

North Yorkshire Council

3 June 2026

Assessment of Asset of Community Value Nomination *NYCACV0076 Reeth Medical Centre*

Report to the Assistant Chief Executive Local Engagement

1. PURPOSE OF REPORT

1.1 To determine whether Reeth Medical Centre, Back Lane, Reeth, DL11 6SU should be placed on the Council's List of Assets of Community Value (ACVs) under the Localism Act 2011, following a nomination received on 7 April 2026 by Reeth, Fremington and Healaugh Parish Council by a qualifying nominator.

2. SUMMARY

2.1 The nomination relates to Reeth Medical Centre, Back Lane, Reeth, DL11 6SU. The recommendation is that the Assistant Chief Executive Local Engagement:

- (i) Determines that the nomination for Reeth Medical Centre is unsuccessful and does not meet the definition of community value as detailed in the Localism Act 2011
- (ii) It should be placed on the North Yorkshire Council Assets of Community Value List of Unsuccessful Nominations

3. BACKGROUND

3.1 The Localism Act 2011 requires the Council to consider all valid nominations for properties and/or land to be placed on the List of Assets of Community Value. This is also known as the 'community right to bid'. Land or property considered of community value can be nominated by a voluntary or community body that complies with regulation 5.

3.2 When a listed asset comes up for sale, an ACV is subject to a protected period (moratorium) during which a community interest group bid for the asset. The purpose is to create a "window of opportunity" to secure funding and bid for the property on the open market. The owner is not obliged to accept a bid from a community interest group and can sell to whomever they choose at the end of the moratorium period.

3.3 The Assets of Community Value (England) Regulations 2012 provide a mechanism for the owner of land listed as an ACV to request an internal review and also appeal to the first-tier tribunal against the listing. Although first-tier tribunal decisions are not binding precedents any appeal decisions

provide judicial guidance to the operation of the legislation. The guidance provided by these decisions is becoming increasingly useful to local authorities in the assessment of Assets of Community Value nominations.

3.4 This report ensures that the Council considers the nomination for Reeth Medical Centre, Back Lane, Reeth, DL11 6SU, as required by the Act.

4. NOMINATION CONSIDERATION

a) Description of asset

4.1 Reeth Medical Centre is located on Back Lane in the village of Reeth, within the Yorkshire Dales National Park in North Yorkshire (DL11 6SU). The village is a small and remote rural settlement in the Upper Dales ward, approximately 10 miles west of Richmond, and is characterised as a sparsely populated rural area with limited transport links. The wider parish of Reeth, Fremington and Healaugh had a population of 658 at the 2021 Census, reflecting the dispersed nature of local communities.

4.2 The Medical Centre is situated outside of the centre of the village, it is accessed via a narrow lane. The Medical Centre is a detached one storey building set on a large plot with a car park to the front and areas of grass, including a community garden to the sides and rear. There is a children's play area next to the Medical Centre and open, countryside views to the front of the building.

4.3 Reeth Medical Centre is a purpose built medical centre with three clinical rooms, a reception, an office, and a waiting room. The nominated asset comprises the Medical Centre building, carpark, and surrounding grass/garden.

4.4 The Medical Centre's website provided the following information:

"Our practice serves the two dales of Swaledale and Arkengarthdale, caring for over 1600 patients in an area of 200 square miles.

We are a small, friendly practice and our aim is to provide a personalised service in an efficient and professional manner.

Despite our size, we provide all the medicines for our patients and host physiotherapy, podiatry, and child health visitor services on site. We also provide a minor injury service, minor surgery and respond to emergencies on behalf of the ambulance service."

4.5 The website also included a copy of a letter dated April 2026, that had been sent to all patients, detailing the planned closure of the practice by 31 May 2026.

b) Nomination and Validation

4.6 The nomination to list Reeth Medical Centre as an Asset of Community Value was received on 7 April 2026 and validated on 9 April 2026. A copy of the nomination form is attached at **APPENDIX A** and in accordance with the Assets of Community Value (England) Regulations 2012 a decision is required by 3 June 2026. The nomination from Reeth, Fremington and Healaugh Parish Council was accepted on the basis of the nominating group qualifying as a Parish Council under Section 89 (2)(b) of the Localism Act 2011.

4.7 The nomination is for part of Title Number NYK89987. Ownership of the site was established through Land Registry information. It was established that the Medical Centre was occupied by the owners, who are the Medical Centre's General Practitioner and Managing Partner.

c) Site Visit

4.8 A site visit was undertaken on 20 April 2026 at around 10 am, with the following observations made:

- Access to the site via a narrow road
- Not located in the centre of the village
- Building in good condition and well maintained internally and externally
- Positioned in an attractive, scenic rural setting with off-street carparking and green space around the building
- Site was busy at time of visit (Monday morning, term time)
- Car park was full
- Contained entrance, reception, waiting room and approximately three consulting rooms
- Small area with raised beds/community vegetable garden within the boundary, run by another organisation
- Children's play area adjacent to the site
- Surgery primarily serves residents of Reeth and surrounding rural areas
- Reeth can be characterised as very rural with limited public transport options
- Closest alternative surgery likely in Leyburn (8 miles away)
- Interior contained numerous posters and leaflets promoting health services and activities, information included weight loss programmes, free vaccines for older people, and youth mental health services (not all services were delivered on site)
- Reeth village was busy at time of visit with a mix of visitors/walkers and local residents
- Reeth had a range of local services including pubs, hotels/B&Bs, community facilities and small shops
- Reeth village laid out around a large village green, with "Reeth Parliament" shelter, bandstand and local history noticeboard

- There was an active community centre in the centre of the village (Hudson House) as well as a village hall (Reeth Memorial Hall) – both sites were advertising programmes with a wide range of community activities
- Hudson House had an open community garden/orchard which was free to access

d) Community Value Consideration

4.9 In terms of making a decision on this matter, the nomination, together with any additional information received within the agreed timescale, has been used to assess if the property/land nominated meets the definition of community value as detailed in the Localism Act 2011 (Section 88). As the nominated site is still in use, assessment is based on the conditions at Section 88 (1) and shown below

“A building or other land in a local authority’s area is land of community value if in the opinion of the authority-

- a) an actual current use of the building or land that is not an ancillary use furthers the social wellbeing or social interests of the local community, and,
- b) it is realistic to think that there can continue to be a non-ancillary use of the building or land which will further the social wellbeing or social interests of the local community, although the use does not have to be the same.”

