

**Response to Revised Guidance on Hospital Car Park  
Charging  
CEL 1 2008**

## INDEX

<b>Section</b>	<b>Contents</b>	<b>Page</b>
1.0	Car parking Policy	3
2.0	Changes since implementation	11
3.0	Green Travel Alternatives	13
4.0	Communication Process	15
5.0	Community Engagement	17
6.0	Finance	19

NHS Greater Glasgow & Clyde implemented the first phase of the Car Parking Policy<sup>1</sup> on 29<sup>th</sup> July 2007 and has subsequently reviewed the policy against the principles and criteria as set out in the revised guidance [CEL 1 (2008)]<sup>2</sup>.

## **Section 1 Key Principles**

### **1.1 Background**

Scottish Government Circular CEL1(2008) required all NHS Boards to review their car parking schemes<sup>3</sup>, where charges are in place, against the principles and criteria set out in the revised guidance contained within by the Circular and to report to the Property and Capital Planning division of the Health Finance Directorate.

The key principles of the revised guidance are that policies should be developed within the context of national strategy and guidance under the key headings of:-

- National Transport Strategy
- Environmental Management
- Regional Transport Partnership
- Travel Planning

The Board initiated the policy in response to increased pressure and difficulties in managing demands of patients, visitors and staff. Sites were often congested which created overspill and environmental problems for surrounding areas.

Acute Hospital sites throughout the Board were constantly congested and patients, visitors and disabled badge holders had great difficulty in securing parking spaces within sites generally and specifically close to clinical departments. These problems were a direct result of greater numbers of cars seeking access to the limited number of car parking spaces on each site. The imbalance manifested itself in illegal parking throughout sites; this in turn presented road and pedestrian safety challenges which at the Southern General Hospital led to the serving of an HSE Improvement Notice. To address these issues the Board Car Parking policy was developed.

NHS Greater Glasgow and Clyde approved the current Car Parking policy in February 2005, following an extensive period of engagement and formal discussion with patients, public and staff which commenced April 2004. The policy draft was originally drawn up by a Car Pak Working Group remitted to review pan Glasgow parking arrangements and equity of access to hospitals. Membership of the Working Group included staff representatives.

The policy was produced to enable the Board to manage the demands on acute hospital sites and to address other imperatives such as green policy and good practice requirements. The policy is a key element of the development and implementation of Green Travel Plans for NHS Greater Glasgow and Clyde [NHSGGC]; a process which is nearing completion.

---

<sup>1</sup> Appendix 1 – Car parking Policy and operational procedures

<sup>2</sup> Appendix 2 – CEL 1 (2008)

<sup>3</sup> Appendix 3 – Schedule of Compliance

The policy was formally proposed in order to address and manage:

- increasing numbers of staff, patients and visitors chasing limited numbers of spaces;
- concerns about the quality of car parking, particularly security, and the lack of resources for investment in alternatives;
- reducing the adverse impact of travel on the environment and health;
- inequities in access charging and other policies between different Glasgow sites creating unfairness for staff and patients;
- town planning conditions and Local Authorities requirements to manage our traffic and reduce commuting by car\*.
- Illegal and inappropriate parking
- safety concerns raised by HSE

The issues and goals of the Policy were developed within the context of the following national legislation and guidance:

- National Transport Strategy - Transport (Scotland) Act 2005
- Environmental Management Policy For NHS Scotland -HDL (2006) 21
- Scottish Planning Policy 17 Planning and Transport (linking Travel Plans to Planning Consent)
- Regional Transport Strategy

## **1.2 Car Parking Policy**

The car parking policy in NHS Greater Glasgow and Clyde exists for the following goals and purposes.

- Improve access to car parking for patients and visitors
- ensure staff who are in receipt of an authorised permit have dedicated access
- Improve quality of parking facilities, security and lighting
- Manage car parking efficiently, effectively and fairly balancing competing interests of staff, patients and visitors
- Significantly reduce the number of spaces only used once or twice each day to ensure availability throughout the day
- To support the aims and objectives of the Board wide approach to 'Green Transport'
- Improve inter site transport arrangements.
- Reduce/ eliminate abuse of car parking in acute hospital grounds.
- Reduce unnecessary journeys and car usage.
- Promote alternative forms of travel and transport and to put policies in place for their development.

