



Kent LINK Community Engagement Event

Thursday, 25 February 2010

Riverside Lounge, Angel Centre, Angel Lane, Tonbridge, Kent TN9 1SF

Hospital Car Parking Consultation

Debate and discuss:

- Provide free parking for visitors and inpatients
- Provide free parking for those inpatients who have hospital stays of greater than three nights
- Provide free parking for outpatients with more than three appointments in a course treatment
- Cap daily parking charges for outpatients in priority groups
- No mandatory concessions but improved adherence to current guidance

Responses:

Ideas:

- a) More disabled parking including some less narrow places for those who don't need wheelchair access
- b) More 'park and ride' parking
- c) Staggered outpatient appointments
- d) 30 minute drop off parking to allow patient to be taken to the ward / clinic
- e) Multi-storey parking
- f) Fixed price parking, say £1 (all day parking!)
- g) Parking (emergency) for people bringing in A&E.

Preferences:

Don't think that inpatients need free parking.

Ideas:

Q: Provide free parking for visitors and inpatients

A: No, not across the board (avoid potential abuse and cost)

Q: Provide free parking for those inpatients who have hospital stays of greater than three nights

A: Yes, morale of the patient – alleviate worry for visitors

Q: Provide free parking for outpatients with more than three appointments in a course treatment

A: Yes, essential appointments and equality of access

Q: Cap daily parking charges for outpatients in priority groups

A: Not sure, what is a priority group?

Q: No mandatory concessions but improved adherence to current guidance

A: No, if it is not mandatory then it won't be applied.

Ideas:

1. Inpatients – generally do not need car parking provision as they are normally taken in / collected by friends or relatives
2. See above comments
3. Ticket system (sent with appointment) for more than three appointments in a course of treatment (? Less than three)
4. 20 day Radiotherapy for cancer to be given season-ticket (£1.50 for the week), each stay no more than 30 minutes)
5. Prefer improved adherence to current evidence.

Recommendations:

- a) Disabled bays to be nearer to facilities (entrances)
- b) Staff allocated parking or park and ride (as operated by Medway from dockyard to hospital)
- c) Salisbury hospital – one through-bus ticket to cover complete journey.

Ideas:

Prefer only final option to improve adherence to current guidance; subject to more information on details of guidance.

Reasons:

Concerns over the final consequences to any 'free' options.

Other points:

1. Need to address overall lack of car parking spaces
2. Open to staff parking in evenings to hospital visitors
3. Improve facilities for disabled
4. Improve public transport (eg park and ride)

Ideas:

1. More disability parking adjacent to the entrance
2. Free parking for patients / inpatients
3. Local rules to apply
4. Cost of free parking a drop in the ocean for NHS budget – DH scare tactics

Ideas:

- Free parking for over 65s
- Valeting scheme
- Standard outpatient rate (voucher system)
- Enforced concession
- Show organ donor card – get free parking
- Bring fees down

Preferences:

- Cap daily parking charges for outpatients in priority groups
- Discount cards for regular users

Ideas:

1. A&E and maternity are key wards – there should be maximum car parking spaces available for the amount of beds
2. Park and ride for hospital (only if you are visiting a patient)
3. Staff would travel to work via different methods if it was easier and safer, cannot cycle to work as it is too dangerous
4. No to free parking as there would have to be a loss somewhere else in the NHS
5. Tiered allocation for everyone
6. Ward sister could provide colour coded ticket to a patient that is going to be at the hospital for three plus hours or the patient's next of kin / carer. The ticket should be displayed in the car window so that the patient / next of kin / carer is free for paying.