

**TRUST BOARD**  
**31<sup>st</sup> July 2014**

<b>TITLE</b>	<b>Car Parking Charges</b>
<b>EXECUTIVE SUMMARY</b>	<p>The purpose of this paper is to brief the Trust Board on a public meeting that took place on 17<sup>th</sup> July 2014 regarding the Board's recent decision to implement blue badge parking charges.</p> <p>The meeting was widely advertised and was attended by 57 stakeholders. Apart from two Trust Governors and one member of the public the majority of those present were not supportive of the decision to charge blue badge holders.</p>
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	<p>The proposal approved at the May Trust Board meeting has sought to create a level playing field for all drivers on low income. Patients and their Carers on low income support can claim their travel expenses back through the Healthcare Travel Costs Scheme.</p> <p>The Trust has a number of concessionary parking charges in place and non-emergency transport available to patients with mobility conditions. There is also a list of voluntary and community transport schemes and organisations highlighted on the Trust website who will continue to park without charge.</p>
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	The public meeting was widely advertised on the Trust website, via local media, direct invitation, social media and notices in our two main receptions.
<b>EQUALITY AND DIVERSITY ISSUES</b>	The Car Parking Charges paper approved at the May Trust Board meeting addressed any equality issues by extending the tariff to two hours and removing the one hour charge.
<b>LEGAL ISSUES</b>	A claim under the Equality Act 2010 to charge blue badge holders at Medway Hospital was addressed with the introduction of a minimum two hour charge.
<b>The Trust Board is asked to:</b>	Reflect on the decision to reintroduce charges for blue badge holder parking.
<b>Submitted by:</b>	Chris Bell, Associate Director of Estates and Facilities on behalf of Valerie Bartlett, Deputy Chief Executive.
<b>Date:</b>	July 31 <sup>st</sup> 2014
<b>Decision:</b>	For Discussion

## Car Parking Charges

### 1. Purpose of Paper

The purpose of this paper is to brief the Trust Board on the feedback we received from an open public meeting regarding the implementation of charging blue badge holders for parking that took place on 17<sup>th</sup> July 2014, and for the Trust Board to reflect on this feedback.

### 2. Introduction

At the May Trust Board meeting it was outlined that we would continue to communicate and engage with stakeholders on the decision to reintroduce blue badge holder parking charges.

The engagement focused on the rationale for the reintroduction of parking charges for blue badge holders and other ways we can ensure our policy reflects 'fairness to all' and other access issues.

Enabling works and contracts have been issued for the introduction of the new charging scheme from the 1<sup>st</sup> August 2014. Some works have already been undertaken and should there be any suspension or change to this date then these works would need to be postponed or reversed which will result in further cost, and reduced planned revenue.

### 3. Background

Before the Board took the decision to remove the suspension of parking charges for blue badge holders, engagement took place with various groups – similar to that undertaken two years ago - and found that in general people were both for and against the proposal. Both our Patient Panel and Foundation Trust Governors were broadly in favour of the re-introduction of charges, whilst members of our Disability Access Group were not and it was accepted that people will have differing views.

In response to feedback we received, particularly from our Disability Access Group, we arranged a wider public meeting where we were able to exchange views and where we hoped to work together on developing some additional solutions to support a fairer parking policy.

### 4. Communication and Engagement

Since the Board decision a number of communication activities associated with the decision have taken place as follows:

- Press releases
- Surrey Herald interview
- Radio Surrey interview
- Posters and signage advertising the changes
- Open public meeting at the Hythe Centre in Staines (At this meeting it was not possible to enter into discussion about offering other appropriate concessions as there were strong feelings about charging blue badge holders and further engagement is required)

### 5. Stakeholder Feedback

There have been six formal complaints, two Pals concerns and the Communications Department have responded to ten adverse correspondents concerning blue badge holder parking to date.

The feedback received from the open local public car park meeting that was arranged (57 public attendees) was largely against the reintroduction of blue badge holder charging and some strong views were expressed (**see Appendix 1**). An online petition has also been set up with 664 supporters to date (25<sup>th</sup> July).

