

OVERVIEW & SCRUTINY BOARD

2 JUNE 2009

HEALTH SCRUTINY PANEL FINAL REPORT CAR PARKING AT JAMES COOK UNIVERSITY HOSPITAL

PURPOSE OF THE REPORT

1. To present the evidence gathered by the Health Scrutiny Panel and the associated conclusions and recommendations from the Health Scrutiny Panel.

INTRODUCTION

2. The Health Scrutiny Panel was first made aware of an increase in some parking charges at James Cook University Hospital (effective from 1 April 2009) due to local publicity in the *Evening Gazette* in early April 2009.
3. The matter, and the accompanying local publicity, was discussed under Any Other Business at a meeting of the Health Scrutiny Panel on 7 April. At that meeting, Members of the Panel resolved to hold a meeting specifically to examine the topic. That meeting took place on 8 May 2009.
4. In attendance at the Panel's meeting on 8 May was the Director of Planning for South Tees Hospitals NHS Trust¹, and the Managing Director of Endeavour PLC². It was the intention of the Panel that two fundamental themes, regarding the topic of parking charges at James Cook University Hospital, should be explored in depth.
5. Firstly, Members had expressed a desire to gain an understanding of the process, which is undertaken when the car parking charges are reviewed, and then a decision is made as to any changes in price. The Health Scrutiny Panel had previously expressed the view that it was not clear on how that process is managed.

¹ The NHS Trust which runs James Cook University Hospital

² The Private Sector Partner for the Hospital

6. Secondly, the Health Scrutiny Panel had also expressed an interest in examining whether the parking charges are having an impact on equity of access to healthcare for local people.
7. As a result of the publicity that the issue received, the Panel's secretariat received 22 emails and 6 telephone calls, objecting to the parking charges. The objections were based on such grounds as an opinion that people should not have to pay to access healthcare, nor should visitors have to pay. It was also expressed that the specific amount of money people are required to pay is too much. There have been concerns expressed about the impact of parking charges on staff. There have also been concerns expressed about the perceived impacts of the parking charges on the neighbouring residential areas, with people parking in those residential areas to avoid the parking charges. A number of people expressed the view that they have no choice but to pay for car parking, as public transport is not sufficiently accessible to act as a reasonable alternative in getting to the hospital site. One email has expressed the view that the parking charges are something that should be accepted as necessary.

THE EVIDENCE GATHERED

8. The meeting started with the Panel considering a paper from the South Tees Trust to provide some context to the discussion. The Panel learned that there are 2,350 visits by patients and visitors to the hospital every day, involving the use of the Trust's car parks. The Trust provides 716 patients and visitor spaces. Overall, there are 2,743 car-parking spaces on site.
9. The Panel was keen to explore the nature of the contract in further detail. It was confirmed to the Panel that car-parking charges are, to some extent, inevitable on acute sites. It would certainly appear that the Department of Health expects this to be the case, given it has produced guidance on running of hospital car parks.
10. The Panel heard that the cost of running and maintaining the car parks is around £700,000 per annum and it was said that if car parking charges were not in place, this cost would have to be met out of clinical budgets, which it is felt is simply not acceptable. It was clarified, therefore, that car parking charges are not simply 'because' of Private Finance Initiatives.
11. The Panel was advised that in 2008/9, the total income of the car parking charges was around £1.6m and around £1.25m was given back to the Trust, to supplement the patient services budgets. This equates to around 80%.

PROCESS BY WHICH CAR PARKING CHARGES ARE REVIEWED

12. The Panel was interested to establish who ultimately sets the policy on whether parking charges should increase. It was said that the contract dictates that as long there is a plus RPI figure, prices will be increased every year. The area of discretion open to the Trust is where that rise in prices or 'uplift' is applied. The Trust advised the Panel that in this instance, this is why

the charges of long stays have gone up so much, as the Trust has tried to prevent the 90% of people staying under 3 hours paying more than they do now. In addition, it was also said that if RPI has gone down when next assessed, the parking charges should also be reduced.

