Dr Sarah Wollaston (Totnes) (Con)

Let me start by congratulating the shadow Health Secretary on calling this important debate. First and foremost, it matters because of the impact on patients of a nursing workforce shortfall. When the Health Committee’s recent primary care inquiry took evidence, Professor Ian Cumming estimated that shortfall to be between 15,000 and 20,000 nurses. This is not just about the overall shortfall; it is also about shortfalls geographically and in certain key areas, particularly primary care, community care and mental health. We therefore need to look at the big picture.

The workforce shortfall adds costs. We know that the agency staffing bill was about £3.3 billion in the last year and that three quarters of trusts are still breaching the agency price caps, although we are making some progress on that, with the relevant figures being £303 million in October last year and £287 million in February this year. These resources should be spent elsewhere, on patient care. There is an over-dependence on nurses who are trained overseas. They are a very valued part of our workforce but they are often being recruited from countries that can ill afford to lose them. We will need to train more nurses—this is the prime consideration of this debate, along with how we achieve that.

I congratulate the Minister on the proposals to open up many more places to nursing students, but we should consider some unintended consequences and I wish to touch on those further in this debate. We must do this without disadvantaging or cutting off our current core nursing workforce. It is absolutely right that we pay particular attention to the impact on mature students, because we have heard the data on that: 23% of all nursing applicants are over 30; more than half are over 21; and, as the hon. Member for Lewisham East (Heidi Alexander) said, the average age is 28. The question is whether this core mature nursing workforce are going to be deterred from applying.

We have already seen an example of innovation, with the University of Bolton partnering the Lancashire Teaching Hospitals NHS Foundation Trust to start offering places where students apply through the UCAS route. They introduced 25 places in the first pilot, with the first intake being in February last year, and there were 650 applicants for those places, even though they knew that they would have to access loans. There has been a very successful second round, with an increase to 75 places this year, and so the assumption that people will simply not apply for these courses just is not correct. We need to bear it in mind that we cannot necessarily extrapolate from there to a wider increase in numbers, but I ask the Minister whether there is any room, as we start to roll this out, to retain some bursaries for our very valued core mature nursing workforce for at least the first few years, until we know what the impact is. Will he address that in his summing up? Is there any role for a period of transition? It is important that we bear in mind the potential for unintended consequences.

Two thirds of those who apply for nursing places are unsuccessful, and it is unreasonable not to increase the opportunity for those students. I very much welcome the Minister’s plan to roll out other opportunities to enter the nursing workforce. We know from the Cavendish
review that one reason we lose so many from our core healthcare assistant workforce is because there are no continuing professional development opportunities for them. Very many of those people, whom we know to be fantastic at their job, are not able to progress in the way that we should be allowing them to do. The key focus for us in this House should be: what is best for patients? What is best for patients is for us to train up a more diverse workforce, through many routes. There is a case for saying, “Let's not completely abolish bursaries in the first round. We could phase things in more slowly.”

Another opportunity we could look at to try to attract people into nursing is through recognising that the clinical component is very high in the nursing course, at about 50%. Is there any way we could recognise that with a limited grants system for those who would otherwise be deterred? Perhaps at the end of a nursing course we could recognise mature students, particularly those who have taken on a second degree. Is there a way we could allow an extra payment to go to those nurses, particularly those who are going to go on to train in specialties where there is a shortage, linked with a period of NHS service. I know that we are using such an approach in general practice to try to attract people into shortage specialties. Would the Minister also consider that in responding to the legitimate concerns about the impact on the mature nursing workforce?

In summary, there are things we are doing where we are making progress, but there are things we can recognise as being unintended consequences. I hope the Minister will also look at some of the other recommendations from the recent Health Committee inquiry on primary care and say, “What can we do, as we increase the number of these courses, to increase the exposure to shortage specialties within the training period?” Too many of our healthcare workforce are staying within acute care and we know that if they have increased exposure to primary care during their training, they are more likely to want to go into those specialties.

Finally, as we increase these other opportunities for nursing and physician associates, may I ask the Minister please to touch on registration? We have heard evidence that, sometimes, not being registered can deter people from taking on physician associates. Allowing those associates to be registered is a recognition of their skills. These should be professional qualifications, and I hope that he will refer to that in his summing up.