



NHS Car Parking Charges across East Berkshire

A working review with recommendations
by the
Joint East Berkshire Health Overview and Scrutiny Committee

16 December 2010

1. Background

- 1.1 Health services across East Berkshire are provided in the main either by the **Berkshire East Primary Care Trust (BEPCT)** or the **Heatherwood and Wexham Park Hospitals NHS Foundation Trust (H&WPFT)**. Both serve a combined population of over 400,000 across Bracknell, Maidenhead, Slough, Windsor and the surrounding areas. NHS Berkshire East has a budget of approximately £490 million.
- 1.2 The provision of NHS car parking services is subject to Department of Health guidance, originally published in 1996 which was last revised in 2006. On 16 September 2010, the Department of Health published its response to the December 2009 public consultation “NHS Car Parking”.
- 1.3 The introduction and level of car parking charges on NHS sites is considered to be a concern for patients and the public in general. It remains a contentious issue provoking regular debate and often annoyance, anxiety and concern. Due to the devolution of power, there is no commonality across the United Kingdom (UK) with, in England, individual NHS trusts operating each of their schemes in different ways. On the surface, the cost incurred by users remains one of the most important concerns for patients and the public in general; patients and their relatives are also concerned about the cumulative cost, particularly for long-stay in-patient treatment, and the potential negative impact on their health.
- 1.4 In June 2009, the Joint East Berkshire Health Overview and Scrutiny Committee (the Committee) which monitors all health related matters in the region and subsequently makes recommendations where change is felt necessary, proposed a review (the Review) of issues arising from the introduction of car parking charges across the region. With support from all three local authority members on the Committee, approval was given in September 2009 for the Review to proceed and a Working Group (Group) was appointed. Slough Borough Council would be the lead authority providing the necessary administrative and back-up resources.
- 1.5 The objectives, scope and **Terms of Reference** of the Group were to ascertain and understand:
- 1 the different NHS car parking charge systems and procedures employed across East Berkshire
 - 2 how car parking income is used, whether it is ploughed back into car parking at those sites and the net contribution to NHS funds
 - 3 what charging discounts and exemptions are offered (following previous concern about the provision and level of information provided to users)
 - 4 how car parking revenue is collected and the cost of running the car parking facilities in general
 - 5 car parking accessibility issues for patients
 - 6 an analysis of complaints relating to car parking charges
 - 7 the impact on crime levels since the introduction of car parking charges and security measures

1.6 The five NHS sites to be considered in the Review would include:

Community hospitals, not offering Accident and Emergency (A&E)

- **King Edward VII Hospital, Windsor**
- **St Mark's Hospital, Maidenhead**
- **Upton Hospital, Slough**

Acute hospital (with minor injuries unit)

- **Heatherwood Hospital, Ascot**

Acute hospital (with A&E)

- **Wexham Park Hospital, Slough**

1.7 It was hoped from the outset that clear recommendations would flow from this Review which might benefit patients and visitors, the health providers concerned and other stakeholders. In addition, the findings and recommendations could be embodied in good practice to be recommended to and possibly employed by other NHS bodies across the country, where appropriate.

1.8 As the Review has progressed, the Group has increasingly focussed on financial fundamentals as opposed to the facilities being offered; this is because the Group has become increasingly concerned at the not inconsiderable sums of money involved and, in some cases, has issues relating to financial controls, financial checks and overall robust financial mechanisms. In particular, the Group has focussed on: the charges levied, the different charging mechanisms employed, the methodology and rationale behind exemptions, how exemption refunds are obtained and, ultimately, how the money raised through car parking charges is used (although it would appear that any such cross-subsidising might be in breach/contravention of Government guidelines – see paragraph 4.1 below).

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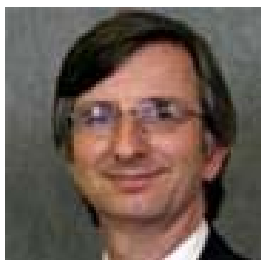
Appendices:

- Supporting documents and links
- Maps of each site
- List of contributors and witnesses to this Review

In this Review, Bracknell Forest Council, the Royal Borough of Windsor & Maidenhead and Slough Borough Council make no representation, opinion, confirmation or observation which may be relied upon by any person. Liability to any person in respect of the opinions expressed, the confirmations given or observations made or any reliance made or any action taken upon any of them is hereby expressly disclaimed.

The Working Group

Cllr Robert Plimmer, Slough Borough Council Chair of the Working Group



Robert Plimmer was first elected for the Foxborough ward to Slough Borough Council in 2004. Re-elected in 2006 and most recently in May 2010, he is Deputy Leader of the Council's BILLD Group and serves on the Planning Committee, Slough's Health Scrutiny Panel and the Joint East Berkshire Health Overview Scrutiny Committee (JEBHOS).

"I was delighted that JEBHOS asked me to chair this working group. NHS car park charges is a vexed issue and close to many people's hearts; many of us have had to attend appointments or visit sick relatives in hospital often at a time of heightened stress so all the problems and concerns about car park facilities, finding a parking space and car park charges are well understood. Also, many would prefer to use greener forms of transport so I was keen the review should also look into what green travel plans each of the sites promotes. We have sought the views of and heard evidence from patients, local residents, the trusts running East Berkshire's five sites and the two car park operators. We have considered carefully the Department of Health guidance and implementation criteria and other reviews including the review by the House of Commons Health Committee¹.

"Many of our findings are disturbing; we trust others endorse our clear recommendations which we hope help to provide the mechanism for change and ultimately better services."

Cllr Tony Virgo, Bracknell Forest Council Member of the Working Group



Tony Virgo was first elected as a Conservative councillor for the Ascot Priory ward on Bracknell Forest Council in May 2007. He is Vice Chairman of the council's Health Overview and Scrutiny Panel and a member of the wider Joint East Berkshire Health and Overview Scrutiny Committee. He is also a member of Bracknell Forest's Overview & Scrutiny Commission, Licensing and Safety Panel and the Planning & Highways Committee.

"Over the last three years I have taken up many concerns on behalf of those who elect me including dealing with a wide range of NHS service delivery issues, over development in the local area and the protection of the green belt.

"I was elected Vice Chairman of our Health Overview and Scrutiny Committee two years ago. I passionately feel we need to further reduce hospital acquired infections rates despite the improving situation. I am also concerned at the level of local NHS car park charges which particularly hit the vulnerable and disadvantaged and I fear are being used to subsidise other services including hospital security. I hope the recommendations made as a result of this Review are considered very carefully."

1 House of Commons Health Committee, NHS Charges, Third Report of Session 2005-06, Volume 1 ref: HC815-1 Published 18th July 2006

**Cllr Cynthia Endacott, Royal Borough of Windsor and Maidenhead
Member of the Working Group**



Cynthia Endacott is the Leader of the West Windsor Resident's Association and has represented the Clewer North Ward in the Royal Borough since 1995. She is a member of numerous committees including: the Adult, Community Services and Health Overview and Scrutiny Panel; the Windsor Development Control Panel; the Grants Panel; and the Corporate Parenting Forum. She is a Governor of Homer First School and Chairman of the Manor Youth Club.

"I was keen to be part of the Working Group looking into NHS car parking charges locally. I want to get to the bottom of where the money goes, why the service is generally so poor and how improvements can be made - both quick fixes and a better long-term strategy.

"I often receive complaints from residents who are not happy with the service, questioning the level of charges and commenting how hard it is to find a parking space. This all adds to the already heightened levels of stress when visiting a clinic or hospital. I hope following this investigation some things can be improved to the benefit of our residents."

**Mrs Jacky Flynn, Slough Local Involvement Network (LINK)
Member of the Working Group**



Educated and living in Slough all her life, Jacky Flynn is well placed to see the changes in health care having previously worked as a health professional for 42 years at both Wexham Park and Upton Hospitals. Although retired, she retains her passion for the best health and care for local people.

Jacky's knowledge and expertise has been achieved both through her career and also due to the many other positions she has held including representing Soroptomist International on the Slough CVS

Management Committee and as a member of the LINK steering group.

"I jumped at the chance to be on this working group" says Jacky. "Health care is in my blood. There is much right with the NHS but equally there are areas where improvement can be made and car parking is one of them.

"I strongly believe that whatever money is raised by charging for NHS parking should be ploughed back into enhancing both services and facilities and not squandered or wasted. I would like to see things run better and a more efficient service overall. I hope this report will be considered carefully by all those involved, our recommendations taken on board and change made where change is necessary."

2. INTRODUCTION

2.1 In June 2009 proposals were made by the Committee to investigate and review car parking arrangements at NHS hospital establishments across the region.

2.2 Support was given in September 2009 by all three member local authorities (Bracknell Forest Council, the Royal Borough of Maidenhead and Windsor, and Slough Borough Council) for the Group to be formed to undertake the work and report back with clear recommendations. Slough Borough Council agreed to be the lead authority providing the necessary support resources.

2.3 The Group was set-up in October 2009, the membership being:

Cllr Robert Plimmer, Slough Borough Council (chair)
Cllr Tony Virgo, Bracknell Forest Council
Cllr Cynthia Endacott, Royal Borough of Windsor and Maidenhead
Mrs Jacky Flynn, Slough Local Involvement Network (LINK)

Sunita Sharma, Slough Borough Council, was appointed as support officer.
Andrew Millard, Slough Borough Council, joined as an additional support officer during the latter part of the Review.

2.4 The Review was prompted by a number of considerations:

- The Committee had serious concerns about existing car parking arrangements (including contractual arrangements), how income from car parking charges is used, that there may be insufficient public and freely accessible parking spaces, that there appears to be a lack of information about exemptions and reduced parking charges particularly for those requiring long-term stays or treatment. The concerns had emanated from a meeting and correspondence held previously between JEBHOS and the Foundation Trust regarding their car park facilities, the level of service provided and the charges being levied.
- JEBHOS has a duty under the 2001 Health and Social Care Act scrutiny provisions to review matters relating to the planning, provision and operation of health services in the area. Therefore, a review of NHS car parking charges is strategically linked to the Committee's remit and this particular Review would use its statutory powers to investigate a matter which impacts upon the provision and accessibility of health services.

- The provision of car parking at NHS sites had previously been identified by elected members as an important issue. Increasingly, casework had highlighted public concern particularly relating to accessibility, the number of spaces made available and the level of car parking charges overall.
- There are huge differences and inconsistencies in NHS car parking facilities and charges across the UK:
 - In **Scotland**, NHS car parking is free, having being abolished in December 2008 (other than at car parks already contractually operating under the Private Finance Initiative)
 - In **Wales**, the majority of hospitals provide free car parking. It is envisaged that all such car parking in Wales will be free by the end of 2011
 - In **Northern Ireland**, the majority of parking is provided free of charge and at the sites where charges are levied free parking is provided for very ill patients and their families
- The UK Government has confirmed³ that, in England, NHS car parking charges can continue as the Government is “not prepared to incur this recurrent expenditure [currently estimated at £117m+ per annum] when funding could be better used to support services for patients”.
- A wide spectrum of charity organisations, voluntary and lobby groups have campaigned over recent years for the abolition of NHS car parking charges, including Macmillan Cancer Relief.
- Patients nationwide complain that hospital car parking charges add to their already heightened levels of stress, are expensive and enforcement is often considered draconian.

2.5

It was agreed the Group would meet as often as necessary but that most meetings would be out-in-the-field gathering hard and fast evidence (visual, verbal, through personal experience and interview) and hearing evidence direct from the respective medical authorities. Through an open invitation via a press notice at the commencement of the Review, members of the public and patients were encouraged to give us their views.

3. THE NATIONAL PICTURE

- 3.1 The National Health Service (NHS) came into effect on 5th July 1948. It has grown to become the largest publicly-funded health service in the world. It provides healthcare to anyone normally resident in the United Kingdom.
- 3.2 The three core founding principals of the NHS are:
- That it meets the needs of everyone
 - That it is free at the point of delivery
 - That it is based on clinical need and not the ability to pay
- 3.3 Although funded centrally from general taxation, NHS services in England, Northern Ireland, Scotland and Wales are managed separately, being accountable to the relevant governing administration:
- * Scotland (Scottish Government)
NHS Scotland
 - * Wales (Welsh Assembly)
NHS Wales
 - * Northern Ireland (Northern Ireland Executive)
Health and Social Care in Northern Ireland
 - * England (UK Government)
National Health Service (England)
- 3.4 The Department of Health (DoH) controls the NHS, England's Strategic Health Authorities (SHAs) and special health authorities which oversee all NHS activities in England. Created by the government in 2002 to manage the local NHS, there were originally 28 SHAs; In July 2006 this number was reduced to 10. SHAs are responsible for health services in their area, to make sure local health services are of a high quality and perform well, to increase local health service capacity and to make sure national priorities are integrated into local health service plans. The devolved administrations of Scotland, Wales and Northern Ireland run their local NHS services separately.

3.5 Currently, the three most common category of trusts in England are:

- Primary Care Trusts (PCTs) providing primary care and commissioning health services. Their aim is to bring “first-port-of-call” services together; these include over 29,000 GPs and 18,000 dentists.
- Hospital Trusts, many of which are also Foundation Trusts, administering hospitals, treatment centres and providing specialist care across approximately 1,600 hospitals. Trusts can, and often do, operate more than one hospital and therefore have multiple sites.
- Mental Health and other Trusts

3.6 Under the founding principles of the NHS, most services are still provided free of charge. However, under the 1999 Health Act, the outsourcing to the private sector of medical services and support functions was encouraged in an attempt to modernise the NHS overall. This includes the provision and running of car parking services and facilities*.

3.7 On 1st April 2008, the Welsh Assembly began phasing-out NHS car parking charges, initially eliminating those levied by trusts themselves and subsequently reducing charges over time at sites contracted to private companies. Welsh Assembly Health Minister, Edwina Hart, said:

“Car parking charges fall heavily on people frequently attending NHS hospitals, whether they are patients, staff or visitors. They are at best an inconvenience and at worst an unfair expense.”

