NHSGG DRAFT CAR PARKING POLICY

Recommendation:

The NHS Board is asked to:

1. Note the outcome of the formal discussion and engagement with NHS Greater Glasgow patients, public and staff.

2. Approve the attached Car Parking Policy document (Appendix III).

3. Delegate to the Chief Executive the setting up of a partnership based Implementation Group which will be required to establish an Action Plan to implement the Car Parking Policy across the designated sites over the period to 1 April, 2006 on a cost neutral basis.

1 Background

At its meeting on 18th May 2004 the Board approved a draft Car Parking Policy document be issued for formal discussion and engagement with NHS Greater Glasgow patients, public and staff. This paper comments on the outcome of the consultation process. Mr Jim Cameron, Director of Human Resources, South Acute Division, and Chair of the Car Parking Working Group (a sub-group of the Transport and Access Group) will be in attendance to present this paper.

Members will be aware from the previous Board paper (04/34) that NHS Greater Glasgow 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 hospitals sites, experience a high degree of congestion which in turn creates overspill and environmental problems.

Further National Government and Scottish Executive guidance now requires the development and implementation of “Green Travel Plans”. The granting of planning permission by Local Authorities can be dependant on agreeing satisfactory Green Travel Plans in which car parking arrangements are central.

2 Outcome of Consultation

The proposed policy is a framework document which sets out principles which should underpin the introduction of Car Park charging arrangements on a fair and consistent basis Pan-Glasgow, and it seeks to deal with the tension between the need to ensure staff can get to their workplace while enabling patients and their visitors, many of whom are elderly and disabled, to have reasonable access to our hospitals.
The consultation process was concluded in November 2004 and an Independent Panel evaluated the responses and submissions (over 200). [Appendix 1 - Summary of Consultation Themes, and Appendix 2 - Summary of Comments received from Consultees.]

In addition a 1381 signed petition was received stating:

"We the undersigned strongly object to the proposed car parking charges for staff members of the Southern General Hospital."

The petition and the full copy of the consultees comments will be available at the NHS Board Meeting should members wish to see either or both.

Whilst the majority of submissions expressed misgivings with the introduction of Car Park charging only 68 expressed outright opposition. The majority whilst unhappy with the proposition recognised the issue of Car Parking needed to be dealt with, but sought reassurance that any charging policy introduced would be done so fairly, consistently, and lead to improved facilities for Visitors and Staff.

The feedback clearly highlighted some anxiety as to the practicalities of implementation particularly as it applies to staff working cross sites, Disabled access, and early and late Shift Workers. The aim would be, if the Policy is approved, to establish a "Glasgow Permit Office" to ensure the consistent and effective management of car parking Pan-Glasgow.

Better Public Transport links was also raised as a significant issue and the feedback from the consultation process will be directed to the Board’s Transport & Access Group who are currently working with Strathclyde Passenger Transport, Glasgow City Council, and Public Transport providers to enhance the provision of services to Glasgow Hospital sites.

3 Conclusions

It is recommended that the Draft Policy document does not require amendment as a result of the consultation submissions as they are already explicit in the policy document. The consultees will be advised of the NHS Board’s consideration of the outcome of consultation.

The NHS Board is asked therefore to:-

- Note the outcome of consultation and engagement with NHS Greater Glasgow patients, public and staff.
- Approve the attached Car Parking Policy.
- Delegate to the Chief Executive the setting up of a partnership based Implementation Group which will be required to establish an Action Plan to implement the Car Parking Policy across the designated sites over the period to 1 April, 2006 on a cost neutral basis.

Author: Jim Cameron
Job Title: Director of Human Resources
Tel No: 0141 201 1250
Date: 14 February, 2005
NHS GREATER GLASGOW - DRAFT CAR PARKING POLICY

THEMES ARISING FROM RESPONSES TO CONSULTATION

Agreement that the issue needs to be dealt with 21

Generally supportive/willing to pay albeit with certain conditions (ie guaranteed space/will be improved secure facilities/charges reasonable/"policed") 83

Welcome reduction in cars on road 4

Opposed to proposals/charging 68

Ambiguous/unclear whether support or oppose 39

EXPERIENCES ELSEWHERE

Good

- Money reinvested
- Better accessible parking
- Spaces available
- Secure, well-lit
- Set fee of £1 per visit
- Volunteers park for free

Not So Good

- Too costly
- Still not enough spaces
- Parking in nearby streets causes congestion/road hazard and unhappy residents
- Attack in car park (Yorkhill) – did CCTV see/camera manned?
- Distressing when visiting to have to find change for parking

WHO SHOULD PAY?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff – hospital and others</td>
<td>47</td>
<td>65</td>
</tr>
<tr>
<td>Visitors</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Patients</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>Disabled</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Volunteers/Chaplains</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Cyclists/Motorcyclists</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>
WHO SHOULD NOT PAY/SHOULD HAVE BETTER ACCESS?

- Essential users/staff working at more than one site: 30
- Staff and others who live far away/where hospital is not accessible/where public transport is not a viable option: 26
- Early/late shift workers*: 11
- Staff on low pay/people on benefits: 11
- Long-term patients** and/or their visitors: 8
- Cyclists: 6
- Chaplains/Volunteers: 5
- Clinical services/GEMS doctors: 5
- Everyone or no one: 5
- Disabled – particularly patients: 4
- Staff with Children: 3

*some said should pay more!

**includes long-stay patients as well as patients with long-term illnesses eg MND, renal patients who must visit out-patients clinics on a regular basis

ALLOCATION OF PERMITS

- Staff regularly working on more than one site: 6
- Staff who require car for job: 5
- All staff, not just managers: 4
- GEMs/SNBTS (transferred from Lanarkshire to Gartnavel General): 4
- Long-term patients and/or their visitors: 1
- Staff who are carers: 1
- Staff who have to travel long distances to and from work: 1

SPECIFIC MENTION THAT THERE SHOULD BE NO CHARGE AT STOBHILL – 14
(this includes 8 members of the public)
**CHARGES**

- Based on salary, pro rata
- Night shift staff should also have to pay
- Nominal fee for staff required to travel round various sites
- Community as well as hospital staff
- Everyone should be charged or no one
- Same parking charges on each site
- Reduced rate for cyclists and motorcyclists
- Token fee for patients
- Standard fee for visitors
- Free parking for disabled
- Free parking for people on low incomes and senior citizens
- Nominal fee for patients/visitors
- Means-testing for charges
- No charge after 6 pm
- Annual, monthly, daily, hourly rate
- Pay and display or flat rate
- Should be a reasonable sum
- Should be low/minimal amount
- Should not be excessive – discourage “park and ride” but do not burden patients/visitors
- Charge should guarantee a space

**PUBLIC TRANSPORT**

If encouraged to use public transport, what are the issues?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routes not practical/improved links/increased services (run into Southern General)</td>
<td>22</td>
</tr>
<tr>
<td>Additional travelling time</td>
<td>6</td>
</tr>
<tr>
<td>Availability – early/late shifts</td>
<td>6</td>
</tr>
<tr>
<td>Reliability/lateness of staff</td>
<td>5</td>
</tr>
<tr>
<td>Safety/security</td>
<td>3</td>
</tr>
<tr>
<td>Cleanliness</td>
<td>2</td>
</tr>
<tr>
<td>Stress-inducing</td>
<td>2</td>
</tr>
<tr>
<td>Not good if have children</td>
<td>1</td>
</tr>
<tr>
<td>Recruitment issue</td>
<td>1</td>
</tr>
<tr>
<td>Hospital/Division</td>
<td>Count</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Southern General Hospital</td>
<td>33</td>
</tr>
<tr>
<td>Primary Care Division</td>
<td>25</td>
</tr>
<tr>
<td>Gartnavel General Hospital</td>
<td>23</td>
</tr>
<tr>
<td>Dalian House</td>
<td>9</td>
</tr>
<tr>
<td>Glasgow Royal Infirmary</td>
<td>9</td>
</tr>
<tr>
<td>Victoria Infirmary</td>
<td>5</td>
</tr>
<tr>
<td>Western Infirmary</td>
<td>4</td>
</tr>
<tr>
<td>Stobhill Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Yorkhill Division</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>124</strong></td>
</tr>
</tbody>
</table>
APPENDIX II

NHS GREATER GLASGOW

DRAFT CAR PARKING POLICY
SUMMARY OF COMMENTS RECEIVED

PROFESSIONAL AND ADVISORY COMMITTEES (INCLUDING LHCs)

- Area Allied Health Professions Committee
- Area Dental Committee
- Area Medical Committee
- Area Medical Committee Paediatric Subcommittee
- Area Nursing and Midwifery Committee
- Area Pharmaceutical Committee
- Greater Glasgow Health Council
- Royal College of Physicians and Surgeons of Glasgow

NHS ORGANISATIONS, LHCCs, GPs AND OTHER GROUPS

- Primary Care Division
- South Glasgow Divisional Management Group
- Yorkhill Division
- Chaplaincy Service, Victoria Infirmary
- Queen Elizabeth National Spinal Injuries Unit
- Scottish National Blood Transfusion Service
- NHS Ayrshire and Arran
- Kersland House Surgery
- Dermatology Consultants Group (pan-Glasgow)
- Better Access to Health Group
- Disability Steering Group, Primary Care Division
- Glasgow Dental Hospital & School Car Park Committee
- South Glasgow Division Bicycle Users’ Group

NHS STAFF

- Linda Allan, South Glasgow Division
- D Bain, A Birrell, H Brown, D Differ, L Dunlop, D Gibson, I Graham, J Guthrie, M McCartney, A McDaid, D McLeod, G Robertson, W Russell, J Spencer, J Todd – Estates Department, Gartnavel General Hospital
- Donald Bain, Gartnavel General Hospital
- Serena Barnatt, Gartnavel
- Marlene Barrie, Southern General Hospital
- Fiona Blyth, Stobhill Hospital
- June Bone, Primary Care Division
- Cathy Boyd, Southern General Hospital
- Nicky Boyle, GGNHSB
- Nicole Brammer, Primary Care Division
- Mary Brownlie, Southern General Hospital
- Dr Robin Cairns, Rutherglen Health Centre
• Susan Canning, Southern General Hospital
• Clinical Physics Technical Staff, Southern General Hospital
• Lynn Cooke, Gartnavel General Hospital
• Ian R M Crawford, Stobhill Hospital
• Susan Cross, Primary Care Division
• Frances Curley, Southern General Hospital
• Maureen Devenay, Gartnavel Royal Hospital
• Charles Diaper, Southern General Hospital
• Helen Dorrance, Victoria Infirmary
• Carole Ferguson, Southern General Hospital
• Johan Fleming, Transfusion Practitioner
• Kirsty Follett, Stobhill Hospital
• Carol Gibson, Glasgow Royal Infirmary
• Dylan Goaten, Yorkhill Division
• Margaret Gordon, Southern General Hospital
• Tamsin Groom, Sandyford Initiative
• Ann Hart and Pauline McGonnigle, Primary Care Division
• Dr Aisling Hennesy, Western Infirmary
• Christine Herron, NHS Grampian
• Grace Hill, Southern General Hospital
• Caroline Hogg, Southern General Hospital
• Dr A Inglis, Southern General Hospital
• Jennifer Johnson, Primary Care Division
• Carolyn Johnson, Primary Care Division
• Dr Russell Jones, GGNHSB
• Gerry Kelly, Primary Care Division
• Lynn Kendall, Primary Care Division
• Jackie Lawn, Southern General Hospital
• David Leese, GGNHSB
• Moyra Levey, Southern General Hospital
• F Lewis, Gartnavel General Hospital
• Martin Livingston, Southern General Hospital
• Katrina Livingstone, Victoria Infirmary
• Emma Lloyd, Glasgow Royal Infirmary
• Fiona Maclean, Southern General Hospital
• Trish McAllister, Western Infirmary
• Ann McClumpha, GGNHSB
• Dr Robert McFadzean, Gartnavel General Hospital
• Tracy McFall, GGNHSB
• Darryl McGhee, Southern General Hospital
• Kenny McGhee, Southern General Hospital
• Linda McGinnis, Southern General Hospital
• Paul McGivney, Primary Care Division
• Aileen McIntyre, Southern General Hospital
• Allison McLaughlin, Victoria Infirmary
• Moira McLaughlan, Stobhill Hospital
• Mick McMenemy, Greater Glasgow Back Pain Service
• Carol Ann McNicol, Southern General Hospital
• Fiona McNulty, Glasgow Royal Infirmary
• Julie McQueen, Glasgow Royal Infirmary
• Fiona McTeague, GGNHSB
• Suzanne Marshall, Primary Care Division
• Julie Martin, Townhead Health Centre
• Claire Maudsley, Southern General Hospital
• Fiona Middler, Primary Care Division
• Frances Millar, Yorkhill Division
• Esther Milligan, Primary Care Division
• Catherine Morgan, Southern General Hospital
• Jon Moss, Glasgow Royal Infirmary
• Sally Murray, Southern General Hospital
• Kathy Mulloy, Southern General Hospital
• Liz G Nicol, LHCC General Manager
• Angela Nicholl, Primary Care Division
• Dr Elaine Ogg, Riverside Resource Centre
• Michael Palmer, Gartnavel General Hospital
• Dr Jill Pell, GGNHSB
• Jim C Pollock, Glasgow Royal Infirmary/Yorkhill Division
• Ruth Portingale, Southern General Hospital
• Janice Prentice, Primary Care Division
• Shaeron Price, Southern General Hospital
• Dr Nicholas S Reed, Beatson Oncology Centre
• Dr Ian Reeves, Southern General Hospital
• Joanne Reilly, GGNHSB
• Mary Riordan, Gartnavel Royal Hospital
• Diane Ritchie, Gartnavel General Hospital/Beatson Oncology Centre
• Diane Roberts, Southern General Hospital
• Linda Robertson, Glasgow Royal Infirmary
• Lesley Rooney, Primary Care Division
• Elaine Ross, Southern General Hospital
• Dr J M Russell, Beatson Oncology Centre
• Keith Saunders, North Glasgow Division
• Agnes Smith, Gartnavel General Hospital
• Doreen Sneddon, Southern General Hospital
• Chloe Stewart, Stobhill Hospital
• Jackie Stewart, Glasgow Royal Infirmary
• Kate Stewart, Gartnavel Royal Hospital
• Christine Thomson, North Glasgow Division
• Victoria Infirmary Occupational Therapy Staff
• Paul Wade, Primary Care Division
• Doreen Wallace
• Jim Wallis, Glasgow Royal Infirmary
• Pauline Walmsley, GGNHSB
• Fiona Wardell, Primary Care Division
• Marjorie Watson, Westone LHCC
• Beverley Wellington, Victoria Infirmary
• Melanie White, North Glasgow Division
• Tracey Whyte, Bridgeton Health Centre
• Lars Williams, Southern General Hospital
• Jacqueline Wilson, Primary Care Division

LOCAL AUTHORITIES AND COMMUNITY COUNCILS

• South Lanarkshire Community Council
- Blairdardie and Old Drumchapel Community Council
- Broomhill Community Council
- Cambuslang Community Council
- Giffnock Community Council
- Levern Community Council
- Mansewood and Hillpark Community Council
- Mearns Community Council
- Mosspark Community Council
- North Kelvin Community Council
- Ruchill Community Council
- Wallacewell Community Council
- Waterside Community Council

**COMMUNITY/VOLUNTARY ORGANISATIONS**

- Action for Sick Children (Scotland)
- Arthritis Care in Scotland
- Building People’s Capacity Subgroup of the SIP Board
- Cathcart ME Support Group
- Disabled Drivers’ Motor Club
- Glasgow Old People’s Welfare Association
- Glasgow Support Group of the Miscarriage Association
- Greater Easterhouse Women’s Aid
- Hospital Broadcasting Service
- Kirkintilloch Multiple Sclerosis Group
- Lochfield Park Co-operative Ltd
- National Federation of Bus Users
- Northern Service Office of Alcoholics Anonymous
- Pain Association Scotland
- PAMIS
- Ruchill Strategy Group of North Glasgow Community Forum
- Spinal Injuries Scotland
- Stobhill Kidney Patients Association
- Western Infirmary Kidney Patients Association

**MSPs**

- Bill Aitken  JP DL MSP
- Patricia Ferguson  MSP
- Janis Hughes  MSP
- Paul Martin  MSP

**OTHER ORGANISATIONS**

- Amicus/AEEU, Gartnavel General Hospital
- Glasgow Disability Benefits Centre
- Glasgow Housing Association Ltd
- Polestar East Kilbride Ltd
- Strathclyde Passenger Transport Executive
UNISON Scotland

GENERAL PUBLIC

- Jessie Allan
- Mrs E Anderson, G66
- Sara Barry, G12
- Audrey Beattie, G21
- Rev David Brown, Parish Priest, All Saints' Presbytery, G21
- Mary Curtis, G12
- John Dearden, PA4
- Catherine Devlin, G64
- Joyce Docherty, G77
- Jim Dolan, ML4
- Mrs F Donald, G66
- Mrs H S Friel, G64
- Peter Howden, G33
- David C Lavery, G46
- David J Leslie
- Catherine Lynch
- C, M and K MacDonald, G64
- Mrs J McIlraith, G76
- N D McPhail-Smith, G77
- David G Paul, G61
- Anne Sherry
- Jacqueline Stother
- Anne Sweeney, G69
- Archie Temple
- George Tyrell
- Paul Webb, G66
- David G Wilson, PA7
- Iain M Wilson
### NHS GREATER GLASGOW

### CAR PARKING POLICY

#### SUMMARY OF COMMENTS RECEIVED

<table>
<thead>
<tr>
<th>Professional and Advisory Committees (Including LHC)</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Area Allied Health Professions Committee            | • Committee understands the need to address the issues  
• Charge should be reasonable – suggest £1 nominal charge to allow people to adjust to charging rather than £3.50  
• Should be equity across city – right to a space not based on ability to pay  
• Policy of charging non-community staff should be fair – recognising range of pay scales, availability of public transport, staff/patient/visitor safety  
• Policy should include community and remote hospitals  
• Visitors to ITU should not have to pay  
• Will only disabled drivers and essential users be able to apply for permit – and have to pay as in the GRI?  
• Abuse of disabled parking spaces needs dealt with  
• Free hours was contentious issue with divided opinions: some agreed that public transport could not be relied upon and therefore staff should not pay; others felt that it was their choice to work unsocial hours and were remunerated  
• Policy may encourage staff to identify meetings which are unnecessary  
• Public transport services need to improve as an alternative; also inter-site transport needs to be extended to include HQ and distant sites |
| Area Dental Committee                                | • Recognised that this is an important issue for patients, visitors and staff  
• Major problem needing satisfactorily resolved is the needs of clinical staff required to move between different sites on a frequent basis, perhaps as much as 2 or 3 sites in one day |
• If charging is introduced universally for staff, hope that mechanisms can be found whereby clinicians who are multi-site users are required to pay only once rather than at each site they visit
• Also hope that these clinicians are allocated a designated parking space on each site they are obliged to visit; this is of particular importance to staff from the Community Dental Service who have often had trouble gaining access to certain sites in the past
• Mechanisms also have to be found to accommodate clinical staff required to attend emergencies on sites other than their home base; designated spaces should be available to staff in these situations

