

The following three questions were asked by members of the public at the ICB Board meeting held on 24 January 2023:

Question: How is technology being used to improve people's care, including to help get people out of hospital and cared for at home?

Answer:

We are committed to investing in and using technology to improve people's care and experience of health services. As a system, we want to offer more digital services to people with limited access and to help support some of our most vulnerable communities to get online. Working with health, care, academic, digital and research partners, we are designing and delivering digital solutions which put people and their care at the heart of them. Information about our digital strategy can be found [here](#).

There are a variety of ways in which technology is being used to support people's discharge from hospital and to help more people to be cared for at home. An important development has been the use of virtual wards, which enable some patients who require monitoring but who are otherwise well enough to leave hospital, to be monitored at home. It means they can return home days or even weeks earlier to recover in the comfort of their own surroundings, sleeping in their own bed, eating their own food and in the company of their family, friends and pets. Virtual ward patients remain under the care of our doctors, nurses and other health professionals and wear a small, easily-rechargeable device that's attached to their arm and enables their condition to be monitored remotely. This [video](#) explains how our virtual ward works and shows the benefits it is bringing to patients and health services.

Question: Can NHS trust and foundation trust governors be invited to the Patients and Communities Committee?

Answer:

The Patients and Communities Committee would be a good place for governors and other non-executives to interface with the ICB's governance. The committee is open to the public and we would welcome governors to attend. The times and dates for the committee's meetings are available [here](#).

Question: I understand there might be a slight deficit and I wondered how that might impact on providers?

Answer: Our priority is providing patients with safe, high-quality care within the budget available. We are looking at slight deficit in some providers and are working with them on financial recovery plans. Our approach will be to work across organisations, as a system, to do address the challenge.

The board was asked one question which was received after the meeting occurred as it was initially sent to an incorrect email address. The query and response can be found below:

Question: Intra-system Electronic Patient Record connectivity was central to the EPR procurement work undertaken 18 months ago. This process was halted and a much larger budget introduced. Will the new procurement centre on this connectivity and the patient benefit it delivers? How will the extra cost (given the pressures on the local NHS) be justified.

Answer:

The current EPR procurement programme for the three Acute hospitals in Norfolk and Waveney is going through robust assurance by the local health & care system but also by NHS England.

The specification is being carefully created and interoperability with internal and external systems will be a key consideration. The budget will be agreed through the outline business case (OBC) and full business case process (FBC). This process will ensure that the chosen system will ensure staff, patient and wider health & care system benefits are maximised for the best possible investment.