4.10 There are some examples of medical centres as having community use and assets have been listed on this basis by local authorities. Each nomination is, however, assessed individually and it is for local authorities to determine whether each one meets the definition of community value as detailed in the Localism Act 2011.

5. CONSULTATION UNDERTAKEN AND RESPONSES

5.1 The following consultees were notified of the nomination:

- Yorkshire Dales National Park Authority Planning Service
- Local Land Charges
- NYC Environmental Protection
- NYC Community Safety and CCTV
- NYC Localities
- Local Councillor

YORKSHIRE DALES NATIONAL PARK AUTHORITY PLANNING SERVICE

5.2 The Yorkshire Dales National Park Authority Planning Service were consulted and made the following comments:

Reeth Medical Centre clearly satisfies the first requirement of the 2011 Localism Act in view of the fact, in its current use, it furthers the social wellbeing or interests of the local community. Furthermore, based on the information available, it has not yet been demonstrated that it is unrealistic to think that the site could not, in future, continue to further the social wellbeing or interests of the local community. As a result, the Authority considers that the nomination should succeed, and the site should be added to the register.

The current situation appears to be that the use as a GP surgery may cease in May. Irrespective of the site's status (or not) as an Asset of Community Value, the Authority would apply relevant planning legislation and policy to any subsequent proposal to change the use of the premises. In this respect, I would offer the following observations, from a planning perspective:

- The medical centre was constructed pursuant to planning permissions granted in 1988 & 1989 (our refs YD1/7/135 & 135C).
- It currently falls into the "Commercial, Business and Service" use class (Class E of the Town and Country Planning (Use Classes) Order 1987 (as amended)).
- Ordinarily, buildings that fall within Class E can be put to any other use falling within Class E, without requiring planning permission. That includes retail, food and drink, financial/professional services, indoor sports, nurseries/creche & offices.
- In accordance with the Town and Country Planning (General Permitted Development) Order 2015, some changes of use out of Class E are allowed without the need for planning permission. In this instance, given that the building is single storey and located in a National Park, the only other permitted change of use from Class E, without the need for planning permission, would be to a state-funded school.
- Although these uses would not require planning permission, any physical development to facilitate them (e.g. changes to openings/extensions/hardstanding) may still require planning permission. Should that be the case, the determination of the planning application would be guided largely by the visual and amenity impacts of the changes, not the principle of the use they are facilitating.
- Other uses of the building outside of those mentioned above, including for residential, industrial or community uses will normally require planning permission.
- Any planning application for these alternative uses will be assessed against relevant planning policies in the Yorkshire Dales Local Plan. The Authority is due to adopt an up-to-date Local Plan in June this year.
- The most relevant Local Plan policy is Policy C8 (community facilities), which states:

- “Development or change of use that would result in the loss of, or have an unacceptable adverse effect on, an existing community facility, will not be permitted unless it can be demonstrated that;
 - the current use is no longer needed or a suitable replacement has been secured; and
 - the land or building could not fulfil, or is not needed for, an alternative community use.”
 - The applicant will therefore need to make a reasoned case to justify the loss of the current use and its potential to be put to alternative community uses. This will normally need to include appropriate market testing and community engagement.

- This policy complements the Asset of Community Value legislation in seeking to maximise the potential for retention of community facilities.

- Policy E5 ‘Safeguarding existing employment and tourism uses’ provides similar protection in cases where the premises provides employment for more than 5 people.

- Policy C9 (Important open space) seeks to prevent the loss of open spaces so long as they continue to provide an important amenity for the local community. A strip of land immediately north-east of the surgery building is designated in the Local Plan as ‘important open space’ owing to the community garden and growing space installed with the assistance of a grant from the Authority’s Sustainable Development Fund.

- Any planning application for a change of use or associated physical development would be the subject of appropriate community and stakeholder consultation prior to determination.

LOCAL LAND CHARGES

5.3 A search for Local Land Charges was undertaken. There were six local land charges, two related to conditional planning consents for the construction of the doctors surgery and associated carpark (dated 1988 and 1989), two related to no permitted development, one related to it being within an area of special control of advertisements and related to it being within a conservation area (Upper Swaledale And Arkengarthdale Barns And Walls Conservation Area).

NYC ENVIRONMENTAL PROTECTION

5.4 The Environmental Protection service was consulted and noted that there were no records of this premises and no concerns from an Environmental Protection perspective.

NYC COMMUNITY SAFETY AND CCTV

5.5 The Community Safety and CCTV service were consulted and made the following comments:

From a Community Safety perspective, there are concerns about the loss of the medical centre to the community and the impact this will have. However, there are no other concerns we can point to.

NYC LOCALITIES (COMMUNITIES) TEAM

5.6 The Localities Service was consulted and made the following comments:

The potential nomination presents challenges and it may be difficult to demonstrate that the building itself meets the required criteria. Designation of the building as an Asset of Community Value would not safeguard the continuation of a GP service. The Integrated Care Board has sought a replacement provider and has safeguarded some provision with a branch surgery for two days a week, subject to securing premises for this. The potential closure and associated efforts have been reported in the national press.

The Parish Council's justification in their nomination is centred on the GP service historically delivered from the building, with some proposed references to alternative uses of the premises that might benefit the health and wellbeing of the community in the future. It is also noted that Hudson House (the community hub) already provides a range of community services, activities, and facilities, including a community garden and opportunities for social interaction and access to information relevant to health and wellbeing.

LOCAL COUNCILLOR

5.10 The Local Councillor was consulted, and made the following comments:

I am writing as NYC Councillor for the Upper Dales, the medical centre is in my ward. The Reeth medical centre is owned by the doctor at Reeth who is retiring.

The Parish Council feel strongly that to ensure that the surgery building is made safe for the community because the building needs to be available for a practicing doctor. This is vital for the wellbeing of the community of Swaledale and Arkengarthdale. As the Local Councillor I support the Parish Council's application for a community asset.

Reeth needs more community-based buildings. Although the community has Hudson House it is fully used at the moment, so building is needed regardless of whether a doctor uses or not. Arkengarthdale has no village hall and has to use the church. The community needs a hub to go to for recreation open to all residents on a regularly basis not just when the local

pub puts on a quiz night and through the day is often needed. A community hub offering culture, wellbeing for all the community is what is needed.

