A Mole Valley which is
Fairer, Greener and provides
Opportunity for all

FOCUSED CONSULTATION

WESTCOTT NEIGHBOURHOOD DEVELOPMENT PLAN, POLICY WNDP7 (COMMUNITY ASSETS)

Question:

Should the Westcott Neighbourhood Development Plan safeguard the Riverbank Surgery for its existing use under Policy WNDP7 (Community Assets)?

Respond by 5pm, Tuesday, 21 July 2026 to:
planning.policy@molevalley.gov.uk
or
Planning Policy, Mole Valley District Council, Pippbrook, Dorking, Surrey. RH4 1SJ

FOCUSED CONSULTATION
WESTCOTT NEIGHBOURHOOD DEVELOPMENT PLAN, POLICY WNDP7 (COMMUNITY ASSETS)

****

Question:

Should the Westcott Neighbourhood Development Plan safeguard the Riverbank Surgery for its existing use under Policy WNDP7 (Community Assets)?

Respond by 5pm, Tuesday, 21 July 2026 to planning.policy@molevalley.gov.uk
or Planning Policy, Mole Valley District Council, Pippbrook, Dorking, Surrey. RH4 1SJ

****

Context

13 October 2025: The Wescott Village Forum (Neighbourhood Forum) publishes its draft Westcott Neighbourhood Development Plan for consultation. The plan safeguards the Riverbank Surgery under Policy WNDP 6: Shops and Premises and Policy WNDP7 (Community Assets).

Following the consultation: The Westcott Village Forum amends the plan so that the Riverbank Surgery is safeguarded for its current use only under Policy WNDP7 (Community Assets).

4 December 2025: The Westcott Village Forum submits its plan to Mole Valley District Council, with the Riverbank Surgery safeguarded for its current use under Policy WNDP7 (Community Assets). **See Appendix 1.**

8 December 2025: Mole Valley District Council consults on the amended plan, with the Riverbank Surgery is safeguarded for its current use under Policy WNDP7 (Community Assets).

4 February 2026: Mole Valley District Council submits the plan to an Examiner, with the Riverbank Surgery is safeguarded for its current use under Policy WNDP7 (Community Assets). It also submits the representations from the consultation, including one from the Riverbank Surgery and Rushmon Homes (Agent: Matplan) supporting the safeguarding. **See Appendix 2.**

20 April 2026: The Examiner accepts a late representation from the asset beneficiary of the Riverbank Surgery (Agent: Nova Latchmere), objecting to the safeguarding. **See Appendix 3.**

12 May 2026: The Examiner refuses a late representation from Standard Life Trustees Company Ltd, the freeholder of the Riverbank Surgery (Agent: Bell-Cornwell), objecting to the safeguarding. **See Appendix 4.**

14 May 2026: The Examiner publishes his report and removes the safeguarding for its current use in Policy WNDP7 (Community Assets) from the Riverbank Surgery. **See Appendix 5.**

16 May 2026: The Dorking Medical Practice writes to Mole Valley District Council, supporting the safeguarding and expressing dismay at the Examiner's decision. **See Appendix 6.**

2 June 2026: Mole Valley District Council decides the Dorking Medical Practice's letter is new and relevant information and so decides to conduct a further consultation (as per Paragraph 13, Schedule 4B of the 1990 Town and Country Planning Act). **This consultation.**

21 July 2026: Consultation closes.

APPENDIX 1 – Westcott Neighbourhood Plan, Policy WNDP7 – as of December 2025

WNDP7: The following community assets, as shown on the Policies Map (Fig 4 below), are safeguarded for their existing use:

- Holy Trinity Church
- The Village Hall
- Cradhurst Recreation Ground
- The Village Green
- Riverbank Surgery
- St John's Chapel and The Westcott Village Hub
- The Sports Club
- Surrey Hills All Saints School
- Faurefold

Proposals for the provision and maintenance of flexible, accessible, energy efficient and modern community assets will be supported, where they would help to maintain and extend the vibrant social, sporting, recreational, and educational activities in the Plan area and where they comply with national and local Green Belt policy.

The change of use of existing community assets to other uses will not be supported unless:

- Any partial loss of the site/floorspace will not undermine the viability of the asset;
- The asset is surplus to requirements or there is no reasonable prospect of the existing use continuing;
- An alternative asset of equivalent or better quality or scale is available nearby or will be re-provided nearby or the use will be provided in a different way serving the same community; and
- The property has been marketed for a minimum period of twelve months on reasonable market terms with a recognised agent for alternative community uses without success.

APPENDIX 2 - REPRESENTATION FROM MATPLAN FOR THE RIVERBANK SURGERY & RUSHMON HOMES - December 2025

Outlook

[EXTERNAL] Updated Westcott Neighbourhood Development Plan 2020-2039 Submission Draft - Reg. 16 Public Consultation

From [redacted]
Date Tue 09/12/2025 13:01
To Planning Policy <Planning.Policy@molevalley.gov.uk>
Cc [redacted]

3 attachments (7 MB)

Letter to Westcott Village Forum (21-11-25) (Final) (Complete) (Signed).pdf; Updated Westcott Neighbourhood Development Plan 2020-2039 Reg16 Submission Draft (Dec 2025).pdf; Updated Westcott Neighbourhood Development Plan 2020-2039 Reg16 Submission Draft (Dec 2025) Tracked Changes.pdf;

CAUTION: This email originated from outside of the MVDC - if in any doubt do NOT open links or attachments, or carry out requested actions.