Area Medical Committee

• Recognise that this is a contentious issue but support the Board in its efforts to produce a car parking policy which is fair and equitable for patients, visitors and staff
• Interested to note that proposals have been put forward as a key component of the Board’s Green Transport Policy
• Any car parking policy adopted should be pan-Glasgow but administered locally according to universally agreed criteria based on fairness and equity
• Consensus view that whilst clinical staff should perhaps be charged for parking, patients should not
• Note the situation at Yorkhill where clinical staff are charged for parking. Although these charges tended to rise, such factors are outweighed by safety and security advantages; theft and vandalism of cars has reduced and staff feel safer, particularly those required to work in the evening and out-of-hours
• There does not seem to be any noticeable increase in parking in the neighbourhood around the Yorkhill complex
• Hope that mechanisms can be found whereby clinicians who are multi-site users are required to pay only once rather than at each site visited; also
hoped that these clinicians are allocated a designated parking space on each of these sites

- Mechanisms have to be found to accommodate clinical staff required to attend emergencies on sites other than their home base; designated space should be available to staff in these situations

- Some doctors are required to attend peripheral clinics or out-patient sites outwith the Greater Glasgow area; such clinicians do not always return to their home base on the same day. Concern that these clinicians may fall outwith the suggestion that car parking spaces would only be reserved for those who make at least 2 journeys per day from their base site. For these clinicians, not having a designated parking space at their base hospital would present a serious problem

- Would be useful if the Board could arrange reciprocal parking arrangements with other NHS Boards for outreach clinical staff

- Disabled parking spaces should remain solely for the use of the disabled and more effective policing should be stepped up accordingly

| Area Medical Committee Paediatric Subcommittee | Staff parking fees have been levied for years at RHSC  
Money has been re-invested in security, lighting and patrolling which has resulted in a marked reduction in car theft  
Place always available for permit holders  
Supposed to be non-profit making but fees have gone up so much that some profits are being generated  
There is a waiting list to get a permit so seems to have been a good thing  
Most staff would be willing to pay so long as they are not getting ripped off  
Staff who work on different sites should pay the same as staff who work on one site and not be charged a fee for every site that they park on  
Staff who need a car for work should have priority when parking permits are |
allocated if spaces are limited

- Staff who live at a distance, who depend on driving to work should be given consideration over those who can easily use public transport
- Patients and relatives more difficult. Anything free tends to be abused. A token parking fee would be appropriate for patients
- Do not see why visitors should not be charged a standard fee
- If money is used to improve parking facilities, payment of a realistic fee should be acceptable

<table>
<thead>
<tr>
<th>Area Nursing and Midwifery Committee</th>
<th>Area Pharmaceutical Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle of policy is good</td>
<td>Understand the need to modernise parking arrangements for patients and staff; balance must be right between priority needs of patients and demands of staff</td>
</tr>
<tr>
<td>Note that majority of English hospitals charge - Yorkhill has charged for years but no guarantee of space</td>
<td>Essential that implementation of policy across all staff groups is equitable; where prioritisation is necessary, the mechanism must be agreed, transparent</td>
</tr>
<tr>
<td>In Primary Care Division – community staff have parking fees paid for them</td>
<td></td>
</tr>
<tr>
<td>Community sites should charge to deter misuse of spaces</td>
<td></td>
</tr>
<tr>
<td>Night shift staff parking free - divided opinions: some agreed that they had no choice but to use car and therefore should not pay; others felt that they were already suitably remunerated for working unsocial hours</td>
<td></td>
</tr>
<tr>
<td>Should encourage alternative modes of travel – bicycle sheds, showers, concessionary public transport for staff – improved inter-hospital transport</td>
<td></td>
</tr>
<tr>
<td>Concerned about the recruitment and retention issues – staff choosing to move to avoid fees</td>
<td></td>
</tr>
<tr>
<td>Should be provision for the timeous removal of abandoned cars</td>
<td></td>
</tr>
</tbody>
</table>
| Greater Glasgow Health Council | Pharmacists, particularly hospital pharmacists operate across sites and also provide emergency out-of-hours service; would not expect impediments to delivering this service if there is a need to come to a site to supply urgently needed medicines

- Likely that pharmacy staff in hospitals will change their working hours to reflect changing roles and patient need; important that this is taken into account

- Charges for staff parking should be introduced in a phased manner; hospital pharmacy continues to have a recruitment and retention problem and matters such as charges can adversely affect recruitment and retention

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| Greater Glasgow Health Council | Majority of responses received from public hostile to suggestion that charges should be levied; proposals have proven to be controversial

- Took the view 7 years ago that NHS should not apply charges for parking by patients or visitors; reconsidered position in light of consultation document

- Aware of dissatisfaction with current arrangements at many hospitals; regularly visit NHS facilities and have always considered issue of parking. Recognise that parking has become an increasing problem at many sites, specifically Glasgow Royal, Western and Victoria Infirmary. Even in hospitals where there were ample spaces, these are now at a premium

- Agreed there should be a policy to change the nature of the current parking provision

- If new parking facilities are to be provided, would be inappropriate for these to be funded from direct NHS expenditure

- Accept that to do nothing would result in additional frustrations for patients, visitors and staff

- Accept that if the burden of charging was to fall only on staff they would feel most aggrieved as costs likely to be higher
than if costs were shared with visitors and patients

- In certain circumstances it would be acceptable for patients and visitors to be charged for parking subject to a number of provisos:
  - need to provide additional parking
  - should not be pay and display as patients and visitors can be detained in hospital longer than expected
  - clarity required about the issue of “free parking in exceptional circumstances”; should be certain types of patients for whom parking would not apply
  - would not be fair if some hospital sites charged and others did not
  - should be a unified charging policy, possibly with differences based on staff salaries; not fair to have different rates for sites across Glasgow unless there is different provision at different hospitals
  - presume NHSGG will commission private sector to run car parks; any contract must allow NHSGG to ensure pricing policy is fair and appropriate
  - policy must have consideration of adjoining areas; any policy should be designed in consultation with others ie local residents
  - what action will be taken against people who park inappropriately in disabled areas? This is a problem currently in hospitals
  - must be a clear definition of what is meant by “low incomes”; has the Board spoken to the Department of Works and Pensions about this issue?
  - is the Board prevented from providing a shuttle bus service for patients?

- Much in the document which is to be welcomed such as the provision of safer parking spaces, facilities for cyclists and motor cyclists, development of shuttle buses for staff, improvement of inter-site
transport and the promotion of car sharing and pool car schemes

- Unfortunate that the group who drew up the document did not engage with patient representatives

<table>
<thead>
<tr>
<th>Royal College of Physicians and Surgeons of Glasgow</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Need to make car parking facilities available to staff working unsocial hours if public transport is not an option</td>
</tr>
<tr>
<td>• Increasingly, clinical staff are likely to be working across a variety of sites within Glasgow and will have a need to park their own cars to allow them to move between sites albeit would also encourage greater inter-hospital transport links</td>
</tr>
<tr>
<td>• It is accepted nonetheless that parking should not always be free for staff or relatives</td>
</tr>
</tbody>
</table>
### NHS ORGANISATIONS, LHCCs AND GPs

**Primary Care Division**

- Will be a 2-tier system operating within NHSGG with some sites not subject to charges; some staff will operate between locations which charge and others which do not
- Concern at the effect of charges on the recruitment and retention of lowest paid staff who currently enjoy free parking; recent travel survey at Gartnavel Hospitals showed 68% of staff travel to work by car
- If intention is to act as a disincentive to people bringing cars to work or when attending hospital visits, may have an adverse effect on the time it takes staff to travel between locations or increase pressure to make use of taxis, with result increase in costs to the service
- Concern about the effect of introduction of charges where consequence may be to encourage staff to park in adjacent residential areas and cause inconvenience to local residents
- Where community staff are based within a site which is subject to a charge, consideration should be given to how they fit into the site arrangements so they are not disadvantaged in comparison to colleagues who do not pay
- Board should look at how to encourage office staff to develop strategies which allow work from home where practical
- How will staff who work part-time be able to access parking? How do we ensure we are not adversely impacting on the development of family-friendly policies or work/life balance issues eg will staff be able to park only on pre-defined days?
- How are University students, who are regular visitors at some sites, to be treated eg are they to be treated as staff or visitors?
- How is the problem of inappropriate parking (eg on grass verges, double yellow lines etc) to be addressed and policed in a way which is within the powers of NHSGG to enforce and which
<table>
<thead>
<tr>
<th>South Glasgow Divisional Management Group</th>
<th>South Glasgow Divisional Management Group</th>
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</thead>
<tbody>
<tr>
<td>does not place staff at risk of threats of violence?</td>
<td></td>
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<tr>
<td>• Short-term pick-up/drop-off areas need to be more clearly defined to specify how they may be used for making deliveries of goods to sites or for staff to use in collecting equipment etc</td>
<td></td>
</tr>
<tr>
<td>South Glasgow Divisional Management Group</td>
<td>• Consideration should be given to the needs of relatives of long stay/continuing care patients; should consider including this group within the definition of “exceptional circumstances” for free parking permits</td>
</tr>
<tr>
<td>South Glasgow Divisional Management Group</td>
<td>• Note the suggestion that “staff with carer responsibility required to leave … during the working day” may be eligible for free parking; understand and support the concept of supporting these staff; would support them being prioritised for permits but do not agree they should be eligible for a free space</td>
</tr>
<tr>
<td>Yorkhill Division</td>
<td>• Difficult to understand the reason behind the reference to staff with a carer who requires to leave the site during the working day; also not clear why this category of motorist will be included in the “tightly defined group” who will not be charged for parking within designated staff parking access</td>
</tr>
<tr>
<td>Yorkhill Division</td>
<td>• In relation to the times when parking is free, there is no mention of weekends but maybe this is deliberate. For some city centre locations, it could be a sweetener to staff if they could park free when they are in for shopping</td>
</tr>
<tr>
<td>Yorkhill Division</td>
<td>• The Policy may need to say something about transition arrangements – how we move from current parking rules/arrangements, especially if the changes are going to mean significant disadvantage ie other than paying more of a fee; concern was also expressed as to whether there would be less parking for staff and therefore some who currently have permits may lose them</td>
</tr>
<tr>
<td>Yorkhill Division</td>
<td>• May be timing issue with the provision of alternative transport – will the 2 strands happen together and is this within NHS control or that of Local Authorities?</td>
</tr>
</tbody>
</table>
| Stage 1: Chaplaincy Service, Victoria Infirmary | • Chaplains offer a 24/7 service. Can be asked to attend any of the South Division’s sites fairly urgently and need to be able to park without delay  
• Make home visits, officiate at funerals and would require parking without charge – unless the charge was recoverable from expenses |
| Stage 2: Queen Elizabeth National Spinal Injuries Unit | • National Unit is some distance from designated parking areas within the Southern General Hospital  
• At present there are 6 disabled spaces adjacent to the Unit – currently see over 1000 out-patients a year who require disabled parking  
• Many patients and relatives travel long distances  
• Will there be retention of an appropriate number of disabled spaces and will this parking be free? Majority of patients receive Disability Benefit  
• Majority of patients have visitors who travel long distances  
• Public transport is not an option  
• Average length of stay for a paraplegic patient is 7 months and tetraplegic one year; many receive daily visits. Will there be provision to support regular visitors?  
• Generally supportive of parking charges  
• Concerns that parking charges would disadvantage significantly those requiring prolonged hospital admission |
| Stage 3: Scottish National Blood Transfusion Service | • West of Scotland Transfusion Service is based on Gartnavel site although a part of CSA. Would like to voice feelings over changes but have not been included in the consultation  
• Transfusion Service moved to site from Lanarkshire in 2001 and staff have to travel considerable distance to work (>25 miles). Public transport not always an option  
• Hope staff (about 40) might be considered as special cases if spaces are to be balloted |
• Need to be recognised as a staff group on the Gartnavel site and as being in need of parking spaces

NHS Ayrshire & Arran

• Parking is a major concern at hospital sites in Glasgow; reasons listed in document present sufficient justification to develop a policy
• Improvements made using income generated from parking should be well-publicised
• Agree that patient and visitor parking should be closest to the hospital; however, has any consideration been given to staff, especially those working night shift where safety is a concern?
• Agree disabled should park without charge but how will this be monitored?
• Who will be eligible for free parking in exceptional circumstances? Would patients travelling from areas of Ayrshire with poor public transport constitute “exceptional circumstances”?
• How long will it take for people on low incomes to reclaim charges? Must be sufficiently short to make claiming for parking worthwhile
• Short-term pick-up/drop-off areas very important and sufficient areas must be allocated. These require to be policed but it must be recognised that hold-ups can occur so policing should not be too strict
• Staff who must use a car for business should not be penalised
• Agree that parking should not be charged between 9 pm and 7.30 am
• Will the bookable spaces for official visitors incur a charge?
• Concern about payment system for parking and how breaches of parking regulations will be dealt with. Most appropriate system would be a pay-on-exit system where car users are charged for the exact amount of time their car incurred
• Does the prospect exist to issue tickets for people attending hospital on a daily or
<table>
<thead>
<tr>
<th>Dr S L Goldthorpe, Kersland House Surgery</th>
<th>Would ask that cognisance is taken of the needs of the GEMS Health Visiting doctors, based at Western and Victoria</th>
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<tr>
<td></td>
<td>On one of these sessions, 3 cases need to be transferred to the house via car – so need to be able to park on-site at the Western. Do not mind paying a fee for this</td>
</tr>
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<tr>
<th>Dermatology Consultants Group (Pan-Glasgow)</th>
<th>Most of the consultants within group are required to provide dermatological services at a number of sites; this necessitates the use of cars in order to travel between sites and the inability to find suitable safe and convenient parking has a detrimental effect on service and wastes valuable consultant time</th>
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<td></td>
<td>Additional problems for dermatological patients; many have chronic skin disease and require to attend patient treatment centres and phototherapy centres on a regular if not daily basis</td>
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<td>Many patients, who are elderly and infirm, require safe, secure, convenient parking close to the site where services are delivered</td>
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<th>twice daily basis?</th>
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<td></td>
<td>The alternative ways of accessing sites should be in place prior to implementing the charges, especially improving bus stops for staff, patients and visitors and making it easier and safer to travel by public transport. Alternatives should be explored further and feasible options implemented alongside the policy</td>
</tr>
<tr>
<td></td>
<td>NHS Ayrshire &amp; Arran recently commissioned Transport Study to identify weaknesses and issues about transport to and accessibility of health services within area; similar study may be advantageous for NHSGG</td>
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<td>Transport Study recommended provision of Transport Co-ordinator to provide central focus for negotiation with transport providers and to promote provision of up-to-date information on public transport; may be positive step for NHSGG</td>
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</table>
• Fail to mention extreme difficulties faced by disabled people in finding anywhere to park; current arrangements characterised by lack of reserved spaces for disabled people, illicit use of reserved spaces by non-disabled badge holders and absence of thorough enforcement and policing of such spaces

• Would welcome an explanation of why the policy is intended to cover only main acute hospitals. Parking is poor in certain community health care facilities and recommend policy should be extended to cover all NHSGG sites

• Note the aims of the policy and omission of an aim to improve access to healthcare for disabled people; should be incorporated into final document

• Welcome clarity of language to acknowledge that “disabled users” includes both disabled drivers and disabled passengers

• Not unanimous that those who are disabled should automatically park without charge; note than inability to afford charges not synonymous with being disabled

• Welcome and endorse proposal that patients on low income can reclaim charges

• Would welcome clarity of the concept of “very short-term pick-up/drop-off areas”

• Group members have experience of being verbally abused by NHS staff unable to realise needs of disabled people getting out of cars or making it to an entrance within a few seconds; ask that final document includes a clear statement on how NHS staff should behave when disabled patients/visitors are being dropped off in such areas

• Why would disabled staff not pay charges alongside their colleagues? Disabled staff must be given priority access to available spaces adjacent to entrances etc but to exempt such staff from charges on the grounds of disability is inequitable
| **Disability Steering Group, Primary Care Division** | **Transport arrangements can have a significant effect on what disabled people are or are not able to do. Transport that is not accessible to disabled people has a big effect on their lives. NHSGG should ensure that hospital and clinic facilities are accessible to disabled people; should also ensure that individuals are not deterred from seeking or keeping employment because of difficulties presented by transport and accessibility issues**  
| **No mention of aim being to ensure that the needs of those with a disability (specifically one which affects their mobility) are met; should be a specific aim of the policy. If not, NHSGG is failing in one of its statutory obligations** |  
| **No mention of the need to enforce inappropriate use of designated parking for the disabled nor recognition that the need to designated parking should be allocated to those with mobility impairments** |  
| **Helpful to know what initiatives for alternative ways of accessing sites are and to be sure they meet the needs of disabled users** |  
| **If it is deemed appropriate to use buses to connect between sites and linkage within sites, making sure that vehicles are accessible will be important** |  
| **Important to ensure that timetables and route plans are clear and accessible to those with visual impairments** |  
| **Important to ensure that transport needs** |  

- Welcome acknowledgement given to role of carers but clarification required regarding definition of carer  
- For some disabled people there is no alternative to using a car; many bus and train stations are inaccessible. Ask that NHSGG continues to work with public transport providers to improve alternative provision so that it could be used by more disabled people  
- Ask that disabled members representing both staff and patients should be on implementation group
| Glasgow Dental Hospital & School Car Park Committee | • Few people in GDH&S have expressed any opposition - little, if any, objection to the introduction of charging  
• There are several factors peculiar to GDH&S:  
  o car park is relatively small with <70 places  
  o it has no functioning entry/exit barrier system; card entry/exit system is needed  
  o GDH&S has had its own car park policy in place for several years, has continued to evolve and has served us well  
  o car park needs to be resurfaced and relined to cure the ingress of water  
  o there is a lock fast bicycle shed and areas for motor bicycles  
  o need to increase number of spaces for disabled drivers  
• There are no patient parking spaces - clearly stated on appointment cards - no complaints received about this in 6 years as Chairman of Dental Hospital Car Park Committee. Little, if any, objection to introduction of charges |
| South Glasgow Division Bicycle Users’ Group | • Support policy of developing Green Transport Strategy to address increasing problem of access to NHS sites, especially the promotion of alternatives to car use  
• Pleased that a key commitment is to address current shortcomings of facilities for cyclists  
• Draw attention to minimum ratio at hospitals of one cycle parking space to 8 car parking spaces stated in Scottish Executive document, “Cycling by Design”  
• Ask the Board to develop a more detailed strategy for cycling to NHS sites, recognising that cycle parking is one aspect of a required solution which would
| | include designated safe cycle routes, signage and adequate changing/storage facilities  
| | • Support review of mileage allowances and urge Board to uprate cycle mileage allowances to greater than the current tax free threshold of 20p/mile as an incentive to modal shift  
| | • Support the pooling of income from charges, recommend the setting up of a pump-priming funding and ask that a minimum 25% of revenue be allocated to cycle facilities  
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<th>NHS STAFF</th>
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<tr>
<td>Linda Allan, Occupational Therapy Dept, South Glasgow Division</td>
<td>• Agree current arrangements are inadequate</td>
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<td>• Staff who use car for business purpose may not all fit exclusion</td>
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<td>• If charging is on a pay-and-display basis, will staff pay twice?</td>
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<td>• Potentially add to congestion in residential areas by those</td>
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<td>• What if staff leave or rotate to a post on another site?</td>
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<td></td>
<td>• Is it realistic to hope to provide adequate on-site parking</td>
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<td>within very urban sites? Will public transport support plans by</td>
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<td></td>
<td>April 2005?</td>
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<tr>
<td>D Bain, A Birrell, H Brown, D Differ, L Dunlop, D Gibson, I Graham,</td>
<td>• Only by chance became aware of policy; should have been more</td>
</tr>
<tr>
<td>J Guthrie, M McCartney, A McDaid, D McLeod, G Robertson, W Russell,</td>
<td>widely circulated to allow time for consultation and debate – or</td>
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<tr>
<td>J Spencer, J Todd - Estates Department, Gartnavel General Hospital</td>
<td>was this the purpose of the poor notice?</td>
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<td>(individual standard letters received)</td>
<td>• Disgusted at proposals to charge staff for parking; disgraceful</td>
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<td></td>
<td>• Intentions to provide free parking between 9 pm and 7.30 am are</td>
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<td>- flawed - discriminates against daytime staff</td>
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Donald Bain, Estates Department, Gartnavel General Hospital