3.8 In Northern Ireland hospital car parking is provided free of charge except at Belfast’s three hospitals [Belfast City, The Royal Victoria and The Ulster] where it is operated under a Private Finance Initiative (PFI). In May 2008, Northern Ireland’s Health Minister, Michael McGimpsey MLA, announced a variation and the introduction of free car parking at the three charging sites for terminally ill patients, patients suffering from cancer and patients with other critical illnesses; the scheme was subsequently extended to some relatives and discount schemes introduced. At the time, Minister McGimpsey said:

“It is essential that very ill patients who attend hospital on a regular basis do not have the additional stress of worrying about paying for car parking “

3.9 In September 2008, the Scottish Government Health Secretary, Nicola Sturgeon MSP, announced the abolition of car parking charges in Scotland from 31st December 2008 (other than at three sites due to PFI contractual arrangements) to:

“help reaffirm the NHS’ founding principle of healthcare free at the point of delivery”.

* See paragraph 5.2 in respect of this Review

3.10 In December 2009, the UK Government's then Health Secretary, Andy Burnham MP, launched a consultation² on NHS car parking charges in England. The response³ to that consultation was published by the DoH on behalf of the Coalition Government and the new Health Secretary Andrew Lansley MP, on 16 September 2010.

2 NHS Car Parking, Consultation on Improving Access for Patients ref: 13312 Published 29 December 2009

3 Department of Health, NHS Car Parking: Response to consultation ref: 14791 Published 16 September 2010

4. GOVERNMENT GUIDANCE AND OTHER RECENT REVIEWS

- 4.1 Guidance on the provision of NHS car parking and car parking facilities is included in the NHS Standard Service Level Specifications⁴ (SSLS) which should be read and used in conjunction with the General Service Specification⁵.
- 4.2 Charging regulations for NHS car parking are detailed in the DoH paper A Guide to Implementation⁶.
- 4.3 The SSLS lists the key objectives in the provision of car parking stating that the provider / operator shall provide:
- A comprehensive car parking service including traffic management
 - A 24-hours a day, 365 days a year service
 - A secure and safe car park environment for patients, staff and bona fide visitors, their vehicles and their property*
 - Parking areas that maximise the use of space whilst minimise the risk of crime and pollution
 - Traffic management across the site(s) to ensure the free flow of traffic ensuring access to the facilities at all times
 - An administration service that controls all parking-related administration and revenue collection
 - And promote the NHS Green Transport Plan by encouraging the use of sustainable transport modes

4 NHS Standard Service Level Specifications, Service Specific Specification – Car Parking and Traffic Management Service. Department of Health
Published 3rd June 2002, revised October 2006

5 General Service Specification, NHS Standard Service level Specifications, Schedule 14, Part 1: Standard level Specifications Published October 2006

6 Income Generation – Car Parking Charges: A Guide to Implementation issued 1996. Updated by Department of Health Income Generation car Parking Charges
best Practice for Implementation Published December 2006. Should be read in conjunction with Income Generation – Best Practice, Revised Guidance on Income
Generation in the NHS

* Parking at their own risk

4.4 The SSLS lists NHS car parking “customers” as:

- Patients
- Priority Staff
- Staff
- Visitors
- Emergency Services
- Service Providers/Contractors

4.5 The NHS Income Generation Best Practice⁷, page 4, paragraph 30.10 states:

*“The scheme [car parking income generation scheme] **must** be profitable and provide a level of income that exceeds costs.”*

It continues that:

“If a scheme is run at a loss it would mean that commercial activities were being subsidised from NHS funds, thereby diverting funds away from NHS patient care.”

It does permit schemes to run at a small loss (for example due to start-up costs):

“provided that the scheme will generate a profit within a reasonable time.”

4.6 The current DoH best practice guidance⁸ states:

“Income generation powers enable NHS bodies (abiding by specific rules) to raise additional income for health services by marketing any spare capacity resulting from a non-core function, or by exploiting intellectual property rights.

“Charging for car parking on healthcare sites is a common example of an income generation scheme. This document provides advice on the issues to be considered when setting up a car parking scheme or when reviewing existing ones, including what kind of car parking scheme to offer, what charges to impose and what concessions to consider.

7 NHS Income Generation – Best Practice Revised Guidance on Income Generation in the NHS, published February 2006

8 Department of Health Income Generation Car Parking Charges – Best Practice for Implementation, ref: 7416, published 14th December 2006

“Car parking on healthcare sites should only be considered as part of a wider travel plan which the NHS body should have in place.” ... “Comprehensive information on travel plans and other issues can be found in Health Technical Memorandum 07-03: Transport management and car-parking.

“However, assuming it is decided that car parking should be offered on healthcare sites as part of this travel plan, there will be many other issues to consider. These will probably include:

- **Site congestion:** What the overall number of spaces will be, how these will be positioned in relation to traffic flow to prevent vehicles becoming blocked in, how misuse of the car park (particularly if based near a town centre or motorway) by people using healthcare facilities for free or cheap parking will be avoided, where access routes for emergencies and the emergency services will be and ensuring that fire regulations are complied with.*

- **Customer service:** Where spaces should be in relation to healthcare services, the distance that patients and visitors will have to walk, the designation of priority spaces for certain users (e.g. disabled) at appropriate places, considering whether there should be spaces available specifically for regularly attending patients e.g. dialysis patients and considering how to maintain the required turnover of available spaces to meet service and patient needs.*

- **Staff:** Considering whether priority spaces should be available for staff on the basis of need or status.*

- **Security:** The security arrangements that will need to be in place to protect both people and property.*

- **Local Residents:** Considering how any upsurge in off-site parking as a result of car parking charges at a healthcare site will be addressed, addressing disturbance factors such as noise and light pollution and considering how any increase in car related crime locally as a consequence of improved security in the healthcare site car park will be addressed.*

“The Secretary of State’s powers to make more income available applies to: Special Health Authorities by virtue of the Income Generation Powers of Special Health Authorities Directions 2005; NHS trusts by virtue of Schedule 2 paragraph 15 of the NHS and Community Care Act 1990 and section 7 of the Health and Medicines Act 1988; Primary Care Trusts by virtue of section 18A(5) of the NHS Act 1977 and section 7 of the Health and Medicines Act 1988. Section 14(3) of the Health and Social Care (Community Health Standards) Act 2003 gives Foundation Trusts the power to make additional income available in order to carry on its principal purpose better.”

4.7 The House of Commons Health Select Committee in their report NHS Charges⁹, recommends the DoH reissue their guidance [to trusts] and 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
- Inform patients before their treatment begins of the parking charges, exemptions and reduced rates that will apply.

4.8 The Government’s response¹⁰ presented to Parliament by the Secretary of State for Health states:

- Car parking charges is an issue of considerable importance and one that is sometimes not given the attention it deserves
- Trusts should look carefully at the Committee’s recommendations and should give a clear, accessible statement of car parking policy including the availability of permits/season tickets
- That the DoH Estates and Facilities Division had already issued guidance on addressing the need for free passes or permits, low cost or free parking for the group of patients identified by the Committee
- Parking information, particularly about financial assistance, should be made freely and widely available such as in appointment letters, visitors’ arrangements, on websites and other communication routes

9 House of Commons Health Committee, NHS Charges, Third Report of Session 2005-06, Volume 1 ref: HC815-1 Published 18th July 2006

10 Government Response to the Health Committee’s Report on NHS Charges, ref: CM6922 Published October 2006

- The DoH's Income Generation Team will, by the end of 2006, update and re-issue guidance on car parking charges and that trusts should review their car parking charge arrangements (taking into consideration weekly charging caps, permits/season tickets and free parking)
- Income generation powers enable NHS bodies to market any spare capacity and that car parking charges are one of the most common examples of an income generation scheme
- NHS bodies must abide by certain rules when operating such schemes which must be profitable and profits used to improve health services
- The DoH has issued specific car parking guidance
- It is for individual NHS bodies to decide how best to utilise their spare capacity to raise additional income for health services, as long as they abide by the income generation rules

4.9 The Group considers that the Government has received clear advice from the House of Commons Health Select Committee, has accepted many of the recommendations made (all for the purposes of the recommendations contained within this Review) and has advised Trusts accordingly by reissuing guidance both by the DoH Income Generation Team and the DoH Estates and Facilities Division. In addition, in September 2010, the new Government reaffirmed the DoH's position in this matter and, in particular, wholeheartedly endorsed that the provision of spaces and the level of charges "should remain a matter for individual NHS trusts but that allowances should be made for frequent attendees".

5.0 THE LOCAL PICTURE

CURRENT CAR PARKING PROCEDURES AND CHARGES

5.1 Four of the five sites under review operate a Pay & Display facility; the fifth (Wexham Park) uses an entry and exit Barrier system

5.2 The car parks and associated facilities, on weekdays at the three community hospitals and at weekends at the St Marks and Upton sites, are managed by **Berkshire Shared Services** (“BSS”) an arm of NHS Berkshire East. King Edward VII hospital is the only one of the three where car parking charges are levied at weekends which is managed by the **Royal Borough of Windsor and Maidenhead** (“RBWM”).



5.2.1 BSS was established in 2001 and provides non-clinical support services to the NHS and other public sector bodies in southern England including car parking and related supply services. RBWM is a local authority with knowledge and experience of providing and managing car parking facilities in its area through an internally contracted parking team which includes Parking Attendants.

5.2.2 At all three community hospital sites operated by BSS, car parking monies paid Monday to Friday are collected by BSS' contractors. On weekends, car parking at the St Mark's and Upton sites is free. However, RBWM operates car parking at the King Edward VII site on weekends and the Group is advised that patients visiting the one remaining eye-clinic at that site on a Saturday do not have to pay for car parking provided they display a note in their windscreen that they are attending the clinic. The Group is advised that all other weekend users of that car park facility (i.e. those using the car park for other requirements such as shopping trips, etc) are required to pay. However, the Group is neither aware how eye-clinic patients are advised of the concession available to them (particularly as this is not made clear on the pay machines or any signage), how car park attendants monitoring use at weekends are able to differentiate between the different users at weekends nor how effective enforcement is achieved.

5.3 The car parks and associated facilities at the two acute hospitals are operated by H&WPFT who employs, via a commercial contract, the private company **CP Plus**.

5.3.1 CP Plus provides car park services and management at more than 50 NHS sites across the country. It claims to be the UK's number one Car Park Management & Security service provider to the NHS:

“CP Plus are experts in tailoring parking management schemes to provide optimum benefits for you and your customers. We can bring Parking Control and other benefits to a variety of industries including healthcare, retail, transport and local government.”

5.3.2 Without having seen any evidence, the Group is informed that whilst CP Plus staff physically collect the cash from the car park pay machines, all such monetary receipts go direct to H&WPFT with the CP Plus contract being one of the expenses funded from such receipts.

5.4 King Edward VII Hospital (BSS managed internally and RBWM managed externally for weekend parking charges)

The only parking location considered by this Review to consistently include the following prominent message on its main website:

“Visitors to the hospital should note that parking may be difficult during peak times. We encourage people to use alternative methods of transport wherever possible.”

- Pay & Display
- Blue Badge disability holders are allowed to park for free if the appropriate badge is displayed on a vehicle's windscreen
- Parking charges vary from £1 to £10 during the following times:

Monday – Friday (07:00 – 18:00)

Up to 2 hours	£1
Up to 4 hours	£2
Over 4 hours	£10

Weekends (09:00 – 18:00)

Up to 2 hours	£1
Up to 4 hours	£2
Over 4 hours	£5



5.5 St Mark's Hospital (BSS managed internally)



- Pay & Display during weekdays only; free parking on weekends and Bank Holidays
- Blue Badge disability holders are allowed to park for free if the appropriate badge is displayed on a vehicle's windscreen
- Reduced parking charges are levied for some patients but this has to be by prior arrangement
- Parking charges, when levied, vary from £1 to £10

Monday – Friday (07:00 – 18:00)

Up to 2 hours	£1
Up to 4 hours	£2
Over 4 hours	£10

Weekends and Bank Holidays

n/a as free

Upton Hospital (BSS managed internally)

Limited car parking information is available at this location; initially, no information was included on the hospital's website although, when brought to BSS' attention, basic information has since been uploaded to the Trust's website. Some car parking and charge information is included in appointment correspondence.

- Pay & Display during weekdays only; free parking on weekends and Bank Holidays
- Parking charges, when levied, vary from £1 to £10

Monday – Friday (07:00 – 19:00)

Up to 2 hours	£1
Up to 4 hours	£2
Over 4 hours	£10

Weekends and Bank Holidays

n/a as free



Note: Mr Paul Rowley from BSS attended a meeting of Slough Borough Council's Health Scrutiny Panel on 23rd October 2008. Car parking at Upton hospital was an agenda item at that meeting with numerous recommendations being made verbally, noted in the published minutes and subsequently in a letter sent to the Chief Executive of the PCT. This included a suggestion to alter the car park charge periods and the opening of a rear gate specific to this site; the aim of the recommendations was to reduce the parking charge period and improve access to this location. On 23rd June 2009 the same BSS representative advised the Health Scrutiny Panel that the charge time recommendation had been accepted, altered accordingly and was working well; however, the PCT had decided against the opening of the rear gate for security reasons although this would be addressed when proper entry and egress arrangements were in place following the proposed future redevelopment of the site.

Heatherwood Hospital (CP Plus commercial contract)

The main patient pages of the H&WPFT's website do not make it clear that parking may be difficult at this site at peak times, although some of the sub-pages do advise of potential difficulties:

<http://www.heatherwoodandwexham.nhs.uk/location/heatherwood-hospital-car-access> versus

<http://www.heatherwoodandwexham.nhs.uk/location/heatherwood-hospital-ascot>

This is just one example indicating inconsistencies with which car parking information is provided to users.

