NHS Car Parking

Consultation on Improving Access for Patients

December 2009

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Consultation on Improving Access for Patients

Prepared by Estates & Facilities Division,
Department of Health

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Foreword by the Secretary of State for Health

I have set a tough challenge for the NHS in the coming period – to move up a level from the predominantly good service it is today to the great people-centred service it could be. If we are to make that shift, it means a relentless focus in all hospitals on the quality of the patient experience.

Ten years ago, targets were necessary to place order on a failing system. But they can only take you so far. Hospitals could tick the boxes but miss what matters most to the public – how staff speak to patients, how clean the hospital is and, for many, how easy it is to park and whether the costs are fair and affordable.

As any MP will tell you, hospital car parking is a vexed issue. It has a huge bearing on people's experience of the NHS and influences perceptions of local hospitals. And yet, despite this, the NHS arguably hasn't given this issue the attention it deserves. As a result, policy and practice varies greatly across the NHS.

A more people-centred NHS would have a better approach to parking. Poorly managed and costly parking services at hospitals can add considerable stress and hardship to families who, by definition, are already going through an anxious time. Families of the sickest patients can see parking costs can really rack up, limiting the visits from family and friends because they cannot afford to go every day. That in turn can affect the recovery process.

So we can do a better job – and that is why I am initiating this consultation.

I want to hear the range of views so we can develop a more consistent and fairer approach understood and accepted by patients everywhere. I have said I would like to see car-parking charges for in-patients phased out over the next three years, as savings from back-office costs allow. I want to hear what people think about this, as well as other ideas about how to make things fairer for outpatients too. But I know that others may say that car parking should not be a priority when the NHS faces such a considerable productivity and quality challenge. These are the choices we want to bring out in this consultation as we decide on the next steps.

Experience so far suggests that the response to this consultation will be good. I hope you will take part and help us improve the patient experience across the NHS.

Andy Burnham
Secretary of State for Health

1: Perspectives on NHS Car Parking

Introduction

Access to and charging for hospital car parking is an important issue for patients and their families. While the vast majority of people who use the NHS are happy with the clinical service they receive, many are unhappy about the principle of being charged to park when using NHS services as they perceive it to conflict with the principle that NHS treatment is free at the point of delivery. A recent survey showed that car parking is an important issue when choosing a hospital for more than half of patients, and this was consistent for both low and high income groups.[1] In extreme cases, travel costs, including car parking, may deter some people from attending their outpatient appointments or some people from visiting in-patients.

The provision of parking spaces and the level of charges is currently a matter for individual NHS trusts, taking account of their local circumstances. Some choose not to charge for car parking, but for those who do Department of Health guidance was originally published in 1996 and last reissued in 2006[2] to provide information and advice on establishing and operating commercial car parking schemes in the NHS as income generation activities. In line with recommendations made by the Health Select Committee,[3] it also suggests that, to protect frequent users of NHS services, concessions are offered, including:

- offering regular patients and their visitors a 'season ticket' that allows them reduced price, or free, parking;
- introducing a weekly cap on parking charges for patients;
- providing free parking for patients who have to attend on a daily basis for treatment; and

1 The background and further details of this survey are provided in the Impact Assessment

2 Income Generation – Car Parking Charges: A Guide to Implementation is available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062857
The document should be read in conjunction with *Income Generation – Best Practice. Revised Guidance on Income Generation in the NHS* (Chapter 30 of the Finance Manual.

3 Health Select Committee – Third Report 2005/06; available at http://www.parliament.the-stationery-office.co.uk/pa/cm200506/cmselect/cmhealth/815/81502.htm

- informing patients before their treatment begins of the parking charges, exemptions and reduced rates that will apply.

A full extract from the current guidance is provided at Annex 1 of this document. Because it is a matter for individual trusts, the concession schemes and the way they are promoted varies between trusts. It is believed that this inconsistency is a source of frustration for many patients and their families. This is particularly true for those undergoing regular and long-term treatment, such as cancer treatment or renal dialysis.

The costs of car parking

While easy access to car parking has great benefits to patients, providing it has a significant cost, both economically and environmentally.

Large trusts have indicated that the costs of operating their car parking facilities are in the range £1m–£3m per year. Direct costs include equipment (barriers, payment machines, signage); lighting; insurance; security staff; administration; and maintenance. Trusts who report higher costs may also be accounting for capital repayments or depreciation, particularly where they have invested in additional or improved facilities.

