

Fair for all, not free-for-all

Principles for sustainable hospital car parking



What is the NHS Confederation?

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. We represent over 95% of NHS organisations as well as a growing number of independent healthcare providers.

Our ambition is a health system that delivers first-class services and improved health for all. We work with our members to ensure that we are an independent driving force for positive change by:

- influencing policy, implementation and the public debate
- supporting leaders through networking, sharing information and learning
- promoting excellence in employment.

Contents

02	Summary of key points	.....
03	Fair not free: the need for car parking charges	.....
04	Why is car parking important?	.....
06	Reputation	.....
07	Five principles for fair car parking and transport practice	.....
19	Policy and political context	.....
21	Divergence in devolution	.....
25	A campaigning issue	.....
26	NHS Confederation viewpoint	.....
27	References	.....

Summary of key points

- Car parking and transport policies are important, particularly for reputation.
- Charging for car parking is often necessary, but needs to be fair – and to be seen to be fair.
- We suggest five principles for fair car parking policy (see box on right).
- Following decisions in Wales and Scotland, politicians are under pressure to intervene but, currently, policy is non-prescriptive.
- NHS trusts have the opportunity to learn from good practice examples to ensure that car parking and transport policies meet these principles.

Principles for fair hospital car parking

1. **Have a travel plan for users of all types of transport.**
2. **Control parking fairly, with concessions for those whose health conditions or work commitments mean they have to park frequently or at anti-social hours.**
3. **Show car park and transport costs and how charges are invested.**
4. **Think about the environment and how transport can reduce the NHS's impact.**
5. **Be open and involve patients and the public.**

Fair not free: the need for car parking charges

Improving access, experience and reputation are all priorities for NHS hospitals and for the communities they serve. Whilst it may be surprising that the media can seem more interested in car parks than mortality rates, this is an issue at the forefront of public and employee concerns and therefore an important issue for managers to get right. As devolved governments in Wales and Scotland are both phasing out hospital parking charges, scrutiny from the media and from patient and staff organisations of the NHS in England is likely to increase.

The NHS Confederation represents 99 per cent of NHS trusts in England. On behalf of our members we support the right for NHS trusts to determine their own car parking and transport arrangements within current

regulations and good practice, in order to:

- ensure that patients and staff who need to park on site can do so
- ensure that NHS finances are focused on patient care
- reduce the impact of healthcare on the environment.

With operational autonomy come responsibilities for leaders to be accountable and to run services efficiently and fairly.

This report sets out some of the many examples of good practice in car parking and transport in the NHS and suggests five principles for fair car parking. Our focus is on parking for visitors and patients rather than on staff, although similar principles would apply.

Why is car parking important?

It is important to get car parking and transport policy, and its communication, right to ensure fair access, good patient and staff experience and to protect organisational reputation.

Clinical and social changes have accentuated access issues as car ownership has broadened and the throughput of patients, staff and visitors to hospital sites has increased. For services with rural or urban/rural catchment populations, car parking becomes increasingly important as public transport infrastructure is less convenient and reliable. Meanwhile, for specialist treatments, some patients need to travel greater distances and modern hospitals have often been located on the edge of population centres.

Access to healthcare

The key responsibility for NHS managers is to focus on the delivery of safe, high quality clinical services with good value for money. Access to healthcare should be seen as

Key facts

Increasing car use

- between 1971 and 2006 the proportion of UK households with access to a car increased from 51 per cent to 77 per cent
- car traffic more than doubled from 165 million vehicle-kilometres to 403 million in the same period.

Source: Office for National Statistics

Increasing hospital appointments

- between 1988/9 and 2007/8 the number of outpatient appointments rose by more than a quarter – or 10 million extra hospital visits
- between 1997 and 2007 the number of NHS staff increased by nearly a quarter from 1.06 million to 1.33 million.

Source: Department of Health

integral to delivering these goals. From the patient's point of view, inaccessible services have no quality. For efficiency, access problems can lead to missed appointments, late interventions and delayed discharges.

Patient, visitor and staff experience

Car parking is also a factor in patients' experience of using healthcare. Whilst much progress has been achieved to improve the patient environment inside the hospital – including cleanliness and new buildings – patients frequently report dissatisfaction with transport and parking arrangements. One in ten comments on the patientopinion.org website mention car parking¹. Visitor concerns revolve around both the cost of car parking and also the availability of spaces for people with an essential need, illustrating the competing demands that managers need to balance.