- Pay & Display
- 3 coin pay stations offering 4 languages
- Free or discounted parking is available for some patients/visitors subject to their personal circumstances and those of the patient. In addition, other exceptional circumstances may arise and in these instances a judgement is made by the Head of Security or the Security Manager in consultation with the ward or departmental manager to determine whether or not a discount should be applied
- The hospital advises that car parking revenue pays for security and police across the whole of the hospital site
- The hospital advises that CP Plus staff are on hand should a patient/visitor need assistance in finding a parking space
- Blue Badge disability holders park for free if the appropriate badge is displayed on their vehicle's windscreen
- Parking charges vary from £1 to £10 and are the same seven days a week

Up to 1 hour	£1
Up to 2 hours	£2
Up to 3 hours	£4
Up to 5 hours	£5
Over 5 hours	£10



Wexham Park Hospital (CP Plus commercial contract)

The main patient pages of H&WPFT's website do not make it clear that parking may be difficult at this site at peak times, although some of the sub-pages do advise of potential difficulties:

<http://www.heatherwoodandwexham.nhs.uk/location/wexham-park-hospital-car-access> VERSUS

<http://www.heatherwoodandwexham.nhs.uk/location/wexham-park-hospital-slough>

This is a further example indicating additional inconsistency with which car parking information is provided to users.

- Barrier controlled, pay-on-foot system
- A ticket is dispensed on entry, the driver pays at one of the 3 pay stations on-site (offering 4 languages: English, German, French and Italian) where the ticket is validated before returning to the vehicle; the driver then inserts the validated ticket at the barrier which allows exit
- Only one of the payment machines (outside the main entrance) accepts payment by credit/debit card
- The hospital advises the car parking revenue received pays for security and police across the whole of the hospital site
- The hospital advises CP Plus staff are on hand should a patient/visitor need assistance in finding a parking space
- Blue Badge disability holders park for free provided they show their Blue Badge to security staff at the time of exit (via a monitored screen)
- Free and half-price parking is provided to patients/visitors meeting certain criteria and/or those of the patient. In addition, other exceptional circumstances may arise and in these instances a judgement is made by the Head of Security or the Security Manager in consultation with the ward or departmental manager to determine whether or not a discount should be applied
- Parking charges vary from £1 to £10 and are the same seven days a week



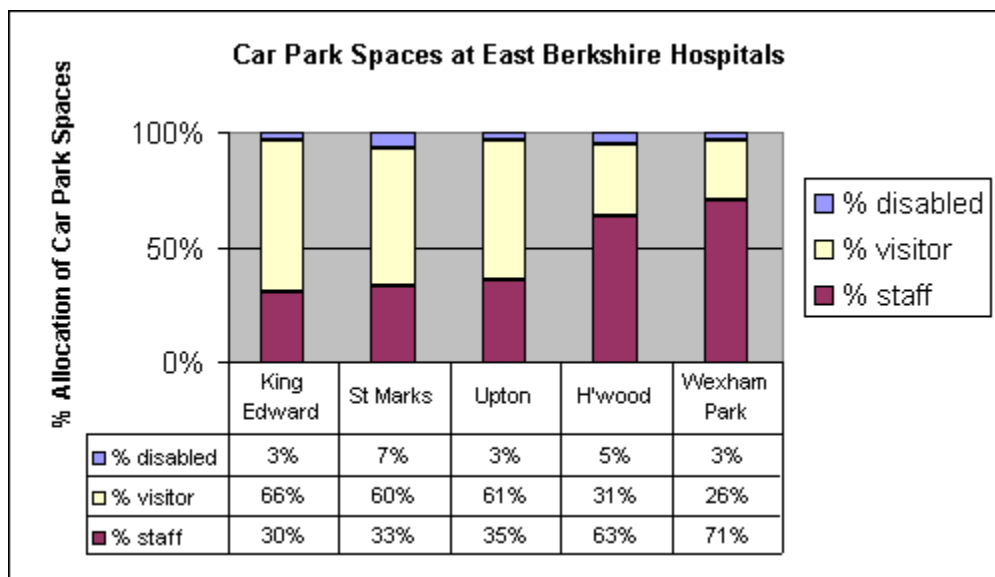
Up to 1 hour	£1
Up to 2 hours	£2
Up to 3 hours	£4
Up to 5 hours	£5
Over 5 hours	£10

5.6 The distribution, allocation, usage and number of official parking spaces available at the five sites is:

King Edward VII	287
St Mark's	225
Upton	257
Heatherwood	421
Wexham Park	1,104

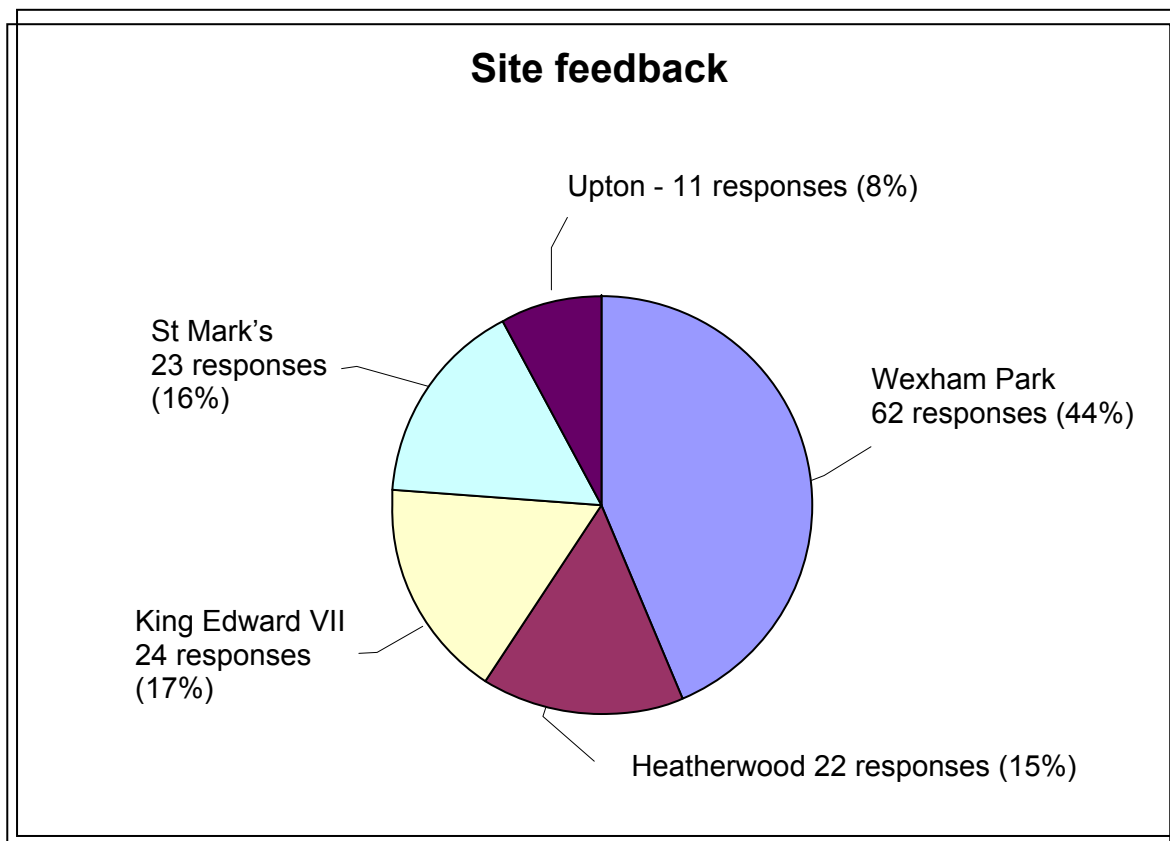
5.7 A detailed analysis of the range of parking spaces is:

	King Edward VII	St Marks	Upton	H'wood	Wexham Park
Disabled	10	15	8	23	34
Staff	87	75	91	266	782
Visitor	190	135	158	132	288
Total	287	225	257	421	1104
% disabled	3%	7%	3%	5%	3%
% staff	30%	33%	35%	63%	71%
% visitor	66%	60%	61%	31%	26%

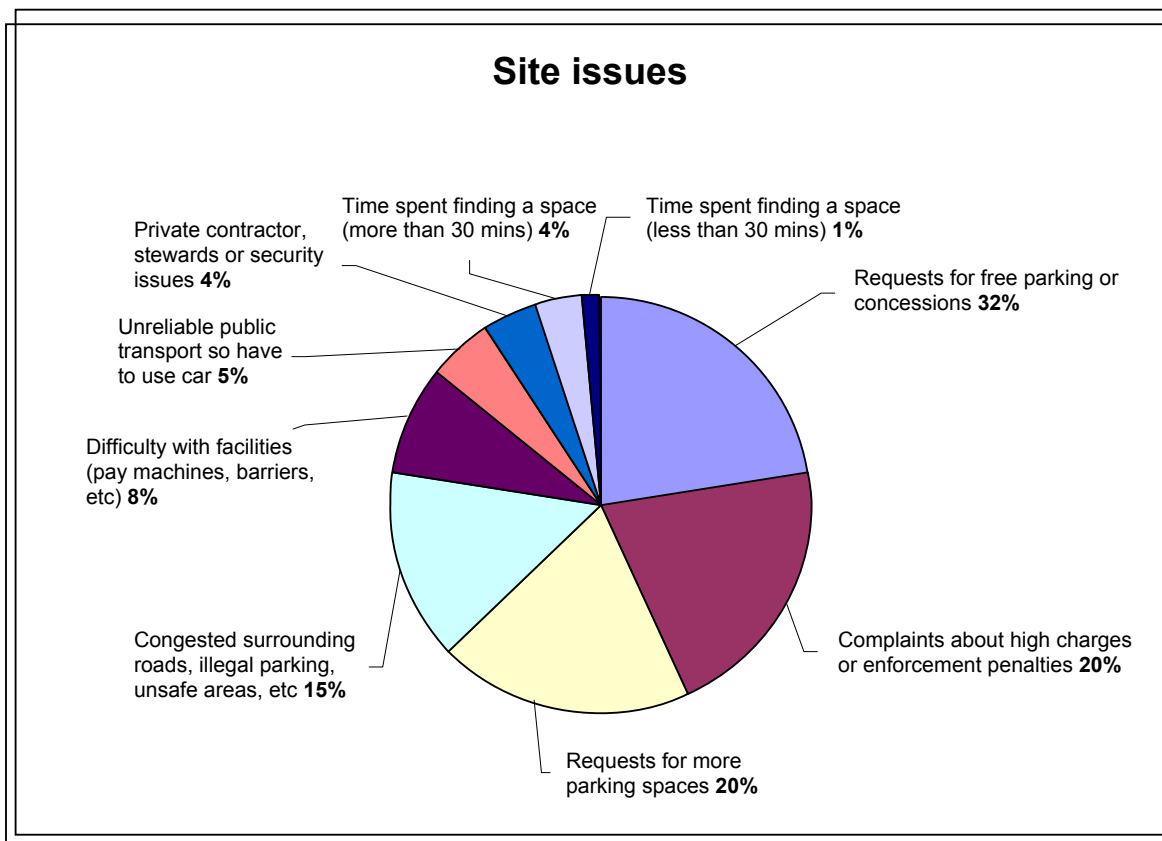


6.0 EVIDENCE AND FINDINGS

- 6.1 The Group has conducted a number of site visits, some pre-arranged but others unannounced. Representatives of the organisations and companies mentioned in this Review have been interviewed by the Group. Written correspondence has flowed between those acting on behalf of the Group and those representing the two NHS bodies. Supplementary information has been obtained via the Freedom of Information Act 2000 (as amended 2005 and 2009). Feedback, comments and real-life experiences have been obtained from members of the public and on-site visits.
- 6.2 As a result of a Slough Borough Council news release in December 2009, local newspapers across East Berkshire appealed to their readers to take part in a survey particularly those who regularly use or have had use of the car parking facilities at one or more of the sites. Respondents were asked to provide comments and make suggestions as to how they would make improvements. 142 responses were received in total:



- 6.3 Respondents were asked nine questions and to confirm whether one or more of those issues had affected them. The chart below shows the total percentage of respondents raising the relevant issues:



- 6.4 Although 20% of all attributed responses were requesting **more parking spaces** only 5% mentioned the length of time it had taken to find a space; this suggests the availability of spaces is less of an issue than previously thought.
- 6.5 The majority of attributed responses (52%) relate to **parking charges** with requests for **free car parking or concessions** being the singular most important issue.
- 6.6 Almost all respondents made additional comments*. Some are hospital site specific whereas others relate to NHS car parking across the region in general. All have been considered carefully by the Group and include:

* The Foundation Trust has requested that it be noted that it considers the information provided in this section extremely valuable and it will be taking these comments and the feedback into consideration

6.6.1 Hospital specific comments from respondents

6.6.1.1 King Edward VII

- Stagger clinics and appointments to alleviate congestion times
- Limit parking to 2 hours to improve throughput and availability of spaces
- Insufficient spaces

6.6.1.2 St Mark's

- Not sure why car parking is free on the weekend as this encourages shoppers to park

6.6.1.3 Upton

- Not sure why car parking is free on the weekend as this encourages shoppers to park

6.6.1.4 Heatherwood

- Charges should be increased to dissuade shoppers parking at this hospital
- On non-race days, access should be provided to the racecourse car parks for those visiting the hospital
- Insufficient spaces
- Introduce "take a ticket and pay on departure" system to discourage shoppers from using the car park

6.6.1.5 Wexham Park

- Introduce pedestrian crossing (none at present)
- The charges are too high
- There is poor signage, the car park is likened to a maze and staff car parking appears to dominate
- Add capacity by using the verge alongside Wexham Road south of the hospital where it is felt there is enough room to create side-by-side parking as opposed to parallel parking on the existing carriageway
- Provide an additional parking area on the west side of Wexham Street (from Stoke Green in the south to the furthest possible point north) to accommodate cars which currently park on Wexham Street; this would clear the road for through traffic
- Better public transport and/or the introduction of a park and ride facility
- More information about concessions and long-term permits which is hard to come by with visitors being sent from one department to another
- Insufficient spaces

6.6.2 General comments from respondents

6.6.2.1 Concerns

- About the financial implications of charging, particularly to those who cannot afford to pay
- Onsite attendants (in yellow jackets) offer no help at all
- Unless visitors/patients live on or close to a bus route which goes directly to the hospital, public transport is not an option particularly when one is ill or concerned about someone ill in hospital
- Parking should be free to end discrimination against those on benefits or with low incomes
- “No parking charges for A&E admissions; if someone is in A&E the last thing they should be worrying about is paying for parking!”
- NHS parking charges have resulted in increased parking around hospital perimeters (to avoid paying) making side roads unsafe
- Visitors unable to pay parking charges visit less frequently which deprives patients of much needed support at a time of need
- Car parks encourage the use of cars which creates more pollution and damages the environment
- “I have seen no evidence of security”
- There are insufficient parking spaces and the white lines defining spaces are not clear

6.6.2.2 Comments

- Blue badge holders should be monitored more closely due to possible abuse of the system
- The introduction of parking charges has not alleviated congestion and is simply providing revenue to hospitals
- The employees who previously attended and “managed” car parking are no longer around. This is considered a retrograde step
- “When I attend an appointment, I could park for 20 minutes or 3 or even 4 hours. Why should I pay for 3 or 4 hours when it is the hospital's fault when they run behind with their clinics, not mine!”
- “Since charges have been introduced, I am now more concerned about my parking time running out rather than being checked by a nurse!”
- Outpatients should not have to worry about rushing to feed the meter whilst waiting for unpredictable outpatient appointment delays
- If the reason behind parking charges being introducing was to 'ration' spaces, the policy is unsuccessful
- Car parking charges do not discriminate between those who can afford to pay and those cannot
- Private firms do not charge staff for parking so why should the NHS charge their staff. They do a valuable public service job.