- How was the consultation made available to the public and how were hospitals notified?
- How much revenue is expected and how much will be used on maintaining and developing parking?
- Will there be a fully detailed breakdown of the permits issued?
- In Glasgow £1.5m was paid on taxis – will increase as people refuse to use own cars
- Will more than one permit be issued per space – this would be fraudulent
- Intentions to provide free parking between 9 pm and 7.30 am are flawed - discriminates against daytime staff
| Serena Barnatt, Senior Personnel Adviser, based at Gartnavel (currently on secondment to East Dunbartonshire Council) | • Urge to rethink these outrageous plans – which could be seen as penalising patients, the families of patients which the NHS is here to serve, and skilled and dedicated workers ensuring hospitals meet demands place on them  
• Allow free parking – it is a free service provided for the people |
| --- | --- |
|  | • Take car to work because have to use it for travel for business purposes; South Division is a large geographical area so public transport not realistic  
• Seems unfair to be charged for parking when only reason to bring car to work is for business  
• Walk to work when do not need to use car - approx 1 day per week  
• As resident of Hyndland, have not found anything to consult with residents on proposals. Area already congested and concerned staff will resort to parking in street; this has happened elsewhere when charging introduced. How does NHSGG plan to consult with public? |
| Marlene Barrie, Southern General Hospital | • Staff who use car on grounds of on-call should have free parking when on-call; Radiographers on-call are based in A&E but also cover emergencies in the Maternity Unit and PFI building. The alternative is to wait for a taxi or a long walk through badly-lit grounds in the middle of the night  
• Even staff who use public transport at other times have to bring their car when on-call; this should be free  
• Parking at weekends should be free; there is little pressure on weekend parking and this would help low income families visiting relatives  
• Provision should be made for visitors who are also main carers for the patient. Carers for those who are chronically sick or suffer from dementia often have to spend hours at a time to help care for – or to advocate for – their relative; this can often be at a time when they have severe financial problems as their carer allowance may have been stopped as well as the disability living allowance for |
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<th>Name</th>
<th>Comments</th>
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| Fiona Blyth, Stobhill Hospital | • Benefit of working in Stobhill is that there is always ample parking space; as a carer for elderly parents who both attend various out-patient departments at the hospital, parking is a dream and ease of access to the hospital for them is a great bonus  
• The thought that charging will help local community control the amount of car use is a feeble attempt to disguise that NHSGG want staff to pay to come to work  
• Object to any money raised being put into a central fund to raise standards throughout NHSGG; is this a polite way of saying we need the money to build parking facilities at the GRI? |
| June Bone, Primary Care Division | • This is shocking - why should staff pay to park at work?  
• Why should people visiting have to pay to park?  
• Why should someone attending hospital have to pay?  
• The whole thing stinks |
| Cathy Boyd, Secretary, Radiology Dept, Southern General Hospital | • Ridiculous proposal for parking charges at the Southern General  
• Worked for there 22 years and have had to struggle on low pay  
• Cost will amount to 3 times cost of mortgage. Will have no option but to start looking for another job  
• Even when you pay, not guaranteed a parking space; cannot believe staff would be treated this way  
• No option to car share – no bus goes from home to work and with Agenda for Change will all probably be worse off  
• People – especially van drivers in the Southern General – drive at speeds of up |
| Nikki Boyle, Health Promotion Officer (Alcohol), GGNHSB, Dalian House | • Understand the reasons for moving to charging – should consider
| | Hospital Parking
| |   o residents will be inconvenienced by staff and visitors parking in streets
| |   o in emergencies, last thing people need to worry about is change for parking meter
| | Dalian House
| |   o staff often travelling around regularly - time wasted in looking for parking spaces
| |   o different jobs need to be considered differently – desk and non-desk jobs and ability to pay not just salary level needs to be considered
| |   o those living in rural areas will have public transport difficulties
| |   o taxi costs will escalate – staff will be less able to be flexible re meetings outwith Dalian
| |   o many staff need transport to attend meetings, deliver training
| |   o using car is lifestyle choice which individuals have the right to make
| Nicole Brammer, Admin Asst/Secretary, Primary Care Division | • Only have access to a bus which would add considerable time onto day
| | • Would travel by public transport if buses were regular, security and cleanliness better, and train station closer
| | • Travelling on public transport would cause stress levels to rise, raise sickness levels and cost the NHS more
| | • In the present climate where car owners are being persecuted with fuel prices, insurance and road tax, to get charged for going to work is too much
| | • Government will have to increase wages to compensate
| | • Why should staff on hospital sites be penalised and people in community areas not be charged? This is discrimination against working on a busy site
| Mary Brownlie, Immunology Home Therapy Nurse, Scottish Blood Transfusion Service, Southern General Hospital | • Would be better to look at each site and see how many people working within the hospital don’t require to, and could be working elsewhere which would alleviate the parking problems  
• The part which states staff who require to move between sites (lease car owners) and parking being free between 9 pm and 7.30 am are ridiculous. Why should nursing staff who work nights and earn more money get free parking?  
• Staff who require to move between sites will take the majority of the spaces but again do they require to be on the sites?  
• Wouldn’t mind car sharing but what if you have to attend an emergency and the person driving had to leave? What arrangements would be made to ensure sharer gets home? |
| --- | --- |
| Dr Robin Cairns, Practice Manager, Rutherglen Primary Care Centre | • Agree with charges to deter people from using cars unnecessarily - but concern for low earners  
• Use shuttle bus between hospitals but other days, when need to move between bases, not enough time to use shuttle  
• Visit patients at home covering West of Scotland and take car to base  
• Would not have a problem paying providing could claim on expenses. Would only have car for purpose of work  
• At the Western never any spaces. Often difficult to drive in as people park where there are no spaces. More parking attendants could alleviate this |
| • Adequate parking must be provided for all classes of persons visiting hospitals  
• Scottish Executive should make funds available for CCTV, lighting and facilities – this should not be raised by parking charges  
• Staff should certainly not be asked to pay  
• Argument for visitors being charged |
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<tr>
<th>Name and Position, Hospital</th>
<th>Comments</th>
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</table>
| Susan Canning, Enrolled Nurse, Southern General Hospital | • Strongly object to having to pay for car parking  
• Have to work shift pattern that no one else in Division works ie ending at 10 pm and, if forced to use public transport, would have to walk through an underpass at night making me feel very vulnerable  
• Can’t believe staff are being asked to consider this |
| Clinical Physics Technical Staff, Southern General Hospital | • Nothing but a money-making scheme which will cause a great deal of resentment amongst staff  
• If senior staff in the department travel by public transport, would be increase in staff arriving late due to unreliability of public transport - inevitable delays  
• Staff travel from Motherwell, Hamilton, Glengarnock, Linlithgow and Gourock. Fairly easy to travel by car but not by public transport  
• Despite the distance, the Southern General is a great hospital to work in. Car users shouldn’t be penalised by having to pay parking.  
• Scheme is unfair  
• Effectively a pay cut for staff  
• How can it be policed effectively?  
• Is it legal?  
• Will have a demoralising effect on staff |
| Lynn Cooke, Consultant ENT Surgeon, Gartnavel General Hospital | • Feel car parking policy is not family friendly; aims to make people use public transport  
• Currently have car parking permit at Gartnavel as post is split-site  
• Following comments affect other parents, particularly mothers in professions such as nursing/PAMs:  
  o most working mothers have to balance work and family responsibilities  
  o much of the medical, nursing, secretaries and PAMs NHS |
<table>
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<tr>
<th>Workforce is made up of women</th>
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<td>o when children were small would drop them off between 8 am or 8.30 am; nurseries do not open earlier. Public transport in complicated directions would be impossible, especially in bad weather and children in a buggy</td>
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<tr>
<td>o no hospital in Glasgow provides guaranteed places for children of medical staff</td>
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<tr>
<td>o in addition, there are trips to dentist, doctor, orthodontist and emergency calls to child’s school, all made easier with a car on-site</td>
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<td>o policy is sexist as it assumes that a working man has a wife at home to do all these tasks - assume policies are drawn up by men without consultation with working women with families</td>
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<td>• Husband copes with lack of parking at GRI by cycling to work but this leaves childcare issues</td>
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<td>• Employees with no children or a wife at home have other transport options</td>
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<td>• Lack of car parking will potentially cause recruitment problems - other hospitals may look more attractive</td>
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<td>• Rethink policies and plan sufficient car parking for staff and family-friendly policies</td>
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<tr>
<th>Ian R M Crawford, Hospital Manager, Stobhill Hospital</th>
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<td>• Have worries about the ethics of charging on a site where there is generally plentiful parking</td>
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<td>• May act as a deterrent to recruitment</td>
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<td>• On the Stobhill site will be difficult to control access to particular areas - real problems controlling access at entrances. Could lead to queuing into main roads, obstruction of emergency vehicles and difficulties for deliveries</td>
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<td>• If not controlled at the entrances, will have to be within the site. Stobhill does not seem to readily lend itself to this</td>
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<td>• Current problems more related to abuse of double yellow lines and disabled parking spaces rather than shortage of</td>
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<td>Name</td>
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| Susan Cross | Clinical Psychologist, Primary Care Division | - Would welcome powers to deal more forcefully with abuses  
- Solutions are likely to present practical difficulties and high costs  
- Do not feel essential car users should pay parking fees as they have little option but to bring cars to work  
- Work across the city and would not be feasible to use bicycle or public transport.  
- No adequate changing facilities at most bases  
- Welcome any measures that reduce transport on roads  
- Agree that hospital parking is limited and requires to be dealt with and that patient access is an important issue |
| Frances Curley | Student Nurse, Southern General Hospital | - Policy would be too costly  
- No mention of student nurses; currently on a bursary – won't stretch to expensive parking fees  
- Policy recommends pool cars and car sharing; this may be practical for some but is time-consuming, difficult to organise  
- Live in an area with limited public transport  
- Alternative rates of other car parks should not be a comparison. Should be free as we work to provide a public service  
Alternative suggestions  
- segregated parking areas for staff  
- passes that identify staff vehicles  
- build more parking areas and expanding hospital buildings  
- give incentives to staff who comply |
| Maureen Devenay | Personal Secretary, Gartnavel Royal Hospital | - If hospital-based staff are charged, staff within resource centres should be charged  
- Would like details on how allocation of spaces will be made. Would hope all hospital-based staff would be considered, not just “managers” |
| Staff requiring to use a car for business – high percentage have lease cars, a perk which managers are entitled to. Why should they have the privilege of not paying to park? Earn more than the majority and in better position to pay |
| Live approx 50 miles round trip from work. Require to use car daily. Parking is a problem and improvements require to be achieved. |
| Public transport journeys not always pleasant – trains not clean, overcrowded, expensive, adding 2 hours to working day, have not felt safe. Want to continue to use car, be able to park near to office and know car is parked in safe area. Willing to pay but not at high amount just to allow certain grades to park free |
| Parking for disabled, no charge - fully support this. Hope this will be monitored as have seen spaces taken by people who are not disabled |
| Parking free between 9 am and 7.30 am – do not agree that these staff should not be asked to pay a minimal amount; their choice to work night shift - paid a night allowance, perhaps earning more than some daytime staff. If don’t include this group of staff, daytime staff would be discriminated against |
| “Free parking” permits in exceptional circumstances – what will criteria be for this? |
| Bookable spaces for “official visitors” – who would this apply to? Should be no distinction between visitors, should all be treated the same |

| Charles Diaper, Southern General Hospital |
| Generally agree with the aims of the draft policy |
| No mention is made of Golden Jubilee National Hospital |
| Parking charges will be pooled; why will I have to pay for improvements at hospitals where I do not go? |
| No mention is made how alternative green transport issues will be addressed |
| What moves and pressures will be made on bus companies to change their |
- How will the Board increase the frequency and reliability of train and underground to hospitals?
- Doctor at the South Division has, for 5 years, tried to alter the routing of a bus service between the Victoria Infirmary and the Southern General Hospital. Bus company states that unless all bus companies agree, it is viewed as a potential for lost revenue to a competitor.
- Bicycle Users Group at South Glasgow Division has documented there is not enough secure changing space. Bike cages at the Southern General Hospital are far from central changing areas.
- For out-patients and visitors, how about Dial-a-Bus so that no patient would wait more than 20 minutes once bus is called.
- The Bicycle Users Group has asked for a detailed travel survey. This should be done and be detailed enough to not only document what people’s current travel usage is but what it would take to make them leave their cars behind.

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<th>Name</th>
<th>Comments</th>
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<tr>
<td>Helen Dorrance, Consultant Colorectal Surgeon, Victoria Infirmary</td>
<td>There is no public transport alternative. No access to the car park - must park in the street where her car has been broken into. No qualms about paying for parking but expect it to be secure with a reasonable charge. Must have access to car park at all hours of the day. Prefer to pay on annual or monthly basis.</td>
</tr>
<tr>
<td>Carole Ferguson, MND Specialist Nurse, SGH</td>
<td>Working with Motor Neurone Disease patients; bulk of work is home visiting and covers the West Of Scotland. Often have heavy equipment to carry and urge provision of priority parking for such staff.</td>
</tr>
<tr>
<td>Johan Fleming, Transfusion Practitioner</td>
<td>Role covers several sites. Live approx 30 miles from base; with public transport -2 trains and at least 1 bus journey each way. Travelling time is 50 minutes one way - with public</td>
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<td>Name</td>
<td>Remarks</td>
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<tr>
<td>Kirsty Follett, Staff Nurse, Stobhill Hospital</td>
<td>- If public transport used could not effectively move between sites with laptops etc</td>
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<td>Carol Gibson, Glasgow Royal Infirmary</td>
<td>- Work permanent night shift at the GRI</td>
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<tr>
<td>Dylan Goaten, Renal Technician, Yorkhill Hospital</td>
<td>- There are distinct catchment areas for sizeable sections of 9-5 staff in Yorkhill Hospital. If the hospital had a minibus and hospital drivers available, then in 3 runs between 7.30 and 9 am, could easily be transporting 45 staff to their workplace. If charged £40 per month for this, service could be run at a profit. Staff would have reliable, safe, convenient transport, around 45 car parking places could potentially be freed up. If other hospitals followed suit, road congestion could be significantly reduced</td>
</tr>
</tbody>
</table>

transport would be about 2 hours each way

- Overspill will go into local residential area
- Charges should apply to all staff, night shift cannot be exempt
- Public transport is not always an option for staff and visitors
- Where is newly-acquired money to be spent?
- Why do other public service employees not pay to park at work?
- Not a justified means for the money made

