

Dear Colleague

## REVISED GUIDANCE ON HOSPITAL CAR PARK CHARGING

1. I attach the revised guidance developed by an independent group – the Review Group – which was established by the Cabinet Secretary for Health and Wellbeing to review the existing guidance on car parking and arrangements for car park charging at NHSScotland hospitals. This revised guidance replaces the guidance on car park charging issued on 14 March 2007 in [HDL \(2007\) 14](#).

### Action

2. Chief Executives must ensure that this letter and the attached guidance are brought to the attention of all appropriate staff.

3. Where car parking charges are currently in place, Boards should review their scheme(s) against the principles and criteria set out in the revised guidance and provide a report to the contact address below by 30 June 2008. Each report should include a financial analysis of the revenue implications of different levels and structures of car parking charges and the costs of car parking provision. We shall be in contact with Boards operating PFI schemes to agree the terms of their reviews.

4. The Cabinet Secretary has decided, as an interim measure pending the outcome of the further review of car parking schemes, to introduce a maximum daily charge of £3:00 for parking at an NHSScotland hospital. This should be implemented without delay.

5. A full policy statement on the provision of car parking at NHSScotland facilities will be issued once these further reports have been considered together with proposals for updating the existing guidance.

### The revised guidance

#### Ensuring access for patients

6. The Review Group concluded that the provision of car parking at NHSScotland hospitals is a service for patients and, in general, should be provided free of charge.

### Addresses

For action  
Chief Executive, NHS Boards,  
Special Health Boards and  
National Services Scotland  
Director, Health Facilities  
Scotland

For information  
Directors of Finance of NHS  
Boards, Special Health Boards  
and National Services  
Scotland  
Head of Support  
Services/Facilities Manager in  
all NHS Boards Special Health  
Boards and National Services  
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### Reports and Enquiries to:

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7. However, the Review Group also noted that there will be hospital sites, where because of traffic congestion, the introduction of a parking charge may be considered unavoidable. In these circumstances, the Board concerned must follow the principles in the attached guidance to clearly and publicly determine whether car parking charges are justified and, if they are, the level of charge to be levied and the concessions to be made available to patients, carers, visitors and staff.

8. Where such an approach indicates that a reasonable parking charge is justified, this should be introduced as part of a wider, planned approach to travel management and facilitating access to the site.

### Staff parking

9. It is clear that there has to be a balance between the needs of patients, the public and staff in the use of the limited parking spaces at many hospital sites. Striking this balance is not always easy. While priority must go to safeguarding access for patients, Boards must ensure through staff partnership arrangements that the circumstances of staff who have specific transport needs are considered.

### Parking provided by commercial concerns

10. While the attached guidance applies whether a car parking facility is provided directly by the NHS Board or managed on their behalf by a commercial concern, the Review Group concluded that the position of car parks covered by existing PFI contracts needed to be considered further and this will be taken forward as part of the further review of existing car parking schemes.

### Maximum Charge

11. The Review Group would also have liked to set a maximum charge for car parking at hospital sites but did not have access to sufficient information and analysis to do so. It therefore recommended that a maximum charge should be set following the further review of existing car parking schemes against the principles and criteria set out in the revised guidance.

### **Interim arrangements**

12. While this review takes place the Cabinet Secretary has decided to introduce a maximum daily charge of £3:00 for parking at any NHSScotland hospital. This should be implemented without delay.

13. Where existing parking charges are under £3:00, these should remain unchanged until after the review proposed in paragraph 10 above. However, we would be happy to discuss with Boards how their car parking schemes could be simplified in a revenue-neutral way, for example through the introduction of a flat-rate charge.

14. It is recognised that at some sites a £3:00 maximum charge might lead to increased congestion as a result of people parking for long periods. Consequently, Boards may wish to consider introducing a time limit in car parks designated for patient parking to prevent this. A time limit of around four hours already operates in a number of patient car parks and has proved sufficient to cover most patient needs. Where patients, or their visitors, are required

for legitimate reasons to park for longer, Boards must put in place arrangements to ensure that they are not penalised for this.

## Enquiries

15. Boards' reports of their review of local car parking charges, and any enquiries about this letter or the attached guidance, should be addressed to David Hastie whose e-mail address is [david.hastie@scotland.gsi.gov.uk](mailto:david.hastie@scotland.gsi.gov.uk) and telephone number is 0131 244 2079.

