Representation 68

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CHARTERED TOWN PLANNERS

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Mole Valley District Council
Pippbrook
Dorking
Surrey
RH4 1SJ

By Electronic Submission Only

21st July 2026

[redacted]

RE: Westcott Neighbourhood Development Plan Review

On behalf of our client, Dr Thomas Guilder, we write to provide our comments in relation to the ongoing Westcott Neighbourhood Plan Focused Consultation. This representation should be read in conjunction with our letter dated 12th May 2026 (attached at Appendix 1) which was submitted on behalf of Dr Guilder during the course of the examination of the Westcott Neighbourhood Plan, which we understand was not accepted by the examiner[1]. That letter now forms part of the aforementioned consultation, which is being carried out under Paragraph 13, Schedule 4B of the 1990 Town and Country Planning Act.

Introduction

On 4th February 2026, the Updated Westcott Neighbourhood Plan was submitted by Mole Valley District Council ("the Council") for independent examination.

The Updated Westcott Neighbourhood Development Plan was examined by the Independent Examiner, whose report was issued on 14 May 2026. Having considered the Plan, its supporting evidence and the representations received, the Examiner concluded that, subject to the recommended modifications ("PMs"), the Updated Plan satisfies the Basic Conditions and all relevant statutory requirements.

The Examiner further confirmed that the Updated Plan had been prepared by a qualifying body, relates to a properly designated neighbourhood area, specifies the plan period of 2020–2039, and contains policies relating to the development and use of land within the designated neighbourhood area. Accordingly, the Examiner recommended that, once modified, the Updated Plan should proceed to referendum and concluded that there was no justification for extending the referendum area beyond the designated neighbourhood area.

[1] Our letter was not referred to within the Examiner's Report, dated 14th May, page 4 under 'Submitted Documents'

Of particular relevance to the current consultation, the Examiner found at paragraph 4.13 of the report that the landowner of Riverbank Surgery had not been appropriately involved in the preparation of the Neighbourhood Plan, n[redacted]enant, Dorking Medical Practice. The Examine[redacted] therefore have been prejudiced. On that basis, the Examiner recommended the deletion of Riverbank Surgery from the list of safeguarded community assets under Policy WNDP7. Importantly, the Examiner noted at 4.13 and 4.14 that they had no reason to believe that the service will cease to exist. They were satisfied that Riverbank Surgery will continue in the current premises, pending relocation to a new Surgery which they concluded appears to be an active discussion.

On 2 June 2026, Mole Valley District Council published its Post-Examination Decision Statement under Regulation 18(2) of the Neighbourhood Planning (General) Regulations 2012 (as amended). Having considered the Examiner's recommendations, and with the agreement of the Westcott Village Forum, the Council resolved to accept all of the recommended modifications with the exception of Modification 6, which proposed the removal of Riverbank Surgery from Policy WNDP7.

The Council explains that, following publication of the Examiner's report, it received further representations from Dorking Medical Practice which it considers to constitute new, germane and material evidence for the purposes of paragraph 13 of Schedule 4B to the Town and Country Planning Act 1990 (as amended). Consequently, the Council has determined that a focused consultation should be undertaken on this single outstanding issue.

The consultation therefore seeks views on the following question:

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

This representation is submitted in response to that focused consultation.

We wish to repeat 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 and responds to the current consultation with particular reference to the letter from Dorking Medical Practice, dated 15th May 2026 which now forms part of the consultation documentation.

We also wish to make clear at this stage that the comments made by Dorking Medical Practice, in their letter dated 15th May 2026, regarding Nova Latchmere Ltd and its business activities are irrelevant to the matter presently under consultation and should be afforded no weight. The focused consultation is concerned solely with whether the continued safeguarding of Riverbank Surgery under Policy WNDP7 is justified having regard to the Basic Conditions, the statutory tests and national planning policy. The identity or commercial interests of those making representations do not alter those legal and policy considerations. The issues must therefore be determined on the planning merits and the evidence before the Council, rather than by reference to the perceived motivations of any party submitting representations.