- Fair way for staff is pay as we use
- Public transport unpredictable so take car to work
- Also have to be home in time to take daughter to school
- Fee could be deducted from salary to enable us to afford the cost of parking
<table>
<thead>
<tr>
<th>Name</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Margaret Gordon, Staff Nurse, Southern</td>
<td>• Strongly disagree with having to pay as have to travel from Motherwell on a daily basis</td>
</tr>
<tr>
<td>General Hospital</td>
<td>• Work shifts starting at 8 am and finishing at 10 pm, over 7 days per week</td>
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<tr>
<td></td>
<td>• No public transport available to enable her to get to work on time and too expensive for a taxi</td>
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<td></td>
<td>• Work in psychiatric admissions and at 10 pm, the only staff leaving Southern General. Staff extremely vulnerable and concerned for their safety. Colleagues have been followed; one mugged at knifepoint in the grounds. Find this prospect extremely frightening</td>
</tr>
<tr>
<td>Tamsin Groom, Specialist Registrar,</td>
<td>• Paying for staff parking is all well and good but need to ensure enough spaces for all those who subscribe ie by a limited number of permits</td>
</tr>
<tr>
<td>Sandyford Initiative</td>
<td>• Would involve having waiting lists for permits</td>
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<td></td>
<td>• Need to assess those most in need of their cars</td>
</tr>
<tr>
<td></td>
<td>• Those working in the community move around to different clinics – if all started to charge it would be a nightmare!</td>
</tr>
<tr>
<td>Ann Hart and Pauline McGonnigle, Health</td>
<td>• Part of contract to hold a full driving licence – so require car</td>
</tr>
<tr>
<td>Visitors, Primary Care Division</td>
<td>• Have no intention of paying for parking - costs enough to drive to work and no longer receive a car allowance</td>
</tr>
<tr>
<td>Dr Aisling Hennesy, Consultant Clinical</td>
<td>• Consultants have considerable commitments outside base hospital; could be up to 4 sites, excluding base site</td>
</tr>
<tr>
<td>Oncologist, Western Infirmary</td>
<td>• If forced to use public transport, significant time that could have been spent in clinical activities would be lost. This would result in clinics being cut, increased waiting times and a detrimental effect on patient care</td>
</tr>
</tbody>
</table>
| Christine Herron, Community Health Worker, NHS Grampian | • Suggest hold off proposals to ensure there is adequate car parking provision  
• Fees have been introduced in Aberdeen’s hospital resulting in parking nightmare for those trying to visit the hospital  
• Recently was hospital visitor and relentless driving around to find a space before visiting ended not only stressful but once was unsuccessful  
• Accompanying patients to hospital is a logistical nightmare, especially if patient not mobile  
• No longer donate blood - refuse to pay for privilege  
• Charges make money, they do not enhance the patient experience; NHS is supposed to have patient’s interest first |
| --- | --- |
| Grace Hill, Supplies Department, Southern General Hospital | • When would charges be due to start?  
• Would consideration be given to people who do not live locally and need to get to work by car?  
• How are charges to be paid ie from a ticket machine or from employee’s pay?  
• Are charges tax exempt?  
• How much is it going to cost to administer these charges? |
| Caroline Hogg, Southern General Hospital | • Work with patients discharged from Southern General and Victoria. Use own car to travel across south of Glasgow, from Cambuslang to Newton Mearns to Penilee. Claim expenses for these journeys but Division has benefit of the use of her car whilst she is taxed on these expenses – effectively funding the Division so she can do her job  
• Cannot identify that staff like her are to have allocated free parking anywhere in document  
• If unable to park near office will see fewer patients each day  
• Need to park near office as often carrying pieces of equipment to and from car  
• Will not use car park for large periods of time |
<table>
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<tr>
<th>Dr A Inglis, Consultant – Intensive Care, Southern General Hospital</th>
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<tbody>
<tr>
<td><strong>Day but need to park first thing, at lunchtime and at end of day</strong></td>
</tr>
<tr>
<td>• Do not feel it would be fair to pay for privilege of being required to use own vehicle for work</td>
</tr>
<tr>
<td>• Know there are lease facilities but do not see how this would improve the situation</td>
</tr>
<tr>
<td><strong>As an acute specialty consultant, required by contract of employment to have a car</strong></td>
</tr>
<tr>
<td>• On-call one night (and one weekend) in 6; on-call requirements mean immediate return to hospital for direct patient care, not waiting for public transport</td>
</tr>
<tr>
<td>• Alternative to using car would be to use &quot;hospital taxi&quot;; this would introduce further delay and be at extra cost to the hospital</td>
</tr>
<tr>
<td>• On-call work can mean starting at 8 am, taking over on-call at 5 pm and working on until past midnight; it would be difficult to work out an arrangement to cover parking only for the on-call component</td>
</tr>
<tr>
<td>• Have sympathy for employees working shifts with changeover times that would make public transport difficult eg nursing staff</td>
</tr>
<tr>
<td>• First responsibility of hospital is maintaining 24 hour care of patients; inappropriate to penalise staff contractually required to do this. To charge staff who must be on emergency call is ridiculous</td>
</tr>
<tr>
<td>• Solution is a system of passes for staff required to be on emergency call or on a 24/7 shift rota: those staff working standard (Mon-Fri, between 8 am and 6 pm) days could be asked to consider public transport or pay parking fees. Priority must be given to those involved in direct patient care</td>
</tr>
<tr>
<td>• Improved policing of hospital parking arrangements is vital; double parking, parking on yellow lines and obstruction of exits are commonplace hazards which seem to be ignored</td>
</tr>
<tr>
<td>• Not all Glasgow hospitals have same</td>
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<tr>
<td>Name</td>
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</table>
| Jennifer Johnson, Liaison Nurse, Primary Care Division | - Cover the Western, Gartnavel General, Gartnavel Royal, Blawarthill and Drumchapel Hospitals. Obviously cannot pay out for all of these  
- Travel from Inverclyde and cross the Erskine Bridge twice daily already incurring a charge of £1.20 a day |
| Carolyn Johnston, Consultant in Old Age Psychiatry, Primary Care Division | - Asked to visit patients in Western, Gartnavel, Drumchapel and Blawarthill Hospitals  
- Sometimes takes longer to find a parking space than to see the patient  
- Concerned if incurred a charge each time did a visit and hope arrangements would be made to accommodate this situation |
| Dr Russell Jones, Health Promotion, GGNHSB, Dalian House | - Doesn’t feel strongly about staff parking charges  
- Had to pay for staff car parking in the USA  
- Can understand why staff don’t want to pay but feel that it is fair to levy a charge on staff  
- Charges should not be levied on patients or visitors to the hospitals  
- Was at hospital most days for a period of several months and had to pay over £5 each time to park  
- Would be difficult for someone who has retired and is visiting a partner in hospital for any extended period of time |
| Gerry Kelly, Resourcing Manager, Primary Care Division | - Have to be mobile due to nature of job  
- If charges were levied, would he be expected to pay at every site visited on a day?  
- Not an incentive to have meetings, have a lease car or any kind of car  
- If decided to use public transport to and |
<table>
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<tr>
<th>Name</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Lynn Kendall, Staff Nurse, Primary Care</td>
<td></td>
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<tr>
<td>Division</td>
<td>• Very much against parking fees – another form of taxation on the worker</td>
</tr>
<tr>
<td></td>
<td>• Live where only twice weekly bus service – need car for travel to work – also need for job – would I still pay parking fees?</td>
</tr>
<tr>
<td>Jackie Lawn, Southern General Hospital</td>
<td>• How is this going to be managed effectively?</td>
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<td></td>
<td>• Am considering cycling rather than paying. What options for staff who may want to park once a week or in winter when cycling is not attractive option?</td>
</tr>
<tr>
<td>David Leese, Assistant Director of Planning &amp; Community Care – Acute Services, GGNHSB, Dalian House</td>
<td>• Agree with principles</td>
</tr>
<tr>
<td></td>
<td>• In implementation they must be adhered to and where breached, this should be dealt with transparently</td>
</tr>
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<td></td>
<td>• People who shout loudest/agitate most should not get special concession</td>
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<td></td>
<td>• Where staff spaces are made available this should be at common rate; calculation of this should be transparent and designed to meet costs. Any charge in excess of costs will need to be justified for maintenance, reinvestment etc</td>
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<td></td>
<td>• Car parking must be of a minimum standard and secure</td>
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<td></td>
<td>• Staff should receive incentives to reduce car use; these should be visible and significant (eg reduced voucher travel for GCC staff on Glasgow buses)</td>
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<td></td>
<td>• Working from home options should be explored creating the GGNHSB electronic/intranet/MS Office environment available from remote locations, not only access to NHSNet mail</td>
</tr>
<tr>
<td>Moyra Levey, Staff Nurse, Southern General Hospital</td>
<td>• Some of us travel long distances [to the SGH] and there are no direct bus or train routes from East Kilbride, Kirkintilloch, Clarkston, Motherwell</td>
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<td></td>
<td>• To arrive at work using public transport would have to leave home at 5 am; then have similar journey home</td>
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<td></td>
<td>• Impractical to use “pedal power”, especially in severe weather conditions in</td>
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<td><strong>winter</strong></td>
<td><strong>F Lewis, Blood Transfusion Service, Gartnavel General Hospital</strong></td>
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<tr>
<td>• Although live near colleagues, car pooling is not practicable as nurses cover shifts 24 hours a day, 7 days a week – trying to co-ordinate off-duty for those living near each other – a mammoth task</td>
<td>• Concerned about parking charges - travel from outside Glasgow to Gartnavel</td>
</tr>
<tr>
<td>• SGH set to become major hospital for South Glasgow; how does someone who is infirm, distressed, feels unwell, has young dependants etc get there from Clarkston, Thornliebank or Pollok?</td>
<td>• Large proportion of BTS staff lived local to Law Hospital - on relocation have no choice but to travel by car to Gartnavel</td>
</tr>
<tr>
<td>• Parking fees can be reclaimed - how easily or quickly would this happen? Is it means tested? How much evidence of hardship needs to be produced? What cost to administer?</td>
<td>• Changes will have a serious financial impact on many of the staff</td>
</tr>
<tr>
<td>• Charges will reflect demand – demand can only go up. Will this mean charges will go up or down?</td>
<td>• Relocation was not by choice – were assured of free parking</td>
</tr>
<tr>
<td>• Charges will reflect ability to pay – employer may know pay scales but doesn’t know financial circumstances and responsibilities</td>
<td>• Paying for parking and travelling may force staff to consider leaving the BTS</td>
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<tr>
<td>• If an annual fee is charged, will there be a guaranteed space?</td>
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<tr>
<td>• Staff doing night duty at 7 pm need to park between 6.30 pm and 7 pm; would there be free parking overnight as for those who start after 9 pm?</td>
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<tr>
<td>• Problems with nursing staff retention. Some may decide to leave and work nearer home.</td>
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<tr>
<td>• Introduction of charges felt to be a foregone conclusion. Some feel powerless to question it or its morality</td>
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<td>Name</td>
<td>Location</td>
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| Martin Livingston,          | Southern General Hospital         | • Problems have arisen due to over-development of sites  
• Suggest city-wide plan for hospital parking, building multi-storey car parks for staff use exclusively on a number of sites with nominal charges and free shuttle bus to hospitals  
• Temporary permits could be purchased by relatives  
• On-site parking could be charged at a high rate with the exception of staff out on emergencies with their own vehicle or who are obliged to visit other sites  
• High security manned barrier entry should be provided on hospital sites  
• Might be suitable car parks at present which the NHS could arrange deals for staff |
| Katrina Livingstone,        | Victoria Infirmary                 | • Need to use car for patient visits and also for home therapy as part of stroke DART; therefore need to use car several times in day  
• Can claim for mileage but still expected to use own car which adds to car’s mileage and depreciation of value  
• Poor in comparison to any other company where people are expected to travel (usually get company car)  
• To charge for parking is a disgrace  
• Will make job opportunities less appealing and does not seem wise in current climate of difficulty of recruiting and retaining staff |
| Emma Lloyd, Glasgow Royal   |                                   | • Very limited parking at GRI  
• Live in Tullibody and drive 6 miles to Stirling Station, train to Glasgow, and walk to work; annual car park fee at Stirling will be £250 and rail ticket is £1500, together with petrol used - expensive to travel to work this way  
• Realises her fault for living so far away - any point trying to obtain a permit? |
| Fiona Maclean, Lead         | SGH                                | • Welcome the consultation  
• Agree this is an issue but do not see charging as the only alternative to the |
situation

- Work across Glasgow and travel between sites sometimes several times a week – probably not be eligible for permit as stay near the hospital – will apply to some colleagues
- Where spaces at premium staff will park in patient spaces – or move out into surrounding streets, as in Lothian/ Tayside
- Public transport links to the SGH are poor – underpass is grim – car is faster and safer

Suggest:
- subsidised travel passes
- improved travel links – start with underpass, shuttle bus to other sites
- park and ride at Govan Underground
- keep charges low as possible – to discourage street parking
- parking permit for on-call pharmacist
- benefits for those who car share/pool - Lothian pharmacy have a pool car for cross-site working and meetings

Trish McAllister, Western Infirmary

- Colleague, a senior academic, is wholly supportive of the policy
- I am extremely supportive but with a couple of reservations
- Hourly charging for patients and visitors could be extremely costly for people who attend/visit over a prolonged period. Would like to see the Ninewells system of a day rate introduced
- Hourly charging for people on low incomes because of out-of-pocket expenses could cause hardship and/or exclude this group from accessing parking. This argues for a fixed day rate that people can budget for without worrying while they are at a late running clinic
<table>
<thead>
<tr>
<th>Ann McClumpha, PA – Nursing, GGNHSB, Dalian House</th>
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<tbody>
<tr>
<td>• Welcome proposals to charge staff for parking at all NHS Greater Glasgow sites</td>
</tr>
<tr>
<td>• Despite owning a car use public transport to travel to work</td>
</tr>
<tr>
<td>• I pay over £7 a week so wholeheartedly agree that staff who choose to travel by car should pay to park – at least the same amount to park as I pay for using public transport</td>
</tr>
<tr>
<td>• Majority of spaces should be given to patients and visitors. Hospital car parks should have a short-term area for patients and visitors who should pay a nominal fee; if they can run a car, can afford a small charge</td>
</tr>
<tr>
<td>• Staff who use their cars between sites regularly as part of their work should pay the nominal fee when at sites away from their base</td>
</tr>
<tr>
<td>• Any income raised should be put into safer and more secure car parks</td>
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<tr>
<td>• Impossible to park near the Victoria Infirmary. An area of waste ground currently used as an informal car park could be developed as a staff car park, leaving the car park in the hospital for patients and visitors</td>
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<tr>
<td>• If charges were introduced at Dalian House may also put an end to petty squabbling</td>
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<tr>
<th>Dr Robert McFadzean, Consultant Ophthalmologist, Gartnavel General Hospital</th>
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<tbody>
<tr>
<td>• Can think of no better way of</td>
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<tr>
<td>o driving staff into the private sector</td>
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<tr>
<td>o discouraging long hours at work</td>
</tr>
<tr>
<td>o causing congestion in the streets surrounding hospitals with knock-on effects on safety, goodwill etc</td>
</tr>
<tr>
<td>o discouraging return to the hospital for extra work in the early evenings</td>
</tr>
<tr>
<td>• Car parking facilities should be multi-storey and funded through direct taxation in the public sector</td>
</tr>
</tbody>
</table>
| Tracy McFall, Planning Manager CHD/Stroke, GGNHSB, Dalian House | • Public transport to Dalian House is limited  
• Undertake 50 minute walk with a 3-year-old who she drops off at nursery at Charing Cross on the way – would take just as long to use public transport  
• Bicycle use is too dangerous with a child in Glasgow  
• With second baby on the way the walk will be much more problematic  
• On occasions she has brought a car in the hope of finding a parking space near Dalian House but have had to use NCP which is hugely costly  
• Would welcome car park charge if it provided a hassle-free way to get to work (but not if it mirrored expensive NCP charges) particularly with child care support  
• When she worked in London no one took their car to work except consultants who had access to a consultant car park  
• Hope that this will not be the case in Glasgow and that all staff will be treated equally |
|---|
| Darryl McGhee, Medical Unit A, Southern General Hospital | • Travels 13 miles per day to the Southern General. When car was off the road took just under 2 hours by public transport - 3 forms of transport and lots of time. Cycling not an option  
• Board commented that charging is not unique. Worked at Glasgow Royal when charges were introduced. They were disliked intensely. Staff on lower pay found costs prohibitive – set too high. Individuals parked outside, encroaching residential areas. Locals unhappy, cars in unsafe locations, putting staff at personal risk  
• If charges inevitable, staff should have graded prices, based on salary bandings, or a pro rata calculation - not acceptable that all staff pay same  
• Must address selection process of permits - any ballots must truly be seen as unbiased |
| Kenny McGhee, Regional Services Division, Southern General Hospital | • Travel by car to work. Work irregular shifts, starting at 7.15 am. Cannot commute by public transport – first train is at 7.52 am  
• Work shift pattern which, on occasion, means getting home at 12.40 am and rising again at 5.30 am. Unable to negotiate more flexible shift pattern - 24 hour responsibility for critical care clinical  
• May have to seek employment elsewhere if this proposal is adopted |
| --- | --- |
| Linda McGinnis, Heart Failure Sister, based in Southern General Hospital | • Can make up to three drop offs of urgent blood to labs to allow me to act quickly on results  
• Can be called out in the afternoon if someone is sick - if we pay, would it be reusable that day? |
| Paul McGivney, Primary Care Division | • Staff do liaison visits in Royal Infirmary and Parkhead Hospital. Time spent parking at the Royal could be better utilised  
• Added risk carrying case notes to and from wards. Parking spaces would allow nurses to work efficiently and effectively |
| Aileen McIntyre, Carillion Services, Southern General Hospital | • When the car parking charges come into force they should charge staff according to their salary, which would be equal |
| Allison McLaughlin, Nursing Auxiliary, A&E Department, Victoria Infirmary | • Proposal is not beneficial to staff  
• Previously used public transport – left work at 9.45 pm, bus stop at 10 pm, not knowing if might meet someone just seen in the A&E dept –11 pm before settled home; by car - home safe in 15 minutes  
• If starting at 7.15 am, have to be out of the house by 6.30 am for transport  
• Should be thanking staff, showing them they’re appreciated not giving them something to worry about  
• Proposal can only lead to:  
  o people being late for work, stressed before they start, trying to park near the hospital  
  o residents complaining they can’t park at their houses |
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<tr>
<th>Name</th>
<th>Comments</th>
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</table>
| Moira McLaughlan, Staff Nurse, Stobhill Hospital | - What provision is envisaged for cyclists? Are they to be included in charging plans? If so, will this be at the same or different rates?  
- Has space been reserved for the installation of recycling facilities for plastic bottles and cans which must be coming soon with the demand for the reduction of landfill sites and the responsibility for the health services to reduce harm done to communities they serve by reducing waste |
| Mick McMenemy, Lead Clinician, Greater Glasgow Back Pain Service | - Aware there is a real difficulty with staff parking across Glasgow  
- Would urge the Board to encourage staff away from using their cars  
- Ultimately patients and carers are unable to park as available spaces are filled by staff |
| Carol Ann McNicol, HR Assistant, Southern General Hospital | - Have 60 mile round trip from Inverkip each working day  
- Use car for work but also to drop son off  
- Public transport is not an option  
- Charge would have a detrimental effect on her  
- Would add several hours onto day, affecting work life balance greatly  
- Unfair to charge someone in these circumstances  
- Unfair to charge members of the public who have to visit relatives |
| Fiona McNulty, Anticoagulant Nurse, Glasgow Royal Infirmary | - Work between GRI, Western and Gartnavel – impossible without car as need to carry heavy equipment - will one permit allow access to all sites?  
- At the Western, see people parking then exiting on University Avenue; they admit |
they do not work in the hospital but have a better chance of getting parked in the hospital – currently no barrier to stop this

- Should be checking only staff, visitors and patients are allowed entrance. Attendants would be more useful monitoring than putting “do not park here” stickers onto cars
- If people forget permits should have to find another space. Frequently see attendants lifting the barrier for people preventing people who do have permits from getting a parking space

| Julie McQueen, Glasgow Royal Infirmary | • Policy is fair for those who work on one site
• Based at GRI and pay £210 a year. Also have permit at the Western where there is a charge for barrier card
• Visit 9 hospitals on a regular basis (sometimes 2-3 sites in the same day). Need to ensure staff will not be in an untenable position of having to pay at each hospital
• Should give consideration to a Divisional Permit for staff who travel to various sites |

| Fiona McTeague, Planning Manager – GGNHSB Acute Planning Team, Dalian House | • North Glasgow Planning Team seconded to Dalian House from 18 August 2004
• Had parking permit at GRI which cost £8.75 per month
• Have been given parking passes for Glasgow City Council car park until review completed but have concerns about what will happen after the review
• Need to bring car into town as have to take children to school in the morning and collect them from after-school club in the evening; need to know that can park in a safe car park and get to work as quickly as possible
• Cannot afford the exorbitant charges if did not have a permit
• Happy to continue to pay same amount as at GRI for continued use of Council car park |
| Suzanne Marshall, Primary Care Division | • Have worked in England and been subjected to car parking charges there. At one hospital parking in the street posed a major road hazard. Residents near the hospital expressed their concerns  
• Trust the Board will investigate free or reduced fees for people who have relatives who are long-stay patients  
• Hospitals that are not easily accessible by public transport should not charge; it just compounds trauma at a time of distress  
• How would the fees be enforced?  
• Staff want free parking – very few perks  
• Is the issue lack of parking places, not how secure they are? Will paying address this? |
| --- | --- |
| Julie Martin, Practice Manager, Townhead Health Centre | • Health Centre is situated within Glasgow Royal Infirmary – has different set of difficulties  
• Parking situation is chronically difficult for staff and patients  
• To park in Wishart Street, have to come to work at 6.45 am - street is full by 7 am. Other staff are parked a distance away  
• GPs have permits for car park in GRI grounds (this we consider essential). They pay for this – probably the only GPs in the city who pay for car parking  
• No practice employed staff have parking facilities  
• GRI has never been transparent as regards criteria for permits; seems staff who do not move out during their working day are accommodated in car parks  
• Car parking is a problem for staff at many NHS locations; most staff would pay a reasonable daily fee  
• Off-site parking with “bussing” to sites is an option but charges would be needed  
• Staff use cars for a variety of reasons – often children to drop/uplift, making public transport a poor option  
• Perhaps local grouping schemes could
<table>
<thead>
<tr>
<th>Claire Maudsley, Practice Development Sister, Regional Services Division Southern General Hospital</th>
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<tbody>
<tr>
<td>Express concerns at proposals</td>
</tr>
<tr>
<td>All for the reduction in car use but work 2 shifts, to 9.45 pm. Page-holder for Regional Services, often working late. Live in Eaglesham. It would be impossible to travel on public transport at these times</td>
</tr>
<tr>
<td>To be charged a fee to come to work when there is no alternative is unfair</td>
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<tr>
<td>Would expect an allocated space for this charge; more relevant for those beginning work at 1.45 pm who find it particularly difficult to find a space</td>
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<tr>
<th>Fiona Middler, Practice Accreditation Project Manager, Clinical Governance Department, Primary Care Division</th>
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<tr>
<td>Situation as it stands cannot continue</td>
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<tr>
<td>Waste hours every week trying to find a parking space - stressful</td>
</tr>
<tr>
<td>There are no designated bays and other drivers often take up more than their fair share of parking space – ie they abandon their cars if they are late for a meeting</td>
</tr>
<tr>
<td>Parking at Glasgow Royal Infirmary is a joke, particularly if you were to visit a patient during office hours</td>
</tr>
<tr>
<td>Visitors should not have to compete for parking with staff cars parking in the vicinity of the hospital</td>
</tr>
<tr>
<td>Parking to collect an elderly frail patient was well nigh impossible</td>
</tr>
<tr>
<td>Pick up points could be greatly improved</td>
</tr>
<tr>
<td>Was unable to park or leave the car unattended as had to stop in a most unsuitable place</td>
</tr>
<tr>
<td>Gateman has to put up with angry relatives who are stressed enough</td>
</tr>
<tr>
<td>Welcome this initiative</td>
</tr>
<tr>
<td>Look at Borders General Hospital. There is adequate parking for both staff and</td>
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Visitors and provided free of charge
- Precedent for parking and cost to be compatible
- We need safe and secure parking for staff and separate safe and secure parking for visitors on every hospital site in Glasgow
- Not everyone lives in Glasgow and may have to travel some distance. The last thing they want or need is to have nowhere to park