Yours sincerely



**ALEX SMITH**

## **Revised Guidance on Hospital Access and Parking**

1. This guidance replaces the guidance on car park charging issued on 14 March 2007 in [NHS HDL \(2007\) 14](#). It will apply to all future arrangements for the management of car parking, whether provided by an NHS Board or operated on their behalf by a commercial concern. The guidance was developed by an independent group - the Review Group - established by the Cabinet Secretary for Health and Wellbeing to review the guidance on car parking and arrangements for car park charging.

### **Key Principles**

2. There are a number of key principles relating to access to hospital sites, and arrangements for car parking and charging:

- 2.1 NHS Boards have a responsibility to work with local and regional partners to help to ensure good access for patients, carers, visitors and staff to NHS sites;
- 2.2 at most NHS sites car parking should be provided free of charge
- 2.3 Boards may make reasonable charges for car parking as part of a planned approach to facilitating access to sites, and to cover the costs of car park provision;
- 2.4 Boards must ensure that there is a reasonable allocation of car parking spaces available to allow patients and carers to attend clinics and appointments, including access for emergencies, and there should be clear information available to patients on how to get to the site including parking arrangements and any concessions;
- 2.5 Boards must ensure that a reasonable allocation of spaces is also made available for staff, reflecting the overall availability of car parking on the site, and
- 2.6 arrangements for allocating staff parking, which must reflect the needs of good employment practice and essential car use required for the delivery of services, must be agreed through local staff partnership arrangements.

### **Context for the Guidance**

#### *The National Transport Strategy*

3. Accessing health and other services can be a challenge for those who live in remote or rural areas of Scotland; live in isolated or deprived urban communities on the outskirts of towns or cities; have limited mobility through age or disability; or are on low income. In Scotland 27% of the population do not have access to a car; for single pensioner households this rises to 74%. Public transport links to health services are therefore vital.

4. Road-vehicle traffic in Scotland is forecast<sup>1</sup> to rise by 27% over the next twenty years and NHS Scotland, both as an employer and a service provider, has an important role to play in managing access to NHS sites and in managing the environmental impact of predicted traffic growth.

5. The National Transport Strategy<sup>2</sup>, which sets out the Scottish Government's long-term vision, objectives, priorities and plans, specifically requires

'all local authorities and major hospitals and health facilities to have operational Travel Plans by April 2008'.

### *Environmental Management*

6. Support for sustainable transport initiatives is a policy requirement for NHS Scotland<sup>3</sup>.

7. NHS Scotland's Environmental Management Policy<sup>4</sup> contains the following:

'An NHSScotland Body's environmental management strategy must include measures aimed at promoting more sustainable travel choices through the implementation of Green Travel Plans, in association with Local Authorities'

### *Regional Transport Partnerships*

8. Scotland's seven Regional Transport Partnerships are responsible for drawing up a comprehensive transport strategy for their region and are required to consult, and work collaboratively with NHS Boards to facilitate access to healthcare facilities. For their part NHS Boards are, as far as possible, required to act consistently with the regional transport strategies applying in their area.

### *Travel Planning*

9. NHS Board Travel Plans should offer a package of practical measures to improve accessibility and influence transport both to individual sites and within sites. They should aim to ensure that:

- patients, visitors and staff can safely use more sustainable travel options to get to local hospitals and that they are encouraged to use them
- there are good quality transport links between and within major hospital sites to avoid the need for car use
- the effects of the Board's actions with respect to transport do not have an adverse effect upon the environment and, consequently, the health of the population they serve.

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<sup>1</sup>'Meeting the needs, priorities, actions and targets for sustainable development in Scotland' [www.scotland.gov.uk/Publications/2002/04/14640/4041](http://www.scotland.gov.uk/Publications/2002/04/14640/4041) published 2002 and modified 2006

<sup>2</sup> <http://www.scotland.gov.uk/Resource/Doc/157751/0042649.pdf>

<sup>3</sup> Scottish Executive Health Department Environment Policy 2006

<sup>4</sup> [http://www.sehd.scot.nhs.uk/mels/hdl2006\\_21.pdf](http://www.sehd.scot.nhs.uk/mels/hdl2006_21.pdf)

10. Effective Travel Plans should address transport problems from a new direction by managing demand for road and parking space more effectively. They should seek to reduce transport journeys to hospitals for employee business requirements, manage transport to ease congestion, reduce emissions from exhausts, and encourage active travel modes such as walking and cycling as part of the Board's wider public health agenda, as well as relieving congestion and pollution through the management of car parking and reducing reliance on single user car travel.

