HOSPITAL PARKING CHARGES TASK GROUP

5 OCTOBER 2011

At the meeting of Watford Borough Council held at the Town Hall, Watford on Wednesday, 5th October, 2011.

Present: Chairman (Councillor K Collett)
Councillors K Brodhurst, K Hastrick and P Jeffree

Also present: Eric Fehily - Associate Director of Infrastructure, Watford General Hospital
Kyle McCllelland - Associate Director of Strategic Development, Watford General Hospital

Officers: Committee and Scrutiny Support Officer (RW)

6 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Meerabux.

7 NOTES OF THE MEETING ON 31 AUGUST 2011

The notes of the meeting on 31 August 2011 were agreed and signed.

8 QUESTION AND ANSWER SESSION WITH ERIC FEHILY, WATFORD GENERAL HOSPITAL

The Committee had invited the Directors to the meeting in order to answer their queries on parking strategy at Watford General Hospital (WGH). Eric Fehily tabled a document which addressed these queries and both directors also gave verbal answers to Members' questions.

<u>How can patients and visitors make use of the concessions?</u>
Eric Fehily had answered that eligible patients could request a concession form at the Patient Advice Liaison Service, the Front Reception and at ward receptions. He advised that the Trust's Car Parking Strategy had recently improved concession arrangements for the majority of patients. Kyle McClelland added that three categories of concessions were currently available to patients and visitors: frequent users, long-term users and those giving active care to patients within the hospital.

<u>How is information on concessions communicated to patients and visitors?</u>
Eric Fehily advised that the availability of concessions was advised at each Pay and Display machine, on the hospital website, on display boards in each

ward, at positions adjacent to lifts, on posters in well-used areas of the Trust and also on the concession application form.

In reply to a query, Eric Fehily said that patients would need to ask whether they were entitled to concessionary parking and at that point they would be advised which concessions were available to them.

Could the information be made more user-friendly – could this information be advised/communicated to patients and their families more simply
Eric Fehily considered that the recent review of parking concessions had made the categories more simple and he advised that the website included a simple table explaining permit types.

The Chair pointed out that elderly patients were unlikely to have internet access. She added that staff on the wards did not always inform patients of the concessions and suggested that a pamphlet could be prepared to outline availability.

Eric Fehily responded that this type of pamphlet had already been prepared. The Chair, however, confirmed that she had not seen any and asked whether the concessions applied to patients to Emergency services.

Eric Fehily replied that A & E visitors would not necessarily qualify but that a pamphlet should be placed by each bed. He advised that he would raise this issue at the hospital.

Another Member noted that patients who had serious worries about their health were frequently unable to think coherently and would possibly miss the notices when their greatest concerns were their health problems.

Eric Fehily stressed that the parking facility was not intended to be for the collection of extra revenue but to provide a service for visitors. Kyle McClelland advised that charges could now be paid by phone; visitors could then top-up their payment by phone without the need to return to their vehicle.

Concession information is very complicated – could these charges be explained to Members
Eric Fehily said that concessions were simple to understand as they had been narrowed to only three categories. These were:

a) Frequent Users who attended more than once each day or more than twice per week for up to four weeks
b) Long term users who attended more than twice per week for a period in excess of four weeks.
c) Active Carers who actively participated in the care or rehabilitation of an in patient.

He added that all wards had been provided with the new concession forms and that attempts had been made to make the process more simple.

In reply to a question from a Member, Kyle McClelland advised that the status of an 'Active Carer' in this situation was determined by ward staff. It was assumed that the visitor would ask whether they could have a concession under this category.

Members felt that visitors would not realise that they could be considered as an 'Active Carer' as there was some confusion in what this term defined. One Member said that it would not occur to most visitors that they fulfilled the criteria; he advised that ward staff should be aware which visitors could benefit by using this particular form of concession.

Staff on the wards do not seem to have any information on concessions – is this information provided to staff?
Eric Fehily confirmed that information on concessions was available to all staff. He added, however, that it had been noted that some wards had been using an out-of date form; he understood that this problem had been addressed.

Members' experience showed that this information was not being disseminated to visitors.

Erich Fehily agreed that assistance in this respect varied over the wards and that there was a need to ensure that all ward staff were fully informed on this issue.

Why does the scale of charges start at £4.00? This is considered to be very high in comparison to other hospitals.
In the document which he had produced, Eric Fehily noted that the charges at WGH reflected the demand for parking in the area, the cost of that provision and an assessment of the average duration of visits to the site. He added that charges were consistent across the three sites: Hemel Hempstead, St Albans and Watford.

