

Review of the Hospital Car Parking Charges

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Executive Summary

Introduction

- 1.1 Car parking charges is a contentious issue for any organisation and is by no means an exception for the Trust. Some people agree to the parking charge on the basis that it can help fund improvements to parking facilities, provide better security measures and discourage abuse by non-hospital users from parking at the hospital. Others are opposed to it in principle and feel that a charge may discourage some patients from attending the hospital and seek treatment, potentially affecting those who may have the greatest need to visit the hospital.
- 1.2 The decision by the Social Care and Health Overview and Scrutiny Commission to conduct a review on this topic was based on significant public interest. People were asking about the level of income raised through the charges and what it was being spent on. Although the Foundation Trust has a number of sites, the Commission focused the review on the two major hospitals. It established the following terms of reference:

‘To review the impact of hospitals’ car parking charges on patients and visitors to the Derby Hospitals NHS Foundation Trust’s Derbyshire Royal Infirmary (DRI) and Derby City General Hospitals (DCGH). The review will specifically consider:

- the purpose and merit of introducing hospital car park charges
- the current level of parking charges on patients and visitors to the hospital
- total revenues generated through the car charges and what the revenue is used for

Current Charges

- 1.3 Parking charges were introduced at the DRI in 1994 following improvements to its existing car parks and the acquisition of land to provide additional parking spaces and recover capital and revenue costs. The charges were set in line with commercial rates to discourage city centre shoppers and rail commuters from using DRI car parks. The charges were extended to the DCGH in 1998 following merger of the hospitals.
- 1.4 The current levels of charges start at £1.30 for the first hour and steadily rise to £6.60 for six hours or more. In 2003/04 the charges produced an income of approximately £1.12m and had running costs of £870,000, giving a surplus of £250,000. All the surplus money was re-invested in health care.

- 1.5 The income from the parking charges has enabled the Trust to guarantee parking spaces to patients and visitors at both hospitals and offer more convenient parking spaces situated closer to clinics.

Evidence to the Review

- 1.6 Evidence to the review was received from a variety of sources including the Derby Hospitals NHS Foundation Trust, City Council's Traffic Engineer and a representative from Trent Barton, a local bus operator. The Commission consulted the Council's Advisory Committees, the Derby Seniors Forum and the Patients Forums. It also conducted 349 structured interviews with patients and visitors at both the DRI and DCGH.
- 1.7 The analysis of the structured interviews show that approximately 55% from patient and visitors oppose parking charges whilst 39% agree with them. Concessionary parking passes are offered by the Trust to patients and their relatives who need to make regular visits but these are not very well known.
- 1.8 The Trust provides disabled parking at both hospitals, which are mainly located close to clinics to provide improved access. However, members of the Advisory Committees stated that the numbers of disabled parking spaces is insufficient for the number of users and that these are often occupied by other vehicles. Comparing the data on disabled spaces with other hospitals shows that the Trust's performance is in the median quartile.

Conclusion and Recommendation

- 1.9 The Commission assessed the evidence it received from various sources and makes the recommendations listed below. The Commission disagrees in principle with charging patients for visits to the hospital. It considers that the patients attend the hospital for treatment to a medical condition and not through choice. The cost of providing parking facilities is considered to be integral to running the hospital and patients should not have to worry about additional expense when they visit the hospital.

Recommendation 1

The Commission strongly feels that the income from parking charges should not be used to support other NHS services. If the Trust considers it necessary to make a parking charge, then this should be kept to a minimum and only cover costs associated with car parking issues.

- 1.10 The Commission welcomes the guarantee by the Trust to offer parking spaces to all patients and visitors. Some patients mentioned that there are often long traffic queues at Junction 8 car park at the DRI in the mornings, whilst the boiler house is relatively quiet. It was suggested

that people might be prepared to move to other car parks if they were sure of finding space.

Recommendation 2

The Trust should establish electronic displays at the entrances to DRI car parks giving information on vacant spaces at its main car parks. This could encourage people to move around car parks, reduce long queues and improve traffic flow.

- 1.11 The Trust provides weekly and monthly car parking passes to patients and their relatives, who need to make frequent visits to the hospital. These can substantially reduce the cost of parking. The evidence collected by the Commission demonstrates that many patients and visitors are unaware of the availability of these passes.

Recommendation 3

Concessionary parking passes for patients and their relatives should be widely publicised by the Trust. This should include providing information on appointment letters, notices in outpatient waiting areas and on the car parking displays boards.

The Trust should monitor the take up of the concessionary parking pass by patients and their relatives.

- 1.12 The Trust operates a hospital travel cost scheme, which reimburses travel costs to patients on certain benefits. Evidence collected by the Commission shows that more than 80% of the respondents were not aware that patients on benefits could reclaim parking charges. Members of DPAC stated that the claims process is arduous, as the claimants have to travel long distances to make a claim, after having paid the parking charge.
- 1.13 The national guidance on hospital travel cost scheme requires provider units to have adequate arrangements for informing all NHS patients of their entitlement and refunding patients travel costs to which they are entitled.

Recommendation 4

The Trust should inform all of its NHS patients of their entitlements and ensure its arrangements are easy to use and conveniently located for reimbursing travel costs.

- 1.14 People can park the first 15 minutes free at the hospital car parks without incurring a charge. This is a useful concession, as it offers people the opportunity to pick up and set down passengers. Members of the DPAC stated that the 15 minutes time period was often too short to accompany patients to the clinics after having parked at the car park, especially with those using wheelchairs.

