

15 May 2026

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Dear Sir / Madam

**Re: Westcott Neighbourhood Development Plan – Regulation 16 Examination
Response to the Late Representation submitted by Mr Mark Eshelby (Nova Latchmere
Ltd) on behalf of Dr Thomas Guilder in respect of Riverbank Surgery (Representor
R18, Comment C1)**

We write as the four partners of Dorking Medical Practice, the NHS GP practice that has occupied and operated Riverbank Surgery, Westcott since 2018. We are writing to MVDC, and request that this letter be drawn to the attention of the appointed Examiner of the Westcott Neighbourhood Development Plan, to record our serious concerns regarding the Late Representation submitted by Nova Latchmere Ltd on behalf of the freeholder, and to highlight what we consider to be a number of material factual inaccuracies and significant procedural issues in the consultation that has taken place to date.

The Late Representation has only recently come to our attention, principally through concerns raised directly with the practice by a number of our patients, and we understand it has also been the subject of discussion on local social media in Westcott. Having now had an opportunity to read it in full, we consider it important to respond promptly and on the record.

Before responding to the substance, we wish to be clear about our own position. Dorking Medical Practice did not make a representation to the Reg 14 consultation. We took the deliberate view that the content of the Westcott Neighbourhood Development Plan was properly a matter for the village, its residents and the Westcott Village Association, and that it would be inappropriate for the practice to seek to influence that process. We understand that

Rushmon Homes engaged a planning consultant (MatPlan) to submit a representation in support of the surgery's continued listing as a community asset, and that the practice was named in that submission in a supporting capacity; for the avoidance of doubt, however, DMP did not draft, instruct, or fund that representation, nor did we contribute to its content. Our position now, as then, is that we do not seek any commercial benefit from the property and have no financial interest in any future development of the site beyond securing the continued provision of NHS healthcare to the residents of Westcott.

1. Material inaccuracies in the Late Representation

We respond below to each of the principal factual assertions made on behalf of Dr Guilder, in the order in which they appear.

(a) Security of tenure and the absence of a formal lease

The Representation states that "no formal lease has been put in place since" February 2021 and that the current occupation is therefore "unsecured". This is incorrect as a matter of law. The Partnership occupies Riverbank Surgery under a monthly periodic tenancy which is protected by Part II of the Landlord and Tenant Act 1954. This position is supported by two separate written opinions of specialist landlord-and-tenant counsel obtained by the Partnership in 2023 and 2024. Both opinions confirm that the Partnership occupies under a periodic tenancy which cannot be terminated otherwise than in accordance with Part II of the 1954 Act, and that following the expiry of Dr Guilder's headlease in February 2021 the Partnership's landlord is the registered freeholder, Standard Life Trustee Company Limited, holding the freehold as trustee of Dr Guilder's self-invested personal pension. We would be willing to share both opinions with MVDC or the Examiner in confidence if that would assist.

The Partnership has, on several occasions since 2018, requested the grant of a formal long lease from the freeholder. Those requests have been declined. We do not consider it accurate, in those circumstances, for the Representation to suggest that the lack of a formal lease reflects an absence of willingness on the part of the tenant.

(b) The rent and the absence of a formal review

The Representation refers to the rent of £1,958.33 per month not having been "formally reviewed since 2018" and not having been "agreed through NHS England or the District Valuer". We respectfully observe that under the standard arrangements for NHS premises rent reimbursement, it is for the landlord, not the tenant, to initiate a rent review and to engage with NHS England and the District Valuer. The freeholder has not done so. The Partnership has obtained an independent RICS-regulated valuation of the property in its current use as a GP

surgery, which assessed the open-market value at approximately £300,000. We would be content to share that valuation with the Examiner on a confidential basis if helpful.

