



Department
of Health

Health Technical Memorandum 07-03

NHS car-parking management: environment and sustainability

2015 edition



November 2015

Health Technical Memorandum 07-03: NHS car-parking management: environment and sustainability

2015 edition

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This document is available from our [website](#).

Preface

About Health Technical Memoranda

Health Technical Memoranda (HTMs) give comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.

The focus of Health Technical Memorandum guidance remains on healthcare-specific elements of standards, policies and up-to-date established best practice. They are applicable to new and existing sites, and are for use at various stages during the whole building lifecycle (see diagram below).

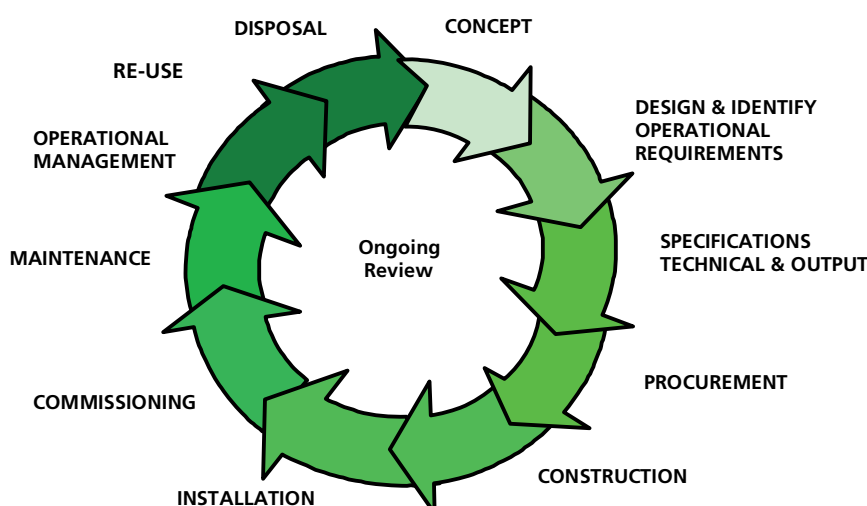
Healthcare providers have a duty of care to ensure that appropriate governance arrangements are in place and are managed effectively. The Health Technical Memorandum series provides best practice engineering standards and policy to enable management of this duty of care.

It is not the intention within this suite of documents to unnecessarily repeat international or European standards, industry standards or UK Government legislation. Where appropriate, these will be referenced.

Healthcare-specific technical engineering guidance is a vital tool in the safe and efficient operation of healthcare facilities. Health Technical Memorandum guidance is the main source of specific healthcare-related guidance for estates and facilities professionals.

The core suite of nine subject areas provides access to guidance which:

- is more streamlined and accessible;
- encapsulates the latest standards and best practice in healthcare engineering, technology and sustainability;
- provides a structured reference for healthcare engineering.



Structure of the Health Technical Memorandum suite

The series contains a suite of nine core subjects:

Health Technical Memorandum 00 Policies and principles (applicable to all Health Technical Memoranda in this series)

Choice Framework for local Policy and Procedures 01 Decontamination

Health Technical Memorandum 02 Medical gases

Health Technical Memorandum 03 Heating and ventilation systems

Health Technical Memorandum 04 Water systems

Health Technical Memorandum 05 Fire safety

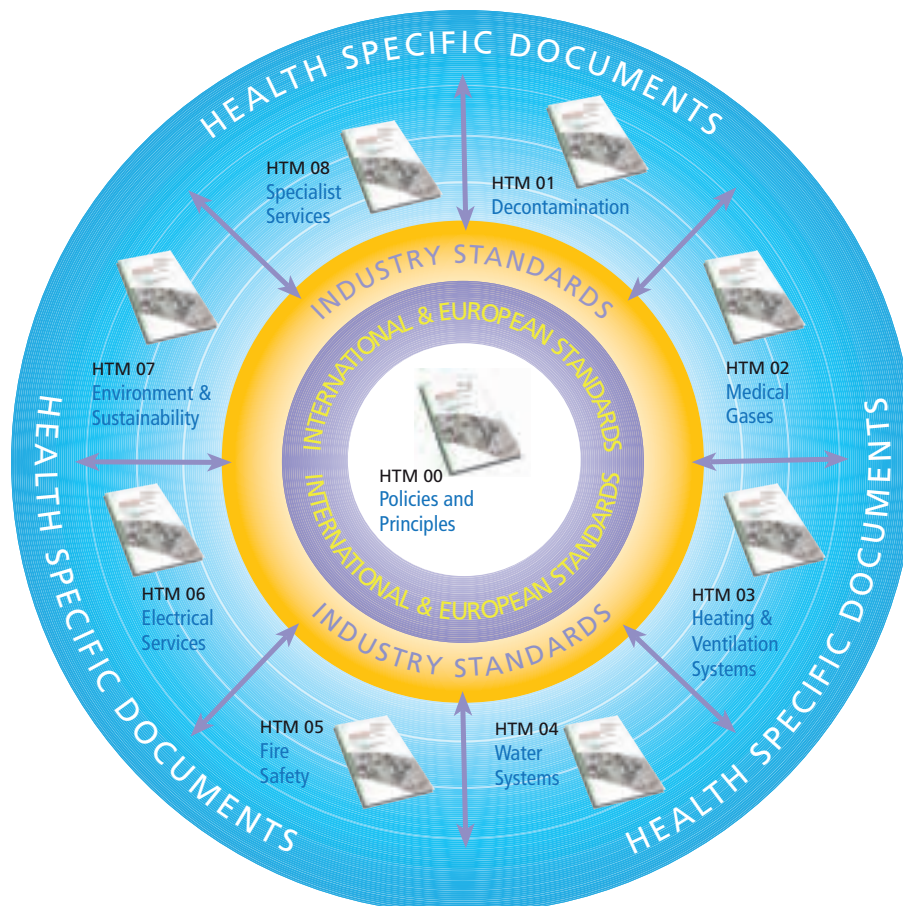
Health Technical Memorandum 06 Electrical services

Health Technical Memorandum 07 Environment and sustainability

Health Technical Memorandum 08 Specialist services

All Health Technical Memoranda are supported by the initial document Health Technical Memorandum 00 which embraces the management and operational policies from previous documents and explores risk management issues.

Some variation in style and structure is reflected by the topic and approach of the different review working groups.



DH Estates and Facilities Division wishes to acknowledge the contribution made by professional bodies, engineering consultants, healthcare specialists and NHS staff who have contributed to the production of this guidance.

Other resources in the DH Estates and Facilities knowledge series

Health Building Notes

Health Building Notes give best practice guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities.

They provide information to support the briefing and design processes for individual projects in the NHS building programme.

All Health Technical Memoranda should be read in conjunction with the relevant parts of the Health Building Note series.

NHS Premises Assurance Model (NHS PAM)

The NHS PAM is a tool that allows NHS organisations to better understand the efficiency, effectiveness and level of safety with which they manage their estate and how that links to patient experience. The NHS PAM has two distinct but complementary parts:

- Self-assessment questions: supporting quality and safety compliance;
- Metrics: supporting efficiency of the estate and facilities.

For further information, visit the [NHS PAM](#) website.

Activity DataBase (ADB)

The Activity DataBase (ADB) data and software assists project teams with the briefing and design of the healthcare environment. Data is based on guidance given in the Health Building Notes and Health Technical Memoranda.

For ADB technical queries only, contact the ADB Helpdesk. Telephone number: 01939 291684; email: support@talonsolutions.co.uk

For new ADB customers and licence renewals only, email: adblicencerenewals@dh.gsi.gov.uk

How to obtain publications

Health Technical Memoranda are available from the UK Government's website at:

<https://www.gov.uk/government/collections/health-technical-memorandum-disinfection-and-sterilization>

Health Building Notes are available from the same site at:

<https://www.gov.uk/government/collections/health-building-notes-core-elements>

Executive summary

The purpose of this guidance is to help NHS organisations identify best practice in car-park management and sustainable transport in order to improve the patient and visitor experience and support staff on their journeys to and from work.

The guidance identifies how the [NHS patient, visitor and staff car parking principles](#) can be implemented within an NHS organisation's car-parking provision and what measures need to be considered when developing strategies and policies.

The guidance contains a number of measures that have been used by NHS organisations to reduce the demand on parking and promote better use of car-parks on NHS sites. These measures have been broken down into the following three categories:

- sustainable transport;
- car-park management;
- car-park equipment.

Each measure has the benefits analysed and whether implementing the measure would be low, medium or high cost for the NHS organisation. These measures may not be suitable for every NHS organisation and it is recommended that detailed investigations and a cost-benefit analysis is carried out before taking action.

The guidance offers four case studies of NHS organisations that have demonstrated good practice in one of the following four areas:

- patient and visitor experience;
- sustainable transport;

- car-parking charges and concessions;
- car-park management.

These organisations are not perfect. They still face the same problems as other hospitals, but were chosen to demonstrate specific measures that can improve the car-parking and transport facilities for patients, visitors and staff. Other organisations across the NHS also have potential solutions in place and car-park and transport managers are encouraged to share and learn from each other.

This guidance also includes:

- The importance of identifying partnerships both internally and externally and how they can assist NHS organisations.
- The benefits of implementing travel plans and the steps involved to implement successful travel plans.
- Data collection and monitoring including the ways NHS organisations can collect data, the benefits to collecting the data, and the role that staff have in the process, most notably in the monitoring and review of data.
- The steps that can be taken to improve the car-park management and sustainability of the NHS site and the issues that need to be considered along the way.

This 2015 edition supersedes the 2006 edition of Health Technical Memorandum 07-03.

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Glossary of terms

Access: A way or means of approach or entry to a building or site.

Accessibility: Accessibility, in this context, is the ability of a person or group to, or the ease with which they can, reach the jobs and key services that they need.

Allied Health Professional

(AHP): Healthcare professions distinct from nursing, medicine and pharmacy.

Did Not Attend (DNAs): Patients who for one reason or another fail to attend their NHS appointment.

Geographic information system (GIS): A computer system for capturing, managing, integrating, manipulating, analysing and displaying data relating to positions on the Earth's surface.

Local transport plan: A statutory five-year local authority strategy that aims to promote sustainable transport and provide a safe and integrated transport network via identified initiatives.

Modal shift: The shift in use from one mode of transport to another (for example from private car to public transport).

NHS organisation: This term means any of the following – an NHS trust, an NHS foundation trust, NHS England or a clinical commissioning group.

Parking charge notice: Invoices issued by private parking operators for a vehicle breaching the terms and conditions of the car-park.

Sustainable transport: Ways and methods of travelling that do not have a significant impact on the environment or add to problems of congestion.

Travel plan (in some literature referred to as “active travel plan”): A document produced by a company or organisation which outlines measures to reduce reliance on the car as a means of getting to work and instead promotes healthier and more environmentally-friendly methods such as cycling or walking.

Travel survey: This is an important first step in developing a travel plan. It is an effective way to find out how staff and other stakeholders travel to work and why they choose to travel the way they do, and to assess those elements of a travel plan which are most likely to achieve results.

1.0 Policy and regulatory overview: car-parking and the healthcare estate

Car-parking

1.1 Car-parking has a large bearing on people's experience of the NHS and influences perceptions of local healthcare facilities.

1.2 DH (2014) published its car-parking principles, which provide clear and consistent ground rules that will help manage car-parking provision in the NHS and help to improve the patient experience across the NHS (see below).

1.3 HTM 07-03 provides guidance that will help NHS organisations to comply with these principles.

NHS patient, visitor and staff car parking principles

- NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.
- Charges should be reasonable for the area.
- Concessions, including free or reduced charges or caps, should be available for the following groups:
 - disabled people
 - frequent outpatient attenders
 - visitors with relatives who are gravely ill, or carers of such people
 - visitors to relatives who have an extended stay in hospital, or carers of such people
 - carers of people in the above groups where appropriate
 - staff working shifts that mean public transport cannot be used.

- Other concessions, e.g. for volunteers or staff who car-share, should be considered locally.
- Priority for staff parking should be based on need, e.g. staff whose daily duties require them to travel by car.
- Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used. Additional charges should only be imposed where reasonable and should be waived when overstaying is beyond the driver's control (e.g. when treatment takes longer than planned, or when staff are required to work beyond their scheduled shift).
- Details of charges, concessions and additional charges should be well publicised including at car park entrances, wherever payment is made and inside the hospital. They should also be included on the hospital website and on patient letters and forms, where appropriate.
- NHS trusts should publish:
 - their parking policy
 - their implementation of the NHS car parking principles
 - financial information relating to their car parking
 - summarised complaint information on car parking and actions taken in response.

Contracted-out car parking

- NHS organisations are responsible for the actions of private contractors who run car parks on their behalf.
- NHS organisations should act against rogue contractors in line with the relevant codes of practice where applicable.
- Contracts should not be let on any basis that incentivises additional charges e.g. 'income from parking charge notices only'.

Compliance of the healthcare estate

1.4 Assurance of healthcare estates and facilities is assessed against a set of legal requirements and standards. Principally, these relate to:

- Regulations 12 and 15 of the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010** on the safety and suitability of premises;
- the registration requirements in the **CQC's standards**;
- the legal duty to have regard to the pledge on a clean, safe environment as outlined in the **NHS Constitution**.

Note

The list above is not exhaustive. There are numerous other statutes and legal requirements that NHS organisations, supporting professionals, contractors and suppliers must comply with. These are covered in the respective Health Building Notes (HBNs), Health Technical Memoranda (HTMs) and the NHS Premises Assurance Model (NHS PAM) (see the Preface).

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

1.5 Regulation 12 decrees that registered providers must ensure that:

- services users;
- persons employed for the purpose of the carrying on of the regulated activity; and
- others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity;

are protected against identifiable risks of acquiring such an infection.

Appropriate standards of cleanliness and hygiene should be maintained in premises

used for the regulated activity. DH (2010) issued '[The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance](#)' (the HCAI Code of Practice), which contains statutory guidance about compliance with regulation 12.

1.6 Regulation 15 of the Act states that patients must be "protected against the risks associated with unsafe and unsuitable premises, by means of . . . suitable design and layout . . . adequate maintenance and . . . the proper operation of the premises".

Regulator requirements

1.7 The CQC independently regulates all providers of regulated health and adult social care activities in England. The CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety.

1.8 The registration requirements for providers are set out in the Care Quality Commission (Registration) Regulations 2009 (CQC Regulations) and include requirements relating to:

- safety and suitability of premises;
- safety, availability and suitability of equipment; and
- cleanliness and infection control.

1.9 The CQC is responsible for assessing whether providers are meeting the registration requirements (see the CQC's 'Guidance about compliance' (2010)). Failure to comply with the CQC Regulations is an offence and, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, CQC has a wide range of enforcement powers that it can use if a provider is not compliant. These include the issue of a warning notice that requires improvement within a specified time, prosecution, and the power to cancel a provider's registration, removing its ability to provide regulated activities.

Note on amendment to the CQC Regulations

New regulations are due to come into effect from April 2015 and will apply to all providers of health and social care that are required to register with the CQC.

NHS Constitution

1.10 The [NHS Constitution](#) “sets out rights to which patients, public and staff are entitled”. It also outlines “the pledges which the NHS is committed to achieve, together with responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively”. It states:

The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of the Constitution in their decisions and actions.

1.11 It commits the NHS to ensuring “that services are provided in a clean and safe environment that is fit for purpose, based on national best practice (pledge)”. In order to deliver on this pledge, the NHS should take account of:

- the NHS Premises Assurance Model (NHS PAM) – the NHS PAM identifies where the NHS Constitution needs to be considered and where assurance is required;
- national best practice guidance for the design and operation of NHS healthcare facilities (such as HBNs and HTMs).

1.12 Figure 1 illustrates how DH estates and facilities best practice guidance (such as the NHS PAM and HTMs) aligns with the statutory and policy framework. This guidance is fundamental to ensuring that NHS trusts are able to deliver on their commitments under the NHS Constitution and to comply with the CQC’s registration requirements and standards.

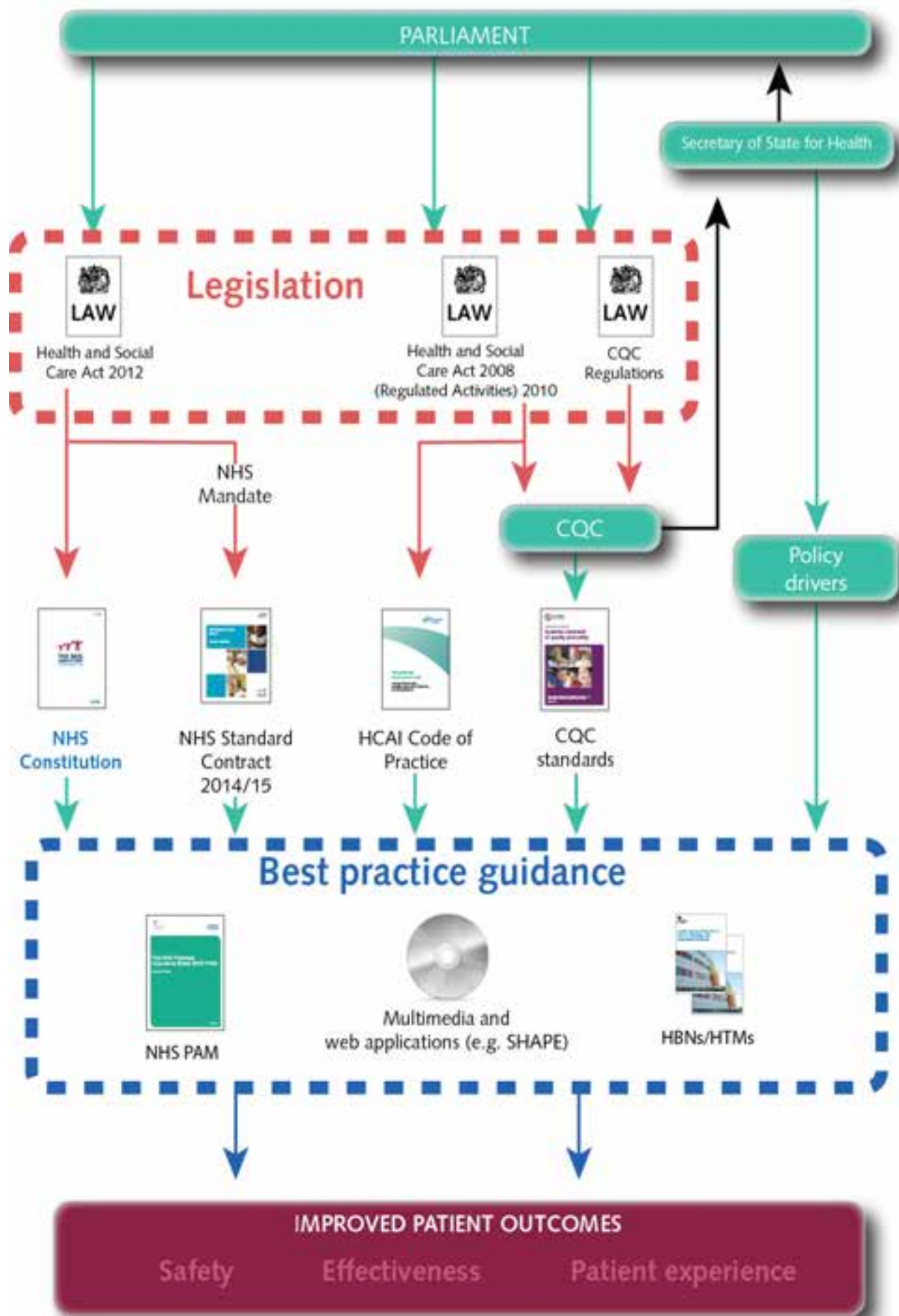


Figure 1 How best practice guidance on the safety and quality of healthcare estates and facilities fits in with the legislative and policy framework.
(The statutes and mandatory requirements shown in this figure are not exhaustive. See Note after paragraph 1.1.)