[redacted]

Policy Context

The Westcott Neighbou[redacted]Village Forum, was first adopted on 23 Novem[redacted]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 remain to be 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.

In our previous representations, we highlighted the consistent position of the Westcott Village Forum, Mole Valley District Council and the Independent Examiner that the proposed updates constitute material modifications which change the nature of the made Neighbourhood Plan and therefore require examination and referendum. On that basis, we submitted that the proposed amendments to Policy WNDP7 must be assessed against the statutory Basic Conditions and national planning policy, and that remains the case as part of the current focused consultation.

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

[redacted]

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

WNDP7: Prop[redacted]le, accessible an[redacted]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:

- [redacted]
- 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.

In our previous representations, we submitted clear and consistent evidence demonstrating that Riverbank Surgery is no longer fit for purpose as a modern healthcare facility, including a RICS valuation, publications produced by the Joint Working Party and Dorking Medical Practice, and evidence confirming the Practice's long-standing intention to relocate to purpose-built premises. Collectively, that evidence established that the existing building is physically and operationally unsuitable for the long-term delivery

of NHS primary care, such that its safeguarding under Policy WNDP7 is neither justified nor supported by the available evidence.

The letter from Dorking [redacted] evidence which, rather than supporting the continued safeguarding of Riverbank Surgery under Policy WNDP7, demonstrates why such an approach is inappropriate. The Practice accepts that the existing building, in its current form and having regard to the freeholder's position, cannot continue indefinitely to accommodate the scale and complexity of modern NHS primary care.

The Practice further explains that its engagement with Rushmon Homes formed part of a wider and long-running attempt to secure the long-term provision of primary healthcare within Westcott, recognising that the existing premises are no longer capable of meeting future operational requirements. This evidence reinforces our position that it is the continued provision of healthcare services that should be safeguarded, rather than the retention of an individual building which the Practice itself accepts is not capable of supporting those services over the long term. Accordingly, the Practice's own evidence supports the conclusion that the inclusion of Riverbank Surgery within Policy WNDP7 is neither justified nor consistent with ensuring the sustainable long-term delivery of healthcare provision within the village. As we previously made clear, 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.

The submissions made by Dorking Medical Practice conflate the safeguarding of healthcare services with the safeguarding of a specific building. The focused consultation is not concerned with whether Westcott should continue to benefit from primary healthcare provision; rather, it is concerned with whether Riverbank Surgery should remain specifically identified within Policy WNDP7 as a safeguarded community asset. Those are fundamentally different questions.

The Practice's reliance on the NHS 10 Year Health Plan is therefore misplaced. The strategic objective of delivering more healthcare within community settings is entirely consistent with the continued provision of primary healthcare in Westcott. However, that objective does not require the indefinite safeguarding of a building which the Practice itself has repeatedly acknowledged is no longer fit for purpose and incapable of meeting modern NHS operational requirements. Indeed, the Practice's own evidence confirms that it has been actively pursuing alternative, purpose-built accommodation for a number of years in order to improve healthcare provision within the village.

This position is clearly substantiated by the representation made by MatPlan, dated 21st November 2025, as part of their consultation response made on behalf of Dorking Medical Practice and Rushmon Homes. Note Dorking Medical Practice's latest representation dated 16th May 2026 seeks to distance themselves from earlier representations but Matplan is clear in that it was acting on behalf of both Dorking Medical Practice and Rushmon Homes. That representation is attached at Appendix 2 and states that Riverbank Surgery is no longer fit for purpose, the site is unsuitable to meet future needs, the practice has no control over the long-term future of the premises and that a purpose-built replacement surgery elsewhere within Westcott was the appropriate solution. The representation even included an indicative drawing to show the relocation of the surgery. However, the Dorking Medical Practice's letter, dated 16th May 2026, appears to then take a different position whereby it seeks to safeguard the building itself at Riverbank itself seek to argue the consequences arising from its loss. In light of this, as set out here the community use and healthcare within the community is already controlled, in planning terms, by local and national planning policy. It is not necessary or reasonable to introduce further policy measures to secure the use of the building at Riverbank, and this would result in additional restrictions likely to frustrate the long term

