Middlesex University London

# The case for the Living Wage in Primary Care



September 2026

LIVING WAGE FOUNDATION

NHS England London

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September 2026

# Executive Summary

This report sets out the case for real Living Wage adoption in primary care in London, against the background of the complex environment within which this sector operates. Drawing on case studies of real Living Wage accredited primary care providers in the capital, and on wider research, it highlights the benefits that real Living Wage Employer accreditation can bring, most notably, improved recruitment and retention, improved staff performance positively impacting on organisational performance, and reputational benefits.

The report also provides insight into how the real Living Wage can be meaningfully and sustainably implemented in primary care organisations, highlighting the importance of a strategic approach that considers real Living Wage adoption as an investment in the organisation, and the importance of communication about real Living Wage employer status to relevant stakeholders. Further, the report sets out some good practice recommendations with regards to adapting working practices and managing pay differentials to enable sustainable adoption of the real Living Wage, and includes some considerations regarding the future of the real Living Wage in primary care.



# Foreword



**Graham Griffiths,**
Co-Director of Living Wage Foundation



**almost 17,000**

employers voluntarily choose to go beyond the government minimum and pay their workers a real Living Wage.

**This report comes at a pivotal time for our movement. This year marks 25 years of the Living Wage campaign in the UK. What started as a meeting in Bethnal Green in East London between community leaders has turned into a network of almost 17,000 employers who voluntarily choose to go beyond the government minimum and pay their workers a real Living Wage. This commitment to tackle in-work poverty has resulted in £4.1 billion going back into the pockets of low paid workers since the campaign began.**

NHS organisations have been leaders of change in the Living Wage movement. Health employers instinctively know the impact that low pay has on health. They know because they see it every day in their practices, in their waiting rooms, at the pharmacy counter. Despite this, we have not seen the same Living Wage traction in primary care that we have with NHS Trusts. Primary care practices are largely small and medium sized employers and they face different challenges.



**£4.1 bn**

going back into the pockets of low paid workers

This research for primary care employers in London makes a concerted effort in bridging that Living Wage gap. It shows primary care practices that Living Wage Employer accreditation is achievable and worthwhile, with a host of business benefits attached. It also adds to the work done by the Health & Social Care Action Strand, as a part of our Making London Work for All project. I hope this research can help to initiate conversations on the real Living Wage in primary care and encourage more practices to adopt the Living Wage.

# Foreword



**Prof Russell Hearn,**
Primary Care Dean



**8,500**

**people work as receptionists in London's GP practices**

**As Primary Care Dean for NHS England in London, I am pleased to introduce this report exploring the opportunities and challenges associated with implementing the London Living Wage in primary care.**

Around 8,500 people work as receptionists in London's GP practices, alongside thousands more entry-level staff across primary care including dentistry, community pharmacy and optometry. For our patients they are the first contact with the NHS, and their roles continue to expand into care navigation, triage support, referral tracking and direct contribution to quality targets. This report asks a question the sector has been slow to confront: Are we paying these colleagues enough to live in the city they serve?

While this report does not seek to provide a definitive business case, it offers an important contribution to an ongoing discussion about how we value and support the people who form the backbone of our services. It explores the real challenge of implementation and potential solutions.

As a GP Partner and an employer myself, I have encountered both the challenges of implementing the London Living Wage and the benefits it can bring to staff and practices. Primary Care continues to face significant financial pressures and complex funding challenges. These realities cannot be ignored.

Paying the real London Living Wage demonstrates a commitment to fairness, dignity and good employment. It can also support recruitment, retention and staff wellbeing, all of which are essential to delivering high-quality patient care. Accreditation as a Living Wage Employer is a straightforward process, providing organisations with a recognised mark of good employment practice and contributing towards the Mayor of London's Good Work Standard.

I hope this report encourages thoughtful discussion and supports primary care leaders to consider how fair pay can contribute to a sustainable, inclusive and thriving workforce for the future.