2.0 Introduction and background

2.1 This guidance has been produced to outline what measures NHS organisations have in place and what measures can be implemented that represent best practice in car-parking strategies and also improve the patient and visitor experience.

2.2 The aim of the first edition of Health Technical Memorandum 07-03 published in 2006 was to summarise what methods NHS trusts could adopt when developing travel plans and managing transport and car-parking, drawing on good practice to assist the NHS in a practical way. This guidance was crucial at the time as there had been an increase in environmental awareness especially with regard to promoting environmentally safe transport, and this had an impact on NHS transport and car-parking strategy.

2.3 With the release of new NHS patient, visitor and staff car-parking principles in August 2014 along with changes in legislation, regulations and policy relating to health, transport planning and sustainability, the Department of Health commissioned 2020 Consultancy to review and update the existing guidance document, working in partnership with the Department of Health.

As part of a data collection exercise for this guidance document, a number of NHS site surveys were conducted, the data from which has been used to provide the current context of car-parking provision and management on NHS sites in England. This data has been used to provide background information only: it has not been peer-reviewed and has not been used to inform policy changes.

2.4 Car-parking has a large bearing on people's experience of the NHS and influences perceptions of local healthcare facilities. To ensure the patient and visitor experience is as pleasant as possible, journeys to and from a healthcare facility should be kept as straightforward as possible. Worry, concern and unnecessary stress should be removed wherever possible. Measures to assist with this, which are discussed in this document, include:

- maintaining safety throughout the NHS site;
- avoiding any confusing messages and signage;
- giving detailed information relating to parking including where to park and how much it will cost to park;
- listening to feedback;
- implementing measures in NHS car-parks that can remove worry, concern and stress for patients and visitors.

2.5 Some NHS organisations have already implemented these measures, and examples of good practice are discussed in the case studies section (Chapter 6).

2.6 Sustainable transport measures are also discussed in detail to highlight the methods that NHS organisations can implement to reduce dependency on single-occupancy cars and car-park demand, which is often at, or over, maximum capacity.

Structure of the guidance

2.7 This rest of this guidance is structured as follows:

- Chapter 3 highlights the patient, visitor and staff car-parking principles and how they can be put into practice;
- Chapter 4 discusses car-parking provision and what measures NHS organisations can consider to reduce the demand on parking during busy times;
- Chapter 5 identifies travel-planning measures that can reduce the demand on parking at NHS sites;
- Chapter 6 highlights good practice within NHS car-parks including four case studies;
- Chapter 7 identifies partnerships that can be formed to improve on-site parking and transport provision;
- Chapter 8 discusses travel plans and how they can benefit NHS organisations;
- Chapter 9 provides information on how data collection and monitoring can be used for future planning of the NHS site;
- Chapter 10 highlights the critical factors for a successful car-parking and sustainable transport strategy.

3.0 Patient, visitor and staff car-parking principles and how to put them into practice

3.1 The Department of Health published its NHS patient, visitor and staff car-parking principles in August 2014 to assist NHS organisations operate a successful parking and transport system (see paragraphs 1.1–1.3). These car-parking principles are embedded throughout this document. NHS organisations should take the necessary measures to improve parking and transport as stated in the principles.

3.2 This document recommends that these principles are adhered to wherever possible. If NHS organisations need to improve on-site parking and transport, the principles should form a key part of the planning process.

3.3 A principal aim of this guidance is to highlight how the patient and visitor experience can be improved. Each NHS organisation should consider patients and visitors at all times when planning parking and transport measures, and where possible should listen to feedback and consult on proposals. NHS organisations can use a number of channels to liaise with patients and visitors, and these are discussed in this guidance document.

3.4 Monitoring and data collection should be carried out annually. Data should be analysed to identify how successful NHS organisations are in reducing single-occupancy trips, increasing the use of sustainable transport and improving the patient and visitor experience. During the annual review, the principles outlined in paragraph 3.1 should be considered.

NHS car-parking across England

During the data collection phase of the project (see Note after paragraph 2.3), each NHS organisation was invited to participate in an online survey of their site. From the data collected from these surveys, it is possible to draw comparisons and determine differences between the sites throughout the country.

Whether contracted-out or managed in-house, it appears that most NHS organisations adopt similar approaches to car-parking management. Most organisations have similar parking policies relating to:

- **Enforcement** – issuing parking charge notices appears to be a last resort option. Every effort is made to avoid the issuing of these notices. Methods include parking officers contacting the NHS organisation to gain information on overrun appointments, the NHS organisation contacting the parking team to advise of overrun appointments, and parking charge notices getting cancelled when valid reasons are provided.
- **Concessions** – a number of concessions are provided in NHS car-parks. Examples include blue badge parking bays, parking bays for dialysis patients, short-term parking bays and free parking for volunteers.

- Issuing of staff parking permits – staff located within short distances are not issued with parking permits, nor are staff that are located close to bus stops. Staff that can car-share receive priority with the issuing of car-parking permits.
- Members of trade associations – there are two car-parking trade associations that NHS organisations can become members of. These are the British Parking Association and the Independent Parking Committee. A number of NHS organisations are members of these trade associations.

Car-parking charges appear relatively uniform. However, NHS organisations' car-parking charges fluctuate in comparison with the local area. (Some NHS organisations have higher parking charges than the local area, others are in line with the local area, and other NHS organisations have lower parking charges than the local area.)

Car-parking charges are displayed adequately throughout most NHS sites.

3.5 NHS sites that are close to city/town centres may need to ensure their car-parking charges are not lower than local car-parks otherwise commuters and visitors may be tempted to use their car-parks instead. It may be necessary to increase charges if this is occurring.

3.6 Appendix A shows how car-parking charges compare across the country. NHS organisations should not be implementing tariffs that are not in line with these rates. Tariffs should be reviewed regularly (for example, annually) to establish how they compare with the local area. As stated in the NHS car-parking principles, “[parking charges should be reasonable for the area](#)”.

3.7 NHS organisations should consider issuing parking charge notices only if all available solutions have been explored. Every effort should be made to contact the driver of the vehicle in question before a parking charge notice is issued. Where they are issued, each appeal received should be considered carefully and should be successful if there is a valid reason for the delay.

3.8 [NHS organisations are responsible for the actions of private contractors who run car-parks on their behalf and should act against rogue contractors in line with the relevant codes of practice where applicable.](#)

Comparisons

3.9 NHS organisations should regularly review car-parking tariffs. It is recommended where possible to split tariffs into hourly rates as opposed to large groupings such as 1–3 hours. Implementing hourly rates is likely to improve the patient and visitor experience, as some patients and visitors may feel aggrieved paying for three hours of parking when they only need to park for one hour.

3.10 Implementing hourly tariffs is likely to result in a higher turnover of parking spaces. Therefore finding a parking space will be easier for patients and visitors, which will also improve the overall experience of their stay.

3.11 NHS car-parks should consider patients with temporary disabilities. While some NHS organisations make allowances for patients with temporary disabilities, most NHS organisations do not appear to have any measures in place to assist these patients. The organisation should decide how to classify a temporary disability.

3.12 NHS organisations should make their car-parking policies available online and via mobile-phone and tablet-based applications. This will help patients and visitors to establish the relevant parking information before or during their visit. This may influence their travel mode to and from the site.

3.13 While some NHS organisations provide detailed information on the concessions available, a number do not provide enough information and when they do it is not easily available. Best practice is to ensure patients and visitors can readily identify whether they are eligible for concessions during their visit.

3.14 NHS organisations should consider providing car-parking information in appointment letters. This will reduce the time spent on site determining the car-parking arrangement and will consequently improve their overall experience of visiting the healthcare facility. It may also be worth considering access guides that detail the locations of public transport facilities such as bus stops, park-and-ride sites and railway stations. These guides could provide information on the location of each car-park including recommendations on which car-park is most suitable for the relevant department.

3.15 NHS organisations should consider the use of parent and child spaces to assist patients and visitors who have small children, pushchairs and other equipment. This is highly recommended for NHS organisations that have paediatric and maternity departments on site. It may be necessary to have parent and child spaces in a number of car-parks to ensure parents are not pressured to park where they do not need to be. It can be difficult to enforce the correct use of parent and child spaces, which may have an impact on where they are located. Any parking bays that are difficult to enforce should not be

provided close to main entrances such as those of accident and emergency departments.

Improving the car-parking experience for patients and visitors

3.16 To achieve best practice in NHS car-parks, it is crucial to consider the patient and visitor experience at all times. NHS organisations can use a number of methods to improve this experience:

- ensuring their journey is as straightforward as possible;
- avoiding any confusing messages and signage;
- giving plenty of information relating to parking, including where to park and how much it will cost;
- maintaining safety throughout the NHS site;
- listening to feedback.

3.17 Parking and transport is an important factor for patients and visitors when visiting an NHS organisation. In a recent online patient focus survey carried out in conjunction with this guidance, over 90% of responses indicated having parking problems at the local NHS organisation. Figure 2 shows some of the issues that respondents outlined. (Note: in the survey, respondents could choose more than one issue.)

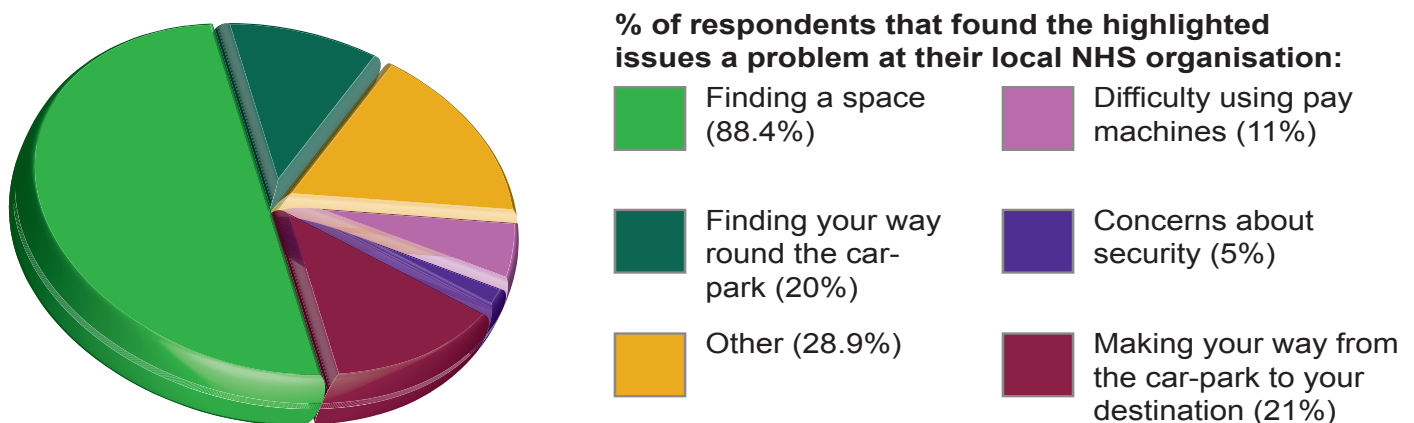


Figure 2 Types of problems found when parking at NHS sites (ratio of responses)

3.18 Over 44% of those responses stated that there had been parking problems at every visit. NHS organisations should investigate measures that can reduce these figures and improve the patient and visitor experience.

3.19 The NHS car-parking principles state: “[NHS organisations should consider pay-on-exit systems](#)”. This is considered best practice and will improve the patient and visitor experience. Of the patients and visitors that responded to the online survey, 85% indicated their preference to pay for parking when leaving the site as opposed to entering the site. This may indicate a willingness to pay only for the time used while on site.

[Journey from door to door](#)

3.20 For patients and visitors, their healthcare journey starts when they receive pre-visit information about their appointment. Most likely, they will not be looking forward to this journey or the experience. To counteract these unwanted feelings, it is important that NHS organisations ensure the journey is kept as straightforward as possible to avoid any unnecessary upset, anger and stress. Therefore, the car-parking layout should be assessed to ensure it will not cause difficulties for patients and visitors.

3.21 Best practice is to ensure the main car-park is easy to access and as close as possible to the main building. Vehicles should be directed to park away from the entrance initially, to enable drivers to establish the capacity of the car-park. Simple signs can encourage this.

3.22 Where possible, staff parking areas should be kept separate. In multi-storey car-parks, it may be worth having specific floors for staff parking that are clearly signed. Adequate signage should be provided for staff parking areas.

3.23 Car-park management plays a crucial part in the successful running of an NHS organisation. Without the appropriate car-park management, the patient and visitor experience

will be poor. A contributory factor associated with missed appointments (known as Did Not Attends (DNAs)) is the difficulty of parking at a site. Analysing the current parking management set-up through surveys with staff and through site investigations will ensure that maximum car-park capacity can be achieved at all times and will reduce DNAs, as will identifying improvements for sustainable and public transport. To find out more about DNAs resulting from car-park and public transport problems, visit the [NHS Improving Quality](#) website.

3.24 NHS organisations should implement as many measures as possible to ensure that key areas such as blue light routes and ambulance holding areas are kept free at all times. During site construction works, construction traffic should not interfere with the day-to-day running of an NHS organisation. Where possible, specific parking for construction vehicles should be provided.

3.25 Walkways between the car-park and the main building should be clear and well maintained to ensure safety is not compromised. There should be adequate signage to direct patients and visitors to the main building. The walkways should be as direct as possible.

3.26 Patients and visitors that are making their way from the car-park to the NHS building should be protected at all times with the appropriate safety measures. These include:

- sufficient footway widths for wheelchairs and pushchairs;
- safe, clearly identified walkways within car-parks – see Figure 3 for example;
- guard railing around blind corners and areas with reduced visibility;
- dropped kerbs for wheelchair users, pushchairs and trolleys – NHS organisations can sign up to DisabledGo, which offers advice on disabled access (more information can be found at www.disabledgo.com);



Figure 3 Car-parks should have safe, clearly identified walkways

- suitable lighting throughout the site;
- zebra crossings at crossing points;
- reduced speed limits – no greater than 20 mph;
- parking restrictions around key areas of the site.

1	Walking / mobility scooters
2	Cycling
3	Buses
4	Taxis and minibuses
5	Powered two wheelers
6	Private cars

Table 1 – Road user hierarchy

3.27 Disabled users must be considered at all times, especially during the time they are making their way from their vehicle or public transport to the NHS building. Particular attention needs to be given to signage, lighting and measures associated with crossings (for example, tactile paving). It is important that NHS organisations comply with legislation as the absolute minimum. Many users will expect NHS organisations to have a number of additional measures in place, as it is likely that a higher percentage of disabled users will attend an NHS site compared with other sites.

3.28 Table 1 shows the road user hierarchy that should be followed at all times when considering the NHS organisation's site and car-parking.

3.29 NHS organisations should consider providing motorcycle parking bays. It is usually possible to create a space large enough to comfortably fit all the motorcycles that wish to park on site. However, if the site is large, it may be necessary to provide bays around the site to ensure there is ample parking for motorcyclists. Without designated motorcycle parking bays, it is possible that motorcyclists will use other parking spaces, which will have an impact on car-park capacity.

A number of NHS trusts have provided motorcycle bays including Peterborough and Stamford Hospitals NHS Foundation Trust, University Hospitals of Leicester NHS Trust and Oxford University Hospitals NHS Trust.

- 3.30** NHS organisations should also consider motorcycle parking for staff that use motorcycles for work purposes (for example, paramedic motorcycles, blood and organ couriers, and records couriers). These spaces need to be located in the most appropriate place to save time in case of emergencies. As these motorcycles may be used in emergencies, it is vital that there is clear access to blue light routes.
- 3.31** A secure locking system (for example, rails or ground anchors) should be made available for all motorcycle users.

Keeping signage and instructions simple

- 3.32** To ensure patients and visitors follow instructions provided by NHS organisations, it is important to keep messages and signs simple and clear. A number of signs are required in car-parks to ensure compliance with legislation and guidance. Where possible, signs should be grouped together to avoid sign clutter (examples include signage displaying payment options, price tariffs, concessions, the Park Mark logo and contractual agreements from trade associations). See Figure 4.
- 3.33** It is important that any required information is clearly visible throughout the site such as details on parking charge notices. Without this information, these notices may not be enforceable. Car-parking signage should clearly indicate whether patients and visitors can park



Figure 4 Examples of combining signage

The Newcastle upon Tyne Hospitals NHS

Patient and Visitor Parking Only

Disablement Services Centre

Parking Tariff	
Duration of Stay	Tariff
1 hour	
2 hours	
3 hours	
4 hours	
5 hours	
6-24 hours (Mon to Fri)	
3-24 hours (Sat & Sun)	

Parking restrictions apply on site and charges apply at all times. All income for car parking contributes to patient care.

