

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 8 May 2009.

PRESENT: Councillor Dryden (Chair); Councillors Clark (as substitute for Councillor Lancaster), Cole, Dunne and P Rogers.

OFFICERS: J Bennington and J Ord.

****COUNCILLORS PRESENT BY INVITATION:**

Councillor Brunton (Chair of Overview and Scrutiny Board)
Councillor Purvis (Chair of Social Care and Adult Services Scrutiny Panel).

**** ALSO IN ATTENDANCE:** Jill Moulton, Director of Planning and Amanda Marksby, Communications Manager, South Tees Hospitals NHS Foundation Trust
Keith Abel, Managing Director, Endeavour PLC.

****AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Lancaster.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

CAR PARKING – JAMES COOK UNIVERSITY HOSPITAL

Further to the meeting of the Panel held on 7 April 2009 the Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the South Tees Hospitals NHS Foundation Trust and Endeavour PLC (private sector partner for JCUH) to discuss car parking at James Cook University Hospital.

The report submitted referred to recent local publicity around increases with effect from 1 April 2009 of certain car parking charges at JCUH.

For the Panel's information a copy of the press release from the Trust was shown at Appendix 1 of the report submitted which included the following information: -

- a) long-stay car parking fees were being introduced for patients and visitors to JCUH but that short-stay charges would remain the same;
- b) since last year, a new 'pay on foot' system, similar to that used in many shopping centres had operated at JCUH replacing the pay and display method;
- c) as JCUH was a PFI (Private Finance Initiative) hospital, car parking was the responsibility of the hospital's private sector partner and as part of the hospital contract there was an obligation to review car parking arrangements and charges each year;
- d) currently almost 90% of patients and visitors using the hospital car parks stayed between one and three hours for which charges would remain the same, although new fixed rates were being introduced for longer lengths of stay;
- e) the fees were identified as follows:-

0-2 hours	£2.00
2-3 hours	£3.00
3-4 hours	£4.80
4-5 hours	£5.00
5-8 hours	£6.00
8-24 hours	£10.00;

- f) special permits would continue to be available for patients and visitors who regularly attended the hospital and were available through senior staff on the wards;
- g) disabled parking remained free but drivers needed to take their car parking card and disabled permit to the north, south or women and children's receptions, where the parking card would be validated free of charge.

As previously indicated Members confirmed that they were keen to gain an understanding of the overall process for reviewing car parking charges and examining whether such charges would have any impact on equity of access to healthcare for local people.

The report submitted and in a summary note circulated at the meeting Members were advised of the communications received regarding car parking charges at JCUH. Objections had been based on such grounds as people should not have to pay to access healthcare, nor should visitors have to pay. Comments had been received indicating that the charges were too high and concerns had also been expressed about the impact on staff.

Reference was also made to concerns expressed about the perceived impact of the parking charges on neighbouring residential areas in particular people parking in such areas to avoid parking charges. A number of people had expressed the view that they had no choice but to pay for car parking as public transport was not sufficiently accessible as a reasonable alternative in getting to the hospital site. One email had expressed the view that parking charges was something, which should be accepted as necessary.

The Chair welcomed Jill Moulton, Director of Planning (STFT) and Keith Abel, Managing Director (Endeavour PLC) to the meeting who provided further background information and clarified the process involved in relation to car parking charges.

In her opening statement Jill Moulton confirmed that she welcomed the opportunity to explain the rationale of car parking charges and to discuss the issues raised.

As part of the background information it was noted that the Trust had first introduced car parking charges in 1995 in response to staff and visitor complaints about car crime. The income from such charges funded security staff and improvements for example, lighting in car parks.

In 1999 the Trust had signed a contract which funded the development of the then South Cleveland Hospital site with Endeavour SCH PLC. Endeavour PLC contracted with a service provider, Carillion, to provide all the domestic and estates services. In common with all PFI contracts at the time, it included arrangements whereby any income received for facilities services (including car parking) passed to the service provider which helped to keep down the charge then made to the Trust for the provision of services but with some income coming back to the Trust to support patient services.