6.6.2.3 Respondent's Suggestions

- Introduce a weekly pass costing approximately £5
- Staff parking should be in a separate, designated area but it is important that key staff members having suitable parking at their hospitals
- A display area in the foyer of the hospital could explain why parking costs are levied and where the money goes – this might help diffuse some of the anger associated with charging
- Provide refunds or invalidate tickets if clinics / treatment centres running late
- Regular use permits should be issued by the nurse in charge (such as cancer and dialysis clinics)
- Multiple-use visitor permits should be issued for long-term sick patients
- Better advice relating to concessions and permits also warning they may only be used for the duration of treatment
- Information showing how the hospital has benefitted and what additional facilities have been provided by the payment of parking charges
- The long-term remedy is to build a multi-storey car park within the hospital grounds which could be funded initially by the builder subsequently recovering the cost through parking charges levied over a number of years
- Replicate the supermarket model of providing free parking for the first 3 hours

Whilst the above exhibit a diverse range of comments, suggestions and recommendations and are, in the main, subjective by their very nature, the Group believes that both Trusts should consider these carefully as the list includes several interesting ideas and concepts which could provide a variety of short, mid and long-term solutions.

6.7 Evidence was also obtained from the providers **BEPCT and BSS** for King Edward VII, St Mark's and Upton and the **H&WPFT and CP Plus** for Heatherwood and Wexham Park.

6.7.1 BSS was represented by Paul Rowley (Managing Director), Stephanie Gould (Director of Facilities) and Allison Rees (Head of Operations East).

6.7.2 **H&WPFT** was represented by Greg Scott (General Manager/Assistant Director Infrastructure) and **CP Plus** was represented by Grahame Rose (Development Director). Owen Thomas, who also attended various meetings with the Group, was employed by H&WPFT as a contractor in the role of Project manager, Staff Travel Plan.

6.8 Further evidence was obtained from Slough Borough Council (SBC) staff including: Joe Carter (Head of Transport) and Paul Stimpson (Head of Planning Policy & Projects).

6.9 Numerous site visits were conducted by the Group with the first-hand evidence obtained being incorporated into the responses.

6.10 Throughout and in particular during questioning and evidence gathering, the Group has continually related its findings to the DOH's implementation requirements and the Government's October 2006 response to the House of Commons Health Select Committee July 2006 report:

6.11 Are the facilities and on site traffic management comprehensive?

Evidence shows that the King Edward VII site suffers from severe overcrowding and lack of car parking spaces; cars are parked on grass verges, yellow lines, over hatched boxes and on the main arterial carriageway leading to the hospital. A considerable number of cars were found to be double-parked and would require moving before others (which were being blocked-in) were able to leave. On an unannounced visit, the Group observed several drivers having to circumnavigate the car park numerous times in an attempt to find a suitable parking space although this appeared not always to be successful.



On a site visit to St Mark's, one of the pay machines was found to be out of order; a large black bin liner had been placed over the machine with no notification about how or where to pay in lieu.

Signage at Upton is poor; on a site visit one of the car park's signs was found to be coming away from the wall and part obscuring another. Several parking spaces are not delineated and the marking of others is fading and unclear.



Severe overcrowding was evident at Wexham Park hospital. Numerous vehicles were found to be parked just off-site; it was felt this was both due to a lack of space on-site and motorists trying to avoid paying the relevant on-site parking charges. Parking at Heatherwood Hospital was initially found to be overcrowded but due to a reduction in the provision of certain hospital services since, it is felt this has become less of an issue.

As a result, H&WPFT appears to contravene the December 2006 DoH Best Practice Guidance with local residents being affected by a very substantial upsurge in off-site parking.

CP Plus admits space at Wexham Park is limited but planning permission to acquire more space and build further parking facilities had been refused by the local authority. On questioning at a meeting, H&WPFT accepted that the local authority requires a proper business case when submitting car park applications.

CP Plus' proposed way forward, including other options, is to "suppress demand by increasing parking charges", an ideology the Group does not agree with.



6.12 Are the on-site facilities secure and safe and whether suitable levels of security are in place?

BSS operated sites

During unannounced visits, security (other than CCTV) was not evident to any measurable degree at any of the three BSS sites; the Group was advised there is much long-term security staff sickness. No security or patrol staff were evident at those times although the Group was advised that, per site, one full-time security person is employed from 7am to 3pm with this person being supplemented by one agency staff from 8am to 4pm. The Group was advised that one night-worker/cleaner doubles as an inside security guard with one external mobile security unit covering all three locations at night.

At a final meeting with BSS (at SBC, 20th July 2010), the Group was advised that subsequently day-time security attendants have been appointed and are working at each site location.

Published, dedicated crime statistics are not available for the BSS sites; further, it is not possible to drill-down to such specific detail within regional police data.

BSS has a light-touch approach with regards parking enforcement which probably, in its own right, minimises the risk of abuse and physical assault crime at BSS' sites. The Group welcomes the recent additional, regular on-site security attendance the funding of which the Group has been advised is met out of the revenue generated by car parking charges. It would appear that these staff are dedicated to the car parking facilities and do not provide security support elsewhere across the medical sites except in extreme, unforeseen circumstances.

H&WPFT's sites

CP Plus provides security at both Heatherwood and Wexham Park hospitals as part of its car park contract with the relevant Trust.

Both H&WPFT and CP Plus declined to provide details of that contract due to commercial confidentiality. However, the Group was advised that the security rota includes 4 personnel during the day and 3 at night at Wexham Park and 2 personnel on each day and night shift at Heatherwood. 24hour CCTV is described as being the "first line of defence". Security Industry Association (SIA) trained staff are used to diffuse and control any problems that arise with the security guards coming from CP Plus' "bank" of full-time employed security staff.

Published, dedicated crime statistics are not available for the two sites; further, it is not possible to drill-down to such specific detail within regional police data. However, the Group is advised that prior to the implementation of the CP Plus contract, the level of security and overall protection for staff and visitors alike - particularly at the A&E department - was an issue at Wexham Park hospital. H&WPFT's Board was mindful to take appropriate action and the Group has been advised that the level of security and on-site presence is now superior. Security incidents are recorded only when there has been actual physical assault which is, by its very nature, extremely rare.

It is accepted by H&WPFT that the cost of providing security across both hospital sites is, in total, met out of the monies paid by H&WPFT to CP Plus through the current car park contract. Further, that contract is described as being for "Security and Car Parking Services". **Therefore, it would appear that H&WPFT is not adhering to the DoH guidelines as any revenue generated over and above the cost of running car parking services (i.e. any profit) should be used to improve medical services¹¹.** The group considers that the provision of security generally is a prerequisite in the provision and running of a hospital site and should not be subsidised by profits made out of car park charges as general security is not a medical service.

6.13 Is site use maximised?

It would appear that all three BSS operated sites are not being used to their full potential although there are certain pinch point times during the working day when a number of outpatient clinics operate at the same time particularly at the King Edward VII site.

On a site visit to Wexham Park, parking and traffic management was, effectively, grid locked with patient and visitor parking overflowing onto neighbouring roads. Cars were parked on grass verges, pavements, double yellow lines and also obscuring line of sight at junctions and on road bends. H&WPFT has advised the Group that it has received complaints from some users having to drive around for up to 45 minutes before finding a parking space. The Group witnessed blue light ambulances having difficulty in reaching A&E and visitors' cars appearing to circumnavigate the hospitals' car park numerous times until they were able to find a space with this lasting for anywhere between 7 and 30 minutes.

On one visit to Wexham Park, a section of the car park was found to be roped-off thereby withdrawing from service a number of spaces; there was no apparent reason for this.

Overall, the Group described the experience of car parking at Wexham Park being "chaotic", a charge refuted by CP Plus¹².

¹¹ Department of Health "Income Generation – best practice for implementation", 14th December 2006, Chapter 2, clause 3
¹² Mr Grahame Rose, Development Director (CP Plus) at Working Group meeting held on 5th May 2010

6.14 Does the site promote the NHS Green Transport Plan, is sustainable transport encouraged and does the NHS body have a wider travel plan in place?

BSS sites

Currently BEPCT does not have a Green Transport Plan although staff are encouraged to park off-site where possible or in certain staff-friendly designated areas. The Group is mindful that the staff parking situation at King Edward VII hospital is particularly bad. **This would appear to be a clear failure to comply with the NHS Standard service Level Specifications and the DoH Best Practice Guidance.**

BSS states it is aware of the financial penalties which may result if local authorities do not reduce carbon emissions in their area (under National Indicator 186) and if local public bodies, including BEPCT, do not adapt to climate change (under National Indicator 188). NI188 is a process based indicator, the rationale being that bodies should ensure they are sufficiently prepared to manage the risks to service delivery, the public, local communities, local infrastructure, businesses and the natural environment from a changing climate, and to make the most of new opportunities. This is not typical of most of the National Indicators, such as NI 185 and 186, which are "outcome based".

The Heatherwood and Wexham Park sites

H&WPFT has devised a Green Transport Plan for staff, some of which is operational and other parts not, which includes:

1) A proposed "direct bus service" picking-up every 15 minutes at Slough Bus Station during the working day. The plan has been agreed with the unions and staff. A tender has been issued through the Official Journal of the European Union (OJEU), suggesting the overall value will be more than the OJEU minimum threshold of £50,000. In addition, the service specification is being considered by Slough Borough Council's Transport Services Division so that, when operational, it can hopefully integrate within existing travel card schemes which should help maximise travel savings for staff and visitors and therefore promote its use. Initially, It was anticipated this service would commence in September/October 2010 although the Group has been advised that the start date now will be no later than 3 January 2011¹³.

2) A "bike to work" scheme.

3) A staff car park pass scheme resulting in staff living within a mile and a half radius of either of the two sites not being issued a parking permit so that they have to use public transport or some other means of travelling to and from work.

Similar to BSS, CP Plus states it is aware of the financial penalties which may result if local authorities do not reduce carbon emissions in their area (under National Indicator 186) and if local public bodies, including H&WPFT, do not adapt to climate change (under National Indicator 188).

¹³ Letter from Julie Burgess, 20th September 2010.

Until the proposed Green Transport Plan is introduced fully, it would appear H&WPFT is not complying with and adhering to the NHS Standard service Level Specifications and the DoH Best Practice Guidance in full.

6.15 What is the site's policy on and availability of season tickets/permits and low cost or free parking for special group patients?

All five sites offer a range of exemptions and reduced charges. However, the car park signage at all five locations includes only limited exemption information; further, none of the five provide leaflet or signage in main reception areas.

This is contrary to the House of Commons recommendations (reference 4.7 above) and the subsequent associated government response (reference 4.8 above).

H&WPFT

Disabled drivers are advised that exemptions apply only in recognised disabled bays, if available. In 2009 the Trust's Chief Executive, Julie Burgess, accepted improvements could be made particularly to signage; the Group was advised this would be carried out although no improvements were actually made. In further correspondence received in September 2010, H&WPFT agreed fully with the Group's findings and stated that signage would be improved and leaflets made available although the Trust now states the improvements will have been made by the end of 2010. **The Group is concerned that H&WPFT appears not to have made any progress in this area to date.**

In addition, free parking is given to:

- mothers of babies in the Neonatal Unit who are attending frequently to feed
- one parent of a child attending for Haematology or Oncology treatment
- patients attending hospital on a regular basis for Chemotherapy or other treatment
- one parent staying overnight with an inpatient child

A 50% car parking discount is given for:

- one parent of any inpatient child for longer than 48 hours
- one relative of any patient in the Intensive Care Unit (ITU)

Exemptions and discounts are obtained via application to Ward staff who liaise with the Head of Security.

CP Plus has advised¹⁴ that H&WPFT is currently reviewing its policy for concessions and exemptions although, at the time of publication of this Review, **no update has been received.**

BSS

When visited, staff at the main reception at King Edward VII do not provide and do not offer, even when prompted, exemption and concession information with an enquirer being referred to the hospital's website. Only Blue Badge disability exemptions are offered at Upton. Nothing is offered or available at St Marks.