These costs must be found from within total operating budgets and so many NHS organisations offset them by charging. Some may also generate a surplus that funds additional healthcare services for patients. The power to do this is based on the Health and Medicines Act 1988,[4] which allows NHS bodies, among other things, to market any spare capacity resulting from a non-core function to raise additional income. This income must be used to support health services.

NHS perspective

NHS managers must be able to respond flexibly to local issues relating to parking and traffic management, including the local community and parking environment, public transport and site congestion, as well as planning constraints. These will be different for each NHS site and the impact needs to be determined locally.

4 Sections 7(1) to 7(8). See also section 21(5), paragraph 19 of schedule 4 and section 43(3) of the National Health Service Act 2006, relating to PCTs, NHS Trusts and Foundation Trusts respectively.

In April 2009, the NHS Confederation report "Fair for all, not free for all"[5] concluded that:

- car parking and transport policies are important, particularly for reputation;
- charging for car parking is often necessary, but needs to be fair – and to be seen to be fair; and
- There should be five principles for fair car parking policy:
  - have a travel plan for users of all types of transport;
  - control parking fairly, with concessions for those whose health conditions or work commitments mean they have to park frequently or at anti-social hours;
  - show car park and transport costs and how charges are reinvested;
  - think about the environment and how transport can reduce the NHS's impact; and
  - be open and involve patients and the public.

Environmental considerations

The NHS is estimated to account for 5% of all road traffic in England and travel is responsible for 18% of the NHS carbon footprint.[6] Travel by patients or their visitors to and from NHS facilities contributes to these carbon emissions. Their reduction needs to be considered as part of the ongoing improvements in sustainable development in the NHS, but without compromising quality of care.

This balance needs to be managed locally by the NHS. The Trust's transport policies must ensure that patients and visitors have easy access to services while promoting sustainable options like encouraging the use of public transport.

Current practice

Since 2001–02 information on car parking provision and costs have been collected through the Estates Related Information Collection (ERIC).[7] From 2004–05 this has been a voluntary collection so it does not provide a full NHS figure. Moreover, at some hospitals, car parks may be operated through Private Finance Initiatives (PFIs) or other third party operators. Their revenue also needs to be accounted for in relation to any proposals to remove or limit future charges for NHS users. We

5 See www.nhsconfed.org/Publications/Pages/Fair-for-all.aspx
6 NHS Carbon Reduction Strategy, NHS Sustainable Development Unit, 2009. See http://www.sdu.nhs.uk/page.php?area_id=2
7 Historic data are available at www.hefs.ic.nhs.uk

estimate that current revenue from NHS patients and visitors is in the range from £140m to £180m. We will use the consultation to review this estimate but for now we have based the cost of policy proposals on the £180m figure.

ERIC data for 2008-09 shows that 77% of NHS sites do not charge for car parking. However 94% of acute hospital sites charge at least some users, whilst only 12% of Mental Health sites and 22% of PCT sites do so.[8]

For those that do charge, the average is £1.00 per hour for patients & visitors (£1.10 for acute hospitals) based on an average of the first three hours, although there is wide variation between trusts in both the amount charged and the way charges are structured.

Of the 274 individual sites which reported charging, 215 (78%) indicated that they provided some form of concessions to regular users. The Department does not collect information relating to the type and value of these concessions. However, it is clear from correspondence, that some concession rates do not represent a fair deal for key users. There are particular concerns that Trusts do not make sufficient effort to ensure that all eligible patients are aware of, or are able to claim, their entitlements without difficulty.

No information is routinely collected on the costs of providing car parking or the surplus generated. However, based on what we know about the range of charges and income, it is likely that many NHS car parking schemes do not fully cover operating costs, while others generate a surplus that contributes to the running costs of the organisation and the level and range of healthcare that it provides.

The Healthcare Travel Costs Scheme

The Healthcare Travel Costs Scheme (HTCS)[9] was set up in 1988, as part of the NHS Low Income Scheme, to provide financial assistance to those patients who do not have a medical need for ambulance transport, but nevertheless need help with their travel costs.

Under the Scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in part or in full for costs incurred in travelling to receive certain NHS services, where their journey meets certain

8 These percentages are weighted according to beds meaning that 94% of hospital capacity is provided on sites that charge for parking. This weighted percentage reduces to 80% for acute and Mental Health beds combined.

9 See www.dh.gov.uk/en/Managingyourorganisation/Financeandplanning/DH_075759

criteria. Reimbursement can be made for travel by public transport and private car. Patients travelling by private car can reclaim the cost of parking charges.

In 2008-09, 584,000 claims were made for help and a total of £6.6 million was paid out. However, the scheme covers only patients meeting certain criteria, and not their friends or family who may be visiting.