The principles as set out in the policy are designed to ensure:

- A substantial proportion of spaces to be available for patients and visitors, including access for disabled users;
- Remaining spaces designated for staff through an explicit and fair policy;
- Any charges to staff and patients are consistent
- Income should be pooled across sites and used exclusively to fund improvements to parking and transport and traffic management on an agreed basis in line with Scottish Government guidance;
- Initiatives are put in place to provide staff and patients with alternative ways of accessing NHSGGC sites in line with local Green Transport Strategy and site specific Green Transport Plans.

---

\* Glasgow City Council was the local authority at this time for GGHB Acute Hospital Sites.

### 1.3 Competing Pressures -

#### Demand - Non staff

Patients	NHS GG & C Non Clinical Transport Services
Visitors	Clinical Service Deliveries -e.g. Blood Samples
Scottish Ambulance Service Patient Transport Services.	External NHS Transport Services
Buses	Commercial Supply Deliveries
Taxis	Contractor Vehicles
Volunteer Organisation Cars	Social Work Services
Volunteer Organisation Buses	Other Public Services

#### Demand - Staff

Site	Parking Spaces	Staff Count	Ratio Staff to Total Spaces
Gartnavel General	602	1242	1:2
Gartnavel Royal	365	772	1:2
Victoria Infirmary	305	1825	1:6
Western Infirmary	481	2277	1:4
Yorkhill	517	2810	1:6
Southern General	1703	4017	1:2.5
Stobhill	839	1364	1:1.3
Inverclyde Royal	767	871	tbc
Royal Alexandra	989	1875	tbc
Vale of Leven	289	419	tbc

### 1.4 Summary

The table clearly identifies that there are more staff than existing spaces; before spaces zoned for disabled and for patients and visitors are identified. The information demonstrates the necessity of introducing a car parking policy that controls and prioritises where patients, visitors and staff should be allowed to park and in what ratio. There is no option to continue with an uncontrolled free for all first come first served basis that continues to create access and safety challenges within sites.

### 1.5 Board Policy Approach

Clearly there is a need to provide and designate adequate areas of access for patients and visitors and to strike a balance with staff areas - these are obviously competing demands on the spaces available at all sites. The planning and implementation principles established primacy of access to patients and visitors and to first class facilities for disabled users. The broad planning assumption ahead of development at each site was to allocate 5% of spaces to disabled users. 57% of spaces would be for Pay and Display and 38% for staff permit areas.

### 1.6 Staff Permit Systems

The Board criteria for the allocation of staff permits is based on the number of journeys required to be undertaken on NHS duty. Many staff requested the criteria be extended or amended to include other categories such as distance travelled to work, carer responsibilities, child care responsibilities and other family circumstances such as requiring a car to drop children at school and then coming to work.

All alternative criteria have potential merit, but requirement of vehicles for work use was retained as the priority to ensure primacy of staff access supporting delivery of services. Widening the criteria would mean that most staff would be eligible in some way and many spaces would become stagnant for the whole day and the turnover and access required for staff who use vehicles in their job would be insufficient or non-existent. It has been concluded that widening or extending the criteria:

- Does not meet aims and objectives of the Policy
- Would not deal with or manage supply and demand elements at each site
- Would not improve access -spaces largely stagnant, i.e. -no turnover
- Is unfair to those who require their car to undertake duties and by implication to service users

### **1.7 Benefits achieved by car park management policy/contract:-**

- Substantial numbers of available car parking spaces on each site for patients and visitors<sup>4</sup>
- Patient and visitor car parks are closest to hospital buildings;
- Disabled patients and disabled visitors park without charge;
- Free parking in exceptional circumstances as defined in the policy;
- 'Pick-up/drop-off' available, policed, without charge.
- Investment for better layouts, lighting, security, CCTV and 24-hour management
- More disabled bays in better locations and a significant reduction in parking abuse in these bays
- Local management is empowered to respond to local situations
- Priority given to staff who need cars to perform duties
- Guaranteed permit for disabled staff
- Improvements to the Board's Green Transport infrastructure
- National Regulations and Guidance Compliance

### **1.8 Patient and Visitors Pay and Display**

#### Tariffs and other Policy Conditions

The current tariffs are in line with the Scottish Government interim guidance for maximum charges of £3.00 for public parking in hospitals.