[redacted]

provisions of improved facilities in the future. The question put forward as part of this consultation relates to the building at Riverbank and not whether the village should have the benefit of any healthcare provisions in the future [redacted]

This distinction was expressly recognised by the Independent Examiner at paragraphs 4.12–4.14 of the Examination Report. Whilst acknowledging the understandable desire of the local community to retain a surgery in Westcott, the Examiner concluded that there was no reason to believe that the medical service itself would cease. Rather, the evidence indicated that the Practice would continue operating from the existing premises pending relocation to a new surgery, with discussions regarding replacement facilities remaining active. It was in that context that the Examiner recommended the deletion of Riverbank Surgery from Policy WNDP7.

Importantly, the Examiner also concluded that the deletion of Riverbank Surgery from the list of safeguarded community assets would not result in the Neighbourhood Plan failing to have regard to national policy. This is because paragraph 98 of the National Planning Policy Framework already provides the appropriate policy framework for protecting community facilities. Paragraph 98 requires planning policies and decisions to plan positively for community facilities, support strategies to improve health and wellbeing, guard against the unnecessary loss of valued facilities and services, ensure that established facilities are able to develop and modernise, and promote an integrated approach to the location of housing, employment and community infrastructure.

It is the fourth of those objectives that is particularly significant. National policy does not seek to preserve community facilities in their existing form irrespective of operational need. Instead, it expressly recognises that facilities should be able to develop and modernise for the benefit of the community. The continued allocation of Riverbank Surgery as a safeguarded community asset risks achieving precisely the opposite outcome. By tying policy protection to a building which all parties now accept is no longer capable of accommodating modern healthcare provision, the policy has the potential to frustrate or complicate future proposals to relocate the Practice into more appropriate, purpose-built accommodation. Such an approach would be contrary to the objective of enabling community facilities to evolve and modernise.

This is the fundamental point that both Dorking Medical Practice and the Westcott Village Forum appear to misunderstand. The planning system should safeguard the continued delivery of primary healthcare within Westcott, not require that such healthcare continues to be delivered indefinitely from a building which the evidence consistently demonstrates is no longer suitable. Paragraph 98 of the NPPF already provides the correct policy mechanism to achieve that objective. There is therefore no planning justification for retaining a specific reference to Riverbank Surgery within Policy WNDP7, and doing so risks undermining, rather than supporting, the long-term enhancement of healthcare provision for the local community.

The questions posed by Dorking Medical Practice within its letter ("8. Questions that the Plan needs to answer") further reinforce this misunderstanding of the purpose and scope of the current consultation. Whilst they are entirely reasonable questions in the context of future healthcare provision, they are not the questions which the Council is being asked to determine through this focused consultation or through the drafting of Policy WNDP7.

For example, the Practice asks: *"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?"* However, the Neighbourhood Plan does not propose the change of use of Riverbank Surgery, nor is there any planning application before the Council seeking permission for

[redacted]

such a change. The consultation is concerned solely with whether the existing building should continue to be specifically identified as a safeguarded community asset within Policy WNDP7.

Moreover, the premise[redacted]ery from Policy WNDP7 would not remove the existing policy protections afforded to healthcare provision. Any future proposal involving the loss of the medical use would continue to be assessed against the Development Plan as a whole and the National Planning Policy Framework, including paragraph 98, which requires decision-makers to guard against the unnecessary loss of valued community facilities and services. Accordingly, a robust planning case would still be required to justify the loss of the surgery use, irrespective of whether Riverbank Surgery is specifically identified within Policy WNDP7.

The current consultation is therefore not about whether healthcare services should continue to be provided in Westcott—they plainly should—but whether it is necessary or appropriate to safeguard this particular building within the Neighbourhood Plan. National and local planning policy already provide the appropriate framework for protecting community healthcare provision while allowing facilities to modernise and relocate where necessary. Retaining a specific reference to Riverbank Surgery within Policy WNDP7 adds little additional policy protection but risks unnecessarily constraining the very evolution of healthcare provision that both national planning policy and the NHS seek to encourage.