Dear Sirs,

Having received the email below from the Westcott Village Association, I write on the joint behalf of the Dorking Medical Practice, which operates the Riverbank Surgery in Westcott, and Rushmon Homes, to make representations in **support** of Policy WNDP7 of the Reg. 16 Submission Draft Updated Westcott Neighbourhood Development Plan 2020-2039. My clients' representations are set out in the following paragraphs of this email.

By way of context, I have attached a copy of my letter dated 21 November 2025 to the Westcott Village Forum – this letter sets out my clients' representations to Policies WNDP6 and WNDP7 of the Reg. 14 Consultation Draft Updated Westcott Neighbourhood Development Plan 2020-2039, relating to the categorisation of the Riverbank Surgery in Westcott as a 'Shop and Commercial Premises' under Policy WNDP6; and requests that the surgery is re-categorised as a 'Community Asset' under Policy WNDP7. Having now read the Reg. 16 Neighbourhood Development Plan (as attached), my clients are very pleased to note from page 34 that the Riverbank Surgery has been re-categorised as a safeguarded Community Asset under Policy WNDP7, which also supports the provision of new and improved Community Assets.

My clients are therefore pleased to **support** Policy WNDP7 of the Reg. 16 Neighbourhood Development Plan; and as per my letter dated 21 November 2025 attached, my clients and I look forward to engaging further with the Westcott Village Forum, residents and your Authority in the preparation and submission of a planning application for a new, purpose-designed and purpose-built surgery, underpinned by enabling residential development, on land owned by Rushmon Homes between Riverbank and Rokefield House to the north. I have accordingly copied this email to [redacted] at your Authority, who dealt with pre-application Enquiry ref. PA/2025/0064 in May of this year, so she is kept up to date with matters. I have also copied this email to the Westcott Village Forum.

I would be grateful if you could confirm safe receipt of this email and the attached; and you are more than welcome to contact me if you have any queries, require further information, or need to discuss any matter in more detail.

Yours faithfully,

[redacted]
Director

MATPLAN
Chartered Town Planning & Development Consultants

7 Siskin Gate
Bracknell
Berkshire
RG12 8BF

[redacted]
W: www.matplan.co.uk

This email is confidential and may contain privileged information. It is intended only for use of the intended recipient. If you have received it by mistake, please notify the author by replying to this email or telephone (01344-481204). If you are not the intended recipient, you must not print, copy, amend, distribute or disclose it to anyone else or rely on the contents of this email, and you should **DELETE** it from your system. You should check this email and any attachments for viruses, as no responsibility can be taken for any virus which may be transferred by this email. Thank you.

MatPlan Limited, Company Regi tration No 07423701

Regi tered Office Unit 11 Diddenham Court Lambwood Hill Grazeley Reading Berkshire RG7 1JQ

Save Paper - Do you really need to print this e-mail?
Try not to leave old messages attached unless they are relevant.

APPENDIX 3 - LATE REPRESENTATION FROM NOVA LATCHMERE FOR THE BENEFICIARY - April 2026

[redacted]

[redacted]

uk>

[redacted]

Subject: Westcott NDP – Representation: Riverbank Surgery

Dear Sir or Madam,

My client, [redacted], is the freehold owner of Riverbank Surgery, which is held within a pension structure. The building is currently occupied by Dorking Medical Practice.

By way of factual background:

- The previous lease expired in February 2021, and no formal lease has been put in place since.
- The current occupation is therefore unsecured.
- The rent ([redacted] per month) has not been formally reviewed since 2018 and has not been agreed through NHS England or the District Valuer.
- The NHS has never contacted the owner directly regarding the property.
- The owner has never been contacted by the Village Forum, the Council, or their agents in relation to the Neighbourhood Plan, nor received any formal consultation documents, nor been asked for his views or consent.
- The owner first became aware of the proposed designation on 2 April 2026.

The owner is himself a former GP [redacted]

Against that background, I wish to be clear that my client fully recognises the importance of local healthcare provision and does not object in principle to the appropriate safeguarding of valued facilities.

However, the treatment of Riverbank Surgery within the Plan gives rise to serious concerns in respect of fairness, proportionality, and the robustness of the underlying evidence.

1. Dual designation under WNDP6 and WNDP7

Riverbank Surgery appears to be the only property within the Plan area subject to safeguarding under both WNDP6 and WNDP7.

In combination, these policies create an exceptional and disproportionate restriction on a single private asset, going materially beyond the approach applied to comparable facilities.

There is no clear or compelling evidence base to justify this dual designation.

2. Absence of landowner engagement

The owner has had no engagement whatsoever in the preparation of these policies which is surprising given they relate to his property.

In circumstances where a private asset is being subjected to unusually onerous and potentially value-suppressing policy constraints, the absence of any direct consultation or engagement with the landowner is, to my mind, a significant procedural failing.

3. Lack of secured and deliverable use

The current use is not secured by any lease or legal mechanism and has not been since February 2021.

National policy requires that planning designations are realistic and deliverable. In this instance, the Plan seeks to safeguard a use that is not secured and may not be capable of being secured on reasonable commercial terms.

4. Influence of third-party interests

It is apparent that the inclusion and positioning of the surgery within these policies has been influenced by the current occupier and associated development interests, who have a clear commercial interest in both the existing site and potential alternative provision elsewhere.

It is not appropriate for the Development Plan to place significant and enduring constraints on a privately owned asset in circumstances where the policy approach has been driven by parties with a vested interest and without engagement with the landowner.