(c) NHS contact with the owner

The assertion that “the NHS has never contacted the owner directly regarding the property” is, with respect, neither here nor there. The NHS contractor for the provision of general medical services in Westcott is Dorking Medical Practice, under a contract with NHS England. The proper counterparty for any premises matter sits between the freeholder and the tenant practice; the practice in turn receives premises cost reimbursement from the NHS, subject to engagement with the District Valuer initiated by the landlord. The suggestion that the NHS has somehow failed to engage misstates how primary care premises arrangements operate in practice.

(d) Consultation with the landowner

The Representation suggests that the freeholder was not approached by the Village Forum or the Council in connection with the emerging Plan. We note the explanation provided by the Chairman of Westcott Village Forum in his letter to Mr Eshelby dated 5 May 2026, namely that no postal address is provided for Standard Life Trustee Company on the Land Registry record, and that the consultation documents were displayed and made available at Riverbank Surgery itself, which is one of three principal consultation venues in the village.

(e) The suggestion of undue influence by the current occupier

We refute the assertion that the inclusion of the surgery in the safeguarding policies has been driven by parties with a vested interest. As stated above, Dorking Medical Practice did not make a representation to the Reg 14 consultation; we took the deliberate decision not to do so. The continued listing of the surgery as a community asset reflects the strong and well-evidenced view of the village, not the commercial preferences of the practice.

(f) The Rushmon Homes proposal and “speculative future provision”

The Representation dismisses the Rushmon Homes proposal as speculative. The context for that proposal is relevant. The practice has, since 2018, sought to maintain and improve the surgery building, but the freeholder has declined to invest in or carry out repairs to the premises. We engaged with Rushmon Homes only because the existing building – in its current configuration, and given the freeholder’s position on investment – cannot continue indefinitely to support the volume and complexity of patient care now required in Westcott. The Rushmon proposal is, for our part, the most recent in a long sequence of attempts to safeguard the long-term provision of NHS primary care in the village in circumstances where

the current freeholder will not. We set out the wider history of those efforts in Section 5 below; in summary, the suggestion that the Partnership has pursued only a speculative single option is not supported by the record.

(g) The valuation differential

The Representation invites the Examiner to draw conclusions from a comparison between a residential conversion value of £750,000–£800,000 and an offer of approximately £330,000 said to have been made by the “current occupier”. We make three observations.

First, the £330,000 figure reflects an offer made by the Partnership which deliberately exceeded an independent RICS valuation of the premises (£300,000) by approximately ten per cent (some £30,000). The premium was offered specifically to help bridge the commercial gap with the freeholder and bring matters to a successful conclusion.

Second, alongside that offer, the Partnership also proposed an overage clause to the effect that, if the Partnership were able to relocate to alternative premises in due course and the Riverbank site were subsequently sold on for a higher price, the uplift in value would be passed back to the beneficial owner. Taken together, the headline offer and the overage proposal reflect a substantial good-faith effort by the Partnership to reach a fair commercial settlement that recognised both current value and any future development upside.

Third, comparing a hypothetical residential conversion value with a continuing community-use value, and inviting the inference that the Plan should be modified to enable the former, is not, with respect, a sound planning argument. National and local policy expressly permits planning designations to reflect community value where evidenced.

(h) The interests of the representor

We note for the record that the Representation has been submitted by Mr Mark Eshelby of Nova Latchmere Ltd, a company whose own business activities include property development and land promotion. We do not suggest that this disqualifies Mr Eshelby from acting; we do, however, consider it relevant context for the Examiner when weighing the underlying commercial motivations of the Representation, particularly given the central thesis that the Plan should be revised to remove constraints on alternative (residential) use. The relevance of this point is further reinforced by the historical engagement between the Partnership and Nova Latchmere described in Section 5 below.

2. The Late Representation seeks a material change without affording interested parties a fair opportunity to respond

We accept that NHS Surrey and Sussex ICB and the operators of the two care homes in Westcott will, in all likelihood, have received the statutory consultation notices issued during the Regulation 14 stage of the Plan. We are not in a position to confirm whether they responded, and we have not been able to locate any such responses on the MVDC planning portal.