6 ASSESSMENT INFORMATION

- 6.1 In assessing the community value of Reeth Medical Centre all information received has been considered.

CONDITION ONE - An actual current use of the building or land that is not an ancillary use furthers the social wellbeing or social interests of the local community.

- 6.2 The actual uses were specified in the nomination and were typical of a doctor's surgery or medical centres. The term "ancillary use" is not defined in the Act, and it is left to each local authority to determine. In the context of assessment, the frequency, regularity and whether uses are still in place have been identified as factors for consideration. It was thought that this condition meant that the community use had to be the primary use of the asset, but this was dispelled by Judge Warren in Firoka (Oxford United Stadium) Limited v Oxford City Council (9 May 2014) and the test is whether the use is significant, which does not require it to be the predominant use.

- 6.3 The nominating group provided information about current uses including frequency and regularity, these are listed below:

- Currently used as a medical centre and dispensary, together with the car park and green space within the boundary
- Small part of the green space was used as a community garden
- The nominated site is a purpose-built GP surgery, built by local tradespeople around 1990, it replaced an old and unsuitable building
- It functions as a social hub for the community
- 1,600 residents are registered as patients representing 90% of residents in the six parishes it serves
- Social benefit due to the ability to chat to staff
- Functions as an information exchange for care provision, support groups, health and wellbeing initiatives
- Land belonging to the Medical Centre is used as a community garden
- In the past the Medical Centre has supported charity fundraising initiatives and the community has participated in fundraising to purchase medical equipment

- 6.4 The response from the Yorkshire Dales National Park Planning Service noted that the nominated site fell within the "Commercial, Business and Service" use class (Class E of the Town and Country Planning (Use Classes) Order 1987 (as amended)). There were a number of permitted change of uses that could ordinarily occur without the need for planning permission. These included retail, food and drink, financial/professional services, indoor sports, nurseries/creche, offices and to a state-funded school. The response noted that "a strip of land immediately north-east of the surgery building is designated in the Local Plan as 'important open space' owing to the

community garden and growing space installed with the assistance of a grant from the Authority's Sustainable Development Fund."

- 6.5 The owners of the site were consulted as part of the nomination process. Their response noted that the building's current primary and non-ancillary use was as a clinical medical facility, providing NHS GP services under a General Medical Services contract alongside private medical consultations delivered by Reeth Medical Limited. The owners stated that its function was focused on the delivery of healthcare services to registered and private patients, with access restricted accordingly, and the space did not operate for broader community, social, or recreational use. Comments from the owner's response included:
- "Its principal use is for clinical and medical provision rather than for social wellbeing or social interests."
 - "The reference to the community garden relates to an arrangement established with Sustainable Swaledale via a memorandum of understanding, under which Reeth Medical Limited agreed to host the garden as a goodwill gesture. This is ancillary to the main use of the site and does not alter the fundamentally clinical nature of the premises."
 - "As a purpose-built surgery with only three clinical rooms, one office, one reception and one waiting room the building is too small to host events at any meaningful scale. For example, our annual flu clinics are held in Reeth Memorial Hall to accommodate patient numbers. Other health related events we have run in the past, such as falls prevention work or larger vaccination sessions, have also been held at the Memorial Hall rather than at the premises"
- 6.6 The site visit confirmed the building was currently used as a medical centre and it was busy with people attending appointments at the time of visiting. It was noted that the building had a number of small consulting rooms and no larger communal area, although the waiting area was communal. The site visit confirmed statements made by the nominating group that the site acted as an "information exchange", as there was significant number of leaflets and posters available with information about health and wellbeing initiatives.
- 6.7 The response from Yorkshire Dales National Park Authority Planning Service included the statement that, "Reeth Medical Centre clearly satisfies the first requirement of the 2011 Localism Act in view of the fact, in its current use, it furthers the social wellbeing or interests of the local community" but did not provide supporting evidence as to how this requirement was satisfied. It could be argued that the nominated site focusses on delivery of services to individuals rather than uses that further social wellbeing.
- 6.8 There are no clear definitions provided in the legislation as to what constitutes 'social wellbeing/interests' except that social interests can include 'cultural, recreational and sporting interests'.

6.9 “Health and wellbeing” and “social wellbeing” are related but can likely be distinguished in the context of a statutory assessment under the Localism Act. Health and wellbeing generally relate to the provision of clinical or medical services aimed at supporting individual physical or mental health, such as those delivered by a GP surgery. Social wellbeing, by contrast, is typically understood to refer to broader community benefits, including opportunities for social interaction, inclusion, and community cohesion arising from the use of land or buildings. While healthcare provision can contribute indirectly to overall wellbeing, it may not necessarily, in itself, amount to a use that furthers social wellbeing, which tends to focus more on wider, community-based activities than the delivery of services to individuals. In this case the nominated site’s healthcare use relates to service delivery to individuals not as a community facility.

6.10 The nomination puts forward a number of factors related to the furthering of social wellbeing and social interests, such as:

- It functions as a social hub for the community
- There is a shared reliance on the facility that goes beyond medical wellbeing
- The current GP provides house calls which has a social benefit
- Loss of the facility could lead to people who were anxious about health provision leaving the area, fracturing community spirit
- Proximity to the Medical Centre facilitates independence and the ability to remain active within the community for longer – especially relating to nearby retirement housing
- Social wellbeing benefits due to chatting to staff at the dispensary and through neighbours and friends collecting prescriptions for each other
- The information available at the Medical Centre can further social wellbeing and improve quality of life
- Historic fundraising activities enabled people to work together and raise awareness of health issues
- The community garden provides a quiet space for gardening that can improve mental health and wellbeing

6.11 The factors listed at paragraph 6.10 would clearly be of benefit to the local community. There are some factors that relate to recognised social interests, such as recreational uses associated with the community garden and fundraising activities. However, there was no evidence provided about the numbers of people who partake or benefit from these or any detailed information about these uses such as frequency, regularity, organised events or activities. Some of the statements were unqualified, such as the nominated site acting as a social hub. Some factors were focussed on the enabling role of the building, whilst these would be of benefit, particularly for an aging population in a rural setting, they do not relate to an actual use of the nominated site.