Below are the key points raised to date from the general public:

- Strong feelings that it is simply wrong to charge blue badge holders for parking
- Disabled people tell us they are being disadvantaged as it takes longer for them to park and reach their appointment.
- Affordability:
  - Many disabled people need to attend hospital more frequently due to the nature of their disability and may be on lower incomes
  - Many people state that disability benefit does not stretch far enough, leaving disabled people disadvantaged with many other costs associated with their disability
- Inadequate public transport services force the vast majority of patients and visitors to use personal motor transport
- More disabled people may use non-emergency transport as a result of this decision, which is a cost to the NHS
- Barrier car park ticket collection machines are not easy to access due to their height and proximity to the entry point
- Do not waste money on camera recognition systems or other capital barrier costs
- General complaints about high parking charges
- Greater costs to patients when outpatient clinics overrun
- There should be more enforcement of the system to penalise people who park in disabled spaces without displaying a blue badge
- Expensive for pensioners – most disabled people are pensioners
- Additional difficulty for parents looking after a disabled child
- Car parking company CP Plus are receiving the additional income [which they don't]
- Spending the equivalent additional income on an American study trip
- Inadequate consultation on this decision

Below are the key points made by those in favour of blue badge holder charging:

- All users of Trust car parks should pay for the upkeep and maintenance of our car parks
- It is fairer to charge all car park users
- The Trust has adequate concessions in place for patients and visitors on low income and non-emergency transport for patients who need assistance in travelling – and if necessary these can be reviewed further

## 6. Conclusion

The Blue Badge Board paper in May addressed some of the points raised by complainants and from our further engagement meeting. The removal of the one hour charge which resulted from direct feedback from some disabled drivers was designed to meet the concerns raised that it takes some Blue Badge holders longer to park and access clinics than someone more abled bodied. In addition we are looking at how we can best enhance the current frequent users discounted ticket charges following the feedback we have recently received.

The feedback also highlighted some access issues that should be fully considered and planned for in the future.

## **7. Recommendation**

For the Trust Board to reflect on the decision it took in May 2014 to reintroduce charges for blue badge holder parking.

To establish a working group in partnership with patients and stakeholders to consider further concessions for regular visitors including extending free drop off parking to ½ hour.

To review accessibility of the current car parking entry and exit points in our pay on foot car parks and to undertake a feasibility study of other technologies to assist drivers entering and exiting them. In particular the practicality and feasibility of camera recognition and the proximity card system Woking County Council have introduced.

## Disabled car parking meeting, 17<sup>th</sup> July, Hythe Centre

### Meeting notes

**Trust panel:** Aileen McLeish, Trust Chairman, Valerie Bartlett, Deputy Chief Executive, Simon Marshall, Director of Finance, Chris Bell, Associate Director of Estates & Facilities, William Britton, Hotel Services Manager

Public attendees: 57

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Aileen McLeish introduced the panel and welcomed attendees.

Accepting that not everyone would agree with each other, rules of engagement for the meeting were discussed:

- One person talk at a time
- Respect points of view
- Introduce as you speak
- mobile phones to be switched off

Aileen McLeish (AM) explained that the decision [to reintroduce parking charges for blue badge holders] was made at the last board meeting. She explained the Trust is open to views of the public, and that the Trust was here for discussion.

The panel was challenged on the fact that the 'decision' had already been taken, AM stressed that the Board would consider the points raised during the meeting.

Valerie Bartlett (VM) explained the 'thinking behind the decision', describing the background/recent changes to car parking over the last couple of years and that the Board take these issues very seriously.

Key points raised by VM:

- Important to make access as easy as possible.
- In 2012 – made big changes to car parking at both hospital sites, including barriers, permits and charges for staff, and that at that time the Trust also discussed charges for blue badge parking.
- Wanted to improve parking experience for all patients – have seen improvements.
- After the initial changes had been made discussions took place with patient groups and also with disabled representatives.
- In 2012 the Trust made the decision to suspend charges for disabled patients until improvements had been made.
- The Trust now complies with all standards/requirements for disabled people.
- Created new waiting area [ground floor of the outpatient car park at St Peter's] – comfortable, safe area.
- The Trust reviews policies on a regular basis – car parking reviewed every 2 years.
- The Trust talked to all 'expert' groups to hear views.
- Majority of groups – general consensus – this was a fair thing to do.
- The Trust already offers discounted rates for certain groups e.g. parents of babies in the neonatal intensive care unit.

VM described some of the concerns that were raised during initial engagement:

- If charges were introduced those concerned wanted to make sure that certain criteria were met – that the first hour parking charge is abolished and that a public meeting to hear views [this meeting] was held.
- ASPH has tried to accommodate these requests.
- This will raise an income of £105k from blue badge holders.

AM then answered two questions which had been submitted in advance:

Q: This venue – why was it chosen?

A: Chosen on advice of disabled groups.