Recommendation 5

The Trust should extend free parking to first thirty minutes, as the current fifteen minutes time frame is insufficient for some users, especially those using wheelchairs. Thirty minutes free parking will also enable many patients and visitors to make short visits, such as attending the hospital for blood tests.

The thirty minutes free parking provision should be prominently displayed on the parking notices and hospital appointment letters.

- 1.15 Members of DPAC stated that there are insufficient numbers of disabled parking spaces and that many spaces were not wide enough to provide easier access for mounting vehicles. Members also stated that it was difficult for some people with disabilities and short people, to insert the ticket at the exit barrier without getting out of the car.

Recommendation 6

The Trust should:

- a. increase the total number of disabled parking spaces at both hospitals and also provides more free spaces outside of the control barriers.
- b. improve monitoring and take action to ensure designated disabled parking spaces are not occupied by non blue badge holders.
- c. examine the width of the existing disabled parking bays and ensure they are sufficiently wide for wheelchair users to transfer to and from the car.
- d. examine ways to make it easier for disabled people to insert tickets and operate the exit barriers.

- 1.16 The concentration of acute services will substantially increase the number of patients, visitors and staff attending the DCGH. Not all of additional attendees will use hospital car parks, as many will use public transport. Evidence from Trent Barton states that more people are likely to use public transport, if it is made accessible and convenient.

Recommendation 7

The Trust should examine the possibility of establishing a shuttle service and a bus interchange to transport patients and visitors around the new Hospital when it becomes operational.

The Trust should ensure the availability of the inter hospital bus and its route is better publicised.

- 1.17 Patients and visitors to the DCGH have complained about having to travel the long distances from the main car park to attend clinics and wards. The Trust has also recognised this issue and has purchased a patient and visitor buggy, to assist people who have difficulties with walking long distances. The Commission recognises that it is not easy to provide parking close to all of the clinics at the DCGH due to the major building works. It could reconsider using some of its staff car parks during out of office hours for public use.

Recommendation 8

The Trust should consider making certain staff car parks at the DCGH available to patients and public when they are not in use by the staff, to reduce the long travel distance to the wards and clinics from car park 2.

- 1.18 A number of people have commented about the lack of parking facilities at the A&E Department at the DRI. There is currently parking space for two vehicles at the A&E, for patients and visitors for emergency use. People may park for up to 20 minutes in these spaces. The Commission welcomes the plans to increase the number of spaces at the new A&E Department at the DCGH as the current level of provision is considered to be inadequate.

Recommendation 9

Pending the creation of the new A&E department at the DCGH, the Trust should establish further parking spaces at the drop off point for emergency visits to the existing A&E facilities.

2. INTRODUCTION

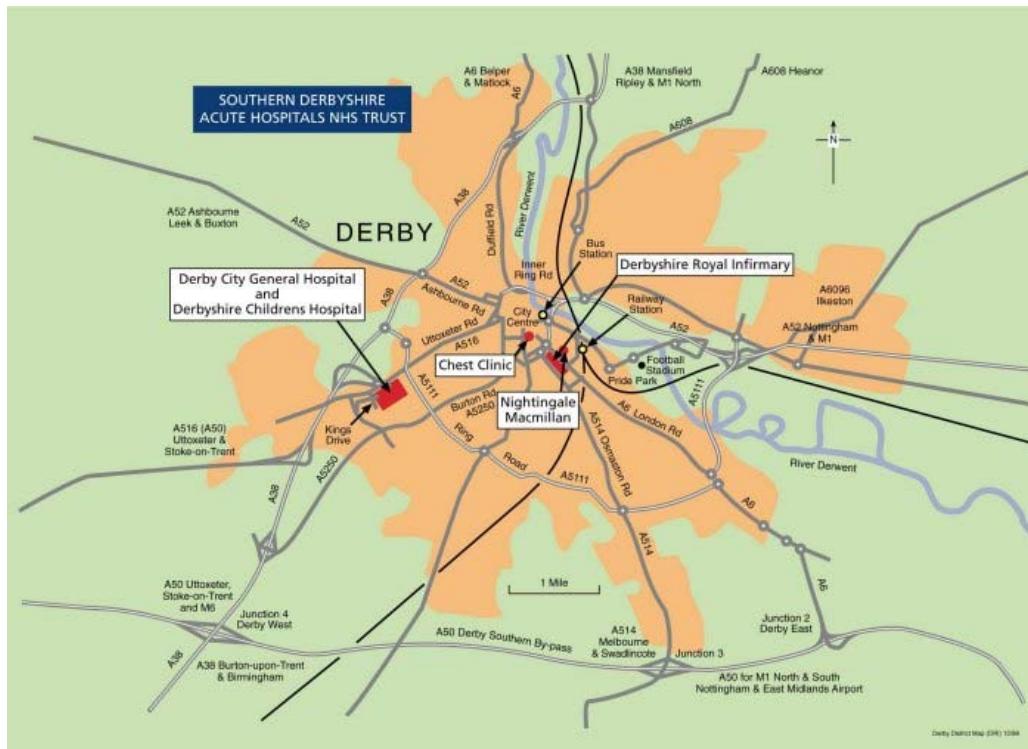
- 2.1 Many hospitals up and down the country have introduced car park charges and others are following suit, primarily to improve parking facilities, increase security and better management of space. However, many people consider the charges to be inappropriate, as they feel it penalises patients and their relatives at a time when they are considered to be most vulnerable. There is also a view that high parking costs may discourage some patients from going to the hospital and seeking treatment.
- 2.2 Parking charges can also have a significant impact on the local community. A sizeable number of staff, patients and visitors park in streets adjacent to the hospitals in an attempt to avoid paying parking charges. This can upset local residents and cause major problems in community relations.
- 2.3 Local research shows that approximately 65% of patients and visitors travel to the hospital by car and that more than 32% of the patients are over 60 years. Since many are also likely to have partners of similar age, hospital car parking could have a greater impact on older people.