<table>
<thead>
<tr>
<th>Frances Millar, Yorkhill Division</th>
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<tbody>
<tr>
<td>- Why not a policy that applies to all health service premises across Glasgow? Parking is a problem at many clinics and health centres - same problems in terms of access. This is not promoting equality</td>
</tr>
<tr>
<td>- Need to ensure the policy is explicit and fair? Should have the same policy and charges across NHSGG to ensure equity</td>
</tr>
<tr>
<td>- Who and how will agreement be reached as to how income is allocated and spent?</td>
</tr>
<tr>
<td>- Will charges be introduced at the same time as other “green” initiatives? Will monies will be “ring fenced”?</td>
</tr>
<tr>
<td>- Disagree with charging visitors and patients; don’t have choice to attend</td>
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<tr>
<td>- Need to manage system of “free parking” permits with consistency across Glasgow</td>
</tr>
<tr>
<td>- How is low income defined? Proof required?</td>
</tr>
<tr>
<td>- How will NHSGG monitor staff using cars on business to assess their need?</td>
</tr>
<tr>
<td>- Staff who use their car on business and are given an allowance should have a free space</td>
</tr>
<tr>
<td>- Why should non-resident on-call staff have free parking? May only be on-call one occasion in a month</td>
</tr>
<tr>
<td>- Staff whose primary residence is on-site should not receive free parking</td>
</tr>
<tr>
<td>- How will NHSGG define/identify carers who require to leave the site during the working day and how will this be managed?</td>
</tr>
<tr>
<td>- Times for free parking should be outwith peak times - looks like attempt to get</td>
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</table>
visitors to pay in evening. Allocation policies and charges should be the same across all NHS premises in Glasgow

- How will "official visitors" be defined – who will manage this?
- Review of mileage allowances may result in less staff willing to use their car for official purposes and increase other travel costs and time

| Esther Milligan, Primary Care Division | • Husband works in Dental Hospital on alternate early/late shift pattern. On back shift he travels on public transport but on early shift, which commences at 6 am, he has no option but to use the car
• In cases when there is no alternative but to use the car, car parking for the duration of the early shift, should be free |
|--------------------------------------|--------------------------------------------------------------------------------------------------|
| Catherine Morgan, Secretary, Neuropsychology Department, Southern General Hospital | • Seriously object to having to pay for coming to work
• Will I have a designated space and a sticker to say I am entitled to enter hospital grounds
• Will there be an attendant to ensure that I have my place every day?
• Have a car if have to work late as buses not regular at night and not always safe
• Will visitors/patients have to provide evidence to that effect?
• Why not have dedicated car parks for staff, for visitors and for patients?
• Will I get a pay rise to cover costs? |
| Jon Moss, Glasgow Royal Infirmary | • Support charging for parking for everyone including staff and patients
• Support a standard charge across all Glasgow hospitals; do not think that GRI staff should be disadvantaged by where they work by paying the most |
| Sally Murray, Auxiliary Nurse, Southern General Hospital | • Several issues not addressed or properly considered
• Aim is to develop a “Green Transport Strategy” - this will take time
• If aim is to fund alternative transport with revenue, will be a time lapse - may be no viable alternative transport for those who |
| Kathy Mulloy, Southern General Hospital | cannot afford the car park charges  
- If charging was to be introduced should be means tested  
- For the majority who work shift patterns, car pool or share would not work as a “green” alternative; similarly shift patterns would result in people walking or waiting for buses early in the morning or late at night  
- The majority of staff do not live within the surrounds of the hospital. Many have distance to travel with no alternative to taking the car - charges unavoidable, whether they can afford them or not  
- Also, the distance may not be great but bus links could be difficult if not impractical - no alternative to the car  
  
| Liz G Nicol, LHCC General Manager | Staff working within Southern General live a distance away eg Greenock, Gourock, Ayrshire, Stirlingshire etc. Interested to find out how they would be able to get to work, especially working shifts  
- Have major recruitment and retention problem; will only encourage staff to move closer to their home area  
- Why target this population in the “poverty stricken” West of Scotland?  
- NHS staff are an essential service and should have the same working conditions as Police and Fire Brigade  
- How will this be “policed” and what resources needed to recoup these charges?  
- Attend many meetings and would not be happy to have to pay each time she arrived at various sites  
- This could mean paying several times each day  
- Would be happy to leave her car at home if she lived close to her base and did not have to leave until home time |
<table>
<thead>
<tr>
<th>Name and Position</th>
<th>Comments</th>
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</table>
| Angela Nicholl, Clinical Nurse Manager, Psychiatric Liaison Service, Primary Care Division | • No objection to paying for majority of time. Have to take into account employees with city-wide remit. Majority of staff arrive before start time, park and leave their car until end of shift; the nature of job does not allow this. Cover all the general hospitals in Glasgow - would mean having to pay for parking/permits for them as well as psychiatric hospitals  
• At present claim parking costs back; to pay for annual tickets up front would be expensive |
| Dr Elaine Ogg, Consultant Psychiatrist, Riverside Resource Centre | • Have 2 bases as well as home visits; not feasible to carry out job using public transport  
• Clinical staff in this position should not pay for parking  
• Often visit several bases a day – would there be a charge at each base? |
| Michael Palmer, Consultant Urologist, Gartnavel General | • Prepared to pay between £100 and £200 pa; rates in commercial/council car parks aimed at producing high turnover are inappropriate for staff working 8 hours a day, 5 days a week  
• If cost is too high will park in the street near the hospital; other staff likely to do so also - causing major congestion  
• Take exception to approach that cost should depend on ability to pay – will this ensure a bigger parking place? |
| Dr Jill Pell, Consultant in Public Health Medicine, GGNHSB, Dalian House | • Spaces should take account of need, as per the policy but with additional criteria:  
  o distance from home to work  
  o travel during the day  
  o dependents |
| Jim C Pollock, Consultant, Glasgow Royal Infirmary/Yorkhill Hospital | • Rapid access to a car parking space at both sites is essential to maintaining a high standard of direct patient care  
• Hospital taxi service is unreliable which is frustrating if a cardiac patient is deteriorating in the other hospital |
<table>
<thead>
<tr>
<th>Ruth Portingale, SITU, Southern General Hospital</th>
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<tbody>
<tr>
<td>• Can see why disabled spaces are needed close to entrances but how many?</td>
</tr>
<tr>
<td>• Why are spaces for patients necessary? For out-patients perhaps but other patients will not be using car on daily basis as they will be admitted; if having day surgery they cannot drive after anaesthetic so car is not necessary</td>
</tr>
<tr>
<td>• How can you say visitors are mainly elderly? Have you surveyed this? Why are they more likely to need a space close to entrances? Could easily provide shuttle bus as at the Royal Alexandra Hospital</td>
</tr>
<tr>
<td>• Concerned that staff will be expected to park and walk from areas not close to anywhere else; this will make staff safety an issue and also cars will not be looked upon by buildings etc and, as they will be left for long periods, it will make them more open to vandalism and theft</td>
</tr>
<tr>
<td>• Where are the substantial number of pay and display spaces coming from? Is parking to be increased at the Southern? Lot of new building taking spaces away from staff</td>
</tr>
<tr>
<td>• How will staff spaces be allocated ie distance from hospital or other means? Live in Ayrshire and would have to leave home 2 hours before shift starts for 30 minute walk to railway station for train to Paisley then bus to the Southern General</td>
</tr>
<tr>
<td>• Will ability to pay be based on wages and hours worked ie part-time workers paying half the price?</td>
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<tr>
<td>• Why the hours of 9 pm-7.30 am for night shift? Many nurses work 12 hour shifts, 7.30 pm-8 am. Some night staff will be allowed to park and others not – unfair</td>
</tr>
<tr>
<td>• Will parking be guaranteed once paid for and will lighting and security be improved? Would need to happen as payment commences, not expecting people to pay for a service which hasn’t been provided</td>
</tr>
<tr>
<td>• Will nurses who work night shifts and weekends on a regular basis pay less?</td>
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<tr>
<td>Name, Position, Location</td>
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<td>-------------------------</td>
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</tbody>
</table>
| Janice Prentice, Planning & Implementation Manager – Adult, Primary Care Division | - Policy is to reduce spaces used once or twice a day but by leaving spaces for visitors the Board is contradicting itself as visiting hours are from 3 pm-4 pm and 7 pm-8 pm; how do you explain this?  
- Being an authorised car driver is requirement of post for travel across all 3 sectors of the mental health service and occasionally beyond  
- No choice about using car on a daily basis - what are the proposals for this group of staff  
- Have concerns about asking visitors to pay for parking on the site of a free public service |
| Shaeron Price, Senior Nurse, Southern General Hospital | - Work in SITU - 7.30 am-8 pm, night shift is 7.30 pm-8 am. Public transport would require 1½ hours to get to work on time and would need to rise at 4.45 am  
- Work is emotionally and physically draining. Because of shifts and using public transport, in effect after 5¾ hrs sleep would rise for a 12 hour shift  
- See paying for parking as legalised blackmail  
- UK/worldwide shortage of ICU nurses – does NHSGG want my skills or not?  
- Hours are decided at ward level - this payment for parking is grossly unfair liberty |
| Dr Nicholas S Reed, Consultant in Clinical Oncology, Beatson Oncology Centre | - Provide regional service requiring travel to 14 hospitals in West of Scotland, 6 sites in Glasgow plus clinics  
- Depend upon motorised transport to attend clinics efficiently; regularly carry case notes, X-rays and other clinical information to or from clinics  
- Recognise the need for policy in Glasgow but concerned about different policies at different sites  
- Not going to pay different parking permits to attend different sites; would have no option but to use public transport; as a result would be a reduction in the number of patients seen. Other option is taxis but this is expensive option |
| Dr Ian Reeves, Dept of Medicine for the Elderly, Southern General Hospital | • Simplest to introduce a single charge for all sites enabling itinerant consultants to access sites  
• A true and fair pro rata payment would overcome some concerns but be more open to confusion  
• Accept need for a reasonable and fair policy but must not be allowed to compromise efficient clinical practice |
|---|---|
| Joanne Reilly, Health Promotion Officer (Nutrition), GGNHSB, Dalian House | • I will use my bike more if the Board helps pay for it!  
• Use car most days for job – is an essential car user and has lease car due to the amount of mileage  
• Concerned may now have to pay for parking in Dalian House  
• Will there be allowances for people with lease cars who use them on an almost daily basis?  
• If not, would reconsider lease contract and would suggest NHSGG provide more pool cars for people in a similar situation |
| Mary Riordan, Primary Care Division, Gartnavel Royal Hospital | • Live approx 20 miles from Gartnavel; if used public transport estimate journey time could take up to 2 hours and would involve a car journey followed by 2 train journeys  
• Public transport is not adequate outwith Glasgow boundary  
• Public transport would not allow flexibility in working hours  
• Who will be exempt? People with leased cars?  
• Why should people working nights be exempt?  
• Appears that staff at the lower end of the pay scale who work from 9 am-5 pm will be worse off  
• Why only hospital sites? Health centres also have problems; why should staff on hospital sites be penalised? |
| Diane Ritchie, Gartnavel General/Beatson Oncology Centre | • Visit 5 hospitals, could pay for 5 parking permits – 2 in Ayrshire and 3 in Glasgow; large numbers of staff work in similar way in BOC  
• Timetable is too tight to hunt for a place, wait for inter-hospital transport or taxis  
• Carry notes and X-rays between hospitals – difficult by public transport/on foot  
• Suggest some budget parking permit for those with infrequent use of multiple sites  
• Will hospital relax its taxi policy for transfer of urgently required notes and X-rays to replace staff’s unofficial transport service?  
• Live close by and would walk in if not carrying documents or had only 10 minutes travel time between sites  
• Will inter-hospital transport increase or be a service for those happy to leave car at home if there was a usable alternative? Galling to be charged when don’t want to use car in the first place |
|---|---|
| Diane Roberts, Clinical Nurse Specialist (Gastroenterology), Southern General Hospital | • Disgusted at NHSGG proposing commercial rates at SGH/Victoria sites  
• Work between both - impossible to park, especially at the Victoria; where is the planned development for car parking at the Victoria?  
• Why are night staff not to be charged - will nurses doing 7 pm-7 am be? Already animosity as night staff get extra pay  
• Staff who travel from other areas will be inclined to look for employment in their area, thus reducing staff in an already stretched service  
• Agency staff will not want to pay parking charges  
• Assume car parks will be policed  
• Are all staff to be charged? Some will be late / phone in sick, especially in winter; having to leave home two hours prior to work for public transport |
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<tr>
<th>Name</th>
<th>Comments</th>
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</table>
| Linda Robertson, Nurse Manager, Respiratory, Glasgow Royal Infirmary | - No issue with an annual fee for parking if a reasonable sum and improved facilities  
- Charges according to ability to pay is wrong – everyone charged or not at all  
- If so, what about those who live where public transport not available and have to use cars – would they be exempt?  
- Would part time staff be charged same as full time staff? |
| Lesley Rooney, Primary Care Division            | - Will there be guarantee of a space if user has paid a fee? No one wishes to pay for parking but blow would be softened if guaranteed a parking space  
- Use car at various times of the day and find it irritating if out on visits and can’t find a space on return. Would be heightened if paying for the privilege |
| Elaine Ross, Head and Neck Nurse Specialist, Southern General Hospital | - Have worked in hospitals who charged and the biggest complaint was that still not enough spaces  
- Delayed appointments meant patients and relatives getting anxious over parking ticket running out – added to anxiety of coming into hospital  
- If Board is going to charge then want to be able to get a space |
| Dr J M Russell, Consultant in Clinical Oncology, Beatson Oncology Centre (BOC) | - Must agree a policy which is equitable across all sites – need has arisen due to increased numbers of users, use of cars, failure to provide adequate space and inadequate regional transport policy  
- If doctors need to use public transport will have an effect on availability for patient contact  
- Consultants often carry casenotes and X-rays throughout the region – not possible by public transport  
- Policy could encourage consultants to consider working elsewhere  
- Requiring staff to pay to park is not equitable across the region  
- Lack of patient parking causes patients to make excessive demands on patient transport – adding further to the |
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<tr>
<th>Name</th>
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</table>
| Keith Saunders, Whole-time Chaplain, North Glasgow Division | • Congestion within the sites
  • In common with many colleagues if a restrictive policy is introduced, would use public transport thus reducing work time substantially – this is biggest danger in these proposals |
| Agnes Smith, Tissue Services Staff, Scottish National Blood Transfusion Service, Gartnavel General Hospital | • Should be some sort of parking provision for this group
  • Bone bank nurses regularly travel to hospitals in the West of Scotland; it is a requirement that they own/drive a car
  • They have at least one visit to another hospital on any given day -when charges
<table>
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<tr>
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</table>
| Doreen Snadden, SGH Nurse                 | • Re proposal for night shift not to pay – many nurses work 12 hours starting at 7.30 pm  
• Are nurses on rotation (ie most of them) to be exempt when rostered on nights?  
• Many nurses have no option but to travel by car because of the unsocial hours, child care or the distance they live from hospital; in her case would have to catch the first bus at 4.50 am, get home after 10 pm and be unable to work on Sundays or public holidays |
| Chloe Stewart, Library Manager (Clinical Services), Stobhill Hospital | • Agree wholly with the policy  
• No access to a car and would not be inconvenienced by charging  
• On-call doctors manage without a car  
• Suggest using subsidised taxis and working with SPT to improve public transport links to hospitals  
• Public transport to the Southern General Hospital is terrible  
• Impossible to return to Stobhill cheaply or easily from meetings at the Southern |
| Jackie Stewart, Secretary – Clinical Psychology, Glasgow Royal Infirmary | • Ninewells Hospital has good, secure parking facilities with CCTV, excellent lighting, fencing but was owned by a private company charging £1.50 per day  
• Although unhappy about this fee, on balance, it gave a secure place to park |
and was always a space available

- If had worked in Dundee city centre charges would have been much higher
- Have to come to work at 7.30 am to get parked on the street at GRI. Would welcome any improvement to the facilities at GRI – even if paying for it
- Will ordinary staff (not doctors) have access to the new parking facilities at GRI?