Tariffs: Pay and display areas	0-2 Hours -	£1.00
	2-3 Hours -	£1.50
	3-4 Hours -	£2.50
	Over 4 Hours -	£3.00

### **1.9 Exemptions in Pay and display areas - Patients and Visitors**

---

<sup>4</sup> Appendix 4 – ISD Weekly Average Activity

- Very frequent hospital attendees - Patients attending hospital on 6 or more times in any 30 day period
- Patients on longer term treatments e.g. renal dialysis, radiotherapy, chemotherapy
- Blood donors
- Recognised Volunteer Driver services for patients
- Frequently attending visitors for longer stay patients i.e. patients in hospital for 14 nights or more.
- Registered Disabled - Blue Badge
- Recognised Volunteer Driver services for patients
- Benefits Credits - Income Support
- Benefits Credits - Income-based Jobseeker's Allowance
- Benefits Credits - Pension Credit Guarantee Credit
- Low Income - Entitled to, or named on, a valid NHS tax credit exemption certificate
- Low Income - Named on a valid HC2 certificate issued under the terms of the NHS Low Income Scheme
- Low Income - 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

Discounts Tariffs: Pay and display Areas

- Frequently attending visitors for longer stay patients- Patients in high dependency units
- Frequently attending visitors for longer stay patients - Patients in intensive care areas.
- Frequently attending visitors for longer stay patients - Parents/Guardians of children (aged 16 or under) when the child is the patient.
- Patients, carers and visitors legitimately parked in the car park all day are given a concessionary rate

## 1.10 Tariffs & Exemptions

### Tariffs - Staff Permits

Salary Scale	Monthly Cost
Salary up to £10,000 p.a.	£5 per month
Salary over £10,000 up to £30,000 p.a.	£25 per month
Salary over £30,000 p.a.	£40 per month

- Part time Staff pay Pro rata
- Disabled staff will receive permits free of charge from June 2008, regardless of how often they require to use a car in their job.
- Staff who require to use their vehicle in the pursuance of NHS Duties 8 times per week or more will receive a free permit.

## 1.11 Car Park Management Contract

The Board decided to provide day to day management responsibility for the car parking policy via an independent organisation with specialist experience and expertise in the field. After undertaking a

formal tender process the Board appointed CP Plus, a market leader in providing car parking management and control services in hospital settings, for a period of 5 years (up to July 2012).

The contractual arrangement provides for manned car parking services provided on a 24 hour basis across designated hospital sites including mobile inter site back up and supervision, management and other support as required.

The service is provided on the basis of an annual fee. There is no financial or other incentive on CP Plus e.g. to issue Unauthorised Parking Notices.

Whilst these notices can and will be issued where inappropriate or illegal parking occurs, the fines are channelled to the NHS not the service provider. It is in the Boards' interest to reduce or eliminate parking notices if possible as that would be an indicator of the success of the policy goals of access and traffic flows consistent with first class car parking services.

Some of the key services delivered by the contract include:

- Security presence on site
- Patrol/Policing of the policy
- Staff escort - night hours
- Control of inappropriate parking
- Traffic flow management
- 24 hour intersite backup - electric vehicles
- Breakdown help service
- Reporting damage to fabric /infrastructure
- On site monitoring and application of the Board's No Smoking Policy

### **1.12 Engagement - Consultation Process and Board Approval**

The Board policy on car parking itself has been a topic of wide debate.

The Draft policy was formulated in May 2004 (Board Paper of/34 on 18<sup>th</sup> May 2004) and the Board agreed that it be issued for discussion and engagement through a formal consultation process which finished in December of that year. Approval and ratification of policy following consultation was accepted as (Board Paper 05/12 on 22<sup>nd</sup> February 2005).

<b>Summary of the responses made to consultation</b>	<b>Responses</b>
Agreement that the issue needs to be dealt with	21
Generally supportive/willing to pay albeit with certain conditions <i>(i.e. guaranteed space/will be improved secure facilities/charges reasonable/"policed")</i>	83
Welcome reduction in cars on road	4

Opposed to proposals/charging	68
Ambiguous/unclear whether support or oppose	39

Following the consultation process a report summarising the responses made (whilst appending an individual summary of each one made) was submitted to the Board in 2005 after due consideration the car parking policy was then approved.