5. Reliance on speculative future provision

Reference has been made to the potential relocation of the surgery linked to enabling development.

However, no planning permission has been granted, no funding secured and no delivery timetable established. The owner has not been approached or involved in any such proposal.

It is not reasonable for the Plan to constrain an existing asset based on a speculative future scheme.

6. Disproportionate impact on value

The practical effect of the proposed policy framework is to materially suppress the value of the property.

The building has been valued as a dwelling in the region of [redacted], whereas offers linked to its continued use as a surgery, from the current occupier I might add, have been significantly lower (at circa [redacted]).

This stark differential illustrates the extent to which the policy approach risks placing an undue and disproportionate burden on a single private landowner.

Requested modifications

In light of the above, I respectfully request that the Examiner considers the following modifications:

1. That Riverbank Surgery is not subject to safeguarding under both WNDP6 and WNDP7;
2. That any safeguarding policy is applied in a proportionate and consistent manner with comparable uses;
3. That explicit recognition is given to circumstances where the continued use of a facility is not secured by a lease or other legal mechanism;
4. That the policy is amended to avoid reliance on speculative future provision in assessing the acceptability of change.

I trust these comments are helpful and would be pleased to provide any further information if required.

I would be grateful if you could confirm safe receipt of this representation.

Yours faithfully,

Mark Eshelby

[redacted]

[redacted]

The Spark
Draymans Way
Newcastle Helix
Newcastle upon Tyne
NE4 5DE

Tel: 0345 415 0000
Fax: 0345 415 5256
DX: 61191 Newcastle upon Tyne

[redacted]

Our ref:
SMD4/SMD4/STA/0205.3752
Your ref:
04/AM/WNP

Mr A Mead
Examiner
Intelligent Plans and Examinations (IPE) Limited
Office 10
5 Argyle Street
Bath
NA2 4BA

By email only

Dear Mr Mead

Westcott Neighbourhood Development Plan (WNDP)
Riverbank Surgery (the Property)

We are instructed by Standard Life Trustees Company Limited (**SLTC**).

SLTC is the registered freehold owner of the Property which is held by SLTC as part of a Self-Invested Personal Pension (**SIPP**) arrangement. A SIPP gives a wide discretion to its member (ie the beneficiary of the pension) to manage the asset.

Policy WNDP7 of the WNDP would designate the Property as a community asset which is safeguarded for its existing use.

Despite being a registered company, with its address being readily discoverable at Companies House, SLTC was not consulted in relation to the WNDP under regulation 14 and was not put on notice of the proposed safeguarding designation relating to the Property.

The policy, if made, would adversely affect a trust asset held for the benefit of the SIPP beneficiary and it is imperative that they are given sufficient opportunity to make representations.

For the avoidance of doubt SLTC as freeholder did not, and does not, consent to the safeguarding designation relating to the Property in the WNDP.

Yours faithfully

Womble Bond Dickinson (UK) LLP

Womble Bond Dickinson (UK) LLP

Womble Bond Dickinson (UK) LLP is a limited liability partnership registered in England and Wales under number OC317661. VAT registration number is GB123393627. Registered office: 4 More London Riverside, London, SE1 2AU, where a list of members' names is open to inspection. We use the term partner to refer to a member of the LLP, or an employee or consultant who is of equivalent standing. Womble Bond Dickinson (UK) LLP is authorised and regulated by the Solicitors Regulation Authority (SRA number 449247).
Womble Bond Dickinson (UK) LLP is a member of Womble Bond Dickinson (International) Limited, which consists of independent and autonomous law firms providing services in the US, the UK, and elsewhere around the world. Each Womble Bond Dickinson entity is a separate legal entity and is not responsible for the acts or omissions of, nor can bind or obligate, another Womble Bond Dickinson entity. Womble Bond Dickinson (International) Limited does not practise law. Please see www.womblebonddickinson.com/legal notices for further details.

bell cornwell
CHARTERED TOWN PLANNERS
01256 766673 | info@bell-cornwell.co.uk | bell-cornwell.co.uk

Mr Andrew Mead
Examiner

Our ref: 3342

By Electronic Submission Only

12th May 2026

Dear Mr Mead,

RE: Westcott Neighbourhood Development Plan Review

On behalf of our client, [redacted], we write to provide our comments in relation to the examination of the draft Updated Westcott Neighbourhood Development Plan ("the Plan") pursuant to Schedule 4B to the Town and Country Planning Act 1990.

Introduction

These submissions address whether the Plan, and in particular proposed Policy WNDP7, satisfies:

- the "basic conditions" under paragraph 8(2) Schedule 4B TCPA 1990;
- the procedural and legal requirements applicable to neighbourhood planning; and
- national policy and guidance.

It is submitted that proposed Policy WNDP7 fails the statutory tests and should either:

1. have the proposed changes deleted; or
2. be materially modified before the Plan can proceed.

Previous representations have been made in relation to the site at Riverbank Surgery. These representations relate to land ownership, failure to engage with the appropriate stakeholders, legal and financial implications of the Plan as proposed, and process.

We wish to make it clear to the examiner that our client was not contacted during the preparation of the draft Updated Westcott Neighbourhood Development Plan. They only became aware of the material revisions to the Plan following the submission for examination. Once they became aware they submitted the previous representations as a matter of urgency to raise their concerns with regard to process. They have subsequently asked us to review the matter and consider the soundness of the proposed changes.