13. In 2008 the Trust introduced an airport style system of payment, which involves barriers on all designated visitor car parks. This was adopted because patients and visitors were having difficulty getting a car parking space and we wanted to ensure that staff did not park in visitor spaces. The Panel was told that this also allowed the Trust to collect more accurate information about how patients and visitors use the car parks and facilitated the introduction of a more graduated tariff. Complaints about difficulty with finding car-parking spaces declined hugely as a result, although the Panel heard that recently at peak times there is evidence of a problem in some car parks.
14. On the point of the availability of car parking spaces, the issue concerning neighbouring residential areas was raised by a Panel Member who lives in and represents the ward most affected. The Panel heard at the meeting, and had received a number of representations from local people, that the parking charges were having a significant impact on local residential areas, with a number of people electing to park in those areas rather than pay for parking.
15. The Panel was told that staff are asked not to park there, although the Trust cannot compel people to not park there and the Trust can certainly not do anything about patients or visitors parking there to avoid the charges. The Panel also heard, however, that the Trust was keen to be a good neighbour and certainly did not want to be perceived as 'washing its hands' of the problem. It was said that the Trust is keen to support whatever reasonable action is necessary to reduce the strain on local residents, but a lot of the steps that could be taken, such as some sort of parking restrictions, are not in the Trust's gift to implement. Nonetheless, the Trust accepts a problem exists and it would like to assist in delivering a solution.
16. It was confirmed to the Panel that the 2009/10 charges for patient parking (up to three hours) have been kept at the same level as for 2008/09 i.e., 0-2 hours for £2.00 and 2-3 hours for £3.00. It was said that 77% of all visitors to JCUH stay less than two hours, with 90% staying less than three hours.
17. There were changes to the banding structure for charges beyond three hours, with the principal change being the introduction of a band for visitors who park for longer than eight hours. 3-4 hours for £4.80, 4-5 hours for £5.00, 5-8 hours for £6.00 and 8-24 hours for £10.00.
18. It was confirmed by the Trust that fewer than 3% of visitors incur the six hours and above charge. The Trust also told the Panel that has foregone income to keep the charge for the first two hours at the £2.00 level. It was said that the Trust has had a number of challenges from patients who have incurred the higher fees and where this has been as a result of Trust delays, there will be a refund of the charge.

19. The Panel was interested in looking into the topic of equity of access and ascertaining as to whether such parking charges can have a negative impact upon some sections of society accessing the hospital. The Panel heard that the Trust complies with best practice to ensure that:
- Regular patients and their visitors are allowed reduced price parking;
 - The Trust inform patients before treatment of what parking charges are;
20. The Panel heard that that the Trust supports alternatives to car use for people who do not have access to or would prefer not to use a car to travel to hospital, with the Trust actively works to encourage bus companies to bring their services on site. Stagecoach, Arriva, Abbey Coaches and Leven Valley all provide services to and from the JCUH site.
21. The Panel heard from the Trust that there is little direct evidence on whether car-parking charges have an effect on equity of access. However:
- take up of visitor permits has grown from 2884 issued in 2007/8 to 4256 in 2008/9 and the Trust feels it has been proactive to ensure that patients / relatives are made aware of the regular visitor permits;
 - the proportion of visitors travelling to the hospital by car has to date remained constant at 2,350 per day, despite overall increases in the number of patients treated.
22. The Panel was particularly interested in the topic of the discount tickets. It was confirmed that these cost £7.70 for one month and are advertised on the Trust website. It would appear that they are obtained through speaking to people on the ward, which someone is visiting. Firstly, as a principle the Panel felt that such a ticket was a positive idea and represented value for money, especially when someone was making multiple visits to the hospital. Based on experience of Panel Members, it was felt that those tickets are not adequately advertised and they are too difficult to obtain, with doubts over the criteria for their issuing and the identity of the ultimate arbiter, when people apply for a reduced ticket.
23. It was accepted by the Trust that they may need to improve the awareness of the ticket. It was noted that the issuing of a ticket would actually reduce the revenue received from a regular visitor, although the Trust are very keen for people to avail themselves of those tickets if they qualify. It was, however, said that such tickets could be better publicised and easier to obtain. Further on this point, the Panel has noted that during the meeting the frequent parking ticket was quoted as costing £7.70, yet on the Trust website is quoted as £8.00.

