Riverbank Surgery, Westcott

A personal account by Dr Thomas Guilder

17 JULY 2026

This version has been prepared for wider circulation. Certain names, figures and commercial details have been omitted; the account is otherwise unchanged.

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 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 two representatives 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 the Practice about a merger that would preserve that continuity. From the outset, my position was completely transparent. The Practice knew that Riverbank 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 the practice manager present.

The arrangement with the practice was deliberately limited to a short, fixed term ending in February 2021. This served two purposes. It met the requirements of my pension provider; 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 the Practice had still not secured an alternative, it remained in occupation of Riverbank Surgery. Throughout the period that followed, I continued to remind the practice that I would ultimately need to change the use of the property and sell it. Emails, telephone records and other contemporaneous documents show that these discussions took place well before any planning application was made.

When the arrangement was being drawn up, the Practice stated that it could not afford to pay the full rent that I was required to pay to my pension provider 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 approximately eight years. I have consequently carried the shortfall throughout that period. This is the opposite of the suggestion that the Practice 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 the 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 made an offer, later increased by a modest percentage described as a gesture of goodwill. Even at the increased figure it was significantly below the value represented by the property as an investment asset of my pension and the underlying value of the land. An overage was also proposed, but only in general terms: no trigger, percentage, duration or mechanism 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 tax requirements that apply.

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 directly. That includes the public 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 the legal owner of the property through my pension had been directly informed. Once I discovered what 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 the 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, the ownership of the property was a matter of public 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 directly 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 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. He 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 he gave so freely, until I was able to obtain formal professional advice from a planning consultant. 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
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