Approaches elsewhere

The devolved administrations take different approaches:

- In Wales, the majority of hospitals have free car parking. By the end of 2011, all parking will be free for patients, staff and visitors.
- In Scotland, car parking is free other than at car parks operated under the Private Finance Initiative.
- In Northern Ireland, parking is free for very ill patients and their families. Charges for other patients and visitors are a matter for individual trusts.

While Scotland and Wales in particular have widened the availability of free parking, this has not been without problems. Media reports suggest problems parking at some sites due to increased use by either greater numbers of patients and visitors travelling by car, or by local commuters taking advantage of unrestricted free parking.

2: Proposals for the next steps on charging for NHS car parking in England

Patient need and experience

Patient need and experience is the fundamental driver of policy proposals, including:

- Impact on their health and recovery – supporting regular visitors for inpatients and full attendance by outpatients;
- Economic impact – how much is each patient having to spend on accessing their necessary healthcare (or indirectly to receive visitors as an in-patient)? How does the cost of travelling by car compare with travel by public transport (if available)?
- Fairness of charging – how satisfied or dissatisfied is the patient or visitor with the fact that they are being charged for the service, even if they can afford it? Do they feel that they are subsidising the provision of healthcare?

There are a number of other key criteria we must also consider when assessing the options for improving access to car parking.

Cost and affordability

Providing car parking incurs significant operating costs and many organisations charge to cover or partially offset these. We do not intend to provide any additional funding to offset any reduction in income resulting from reduced or eliminated charges and we have already said that any change will have to be funded from savings in bureaucracy and back-office expenditure. There may also be a need to offset the cost of any overall reduction in charges against how quickly they can be introduced.

Availability of parking

At some hospital sites, particularly in some city centres, there is insufficient parking space for patients, visitors and staff. Some Trusts experience additional problems from use by non-NHS users, such as commuters or shoppers. Other sites, currently operating at close to full capacity may be compromised if demand increases. Any change in charging arrangements would have to be manageable for these sites, ensuring that access for essential users is not affected.

Environmental impact

We must be consistent with both local and national obligations to provide integrated and sustainable transport policies and meet related carbon reduction targets. Schemes therefore should not encourage significantly greater car use.

Ease of operation

Charging schemes must be capable of being operated and administered efficiently and effectively, so that management costs and abuse or fraud are both minimised. Schemes must also meet other local operating requirements such as traffic flow, noise & pollution, access for disabled and other priority users, security & safety, emergency access and fire regulations.

Equality

As with all government policies, the policy must not compromise equality on grounds of age, gender, ethnicity, disability, religion, or sexual orientation, and ideally should act to reduce inequality.

Staff parking

The availability and cost of parking are important to NHS staff. Many are shift workers and the timing of their shifts means that other forms of transport are not available or would create personal safety risks. Whilst, there is no intention that the provision of free car parking to inpatients would be replicated for staff, we would not expect any significant change in staff charges or availability of staff parking.

Minimising unintended consequences

Charging schemes that meet the needs of a priority group risk adverse consequences for other users. In particular:

- increased charges or the removal or reduction of other existing concessions for patients/visitors outside of the priority group to compensate for loss of income;
- reduction or closure of parking facilities due to costs no longer being covered, or failure to invest in future improvement of facilities.

Public Finance Initiative (PFI) schemes and outsourced car parking

Car parking can be provided directly by the NHS organisations themselves, outsourced for management by other providers or included in Private Finance

Investment (PFI) schemes. Specific local contracts will determine the operation of each scheme but in some instances the income from parking may be retained by the operator as part of its overall contract payments. There will also be specific requirements for the agreement of parking charges.

PFI or other managed contracts could be altered via a 'variation' to remove car parking altogether or cease charging, but this would be a major change involving renegotiations and reviews (with the associated adviser costs) and any loss of income will have to be compensated. However, imposing *reasonable* charging caps and concessionary schemes on Trusts and operators should be possible for the reasons above and there are examples where parking charges have been reviewed and reduced at PFI schemes in response to changes in local circumstances.