11. Board Travel Plans should therefore link to the travel and planning policies and strategies of the local authorities and Regional Transport Partnerships in the Board's area. Boards should work with these partners to ensure they play a full part in improving public transport to hospital sites and reduce parking pressures there. It is particularly important, for example, that the criteria for local authority demand responsive transport and the Scottish Ambulance Service's patient transport services are complementary and meet the needs of patients with mobility or clinical needs.

12. Comprehensive information on travel plans and other issues can be found in Health Facilities Scotland documents<sup>5</sup>.

### **Car Parking at NHS Sites**

13. The management of car parking at NHS sites is, therefore, an integral part of the wider travel planning, environmental responsibilities and facilities management of NHS Boards.

#### *Accessing Hospitals by Public Transport*

14. NHS Boards should, through their Travel Plans and in partnership with the local authorities and Regional Transport Partnerships in their area, seek to ensure that there is appropriate public transport provision to ensure that patients and staff working shift patterns are able to access hospital sites. Boards should also explore the possibility of negotiating concessions for patients and staff on the cost of public transport.

#### *Car parking at Hospitals*

15. By providing car parking at hospital sites, NHS Boards are, effectively, accepting certain Health and Safety and other legal responsibilities towards the patients, public and staff who use these facilities. Boards therefore need to ensure they are maintained regularly so that, as far as practical, they are safe and fit for purpose.

16. The provision and improvement of car parking and the development of alternative ways of accessing hospital sites incurs costs which need to be met through charges or from funding which might otherwise go to patient services. However, before introducing car parking, or introducing or revising car parking charges, Boards need to consider a number of issues, including:

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<sup>5</sup>Scottish Health Technical Memorandum 07-03: Transport management and car-parking and NHSScotland: Travel Plan Guidance

**Site congestion:**

- what the overall number of spaces will be and how these will be positioned to support traffic flow
- how misuse of the car park (particularly if near a town centre, railway station etc) by those using the site for free or cheap parking will be avoided
- facilitating access for emergency care
- facilitating access routes for the emergency services
- ensuring compliance with fire and health and safety regulations.

As space for car parking will vary from site to site, more stringent criteria may be needed to balance the interests of patients and the public and its staff at restricted sites.

**Patient and Public need:**

- the distance that patients and visitors will have to walk to healthcare services
- the provision of priority spaces for certain users, e.g. disabled people
- whether spaces should be made available specifically for regularly attending patients, e.g. dialysis patients
- how to maintain a turnover of the available spaces to meet service and patient needs.

**Staff need:**

- the provision of a reasonable allocation of spaces specifically for use by staff, to be determined by analysis against factors relating to business or domestic considerations.

**Security:**

- the security arrangements needed to protect both people and property.

**Local Residents:**

- the potential impact on off-site parking resulting from the introduction of car park charging
- addressing disturbance factors, such as noise and light pollution.

17. The arrangements for car parking management in a Board's Travel Plan have to reflect these different pressures and circumstances, and carefully balance the potentially conflicting interests of patients, the public and its staff. In so doing, the Board should make use of the good practice advice available from Health Facilities Scotland.

**Charging for car parking**

18. It is expected that car parking at the vast majority of NHS sites, where there are no issues of congestion or misuse, will remain free of charge. Where charging is

necessary or justified to manage access to hospitals and car parking space, the introduction of car park charging, or the revision of existing car parking arrangements, is a matter for local determination by the NHS Board responsible for an NHS site.

### *Benefits of Charging*

19. The introduction of car parking charging may:

- assist in managing congestion and car parking space
- help facilitate better access to health care facilities for service users - patients, carers, and visitors - and staff.

20. Car park charging must not be introduced solely as a means of generating income. Boards must also take all reasonable steps to ensure that charges for people working at or visiting hospitals are not excessive.

### *Cost Recovery*

21. Income from car parking may be used to cover any significant costs (e.g. capital charges, administration costs, security costs) in:

- providing, improving and maintaining car parking services to the level that users expect, for example, keeping road surfaces, road markings, lighting, ticket barriers and machines etc in good working order
- investing in other modes of transport for staff and patients, e.g. pool cars, park and ride shuttle buses, subsidised bus fares, in order to fit in with the NHS Board's wider travel plan
- cover the cost of making existing facilities more secure for example to avoid theft, both of and from cars. Patrols, security lighting, barriers; and closed circuit television can improve security, and assist in deterring crime and making staff and visitors feel safer.
- better manage car parking facilities by discouraging unauthorised use.

The level of charge should also take account of the cost of car parking generally in the area.