# Setting out the case for the real Living Wage in Primary Care

Twenty-five years ago, the high cost of living in London galvanised civil society groups in the east of the capital to campaign for a Living Wage for those at the bottom of the wage scale. In contrast to the Government-mandated minimum wages, which set legal wage floors for employers, the real Living Wage[1] takes into account the full cost of living. In 2026, the hourly real Living Wage rate for London (also referred to as 'London Living Wage') was set at £14.80[2]. This compares to the minimum wage rate of £12.71[3]; thus, the London Living Wage makes a genuine difference for workers in the capital, helping them to make ends meet.

The real Living Wage is voluntary, and employers can receive accreditation for paying at least the real Living Wage rate to their direct employees, alongside a commitment to paying the rate also to third party contracted staff over an agreed period of time[4]. Recognising the benefits that real Living Wage Employer accreditation brings, to date more than 4,300 employers across the capital have signed up to the London Living Wage. At the same time, more than 600,000 or 13.3% of all workers in the capital are still paid below the real Living Wage[5].

Recent real Living Wage campaigns in London have focused on the Health and Social Care sector, where employers work under complex contracts and income streams, while relying on their staff to provide vital services to local communities. The past few years have seen a notable increase in real Living Wage Employer accreditations among NHS trusts and social care providers[6], but take up of accreditations in primary care has been much less pronounced.

1 Somewhat confusingly, the Government calls its highest minimum wage rate 'National Living Wage'. We therefore refer in this report to the rate promoted by the Living Wage Foundation as 'real Living Wage'.
2 The UK has two real Living Wage rates, independently calculated by the Resolution Foundation, one for the capital (£14.80 in 2026) and one for the rest of the country (£13.45) to take into account the higher living costs in the capital.
3 £12.71 is the highest legal minimum wage ('National Living Wage') rate, applicable to workers aged 21 and above.
4 See What about third party contracted staff? | Living Wage Foundation for further details
5 Mignon, K. (2026) Employee jobs paid below the real Living Wage: 2025. Living Wage Foundation. There are variations within the workforce and within London, with women (14.5%) and part-time workers (32.8%) having a higher proportion paid below the London Living Wage, and the proportion of jobs paid below the London Living Wage in ten London boroughs being higher than 25%.
6 Citizens UK, Living Wage Foundation, Cardiff University (2025) Making London A Living Wage City: what we achieved together.

**In London:**



**1,200**
GP practices



**1,000**
Dentists



**1,800**
community pharmacies



**500**
optometrists



**32**
real Living Wage Employer accredited primary care providers

In 2026, there are approximately 1,200 GP practices, 1,000 dentists 1,800 community pharmacies and 500 optometrists in London[7], yet to date there are only 32 real Living Wage Employer accredited primary care providers in the capital. This highlights an enormous potential for growth of the real Living Wage in the sector but also the need for the present report, which explores how the real Living Wage can be meaningfully adopted in primary care settings, both to the benefit of employers and their employees.

This report draws on case studies of some accredited primary care providers in London, as well as on wider research, to make the case for real Living Wage adoption. After highlighting some relevant features of the primary care sector, benefits of real Living Wage Employer accreditation will be set out with an exploration of how such benefits might materialise for primary care providers. This will be followed by some considerations that primary care providers will want to take into account when seeking to adopt the real Living Wage to ensure successful implementation, and some concluding remarks regarding the future of the real Living Wage in primary care.

7 Figures for GP, dentistry and community pharmacy provided by NHS England, number of optometrists sourced here.

## Context

Primary care is provided by a range of private and third sector enterprises, with independent, small and medium-sized enterprises being particularly prevalent among GP[8] and dental[9] providers. Income streams for primary care providers comprise – to varying extents - NHS contracts covering core and additional services, performance related payments (e.g. in relation to the Quality Outcomes Framework), and the provision of private (commercial) services[10]. As businesses, primary care providers are free to set the pay and terms and conditions of their workforces[11].

