NHS
Norfolk and Waveney
University Hospitals Group



Our Case for Change summary

Better care, now and in the future

November 2026



Better care, now and in the future

We have a simple ambition: to provide better care for the people of Norfolk and Waveney, now and in the future.

Today we have a rare opportunity to improve healthcare on a scale that comes along only once in a generation. Around £2.8 billion has been allocated to replace The Queen Elizabeth Hospital King's Lynn and James Paget University Hospital. Alongside major investment in digital technology, advances in medical care and the ability to work more closely together as one hospital group, we have the chance to design services around future needs rather than the limitations of the past.

Our vision is simple. We want to transform what we do. We want more help to be available for you before health problems escalate. We want more care to be delivered closer to home wherever possible. We want services to feel connected, easier to navigate and centred around people's lives. And when specialist expertise is needed, we want patients to have rapid access to the teams, technology and facilities that can deliver the very best outcomes.

Our hospitals will remain at the heart of this future. We are fortunate to have three hospitals that are deeply valued by the communities they serve. Every day, around 18,000 colleagues provide care to thousands of people across Norfolk and Waveney and beyond. Strong local hospitals, working



alongside stronger neighbourhood services and connected through shared expertise, modern technology and common standards of care, can help us do better for you while making services more sustainable for the future.

The opportunity is significant. But so too are the challenges we must address. We don't consistently deliver the quality of care people need. People's needs are changing too. More people are living longer, often with multiple health conditions. Demand for care is growing, expectations are rising and some services are becoming increasingly difficult to staff and sustain in their current form. The evidence tells us that if we continue to work in exactly the same way, we will struggle to deliver the quality, consistency and access that local people deserve.

This Case for Change explains why change is needed and what better care could look like. It is not a decision about the future of individual services and it is not a consultation on a preferred option. Rather, it is the start of a conversation about how we can make the most of this extraordinary opportunity to create better, more connected and more sustainable care for everyone who will depend on it in the years ahead.

Around 18,000 colleagues provide care across Norfolk and Waveney and beyond.

Around £2.8 billion allocated to replace two of our hospitals.



David Roberts,
Chair



Professor Lesley Dwyer,
Chief Executive



Shaping the future of healthcare

We want everyone to get safe, good care, now and in the future.

Our staff do great work every day. But the way we support patients needs to improve as we don't consistently provide good care.

1 million+
people rely on hospital care across Norfolk and Waveney and nearby areas.

Why do things need to improve?

More people need our help
People are living longer. Many have more than one health problem.

People are waiting too long
Some patients wait too long for care or to go home from hospital.

Our teams are under pressure
We need enough skilled staff to provide safe care, day and night.

We have a chance to do things better
Two new hospitals are planned. We need to make sure they meet people's future needs.

We need to plan for the future
We cannot solve these problems by building more hospital beds alone.

Our Case for Change explains why we need to think about how care could work better.

It does not make decisions about moving or closing services.



Helping people stay well and get care sooner

Not everyone needs to go to hospital to get the care they need.

Sometimes a stay in hospital can even add to someone's health problems, particularly for older and more frail patients.

Across the NHS, there is an increasing focus on neighbourhood health, bringing together GPs, community services, hospitals, social care and voluntary organisations to work more closely together.

This could mean:

Help sooner

Spotting health problems early, before people become very ill.

Care at home

Giving some people hospital-level care at home, when it is safe.

Teams working together

Making it easier for people with several health problems to get joined-up care.

Support after hospital

Helping people recover at home with the right care and support.

Less time in hospital. More care closer to home

Our early work shows that better care in local communities could help more people stay well, avoid a hospital stay or return home sooner.

This would allow our hospitals to focus on patients who need us most.

To make this work, we must first make sure the right care and support are available outside hospital.

What needs to happen?

Getting this right is essential. Moving more care into neighbourhoods is not about reducing services. It is about providing better care, in the right place, at the right time.

We will always be here to provide the specialist, emergency and complex care that we do best.



Our three hospitals have an important future

Our starting point is simple: people should get care close to home whenever it is safe to do so.

We believe this must include maintaining 24-hour emergency departments and critical care at all three of our hospitals.

The Queen Elizabeth Hospital, King's Lynn

James Paget University Hospital, Gorleston

Norfolk and Norwich University Hospital

The numbers

97% **Most care could stay local**

Our early estimates suggest that about 97 in every 100 hospital treatments and visits we looked at could stay where they are now or move closer to home.

What about emergency care?

Our doctors, nurses and other healthcare professionals want to keep 24-hour emergency departments and care for very ill patients at all three hospitals. We agree and our future plans will be made on this basis.

But sometimes, people need highly specialised care for a serious illness or injury, such as a major stroke, a serious accident or a life-threatening heart problem.

National evidence shows that, for some of these conditions, patients have a better chance of recovering well when they are treated by specialist teams with the right skills and equipment, available day and night.

This already happens in the NHS for some types of emergency care. It means patients can get the expert help they need, even if that means travelling to another hospital.

We will keep 24-hour emergency departments at three hospitals, while making sure people who need specialist treatment can get the best care, quickly and safely.