### *Transparency*

22. Where charges are made, NHS Boards must be able to show that charges reflect a reasonable balance between the perceived needs of legitimate car park users and the costs of maintaining car parking facilities and delivering travel plan activities e.g. park and ride shuttle buses, subsidised bus fares, staff car sharing. Boards must publish a car parking account which demonstrates how the income generated has been utilised and, over an appropriate period of years, that income and expenditure are broadly balanced.

23. Consideration also needs to be given to the basis of car parking arrangements, and whether hospital sites should be managed individually with cost and expenditure being balanced on a site by site basis, or whether costs should be pooled across the Board area. A key element in considering this will be ensuring that



the decision does not disadvantage particular groups, for example, patients in smaller sites who might face higher charges if the cost of maintenance and security arrangements was not pooled across the Board area. However, a blanket approach should not be applied to sites where access problems or congestion do not exist. Consequently, schemes which impose uniform charges and conditions across a number of sites cannot comply with these criteria and will not be acceptable.

### *Engagement*

24. NHS Boards are required to systematically engage with patient and public groups, their staff and relevant local organisations, for example the local authorities and Regional Transport Partnerships in their area, about changes to services. These requirements apply to proposals to introduce or revise car parking charges.

25. The engagement process should clearly recognise:

- the transport and environmental responsibilities placed on the Board,
- that it is unlikely that the car parking facilities at hospital sites will be sufficient to meet the demand of all patients, visitors and members of staff who wish to use their cars to travel to a hospital
- that criteria for car parking may have to vary from site to site, and be more stringently applied at restricted sites; and
- the process is intended to help the Board balance the interests of patients and the public, and its staff and apply the agreed criteria as fairly and equitably as possible.

26. Other issues on which discussion should be invited might include whether:

- charging should be applied across the Board area or be site specific
- charging should be on a 24/7 basis or limited to certain hours
- free parking should be provided on local and national public holidays
- “blue badge” parking should be free or at a concessionary rate.

### *Unauthorised parking*

27. Where unauthorised parking is a particular problem, for example at hospitals in town centres or near major transport interchanges, NHS Boards should, drawing on advice from Health Facilities Scotland<sup>6</sup>, use a combination of measures, including charges and time limits to encourage turnover in service user car parks.

28. Measures taken to discourage unauthorised parking by, for example, commuters or shoppers, must not be detrimental to the arrangements for patients, visitors and staff.

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<sup>6</sup>Scottish Health Technical Memorandum 07-03: Transport management and car-parking and NHSScotland: Travel Plan Guidance

## **Patients, visitors and the public**

1. Board travel plans should, as far as practical, ensure convenient access for patients to hospitals. Travel plans should recognise that the demography of Scotland means that increasingly the patients needing to access acute care will be elderly and, probably, with a degree of infirmity or disability which may in many cases make car travel the most convenient way for them to travel to hospital.

### *Patient and Public Information*

2. Boards must ensure that patients, and their families and visitors, are provided with clear, accessible and widely available information on site-specific public transport arrangements, and on any car parking charges and the concessions available.

3. Similarly, where charging is tied to the length of stay, the Board must ensure wide publicity of arrangements for waiving any charges when appointments are delayed or clinics run late.

### *Concessionary parking*

4. Criteria for concessionary parking arrangements should take account of the clinical and other circumstances patients and their visitors face at each site and be applied flexibly.

5. Free parking should be considered where the clinical service concerned confirms that a patient or visitor is:

- visiting a hospital very frequently, e.g. patients undergoing renal dialysis, radiotherapy, chemotherapy
- parking for long periods or all day or
- attending in a volunteer capacity, for example, as a blood donor or as a member of a Volunteer Driver Service for patients.

6. Concessionary parking rates should be considered where the clinical service concerned confirms that:

- a patient meets the low income criteria set out in the Annex
- a visitor is the next of kin or parent or guardian of an in-patient in a long stay, high dependency or intensive care unit.

7. Clinical staff should be able to, exceptionally, offer free or concessionary parking where the individual life circumstances of a patient require it.

8. Boards should ensure that patients and visitors are provided with clear information on the concessionary parking arrangements available, and how to apply for them. These arrangements should be easy to understand and use.

## *Parking for Disabled People*

9. A proportion of parking spaces must be set aside for disabled people in line with Health Facilities Scotland guidance. Boards should consult with local disability groups about the provision of these spaces to ensure they meet the needs of disabled persons (e.g. wide spaces, no kerbs or steps, preferably under cover, and located at, or near the different entrances to the hospital).