6.12 In considering the “local community” element, this can be understood as the residents within the defined catchment of the six parishes served by the surgery or the two dales of Swaledale and Arkengarthdale. The Medical

Centre website also confirms it serves “1600 patients in an area of 200 square miles”. These patients clearly derive benefit from the services and facilities offered by the site. In a rural setting such as Reeth and the surrounding area, access to local healthcare provision will be of significant importance, particularly given issues such as travel distances, limited transport options, and an ageing population. Designation as an ACV would not however ensure the continuation of medical services at the site.

- 6.13 The availability of a GP surgery within the locality clearly provides an essential service to a rural community that contributes positively to the health and wellbeing of residents. However, it is also relevant to recognise that social wellbeing, as distinct from healthcare provision. Information available indicates that social wellbeing and social interests can be supported by a range of other accessible community facilities within the village, such as Hudson House and Reeth Memorial Hall, which have been used for events, flu vaccine clinics, and wider community activities. By comparison, the medical centre is a purpose-built GP surgery with limited space and a layout designed specifically for clinical use, which constrains its suitability for broader community use or activities beyond its primary function.
- 6.14 From the evidence available, the principal and primary use of the building is for clinical and medical provision, namely the delivery of NHS GP services and private medical consultations. While there is some evidence of social wellbeing or social interest activities associated with the site, such as informal social interaction within the waiting area and dispensary, provision of health and wellbeing information, and the use of a small area of land for a community garden, these uses appear to be incidental to, and supportive of, the main clinical function of the premises.
- 6.15 Having regard to the guidance that a current actual use does not need to be the predominant use but must be non-ancillary and of some significance, the information provided does not demonstrate that social or community-related activities constitute a sufficiently independent or significant use of the building/land itself. Such activities appear to be low-level, or functionally subordinate to the delivery of healthcare services. In particular, there was no evidence of organised, regular or identifiable community activities taking place at the site that were separate from, or independent of, the delivery of healthcare services.
- 6.16 Consultation responses have been considered, including the view of the Planning Authority that the site satisfies the first condition. While this view is noted, insufficient supporting reasoning or evidence has been provided to demonstrate how the use of the land itself, constitutes a significant non-ancillary contribution to social wellbeing or social interests.
- 6.17 On balance, it is therefore considered that the current uses which may further social wellbeing or social interests are ancillary to the nominated site’s primary function as a medical facility. As such they do not constitute a qualifying non-ancillary use for the purposes of assessment of the criteria in Section 88. Accordingly, **there is insufficient evidence to conclude that there is an**

actual current non-ancillary use of the building that furthers the social wellbeing or social interests of the local community, and the statutory test to assess Condition One is not met.

b) CONDITION TWO - It is realistic to think that there can continue to be a non-ancillary use of the building or land which will further the social wellbeing or social interests of the local community, although the use does not have to be the same.

6.18 As no actual current non-ancillary use of the building has been identified under the assessment of Condition One that furthers the social wellbeing or social interests of the local community, it is not possible to conclude that such a use could continue. Although Condition One is not satisfied this assessment will consider whether Condition Two could be met.

6.19 The nomination states that, “The main intention is for a medical service to continue to be operated from this purpose-built building. By ensuring that premises are available, a significant barrier to encouraging a new GP or practice to take over the service is removed.” However no community group, organisation or body was identified as being ready, willing or able to purchase the site or ensure delivery of future medical services. Although it was noted that the information about the closure had short timescales when made public, and six parish councils had met with urgency and set-up a social media page, this had 290 followers within the first day.

6.20 The response from the owner highlights various relevant factors about viability as a GP surgery and the ICB letter confirms that significant efforts had been made to continue this use, but had not been successful.

- “Unfortunately, despite extensive work by the ICB – including direct engagement with neighbouring practices, the Primary Care Network, the GP Federation, and a wide Expression of Interest process – no alternative provider has been able to put forward a sustainable staffing or premises model that would keep the practice open.” - NHS Humber and North Yorkshire Integrated Care Board (ICB)
- “At present, the building is not the limiting factor in efforts to secure the continuation of medical services following the current GP’s retirement. This is reflected in the FAQs issued by NHS North Yorkshire and Humber ICB regarding the closure of Reeth Medical Centre, which focus on workforce and contractual issues rather than premises constraints” - Owner
- “The building and site are owned by Reeth Medical Limited, a non-NHS company providing private medical services and consulting. The publicly available accounts referred to in the nomination relate solely to this private business. NHS medical services under the General Medical Services (GMS) contract cannot be provided by a limited company, and the accounts for the GP NHS practice are not publicly available. It is therefore not valid to infer the financial viability of the NHS practice from the accounts of Reeth Medical Limited. Reeth Medical Limited has been operating from the site since June 2010 and leases the site to the NHS for provision of medical services.” - Owner

- “Simply owning the current premises does not secure, or guarantee, a General Medical Services contract.” - Owner

6.21 The site itself has some limiting factors with regards social and community uses relating to its layout. The owner stated that, “Other health related events we have run in the past, such as falls prevention work or larger vaccination sessions, have also been held at the Memorial Hall rather than at the premises.” The nominating group did however identify some opportunities for future use linked to the non-central location, private entrances and layout, in particular to deliver services related to domestic abuse.

6.22 The response from NYC Communities Team and the site visit confirmed the availability of other active, venues that had current uses that would likely support social wellbeing and social interest uses, such as Hudson House and the Memorial Hall.

6.23 While the continuation of medical services in Reeth is clearly a matter of significant importance, this relates primarily to the commissioning and provision of healthcare services rather than the use of this specific building as a community asset. On the basis of the available evidence, it has not been demonstrated that it is realistic that the land will be used in the next five years for a qualifying non-ancillary community use. **Accordingly, the statutory test to assess Condition Two, “it is realistic to think that there can continue to be a non-ancillary use of the building or land which will further the social wellbeing or social interests of the local community, although the use does not have to be the same”, is not met.**

c) Conclusion

6.23 The aim of Part 5 Chapter 3 of the Localism Act and the Assets of Community Value Regulations is to encourage community-focused, local-led action to save and take over assets which are significant to them. The scheme is intended to give communities the opportunity to identify assets of community value and have them listed and, when they are put up for sale, have more time to raise finance and prepare a bid for them. These assets could include the village shop, community centre or pub but assessment is based on the evidence submitted and it is for the local authority to determine each nomination.