Evaluation of options

We have considered a broad range of options for improving access to car parking. These could include:

- No charges on NHS premises;
- No charges for any patients or their visitors;
- No charges for in-patients (visitors) only or for outpatients only;
- Specified maximum charge for access to an illness/course of treatment (charge only up to x days of use per admission or treatment programme);
- Improved concessions targeted on low income users (Improve or the extend Hospital Travel Costs Scheme);
- No mandatory changes but improved adherence to guidance; or
- Total local discretion (no expectation of concessions for regular patient or visitor users)

Based on the key criteria a number of these options are clearly not feasible:

Removal of all charges at NHS car parks. This would be simplest to operate and would clearly give in-patients and their visitors access to car parking. However, we estimate that the NHS would lose up to £200m of income. Unrestricted free access would lead to significant congestion at many sites, meaning that some patients, visitors and staff would be denied access completely. It would also result in a significant increase in car journeys with associated environmental impact. There is also a small risk that some Trusts would disinvest in car parking in the long term, thus reducing overall access.

No Charges for any patient or visitor. A variant on the first option, charges would only be applied to those not attending the Trust – typically commuters or shoppers using the NHS car park as a convenient facility. Under this model the loss in income would still be close to £180m and would be higher if administration costs are included. Operation of the scheme to identify and charge external users only would be complex and costly. Car journeys by patients and visitors would also increase significantly with associated environmental impact and capacity problems at some sites.

Extending concessions under the Healthcare Travel Costs Scheme. Extending these concessions to patients' friends and family who are visiting, while an effective way of improving equality of access, would require every visitor being separately assessed on a personal means tested basis. Administration on such a large scale would be extremely burdensome and complex, and susceptible to misuse or fraud.

Total Local Discretion. Existing guidance on concessions for regular users could be withdrawn, leaving decisions on car parking charges entirely to local discretion. The reported inconsistency in the application of the currently recommended concessions suggests that removing even this limited lever would compromise patient and public expectations even further.

Free Parking for All Outpatients. Those outpatients with illnesses or conditions requiring frequent and extensive outpatient visits should already benefit from concessions. As the scale of these concessions remain discretionary at local level, the needs of some outpatients may not be met in full. However, addressing this deficiency by mandating free parking for all outpatients would extend to many more users, most of whom would be attending for a single appointment or a small number of follow ups. This would result in significantly greater increase in car usage that would limit access at some sites, and increase environmental impacts.

This leaves a small number of options that may be feasible and successful in giving patients better access to car parking at NHS Trusts, especially inpatients and their visitors:

No Mandatory Changes but improved adherence to guidance. The delivery of a fair car parking policy, locally and nationally relies on adherence to non-statutory guidance with clear recommendations that concessions should be provided and promoted for regular users. Those that do not may be required to justify their approach to their local population via the media.

While there are many examples of good practice, where generous concessions are offered to a wide range of regular or priority users, and patients are told clearly in advance how to claim them, the extent of complaints and issues raised by individuals and patient groups suggests that this is not universal. The weakness of the current approach is that it does not quantify the recommended or minimum values of the concession. Trusts can meet the letter if not the spirit by providing concessions of limited financial value or which are difficult to access.

Although pressure from their local communities may cause a few organisations to reconsider their policy, we do not believe that the aim of universal fair charging, with appropriate concessions, can be achieved without more specific guidance.

Free Parking for Inpatients. A particular concern is to ensure that no inpatient is denied visitors because they are unable to afford car parking. Regular visitors support patients' recovery – visitors regularly help with tasks like feeding as well as providing personal support.

Inpatients benefit less from current concessions, which are aimed primarily at regular outpatients and their visitors are not eligible for the means tested Hospital Travel Costs Scheme. Offering free parking to inpatients and their visitors[10] will therefore improve the NHS service for a new group of patients, although care would be needed to ensure that outpatients were not penalised by compensating increases in charges or reductions in concessions. It would also not extend to patients in hospitals that do not have parking facilities on site. There is a risk at some sites that increased demand would result in insufficient space for all NHS users. Increased car journeys may also compromise environmental obligations.

The scheme would have an administrative overhead as it would need to address the practical challenges of meeting the needs of patients admitted for elective care or as an emergency (where a parking permit could not be pre-arranged). Arrangements would also need to be made to take account of unknown discharge dates, when the permit would need to be withdrawn to prevent further inappropriate use.

We estimate that providing this full concession would cost up to a maximum of £112m in lost net revenue and a further £5m in administration.

Many hospital car parks operate at or near full capacity during peak periods, and providing free parking would create excess demand for spaces making it difficult

10 For the purpose of analysis and costing, we have assumed that one vehicle would be free of charge for any visiting period during the patient's stay in hospital. The proposal relates only to car parks within NHS premises and not to parking at any other nearby public or private car parks.

for some to park. We would not want hospitals to manage this new demand through higher charges for other users (and have made this assumption in our costings). For sites with insufficient capacity, other ways of managing demand would need to be considered, including designating spaces available to free users, prioritising certain groups or more innovative approaches such as better access for public transport or more use of off-site parking.