### **1.13 Policy Implementation**

The process for developing how the policy would work day to day and regulations/ rules which would comprise a set of operational procedures was compiled via a committee structure which included staff association representatives, trades unions, individual staff disciplines and the members of the Area Partnership Forum.

### **1.14 Implementation Process**

Following approval and ratification a Pan Glasgow Steering group which included representatives of staff and patient interests oversaw the implementation of all aspects of the policy. The Group oversaw a sub group structure specifically addressing certain areas required to make the policy operationally effective. The sub groups were:

#### **1.15 Project Management Group**

This group engaged in the process of ensuring that all infrastructure, works, planning requirements and tendering procedures were in place at each site before policy implementation. The Group oversaw all processes involved from design, conformity with statute and good practice, financial projections and control and the day to day operational requirements and management of the policy were designed. It put in place the process for a management services provider to manage car parking on a day to day basis.

#### **1.16 Works Design and Implementation Group.**

The Works Design and Implementation group worked with an appointed Design Consultancy firm (Town & Country Parking Ltd) and sought other expert professional guidance to ensure that all infrastructure developments were delivered consistently at each site. Specific areas of responsibility of this group included capital investment, configuration of parking zones at sites, internal traffic flows and access to departments, disabled access and provision, and legal consultation on all operational aspects associated with the managed service.

The lead technical officer on this group engaged widely with disabled associations regarding service developments; this level of research and communication assisted the process by establishing infrastructure arrangements across each site.

#### **1.17 Policies and Procedures Group**

This group compiled a set of operational procedures which act as the 'rules' of the policy regarding the allocation of permits, policy management, exemptions and discounts, and all other details necessary for the day to day running of a car parking policy.

The group structure and operational policies are appended with this report<sup>5</sup>.

### **1.18 Contract Management**

Thereafter a Tender specification for the management services required for the policy was compiled and formed the basis of a formal invitation to tender for management services at all sites. The process concluded in February 2007 when CP Plus was formally selected as the provider of car parking management services provider until July 2012.

### **1.19 Car Park Standards**

An assessment of car parks at NHSGG&C sites was undertaken on 25<sup>th</sup> - 26<sup>th</sup> June 2008 with a view to achieving Park Mark accreditation. The Park Mark award demonstrates that car parks provide a safe environment for the public and their vehicles. This accreditation recognises robust control and security measures within managed car parks. The outcome of this assessment is pending.

### **1.20 Policy Implementation Programme**

Phase 1 - policy introduced 29 July 2007

- Dalian House
- Yorkhill Hospital
- Western Infirmary
- Victoria Infirmary
- Gartnavel General Hospital

Phase 1A -policy introduced 1 October 2007

- Gartnavel Royal Hospital

Phase 2 - policy introduced 10 March 2008

- Stobhill Hospital
- Southern General Hospital

---

<sup>5</sup> A membership list of the Group overseeing the implementation of Operational Procedures and the Group structure is set out in Appendix 5.

## **Section 2 Changes since Implementation of Glasgow Car parking Policy**

### **2.1 Circular CEL (2008) - £3.00 maximum charge**

The Board implemented the £3 maximum charge in February 2008. Our experience since these charges were capped is that in hospitals there is great difficulty providing access to service users. Many staff without parking permits now park in pay and display areas which were intended for patients and visitors. This prevents delivery of car parking services which comply with key principles in the circular and in the Car Parking Policy. There are now frequent occasions when there is inadequate or no access in pay and display areas for patients and visitors. This threatens the basic principles of the policy to provide adequate access to services for patients.

The Board is currently considering measures to counteract this position, through solutions such as:-

- introducing 5 hour maximum stay
- the introduction of a restriction on staff access to pay and display areas.

The impact from setting maximum daily charges on income has been managed. However a restriction on income potential will have a knock on effect on the Board's ability to continue to improve site parking infrastructures and implement green travel initiatives that require capital and revenue funding streams to deliver.

### **2.2 Weekend Charges - Staff**

A £1 flat fee for staff weekend parking rate was put in place at all sites in December 2007. This measure was in response to evidence based experience showing car parks are often less congested than during the week and the increased difficulty that staff can experience in accessing public transport at weekends. Staff who hold existing car park permits are unaffected by these charges.

To take advantage of this initiative, vehicles must be parked in designated staff car parking areas.