Compliance with the Basic Conditions

In our previous representations, we raised significant concerns that the proposed amendments to Policy WNDP7 failed to satisfy the Basic Conditions required for the Neighbourhood Plan to proceed. In particular, we submitted that the policy does not have sufficient regard to national policy, is not in general conformity with the strategic policies of the Mole Valley Local Plan 2020–2039 and is therefore inconsistent with the statutory requirements set out in Schedule 4B to the Town and Country Planning Act 1990.

First, it remains our position that 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.

[redacted]

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 re [redacted] eate a substantial and unnecessary barrier to [redacted] sks 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

[redacted]

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 p[redacted]n inconsistent with the Local Plan's strategic fr[redacted]

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.

Accordingly, we concluded that the revised Policy WNDP7 was incapable of satisfying the Basic Conditions. That conclusion was subsequently endorsed by the Examiner, who expressly recommended the deletion of Riverbank Surgery from Policy WNDP7 (Modification PM6), confirming that only with that modification would Policy WNDP7 have proper regard to national policy and meet the Basic Conditions. In reaching that conclusion, the Examiner recognised the understandable desire to retain a GP surgery within the village but found no reason to believe that the healthcare service itself would cease, noting instead that it could continue from the existing premises pending relocation to a new surgery, which remained the subject of active discussions. All of which has been confirmed to be the case by the Dorking Medical Practice.

<u>Conclusion</u>

This focused consultation concerns the Examiner's recommended modification to Policy WNDP7 and, specifically, whether the Westcott Neighbourhood Development Plan should continue to safeguard Riverbank Surgery for its existing use as a community asset. Whilst the Council has determined that the representations submitted by Dorking Medical Practice following the Examiner's Report constitute new, germane and material evidence for the purposes of paragraph 13 of Schedule 4B to the Town and Country Planning Act 1990 (as amended), that evidence does not alter the legal and policy considerations which led the Examiner to recommend the deletion of Riverbank Surgery from Policy WNDP7.

As set out throughout these representations, the proposed retention of Riverbank Surgery within Policy WNDP7 remains incapable of satisfying the Basic Conditions. The revised policy represents a fundamental departure from the approach adopted in the made 2017 Neighbourhood Plan by introducing a materially different and significantly more restrictive safeguarding regime directed towards the retention of an individual building, irrespective of its suitability, viability, ability to modernise or the wider public interest.

The evidence submitted by Dorking Medical Practice does not undermine the Examiner's conclusions. If anything, it reinforces them by confirming that the existing premises are no longer capable of meeting the long-term operational requirements of modern NHS primary care and that the Practice has, for many years, been seeking more appropriate accommodation. National planning policy does not require the indefinite safeguarding of an unsuitable building; rather, paragraph 98 of the NPPF requires planning policies to support the continued provision, development and modernisation of community facilities. That objective is fully capable of being achieved without specifically identifying Riverbank Surgery within Policy WNDP7.

For those reasons, the Council should endorse the Examiner's recommended Modification PM6 and remove Riverbank Surgery from the list of safeguarded community assets within Policy WNDP7. Doing so would ensure that the Neighbourhood Plan has proper regard to national policy, satisfies the Basic Conditions and continues to support the long-term delivery and enhancement of primary healthcare provision within Westcott.

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

Yours sincerely,
BELL CORNWELL LLP

[redacted]

[redacted]

[redacted]

Riverbank Surgery, Westcott

A personal account by Dr Thomas Guilder

17 JULY 2026

Dear Examiner, residents of Westcott and my former patients,

Much has been said in recent months about my actions, my motives and the history of Riverbank Surgery. A good deal of it has been based on incomplete information, assumptions or second-hand accounts. I have therefore decided to set out the background in my own words, so that anyone reading this can understand the facts as I experienced them.

