PMG
PRESTIGE MEDICAL GROUP

Reviewed: April 2026
Review: March 2027

Prestige Medical Group: Staffing Rationale Document

Workforce Establishment and Operational Structure Rationale

Executive Summary

This document outlines the staffing establishment and workforce rationale for Prestige Medical Group serving approximately 16,000 registered patients. The practice operates a multidisciplinary workforce Total Triage model designed to deliver safe, effective, accessible, and sustainable primary care services whilst meeting increasing patient demand, workforce challenges, regulatory requirements, and the objectives of the NHS Long Term Plan.

The workforce comprises:

Role	Headcount
GP Partners	6
Salaried GPs	4
Advanced Clinical Practitioners (ACPs)	5
Practice Nurses	5
Healthcare Assistants (HCAs)	3
GP Assistants (GPAs)	3
Reception Staff	11
Reception Lead	1
Administrators	5
Business Manager	1
Practice Manager	1

Total workforce: **44 staff members**

This staffing model supports the delivery of comprehensive primary care services across routine, urgent, preventative, chronic disease, and administrative functions while maintaining resilience and continuity of care.

Practice Population and Demand

The practice serves a population of approximately 16,000 patients with a diverse range of healthcare needs, including:

- Acute presentations requiring same-day assessment.
- Long-term condition management.
- Preventative healthcare and screening.
- Childhood and adult immunisation programmes.
- Frailty and complex care management.
- Mental health support.
- Increasing digital access requirements.
- Enhanced services and contractual obligations.

The patient population continues to demonstrate increasing complexity, driven by:

- An ageing demographic.
- Increasing prevalence of chronic diseases.
- Rising patient expectations regarding access.
- Expanded workload transferred from secondary care.
- Increased monitoring and governance requirements.
- Working within an area of deprivation.

These factors necessitate a workforce that can deliver both clinical and operational effectiveness.

Clinical Workforce Rationale

GP Workforce

Establishment

- 6 GP Partners (36 sessions)

- 4 Salaried GPs (24 sessions)

Total GP Workforce: **10 GPs (Total sessions = 60 Sessions)**

Rationale

The GP workforce provides:

- Clinical leadership.
- Total Triage Leadership
- Management of complex and high-risk patients.
- Safeguarding leadership.
- Management and supervision of multidisciplinary team members.
- Duty doctor and urgent care provision.
- Oversight of prescribing and clinical governance.
- Strategic development and contractual delivery.

A workforce of ten GPs is proportionate for a practice of 16,000 patients and ensures:

- Adequate clinical capacity.
- Continuity of care.
- Operational resilience during periods of annual leave, sickness, and training.
- Clinical supervision for ACPs and wider multidisciplinary staff.

The presence of six GP Partners provides strong organisational stability and leadership while salaried GPs contribute additional clinical capacity and continuity.

Advanced Clinical Practitioners (ACPs)

Establishment

- 5 ACPs

Rationale

The ACP workforce supports delivery of the Total Triage model by making up the primary triage workforce whilst also delivering same-day and routine care by managing:

- Minor illness.
- Minor injury.

- Acute presentations.
- Long-term condition reviews.
- Prescribing and treatment planning.

ACP appointments ensure patients access the most appropriate clinician based on presenting need.

The ACP model enables:

- Improved access.
- Better utilisation of GP expertise.
- Enhanced workforce sustainability.
- Increased appointment availability.
- Knowledge and expertise within triage.

Five ACPs provide significant autonomous clinical capacity while maintaining appropriate clinical governance and supervision arrangements.

Nursing Team

Establishment

- 5 Practice Nurses
- 3 Healthcare Assistants

Rationale

The nursing team delivers:

- Long-term condition management.
- Cytology services.
- Immunisation programmes.
- Travel health.
- Wound care.
- Chronic disease reviews.
- NHS Health Checks.
- Screening programmes.

HCAs support the nursing workforce by undertaking:

- Phlebotomy.
- Blood pressure monitoring.
- ECGs.
- Health checks.
- Vaccinations where trained.

The combined nursing and HCA structure ensures efficient use of clinical resources and maximises service delivery capacity.