Patient experience is an important objective for hospitals;

poor experiences can undermine confidence in clinical quality and can add stress to healthcare needs. Similarly, staff experience and stress can be worsened by poor transport and parking policies.



Reputation

Car parking can have a major impact on the local and national reputation of the NHS. As managers know from their press cuttings, hospital car parking is a popular media story. Campaigners – including patient charities and unions – have drawn particular local stories to the attention of the media. It is worth noting that the story of the Welsh government banning hospital car parking charges attracted over 2,536 comments on the BBC website – 25 per cent more than commented on the report into infections at Maidstone Hospital. This is despite the fact that total gross income from car parking charges is equal to only about 0.1 per cent of the NHS budget.

As patient choice increases, reputation and loyalty will be key drivers for providers' commercial sustainability. In the last National Patient Choice Survey for September 2008, car parking was rated as one of the factors in choosing a hospital by 46 per cent of respondents. 'Location/transport/easy to get to' was listed by more than half – a higher proportion than listed 'reputation of consultant' as a factor in choosing a hospital.

Boards may therefore wish to consider how car parking and transport is currently impacting on access, experience and reputation.

Trends in car parking spaces, charges and income

Data on car parking are collected annually and published by the NHS Information Centre at www.hefs.ic.nhs.uk

However, they show an increase over time in total car park spaces, charges and income since 2001/2.

There is variation in annual income, with a small number of high income trusts (mostly in London where there is less space and higher land costs).

Five principles for fair car parking and transport practice

We suggest that there is actually substantial agreement on the principles that should underpin a fair car parking and transport policy to balance the needs of patients, NHS finances and the environment. The following principles draw on good practice identified within the NHS.

Have a travel plan for users of all types of transport

Ensuring that patients can access hospital when they need to is an important part of healthcare delivery. Many patients who need to travel to hospital will have to do so by car, either because of mobility or illness, practicalities, a lack of alternatives or through choice. According to Department of Health guidance, all trusts should have a travel plan that includes provision, where appropriate, of facilities for car drivers who are visiting the hospital as patients or visitors.



Braunstone health and social care centre, Leicester PCT and partners

This community-led initiative provides a space for a range of health and social services to be provided under one roof in a deprived suburban neighbourhood. Services include a GP surgery, pharmacist, community nurses, mental health workers, health screening, vaccinations and family planning advice, as well as outpatient clinics for dermatology, diabetes, physiotherapy and speech and language therapy.

This community health and social care centre is cited in Lord Darzi's NHS Next Stage Review as an example of an integrated service that reduces the need for people to travel to acute hospitals and improves access to primary care.

However, providing a car park is not the only component of a travel plan. Access to healthcare should be considered more holistically in terms of service planning, decisions on location of services, building design, access routes and the other transport modes.

One of the principles of the current changes to the way that NHS services are delivered is that healthcare should be localised where possible. In many cases, people who used to have to travel to hospital are being treated in community health centres, GP practices or at home. Examples of services provided in the community rather than in an acute hospital include diagnostics for urinary tract infections; administration of anticoagulant medication in local clinics and at home; routine vasectomy surgery performed by GPs; and urgent care provided by ambulance service emergency care practitioners at home. In all these cases, the NHS is reducing the need to travel to acute hospitals. Providing care closer to home can be the most effective way of improving access.

Where acute care is required, the NHS can also ensure that services are more accessible. Most notably, ease of access has recently been improved by reducing waiting times and by enabling patients to choose and book their appointment at a time and location that is convenient to them. Other improvements to the organisation of services include staggering outpatient appointments, allowing direct GP referrals to open access slots and self-referral in certain circumstances.

However, whilst the public debate has focused on car drivers, hospital managers need to ensure that all groups are able to access hospital care. In fact, research shows that whilst distance to hospital alone is not a clear deterrent to acute care utilisation, access to a car can have a significant impact². The Social Exclusion Unit's 2003 report into transport and social exclusion³ highlighted the barriers to accessing essential local services faced by people without access to a car.

Key facts: access to healthcare

31 per cent of people without a car have difficulties travelling to their local hospital, compared to 17 per cent of people with a car. Over 1.4 million people say they have missed, turned down or chosen not to seek medical help over the last 12 months because of transport problems.

A study of non-attenders at a paediatric outpatient clinic in Leeds found a higher proportion of attending children had come by car (63 per cent) compared with those non-attending (37 per cent) who tended to use public transport or walked.