Disabled Parking

Disabled Parking for Disablement Services Centre patients only Monday to Friday between 8.30am and 5.00pm

Blue Badge holders may park in a designated disabled parking bay free of charge.

Blue Badge Scheme rules must be adhered to and the registered holder of the Blue Badge must be present when parked in a designated bay.

Parking in bays designated for any other use (e.g. ambulances, taxis, etc) or on double yellow lines is forbidden.

Disabled Parking Commitment

The Trust is required by local planning law to provide 2% of total visitor bays as disabled parking in this car park.

This car park provides

Enforcement

Please show consideration to other users when using our parks.

Parking enforcement is in operation in the car park by Security Officers and by means of CCTV. Any inappropriate car parking, failure to pay parking tariffs or unauthorised parking in designated bays or on double yellow lines may result in a Parking Charge Notice in accordance with enforcement signage on display in this car park.

Staff Parking

Please show consideration to our Patients and Visitors and do not park in this car park.

Staff parking in this car park is strictly forbidden. Staff identified parking in Patient and Visitor Car Parks are contravening the Trust's Car Parking Policy and may be referred for investigation to Human Resources.

Declaration

This Car Park is monitored by CCTV and regularly patrolled by Security Staff. The Newcastle upon Tyne Hospitals NHS Foundation Trust however, cannot be held responsible for any loss, damage or theft which occurs in this Car Park and vehicles are left at the owners risk. Please do not leave valuables in the car and be aware that thieves operate in this area.

at the location or whether it is reserved for staff parking only. Ideally staff parking areas should be equipped with barriers that require identification to be accessed to avoid any confusion with patients and visitors.

3.34 NHS organisations with alternative methods for car-parking payment need to ensure clear detailed instructions are provided so that patients and visitors can fully understand the requirements. For example, “pay-by-phone” systems require the payment phone number and the car-park location number on nearby signs.

3.35 Most NHS organisations have concessionary parking bays, for example, for blue badge holders and dialysis patients. To minimise disruption on site, best practice is to ensure eligible patients and visitors are aware of these designated parking bays as early as possible when entering an NHS site. This can be done through car-park signage, the NHS organisation’s website or pre-visit information such as appointment letters.

3.36 As well as concessionary parking bays, NHS organisations should provide bays for volunteers and organisations that use vehicles to assist patients and visitors during their time at the site. As these vehicles can be larger than standard vehicles, larger bays are required. However, as these vehicles can take a number of patients and visitors, their use can reduce pressure on main department entrances and drop-off areas in addition to freeing up space in general car-parks.

Only 35% of patients and visitors that responded to the online survey carried out in conjunction with this guidance were aware how to access parking concessions when visiting a site.

3.37 To enhance the patient and visitor experience, wayfinding signage should also be considered. This signage should be clear and straightforward to follow. The most effective wayfinding systems are consistent throughout

the site. (See also DH’s (2005) ‘[Wayfinding](#)’ guidance document.)

Poole Hospital has a colour-coordinated wayfinding system in place throughout the site. This was part of a project involving Bournemouth University’s Wayfinding Lab, which studied how people use maps and signage to establish how the system can be improved. Figure 5 shows the Poole Hospital site map.

Assisting patients and visitors to park safe and securely

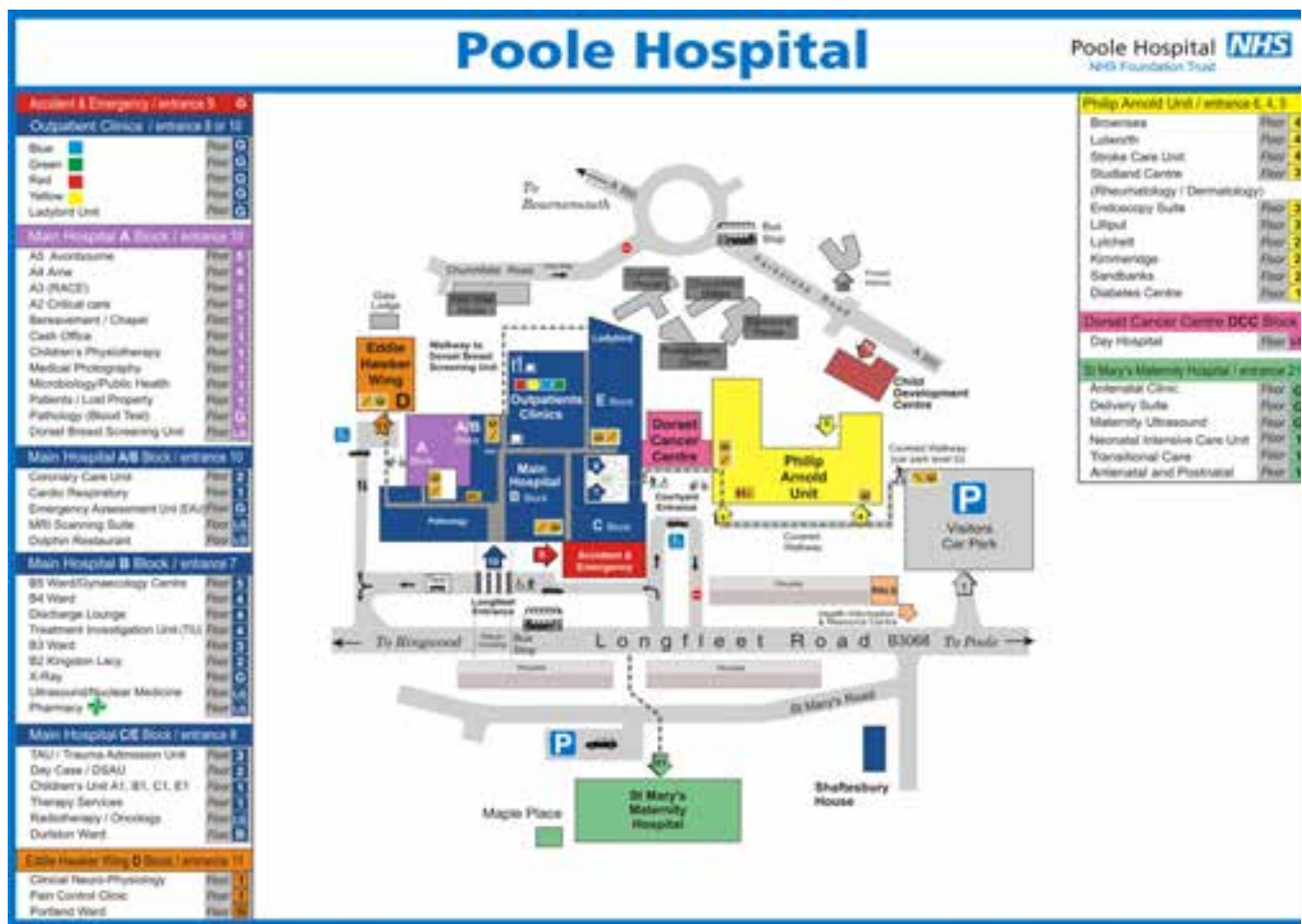
3.38 Best practice in car-parks is to provide plenty of information to assist drivers to identify a safe and secure parking space. The more information provided, the easier it will be for the driver to locate a parking space. However it is important to avoid unnecessary sign clutter.

3.39 There are various methods to help patients and visitors to find a parking space. These methods can vary in cost. Higher cost options include variable-message signs that provide up-to-date parking information including the number and locations of spaces available.

3.40 A number of NHS organisations have parking signs located throughout the site that direct patients and visitors to the most appropriate or convenient car-park for their intended destination (for example, A&E car-park or maternity car-park). This will reduce the frustration of attempting to find an appropriate car-park and will also ease congestion.

Paying attention to feedback

3.41 It is always worth taking on board feedback from patients and visitors relating to car-parking. If a number of people are highlighting the same issues, it is likely that the issue needs addressing. Patient and visitor feedback should be valued and acknowledged by NHS organisations and actioned where possible.



PLACE focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

3.43 All NHS organisations should have easy-to-find information on their websites that detail how patients and visitors can provide feedback on their car-parking experience.

3.44 NHS organisations should acknowledge feedback and provide responses to car-park policy queries. For example, if modifications to car-parks are generating feedback, it will be beneficial to explain the rationale for making such modifications. This transparent approach is likely to satisfy most queries.

4.0 Determining levels of car-parking provision

4.1 Many NHS organisations suffer from crowded car-parks, with seemingly inadequate provision of spaces for all of the patients, visitors and staff who want to access the site. With the impetus being on better management controls and less car-parking space, it is important to understand what levels of parking are appropriate for NHS facilities, and to reach some consensus on how these levels can be determined across a range of different sites and locations, for example rural and urban.

4.2 In setting out a basis for car-parking provision, it is necessary to differentiate between the various types of development and to consider how these are treated by local authority planning guidelines for healthcare developments.

4.3 The following methodology has therefore taken as a starting point the different types of development; has then considered how various local authority plans treat the car-parking provision for developments; and has then considered the application of guidelines against specific locations and looked at the problems or successes arising. Consideration of external factors such as presence of a travel plan, transport links etc will all affect the outcome of whether accessibility to car-parking is considered to be sufficient.

4.4 The demand of vehicular access and, hence, car-parking will arise from the following main areas:

- patients;
- visitors;
- staff;

- ambulances – blue light and also patient transport;
- emergency vehicles;
- deliveries;
- contractors.

4.5 All NHS healthcare organisations will have details of the numbers of staff who are employed in order to provide the baseline demand for parking. As this will account for the 24-hours-a-day/365-days-a-year operation of acute hospital sites and the consequent shift patterns, there will be less demand at any one time than the total number of staff. There are other staff factors which can affect the demand for parking, such as security concerns for shift workers, the need for some staff to work between sites, and the problems associated with recruitment and retention of staff.

4.6 Patients can be split into different groups who have different needs, as follows:

- out-patients/therapies;
- in-patients;
- day cases;
- accident & emergency.

4.7 These patient groups can be found at all types of site, although clearly the last two will generally be treated at acute sites. Patient activity information should also be available to NHS organisations for individual sites, again giving an indication of the level of car-parking requirement. The information in paragraphs 4.10–4.18 relates mostly to acute sites.

Normally, out-patient visits at primary care sites will be of shorter duration.

4.8 Day case and overnight stay patients do not generally require parking as they will be unlikely to drive, although there would be a need for short-stay visitor/escort spaces, particularly to collect discharged patients.

4.9 One of the issues that NHS organisations face with car-parking demand is at peak times of the day, which include visiting times, shift changeovers and associated overlap periods, and clinic start and finish times. During these times it can be significantly harder to find a parking space, causing potential congestion at the site. This can often result in patients missing appointments, which will affect the overall experience of their visit.

4.10 NHS organisations, where possible, should be able to identify these peak demand times. Once identified, NHS organisations can begin to explore methods to alleviate the pressure on parking. From those NHS organisations that have been surveyed, a number have severe peak times where finding a parking place can take over 30 minutes.

4.11 There are some measures that NHS organisations can explore to alleviate peak-time car-parking. These include:

- staggering visiting times throughout the day;
- adjusting clinic appointments around the identified peak times of the day;
- weekend clinics;
- warning notices in pre-visit appointment letters advising that parking may be an issue at the appointment time;
- information included on the NHS organisation's website with direct links to public transport.

During the production of this guidance, the number of different out-patient appointments has been highlighted. Depending on the nature of a patient's appointment, it can be estimated how long that appointment will last. This can be extremely useful for planning the traffic entering the site and the capacity of the car-park. For example, the list below shows a number of out-patient appointments and their approximate durations. Using this information, appointments can be planned to take account of car-parking issues. Considering the duration of appointments and planning appointments to reduce the number of vehicles entering the NHS organisation at a similar time will almost certainly reduce DNAs. (This information is a guide only. Each NHS organisation will need to use its own data on appointment times before progressing this further.)

- new patient (40-minute appointment) at a consultant-led clinic;
- new patient (40-minute appointment) at an AHP-led clinic;
- new patient (40-minute appointment) at a nurse-led clinic;
- return patient (20-minute appointment) at a consultant-led clinic;
- return patient (20-minute appointment) at an AHP-led clinic;
- return patient (20-minute appointment) at a nurse-led clinic.

(AHP = allied health professional.)

A number of NHS organisations have successfully implemented staggered visiting times during the day. Chesterfield Royal Hospital carried out a trial in 2013 where a handful of wards were open throughout various times of the day to see what the impact would be. Positive feedback was received from patients and visitors, and this included greater convenience and improved communication, and visitors feeling more involved in their loved one's care. More information on this successful initiative can be found on the trust's website (<https://www.chesterfieldroyal.nhs.uk/news/at-the-royal/799>)

The Royal United Hospital, Bath, has implemented measures to address the parking concerns during peak times. On their website it states: "Please arrive in plenty of time so you do not miss your appointment, but if you are parking on or around the hospital site, please allow an extra 30 minutes as parking is limited". The hospital also runs weekend clinics, which will assist the peak parking issues that have been identified.

4.12 NHS organisations should look to identify arrival patterns for patients as part of the planning process. An example of patient arrival time is shown below. This information will be useful when identifying car-park and transport peak times:

- the majority of emergency patients arrive between 10.00 and 21.00;
- the majority of patients as elective cases arrive between 09.00 and 18.00;
- departure is generally between 10.00 and 17.00.

4.13 From the number of staff and patients, it is possible to determine the number of visitors who are likely to visit a site (typically an acute site). For example, an average of 1–1.5 visitors/overnight stay cases might be normal. These visitors will arrive on site throughout the year, with no particular day busier than any other although there will be peaks at visiting times unless an NHS organisation implements staggered visiting times.

4.14 It is important to consider the design of the car-park while determining car-parking provision. While most NHS organisations have more staff spaces than patient and visitor spaces, car-park design should place patient and visitor parking nearer to the point of use than staff parking.

4.15 Car-parking provision tends to be quite similar across NHS sites. While all NHS organisations would like additional parking, it is unlikely this will occur. However, funding may be available to those organisations that submit proposals to implement measures that will assist parking levels (for example, sustainable transport measures).

Case-study NHS organisations

4.16 The four good practice NHS organisations that are detailed in Chapter 6 have all experienced considerable parking problems, but through the implementation of various methods such as sustainable transport initiatives, car-park equipment and car-park management, they have managed to reduce the demands for parking spaces to a more manageable level.

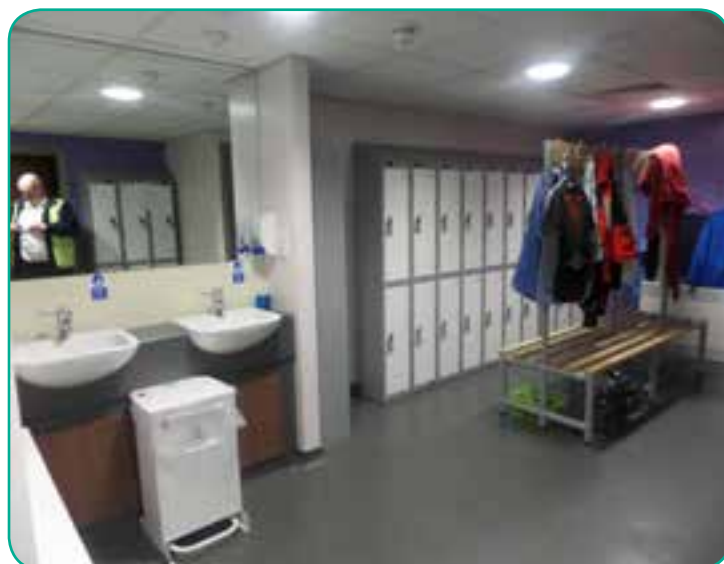
5.0 Travel planning measures that can reduce the demand on parking at NHS sites

5.1 There are a number of measures that can promote better use of car-parks within NHS organisations including sustainable transport options, car-park management, car-park equipment and security measures. Some of these measures are summarised below.

5.2 Before considering any of these measures, it is important to carry out a relevant cost-benefit analysis. While a particular measure may represent best practice, it may not be practical to implement it in relation to the cost. A specific assessment should be carried out by each NHS organisation, as one measure that may be suitable for one site may not be suitable at another site.

5.3 Car-park and transport staff within NHS organisations should liaise with their finance colleagues. It is likely that the staff directly involved in the day-to-day running of on-site parking will have detailed knowledge of specific issues that need to be considered. Therefore their input into future measures is vital to the success of the site.

in better working condition. All cycle hubs have a level of security in place. The most common security measure is the need to swipe ID cards to gain access into the hub, although some



Sustainable transport measures

Secure cycle hubs

5.4 Virtually every NHS organisation has a level of cycle parking.

5.5 A cycle hub is a secure unit where cyclists can leave their bikes knowing that safety will not be compromised. Most cycle hubs are sheltered so they remain dry and keep the bikes



units have built-in CCTV. Cycle hubs can offer showers and changing facilities without the need to enter the workplace.

5.6 A number of NHS organisations have implemented state-of-the-art secure cycle hubs that offer secure parking as well as lockers, showers and drying equipment. Secure cycle hubs increase cycle-to-work commuting, as employees feel more comfortable using these facilities rather than changing in the workplace.

Costs

5.7 Secure cycle hubs need to be discussed and evaluated to ascertain their suitability for the NHS organisation. They are one of the higher cost measures available. Therefore significant planning would be required before investing in this measure, both financially and operationally.

Cycle compounds

5.8 The low-cost alternative to secure cycle hubs are cycle compounds. These measures can offer the same level of security as cycle hubs without the additional changing facilities. Cycle compounds vary in cost as different types are available (for example, cycle racks and cycle bins).

5.9 Cycle compounds should be located in well-lit areas, should be convenient for staff to



use and should ideally be covered by CCTV. Compounds should preferably be located close to entrances and busy areas. This demonstrates a commitment to encouraging cycling.

5.10 Compared with secure cycle hubs, there is much more flexibility around the location of cycle compounds.

Bus stops and park-and-ride sites

5.11 Park-and-ride systems are sites where people can park their private vehicles and use public transport to continue their journey. Park-and-ride avoids vehicles entering busy locations where congestion can be a problem such as city centres and hospital sites. The most effective park-and-ride sites are those where the use of single-occupancy vehicles is reduced as much as possible. Therefore, sites ideally need to be located near motorways and out of city centres. To encourage park-and-ride use, tariffs should be kept as low as possible.