Creating a Cap on Charges. Another option would be to limit the amount that any patient (or visitors of a patient) should pay for an episode of treatment. This could be achieved by setting a number of days stay or visits after which further patient or visitor car parking should be free of charge.

Inpatient stays range from a single night to many months, but more than half of inpatient bed days are accounted for by patients admitted for less than one week. Making inpatients' visitors eligible for free parking only after a minimum stay would reduce the overall cost of the concessions for inpatients, while targeting those most affected by car park charges and reducing the environmental impact. Administration would also be more straightforward as inpatients would already be in the hospital when the exemption became applicable.

Applying a threshold of more than three days inpatient stay before free parking would reduce the maximum overall cost of the concession from £117m to £72m. A threshold of more than five days would reduce the overall cost further to £65m.

The reduced cost relative to free parking for all inpatients could be used to help outpatients for whom the concession scheme is not effective. For instance, outpatients who had attended on more than a set number of days over a given period, perhaps more than five appointments over three months. The use of car parking by outpatients is heavily weighted to a small number of appointments. Some regular outpatients will already be receiving concessionary rates, albeit not necessarily free.

Providing free parking for all outpatients after their third follow-up appointment in an episode of care would cost around £23m. Providing this concession after five appointments would cost around £11m.

By excluding short-term users from free parking, the resulting increase in car journeys, with associated impact on parking availability at many sites, and wider environmental impact, is significantly reduced. A three-day threshold would reduce the number of extra journeys by over one third.

This approach, for inpatients or for both groups could also be phased in with a reducing threshold. NHS users would therefore receive earlier benefit. In contrast, full free parking options could only be introduced when wholly affordable. Of course, a staged approach could ultimately extend to making it free for all inpatients.

The estimated cost of different thresholds (including administration costs), is shown in the following table. These are maximum possible costs based on the highest estimate of current revenue and assume no increase in tariff for remaining chargeable users, and priority access for free users.

Option/After x Days or follow-ups	0	1	2	3	5	7	10
Free for Inpatients	£117m	£94m	£81m	£72m	£65m	£59m	£55m
Free for Outpatients	£75m	£51m	£34m	£23m	£11m	£5m	£2m

Another option for outpatients would be to set an upper limit on the cost of parking for each visit by priority groups, such as people making repeat visits for cancer treatment. This would be set low enough that parking charges did not become a significant burden, but high enough to ensure that people did not drive if they did not need to. The cost of this approach would depend on who was in the priority groups, but is likely to be less than the more comprehensive approaches discussed above.

Conclusions and recommendations

The provision and cost of car parking on NHS sites remains one of the most important concerns for patients and the public in general. They are concerned about the personal cost as well as the potential impact on their health. While many will argue for the removal of all parking charges, others put the case for specific groups who they believe are most penalised or highlight concerns over the environmental costs of additional car use, and the access problems that this could create. The NHS itself, while recognising the need for fair and consistent local policies, needs to cover its costs so that it can maximise investment in direct healthcare provision.

This consultation has discussed all of these factors and identified a range of options that focus on the central issue of patient needs. The options vary in the relative consequences of the numbers and categories of patients who benefit, the cost of provision and impact on accessibility and the environment.

On balance, we believe that offering free parking to all inpatients and their visitors is the right approach as it unambiguously meets the needs of a group of patients that is largely overlooked by the current policy on concessions. Few NHS sites currently provide this, so it can only be introduced as efficiency gains in back-office functions allow but the expectation is that it could be achieved within the next three years.

However, it is important that we find an approach that is both fairer than the current one and sustainable in the long term. There are also benefits in a system where inpatients are only exempt from charges beyond a prescribed threshold, perhaps three days. People who are admitted for only a few days will not face excessive charges and we would not encourage extra car use that would have an environmental impact and create capacity problems in car parks at peak times. We are keen to hear views on this approach as well.

Alongside our proposals on inpatients, and subject again to affordability, there is the potential to strengthen the provision of concessions to regular outpatients. This could either take the form of a cap on the charge per visit for priority groups or, for a more comprehensive approach, a threshold could be applied here, so that outpatients are eligible for free parking after a certain number of visits within a single course of treatment.

Our proposals would only have an impact on Trusts that already offer parking for patients. There would be no requirement for those trusts that do not provide parking to begin to do so, although patients may increasingly choose to go to hospitals where parking is provided.