Since the above site visits, the Group has since met with representatives from BSS again and it has been agreed that full car park charge information, including exemption details, will be included on a car park specific leaflet which will be available at main reception desks. The Group is pleased this has been agreed and believes it will go some way in ensuring BSS' three sites comply with Government advice and the House of Commons recommendations. The Group recommends and very much hopes that H&WPFT will follow in close order although the lack of action as detailed on the previous page is concerning.

6.16 Whether the site complies with the requirement to ensure parking information is provided freely and is widely available?

Car park information is available for all five sites but in an inconsistent manner.

The Upton website initially did not contain any car park information at all; since bringing this to the attention of BSS, basic car park charge information is now included.

Signage notices at all five sites do not detail all the full range of exemptions available, staff at main reception desks are either unaware of or do not provide full information, information contained within appointment letters is inconsistent and no site provides a simple leaflet outlining charges and how to obtain exemptions or discounts.

The Group is pleased that BSS has subsequently agreed to update its respective website pages and, further, produce leaflets for dispensing at main reception desks, although at the date of publication the latter is not yet available. It is unfortunate that a co-ordinated approach does not appear to be possible within appointment letters due to the diverse nature of clinics operated by different arms of the BEPCT.

¹⁴ Mr Grahame Rose, Development Director (CP Plus) at Working Group meeting held on 5th May 2010

The Group strongly urges H&WPFT to follow BSS' advised lead with, as a minimum, printing comprehensive parking leaflets for dispensing at all main reception desks and, ideally, including such a leaflet with appointment letters. Until such changes have been implemented, the Group considers that none of the sites meet the necessary minimum requirements.

6.17 Is the site's scheme profitable and how are those profits used to improve health services?

BSS

BSS has provided to the Group detailed financial data covering the period October 2008 to November 2009 (inclusive); this shows income broken down across each of their three sites and actual expenditure aggregated by subject matter, again over the same period:

<u>Income</u> (all in £)	<u>King Edward VII</u>	<u>Upton</u>	<u>St Marks</u>	<u>Total</u>
Oct-08	5,336.13	1,614.35	-	6,950.48
Nov-08	6,592.80	2,392.40	2,105.00	11,090.20
Dec-08	5,951.70	2,213.10	3,134.45	11,299.25
Jan-09	7,703.32	2,361.95	3,194.05	13,259.32
Feb-09	6,857.50	1,403.15	2,168.05	10,428.70
Mar-09	7,046.10	1,974.95	3,057.65	12,078.70
Apr-09	7,306.45	2,835.72	3,163.00	13,305.17
May-09	7,482.35	2,279.93	3,533.00	13,295.28
Jun-09	7,671.50	2,340.75	3,520.00	13,532.25
Jul-09	8,978.18	3,352.60	3,329.00	15,659.78
Aug-09	7,964.25	2,542.05	2,767.72	13,274.02
Sep-09	9,458.50	2,236.88	2,998.70	14,694.08
Oct-09	8,471.90	2,006.53	3,441.10	13,919.53
Nov-09	8,033.10	2,476.95	3,311.00	13,821.05
	104,853.78	32,031.31	39,722.72	176,607.81

<u>Expenditure</u> (all in £)	
Security/Attendant staff costs	73,589
Uniform and training	1,344
Overnight mobile security service	43,912
Security van lease costs	7,000
Cash collection service fee	8,308
Maintenance	23,561
Capital Charge	18,285
Total	175,999

Note: Car park charges were first introduced at St Marks in November 2008.

On 20 July 2010, the Group sought clarification about certain aspects of the data provided.

BSS confirmed that a private company (Security Plus) collects the cash receipts from the on-site pay machines and subsequently banks the money on behalf of BEPCT. The revenue raised is not ring-fenced and therefore is not necessarily ploughed back into car park improvements. However, BEPCT subsequently pays BSS for the provision of their services out of this revenue which, effectively, means that any profit (nominal during the above period) is retained by BEPCT for use towards health services. This would appear to meet Government guidelines.

CP Plus

CP Plus is the private contractor awarded the contract to run the car park and general security service for both Heatherwood and Wexham Park hospitals. CP Plus charges H&WPFT an annual fee. The Group was advised the sum being charged (when it met with CP Plus) was currently of £567,000. The Group has not been permitted sight of the contract but has subsequently been advised that there is a provision within for the costs to rise in line with the Retail Price Index (RPI) on the anniversary of the contract. The eight year contract, which commenced in May 2006, includes:

- the managing of car parking facilities
- 24hrs a day, 7 days a week security management of both hospital sites in their entirety including security patrols and a manned control room
- access control and barrier systems
- CCTV network management
- a money collection service from the various car park pay points

Due to a lack of financial clarity, the Group is unable to comment with authority whether the contractual sum expended by H&WPFT on the service provided by CP Plus each year represents value for money, the Group is mindful of the Minutes of a Board meeting of the Trust (11 April 2005) at which time approval was sought from Colin Hayton, the Trust's then Chief Executive, to award a contract for the provision of security and car parking services up to a value of £500,000 with effect from 1 May 2005. H&WPFT has stated since that the additional expenditure of £67,000 per annum over and above the original Board approval reflects the RPI increments since the contract was awarded.

Financial data has been provided by H&WPFT covering the fiscal period 2008/2009 broken down by car park visitor income across each hospital, combined other income across both sites and expenditure across both sites combined:

<u>Income</u>	<u>Heatherwood</u>	<u>Wexham Park</u>	<u>Total</u>
(all in £)			
Visitors	138,474	579,079	717,553
Other income			35,807

			753,360
 <u>Expenditure</u>			
(all in GBP)			
CP Plus contract		567,000	
Police/PCSO support		65,000	
CCTV & barrier maintenance		81,000	
Ad hoc repairs/support		38,000	
Consultancy		11,200	
Other costs		6,200	

		768,400	

The above shows that H&WPFT car parking scheme was not run profitably in 2008/2009. Total income was £753,360. The CP Plus contract cost £567,000. Other costs incurred during the year (including the provision of security, CCTV, maintenance and *ad hoc* repairs) total £201,400 including £11,200 paid to a firm of “consultants” to advise on the reconfiguration of CCTV and other security arrangements. According to the Trust’s CEO, these services [the consultants] are required when such an exercise is undertaken, implying the use of the consultants on this occasion is not a one-off.

Consequently, in total H&WPFT made a net loss in 2008/2009 of £15,040 on their car parking activities although their forward projections do indicate a turnaround with a forecast surplus of approximately £87,000 in 2009/10 although the Group has not seen any evidence of this and is concerned by the statement made at the same meeting that there is “no (financial) scope to change this position”¹⁵.

15 Mr Grahame Rose, Development Director (CP Plus) at Working Group meeting held on 5th May 2010

The Group has also been advised that the CP Plus contract includes the provision of general security across both hospital sites in total and not just security for the car parks. Therefore, there is an element of cross-subsidy although the exact sum is not known specifically as H&WPFT has declined to provide such evidence on the basis of 'commercial confidentiality'.

H&WPFT states that the CP Plus contract has been renewed; initially, the Group had understood this to be until 2015 but it is now advised this is until 2016. In the year 2010/2011 the Group is aware that £5,440 is being budgeted towards further consultancy costs.

Without any further evidence, it appears that H&WPFT is failing to comply with government requirements to ensure that parking facilities are run profitably and that all profits should be used to improve health services.

Looking ahead, H&WPFT advises that, in 2010/2011, the Police/PCSO support has been cancelled due to the introduction of the CP Plus contract which includes security and this has resulted in a saving of £65,000; the forecast maintenance costs are likely to reduce to £15,165 (estimate) and the consultancy fee payable will be of the magnitude of £5,440 (estimate); the fee for CP Plus will, it is fairly assumed, increase further by RPI. The estimate for all other previous running costs is zero.

Therefore, and whilst the Group is unaware of the actual income during 2009/2010, assuming there is no increase over the previous period, the **loss of £15,040** incurred in 2008/2009 will, in 2010/2011, be an **estimated profit of £165,755**.

6.18 What staff parking arrangements are made and on what basis?

Staff attending King Edward V11 are allocated 84 spaces but currently occupy approximately 200 spaces. When BSS met with the Group, it advised that BEPCT was planning to implement a staff car parking policy effective 1 August 2010; however, at the date of publication of this document it would appear this commitment has not been fulfilled although a complex scheme was proposed part based upon a charge linked to salary (full-time staff are to be charged an annual fee calculated as 1% of their salary). Further, it is unclear whether this was supported or not by staff as a whole. It would appear that no further progress has been made.

H&WPFT has stated that its staff travel plan will be implemented by 3 January 2011 although the Group is aware that the payment scheme that staff will have to adhere to when using the scheme has yet to be finalised.

7.0 CONCLUSIONS AND DETAILED RECOMMENDATIONS

- 7.1 The Group has undertaken an in-depth review of car parking facilities and charges levied at all five NHS hospital sites across East Berkshire. This is the first Working Group formed by the Joint East Berkshire Health Overview & Scrutiny Committee which has also benefitted a LINK representative who is also a member of the main Committee. This has enabled us to give a sustained focus to a significant issue of concern to many patients and hospital visitors. The Group is grateful to all who have contributed including those employed either directly or indirectly by BEPCT and H&WPFT. The Group is also grateful to members of the public who responded to the request for evidence and feedback.

It is clear, in the main, that consideration has been given by both BEPCT, through their operator BSS, and H&WPFT, through CP Plus, into the level of car park facilities they should offer, what charges to apply and when those charges should be levied. However, the Group considers that the current arrangements are inadequate and unfair in a number of areas. In addition, it is the Group's view that little, if any, effective and regular monitoring (either external or self-regulation) of service levels is carried out. Worryingly, the Group has discovered numerous contraventions of Government Guidelines. Service quality across all five locations varies considerably with some inconsistency even within each site.

- 7.2 National government decides whether the NHS may or may not charge for support services including the provision of car parking at NHS sites and the most recent public consultation response published in September 2010 has made it clear that that may continue despite evidence received by the Group from patients and visitors suggesting concern that car parking charges and associated enforcement (albeit to differing degrees) causes considerably heightened levels of stress and some late appointments.

In addition, the Group notes the growing trend not to charge for car parking at sites providing medical services, including the abolition of charges in Scotland and Wales and the majority provision of free parking in Northern Ireland. The variations in government policy including the charging for patients and hospital visitors in England understandably causes resentment.

The Group is mindful of two key Government guideline requirements:

- 1 that money raised from car parking charges should be used to "improve medical services", and
- 2 that car parking services should not run at a loss (and therefore by implication should not receive subsidy from other health service funding)

During the Review, the Group has become increasingly concerned that it has not seen any real evidence that both of these criteria are being met by either operator. The H&WPFT admits that the service runs at a loss. BSS' figures show that whilst the service it provides to the BEPCT makes a small profit, it is negligible and, on balance, could run at a loss if revenues decline by only a small margin.

The Group is concerned at the use of car park charge income to cross-subsidise non-medical services, especially the provision of general site security. Security and the provision of security services at NHS sites is not a "medical service" and, therefore, that the current cross-subsidy is contrary to the car park implementation and operational guideline requirements. The Group believes security should be fully funded out of a separate, dedicated security budget. This would ensure sufficient, reliable funding (as opposed to non-guaranteed income through variable car park receipts). Most worryingly, H&WPFT's Chief Executive, Julie Burgess, has stated that "These [the provision of essential security services] are not considered to be within the core competencies of an NHS Hospitals Trust".

RECOMMENDATION 1

That both the BEPCT and the H&WPFT create separate per site security budgets, fully costed and fully funded independently, to provide the necessary security to ensure all five sites are safe, secure and that any problems which arise are dealt with quickly and effectively and that:

- 1) Whilst it is recognised that car parking charges are permitted, that all profits should be ploughed-back into the provision of medical/health services with clear evidence available of this***
- 2) Car park facilities are not run at a loss***
- 3) Expensive independent consultants, particularly as currently used by the H&WPFT, are employed only as a last resort and should be funded by the operator as opposed to the Trust***

7.3 Whilst both operators appear to adhere partly to the requirement to publicise exemptions and discounts, the Group is concerned that such information is hard to obtain, is not easily understood (with too many complicated variants) and is often somewhat “hit and miss” being at the discretion of the Head of Security, the Departmental Manager and/or the Duty Manager. The Group’s view on this has been reinforced by the September 2010 DoH response to the December 2009 Government public consultation.

The Group has found the exemption information provided is not always accurate and does not necessarily explain fully the extent of and eligibility criteria. Further, it is not easy for exemption or discount entitled users to obtain a refund once they have paid. Reception staff are not, and do not, readily explain about car park charges, car parking procedures and payment exemption/discount standards and requirements. Reception areas are, at present, devoid of leaflets and other information about car parking.

Car park payment machines (other than one at Wexham Park) only accept coins (payment using bank notes or credit/debit cards is not possible). Pay machines operated by BSS fail to give change if excess coinage is used. Pay machines operated by CP Plus are in four languages: English, German, French and Italian. Whilst this is welcome, the Group feels other languages might be more appropriate in East Berkshire and that through modern technology this should be a relatively quick, low cost and simple exercise to undertake.

RECOMMENDATION 2

That whilst car parking charges remain a matter for hospital trusts, we believe that they should offer substantially reduced rates (at least 50% discount) for patients and visitors who attend hospital regularly. We also recommend that parking is not charged to those who must attend on a daily basis for acute and/or long-term medical conditions.

We further recommend that both the BEPCT and the H&WPFT display clear, easily read and understood exemption/discount information at all payment points. If this is not possible (for example due to the variety and complexity of the exemptions/discounts available) to either outline at all payment points how such information is obtained elsewhere (and where that location is) or detail the criteria at those payment locations; either way, the information should be clear and easily understood.

cont ...

Further, that both operators should apply the relevant exemption/discount criteria consistently so there is no room for ambiguity as opposed to the existing vague, discretionary methods employed.

