Recommendation:

The NHS Board is asked to:

1. Approve the attached Draft Car Parking Policy Framework and the principles which underpin it.

2. Agree that the Draft Policy Framework be issued for formal discussion and engagement with NHSGG Patients, Public and Staff.

3. Subject to feedback from the engagement process, receive a further paper in 2004/05 seeking formal approval and implementation of the Car Parking Policy.

1 Background

This paper is in the name of the Chief Executive of Yorkhill Hospitals Division in his capacity as Chairman of the Acute Services Strategy Transport & Access Group. The policy has been developed by a Working Group including Staff Side Representatives who were remitted to review Pan-Glasgow NHS Car Parking arrangements and the fairness and equality of access for Patients, Visitors and Staff to existing Car Parking spaces.

Members will be aware that NHSGG facilities have been facing increasing pressure and difficulties in managing the rising number of Patients, Visitors and Staff chasing limited Car Parking spaces on NHS sites. As a consequence Patients, Visitors and Staff particularly on our larger hospital sites experience a high degree of congestion which in turn creates overspill and environmental problems for the local surrounding population.

This is not a Glasgow issue only, indeed Government guidance and Scottish Executive guidance now requires the development and implementation of “Green Travel Plans” where new developments are due to take place. The granting of planning permission can be dependent on the agreeing satisfactory Green Travel Plans.

The attached Draft Policy has therefore been produced and is a key component of the NHSGG Green Transport Strategy which is currently being developed. It is also integral to the implementation of the Acute Services Strategy and access to our new Hospitals.

The Draft Policy is a framework document setting out the principles which would underpin any implementation plan for Car Parking charging. Car Parking is a difficult and contentious issue and it is important to agree the principles we aim to achieve before detailed work on implementation, and therefore Board Members are being asked at this juncture to agree that the policy framework be issued for comment and discussion with NHSGG Patients, Visitors and Staff.
Following consultation the intention would be to finalise the Policy Document in the light of feedback and comment, and bring it forward in the Autumn of 2004 for NHSGG Board approval for implementation on a site-by-site basis.

The engagement process with Patients, Visitors and Staff Groups would be in line with the normal NHSGG Consultation process, ie issued and managed by the NHSGG Board Secretariat. A timeframe is attached which envisages implementation from 1 April, 2005.

Jim Cameron  
Director of Human Resources  
South Division  
0141-201-1252  
11th May 2004
NHS GREATER GLASGOW

DRAFT CAR PARKING POLICY

Prepared: April 2004
By: Jim Cameron
Chair
Car Parking Working Group
[a Sub-Group of the Transport & Access Group]
A. Introduction and Background

1.1 This policy has been produced as a key component of our “Green Transport Strategy” which is presently under development, with the primary focus on ensuring the implementation of the Acute Services Review is underpinned by a comprehensive strategy to deal with access to our new hospitals.

We are proposing a policy which will cover the NHS sites in Greater Glasgow listed in 1.4 below for a number of reasons:

- demands from Local Authorities to manage our traffic and reduce commuting by car;
- major problems for patients and visitors in parking on a number of our sites and increasing numbers of staff and patients chasing limited numbers of spaces;
- reducing the adverse impact of travel on the environment and health;
- concerns about the quality of car parking, particularly security, and the lack of resources for investment in alternatives;
- inequities in access charging and other policies between different Glasgow sites creating unfairness for staff and patients.

1.2 Our current arrangements are characterised by:

- reserved staff parking areas, governed by various mechanisms for allocation, generally immediately adjacent to hospital buildings;
- no reserved car parking for patients beyond priority to disabled people;
- unreserved spaces available on a first come first served basis and therefore often occupied by daytime staff excluding patients/visitors and shift workers;
- nominal charges for priority access to a limited number of spaces.

As a consequence patients, visitors and staff around our larger hospital sites experience a high degree of congestion, which in turns creates overspill and environmental problems for the local surrounding population.

1.3 The status quo is not tenable because of the issues outlined in paragraph 1.1. Current arrangements have not been developed in a coherent and consistent way and lack any explicit set of underpinning principles. The next section maps out the principles on which site policies will be based.

1.4 This draft policy is intended to cover the following main sites:

- Glasgow Dental Hospital;
- Glasgow Royal Infirmary and PRMH;
- Gartnavel General and Royal;
- Dalian House
- Southern General;
- Stobhill;
- Victoria
- Western Infirmary
- Yorkhill
1.5 Our aims in proposing this policy are to:

- improve access to car parking for patients and visitors and the quality of parking facilities;
- ensure staff, patients and visitors have good access to major NHS sites;
- manage car parking efficiently, effectively and fairly, balancing the competing interests of staff, patients and visitors;
- significantly reduce the number of spaces only used once or twice each day;
- to support the aims and objectives of the ‘Green Transport’ strategy;
- improve inter site transport arrangements.