Q: Do staff pay for parking?

A: Yes, staff pay for parking.

**[Attendees were then invited to ask questions/make comments which have been recorded below]**

#### **QUESTIONS/COMMENTS RAISED FROM THE FLOOR:**

Q: Is the amount saved worth it?

A: Want to balance the needs of all

Q: What happens to people who go over 2 hours? [i.e who are delayed by the Trust]

A: We would ask staff to speak to the main reception desk also if this occurs patients should let us know. Outpatient clinics are also provided with free one pass tickets if clinics overrun.

Q: When charges were introduced – Government said the income raised could only be spent on parking facilities?

A: In ASPH – we do spend fees on parking/travel activities - hopper bus, electricity, lighting etc.

Q: Comment (from member of the Trust's Disability Access Group): We do not agree with these proposals. In the Trust's Disability Access Group – all 3 members of the public opposed the proposed introduction of charges.

- Disappointing to see Trust moving away from care and compassion for greed.
- Patient's Choice – gives the option for people to choose which hospital they wish to go to
- Disappointed with parking charges for blue badge holders and I have contacted The Minister for Health, Jeremy Hunt and local MP, Philip Hammond. Received non-committal answers.
- Would like to record that we don't want [disabled] people to be charged for parking.

Q: [from author of the blog, Help me sort out St Peter's]: Amount raised from parking is over £1.4m. US study tour cost £128,000. If you spend that then you don't need to charge disabled people.

A: The Trust receives £1.75m in total from parking charges, public and staff. This includes £350k from staff. All our car parking income is spent on maintenance and travel costs.

The USA study tour was to look at best practices in US – including Medicare – which is public healthcare for the US.

Comment: For frequent visitors, £20/week = £90 over 3 months [for the number of appointments needed]. You are doubly penalising people who are disabled.

A: Trust has extended minimum stay from 1 hour to 2 hours.

Q: This is your first public meeting - timing of meeting (3pm) is when most people can't come.

A: We took advice on best time to hold the meeting, there is never a time that will be right for everyone.

Comment: A number of disabled people have no option but to come by car, this could put more pressure on patient transport.

Comment: Payment machines – access to reach coins/change is not easy to reach/pick up change.

A: A debit card facility also available.

Q: (Member of Care in Egham Scheme): Many people currently rely on 'yellow' card scheme [volunteer drivers who receive free parking] – will this be honoured?

A: Guaranteed – this will be honoured

Q: Where are the machines in relation to blue badge parking?

A: Strategically located to the entrance and exit to hospital and by the barrier

Q: Is this around affordability opposed to accessibility?

Comment: Ticket machines are often difficult to read in the sunlight and when there are problems with barriers this is sometimes slower, people have also been rude if you take time at the barrier.

Comment: What about people on disability living allowance?

A: The Trust is open to suggestions re extending concessions.

Comment: Deaf people – there are problems exiting car park, and it's difficult for the hard of hearing to hear what's being said or to call for help at the barrier

A: During peak times 7am - 6pm - always manned – we will take this back to see if we can have some sort of loop system. We have had feedback about barriers over the past year...welcome your feedback on how to improve this system further.

Comment: Concerns about concessions for parking – this is likely to cost more to run the scheme than the money made. Many people on low incomes not familiar with the paperwork.

A: The scheme already exists – the Trust wants to make it more widely known.

Comment: Thank you for holding this meeting. Want to congratulate you on way car park works and if you take account of extra points this would be good. But now the Trust is thinking ‘ how do we pay for it?’... charging for blue badges is a ‘non-starter’.

- Those with a disability are less likely to have a job therefore it is more difficult for them.
- We need to concentrate on what is good about the scheme and not on charges.

Comment: This doesn't make much impact on the overall bill. People with a disability are more likely not to have a job and attend hospital more frequently. Is there a breach of the Equalities Act here? Get rid of this and get back to what you are doing well.

Question: What is missing from the concessions scheme that should be on there?

Q: You asked about concessions? I don't see any concessions for those living with a disability who are frequently disadvantaged. Many other car parks add an extra hour for free for Blue Badge holders.

Further comments:

- Why is the concession of 1 to 2 hours minimum parking for all and not just blue badge holders?
- What about pensioners being able to claim back? Receive allowance but this is being taken back with charges.
- What are the possibilities of ‘claiming back’ system being open to abuse? How many people are defrauding your system?
- When carers visiting loved one in hospital and have to wait long hours for discharge process, can be 5 or 6 hours.

