

# PAY AND DISMAY

PARKING AT LONDON HOSPITALS



ANDREW BOFF  
GLA CONSERVATIVES  
GREATER LONDON AUTHORITY

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## INTRODUCTION

Many London hospitals now have special parking schemes for Blue Badge holders, patients undergoing cancer treatments, dialysis and other on-going conditions, but for the patient or visitor attending on an irregular basis there are no such concessions. While it is true that because of the lesser number of visits involved, the overall expense is correspondingly less, hospital parking charges, even for occasional visits, can prove onerous particularly for those on limited incomes such as pensioners and the unemployed. Where hospitals have a pay-and-display car park system, the problem is exacerbated by visitors overpaying because of the fear of overrunning appointments or the unknown waiting times in Accident and Emergency departments. A parking charge of £3 for one to three hours, such as that levied at Barnet Hospital<sup>1</sup>, may not seem extortionate but taken in the context of the Basic State Pension of £113.10 per week it amounts to quite a large proportion of the £16.15 per day that the pension provides.<sup>2</sup>

People rarely visit hospitals for pleasure. A visit to a hospital normally means attending as an out-patient, accompanying a patient for treatment, or visiting a patient who is undergoing treatment in a ward. All of these can be stressful experiences.

The comment below features on the Macmillan Cancer Care website. It was made by a cancer sufferer but it illustrates the feelings of many people visiting hospitals for treatment:

*I was going back and forth to hospital for tests and my husband would have to keep running out and topping up the meter. When you are going through such a huge ordeal, this is the last thing you want to think about but money ends up being your biggest worry.<sup>3</sup>*

On arrival at hospital the visitor is instantly faced with the problem of parking. Although many hospitals permit Blue Badge holders to park free, there are many people who, while not qualifying for a Blue Badge, are visiting hospitals because they are not in the best of health or are seriously unwell. According to estimates by Macmillan Cancer Care, the average daily cost of parking at a London hospital is £11.85<sup>4</sup>.

In 2012/13 there were 18.5 million outpatient appointments within the London Strategic Health Authority (SHA) with patients attending an average of 2.25 appointments per person.<sup>5</sup> In the same period, of time there were 1,945,753 inpatient admissions in the London SHA<sup>6</sup>. According to the Health and Social Care Centre's Hospital Outpatient Activity report 2012/13, "overall patients aged 65-69 had the highest number of attendances."<sup>7</sup>

In August 2014, the Department of Health issued *NHS patient, visitor and staff car parking principles* which stated that:

*NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible<sup>8</sup>.*

While the paper is welcome, it does not address the problems experienced by people attending

1. <https://www.royalfree.nhs.uk/contact-us/parking-at-our-hospitals/>

2. <https://www.gov.uk/state-pension/what-youll-get>

3. <http://campaigns.macmillan.org.uk/ea-action/action?ea.client.id=70&ea.campaign.id=23623>

4. <http://www.macmillan.org.uk/GetInvolved/Campaigns/HospitalCarParking/CarParkingHome.aspx>

5. <http://www.hscic.gov.uk/catalogue/PUB13005/hosp-outp-acti-2012-13-summ-repo-rep.pdf> page 5

6. <http://www.hscic.gov.uk/catalogue/PUB12566/hosp-epis-stat-admi-sha-resi-2012-13-tab.xlsx>

7. <http://www.hscic.gov.uk/catalogue/PUB13005/hosp-outp-acti-2012-13-summ-repo-rep.pdf> page 5

8. <https://www.gov.uk/government/publications/nhs-patient-visitor-and-staff-car-parking-principles/nhs-patient-visitor-and-staff-car-parking-principles>

hospitals on an irregular basis, rather than as long-term patients or visitors. Charges for even a one-off visit can be high, particularly for those on limited incomes such as pensioners. The paper states that free or reduced parking should be available for groups including: the disabled; frequent outpatient attendees; those visiting the gravely ill; those with extended hospital stays; and staff working shifts where public transport cannot be used. The paper also recommends that trusts should consider installing pay-on-exit or similar schemes so that drivers would only pay for the time they had actually used.