Primary care providers rely on a range of clinical and non-clinical support staff, with many of these occupying lower-paid positions. For example, workforce statistics indicate that there are at least 8,500 receptionists working in GP practices[12] and 2,200[13] receptionists in dental practices in London alone. Researchers note that the roles of support staff such as receptionists are complex with multiple responsibilities[14] and there is a growing expectation that the roles of non-clinical staff such as receptionists be expanded[15]. Studies also highlight high turnover[16] and vacancy[17] rates among non-clinical support staff, while pointing out that healthcare providers compete with other sectors to recruit and retain staff in such roles[18]. Yet, many vacant support staff roles in the sector (e.g receptionist, practice care navigator, administrator) are advertised at, or just above, the minimum wage rate[19], pointing to a tension between organisational workforce requirements and what organisations are prepared to pay staff.

8 Wickens, C., & Baird, B. (2025). GP funding and contracts explained. The King's Fund
9 Dentistry Today (2025). UK Dental Market Trends Revealed
10 Ibid.
11 Gajjar, D., Powell, T., Stiebahl, S., & Abogunrin, V. (2026). General Practice in England. Commons Library Briefing.
12 NHS Digital General Practice Workforce, 30 June 2026
13 NHS England (2025). Dental Workforce
14 Hoverd, E. et al. (2025). Understanding the contextual and causal factors shaping the work of receptionists in general practice: a realist review protocol. BMJ open, 15(12), e110991.
15 Ibid.,
Ban, K., Greenfield, S., Burrows, M., Gale, N., & Litchfield, I. (2025). Impact of the clinically oriented roles of a general practice receptionist: a systematic review with narrative synthesis. British Journal of General Practice. DOI: https://doi.org/10.3399/BJGP.2024.0228.
In addition, Dental Workforce statistics show a high churn of joiners and leavers in particular among receptionists and dental nurses.
16 Ban et al. (2025), Hoverd et al. (2025) op. cit.
17 Anderson, M. et al. (2021). Securing a sustainable and fit-for-purpose UK health and care workforce. The Lancet, 397(10288), 1992-2011.
18 Ibid.
19 See for example, Receptionist Jobs in London - NHS Jobs

## Becoming a Real Living Wage Employer – Rationale and Benefits

The past decade has seen comprehensive and in-depth scholarly research into employers' rationales for seeking real Living Wage Employer accreditation and materialised accreditation benefits for employers, using quantitative and/or qualitative methods. These studies have provided a comprehensive UK-wide picture using large-scale survey research[20] or, using smaller samples, focused on SMEs[21] or specific industry sectors[22].

These studies highlight that organisations seek real Living Wage Employer accreditation for a mix of ethical and instrumental reasons. This has also been the case with the primary care providers featured in this report. There was a strong **ethical rationale** present in the way respondents described their reasons to sign up to the Living Wage, including the desire to be 'a responsible and ethical employer', to 'pay people correctly', and to give employees assurance that the organisation is committed to paying them fairly in the long-term. These responses, also found in wider research, highlight that employers seeking Living Wage accreditation are strongly motivated by the "right thing to do"[23].

Ethical motivations sit alongside **organisational (instrumental) rationales**, which, according to existing research[24], include expectation of reputational gains, HR benefits and other organisational gains such as the winning of contracts. In our case studies, HR related reasons dominated. Signing up to the real Living Wage was seen as a way to become a more attractive employer, to attract and retain good staff, and the expectation that 'properly compensated staff' would also be 'properly motivated and properly incentivised to do their jobs really well'. The emphasis on the expectation of HR related benefits is not surprising given the ongoing recruitment and retention challenge in the sector outlined earlier.

Research studies have extensively explored the benefits that employers enjoy as a result of being a real Living Wage employer. UK-wide survey research among accredited real Living Wage employers[25] found that 94% of all surveyed organisations reported that they benefited from their real Living Wage Employer accreditation.