Sources: Making the connections: final report on transport and social exclusion. Cabinet Office, 2003; Is the NHS equitable? London School of Economics, 2003.

Oxford Radcliffe Hospitals NHS Trust

Working with the local county council, the trust set up and ran a bus service from a nearby park and ride car park that runs every 15 minutes. The service has proved popular and is now run by the council. The hospital is keen to extend the shuttle service to the other three park and ride car parks which serve the city.

Cambridge University Hospitals NHS Foundation Trust

The trust set up an NHS commissioned and managed bus service. The trust lists the full range of ways that patients can access the hospital and includes information on how patients can claim discounts on parking fees.

The trust has also provided improved cycle facilities and a car-share matching service for staff. Twenty one per cent of people travelling to the trust use cycles – the highest level identified in the country.

Hospital travel plans therefore need to ensure they take into account the access needs of those without car transport.

An integrated healthcare travel plan should include alternative modes, including buses, trains, cycles and walking. These plans would normally be developed in partnership with local authorities, which have overall responsibility for transport and planning. Development of travel plans may also be an opportunity to engage local councillors and develop public support. For example, North Cumbria University Hospitals NHS Trust is integrating its travel plan with that of Cumbria County Council, encouraging active travel, car sharing for staff and the increased use of public transport.

In some areas, receipts from car park charges are reinvested into improvements in alternatives.

Hospital travel plans need to ensure they take into account the access needs of those without car transport.

Control parking fairly, with concessions for those whose health conditions or work commitments mean they have to park frequently or at anti-social hours

In order to ensure that those patients who really need to access hospital by car are able to, hospitals often need to ensure that car parking space is available on site. Space is usually constrained – many hospitals are in city or town centres with high land costs and planning constraints. Charging some patients, visitors and staff to park can manage demand for space whilst ensuring that those who really need to park are able to access services.

Where charging is required to manage demand, the overriding principle should be to ensure that, where possible, those patients who have the greatest need to park are prioritised. The case studies *Oxford Radcliffe Hospitals NHS Trust* and *Chelsea and Westminster Hospital NHS Foundation Trust* highlight some of the many ways that hospitals can ensure that those who have a genuine need can park, whilst others are encouraged to use alternative means of transport. Department of Health guidance is clear that NHS bodies should have arrangements for free or



Department of Health guidance is clear that NHS bodies should have arrangements for free or concessionary parking for those patients and their primary visitors who have to use the car park frequently, and that such concessions are clearly advertised and transparent.

Oxford Radcliffe Hospitals NHS Trust

All patients who attend regularly, such as dialysis patients, are allowed to park for free. Visitors to those in intensive care are also given free parking.

Staff car parking permits are based on need, with a sophisticated assessment of access to public transport rather than just distance. The key to the trust's policy on parking is to be inventive while looking actively at other alternatives.

As well as prioritising car access for those with greatest needs, restrictions on car parking may also be required to deter non-hospital traffic, particularly where hospitals are located in controlled parking zones.

concessionary parking for those patients and their primary visitors who have to use the car park frequently, and that such concessions are clearly advertised and transparent. Popular schemes include exemptions for certain categories of patient who have a regular need to travel by car and season tickets for frequent visitors.

The level of charge should reflect the minimum required to encourage people to use alternative methods of transport (and to cover costs). Comparisons with public transport fares could, therefore, be used to set a charge for visitors who are able to use alternatives to the car. Where managing demand is a reason for charging for car parking, there may be scope for varying rates for different times of the day and the week – for example, increasing charges for non-essential users in peak hours but applying a minimal charge at night when there is less reason to ration space.

As well as prioritising car access for those with greatest needs, restrictions on car parking may also be required

to deter non-hospital traffic, particularly where hospitals are located in controlled parking zones, near shopping centres or other facilities that might lead to illegitimate use of hospital grounds. In these cases, hospitals may be required to charge the same as local car parks to avoid abuse by non-visitors. However, alternative arrangements could also be explored, including day permits for people with appointments.

Fair policies should be backed up by fair application. This is often a cause of concern for patients and visitors. Concessionary schemes and season tickets should be well publicised and available retrospectively, since a patient may not know in advance how frequently they will need to attend a clinic in the next month. Punitive penalty charges, clamping or towing away should only be applied in extreme circumstances, with a presumption of good faith that no patient or visitor chooses to stay in hospital longer than necessary and may not know on arrival how long they will have to wait for treatment.

