



Woodstock Town Council, The Town Hall, Woodstock, Oxford, OX20 1SL

Town Clerk: Valentin Lavdakov

**Minutes of the Extraordinary Town Council meeting of Woodstock Town Council held in the Town Hall,  
Woodstock on Tuesday 20<sup>th</sup> May 2025**

**Cllrs. Present:** Cllrs Grant (Mayor), Williams (Deputy Mayor), Addis, Banbury, Cooper, Connolly, Melliss, Parnes, and Wheatley.

**In Attendance:** Town Clerk: Valentin Lavdakov

**Chair of the Meeting:** Cllr Grant (Mayor) Members of the Public 13

**The Mayor informed the Council of Mr Trevor Hendy's passing and stated that she would write a letter of condolence to his wife.**

25/05/21 ETC	<b>1. Apologies for Absence</b> Apologies were received from Cllrs: Poskitt, Spencer–Churchill, and Szabados
25/05/22 ETC	<b>2. Declarations of interest</b> To receive any declarations of interest on the agenda in accordance with the Localism Act 2011 and the Council's Code of Conduct <ul style="list-style-type: none"><li>• None received</li></ul>
25/05/23 ETC	<b>3. Public Participation</b> <b>The Mayor adjourned the meeting for Public Participation.</b> <b>2 members of the public addressed the Council.</b> <ul style="list-style-type: none"><li>• <b>Speaker 1:</b> Addressed the Council on the Solar Panels for the Community Centre</li><li>• <b>Speaker 2:</b> Addressed the Council on the current refurbishment to the existing Drs' Surgery</li></ul> <b>Meeting reconvened</b>
25/05/24 ETC	<b>4. New Drs Surgery</b> The Mayor referred the matter to the Deputy Mayor for discussion, as she chairs the Drs' Surgery Working Group. The Deputy Mayor provided an update to the Council and the audience, after which the matter was opened for discussion.  At 7:14 pm, the Mayor apologised, stating that she was feeling unwell, requested the Deputy Mayor to take over, and left the meeting.  The Deputy Mayor took over from the Mayor and continued as Chair of the meeting.  <b>Recommendation from the Drs' Surgery Working Group</b>  <i>That the Council seek and pay for legal advice as to whether we, as a Council, may explore the provision of a new primary care facility on the former Thames Valley Police site.</i>  <b>The Council unanimously agreed this recommendation</b>

	<p><b>Recommendation from the Drs' Surgery Working Group</b></p> <p><i>That, should that legal advice be in the affirmative, that Council should explore with Blenheim Estate and, ideally, with the current GP practice, the appointing of a specialist architectural firm to provide a viability study for the provision of a primary care facility on the former Thames Valley Police site.</i></p> <p><b>The Council unanimously agreed this recommendation</b></p> <p>At 7:24 pm, the Mayor returned to the Parlour and apologised to everyone, stating that she was feeling unwell and would not remain for the meeting. The Deputy Mayor continued to chair the meeting.</p> <p><b>Motion:</b></p> <p>Proposed by Cllr Parnes<span style="float: right;">Seconded by Cllr Connolly</span></p> <p><i>That the Town Council ask of Mr Hughes that he furnish a copy of the report ("report has been submitted which concludes that the police site could not accommodate a GP surgery with room for growth as required by the NHS guidelines"), which he states had been submitted.</i></p> <p>Cllr Parnes asked for a named vote</p> <p>For: Cllrs: Parnes, Melliss, Connolly, Banbury, Wheatley  Against: Cllrs Addis &amp; Cooper  Abstain: Cllr Williams</p> <p><b>Motion carried</b></p> <p><b>Motion:</b></p> <p>Proposed by Cllr Parnes<span style="float: right;">Seconded by Cllr Connolly</span></p> <p><i>That the Council should request of West Oxfordshire District Council, and simultaneously file for Freedom of Information disclosures, the specific proportions of the site that were made available for consideration.</i></p> <p>Cllr Parnes asked for a named vote</p> <p>For: Cllrs: Addis, Banbury, Connolly, Melliss, Parnes, Williams, Wheatley  Against: Cllr Cooper</p> <p><b>Motion carried</b></p> <p><b>Motion:</b></p> <p>Proposed by Cllr Parnes<span style="float: right;">Seconded by: None</span></p> <p><i>That the Council request that Blenheim be asked to immediately make the former Thames Valley Police site available for use as a satellite surgery location whether to the existing medical team or any additional medical service providers who may wish to make use of it to alleviate backlogs and strain on services locally; this, at least until such time as new surgery plans are finalised and delivered.</i></p> <p><b>Motion fell</b></p>
25/05/25 ETC	5. Close Meeting at 7:35 pm

