Heidi Alexander (Lewisham East) (Lab): It is a pleasure to speak in this debate under your chairmanship, Mr Evans, and to follow the excellent contribution of the hon. Member for Central Ayrshire (Dr Whitford). I also thank the hon. Member for Sutton and Cheam (Paul Scully) for bringing the debate to the Chamber and I pay tribute to the petition’s organisers, because it is no mean feat to get 154,000 signatures.

We have had a good debate, with some excellent contributions. In particular, I pay tribute to my hon. Friends the Members for Ilford Noth (Wes Streeting), for Heywood and Middleton (Liz McInnes), for Sheffield Central (Paul Blomfield) and for Coventry North East (Colleen Fletcher) for their contributions. I also thank the hon. Member for Lewes (Maria Caulfield) for her insights. She was right to highlight the realities of life for student nurses, but I am afraid I do not share her optimism about the other training routes the Government are developing for nursing staff. She was also right to acknowledge that the bursary is not perfect, but it is beyond me why we should replace it with something worse.

In the short time I have, I want to set out why I think the Government are taking a huge gamble with the future of the NHS workforce and with patient safety. As others have said, the Government’s proposals affect not only nurses and midwives, but those studying radiography, radiotherapy, physiotherapy, occupational therapy, podiatry, chiropody and speech and language therapy. Many of those specialisms face recruitment challenges, and they are all integral to the NHS’s ability to continue functioning.

Before I turn to the problems with the Government’s proposals, we need to understand why the country has a problem with nursing supply in the first place. Shortly after the 2010 election, the Government cut the number of nurse training commissions in an ill-judged attempt to make some short-term savings. Those cuts saw nurse training places reduced from more than 20,000 a year to just 17,000—the lowest level since the 1990s. As a result, we trained 8,000 fewer nurses in the last Parliament than we would have done if we had maintained training commissions at 2010 levels. At the time, experts such as the Royal College of Nursing warned that the cuts would cause “serious issues in undersupply for years to come.”

They were right. Hospitals are now forced to rely on recruitment from overseas or on expensive agency staff. That is a key cause of the projected £2.2 billion black hole in NHS finances.

Although the Government have tried to correct the problem and increase the number of training commissions in recent years, even today we are training fewer nurses than we were five years ago. There is therefore a problem. No one disputes that, but no one should be under any illusion about the cause.

The danger with the Government’s proposals is not only that they risk making staff shortages even worse by putting off the next generation of student nurses, but that they are ill-judged and not backed by a shred of evidence. As we have heard today, the starting salary for a nurse is just above the loan repayment threshold, which has, shamefully, been frozen. That means that nurses will start paying back their loans as soon as they graduate. As my hon. Friend the Member for Ilford North said, nurses will, on average, take an effective pay cut of £900 a year to meet their debt repayments. How on earth can the Minister justify that? Why is he so sure that burdening nurses with debts of more than £50,000 will have no impact on recruitment or retention?
If the Minister will not listen to me, perhaps he will listen to the stories of some of the student nurses themselves. Just before Christmas, I met four deeply impressive young women who were studying to become nurses—Danielle, Charli, Marina and Sophia. Those women were in their 20s, and their lives have not followed the simple path of GCSEs, A-levels and going straight to university. Danielle left school after her GCSEs, but she went back to do her A-levels. She got a job as a healthcare assistant and then decided she wanted to go into nursing. Marina had a child when she was 16. By the sound of things, she has had a pretty tough life. However, she is clear she wants to be a mental health nurse. When she says she thinks the best people to care for others are those who have experienced hardships themselves, she has a point. My fear about the Government’s proposals is that they will mean that those who end up training to be nurses will be those who are best placed to pay, not necessarily those who are best able to care.

Has the Minister read the testimonies of student nurses past and present, which the Royal College of Nursing collated? It is a hefty volume, and I recommend it to him. Natalie from Sheffield says this about the bursary:

“Without it I wouldn’t have been able to start the course...My mum gives me help when she can, but as a single parent she can’t afford to look after my sister as well as me. I think there will be a huge loss of people taking part in the course, which will further impact on the nursing shortage.”

Daniel, from south-east London, says:

“I would not have taken the course if it were another £20,000 plus worth of debt to incur. To cut the bursary is ridiculous. Student nurses are thrown into the…deep end as soon as their first placement a month into their studies, leaving less time for work that pays. If anything, the NHS bursary should be raised.”

Vicky, from York, says:

“I would not have been able to, or chosen, to study to be a mental health nurse without the bursary for the following reasons…I am a single mum and need support for childcare costs. I have debts from a previous degree. I am a mature student at 33. I would not take on further debts which would be impossible to pay back, and would not be fair on my little girl.”

I say to the Minister that I know about the fear of debt that can be instilled in people by a working-class upbringing. I know what discussions take place in homes across the country about the pluses and minuses of people going away to university and racking up debts when they could just start earning. I know that because I experienced those discussions.

My other main concern with the proposals is that, as others have said, the Government do not seem to understand that student nurses are not like other students. Student nurses are required as a normal part of their studies to spend a significant amount of their course working with patients in clinical practice, including on night and weekend shifts. They have less holiday than other students, and they spend hours on their course caring for patients and, sometimes, keeping our hospital wards running. The changes will, effectively, charge students for working in the NHS. How can that possibly be justified? What the Minister seems to have failed to grasp is that student nurses are far more likely to be mature students. We have only to look at what has happened to applications from mature students under the new student finance system to see what a risk the proposals will be to the NHS.

That raises an important question about the kind of people we want to train to be nurses. The application process is rigorous, and rightly so, but the average age of a student nurse is 28, and many have caring and family responsibilities. Are those not precisely the people we
want to attract into nursing? If so, is it not all the more alarming that those people are the most likely to be put off a career in nursing as a result of the changes?

The Minister will stand up and no doubt eloquently argue that I am wrong, and that the Royal College of Nursing, the Royal College of Midwives, Unison and various other stakeholders are wrong. However, every one of the claims I am sure he will make has been questioned by experts. The Government’s case for the changes has been put together on the back of an envelope—they did not even bother to consult anyone before announcing them. The Royal College of Midwives has said:

“The RCM is extremely disappointed that the government did not seek advice or consult with us prior to making this decision.”

The Royal College of Nursing has said:

“This decision was made with no consultation or evidence gathering.”

Talking to organisations that might know a thing or two about nursing is not just good policy making but plain common sense. Will the Minister explain why he did not talk to the Royal College of Nursing or the Royal College of Midwives before the Chancellor made his announcement?

Will the Minister also explain why the proposed consultation is only a technical consultation on the proposals’ implementation, not on the principle behind them? Surely it makes sense to have a proper, detailed look at the matter and to work with all sides to explore how we can improve the support available to student nurses and increase the supply of excellent staff to the NHS. By jumping to a solution that is not based on evidence or facts, the Government are taking a reckless gamble with the future of the NHS workforce, and with patient safety. I serve notice on the Minister today that the Opposition will oppose the plans every step of the way.