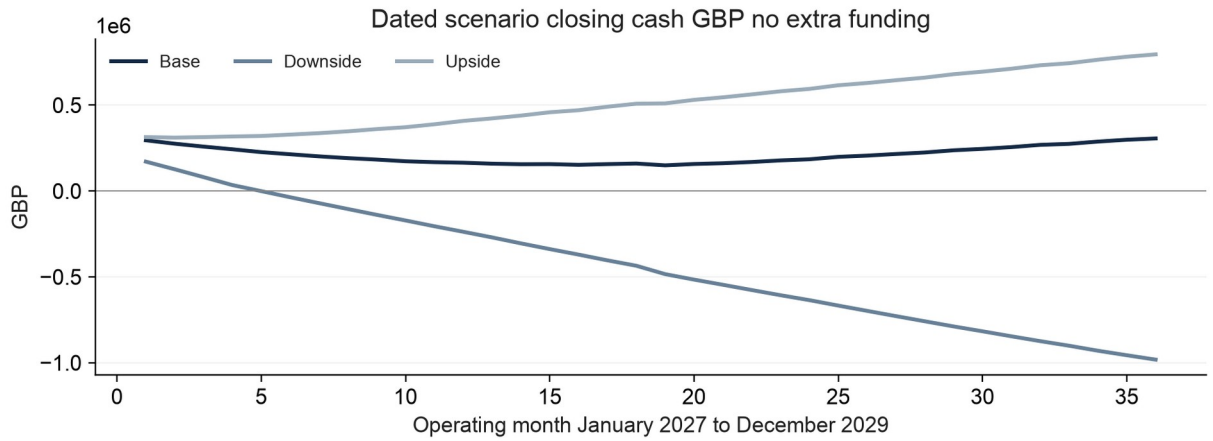
Break even and scenarios

Initial demand is below the paid cost threshold

Forecast basis

January 2027 Base EBITDA break-even is 302.3 completed visits, versus 381.7 at full safe booking capacity. Initial demand is lower and generates the ramp loss. The threshold excludes depreciation tax capex and invoice timing. Minimum cash is Base £149,825 Downside £(981,675) and Upside £303,598.

Captured case GBP	Minimum cash	Reserve gap
Base	149,825	—
Downside	(981,675)	1,131,675
Upside	303,598	—



Base Downside and Upside closing cash in GBP. Dated captures 3 October 2026 model version 1.0. Refresh after inputs change.

Interpretation and limits

Cases are dated captures of one live build. Downside combines slower demand weaker prices longer visits higher costs longer preparation and a three-month service delay. Upside has higher untested demand and prices with the same paid team. Input changes mark snapshots stale. Capacity cannot be overcome by promoting unsuitable visits or shortening clinical time without validated scope changes.

48 / APPENDIX C

Model guide and completion

One live case and dated comparison snapshots

Forecast basis

Excel contains 36 actual-calendar months January 2027 to December 2029 and three annual summaries. Blue inputs and the numeric selector feed a single live case. The visit schedule caps bookings against rooms GP hours nurse support and reception. Uniform actual-calendar invoice vintages govern collection and gross supplier settlement. Capital depreciation is capped by each asset life. There is no debt or automatic funding.

Interpretation and limits

Cases are dated snapshots; changed or missing assumptions flag them stale. Word is a static Base plan. FIRST copy desired edited workbook Base, Downside and Upside input values into the retained inputs array in financial-model/working/build_model.mjs, then rebuild. Rebuilding replaces Excel inputs with source-array values. Review native recalculations and capacity and input stresses, integrate updated tables and figures, then render and check all pages before relying on a changed forecast.