3. SCRUTINY OF HOSPITAL CAR PARKING CHARGES

- 3.1 The Health and Social Care Act 2001 provides local authorities with social services new powers to scrutinise the NHS health services. In Derby these responsibilities have been conferred on the Social Care and Health Overview and Scrutiny Commission.
- 3.2 The overview and scrutiny powers enable the Commission to review any matter relating to the planning, provision and operation of the health services in the city. As the Commission had recently completed a major piece of work on health inequalities, it decided to review hospital car parking charges.
- 3.3 This is a contentious subject with a significant level of public interest. Our research shows that some people accept that a parking charge is necessary to provide good parking facilities, maintain security and reduce car parks being abused by shoppers and commuters.
- 3.4 Many people are also opposed in principle to the parking charge. They say that they pay taxes and National Insurance contribution to ensure the Health Service is provided free at the point of delivery and that making a charge, even on car parks is a step towards privatisation.
- 3.5 Patients visit the hospital out of necessity and not through choice. Many people feel parking should be treated as part of an access issue for patients and that making a charge may be dissuading some people

from attending the hospital and seek medical help. The parking charge is unfair, as it disproportionately affects people with disabilities and older people who make up a higher proportion of the patients.

- 3.6 The public wishes to know what level of income is raised through parking charges and how it is being spent.



Courtesy of Derby Hospitals NHS Foundation Trust

Terms of Reference

- 3.7 The Derby Hospitals NHS Foundation Trust incorporates the Derbyshire Royal Infirmary, Derby City General Hospital, Derbyshire Children's Hospital, Derby Chest Clinic and the Grove Hospital. It has 1,106 beds across 44 wards and serves a population of over half a million people throughout Southern Derbyshire. The Trust employs over 6,000 staff ranging from doctors and nurses to housekeepers and porters. It has an annual budget of around £200million. It is estimated that the Trust sees and treats over 600,000 people as inpatients, outpatients, emergency patients and day cases every year.
- 3.8 The Commission decided to focus the review on car parking for patients and visitors to the Derbyshire Royal Infirmary 'DRI' and Derby City General Hospital 'DCGH'. These two hospitals provide the majority of hospitals' services and have the largest number of visitors. The DRI has three large pay car parks as well a number of disabled parking spaces strategically placed at entrances to clinics. The DCGH effectively has two pay car parks, the Medical School car park and Car

Park 2, as well as a number of disabled parking spaces at various locations.

3.9 The Commission set the following terms of reference for its review:

‘To review the impact of hospitals’ car parking charges on patients and visitors to the Derby Hospitals NHS Foundation Trust’s Derbyshire Royal Infirmary (DRI) and Derby City General Hospital(DCGH). The review will specifically consider:

- the purpose and merit of introducing hospital car park charges
- the current level of parking charges on patients and visitors to the hospital
- total revenues generated through the car charges and what the revenue is used for

The Review Process

3.10 The Commission carried out extensive consultation on this topic. A questionnaire was developed and used to interview patients and visitors at the DRI and DCGH. Patients Forum, Derby Seniors Forum representing older people and the Council’s three Advisory Committees, namely, Minority Ethnic Communities Advisory Committee, Disabled People’s Advisory Committee and the Women’s Advisory Committee were consulted. The Commission also received presentations from the Derby Hospitals NHS Foundation Trust, Trent Barton - a local bus company and City Council’s Transportation Engineer. The evidence collected through the review has been used to produce this report.

4. WHEN AND WHY THE CAR PARKING CHARGES WERE INTRODUCED

4.1 Brian Ibell, Assistant Chief Executive of the Derby Hospitals NHS Foundation Trust, presented evidence from the hospital - Exhibits 1&2. He stated that car parking charges for patients and visitors were first introduced at the DRI in 1994 and following the merger of the hospitals, the DCGH in 1998.

4.2 Mr Ibell explained that up until 1994, the car parks at the hospital were free and as a consequence, hospital staff, people working in the city centre and train commuters were using them. This left very few spaces available for patients and visitors.