There are three ticket purchase options available to staff to park at weekends:

1 day - £1

2 day - £2

8 day - £8 (i.e. for four weekends)

Staff are encouraged, where possible, to buy in advance but can pay on the day. Tickets are sold through CP Plus attendants.

### **2.3 June 2008 - Disabled Staff**

Following further review of the Board's Car Parking Policy, the internal review group, which includes Partnership representation, agreed to allocate free car parking permits to those members of staff who are in receipt of a Blue Badge.

### **2.4 Ongoing Consideration**

After rebalancing the patient/staff car space distribution at Stobhill Hospital and Southern General as usage patterns became clearer, further review and realignment of car park spaces on the other sites will be explored, e.g. increasing the ratio of pay and display areas by reducing the number of staff permit spaces, this will provide additional capacity for patients and visitors. Such a change could be supported by for example increasing the ratio of staff permits issued to each space available; such a move would require to be supported by evidence that the increase was sustainable.

## **2.5 Implications of space ration changes**

There are consequences of changes as the overall capacity remains the same and increasing opportunities for non permit holders in turn creates an increase in demand for these places. Those who do not get a space in the competition to park will inevitably park elsewhere in the site vicinity, putting increased pressure on surrounding streets. The Board will work in conjunction with local residents and with the Local Authorities which have responsibility for parking within these localities.

## **Section 3 Green Travel Alternatives**

NHSGG&C have been working in partnership with agencies developing public transport infrastructure. We have worked with SPT to develop an access to healthcare action plan and with First Bus to introduce new routes to Stobhill Hospital.

### **3.1 Green Travel Plans for new/developing sites.**

Travel Plans have been developed for all acute NHSGGC sites. JMP Consultancy delivered their final report and copies have been distributed for comment as part of this consultation.

### **3.2 Bus Travel and Salary Sacrifice Bus Tickets.**

Bus travel providers approached NHSGGC regarding the possibility of staff purchasing monthly or annual bus tickets by salary sacrifice, an opportunity available following changes to taxation law. Hospitals started selling tickets on site in the last week of June 2008; take up will be monitored closely.

Firstbus are also providing use of their Infobus to provide route information and personal transport advice

### **3.3 Increased Bus Access**

Increased access to sites is being actively pursued, for example a new First Bus service route serving Stobhill hospital started in February 2008 providing 27 additional buses per day into the site.

### **3.4 Car Clubs.**

Car Clubs are cars which are supplied, maintained and monitored by third party operators, allowing organisations the freedom of having 'pool cars' but only paying for the usage (hourly rates) and fuel. Several companies have been asked to supply details of the services they can provide along with the costs of introducing these on a trial basis. This data is being reviewed.

### **3.5 Cycle to work Scheme.**

The scheme allows NHSGG&C staff members to purchase bicycles and equipment up to the value of £1000.

This scheme is salary sacrifice based, which allows a saving of between 33% and 44% (dependant on tax banding of the individual) to be made on these purchases.

At present, the statistics of uptake are:

Total number of members in the scheme - 399

Total Spend on Scheme so far - £275, 610.20

Average Spend per person in scheme - £690.75

With the excellent uptake figures for the Cycle to Work Scheme, additional bicycle parking facilities and changing facilities have been introduced at Glasgow sites, with further upgrades planned across most sites in the near future.

### 3.6 Zonecard Scheme.

The scheme loans NHS Greater Glasgow and Clyde staff members the required amount for an annual zonecard, which is then repaid via salary deduction. This scheme cannot be converted to salary sacrifice as Department for Transport regulations will not allow salary sacrifice schemes to be applied to any tickets that include rail travel.

Scheme statistics so far are:

Total number of members in the scheme - 164  
Total Spend on Scheme so far - £112,002.00  
Average Spend per person in scheme - £682.93  
Average Number of Zones taken per person - 4

### 3.7 Liftshare (Car Sharing).

This scheme is a specialised system which collates the journeys made by members of staff in their cars. The system will then suggest possible car sharing opportunities for those who register on the system.

This scheme plays an important role in reducing CO2 emissions, personal and organisational carbon footprints, strain on car parks, along with the possible reduction in personal fuel and maintenance costs.