## PAY-AND-DISPLAY CAR PARKS

Added to the cost of parking itself, there are some London hospitals that have car parks with pay-and-display systems which patients and visitors can find to be a stressful and expensive method of parking. In cases where there is some uncertainty about how long an appointment will last, the safest choice for the patient is to overpay; if the patient has not paid for sufficient parking and their appointment time overruns, they will be unable to top up the payment and may incur penalty charges. This can prove costly and unfair. The situation is the same for patients and those accompanying them to Accident and Emergency departments, where waiting times can be long and impossible to calculate. Pay-and-display systems are inherently unfair as they encourage people to pay more than they need whereas a pay-on-exit system would mean that people will only have to pay for the time that they have actually used. This is recognised in the NHS guidelines mentioned above.<sup>9</sup>

When payment machines are out of order it can be difficult for drivers to find an alternative machine. While it is true that most hospitals offer pay-by-phone alternatives, either via a smartphone or an app, it is difficult to juggle a mobile phone while standing by an out-of-order payment machine in a car park, dialling numbers and entering payment card details, particularly if the weather is bad or it is dark. Added to this is the danger of being mugged for the phone or the payment card if you are standing in the middle of a dark car park wielding both by a non-functioning machine. Hospitals allege that if machines are not functioning, it is easy to pay by phone. However, many elderly people still do not have mobile phones or, if they do, may not either be able to hear the instructions in a noisy car park or sufficiently technically able to manipulate a mobile phone in these conditions. In response to Freedom of Information requests, hospitals responded that while machines in car parks do become out of order, records are not kept as to how long they are unusable.

On 1 October, in a response to a Freedom of Information question requesting the dates that each car park payment machine had been out of order in the last 12 months, the North Middlesex Hospital stated that: "This information is not available, however, on average, there usually is one machine out of order each week." On the same day, the hospital was made aware that on 2 September, all the payment machines in the car park at the North Middlesex Hospital were out of order. The machines had been encased in black bin liners so it can be assumed that they had probably been out of order for some time. The hospital's response stated that all seven machines in the car park had been out of order for three days on that occasion. There were several distressed people observed wandering around the car park complaining that they did not have mobile phones and could not, therefore, pay for their parking. They were additionally concerned by the fact that because of the delay in the car park they might miss their appointments and have their treatment cancelled.

In pay-on-exit car parks patients and visitors do not suffer stress regarding missing appointments if there are problems with payment machines. They have time to resolve them without the worry

<sup>9</sup> <https://www.gov.uk/government/publications/nhs-patient-visitor-and-staff-car-parking-principles/nhs-patient-visitor-and-staff-car-parking-principles/>

of missed appointments. Pay-on-exit arrangements also provide an accurate charge for the time used, so the system is much fairer.

## THE COST OF PARKING

Hospital charges for parking vary. Some hospitals permit the first 10 or 15 minutes of parking without charge; others do not.

### Examples Charges:

Newham University Hospital <sup>10</sup>	Cost
0-3 hours	£2.20
3-6 hours	£4.50
6-8 hours	£8.00
8-24 hours	£16.50

Hillingdon Hospital <sup>11</sup>	Cost
0-10 minutes	free
10-30 minutes	£1.60
30 minutes - 1 hr	£2.70
1 hour - 1 hour 30 minutes	£3.20
1 hour 30 minutes - 2 hours	£3.60
2 hours - 10 hours	£5.20
10 hours - 24 hours	£10.60

Barnet Hospital and Chase Farm Hospitals <sup>12</sup>	Cost
0-1 hour	£2.00
1-3 hours	£3.00
3-4 hours	£4.00
4-6 hours	£6.00
6-24 hours	£10.00