Eric Fehily advised that there were 30 minute parking bays which were provided free of charge; he had noted in the document that the Trust was trying to improve the locations and signage of these bays. Free parking was provided for disabled users. He said that in the past complaints had focused on insufficient parking spaces; significantly more parking facility was now provided.

One Member pointed out that parking charges generally started at a low cost and then increased; were a visitor to stay for only one hour the charge would still be £4.00.

Kyle McClelland advised that the starting cost of £4.00 resulted in a balance between income and expenditure to maintain the car parks. He explained that this cost had been chosen because most patients attended for out-patient visits and were typically on site for over 2 hours.

In reply to a comment from one Member that it was unusual to find no concession for daily rates, Kyle McClelland said that a daily rate would tend to

attract commuters and shoppers and that the Trust wished to discourage day-long parking for non hospital visitors.

The meeting compared charges for parking at other hospitals and observed that charges at the Luton and Dunstable, Lister (Stevenage) and Barnet and Chase hospitals were comparable. Members noted, however, that charges at a number of hospitals were cheaper.

How are costs for parking calculated? Could the extrapolation of charges (page 15 DoH Income Generation) be demonstrated?
Eric Fehily answered that costs were calculated according to demand. He noted that income was balanced against expenditure costs which included capital charges, the depreciation of assets and $3^1/_2$%financing charge. He added that the accounts were audited.

In reply to a Member's query, Kyle McClelland said that pricing was set to discourage driving in so far as this was possible. Eric Fehily added that staff were encouraged to cycle or walk to work; it was hoped that staff would also use the Croxley Rail Link when it was opened. Methods of subsidising transport included: a free bus service for staff and patients, a non-emergency ambulance service and volunteer drivers.

Eric Fehily informed the meeting that a considerable sum had been required to repair the snow damage caused during the previous winter.

How much of the £909,401 on page 38 was raised by WGH?
The annual income had not been broken down by site.

Could hospital publicise how revenue from the car parks is used? – with a breakdown of costs and use of funds
The Trust's policy, which could be viewed on the website, demonstrated the breakdown of costs incurred in providing, managing and maintaining the car parks. No costs had been included in respect of the free inter-site bus service. It was noted that were this service not provided, parking demand would be higher resulting in further costs.

Please give an example of how staff are charged to park.
All staff paid a fixed percentage of their annual salary, currently 0.05%. This was paid on a monthly basis but was subject to change. A member of staff earning £25,000, for example, would pay £12.50 per month for their permit.

Kyle McClelland then explained the Trusts' 'Salary Sacrifice'. He said that there was provision for car lease and a bike scheme, payment from salary being taken before tax, National Insurance and Pensions. He advised that the take up had been limited.

In the past a 'change station' was available. Could this be re-instated?
Kyle McClelland said that the former change station had been the target for vandalism and theft. It was noted that visitors now had the facility to pay by phone.

Why was the Pay and Display system chosen rather than Pay on Foot/Barrier?
One Member noted that with the current method of payment, visitors who had unexpired time on their tickets when leaving the site frequently offered their tickets to visitors who were just arriving. He advised that this was not only a loss in revenue but also did not accurately reflect parking needs. He suggested that a 'pay on exit' system would be a fairer method of payment and would result in 100% collection of revenue.

Kyle McClelland replied that the professionals who had considered parking payment had concluded that this the best system of collection; he added that when barriers failed to work long queues resulted with concomitant chaos.

Eric Fehily advised that a pay on exit system would not be easy to install at WGH as there were several car parks spread around the site and that in some situations the installation of barriers would be physically impossible.

The Committee then discussed disabled parking provision.

Eric Fehily advised that there were two main zones: 17 spaces near the main Princess Michael of Kent building and another 12 spaces near the Acute Admission Unit. Additional spaces could be found outside the Maternity and Renal units and by the estates office for disabled staff. He added that 6% of spaces were designated disabled bays which was more than the standard requirement. The 'drop off' zone also had dedicated places for disabled visitors.

Kyle McClelland reminded the meeting that people with the disabled badge may park in any of the spaces and that there would be no charge where a 'blue badge' was displayed.

Eric Fehily agreed that signage for the 30 minute free parking facility needed to be improved and that he would report this back to the Trust.

The Chair thanked both Eric Fehily and Kyle McClelland for their time in attending the meeting, for answering Members' questions and for their clear explanations.

9 **DATE AND TIME OF NEXT MEETING**

It was decided to hold the next meeting at 6.00 p.m. on Wednesday 2nd November 2011.

Members suggested that the Patient Advice and Liaison Service be contacted to determine whether feedback has been received from visitors with regard to parking at the hospital.

ACTION: Committee and Scrutiny Support Officer

Chairman

The Meeting started at 6.00 pm
and finished at 7.10 pm