This representation raises new concerns with regard to the relevant statutory tests, as referenced above, and so we would respectfully request that the Examiner accepts our comments as part of their examination of the Plan.

Policy Context

The Westcott Neighbourhood Development Plan (WNDP), prepared by Westcott Village Forum, was first adopted on 23 November 2017. The plan period covered between 2017 and 2026. The WNDP was designed to balance marginal growth with protection of the village's rural character and landscape setting in the Surrey Hills National Landscape (formerly known as the Surrey Hills Area of Outstanding Natural Beauty).

The WNDP set out that the policies contained within the plan had been designed following needs assessment from a variety of sources, including a survey of village residents and businesses. As a result, the WNDP set out its aims as follows:

- Maintaining the character of the village through development style and redevelopment of the land within the existing village core to grow the stock of housing to meet the needs of the aging population
- Create additional leisure facilities and improve connectivity with the open countryside surrounding the village
- Maintaining retail, commercial and community facilities where viable

Following the adoption of The Mole Valley Local Plan 2020-2039 on 15 October 2024, the Westcott Village Forum began updating the WNDP for a new period running to 2039. On 4 February 2026, the amended draft Westcott Neighbourhood Plan was submitted by Mole Valley District Council for independent examination to test whether the submitted neighbourhood plan meets the basic conditions and other matters set out in Paragraph 8 of Schedule 4B to the Town and Country Planning Act 1990 (as amended).

The Westcott Village Forum set out that the updated WNDP policies are focused on helping to provide appropriate housing within the village and premises for appropriate business needs and community requirements.

In 2025 the Village Forum distributed a Community Survey, containing questions around housing, the Green Belt, shops and services, business development, facilities and amenities, community issues, roads, health, well-being and social issues, parking, travel, sustainability and climate change. A housing needs survey, prepared by Surrey Community Action, was distributed at the same time.

The Westcott Village Forum confirm that just 28% of households within the Plan area participated in the Community Survey. They say as a result of the responses, the updates to the policies seek to give much greater weight to the views of Westcott Village through the results of the Community Survey.

Proposed Policy WNDP7

Our key concerns with the Plan relate to the proposed changes to Policy WNDP7 and its failure, as currently drafted, to meet the basic conditions under paragraph 8(2) Schedule 4B TCPA 1990.

By the Westcott Village Forum ow admission within its Modification Statement, the proposed policy updates are *"... considered material changes modifications which do change the nature of the Plan, requiring an examination and referendum."*

Mole Valley District Council has compared the policies in the made Plan. The Council confirms that the changes go beyond material modifications and the nature of the Plan is more extensive in scope. Notwithstanding that the Council states that it does not agree with the Modification Statement in the Plan, the Council also considers that the Plan does require a referendum.

The Examiner confirms in their letter dated 9th February 2026 that *"Having assessed all the written documents submitted, including the representations and relevant statements, I believe that the modifications proposed in the draft Plan are both material and change the nature of the made Plan."*

In light of the above, it must be accepted that there are changes proposed that change the very nature of the Plan. The appropriate test in relation to the proposed changes to Policy WNDP7, when having regard to Schedule 4B to the Town and Country Planning Act 1990, is whether the proposed changes meet the basic conditions and accords with national policies and advice contained in guidance published by the Government.

The current adopted Plan shows Policy WNDP7, as set out below:

6.7.2. **Policy WNDP7**: Enhancement of Community Facilities

WNDP7: Proposals for the provision and maintenance of flexible, accessible and modern community facilities will be supported, where they would help to maintain and extend the vibrant social, sporting, recreational, and educational activities in the Plan area.

The subtext to Policy WNDP7 is set out at Paragraphs 6.7.1 to 6.7.6. At 6.7.3 the Plan sets out the justification for Policy WNDP7, which states:

"Justification: Westcott is a village of around 2,300 residents with 8 principal community facilities:
- *Surrey Hills Church of England Primary School*
- *Holy Trinity Church*
- *The Reading Room*
- *The Hut*
- *St John's Community Centre*
- *The Sports Club (cricket and football)*
- *Faurefold (Guiding Association retreat)*
- *Riverbank Surgery"*

At Paragraph 6.7.5 the Plan states *"Over the next 10-15 years some of these facilities will require significant financial investment in order to remain usable. It is anticipated that there may be opportunities to enhance, re-provide and create new facilities in accordance with the identified needs of the survey. In any new development, research into occupancy and usage of existing facilities would be carried out to ensure that there was no loss of capacity for activities."*

The paragraph does not contain any commitment or policy mechanism that *safeguards* the continued use, retention, or protection of the facilities. Instead, it is accepting that the some of these facilities will require significant financial investment in order to remain usable.

The original version of Policy WNDP7 is a positive and enabling policy focused on supporting the provision and maintenance of *"flexible, accessible and modern community facilities"* in order to sustain and expand social, recreational, sporting, and educational activity within the area. Its emphasis is on adaptability and

modernisation. The policy seeks to enhance particular assets rather than preserve particular buildings or sites.