What concerns us is that, at the Reg 14 stage, the draft Plan listed Riverbank Surgery as a safeguarded community asset under Policy WNDP7. There was, accordingly, nothing in the draft Plan to which the ICB, the two care homes, the patient population or the wider village had reason to object. The policy direction was consistent with the continued protection of NHS primary care provision in Westcott, and the silence of these parties at Reg 14 should not be misread as indifference – it is much more likely to reflect the absence of any reason to object.

The Late Representation submitted by Nova Latchmere materially changes that position. It seeks the removal of safeguarding policies on which the ICB, the care homes, the patient population and the village as a whole have hitherto been entitled to rely. To our knowledge, none of these parties has had an opportunity to respond to the Late Representation specifically. We respectfully submit that fairness, and the soundness of the resulting Plan, require that they now be invited to do so before any modification affecting Riverbank Surgery is recommended.

In particular, NHS Surrey and Sussex ICB is under a statutory duty under the Health and Care Act 2022 to arrange for the provision of primary medical services for its resident population. Any planning policy that bears materially on the continued provision of those services to over 2,200 patients, two care homes and a dispensary plainly falls within the proper interest of the ICB and would, in our view, ordinarily attract a formal response from it.

We are conscious that the ICB itself has been in a period of significant organisational change. Following the publication of the NHS 10 Year Health Plan in July 2025 and the subsequent NHS England-driven consolidation of Integrated Care Boards, the former Surrey Heartlands ICB merged with the Sussex ICB during 2025 to form NHS Surrey and Sussex ICB. That process has involved a substantial programme of redundancies (running, we understand, at over 50 per cent of pre-merger staffing levels) and remains ongoing. The previous Head of Primary Care Estates – who would in normal times have been the natural point of contact for a matter of this kind – is no longer in post. This context may help to explain any apparent gap in ICB engagement to date, but it also reinforces the importance of proactive re-engagement now, on a matter of clear statutory interest to the ICB.

The position of the two care homes in Westcott is similarly significant. Bramley House provides residential care for approximately 20 elderly residents living with dementia. Westcott House

provides nursing care for up to 60 residents, registered for those with Elderly Mentally Infirm needs and serious mental illness. Riverbank Surgery is, in practice, the sole provider of primary medical care to these residents. Given the acuity and dependency of their needs, the practical impossibility of relocating their primary care to a Dorking-based surgery without serious detriment, and the gravity of the change now being sought through the Late Representation, we consider that direct re-engagement with the care home operators, their corporate parents and the families of residents is a necessary part of any sound evidence base for any proposed modification of the Plan.

3. Why the removal of safeguarding matters: the public health stakes

The Late Representation treats the removal of safeguarding as a primarily commercial question between landowner and occupier. With respect, it is not. The removal of safeguarding from a GP surgery serving 2,200 patients – with a demographic profile heavily weighted towards the elderly, the chronically ill and the residents of two specialist care homes – is a planning decision with predictable and measurable health consequences.

There is a well-established evidence base in primary care research linking continuity of GP care, geographic proximity and accessibility of dispensing services to reduced unplanned hospital admissions, better management of long-term conditions and ultimately lower morbidity and mortality, particularly in older patients with multiple comorbidities. Loss of in-village primary care provision in a population of this profile would, on the available evidence, have a material adverse impact on health outcomes for Westcott residents.

This is also directly contrary to the strategic direction set by the NHS 10 Year Health Plan published in July 2025. The Plan identifies the “shift from hospital to community” as one of three foundational shifts in care delivery, with primary and community-based services positioned at the centre of the future model. Central to the operationalisation of that shift is the Plan’s concept of Neighbourhood Health, under which integrated multidisciplinary teams – built around general practice – are intended to deliver coordinated care to defined populations at neighbourhood level, with a particular emphasis on older patients, those with long-term conditions and those at risk of unplanned hospital admission. The continued presence of an established GP surgery serving Westcott and its surrounding villages is precisely the kind of neighbourhood-anchored provision that the Plan seeks to protect and expand, not dismantle. Permitting the loss of a long-standing community-based GP surgery, in an ageing village with limited transport links to the nearest alternative provision, runs directly counter to that national policy direction at exactly the moment when local Plans should be reflecting and reinforcing it.

