HOUSE OF COMMONS
LONDON SW1A 0AA

Dear Resident

Less than 24 hours ago the Eastern Daily Press ran a very worrying story suggesting significant local health service cuts. Specifically, they reported that intensive care might be removed from the Queen Elizabeth Hospital, King's Lynn, that emergency services may be downgraded to a nurse-led Minor Injuries Unit rather than a consultant-led A&E, and that maternity services were also under threat.

Coming on top of the recent cuts to services at the North Cambs hospital site, where I highlighted earlier this year a reduction of more than a quarter of treatments in just the last year alone, this news has understandably caused alarm and distress.

Given the seriousness, I asked for a meeting today with the Group Chief Executive for the Norfolk and Waveney University Hospital Group, Professor Lesley Dwyer, who is the person in charge of the Queen Elizabeth Hospital, King's Lynn. I am grateful that she met with me at short notice, along with Ben White, Group Director of Communication and Engagement.

Professor Dwyer confirmed that she has set up a working group, which started work two months ago in July 2026 involving around 80 clinicians across the University Hospital Group. This group is undertaking a clinical review of services based on the population, workforce and best practice.

She said the group is looking at services across three main hospitals, QEH King's Lynn, James Paget, and Norfolk and Norwich hospitals, and at the three community hospital sites of North Cambs, Thetford, and Dereham, and that "the working group is well progressed but has not formed any final conclusions".

She said that the Trust has funding for two new hospitals, one at the QEH King's Lynn and the other at the James Paget, and to implement a new electronic patient records system, and this is the catalyst for them to review how services are delivered both at the three main hospitals and the community sites.

I made clear how unacceptable such dramatic changes would be and questioned the lack of transparency regarding the review. She confirmed that to date, no papers have been published, either regarding its terms of reference, its membership, or the evidence it has received, and said there were no plans to publish any papers prior to the group reporting their recommendations to the University Hospital Trust's board.

She said that the review is due to report in October to the University Hospital Trust's board and given that it is due to meet on 6th October, it is likely an extraordinary board meeting will be convened towards the end of October.

The decisions of the board would then be presented to the Norfolk County Council Health Overview and Scrutiny Board in November. When I questioned the lack of engagement with councillors from Cambridgeshire, she suggested that they would arrange with Norfolk County Council for representatives from Cambridgeshire County Council, Lincolnshire and Suffolk councils to attend a joint meeting with Norfolk councillors.

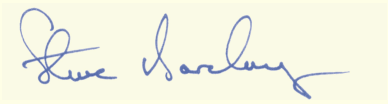
Professor Dwyer assured me repeatedly that "no decision had been taken", and that there would "need to be public consultation". Yet, as I made clear, the suggested changes are so radical and alarming, and with no papers published and decisions being taken behind closed doors, I am greatly concerned by the direction of travel this review is taking and know many residents will share this concern.

When I was Secretary of State for Health, the Conservative Government announced both the new hospital at the QEH, King's Lynn (I was the minister who made the announcement in Parliament of the new hospitals for King's Lynn and Hinchingbrooke), and we also opened a new £2.1 million community diagnostic centre at the North Cambs hospital. Yet, we now have a Labour Government with little interest in rural areas, and a new Prime Minister who openly makes clear he wants to prioritise "the North" over areas like the East.

I have long held the belief that the NHS needs to localise high volume low risk activity so it is more convenient, closer to home, and the trade-off is for specialist, low value, high-risk cutting-edge treatment to be in fewer locations where the specialist workforce can deliver demonstrably better patient outcomes.

Yet, this process does not feel like it is focusing on that test, it is not being open about the data on which recommendations are shaped, and the initial reports that have emerged are out of touch with the needs of the local population. In particular, health services which are time critical need to reflect the journey times in rural communities like North Cambridgeshire and Norfolk.

An ongoing risk is the extent to which this is a Norfolk focussed review when many in North Cambridgeshire are directly affected. If you would like to be kept informed as this develops, please sign up to my newsletter at http://stevebarclay.net/newslettersubscribe



Steve Barclay MP