**Woodstock Town Council  
Doctors' Surgery Working Group**

**Report of the meeting held on 7<sup>th</sup> May 2025**

**Present**

Cllr Williams (chair), Cllr Grant (Mayor), Cllr Banbury, Cllr Parnes, Stan Scott, Ian Hudspeth

Also, present Cllr Connelly, Cllr Melliss, Cllr Wheatley

Cllr Williams reported back to the group on actions taken and communications received since the previous meeting. These included a response to our Freedom of Information Request to BOB ICB (attached as Appendix A) and the notes of the meeting of the 'Woodstock Doctors' Surgery Steering Group' chaired by Calum Miller MP (attached as Appendix B).

In view of the fact that McCarthy Stone's planning application for old peoples' flats on the former Thames Valley Police Site on Hensington Road has been refused by WODC, it was felt that the Council should be recommended to take the initiative in exploring whether a new primary care facility could not, in fact, be provided on that site, which is central to the town, with all necessary infrastructure already in place.

**It is our view that the siting of a primary care facility in the town centre, and which could be designed and built swiftly, is what Woodstock urgently needs and wants,** rather than a major medical centre as part of a new development on the edge of the town and several years away.

We would therefore like to submit the following recommendations to Council for their consideration, each to be voted on separately:

1. That Council seek and pay for legal advice as to whether we, as a Council, may explore the provision of a new primary care facility on the former Thames Valley Police site.
2. That, should that legal advice be in the affirmative, that Council should explore with Blenheim Estate and, ideally, with the current GP practice, the appointing of a specialist architectural firm to provide a viability study for the provision of a primary care facility on the former Thames Valley Police site.

Sarah Williams  
12<sup>th</sup> May 2025

## **Appendix A**

### **WTC Doctors' Surgery Working Group Meeting 7th May 2025 Report**

#### **Freedom of Information Request responses from BOB ICB**

- a) Previous interactions between the doctors, developers and BOB ICB re a new Surgery for Woodstock
- b) Criteria applied by BOB ICB in approving/rejecting particular applications

APPROVED

a)

**FOI 2016 – Woodstock Oxfordshire General Practitioners' Surgery**

You asked us	We responded with
<b>1. The business plan for a new surgery on the old Thames Valley Police site submitted to Oxfordshire Clinical Commissioning Group in 2016.</b>	BOB ICB does not hold this information
<b>2. The details of the rejection by NHSE of that business plan.</b>	BOB ICB does not hold this information
<b>3. The PID currently under discussion between BOB ICB, Blenheim Estate, and the Woodstock surgery GPs, under the chairmanship of Calum Miller MP.</b>	<p>The ICB has not yet received a PID. As the meeting was held by Callum Miller's office, we would recommend that you contact Calum Miller's office for copies of the Meeting Notes.</p> <p>Calum Miller is the MP for Bicester and Woodstock.</p>
<b>4. Details of the criteria you will be applying in your assessment of that PID.</b>	<p>We will assess the size of the proposed new development and apply our prioritisation matrix to assess its priority with reference to other proposed projects. (see the matrix attached)</p> <p>The PID will be assessed for Value for Money. This involves the independent District Valuer assessing if any rental costs are value for money.</p> <p>The ICB will then need to consider if the rental value is affordable within the ICB funding envelope.</p>

b)