The next section sets out the principles on which the detailed proposals are anchored.

1.6 This policy framework has been developed to recognise and try to deal with the tension, between the need to ensure staff can get to their workplace and make work related journeys with ease, while enabling patients and their visitors, many of whom are elderly and disabled, to have reasonable access to our hospitals. This policy is the first comprehensive, pan Glasgow attempt to face up to and address that challenge in the context of limited and reducing car parking spaces. There is no perfect solution - these proposals represent what we think is a fair compromise.

B. Principles

2.1 We propose a number of principles:

- a substantial proportion of parking on hospital sites should be available, adjacent to facilities, for patients and visitors, including access for disabled users;
- the rest of the proportion of spaces designated for staff will be allocated through an explicit and fair policy;
- any charges to staff and patients should be transparent, but may reflect different site locations and ability to pay;
- income from charges should be pooled across these sites and used exclusively to fund improvements to parking and transport and traffic management on an agreed basis.

2.2 Delivering these principles requires the development of current arrangements for charging - outlined in Appendix 1 - to generate resources to establish and manage an effective transport and parking system for each of our main sites. The following section outlines the implications of this for patients and staff. The absolute commitment is that resources from this proposed extended charging regime are recycled into improvements.

C. Delivering the Principles

3.1 This section outlines our proposals for the detailed policies which are required to deliver the principles set out in Section B.
3.2 For patients:

- patients and visitors will have access to substantial numbers of pay and display car parking spaces on each site;
- patient and visitor car parks will be closest to hospital buildings;
- disabled patients and disabled visitors will park without charge;
- each site will have a system to issue “free parking” permits in exceptional circumstances;
- car parking charges can be reclaimed for patients on low incomes;
- very short-term ‘pick-up/drop-off’ areas will be available, policed, and without charge.

3.3 For staff:

- designated areas for staff parking, with controlled access, will be available on each site;
- staff who must use a car for business purposes will not be charged for parking, within designated staff car parking access. This will be a tightly defined group but may include:
  - disabled staff;
  - staff who require to move between sites on a frequent (minimum 4 days/week, twice a day) and unpredictable basis;
  - community based staff visiting hospital sites;
  - staff on call out of hours, but non resident;
  - staff whose primary residence is on site;
  - staff with carer responsibility requiring to leave the site during the working day.
- car parking will be free between 21.00 and 07.30 hours;
- an agreed proportion of total car parking spaces not allocated for pay and display patient and visitor parking will be allocated to staff on the basis of a detailed allocation policy agreed for each site on a partnership basis. Permits for these spaces will incur a realistic charge within an agreed framework.
- bookable spaces will be available for official visitors.

The implementation of the final policy for staff will include clear statements on how breaches of the policy will be dealt with.

3.4 Alternatives:

A key commitment which must underpin this policy is that we provide for staff and patients alternative ways of accessing our sites. The commitment is that this policy will be implemented in line with the Green Transport strategy and local site Green transport plans, and a variety of initiatives will be put in place alongside the arrangements for charging outlined above. These will include:

- facilities for cyclists and motorcyclists including secure parking and storage facilities;
- shuttle buses linked to key public transport hubs and peak travelling times for staff;
• improved inter site transport;
• leasing and loan arrangements to cover alternatives to cars;
• review of mileage allowances to encourage the use of car alternatives;
• pool car schemes on each site;
• car share schemes.

In addition to these measures for staff, the Acute Services Strategy implementation includes a major focus on improving access, particularly by public transport to our sites.

D. Next Steps

4.1 The first step we need to take is extensive engagement with staff and patients about the content of this proposed policy. We know car parking is a difficult and contentious issue with many competing interests - it is important to agree the principles we should aim to achieve before detailed work on implementation.

4.2 Following consultation we would finalise the Greater Glasgow policy framework which would provide a framework within which we would then commission expert advice to develop a detailed implementation plan for each site.

This plan would include:

• designating staff and visitor parking areas;
• establishing and delivering the alternative access arrangements outlined above;
• detailed financial planning of scheme costs, estimated charging income and financing alternatives;
• establishing ongoing management and control arrangements.