5.12 Virtually all urban NHS organisations and a number of rural ones have buses that serve the site. However the major variance between NHS organisations is the number of buses that serve the site and the frequency of the service. For instance, one site may have five bus routes that serve an NHS organisation with buses running every 15–20 minutes, whereas other NHS organisations may only have one bus route that





serves the site with a bus running once per hour. NHS organisations need to ensure that the route served by buses is suitable and that drop-off points do not impede access for emergency vehicles.

5.13 NHS organisations may wish to subsidise some of the cost to offer concessions for patients, visitors and staff. The most important factor is creating good partnerships with the relevant bus operators. NHS organisations will need to convince operators that it will benefit them to include the NHS organisation on their bus routes. An effective way to do this is to conduct a travel survey for patients, visitors and staff. (Example surveys for staff and patients/visitors are given in Appendix C and D.) NHS organisations could allow staff to buy discounted travel tickets if they cannot offer concessions directly.

5.14 Significant work and planning is needed to implement a new bus route or to modify an existing route to assist patient, visitors and staff. More staff may need to be deployed to investigate the financial implications and potential take-up of any such service. A revenue impact assessment should be carried out during the planning stage to determine the likely success and identify the timescales involved.

Costs

5.15 NHS organisations need to consider the cost and impact that new services will have on bus operators. It is unlikely there will be support from bus operators if the financial assessment shows that there is no demand for a service.

Shuttle bus services connecting sites

5.16 A shuttle bus is a transport service designed to quickly transport people between two or more points. The vehicle will shuttle between the service points as quickly as possible to encourage use from patients, visitors and staff. A shuttle bus needs to make frequent trips to ensure users are not waiting for long periods. It can range in size from a small minibus to a coach.

5.17 Several NHS organisations have implemented shuttle-bus services that connect large sites. This reduces the need for patients and visitors to attempt to park at specific locations on site where car-parks may be smaller. A major benefit of shuttle-bus services is that they allow staff to park off-site and use the service to gain access to the NHS organisation. This has worked well at NHS organisations that have implemented such a service. However, consideration should be given to available space where staff can park off-site. If an NHS organisation does require staff to park off-site, it may be necessary to buy





or lease a number of vehicles to act as shuttle buses.

5.18 Linking shuttle-bus services to existing park-and-ride sites may also be considered, as this may improve links from other areas that the park-and-ride route serves. Creating partnerships with organisations that require similar services may also benefit NHS organisations and reduce implementation and running costs.

Costs

5.19 Having a site away from the NHS organisation may incur a cost as consideration will need to be given to its development and to security such as lighting, CCTV and patrols. In addition, drivers will be needed and the necessary infrastructure be put in place.

Car-share schemes

5.20 Car-sharing schemes allow staff that work together and live near each other to share a journey to work, reducing single-occupancy trips. These schemes work particularly well at workplaces with limited parking such as hospital sites. NHS organisations may offer incentives for staff who car-share such as priority parking permits. As well as environmental benefits, there is a cost saving to the staff that participate in the scheme as there are fewer individual journeys. NHS organisations

could organise car-share schemes or allow staff to make their own arrangements to suit their needs. It often allows staff to make new friends.

5.21 A number of NHS organisations have successfully implemented car-share schemes for staff. Most give priority for parking permits to staff who car-share and offer significant discounts on these permits.

5.22 It is good practice to allow staff who wish to participate in car-share schemes to advertise this requirement in order to identify suitable sharers that live in the same area. Alternatively there are external companies that can map-out staff routes to work and identify suitable participants. These systems can also be uploaded on to NHS organisations' intranet sites.

5.23 It is important to remember that not all staff can use car-sharing schemes due to their working patterns and their need to travel outside the site.

Costs

5.24 Much of the cost for implementing car-share schemes is taken up by internal set-up costs as time and resources are required. A cost will also be incurred if an NHS organisation wishes to use an external company to assist with the creation of a scheme.

Note

NHS organisations should ensure that staff do not abuse car-share schemes. An unintended consequence of this could be an increase in single-occupancy car use.

Electric vehicles

5.25 Some NHS organisations have bought or leased electric vehicles for staff to use when making short journeys outside the NHS organisation. Often electric vehicles can be leased cheaply for public bodies such as the



NHS, as the lease companies receive publicity associated with the initiative.

5.26 Electric vehicles currently have a range of approximately 100 miles (though this is continually improving as new models are launched), so it is important that journeys are kept short unless it is known that there are charging facilities at the destination.

5.27 Staff who own electric vehicles should be given high priority in car-parks, especially if there are designated charging points.

Costs

5.28 Although electric vehicles vary in cost depending on the type of vehicle required, they will save costs as staff using these vehicles will save time when attempting to find parking spaces on returning to the site. Charging points for electric vehicles will also need to be installed in the car-parks (see also Health Technical Memorandum 07-02 – ‘EnCode’ (DH, 2015)).

Car clubs

5.29 Car clubs allow individuals to use vehicles for single trips without worrying about the cost of using their own vehicles (for example, fuel, car insurance and wear and tear). Staff who work at sites with limited parking such as hospitals will find car clubs particularly useful as they will save time looking for parking spaces. The vehicles used for car clubs have



environmental benefits, as they are often low-emission vehicles. Companies can sign up to schemes in the local area or arrange for a vehicle to be located on site if it will be used frequently.

5.30 Some NHS organisations that have implemented car clubs for staff have found that they work well for staff who need vehicles during the day. Staff can use sustainable forms of transport for their journeys to and from work and book a vehicle to use for visits outside the NHS organisation.

Costs

5.31 The cost of implementing car clubs depends on needs. NHS organisations can join car clubs if vehicles are nearby. It is also possible to discuss needs with car-club companies, as they are often able to add locations to an area if the client can prove that demand is sufficient.

Car-park management measures

Short-term parking bays

5.32 A short-term parking bay allows patients or visitors to park their vehicle free of charge for a short period without having to find a parking space in large car-parks. These work well when patients and visitors only need to be on site briefly (for example, dropping-off or picking-up



an individual, or picking up a prescription). As the bays are short-term, there is a constant turnaround in spaces, so vehicles do not need to wait long for a space to become available.

5.33 Short-term parking bays are an effective way of managing car-parks for short-term visitors. Drivers could otherwise spend more time trying to find a parking space than they do at their intended destination.

5.34 Short-term parking bays will reduce the number of vehicles in main car-parks. As some NHS organisations have parking tariffs of 0–3 hours, patients and visitors that will only be on site for a short period may feel aggrieved at paying for three hours of parking when they may only need to park for 10–15 minutes.

5.35 To achieve the best results, short-term parking bays should be in a separate area to the main car-parks and as close as possible to the hospital entrance to ensure time is not wasted walking from the car-park.

5.36 It is vital that the bays are actively managed to ensure they are not misused by patients, visitors or staff who may be aware of any relaxations. CCTV, patrols and signage are some of the methods available to manage the correct use of short-term parking bays.

Costs

5.37 The cost of providing short-term parking bays is low. A feasibility study will be required, which will incur staffing costs, and there will be the cost of providing the relevant signage.

Flexible parking permits

5.38 Sustainable forms of transport such as walking and cycling are more common during the warmer months. Because staff who have parking permits may consider walking or cycling during these months, NHS organisations should implement a system whereby staff are issued with flexible parking permits. If a member of staff can use sustainable forms of transport at certain times of the year, a system should be in place to reallocate the permit at short notice. This can encourage a modal shift for staff who may not wish to use sustainable transport everyday.

Costs

5.39 A number of methods are available for flexible parking permits which influence the cost of implementing and managing the system. Most systems require staff to manage the system in place.

Wheelchair hire

5.40 Wheelchair hire works in the same way that trolleys are released in supermarkets. It



allows patients that require the use of a wheelchair to gain access to one without the need to enter the main building, as this may be difficult for some patients. Wheelchairs can be located within walkway areas of car-parks and can be either returned at the same location or left within the main building.

5.41 Cambridge University Hospitals have temporary wheelchairs located in the car-park and are accessed by inserting a pound coin. This can be an effective method of saving time and improving the patient experience.

5.42 Patients that require wheelchairs are likely to attempt to park as close as possible to the main entrance. This can cause significant disruption around the busiest part of the NHS organisation.

Costs

5.43 The cost of introducing temporary wheelchairs in car-parks is very low. Existing wheelchairs can be used and fitted with the relevant device to allow the £1 deposit to be inserted. It is worth managing this system for a period of time to establish how effective it is at improving the car-park experience for patients.

5.44 It may be necessary throughout the day for abandoned wheelchairs to be collected from around the site. NHS organisations may consider volunteers for this role.

Identifiable car-parks

5.45 Identifiable car-parks are regular car-parks that have readily identifiable features located throughout the car-park to allow users to recognise where they have parked their vehicle. The two most common forms of identification are the use of colour and numbers. Once a user has found a parking space, they simply have to identify the feature that demonstrates where they have parked. That is, drivers simply need to remember the colour or number of the area they have left their vehicle. There needs to be adequate signage to highlight the colours/numbers, giving the relevant details such as floor level and area.



Costs

5.46 Implementing identifiable car-parks is a small cost operation that can enhance the patient and visitor experience. The costs involved relate to signage, paint and staff resources to undertake the works.

“No loading” markings/red lines on blue light routes

5.47 “No loading” markings and red lines represent areas where no vehicles can wait during their hours of operation (usually waiting is prohibited “at any time”). Blue badge users are permitted to park on double yellow lines for up to three hours unless the signage states otherwise, or there is “no loading” markings on the kerb or the lines are red. Both of these measures require the appropriate signage to be installed on site, informing car-park users about the restrictions and the potential for parking charge notices to be issued.

5.48 This measure only needs to be considered if there is an issue with vehicles parking on blue light routes.

5.49 Owing to the importance of blue light routes being kept free, it is recommended that appeals be dismissed, unless they were issued incorrectly. Therefore it is important to ensure these markings are only implemented on emergency routes such as blue light routes.



5.50 If NHS organisations use external parking operators to carry out enforcement, it is important that enforcement only be carried out if there is no other way of moving the vehicle on quickly. If the owner of the vehicle can be identified quickly, every effort should be made to do so. It may be worth the NHS organisation producing a press release stating the reasoning behind this measure and its importance, to avoid any negative publicity.

Costs

5.51 It is very low cost although it does require enforcement to ensure vehicles do not park within the limits of the “no loading” markings or double red lines.

Utilising patrol staff for car-parking

5.52 North Bristol NHS organisation has implemented a measure where car-park patrol staff use radio control systems to maintain contact to establish areas where parking is available in order to assist patients and visitors who are struggling to park. As all NHS organisations have issues with car-parking during peak times, it is important to consider the effect this will have on patients and visitors: patients may have appointments and visitors may have limited time for visiting.

5.53 To reduce the time it takes to find a parking space, it is possible to utilise staff who may be carrying out other tasks such as

security patrols. Security officers have communication devices that can be used to identify available parking spaces and any areas to avoid. This will considerably improve the patient and visitor experience as there will be less stress and concern about finding parking spaces. However, it is reliant on having the staff to assist. It is vital that staff carrying out this function are clearly identifiable and visible through the correct high-visibility PPE, preferably with the NHS organisation name/logo. Staff can also use CCTV to identify available parking and communicate the information to staff on the ground.

Costs

5.54 This measure incurs a cost in providing staff. It is unlikely that NHS organisations will have designated staff to perform this function, which means they will be reliant on utilising staff who are carrying out other tasks such as security patrols.

5.55 NHS organisations that have external companies managing car-parks may incur additional costs to implement this measure. Therefore consideration for the existing car-park management is required before agreeing on this measure. NHS organisations often have volunteers working on site who could also be used to perform this function, although the appropriate equipment, PPE and training must be provided.

Liaising with NHS departments to assist car-parking

5.56 An alternative to the measures outlined in paragraphs 5.52–5.55 is to ensure that there is good communication between NHS departments and car-parking operatives. The Royal United Hospital Bath has a system in place where wards contact the parking team to identify any overrunning appointments and clinics that would very likely result in patients overrunning their parking time. However, it may be more beneficial to consider parking issues when planning clinic times.

Costs

5.57 This measure incurs a cost in providing staff to contact the parking team regularly with the relevant vehicle details.

Designated blue badge car-parks

5.58 Some NHS organisations have designated blue badge car-parks (only vehicles that display blue disabled badges are allowed to park in these car-parks). The benefit is that blue badge holders can avoid queuing at main car-park entrances.

5.59 Each parking place conforms to the disabled parking bay dimensions, which allows additional room for entering and leaving the vehicle.

5.60 Although there is no statutory requirement under the Equality Act 2010 to make provision for a certain number of disabled parking bays within a car-park, local planning conditions often stipulate a required number, and this averages around 4–6% of car-park capacity. However, NHS organisations should increase this figure, as it is likely that a higher percentage of disabled users will attend an NHS site compared with other sites.

5.61 Location is important as these car-parks needs to be close to the main entrance. Parking spaces will be bigger so the number of spaces within the car-park will reduce.



5.62 It is important to enforce blue badge bays and car-parks to ensure their use is not abused by non blue badge holders.

Costs

5.63 This is a low cost measure to implement. However, there is considerable work involved, as initially car-park analysis needs to be carried out to establish how many blue badge spaces are required as well as to determine the most suitable location for the blue badge car-park.

Liaising with the police regarding any offsite issues

5.64 Most NHS organisations have staff parking offsite in nearby residential streets, as there are more staff members than parking permits. This can cause residents concern and can reflect negatively on an NHS organisation. One organisation surveyed has regular meetings with the local constabulary to discuss any issues that have been raised by residents. NHS organisations can also liaise with local authorities and community groups to address this problem. Waiting restrictions may need to be implemented by local authorities to allow civil enforcement officers to take any necessary action.

Costs

5.65 There is no cost to implement this measure. It is reliant on having the appropriate staff in place to undertake these meetings and to take the necessary action.

Car-park equipment measures that promote better use of NHS car-parks

Pay-on-exit machines

5.66 The Department of Health's car-parking principles state: "NHS organisations should consider installing 'pay-on-exit' schemes".

5.67 A pay-on-exit car-park means the user takes a ticket on entry to the car-park and finds



a parking place. At the end of the visit, the user inserts the ticket into the payment machine and it will display how much money is owed for the parking session. With this method, the user only pays for the time used. Payment can be made by money, debit card or credit card. Some machines are money only or card only.

5.68 A number of NHS car-parks now offer pay-on-exit. The benefit of this system is that it allows drivers to pay only for the time that they have used. Pay-on-exit machines improve the patient and visitor experience as the system removes the concern regarding expired car-parking tickets.

5.69 Pay-on-exit systems may confuse patients and visitors initially, which may result in an increase in parking charge notices and complaints. However, as stated in the car-parking principles, “**additional charges should only be imposed where reasonable and should be waived when overstay is beyond the driver’s control (for example, when treatment takes longer than planned, or when staff are required to work beyond their scheduled shift)**”.

Costs

5.70 Barrier-controlled pay-on-exit car-park systems are a high cost measure although they reduce the need for further staffing. The system allows an NHS organisation to gather high levels of car-parking data, which will be useful for

future car-parking projects, and to deal with enquires and audits. The maintenance cost of pay-on-exit systems can be high and this needs to be factored into the financial planning stage.

Pay-by-phone systems

5.71 Pay-by-phone systems do not require a parking ticket to be bought. The user finds a parking space and phones the number given on the payment signs (see photo). The user provides the car-park location number that identifies where the vehicle is parked. Payment is made by debit or credit card. Any enforcement patrols will look at the system to establish whether the vehicle in the parking bay has used the pay-by-phone system if no ticket is displayed.

5.72 Pay-by-phone systems, as well as pay-on-exit systems, enhance the patient and visitor experience. These systems remove the need to have money to pay for parking. Most systems allow users to choose exactly how long they wish to stay, and often they can finish the parking session when they are ready to leave.

5.73 Some pay-on-exit systems and many pay-and-display systems do not provide change. Therefore users need the correct money or they pay for more parking time than is needed.



Car-park barrier systems

5.74 A car-park barrier controls the flow of traffic into and out of a car-park. Some require a ticket or ID card to be inserted, or a button to be pushed, or have sensors that detect vehicles and the barrier rises automatically.

5.75 NHS organisations that have implemented car-park barriers have seen a noticeable reduction in crime and anti-social behaviour.

Costs

5.76 Car-park barriers can be solar-powered, which will reduce the cost of running the system.



Variable-message systems

5.77 Car-park variable-message systems are designed to assist users find a parking place. It can be particularly helpful when a car-park is full, as it notifies the user before entering the car-park.

5.78 Some variable-message systems can identify each available space in the car-park and how many spaces are available in each level or section of the car-park. This can save time, money and stress for the driver. More importantly, it will enhance the experience of patients and visitors.



Costs

5.79 Variable-message systems vary in cost depending on the type of measure required. Some systems can highlight every single parking space with central displays throughout the car-park. However, more simple systems that refer to the number of spaces in the car-park will be significantly cheaper to buy and maintain.

Reactive access systems

5.80 A reactive access system allows the car-park operator to decide how vehicles enter and exit the car-park. The operator can choose where to direct vehicles. If the car-park has three entrance points, the operator may choose to have two staff lanes in the morning to allow



It is crucial that NHS organisations have systems in place to assist patients and visitors that may not be capable of using car-park equipment such as pay-on-exit and barrier systems.

These contingency measures should be considered in the early planning stages of any potential modification to the NHS site.

Where possible, NHS organisations should include on-site signage that informs patients and visitors what types of car-park are available. NHS organisations should even consider alternative parking locations for these users.

NHS organisations should make every effort to ensure patients are aware of car-park arrangements before their visit, stating what facilities are in place (for example, multi-storey car-parks with pay-on-exit systems).

It should also provide information on how patients and visitors can contact the organisation to inform it of any issues they may have using the facilities.

Methods of information include:

- appointment letters
- leaflets
- the NHS organisation's website;
- on-site signage.

staff to enter the site as quickly as possible. However, after 10am when the majority of vehicles are visitors, it can be adjusted to allow two lanes for visitors to enter. In the afternoon, when the majority of vehicles are leaving the car-park, it can be adjusted to allow additional lanes for exit and reduce the entrance points to one lane. This system will significantly improve the time for staff and visitors to access and exit the car-park. It will also enhance the experience for patients and visitors.