Some London hospitals provide subsidised parking to their staff and reserve large numbers of spaces in their car parks for them. For example, Barnet Hospital reserves 786 places for staff, leaving 308 spaces for patients and visitors. Harefield Hospital reserves 490 parking spaces for staff, with 90 provided for patients and visitors.<sup>13</sup> At Barnet Hospital patients and visitors pay fees for parking in one of the 308 spaces reserved for patients and visitors ranging from £2 for one hour to £10 for 24 hours.<sup>14</sup> Staff pay for parking on a sliding scale calculated according to salary band ranging from £5 per month for those earning up to £20,000 per year, to £20 per month

10. <http://www.bartshealth.nhs.uk/our-hospitals/newham-university-hospital/find-us/>

11. <http://www.thh.nhs.uk/about/travel/parking-hill.php>

12. <https://www.royalfree.nhs.uk/contact-us/parking-at-our-hospitals/>

13. Fol response 9 December 2013

14. Fol response 20 February 2014

for those earning over £45,000 per year.<sup>15</sup> At Harefield Hospital those parking in one of the 490 reserved staff spaces pay from £12 per year for staff earning up to £14,999 per year to £144 per year for those earning above £35,000 per year.<sup>16</sup> The Homerton Hospital however, does not charge for parking in its car park,<sup>17</sup> although public spaces are very limited, whilst the Chelsea and Westminster Hospital reserves no spaces for staff, and charges visitors and staff the same tariff<sup>18</sup>.

It is therefore reasonable to expect that, where applicable, hospitals should look to increase the proportion of spaces in their car parks that are available for patients and visitors. As well as increasing availability, this could also enable hospitals to make a reduction in the hourly parking rates that they charge to patients and visitors without any overall reduction in parking revenue.

In order to facilitate this, hospitals should look to reduce the need for their staff to travel to work by car wherever possible. While many hospitals have prepared travel plans, it is not clear whether these are sufficiently robust, or how well they are promoted amongst their staff. Travel planning is becoming increasingly sophisticated and it would be useful for hospitals to ensure that they have travel plans that are at a sufficiently high standard to have a meaningful impact on the number of staff that travel to work by car. Transport for London has considerable expertise in advising public organisations on producing robust travel plans and this should be made available to hospitals where it can be helpful. As part of this process, there would also be a strong case for reviewing the provision of bus and other public transport services to hospitals.

## RECOMMENDATIONS

- 1 London hospitals that use a pay-and-display system in car parks should move to a pay-on-exit system. This would avoid overpayment by car owners unable to calculate exactly how long their visit will last and also reduce the stress associated with delays to out-patient appointments. In the case of parking payment machines malfunctioning, this would decrease stress for those fearing missed appointments as a consequence of delays while finding alternative machines or other payment methods. Pay-on-exit systems would also be fairer, as people would only pay for the time that they have actually used.
- 2 London hospitals should examine the possibility of siting some car park payment machines inside adjacent buildings in order to reduce the possibility of vandalism and to serve as a back-up for payment when machines inside the car parks are broken.
- 3 London hospitals should look to increase the proportion of car parking spaces that are available to patients and visitors, and pass on any reductions that they are able to make as a result of the increased supply of available public parking spaces.
- 4 London hospitals should work with Transport for London to produce robust staff travel plans to reduce car usage, including measures to promote public transport, car sharing and other alternatives. These travel plans should include measurable targets and be regularly monitored, with the results published on the hospital's website. Hospitals and Transport for London should also examine where it would be possible to provide additional public transport links to hospitals in order to reduce car journeys by patients and staff.

15. Fol response 20 February 2014

16. Fol response 1 April 2014

17. <http://www.homerton.nhs.uk/patients-visitors/visitor-information/how-to-find-us/>

18. Fol response 31 December 2013.



## FEEDBACK

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**ANDREW BOFF**  
LONDON ASSEMBLY  
Greater London Authority  
City Hall, The Queen's Walk  
London SE1 2AA