Scheme statistics so far are:

Total number of members in the scheme - 140  
Total number of registered journeys - 138 (11% of these have made contact so far)  
Of the total, 32% are male, 68% are female.  
Average age of registered individuals - 41

Based on Audit Scotland Energy Efficiency Savings Study (2008) calculations on current activity would deliver:

Current Savings p.a. (current statistics):  
3 Tonnes of CO2  
£1,031 of fuel  
1050 Trees

Potential Savings p. a. (current statistics):  
84 Tonnes of CO2  
£26, 602 of fuel  
27,999 Trees

## **Section 4 Communication Process**

The Board initiated specific communications arrangements for the Car Parking Policy. They were designed to ensure that public and staff awareness of the introduction of the NHSGGC Car Parking Policy was essentially broken down into three phases:

### **4.1 Early Awareness**

Following on from the NHSGG&C's decision to implement the policy a succession of media releases was issued to confirm:

- 4 The commitment to introduce the policy, including charges
- 5 The reasons for the NHSGG&C's decision to proceed with implementing the policy
- 6 The timescale in which charges would be introduced
- 7 Tariffs
- 8 The hospital sites affected

In addition to this, news and information was carried on the NHSGGC website and regular updates provided to staff via Core Brief and the intranet system (Staffnet).

### **4.2 Run Up to Site Specific Introduction**

Once the detail of policy implementation was completed, including the exact dates at which the policy would be launched at different sites, communications activity was stepped up significantly:

- Creation of detailed web pages carrying the policy in full, information for patients and visitors and information for staff - with a permanent link from the NHSGGC homepage
- Staff briefing sessions at each site, with early notification of permit allocation processes and circulation of applications forms
- Distribution of a minimum of 50 A3 posters around each site
- Large vinyl banners placed around car parks at each site
- Repeated distribution of thousands of flyers specific to each site in the weeks running up to policy introduction - flyers were placed on the windscreens of all cars parked at the hospitals
- Telephone contact points at each site for staff and public enquiries about the policy
- Distribution of leaflets specific to each site explaining tariffs, exceptions, regulations and appeal arrangements (as well as a site map showing the location of parking bays) with appointment cards and for uplift at various points around the hospitals (also can be downloaded from the website)
- Written notification of the charges to all 5,000 contacts on the Involving People Database (representing individuals, patient advocacy groups and all local authorities and Community Councils in Greater Glasgow and Clyde)
- Localised press releases where possible targeting communities served by the hospitals

### 4.3 Individual Sites

The following communication elements were put in place for each site before the launch dates and in the initial phases of the policy:

- A 'bedding in' period was allowed to ensure that staff and others claiming to be unaware of the policy and parking regulations were not unduly penalised.
- Special media briefings were organised to mark the introduction of the policy at each site and Frequently Asked Questions and background information updated in the light of operational experience.

Changes - local or national - to the operation of the policy or to tariffs were included in the process; leaflets were reprinted, web pages changed and media realises issued to confirm the date at which the new charge levels would apply.

Distribution of parking leaflets continues as a matter of course.

There has been a local review process in place as well as the national initiative. It has been promoted via the web, Staffnet and Core Brief (local communications channels with staff). This included an e-mail box and postal address to which comments and suggestions about the future of the policy could be sent.

Articles on the policy and changes have been included in staff magazines and other publications/channels.

The communication process continues as the Board makes clear to all service users and staff any changes and developments to the policy and its application on an individual site or a Board wide basis.

## **Section 5 Community Engagement**

Community Engagement has been and continues to be an important part of the car parking policy process and implementation in the context of not just the policy itself but the wider Green Travel Plans and the Board's wider Acute Services Strategy Implementation<sup>6</sup>.

### **5.1 Strategic Level**

At a corporate level, the Board engaged widely in the consultation process, including formally with Local authorities. Additionally, Board Senior Management representatives met with counterparts from Renfrewshire and Inverclyde Councils in 2006 and 2007 to go through in more detail the operational implications of the policy; this included police representation in Inverclyde.

### **5.2 Transport Access Forum**

The Transport and Access Forum advises and informs NHSGGC about issues relating to access and transport to hospitals or other health/transport issues if they choose and acts as a sounding board for ideas or initiatives relating to transport and access. The Forum also invites in relevant external agencies to ascertain what they do in relation to these matters. The members of the Forum are invited to feedback to their constituent groups' with relevant information. Members are drawn from Patient Public Forums, Charities or Voluntary Organisations and Campaign Groups.