The proposed wording of Policy WNDP7, is set out below:

> **WNDP7**: The following community assets, as shown on the Policies Map (Fig 4 below), are safeguarded for their existing use:
>
> - Holy Trinity Church
> - The Village Hall
> - Cradhurst Recreation Ground
> - The Village Green
> - Riverbank Surgery
> - St John's Chapel and The Westcott Village Hub
> - The Sports Club
> - Surrey Hills All Saints School
> - Faurefold
>
> Proposals for the provision and maintenance of flexible, accessible, energy efficient and modern community assets will be supported, where they would help to maintain and extend the vibrant social, sporting, recreational, and educational activities in the Plan area and where they comply with national and local Green Belt policy.
>
> The change of use of existing community assets to other uses will not be supported unless:
>
> - Any partial loss of the site/floorspace will not undermine the viability of the asset;
> - The asset is surplus to requirements or there is no reasonable prospect of the existing use continuing;
> - An alternative asset of equivalent or better quality or scale is available nearby or will be re-provided nearby or the use will be provided in a different way serving the same community; and
> - The property has been marketed for a minimum period of twelve months on reasonable market terms with a recognised agent for alternative community uses without success.

By contrast, the revised version fundamentally changes the purpose of the policy by introducing a restrictive safeguarding context for a list of specified community assets. Instead of simply supporting community provision, it seeks to protect existing facilities from a change of use through a series of tests, including viability assessments, proof of surplus status, replacement requirements, and a mandatory twelve-month marketing exercise. This shifts the policy from one that enables community facility enhancements to one that prioritises the retention of existing assets.

In doing so, the revised policy risks undermining the original objective of flexibility and modernisation. Protecting assets "for their existing use" may prevent adaptation, consolidation, relocation, or redevelopment that could better serve current and future community needs. The requirement to retain outdated or underperforming facilities unless extensive evidence is provided discourages innovation and investment into the village and may obstruct the delivery of more sustainable community infrastructure.

This wording is significant because it can already be evidenced that the Riverbank Surgery's physical unsuitability as a modern GP surgery is a matter of consistent and contemporaneous record across the surveyors, the medical practice itself, the village association, the Patient Participation Group, the Joint Working Party, and national NHS policy. It is therefore inappropriate for WNDP7 to safeguard the building *"for its existing use as a community asset"* as if its continued use as a surgery in perpetuity were viable.

The surgery commissioned its own Market Valuation Report dated 25th February 2022 which was prepared by a RICS-qualified valuer and expressly states that older properties such as Riverbank are *"no longer fit for purpose"* and that demand is for *"modern purpose-built premises."* (enclosed at Appendix 1).

On 10th December 2019 the Hut Reading Room Westcott Magazine set out at page 1 that the Riverbank Surgery *"... is neither ideally located, nor does it meet modern NHS specifications*" (enclosed at Appendix 2). This supports the fact that the building is physically unsuitable. This single document, written by the chair of the Joint Working Party in concert with DMP, contradicts every premise on which WNDP7 safeguarding of Riverbank Surgery rests.

On 2nd March 2020 the Hut Reading Room Westcott Magazine confirmed that by spring 2020 the medical practice itself was committed in principle to leaving Riverbank for a purpose-built replacement — and that the only NHS support given was *"preliminary,"* conditional on hurdles never subsequently cleared (enclosed at Appendix 3).

The evidence in the pack enclosed establishes a record — from 2019 to 2025 — that Riverbank Surgery is a converted four-bedroom domestic house that does not meet modern NHS specifications, that its tenancy expired in February 2021 and has not been renewed, and that no alternative surgery site has been secured. This record was generated, in significant part, by the medical practice itself and by the community Joint Working Party (in concert with DMP). It cannot now be set aside or re-characterised to support a safeguarding designation under WNDP7 that the building is, on the evidence, demonstrably not suited to bear.

As recently as 5th May 2026, the Westcott Village Forum set out within their representation to the Examiner that in both plans (the adopted and the proposed update), Policy 7 relates to the enhancement of community facilities. But as set out above that simply is not the case. They are fundamentally different in their wording, objectives and implications. They also suggest that the Draft Plan does not rely on speculative future provision. But, of course, it does because the wording specifically seeks to safeguard speculative development by controlling the potential for a change of use.

The Westcott Village Forum has demonstrated that it is not only aware that the site at Riverbank is not suitable to meet the modern NHS specifications but that also there are plans to relocate it and develop the site. They state within their representations dated 5th May 2026 *that "we believe the most recent plans were shared by Rushmon Homes with many others, including the residents of Rokefield, MVDC and the WVA."* (a copy of which is available on the examination pages). These Plans include the provision of a new surgery. As such, as currently worded, the policy proposed by the Westcott Village Forum would actually prevent enhancement of facilities to the community.

The revised policy also introduces Green Belt compliance directly into the wording, further narrowing the supportive approach of the original policy. Overall, the revised policy changes the focus from supporting community activities to preserving existing sites and buildings. As a result, it risks creating stagnation rather than enabling the flexible and modern community provision that the original policy was intended to encourage.

Compliance with the Basic Conditions

The updated WNDP is accompanied by a Basic Conditions statement. In order for MVDC to adopt the WNDP, the Examiner must be satisfied that the plan is in general conformity with the existing Local Planning Policy and the National Planning Policy Framework (NPPF). This criteria of alignment must be met for the WNDP to succeed.

The Plan is also supported by a Consultation Statement that explains the process of engagement with local residents and other stakeholders and how their comments have informed the final plan.

The revised version of Policy WNDP7 raises significant concerns in relation to the basic conditions, particularly the requirement that a neighbourhood plan must have regard to national policy, contribute to the achievement of sustainable development, and be in general conformity with the strategic policies of the development plan for the area, which as set out above is the Mole Valley Local Plan 2020–2039. As currently proposed, it is fundamentally inconsistent with the strategic framework and objectives of the Mole Valley Local Plan 2020–2039 and therefore fails to satisfy the basic conditions prescribed by paragraph 8(2) of Schedule 4B to the Town and Country Planning Act 1990.