Subject to the outcome of this consultation, we will incorporate these improved patient benefits into existing guidance where possible, although changes to primary legislation may be necessary to enable some options. While guidance does not have any statutory basis, patients and local communities will reasonably expect their NHS provider to deliver them, or otherwise explain why they are unable to do so. We will however also explore ways of establishing them as rights or entitlements, with appropriate redress for individuals, if this is not provided.

We recognise that while these proposals will benefit many patients and their visitors, they will not benefit those who must travel to hospital by other means or must attend a hospital that is unable to provide on-site parking. Many hospitals have worked with local planners to improve access to their hospitals for those using public transport; but in other locations, access remains problematic. Better information of the relative burden imposed by access to different hospitals may in itself motivate the NHS to address these issues more systematically. In the longer term, we will look further at access to hospitals both for patients and their visitors, considering patients' health needs and the financial burden that hospital attendance can impose. The Impact Assessment for this consultation provides some initial consideration of this information-driven approach.

This is an area where the experience of individual patients and their friends and families are particularly important. Operational challenges may also be significant. We would therefore welcome comments from users of NHS services, as well as the NHS itself, on how the options we have described may work, and on some of the assumptions that we have made in our initial evaluation. We would also welcome other options to reduce the burden on patients, visitors and NHS staff and the costs of managing the scheme.

The Consultation Process

Criteria for consultation

This consultation follows the 'Government Code of Practice', in particular, we aim to:

- formally consult at a stage where there is scope to influence the policy outcome;
- consult for at least 12 weeks with consideration given to longer timescales where feasible and sensible[11];
- be clear about the consultations process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals;
- ensure the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach;
- keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' 'buy-in' to the process;
- analyse responses carefully and give clear feedback to participants following the consultation;
- ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

The full text of the code of practice is on the Better Regulation website at www.cabinetoffice.gov.uk/regulation/consultation/code.asp

11 Minister has agreed a shortened consultation period of 8 weeks

Comments on the consultation process itself

If you have concerns or comments which you would like to make relating specifically to the consultation process itself please contact:

Consultations Coordinator
Department of Health
3E48, Quarry House
Leeds
LS2 7UE

e-mail consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

Confidentiality of information

We manage the information you provide in response to this consultation in accordance with the Department of Health's **Information Charter.**

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Summary of the consultation

A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Consultations website at:

http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm

Consultation Response Form

We would prefer this form to be returned to us electronically as an email attachment. The email address for responses or queries is cpconsultation@dh.gsi.gov.uk. You can provide a covering letter by email if you wish.

Postal responses can be sent to:

NHS Car Parking Consultation
Gateway Review and Estates & Facilities Division (GREFD)
Department of Health
3N13
Quarry House
Quarry Hill
Leeds
LS2 7UE

Email responses to the consultation will receive an acknowledgement of receipt. Postal responses will not receive an acknowledgement.

The consultation closes on the 23rd February 2010.

Your Contact Details

Name

Contact address

Postcode

Contact Telephone

E-mail

Freedom of Information

I do not wish my response to be passed to other UK Health Departments (please mark with an 'x') ☐

I do not wish my response to be published in a summary of responses ☐

Please delete as appropriate. I am responding:

- ***as a member of the public***
- ***as a health care or health protection professional or expert***
- ***on behalf of an organisation***

If you are responding as a professional, please supply the following details:

Area of work:

NHS	
Social Care	
Private Health	
Third Sector	
Regulatory Body	
Professional Body	
Education	
Trade Union	
Local Authority	
Trade Body	
Other (Please give details)	
Independent Contractor to NHS	
Manufacturer	
Supplier	
Other (where relevant)	

If you are responding on behalf of an organisation, please indicate which type of organisation you represent:

NHS	
Social Care	
Private Health/Independent Sector	
Third Sector	
Regulatory Body	
Professional Body	
Education	
Trade Union	
Local Authority	
Trade Body	
Other (Please give details)	

In which of the following areas do you live: (please tick *one* box only)

North East	
North West	
West Midlands	
South East	
London	
Humberside/Yorkshire	
East Midlands	
East of England	
South West	
No answer	

About You

Please provide us with some information about yourself. This will help us to determine whether we have captured the views of everyone. All the information you provide will be kept completely confidential. No identifiable information about you, will be passed to on to any other bodies, members of the public or press.

