It is a pleasure to follow the hon. Member for Central Ayrshire (Dr Whitford). The House should listen to what she says about the point of targets.

I thank NHS staff across the UK and, given the subject of this debate, particularly those who work in the 181 emergency departments across England. Those people face immense challenges. Last year, they cared for 14.5 million patients—an increase of 500,000 on the previous year. As the hon. Lady said, this debate is about not just numbers, but complexity. We have to face that. It is a disappointment to those NHS staff when they see the debate descend into political diatribes. They want to hear constructive diagnoses and solutions from this House; they do not want to see this issue being used as a football. Let us move forward in that vein in this debate and look at the challenges.

This issue is immensely complex. Anyone who says that there is a single answer is not looking at the scale of the problem. In the few minutes I have, it would be impossible to address all the issues, so I will focus on the workforce challenge, which is key. That challenge does not relate just to emergency departments; there is a complex interaction that includes primary care, ambulance services and the voluntary sector.

We know that about 15% to 20% of people who are seen in emergency departments would be better seen in another context. How do we get the skill mix right? We need to consider the fact that not every place needs the same solutions. The solutions that are right in a rural constituency are very different from the solutions that are right in an urban area.

We need to look at the challenges of recruitment, retention and retirement. We have heard that 50% of training places are not being filled, but there is also the leaky bucket of those leaving the profession. We must consider the fact that it costs about £600,000 to train someone to senior registrar level in emergency care. The scale of the brain drain is enormous, particularly to Australia and New Zealand. How do we address that? Of course, there will always be junior doctors who want to spend a year working abroad and then return with the skills that they acquire. We should not discourage that, but we could do more to make it a two-way process. The main problem is the loss of those higher professionals who have not only the skills that are needed to look after the most unwell patients in our emergency departments, but the confidence and decision-making skills that are required to know when it is safe for patients to go home.

Tania Mathias Conservative, Twickenham

I absolutely appreciate what my hon. Friend says about the leaky bucket. Does she agree that every school and every careers adviser should be advising people to go into the NHS, given the 300 careers that it offers?

Sarah Wollaston Conservative, Totnes

Indeed. I was going to comment further on the issue of the skill mix. This is about not only
those higher skill professionals, but the mix within the NHS. I do not think that we should talk that down. We simply will not be able to manage unless we broaden the skill mix. Healthcare assistants, for example, make an extraordinary contribution to the NHS and social care. One of the reasons we lose so many of them is the lack of access to higher professional development; it is not just about a low-wage economy. This is about how we can create more pathways to becoming, for example, assistant practitioners and physician assistants, how we can use them and how we can bring in more pharmacists, who train for five years in their specialty, into what we do across the NHS?

Helen Whately Conservative, Faversham and Mid Kent

Picking up on my hon. Friend’s point about healthcare assistants, does she agree that improving the opportunities for healthcare assistants is a huge opportunity for the NHS at the moment?

Sarah Wollaston Conservative, Totnes

It is a huge opportunity and we must go further with that, because continuing professional development across the NHS workforce is part of addressing the burnout that the hon. Member for Central Ayrshire talked about. We must do more to address the rotas and see what is causing our staff to leave the NHS, because it is not just about pay or the allure of working in a sunnier climate, we cannot do much about that. It is also often about the work-life balance they face and how that compares with abroad. We have got into a vicious circle of increasingly having to rely on locums to fill those gaps, and that money could be far better spent addressing why the NHS is haemorrhaging so many skilled staff abroad and to outside professions.

When we talk in this House about the challenges facing primary care and A&E departments, we must be careful not to talk them down. We know that medical students find going into A&E attractive, so let us not cut off the supply any further by talking about it in terms of doom and gloom. There are things we can do to improve the working lives of people in A&E, so we should get on and do the job, and I think that this House should do so in a far more constructive frame of mind. It is time to put aside the difference we have had in the election. We have five years to go until the next election. Let us show an example to those following this debate outside by looking at this in entirely constructive terms.

I want to return to an issue the hon. Member for Central Ayrshire touched on: seven-day working. Just as we should not be trapped by targets, let us not be trapped by political dogma. Let us look at what the unintended consequences sometimes can be if we are driven by the mantra that it must be 8 till 8 and seven days a week in every situation. I used to practise in a rural community. If we create a system in which we make it deeply unattractive to work in small, rural practices and in which we divert resources from the key priorities of seven-day working which should be to reduce avoidable mortality and unnecessary hospital admissions, and if we take our eyes off that as the key priority and drive towards having to achieve 8 till 8 in every location, we could find that we have a further recruitment shortfall, as has happened in my constituency. That can translate into real unintended harms, such as the closure of many beds at Brixham hospital because the GPs could no longer safely man the in-patient beds. We could find ourselves in a spiral of unintended consequences. Let us listen to those on the front line and to our patients and keep them first and foremost in our minds when we consider what we are doing in the NHS.

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