- 4.3 Many cars were regularly vandalised or stolen from its car parks due to poor lighting, lack of security fencing and CCTV. There were up to 12 incidents per month being reported of car theft and vandalism in 1994. The Police became very anxious about the level of auto-theft at the hospital that they assigned a constable to the DRI to address the problem together with a small 'police station'.
- 4.4 The shortage of parking spaces and poor security at the car parks created a dilemma for the hospital. It needed to provide safe and convenient parking facilities for patients and visitors as well as its large staff numbers.
- 4.5 At about the same period, two large buildings, Bemrose Mill and Sovereign Chemical Works, situated close to the DRI, became vacant for sale. The buildings had a combined floor area of approximately 5 acres and were considered to be suitable in size and location to convert into staff car parks. These were purchased by the Hospital at a cost of approximately £250,000 each. These were then demolished and the ground cleaned and resurfaced. They were also installed with security fences, lighting and CCTV to create secure car parking for 500 vehicles. The total cost of the car parks was approximately £1m at 1994 prices.
- 4.6 The Hospital did not wish to use patient care budgets to provide car parking and therefore sought to recover the capital and revenue costs by introducing car park charges. Staff charges were heavily subsidised and charged at 10p per day, whilst patients and visitors were charged local commercial rates. The 10p per day staff charge remained unchanged for five years.
- 4.7 The Hospital recently established a new staff car park at the DCGH by purchasing and converting land at a cost of £2.2m. It also paid an additional £500,000 to modify the traffic island and traffic lights to provide toucan-crossing points on Uttoxeter Road. This has enabled the existing on-site car parks to be made available predominantly for patients and visitors.
- 4.8 The hospital has a total of 3,435 parking spaces at both the DRI and DCGH. It has allocated 2,567 spaces to staff including 190 leased from NCP and 868 to patients and visitors.

Current Parking Charges

- 4.9 Staff are currently charged 40p per day to park at the hospital administered car parks, which will rise to 60p per day on 1 April 2005. There is also a proposal for yearly increase of 20p per day for staff, until they pay £1 per day, to reduce the differential between patients and staff. However this is yet to be finally agreed by the Trust Board.

4.10 The daily charges for patient and visitor car parks are identical at both sites. These are as follows:

Up to 1 hour	£1.30
Up to 2 hours	£1.90
Up to 3 hours	£2.40
Up to 4 hours	£3.00
Up to 5 hours	£3.60
Up to 6 hours	£4.80
Daily rate over 6 hours	£6.60

4.11 As a result of the new parking facilities, all patients and visitors are guaranteed parking space at both the DRI and the DCGH.

4.12 The Trust makes small surpluses from time to time from car parking charges. These are relatively small compared with its annual budget of approximately £200m. In 2003/04 the Trust had an income of £1.127m from car parking charges whilst its running costs were £871,000, giving it a surplus of £256,000.

4.13 All the surplus money raised through parking charges is re-invested in healthcare. This could include purchasing drugs or equipment for the benefit of the patients.

5. IMPACT OF PARKING CHARGES

5.1 According to the Trust, the hospital car parks provide a number of benefits to patients and visitors who choose to use them. They offer guaranteed parking space and convenience for users since many car parks are situated close to clinics. The car parks also offer security for the vehicles. The car parks have CCTV, lighting and fencing and as a result auto crime and car thefts have significantly decreased since these measures were introduced. The car parks have been given a Safe Car Parks Award by the Police.

5.2 The hospital recently purchased a three-person buggy at a cost of £11,000 to help patients and visitors who may have difficulty walking long distances, which in some instances at the DCGH can be over a quarter of a mile. Trained volunteers will drive the buggy on a set route.

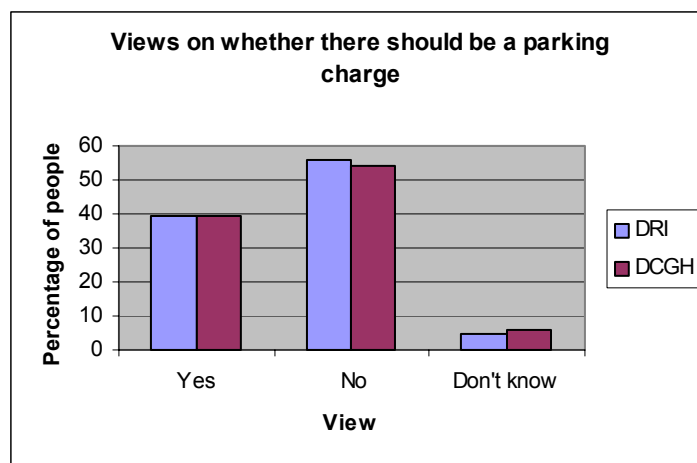
5.3 Additional buses between the sites are funded from the charges and have reduced the need for some car journeys. Also, from time to time major capital expenditure has been necessary to buy and equip new car parks.

5.4 Some staff, patients and visitors attempt to avoid paying charges by parking in adjacent streets. The Hospital takes complaints about on

street parking by its staff, very seriously. It may consider staff who constantly abuse street parking as bringing the hospital into disrepute, if after having been offered a parking space, they continue to park in these streets. On street parking issues have been discussed with local residents liaison committees and they have generally been supportive of the work being carried out by the hospital.

Patients' and Visitors' Views on Parking Charges

- 5.5 The Commission consulted patients and visitors at both hospitals for their views on car parking charges. A total of 349 structured interviews were completed over four days between 23 –26 August 2004 inclusively, two days being spent at each hospital. The interviews were conducted at various outpatient clinics at different times of the day starting at 9am and continuing throughout the day. Interviews were also conducted at the entrance and exit points situated close to the car park pay machines. The Commission believes that the methodology used and the number of people interviewed contributes a reasonably representative sample of the views of all hospital users.
- 5.6 Analysis of the interviews - Exhibit 8 - shows that on average, 39% of the patients and visitors agreed to the principle of car parking charges. The main reasons for supporting the charge included:
- it stops people from abusing the system
 - the hospital provides a parking service and therefore has a right to make a charge for it
 - the income could supplement other funds
- 5.7 Of the respondents, 55% disagreed with parking charges on the ground that they have already paid their taxes and NI contributions and that patients do not attend the hospital through choice.