6.24 A valid nomination to register Reeth Medical Centre as an Asset of Community Value was received for assessment. The assessment is whether the details within the nomination, together with any additional information received, satisfy the two criteria as detailed in the Localism Act 2011 Section 88 (1) see below:

Condition One - There is an actual current use of the building or land that is not an ancillary use furthers the social wellbeing or social interests of the local community

(See paragraphs 6.2 - 6.17)

6.25 There is insufficient evidence to conclude that there is an actual current non-ancillary use of the building that furthers the social wellbeing or social interests of the local community, and this element of the statutory test is not met. The assessment concluded that, any community or social benefits were ancillary to its use for clinical healthcare provision. ***This Condition is therefore not met.***

Condition Two - It is realistic to think that there can continue to be a non-ancillary use of the building or land which will further the social wellbeing or social interests of the local community, although the use does not have to be the same

(See paragraphs 6.18 – 6.23)

6.26 No actual current non-ancillary use that furthers the social wellbeing or social interests of the local community was identified under the assessment of Condition One. It was therefore not possible to conclude that a use not identified could continue. Furthermore, there was insufficient evidence to demonstrate a realistic prospect of non-ancillary community use in the future. It is therefore not possible to conclude that a use not identified could continue.

6.27 The evidence demonstrates that the nomination does not meet the definition of community value as detailed in the Localism Act 2011. It is therefore recommended that Reeth Medical Centre is not listed as an Asset of Community Value and is placed on the North Yorkshire Council List of Unsuccessful Nominations.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 None. In considering the nomination for Reeth Medical Centre, the Council's responsibilities required by the Localism Act 2011 and The Assets of Community Value (England) Regulations 2012, are discharged.

8 FINANCIAL IMPLICATIONS

8.1 No financial implications identified.

9 LEGAL IMPLICATIONS

9.1 Following the decision, all parties will be advised of the outcome and the Council's reasons for it. The nominating group will be informed that there is no provision within the Regulations (The Asset of Community Value (England) Regulations 2012) for them to seek a review of the Council's decision. The nominating group may, however, submit an application to the High Court for judicial review of the Council's decision. Nominating groups may submit additional nominations for the same site, provided that these are substantially different.

9.2 Where a nomination is unsuccessful, the nominated asset will be placed on the North Yorkshire Council Assets of Community Value List of Unsuccessful Nominations for a period of at least five years, together with reasons for not including the land in the authority's list of assets of community value.

10 EQUALITIES IMPLICATIONS

10.1 There are no equalities implications.

11 CLIMATE CHANGE IMPLICATIONS

11.1 There are no climate change implications.

12 CONCLUSIONS

12.1 The owner and other parties will be informed of the decision.

13 REASONS FOR RECOMMENDATIONS

13.1 The evidence demonstrates that the nomination for Reeth Medical Centre does not meet the definition of community value as detailed in the Localism Act 2011.

14. RECOMMENDATIONS

It is recommended that the Assistant Chief Executive Local Engagement:

- (i) Determines that the nomination for Reeth Medical Centre (NYCACV0076) is unsuccessful and does not meet the definition of community value as detailed in the Localism Act 2011
- (ii) It should be placed on the North Yorkshire Council Assets of Community Value List of Unsuccessful Nominations

APPENDICES:

Appendix A – Nomination Form and Site Plan

BACKGROUND DOCUMENTS:

Localism Act 2011

The Assets of Community Value Regulations (England) 2012

Community Right to Bid: Non-statutory advice note for local authorities

Assistant Chief Executive Local Engagement

County Hall

Northallerton

3 June 2026

Report Author – assetsofcommunityvalue.NYC@northyorks.gov.uk
Presenter of Report – assetsofcommunityvalue.NYC@northyorks.gov.uk

Website/references:

<https://www.legislation.gov.uk/ukpga/2011/20/contents>

<https://www.legislation.gov.uk/uksi/2012/2421/regulation/5/made>

<https://www.ons.gov.uk/>

<https://www.reeth.org.uk/>

<https://www.reeth.org.uk/app/download/13575568/Reeth+Medical+Centre+-+patient+letter+from+NHS+about+closure.pdf>

Community Right to Bid: Assets of Community Value

Nomination Form

(Office use only) ACV Ref: _____

Section 1: About your organisation

1A. Contact Details

Please provide basic contact details for your organisation

Name of the organisation	Reeth, Fremington & Healaugh Parish Council
Organisation postal address	[REDACTED]
Organisation website	rfhpc.co.uk
Named contact for the organisation	[REDACTED]
Position of named contact within the organisation	Clerk
Telephone number for named contact	[REDACTED]
Email address for named contact	clerk@rfhpc.co.uk

1B. Organisation type

Please place an 'X' in the middle column against the appropriate organisation type

Organisation Type	X	Registration number of charity/company (if applicable)
<p>Parish Councils</p> <p>This may be for an asset in its own area, or in the neighbouring Parish Council area</p>	X	N/A
<p>Neighbouring Parish Councils</p> <p>If the Parish Council borders an un-parished area, then they may nominate an asset within the neighbouring District Council or Unitary Council.</p>		
<p>Un-incorporated groups</p> <p>Nominations can be accepted from any un-incorporated group with membership of at least 21 local people who appear on the electoral roll within the local authority, or a neighbouring local authority. This will for instance enable nomination by a local group formed to try to save an asset, but which has not yet reached the stage of acquiring a formal charitable or corporate structure.</p> <p>Please complete additional form in Appendix 1 if this applies to you.</p>		
<p>Neighbourhood Forums</p> <p>There can only be one neighbourhood forum for an area and the way they are set up is clearly defined by the Council as a planning authority. The procedure for becoming a neighbourhood forum is set out in Section 61F of the Town and Country Planning Act 1990.</p>		
<p>Community interest groups with a local connection</p> <p>These must have one or more of the following structures:</p> <ul style="list-style-type: none"> • A charity • A community interest company • A company limited by guarantee that is non-profit distributing • An Industrial and Provident Society that is non-profit distributing/Community Benefit Society 		

1C. Local connection

Additionally, your organisation is required to have a local connection. This means that its activities are wholly or partly concerned with the administrative area of North Yorkshire or a neighbouring local authority. Please provide details about your organisation's local connection.

