

On 22 November the Shrewsbury and Telford Hospital Trust (SaTH) announced that they had cancelled their plans to close the A&E at Princess Royal Hospital in Telford overnight. The closure had been due to start at the beginning of December. They had been trying to drive through overnight closure since 2015 but campaigners have never given up the fight to resist them.

The overnight closure would have been a disaster for patients. The nearest alternative A&E is at the Royal Shrewsbury Hospital (RSH) 18 miles away. But many patients could not have even been treated there. All paediatric emergencies and “critically ill patients with compromised airways” would have to be transported out of county to Wolverhampton or Stoke. The centralisation of all paediatric and head and neck services at PRH in 2014 meant there are no facilities to treat these patients overnight at RSH. For paediatric emergencies that could have meant an ambulance trip of up to 55 miles.

When SaTH announced their decision, they claimed it was because they had suddenly found enough locum doctors to provide safe staffing. That was not the real reason. Up until a week before they had been insisting that it was unsafe to use locums. Only permanent medical staff would do. There was no change of heart. It was pressure from campaigners on the Government and NHS bosses at national level.

In the weeks after the definitive closure plan was announced at the end of September, a petition launched by Telford & Wrekin Council gained over 30,000 local signatures in a matter of days. It specifically called for a Government-led rescue plan. This was followed up with a demonstration near PRH on 2 November with over 3,000 people coming out, many of whom had never been on a demonstration before in their life. Amongst the speakers at the rally were Gill George and Julia Evans, Chair and Secretary of the local Defend Our NHS campaign; Shaun Davies, the Leader of Telford and Wrekin Council; and Unison Assistant General Secretary, Roger McKenzie.

All this put pressure on the local MPs. All five of them are Conservatives, a couple in marginal seats. They could see that they would be blamed if the Government did not come up with a rescue plan. They made sure they had meetings with the Secretary of State.

Campaigners also destroyed the idea that an overnight closure could be clinically safe. Simon Wright, SaTH’s Chief Executive, told his Board that the closure would allow SaTH to “spread the risk around” – that’s risk to the hospital bosses! At October’s Board meeting, the 50 members of the public present demanded that they should be allowed to speak during the item on A&E closure – not having to wait until the end of the meeting to ask polite questions. For an hour, Board members had to listen to the public, not the supposed clinical experts, tearing the proposals to shreds. The non-Exec Directors were clearly shocked but remained silent. Our demolition job had an impact. When the West Midlands Clinical Senate came back a few weeks later with their report on the closure, they echoed the dangers that campaigners had exposed.

This was a battle won, but not the war. The planned overnight closure of the PRH A&E was merely a softening up process for their long-term plan – Future Fit – which will see the PRH A&E closed permanently and all acute services centralised at a single site, RSH in Shrewsbury. PRH would be downgraded to a planned care centre with an attached Urgent Care Centre. This would make Telford that largest town in England without an A&E (population 166,000). The proposals came out of the NHS ‘Call to Action’ in 2013 and have now been adopted as the centrepiece of the Shropshire STP plan.

The plans include reducing the number of acute beds and cutting nursing staff by 20%. The plans were sold on the basis that care in the community would be significantly improved so people would

not need to travel to Shrewsbury or Telford so frequently. That would allow for the reduction in centralised provision. This had an immediate resonance in an area that covers three and a half times that of Greater London.

The reality, not unexpectedly, is different. The health bosses have now announced there is no money to improve services. Rather than creating Urgent Care Centres in the market towns, existing MIUs are under threat. Rather than increasing the number of beds in community hospitals, the plan is now to remove them completely. And other services like rural maternity units are already 'temporarily' closed.

Campaigners have already slowed down the Future Fit cuts plan. The formal public consultation on the proposals was due to take place in the summer of 2015. It actually took place three years late in 2018. In the process, the plans have been discredited. The local press is no longer talking about "world-class healthcare for the next 30 years". It is now generally recognised that Future Fit is a cost-cutting exercise.

The consultation was, unsurprisingly, a fake. People were asked to choose between the preferred option, Emergency Department at RSH and planned care at PRH, or option 2, which was just a reversal of the first. It was designed as a divide and rule tactic. The health bosses assumed that Shrewsbury and rural Shropshire residents would plump for the preferred option and Telford ones for option 2. Defend Our NHS called on people to say "strongly disagree" to both options. It was posed as a vote. People worried that their 'ballots' (the survey forms) would be discarded unless they picked one of the options so only about 20% followed the campaign's advice. More revealing though was the reasons people gave for their choice – less than 2% had anything positive to say about the plans. The rest said their choice was the least bad option. Of course, the health bosses immediately discarded the results of their consultation and in a single meeting confirmed that nothing from 18,000 surveys and numerous detailed consultation responses changed anything.