Before I do, I want to put one matter beyond doubt. It has been suggested that representations submitted on my behalf do not reflect my own views. That is simply incorrect. Every representation made on my behalf has been prepared with my full knowledge, my express authority and my complete support. The account that follows is mine.

I have no wish to criticise anyone or to reopen old disagreements. However, I believe that decisions affecting both my family and the future of healthcare in Westcott should be based on evidence rather than assumption or recollection.

I became the single-handed GP for Westcott in 1988. At that time, the surgery operated from a converted garage held on a one-year lease. After considering nine possible premises capable of meeting the practice's basic needs, including access and parking, I bought Peacehaven, a residential property that required extensive alteration before it could serve as a GP surgery. Those works represented a significant personal financial commitment. The mortgage required to buy and convert the premises meant that my wife and I could not afford to buy a home in or near Westcott, as we had hoped. Instead, I commuted, often at very unsociable hours, while caring for the village.

As a single-handed GP, I was on call twenty-four hours a day, seven days a week, with regular home visits, particularly at weekends. My family and I made considerable personal sacrifices to provide continuity of care for the people of Westcott, but we did so willingly because we believed in serving the community.

In 2011, on the advice of my financial adviser, I established a Self-Invested Personal Pension, which then acquired the surgery premises. Riverbank consequently became a significant part of my retirement provision. This was intended to provide security in retirement, not to extract the greatest possible profit from the building. Held within the

pension as a working surgery, the premises provided that security without any need to alter them. Realising the building's fullest value would instead have required the far greater step of converting it to residential use, and had profit been my true aim I would have pursued that course years ago. I did not. I was content with the more modest but dependable provision that the surgery represented, and I kept the building in medical use for the good of the village.

By 2017, after almost thirty years as Westcott's doctor, I felt the time had come to retire. I met [redacted] and [redacted] of the Clinical Commissioning Group at the surgery to discuss how that might be done. They explained that I had two options. The first was simply to retire, in which case my practice would be dissolved and my roughly two thousand patients distributed among the surrounding surgeries. The second was to merge with another practice for a minimum of one year, which would keep the patient list within Westcott. If the merger did not run for at least a year, the list would be dispersed in any event.

That was never what I wanted for them. I could have retired at that point. Had I done so, the surgery would have closed, the building would have ceased to be a surgery, and there would have been no merger and no continuing surgery in Westcott. Instead, I chose to postpone my retirement and delay drawing my pension so that my patients could retain continuity of care and the village would have every opportunity to keep its medical services. I would like that to be clearly understood, because it is at the heart of this account: had I simply retired when I was entitled to do so, Westcott would have lost its surgery years ago. The minimum required of me was a single year. The arrangement I entered into ran considerably longer, and the Practice has now been in occupation for some eight years.

On the advice of the accountant shared by me and Dorking Medical Practice, I began discussions with DMP about a merger that would preserve that continuity. From the outset, my position was comple[redacted]ank formed a substantial part of my pension and that, at the end of the temporary arrangement, I would need to seek planning permission to return the building to residential use and sell it in order to realise my pension. Nothing was concealed. My intentions for the building formed part of the discussions from the beginning, with our accountant and DMP's practice manager present.

The arrangement with the practice was delibera[redacted] fixed term ending in February 2021. This served two purposes. It met the requirements of my pension provider, Standard Life; and, just as importantly, it was intended to give Westcott the time it needed to keep a surgery running while the Practice secured new, permanent and properly equipped premises for the village. It was always intended to be temporary and not a permanent handover of the premises. When that term ended and DMP had still not secured an

alternative, the Practice remained in occupation of Riverbank Surgery. Throughout the period that followed, I continued to remind the practice that I would ultima [redacted] change the use of the property and sell it. Emails, [redacted] contemporaneous documents show that these discussions took place well before any planning application was made.

When the arrangement was being drawn up, DMP stated that it could not afford to pay the full rent that I was required to pay to Standard Life and that it did not expect to receive full reimbursement for that amount. I therefore agreed that the practice could pay a lower figure, which it has continued to pay for approxima [redacted] carried the shortfall throughout that period. This is the opposite of the suggestion that DMP has compensated me for any difference between the property's residential and business values.