In addition, that operators should make available freely and display at all main reception areas and pay points (the latter using clear Perspex holders or similar where necessary) a dedicated leaflet explaining about car parking arrangements at that site, the terms and conditions for parking and comprehensively listing the charging tariffs.

That Green Transport Plans be introduced and implemented at each of the five sites without any further delay to help ease congestion.

And finally to:

- 1) install new payment machines which: accept coins, bank notes and credit/debit cards, provide change when overpayment is made by coinage and offer a range of suitable language options**
- 2) consider the use of smart-phone technology (as offered by many other car park and local authority operators) which, if linked to the relevant hospital booking and inpatient systems, might be able to detect automatically when car park users are entitled to an exemption and/or discount**

- 7.4 Due to commercial confidentiality, the Group is unable to ascertain the extent and detail of the contract enjoyed by CP Plus with the H&WPFT; the Group is also unable to ascertain the exact financial arrangements under which BSS operates although it has been advised that BSS staff are paid by the BEPCT . The Group is, therefore, unaware of any break clauses, key performance indicators (KPIs) or financial penalties or consequences which may be imposed by the respective trusts.

The Group has been advised verbally that the CP Plus contract has been renewed until 2015, five years from now, although the proposal put before the H&WPFT's Board in 2006 was for an eight year contract, presumably running until 30th April 2014. The Group is concerned in particular about the CP Plus contract as it would appear the current operator and the H&WPFT is not running the service as per the requisite Government operating criteria.

RECOMMENDATION 3

That both the BEPCT and the H&WPFT, through a new procurement procedure, review their respective contracts and the obligations imposed upon their operator / provider and, where appropriate, renegotiate or terminate if minimum service levels are not being achieved.

At an appropriate time thereafter, both bodies should consider a new tender process which, the Group would suggest, includes:

- 1) an initial 5-year contract with a 3-year break clause***
- 2) the requirement of agreed KPIs to be reviewed at predetermined stages***
- 3) an option for the operator to extend the initial 5-year term subject to performance and customer satisfaction targets being achieved***
- 4) an invitation from the relevant local authorities serving the BEPCT and H&WPFT' areas to tender, particularly due to the extensive knowledge and experience of those local authorities in running and managing car parking services and facilities with the potential cost benefit this might achieve***

8.0 SUMMARY OF RECOMMENDATIONS

That both the BEPCT and the H&WPFT:

- 8.1 Undertake a complete review of car parking provision and practices across each of their individual sites to ensure alignment of the key principles and incorporate the specific operational recommendations contained within this Review**
- 8.2 Introduce and implement Green Transport Plans at each of the five sites without further delay to introduce a fair payment scheme for staff car-parking, reduce on-site congestion and reduce CO₂ emissions all of which will help contribute to the area's climate change strategy and National Indicators 185, 186 and 188**
- 8.3 Create a separate per site security budget, fully costed and fully funded independently, to provide the necessary security to ensure all five sites are safe and that security is not subsidised either now or in the future by car parking charge revenue**
- 8.4 Introduce a clear, consistent and significant set of exemptions and discounts for car park charging and ensure that car parking charges are substantially reduced (at least 50% discount) for patients and visitors who attend hospital regularly and that parking is not charged to those who must attend on a daily basis for acute and/or long-term conditions**
- 8.5 Once 8.1, 8.2, 8.3 and 8.4 are complete, if minimum key performance indicator standards are not being achieved then there should be an opportunity to give notice to break existing contracts and invite tenders for the management and operating of car park services and the provision of facilities including exploring the possibility of the relevant local authorities in their areas possibly running and managing such provision in the future**

Glossary of Terms

A&E	Accident and emergency
BECPT	Berkshire East Primary Care Trust
BSS	Berkshire Shared Services
CCTV	Closed circuit television
Cllr	Councillor
DoH	Department of Health
H&WPFT	Heatherwood and Wexham Park Foundation Trust
ITU	Intensive care unit
JEBHOS	Joint East Berkshire Health Overview & Scrutiny
LINK	Local Involvement Network
MLA	Member of the Legislative Assembly (of Northern Ireland)
MP	Member of Parliament
MSP	Member of the Scottish Parliament
NHS	National Health Service
OJEU	Official Journal of the European Union
PCSO	Police Community Support Officer
PCT	Primary Care Trust
PFI	Private Finance Initiative
RBWM	Royal Borough of Windsor and Maidenhead
RPI	Retail Price Index
SBC	Slough Borough Council
SHA	Strategic Health Authority
SIA	Security Industry Association
SSLS	NHS Standard Service Level Specifications
UK	United Kingdom

Supporting documents

Supporting documents are referenced throughout the Review. Links to the relevant contributing bodies or documents where referenced include:

Bracknell Forest Council: www.bracknell-forest.gov.uk

Berkshire Healthcare NHS Foundation Trust: www.berkshirehealthcare.nhs.uk

Berkshire Shared Services: www.berkshire.nhs.uk/bss/

CP Plus: www.cp-plus.co.uk

Department of Health: www.dh.gov.uk/en/Publicationsandstatistics/Publications/index.htm

Heatherwood & Wexham Park Hospitals NHS Foundation Trust:
www.heatherwoodandwexham.nhs.uk

House of Commons Health Select Committee:
www.parliament.uk/business/publications/committees/select-committee-publications/

Royal Borough of Windsor and Maidenhead: www.rbwm.gov.uk

Slough Borough Council: www.slough.gov.uk

A letter to Julie Burgess, Chief Executive (H&WPFT) regarding issues raised by the JEBHOS Committee in July 2009. The Committee's initial concerns and the subsequent reply received in August 2009 (pages 49, 50 and 51) were the catalyst behind the decision to launch a wider Review into car parking charges across East Berkshire:

Page One:

27th July, 2009

Councillor Arvind S Dhaliwal
c/o Town Hall
Bath Road
Slough
SL1 3UQ

Ms Julie Burgess
Chief Executive
Heatherwood and Wexham Park Hospitals
NHS Foundation Trust
Wexham Park Hospital
Wexham Street
Slough
SL2 4HL

Dear Ms Burgess

Car Parking Charges at Heatherwood and Wexham Park Hospitals

I am writing to you in my capacity as Chair of the Joint East Berkshire Health Overview and Scrutiny Committee. I also serve as Chair of Slough Borough Council's Health Scrutiny Panel. May I on behalf of both of these bodies welcome you to your new post as Chief Executive with the Hospitals Trust and I look forward to welcoming you to our meetings in the near future. I trust we will enjoy a long and fruitful partnership to the benefit of the residents of East Berkshire.

You may be aware that the issue of car parking charges at the Trust's hospitals is a matter of some contention, both with the Joint Committee and the individual authorities. Greg Scott attended the last meeting of the Joint Committee on 29th June and made a presentation setting out the current arrangements for car parking and security at the hospitals. He advised us of the contract with CP Plus, the cost of which in 2008/09 was £567,000. In addition, further costs had been incurred in respect of police/PCSO support (£65,000), CCTV and barrier maintenance (£81,000), ad hoc repairs/support (£38,000), consultancy (£11,200), and other costs amounting to £6,200 giving a total cost for the year of just over £768,000. He advised this showed an overall loss of approximately £16,000 against a total income from charges of just over £752,000.

Mr Scott also outlined a number of other issues including exemptions and reduced charges made for certain categories of patients and visitors. He advised that the contract with CP Plus was for eight years from May, 2006 with a break clause after five years. However, he did not feel that there was any financial scope to change the current arrangements and that, whilst not ideal, car parking was now far better managed than had been the case previously. He also outlined the work being undertaken to improve visitor access and to identify additional parking and improve public transport and other green travel options to the hospital.

The Joint Committee expressed concern at a number of issues relating to the current charging and contractual arrangements including the following:-

- It is particularly worried at the principle of charging patients and visitors at a time when the country is experiencing a deep recession and many people are suffering financial hardship. It is felt that this goes against the principle that NHS care should be free at the point of delivery.
- The lack of sufficient parking at Wexham Park Hospital in particular although many staff are allowed to park on site free of charge.
- Concern that patients and visitors are not advised about the discounts or exemptions available to them and ward staff do not advise of these as a matter of course. It was suggested that better signage should be provided, including adjacent to the paying machines in the car parks advising of any concessions available.
- There is considerable concern at the sum of £567,000 being paid to a private contractor in one year and whether this is a good use of limited health service funding. Surprise was expressed that a proportion of the car park income is used for general security in the hospital buildings and it is therefore not the case that the totality of car parking charges is ploughed back into improving car parking on site. It is clear that a substantial proportion of the income is utilised for general security purposes across the whole of the sites.
- The consultancy costs of £11,500 were queried. We understand these relate to the charges for reconfiguration of car parking arrangements and CCTV, etc. The Joint Committee expressed concern at this additional cost and whether it should not more properly have been included within the original contract.
- Members felt that other, preferable charging systems could have been considered to ensure that, for example, relevant patients who took a ticket on entry had it 'swiped' within the hospital so that they did not require to pay on exit. There was also the general view that patients in particular should not have to pay for parking when they were attending the hospital for treatment.
- Whilst Mr Scott advised that the Trust was not making any profit from the car parking charges, there was the concern that there would be a substantial profit element within the contractor's charges. The Committee did seek information on the profit element within the contract but was advised that due to reasons of commercial confidentiality, this is unlikely to be made available. Perhaps you could confirm this?
- The Joint Committee asked whether, since the introduction of the contract, the levels of reported crime or theft from cars have improved. Mr Scott was unable to give any breakdown specifically related to crime in the car parks but undertook to provide us with additional information to demonstrate that the new arrangements are leading to less crime.
- A statement was made at the meeting that the contractors only issue fines in respect of those vehicles which are parked particularly dangerously or where no ticket had been taken. He stated that they limit the number of penalty fines issued to the more severe situations. However, the experience of those present is that tickets are issued on a regular basis for minor infringements and this may have something to do with the fact that the contractor retains the income raised from the issuing of car parking fines, a situation which the Joint Committee felt was particularly unacceptable given that this could encourage them to maximise the number of fines levied to boost their income. Once again, the Committee asked whether details could be provided of the level of fines made by the contractors over the contract period and whether these are increasing.

Page Three:

In summary, the Joint Committee is unhappy with the current charging arrangements and how the charges were generated and utilised, particularly at a time of economic recession. In addition, particularly at Wexham Park Hospital, there is a serious problem of insufficient parking for patients and visitors which needs to be urgently addressed, given the problems which it is causing of overspill onto the adjoining roads. The Joint Committee referred to the fact that many of the car park users are patients who were elderly, infirm and often in financial hardship. I was asked to pass on the Members' concerns to you for urgent consideration.

I look forward to receiving your comments on the points raised in time for our next meeting taking place on 14th September, 2009 at Slough Town Hall which you are cordially invited to attend.

Yours sincerely

Councillor Arvind Singh Dhaliwal
Chair - Joint East Berkshire Health Overview and Scrutiny Committee

The reply from Julie Burgess, dated 28th August 2009:

Heatherwood and Wexham Park Hospitals 
NHS Foundation Trust

OFFICE OF THE CHIEF EXECUTIVE

Direct Line: 01753 633561

Fax: 01753 634825

Wexham Park Hospital
Wexham Street
Slough
SL2 4HL

Tel: 01753 633000
Fax: 01753 634848

28th August 2009

Councillor Arvind S Dhaliwal

c/o Town Hall

Bath Road

Slough

SL1 3UQ

Dear Councillor Dhaliwal

Re: Car Parking Charges at Heatherwood and Wexham Park Hospitals

Thank you for your letter dated 27th July and kind words of welcome. I am pleased that you have contacted me to highlight the concerns of the Joint East Berkshire Health Overview and Scrutiny Committee following the presentation given by Greg Scott at your last meeting, and the information supplied as a result of a Freedom of Information request submitted to the Trust by a member of the Committee. I must assure you that the challenges around access to both hospital sites, and the security arrangements required to protect patients, visitors and staff are taken very seriously.

I have addressed each of the concerns raised in your letter individually and hope that the explanations below go some way to alleviating the concerns of the Committee, and demonstrate that the Trust continually assesses the appropriateness and cost effectiveness of the support services necessary to ensure we provide an effective service to the public.

1. I can fully appreciate the concerns with regard to car parking charges. As is the case with the majority of other Trusts in England, the revenue from car parking charges funds essential site security services, and the Trust is not a position to divert monies from crucial clinical services to offset any shortfall in this income.
2. The lack of sufficient parking at Wexham Park Hospital is a concern to the Trust and, as I believe Greg discussed, we are developing a new Travel Plan. It is hoped that this will reduce the reliance of staff on driving to work through the provision of car sharing schemes and improved public transport links. Unfortunately both national and local government guidelines restrict the amount of parking the Trust is able to provide, but we continue to work with the planning department at Slough Borough Council to improve the situation.

Page Two:

3. Your comment with regard to improving the information provided to patients about discounts and exceptions to parking charges is well made, and we have recently updated the information given on our website in order to address this. The Estates team has also acknowledged that improvements to signage could be made and these are currently being assessed.
4. The costs associated with the security of the two sites as a whole, are as you correctly state, funded from the overall car parking revenues; this is a model used by the majority of Trusts in the country. It would be extremely difficult to separate out the costs associated with the car parks as they are an integral part of the hospital grounds. Site security is not a core competence of any health organisation and it is recognised that due to the training requirements, regulatory conditions and challenges of the role, contracting to a third party with the necessary competence represents the most cost effective way of delivering this service.
5. I should clarify that the consultancy fees are not paid to the provider of the security services. These services are required when re-configuring or expanding any of the security systems and using an independent consultant ensures the most cost effective option is selected.
6. A number of payment schemes were considered when implementing the current system. As discussed earlier, improving the visibility of exceptions and constantly reviewing these allows us to be as flexible as possible in offering reductions to those patients/visitors that need them.
7. I can confirm that, as part of a commercial contracting arrangement, we are unable to provide information on the profits of the company providing the services. We are however, in the process of challenging the charges of all contracted services as part of our efforts to reduce costs.
8. It is difficult to determine any specific trend from these data but most recently there have been very few incidents occurring in the car park areas, the vast majority being in and around the ward/patient areas.
9. It is very rare for any car parking within the visitor 'Pay on Foot' areas to be ticketed as Security would only visit these areas if they have received a complaint – there is no requirement to verify parking tickets with a pay on foot scheme. The vast majority of tickets are issued in the staff car parking areas or illegal parking areas and are issued to cars without a displayed permit (all Trust staff have to display permits), parking dangerously or inappropriately, blocking another car or with a permit that is out of date.