| Kate Stewart, Gartnavel Royal Hospital | • Completely against paying to park
• Is it fair that will pay the same for parking as manager who earns at least £40,000 more?
• Came from community team to Gartnavel Royal and wish to go back as cannot afford to and will not pay for parking |

| Christine Thompson, Clinical Nurse Specialist, North Glasgow Division | • Reluctantly agree with most of document, with one exception
• Why will disabled individuals be automatically exempt from car parking charges? Agree unemployed people should be exempt and unfortunately tends to be a high degree of unemployment among this group, but many disabled people are in full-time employment/may be provided with a subsidised car. Chances of getting a parking space are much better than the rest of us who do not have/ have not registered any disablement
• Most nurses between 40 and retirement age have chronic aches from damage done long ago or repetitively - often suffer more sustained, chronic pain than the disabled
• To exclude a group from charges imposed is unjust and prejudices the able-bodied – where is the equality? |

| Victoria Infirmary OT Staff | • Recognise as possible way of raising revenue
• Staff often feel more pressure with decreasing support - paying would increase this pressure
• Would staff pay annually? Would this guarantee a space? |
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<tr>
<th>Name</th>
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</table>
| Paul Wade, Senior Nurse, Primary Care Division | - Likely staff would park in residential areas - may cause problems  
- Would part-time pay pro rata?  
- Would more disabled spaces be made available for staff and public?  
- There are insufficient drop-off areas – would this be addressed? |
| Doreen Wallace, Primary Care Division | - Would like to voice disgust about tax being imposed for attending work  
- Live well outwith the city - no access to convenient public transport – essential to bring car to work  
- Would paying levy guarantee cars against theft or damage?  
- Are rates to be graded against salaries or charged at a flat rate?  
- Are all staff liable to charges or will certain senior managers be exempt? |
| Jim Walls, Glasgow Royal Infirmary | - Completely impractical to use public transport: would have to get up at 5.30 am to be at work for 9 am  
- NHS would have to pay for taxis for travel around the north and east areas  
- Would not get home until 7.30 pm, destroying family life  
- If parking costs were introduced would still use car and park in surrounding areas  
- Lack of parking spaces is due to bad planning and design. Grassy verges can be changed into parking spaces if people already using them as such  
- Hospital needs to be staffed by people who are public sector workers, mostly on below average wages |
|                                   | - Parking should be charged at the same rate, irrespective of the site  
- Charges should apply at ALL times, including overnight  
- No reason why authorised car users should not pay (currently an authorised car user)  
- Charges should apply to cyclists and |
<table>
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<tr>
<th>Name</th>
<th>Notes</th>
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</table>
| Pauline Walmsley, Health Promotion Officer, GGNHSB, Dalian House | - Public transport providers should be encouraged to improve their services  
- Unclear how decision will be made about people who use car on regular basis  
- Work part time (2.5 days per week) and access a shared team space; not sure how this will work  
- Some weeks can be out of the office on one or more occasions per day and these meetings are often set in advance; on other days, issues may arise that necessitates the need to go out without much notice, therefore having own car available aids prompt transport as use of a pool car might not be possible in these instances |
| Fiona Wardell, Primary Care Division    | - Slightly misleading to claim that paid parking has been introduced in Grampian. While introduced at Aberdeen Royal Infirmary, was done in a staggered way and until very recently there remained a substantial “free” car park. Some staff continue to access a free car park (not “emergency” staff). Free places introduced to people who car share. Other hospital sites do not operate a fee  
- Hope will encourage a positive scheme for those who are already adopting a green transport policy and car share  
- These changes are always difficult to implement  
- Other companies run innovative schemes to support and encourage staff to use public transport: one company purchases annual rail passes – each month employees repay 1/12 of the cost |
| Marjorie Watson, PDN, Westone LHCC      | - Not only parking at hospital/clinic sites an issue - working in community and displaying medical parking permit, community nurses receive tickets or car removal while delivering patient care  
- Payment to park at NHS sites is not unreasonable; there are few employers who provide free parking  
- Those not required to move between sites should be encourage to car share/
<table>
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<tr>
<th>Beverley Wellington, Lecturer/Practitioner (Clinical Nurse Specialist), Victoria Infirmary</th>
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</thead>
<tbody>
<tr>
<td>Experienced car parking charges at other hospitals in Scotland and England</td>
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<tr>
<td>Worthy cause to provide better accessible parking</td>
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<tr>
<td>On the current site at the Victoria Infirmary there is barely sufficient space for staff to gain safe and secure parking</td>
</tr>
<tr>
<td>Grounds and road surfaces are deplorable</td>
</tr>
<tr>
<td>Can only assume that a project of redesigning the access/thoroughfare/exit would be undertaken</td>
</tr>
<tr>
<td>Have to travel off site and return</td>
</tr>
<tr>
<td>Constantly spend 20 minutes driving around to repark</td>
</tr>
<tr>
<td>Designated staff parking with permits seems welcome</td>
</tr>
<tr>
<td>Nearby streets would become even more bottle-necked</td>
</tr>
<tr>
<td>Where is proposed parking to be built?</td>
</tr>
<tr>
<td>How will parking be monitored?</td>
</tr>
<tr>
<td>What security provisions would there be?</td>
</tr>
<tr>
<td>If charges are to be brought in, would expect safe, secure environment</td>
</tr>
<tr>
<td>How far from the hospital will there be alternative parking arrangements?</td>
</tr>
<tr>
<td>What would happen to those vehicles that are not displaying tickets/permits or are illegally parked?</td>
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<tr>
<th>Melanie White, Sister, North Division.</th>
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<tbody>
<tr>
<td>State more security – not true</td>
</tr>
<tr>
<td>Attack in Yorkhill car park – was security camera enough to see this attack? Was camera manned at all times?</td>
</tr>
</tbody>
</table>
| Tracy Whyte, Community Nurse, Bridgeton | • Absurd to have to pay to park and visit a family member/friend. Recently visited twice a day – how much would this have cost? Public transport – a military expedition  
|  | • Staff do not have choice to work near their home or within easy access of public transport  
|  | • Would use car (leased car) then have to pay then claim expenses  
|  | • Would probably park nearby where it is free – save the hassle of begging expenses  
|  | • Do we need CCTV? It is more practical to have more lights all around the grounds  
|  | • Who should pay? No one  
|  | • What’s the fine if you don’t? Who chases this up?  
|  | • Is this not just about trying to make money from land in Glasgow? |
| Lars Williams, Consultant Anaesthesia/Pain Management, Southern General Hospital | • In favour of reducing car journeys to work  
|  | • Public transport options must be improved  
|  | • Railway station at Cardonald is an underused resource  
|  | • Campaign to have most trains passing through Cardonald stop there (at present is just the Gourock trains which stop)  
|  | • Possible run a shuttle bus service between Cardonald Station and the Southern General Hospital |
| Jacqueline Wilson, Primary Care Division | • More parking facilities have to be made available to all users of hospital sites  
|  | • Why should staff employed within a hospital have to pay when equally paid staff employed at health centres and clinics do not?  
<p>|  | • Experienced staff will be looking to relocate nearer home where there are no parking charges and their expertise will be lost to NHS Glasgow |</p>
<table>
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<tr>
<th>LOCAL AUTHORITIES AND COMMUNITY COUNCILS</th>
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<tbody>
<tr>
<td><strong>South Lanarkshire Council</strong></td>
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<tr>
<td>• Policy is presented as a key component of the Green Transport Strategy. To be effective, various components need to be brought on-stream in a co-ordinated way. If payment is introduced, without alternative means of accessing the sites, it is likely to result in higher levels of concern.</td>
</tr>
<tr>
<td>• Public need reassured that they will not be denied access as a result of paid parking; concerns that some people may be afraid to use their cars when taking someone to hospital in an emergency.</td>
</tr>
<tr>
<td>• “Free parking” permits in exceptional circumstances – these should be clarified and publicised.</td>
</tr>
<tr>
<td>• Document states that people on low incomes will be able to reclaim parking charges; useful to clarify the criteria. At present, patients on low incomes are reimbursed on production of named documents; will similar procedures govern this scheme?</td>
</tr>
<tr>
<td>• The more information which can be put forward the better.</td>
</tr>
<tr>
<td>• It is not clear what action if people refuse to pay for parking. Will exits be controlled/ will systems be pay and display? How will this be policed?</td>
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<tr>
<td>• Has the Board considered its legal position in imposing and collecting fines?</td>
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<tr>
<th><strong>Blairdardie &amp; Old Drumchapel Community Council</strong></th>
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<tbody>
<tr>
<td>• Re hourly charging – clinic running late - who pays? Could be expensive for patients and visitors. What penalty?</td>
</tr>
<tr>
<td>• Perth Royal charges £1 per visit – seems fairer system if no element of time. Cheap day’s parking for some if they live or work close by.</td>
</tr>
<tr>
<td>• Or park and ride. Might raise money at Gartnavel if a dedicated park and ride area was installed close to Hyndland Station?</td>
</tr>
<tr>
<td>• Street parking will annoy adjacent houses</td>
</tr>
</tbody>
</table>
| • Manned entrance – danger of “old pals
**Act** (apparently used at present)

- Will charges pay for managers to manage the car park?
- Disabled, OAPs – special concession or system for this group?
- Night shift staff have difficulties with public transport after 10 pm and before 6 am – would those employees, often on low pay be expected to pay?
- Disabled carry car parking immunity cards – no problem of identification
- Visitors – problem in identifying them from illegal users. Suggest one or two hour ticket in relation to visiting hours
- Will a private company get contract with no parking if more than 4 hours? May be more cost-effective than tickets, barriers and staff. Priority is health, not parking

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**Broomhill Community Council**

- Incumbent on government to improve public transport infrastructure and Boards ought to be pressurising and lobbying rather than trying to make accommodations for a parking strategy that will not work in the way it is intended because there is no coherent public transport system. The government, having forced the public into cars, is now stuck with them as the only reasonable, convenient and safe method of getting from A to B and back again
- On-going hospital closure plans will place a greater burden on hospital spaces as more people will travel to less hospitals either as out-patients or visitors
- Will place greater strain on the Patient Transport Service as more people will look to be taken to and from hospital by them instead of using a car because parking will be impossible
- Making any changes for staff or public that reduces parking at hospitals is ethically wrong and will lead to further stress in patients and their relatives and have a negative effect on staff morale
- Will place additional burdens on parking on the streets around hospitals, causing further mayhem to over-stretched on-street parking (or lack of it)
<table>
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<tr>
<th>Community Council</th>
<th>Points</th>
</tr>
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<tbody>
<tr>
<td>Cambuslang Community Council</td>
<td>• The problems and possible cures outlined are very relevant &lt;br&gt;• Charges are never popular but charging will be unavoidable if access to hospitals is to continue &lt;br&gt;• Founding principle of NHS that treatment is free at the point of delivery must be sustained. It follows that people dealing with admissions/discharges and certain designated visitors should be exempt; visitors are essential in particular situations and are a part of healthcare &lt;br&gt;• Charging may encourage vehicle sharing and to explore integrated transport services will eventually become a necessity &lt;br&gt;• A free parking voucher scheme should not generate additional staff</td>
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<tr>
<td>Giffnock Community Council</td>
<td>• Difficulty in contemplating implementation of proposals at Victoria Infirmary due to lack of spaces on site causing overspill on surrounding streets; situation will be exacerbated when new traffic regulations come into force to form proposed Southside transport corridor &lt;br&gt;• Concern at excess charges which might be incurred by out-patients delayed at clinics &lt;br&gt;• Hope some provision would be made for relatives attending the bedside of seriously ill or dying patients &lt;br&gt;• Concerned that, due to the increasing age and infirmity of the local population, transport – other than public transport – would require to be available should private cars be unable to access the site</td>
</tr>
<tr>
<td>Levern Community Council</td>
<td>• Totally opposed to charges for patients/carers and visitors &lt;br&gt;• Recognise problem in respect of parking; more innovative solutions should be explored &lt;br&gt;• Non-essential car using staff should not be given access to parking, and essential users should have designated parking areas with security pass access &lt;br&gt;• Public parking should be on a legitimate</td>
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</table>
| Mansewood and Hillpark Community Council | • Member was a patient in Victoria Infirmary for 6 weeks beside a window. Each day 17 cars parked by non-hospital staff; some worked locally, others proceeded into town by public transport  
• Complaints from very disabled patients who could not find a parking space; have watched extremely able-bodied people - who had stickers - parking their cars and heading off at top speed. Very fit man ran up stairs after leaving his car in disabled space  
• Something drastically needs to be done; if users have to pay that is in order  
• Hope some revenue can be used to “police” the car parks  
• Doctors could tell of attending another hospital, often in an emergency, trying to park - problem repeated on their return  
• Have watched public parking in the “Reserved for Emergency” spaces  
• Aim should be “to ensure that patients, visitors and staff can park in safe, well-lit and well-monitored environments” |
| Mearns Community Council | • The policy cannot be treated in isolation of the Green Transport Strategy since, as it stands, it will create problems without suggesting any solutions  
• It is not NHSGG’s place to manage traffic and much hospital traffic (including all patient traffic) is not commuting  
• Would need traffic breakdown by hospital, means of transport and point of origin; without this, policy is built on sand  
• A uniform parking policy will create other inequalities  
• The proposal states that “charges … may reflect site locations and ability to pay” – this directly contradicts the final statement in the introduction of the policy about ensuring equity and fairness |
Hospital locations are not generally in the city centre so most of the commercial rates quoted in Annex 1 of the document are irrelevant.

Ability to pay has never been part of the NHS ethos, and it would be expensive and divisive to introduce it.

Pooling the income across sites would further exacerbate differences and penalise those travelling to or from sites poorly served by public transport.

Alternative transport methods remain a pipe dream unless or until specific solutions are established for all journeys.

Reclaiming charges for patients on low incomes would be cumbersome to implement, many would forget to take advantage of it and others would claim that if someone owns a car they can pay to park it; expensive and divisive.

Short-term pick-up/drop-off areas are commendable, but a driver for a patient disabled in any way may well also be a carer who could only use a short-term area if there was guaranteed assistance to ensure that neither the patient nor the vehicle was abandoned.

Do the numbers justify separate secure parking and storage for cyclists and motorcyclists?

If hospitals are a main source of passengers, they should be the hubs.

Similar shuttle provision will be required for patients/visitors, who will be travelling at different times from staff.

"Alternatives to cars" is meaningless without an indication of what those alternatives might be.

It seems extremely unwise to decide on a framework before knowing how and at what cost it can be implemented.

Parking is an essential element and should form part of the overall cost structure – it is a mistake to regard it primarily as a source of revenue.

Six months is an ambitious timeframe in which to complete the framework, obtain...
expert advice on implementation, set up arrangements with SPT and operators, install whatever equipment, signage etc may be required, and inform staff and public of how the system is to operate

- The “alternative rates” in Annex 1 of the document are not explained and therefore form no basis for consultation or decision
- The “commercial rates” quoted are all retail, containing a high profit margin, and mostly related to city centre sites attracting high rates from those who choose to use the facilities for business or social purposes; they are no basis for pricing health services whose users have no choice and are frequently in a state of high anxiety
- However well-meant, this consultation is ill-timed, ill-considered and ill-prepared, isolated as it is from the rest of the Green Transport Strategy
- It makes the mistaken assumptions that the private car is an anti-social luxury and it is within the gift of NHSGG to provide the old, sick and encumbered visitor with viable alternatives
- The car is a fact of modern life and the social engineering required to change that is beyond the competence or remit of NHSGG
- Many people visiting hospitals, for whatever reason, have no real alternative to using the car and it is iniquitous even to consider charging them as if they were there out of choice

Mosspark Community Council

- Has the Board given any thought to public or hospital transport of patients to the Southern General Hospital?
- Public transport will have to run into the site as the walking distance from present transport links is too far for sick and disabled patients
- Does the Board have a policy for more transport to and from hospital or is it the capital raising side the Board is more interested in?
<table>
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<tr>
<th>Community Council</th>
<th>Remarks</th>
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</table>
| North Kelvin Community Council           | • Firmly opposed to plans  
• Patients and visitors will be financially penalised when they most need support; especially in the case of pensioners  
• Most unfair for parents of young children who cannot use public transport to pay to visit their child; what emotional, perhaps physical, damage to the sick child if they couldn’t afford to visit  
• If charges put people off visiting, patients may not recover as quickly – unhappy patients take longer to get better |
| Ruchill Community Council                | • What will be the cost to patients in long-term stay?  
• Patients will have to pay extra if outpatient clinics run well over schedule  
• A very poor bus service will not encourage people to use public transport  
• Residents understand that they pay for their Health Service through taxes  
• If these charges go ahead, what will the next charge be for? |
| Wallacewell Community Council            | • The concept of parking fees to visit someone in hospital is a ridiculous idea  
• The charging of fees would mean someone in hospital with only one relative/friend visiting would possibly have that everyday visit they may enjoy curtailed, which is not conducive to a happy convalescence  
• Document states that “charges can be reclaimed” for patients on low income; it does not consider the fact that there are people who may not be in a position to pay the fees “in advance” |
| Waterside Community Council              | • Cannot see how charging would solve the problem of parking spaces  
• In an emergency, do you need a ticket before you can go into hospital?  
• People from outlying districts take a minimum of 3 buses to hospitals; providing a sufficient bus service would perhaps help reduce car numbers  
• Is it possible to have a voluntary |
| contribution to upgrade car parks?  If it kept hospitals open, sure there would be no objection  
• If with someone seriously ill or having a long appointment worried enough without concern about money for the car park |
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<tr>
<th>COMMUNITY/VOLUNTARY ORGANISATIONS</th>
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<tr>
<td>Dagmar Kerr, Area Co-ordinator – Strathclyde, Action for Sick Children (Scotland)</td>
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- By introducing a charge for parking, parents who want to support their child in hospital will experience a considerable increase of financial burden.
- Not clear in the document what "exceptional circumstances" would be for free parking permits.
- Many families who are not in the group of "low income families" will find fees a burden and won’t be able to claim them back; car parking charges will make visiting less affordable for many families – yet the importance of visits is well-documented.
- Families with children in push chairs do not fit into the category of disabled patients but will have to manoeuvre a pram and possibly other children from parking located further away from the hospital; in the case of Yorkhill this also means negotiating a steep hill.
- Document acknowledges that “staff with carer responsibilities …” might have “to leave the site during the working day”. Parents of sick children often have the same responsibilities and have to leave the sick child on different occasions during the day. Other reasons to leave the hospital could be appointments and the need to spend time with siblings/spouses or to get clean clothes. There is a need to support resident parents or carers in fulfilling these commitments and to allow them breaks for looking after the sick child.
- Urge the Board to consider that sick children and their families have very specific needs. Imperative that NHSGG continues to encourage parents to stay with their children by not creating barriers to this relationship; introducing charges would be such a barrier.
- Attended recent NHSGG AGM and apparent that Board wants to listen more to users’ views; welcome this attitude and delighted to further discuss ASC’s reasons for opposing charges at RHSC.
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<tr>
<th>Marilyn Croser, Policy &amp; Campaigns Manager – Scotland, Arthritis Care in Scotland</th>
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<tbody>
<tr>
<td>Welcome commitment to the provision of substantial proportion of parking on hospital sites, adjacent to facilities, for patients and visitors and to include access for disabled users</td>
</tr>
<tr>
<td>Welcome the proposal that charges reflect ability to pay and that disabled patients, visitors and staff will not be charged</td>
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<tr>
<td>Keen that the mechanism to allow people on low incomes to reclaim is a straightforward one involving minimum delay</td>
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<tr>
<td>Commitment to alternative forms of transport is welcome; hope these alternatives are accessible to disabled people</td>
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<tr>
<th>Ronnie Knox, Chair, Building People’s Capacity Subgroup of the SIP Board (North Glasgow SIP)</th>
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<tr>
<td>Believe the proposal to introduce fees at NHS sites for both patients and visitors to be inappropriate and unnecessary</td>
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<tr>
<td>All such parking should be free to all who have a legitimate purpose to be within the hospital setting</td>
</tr>
<tr>
<td>To support free parking, investment is required to install at each site a means whereby patients’ and visitors’ use of car parks can be regulated, to allow those who have used the parking appropriately to exit free of charge and to charge those who have not. This might be a ticket-on-entry system, which is then stamped at each out-patient clinic, A&amp;E centres or ward on exit. Staff must not be asked to police patient/visitor parking; this therefore needs to be a fully automated system</td>
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<tr>
<td>Agree that patient/visitor parking should be closest to hospital buildings which will both facilitate their speediest arrival and departure and deter those who do not have a legitimate reason for being at the site</td>
</tr>
<tr>
<td>If it is decided to charge patients/visitors, systems to issue free parking permits could not sufficiently be applied to enable all those who would require these to be awarded to them; this would result in large numbers of people being forced to pay for parking when they would – if</td>
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there were sufficient free parking permits available – be eligible to park free of charge

- To have a system where everyone pays and then reclaims retrospectively seems excessively bureaucratic and smacks of the old, much-detested means-testing system; suggest it would be better to have free parking on the proof of legitimate use of parking and bring bureaucracy down on those with no legitimate right

- Short-term pick-up/drop-off areas should exist at every current hospital site as a matter of course.