The right care, from the right team

Most people can get the care they need at their local hospital.

But some people are very ill or need special treatment. This does not happen often, but when it does, people may need to go to another hospital.

This already happens for serious road traffic accidents or some types of strokes to make sure people have the best chance of getting better.

What are we looking at?

Our doctors, nurses and other healthcare professionals have recommended that all three hospitals should keep emergency departments and critical care for very ill patients at all three hospitals.

Only people who need certain types of specialist care would be moved to another hospital.

The numbers

Around

20

patients a day

Our early estimates suggest that around 20 patients a day might need to move between hospitals or to hospitals outside our Group under this approach.

This is an estimate for one possible way of providing care, not a decision.

What must we consider?

Before any change, we must look at:

No decision has been made about where individual specialist services will be provided.

- ✓ How safe the care would be
- ✓ How patients would travel
- ✓ How quickly people could get treatment
- ✓ What it would mean for families
- ✓ Whether enough skilled staff would be available

Making sure mothers and babies get safe care

We know how important it is for women and families to have safe care, close to home.

But maternity services are facing some big challenges.

Fewer babies are being born. More women also need extra care during pregnancy and birth.

The numbers

Fewer than

2,000

births a year

In 2024/25, both the Queen Elizabeth Hospital and James Paget Hospital were among just 12 hospitals in England with fewer than 2,000 births a year.

Smaller numbers can make it harder for staff to keep their skills up to date and for hospitals to have enough specialist staff available day and night.

What choices are being looked at?

We need to look at three possible ways of providing hospital births.

●●● **Keep births at all three hospitals**

●●○ **Provide births at two hospitals**

●○○ **Provide births at one hospital**

Each choice has things that could work well and things that could be difficult.

We must look at safety, travel, the care babies need and what matters to women and families.

No preferred option has been chosen. No decision has been made to move or close maternity services.

Building for the future

The numbers

£2.8bn

This is the money set aside to replace two of our hospitals:

The Queen Elizabeth Hospital, King's Lynn

James Paget University Hospital, Gorleston

These new hospitals are a big chance to improve care for years to come.

We want buildings that work well for patients and staff.

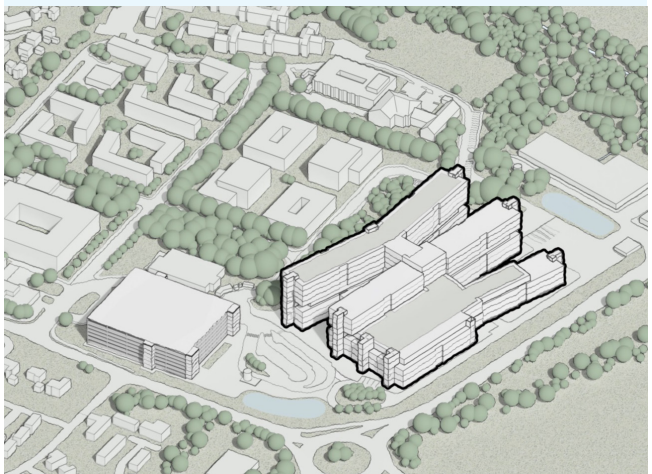
But we need to plan the care they will provide before we decide exactly what they should look like.

Why does this matter?

If we change how some services work, this could affect the plans for the new hospitals.

It could also affect when some of the planning work can be finished.

We are working with the national New Hospital Programme to understand what this means.





Better buildings and better care

New buildings alone will not solve all our problems. We also want to:

- ✓ Help staff work better together
- ✓ Make it easier to share patient records safely
- ✓ Use new equipment and technology
- ✓ Make sure people can get care when they need it

Our aim is to make the most of this investment and build hospitals that meet people's future needs.

This is the start, not the end

The Case for Change explains why we need to change.

It does not decide which services will change.



These are the four main steps:

STEP 1

Agree why change is needed

Our Hospital Group Board and local NHS leaders look at the Case for Change and agree if we need to do more work.

STEP 2

Look at the choices

If more work is agreed, we will test different ideas and see how they could work.

We will look at safety, travel, staff, costs and what each idea could mean for patients.

STEP 3

Listen to local people

We will involve patients, families, staff and communities.

We want to know what matters to them and what they think about possible changes.

STEP 4

Make decisions

Any big changes would need more checks and, where required, a public consultation before final decisions could be made.

There is still a long way to go

We must understand both the good and bad things that could come from any change.

Our staff, patients and communities will have the chance to help shape plans before decisions are made.

Keeping you informed

We know how much our hospitals matter to the people who use them.

We will share updates as the work moves forward and explain how people can get involved.

We want everyone to understand what is being looked at, why it matters and what happens next.

Find out more

You can read the full Case for Change, including the facts and evidence behind this work, on our website.

nw-uhg.org.uk

You can also find answers to common questions and the latest updates.

Scan the QR code

Need more information or a different format?

Email: nwuhgmedia@nnuh.nhs.uk



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A simple guide to our Case for Change - November 2026

James Paget University Hospitals

Norfolk and Norwich University Hospitals

The Queen Elizabeth Hospital King's Lynn

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