20 Heery, E., Nash, D., & Hann, D. (2023). Twenty Years of the Living Wage. Cardiff University
21 Werner, A., & Lim, M. (2016). Putting the living wage to work: strategies and practices in small and medium sized enterprises (SMEs). Middlesex University / Barrow Cadbury Trust;
Werner, A. (2021). Why do managers of small and medium-sized businesses seek voluntary Living Wage accreditation? – an exploration of choice rationales. European Journal of Work and Organizational Psychology, 30(6), 778-789.
22 Werner, A. (2021). Living wage implementation in adult social care: Challenges, solutions and benefits. Middlesex University.
Werner, A. & Stephens, S. (2024). The real Living Wage in the London hospitality sector: opportunities and challenges. Middlesex University
23 Heery et al. (2023) op. cit
24 Ibid
25 Ibid.

How these benefits manifest in concrete terms, however, varies from employer to employer, although reputational benefits and HR related gains such as improved recruitment and retention tend to be mentioned frequently by existing real Living Wage employers when surveyed.

Case studies 1 and 3 provide clear evidence of **improved recruitment** as a result of being a real Living Wage employer, both with regards to the number of applications they receive for vacant posts, enabling them to pick from a wide(r) applicant pool, and with regards to the quality of applications they receive.

Case study 2 provides clear evidence for much **improved staff retention** related to real Living Wage Employer accreditation, leading to workforce stabilisation and much reduced need of having to rely on temporary bank staff[26]. It should be noted, however, that while pay is likely to play an important role in retaining staff, what influences staff retention is complex, and staff may leave jobs for a range of reasons including mobility[27].

All our case study providers highlight **improved staff performance** as a benefit of real Living Wage Employer accreditation, with a better incentivised and motivated workforce making important contributions to **organisational excellence and reputation**. They evidence this with the scoring and qualitative feedback they receive in surveys and reviews.

Finally, a small-scale survey conducted among practice staff for case study 1 indicates that real Living Wage adoption also influences how employees, across all salary levels, perceive the organisation. Real Living Wage Employer accreditation status can have positive impact on the **reputation** the organisation enjoys among its **current and prospective staff**, leading to higher levels of organisational loyalty, for example. Our research shows that real Living Wage Employer accreditation can motivate staff at higher salary levels, such as salaried GPs, to apply for positions at primary care providers.

26 See Andersen et al. (2021) op.cit., who highlight that, aside from a higher spend, the reliance on temporary staff to fill vacancies can negatively affect experience, quality of care, and staff satisfaction, as well as being detrimental to institutional learning and knowledge acquisition.

27 Shemtob, L., Asanati, K., Pahl, N., & Majeed, A. (2023). What needs to be done to address staffing shortages in health and social care?. The British Journal of General Practice, 73(728), 102.

## Real Living Wage implementation

For many organisations, seeking real Living Wage Employer accreditation comes with the need to fund an uplift in wages. As seen in the case studies, this is (initially) absorbed by the organisation's profits. However, rather than regarding the real Living Wage as an additional cost, it should be considered an **investment** into the development of the organisation, something that primary care providers are encouraged to do[28], and that our case study respondents also emphasised. As previous research[29] has highlighted, real Living Wage implementation is particularly robust where those leading the organisation have a clear strategic view as to how the real Living Wage fits with organisational aims and priorities, such as the aim to provide excellent care. Research[30] also indicates that organisations are likely to find it easier to implement the real Living Wage if this is done alongside other organisational changes and development initiatives.

An important aspect of real Living Wage implementation is clear **communication**[31] so that clients, staff and other stakeholders know about it. Real Living Wage employers, including our case study organisations, choose a variety of channels to publicise their accreditation including displaying their Living Wage Employer accreditation plaque in a prominent place in the organisation's premises, using the Living Wage logo in email signatures and on the organisation's website, and mentioning Living Wage Employer accreditation status in job adverts.