But just because the health bosses have got the consultation out of the way does not mean it is now plain sailing for them. SaTH is running a deficit that is increasing above their control total month on month. Future Fit requires them to take out capital loans of £312m which they estimate will cause an additional revenue impact of £11m per year. The loans will be guaranteed by the Treasury, but a substantial portion must come from a new PPP scheme, Regional Health Infrastructure Companies (RHIC). The Treasury, frightened by the collapse of Carillion, has yet to sign off on the RHIC business plan although it was submitted almost a year ago. If the Treasury does give the go ahead, it will still be a minimum of another 15 months before the RHICs will be ready for business. The financing of Future Fit is therefore up in the air and the local CCGs have no cash to bail it out.

SaTH itself is a very troubled organisation. Just before they reversed their decision to close PRH A&E overnight, NHS Improvement put them into special measures saying, "patient care could be at risk." The CQC followed up with a damning report listing over 140 recommendations and rating the Trust as "Inadequate". Particularly scathing were the comments about the Trust leadership: "Not all trust leaders had the right skills and abilities to run a service providing high-quality sustainable care"; "a culture of bullying and harassment and ... a culture of defensiveness from the executive team"; and "a lack of accountability and ownership of patient safety agendas at board level". Defend Our NHS had called for the removal of the Chief Executive and the Medical Director with at least partial success when the Medical Director was demoted as a result of the inspection. At the same time the Trust is subject to an independent investigation ordered by the Secretary of State into avoidable deaths and harm in the maternity service. What started as an investigation into 23 historic cases is now dealing with well over 200 cases many arising while the current Trust leadership were in post.

With this level of crisis, who wants Future Fit to go ahead? Certainly, the MPs who enthusiastically welcomed the programme when it was launched in 2014 have now backed off. The three Conservative MPs from Shropshire, plus one from Powys, backed their local hospital, RSH, as the site for the Emergency Department, while the other two Conservative MPs from Telford backed PRH. The divide and rule tactics of the health bosses had succeeded at putting the MPs at each other's throats. Given one of the Shropshire seats and one of the Telford seats are marginal, the national Conservative leadership do not want to be seen as coming down in support of either side.

The situation with the local councils was initially similar. The Conservative-led Shropshire Council supported Future Fit on the basis that the Emergency Department is planned for Shrewsbury. Labour-led Telford & Wrekin Council had a similar position but argued that the Emergency Department should be in Telford. During the Future Fit consultation, they put out a massive amount of publicity arguing for support for Option 2 (the Emergency Department at PRH option) and delivered a Future Fit survey form to every household in their area. During the campaign to save PRH A&E from overnight closure though, they changed their position. The Council now opposes Future Fit as a whole. The change was reinforced when Councillors saw the reception Gill George received when she called for the retention of two A&Es at the rally following the demonstration. It now seems almost certain that Telford & Wrekin Scrutiny Committee will refer the formal decision, when it comes in February, to the Secretary of State for Review. The rumours are that the Secretary of State would like to be able to wash his hands of the whole affair – he cannot square the circle to help all the local MPs.

In Defend Our NHS there is a sense of optimism that this battle can be won. Consistently over the last five years the campaign has built up a broad base winning support. The focus has been winning support not just from those who have always opposed the current MPs but also those who had voted for them. That increases the political pressure. The campaign's social media publicity reaches almost 100,000 locally. Campaign speakers have been featured at Parish Council and Women's Institute meetings. The campaign has taken up many smaller issues and won some of them – getting a clinical group session for dementia patients reinstated, for example. That has given people confidence that NHS decisions are not just a done deal. The campaign has ensured that it never puts across its arguments merely as slogans but has produced a wealth of evidence-based material. It has built up a level of trust where insiders are sometimes willing to share information knowing that their confidences will not be breached. This approach has neutralised opposition to the campaign from the media. From being largely hostile when the campaign started, the media now regularly reports our opinions because they are backed with facts – the facts frequently being stories the campaign breaks.

The campaign cannot be completely won locally. Until enough funding is allocated to the NHS nationally, local cuts cannot be totally halted. But they can be delayed. And the more they are delayed by campaigners locally and nationally, the more pressure on the Government to increase NHS funding. It is by any standards a victory that Shropshire still has two functioning A&Es years after the health bosses planned to close them.