Costs

5.81 The cost of reactive access systems can vary depending on the type of system required. A standard system that allows car-park operators to control how staff and visitors enter and exit the car-park will cost significantly less than systems that control the entire car-park access.

Automatic Number Plate Recognition (ANPR) systems

5.82 ANPR usually works with CCTV systems to collect data such as the vehicle registration plate and photographs of the driver. ANPR allows car-park operators to establish what time a vehicle enters and exits a car-park to determine whether the user has paid the appropriate parking charge.

5.83 A system to allow pay-on-exit to occur is through ANPR. The system is set up to record vehicles as they enter and exit the car-park. This allows the system to determine how long they have used the car-park. A number of multi-storey car-parks now use ANPR systems to function.

5.84 It is vital that car-parks with ANPR have adequate signage explaining that it is pay-on-exit and that enforcement is linked to the system. Parking charge notices can arrive in the post, which may come as a surprise to visitors and patients. This is likely to cause panic and



worry and will not improve the patient and visitor experience. Therefore it is important to ensure that grace periods are put in place by the car-park management team. It is possible to establish via the ANPR system whether the patient or visitor made an error using the system.

Costs

5.85 The cost of ANPR systems depends on the size of the car-park. Larger car-parks are likely to invest more money to secure more detailed systems.

Car-park security measures

5.86 Car-parks that are not properly secured are more vulnerable to targeted and opportunistic crime than those equipped with crime prevention measures such as CCTV, signage, security lighting and security patrols. Car-parks with poor security measures are more likely to have incidents of vehicle thefts, thefts from vehicles and other types of crime such as trespass and damage to vehicles or to property (for example paying machines).

5.87 Before implementing preventative security measures to NHS car-parks, an assessment should be undertaken to establish the nature of existing problems such as levels and types of crime, the appropriateness of security measures in place, and staff and visitor perceptions of safety and effectiveness of current management practice.

5.88 There are numerous measures that improve the security of NHS car-parks, some of which have already been mentioned including:

- car-park barrier systems;
- ANPR systems;
- secure cycle parking.

CCTV systems

5.89 Many NHS car-parks have CCTV systems in place to reduce the likelihood of crime and anti-social behaviour. CCTV is the most visible



system and, as well as car-park security, it can help an NHS organisation to deal with complaints and regular parking misuse. Consideration should be given to the need for suitably qualified staff to monitor CCTV images, particularly in the event of an incident, as well as the number of camera images a single CCTV operator can effectively monitor at any one time.

Costs

5.90 The cost is dependent on how much coverage is required. As many car-parks as possible should be covered, especially those that have regular users during off-peak hours. There is also a requirement for CCTV operators to actively manage the system in place.

Security patrols

5.91 Along with CCTV systems, the most likely visual deterrent to crime and anti-social behaviour are security patrols.

Costs

5.92 The only cost involved is the staff resource. Most NHS organisations have security patrols throughout the day. Security patrols can also be undertaken by car-park attendants.

Car-park lighting

5.93 NHS car-parks must have sufficient street lighting in place to discourage crime and anti-social behaviour. All areas within the car-park should be illuminated when the car-park is operational. It is especially important that the key areas (for example pay stations) have additional lighting to increase patient, visitor and staff safety.

5.94 Where possible, NHS organisations should upgrade the lighting systems to more environmentally friendly lighting such as LED lighting. (See also the case studies in Health Technical Memorandum 07-02 – ‘EnCode’ (DH, 2015).)

Park Mark award

5.95 An effective method to give confidence to patients, visitors and staff using a car-park is displaying the Park Mark award. The Park Mark is an initiative of the [Association of Chief Police Officers](#) aimed at reducing crime and the fear of crime in parking facilities. Park Mark is awarded

to parking facilities that have met the requirements of a risk assessment conducted by the police.

5.96 The Park Mark award provides guidance on various measures that are designed to assist security such as CCTV and lighting. A car-park awarded the Park Mark is likely to enhance the patient and visitor experience as the award criteria include appropriate levels of cleanliness as well as security.

Costs

5.97 There is a small charge to establish the Park Mark award along with an annual licence. It may also be required to implement further, or improve on existing, measures to be eligible for the award, which may result in additional costs.



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6.0 Good practice case studies of car-parking on NHS sites

6.1 There are a number of NHS organisations in England that exemplify good practice for car-parking and the use of sustainable transport by implementing a number of the measures discussed in this document and have shown the desire to achieve the best results possible. More importantly, they consider the patient and visitor experience to be one of the most important factors. This is reflected in their approach to car-parking.

6.2 For the purpose of this guidance document, four NHS organisations have been chosen as case studies that represent good practice for car-parking:

- Addenbrooke's Hospital – Cambridge University Hospitals NHS Foundation Trust
- the Leeds Teaching Hospitals NHS Trust
- Southmead Hospital – North Bristol NHS Trust
- Freeman Hospital and Royal Victoria Infirmary – the Newcastle upon Tyne Hospitals NHS Foundation Trust.

6.3 From a detailed review of the four NHS organisations above, some key themes have emerged:

- a number of alternative measures have been implemented to improve parking for patients, visitors and staff;
- there is a willingness to invest money and staff resources into car-parking measures to achieve maximum results;

- there has been success in reducing the reliance on single-occupancy car use and the need for additional car-parking;
- efforts have been made to make the use of sustainable transport more appealing to patients, visitors and staff.

6.4 Each of the case studies shows good practice related to the following areas:

- a. patient and visitor experience;
- b. sustainable transport;
- c. car-parking charges and concessions;
- d. car-park management.

6.5 Despite these organisations being chosen to show good practice, it is worth remembering that these sites still have issues that they work with on a daily basis. The sites were chosen as a guide to demonstrate what measures can improve the facilities for patients, visitors and staff.

Addenbrooke's Hospital

Introduction

6.6 Addenbrooke's is a foundation trust that is renowned for being a teaching hospital and for providing accident and emergency services and regional and national specialties from a 26-hectare site approximately two miles from the centre of Cambridge. There are around 4249 parking spaces on site split between visitors and staff. The ratio of visitor to staff

Principle	Measures used
NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.	Number of measures in place to assist patients and staff gain access to the site including a bus station on site, park-and-ride service, secure parking for cyclists and a car-share scheme.
<p>Concessions, including free or reduced charges or caps, should be available for the following groups:</p> <ul style="list-style-type: none"> • disabled people • frequent out-patient attenders • visitors with relatives who are gravely ill • visitors to relatives who have an extended stay in hospital • staff working shifts that mean public transport cannot be used. 	<p>The following concessions are in place:</p> <ul style="list-style-type: none"> • Out-patients, day surgery and emergency patients • Seven-day ticket for patients receiving treatment for two or more consecutive days • Frequent visitors up to 7 days and 14 days • Blue badge holders.
NHS organisations should consider installing pay-on-exit or similar schemes so that drivers pay only for the time that they have used.	Pay-on-exit systems in operation.
Charges should be reasonable for the area.	Car-parking charges similar to surrounding area.
Use one of the two trade associations.	Member of the BPA. Car-park has been issued with the Park Mark award.

spaces is 33:67. The trust has an effective travel plan in place that has seen improvements in the use of sustainable transport such as cycling and public transport, which has seen a reduction in single-occupancy journeys.

Patient and visitor experience

6.7 There is adequate signage to enable patients and visitors to find their intended destination. The multi-storey car-park has a clever colour-coded system that easily helps users to identify where they have parked. The signage clearly states the pricing tariffs and can be easily identified throughout the car-park. The pricing tariffs are also included on the trust's website.

Sustainable transport

6.8 Car-park occupancy levels often reach and surpass 100%. However, the site has implemented a number of sustainable transport initiatives that have reduced the need for visitors and especially staff to travel by car to and from the site. These include:

- secure parking for cyclists;
- on-site cycle surgery and sales service;

- two park-and-ride services for patients, visitors and staff;
- bus station located on site with over 60 buses per hour from all areas within Cambridge;
- car-share scheme for staff;
- the use of electric bikes for staff, with charge points for bikes and electric vehicles;
- courtesy bus that serves the site;
- courtesy bus service for visitors and staff;
- interest-free loans for rail travel and motorcycle purchase up to 250 cc;
- concessionary bus and rail tickets for staff;
- free motorcycle parking;
- cycle and footway routes in and around the site.

Car-parking charges and concessions

6.9 Car-parking charges are in line with local council car-parks. This is considered good

practice as often trust car-parks can include a premium on charges. The trust offers a number of concessions including:

- out-patients, day surgery and emergency patients;
- seven-day ticket for patients receiving treatment for two or more consecutive days;
- frequent visitors up to 7 days and 14 days;
- blue badge holders.

6.10 To find out more about the concessions at Addenbrooke's NHS Foundation Trust, visit the trust's website at <http://www.cuh.org.uk/corporate-information/finding-us/parking/parking-costs-and-discounts>

Car-park management

6.11 Car-park security is considered to be above average with the use of modern technology such as ANPR and CCTV assisting local patrols. The multi-storey car-parks are operated by a barrier system that also assists with car-park security.

6.12 The car-park has a pay-on-exit system that allows drivers to pay only for the time they have used. The multi-storey car-park has been issued with the Park Mark award (see paragraphs 6.95–6.97).

6.13 Car-park management is undertaken by an external parking operator that specialises in parking services. There is a designated parking office within the trust's car-park which assists in the day-to-day running of the car-park. The parking operator is a member of the British Parking Association.

Leeds Teaching Hospitals NHS Trust

Introduction

6.14 The trust was formed in April 1998 after the merger of two previous smaller NHS trusts to form one city-wide trust. It provides services for the population of Leeds and surrounding areas, and is a regional centre for a range of services. It is the largest NHS trust in the UK with five main hospitals that have a combined size of over 43 hectares. There are approximately 4720 parking spaces on the trust's site split between patients, visitors and staff. The ratio of visitor to staff spaces is approximately 23:77. The trust has an effective travel plan in place, which is managed individually and has seen improvements in the use of sustainable transport such as cycling and public transport. This has led to a reduction in single-occupancy journeys.

Patient and visitor experience

6.15 The reactive car-park entrance/exit system assists the patient and visitor experience as there is less time queuing on entry and exit. The car-park has variable-message systems in place that identify the number of parking spaces within the car-park. There is plenty of signage to enable patients and visitors to find their intended destination. The signage clearly states the pricing tariffs and can be easily identified throughout the car-park. The pricing tariffs are also included on the trust's website.

Sustainable transport

6.16 The car-park occupancy levels often reach and surpass 100%. However, the site has implemented a number of sustainable transport initiatives that have reduced the need for visitors and especially staff to travel by car to and from the site. These include:

- secure parking for cyclists;
- park-and-ride service for patients, visitors and staff;
- shuttle buses to connect the sites;

Principle	Measures used
NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.	Number of measures in place to assist patients and staff gain access to the site including secure parking for cyclists, park-and-ride service for patients, visitors and staff, shuttle buses to connect the sites, and a car-share scheme.
Concessions, including free or reduced charges or caps, should be available for the following groups: <ul style="list-style-type: none"> • disabled people • frequent out-patient attenders • visitors with relatives who are gravely ill • visitors to relatives who have an extended stay in hospital • staff working shifts that mean public transport cannot be used. 	The following concessions are in place: <ul style="list-style-type: none"> • Out-patients, day surgery and emergency patients • Seven-day ticket for patients receiving treatment for two or more consecutive days • Frequent visitors up to 7 days and 14 days • Blue badge holders.
NHS organisations should consider installing pay-on-exit or similar schemes so that drivers pay only for the time that they have used.	Pay-on-exit systems in operation.
Charges should be reasonable for the area.	Car-parking charges similar to surrounding area.
Use one of the two trade associations.	Member of the BPA. Car-park has been issued with the Park Mark award.

- free motorcycle parking;
- cycle-to-work scheme for staff;
- metro bus scheme for staff.

Car-parking charges and concessions

6.17 Car-parking charges are in line with local council car-parks. This is considered good practice as often trust car-parks can include a premium on charges. The trust offers a number of concessions, including those for:

- blue badge holders;
- volunteers;
- patients receiving cancer treatment;
- patients receiving renal treatment and dialysis;
- patients receiving cystic fibrosis treatment;
- close relatives of patients who are receiving end-of-life care;
- parents and carers of seriously ill children;
- relatives of terminally ill patients;
- relatives of major trauma patients requiring critical care.

Car-park management

6.18 Car-park management is undertaken by internal staff employed by the trust. The multi-storey car-park offers a reactive car-park entrance/exit system that allows car-park management to identify how to maximise the access and egress of vehicles from the car-park. For instance, it is possible to have two lanes for staff during the peak time when staff arrive for their shifts. This can then revert to patients and visitors. In the evening, it is possible to adjust the entry/exit lanes to allow more lanes for vehicles to exit the car-park.

6.19 Car-park security is considered to be above average with the use of modern technology such as car-park barrier systems and CCTV assisting local patrols.

6.20 The car-park has a pay-on-exit system that allows drivers to pay only for the time they have used.

6.21 The multi-storey car-park has been issued with the Park Mark (see paragraphs 6.95–6.97).

6.22 The car-park management is a member of the British Parking Association.

6.23 The trust has a number of measures in place to communicate car-parking topics, which

are readily available to all staff via the trust's intranet, vehicle flyers and notices in car-parks.

6.24 To find out more about parking at Leeds Teaching Hospitals NHS Trust, visit the trust's website at <http://www.leedsth.nhs.uk/patient-and-visitor-information/visitor-information/parking-at-the-hospital/>

Southmead Hospital – North Bristol NHS Trust

Introduction

6.25 Southmead Hospital is a large, new hospital situated in the northern suburbs of Bristol and forms part of the North Bristol NHS Trust. The new hospital building opened in May 2014 to bring all services within one site, replacing the existing Frenchay site. There are approximately 2700 parking spaces on site,

which are split into 16 car-parks that include patient/visitor and staff car-parks.

6.26 The trust has an effective travel plan in place that has seen improvements in the use of sustainable transport such as cycling and public transport, which has seen a reduction in single-occupancy journeys. As part of the new site, a new multi-storey car-park will be constructed near the entrance of the main hospital building.

Patient and visitor experience

6.27 There are a number of safety measures to assist patients and visitors travel around the site including zebra crossings, good lighting, guard railing and high quality signage and wayfinding.

6.28 Signage and wayfinding is legible and easy to follow for patients and visitors identifying their destination.

Principle	Measures used
NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.	Number of measures in place to assist patients and staff gain access to the site including bus stops, park-and-ride service, car club, personal travel plans, free travel between old site and new site, secure parking for cyclists, free motorcycle parking and a car-share scheme.
Charges should be reasonable for the area	Car-parking charges similar to surrounding area
Concessions, including free or reduced charges or caps, should be available for the following groups: <ul style="list-style-type: none"> • disabled people • frequent out-patient attenders • visitors with relatives who are gravely ill • visitors to relatives who have an extended stay in hospital • staff working shifts that mean public transport cannot be used. 	The following concessions are in place: <ul style="list-style-type: none"> • blue badge holders have free parking all day; • free parking for dialysis patients; • discounts for long-term patients.
Priority for staff parking should be based on need, e.g. staff whose daily duties require them to travel by car.	Staff permits are prioritised based on need and location. Staff who live close to the site or public transport links and do not need to use their vehicles for work are not issued with a permit.
NHS organisations should consider installing pay-on-exit or similar schemes so that drivers pay only for the time that they have used.	Pay-on-exit systems in operation.
Details of charges, concessions and additional charges should be well publicised including at car-park entrances, wherever payment is made and inside the hospital. They should also be included on the hospital website and on patient letters and forms, where appropriate.	On site, there are a number of signs that highlight charges and concessions. Parking information including charges and concessions is listed on North Bristol NHS Trust's website.
Contracts should not be let on any basis that incentivises additional charges, e.g. income from parking charge notices only.	Parking charge notices are issued only as a last resort after all other measures have been explored.
Use one of the two trade associations.	Member of the BPA.

6.29 Car-park security is considered to be above average with the use of CCTV and barrier systems. The site is due to implement a pay-on-exit system to improve the patient and visitor experience.

Sustainable transport

6.30 Car-park occupancy levels often reach and surpass 100%. However, the site has implemented a number of sustainable transport initiatives that have reduced the need for visitors and especially staff to travel by car to and from the site. These include:

- secure parking for cyclists including new 300 capacity hub with showers, dryers and changing facilities;
- option to allow staff to hire electric bikes for one month to determine whether they wish to purchase one;
- eight bikes available for staff to hire for one month to determine whether they wish to buy one;
- Dr Bike attends the site on a regular basis to inspect bikes and make any necessary repairs;
- car-sharing software used to establish which staff are eligible to car-share;
- free motorcycle parking on site;
- city car club scheme located on site;
- free park-and-ride service to transfer staff from old site to new site due to limited parking;
- park-and-ride service for patients and visitors;
- bus stops located on site;
- staff working at the site receive concessions from the bus operator;
- courtesy bus serving the site to assist patients and visitors;
- free shuttle bus for patients to take them to the main building from the multi-storey car-park until the new multi-storey car-park is constructed near the main building entrance.

6.31 North Bristol NHS Trust has been awarded employer of the year in the TravelWest Sustainable Business Travel Awards due to the work it has undertaken in travel plans and sustainable transport improvements. Each member of staff has the option of a personalised travel plan to assist with their journeys to work as the trust discourages single-occupancy journeys wherever possible.

Car-parking charges and concessions

6.32 Car-parking charges are in line with the local council car-parks. This is considered good practice as often trust car-parks can include a premium on charges. The trust offers a number of concessions including:

- blue badge holders have free parking all day;
- free parking for dialysis patients;
- discounts for long-term patients.

Car-park management

6.33 Car-park management is undertaken by internal staff employed by the trust, although enforcement is carried out by an external parking operator that specialises in parking services.

6.34 The trust is happy to assist patients and visitors find parking spaces during peak times. Staff who are contactable via radio control inform drivers of available parking spaces to avoid vehicles causing congestion on the site. From the feedback received by patients and visitors, this system works extremely well.

6.35 The trust liaises with police community support officers regularly to discuss any issues relating to parking such as staff parking inconsiderately in nearby residential streets. If the vehicles are causing obstructions, penalty charge notices can be issued. The trust is happy to contact any residents who have issues with staff parking on residential roads.