First, the policy conflicts with the overarching spatial strategy embodied within the Mole Valley Local Plan 2020–2039, including the strategic objectives underpinning Policy S1 (Spatial Strategy and Distribution of Development). The Mole Valley Local Plan adopts a balanced and inherently flexible approach, seeking to safeguard valued community assets whilst enabling sustainable growth, adaptation, modernisation, and regeneration over the plan period to 2039. The revised WNDP7 as currently drafted departs entirely from that approach. By requiring community assets to be safeguarded *"for their existing use"*, and by imposing extensive and onerous restrictions upon alternative uses or redevelopment, the policy elevates preservation above adaptability. In doing so, it introduces a rigidity which is plainly at odds with the strategic and sustainable development objectives of the development plan as a whole.

Second, the policy is inconsistent with the Local Plan's objectives concerning the provision and maintenance of community infrastructure. The strategic framework supports the enhancement, modernisation, accessibility, and long-term viability of community facilities and services. Crucially, the Local Plan recognises that community needs evolve over time and that infrastructure must be capable of responding accordingly. The revised WNDP7, however, prioritises the retention of existing premises irrespective of whether those premises continue to represent the most effective, accessible, sustainable, or viable means of delivering community services. The practical consequence is that the policy risks impeding the consolidation, relocation, replacement, or redevelopment of outdated facilities, even where proposals would secure materially superior community outcomes through improved accessibility, enhanced environmental performance, or greater financial sustainability.

Third, the revised policy conflicts with the Local Plan's objectives relating to sustainable development and the efficient use of land. The cumulative effect of the twelve-month marketing requirement, together with the additional tests relating to surplus status and continuing viability, is to create a substantial and unnecessary barrier to redevelopment and adaptive reuse. Such an approach risks sterilising land and buildings which could otherwise contribute positively toward wider strategic objectives, including regeneration, accessibility improvements, environmental enhancement, and sustainable patterns of development. Whereas the Local Plan promotes flexibility, resilience, and the efficient use of land, WNDP7 adopts an unduly restrictive and preservation-led approach which may frustrate otherwise sustainable forms of development from coming forward.

Fourth, the insertion of additional Green Belt restrictions within WNDP7 gives rise to a further and significant policy conflict. Green Belt considerations are already addressed through national policy and the strategic policies of the Local Plan. The introduction of additional Green Belt qualifications within a policy concerned with community infrastructure serves only to duplicate and intensify existing restrictions beyond those set out within the NPPF

Taken cumulatively, these matters demonstrate that the revised WNDP7 is not in general conformity with the strategic policies of the Mole Valley Local Plan 2020–2039 and does not adequately contribute to the

achievement of sustainable development. Rather than supporting flexibility, adaptability, and the efficient delivery of community infrastructure, the policy imposes a restrictive safeguarding regime directed primarily toward the preservation of existing assets in their current form and use.

Furthermore, the policy as drafted represents a fundamentally new restriction and bears no resemblance to the 2017 policy. It introduces a new category of *"safeguarded existing community asset"*, a prohibition on change of use of named buildings and a new evidential burden on the freeholder. All of these unnecessary and a departure from the objectives of the NPPF. The NPPF, at Paragraph 98(c), requires protection only against unnecessary loss and only where the loss would reduce day-to-day needs. The 2026 WNDP7 imposes blanket protection regardless of whether either condition is satisfied. NPPF and Paragraph 98(d) requires that established facilities are able to develop and modernise. Furthermore, at paragraph 99 the NPPF makes clear that planning policies and decisions should consider the social, economic and environmental benefits of estate regeneration.

In light of the above, we set out below how the proposed policy wording fails to satisfy the basic conditions prescribed by paragraph 8(2) of Schedule 4B to the Town and Country Planning Act 1990:

Basic Condition (a): Regard to national policy and guidance

Proposed Policy WNDP7 appears inconsistent with the NPPF's support for sustainable development, flexibility, and the efficient use of land. As set out in detail above, the policy imposes disproportionate restrictions on redevelopment and duplicates existing Green Belt controls, creating unnecessary barriers to sustainable proposals.

Basic Condition (d): Contribution to the achievement of sustainable development

The policy prioritises preservation of existing uses over the delivery of modern, accessible, energy-efficient, and financially sustainable community facilities. The extensive safeguarding and marketing requirements risk preventing sustainable redevelopment and regeneration opportunities.

Basic Condition (e): General conformity with the strategic policies of the development plan

Proposed Policy WNDP7 conflicts with the strategic objectives of the Mole Valley Local Plan 2020–2039, including Policy S1, which promotes flexibility, adaptability, sustainable growth, and the efficient delivery of infrastructure. The policy adopts an unduly rigid preservation-based approach inconsistent with the Local Plan's strategic framework.

Basic Condition (g): Compliance with prescribed conditions and matters

The policy risks creating uncertainty and duplication through excessive safeguarding criteria and additional Green Belt restrictions beyond those already contained within national and Local Plan policy.

Accordingly, the revised WNDP7 is incapable of satisfying the basic conditions and is therefore unsound

<u>Conclusion</u>

In conclusion, it has been set out that the proposed revision to Policy WNDP7 is incapable of satisfying the basic conditions prescribed by paragraph 8(2) of Schedule 4B to the Town and Country Planning Act 1990. The revised policy has fundamentally shifted away from that adopted in 2017. Instead, it introduces a materially different and substantially more restrictive safeguarding regime directed toward the preservation of existing facilities and uses, irrespective of questions of suitability, viability, deliverability, or wider public benefit.

