Norfolk and Waveney
University Hospitals Group

Extraordinary Group Board meeting in Public on Clinical Strategy Case for Change

Introduction

Thank you to everyone who attended our Group Board meeting in public on 2 November 2026 and to those who asked questions. We recognise that the future of hospital services matters enormously to patients, families, staff and communities across Norfolk and Waveney and neighbouring areas.

During the meeting, we committed to providing written responses to questions and comments we were unable to answer in the time available. These are set out below.

The Group Board agreed that there is a compelling case for change in how hospital services are delivered and supported further consideration of the clinical scenarios. The NHS Norfolk and Suffolk Integrated Care Board subsequently considered the Case for Change on 4 November 2026 and supported further work to develop a pre-consultation business case.

No decisions have been made to close, relocate or reorganise individual hospital services, and no preferred future model has been selected.

We know people have important questions about clinical safety, maternity care, emergency services, travel, staffing and the future of our hospitals. Some of these questions require further detailed assessment, which will form part of the next stage of work.

We are committed to being open about what we know, what still needs to be tested and how patients, staff and communities can help shape the work ahead.

Neighbourhood

Peter Harrison (speaking as Chair for League of Friends at Beccles)
Please don't forget that there is capacity at Beccles Hospital for outpatients. Both the older person consultants and respiratory are keen to start clinics at Beccles.

Thank you for highlighting the opportunities at Beccles Hospital. Making better use of existing community facilities is exactly the type of opportunity we want to explore as part of developing more care closer to people's homes. This could include outpatient appointments, tests and follow-up care where these can be provided safely and effectively outside our main hospitals. We welcome the suggestion about older people's and respiratory clinics at Beccles and will ensure it is considered with the relevant clinical and community teams. Any new clinics would need to have the appropriate staff, equipment and support in place.

David Beavan
[On Neighbourhood Max] This is all brilliant. The only question is "How soon?"

We want patients to benefit from improvements in neighbourhood care as soon as it is safe and practical to introduce them. Some improvements can be developed through existing services and partnerships, without waiting for decisions about the longer-term clinical strategy. Others will require further planning, investment and agreement between hospitals, GPs, community services and social care. The next phase of work will help establish which changes can happen sooner, which will take longer and what needs to be in place to make them successful. We will share more detailed timescales as this work develops.

Duncan Peacock
Are primary and social care getting local enhanced investment to pay for this?

Moving more care into the community cannot simply mean asking GPs, community teams and social care services to take on additional work without the staff, facilities and resources to support it. Any proposals to provide more care outside hospital will need to identify the investment and capacity required across all the services involved. This will form part of the more detailed work undertaken with the Integrated Care Board and our health and care partners. We recognise that improvements in hospital care depend on having strong, properly supported community and social care services.

Cllr Alun Ryves
Is there a risk that moving care closer to home will result in fragmentation and duplication and reduced efficiency at the expense of a well-resourced local hospital?

We recognise this risk, which is why services need to be planned together rather than developed separately. The aim is to make care easier for patients to access and better coordinated, not to create additional appointments, duplicate services or weaken local hospitals. For example, someone living with several long-term conditions might benefit from having more of their routine appointments and checks coordinated locally, rather than making repeated journeys to hospital. Our hospitals will continue to play a central role. Any proposals to provide more care in the community must demonstrate that they improve patient care, make effective use of staff and resources, and maintain safe links with hospital specialists.

HART, Karina (East of England Community Health and Care NHS Trust)
How will the new model work together with the Community Trust?

Our community health partners will be central to developing any future model of neighbourhood care. Hospital teams, community services, GPs, social care and other partners will need to work together to decide which services can safely be provided closer to home and how patients will move between services when they need different levels of care. This includes agreeing how staff will work together, how information will

be shared and how people can access hospital specialists when needed. The intention is to create better-connected services around patients, rather than separate hospital and community systems.

Cllr Alun Ryves
Given the high levels of deprivation recognised in the slide show, what weight will be given to the greater need of that population please in West Norfolk?

We recognise that some communities in West Norfolk face significant health inequalities, and these must be a central consideration in our work. People living in areas of greater deprivation can experience poorer health, greater difficulty accessing services and additional barriers such as transport costs. As we develop and assess potential options, we will examine how different communities could be affected, including whether changes would make it easier or harder for people to receive care. This means looking beyond overall population figures to understand local needs and the experiences of people who already face barriers to healthcare. Our aim must be to reduce inequalities, not make them worse.

Cllr Pallavi Devulapalli
None of the shift to better health is the responsibility of the acute.

Improving people's health and preventing illness is a shared responsibility. Hospitals have an important role, but lasting improvements also depend on GPs, community health services, social care, public health, local authorities and voluntary organisations working together. Our clinical strategy must therefore support, and be developed alongside, wider plans to improve health and care across Norfolk and Waveney.
We recognise that many of the factors affecting people's health, including housing, employment and access to support, sit beyond hospital services.

Katie Louch
While the focus understandably needs to be on the elderly population, in King's Lynn there is a current push to encourage younger people/families to move to the area - How will you ensure that this section of the population do not fall through the cracks? No matter what your age/demographic is, you have to acknowledge the fact that there are people in every group who have chronic conditions - in my own experience I have found that younger people especially are often not prioritised, are left unable to get timely, face to face appointments with any service and are often forgotten about or are lost in a system which is not "built for them".

Although our population is ageing, our plans must meet the needs of people of all ages, including children, young adults, working-age people and families. We recognise that younger people can also live with complex or long-term health conditions and may experience difficulties accessing timely, joined-up care. The next stage of work will consider how different age groups use services, their changing needs and the barriers they experience. This includes the needs of growing communities and families moving