

Copy of the approved minutes of the most recent 'Stakeholders' meeting

Woodstock surgery meeting

19th June 2025

Attendees: Dr Fisher and Dr Becker from Woodstock surgery,
Julie Dandridge and Dan Leveson from Buckinghamshire, Oxfordshire and West
Berkshire (BOB) Integrated Care Board (ICB)
Roger File from Blenheim Estates
Cllr Andy Graham, Leader of West Oxfordshire District Council and District/ County
Councillor
Calum Miller MP and Ann Cummings from Calum's office

Calum welcomed everyone. He proposed that the meeting should focus on:

1. Update on actions
2. Update on location
3. Funding models

Update on actions

The Project Initiation Document (PID) had been completed by Osmond Tricks and received by the ICB. The Practice had commissioned Apricot to give a second view on the total space required and a revised figure had been confirmed to the ICB. The ICB has begun a conversation with the District Valuer.

It was suggested that the current rental cost per square meter required is above the levels the District Valuer has previously approved in other areas, however, nothing has recently been approved in similar value locations.

The Government has announced £102 million for capital improvements to GP practices but it is spread over 1,000 practices so is not intended for a new build projects such as this project: there is, however, the potential to improve existing facilities with this funding, and Calum has spoken to Duncan and Dan about this.

Update on location

Blenheim has submitted a planning application for the site southeast of Park View (which is in Cherwell District Council). The Banbury Road site is progressing and is further advanced with outline planning permission already granted by West Oxfordshire District Council but this does not currently include for surgery provision (the Cherwell Site does). The PID is written to a generic specification which could be applied to a building in either location.

The meeting discussed transport to any site. At present, the Banbury Road site is not near a bus route. The site south of Park View will be near the future planned park & ride.

The ICB noted the practice, with support from the ICB, would need to do work on patient engagement around any new surgery. This would allow for clarifying patient transport routes. It was noted that this could lead to the re-routing of bus journeys: there is local precedent at Hill Rise.

Funding models

The meeting focused on detailed discussion of potential funding models that could be pursued to make the project financially viable and affordable. This started from the assumption that the cost of the build would not be fully covered by the likely funding made available from the District Valuer.

Three options will be explored:

(A) Reduce the cost of the building

It was agreed that the elements in the PID specification should be considered to see whether there is any flexibility in them: for example, in choice of material, M&E etc. Obtaining BREAM excellent standard was cited as a major cost driver. The ICB confirmed it is an aspiration not a requirement and some buildings have proceeded at BREEAM good. The meeting confirmed the intention to build a low carbon, sustainable building and agreed specific BREEAM requirements would be reviewed to establish their relevance to meeting that goal in this context.

(B) Inject new capital

There are some s106 monies held for healthcare in the Woodstock area – and more will be paid for the new planned developments in the town. These are unlikely fully to fill the funding gap, but they could reduce it. OCC, CDC and the ICB will review these.

It was thought unlikely there would any additional capital from central government, but Calum will continue to press ministers on this.

There might be opportunities for local government to consider co-investment opportunities, but this was unusual and had run into difficulties in other locations. WODC, CDC, Blenheim and the ICB will discuss this.

(C) Revisit planning conditions

As developer, Blenheim has a commercial objective for its sites and has social and infrastructure objectives placed on it by planning conditions through s106 agreements. Section 106 agreements could be potentially revisited to see if certain items could have reduced funding in return for increasing the funding for the surgery.

One option would be to increase the proportion of open market housing/ reduce the proportion of affordable housing. It was noted, for example, that the Long Hanborough surgery saw affordable housing reduced down to 35% from 50%.

An alternative option would be to increase the density of units on a site. With more units, there could be higher commercial return while leaving the proportion of affordable housing unchanged although the constraints within the site will make this challenging.

ACTIONS

3 channels to follow:

- 1) Go through latest PID and see if there are any savings that can be made: Blenheim, GPs, ICB
- 2) Conversations around the finances to see where there is capacity to plug the gaps in funding: Blenheim, WODC, CDC, ICB, OCC
- 3) Conversation with planners to see if there is scope to increase the units to plug the gaps in funding: Blenheim, WODC/CDC

The ICB, based on these discussions, will have an informal discussion with the DV and move it forwards.

Next meeting

The group agreed to meet before the end of July and to discuss:

- A public explanation of what it takes to fund a Drs surgery
- A public update on the site proposal, including specification of the surgery so that people can visualise it
- Update on sites
- Feedback on conversations around funding

We will share a target timetable following the meeting to update on progress.