10. The views of local disability groups should also be sought about whether free or concessionary parking should be provided for patients with a “blue badge”, particularly where there is local evidence of abuse of these spaces. Experience in some Boards suggests that disabled people would rather be considered under the general concessionary arrangements. What they want is to be guaranteed a parking space, and any income generated from their charges applied to improving facilities for disabled people.

### **Staff car parking**

#### *A partnership approach*

11. A reasonable allocation of car parking spaces, and concessionary car parking rates, must be made available for the hospital’s staff and the charges made must be appropriate and proportionate for part-time staff.

12. Achieving a balance between the needs of patients, visitors and staff in the use of limited parking spaces at a hospital will require the active involvement of staff, managers, clinical staff, and trades union/professional organisations representatives in developing and implementing criteria which ensure transparency in the allocation of staff car parking permits.

#### *Staff partnership*

13. NHS Boards should involve staff and their representatives through staff partnership arrangements in decisions about how they can comply with the environmental and transport requirements placed on them to:

- reduce transport journeys for employee business requirements
- manage transport to ease congestion
- reduce emissions from exhausts
- reduce reliance on single user car travel
- encourage active travel modes, such as walking and cycling
- relieve congestion and pollution through the management of car parking.

There should also be discussions on a staff partnership basis to:

- develop the criteria to be used in the allocation of staff car parking permits; and
- consider the impact on staff of the introduction of, or revision of car parking charges on staff, particularly lower paid staff.

14. The Board's Area Partnership Forum (APF) or equivalent is most likely to be the best forum for these discussions. The APF or equivalent may also wish to co-opt or involve key staff for the purpose of these discussions.

15. While the criteria for allocation of staff parking permits should be for local partnership decision, drawing, as necessary, on the expertise of the relevant service and HR managers and occupational health staff, they should:

- take into account good employment practice and personal circumstances which require the use of a car to travel to work, including:
  - ill health or disability
  - significant, continuing domestic or carer commitments that make other forms of transport impracticable
- take into account essential car use involved in the delivery of services

and encourage good travel and environmental practice such as car sharing.

16. Partnership arrangements should also consider issues such as:

- how far staff permit allocation should be purely on the basis of clinical/service need
- whether charges for staff parking should be set according to income
- how to help lower paid staff that do not have the use of a car and must travel by public transport
- regular review of the working of the agreed arrangements.

17. Partnership arrangements should also ensure that staff are provided with clear, accessible and widely available information on site-specific public transport provision, and on procedures for the allocation and issue of car parking permits and any concessions available.

### *Allocating Staff Parking Permits*

18. The agreed staff car parking criteria must be applied consistently and transparently. Staff must also take responsibility when making requests for permits or concessions on good business or employment practice grounds, to exercise their rights reasonably and do everything they can to balance their own needs and those of the service, including patients and colleagues.

### **Maximum Charge**

19. The Review Group recommended that a maximum charge for car parking at hospital sites should be set following further analysis of existing car parking schemes operated by NHSScotland Boards. In the meantime, the maximum daily charge for parking at an NHSScotland hospital should not exceed £3:00. Where an existing parking charge is under £3:00, it should remain unchanged until after the proposed review.

20. There is a risk that at some sites a £3:00 maximum charge might lead to increased congestion as a result of people parking for long periods. A time limit in

car parks designated for patient parking may be one approach to preventing this. A time limit of around four hours already operates in a number of patient car parks, and has proved sufficient to cover most patient needs. Where a patient, or their visitor, is required for legitimate reasons to park for longer, hospitals must put in place arrangements to ensure that they are not penalised for this.

## **Conclusion**

21. It is recognised that issues of access and implementation of car parking arrangements at sites where there may be significant space restrictions will often involve difficult choices and decisions. The solutions adopted at each site must fit the particular needs and circumstances of the site. This guidance is intended to highlight the key factors involved, and to help to ensure a fair approach to this issue.

**January 2008**

## **Revised Guidance on Hospital Access and Parking**

### **Low Income Patients – Criteria**

Reduced parking charges should be provided for patients who are considered to be on low income i.e. if they are:

- in receipt of benefits or credits - i.e. the patient or their partner is receiving Income Support, or Income-based Jobseeker's Allowance or Pension Credit Guarantee Credit
- Incapacity Benefit and Disability Living Allowance do not count as these benefits are not income-related;
- on a low income - i.e. entitled to, or named on, a valid NHS tax credit exemption certificate or named on a valid HC2 certificate issued under the terms of the NHS Low Income Scheme
- 16 or over, but under 19 and are counted as a dependant of someone receiving help on the basis of the benefits/credits listed above or through the NHS Low Income Scheme.