V3.1- draft V 3.1

CRITERIA AGREED	Measurement	SCORE 0	SCORE 5	SCORE 10	SCORE 15	SCORE 25	SCORE 40	SCORE 75	Other comments	Max Score	Category
Current space is less than needed for the current practice list size	m2 / list size (NHSE 2013 criteria)	Current space is adequate for existing list		Space is currently less than needed in practice (10% to 25 % more is needed)	Space is currently less than needed in practice (26% to 39% more is needed)	Space is currently less than needed in practice (40% to 49% more is needed)	Space is currently less than needed in practice (50% - 99 % more is needed)	Space is currently less than needed in practice (> 100% more is needed)		75	estates drivers max score of 250 (39.4% of total)
Minimum Energy Efficiency Standards/carbon footprint	EPC Rating	B Rating or better	C Rating	D Rating	E Rating	F or G Rating				25	
Addresses where current premises unsuitable/ not fit for delivery of primary care	Oakleaf 6 Face survey	No C in any facet	1-2 items	"C" 3-4 or more C	5 or more C + over crowded				X number of Practices relocating	45	
Solves a significant Estates resilience issue sustainability issue (including no fault owner-occupier to leasehold transition issues)	Significant current lease issues that can't be dealt with on lease renewal by reasonable negotiation	No significant current lease issues		No Lease, Lease expiring within 5 years with prospect of being renewed on unfavourable terms or with no security of tenure					X number of leases relocating	30	
Project deliverability (positive)	Planning and legal constraints/risks	planning and other development risks deemed significant and no development partner			Practice financial commitment with Developers on board		clear rapid deliverability	clear and rapid deliverability with narrow window of opportunity to develop		75	
Fits with ICB strategy for sustainable primary care - working at scale	Projected list size (taking into account population growth)	Practice < 8000 list size	Practice/ combined Practice 8001 to 12000		Practice/ combined Practice 12001 to 20000	Practice/ combined Practice 20001 to 30000	Practice/ combined Practice > 30000			40	population drivers max score of 190 (30.0% of total)
Provides required capacity in areas of population growth and where current space is less than needed for the anticipated practice list size	Population growth to 2031 as % of current population	No discernable population growth until 2031	Practice population likely to grow by 5 - 15%		Practice population likely to grow by 16- 22%	Practice population likely to grow by 23- 30%	Practice population likely to grow by 31% to 40%	Practice population likely to grow by >40%		75	
Practice in an area of high deprivation	% of practice list in lowest 20% IMD	<2%	2.01 to 10%	10.01 to 20%	20.01 to 40%	>40 %			X number of practices relocating	75	
Previous priority for Commissioner	In previous Estates Strategies or with priorities identified?	NO				YES (no PID or Business Case previously submitted)	YES (PID or Business Case previously submitted)			40	
Supports whole system estate development where relevant eg: One Public estate/colocation with other NHS services	A development sympathetic to ICS aims/ principles	NO - isolated project (just GMS space)				Supports 2+ NHS organisations working together	Supports 2+ NHS organisations working together, and is an OPE/ Local Authority Project			40	strategic fit max score of 195 (30.7 % of total)
Supports practices colocating, sharing space and facilities and conducive to practice mergers now or in the future - to include consideration of distance from other health services and public transport network	Supports practices co-locating, resulting in more services/better access	Delivers solution for only one practice building				Delivers solution for two practices or practice buildings	Delivers solution for three or more practices or practice buildings			40	
Makes optimal use of available infrastructure funds	Developers contributions or NHS funding	Capital funding available to build (NHS E and/or Developer contributions)	No funding available	Funding available to abate rent by 10% or less	Funding available to abate rent by 11 % to 24%	Funding available to abate rent by 25 % to 40%	Funding available to abate the rent by 40 % to 55%	Funding available to abate rent by >55%		75	
		SCORE 0	SCORE 5	SCORE 10	SCORE 15	SCORE 25	SCORE 40	SCORE 75	Other comments		
TOTAL										635	

## **Appendix B**

### **Notes of Woodstock Surgery Steering Group Meeting 27<sup>th</sup> March 2025**

#### **Woodstock surgery meeting 27<sup>th</sup> March 2025**

Calum thanked everyone for reconvening and their work since the last meeting. Andy shared a request from the Town Council for a member to attend the group meetings. Calum recalled that the current group was composed of the stakeholders who had responsibilities and/or potential decision-making powers in the development of a new surgery. These stakeholders had been represented at the public meeting convened by the Town Council in November 2024 and asked by the Town Council to develop a proposal. Minutes were being prepared and shared with the Town Council and local residents after each meeting so that they were fully aware of the discussions. All attendees agreed with continuing this approach. Andy shared a request from the Town Council for the Project Initiation Document (PID) to be made public. The meeting agreed that this would not be possible as it was a commercially sensitive document. Non-confidential elements could be included in the minutes.

