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Free Hospital Car Parking - A Victory for Common Sense?

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Should car parking at hospitals be free to patients, staff and visitors? MSPs think so. Following the lead set by the Welsh Assembly Government, on 2 September 2008, Health Secretary Nicola Sturgeon announced that hospital parking charges were to be abolished (excluding three Private Finance Initiative car parks in Dundee, Glasgow and Edinburgh) on 31 December 2008. This measure affected 14 Scottish hospitals, as the remainder had not started making charges.

The Health Secretary said: "Put bluntly, a car parking charge is often the last thing people need." She was supported enthusiastically by a charity, Macmillan Cancer Support for Scotland, and a trades union, Unison, whose Glasgow Regional Officer, Matt McLoughlin said: "Staff are forced to pay what is effectively an extra tax to come to work."

So, there you have it: a victory for common sense, of benefit to the environment and people's health, with a bit of enlightened fiscal policy thrown in for good measure.

Or is it? The NHS financial hit for car parking runs into millions. But how much does it actually cost? By removing charges from the toolbox, Free car parking means that parking demand at hospitals will continue to rise unchecked, and that the solutions to deal with the problems will be underfunded. All the evidence and experience of the last decade shows car parking charges form part of a successful hospital travel plan to manage efficient and affordable access to hospital. At the same time, a potential source of revenue to pay for sustainable travel actions has been lost, together with the removal of an important disincentive to park.

There are just over 200 hospitals in Scotland, some of which are small cottage hospitals. Some hospitals are quite small, but the bigger ones have thousands of staff and hundreds of thousands of outpatient appointments.



The multi-storey car park at Ninewells Hospital paid for by car park charges

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We know that the 11 hospitals in Glasgow have 6,857 parking spaces between them. As a broad average each parking space will have annual revenue costs of over £300, and there is an average of 200 spaces per hospital at 170 sites. I therefore estimate parking in Scottish hospitals costs over £10 million per annum. How many cancer services employing how many nurses could you get for £10 million per annum? The result of the MSPs' decision will either be reduced patient care or increased taxes.

Parking at hospitals requires active and firm management for it to work. Nicola Sturgeon says: "It's simply not fair to expect patients or visitors to

have to pay when they come to hospital." But free parking does not create more parking spaces. They still have to be rationed in some way or other. Good parking policy is one which allocates parking according to a hierarchy of needs. First come, first served is the most unfair policy of all. As many of the staff get to hospital before the patients start arriving, they get the spaces, leaving patients to fend for themselves further away from the entrance or out on nearby streets.

Even before free car parking was introduced on 1st January 2009 the cost of car parking was already a burden. "NHS car parks take £1m but fees are £4000 short of costs" ran one headline in The Herald in 2008 reporting statistics for Greater Glasgow and Clyde Health Board (NHSGG&C) area. The Herald newspaper did the maths and showed the NHS was seeking to avoid funds for patient care being raided to pay for car parking. The Herald figures also exclude the cost of the land on which the cars are parked. In a 2008 report submitted to Scottish Government, Glasgow's hospital managers said car parking cost £1,108,500 p.a., of which only £258,500 was Capital Repayment. Planned infrastructure developments, such as more or better car parks, "may be suspended as there is no immediate income stream or revenue resource" and "proposed green and alternative travel investments will either be significantly reduced or completely cancelled." The Board policy, the report told MSPs, is to provide these services "without diverting money allocated for patient care". They concluded: "Abolishing car park charges would have a negative impact on the internal economy of NHSGG&C."

In all well managed hospitals, regular hospital car park users - whether they are staff, patients or visitors - could already obtain discounts on parking charges under the previous charging régimes. The idea that a regular cancer patient would pay the full tariff on every visit does not make sense. Macmillan refer to 60 hospital visits by the cancer patient, but all hospitals I have ever worked in have a reduced or free tariff for such patients.

The real unfairness is that free parking subsidises car users, whilst no new subsidy is proposed for people who arrive at hospital by public transport, cycling or walking, or actively car share. It is likely that hospitals will have to develop costly new methods of managing car parks, in order for patients and visitors to be able to park.



Patients arriving for appointments at St John's Hospital in Livingston often find the car park full.

The strange thing is that the new policy was not affordable at the outset so PFI hospitals were excluded. For these hospitals contracts would have needed to be re-negotiated. In January 2009, at Edinburgh Royal Infirmary, the PFI contractor asked for £14.5 million to make its multi-storey car park free. MSPs expressed outrage, but why? Car parking infrastructure is expensive. A recent

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quotation for a multi-storey car park came in at £4.8 million for 400 spaces, or £12,000 per parking space.

MSPs, health charities and trades unions may have correctly identified problems with unmanaged costs of parking at hospitals. However they are making a big mistake with the solution. The decision is wrong-headed on all the fronts for which they claim its

justification: it is not going to be fair, it is not going to create a consistent car parking policy for hospitals, it is not going to be financially sound, it will be of no help to staff, patients or their supporters, it does nothing for people without access to a car. it will lead to higher taxation and worse health services, and it does nothing for the environment or sustainable travel. And pity the poor hospital estates manager: he or she now has the worst job in Scotland, a job that will only get worse as long as this policy remains in place.