It was confirmed that as part of the JCUH contract the Trust was obliged to review car parking every year which currently provided 2,743 spaces of which 716 were for patients and visitors. The hospital with approximately 6,000 staff generated a very high volume of traffic with 2,350 visits by patients and visitors each day. The contract provided that car parking charges should be based on the lower of a 'basket of prices' (based on other local hospital sites) or the Retail Price Index (RPI) which applied both to staff and visitor charges.

An assurance was given that the Trust operated within the Department of Health guidance (Car Parking Charges, Best Practice for Implementation) which provided that the revenue raised should be used for the overheads (approximately £700,000 per annum) for car parks such as the necessary infrastructure, staff, security and lighting and that any profit should be used for the benefit of NHS patients on improved health services. Important factors taken into consideration for patients and visitors included the provision of an adequate number of car park spaces; location of spaces for the disabled; and the security of patients, visitors and their property.

Outside of the contractual agreement, the Trust and Endeavour had agreed measures to attempt to help visitors and patients with car parking such as:

- permits for people needing to come to the hospital frequently or for extended periods of time (one month which equated to £7.70);
- free parking for disabled visitors;
- free parking for volunteers.

In 2008 and as a result of patients and visitors having difficulty in getting a car parking space the Trust had introduced an airport style system of payment which involved barriers on all designated visitor car parks. Such a system allowed the Trust to collect more accurate information about how patients and visitors used the car parks and facilitated the introduction of a more graduated tariff.

Details were provided of the 2009/2010 charges for patient parking which for up to three hours had been kept at the same level as for 2008/2009 noting that 77% of all visitors to JCUH stayed less than two hours with 90% staying less than three hours. It was pointed out that as the Trust received no income in this regard price increases would have to be incurred in respect of other car parking thus avoiding the need to find resources from elsewhere.

Changes had been agreed to the banding structure for charges beyond three hours with the principal change being the introduction of a band for visitors who parked for longer than eight hours of £10. The Panel was advised that fewer than 3% of visitors incurred the six hours and above charge.

Although some people would have to pay more the special permit system for regular visitors and patients to the hospitals would continue to be actively promoted.

An assurance was given that the Trust complied with best practice to ensure that:

- regular patients and their visitors were allowed reduced parking charges;
- patients were informed before treatment of what parking charges were;
- support was given to alternatives to car use for people who did not have access to or would prefer not to use a car to travel to hospital - the Trust actively worked to encourage bus companies to bring their services on site with Stagecoach, Arriva, Abbey Coaches and Leven Valley all providing services to and from the JCUH site.

It was indicated that there was little direct evidence on whether car parking charges had an effect on equity of access;

- take up of visitor permits had grown and the Trust had been proactive to ensure that patients/relatives were made aware of the regular visitor permits;
- the proportion of visitors travelling to the hospital by car had to date remained constant at 2,350 per day, despite overall increases in the number of patients treated.

Keith Abel confirmed the contractual arrangements between Endeavour and the Trust and gave an assurance that he worked closely with the Trust in trying to achieve a balance between the need to provide adequate car parking with a fair system of charging. The introduction of a gradual pay system rather than a pay and display tariff was seen as a fairer charging process, which took into account that 90% of people stayed less than three hours.

In response to clarification sought by Members as to whether there were sufficient car park spaces it was acknowledged that at times there were pressures on both patient/visitor and staff car parks. Reference was made to a number of difficulties in increasing car park spaces including the lack of land and significant expenditure which would be required for multi-storey car parks the likely costs of which would impact on service users.

Members referred to a number of problems which had arisen as a result of increased car parking in nearby residential areas. The main problems related to access to drives; damage to grass verges; and difficulties of public transport and refuse vehicles gaining access. Given the length of stay of many of the cars it was felt that hospital staff were predominantly using the location.

In an endeavour to ease such problems it was noted that consideration was being given by the Council to introduce some experimental traffic orders. Jill Moulton confirmed that the Trust was aware of such problems and that it was the subject of ongoing joint discussions. Whilst it was confirmed that staff had been advised not to park in such areas it was pointed out that it was very difficult to enforce given the lack of any current legislation for them not to do so. Nevertheless the Trust confirmed their interest in the joint efforts to alleviate such problems.