4. The position of the beneficial owner



The Late Representation is made by Mr Mark Eshelby of Nova Latchmere Ltd on behalf of Dr Thomas Guildler, who is the beneficial owner of the property through his self-invested personal pension. We do not seek to question the formal authority on which Mr Eshelby acts. We would, however, respectfully invite the Examiner to satisfy themselves – by such means as the Examiner considers appropriate – that the Late Representation accurately and faithfully reflects Dr Guildler’s own settled views on the future of the property, and that those views have been formed in light of the full picture, including the points of fact addressed in this letter. The Late Representation is signed by a planning agent whose own primary business activity is property development and land promotion. We consider that, on a matter as significant as the removal of a long-standing community asset designation, this is an area where independent verification with the principal is appropriate.

5. The Partnership’s sustained efforts to secure an alternative site in Westcott

It is important that the Examiner is aware of the very substantial efforts the Partnership has made, over a period now spanning more than eight years, to identify and secure an alternative permanent home for the surgery within the village. This history is directly relevant to the Late Representation’s characterisation of the Rushmon Homes proposal as a “speculative future provision”.

Between 2017 and 2019 – including in the period before the Partnership took over the provision of services at Riverbank Surgery – the Partnership worked directly with Mr Mark Eshelby and Nova Latchmere Ltd to identify and assess an alternative site for a new surgery in Westcott. Following extensive feasibility work, Nova Latchmere concluded that the project was not viable and did not proceed.

Between 2019 and 2022, the Partnership then worked closely with two long-standing local Westcott charities – The Hut and The Reading Room – to explore the possibility of a new purpose-built surgery on land controlled by those organisations. The Partnership contributed to the costs of the supporting work involved, including elements of the community engagement and feasibility studies, alongside the charities themselves. After a sustained period of engagement, that project too was ultimately deemed unviable.

Throughout these processes, the Partnership prepared and submitted multiple business cases to the NHS – initially to NHS Surrey Heartlands CCG and subsequently to its successor body, NHS Surrey Heartlands ICB (now NHS Surrey and Sussex ICB). The NHS has consistently been supportive of the Partnership’s efforts to secure alternative provision in the village. In 2021, a District Valuer commissioned by the NHS reviewed the Partnership’s proposals and concluded that a relocation would represent value for money in preserving primary care

provision for Westcott. We have the underlying documentation available should the Examiner wish to see it.

Notwithstanding the setbacks of the Nova Latchmere and Hut/Reading Room projects, the Partnership has not stopped. Our current engagement with Rushmon Homes is the latest in this long sequence of attempts to secure a viable alternative site. We approach it with appropriate realism – the previous attempts have taught us that the path is not straightforward – but with continued commitment to securing Westcott’s long-term medical provision. The proposal is not speculative; it is the latest considered step in a strategy of patient and sustained engagement extending back over eight years.

6. The strength of community support for the surgery

The evidence base for the continued safeguarding of the surgery is, in our submission, both substantial and consistent across multiple independent surveys conducted over a period of years:

- 2020 PPG survey of patients registered at Riverbank Surgery (1,431 responses from 2,200 patients – a 65% response rate): 99.5% of respondents placed “a great deal”, “a lot” or “a moderate amount” of emphasis on the importance of having a surgery in Westcott; 97.8% placed similar emphasis on the importance of an on-site dispensary.
- 2025 Westcott resident survey, referenced in the supporting text to draft Policy WNDP7: 76% of respondents believe it is “very important” to have a GP surgery in Westcott; 88% consider it important or very important – a notably higher proportion than the 60% threshold applied to most other listed community facilities.