1. What is your sex? *(Tick one box only)*

Male ☐ Female ☐

2. Which age group do you belong to? *(Tick one box only)*

0-15 yrs ☐

16-24 yrs ☐

25-34 yrs ☐

35-44 yrs ☐

45-54 yrs ☐

55-64 yrs ☐

65-74 yrs ☐

75-84 yrs ☐

85 yrs and over ☐

3a. Do you have a disability as defined by the Disability Discrimination Act (DDA)? *(Tick one box only)*

Yes ☐ No ☐

The Disability Discrimination Act (DDA) defines a person with a disability as "someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities".

b. If yes, please tick all which apply

Partial or total loss of hearing ☐

Partial or total loss of vision ☐

Speech impediment or impairment ☐

Other communication difficulty ☐

Mobility impairment or difficulty moving around ☐

Learning difficulty or learning disability ☐

Mental health condition or disorder ☐

Severe physical disfigurement ☐

A longstanding illness or disease ☐

Other medical condition or impairment (please specify)

_____

4. What is your ethnic group?
(Tick one box only)

A White
British ☐
Irish ☐

Any other White Background, please write below

_____

B Mixed
White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐

Any other Mixed Background, please write below

_____

C Asian or Asian British
Indian ☐
Pakistani ☐
Bangladeshi ☐

Any other Asian Background, please write below

_____

D Black or Black British
Caribbean ☐
African ☐

Any other Black Background, please write below

_____

E Chinese or other ethnic group

Chinese ☐

Any other, please write below

_____

5. What is your religion or belief?
(Tick one box only)

Christian ☐
Buddhist ☐
Hindu ☐
Jewish ☐
Muslim ☐
Sikh ☐
None ☐
Other (please write below)

_____

6. Which of the following best describes your sexual orientation?
(Tick one box only)

Only answer this question if you are aged 16 years or over.

Heterosexual/Straight ☐
Lesbian/Gay ☐
Bisexual ☐
Other ☐
Prefer not to answer ☐

Section A. For all Respondents

1. **Please indicate your preferences on the provision of free or concessionary parking on NHS premises:**

- Provide free car parking for visitors to inpatients; Yes/No
- Provide free car parking for visitors to inpatients who have hospital stays of greater than (for example) 3 or more nights; Yes/No
- Provide free car parking for outpatients with, for example, more than 3 appointments in a single course of treatment; Yes/No
- Cap daily parking charges for outpatients in priority groups: Yes/No
- No mandatory concessions but improved adherence to current guidance: Yes/No

2. **Please explain your preference(s) or comment on the listed options if you wish**

3. **If free parking for patients/visitors, was to be offered after a minimum stay, what number of days is a fair and affordable threshold after which parking should be free?**

4. **If free parking for *regular* outpatients, was to be offered what number of appointments per episode of care is a fair and affordable threshold after which parking should be free?**

5. **Do you have any comments on the impact assessment including any of the assumptions used?**

6. **Could any of these proposals have a disproportionate negative impact on people because of their ethnicity, gender, disability, age, sexual orientation, religion/belief as well as socio-economic or rural/geographical considerations? What proportionate measures could we take to address this?**

7. **Could any of these proposals help to address existing inequality or disproportionate negative impact on people in terms of ethnicity, gender, disability, age, sexual orientation and religion/belief as well as socio-economic or rural/geographical considerations? What proportionate measures could we take to enhance this positive affect?**

8. **Do you have any other comments?**

9. **What are your most important considerations/needs in relation to your attending hospital either as a patient or visitor?**

- cost of parking Yes/No
- safety/security Yes/No
- availability of convenient parking Yes/No
- good access by other means of transport Yes/No
- affordable access by other means of transport Yes/No
- other (please specify) Yes/No

Please comment on your responses if you wish

Section B. Additional Information Request for NHS Provider Organisations

The economic analysis that supports this consultation uses information available from the ERIC data return and NHS Health Episode Statistics (HES) data. ERIC data is incomplete, in particular in relating to those with managed parking schemes. We have also had to make a large number of assumptions about usage, charges and other key variables. We would like to validate or improve the analysis on the basis of additional data or feedback from NHS organisations. **Please respond where you are able to provide informed data or reasonable estimates**.

If any NHS organisation has completed any more detailed research or analysis of its car parking operation and is willing to share this please contact the DH consultation team direct.