When I applied for planning permission in 2021, I was deeply disappointed that Dorking Medical Practice used its established patient-communication channels to encourage objections to the application. I found this deeply upsetting. As a doctor myself, I would never have considered involving patients in that way in relation to a private planning matter. The resulting pressure and distress contributed to my decision to withdraw the application. I was also surprised to see it suggested that the practice had been unaware of my intentions. That does not accord with my recollection or with the documents created at the time.

I should explain plainly the position in which I now find myself, because I know it has caused genuine confusion. A pension of this kind is permitted to own commercial premises, such as a surgery, but it is not permitted to own a residential property. That ordinary rule has a hard consequence for me. I cannot simply convert the building back into a home and retain it, because my pension could not lawfully hold it. The only way I can realise the pension value within the building is to obtain permission for its conversion back to a home and then sell it, with that permission, to someone who will undertake the conversion.

Permanently safeguarding Riverbank as a surgery would remove the essential step on which my ability to realise that part of my retirement provision depends. The Practice's offer began at [redacted] It was later increased by [redacted] to [redacted] which was described as a gesture of goodwill. Even at that figure it was significantly below the value represented by the property as an investment asset of my SIPP and the underlying value of the land. An overage was also proposed, but only in general terms: [redacted] was ever put to me. It could not bridge the gap, and it could not simply be treated as unrestricted consideration given the pension-scheme and HMRC requirements applying to the SIPP.

I am proud, without reservation, of the service that Riverbank provided to Westcott for the better part of thirty years. It began life as a converted house, and for a long time it served the village well. But premises adapted from a family home in the 1980s were never designed to be a modern medical facility, and I say this as the doctor who worked within them for almost three decades: the building has now served its purpose. It is no longer suited to the demands of contemporary general practice, and it has reached the end of its useful life as a surgery. Permanently tying the village's healthcare to this particular building would not secure good medical care for Westcott; it would tie that care to premises that have already been outgrown.

I fully support the wish to retain medical services in Westcott and sincerely hope that this is achieved. I have never, at any stage, opposed healthcare provision in the village; I gave the village its surgery in the first place. My objection is much narrower: retaining medical services in Westcott does not require those services to remain permanently at Riverbank, does not require me to sacrifice my pension and does not require this particular building to be frozen as a surgery forever. Westcott can have a good, modern and fit-for-purpose surgery, while I am permitted to realise my retirement provision. Those aims were never in conflict, and they are not in conflict now.

I would add one further matter, and I do so without resentment. Although I have owned this building and have been at the centre of its history for almost four decades, I have never once been invited to explain my position or answer questions [redacted] meeting held on 24 June 2026, at which the views of those present were sought without my being given an opportunity to set out the background described here. I do not say this merely to complain. I say it because people are entitled to hear all sides before reaching a view. Had I been asked, I would gladly have explained the circumstances of my retirement, the temporary merger with the practice and my continuing wish to see proper medical services remain in Westcott.

Considerable emphasis has recently been placed on the fact that my representation reached the Examiner late in the process. What has received far less attention is why that happened. I did not become aware that the Neighbourhood Plan proposed permanently safeguarding Riverbank as a medical facility until after the relevant consultation had already closed. Neither I nor Standard Life, the legal owner of the property through my pension, had been [redacted] was proposed, I was left with very little time and no realistic alternative but to make an urgent representation so that the Examiner was at least aware of the consequences before reaching a final view.

I remain deeply upset, hurt and confused that no one involved thought it appropriate to contact me. Members of the Village Forum, the Village Association and Dorking Medical

Practice knew that Riverbank was held within my pension and that my ability to obtain residential planning permission and sell the property was fundamental to my retirement. They therefore knew, or ought reasonably to have understood, that permanently safeguarding the building as a surgery could prevent me from realising the pension value tied up in it. My contact details were known, Standard Life's ownership was a matter of record and both of us could readily have been contacted. Yet the consultation concluded without either the legal owner or the person whose retirement provision was [redacted] affected being given a meaningful opportunity to understand the proposal and respond to it.