- 5.8 More than 70% of the respondents stated that the charges were too high, whilst 25% said they were about right.
- 5.9 On security, 62% of the respondents at the DCGH and 64% at the DRI felt that the level of security was adequate. Although the hospitals have a Safe Car Parks Award, 12% stated security was inadequate. The remainder did not have a view.

Derby City Council's Policy on Parking Charges

- 5.10 Evidence was also received from Neil Palfreyman, Traffic Engineer at Derby City Council - Exhibit 3. Mr Palfreyman stated that there are many instances where it is acceptable for people to travel to the hospital using public transport. The Council is committed to reducing the public reliance on private car use and therefore its current policy supports the Trust to make a reasonable charge for the use of their car parks. The Council also recognises that hospital car parks are likely to be abused by shoppers and commuters if they do not make a charge.
- 5.11 The Council is a major provider of car parks in the city. Other parking providers base their charges around the Council's car park charges, including Westfields for the Eagle Centre car park.

Advisory Committees

- 5.12 The Council has established three advisory committees to act as forums for consulting and advising on a variety of topics affecting the city. These are the Minority Ethnic Communities Advisory Committee - MECAC, Disabled People's Advisory Committee - DPAC and the Women's Advisory Committee - WAC. The Commission sought views from the advisory committees by giving presentations at their respective meetings on the scope of the review and asking their members to comment on principle of car park charging and what affect, if any, it has on patients and visitors.
- 5.13 Members of the Advisory Committees had mixed views on the principle of parking charges - Exhibits 5,6 and 7. Members felt that it was unfair for people with illnesses to pay car park charges, especially at a time when they are most vulnerable. The cost of parking could become a major expense for people who need to stay at the hospital for long a time. This adversely affects older people, as they are more likely to become ill and stay in the hospital for longer.
- 5.14 They also felt that it was unfair for patients to pay extra parking charges when the clinics are running late. People going for short visits such as blood tests, still have pay for the full hour even though they may be at the clinic for relatively short time and therefore a system should be considered that provides low or no charge for short visits.

- 5.15 Members recognised that city centre shoppers and railway commuters may potentially abuse any provision of free parking at the DRI.

Disabled Parking

- 5.16 Members of the Advisory Committees stated that the current designated disabled parking is insufficient for the number of users and more spaces are needed. Members of DPAC also stated that some designated spaces are not wide enough to enable disabled people to easily get in and out of their vehicles and should be made bigger. Virtually all the Advisory Committees mentioned that the other vehicles, including ambulances were taking up disabled parking spaces.

- 5.17 The Trust provides disabled car parking spaces at both hospitals, as shown below. These are strategically placed close to popular clinics to improve access.

- DRI 328 + 58 disabled total 386
- DCGH 419 + 63 disabled total 482

- 5.18 The Trust also provided comparative data on its performance on provision of car parking spaces against other Trusts outside London for 2003/04. The table below shows that the Trust has a significantly high proportion of spaces per number of beds and is performing in the upper quartile. The data on the number of disabled parking spaces shows that Hospitals' performance is in the median quartile.

Total Car Parking Spaces per available Bed - 2003/04

	Total parking spaces available	Available beds	Number per bed
SD Acute Hospitals NHS Trust	3,035	1,106	2.74
Total all Trusts*	92,362	44,812	2.06
Lower Quartile	1,943	955	1.86
Median	2,294	1,138	2.04
Upper Quartile	2,766	1,308	2.36

Source: Derby Hospitals NHS Foundation Trust

Disabled Car Parking per Total Car Parking (%) - 2003/04

	Total parking spaces available	Total Disabled parking spaces	%
SD Acute Hospitals NHS Trust	3,035	123	4.05
Total all Trusts*	94,499	4,131	4.37
Lower Quartile	2,014	72	3.45
Median	2,355	98	4.05
Upper Quartile	2,834	130	4.70

Source: Derby Hospitals NHS Foundation Trust

*Large Acute Trusts outside

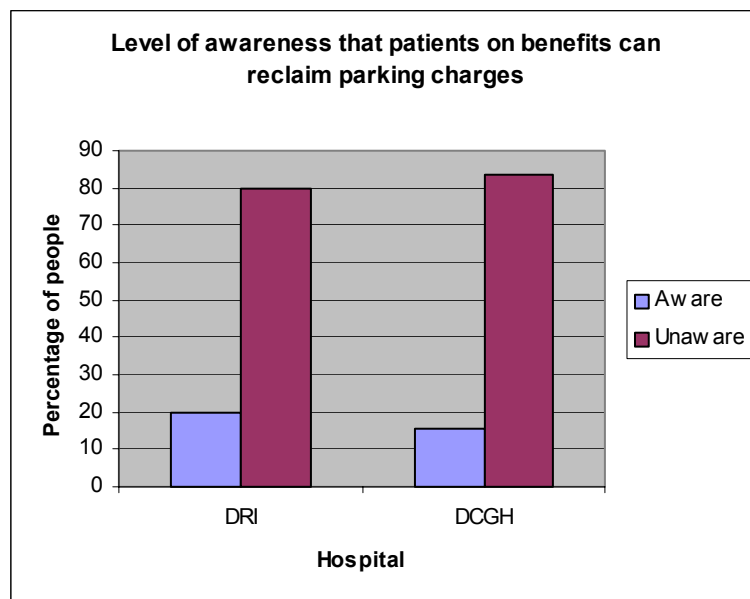
Parking at the Accident and Emergency Department

- 5.19 There is parking space for two vehicles at the A&E for patients and visitors at the DRI. This enables people attending in emergency to set down and pick up patients. A notice indicating that people may park for up to 20 minutes in these spaces is displayed on a wall adjacent to the parking space. A number of people commented about the lack of parking facilities at the A&E Department. Mr Ibell stated that the new A&E Department to be based at the DCGH would provide more spaces.