Income and costs

1. **Do you charge for parking on your main site(s)?** Yes/No
   (if this varies between sites please advise what % of beds are on charged sites)

2. **How much income is generated per year?**

   From Patients/Visitors £ From Staff £

3. **How much does it cost to operate your car parks per year?**
   £
   What elements of cost are included in this estimate:

Third party provision

4. **Are any of your facilities provided by a third party?** Yes/No
   If so what % of available spaces does this cover? %

5. **Does the third party have a guaranteed income? If so what is this?**
   £

6. **Do you have contractual control over the level of charges?** Yes/No

7. **Would you incur any other penalties if required to reduce current charges for some groups of users? Would there be any other contractual difficulties? Please describe.**

Current concessions

8. **What Concessions do you provide to patients and visitors at all your sites?**

- Weekly or otherwise cap on parking charges Yes/No
- Free parking for patients regular outpatients Yes/No
- Free car parking for visitors of inpatients Yes/No
- Reduced price parking for patients regular outpatients Yes/No
- Reduced price car parking for visitors of inpatients Yes/No
- Other concessions – please specify

9. **How much do these benefit users over the year based on actual uptake?**

£

10. **How are your current Car parking Concessions advertised to patients and visitors? Select all/none as appropriate.**

- Sent direct to patient (eg with appointment letter) Yes/No
- Advertised within outpatient departments Yes/No
- Clearly advertised within the car park Yes/No
- Available on website Yes/No

Car parking capacity and operating practices

11. How many hours per week do your main car parks operating at over 80% or full capacity currently?

Site:			
Number of spaces			
Hours over 80%			
Hours at full use			

When are these peak times?

12. Is there a separate reserved area for staff parking? Yes/No

13. Are charges reduced or not levied at any time during the week eg overnight or Saturday or Sunday?

Patient/visitor behaviour

14. How many times per day does the average inpatient receive some visitors (maximum is 2 but may be a lower fraction to account for those who currently have no visitors for some visiting periods)?

15. What is the average length of stay for these visitors (excluding those with none)?

16. Is there any evidence, including anecdotal, that visitors to some patients are deterred by the costs of access? If so would reduced parking charges help?

Operational implications of proposed options

17. What do you estimate as the cost of each option in 2010 -11 prices? (i.e. The net revenue loss if you moved from your current arrangements)

- Provide free car parking for visitors to inpatients; £
- Provide free car parking for visitors to inpatients who have hospital stays of greater than (for example) 3 or more nights; £
- Provide free car parking for outpatients with, for example, more than 3 appointments in a single course of treatment; £
- Cap daily parking charges for outpatients in priority groups: £
- No mandatory concessions but improved adherence to current guidance £

18. What is the hospital's perspective on the benefits to patients of receiving visitors – do they aid care and recovery?

19. Do you anticipate any operational problems or have any wider concerns with implementing free car parking for any of these options beyond the financial implications and possible capacity constraints?

Confidentiality of information

We manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter.

Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Annex 1: Current Guidance on Concessions

In 2005-06, the HSC reviewed NHS Charges including Car Parking. The relevant extract from their conclusions is appended below:

"The provision of parking spaces and the level of charges should remain a matter for individual NHS trusts to decide upon according to local circumstances. However, allowances should be made for frequent attendees.

We recommend that the guidance on car parking arrangements be reissued by the Department of Health. It should recommend that trusts:

- issue all regular patients, or their visitors, with a 'season ticket' that allows them reduced price, or free, parking;
- introduce a weekly cap on parking charges for patients;
- provide free parking for patients who have to attend on a daily basis for treatment; and
- inform patients before their treatment begins of the parking charges, exemptions and reduced rates that will apply."

How this was incorporated into the Guidance

Variable Charging – Patients/Visitors

"Whilst NHS bodies will have to ensure that they raise sufficient income from charges so that a profit remains after maintenance costs are met, they should be sensitive in considering the position of those patients/visitors who have to use their car parks regularly.

NHS bodies are strongly recommended to have some kind of 'season ticket' arrangement, allowing free or reduced price parking for:

- patients with a long-term illness or serious condition requiring daily or regular treatment;
- relatives/prime visitors of patients with a long-term illness or a serious condition requiring daily or regular treatment.

NHS bodies are also recommended to have a weekly cap on car parking charges for patients/visitors having to attend on a daily basis."

Informing Patients/Visitors and Staff

"It is very important that the details of the scheme are transparent for all users, including patients and their visitors. As well as what the income raised will be used for, they will want to know what the charges will be and what concessions they may be entitled to ahead of their visit to the healthcare site, particularly if they will be due to attend over several days or on a long term basis. NHS bodies should ensure that this is done wherever possible. Details of car parking charges and any concessions in place could be included in the literature sent out to the patient ahead of their appointment, as well as details on the availability of financial assistance under the Hospital Travel Costs Scheme or NHS low income scheme.

It is good practice to have clear information on these issues readily available to patients and their visitors, in appointment letters, by briefing appropriate staff who can pass on the information and by displaying the information on websites, beside ticket machines in car parks and in waiting rooms etc."

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