Chelsea and Westminster Hospital NHS Foundation Trust

Chelsea and Westminster Hospital provides free parking for:

- cancer patients receiving regular chemotherapy treatment
- parents of children being cared for in the hospital
- bereaved relatives
- relatives of patients being treated in intensive care
- partners of women in labour.

Cancer charity Macmillan Cancer Support has praised the trust for providing free parking for cancer patients receiving regular chemotherapy treatment.

Show car park and transport costs and how charges are invested

Running a car park can be expensive. There are maintenance, security, insurance and running costs, and the NHS has to pay for the space the car park uses. Costs are particularly high where land prices are high or where there is increased risk of crime.

At the same time, patients and the public, rightly, do not expect healthcare to suffer to pay for parking. The transport costs of non car owners are not subsidised by the NHS so it would be unfair to spend NHS budgets to provide subsidised free car parks. To make car parking free would be to penalise those using public transport. Therefore, fair charging is often the most sensible answer to reconcile these two demands.

Current Department of Health regulations state that NHS car parking charges, as commercial activity, are required to make a surplus⁴. The aim is to prevent commercial activities – like charges, shopping facilities or private services – from being subsidised by NHS funding. Where parking charges make a surplus, this is often invested in improvements to car park

facilities or alternatives to car use – for example, bus routes and shelters, cycle sheds or secure pedestrian facilities (as in the examples below).

The income generation rules should not be seen as a requirement to maximise profit, however. NHS principles and Government policy are clear that healthcare is funded through taxation, not through patient charges. Surpluses from parking charges should only be a by-product of covering costs and managing space fairly. In practice, NHS trusts can plan minimal surpluses or break even.

In order to communicate the need to charge for parking, trusts may consider publishing the revenue and costs from car parks and wider transport investment. This would help to counter concerns that charges are being used primarily to raise money.

Surpluses from car parking charges are often invested in improvements to car park facilities or alternatives to car use – for example, bus routes and shelters.

Think about the environment and how transport can reduce the NHS's impact

Car travel is not environmentally and socially cost-free. It is estimated that 5 per cent of UK road emissions of CO₂ are from NHS-related journeys⁵. Whilst the Government has legally binding targets to reduce carbon emissions by 20 per cent by 2010, road traffic is still projected to increase by 17 per cent over the next ten years. The NHS has a target to reduce carbon emissions by 10 per cent by 2015 (from a 2007 baseline). Travel is responsible for 18 per cent of the NHS's carbon footprint.⁶

As well as climate change, pollution and congestion also have health impacts. Reducing car dependency is also a public health objective in order to reduce traffic accidents and increase physical activity. Therefore, NHS organisations have a number of environmental and health reasons to seek to encourage people to use other modes of transport. As described above, several NHS trusts have used car parking charges together with the expansion of alternative bus and cycling options to encourage a 'modal shift' from cars to alternative transport. Patients, visitors and staff, as

well as local communities and the media, need to be made aware of these aims.

The NHS's carbon footprint

The NHS has a carbon footprint of 18 million tonnes CO₂ per year. This is composed of energy (22 per cent), travel (18 per cent) and procurement (60 per cent). Despite an increase in efficiency, the NHS has increased its carbon footprint by 40 per cent since 1990. This means that meeting the Climate Change Act targets of 26 per cent reduction by 2020 and 80 per cent reduction by 2050 will be a huge challenge. This strategy establishes that the NHS should have a target of reducing its 2007 carbon footprint by 10 per cent by 2015. This will require the current level of growth of emissions to not only be curbed, but the trend to be reversed and absolute emissions reduced.

Source: Saving carbon, improving health. NHS Sustainable Development Unit, 2009

Plymouth Hospitals NHS Trust

During a period of expansion, Derriford Hospital on the outskirts of Plymouth was required by the city council to reduce demand for car parking spaces in the town and residential neighbourhoods. A travel plan was developed with the aims of:

- reducing single-occupancy car journeys by 15 per cent over three years
- ensuring that patients and visitors do not have to search for a space for more than ten minutes at peak times
- encouraging the number of direct bus routes to the

site to increase

- reducing staff parking spaces per employee by 10 per cent as staff numbers grow

Car parking charges were introduced as part of the plan, with certain categories of staff exempted from charges (night and weekend staff, disabled staff, volunteers, car sharers and tenants of residential accommodation).