6.36 To find out more information, visit the trust's website at <http://www.nbt.nhs.uk/>

Newcastle upon Tyne Hospitals NHS Foundation Trust

Introduction

6.37 The Newcastle upon Tyne Hospitals NHS Foundation Trust is one of the most successful teaching trusts in the country. The trust has the second highest number of specialist services than any other group of hospitals in the UK. The hospitals have over 1800 beds and manage over 1.3 million patient contacts every year. The trust is one of only two trusts in the country that has been awarded a Top 40 hospital rating for 14 successive years.

6.38 At the Freeman Hospital and Royal Victoria Infirmary sites, there are approximately 2940 parking spaces, which have been split into patient/visitor spaces and staff spaces. There are 1222 patient/visitor spaces and 1645 staff spaces, a site a ratio of 43:57 patient/visitor to staff. This ratio is more in favour of patients and visitors compared with the national average for NHS car parks. Therefore it can be assumed that patients and visitors will experience fewer problems due to the increased number of spaces.

Patient and visitor experience

6.39 The patient and visitor experience within the Newcastle upon Tyne Hospitals NHS

Principle	Measures used
NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.	Number of measures in place to assist patients and staff gain access to the site including bus stop on site, park-and-ride service, short-term drop-off parking bays, free public transport for visitors and staff between sites, and secure parking for cyclists.
Charges should be reasonable for the area.	Car-parking charges similar to surrounding area.
Concessions, including free or reduced charges or caps, should be available for the following groups: <ul style="list-style-type: none"> • disabled people • frequent out-patient attenders • visitors with relatives who are gravely ill • visitors to relatives who have an extended stay in hospital • staff working shifts that mean public transport cannot be used. 	The trust has a number of concessions that are readily available for patients and visitors. The trust is currently working on a patient and visitor concessions document that outlines what is available, which has been included in Appendix B.
Priority for staff parking should be based on need, e.g. staff whose daily duties require them to travel by car.	Staff permits are prioritised based on need and location. Staff who live close to the site or public transport links and do not need to use their vehicles for work are not issued with a permit.
NHS organisations should publish: <ul style="list-style-type: none"> • their parking policy • their implementation of the NHS car-parking principles • financial information relating to their car-parking • summarised complaint information on car-parking and actions taken in response. 	There is a significant amount of information relating to on-site car-parking on the trust's website and throughout the site. There is a link on the trust's website for patients and staff to provide feedback on their experience.
Details of charges, concessions and additional charges should be well publicised including at car-park entrances, wherever payment is made and inside the hospital. They should also be included on the hospital website and on patient letters and forms, where appropriate.	On site, there are a number of signs that highlight charges and concessions. Parking information including charges and concessions is listed on the trust's website.
Use one of the two trade associations.	Member of the BPA.
NHS organisations should consider installing pay on exit or similar schemes so that drivers pay only for the time that they have used.	Pay on exit will be implemented in summer 2015.

Foundation Trust site is considered to be above standard due to a number of measures in place to assist patients and visitors during their time on site. These measures include:

- number of sustainable transport measures on site;
- free public transport for visitors and staff between the trust's sites;
- hospital entrances and payment machines are close to the car-park;
- zebra crossings located along walkways to improve patient, visitor and staff safety;
- good standard of street lighting that illuminates the site during the hours of darkness;
- clearly marked pedestrian walkways in the car-parks and along footways;
- footways wide to allow users to safely travel around the site;
- short-term parking bays to allow visitors to drop-off patients without locating a parking space and paying for parking.

Sustainable transport

6.40 Car-park occupancy levels often reach and surpass 100%. However, the site has implemented a number of sustainable transport initiatives that have reduced the need for visitors and especially staff to travel by car to and from the site. Following on from travel surveys conducted by the trust, the use of single-occupancy journeys has significantly reduced at both the Freeman Hospital (17.2%) and the Royal Victoria Infirmary (26.3%) since 2000.

6.41 A travel survey conducted in 2010 demonstrated a significant modal shift with staff from private vehicles to public transport and other means. The travel scheme has been identified as the principal reason for this shift, as it provided staff with a number of methods to travel to work such as public transport travel passes deducted from salaries.

6.42 Single-occupancy travel remained low during 2014. The survey also demonstrated that 10% of staff regularly cycle to work. The trust site has a number of sustainable measures in place to reduce the use of single-occupancy trips including:

- secure parking for cyclists;
- park-and-ride services for patients, visitors and staff;
- bus stop located on site;
- courtesy bus service for visitors and staff to connect the trust's sites;
- interest-free loans for public transport deducted from salaries;
- free motorcycle parking.

Car-parking charges and concessions

6.43 Car-parking charges are in line with local council car-parks. This is considered good practice as often trust car-parks can include a premium on charges. The trust offers a number of concessions (see Appendix B). All NHS organisations should try to produce similar guidelines on concessions to ensure all patients and visitors are aware of what is available and how to apply for any concession they are eligible for.

Car-park management

6.44 Car-park security is considered to be above average with the use of modern technology such as ANPR and CCTV assisting local patrols. The multi-storey car-parks are operated by a barrier system that also assists with car-park security.

6.45 The trust will be implementing pay-on-exit systems in summer 2015 in line with the NHS car-parking principles. The multi-storey car-park has been issued with the Park Mark award. The parking operator is a member of the British Parking Association.

6.46 For more information, visit the [trust's website](#).

7.0 Identifying partnerships

7.1 The creation and delivery of best practice car-parking strategies depends on a number of factors and a range of individuals and organisations combining to meet the aims of these strategies. Generally speaking, car-parks that demonstrate best practice, whether in the NHS or in other organisations, are those where the lead organisation managing the car-park has formed partnerships with other companies that work in the parking industry such as trade bodies and operators.

7.2 All of the best practice NHS organisations identified in this guidance have demonstrated that a close working relationship with the trade associations (British Parking Association and the Independent Parking Committee) can be extremely beneficial to both parties. It allows NHS organisations to maintain connections that the trade associations can offer as well as guidance and peace of mind to the users that the car-park has been recognised. NHS organisations that have formed partnerships with the trade associations should offer a better car-parking experience for patients, visitors and staff.

7.3 Every NHS organisation should try to create partnerships with patient groups within the organisation as they can provide valuable feedback on specific needs such as car-parking issues. Patient groups may identify issues that the organisation is unaware of. This also allows it to provide information and reasoning behind any decisions relating to the site including parking and sustainable transport. Feedback from patient groups may save a number of enquiries from patients and visitors.

External partnerships

7.4 The British Parking Association and the Independent Parking Committee have contacts for a range of car-parking operators that specialise in many alternative aspects of parking. Using these resources can significantly help NHS organisations to develop ideas for car-parking improvements.

7.5 Working relationships should also be developed with public transport providers so that they can appreciate the likely demand for services. Operators may consider an alternative route for services if this meets future passenger demand.

7.6 NHS organisations should also consider how they can work with other local employers to develop solutions to transport problems. By including other groups of workers, a “critical mass” for success can be more easily achieved. For instance, in Oxford the NHS organisations and the two universities in the city work together to develop transport solutions, and each benefits from increased use of public transport, leading to more certainty that services will be continued.

7.7 Creating groups to share best practice can benefit NHS organisations, and it allows other organisations to share experiences that may or may not work. These groups may avoid unnecessary purchases by others, thus saving money for the NHS organisation. Organisations that offer private parking can include shopping centres, universities and business parks. As well as promoting best practice, savings can be made if all organisations agree to buy the same

equipment or measures, as operators often offer discounts for bulk-buying.

7.8 NHS organisations should consider networking groups as a means of more effective communications towards more innovative partnership solutions. Car-parking best practice strategies have more opportunity for success if undertaken as a holistic approach, rather than used to identify isolated measures. Solving one problem may introduce a new problem. Considering the entire site for each approach is likely to identify possible issues at the investigation stage.

7.9 A number of NHS organisations share their car-parks with a range of organisations such as local businesses, cinemas and local authorities. If a car-park is shared, consideration should be given to factors such as clarity of roles, lines of responsibility, communication and risk-sharing.

7.10 NHS organisations should engage with local authorities where possible, most notably during any consultations relating to waiting restrictions close to an NHS site. It is likely that patients, visitors and staff will park in nearby residential streets during peak times. The introduction of staff parking charges or changes to the hospital or parking system can often cause people to park on local streets where it is free to park or there is more space. Consultation with the local authority and residents is advisable as there may be a need to communicate these changes and discuss solutions such as resident parking zones around the NHS site.

Internal partnerships

7.11 In addition to external partnership working, internal partnerships should be developed so that different departments and sectors of staff understand each other's needs. These partnerships are particularly important between management and staff. Senior management should include clinical and operational teams and directors. Directors should seek to make regular contact with parking management teams.

7.12 Within an NHS organisation, it is possible to create travel groups that can meet regularly and consider a number of travel and transport matters including car-parking and sustainable transport. These travel groups can consist of different departments (for example, human resources, IT, the chief executive officer's office, the medical director's office, head of nursing, patient and advice and liaison services (PALS) and finance). It is important to ensure the group is broad and knowledgeable with a good understanding of parking and transport issues. This will help gain senior management support and ensure a better understanding of the staff and patient issues which can influence positive change.

7.13 To ensure an NHS site operates at an optimum level, it is important to create close working partnerships with all partners that work on the site. This includes security, patient transport, cleaners, contractors and maintenance officers. Without these partnerships it is unlikely that NHS organisations will be able to deliver the maximum service required.

8.0 What is a travel plan?

Benefits

8.1 The successful development and implementation of a travel plan will help to reduce congestion and thereby improve car-parking efficiency. Travel plans are expected to produce real benefits for:

- the individual, through improved health, reduced stress and cost savings;
- the patient, by freeing up accessibility to sites, relieving concern, allowing the ability to keep appointments etc;
- the workplace, through a healthier, more motivated workforce, reduced congestion and improved access to sites for employees, potential recruits, visitors and contractors;
- the community, by organisations demonstrating their commitment to environmental priorities and setting an example to others; reducing congestion, freeing the flow of movement through local routes, reducing road traffic accidents while also addressing issues of nuisance and noise;
- the environment, through improved local air quality, with less noise, dirt and fumes, which can contribute to other national and global improvements;
- health promotion, by encouraging physical exercise, such as walking and cycling.

8.2 An NHS organisation's travel plan may address some or all of the following:

- staff transport to and from work;
- staff transport in the course of work;
- patient and visitor travel and access to NHS sites;
- public transport availability;
- use and type of fleet vehicles;
- deliveries and contractors;
- peripatetic/community visits;
- travel rates to be reimbursed, rewarding vehicles with low emission engines or cycle mileage;
- the needs of disabled people with a physical, mental or visual impairment, and the needs of patients, visitors or staff accompanied by young children;
- patients that have temporary disabilities that require assistance during this time.

Steps to producing a travel plan

8.3 There are a number of defined steps involved in the production of a travel plan, which are all underpinned by a need for continued awareness raising and marketing. The steps are shown in Figure 6:

- **Secure senior management support:** the travel plan process should be driven by management to give it authority; provide an example; provide budgets and staff time; and ensure that changes can take place.

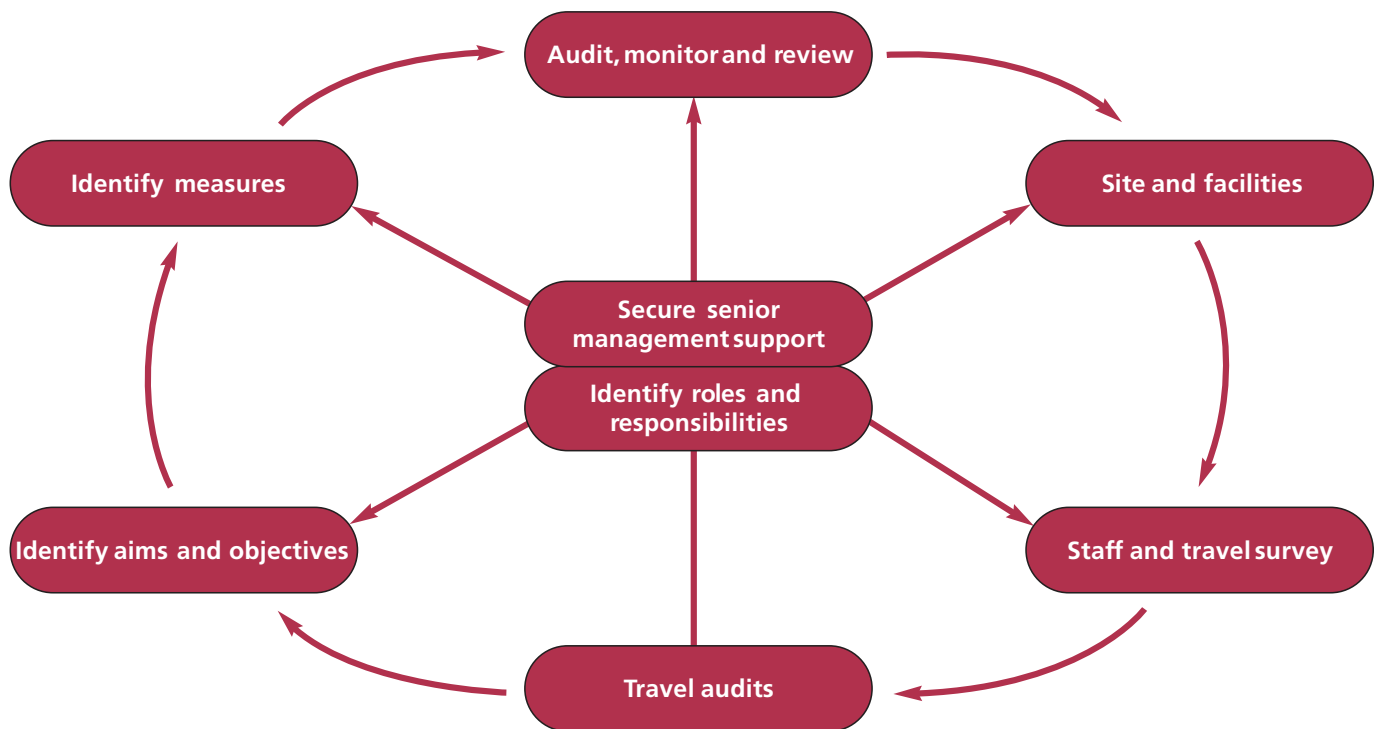


Figure 6 Travel plan “virtuous circle”

- Identify roles and responsibilities:** this includes setting up a steering group and designating a travel plan coordinator. Everyone involved should accept and understand their role. This will include consultation with staff representatives and liaising with management. Examples of roles that need to be considered include the local security management specialist or nominated security specialist, and community safety partnerships (CSPs). CSPs are made up of representatives from the police service, health service, local authority, fire & rescue service and probation service.
- Undertake a site and facilities assessment:** this is recommended in order to ascertain the existing level of provision of issues such as public transport, cycling and pedestrian facilities and car-parking. The site and facilities assessment should also give consideration to any potential or existing security risks within the car-parking and delivery/drop-off areas. This is to ensure that any future actions do not exacerbate or introduce a new problem.
- Undertake a staff transport survey:** this is recommended in order to understand the existing travel patterns of staff including how they travel, where from, and what factors influence their means of transport.
- Undertake transport audits:** this is an analysis of patient/visitor transport and traffic counts. This will include the impact of street parking, disturbance and other community issues. This can be achieved through contact with local community groups and liaison committees.
- Identify objectives and indicators for improvement:** meaningful but realistic objectives should be considered for the reduction of single-occupancy vehicle trips to sites, and these are included within travel plans so that they can achieve real improvements to traffic, in and around sites.
- Identify actions:** there are a range of measures that are likely to be incorporated in any successful travel plan, ranging from financial incentives, to choosing an alternative to the private

vehicle, to encouraging cycling, walking and the use of electric vehicles for fleet and community staff (for example, midwives).

- **Audit, monitor and review:** to assess the effectiveness of travel plans, there is an ongoing need to monitor their effectiveness through continued surveys and traffic counts. This is considered in the following chapter.
- **Geographic information system (GIS):** consider the benefits of using a software-based GIS to inform and tailor transport to the needs of the staff employed by an NHS organisation.

8.4 Travel plans for NHS organisations should consider arrangements for patients that may have temporary disabilities without the necessary documentation that provides assistance (such as blue badges). NHS organisations need to identify a system that allows patients with temporary disabilities to receive a level of assistance during their time on site. This could include patient transport, car-

parking permits and an on-site collection point. If an identified system is implemented, it is important to consider control methods to ensure the system is monitored correctly and not abused. The patient and visitor experience needs to be considered during the planning stages of such a system.

8.5 Further information concerning the production of travel plans is available from the [TransportEnergy Best Practice Programme](#). A [Travel Plan Resource Pack](#) for employers is available via their website.

Local transport plans are important documents to consider when NHS organisations are developing their own individual travel plans. The joint DH/DfT document [Delivering Healthy Local Transport Plans](#) provides further information.

9.0 Data collection and monitoring

Data is collected from the NHS annually on their provision of car-parking through the [Estates Return Information Collection \(ERIC\)](#). It currently includes data on the number of car-parking spaces, the charges for them and concessions provided.

9.1 There are a number of ways NHS organisations can collect data, monitor parking and sustainable transport-related matters, which can be used to make improvements on the site and to the running of the organisation.

9.2 A wide range of data should be collected and the required monitoring and analysis needs to be carried out before making any on-site modifications to parking and transport. Carrying out these tasks will allow NHS organisations to draw together an evidence base that can be used to demonstrate the reasoning behind any decisions.

9.3 The first stage of data collection is the process of gathering baseline information. This will include details of staff numbers, patient and visitor numbers, number of car-parking spaces, and other physical information that should generally be available, with other supporting information such as site plans indicating points of access and egress to and from sites.

9.4 A number of considerations should be given to data collection and monitoring including:

- **Public transport provision** – up-to-date, reliable information about public transport can make a significant difference to the way people travel. It should be established what services run near to

sites, where the stops/station are, and what actions could be taken to make public transport more attractive.