A: Understand carers visiting hospital often and for long hours. Always trying to improve service areas to improve length of time for discharge.

Comment: Don't receive allowance – although live close to hospital cannot walk due to disability – therefore have to drive. No disability allowance. Every visit I make is painful and charging is an attack on most seriously disadvantaged.

Comment: Visits trust regularly with severely disabled father – should ditch parking charges

Q: Use of the word consensus was used glibly. How many people were consulted? How many for and how many against?

A. FOUR groups – Car Parking Steering Group (includes patient representatives and staff), the Trust Council of Governors, Patient Panel and [the Trust's] Disabled Access Group.

THREE groups were in favour. Disabled Access Group not in favour. However, they said if charges were introduced they would like to see the points raised by Valerie Bartlett [increasing the minimum parking slot from 1 to 2 hours, and a public engagement meeting].

Q: Difficulties at car park post and barriers – should be reviewed – particularly in light of the recent accident the day before the Disabled Access Group meeting [where a car overturned in the St Peter's Outpatient car park]. Do you have lots of spare land?

A: There was a serious accident however, investigation showed that this was due to driver error and nothing to do with layout or barriers. [Planning permission for car parking spaces is restricted by the borough and county Councils] The Trust is trying to work with planning authorities. Trust is also looking at how many spaces on site – talking with local council about increasing numbers.

Comment: Ticket machines are difficult to reach for shorter people. For a disabled driver it is very hard to press the screen from your car.

Comment: It's all about money. This is 10% of your current [parking] income. Not a serious saving. Amount of money saved is not a significant amount.

Many people believe blue badge should mean free.

Request to have person based at facilities to help blue badge holders

Why are there no signs or leaflets advertising concessions?

A: Our website does list concessions – we will take these suggestions away and publicise better.

Comment: 4 % of population don't have website so need to bear this in mind.

Comment: At other Trusts there was not even a disabled bay.

Comment: The petition has 564 signatures on it, the campaign doesn't stop.

Comment: Other Trusts have said you can park anywhere as long as blue badge on view.

Unfortunate that [petition] co-ordinator can't be here because of time of meeting.

Councillor from Woking: Several years ago we introduced barriers at Woking, realised this was quite difficult. Therefore we introduced proximity cards and register number plate so that barrier automatically opens. Proximity card – one off charge of £25. Need to improve accessibility to enter car parks.

Comments: A number of comments were made about communicating at car park barriers. Re the recent accident, you are saying it's driver error. Should be a camera on the barriers so people can let you out automatically.

Good example – press button and identified as blue badge holder for barrier to open.

Q: Is it still your intention to go ahead with the charges?

Aileen McLeish: We said would come with an open mind...we will go back and discuss this with the Board.

[A vote is called for – people invited to put their hands up]

Majority raised their hand against the charges – 2 for.

Trust Governor (Hounslow): In favour of charging because concerned with fairness – blue badge should only give enhanced accessibility.

Comment: But many cannot afford to pay.

Trust Governor (Woking): Support being in favour of parking charges.

Very large number of people with mobility issues but are not blue badge holders.

Comment: Pleased to hear Non-executive Directors and Executive Directors have come with open mind – would like Governors to have open mind.

Governor response: Governors have remained silent until we have heard all comments. Should respect different opinions of expressed in the room.

Valerie and Aileen will take back opinions to Board and convey strength of feelings about charges.

Comment: Concern re bad state of car parks.

A: Over the past years huge investments made into improving car parks and parking facilities...let us know where issues are.

Comment: Location of spaces means the need to reverse into oncoming traffic.... You should have signs telling people to slow down.

A: Configuration of our car park was signed off by our disability engagement group, but if there is still a risk we will need to address this.

Offer made from the Runnymede Disability Access Group to view layout of car park. Please don't take our name in vain.

Valerie Bartlett: The Trust wants to know how we can improve practical access, please contact us with suggestions. We take back comments.

Thank you for offers of help – we do want your help in making hospital visits as safe and practical for you.

Please carry on helping us with suggestions/contributions.

Q: Why have you spent money on painting parking bays and used expensive coloured paint?

A: We followed national / best practice building guidance.

Q: How do you police the use of disabled parking bays?

A: We have parking attendants and they ticket if no blue badge displayed.

Additional comments (written on the flipchart):

Can there just be a minimum fee e.g. £1 for disabled people for any time at the hospital?

Please make sure that if patients are delayed by the hospital they are not charged for the delay.

*22<sup>nd</sup> July 2014*