Groups represented on the Forum include:

- Inverclyde Community Care Forum
- West of Scotland Seniors Forum
- Fair Deal
- Friends of the Victoria/East Renfrewshire Access Panel
- North Area Transport association, The Murray Foundation
- Chair of Pollok Community Forum
- Better Access to Health
- McGregor, South East Glasgow Health Forum
- Lomond Patient Forum
- Camglen Health Partnership, Scottish Pensioners Forum
- The Princess Royal Trust, East End
- Community Transport Development Officer
- The Princess Royal Trust, Glasgow South (Dixon) Carers Centre
- RSVP East Renfrewshire
- Healthy North Glasgow
- Patients Forum (East End)
- PPF Representative, Renfrewshire CHP

### **5.3 Local Residential Areas**

Local residents are unhappy at the increased pressure on their streets arising from staff without permits who now park in the surrounding areas and walk to work. Whilst the Board consulted with local resident groups and Local Authorities in the formal consultation process and informed and liaised with Local Authorities in the implementation phase, the increased pressure continues. The Board in itself cannot make any specific proposal for change in this regard as it has no legal jurisdiction in parking provision outwith its premises and cannot stop people from parking provided it is legal. This responsibility lies with Local Authorities in the form of Transport Regulation Orders.

---

<sup>6</sup> Appendix 6 - Patient Narratives

The policy makes clear that staff should be considerate of local residents needs when parking, but it recognises that this in itself is not enough to stop the increase in parking in local areas. We hope that some of the measures we may put into place will reduce the pressure on surrounding areas. NHSGGC have undertaken a census at Southern General and Stobhill Hospitals in order to try to quantify more accurately where the problems exist; peak periods and to establish whether there may still be sufficient turnover and capacity available to enable the streets to function for residents.

#### **5.4 User Views**

##### **Southern General Hospital**

In relation to car parking, the group has engaged with the issue in a number of ways. In November 2007, a visit was made by members of the group to the Gartnavel Site, which by this stage had a managed regime in operation and to the Southern General Hospital which had not. Members spoke to and questioned the Facilities Manager at Gartnavel, were shown around the site, observed how the car park was managed in practice. At the Southern General site, members of the Forum were driven around the site to observe the congestion, illegal parking, misuse of disabled bays etc. They also spoke with a member of CP Plus about the issues of managing a site without payment. Although members of the Forum had some reservation about the charging regime and its effect on lower paid staff, they recognised a huge difference in the quality of the car parks and the different levels of access for patients, visitors and in particular disabled people.

Members of the group were also invited to fill in the Board's questionnaire on car parking and to encourage their groups to make their views known.

On 29 April 2008, members of the Forum requested an update on the car parking implementation. This was delivered by Douglas McIntosh, Travel Plan Officer. Comments from members included the observation that volunteer drivers were finding it more difficult to find spaces since the revised regime was introduced.

#### **5.5 Inverclyde Community Care Forum**

At a meeting with the Board of Inverclyde Community Care Forum on 18th September 2007, members expressed concern over the proposed introduction of car parking charges at the Inverclyde Royal Hospital. An explanation was given to the Board members as to rationale behind the policy, how it was operating in those hospitals where it was being implemented and the effect it was having in relation to patient and visitor access. Members requested more information on this and an offer to arrange a visit to a site with paid for car parking was made. Subsequently, NHSGGC organised a minibus on the 9th November 2007 to collect members of the ICCF Board to visit the New Beatson and to inspect the new car parking arrangements at Gartnavel. Engagement with the members of the ICCF is on-going.

## **Section 6 Finance - Costs of car Parking Provision**

### **6.1 Capital Investment**

The Board has invested £2.5m capital to date in delivering the necessary infrastructure and security improvements at the sites providing managed car parking services as part of the policy. It remains committed to further investment at Royal Alexandra Hospital following the production and acceptance of a stated case.

### **6.2 Fixed Costs**

The capital investments made so far require to be repaid by annual capital charges. It is also committed to a management services contract with the car park operator which lasts until July 2012.

Capital Repayment	- £ 258,500
Car park Management Costs	- £ 850,000
Total Annual Fixed Cost	- £ 1,108,500

The fixed rate commitment will increase over time when additional capital investment and increased management services at other hospital site/s is invested. This detail is currently under review.