My representation was not late because of indifference, avoidable delay or any attempt to disrupt the process. It was made at the earliest practical opportunity after I finally learned what was happening, in circumstances not of my making.

It was in those circumstances, after the consultation had closed and when I had only just discovered the proposal to safeguard Riverbank permanently as a surgery, that I turned for help to [redacted] a family friend of long standing. I did so at a point of genuine distress and urgency, when I felt that decisions with profound consequences for my family and my retirement had progressed without either the property owner or me being properly informed. Mark responded at once and, as a friend, gave me his time and advice entirely without charge. His help was personal, not commercial. It allowed me to understand the position and to make my concerns known during the very limited time available.

I remain sincerely grateful for the considerable time and support that Mark gave so freely, until I was able to obtain formal professional advice through [redacted] of Bell Cornwell LLP. His involvement did not alter whose views were being expressed. The concerns raised were mine, and everything submitted on my behalf was done with my knowledge, authority and full agreement.

Looking back, I do not regret delaying my retirement. I did what I believed was right for my patients and for Westcott. I never imagined that a decision taken to protect the village's surgery would one day be portrayed as though I was acting against the community I spent almost thirty years serving.

If I am honest, what has wounded me most in all of this is not the practical difficulty of my position, but having to defend my own integrity to the very community I have spent so much of my life serving. For nearly forty years, Westcott has been woven into the life of my family. I gave this village my professional care, my time, my energy and no small part of myself, and it gave a great deal back to us in return: friendships I still hold dear and a sense of belonging that shaped who we are. To find that long and happy relationship reduced to a suggestion that I have somehow worked against the very people I have cared for and served

is genuinely painful. A partial account of recent events, told without the full history, has cast a shadow over four decades that I look back on with nothing but affection and pride.

I postponed my retirement for the sake of my patients. I was open and honest throughout. I honoured every commitment I made. The Practice remained in occupation well beyond the end of the original fixed term. My intentions for Riverbank were never concealed.

I hope this account helps anyone seeking to understand how the present situation arose. It is borne out by the correspondence, planning documents, lease records and other materials built up over many years. I believe those contemporaneous documents provide the clearest and most reliable account of events. I ask only that any further discussion is informed by the full history, and not merely by part of it.

Dr Thomas Guilder

17 JULY 2026

bell cornwell
CHARTERED TOWN PLANNERS

[redacted]

[redacted]

[redacted]

By Electronic Submission Only

12th May 2026

[redacted]

RE: Westcott Neighbourhood Development Plan Review

On behalf of our client, Dr Thomas Guilder, 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 [redacted]

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."*

[redacted]

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 t[redacted]ation Statement in the Plan, the Council also c[redacted]

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

[redacted]

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

The proposed wording [redacted]

> **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.

[redacted]

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 d[redacted]t 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.

[redacted]

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 [redacted] 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 pr[redacted]

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

Conclusion

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.

[redacted]

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 [redacted] respect, the policy is fundamentally inconsis[redacted]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

[redacted]

[redacted]

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;

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]

MATPLAN
Chartered Town Planning & Development Consultants

[redacted]

[redacted]

WESTCOTT VILLAGE ASSOCIATION

Dear Neighbour,

MATPLAN

[redacted]

www.matplan.co.uk

[redacted]

BY EMAIL ONLY TO forum@westcottvillage.com

Dear Sirs

October 2025 Reg. 14 Consultation Draft Updated Westcott Neighbourhood Development Plan 2020-2039 - Representations to Policies WNDP6 and WNDP7, on behalf of the Dorking Medical Practice and Rushmon Homes

I act on the joint behalf of the Dorking Medical Practice, which operates the Riverbank Surgery in Westcott, and Rushmon Homes; and with reference to Questions 7 and 8 on the enclosed Public Consultation Feedback Form, write to make representations for my clients to Policies WNDP6 and WNDP7 of the Reg. 14 Consultation Draft of the Updated Westcott Neighbourhood Development Plan 2020-2039. My clients' representations are set out in the following paragraphs of this letter.