From an environmental perspective, the plan was particularly successful, with the number of cars arriving at the site reducing by 24 per cent and the number of buses more than doubling.

Source: Health Technical Memorandum 07-03: Transport management and car parking, Department of Health, 2006

Cambridge University Hospital NHS Foundation Trust

Through a number of initiatives (described above) car use at Addenbrooke's Hospital has fallen from 60 per cent in 1999 to 38 per cent in 2006, and 8 per cent of this is car share.

Improved bus services have doubled bus commuting by staff (25 per cent), while 1,300 cycle parking spaces and improved cycle facilities have encouraged 25 per cent of staff to commute by bike. Additionally, a park and ride scheme aims to reduce car traffic in the vicinity of the hospital.

Source: Taking the temperature: towards an NHS response to global warming. NHS Confederation and New Economics Foundation, 2007

Be open and involve patients and the public

The decisions taken over charging for hospital car parking are often controversial. As noted above, media and campaigners often represent charges as a "tax on the sick" and do not trust assurances that charging is necessary to manage demand and cover costs. However, few would argue against the principles outlined above. Therefore, it is up to NHS trusts to demonstrate to their communities that they have followed these principles and that their car parking and transport policies are fair.

As with all trust business, the NHS aims to be as open as possible to stakeholders and the public and to involve patients and communities in decision-making about travel plans, including car parking charges. Foundation trusts now have over 2 million members across England who hold management to account via the election of governors. Every area now also has a local involvement network (LINK) that brings together individual citizens and groups to say what they want from health and care

services, to talk to the people who run them and to hold them to account. The best trusts listen to their users and communities, including foundation trust members and LINks, and engage them in setting priorities and reviewing policies on a regular basis.

Transparency about the income raised from car parking charges should be a standard component of annual reporting, alongside specific explanations for decisions taken about charging levels and exemptions. This information should also include details of take-up of concessionary schemes, to demonstrate that the system is being implemented fairly. If this information is not published proactively in annual reports, it is likely to be requested using Freedom of Information powers. It would be wise for trusts to publish the costs of car park

management and the investments made using car parking income to improve accessibility and alternative modes of transport. The role of transport policies should also be explained in trusts' carbon reduction strategies and reports on progress.

Trust spokespeople should be prepared to respond to media challenge in the confidence that their car parking and transport policies are fair and have been developed in consultation with users and stakeholders.

Transparency about the income raised from car parking charges should be a standard component of annual reporting.

Policy and political context

The Department of Health in England provides guidance to the NHS on good practice in car parking schemes, strongly recommending free or concessionary parking for patients and visitors who are required to attend hospital frequently. The Government has, so far, defended the operational independence of trusts to determine their own policy. However, the issue of car parking charges has risen up the media and policy agenda as devolved administrations have announced the phasing out of charges in Wales and Scotland. There is likely to be increased pressure on politicians to act (as with prescription charges). NHS trusts in England will best protect their independence if they can demonstrate that they can manage this politically delicate issue by engaging with communities and making the case for fair charges.

As well as the devolved administrations' recent announcements, three recent developments in the English policy and political context are:

- [2006: The House of Commons Health Select Committee report into NHS Charges⁷](#) noted the variation in charges and revenue raised by NHS car parks across the country, and inconsistency in the provision of concessions to families with sick children or chemotherapy patients. It also highlighted difficulties accessing the Hospital Travel Costs Scheme and lack of assistance with transport for hospital visitors. The report recommended that charges should remain a matter of local determination, but that the Department of Health should reissue guidance to trusts, recommending season tickets, weekly caps on charges, exemptions for frequent attenders and better information.

- 2006: *Health technical memorandum 07-03 transport management and car parking*⁸ published by the Department of Health (Estates and Facilities). Emphasising the environmental challenge, the detailed guidance identified best practice in developing travel plans to reduce car reliance and the relevant regulations and guidance available to trusts.
- 2006: *Income generation: car parking charges – best practice for implementation*⁹ published by the Department of Health (Finance and Investment). This advised the NHS on the factors to consider when operating car parking schemes, including different types of scheme, what charges to impose and what concessions to consider.

A more recent development is the revision to the Blue Badge scheme¹⁰. The updated scheme will extend eligibility to people with dementia, ensuring that a higher number of hospital patients and visitors will be entitled to free parking.