6. HOSPITAL TRAVEL COST SCHEME

- 6.1 The Government has set up a hospital travel cost scheme – HTCS for patients who experience difficulties due to the cost or complexity of the journey. This scheme provides reimbursements to patients in receipt of Income Support, Income Based Jobseeker's Allowance, Guarantee Pension Credit, Working Tax Credit or Child Tax Credit.
- 6.2 Patients and where medically considered necessary, their escorts, may be eligible for full or partial reimbursement on the basis of low income. The travel costs arrangements do not apply to patients for whom ambulance service transport is arranged, visitors to patients in hospital or private patients.
- 6.3 The guidance produced by the Department of Health - Exhibit 10 states that the patients should be able to obtain travel costs at any time of the day or night. Concessionary fares should be available for many elderly people and for people with disabilities. Patients may claim help with travel costs up to three months after the date of travel. The guidance states that the hospital should have adequate arrangements for:
- informing all NHS patients of their entitlement
 - checking the appropriate travel costs
 - refunding patients travel costs to which they are entitled.
- 6.4 The guidance also states that hospitals have a legal responsibility to make payments in advance, where necessary, to meet travel costs and should have arrangements in place for dealing with such requests.
- 6.5 The Trust is required to ensure that information about HTCS is available to patients. In particular, notices should be displayed in all patient areas. The guidance leaflet issued by the DOH specifically states 'For all patients, provider units should ensure that they provide details of the HTCS and of local transport and concessionary fare arrangements with appointment or admission letters.'
- 6.6 All patients on benefits can reclaim their cost of travel to the hospital. This includes bus fares and car parking charges.

6.7 There is recognition that some people on benefits may find it difficult to pay parking charges up front. Many people are unaware that financial assistance is available to people claiming benefits. Approximately 80% of the respondents to the structured interviews were unaware that patients on benefits could reclaim parking charges. Those people that had knowledge of the provision were not happy with the existing arrangements. A Member of DPAC stated that the current process is arduous, as people need to travel to the front desk to claim reimbursement after having paid for the parking charge. This can be a long distance to travel from the pay machine at Car Park 2 at the DCGH.

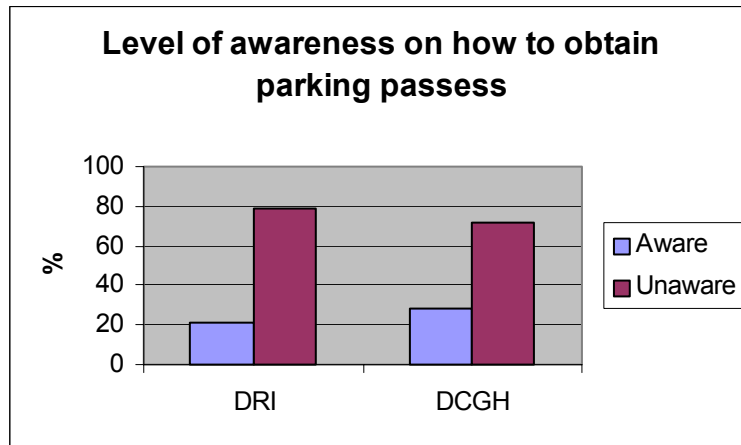


Concessionary Parking Passes

6.8 The Trust provides parking passes to patients and their relatives, who need to make frequent visits to the hospital. These can make substantial reductions to the cost of parking. The parking pass can be purchased from the security office and work in a similar way to the parking ticket obtained at the entrance gate to car parks. The passes can be used any number of times per day by any number of relatives, as long as only one car is on the site at any one time. A five day parking pass costs £5, seven days costs £7 and a calendar month costs £20.

6.9 The evidence collected by the Commission demonstrates that these passes are not well publicised. The results of the consultation with patients and visitors show that 79% of the respondents at the DRI and 72% at the DCGH were unaware how to obtain them. As a consequence only 3% said that they were using them. All of the

Council's Advisory Committees stated the passes need to be better publicised.



7. PUBLIC TRANSPORT

- 7.1 The Trust is more than doubling the size of the DCHG to enable it to provide all the acute services from one site. It will increase its current floor space of 61,000 sq m to approximately 141,000 sq m, excluding the Medical School, as shown by its Planning Application for Reshaping Health Services – DER/12/99/01498/PRI. A circular road will be constructed around the hospital complex allowing vehicular access including buses.
- 7.2 It is envisaged that the concentration of the acute services will significantly increase the number of staff, patients and visitors to the hospital, when it becomes operational in 2008. This is also expected to increase the number of bus passengers to the site. The Commission invited Andrew Norman from Trent Barton to give a local bus operator's perspective on car parking and public transport issues. Mr Norman stated that the Derby to Mickleover service runs every seven to eight minutes. It provides an excellent service to the DCGH but this could be improved further, if the buses had better access into the hospital. There is currently no access into the hospital for inbound buses and passengers have to cross the busy Uttoxeter Road to catch them.
- 7.3 Trent Barton has extensively researched passenger behaviour and has come to the conclusion that some passengers are more likely to use public transport if the service is convenient and provides a direct journey, as many people are discouraged by detours. Surveys show that approximately 25% to 30% of the bus passengers also have a car available for their journey. If the buses are asked to go around the new complex, this may discourage regular Mickleover passengers. Mr Norman suggested that the new hospital should have a bus interchange within the hospital complex, where buses may pick up and set down passengers.