### **6.3 Trading Account**

All income generated from car parking charges will be reinvested to maintain and develop NHSGG&C car parking sites and sustainable travel initiatives as detailed in Section 3 above.

### **6.4 Charging proposals**

In practical terms there are three options for charging proposals available to the Board for the Car parking Policy:

- Free Car parking
- Status Quo
- Proposed amendment to application at the maximum charge

## **6.5 Financial Implications of differing policies.**

Implications and the Board position are:

### **➤ Free Car parking Implications**

If free parking is introduced it is important that the financial implications on the Board are understood. There will be a fixed cost of £1.1m per annum to be met. The Board policy has always been committed to providing these services without diverting money allocated for patient care, and to continue investment in infrastructure improvements and in alternative and green forms of transport.

To introduce free car parking would be popular with staff who currently have and pay for a permit. It is not in our view a significant issue for patient groups who in general terms have welcomed the policy on the grounds that access is provided. The emerging concerns of patients and their bodies/groupings are consistently focussing on our ability to provide the access promised, not paying for the space.

- The Board will remain committed to capital repayments of £258,500 for the next 10 years.
- The Board is contractually committed to CP Plus until July 2012 at an annual cost of £850,000 based on current provision.
- Further planned infrastructure developments may be suspended as there is no immediate income stream or revenue resource to sustain these improvements.
- Proposed green and alternative travel investments will either be significantly reduced or completely cancelled.

### **➤ Status Quo Implications**

The status quo would continue the current policy, procedures and tariffs. This would enable the Board to provide the management services, infrastructure investment improvement and green/alternative transport initiatives without diverting funding from patient care, or cancelling the work/ initiatives.

An important implication of the current tariffs to bring to the attention of those reviewing car parking charges in hospitals is the effect of the £3 maximum charge. The maximum charge has resulted in a significant increase in staff parking in pay and display areas, the general feeling of many staff being that this charge is tolerable, the previous maximum of £7 was not looked upon in this way.

The result has been a drastic reduction of spaces available at peak periods for patients and visitors. The Board recently undertook a census of space availability and turnover at hospitals with managed car parks. The availability of spaces was severely restricted to the extent it was not unknown for no access to be available in certain areas at key times. In many of the car parks more than 50% (and often considerably more) of spaces are now occupied by staff.

- No immediate financial implication other than pay and display spaces being tied up all day with high numbers of staff therefore reducing availability and turnaround.
- Status Quo has a more adverse affect on the Board's Car Parking Policy aims and objectives as the current £3.00 maximum daily charge does not deter staff from parking within these areas and reduces access and availability for patients and visitors.

### **➤ Proposed Amendment to Application of the Maximum Charge Implications**

The maximum charge of £3 allows unfettered all day access to staff and visitors. It is proposed that the maximum stay is reduced to 5 hours. This would dissuade non permit holders from parking and improve radically the number of spaces available to patient/visitors at peak periods. The Board therefore request that the Scottish Government as a formal outcome of the review process:

- introduces formally a time limited maximum parking charge; and
- sets a time limit for non patient/visitor pay and display parking of 5 hours
- no immediate financial implications or incentive as the majority of patients and visitors require access for 1 to 2 hours
- revised maximum daily charge and time restriction allows for better management and policing of the policy, in accordance with policy aims and objectives.

Having the maximum time formally announced by the Government would allow Boards leverage locally to implement the proposal without negative reactions which would claim that existing guidelines from the executive provide for no such limit (although previous circulars have suggested as such). It would also enable a national consistency of application of the maximum charge and delivery of increased access to service users. A formal equitable centrally issued time limit would crucially facilitate partnership engagement at individual Board level in the application of the policy.

## **6.6 Financial Summary**

- The Board is committed to fixed costs of over £1.1m per annum. Abolishing car park charges would therefore have a negative impact on the internal economy of NHSGG&C.
- If parking is provided free of charge NHSGG&C will not be in a position to deliver the investments promised in the development of green and alternative transport proposals. It would not be viable for NHSGG&C to meet their resource implications without impacting upon resources allocated for direct patient care.
- The Trading account for 2007-08 shows a marginal deficit set in the context of a year of start up costs and restricted income. It is anticipated that the 2008-09 account will show increased income that will be invested in improvements to infrastructure and on green and alternative transport initiatives.