



NHS TAYSIDE
RESPONSE TO CEL 1 (2008)
REVISED GUIDANCE ON HOSPITAL CAR PARK CHARGING

INTRODUCTION

On 18 January 2008 the above guidance was issued with a requirement for Boards to review their schemes against the principles and criteria set out in CEL 1 (2008) and provide a report by 30 June 2008.

GENERAL POSITION

NHS Tayside have reviewed their car park charging arrangements in response to the guidance, and can report that in the two hospitals operating car park charges, both systems fully comply with the principles set out in the guidance. The two hospitals include Perth Royal Infirmary, operated in-house, and Ninewells Hospital, operated under PFI arrangements. In the case of the Ninewells Hospital PFI contract, it should be noted that the contract conditions have not prevented us from complying, particularly in respect of the maximum daily charge of £3.00.

The daily charge rates applied at the two sites are:-

Perth Royal Infirmary	£1.20
Ninewells Hospital	£1.60

In terms of the charges at Perth Royal Infirmary, these are reviewed on a three yearly basis with a review scheduled for later in 2008. The basis of the charge levied is on a break-even basis where income from car parking charges is used to cover car park overheads and running costs, including maintenance and security. The review of charges is carried out in partnership with staff-side involvement.

On the Ninewells site, there is a formula contained in the contract that provides an annual review. This review is carried out by the contractor and passed to the NHS for consideration. In general the charges have increased in 10p increases on average every two years. The current charge of £1.60 has been in place since October 2006. The questionnaire in respect of PFI car parking contracts is included with this report.

SUMMARY OF PRINCIPLES AND CRITERIA COMPLIANCE

The following table is a summary of the position in respect of the compliance with each of the key principles for both sites.

	KEY PRINCIPLES	PRI	NINEWELLS
1	Consultation with local and regional partners to help to ensure good access for patients, carers, visitors and staff.	At both sites, local consultation is a routine part of the sites reviews and figures, significantly in the work carried out in the development of both site specific travel plans. This includes involvement with Patient and Carer Groups, PPG Representatives and local Authority partners. Specific consultation has been carried out in respect of access for disabled users.	
2	At most sites car parking should be provided free of charge.	NHS Tayside only operate charges for parking at the two sites and have no current plans for expanding this. The charges in place were introduced only on the basis of high demand against limited parking availability.	
3	Making reasonable charges for car parking as part of a planned approach to facilitating access to sites and to cover the costs of car parking provision.	These principles are the key reason for charges being applied at both hospital sites. In the PRI situation, the charges are based purely on the need to recover operational car park running costs with no surplus.	
4	Provision of reasonable allocation of car parking spaces available for patients and carers to attend clinics and appointments including emergencies and clear information.	At both sites, dedicated spaces are protected for use by patients and visitors. This generally equates to approx 25% of the total spaces available. Also arrangements are in place for specific emergency attendance at A & E departments. Disabled spaces equates to approx 4% of the total spaces. Ninewells have 70 disabled spaces immediately outside the main entrance. These spaces carry the basic daily charge, this was following in-depth consultation and to enable protection from abuse of disabled parking spaces.	
5	Reasonable allocation of parking for staff.	Staff car parking permits are in use at both sites for dedicated staff only spaces. Priority allocation of staff permits is considered on the basis of need for carrying out clinical commitments.	
6	Allocation of staff parking permits.	As above comments.	
7	Travel plans.	Both sites have completed travel plans which have been compiled in conjunction with the Energy Savings Trust and have been submitted to the Regional Transport Partnership Group (TACTRAN).	
8	Concessionary Parking Arrangements.	At both sites arrangements are in operation to provide free parking to specific patients who have a requirement to attend on a regular and frequent basis, eg Cancer and Renal patients. In addition, concessionary rates are available via a refund system for patients in receipt of the required Income Support benefits.	
9	Protected Patient Parking.	Spaces dedicated for patient only parking is managed by way of restricted short-term parking (4 hours). In the event of a patient being detained beyond the 4 hour limit any penalty issued is cancelled. A card is issued with any such penalty advising the patient of this arrangement.	

CONCLUSION/SUMMARY

The above table is designed to indicate the general overall full compliance with the new guidance on both hospital sites in respect of all the key principles and criteria contained in CEL 1 (2008). A wide-range of additional measures are also in place, which have been designed to further enhance the access arrangements for patients and visitors and these have been developed generally through wide consultation. These can be found in the detailed Travel Plans that exist, and copies of these can be provided if required. In all cases these were considered in line with Diversity and Equality standards.

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