Public questions received for the 4 November ICB Board

Questions 1–4 from Joan's Army

1. What is the ICB Board being asked to approve through the Case for Change, and would this approval mean any decisions have been made about how hospital services will be delivered in the future?

The ICB Board is being asked to decide whether there is sufficient evidence in the Case for Change to justify exploring possible changes to hospital services in more detail.

Approval would not authorise any changes to existing hospital services, agree to close or relocate services, or endorse a preferred option. No decisions have been made about which services might change, where they would be delivered or how they would operate in the future.

If agreed, the ICB would lead the next stage of work, developing and assessing different options through a Pre-Consultation Business Case (PCBC). This would include further clinical assessment, consideration of patient needs and the impact on local communities.

The completed business case would return to the ICB Board for a separate decision before any formal public consultation could begin.

2. When will the complete paper, proposed resolution and supporting evidence be published? Would the Board defer its decision?

The Hospital Group published its Case for Change and supporting information on Monday 2 November.

The ICB Board papers, including the proposed recommendation, were available following the Norfolk and Waveney University Hospitals Group Board meeting on 2 November.

The ICB Board is scheduled to consider the Case for Change on 4 November. The Board will determine whether there is sufficient evidence to support progressing to the next stage of work.

3. What evidence and safeguards will be required before supporting changes affecting QEH services?

The Queen Elizabeth Hospital is a vital part of healthcare provision for West Norfolk and surrounding communities and will continue to be important in the future.

No decisions have been made to close, reduce or relocate individual services at QEH, including its emergency department, intensive care, emergency surgery or maternity services.

Any future proposals would need to be supported by robust clinical evidence and a thorough assessment of patient safety, quality of care and the impact on local communities.

This would include consideration of how services depend on one another, ambulance capacity and transfer times, the ability of other hospitals to accommodate patients, workforce sustainability, and travel and access for patients and families.

Particular attention would be given to health inequalities and the needs of rural and coastal communities, including West Norfolk and surrounding areas such as Wisbech and Emneth. A

range of realistic options would need to be considered, including alternatives to early scenarios explored by the Hospital Group.

Any proposals would be subject to appropriate NHS governance and assurance, ICB Board oversight and public consultation where required, before decisions could be made.

4. How will Healthwatch engagement influence the work when both Boards are considering approval beforehand?

The Hospital Group is working with Healthwatch Norfolk to gather the views and experiences of patients and communities to help shape future hospital services. Further information is available on the Healthwatch Norfolk website.

Although the final Healthwatch report will not be available before the Boards consider the Case for Change, early findings have already been shared with the Hospital Group.

Importantly, the Boards are considering whether there is sufficient evidence to justify further work, not whether to approve specific changes to hospital services.

The completed Healthwatch report will help inform the next stage, including how different options are developed and assessed.

There will also be further opportunities for patients, staff and local communities to share their views as this work progresses, including groups whose voices may not always be heard.

Any subsequent proposals requiring formal public consultation would return to the ICB Board for a separate decision, with public feedback considered before final decisions on service changes are made.

Questions 5–9 from Cllr Tom Ryves, Borough Council of King's Lynn & West Norfolk

5. Can the ICB approve the clinical strategy without a Board meeting, and what is the timetable?

The ICB Board is responsible for making significant commissioning decisions, including decisions about proposed changes to NHS services.

The Hospital Group is developing its long-term Clinical Strategy, with the Case for Change forming the first stage of this work.

The ICB Board is considering the Case for Change on 4 November. If agreed, the ICB would lead the next stage of work to develop and assess potential options through a Pre-Consultation Business Case (PCBC).

The completed business case would return to the ICB Board for a separate decision before any formal public consultation.

The timetable for subsequent stages is still being developed and will be shared as key milestones are confirmed.

6. Does the final decision on the Hospital Group Clinical Strategy rest with the ICB?

The Hospital Group is responsible for developing its Clinical Strategy, while the ICB is responsible for planning and commissioning NHS services to meet the needs of local people.

The ICB's role is to ensure that any future proposals are supported by robust clinical evidence and take account of patient safety, quality of care, access, affordability and health inequalities.

Any proposals arising from the strategy that involve significant changes to commissioned services would be subject to appropriate NHS governance, assurance and statutory processes.

The ICB would make the relevant commissioning decisions, with scrutiny by Norfolk's Health Overview and Scrutiny Committee and formal public consultation where required.

7. Can decisions about the new hospitals be made before the clinical strategy is agreed?

The Clinical Strategy is intended to help inform future models of care and the development of the New Hospital Programme schemes at King's Lynn and Great Yarmouth.

The development of the Clinical Strategy and the new hospital schemes are closely related, but they are subject to different governance and approval processes.

Decisions relating to hospital design, business cases, funding and construction are subject to separate local and national approvals.

However, any future proposals to change how clinical services are delivered would need to be supported by appropriate evidence, assessment and engagement, with formal consultation where required.

No decisions about changes to individual hospital services are being approved through the Case for Change.

8. Does the clinical strategy require approval from NHS England or other bodies?

The Clinical Strategy and any future proposals arising from it would be considered through the relevant NHS governance and assurance arrangements.

NHS England has a role in the assurance of significant service change proposals, alongside the ICB's responsibilities for commissioning and decision-making.

Norfolk's Health Overview and Scrutiny Committee also has an important role in providing local democratic scrutiny of proposed changes to health services.

The precise approval requirements will depend on the nature of any proposals developed. The Case for Change does not itself authorise changes to services or replace any subsequent assurance, engagement or consultation requirements.

9. What timetable is being worked to for decisions, construction and opening of the new hospitals?

The timetable for developing and assessing potential changes to hospital services is still being established.

If the Case for Change is agreed, the next stage would involve developing a Pre-Consultation Business Case, including further clinical assessment, engagement and consideration of potential options.

The New Hospital Programme schemes at King's Lynn and Great Yarmouth are subject to separate national programme requirements, business case approvals, funding and construction arrangements.