Further, organisations will want to be prepared to make (some) **changes to their working practices**, to ensure successful real Living Wage implementation, and accommodate the annual increases of the real Living Wage rate. Among other things, this may include an adjustment of job roles. As case study 3 highlights, paying the real Living Wage makes good sense in an environment where there are growing expectations that entry level roles be expanded.

A related issue is addressing the potential impact of the Living Wage on **pay differentials**. Maintaining pay differentials is frequently mentioned as an organisational challenge in existing research studies. It is advisable that this potential challenge is being addressed head-on. Recognising the importance of this issue, the Living Wage Foundation has published a Toolkit for Managing Pay Differentials, in which good practice examples from real Living Wage employers are being shared.

28 Wickens and Baird (2025), op. cit.
29 Werner and Lim (2016), op. cit.
30 Werner and Lim (2016) op. cit., Werner and Stephens (2024) op. cit.
31 Werner and Lim (2016) op. cit., Heery et al. (2023) op. cit.

These 'good practice' strategies, which employers may want to consider exploring (either as individual measures or in combination), include:

- Reviewing and restructuring job roles
- Simplifying pay structures (e.g. removal of spine points)
- Implementing graduated pay increases (a higher percentage-based pay increases at the bottom end of pay scale, set by the real Living Wage rate [e.g. 6%], graduated down along the pay scale to a lower percentage-based pay increase at the top of the pay scale, set by the organisation [e.g. 3%])

The Toolkit recommends that if there are any changes in organisational pay practices as a result of real Living Wage implementation, there should be open and transparent communication to employees to secure their buy-in. Communication should emphasise as to why the organisation considers it important that the lowest paid staff members are paid a wage rate that enables them to make ends meet. It should also be kept in mind that a relative percentage-based pay increase (e.g. 3%) is worth significantly more at the higher end of the pay scale in absolute terms compared to the bottom of the pay scale.

Following good practice when implementing the real Living Wage increases the likelihood of a successful and sustainable real Living Wage adoption in the organisation.



## Future of the real Living Wage in Primary Care

It is our hope that this short report, and the case studies it covers, may serve as an inspiration for other providers to follow suit. We recognise that a decision to adopt the real Living Wage will be influenced by a range of dimensions, including leadership and organisational values and priorities; approaches to HRM; as well as perception, and strategic utilisation, of organisational opportunities.

The fact that real Living Wage accredited primary care providers exist, albeit currently in small numbers, is an encouraging sign that the real Living Wage is a positive and beneficial option for organisations operating in the primary care sector. And, even more encouragingly, case study 1 demonstrates that adhering to the real Living Wage can be a viable and sustainable organisational strategy in the long-term.

Given, however, the complex funding environments that many primary care providers operate in, there is also a need to consider the role of the wider system: primary care contracts should reward rather than constrain real Living Wage adoption. And indeed, more efforts should be undertaken by relevant decision-makers to consider how the real Living Wage can be adequately considered, incentivised, and embedded in contracting[32] and organisational performance assessments.

Finally, research has shown a demonstrable link between pay and employee health and well-being[33]. Given this link, the real Living Wage should be seen as a natural fit for any healthcare provider including primary care. It will thus be desirable to aim for a future in which real Living Wage adoption among primary healthcare providers is not an exception but the norm.

32 This would also include the need for better coordination between the timing of real Living Wage rate announcements and NHS contract uplift announcements to enable better planning of pay for employers.

33 A range of studies in this area are referenced in Searle, R. H., & McWha-Hermann, I. (2021). "Money's too tight (to mention)": a review and psychological synthesis of living wage research. European Journal of Work and Organizational Psychology, 30(3), 428-443.



