

Our Ref: BI/HP/280205

Your Ref:

Telephone: (01332) 340131
Please ask for extension: 5833
Fax: (01332) 625836
Email Address: brian.ibell@derbyhospitals.nhs.uk

28th February 2005

Mahroof Hussain
Overview and Scrutiny Co-ordination Officer
Corporate Services Directorate
Derby City Council
PO Box 6292
Council House
Corporation Street
Derby
DE1 2ZL

Dear Mahroof

Thank you for your email of the 23rd February 2005 regarding your need for a response for Monday evening.

I am sure you realise that there will be a considerable amount of ongoing detailed work required over the next few months. Therefore, it will not be possible to respond to you in a full and comprehensive manner within your 28 day target.

However, we are now in a position to make broad comments in response to your recommendations.

Therefore, in the order of your report recommendations:-

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.

The Trust does not wish to utilise patient care monies to subsidise the cost of providing car parking. We believe that it is both reasonable and appropriate to generate year on year surpluses to invest in new and enhanced facilities.

We are currently preparing a schedule of past, current and planned future investments – the information we would be willing to share with you.

From a personal perspective, the recent increase in car parking charges by the Council of up to 50% will place added pressure on the Trust to keep charges broadly comparable.

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.

Quotations from the car park equipment specialists have been obtained for erecting electronic displays at the entrances to car parks at the DRI, but were in excess of £17k. It was felt that such an investment did not represent value for money. However, we have subsequently improved signage, which provides better information as to the whereabouts of patient and visitor car parking. This has considerably reduced unnecessary queuing and better utilisation of all car parking spaces.

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.

Information on concessionary car parking permits are already publicised on the car parking display boards and in a number of outpatient waiting areas. However we will review appointment letters with a view to include relevant information.

As standard practice we do already monitor the take up of concessionary parking permits. We will break down this information to clearly demonstrate the percentage take up of this concession. We will then need to assess whether this level of take up is in line with the percentage of our patients/visitors whose attendance at the hospital would benefit them.

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.

We will undertake a review of information and with a view to improving information, which is available to patients that are entitled have costs reimbursed. Again, this will take some time to ensure that this new process is working effectively and data on take-up etc will be monitored and we will share the outcome with you.

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.

The first 15 minutes does not attract a charge as access is allowed as a means to drop off / pick up patients and this is not viewed by the Trust as free parking.

The Trust does not accept that it would be in the overall interest of patients and visitors to extend the 15 minute period to 30 minutes as it would detract from its core purpose, i.e. drop off and pick up, not actual parking. Spaces will always remain scarce and the maximum turnover of all available spaces should be further encouraged so as to benefit all the users.

Recommendation 6

The Trust should:

- a. increase the total number of disabled parking spaces at both hospitals and also provide 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.

- a) Whilst the Trust is always willing to review the allocation of disabled parking spaces, there has to be a balance between the allocation and their actual take-up.

As we now patrol their use vigorously and enforce clamping when they are abused, the disabled bays are not always fully utilised.

This in turn causes high levels of frustration from other patients and visitors who cannot find parking spaces and see these unused and empty for long periods of time. It is therefore the current view that the overall split is about correct.

With regard to more free spaces outside of barriers I would comment as follows:-

Displaying a disabled badge has no relation to the ability to pay or not pay. The most important factor is the convenience to the hospital itself and the vast majority of disabled spaces have been placed to discriminate in favour of disabled parking.

Emphasis on free parking should remain for those who can legitimately reclaim all their charges, a proportion of these will of course be disabled. The Trust has no immediate plan to change its current policy.

- b) This has been actioned and reinforced by clamping of unauthorised vehicles without any warning notices. Therefore, we fully support your recommendation.
- c) I have a fundamental disagreement that ALL disabled parking spaces should have wider bays. The reasons being:-
 - i) Three spaces effectively reduce to two and will have the overall effect on placing further pressure on disabled space availability although as mentioned in 6 (a) the spaces are not always fully utilised.
 - ii) Many disabled badge users do not have a disability that requires wheelchair spaces or indeed any other extra space requirements.

Their disability may take a variety of other forms other than mobility. Therefore, whilst this split will regularly need reviewing we will look at increasing the percentage of overall spaces to cater for wheelchairs but this will have the effect of reducing the absolute numbers of overall disabled spaces.

I would also point out that many wheelchair users are accompanied by a friend or relative and are dropped off first before utilising a normal disabled bay. Under these circumstances the wider bay is again not an issue.

- d) This is a well made point and we are currently reviewing all our plans for the new hospital to ensure that this is taken account of.

Also at the DRI one of the pay machines has been lowered to help disabled users.

The issue on existing barriers is being investigated as to the practical implications of being lowered and as to whether other problems to able bodied individuals may be created.

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.

We fully support this recommendation and are in fact already in discussion with the local bus companies in relation to public services around the new ring road. This would potentially be supplementary to the hospital shuttle service that currently only services staff but could be extended to patients and visitors.

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.

There are very few restrictions preventing this happening today. However, we accept the position is not clear as to where patient and visitors can and cannot park when spaces are under-utilised.

Again, we will look at this in greater detail.

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.

The Trust accepts that drop off facilities should be improved in and around the A&E entrance. Given that this will reduce other parking facilities we are looking at options that will have the least overall impact on congestion.

Also drop off spaces will be patrolled more rigorously to minimise abuse.

I hope you find our initial views and comments helpful and will look to providing you more detail in the coming months.

Best regards

BRIAN IBELL

**Assistant Chief Executive / PFI Project Director
Reshaping Health Services**