Details regarding local connection
The nominated asset lies entirely within the Reeth, Fremington & Healaugh Parish Council area.

Finally, please provide, if available, a copy of your organisation's rules/constitution. Please indicate which documents you intend to provide below by placing an 'X' against the relevant document type.

Type of document	X
Memorandum and Articles of Association (for a company)	
Trust Deed (for a trust)	
Constitution and/or rules (for other organisations)	
Other	N/A – Parish Council

Section 2: About the asset

Section 2A: Basic details

Please provide basic details about the asset

Type of land/building (for example, pub, shop)	Doctor's Surgery / Medical Centre
Name of the premises	Reeth Medical Centre [Listed as "Doctors Surgery" under title NYK89987 on Land Registry]
Address of the premises	Reeth Medical Centre, Back Lane, Reeth, Richmond DL11 6SU

In addition to the above information, please attach a clear plan which identifies the land/buildings you wish to nominate with a line drawn around the boundary of the area you wish to nominate. This could be a Title Plan from Land Registry, or any other map which gives us enough detail to identify the site.

Section 2B: Ownership

Please provide details about the asset's ownership, if it is known to you

Name of the owner	[REDACTED]
Address of the owner	[REDACTED]
Contact details for the owner	[UNKNOWN]
Name of any other occupier	[UNKNOWN]
Name of any other person with an interest in the premises	[UNKNOWN]
Address of any other person with an interest in the premises	[UNKNOWN]
Contact details for any other person with an interest in the premises	[UNKNOWN]

Section 2C: The premises as an Asset of Community Value

Please explain why you feel the land/premises meets the definition of an Asset of Community Value. Provide as much information as possible. Please note, it is likely that these comments will be shared with the asset owner.

ACV Definition

A building or other land in a local authority's area is considered land of community value if, in the opinion of the authority:

- (a) an actual current use of the building or other land – that is not an ancillary use – furthers the social wellbeing or social interests of the local community; and
- (b) it is realistic to think that there can continue to be a non-ancillary use of the building or other land which will further (whether or not in the same way) the social wellbeing or social interests of the local community.

If there is no current use:

- (c) The definition is extended to land which has furthered the social wellbeing or social interests of the local community in the recent past, and which it is realistic to consider will do so again during the next five years.

How does the current main use of the building/land – or a use in the recent past – further the social interests or social well-being of the local community?

BACKGROUND

The nominated building and land is currently used as a medical centre and dispensary, together with an adjacent car park and green space, part of which is used as a community garden.

On Thursday 2 April 2026, it was announced by the practice on Facebook that the current GP is leaving and that the surgery is to permanently close with effect from Wednesday 29 May 2026.

Due to the short time frame and the serious effects that losing the local surgery would have on the area, a meeting was called on Easter Sunday with representatives from the Parish Councils of the six parishes most affected. It was decided at that meeting to submit this ACV nomination.

We believe that the nominated building and land qualifies to be listed as an ACV as it is crucial for the social wellbeing of the local community. Our reasons are set out below.

LOCALITY OF MEDICAL PROVISION

The nominated site was purpose built as a GP surgery in around 1990 and replaced an old and unsuitable building. The GP at the time very much intended it to be a community asset and in fact sold it in around 2008 at the same price it cost to build. Local tradespeople were involved in its construction.

The service has been tailored to the geographical area and local demographic where, according to the latest CQC report, 31% of patients were older people. This centre provides more for residents in the two dales of Swaledale and Arkengarthdale than purely medical care, functioning also as a social hub for the community, increasing general health and wellbeing.

A huge proportion of the local community – some 1600 residents – are registered at the practice: by rough calculation, that is over 90% of the residents of the six parishes served by it. This shared reliance on local medical facilities provides a social wellbeing benefit that goes beyond medical wellbeing alone. Local residents can collectively rely on the local GP, which clearly supports the social wellbeing of the area's residents.

It is known that the current GP provides house calls, which again has a social benefit as well as a medical one. This is likely to be more limited if the current building is not maintained and GP services are provided from distant practices.

How does the current main use of the building/land – or a use in the recent past – further the social interests or social well-being of the local community?

SUPPORTING COMMUNITY IN OLDER AGE

Having a medical centre within the locality is key to allowing residents to stay in their home for much longer. There is strong anecdotal evidence that, without this local facility, many residents would be anxious about health provision, resulting in them moving closer to medical care, either because of ill health or because they can no longer drive. This would decrease the permanent population of an area already heavy with second homes, further fracturing community spirit.

The ability to remain in one's home is often cited as one of the most important contributors to quality of life in later years. This even stretches to the peace of mind of knowing you are able to die at home. The CQC report for Reeth Medical Centre states: "63% of people wanted to die at home (national); 21% actually died at home (national); and 58% of Reeth patients died at home." The significance of this fact should not be underestimated with regard to the individual or their wider network: facilitating independence and a greater number of healthy years allows residents to remain active within the community for their whole lives, rather than moving away at the onset of frailty. That represents a clear contribution to social wellbeing.

There is also a large (relative to parish population) retirement housing facility right next to the building. There are both flats and bungalows provided for older people with varying care needs. The viability of this facility could be put at risk if there is no longer primary care provision on the doorstep.

DISPENSARY

The building houses a dispensary: the CQC report states that 1590 of the 1600 patients use this service. There are no pharmacies within the area.

It provides an essential lifeline for an aging, rural population, many of whom do not (or cannot) engage with online services. Furthermore, many of these residents no longer drive and are therefore reliant on being able to get their prescriptions nearby. This is an area with extremely limited public transport, so being able to receive these prescriptions in a timely manner (they are currently delivered twice a day to the practice) is crucial for the numerous older residents in the Dales.

While there are now numerous services that will deliver prescriptions by post, they are unable to replicate one major benefit of a local dispensary. People of all ages who may be suffering from loneliness will derive a significant social benefit from being able to chat with the dispensary staff and others while collecting repeat prescriptions. This has a clear and significant social wellbeing impact in a rural location.

It is also common in the area for neighbours and friends to collect prescriptions for others, something which is much less likely if it involves significant travel. This affords friendly interactions and informal welfare checks that boost social wellbeing.

COMMUNITY ACTIVITIES & GARDEN

The medical centre premises fulfil other roles that further social wellbeing and improve quality of life for the community. The building functions as an information exchange, where residents can find information on care provision, available support groups, and other health and wellbeing initiatives.