Calum stated that the purpose of the meeting would be to brief everyone present on the key elements of the draft PID and then to identify the options for funding, clarifying any certainties and uncertainties so that further work can take place before the next meeting which will look to confirm the way forward.

#### **PID briefing**

An overview of the draft PID was presented to the meeting. The draft PID has specified that the surgery currently has 9,731 patients with the expectation that this will rise to 12,000 by 2035. The Surgery boundary covers an area of 80 miles<sup>2</sup> covering Woodstock and 36 surrounding villages. The Surgery currently houses 20 clinical staff and 10 administrative staff. The building is 55 years old with clinical rooms varying in size between 3.9 and 11m<sup>2</sup> against a modern specification of 16m<sup>2</sup>. It is currently 68% undersized.

The new space detailed in the draft PID is designed to be flexible in design allowing new outreach clinics such as cardiology and ultrasound, a changing places shower & WC and 45 parking spaces. It will also provide sufficient space to enable the surgery to follow 'Care Closer to Home' principles and become a training practice.

The ICB confirmed that there were no surprises in the draft PID however, there was a need to review the proposed gross internal area figure noting that the figure included in the PID was a rough ballpark figure. There is various guidance available to calculate the area. This will be applied to the specification provided by the GPs, whilst allowing for anticipated population growth.

The next step is for the PID to be formally submitted to the ICB for consideration.

#### **Locations**

It was questioned whether there was any preference between the locations. It was confirmed that the only difference was that one had planning permission and the other would be being submitted in 2-3 weeks. Both would then need to go through the detailed planning process. The ICB confirmed that there were no issues in terms of the fact that one site is in Cherwell and the other in WODC.

Roger stated that he was aware of the rumours circulating around the potential purchase of the Owen Mumford site. He hoped to be able to comment publicly by the end of April. There was a meeting on 26<sup>th</sup> March to determine whether the Cherwell Local Plan could now go through to the next stage of the process, but the outcome was not yet known.

In response to a question on whether the Hill Rise site might be another option, it was confirmed that the access roads were already in at Hill Rise and substantial work would commence within the month so it would not be possible to amend the plans there.

Planning timeline: ICB to consider PID and take decision on funding.

All parties to ensure that financial model is viable.

#### **Subject to this**

Blenheim to work up detailed planning applications (6 months) Planning process with Cherwell / WODC (13 weeks – 3 years; allow 6 months)

Surgery to be brought forward to start of development and built (1 year)

The opinion was that both sites could be worked to be comparable in terms of time. It was agreed that we await an update on the local plan so will therefore consider final location at the next meeting.

#### **Funding**

The ICB has responsibility for contributing to the accommodation cost that the GPs pay. The level of this is set by the district valuer. ICB can only fund the primary medical care service element - anything in addition to this will require additional funding. The district valuer will determine value for money and the ICB then will need to consider affordability.

The typical structure is for the GPs to take out a long lease with the ICB providing reimbursement for the primary medical care service space. The variables involved are landowner ownership / valuation, build costs, post build property ownership and ongoing future income. However, there are other options such as Blenheim selling the land to allow someone else to come in and build / manage the premises or another party taking a capital stake in the building. The ICB confirmed these funding models but stated that it was increasingly difficult to locate third party investors due to the uncertain return on investment. As the rental value is determined by the district valuer, there is often a big gap between current valuations and actual costs. Rising building costs and BREEAM requirements are not helping bridge the gap. S106 funding could help to offset the capital investment making the rental value less. It was confirmed that s106 funding could be spent in a different council area because it is allocated by councils to the ICB as long as it was to meet the needs of the new population as a result of housing developments.

It was agreed that a full independent financial viability assessment was required to market-test the figures and look to deliver the surgery as efficiently as possible. Blenheim suggested that any shortfall could be funded by reductions in affordable housing or reductions in other s106 contributions. It was questioned whether there was also an option to look at the margins around density or building type. This is governed by the housing mix specified by the Councils so could, potentially, be a variable.

Revenue is either supplied 100% from the ICB or from the ICB plus others. The GPs confirmed that they did not want to have anything else on site other than a health centre. It was stated that whilst this worked well in cities, there was less scope in rural communities where it was rare to find a practice being subsidised by other activities.

Calum thanked everyone for their shared commitment to moving the project forward.