The effect of the revised wording would actually prevent the modernisation, relocation, redevelopment, or replacement of community infrastructure, even in circumstances where such change would plainly secure enhanced and more sustainable provision for the community. In that respect, the policy is fundamentally inconsistent with the objectives of the strategic policies of the Mole Valley Local Plan 2020–2039, the NPPF and, indeed, the overarching statutory requirement that neighbourhood plans contribute to the achievement of sustainable development.

That conflict is particularly acute in relation to Riverbank Surgery. The documentary record set out above demonstrates that the existing premises are not fit for modern NHS requirements and have long been acknowledged by the relevant stakeholders — including the medical practice itself and representatives of the local community — as unsuitable for continued long-term occupation as a surgery. In those circumstances, the proposed safeguarding of the site "for its existing use" is not only unsupported by the evidence but risks frustrating the delivery of enhanced healthcare infrastructure for Westcott residents.

Further, the revised policy introduces unnecessary duplication of existing national and development plan controls, including additional Green Belt restrictions and onerous evidential burdens which extend materially beyond the requirements of the NPPF. The cumulative effect is the imposition of an inflexible and preservation-led policy framework which would impede otherwise sustainable and policy-compliant development proposals from coming forward.

Accordingly, for all the reasons set out above, it is submitted that proposed Policy WNDP7 fails to meet the statutory basic conditions and cannot lawfully proceed in its current form.

The Examiner is therefore respectfully invited to recommend that the proposed revisions to Policy WNDP7 be deleted in their entirety or, in the alternative, substantially modified so as to secure consistency with national policy, conformity with the strategic policies of the Mole Valley Local Plan 2020–2039, and compliance with the statutory framework governing neighbourhood development plans.

Should you require any further information, please do not hesitate to contact me.

Yours sincerely,
BELL CORNWELL LLP

RYAN SNOW
rsnow@bell-cornwell.co.uk

Report on Updated Westcott Neighbourhood Development Plan 2020-2039

An Examination undertaken for Mole Valley District Council with the support of the Wescott Village Forum on the December 2025 submission version of the Updated Westcott Neighbourhood Development Plan.

Independent Examiner: Andrew Mead BSc(Hons) MRTPI MIQ

Date of Report: 14 May 2026

anticipated in Policy WNDP1 (iv).[20] Criterion iv of the policy is repeated in Policy WNDP3 and I shall recommend its deletion from Policy WNDP2. In order to ensure that the policy has regard to national guidance[21], I shall recommend the amendment to criterion viii suggested by MVDC to which WVF has agreed. **(PM3)**

4.9 ***Policy WNDP3*** considers the size, architectural style and character of housing development, the second paragraph of which requires that new housing development should be built in small clusters of varying and sympathetic architectural styles. MVDC objected to this requirement commenting that development may be only of a single dwelling. However, in my opinion, it would be appropriate for development of more than a single dwelling and therefore, I shall recommend that an appropriate phrase be included within that element of the policy. **(PM4)** The policy would then have regard to national guidance[22] and meet the Basic Conditions.

4.10 ***Policy WNDP4*** deals with parking and amends a similar policy in the made Plan. MVDC commented that the first paragraph is broadly aligned with Surrey County Council (SCC) guidance and the MVLP. The second paragraph is similar to the second paragraph of Policy WNDP4 of the made Plan. In relation to the third paragraph, MVDC commented that the SCC apply maximum parking standards not minimum as stated in the policy. However, the policy is concerned with residential parking where minimum standards are required in Policy INF2 of the MVLP and so MVDC and WVF agreed with my canvassed suggestion that reference is specifically made to residential development. I shall recommend that as a modification. **(PM5)** The policy would then have regard to national guidance[23] and meet the Basic Conditions.

4.11 ***Policy WNDP5*** considers connectivity within the village and into the countryside has regard to national guidance[24] and meets the Basic Conditions. ***Policy WNDP6*** seeks to safeguard shops and commercial premises and also has regard to national guidance[25] and meets the Basic Conditions.

4.12 ***Policy WNDP7*** aims to safeguard community assets. Representations from Matplan purporting to be on behalf of the Dorking Medical Practice (DMP), which operates the Surgery, and Rushmon Homes supported its inclusion in the list. WVF have since indicated that the DMP deny being associated with the representation. Nevertheless, it was claimed by Matplan in the Regulation 14 representation (dated 21 November 2025), which was attached to the Regulation 16 representation, that the building in which the Surgery is based "has become less and less suitable for the

[20] Policy WNDP2 erroneously refers to Policy WNDP1 (iii).
[21] NPPF: paragraphs 11, 61, 124 & 125.
[22] NPPF: paragraphs 131 & 132.
[23] NPPF: paragraphs 112 & 113.
[24] NPPF: paragraph 96.
[25] NPPF: paragraph 98.

evolving needs" of the Practice. This was not denied by WVF in the schedule of Regulation 14 responses in the CS and I have no reason to disagree with the implication that the former residential building may be struggling to be fit for purpose as a medical surgery.