GP Assistants

Establishment

- 3 GP Assistants

Rationale

GP Assistants provide crucial support by undertaking delegated administrative and clinical preparation work including:

- Daily Clinical area preparation for all locations
- Daily/Weekly administrative checks to ensure compliance
- Clinical waste
- Infection control
- Clinical Stock control
- Supporting patient follow-up.
- Workflow management.

This role enables clinicians to spend more time on direct patient care while improving overall efficiency and reducing administrative burden.

Non-Clinical Workforce Rationale

Reception Team

Establishment

- 11 Reception Staff

- 1 Reception Lead

Rationale

Reception staff represent the first point of contact for patients and are responsible for:

- Appointment management.
- Telephone triage support.
- Patient navigation.
- Processing requests.
- Administrative support.
- Managing patient enquiries.

The reception workforce must accommodate:

- High telephone demand.
- Face-to-face patient contact.
- Digital service requests.
- Appointment booking activity.

A Reception Lead provides:

- Day-to-day operational oversight.
- Staff management and support.
- Training coordination.
- Service improvement leadership.
- Escalation management.

This structure ensures operational resilience and appropriate workforce supervision.

Administrative Team

Establishment

- 5 Administrators

Rationale

The administration team supports critical back-office functions including:

- Referrals. (Med Sec Team)
- Registration processes. (Data Team) (Med Sec Team)
- Clinical coding. (Data Team)
- Medical reports. (Med Sec Team) (Data Team)
- Workflow management. (Data Team) (Med Sec Team)
- Document processing. (Data Team) (Med Sec Team)
- Subject Access Requests. (Data Team)
- Insurance reports. (Data Team)

Efficient administration systems directly contribute to patient safety, contractual compliance, and clinician capacity.

Management Structure Rationale

Establishment

- Practice Manager
- Business Manager

Practice Manager Responsibilities

- Day-to-day operational management.
- Human resources.
- Patient services.
- Governance support.
- Workforce management.
- Regulatory compliance.

Business Manager Responsibilities

- Strategic planning.
- Financial management.
- Business development.
- Contract performance.

- Workforce planning.
- Organisational performance monitoring.

The dual management structure allows operational and strategic functions to be effectively managed while supporting future service development.

Leadership and Governance Framework

The practice operates a structured leadership model to ensure effective communication, governance, and operational oversight.

Team Lead Structure

The following leads are appointed:

- Nurse Lead
- ACP Lead
- Reception Lead

These Leads meet weekly with:

- Business Manager
- Practice Manager
- Designated GP Partner

Purpose of Weekly Leadership Meetings

The meetings provide a structured forum to:

- Review service performance.
- Identify operational risks.
- Discuss workforce pressures.
- Manage capacity and demand.
- Escalate patient safety concerns.
- Coordinate service improvements.
- Review staffing requirements.
- Monitor emerging issues.

The meeting promotes:

- Shared decision making.
- Cross-team communication.
- Rapid resolution of operational challenges.
- Strong clinical and managerial governance.

This structure ensures that emerging issues are identified promptly and addressed collaboratively across all areas of the practice.

Benefits of the Current Staffing Model

The current workforce establishment supports:

Patient Access

- Improved appointment availability.
- Appropriate allocation of patient need.
- Reduced waiting times.

Clinical Safety

- Appropriate skill mix.
- Strong supervision arrangements.
- Effective governance processes.

Workforce Sustainability

- Reduced GP workload pressures.
- Better use of multidisciplinary staff.
- Improved staff retention opportunities.

Operational Efficiency

- Streamlined administrative processes.
- Strong leadership structure.
- Clear accountability arrangements.

Organisational Resilience

- Capacity to manage absence and leave.

- Business continuity support.
- Adaptability to changing patient demand.

Conclusion

The staffing establishment of 45 staff members has been developed to meet the needs of a 16,000-patient practice population through a multidisciplinary Total Triage model of care. The workforce provides an appropriate balance of clinical, administrative, operational, and leadership capacity to deliver safe, effective, responsive, and sustainable primary care services.

The presence of dedicated clinical and operational leads, supported through weekly leadership meetings with the Practice Manager, Business Manager, and GP Partner representation, provides robust governance and ensures emerging operational issues are identified and addressed promptly.

This staffing structure is considered appropriate to maintain service quality, patient access, workforce wellbeing, contractual compliance, and long-term organisational sustainability.