



NHS Car Parking

Consultation on Improving Access for Patients

Content

- Why the consultation is taking place
- Some context to the consultation
- The proposals that have already been discounted as not feasible
- The proposals that are being considered

Why consult?

- Equality of access
- Inpatients may be denied visitors
- Outpatient attendance

Background

- Local responsibility
- 94% of acute hospital sites charge
- 78% of sites provide concessions
- Some parking provision is outsourced.

Finances

- Costs for large trusts £1m-£3m
- Met from total operating budgets.
- No additional Government funding.
- NHS revenue - £140 - £180m

NHS Perspective

Any changes would have to consider:

- Essential users.
- Cost and abuse or fraud.
- Local flexibility
- Discrimination and equality
- Unintended consequences
- Staff parking

Current guidance on concessions

Department of Health guidance 2006:

- 'Season ticket' for regular patients and their visitors.
- Weekly cap on charges for patients
- Free parking for patients that attend on a daily basis
- Patients informed of concessions

Discounted Proposals

Removal of all charges

- Loss of up to £200m income
- Congestion
- Impact on long term investment

Discounted Proposals

No charges for any patient or visitor

- Loss of close to £180m income.
- Increased administration costs.
- Capacity problems at some sites.

Discounted Proposals

Extending concessions under the Healthcare Travel Costs Scheme

- Means tested
- Increased administration
- Susceptible to fraud

Discounted Proposals

Total local discretion

- Increased inconsistency and inequality.

Free parking for all outpatients

- Increase in car usage
- Capacity issues.

Considered proposals

No mandatory changes, but improved adherence to guidance.

Considerations:

- Current provision not universal
- No recommended or minimum values

Considered proposals

Free parking for inpatients

Considerations:

- Reduction in concessions
- Capacity issues.
- Administrative overhead
- Unknown discharge dates
- Higher charges for other users
- Costs up to 117m

Considered proposals

Creating a Cap on Charges

Considerations:

- Over 50% of inpatient stays less than a week.
- Targets those that are most affected.
- Easy administration
- Could help outpatients

Costs of creating a charging cap

Option/After x Days or follow-ups	0	1	2	3	5	7	10
Free for Inpatients	£117m	£94m	£81m	£72m	£65m	£59m	£55m
Free for Outpatients	£75m	£51m	£34m	£23m	£11m	£5m	£2m