- Patients have no control over how long they will be at the hospital and can wait several hours in out-patient clinics, day clinics or in A&E; to alleviate this, steps need to be taken to shorten patient waiting times. If patients were confident that they would be seen at their given appointment time, they could easily arrange to be dropped off and picked up

- To discourage patients/visitors from bringing cars to hospital sites needs to be higher level of investment in public transport. Should include investment in local community transport schemes, in ensuring that each community has direct bus route to main hospital, in providing park and ride facilities

- Staff should be encouraged to use and share park and ride facilities with patients

- For health and safety reasons, the period of free parking for staff – 9 pm-7.30 am – should be extended to those staff whose shift finishes in this time frame, no matter when it starts eg if someone starts at 3 pm and finishes after 9.30 pm parking should be free

- Support the Green Transport Strategy and welcome the review of parking but feel strategy can be implemented without recourse to charging patients/visitors, particularly if greater emphasis is placed on initiatives such as park and ride, shuttle buses, better bus routes and with greater regulation of parking on-site
<table>
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<tr>
<th><strong>John McKnight, Chairman, Cathcart ME Support Group</strong></th>
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<tr>
<td>- In the event of the predicted closure/part closure of some hospitals, what specific provision has been made to facilitate increased demand for spaces at each of the retained hospitals, resulting from the transfer of patients, visitors and staff to alternative locations?</td>
</tr>
<tr>
<td>- What proportion of spaces will be kept clear for patients, visitors and disabled people? How will these spaces be policed to ensure they are kept available for the exclusive use of the intended users?</td>
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<tr>
<td>- Why is it proposed to allow each hospital to set its own charges when it would be fairer to impose a standard charge for all hospitals?</td>
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<tr>
<td>- How does NHSGG define “low income patient” and will the claimant have to submit to some form of means testing to establish this status? Is a draft copy of the reclaim procedure available for perusal at this stage of the process and, if not, when will it be made available?</td>
</tr>
<tr>
<td>- Will each hospital be autonomous in deciding who is entitled to apply for free parking permits and what constitutes exceptional circumstances? How will this be made known to the general public?</td>
</tr>
<tr>
<td>- In what way is it envisaged that diverting money raised from charges to subsidise public transport systems will alleviate the long-term parking problems at any of the existing hospital sites?</td>
</tr>
<tr>
<td>- How many members of staff will be employed to attend car parks at each hospital?</td>
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<tr>
<td>- What is the projected wage, uniform/equipment cost for the entire compliment of attendants at all hospitals in the first year?</td>
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<td>- What is the estimated cost of installing parking meters?</td>
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<td>- What is the projected cost of maintenance or replacement of meters per annum?</td>
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<td>- Who will empty the meters, count the</td>
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<td>Name</td>
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<td>cash and bank the money?</td>
</tr>
<tr>
<td>Hugh J Dunn, Glasgow Representative, Disabled Drivers’ Motor Club</td>
</tr>
<tr>
<td>Sheena Glass, Director, Glasgow Old People’s Welfare Association</td>
</tr>
<tr>
<td>Mana Hazlett, Glasgow Support Group of the Miscarriage Association</td>
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<tr>
<td>Organisation</td>
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| Greater Easterhouse Women’s Aid       | • 41% of Glasgow population live below poverty line – charges once again will be loaded against people on low incomes  
  • NHS supposed to be free at point of use – feel that charges are a charge on ill health – also on friends and relatives – and will not create spaces  
  • Patients often have no choice but to travel by car – safe, secure parking is vital for patients and visitors without the cost of parking added to travel expenses |
| Niall Anderson, Chairman, Hospital Broadcasting Service | • Found it striking that no mention of volunteers made in the document  
  • In other parts of UK, fees are waived for volunteers; most commonly, passes issued to volunteers with cars though with a restriction that limits their use to weekdays after 5 pm, weekends and public holidays  
  • Request that volunteers be allowed to use parking facilities free of charge during "off peak" times to continue to provide specialist radio programmes  
  • Have no statutory funding and have never paid expenses so not in a position to fund parking charges  
  • Imposition of charges on volunteers will lead to a reduced willingness to visit wards and collect requests; this would have serious consequences for the viability of the organisation |
| Kirkintilloch Multiple Sclerosis Group | • Welcome the principle of providing disabled access parking spaces adjacent to facilities  
  • Do not agree that patients should be charged for parking. Many members have experienced out-patient clinics which have been subject to delays/long waiting times; patients should not be penalised if services run late  
  • Welcome the Board’s commitment to providing substantial numbers of spaces on each site |
- Seek clarification on the issuing of “free parking permits in exceptional circumstances”; any system to manage this needs to be transparent, equitable and well-enforced  
- Seek clarification of the phrase “very short-term” (para 3.2 (6)) and ask the Board pay attention to the changing needs of disabled people  
- Seek clarification on the identity of “official visitors”; do not wish to see this designation abused by NHS officials  
- Many disabled people have few alternatives to private car, and many public transport alternatives are poorly suited to the needs of disabled people  
- Patient Transport Services are under-utilised and under-advertised; ask the Board to look at maximising this service  
- Many staff members have a poor understanding of the needs of disabled people; health service needs to address this deficit through training and education  
- Ask the Board to give some thought to providing a protected seat, for a disabled person, on the NHSGG Car Parking Group

| Cathy White, Secretary, Lochfield Park Co-operative Ltd (Easterhouse) | Believe that charges within NHS property (hospitals) should not be implemented for patients, visitors or staff  
| | System of temporary parking passes would be a fairer system (individuals would require to obtain a parking permit or pass from the hospital to allow them access to hospital parking areas)  
| | Charges should be minimal and not used as a way to generate income for the hospital or company employed to provide parking scheme |

<p>| Andrew Preece, Glasgow Representative, National Federation of Bus Users | Draft policy makes only a single reference to buses. Perhaps NHSGG could expand on this issue, as a vital component in the transport network, and make greater efforts to promote bus services that serve hospitals, whether shuttle buses provided by NHSGG or public bus services provided either commercially or under tender |</p>
<table>
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<tr>
<th>Name</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Caroline Dixon, Office Administrator, Northern Service Office of Alcoholics Anonymous</td>
<td>No comment</td>
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</table>
| David Falconer, Director, Pain Association Scotland                  | Following points raised by over 300 user members of organisation who access NHSGG services:  
  • generally accepted charging policy would be introduced  
  • felt that revenue should be used to provide improved and safer parking  
  • too few disabled parking spaces -not properly monitored - majority of spaces used by vehicles not displaying appropriate disabled badge  
  • visitor car park away from hospital with park and ride system should be considered  
  • increased public transport at visiting times  
  • system/pass to demonstrate people parking are genuine visitors or staff, not just using the hospital as a convenient car park  
  • clearly displayed signs to inform of rules and penalties in force  
  • split/longer visiting times so all visitors are not arriving at same time |
| Elizabeth C Platt, Greater Glasgow Co-ordinator, PAMIS                | Welcome policy  
  • Keen to see environmental issues being addressed  
  • As Co-ordinator of a service which supports families who have sons and daughters with profound learning disabilities and complex health needs, know that being able to use a car can be essential in a family’s ability to access services  
  • Visits to hospitals can be frequent, making the ability to park easily and close more essential  
  • Support the idea of spaces close to entrances solely for the use of disabled patients and visitors  
  • Urge that disabled spaces be increased |

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considerably; adapted vehicles take up more space than most which will affect the spaces that are available

- Urge that the policing of disabled places be increased; still people who abuse the system and take advantage of spaces intended for others

- Becoming more common for people to use public transport unless a car is essential during the day; helps counteract the environmental problems

- Do not see why hospital staff, whose car is non-essential, should be different to the rest of the working population. Do not feel that spaces should be used for staff to the detriment of patients and visitors

- Hospitals in the NHSGG area are all on bus routes, some accessible by underground or train

- If it is possible to produce more spaces for staff, by bringing in a charging policy, this will help

- Do not feel that patients and visitors should pay for spaces

- Suggest that the charging policy for staff come into play in the first instance

- Thereafter the priority should be for patients to have free spaces, even if a charge has to be brought in for visitors

- Welcome the fact that the policy would allow those on low incomes – or in exceptional circumstances – to appeal charges and get reimbursed

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<tr>
<th>John McVicar, Vice Chair, Ruchill Strategy Group of North Glasgow Community Forum</th>
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<tr>
<td>• Totally object to planned implementation of charges</td>
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<tr>
<td>• Cost to visitors of long-stay patients could reduce visitors to those who most need them; possibility of less visits could be detrimental to patient’s health</td>
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<tr>
<td>• Poor bus service will not encourage people to use public transport</td>
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<tr>
<td>• If a patient is in the out-patients department longer than scheduled will they pay extra?</td>
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<tr>
<td>• Concern about cost to patients who have to be in hospital for many hours each</td>
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<tr>
<td><strong>John O'Neill, Chief Executive, Spinal Injuries Scotland</strong></td>
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| visit<br>• Charging takes away the principle of a free health service at the point of delivery<br>• Innovative ways to encourage non-essential car users to use alternative transport needs to be addressed in regard to staff<br>• Concern at the amount of money parking makes, no matter how small the hourly rate; over time this will create venue and prove to be a profitable venture | **Patients are referred to the National Spinal Injuries Unit in the Southern General Hospital from all over the country and their relatives and friends can have long and expensive journeys to visit; if an additional charge for parking for these people was to be added it would become even more burdensome**<br>• Those who live more closely and who feel it their duty to visit their friends or relatives on a regular basis would be penalised for their sense of duty and desire to assist those close to them to a rapid rehabilitation<br>• It is a requirement for there to be dedicated disabled spaces for those attending as out-patients; these spaces would be free and as such would be seen as “fair game” to be abused by non-disabled drivers<br>• Foresee that charging staff, visitors and patients will have a detrimental effect on all concerned which will impact negatively on the recovery of patients<br>• Appreciate that a solution must be found but feel there must be special provision made in the case of specialist units such as the Spinal Injuries Unit | **Thank Kate Munro for giving outline of proposal**<br>• Patients who dialyse 3 days a week, up to 5 hours at a time should be treated as a special case; also home dialysis patients attending clinics etc<br>• Patients attending clinics more than 3 times a month, pensioners and anyone with mobility problems should also be
<table>
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<th><strong>treated as special case</strong></th>
<th>Like the idea of a visitors’ bus but would have to be carefully watched to ensure it is not taken advantage of</th>
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<tr>
<td><strong>Andrew J Allison, Western Infirmary Kidney Patients Association</strong></td>
<td>One bone of contention is charging for parking on hospital property. Renal patients require up to 7 hours of dialysis 3 times per week; majority of patients are on limited income and unable to afford 21 hours of fees weekly. Serious consideration should be given to charging issue for patients and hospital staff; are sufficient monies ploughed into NHS – efficiently used, problems could be solved</td>
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<td>MSPs</td>
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| Bill Aitken  JP DL MSP                                               | • By coincidence, received complaint with regard to lack of parking facilities at Glasgow Royal Infirmary. Person is largely immobile and had been using the Shopmobility facility to attend hospital appointments. This facility is no longer available and has found it difficult to park close to the hospital - clearly what is proposed in the paper would ease matters  
  • The priority in respect of parking must be to patients with walking difficulties - if access cannot be obtained will be a greater demand on the ambulance service  
  • Find little to disagree with in proposals, subject to charges being applied with a degree of sensitivity  
  • One issue is free availability of parking from 9 pm; those visiting will be charged, may cause some resentment  
  • Doubt whether or not charges will significantly reduce car usage  
  • Car park in Gartnavel General was recently overflowing. Does not appear to be adequate space for parking at any hospital - the Royal Infirmary is classic illustration |
| Patricia Ferguson   MSP                                              | • In principle would prefer charging did not take place  
  • Appreciate sites are congested and may need to be some order brought  
  • One of the limitations to this exercise is that in a number of locations the scope for improving must be limited by the confines of the NHS estate  
  • Appreciate that monies raised would be used to improve car parking but do not see how this will be possible on these sites  
  • Conversely, at Stobhill Hospital the land available would indicate that parking should not be such a problem  
  • Applaud NHSGG’s attempt to encourage use of public transport but, for many
constituents, this is not a viable option; for those mainly elderly living in High Ruchill there are already major problems in accessing the hospital

- Would be interested to hear how NHSGG would persuade bus operators to introduce services to Stobhill that would enable constituents to travel with more ease than they currently do

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<tr>
<th>Janis Hughes  MSP</th>
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<tr>
<td>• Aware that charges exist in some sites across Glasgow but mindful that other sites have free parking for patients/staff</td>
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<tr>
<td>• Current situation at some sites not optimum but NHSGG must recognise that amount of charge proposed for acute services in Glasgow causing great concern amongst constituents who face further travel to the Southern General when visiting relatives; having to pay for parking will be added burden</td>
</tr>
<tr>
<td>• Providing good, reliable public transport links from Rutherglen/Cambuslang would give people choice when considering transport options</td>
</tr>
<tr>
<td>• Had experience of introduction of charges at Glasgow Royal Infirmary; knows how this impacts on local communities by forcing staff to park on nearby streets, causing inconvenience to local residents</td>
</tr>
<tr>
<td>• Proposal suggests free staff parking from 9 pm to 7.30 am; large number of staff work 12 hour shifts so timescale will not cover night shift. Suggest that this window be extended so that staff working nights can park free of charge</td>
</tr>
<tr>
<td>• Grossly unfair to levy a flat rate charge on all NHS staff; not acceptable that a porter should pay same as senior consultant/director given vast pay differential. Sliding scale system much fairer</td>
</tr>
<tr>
<td>• Strongly opposed to introduction of charges on NHS sites. NHSGG should concentrate on other initiatives such as park and ride and working with transport providers to ensure good quality links with all the local communities it serves</td>
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<td>Note</td>
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<tr>
<td>- Recognised that car parking is not a problem at Stobhill Hospital; on no occasion ever experienced difficulty parking. Therefore it is unnecessary to introduce charges when parking is not a problem</td>
</tr>
<tr>
<td>- If charges are introduced will almost certainly be an impact on the streets surround Stobhill; this is already the case at Glasgow Royal Infirmary where visitors park in the residential streets adjacent to the hospital</td>
</tr>
<tr>
<td>- Note the decision to introduce charges at all acute sites with the income being recycled; no mention of the amount of income this policy is likely to generate or what services will benefit. In the case of Stobhill it would appear that this decision has been taken to create parity of charges throughout the other sites; this is an unfair decision as there is sufficient parking within the campus</td>
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<tr>
<td>- Note that it is proposed to provide a shuttle bus service to allow staff and patients to be transported in and out of Stobhill; see no evidence that private bus operators have given an absolute commitment to providing such a service. In the past, bus operators have been willing to operate only during peak periods and are not interested in running a service outwith these times or operating routes from Stobhill to other parts of the north area. Public transport is not always the most practical or efficient mode of transport</td>
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<tr>
<td>- Appear to be significant problems in the GRI campus and result parking in streets does cause considerable problems for patients; there may be a demand for private parking facilities at GRI, however, further investigation is required into how the charging policy would be implemented and the implication for disabled users</td>
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<tr>
<td>OTHER ORGANISATIONS</td>
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| Amicus/AEEU, Gartnavel General Hospital | - Who are the staff side reps involved with Car Parking Working Group?  
- If there are no staff side reps, why – as there is a partnership policy across GGNHSB?  
- To facilitate fairness of allocation of free permits, will there be a list made available to all showing who has qualified and on what grounds?  
- In return for charging for secure spaces, will NHSGG accept responsibility for incidents/damage to persons/vehicles?  
- Will there be any guarantee of free parking for Estates Dept staff in respect of their duties with satellite sites covered by Gartnavel General?  
- Meetings should be arranged with staff side reps to discuss the above and any others that may arise at local level before any final decisions are made |
| Glasgow Disability Benefits Centre | - Difficult to understand why the Health Board would find it acceptable to impose a fee on Health Board staff when staff are so poorly paid  
- With the struggle to retain qualified nurses it appears to be a foolish move |
| Glasgow Housing Association Ltd | - Although fundamentally against charging - if inevitable would suggest  
  o long term patients are given free parking for term of treatment  
  o staff are given discounted season tickets  
  o the charge is not excessive, 50p an hour or so, to discourage park and ride activity but not to be an excessive burden to patients |
| Polestar East Kilbride Ltd | - Stobhill has no shortage of car parking and no abuse of spaces  
- Cannot make sense to charge for parking at Stobhill |
Strathclyde Passenger Transport Executive

- Hope to continue to work in partnership on all issues pertaining to access to and from hospitals and other healthcare sites.
- Pleased that NHSGG understands the problems which any parking strategy has to address and see this as being a positive start; SPT would hope that it could provide advice on some of the solutions now being sought.
- Simultaneous development of Strategy within the Green Transport Strategy linked to the Acute Services Review produce a consistent approach to each of these whilst at the same time their interface must be acknowledged.
- Some of these sites are earmarked for change within the Acute Services Review; perhaps a stronger focus on new sites might be more effective. A hierarchy of needs should perhaps be evolved with particular attention given to the new centres of excellence.
- Prioritisation is key when dealing with a limited and finite resource; this should be closely linked to the Green Transport Strategy.
- Needs to be a distinction between the various interest groups. Patients should be subdivided by eg out-patients/day patients/long-term patients; patients who are mobile and others requiring transport and priorities declared for each subgroup.
- New principles could include:
  - a presumption in favour of public transport and against the non-essential use of the private car.
  - commitment to promoting access by alternative transport to that of the car.
  - active demand management and active promotion of alternatives.
- The principles do not specify whether there will be an assumption in the Strategy in respect of maximum/minimum parking standard for each site; in terms of modal shift to public transport, maximum standards are perhaps the easiest to apply.
• Analysis of comparative parking charges in respect of Glasgow city centre tend to indicate that the current parking charges levied at NHSGG sites are less expensive than is charged commercially.

• Patients and visitors are dealt with as a single group in parts of the document; suggest it would be better if they were considered separately. Visitor types might also require to be better defined and different priorities given, especially for specialist hospitals. The question of whether or not charges be applied for 24 hours requires confirmation.

• Recognise that staff parking needs to be dealt with sensitively; would hope that supporting initiatives such as car pooling, public transport information and innovative financial systems could be explored and developed.

• Draft proposals are fairly general and will need to be firmed up with specific cases requiring different approaches. Hospitals in built-up areas will require different approaches to hospitals in rural or less urban areas; similarly the approach with public transport will need to be organic.

• While there is no explicit commitment for NHSGG to work with SPT (or any other transport operator) to develop services, ticketing and other options to break down the barriers to alternative modes, SPT would welcome further partnership working to discuss the public transport aspects of all NHSGG strategies.

• Seen as primarily a consultation engaging with staff and patients (presumably visitors will be consulted), however, SPT’s ongoing membership of the NHSGG Transport Group is seen as a useful opportunity for input. SPT has embarked on the development of strategies for access to all health care in its area which will seek partnerships with NHS Lanarkshire, NHS Argyll and Clyde and NHS Ayrshire and Arran.