In addition, the practice cares for one of the most demographically vulnerable patient cohorts in the wider Surrey health system. The patient population is heavily skewed towards those aged over 65 with multiple co-morbidities (the Partnership has, historically, the sixth highest proportion of patients aged over 65 of 102 practices in Surrey Heartlands), and is in the top decile for the prevalence of coronary heart disease, hypertension, heart failure, COPD, serious mental illness, atrial fibrillation, asthma and stroke. The Riverbank dispensary dispenses 2,000 to 2,500 items per month, including to housebound and care home residents. There is no pharmacy in Westcott, only one A25 road link to Dorking (regularly congested), and a single hourly bus service.

7. The 2021 planning precedent

We note that in November 2021 the freeholder made an application to MVDC for change of use from Class E to Class C3 (residential). The Partnership objected. The application was



withdrawn in or around January 2022 following the planning officer's indication that it would have been refused. The relevant material in support of that earlier objection – including the demographic analysis, the care home dependencies, the dispensing function, the transport context and the PPG survey – remains in MVDC's records and is, in our view, fully relevant to the current Examination.

8. Questions that the Plan needs to answer

Finally, and with respect, if the Representation's proposed modifications were adopted such that Riverbank Surgery were removed from the safeguarding of Policy WNDP7, the Plan would in our view be silent on a number of questions which the residents of Westcott would reasonably expect to be answered:

- How does the Plan propose that NHS primary medical services should be delivered to the residents of Westcott, including the residents of Bramley House and Westcott House, if the surgery is permitted to change use?
- Has the relevant NHS commissioning body (NHS Surrey and Sussex ICB) been consulted on, and consented to, this approach?
- Have Bramley House and Westcott House been directly consulted on the implications of the Late Representation specifically, and have their care providers and residents' representatives been given a meaningful opportunity to comment?
- What is the evidence base for the proposition that the alternative provision (existing Dorking surgeries with no spare capacity, and a single bus per hour) is acceptable for this demographic, and how is that reconciled with the "shift from hospital to community" at the heart of the NHS 10 Year Health Plan?

9. Our request

We respectfully request that:

1. This letter is placed on the record of the Reg 16 Examination and is forwarded to the Examiner as a representation in response to Comment C1 (Representor R18).
2. Riverbank Surgery is retained as a safeguarded community asset within Policy WNDP7 of the emerging Westcott Neighbourhood Development Plan.
3. Proactive consultation is undertaken with NHS Surrey and Sussex ICB, with Bramley House and Westcott House, and with the wider Westcott community, on the specific

implications of the Late Representation, before any modification of the Plan affecting the safeguarding of the surgery is recommended.

4. The Examiner is invited to satisfy themselves that the Late Representation accurately reflects the settled views of the beneficial owner of the property.
5. The Examiner is invited to give appropriate weight to the consistent, large-sample evidence of community support for the surgery, to the eight-year history of the Partnership's good-faith efforts to secure long-term provision in the village, and to the strategic direction set by the NHS 10 Year Health Plan; and to give correspondingly limited weight to a representation grounded in the commercial preferences of a single freeholder and advanced by a representor whose own business is property development.

We would be pleased to provide any additional information that MVDC or the Examiner consider would be of assistance, including the independent valuation, the counsel's opinions and the documentation relating to the 2017–2022 alternative-site work referred to above. We would also welcome a meeting if that would help.

Yours faithfully

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cc:

Abhiram Magesh – District Councillor, MVDC

Chris Budleigh – District Councillor, MVDC

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Ian Smith – Chair, NHS Surrey and Sussex Integrated Care Board

Amy Galea – Chief Commissioning Officer for Neighbourhood Health and Partnerships, NHS Surrey and Sussex ICB

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Mr Tim Way – Chairman, Westcott Village Forum

Mr Paul Goddard – Westcott Village Association