



Appendix 5a

NHS Car Parking – consultation on improving access to patients: Kent and Medway LINK responses

Consultation reach

The Department of Health (DH) online consultation was replicated using 'Survey Monkey', a free website designed for producing online surveys, and publicised to LINK participants across Kent and Medway through the following channels:

- The LINKs newsletter which reaches 1,141 participants and participant organisations in total across Kent and Medway
- The LINK's Bulletin which is sent out to those individual participants and participant organisations who do not have access to the internet or emails
- Direct emails to individual participants and participant organisations who can be contacted by email.

Paper versions made available for those who were unable to access the online version. The online survey only generated 18 online and paper responses. A number of our participants are actively engaged with the NHS through the LINK and their participation in steering groups, consultations and direct NHS community engagement, so had already completed the DH online version (see Appendix A for a record of the responses).

The consultation paper was presented at the Kent LINK's quarterly Community Engagement Event in Tonbridge on 25 February 2010. The 85 people that attended then participated in round table workshops around the following proposals from the consultation paper:

- Providing free car parking for visitors to inpatients
- Providing free car parking for visitors to inpatients who have hospital stays of greater than for example three or more nights
- Providing free car parking for outpatients with, for example, more than three appointments in a single course of treatment
- Capping daily parking charges for outpatients in priority groups
- Having no mandatory concessions but improving adherence to current guidance.

Outcomes

Comments that came out of the round table workshops and the survey indicated that there was an understanding of the issues around finances, capacity and potential abuse, typified by the following comments:

- “It would be lovely to see free parking for all, but this is likely to be exploited by some”
- “To scrap all car park charges within the NHS would leave an incredible financial deficit!”
- “The cost of providing car parking spaces should not be taken from funds for patient treatment, which would be the case if there were no parking charges”.

Comments for alternatives included references to:

- Improving public transport options, particularly through the implementation of ‘Park & Ride’ schemes
- Tailoring charges; “we pay quite a high price for two hours parking even when we have a 15 minute appointment” or allowing some limited concessions, for example, free emergency parking for going in to A&E.

It should be noted that there was an element of suspicion about the consultation, including concerns that the use of the £180m figure were “DH scare tactics” and that the cost of free parking would be “a drop in the ocean for NHS budget”.

Provide free car parking for visitors to inpatients

30% of respondents to the survey felt that this option should be implemented. There was recognition that providing free or reduced car parking for visitors would be complicated, but should be implemented in certain circumstances or that there should be some targeted concessions. Examples of this were:

- “One free parking permit could be issued for each inpatient” to be shared across visitors
- Free parking should be available to frequent visitors, “Say, on average five times a week or more. Occasional visitors shouldn't have the same rights”
- Visitors to patients “with serious life threatening illnesses where both the patient and the relative need to have the presence”.

Provide free car parking for visitors to inpatients who have hospital stays of greater than for example three or more nights

45% of survey respondents felt this was a good idea. The main concern of the positive responses from the survey and the round table discussions was the positive impact that visitors have on inpatients. There were no dissenting voices. Comments from the round tables included:

- “Wellbeing is part of any patient’s treatment. Visits from friends and family are an essential part of treatment”
- “For the morale of the patient and to alleviate worry for visitors”.

Provide free car parking for outpatients with, for example, more than 3 appointments in a single course of treatment

75% of survey respondents felt that this was a good idea. The responses from the round table discussions were equally emphatic with comments which included:

- Free parking should be provided for outpatients regardless of how many appointments might be needed
- Free parking should be available for essential appointments and to ensure equality of access
- Patients with long term conditions that need more appointments, particularly those with cancer and other serious conditions need to have the anxiety of finding the money for these visits lessened.

Suggestions included:

- 20 day Radiotherapy for cancer to be given season-ticket at £1.50 for the week, (each stay no more than 30 minutes)
- Introduction of a ticket system (sent with appointment)
- Providing a colour coded ticket to a patient that is going to be at the hospital for three plus hours.

Cap daily parking charges for outpatients in priority groups

Nearly 80% of survey respondent agreed with this proposal with one respondent saying:

- “There should be a cap on daily charges for all outpatients, not just priority groups. What would be the criteria for selecting priority groups? How would unfairness (real or perceived) be avoided?”

Again, this was echoed at the round table discussions with comments including:

- Fixed price parking, say £1 (all day parking!), should be available
- There should be a standard outpatient rate managed through a voucher system
- Discount cards for regular users
- Free parking for over 65s
- Parking shouldn't be free for any group, but there should be a significantly reduced rate for particular groups like outpatients in priority groups.

No mandatory concessions but improved adherence to current guidance

This option received just one positive response via the survey, with no comment or justification made. However at the debate there were comments that:

- “If concessions aren't mandatory they won't be applied”
- “Concessions should be enforced”
- And one person who agreed with the proposal, but qualified it by saying that it was “subject to more information on details of guidance”.

General comments

The round table discussions enabled people to express their concerns about issues that, while they may sit outside the direct scope of the survey, are none the less worth noting. There were comments about the need to improve facilities for disabled, including:

- “More disabled parking including some less narrow places for those who don’t need wheelchair access”
- “Disabled bays to be nearer to facilities (entrances)”.

Issues around how public transport impacts on peoples access to healthcare was a common theme. A number of people suggested including local transport systems into hospital travel planning, for example through the use of ‘Park & Ride’ schemes, as this would help to reduce issues around parking and improve the experience of patients and visitors. There was also several comments about the need to address overall lack of car parking spaces:

- “The scope of the Consultation should be expanded to consider the adequacy of the number of parking spaces provided at all NHS centres (including GP surgeries) as this is the greater ‘access’ concern of the patient’s group.”
- “Is there a parking space at all rather than what is the charge!”

Finally, there were suggestions made about better management of the existing spaces, including:

- “Opening staff parking to hospital visitors in the evenings”
- Matching spaces to bed numbers, for example “A&E and maternity are key wards – there should be maximum car parking spaces available for the amount of beds”.

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