24. The Panel also noted that the Department of Health best practice guidance suggests³ that a weekly ticket be available to ensure that there is a maximum that someone could pay, although it was confirmed that South Tees Trust does not have such an arrangement in place.

Conclusions

25. The Panel is concerned that the current car parking scheme may put some people off accessing the hospital and the services it provides. It must be said that there is no evidence of this at present to prove the point either way, but it would like to investigate this point further.
26. The Panel is concerned that there is no weekly ticket available at the James Cook site and therefore no weekly maximum someone could pay for parking for one week. The Panel is aware that they are available at the University Hospital of North Tees, where one can buy a weekly ticket for £15.
27. The Panel does not think that a free parking period of 15 minutes is adequate. Given the size of the hospital, the Panel doubts whether the 15 minutes is really reasonable for someone to park, drop into a ward and get back to their car. The Panel feels that 30 minutes is more appropriate.
28. The Panel felt that the ticket price setting process was, probably unintentionally, rather secretive. The Panel noted that the price change is not taken through the Board and the first that people know of the rise is when a press release is published. The Panel does not feel that this is satisfactory. There is also no evidence to indicate that any consultation takes place with local groups about the pricing structure, despite this being a suggested course of action in the Dept of Health guidance. The Panel would like to see this change.
29. On this point, the Panel actually feels that the Trust is doing itself a disservice. By conducting such an internalised review, contractual obligations that the Trust has do not enter the public domain and therefore simply announcing a rise, without any of the contextual basis, can appear as profiteering. The Panel does also feel that this information not being presented to the Board is questionable. This prevents non-executive directors from asking the questions that they may wish to ask in their 'constructive challenge' role.
30. The Panel feels that the £7.70 monthly ticket should be publicised much more to ensure that people entitled to it can take it up. The Panel would also like to highlight that it was told the ticket costs £7.70, yet the Trust website quotes a price of £8. Whilst the difference is 30 pence, the Panel would hope that the figure can be clarified.
31. In relation to the monthly ticket, the Panel would like to highlight that it feels that the process for obtaining one is rather opaque. The Panel has not been able to establish who is responsible for handling applications, whether it is the

³ Para 28 in best practice guidance.

ward or travel link office, and who the ultimate arbiter is on whether an application for a ticket is successful. In addition, the criteria for who qualifies are also not clear.

32. The Panel did not discuss, as such, the topic of whether or not there should be parking charges at an acute site such as James Cook University Hospital. The Panel accepts that parking charges are a reality, but has a very strong interest in ensuring that they are applied as fairly as possible.
33. The Panel would like to ask the question as to whether James Cook University Hospital has enough disabled parking spaces to meet demand.
34. Further, the Panel would ask what the Trust could do about people who may be temporarily immobile, due to treatment, but who would not qualify for a disabled space. The Panel is aware that there has been a national debate on whether to exempt cancer patients from parking charges, but would like to hear the progress on this in relation to James Cook University Hospital.

Recommendations

35. That a weekly ticket be introduced, guaranteeing a maximum amount that people can pay to park at the James Cook University Hospital site.
36. That the 15 minutes for free car parking be extended to 30 minutes
37. That the Trust explores ways to make the parking charge setting process much less opaque and seeks the views of interested groups, in line with the Dept of Health guidance. The Panel would be happy to assist in this.
38. That when subsequent parking pricing reviews are ongoing, the Trust Board be involved in the discussions as a formal agenda item, prior to a decision being made.
39. That the Trust seeks to publicise the £7.70 monthly ticket much more assertively and clarifies the price of the monthly ticket. For example, the Trust could include information in relevant patient letters and on car parking ticket machines.
40. That the Trust clarifies the process for applying for a monthly ticket and highlights the process that people can expect to go through. The Panel would also like to see the Trust confirm criteria for such tickets and the identity of the ultimate decision maker.
41. The Panel would like to suggest Council's Economic Regeneration & Transport Scrutiny Panel investigates the topic of parking in the Beechwood area.

Councillor Eddie Dryden
Chair, Health Scrutiny Panel

BACKGROUND PAPERS

Appendix 1 - Please South Tees Briefing Paper on James Cook University Hospital Site

Please see *Income Generation, Car Parking Charges- Best Practice for Implementation*, December 2006. Can be found on www.dh.gov.uk

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