• Section 4.2 talks about staff and visitors but not patients; the document should specify who it actually means as the message throughout the document is sometimes mixed.
<table>
<thead>
<tr>
<th>UNISON Scotland</th>
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<tbody>
<tr>
<td>• Whilst recognising the need to develop a Green Transport Strategy, do not support the introduction of charges for staff, patients or visitors</td>
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<tr>
<td>• The introduction of charges will not reduce the number of cars being taken to and requiring to be parked at hospital sites</td>
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<tr>
<td>• No evidence that demand for parking has reduced on sites which have introduced charges; evidence to suggest that as a direct result of charges at hospital sites, staff, visitors and patients park off-site in nearby public streets</td>
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<tr>
<td>• Local communities have subsequently become less supportive of hospital and its users; unacceptable if community support is lost because NHSGG taken short-term approach to perceived pressures on hospital parking</td>
</tr>
<tr>
<td>• Do not accept that introduction of charges will have impact on traffic congestion; successive governments have sought to reduce car use by increasing car user costs and yet it is clear that this policy has failed as car use continues to increase in the UK</td>
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<tr>
<td>• NHSGG should seek to incentivise staff to care share and ensure that staff who can car share are placed on similar working patterns; similar scheme could be operated for visitors</td>
</tr>
<tr>
<td>• If NHSGG is serious about these measures they should be taken forward first – in advance of punitive measures</td>
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<tr>
<td>• As NHSGG continues with the Acute Services Strategy and further decisions are taken to centralise services, the journey for staff and patients likely to become longer and more complex, increasing the need for car use and parking. Overall policy is therefore flawed and does not meet the need to show joined-up thinking</td>
</tr>
<tr>
<td>• Accept there are major problems on some sites with parking; difficult to accept that these problems will be improved by introduction of charges</td>
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</table>
• Centralising clinical resources will place increased demand on existing sites
• Accept that as services are redeveloped the opportunity should be taken to redesign parking along with the rest of the development. Acknowledge that this is not a “quick fix” but believe that NHSGG should take a longer term approach; in doing so the issue of parking will be resolved in a more sustainable long-term way than currently proposed
• Difficult to see how the introduction of charges would have a positive impact on sites which are not yet developed
• NHSGG could look at developing park and ride facilities to and from major sites or short-term development of open space on existing sites where possible
• Believe that the primary purpose of introducing charges is to raise revenue; believe this is an unfair tax on staff, patients and visitors
• Accept that charges should be harmonised across the city; clear that staff should be free on NHS sites
• Any charges should be:
  o minimal
  o based on ability to pay
  o any profit redistributed directly into frontline patient care
• Many NHSGG employees are at the bottom end of NHS pay scales; unacceptable for these people to have to pay the same as a consultant or Divisional Chief Executive
• Due to shift patterns, financial pressures and care responsibilities, if there is a need to prioritise parking it should go to the lowest paid workers in the NHS
• Any allocation of permits must be strictly monitored to ensure the system is fair, open and transparent
<table>
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<tr>
<th>GENERAL PUBLIC</th>
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<tr>
<td>Jessie Allan</td>
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<td>Mrs E Anderson, G66</td>
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<tr>
<td>Sara Barry, G12</td>
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near GRI, could some system be devised to help families of people in ICU, who may not know how long they will need to stay but who may well have to stay for long periods?

- Would not like to see staff being charged to park, nor patients; it is hard on visitors too
- Ideally, should all use public transport but it is often not possible
- Wonder whether a network of cheap taxis or minibuses could be set up which visitors and out-patients could telephone for

<table>
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<tr>
<th>Audrey Beattie, G21</th>
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| • Unacceptable to introduce parking charges at hospitals  
| • Visitors should not have to pay; often a family member visiting daily  
| • Unacceptable to ask patients to pay  
| • Live within the grounds of Stobhill Hospital and been the victim of irresponsible drivers who park on double yellow lines preventing access for wheelchair users; have written to the Hospital Manager regarding this and other parking concerns  
| • Do not believe that charging is the answer –this will significantly increase problems with people parking outside my home. Concerned staff, visitors and patients will try to avoid paying by parking at the cottages  
| • Staff in low paid employment will find it difficult to afford to pay; nearby streets will be used  
| • Difficult to accept that money received would be used for security, lighting etc; believe charging would far exceed the costs of security measures etc  
| • Multi-storey parking facility has to be considered at Glasgow hospitals and should be provided by the Health Board |

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<tr>
<th>Rev David Brown, Parish Priest, All Saints’ Presbytery, G21</th>
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<tbody>
<tr>
<td>• One of the assets of Stobhill is the ability to park easily and for free while visiting; seems to be no reason for introducing charges other than for making money since there is no shortage of parking</td>
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provision and therefore no reason to ration places available

- Strange anomaly that any church built since the 1960s is required by law to provide one free parking place for every 20 people who can be seated within the building while no such law exists for hospitals; maybe need to return to the notion that a hospital is a public service rather than a business

- Hope that NHSGG will reconsider and withdraw proposals but not optimistic

- Often asked to attend patients at Stobhill at all times of day and night; always attend and no fee is ever presented. Have no intention of providing services free while being charged for parking while doing so. Suggest the following:
  - when called to see a patient at Stobhill, the hospital provides a taxi to take him back and forward as a hospital expense
  - if charges are introduced, he is provided with a parking permit to allow free parking
  - in the event of neither a taxi nor a permit being made available, will present a call-out fee of £20 per call

Mary Curtis, G12

- In general agreement with principles and methods of delivery

- Concerned about charges for patients arriving at times of stress and visitors coming during critical times when a relative or friend is under treatment

- It is also an extra cost for those falling just outside state benefit eligibility

- Exit charges would be more acceptable

- For staff, consideration should be given to season ticket arrangements

- A&E, elderly and disabled patients who need a companion may find it difficult to use parking before accessing the hospital; could there be a staffed reception area while allowing the companion to park?

- Maternity arrivals need special arrangements, perhaps a courier service
to park the car (keys ticketed and left for collection at reception); this service might also be of use for elderly patients

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<tr>
<th>John Dearden, PA4</th>
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<tr>
<td>• Recognise difficulties presented to the NHS by issue of parking; draft policy is a reasonable attempt at addressing this issue but is not ideal</td>
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<tr>
<td>• For staff, parking is a convenience which some enjoy; for others it is a difficulty to be overcome where demand exceeds availability. Rather than imposing charges on various sites, NHSGG should concentrate on providing incentives on those sites where parking is a problem to encourage staff to voluntarily move to alternatives such as public transport, cycling, walking to work</td>
</tr>
<tr>
<td>• Should not be imposing financial penalties on staff for using their cars to travel to and from work as this is a matter of personal choice, often dictated by circumstances</td>
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<tr>
<td>• Staff who use their vehicles to move between sites should be charged but be able to reclaim these where they can show they have necessarily incurred business mileage</td>
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<td>• Same principle should apply to community staff visiting hospital sites</td>
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<td>• Staff whose primary residence is on a site should be charged parking – many residential flats require payment of a fee for a space</td>
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<tr>
<td>• Spaces for official visitors should be bookable but should incur the same charge as other visitors</td>
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<tr>
<td>• Short-term pick-up and drop-off points are of no real benefit in transporting material between sites via car if one is then not able to park within a reasonable distance of work; perhaps this reference is to people but it needs to be recognised that on occasions it is also necessary to drop off or pick up equipment, files etc</td>
</tr>
<tr>
<td>• Not clear how it is intended to distinguish between who is a patient and who is staff – what will stop staff parking in patient areas and vice versa?</td>
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<tr>
<td>• Policy suggests that pay-and-display</td>
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<tr>
<td>Name</td>
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| Catherine Devlin, G64 | • Charging is nothing but blatant fundraising which, in the case of Stobhill, is unnecessary  
                          • Having to attend Golden Jubilee Hospital and Glasgow Royal which is a £13 taxi journey – cannot drive because cannot park  
                          • Have to park twice in the one day when dropping husband off for treatment at hospital and pick him up 6 hours later; should be borne in mind when considering charges |
| Joyce Docherty, G77   | • Object very strongly to charges for parking                                                                                                                                                            |
| Jim Dolan, ML4        | • Totally opposed to proposal – have found no one who supports the idea  
                          • In Torquay, son taken to local A&E - parked car only to notice a pay-and-display machine. Cannot over-emphasise distress caused trying to find change to pay  
                          • Parking is necessary for staff and should be secure  
                          • Parking for visitors must be free – people are worried enough about relatives without worrying whether they will get a parking fine as well |
| Mrs F Donald, G66     | • Object to plan for hospitals to become a pay-to-park area  
                          • Working person to be taxed yet again  
                          • Many people have more than one relative in many hospitals within Glasgow and this in itself can be very costly without the added cost of parking fees |
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<tr>
<th>Name</th>
<th>Comments</th>
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| Mrs H S Friel, G64    | - Unhappy about plan to introduce fees at Stobhill  
- She, her husband and other members of her family all use hospital and are sad they will have to pay to park to receive care  
- Urge NHSGG to look again at this plan |
| Peter Howden, G33     | - Handicapped persons have to park quite far away when visiting hospitals as patients or visitors  
- In the Royal, having a guard on duty helps  
- Perhaps the NHS could inflict handicaps on able-bodied, to let them know the distress their selfishness causes  
- Staff must be thought of firstly as without them no hospital/no patients |
| David C Lavery, G46   | - First thought was to give credit to Board for tackling this problem  
- Accept Board’s honest intention not to use this to make money though assume that CCTV, lighting and other facilities would have to be provided in any case so monies from parking would “buffer” budgets  
- At least one group that should be considered is people like himself as a Lay Chairman whose occasional visits should be taken account of - suspect there are many such for whom parking on-site is essential  
- Hope the end product is not pay-and-display  
- Important thing is the acknowledged problem is being tackled  
- Hope Strathclyde Fire Brigade are being consulted on the matter of turning circles etc |
| David J Leslie        | - Parking problems at most hospitals – some severe  
- In city centre, necessary to use commercial car parking – city policy to control numbers; NHS policy seems to fit this pattern, which might seem logical  
- However, NHS not in position to offer |
parking at all hospitals At GRI and Western, rely on the city policy – at others, Gartnavel and Southern, there is some space, but future development of buildings and services must put pressure on the possibility to provide parking

- Reason to provide parking - for benefit of patients - for staff to easily reach their workplace and for visitors to provide support to patients. Why would NHS – a caring organisation, excise that from their policy ?
- Policy seems to ask is it acceptable to make it difficult for staff, friends and relatives to reach patients
- Car parking should be fundamental in all hospital planning. Sites for new builds should take account of access, availability of car parking and public transport
- When decision taken to develop at the Southern, what account taken of traffic movement and car parking – where public transport is limited and local traffic congestion generators exist ?
- NHS should not charge for parking – should plan for in all future building projects
- On basis of current planning proposals understand will be necessary to charge if only to keep cars away
- Not ‘Save the Victoria’ brigade but was there not opportunity to negotiate a perimeter site with plenty of space ?

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<tr>
<th>Catherine Lynch</th>
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<td>• Strong objection to introduction of charges at NHSGG hospitals</td>
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<th>C, M and K MacDonald, G64</th>
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<td>• Strongly disapprove of proposal for charges at Stobhill; parking is not an issue at this site</td>
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<tr>
<td>• People do not visit hospitals from choice; why should they be penalised or the patients they are visiting be penalised due to having to curtail visiting times because of charges?</td>
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<td>• Hospitals are for the good of the patient, either in-patients or out-patients; this will in no way help their condition</td>
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</table>
| Mrs J McIlraith, G76 | • Aware parking on hospital visits is problem - would hate to stop visiting due to parking costs  
• request that cost is low - staff should not pay  
• Lack of ground – what about a multi-storey car park where people would pay?  
• Improved bus service  
• Friends’ comments were: “no way”; “pensioners can’t afford it”; “don’t visit”; “all a bit harsh” |
| --- | --- |
| N D McPhail-Smith, G77 | • Majority wish in Southside is not proceed with plans for Victoria Infirmary  
• Consultation letter states that “a recommendation will be made … to adopt the car parking policy” – why consult or is this part of Board’s cynical ploy to make us feel part of the so-called process?  
• At Southern General, many more will be forced to use cars then have a double whammy with a charge  
• Trend now moving towards free parking with many councils scrapping charges  
• Charging will not assist the environment  
• Congestion will either be close by or moved elsewhere |
| David G Paul, G61 | • It is time that this matter was given the very serious consideration it deserves  
• NHSGG and planners have ignored and disregarded problems encountered by all due to totally inferior parking. When considering resiting operations, they appear to disregard the lack of parking facilities. Example was the reorganisation of A&E to 2 sites, one of which has no parking due to its location at probably the busiest junction in Glasgow  
• Essential that each site is assessed  
• It may be necessary to have some level of charging but must be uniform across all sites to patients, staff etc - no one should be disadvantaged and must not make massive profit  
• At Gartnavel with the development of the |
Beatson, additional parking facilities will be totally inadequate to meet increased needs

- Currently inadequate parking for disabled and infirm; some spaces occupied by cars with no disabled badges
- Has needs assessment survey been carried out?
- GRI is a disaster for parking - pathetic planning taking no cognisance of needs
- At the Southern there are reasonable parking facilities and reasonable transport - for people on the North of the river, very inconvenient unless you have your own transport
- Stobhill has some parking - there is a reasonable bus service but no rail station nearby
- Victoria extremely hampered by limited parking being at a busy junction
- All car parks must be properly manned
- Patients/visitors should be charged £2 per visit maximum
- Disabled persons should be free but must exhibit their disabled badges
- Any car using a disabled space without badge should be clamped and fined - should be monitored by attendants
- Patients must show their appointment card to the attendant, who should verify the date
- Where a hospital is adjacent to a railway station, spaces must not be used to park and travel by rail
- A fully integrated rail/bus service needs to be produced
- All staff should be charged £1 per shift
- No charge after 6 pm
- Space should be set aside for car sharing; names of all staff must be detailed on the badge with the registration number. Failure to display the badge should incur a £1 charge
- Areas of the car park must be clearly designated
<table>
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<tr>
<th>Anne Sherry</th>
<th>Jacqueline Stother</th>
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</thead>
<tbody>
<tr>
<td>• A set of annually audited accounts should be published - on no account must the profit bolster NHSGG’s budget</td>
<td>• Have parked at Stobhill without difficulty, can see no point in introducing charges for this site</td>
</tr>
<tr>
<td>• Must be a properly constituted management committee at each site</td>
<td>• Charging would impinge most heavily on staff who need to drive to the hospital, and patients and visitors with limited mobility</td>
</tr>
<tr>
<td>• A regular survey of usage should be put in place to monitor changes, trends and requirements together with a patient/visitor survey</td>
<td>• Many visitors and out-patients who are able to walk for some distance will be tempted to park in the streets near the hospital rather than pay</td>
</tr>
<tr>
<td>• Trust comments will be considered and not ignored or disregarded, with consultation with the public seemingly nothing more than a cosmetic exercise</td>
<td>• Does framework recognise many NHS workers are poorly paid?</td>
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<td>• Consider staff whose hours mean that safest form of transport home is the car; women may not feel (or be) safe late at night travelling by public transport</td>
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<td>• Car share sounds attractive but hospitals draw staff from a wide catchment; with shift patterns, makes this less viable</td>
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<td>• As a member of the public, a carer, a working nurse, policy emphasis should be on fairness to all groups. Useful to explore parking costs levied on other public sector employees to ensure policy is in line with these</td>
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<td>• Pleased to see a comprehensive consultation on this difficult issue</td>
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<td>• Would ask that disabled spaces are tightly policed; many disabled drivers/escorts have difficulty due to inconsiderate able-bodied people who &quot;steal&quot; spaces/blatant misuse of disabled badges</td>
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<tr>
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<tr>
<td>Anne Sweeney, G69</td>
<td>Clearly necessary to charge at city centre hospitals, seems no need to introduce charges at Stobhill</td>
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<td>Attend GRI and use car park in Cathedral Street. Being taken late or sent to another department may take beyond the time for parking ticket</td>
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<td>Payment better made when leaving the car park, paying for the time accessed</td>
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<td>Car park off Alexander Parade would be of benefit</td>
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<td></td>
<td>GP is in Townhead Health Centre. Considering changing GP as have to take appointment when available which means often cannot access parking space</td>
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<td>Information leaflet contains valid points and raises questions</td>
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<td>Should the policy differentiate between emergency access and appointments made in advance?</td>
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<td>Patients and visitors have to travel further with bigger catchment areas. Not everyone can afford cost of car parking</td>
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<td>Should and how much can staff pay?</td>
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<td>Would expect to pay for parking but is there suitable public transport for staff if they choose not to use their car?</td>
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<td>What happens in an emergency if you don’t have money with you?</td>
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<td>Likely that calls for patient transport would increase? Should this be considered to reduce parking required?</td>
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<tr>
<td>Archie Temple</td>
<td>Can understand charging at Glasgow Royal and other city establishments where rogue parkers are a problem</td>
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<td>Folly to charge at Stobhill where there is no space problem and few rogue parkers</td>
</tr>
<tr>
<td>George Tyrell</td>
<td>Aware of the congestion in many of the hospital car parks, particular the Western</td>
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<td>Suggests that for example at Gartnavel or the Western where there are existing car parks, the engineering structures could be looked at to determine whether it would be possible to build multi-storey</td>
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<tr>
<td>Paul Webb, G66</td>
<td>Parking on these sites, with separate floors for hospital staff, visitors and long-term residential parkers from nearby who would be prepared to pay for parking</td>
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| • Charging for parking in Glasgow’s hospitals is a contentious issue  
• A basic distinction should be made between the private transport of patients and the private transport of others, namely staff and visitors (outwith immediate family)  
• To avoid unnecessary distress and hassle, patients and immediately family must continue to be afforded free and, if necessary, dedicated, policed parking spaces  
• Proof of identity and reason for visit would probably be required  
• If remaining parking spaces are a premium then some sort of charge would have to be levied and a parking system enforced  
• Any decision, hospital by hospital preferably, must not be taken purely on commercial grounds |
- Council have successively assured that “parking regime in and around Church St will be changed” - but no action to date
- Parking issue comes from at least 3 groups – all-day free street parking at Partick/Kelvin Hall stations for rail/underground access to city; all-day hospital staff parking on-site and in neighbouring areas; short-stay patients who find most space taken for all-day use
- Need for conurbation-wide policy to address wider issues of parking and access to/from city; needs to involve local authorities, SPTE and transport providers
- Trend towards centralisation of hospitals demands more people travelling greater distances to reach location they may not know and where parking is inadequate
- Too few ad hoc arrangements between public bodies
- Continued and growing levels of demand for all-day parking cannot be met in busy urban areas - must be transferred to public transport and/or park and ride services on the periphery or as near as possible to hospitals; must be addressed by all agencies involved
- Park and ride facilities offering access to/from bus/rail services only option to provide quality access to work/services throughout conurbation; all existing schemes too limited and fall short of what already exists in other parts of the UK
- Comparison between cost of hospital and city parking at various sites is not helpful; may choose to go shopping or not, or choose to travel by public transport or not but visiting hospital is often choice-free and totally different environment where the cost of parking should not be an issue
- SPTE advertises they are “joining up journeys” but it is difficult/impossible to start/finish journeys
- By building an urban motorway system and centralising hospitals, shopping etc car use is encouraged; at the same time, many measures are undertaken which restrict use and send a confused
<table>
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<tr>
<th>Message</th>
<th>Iain M Wilson</th>
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| • Will not be easy to tempt drivers to leave their cars and embrace often inadequate bus services which do not exist or only run at peak times  
• Nonetheless, reason to be optimistic - with a degree of compulsion and some co-operation and imagination, situation could be improved to the benefit of all | • Any proposal to charge is unreasonable  
• Will encourage parking in other areas; could cause hazards, accidents and annoyance to local residents  
• Would you really want people to pay to visit relatives who could be very ill? Stress levels and anxiety increased for all concerned including lost visiting time trying to find parking  
• People visit close relatives at every possible visiting time. Would be penalising them and for some, making them unable to visit as often  
• Staff parking charges comes across as indirect taxing. On-call staff don’t have free car parking and would have to make payments for each call-out  
• Transport links to the hospitals are not as good as could be - what about evening transport? |
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 main NHS sites. *The list below is indicative and the intention is that Primary/Community Care Sites should not be included:*

- 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 in line with SEHD guidance.
- initiatives will be put in place to provide for staff and patients alternative ways of accessing our sites in line with the Green Transport Strategy and local site Green Transport Plans.

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.
• explicit criteria for exemption or free parking permits.

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.