Land belonging to the medical centre is also used as a community garden. Numerous pieces of research evidence the way in which outdoor spaces and quiet activities such as gardening can help to improve mental health and wellbeing. The garden also provides an opportunity for younger members of the community to come together and explore the concept of sustainability and the environment in an educational, yet fun and hands-on manner.

In the past, the medical centre has also supported charity fundraising initiatives, interacting and engaging with the local community on multiple levels. This has worked in both directions, with the medical centre working together

How does the current main use of the building/land – or a use in the recent past – further the social interests or social well-being of the local community?

with the community to fundraise and purchase medical equipment. This level of active engagement with residents fosters a sense of purpose and belonging within the local area, while also encouraging residents to take an interest in the importance of staying healthy and raising awareness of potential health issues.

Please explain how there can continue to be a main use of the building/land which will further the social interests or social wellbeing of the local community, whether or not this is in the same way as before.

It should be noted that, although Reeth, Fremington and Healaugh Parish Council have submitted this application as the parish in which the asset is located, the decision to do this was taken at a joint working group with representatives of the six parishes that use the facility most, as well as NYC Cllr Yvonne Peacock.

Due to the short notice of the intention to close the practice, there has not been time to carry out any formal consultation, but there is good evidence of strong local support for the continuation of this service. A Facebook information page was set up on Easter Sunday evening to make residents aware of the working group's initial meeting. By the next morning, it had 218 followers, and 290 by the next day.

The main intention is for a medical service to continue to be operated from this purpose-built building. By ensuring that premises are available, a significant barrier to encouraging a new GP or practice to take over the service is removed.

From a summary inspection of the accounts, it appears that the present practice is in financial good health, so it is likely that the current use of the building can be continued. The fact that there is already an attached dispensary in place will also increase its viability.

It would be open to a community buyer (whoever they were) to work with the Integrated Care Board, NYC, nearby GP practices and others to find innovative ways to maximise use of the building, with the primary focus being to maintain full GP provision for local residents. This is almost certain to be the Parish Councils' objective if they were to negotiate on any future sale.

It is foreseeable that non-GP services could also be delivered from the building, as they have been in the past. These could potentially encompass both NHS and private services (such as physio or chiropody). It is further conceivable that a future occupier of the building might deliver group health-adjacent activities (such as chair yoga) at local village halls. There are clear social benefits to these additional potential uses.

In summary, the key drivers for listing are that:

- Reeth Medical Centre plays an integral role in not just the medical wellbeing of the area, but the social wellbeing too. It is not simply one of many GP practices in a large urban area; it is *the only* GP practice in this community. Losing it would have social ill-effects that spread much wider than simple healthcare provision.
- There is no suggestion that the practice is unviable. If the building is purchased by a community body, it is highly likely that it would continue in use in a way that would benefit social wellbeing.

If not currently used for the purposes listed above, is it realistic to think that within five years the building/land can be brought back into a use that furthers the social interests or wellbeing of the local community, whether or not in the same way as before?

N/A

Section 3: Checklist and Declaration

In addition to the form, please confirm any attachments if provided.

Document	X
Copy of organisation's constitution/rules/other	Parish Council – N/A
A clear plan defining the land/premises being nominated	The whole of the plan of the title NYK89987 (copy of title and plan enclosed)

Finally, in order to confirm that the information contained within this nomination form is correct and complete and that the required documents are attached, an appropriate authorised officer must sign the below declaration.

We can accept electronic signatures.

Full name	██████████
Signature	██████████

Please return this form and any accompanying materials to the appropriate e-mail address below:

AssetsofCommunityValue.NYC@northyorks.gov.uk

If you require any assistance, please contact AssetsofCommunityValue.NYC@northyorks.gov.uk

Privacy notice

Please retain a copy of this form for your records and should your circumstances or contact details change then please let the appropriate contact officer know.

This information will be held in accordance with NYC Privacy Notices.

From: [REDACTED]
To: [Assets of Community Value NYC](#)
Subject: Re: Nomination for an Asset of Community Value – Reeth Medical Centre, Back Lane, Reeth, Richmond, DL11 6SU - Parish Council/Nominating Group
Date: 22 April 2026 21:37:08

[REDACTED]

Please see below an additional statement in support of our ACV nomination.

=====

Further to our ACV submission, we'd like to highlight a few additional things.

We mentioned that the viability of the GP surgery had not been called into question. Since then, the Integrated Care Board has indeed done that. However, that assessment is strongly disputed and appears to be influenced by the costs associated with the building, which would be resolved if the community were to own the building.

We believe that the building may be bigger than it needs to be for future GP provision. This means that the surplus space could be repurposed as a community hub. We have heard from various providers that could offer services from the building. We believe that there is appetite for the provision of exercise/physio classes, private ancillary health services (such as chiropody) and pre- and post-maternity support functions to potentially be provided from the building.

In addition, the Parish Council have recently been contacted to locate a suitable venue for an advice drop-in for victims of domestic violence. The building, with a discreet second entrance and private consulting rooms, would be the ideal venue for community events that require privacy in a small village.

=====

Best wishes,

[REDACTED]

[REDACTED]
Clerk
Reeth, Fremington & Healaugh Parish Council

[REDACTED]
rfhpc.co.uk

Please note that I only work a limited number of hours per week.