- **Pedestrian access** – identify whether footpaths around the site are safe, secure, well lit, maintained and free from obstructions.
- **Cycle infrastructure and facilities** – review and assess whether there are secure and convenient facilities around the site. This should include details of lockers, showers and changing facilities, as well as safe access routes for cyclists that are well lit and well maintained.
- **Vehicular access** – an assessment of whether there are any congestion/access problems on/around the site should be carried out, complete with appropriately signposted routes.
- **Car-parking availability and policy** – identify how many spaces are available, who uses the spaces, when and how, and particularly whether there are key times during the day when it is difficult to find a space. An assessment of the costs of alternative parking provision should also be undertaken.

9.5 Further information-gathering may need to be commissioned, which will predominantly involve traffic counting to establish the number of vehicles accessing the site at various times of the day and, where time permits, over a number of months, to allow for seasonal fluctuations.

9.6 There needs to be a clear focus on managing the demand for parking places at

peak periods, such as shift changes, and to question whether it is possible to review the appointment procedure to avoid severe traffic congestion during times when patients, visitors and staff are all attempting to access the site at a similar time.

Staff involvement

9.7 When considering on-site parking and transport, it is necessary to have the support of senior management and staff representatives. It is important to encourage parking staff to liaise with senior management as they will be aware of the day-to-day running of the site and will be able to offer assistance and guidance to those that provide input on parking and transport policy. Regular meetings can be arranged for this information to be passed over and discussed.

9.8 To assist senior management make decisions and recommendations on parking and transport-related matters, NHS organisations should consider carrying out a travel survey for staff and, where necessary, patients to complete. The results of such a survey will highlight areas that work well and those that need further work. Example surveys are given in Appendix C and D.

9.9 NHS organisations should consider using the SHAPE tool to assist them in planning future car-park needs and requirements. The system allows users to determine the transport analysis of future measures that have been highlighted as potential improvements. It can be used for travel-time investigation to establish how sustainable transport can be identified and improved upon. More information on the

SHAPE toolkit can be found at <http://shape.dh.gov.uk/>

Audit, monitor and review

9.10 To track the success of a new parking or transport measure, NHS organisations will need to have monitoring systems in place to establish the success the measure has had on the site and the surrounding area. It is recommended that monitoring is carried out annually and should look to tie into an NHS organisation's parking and transport policies.

9.11 The measures should also be aimed at meeting the Department of Health's car-parking principles (see Chapter 3). These principles aim to highlight best practice, and reaching these goals will be considered successful. During the annual review, the principles should be considered against the progress of on-site parking and transport.

9.12 If an NHS organisation can carry out an annual analysis, it will be possible to track the progress of reducing single-occupancy journeys to and from the site. This may allow the number of issued parking permits to be reduced and the number of staff involved in car-sharing schemes to increase.

9.13 NHS organisations that have demonstrated aspects of best practice are forward-thinking and determined to improve various parking and transport-related issues that have been highlighted locally and nationally. Where possible, organisations should try to be proactive as this approach is likely to enhance the patient and visitor experience as well as improve the site.

10.0 Steps to success

10.1 Chapter 3 provides a number of measures that NHS organisations may wish to consider to improve the car-parking experience for patients and visitors, and increase the likelihood of sustainable transport being used for journeys to and from the site. However, while these measures can be utilised to improve the car-parking experience or sustainable transport, they may not be suitable for the intended purpose.

10.2 It is therefore important that a detailed investigation and revenue impact assessment is carried out by NHS organisations to establish the suitability of each measure. There are a number of steps that NHS organisations should work through before arriving at a conclusion on whether to progress the discussed measure. These steps include:

- How much will it cost to implement, maintain and provide staff?
- Who will it benefit and why will it be beneficial?
- Is it likely there may be some drawbacks to implementing the measure?
- Can the measure be sourced and implemented sustainably?
- Will it improve the patient and visitor experience?
- Is there any evidence to suggest the measure will be successful?
- Who do I need to liaise with during the investigation, including internal and external individuals and groups?
- Does the measure offer technology that will improve car-parking and sustainable transport?

10.3 Another important issue for NHS organisations to consider when introducing or amending car-parking charges is their charging policy with regard to relatives of long-term patients. Many NHS organisations have recognised this problem and adopted a policy of refunding parking charges or providing temporary permits.

10.4 While a number of the measures listed in Chapter 3 are designed to improve the patient and visitor experience, NHS organisations use them for operational requirements to assist the running of the site. Because of the number of staff employed in NHS organisations, it is not possible to provide parking for all staff. Therefore these measures can be used to reduce the need for staff to use private vehicles and single-occupancy trips to and from the site.

10.5 NHS car-parks typically operate at overcapacity during the peak times Monday–Friday. This means more vehicles are aiming to park than there are spaces. Surveys conducted with NHS organisations demonstrated that car-parks operate at overcapacity 86% of the time Monday–Friday 9am–6pm. Figure 7 shows this figure in relation to other times the car-park is operational.

10.6 NHS organisations therefore need to identify opportunities to alleviate the demand on parking. It is important that this is carried out in a transparent manner with a full justification for any decisions. For instance, there needs to be clear guidelines on eligibility criteria for staff parking permits and what disqualifies them from applying.

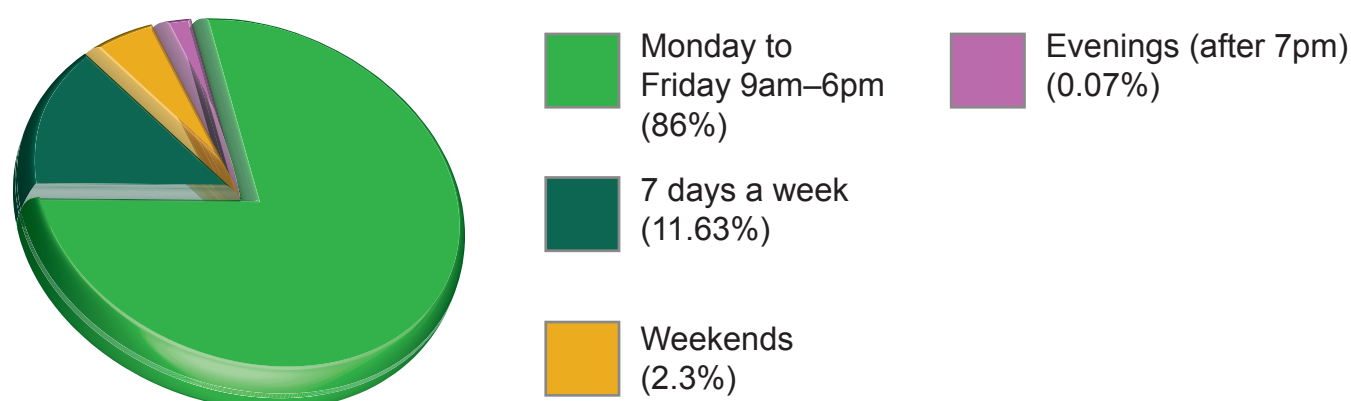


Figure 7 Periods during the week that car-parks run at overcapacity

10.7 It is critical that a wider geographical area than the NHS site be considered when devising car-park management strategies so that parking is not displaced into surrounding areas, which can lead to neighbouring residents being disadvantaged and aggrieved. In a survey of all NHS organisations, over 78% of respondents stated that they were aware of staff parking off site on surrounding roads. Nearly 65% of those respondents believe it is an issue that needs addressing.

10.8 Local authorities are generally recognising this problem and will often require the introduction of off-site parking measures, normally residents' parking zones, to prevent this happening. This measure can only be adopted in conjunction with the local highway authority, as they are the body responsible for introducing the necessary orders.

10.9 To achieve a successful running car-park, NHS organisations should consider carrying out revenue impact assessments on parking charges for the site. It is important to consider the wider area as well as the actual site. If charges are more expensive, it is likely to exacerbate the issues with parking in nearby residential streets. However, if charges are cheaper than other areas, it may attract commuters. Only 30% of NHS organisations have carried out a revenue impact assessment on parking charges following on from surveys carried out.

10.10 Other important issues for NHS organisations to address when introducing or amending car-parking charges is their charging policy with regard to:

- reviewing the need for car-parking charging and being transparent;
- what the charges will be used for;
- the availability of free passes or concessionary provisions for:
 - patients with a long-term illness;
 - relatives/prime visitors of patients with a long-term illness;
 - patients with a serious condition requiring regular treatment;
 - disabled parking etc;
- the availability of financial assistance under the hospital travel cost;
- the NHS low income scheme;
- how the NHS organisation will better target the information about assistance with car-parking charges to those who need it.

10.11 Many NHS organisations have recognised this problem and adopted a policy of refunding parking charges or providing temporary permits. To alleviate unnecessary concerns at a difficult time in a patient's care plan, this

information should be made freely and widely available. This can be achieved by NHS organisations adopting a policy of transparency and including this information – in a clear, easily understood form – with all literature on appointment letters, visitors’ arrangements, information sites, and on websites and other information/communication routes.

10.12 The ultimate success of the car-park will be down to how each parking space is allocated. There needs to be an appropriate ratio between patient/visitor spaces and staff spaces. If too much consideration is given to one over the other, it is likely that significant issues will be identified.

10.13 Having collected results from car-park ratios of staff against patients and visitors, it is possible to identify the approximate average ratio among all sites. From the NHS organisations that completed the survey, the average ratio is 33:67 patients/visitors to staff. It is up to individual NHS organisations to determine the most appropriate parking ratio for staff and patients/visitors.

10.14 The more funding and resources provided to improving car-parking measures and sustainable transport, the more likely the dependency on the private vehicle will reduce. This will allow NHS organisations to adjust the car-park ratios to allow a greater number of parking spaces. This will almost certainly improve the patient and visitor experience.

Financial incentives and disincentives

10.15 To help staff shift from single-occupancy travel to more sustainable forms of transport, financial incentives and disincentives are an important consideration. These can include:

- incentives paid to those who arrive without a car;
- compensation for giving up a parking space or permit;

- reductions on public transport fares through negotiated discounts or provision of free bus passes;
- interest-free loans for cycles;
- attractive car-parking charges for car sharers.

10.16 The balance between disincentive and incentive should also be considered, as well as the reliability and regularity of alternative public transport provision, so that the “opportunity cost” of travelling to the site by means other than a car is attractive to individuals. As an example, the balance between bus-pass costs and car-parking charges can be critical in influencing change. This exercise needs to be carried out in an open, fair and transparent fashion to engage the confidence and endorsement of staff.

10.17 While restricting the ability for staff to park in on-site car-parks may be the most obvious measure, similar results can be achieved through good transport planning, partnership working and communication. Taking these tasks into consideration, it is possible to reduce the requirement for single-occupancy trips and increase the use of sustainable modes of transport. However, each NHS organisation will have differing factors that need to be considered. Therefore, what may work for one site, may not work at another site.

Alternative modes of transport – the modal shift

Information and communication

10.18 The improvement of public transport and provision of information about availability can be a significant benefit in producing a modal shift towards public transport services, by people who would previously have driven to the site. Liaison between NHS organisations and public transport providers is recommended to ensure that appropriate services are provided. The NHS organisations in the study were all able to introduce bus links through their sites rather than relying on bus stops at the edge of sites.

10.19 This will encourage more people to use public transport, particularly where services can be designed so that there are bus stops adjacent to main staff and visitor/patient entrances. This needs to be continuous, with access to a helpline for problems and enquiries.

10.20 Virtually all NHS organisations have at least one measure in place to assist patients, visitors and staff promote sustainable transport, whereas many sites have a number of measures readily available. Figure 8 shows the measures that NHS organisations have in place.

10.21 When considering the potential availability of these measures, NHS organisations should consult staff and where possible patients and visitors. This will almost certainly increase the likelihood of the measure being successful after implementation.

10.22 Involving staff can be done using emails, posters, workshops and team meetings.

Engaging with patients and visitors can be done through the measures NHS organisations have in place to collect feedback (for example, PALS groups).

10.23 If an NHS organisation has the available staff resource, it is recommended to carry out annual reviews on staff travel behaviour to establish what form of modal shift occurs. Positive results are likely to increase the likelihood of securing funding for other parking- and transport-related projects and measures.

Patients’ appointments

10.24 To increase the likelihood of patients and visitors using more sustainable forms of transport, NHS organisations should utilise all available resources such as public transport, information in appointment letters and details on the organisation’s website. NHS organisations should liaise with public transport providers to detail possible needs and

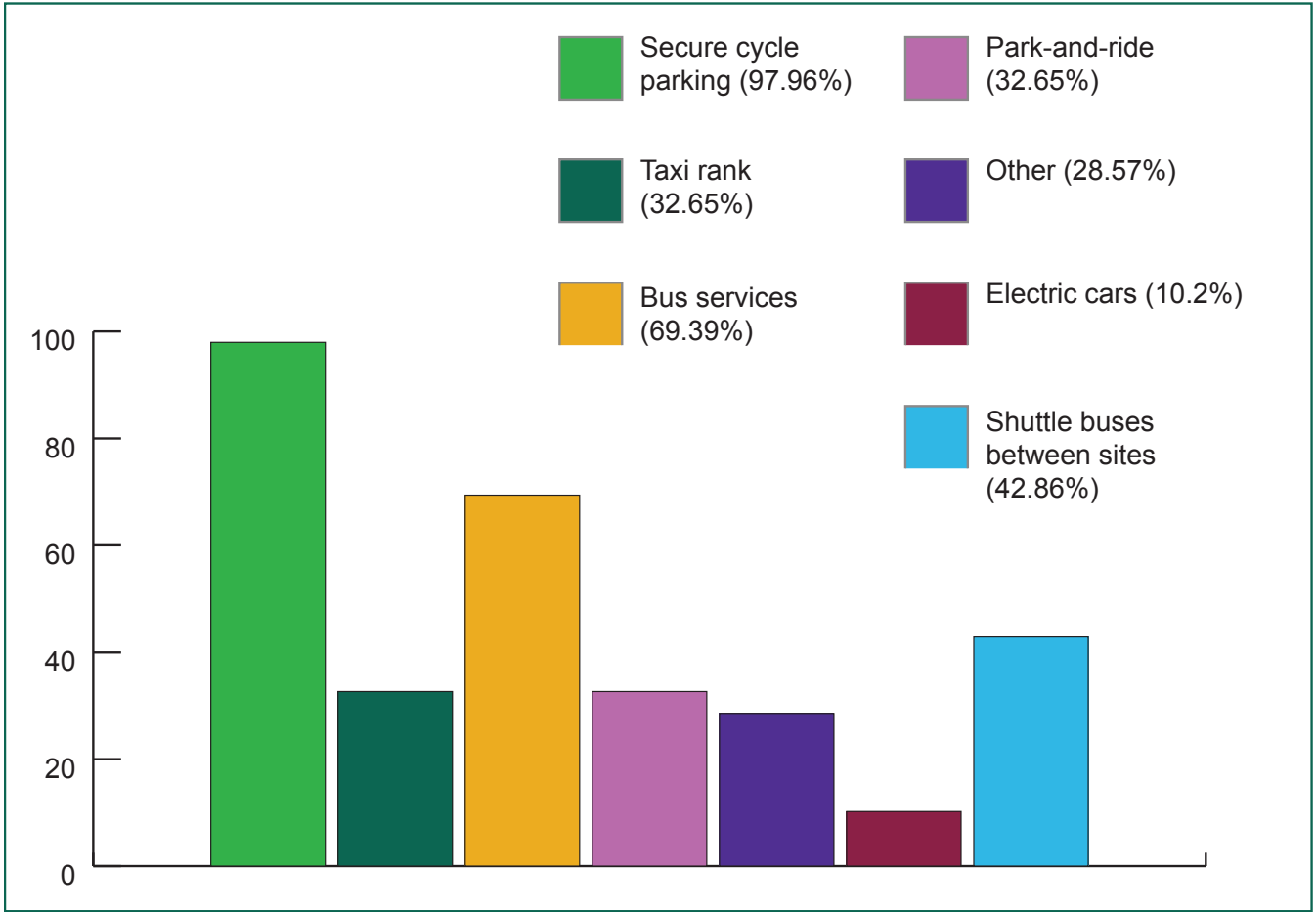


Figure 8 Measures put in place to promote sustainable transport (% of respondents that have implemented the highlighted sustainable transport measures)

requirements to be considered. Partnership working is crucial to the success of sustainable transport and is discussed further in Chapter 7.

10.25 As well as public transport, NHS organisations should consider providing details about car-parking in appointment letters. This is likely to reduce DNAs. It will also enhance the patient and visitor experience if warnings are provided about any difficulties highlighted with parking.

Contractor visits

10.26 It is important to manage contractors who may be working on-site, either on a daily basis or as part of a large development scheme. NHS organisations should consider imposing conditions on contracts for large development schemes, preventing contractors bringing private vehicles onto site, but rather having to rely on bussing staff in from other locations.

Culture and trends

10.27 Not surprisingly, cycling is more of a popular alternative where there is a culture of cycle riding and where the environment encourages it. Addenbrooke's Hospital, Cambridge, has shown significant increases in cycling after the introduction of safe travel plans. There can also be significant seasonal variations, with more people using cycles in the summer than in winter, and this can often reduce car usage in the summer months. Most NHS organisations provide on-site secure cycle parking and changing facilities, either as standalone sites or incorporated within the main buildings. An analysis of likely demand should be carried out to establish how cost-effective the infrastructure would be. From a survey carried out into patients' travel choices to NHS organisations, only 20% use sustainable transport for appointments on site.

Change management

10.28 To increase the likelihood of measures being successful, NHS organisations should consider the impact the changes can make on

the site. Making the change from private car to sustainable transport should be made as smooth, easy and comfortable as possible for staff to ensure that there is a minimum of dissatisfaction. When introducing sustainable measures, NHS organisations should consider the time of year. For instance, in winter months it is unlikely that new cycle facilities will result in a significant increase in cycling owing to the adverse weather.

10.29 The existing infrastructure should be analysed as part of potential measures. For example, to gain maximum success from implementing cycle facilities, the site should have secure, comfortable changing facilities. Without this, the true benefit of the facilities will not be derived. Therefore a holistic approach to these measures is recommended.

10.30 NHS organisations should encourage staff to participate in new initiatives using a part-time method to garner support and increase the likelihood of the staff eventually increasing their commitment. For instance staff should be encouraged to car-share or use public transport on a few days a week. This may lead to better rates of success in the longer term, rather than the "big bang" approach of sudden cessation.