Divergence in devolution

An added pressure on the NHS in England has been the divergence of policy in the devolved administrations. Both Scotland and Wales have announced a centrally prescribed abolition of NHS car parking charges. This has had to be phased in where contracts remain with car parking providers.

In **Wales**, the policy was announced by the new government in 2008 with no national consultation. This led to concerns from NHS managers about how the current income – of about £5 million – would be recouped, and how the costs of security would be covered in the future. In particular, some hospitals have found that their free car parks have been used by non-hospital visitors, including tourists and students.

The NHS Confederation's sister organisation in Wales has pointed out the difficulties in implementing this policy.

In **Scotland**, an independent review was set up in 2007, made up of staff, patient and NHS representatives.

Comment on the abolition of car parking charges in Wales

"On the face of it, this is great news for patients, staff and visitors and we're sure it will be welcomed by the public. But it costs a lot of money to run car parks and the dilemma now is how to meet these costs without impacting on patient care.

"It will inevitably add to the pressures placed on trusts to provide services and balance the books. It will be even more important now to find new ways of controlling car parks to avoid misuse, particularly where hospitals are near town centres.

"This may also discourage people from using alternative forms of transport where they are available, increasing demand on limited spaces. The onus is now on us all to use NHS car parking facilities responsibly and with due consideration for others."

Mike Ponton, Director of The Welsh NHS Confederation, commenting on the announcement of the abolition of car park charges in Wales. Wales Online, March 2008



The review recommended that in general the NHS should not charge for parking except where it is necessary and unavoidable to manage car parking pressures.

Revised guidance capped charges at £3 per day and required health boards to review all charging schemes against these criteria. However, in September 2008 the policy was changed again and all NHS boards were required to abolish charges from 1st January 2009 (except where contracts exist).

Whilst there is no NHS Confederation in Scotland, local health managers have also voiced concerns about the impact of the ban on hospital finances.

In **Northern Ireland**, decisions about car parking charges are, like in England, left to local trusts to decide. However, guidance issued in June 2008 required trusts to apply exemptions for certain categories of patients (those suffering from cancer and requiring chemotherapy or radiotherapy, those receiving renal dialysis, and the next-of-kin or partner of a critically ill or high dependency

patient). In December 2008, the Minister asked trusts to review those patients who pay car parking fees to see if there are others, particularly those with chronic conditions, who should be exempt.

However, the Minister has confirmed that charging is a recognised means of discouraging inappropriate parking by commuters and that the resultant revenue is required to pay towards the costs of running the car parks.

Comment on the abolition of car parking charges in Scotland

“It costs around £600,000 a year to run the car park at Raigmore Hospital and there is also a need to fund improvements to meet demand on an increasingly busy site. Without dedicated income from motorists we will have to find the money from existing budgets.

“We will work with our staff representatives and others

to consider how we will deter people who have no business at the hospital from taking up spaces needed by patients. It is difficult to see how we can do this without employing wardens at additional cost. We do receive complaints about the car park but the majority are because it takes people some time to find a space and not about the charge.”

Douglas Seago, NHS Highland Head of Facilities, BBC News online, 2 September 2008

Comment on the restriction of car parking policies in Northern Ireland

At an Assembly debate on 2 December 2008, Northern Ireland Health Minister Michael McGimpsey said:

“Charging is a means of discouraging inappropriate parking by commuters and protecting spaces for patients and hospital staff. The revenue is also a means of paying for the cost of running car parks. However, too many patients are still having difficulties in finding a parking space when they visit hospitals. This is unacceptable.”

Outlining examples of commuters using car parking

spaces in hospitals inappropriately, the Minister said:

“At the Ulster Hospital, problems during visiting times resulted in serious congestion which prevented emergency services getting to the A&E. People are parking at Daisy Hill Hospital because there are very limited spaces at the railway station. Finally, security staff at Antrim Hospital came across a car which had been broken into. However, when they eventually traced the owner they discovered he had just returned from holiday and parked for free at the hospital rather than pay at the airport.”

A campaigning issue

Patient and staff campaign groups have taken up the issue of parking in recent years. Macmillan Cancer Support has an ongoing parking campaign and claims that it is “absolutely wrong” to charge cancer patients – regardless of income – for unavoidable parking costs. Similarly, the Patients Association campaigns against charges. A recent petition on the Number 10 website calling for hospital parking charges to be abolished attracted over 5,000 signatures. Other consumer groups like Which? support the case for charging as long as there are fair processes and concessions.