- 7.4 Encouraging people to use public transport requires action in a number of areas. Trent Barton is willing to work with the Council and the Trust to make changes to the infrastructure and establish a bus interchange.

Shuttle Service

- 7.5 Mr Norman stated that due to the size of the new hospital, the Trust should install a shuttle bus service that travels around the complex and transports patients to clinics, wards and the interchange. He estimated that operating the shuttle bus could cost approximately £300 per day. Addenbrooks Hospital in Cambridge operates a similar scheme. This scheme should be subsidised from the car parking charges.
- 7.6 Trent Barton would be willing to work with the Trust to establish the shuttle service through a sliding scale of subsidy. The Company operates a similar scheme in partnership with Manchester Airport.
- 7.7 Other improvement for visitors and patients to the hospital could include real-time displays that could give information on bus timetables. Encouraging greater use of public transport also needs good waiting facilities and more bus priority lanes.
- 7.8 The Hospital should have a robust parking policy. Staff working during normal office hours for example should be encouraged to use public transport, which may help with increasing parking spaces for patients and the public.

8. CONCLUSION AND RECOMMENDATIONS

- 8.1 Car parking charges were introduced at the DRI in 1994 to discourage city centre shoppers and rail commuters from parking at the hospital car parks and taking up spaces designated for patients and visitors. The revenue generated through the charges also helped the hospital to provide additional parking spaces and meet some of the capital costs incurred in improving existing facilities by installing CCTV, fencing and lighting. The parking charges were extended to the DCGH following the merger of the two hospitals in 1998.
- 8.2 The Trust offers concessions to people who have difficulty with travel costs to the hospital. It refunds travel costs to people on certain benefits in accordance with the national Hospital Travel Cost Scheme and also provides parking passes to patients and their relatives who need to make regular visits. The Commission welcomes the provision of parking passes but feels that both of these schemes need greater publicity and could be made easier for people who need them.

- 8.3 The Social Care and Health Overview and Scrutiny Commission disagrees in principle with charging patients for visits to the hospital and considers that patients attend the hospital to receive treatment for a medical condition and not through choice. The cost of providing parking facilities is considered to be integral to running the hospital. Being ill is an occasion when people consider themselves to be most vulnerable and may also have the lowest level of income. Patients should therefore not have to worry about the additional expense of car parking when attending the hospital for a clinical need.
- 8.4 If the main reason for making a charge is to deter non-hospital users from parking at the hospital then the Trust could consider other measures to achieve this. It could for example, carryout regular patrols of its car parks, similar to that being carried out by the retailers on Bradshaw Way. It could also make use of the hospital appointment cards to check whether genuine patients are parked at the hospital.

Recommendation 1

The Commission strongly feels that the income from parking charges should not be used to support other NHS services. If the Trust considers it necessary to make a charge, then this should be kept to a minimum and only cover costs associated with car parking issues.

- 8.5 The hospital car parks are reasonably well used by the patients and visitors travelling by car. The results of the patient and visitor survey shows that DCGH car park was used by 93% of the respondents. The reasons given by the 22% of respondents who did not park at the DRI included; car parks full, convenience, parking charges too high and that they usually found it hard to park. A significant number of respondents also stated that the car parks were not big enough. In response to separate question on the scale of charges, 70% of the respondents stated that the current level of charges were too high.
- 8.6 The Hospital offers guaranteed parking spaces to all patients and visitors. This is to be welcomed. However, some patients mentioned that the Junction 8 car park at the DRI is particularly busy in the mornings, often with long traffic queues whilst the boiler house is relatively quite. It was suggested that people might be prepared to move to other car parks if they were sure of finding space.

Recommendation 2

The Trust should establish electronic displays at the entrances to DRI car parks giving information on vacant spaces at its main car parks. This could encourage people to move around car parks, reduce long queues and improve traffic flow.

Parking Concessions

- 8.7 The Trust provides weekly and monthly car parking passes that reduce the cost of parking. These passes can give significant savings to

patients and their relatives, who need to make frequent visits to the hospital. The evidence collected by the Commission demonstrates that many patients and visitors are unaware of the availability of these passes. Consultation with patients and visitors shows that 79% of the respondents at the DRI and 72% at the DCGH had little or no knowledge of how to obtain the passes. Only 3% of the respondents stated that they were currently using them.

- 8.8 Members of the Council's Advisory Committees and the Derby Seniors Forum were also unaware of this major concession. The Seniors Forum has specifically asked for the scheme to be publicised on parking charges display boards.

Recommendation 3

Concessionary parking passes for patients and their relatives should be widely publicised by the Trust. This should include providing information on appointment letters, notices in outpatient waiting areas and on the car parking displays boards.

The Trust should monitor the take up of the concessionary parking pass by patients and their relatives.