Given the likelihood in some cases of vulnerable people having to make repeat visits over a weekly period Members expressed concerns at the significant car parking charges likely to be incurred. In such circumstances the Panel was advised of the availability of the £7.70 permits although Members questioned the extent to which such permits were advertised and how easily obtainable they were. It was confirmed that information was provided on the JCUH website, at hospital reception points and from staff. Members were advised that information regarding the rate of take-up of the monthly permits could be subsequently provided.

Mindful of the extensive hospital site Members questioned the adequacy of the facilities for 15 minutes free parking for dropping patients and visitors off at JCUH.

In terms of the financial arrangements the Panel was advised that of the approximate £1.6 million income from car parking charges in 2008/2009, around 80% (£1.25 million) was given to the Trust. The requirements of the contractual arrangements were reiterated in that car park charges were reviewed on an annual basis the process of which usually commenced in January and was based on the lower figures of comparative sites or Retail Price Index. Should the RPI decrease in the future then car parking charges should be reduced accordingly. It was confirmed that the Trust had flexibility as to how any necessary increases could be applied.

In terms of the overall review the Panel asked about discussions and advice sought from other groups as part of the negotiations between the Trust and Endeavour and the extent to which such a process was publicised. In response it was confirmed that information was gained from a variety of sources including patient satisfaction surveys and staff surveys and details of alternative means to access the site. Reference was made to ongoing discussions with the Transport Group with a view to promoting public transport but given the current economic climate and the commercial nature of such a business it was acknowledged that it was very difficult to achieve any significant improvements in this regard.

Members provided a number of examples whereby patients had been delayed with appointments, which had resulted in them incurring higher car parking charges. It was confirmed that a number of challenges had been made from patients to the Trust and in such circumstances the Trust had refunded the charge.

Specific reference was made to the number of car park spaces for the disabled and the criteria used based on the blue badge system. It was noted that further details would be provided as to the exact number of such spaces.

Members suggested that it might be beneficial to gain the perspective of neighbouring local authorities on the subject of car parking charges.

On behalf of the Panel the Chair thanked the representatives from the South Tees Hospitals Foundation Trust and Endeavour PLC for attending and participating in the subsequent deliberations.

The main conclusions of the Panel centred on the following:-

- a) It was acknowledged that the arrangements for the review of car parking charges were governed by the contract between the South Tees Hospitals Foundation Trust and Endeavour PLC in line with Department of Health guidance.

- b) Members expressed concerns regarding certain aspects of the current scheme of car parking charges and the extent to which it might deter people from accessing hospital services although it was acknowledged that there was currently no evidence to substantiate such a view.
- c) In order to more clearly demonstrate the transparent nature of the review and consultation process involving voluntary agencies and patients' groups it was suggested that the Trust considers the presentation to and involvement of the Trust Board and carefully examines the way in which such information is publicised rather than relying on a press release.
- d) Given the likelihood in some cases of vulnerable people having to make repeat visits within a period of a week it was suggested that consideration should be given to the introduction of a weekly capping system such as that operated at North Tees Hospital for a sum of £15.00.
- e) Taking into account the extensive area of the JCUH site it was suggested that the allocated period time for free parking to facilitate the dropping off of patients and visitors on the site be increased from 15 minutes to 30 minutes.
- f) It was suggested that consideration be given to providing appropriate and easily accessible information regarding car parking charges in patients' correspondence; at reception points; information boards in car parks; specific leaflets; and that particular regard be given to the availability of the £7.70 monthly permits.
- g) The Panel supported the ongoing discussions between the Council, South Tees Hospitals Foundation Trust and private sector partner regarding ways of alleviating the problems of increased and indiscriminate car parking in nearby residential areas.
- h) That the possibility of an appropriate Scrutiny Panel giving more detailed examination to the subject matter at (g) above be considered.

AGREED that a report based on the conclusions of the Panel be formulated and circulated to Members for comments prior to consideration at the next meeting of the Overview and Scrutiny Board.