A Greater Glasgow wide parking group, which will include staff side and patient representation for each site, will be established to sign off the detailed implementation plans and establish appropriate arrangements for review of this policy and its application. The aim would be to progress matters such that the policy framework would be implemented by Greater Glasgow NHS from 1 April, 2005.
DRAFT CAR PARKING POLICY - ENGAGEMENT WITH STAKEHOLDERS

TIME AND WORK FLOW

Working Group develop Engagement Plan  
[End of April 2004]

↓

Seek Transport & Access Group’s Approval and Acceptance of Role  
[April, 2004]

↓

Submit Policy and Engagement Plan to NHSGG Board for Approval to engage with Stakeholders  
[18 May, 2004]

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Issued to agreed Stakeholders by Early June 2004

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Closing Date - 20 September, 2004

↓

Collate and Evaluate Submissions  
[15 October, 2004]

↓

Paper to NHSGG for Approval - October 2004

↓

Divisions prepare for Implementation - 1 April, 2005
Alternative Rates - Commercial and NHS

Victoria Rate of £86 per permit at 1.4 permits to spaces ratio
Parking £0.88 per hour at all sites
Break-even

GRI Rate of £210 per permit at 1.4 permits to space ratio
Parking at £0.70 per hour at all sites
Surplus for reinvestment expected (Est. £162k per annum)

GRI Rate of £210 per permit at 1.4 permits to space ratio
Parking at £0.88 (Vic and GRI) £0.60 (All other sites) per hour
Surplus for reinvestment expected (Est. £92k per annum)

GRI Rate of £191 per permit at 1.4 permits to space ratio
Parking at £0.88 (Vic and GRI) £0.60 (All other sites) per hour
Break-even

Commercial Rates in Glasgow (All rates shown would therefore be financially Viable)

Mitchell Street Car Park
£0.70 for 15 minutes
Max Charge per Day = £ 11.70
Night Rate (6pm to 9am) £ 3.20
12 Weekly Ticket £ 622.75 ie 48 weeks = £2,491

Glasgow Oswald Street
Daily Tariffs: Hourly Rate
2 Hours £ 3.90 £ 1.95
2 to 4 Hours £ 7.00 £ 1.75
4 to 6 Hours £ 8.00 £ 1.33
6 to 9 Hours £ 9.90 £ 1.10
9 to 24 Hours £11.00 £ 0.46
4 Weekly Ticket £ 150.00 ie 48 weeks = £ 1,800
12 Weekly Ticket £ 347.80 ie 48 weeks = £ 1,391

Glasgow the Glasshouse & Glasgow Ingram Street
30p for 15 Minutes
Max Charge per Day = £9.30
12 Weekly Ticket £351.33 ie 48 weeks = £ 1,405

Glasgow George Street
Daily Tariffs: Hourly
2 Hours £ 4.40 2.20
2 to 4 Hours £ 6.50 1.63
4 to 6 Hours £ 8.80 1.47
6 to 9 Hours £10.30 1.14
9 to 24 Hours £13.00 0.54
Night Rate £ 3.00
1800-0900
12 Weekly Ticket £ 488.80 ie 48 weeks = £ 1,955
## Alternative NHS Prices - Collated August 2003

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Glasgow</td>
<td>GRI</td>
<td>£ 210</td>
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<tr>
<td></td>
<td>Victoria</td>
<td>£ 86</td>
</tr>
<tr>
<td></td>
<td>Royal Hosp for Sick Children</td>
<td>£ 156</td>
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<tr>
<td></td>
<td>Queen Mothers Hospital</td>
<td>£ 156</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>Royal Infirmary From</td>
<td>£ 93</td>
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<tr>
<td></td>
<td>To</td>
<td>£ 155</td>
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<tr>
<td>Raigmore</td>
<td>Hospital</td>
<td>£ 45</td>
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<tr>
<td>Lothian</td>
<td>NHS Board</td>
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</tr>
<tr>
<td>Royal Infirmary of Edinburgh</td>
<td>(Patients &amp; Visitors £1.20 per hour, £10 for over 6 hours)</td>
<td>£ 250</td>
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<tr>
<td></td>
<td>(Although concessions available in some circumstances) Staff nightshift rate of £3 per night applies to staff</td>
<td></td>
</tr>
<tr>
<td>Western General Hospital &amp; Royal Victoria Hospital</td>
<td>(Patients &amp; Visitors £1.00 per day)</td>
<td>£ 129</td>
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<tr>
<td>Royal Hospital for Sick Children</td>
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<td>£ 129</td>
</tr>
<tr>
<td>St John's Hospital From</td>
<td>&lt;£10k</td>
<td>£ -</td>
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<tr>
<td></td>
<td>To</td>
<td>£ 52</td>
</tr>
<tr>
<td></td>
<td>To</td>
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<tr>
<td></td>
<td>(Patients &amp; Visitors £1 per visit or £5 weekly pass)</td>
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<tr>
<td>Ninewells</td>
<td>(Patients &amp; Visitors £1.30 per visit)</td>
<td>£ 230</td>
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<tr>
<td>Perth Royal Infirmary</td>
<td>(Patients &amp; Visitors £1.00 per visit)</td>
<td>£ 144</td>
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Viability Surrounding Permit Rates for Glasgow would be dependant on the commercial rate used for patients visitors / staff unable to obtain a permit.