- 8.9 The Trust operates a hospital travel cost scheme. This scheme reimburses travel costs to patients on certain benefits, including costs arising from car park charges and public transport. The consultation conducted by the Commission shows that more than 80% of the respondents were not aware that patients on benefits could reclaim parking charges. Members of MECAC also raised this point and suggested that the hospital should offer free or reduced parking for people on benefits if it is not already doing so. Members of DPAC stated that the claims process is arduous, as the claimants have to travel long distances to make a claim, after having paid the parking charge.

- 8.10 The national guidance on hospital travel cost scheme requires provider units to have adequate arrangements for informing all NHS patients of their entitlement and refunding patients travel costs to which they are entitled.

Recommendation 4

The Trust should inform all of its NHS patients of their entitlements and ensure its arrangements are easy to use and conveniently located for reimbursing travel costs.

- 8.11 People can park the first 15 minutes free at the hospital car parks without incurring a charge. This is a useful concession by the hospital, as it offers people the opportunity to pick up and set down passengers. When asked about this facility, 90% of the patients and visitors at the DRI and 84% at the DCGH stated they were unaware of this provision. Members of the DPAC also stated that the 15 minutes time period was

often too short to take patients to the clinics especially those using wheelchairs after having parked in the car park. Some members commented that the time allowed between paying the charge and exiting at the barrier was too short for some users.

- 8.12 A number of people also stated that there are insufficient waiting bays to drop off and picked up patients.

Recommendation 5

The Trust should extend free parking to first thirty minutes, as the current fifteen minutes time frame is insufficient for some users, especially for those using wheelchairs. Thirty minutes free parking will also enable many patients and visitors to make short visits, such as attending the hospital for blood tests.

The thirty minutes free parking provision should be prominently displayed on the parking notices and hospital appointment letters.

Disabled Parking

- 8.13 Members of DPAC stated that there are insufficient numbers of disabled parking spaces and that many spaces were not wide enough to provide easier access to mounting vehicles. Members also stated that it was difficult for some people with disabilities and short people, to insert the ticket at the exit barrier without getting out of the car.
- 8.14 Evidence submitted by the Trust shows that it has a combined total of 121 disabled parking spaces at both hospitals. Its performance on number of spaces per bed is well above the upper quartile of other large Trusts outside London. Evidence also shows that the Hospital is performing at the median level for number of disabled car parking per total car parking spaces compared with other Trusts.
- 8.15 The Commission is pleased to note performance on providing high number of spaces per bed, as this has enabled it to offer guaranteed parking space for all patients and visitors. The Trust should do more to increase the number of disabled parking spaces.

Recommendation 6

The Trust should:

- a. increase the total number of disabled parking spaces at both hospitals and also provides more free spaces outside of the control barriers.
- b. improve monitoring and take action to ensure designated disabled parking spaces are not occupied by non blue badge holders.

- c. examine the width of the existing parking bays and ensure they are wide enough for wheelchair transfer to and from the car.
- d. examine ways to make it easier for disabled people to insert tickets and operate the exit barriers.

Public Transport

- 8.16 The concentration of acute services will substantially increase the number of patients, visitors and staff attending at the DCGH. Not all of additional patients and visitors will use hospital car parks, as many will use public transport. City bound buses are currently unable to go into the hospital complex and have to stop on the opposite side of dual carriageways to collect passengers. Although the Trust has improved crossing points to improve access, it can still be inconvenient for passengers.
- 8.17 Evidence from Trent Barton states that more people are likely to use public transport, if it is made accessible and convenient. It was suggested that the Trust should consider creating a new bus terminal within the new hospital complex, which would make it even easier for patients and visitors to use public transport. Due to the size of the new hospital complex, it is suggested a shuttle bus service be examined to assist patients and visitors around the complex, especially those with mobility problems.
- 8.18 The hospital operates public buses to transport passengers between DRI and DCGH. However, many people, including members of the patients' forums, were unaware of this provision.

Recommendation 7

The Trust should examine the possibility of establishing a shuttle service and a bus interchange to transport patients and visitors around the new Hospital when it becomes operational.

The Trust should ensure the availability of the inter hospital bus and its route is better publicised.

Other Improvements

- 8.19 The Commission recognises that one of the prime reasons for introducing the parking charges was to address car park security. Evidence from the structured interviews shows that 64% of patients and visitors at the DRI and 62% at the DCGH, felt security was adequate. Although only 12% of the respondents at both sites felt it was inadequate, a further 25% were unsure. It is suggested that the hospital could do more to promote its safety and security features including the Safe Car Parks Award from the police.

- 8.20 Patients and visitors to the DCGH have complained about having to travel the long distances from the main car park to attend clinics and wards. The Trust has also recognised this issue and has purchased a buggy, to assist people who difficulties in walking long distances. The Commission recognises that it is not easy to provide parking close to all of the clinics at the DCGH due to the major building works. It could reconsider using some of its staff car parks during out of office hours for public use.

Recommendation 8

The Trust should consider making certain staff car parks at the DCGH available to patients and public when they are not in use by the staff, to reduce the long travel distance to the wards and clinics from car park 2.

- 8.21 A number of people have commented about the lack of parking facilities at the A&E Department. There is parking space for two vehicles at the A&E, for patients and visitors for emergency use. There is also a notice indicating that people may park for up 20 minutes in these spaces. It was stated that the new A&E Department, to be based at the DCGH, would provide more spaces. This is to be welcomed as the high number of patients going through the A&E Department suggests that the current level of provision is inadequate.

Recommendation 9

Pending the creation of the new A&E department at the DCGH, the Trust should establish further parking spaces at the drop off point for emergency visits to the existing A&E facilities.