Page Three:

The total value of tickets issued period 01/04/08 - 31/03/09 was £6351.00 inc. VAT for both sites - £5,522.61 exc. VAT. The CP Plus administration cost for both sites were £3,500, so there is a surplus of £2,022.61. Fines are £40 but £15 is paid within 14 days. Since the June meeting CP Plus has offered to share these contributions with the Trust.

Any tickets issued outside the hospital boundaries will have been issued by the local authorities as the Trust has no jurisdiction in these areas.

I trust that the information provided in this response provides the assurance the committee is seeking that we are very aware of the difficulties patients have in accessing the hospitals and explains some of the challenges the Trust has in addressing concerns that have been highlighted as a result of the presentations made at the last meeting.


If you feel that it would still be valuable to me to attend the next meeting on 14th September 2009 I would be happy to attend/will look into ensuring my availability.

Yours sincerely



Julie Burgess
Chief Executive

Appointment card, **Heatherwood and Wexham Park**. Note the car parking charge information on the reverse side (page 47):

Heatherwood and Wexham Park Hospitals 
NHS Foundation Trust

www.heatherwoodandwexham.nhs.uk

Hospital Number: «PatientID»
NHS Number:«PatientNHSNumber»

14 September 2010

«Recipient»
«RecipientAddressLine1»
«RecipientAddressLine2»
«RecipientAddressLine3»
«RecipientAddressLine4»
«RecipientPostCode»

Dear «PatientTitle» «PatientSurname»

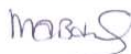
Your appointment

We recently wrote to ask you to arrange an appointment with «Clinician» or one of their team. If you have not yet done so, please call our Appointments Office on **01344 877919** as soon as possible. If you have not called within two weeks we will assume that you no longer require the appointment.

Lines are open: *8.30am to 5pm Monday to Friday. Outside of these times there is an answer phone service. Please leave your name and daytime telephone number and we will call you back the next working day.

**The following departments are excluded, their opening times are 9.00am till 4.00pm Monday to Friday, Children's Outpatient appointments, Rehab, X-Ray, Cardiology Diagnostic Testing, Parapet, Pre-Assessment or Operations.*

Yours sincerely,



Appointments Officer

Heatherwood Hospital London Road, Ascot, Berkshire, SL5 8AA Tel: 01344 623333
Wexham Park Hospital Wexham Street Slough Berkshire SL2 4HL Tel: 01753 633000
King Edward VII Hospital St Leonards Road Windsor Berkshire SL4 3DP Tel: 01753 860441
St Mark's Hospital St Mark's Road Maidenhead Berkshire SL6 6DU Tel: 01628 632012
Bracknell Outpatient Centre Fitzwilliam House Skimped Hill Lane Bracknell Berkshire RG12 1LD Tel: 01344 316600
Upton Hospital Albert Street Slough SL1 2BJ Tel: 01753 821441
Chalfont & Gerrards Cross Hospital Hampden Road, Chalfont St. Peter, Gerrards Cross, SL9 9DR 01753 883821

Please see reverse of letter for additional important information relating to your appointment.
Outpatient Booking Reminder



ABOUT OUTPATIENTS

We would like your visit to Outpatients to be as straightforward and stress free as possible. Please take a few minutes to read the following before setting out.

Heatherwood and Wexham Park Hospitals NHS Foundation Trust currently operates Outpatient Clinics at five sites: Wexham Park Hospital, Slough; Heatherwood Hospital, Ascot; King Edward VII Hospital, Windsor; St Mark's Hospital, Maidenhead and the Bracknell Outpatients Centre. Many of the Hospital Consultants work at several different sites, so you may be able to choose to attend the site most convenient to you.

If you are worried that your condition has worsened whilst waiting for your appointment, please contact your GP who will then contact the hospital if necessary.

You may find it helpful to bring with you a list of questions that you would like to ask the doctor.

CANCELLATION OF APPOINTMENTS

If you know you are unable to attend an Outpatient appointment, please telephone the appointments office on 01344 877919. At that time you will be given the opportunity to re-book your appointment at a date, time and place that is convenient to you. If possible, please give the hospital at least 3 days notice so that we can offer the appointment to another patient. The telephone lines are usually less busy after 2pm. Out of hours there is a voicemail service. You can also access our website www.heatherwoodandwexham.nhs.uk/info/outpatient-services to cancel your appointment.

Failure to attend an appointment without letting us know may result in your referral being returned to your GP/referring clinician.

We appreciate that sometimes appointments need to be changed. If you cancel your appointment once – your treatment may be delayed beyond 18 weeks. Cancelling your appointment twice may result in you being returned to your GP/referring clinician.

CLINIC ORGANISATION

Please report to Outpatient Reception on your arrival. You will be directed from there. There may be several different clinics running at any one time. Most clinics operate with a team of doctors and your appointment will be with one of the team, not necessarily with the Consultant. This means you will not always see the same doctor. As some members of the team change every 6 months you are unlikely to see the same person over a long period of time. Continuity is preserved through your files and by consultations between the various doctors.

Patients using hospital transport, or with special needs are given priority. Otherwise patients are seen in order of appointment time.

Patients who need investigations or tests on arrival may have these first and then resume their appointment time place in the queue.

CAR PARKING

Car parking charges are now in operation at ALL of the hospital sites within the Heatherwood and Wexham Park Trust: Wexham Park Hospital, Slough; Heatherwood Hospital, Ascot; King Edward VII Hospital, Windsor; St Mark's Hospital, Maidenhead. The machines accept 10p, 20p, 50p and £1 coins, but do not always give change. The minimum charge is £1. Maps for each site are available on www.heatherwoodandwexham.nhs.uk/patient_info/maps.html

Please note car parking is limited at all sites, especially at peak times. You may find it easier to find an alternative means of getting to the hospital. Please allow extra time to find a parking space. If you are disabled, you may use the drop off zones and call for assistance

SMOKING

If you are a smoker and would like help to quit, please telephone 0845 6024 218 or go to www.berkshire.nhs.uk/timetostop

DATA PROTECTION

The Trust needs to record and keep information about you so that you can receive proper care and treatment. In doing so it complies with all aspects of the Data Protection Act. For further information about how we use your information and how you can access your medical records, please see our web site or phone the Trust's Data Protection Officer on 01753 634190 for advice.

For further details regarding Heatherwood and Wexham Park NHS Foundation Trust you can go to the website www.heatherwoodandwexham.nhs.uk

Appointment card **Berkshire Healthcare, Diabetes clinic (BSS)**. Note advisory note about limited parking spec but no information about parking charges:

Name
Address
Address
Town
County
Postcode

Correspondence Address:
Diabetes Centre
King Edward VII Hospital
St. Leonard's Road
Windsor
Berkshire
SL4 3DP

26 May 2010

NHS No: -

Dear -

An appointment has been made for you in the Diabetes Centre as follows:

Date: -

Time: -

Venue: King Edward VII Hospital, St Leonards Road, Windsor, SL4 3DP.

Your appointment is at 12:00. Please arrive 10 minutes earlier so the nurse can complete your pre-appointment checks.

Please ask at main reception to be directed to the Diabetes Centre.

If you are unable to keep this appointment we would be grateful if you could contact the Diabetes Centre on 01753 636631 or 01753 636751. These phone numbers have a message facility, and we will endeavour to return your call in most circumstances within 24 hours in order to arrange your appointment.

Yours sincerely

Diabetes Centre

PLEASE NOTE: There is limited parking available on site which can lead to delays in parking. We advise that wherever possible arrangements are made to arrive early or to use public transport. Pay and Display is operational at King Edward VII Hospital, St Marks Hospital and at Upton Community Hospital.

Berkshire East Community Health Services is responsible for providing NHS community services in East Berkshire and is hosted by Berkshire East Primary Care Trust.

DIABAPPT

Reimbursement policy for travel to/from hospital, **Berkshire Healthcare** (BSS) including front and reverse of claim form (pages 50 and 51):

Berkshire Shared Services Facilities



Hospital travel costs scheme fact sheet

Who can claim?

You are entitled to claim reimbursement of travel costs including car parking charges to hospital appointments if you (or those you depend on) get at least one of the following:

- Income Support
- income-based Jobseeker's Allowance
- Guarantee Pension Credit

You also qualify if your income is £15,050 or less and you also get one of the following:

- Child Tax Credit (with or without Working Tax Credit)
- Working Tax Credit with the disability element or severe disability element

If an adult or your dependent child has to travel to your treatment with you for medical reasons, you can claim their travel costs too providing it is verified by a clinician.

How much do you get?

If you're on entitled benefits or allowances you get back the full travel costs by using the cheapest form of public transport available. **NOT TAXI'S**

This applies to however you travel. If for example, you use a private car you can claim for petrol instead.

The hospital mileage rate for petrol costs for private transport **is 12p per mile.**

How to claim

You can claim at the NHS hospital or clinic at the time of your appointment. You will be reimbursed immediately in cash, when you show any of the following and filled in the appropriate form and had this signed at the clinic you attended:

- proof of a qualifying benefit (like an award notice)
- a tax credit exemption certificate (you'll get this automatically if you qualify)
- a certificate showing you qualify for the NHS low income support scheme

Backdated claims

You can claim help with travel costs up to three months after your appointment, as long as you can prove you were eligible to claim at the time. To do this, you'll need to fill in a refund claim form (HC5), which you can get from:

- NHS hospitals
- Jobcentre Plus offices
- the NHS Patient Services helpline, on 0845 850 1166 (8.00 am to 6.00 pm Monday to Friday - calls are charged at the local rate)

Berkshire East Primary Care NHS Trust

PROCEDURE FOR REIMBURSING CAR PARK FEES/ISSUE OF PERMITS

1. INTRODUCTION

The Berkshire East PCT NHS Trust Policy for reimbursement of car parking fees identifies the groups of people who are eligible for a permit or refund of fees already paid. This procedure gives details of how this eligibility is to be determined and how refunds will be made.

2. ELIGIBILITY

Eligibility for permits, reimbursement of, or assistance with, car park charges can be determined as follows:

- (1) Members of the public who are in receipt of INCOME SUPPORT or FAMILY CREDIT. Before reimbursement, evidence of their eligibility must be obtained.

Members of the public receiving a state pension are NOT exempt from car park charges unless they meet any of the criteria given above or below.

- (2) Patients who have to attend the hospital for regular continuous treatment during one week or month or even longer e.g. Oncology and Cardiology.
- (3) Occasions when the car park machines malfunction and members of the public have paid in excess of the required fee.
- (4) Visitors or patients may need assistance with car parking fees if they have arrived for an emergency and/or do not have any loose change.
- (5) Blue Badge Holders

3. ISSUE OF PERMITS/REIMBURSEMENT OF FEES

Each Ward and specified departments will hold Authorisation for Reimbursement forms (attached) to be issued. Patients are to bring the form to the hospital cashiers office where they will be reimbursed on proof of payment (ticket).

Reimbursement for payment for people on Income Support, Family Credit or because the machine has malfunctioned will be authorised, on receipt of evidence. The Authorisation for Reimbursement form will need to be completed and taken to the Cashier's Office. In exceptional circumstances, when the cashier's office is closed, payment may be made from petty cash held by Main Reception.

Berkshire East PCT NHS Trust

AUTHORISATION FOR REIMBURSEMENT OF CAR PARK CHARGES

Ward/Department

.....

This authorises (Name of visitor/patient)

To claim reimbursement for car park charges, in accordance with Policy No.

Because
(reason)

.....

.

Amount to be refunded:

*

Date

.....

Signed

.....

Name in full

.....

Designation

.....

* Car park tickets to be attached



Press Release regarding the resident survey undertaken through local newspapers:



news release

December 8 2009

Car parking charges at NHS establishments

The Joint East Berkshire Health Overview and Scrutiny Committee recently set up a working group to look into the issue of car parking charges at East Berkshire Hospitals and is keen to hear from people about the experiences of parking.

The working group members include Councillors from Slough Borough Council, the Royal Borough of Windsor and Maidenhead and Bracknell Forest Council, as well as representatives from Local Involvement Networks and Slough Borough Council.

The objective of the review is to understand the charging regimes, exemptions, the income generated, the cost of providing the facility and the net contribution of car parking to the Trusts' and Primary Care Trust's overall budget.

The NHS establishments included in this review are:

- St Marks Hospital, Windsor
- King Edward, Windsor
- Wexham Park Hospital, Slough
- Upton Park Hospital, Slough
- Heatherwood Hospital, Ascot

The group aims to formulate further comments and recommendations to the Hospitals Trust and the PCT and an initial findings report will be submitted to the committee in March 2010.

The group is keen to hear from patients, relatives or carers that may have experience of using the car park, or if you are a resident who lives near one of the hospitals, and may have been affected by cars parked in surrounding areas.