From a staff point of view, the BMA in Wales has claimed that hospital car parking is an “indirect tax on healthcare”. Staff unions often campaign against car parking charges locally. However, most unions also support the aim of reducing car usage, as long as policies are fair.

Some trusts have worked with Macmillan to develop their transport policies for patients requiring regular cancer treatment. This approach has turned potentially negative publicity into a positive story.

Gateshead Health NHS Foundation Trust

As part of its package of care for cancer patients, the local Macmillan nurse presents newly diagnosed patients with a detailed information pack which includes thorough information on parking. There is free parking for the duration of a patient’s chemotherapy treatment or as often as is needed. Patients who come in for regular blood tests are also given free parking.

In addition, the Macmillan nurse acts as a point of contact for patients if they have problems with parking and other issues. Patients are actively encouraged to apply for the national Blue Badge scheme and are given help in filling out the forms. There is also advice on hand for making the most of local transport schemes – all of which the hospital promotes.

The hospital also provides twice the legally required number of disabled spaces.

NHS Confederation viewpoint

The NHS Confederation, representing over 99 per cent of NHS organisations in England, supports the independence of local trusts to make decisions on how they manage hospital operations, with local involvement and consultation.

On behalf of our members, we support the right for NHS trusts to determine their own car parking and transport arrangements within current regulations and good practice in order to ensure that patients who need to park on site can do so; to ensure that NHS finances are focused on patient care; and reduce the impact of healthcare on the environment. A total ban on charging will almost certainly mean funding will be taken away from NHS services.

The NHS Confederation understands that operational autonomy brings with it responsibilities for leaders to be accountable to the public and patients and to demonstrate they are managing public services efficiently and fairly. This report aims to help NHS organisations to make difficult decisions balancing competing demands. It sets out the rationale for charging for car parks and

suggests five principles that would ensure that car parking and transport policies were fair and publicly supported. These will also help trusts to communicate their car parking policies to local communities and the media.

The NHS is founded on the basis of fairness. Patients and visitors rightly expect a fair approach to travel arrangements. We believe that a fair approach to hospital travel should not mean a free-for-all policy, but if hospitals follow the spirit of the principles outlined above then the public will trust and understand the need for charging.

The NHS Confederation would like to thank all the members who have contributed the examples and comments to this report.

Further information

For more information on the issues covered in this report, email joe.farrington-douglas@nhsconfed.org

References

1. www.patientopinion.org, 29 December 2008
 2. Dixon, A., Le Grand, J., Henderson, J., Murray, R. and Poteliakhoff, E. 2003: *Is the NHS equitable?* available at: www.lse.ac.uk/collections/pressAndInformationOffice/PDF/DP11_2003_Is_the_NHS_equitable.pdf
 3. *Making the connections: final report on transport and social exclusion*. Social Exclusion Unit, available at: www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/making_transport_summary_2003.pdf
 4. *Income generation: car parking charges – best practice for implementation*. Department of Health, 2006, available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062857
 5. *Taking the temperature: towards an NHS response to global warming*. NHS Confederation and New Economics Foundation, 2007
 6. *Saving carbon,improving health*. NHS Sustainable Development Unit 2009, www.sdu.nhs.uk
 7. www.publications.parliament.uk/pa/cm200506/cmselect/cmhealth/815/81502.htm
 8. *Health technical memorandum 07- 03 transport management and car parking*, Department of Health, Knowledge and Information, 2006, available at: www.dh.gov.uk/en/managingyourorganisation/estatesandfacilitiesmanagement/DH_4118956
 9. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062857
 10. *The blue badge strategy*, available at: www.dft.gov.uk/transportforyou/access/bluebadgereformr/bbreformstrategy
- Images: www.careimages.com

Further copies can be obtained from:

NHS Confederation Publications
Tel 0870 444 5841 Fax 0870 444 5842
Email publications@nhsconfed.org
or visit www.nhsconfed.org/publications

© The NHS Confederation 2009. This document may not be reproduced in whole or in part without permission.

Registered Charity no: 1090329

INF17301

THE NHS CONFEDERATION



The NHS Confederation
29 Bressenden Place London SW1E 5DD

Tel 020 7074 3200 Fax 0870 487 1555
Email enquiries@nhsconfed.org

www.nhsconfed.org