Representations to Policies WNDP6 and WNDP7

My clients are pleased to note the importance attached to safeguarding the Riverbank Surgery in Policy WNDP6 of the Reg. 14 Updated Neighbourhood Development Plan and its supporting paragraph 6.6.3. This having been said, however, it would be more appropriate for the surgery to be safeguarded by listing it within Policy WNDP7 and paragraph 6.7.3 of the Reg. 14 Updated Neighbourhood Development Plan, as one of Westcott's Community Assets – the surgery is more of a Community Asset than a shop or commercial premises; and this is indeed recognised by the surgery being listed as a Community Facility in Policy WNDP7 of the current adopted Neighbourhood Development Plan.

My clients would therefore be grateful if the current 'status quo' could be maintained, by revising the Reg. 14 Updated Neighbourhood Development Plan to list the Riverbank Surgery within Policy WNDP7 and paragraph 6.7.3 as one of Westcott's Community Assets.

Further Context for Representations to Policies WNDP6 and WNDP7

The Riverbank Surgery was once a detached 2 storey house but has been so much altered and extended as to be virtually unrecognisable as such. Because the surgery was not purpose-built, it has become less and less suitable for the evolving needs of the Dorking Medical Practice and is no longer able to deliver the high standards of medical care that the residents of Westcott expect and deserve. Additionally, with the NHS increasingly shifting care delivery closer to people's homes, there is a growing need for primary care infrastructure to be at its best to meet these demands effectively.

The surgery's existing site on Riverbank is simply not large enough for the Dorking Medical Practice to redevelop with a new purpose-built surgery building that would provide the additional space to meet the needs of patients. It is also important to note that the Dorking Medical Practice does not own the freehold of the Riverbank Surgery and operates from the building under a 'periodic tenancy.' This means that the Practice has no control over the long-term future of the premises and is unable to make any alterations to the building to enhance patient care.

[redacted]

In the current economic climate and with public finances under such pressure, it is not possible for the Dorking Medical Practice to self-finance the much-needed relocation and expansion of the Riverbank Surgery to service its patients. Furthermore, even if the Practice was able to compete to acquire land on the 'open market', there aren't any sites large enough and available in Westcott for a new surgery.

Accordingly, the Dorking Medical Practice has partnered with Rushmon Homes to promote and seek planning permission 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. This land mostly comprises a 'clearing' in an old orchard on a terrace below lawns to the south of Rokefield House and above woodland to the north of the existing Riverbank Surgery.

The proposal outlined above is shown on the illustrative plans enclosed and has been the subject of a positive Pre-application Enquiry made to Mole Valley District Council. The Dorking Medical Practice is confident that the NHS Commissioners will confirm practical and financial support for this proposal, as being able to deliver the 'step change' in the quality of local healthcare provision that the residents of Westcott need and deserve. Indeed, the NHS Commissioners supported a similar proposal in 2021.

Further revisions will be made to the enclosed illustrative plans in the run-up to more formal engagement with the Westcott Village Forum and village residents, before the submission of a detailed planning application to Mole Valley District Council. In the meantime, my clients are happy to share the enclosed illustrative plans with the Village Forum, and for the Village Forum to make them available to village residents as part of the public consultation upon the Updated Neighbourhood Development Plan.

Concluding Comments

I hope this letter and the enclosed are helpful and that you will act upon my clients' representations to revise the Reg. 14 Consultation Draft Neighbourhood Development Plan as set out above. I will look forward to receiving further updates in this respect and in the meantime, please contact me if you have any queries or need to discuss any matter or the enclosed in more detail.

Yours faithfully

[redacted]

Encs.

Copy [redacted] ate Land Director, Rushmon Homes
e Dorking Medical Practice

ROKEFIELD
WESTCOTT LANE
WESTCOTT NR. DORKING
SURREY