4.13 However, representations on behalf of the landowner seek the exclusion of the Riverbank Surgery from the list of community assets safeguarded by Policy WNDP7. It is evident that, for whatever reason, the landowner of the Surgery has not been included in the process of preparing the Neighbourhood Plan, despite the relevant information being delivered to the tenants, the Dorking Medical Practice, and that, in this case, the interests of the landowner (whether it be [the beneficiary] or Standard Life) may have been prejudiced. In this regard, I understand that the title entry at the Land Registry records the owners as Standard Life Trustee Company Limited and note that its registered address is readily available through an online public search of information at Companies House. Therefore, I shall recommend the deletion of the Riverside Surgery from the list in Policy WNDP7. **(PM6)** Policy WNDP7 would then have regard to national guidance[26] and would meet the Basic Conditions.

4.14 There is clearly and understandably a desire by the community to retain a surgery in the village. I have no reason to believe that the service will cease to exist and the Riverside Surgery to continue in the current premises, pending relocation to a new Surgery which appears, from the representations, to be an active discussion.

4.15 ***Policy WNDP8*** considers the sustainability of buildings and climate change issues such as flood risk and water infrastructure. The second paragraph in the Flood Risk section and also the final paragraph in the policy are too onerous. I shall recommend replacing *"will be required"* and *"will be expected"* with *"where feasible"* in the respective paragraphs. **(PM7)** The policy would then have regard to national guidance[27] and meet the Basic Conditions.

4.16 ***Policy WNDP9*** seeks to protect heritage assets. The first paragraph states that: *"Any harm to the significance of a heritage asset will require clear and convincing justification and will only be permitted where the public benefits of the scheme demonstrably outweigh the harm identified."* However, this paragraph as drafted would also apply to non-designated heritage assets (NDHA) to which, following NPPF guidance, the public benefit test does not apply. It appears to me that NDHA are dealt with adequately in the fourth paragraph of Policy WNDP9. Therefore, the first paragraph of the policy should be amended to: *"Any harm to the significance of a designated heritage asset will only be permitted where (i) the level of harm is weighed against the level of architectural, archaeological, cultural and/or historic significance of the asset and where*

[26] NPPF: paragraph 98.
[27] NPPF: Section 14: Meeting the challenge of climate change, flooding and coastal change.

		Amend Clause iii to: **"The implementation … as at September 2025: 18 no. dwellings."** Amend Clause iv to: **"The remainder will be met through "windfall" sites within the Settlement Boundary, …"**.
PM3	Policy WNDP2	Amend the first phrase to: **"To deliver the housing growth anticipated in Policy WNDP1 (iv), …"**. Delete criterion iv. Amend the second sentence of criterion viii to: **"For the purposes of assessing Grey Belt developments, any land that is found to make a strong contribution to Green Belt purposes (a), (b) or (d) will not be accepted as Grey Belt land."**
PM4	Policy WNDP3	Amend the second paragraph to: **"Where appropriate, depending on the size and shape of the plot and the number of dwellings, new housing developments should be built in small clusters of varying and sympathetic architectural styles."**
PM5	Policy WNDP4	Amend the first sentence of the third paragraph to: **"Proposals for residential development which deliver additional parking above and beyond the needs of the specific proposed development (providing for visitor parking) will be particularly supported."**
PM6	Policy WNDP7	Delete Riverside Surgery from the list of community assets.
PM7	Policy WNDP8	Amend the fourth paragraph to**:** **"New build development (other than householder extensions) should, where**

APPENDIX 6 - LETTER FROM THE DORKING MEDICAL PRACTICE - May 2026

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

15 May 2026

The Head of Planning
Mole Valley District Council
Pippbrook
Dorking
Surrey RH4 1SJ

By email: planning.policy@molevalley.gov.uk, [redacted]

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 [the beneficiary] 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

Inspected and rated Good
CareQuality Commission

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

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 [the beneficiary], 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 [the beneficiary's] headlease in February 2021 the Partnership's landlord is the registered freeholder, Standard Life Trustee Company Limited, holding the freehold as trustee of [the beneficiary'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 [redacted] 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

Inspected and rated Good
CareQuality Commission

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

surgery, which assessed the open-market value at approximately [redacted]. 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

Inspected and rated Good
CareQuality Commission

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

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 [redacted] and an offer of approximately [redacted] said to have been made by the "current occupier". We make three observations.

First, the [redacted] figure reflects an offer made by the Partnership which deliberately exceeded an independent RICS valuation of the premises ([redacted]) by approximately ten per cent ([redacted]). 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

Inspected and rated Good
CareQuality Commission

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

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

Inspected and rated Good
CareQuality Commission

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

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

Inspected and rated Good
Care Quality Commission

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

The Late Representation is made by Mr Mark Eshelby of Nova Latchmere Ltd on behalf of [the beneficiary], 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 [the beneficiary'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

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

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

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

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

Inspected and rated Good
Care Quality Commission

Dorking Medical Practice
142a South Street
Dorking
RH4 2QR
01306 881313
newhouse.surgery@nhs.net
www.dorkingmedicalpractice.nhs.uk

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

[redacted]

Partner, Dorking Medical Practice

[redacted]

Partner, Dorking Medical Practice

[redacted]

Partner, Dorking Medical Practice

[redacted]

Partner, Dorking Medical Practice

Inspected and rated Good
Care Quality Commission

A Mole Valley which is
Fairer, Greener and provides
Opportunity for all

Alternative formats

If you would like this document in another format or language, please contact Customer Services on 01306 885001 or email info@molevalley.gov.uk

Document history

Version date	Key changes made	Consultees	Approved by
V1	-	David Webb	Duncan Clarke

Responsible Officer: David Webb
Last updated: 8 June 2026
Approval of changes: Duncan Clarke
Next date due: n/a