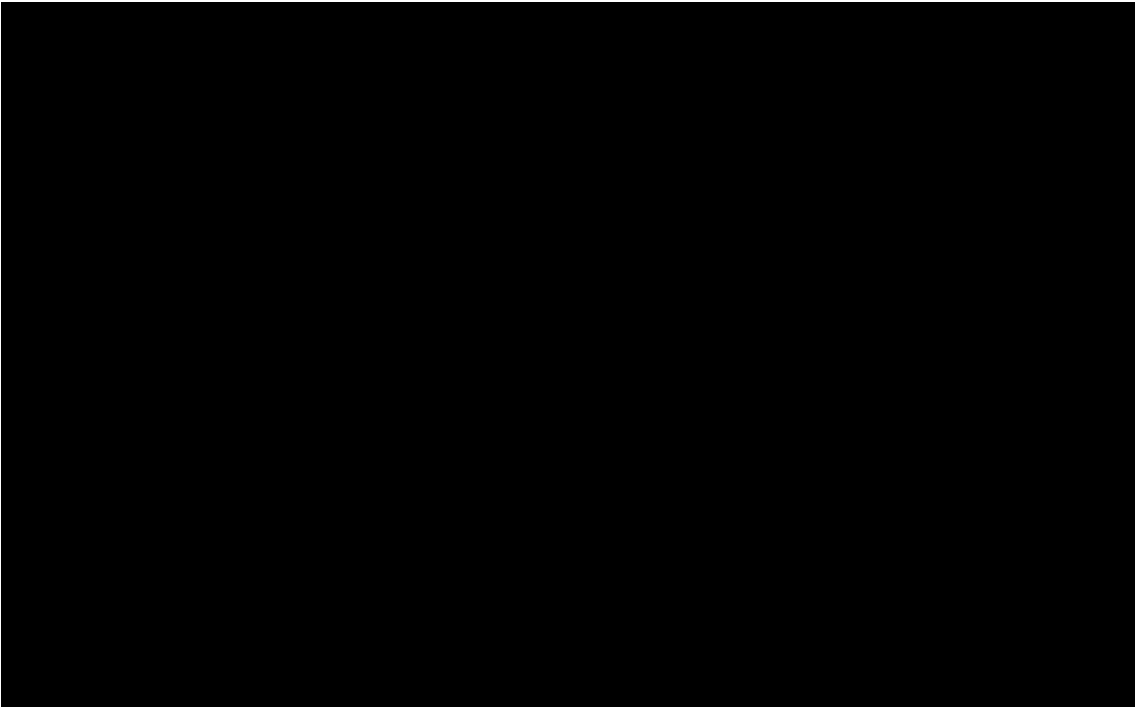


To: Reeth, Fremington and Healaugh <clerk@rfhpc.co.uk>

Subject: Nomination for an Asset of Community Value – Reeth Medical Centre, Back Lane, Reeth, Richmond, DL11 6SU - Parish Council/Nominating Group

Good evening

Thank you for your nomination. Please see correspondence attached for more details. If you have any further info or evidence, please provide by 22 April.



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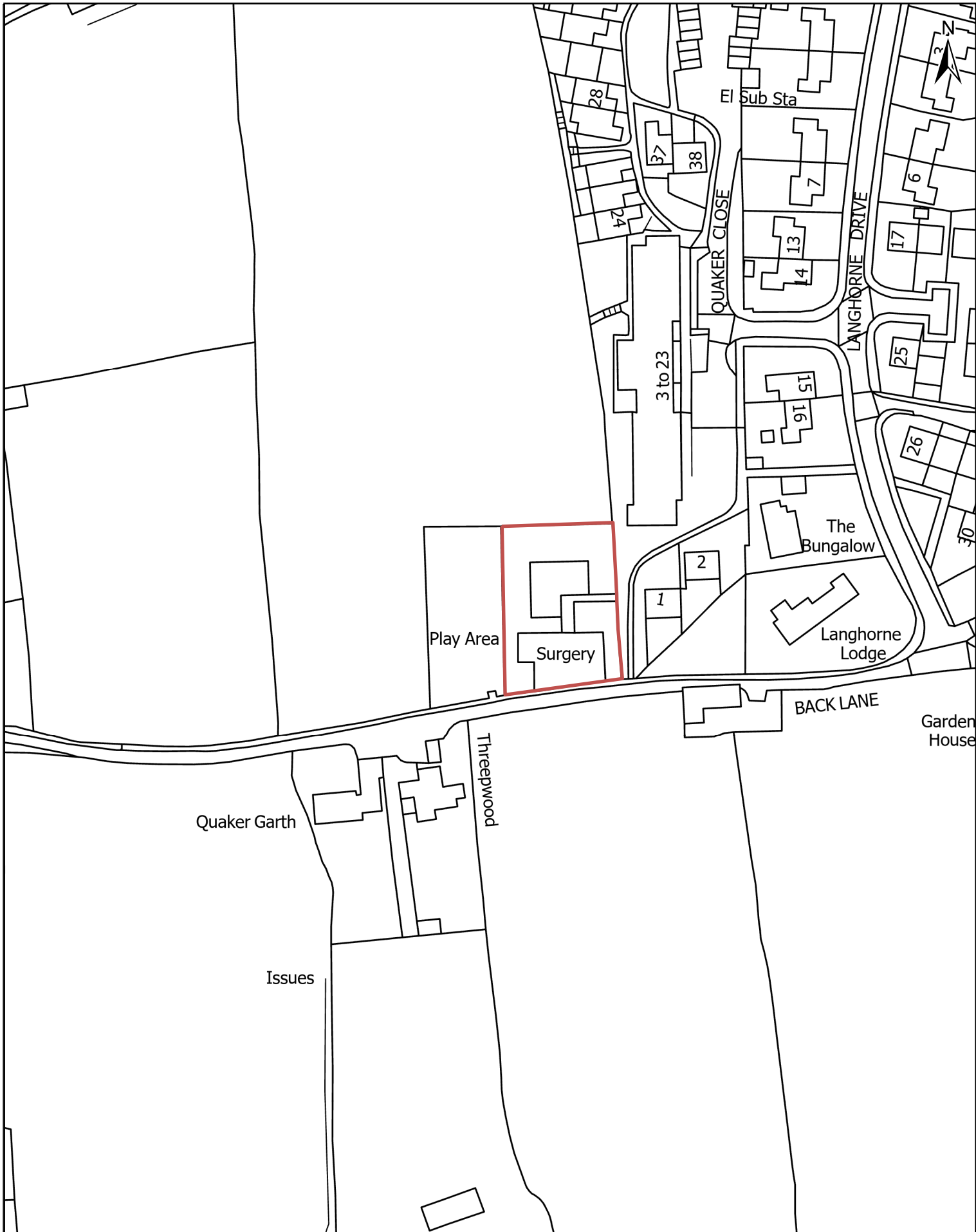
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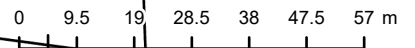
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**NORTH
YORKSHIRE
COUNCIL**

County Hall, Racecourse Lane, Northallerton,
DL7 8AD. Telephone: 0300 131 2131

MAP TITLE:
Reeth Medical Centre

Date Printed: 10/04/2026
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