Minet Green Health Practice

# Case Study 1: Minet Green Health Practice

**Minet Green Health Practice is a GP Practice based in Lambeth. The practice was founded in 2014 and provides a full range of general practice services to a population of over 11,500 patients. The practice is run by 5 Partners and has 33 employees on payroll among them nine employees [7.4 FTE] in entry level roles [Patient Services Officers]. Three sub-contracted cleaning operatives also work for the practice.**

About 10 years ago the Practice decided to benchmark its entry level wage against the London Living Wage rate, with the dual motivation of wishing to be an ethical and responsible employer and to use the London Living Wage as one of the ways to attract the best possible pool of candidates when they are recruiting. The practice received real Living Wage Employer accreditation in 2024, taking advantage of Lambeth Council's offer to pay the accreditation fee. The Practice's Operations Manager explains that a key reason for seeking official accreditation was the desire to provide assurance to the employees that the practice is committed to paying a wage rate that helps them meet their needs in the long-term.

Minet Green communicates its real Living Wage employer status through displays in the Practice, email signatures, and it also mentions it in job advertisements.

A GP partner expresses the benefits for signing up to the Living Wage as follows:

> **Being a London Living Wage employer has helped us with recruitment and retention throughout the practice — a prospective salaried GP even cited it as one of the reasons they applied for a position at our practice.**

## Recruitment

As a result of being a London Living Wage employer, the practice experiences high levels of applications for any open position, as the following examples show.

| | Applications open duration | Applications received |
|---|---|---|
| **February 2025** | 10 days | 95 |
| **June 2025** | 11 days | 228 |
| **August 2025** | 11 days | 195 |

The high number of applications provides the Practice with more choice to pick good quality applicants, with the majority of those recently appointed being university graduates. The fact that the London Living Wage attracts more applications for the Practice was demonstrated, when in April 2025 a vacancy was inadvertently advertised with a 'depending on experience' rather than the usual 'Living Wage' pay rate. Despite this application being open for 16 days, it only attracted 36 applications, much fewer than usual.

## Contributing to excellent service

The Practice sees a link between their ability to recruit good quality staff, which the London Living Wage enables, and the Practice's ability to provide excellent service to its patients.

The latest GP Patient Survey, based on 116 responses, highlights patient satisfaction and quality of care:

**89%**

**find the reception and administrative team at this GP practice helpful (compared to ICS average of 81%, and national average of 83%)**

**89%**

**describe their overall experience of this GP practice as good (ICS: 73%, national 75%)**

The ability to provide excellent service to patients is also evidenced in the Practice's Google Score of 4.4 (based on 500+ responses), which compares to an average score of 3.6 in the local area.

Many comments about the Practice on Google highlight the quality of service they experience often also explicitly mentioning entry level staff:

> **I just moved to this practice and am so happy I made the move. The GPs and receptionists I have interacted with have been brilliant, really caring and do listen to you. The practice itself is welcoming and has a nice environment. Really happy that this is my new GP.**

> **I only joined Minet Green last year after moving house. I've seen a GP twice, and my experience has been fantastic. Reception was super helpful and friendly. The doctors were attentive and helpful. I couldn't be more satisfied.**

## Staff Perception

Living Wage accreditation has also a positive impact on how the Practice is perceived as an employer and staff's attitude towards their workplace. In a survey of the entire practice staff (yielding 22 responses across all staff levels) gave the following responses on the impact of their employer's London Living Wage status:

**80%**

**agreed that it made them feel proud to work for their employer (75% strongly agreed)**

**85%**

**agreed that it made them feel more loyal to their employer (70% strongly agreed)**

**90%**

**agreed that it made them more happy to stay with their employer (75% strongly agreed)**

**92%**

**(of 12 responding to this question) agreed that it had made them want to apply for a job with their employer (83% strongly agreed)**

Free text comments highlighted the importance of the Living Wage to the Practice staff:

> **I think it is extremely important in a climate where the cost of living is so high to ensure the lowest paid and more often the hardest working are able to have some level of stability and not be pushed into poverty or forced to sacrifice necessities.**

... and also reinforce the positive perception towards the employer and organisational culture:

> **I highly appreciate and respect it, since living in London is very expensive and being fairly remunerated in that regards makes me feel that my values as a professional and my dignity as a human being are being recognised.**

> **Even though it doesn't apply to my role, the fact that my practice prioritises this speaks of its ethos and contributes to my sense of belonging**

## Implementation

As Minet Green has been benchmarking against the London Living Wage rate for a long time, there was no need to adjust pay levels for the award of real Living Wage Employer accreditation. The fact that the practice has been able to sustain paying at the London Living Wage rate for 10 years shows that it is a viable pay strategy. The higher staff cost compared to paying the legal minimum wage is vastly outweighed by the benefits of being a highly reputable practice with excellent staff.



# Case Study 2: Pearly Whites Dental Practice

**Pearly Whites is a dental practice based in Fulham. It provides services to a population of 11,000 patients. 90% of the patients are NHS patients but many of them also take up private services with the practice.**

The practice was bought in 2025 by wife and husband team Dr Lia Melconian and Grant Goodstein. They acquired the practice from a corporate group consisting of 30 dental practices, where Dr Melconian had worked as an associate dentist. Grant Goodstein is the practice's Managing Director and the practice has five dentists and two hygienists/dental therapists. The practice employs a practice manager, four dental nurses, and two patient services coordinators.

When they took over the practice, most of the existing staff were employed below the London Living Wage. The owners felt strongly that they wanted to be able to attract and retain great members of the team, particularly in view of the fact that prior to their acquisition, the practice had struggled with retention of staff.

The owners summarise their reasons for signing up to the London Living Wage as follows: "We wanted a team that is properly paid, because we believe that when people are properly compensated, they are also properly motivated and incentivised to do their jobs well.

The new owners have paid the London Living Wage to their staff from day one and achieved accreditation a few weeks after.

## Zero Staff Turnover

For Pearly Whites the most striking outcome has been workforce stability. Since accreditation, the practice has seen zero turnover amongst directly employed staff, an outlier result in an NHS dental environment where nurse turnover is common and expensive. Bank staff, at around £28 per hour, cost significantly more than employed staff paid the London Living Wage

**What has surprised me is how much being paid the London Living Wage changed things beyond the money. Knowing that your employer has actually chosen to pay you properly, when they did not have to, is a different feeling from just being paid. You walk in differently. You care more. In dental nursing you do not often get that kind of recognition, and it meant a lot to me. I think that showed in my work, because not long after I was promoted to Head Dental Nurse. I am proud of that, and I am proud to work somewhere that treats its team this way.**

**Salah Sabet,**
Head Dental Nurse, Pearly Whites

## Patient experience

The pay uplift removed a real source of financial strain for the practice team, and the owners report visible knock-on effects: when staff feel genuinely valued, it shows up in stronger ownership of patient care, higher standards, and a quality of engagement that patients notice from the moment they walk in. They particularly notice the benefits of staff continuity:

**Continuity of staff builds familiarity, trust, and confidence. Patients notice when the same nurse and receptionist greet them by name six months later, and in a service people are often nervous about receiving, that continuity matters.**

The positive effects are evidenced in patient satisfaction scores. The practice regularly sends out a survey to every patient and the most recent figures, drawn from over 300 responses, returned a Net Promoter Score of +92 (from a scale of -100 to +100) and a Customer Satisfaction Score of 99 (from a scale of 0-100).

**+92**

**Net Promoter Score (from a scale of -100 to +100)**

**99**

**Customer Satisfaction Score (from a scale of 0-100)**

Pearly Whites also scores well on Google. The practice was rated 4.4 at acquisition, and is now rated 4.6. Since the new owners took over, responses averaged 4.92, with more than 100 new five-star reviews, and many positive comments that emphasise the quality of the team.