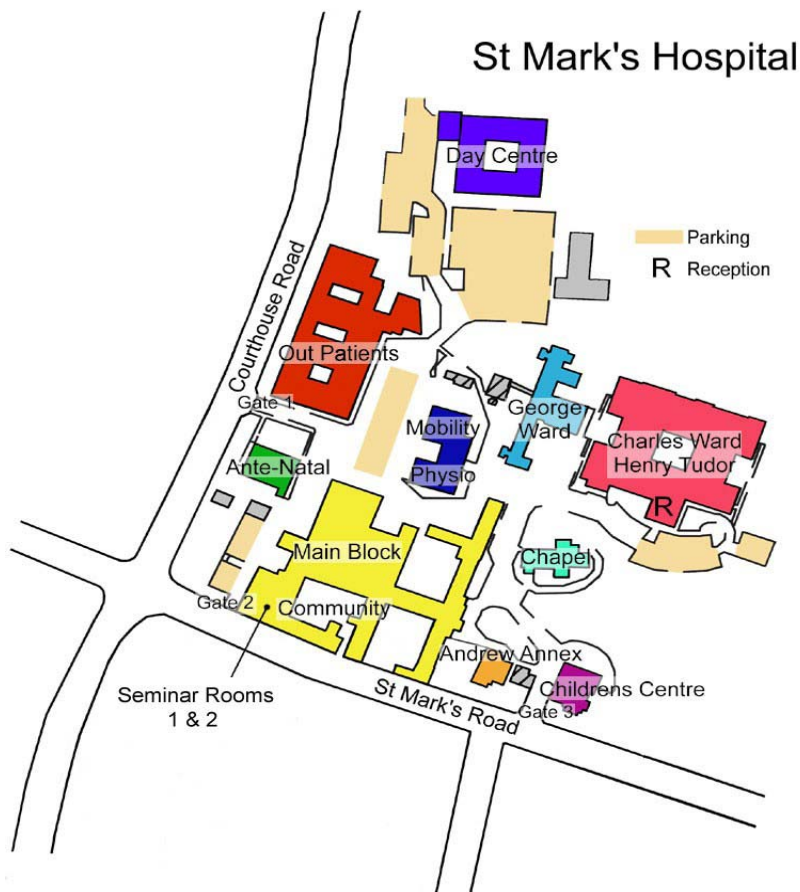
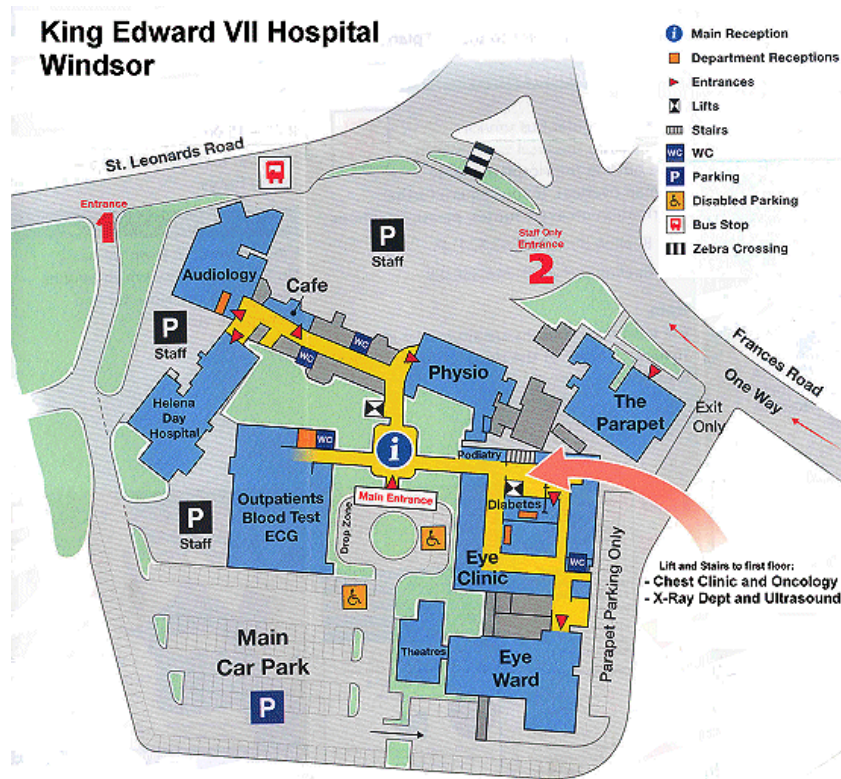
Your comments, complaints and suggestions are valuable to this review and if you would like to contribute, please send your comments by Monday 15 February, 2010 by email to scrutiny@slough.gov.uk or by post to Ngozi Enekwa, Policy and Scrutiny, Slough Borough Council, St Martins Place, 51 Bath Road, Slough, SL1 3UF.

Ends

For more information, please contact Samantha Daynes on 01753 875026

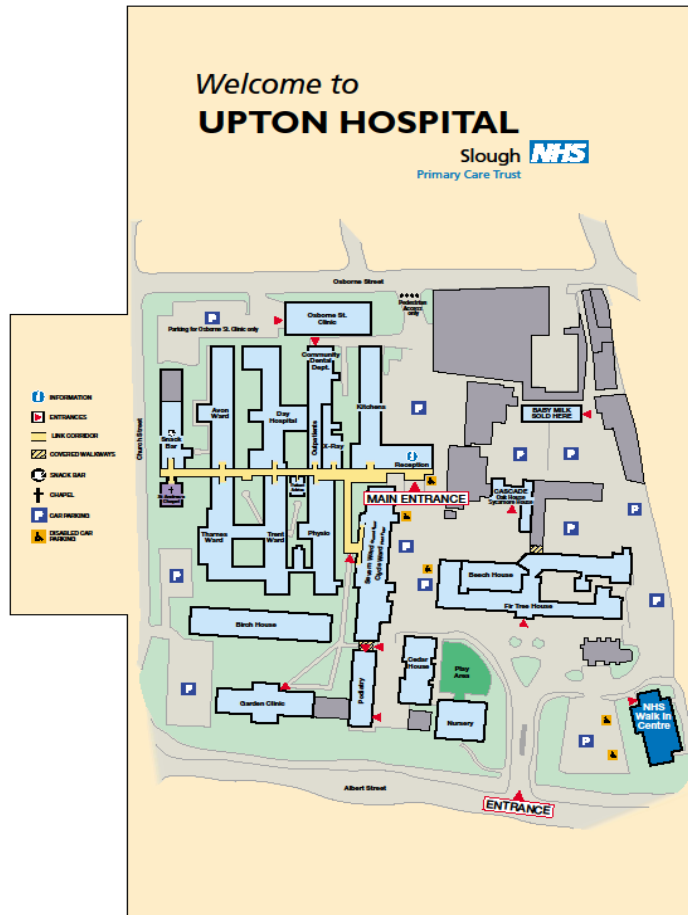
Slough Borough Council, Town Hall, Bath Road, Slough, Berks SL1 3UQ

Maps of each site



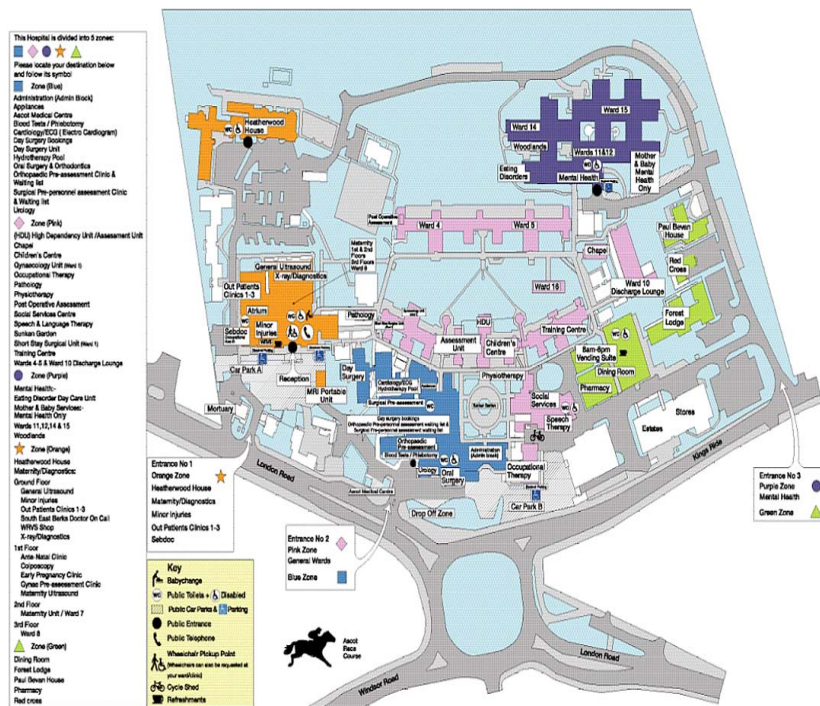
Welcome to UPTON HOSPITAL

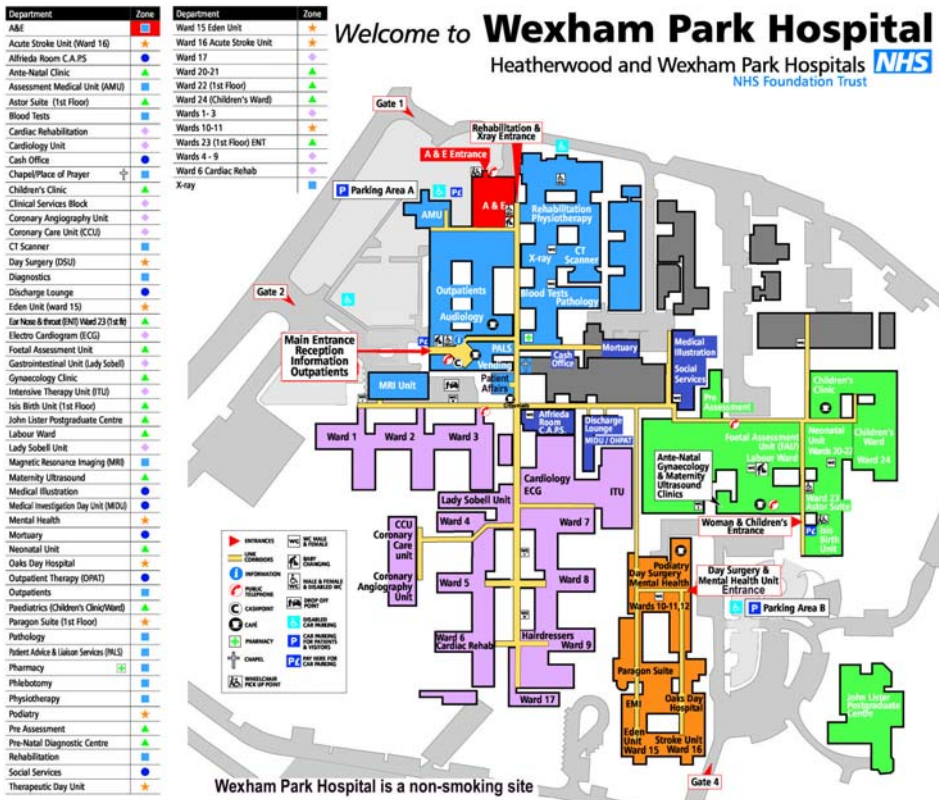
Slough **NHS**
Primary Care Trust



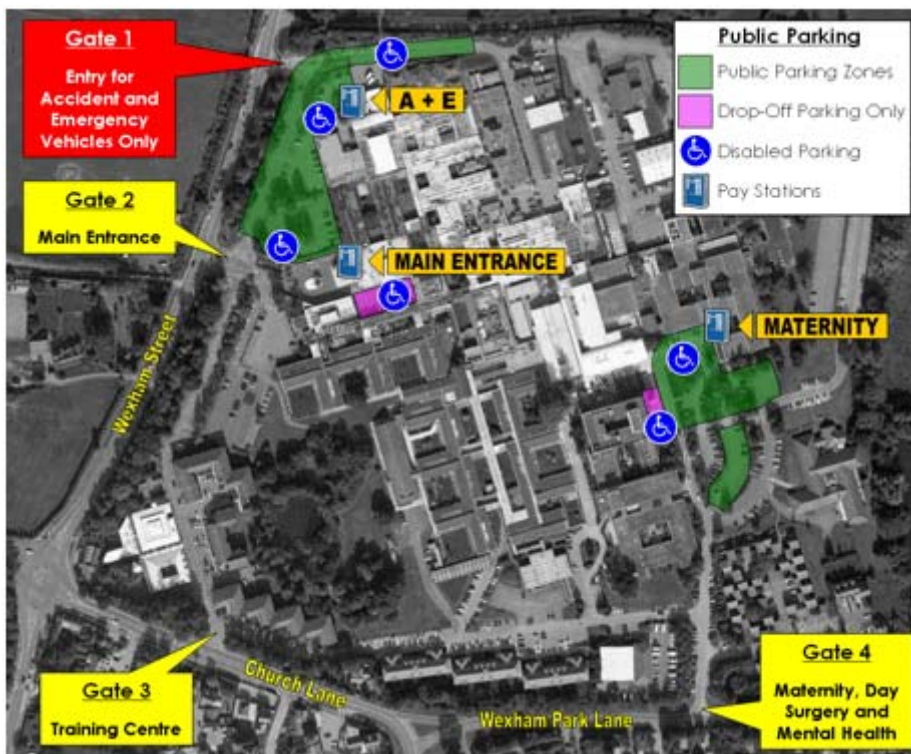
Welcome to Heatherwood Hospital

Heatherwood and Wexham Park Hospitals **NHS**
NHS Trust





The map below illustrates the location of visitor parking at Wexham Park:



CONTRIBUTORS AND WITNESSES

Joe Carter	Head of Transport, Slough Borough Council
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Grahame Rose	Development Director, CP Plus
Paul Rowley	Managing Director, BSS
Greg Scott	General Manager/Assistant Director (Infrastructure), Heatherwood & Wexham Park Hospitals NHS Foundation Trust
Paul Stimpson	Head of Planning Policy & Projects, Slough Borough Council
Owen Thomas	Contractor, Project Manager (Staff Travel Plan), Heatherwood & Wexham Park Hospitals NHS Foundation Trust

The Group is grateful to all who have contributed to this Review, either directly or indirectly, including all staff, employees and representatives of the companies, trusts, local authorities or other bodies or organisations mentioned, members of the public and local media outlets without whom it would not have been possible to have undertaken such a comprehensive review.