**A big thanks to the guys at the reception, super friendly and welcoming**

**From the lovely receptionist to the hygienist, the service was excellent: super polite, helpful, and informative, with zero judgment.**

**The receptionists were so friendly and welcoming, made my children and myself feel comfortable and our dentist and her assistant were absolutely amazing**

## Implementation

The initial uplift of its real Living Wage Employer accreditation cost the practice £26,000 a year (including all additional staff costs such as employer NI and pension). Pearly Whites has considered this an investment that has led to drastically lower recruitment costs and reduced agency dependency, and an operational lift that comes from having a settled, experienced team. For Pearly Whites, this investment in its team has created a practice patients want to return to, and recommend to others, evidenced in high rebooking rates, word-of-mouth referrals, and in patients choosing to invest in treatments they might otherwise have put off.

The growing reputation of the practice has led to business growth, nearly doubling their turnover, that has more than absorbed the cost of the pay uplift.

**I would encourage any practice owner to look at it as an investment, something that not only are you just going to do because it's the right thing to do or the ethical thing to do, but you get more, you're able to hire better, attract better quality people, you're less likely to lose your best people.**

**Grant Goodstein,**
Managing Director



JAMES O'RIORDAN
MEDICAL CENTRE

# Case Study 3: James O'Riordan Medical Centre

**James O'Riordan Medical Centre is a long-standing GP Practice based in Sutton providing comprehensive primary care services to over 9,200 patients. The Practice is run by 4 Partners and has 20 employees. Six employees (3 full-time, 3 part-time) are in entry level roles [Care Navigators]. It became an accredited Living Wage employer in 2024.**

The Practice signed up to the London Living Wage as this aligned with its wish to become a more attractive employer and help with recruitment, as well as its desire to ensure that employees were paid correctly. The Practice's Primary Care Network provided an additional incentive by offering to cover the accreditation fee.

## Implementation

The accreditation involved a wage uplift by ca. £ 9,800 per year, which was initially absorbed by the organisation's profit. The wage uplift has gone hand in hand with a review of entry level job roles: Care navigators all contribute to the Quality and Outcomes Framework, with each having a clinical domain to look after to ensure the Practice achieves its targets. They also have a wide-ranging portfolio of tasks, from Two-Week-Rule referrals to general admin, organising the daily triage with the duty doctor and running the desk.

The Practice communicates its Living Wage employer through email signatures and window stickers at the door in reception.

## Benefits

One of the GP Practice partners emphasises the numerous benefits that James O'Riordan practice experiences as an accredited Living Wage employer:

> **Becoming a London Living Wage employer has been one of the most positive steps we've taken as a practice. It's strengthened our ability to attract high quality candidates, supported staff morale, and reinforced our commitment to fairness. When our team feels valued and secure, it shows in the way we work together and the care we provide to patients. London Living Wage accreditation reflects who we are as a practice — responsible, forward thinking and invested in our people.**

This has been borne out by the doubling of numbers of applications the Practice receives when it advertises a vacant post, from 5-6 applications prior to Living Wage accreditation to 10-12 applications now. Particularly notable for the Practice is also the quality of applications received. The Practice Manager comments that applications are much more appropriate now as most applicants either have had direct experience in primary care or bring quality job experience with transferable skills, leading to the recruitment of higher quality candidates.

The fact that the Practice is now able to attract high quality candidates is also reflected in the GP Patient Survey, which, based on 117 responses, states that

**87%**
**of surveyed patients find the reception and administrative team at this GP practice helpful (which is above the local ICS and National average).**

Qualitative data from the 'Friends and Family test' underline this positive perception of the work that the support staff team does alongside the medical team:

> **The reception staff were very helpful and kind and so was the lady who took my blood.**

> **Reception, as usual, were helpful, friendly and cheerful. J was friendly, attentive, efficient and informative**

> **Both the lady at reception and Dr N were spectacular in ensuring I received the correct medical care. They both made me feel very comfortable and at ease in the surgery.**



LIVING WAGE EMPLOYER

If you would like to find out more about Living Wage Employer accreditation, please contact:

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