Coping with dissent

10.31 It is important to pay attention to complaints and dissent throughout the process of implementing new sustainable measures or car-park improvement measures to improve the patient and visitor experience. However, NHS organisations should remember that some groups or individuals may have an agenda.

10.32 Challenging the prevailing culture of car reliance can be difficult, and however carefully changes are introduced, there will be some opposition. It is important to have explanations ready and emphasise that the organisation is not asking the impossible. While not everyone will be able to change the way they travel, there are some who can and will.

10.33 It is important to make staff aware of parking as a resource with a cost attached.

Devolving responsibility for parking costs or maintenance to departments or business units can help to do this.

10.34 Perceptions are important – do not make those who use the alternatives such as public transport etc feel like second-class travellers, compared with those who enjoy the perceived privilege of car access to the site. Ensure that the transport they use and the facilities they need are of good quality and well maintained; this could tip the balance between success and a negative response.

Senior-level commitment

10.35 Another critical factor in the success of car-parking and sustainable transport is ensuring that there is high-level management support from the chief executive and directors, as well as backing from the board. The NHS organisations that demonstrate a level of best practice appear to have management backing, with senior staff leading by example.

10.36 Car-parking staff should be encouraged to contact high-level management such as directors of estates who have an overarching responsibility for car-parking to raise issues and enquire about decisions. This communication will contribute to the successful running of the car-park and site.

Appendix A Parking charges across NHS sites in England

A1 Figures A1–A5 show the car-parking charges across NHS sites in England.

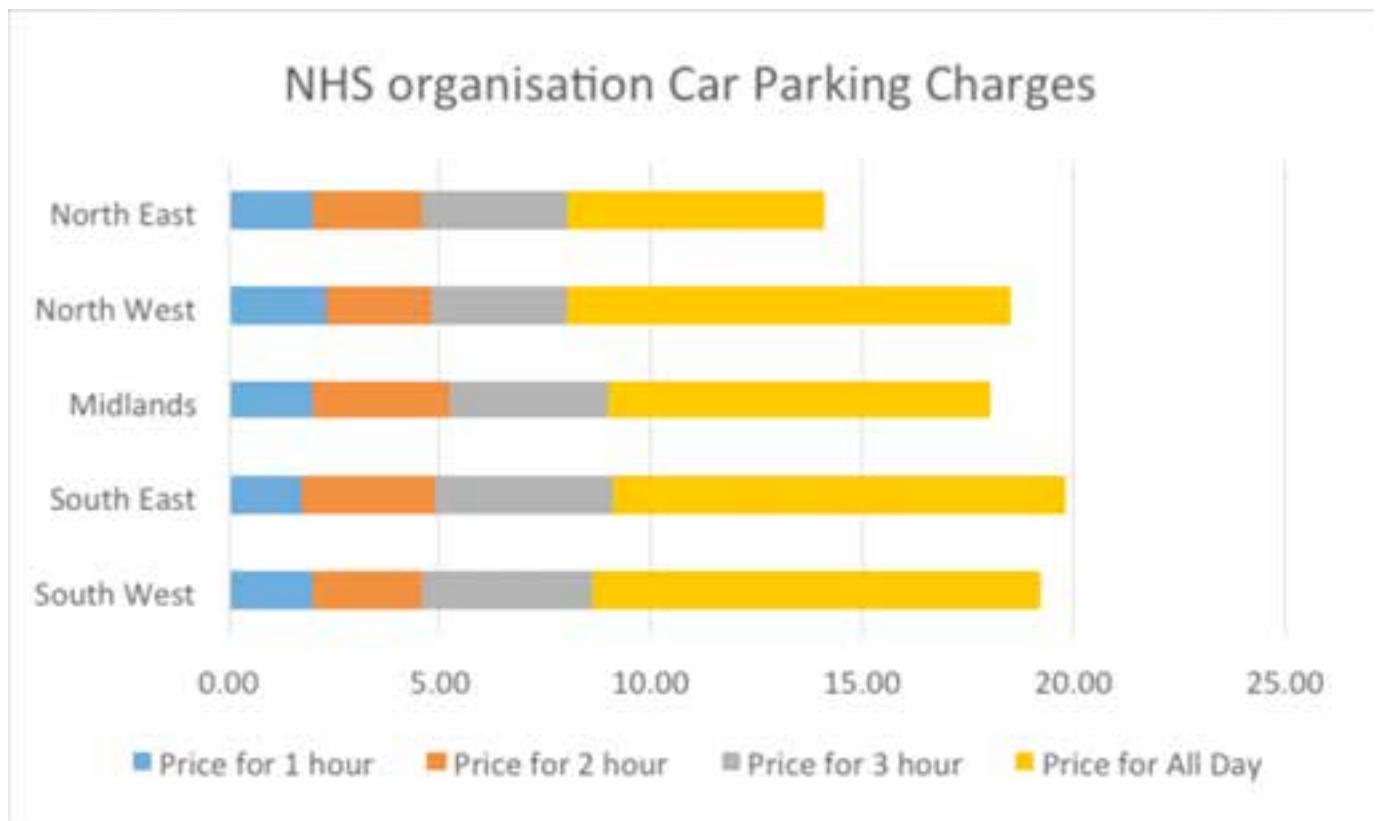


Figure A1 Car-parking charges across the country



Figure A2 Hourly parking charge for the North East, North West, The Midlands, South East, and South West



Figure A3 2-hour parking charge for the North East, North West, The Midlands, South East, and South West



Figure A4 3-hour parking charge for the North East, North West, The Midlands, South East, and South West



Figure A5 All-day parking charge for the North East, North West, The Midlands, South East, and South West

Appendix B Patient and visitor parking concessions at Newcastle upon Tyne Hospitals Foundation Trust (March 2015)

Short-term and pay-on-use options					
Attendance frequency	Usual treatment time	Concession	Patient/service category	Equivalent public transport cost	Saving
Daily	1–2 hours	£10 for a maximum of 12 weeks	Radiotherapy, dermatology, burns & plastics	£77.70	£67.70
Weekly (at least once per week) over a period of 6 weeks+	3–24 hours	£3 per visit	Chemotherapy, paediatrics	£4.20 per visit	£1.20 per visit
Monthly (at least once per month) over a period of 3 months+	3–24 hours	£3 per day (full 24 hours represents a day)	Long-term ongoing treatment patients, Diabetes	£4.20 per day	£1.20 per day
3 days per week (for a period of 6 weeks+)	3–24 hours	£15 for duration of treatment	Renal dialysis	£12.60 per week	
7 days	All day	£21 per week (£3 per day equivalent)	In-patient visitor	£25.90	£4.90
8–14 days	All day	£35 (£2.50 per day equivalent)	In-patient visitor	£51.80	£16.80
15–31 days	All day	£40 per month (£2 per day equivalent) valid for full calendar month	In-patient visitor	£91.10	£51.10
GNTEC – Trauma	All day	2 hours free then normal tariff	Trauma patient brought in for treatment / relative following ambulance to GNTEC	£4.20 per day	
GNTEC – Trauma	All day	First 24 hours free then £3 per day	Self-drive to GNTEC and then admission	£3.60 per trip	
Maternity	1–48 hours	£3 for a maximum of two occasions	Maternity	£8.40	£2.40

Continued over page

How:

The new infrastructure will mean all patient and visitor parking is located within a pay-on-foot car park (i.e. behind a barrier), and entry tickets are provided with a barcode. Validators can be made available in specific areas, and all payments will be made via machines in the car-parks with coin, note, debit and credit card payment options available. In addition, the machines will accept SMART cards, which can be issued for repeated use and top-up from patients and visitors where necessary.

Park-and-ride options:

From	To	Frequency	Cost	Equivalent parking cost	Saving
CAV	RVI	30 minutes	£2	£7.20	£5.20
Regent Centre	FH	30 minutes	£2	£7.20	£5.20
Four Lane Ends	FH	30 minutes	£1 + fare (agree fix return)		

Long-term options – 6-month and annual passes:

Frequency of attendance	Period parking valid	Concession 6 months	Concession 12 months	Equivalent parking cost at £7.20 per day	Equivalent public transport cost
1 day per week	All day	£78	£156	£187 (6) £374 (12)	£109 (6) £218 (12)
2 days per week	All day	£156	£312	£374 (6) £748 (12)	£218 (6) £436 (12)
3 days per week	All day	£234	£468	£561 (6) £1123 (12)	£327 (6) £655 (12)
4 days per week	All day	£312	£624	£748 (6) £1497 (12)	£436 (6) £872 (12)
5–7 days per week	All day	£390	£780	£1310 (6) £2620 (12)	£545 (6) £1090 (12)

Appendix C Staff travel survey

STAFF TRAVEL SURVEY

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1 Full home postcode		10 Which of the following do you occasionally use instead of your usual form of transport?	
.....		<input type="radio"/> Bus	01
2 Gender		<input type="radio"/> Bicycle	02
<input type="radio"/> Male	01	<input type="radio"/> Car, on your own	03
<input type="radio"/> Female	02	<input type="radio"/> Car, with other(s)	04
3 Staff group (e.g. nursing, admin/ clerical)		<input type="radio"/> Foot	05
.....		<input type="radio"/> Motorbike	06
4 Usual place of work (which department/ward)		<input type="radio"/> Train	07
.....		<input type="radio"/> Other (please specify)	08
5 How often do you work at more than one location?		<input type="radio"/> No alternative used	09
<input type="radio"/> Never	01	11 How far do you travel to work?	
<input type="radio"/> Less than once a week	02	<input type="radio"/> Up to 1 mile	01
<input type="radio"/> One to four times a week	03	<input type="radio"/> Over 1 mile, up to 2 miles	02
<input type="radio"/> Once a day	04	<input type="radio"/> Over 2 miles, up to 5 miles	03
<input type="radio"/> More than once a day	05	<input type="radio"/> Over 5 miles, up to 10 miles	04
6 Age		<input type="radio"/> Over 10 miles, up to 20 miles	05
<input type="radio"/> Under 25	01	<input type="radio"/> Over 20 miles	06
<input type="radio"/> 25–34	02	12 How long does it usually take you to get to work, using your normal mode of travel?	
<input type="radio"/> 35–44	03	<input type="radio"/> Up to 15 minutes	01
<input type="radio"/> 45–54	04	<input type="radio"/> 16–30 minutes	02
<input type="radio"/> 55 or over	05	<input type="radio"/> 31–60 minutes	03
7 Do you have a disability which affects your travel arrangements		<input type="radio"/> 61–90 minutes	04
<input type="radio"/> Yes	01	<input type="radio"/> Longer than 90 minutes	05
<input type="radio"/> No	02	13 Which of the following changes would persuade you to cycle to work? (If you already cycle to work, which would you most like to see?) PLEASE TICK NO MORE THAN 2	
(If YES, please state type of disability e.g. visual, mobility)		<input type="radio"/> Safer, better lit work-site cycle paths	01
.....		<input type="radio"/> Improved cycle paths on journey to work	02
8 Do you normally work:		<input type="radio"/> Improved cycle parking at workplace	03
<input type="radio"/> Normal working day e.g. 8–4, 9–5, 10–6	01	<input type="radio"/> More/Improved workplace showers & changing facilities	04
<input type="radio"/> Day shifts i.e. mornings/ afternoon	02	<input type="radio"/> More/Improved workplace lockers for cyclists	05
<input type="radio"/> Out of hours e.g. night shifts	03	<input type="radio"/> Arrangements to buy a bicycle at a discount	06
<input type="radio"/> Other (please specify)	04	<input type="radio"/> Other financial incentives	07
.....		<input type="radio"/> Promotion of associated health benefits	08
9 How do you mostly travel to work?		<input type="radio"/> None	09
<input type="radio"/> Bus	01	<input type="radio"/> Other (please specify)	10
<input type="radio"/> Bicycle	02	14 Which of the following changes would persuade you to use public transport for your journey to work? (If you already use public transport, which would you most like to see?) PLEASE TICK NO MORE THAN 2	
<input type="radio"/> Car, on your own	03	<input type="radio"/> More direct bus routes	01
<input type="radio"/> Car, with other(s)	04	<input type="radio"/> More frequent bus service	02
<input type="radio"/> Foot	05	<input type="radio"/> More frequent train service	03
<input type="radio"/> Motorbike	06	<input type="radio"/> More reliable bus or train service	04
<input type="radio"/> Train	07	<input type="radio"/> Better lighting at bus shelters & workplace paths	05
<input type="radio"/> Other (please specify)	08	<input type="radio"/> Cheaper travel	06
.....		<input type="radio"/> More convenient drop-off points	07
10 Which of the following do you occasionally use instead of your usual form of transport?		<input type="radio"/> Better links to work from the station	08
<input type="radio"/> Bus	01	<input type="radio"/> Better public transport information	09
<input type="radio"/> Bicycle	02	<input type="radio"/> None	10
<input type="radio"/> Car, on your own	03	<input type="radio"/> Other (please specify)	11
<input type="radio"/> Car, with other(s)	04		
<input type="radio"/> Foot	05		
<input type="radio"/> Motorbike	06		
<input type="radio"/> Train	07		
<input type="radio"/> Other (please specify)	08		
.....			

STAFF TRAVEL SURVEY

CONFIDENTIAL

15 Which of the following changes would persuade you to walk to work? (If you already walk to work, which would you most like to see?) PLEASE TICK NO MORE THAN 2

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Improved layout of workplace footpaths | 01 |
| <input type="radio"/> | Improved maintenance of workplace footpaths | 02 |
| <input type="radio"/> | Improved lighting on workplace footpaths | 03 |
| <input type="radio"/> | More security measures around site | 04 |
| <input type="radio"/> | More conveniently placed entrances to site | 05 |
| <input type="radio"/> | Road safety improvements in the local area | 06 |
| <input type="radio"/> | Better street lighting in the local area | 07 |
| <input type="radio"/> | Promotion of associated health benefits | 08 |
| <input type="radio"/> | Financial Incentives | 09 |
| <input type="radio"/> | None | 10 |
| <input type="radio"/> | Other (please specify) | 11 |
-

Please complete sections 16–19 if you use a car to get to work.

16 What are your main reasons for using a car to get to work? PLEASE TICK NO MORE THAN 2

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Essential to use a car during the working day | 01 |
| <input type="radio"/> | Dropping / collecting children | 02 |
| <input type="radio"/> | Get a lift | 03 |
| <input type="radio"/> | Health reasons | 04 |
| <input type="radio"/> | Personal security | 05 |
| <input type="radio"/> | Lack of an alternative | 06 |
| <input type="radio"/> | Cost | 07 |
| <input type="radio"/> | Reliability | 08 |
| <input type="radio"/> | Other (please specify) | 09 |
-

17 Where do you usually park?

- | | | |
|-----------------------|--|----|
| <input type="radio"/> | On hospital site in a staff parking space | 01 |
| <input type="radio"/> | On hospital site in a patient or visitor space | 02 |
| <input type="radio"/> | On hospital site in the main barrier controlled car park | 03 |
| <input type="radio"/> | On hospital site, but not in a designated parking space | 04 |
| <input type="radio"/> | Off site in a nearby street | 05 |
| <input type="radio"/> | Off site in a nearby car park | 06 |
| <input type="radio"/> | Other (please specify) | 07 |
-

18 Would you be prepared to car-share?

- | | | |
|-----------------------|---------------------|----|
| <input type="radio"/> | Yes | 01 |
| <input type="radio"/> | No | 02 |
| <input type="radio"/> | I already car-share | 03 |

18 Which of the following would persuade you to car-share? (If you already car-share, which would you most like to see?) PLEASE TICK NO MORE THAN 2

- | | | |
|-----------------------|---|----|
| <input type="radio"/> | Help in finding car-share partners with similar work patterns | 01 |
| <input type="radio"/> | Free taxi home if let down by car driver | 02 |
| <input type="radio"/> | Reserved parking for car-sharers | 03 |
| <input type="radio"/> | Reduced car parking charges for car-sharers | 04 |
| <input type="radio"/> | None of these | 05 |
| <input type="radio"/> | Other (please specify) | 06 |
-

19 Are you aware that Park & Ride is available to get to work?

- | | | |
|-----------------------|-----|----|
| <input type="radio"/> | Yes | 01 |
| <input type="radio"/> | No | 02 |

20 Do you use Park & Ride to get to work?

- | | | |
|-----------------------|-----|----|
| <input type="radio"/> | Yes | 01 |
|-----------------------|-----|----|
- If Yes, which Park and Ride site?
-
- | | | |
|-----------------------|----|----|
| <input type="radio"/> | No | 02 |
|-----------------------|----|----|
- If No, what prevents you from using it?
-

21 Do you have any comments about your travel to work?

.....

.....

.....

.....

.....

Thank you for your co-operation. Please be assured that all your answers remain confidential.

Please use the internal post to return this form to The Project Manager no later than

Appendix D Patient/visitor travel survey

PATIENT/VISITOR TRAVEL SURVEY

CONFIDENTIAL

1 Are you a patient or a visitor? (please tick)	7 How did you travel to the hospital?
<input type="radio"/> Patient 01 <input type="radio"/> Visitor 02	<input type="radio"/> Ambulance 01 <input type="radio"/> Bus 02 <input type="radio"/> Train 03 <input type="radio"/> Bicycle 04 <input type="radio"/> Car, driving yourself 05 <input type="radio"/> Car, as a passenger 06 <input type="radio"/> Foot 07 <input type="radio"/> Motorbike 08 <input type="radio"/> Voluntary/Dial-a-ride 09 <input type="radio"/> Other (please specify) 10
2 Which hospital department are you visiting, or being treated at today?	8 If you did not use public transport, what would have persuaded you to use the bus or the train for your trip? (please rank your three most important reasons)
3 At what time did you arrive at the hospital?	<input type="radio"/> More direct routes <input type="radio"/> More frequent <input type="radio"/> More reliable <input type="radio"/> Faster service <input type="radio"/> Cheaper fares <input type="radio"/> Better security <input type="radio"/> Safer walking route from the station <input type="radio"/> More public transport information <input type="radio"/> Better access on and off the bus <input type="radio"/> Other (please specify)
4 Which day of the week did you arrive at the hospital?	9 If you came by car, did you have difficulty in finding a place to park on the hospital site?
<input type="radio"/> Monday 01 <input type="radio"/> Tuesday 02 <input type="radio"/> Wednesday 03 <input type="radio"/> Thursday 04 <input type="radio"/> Friday 05 <input type="radio"/> Saturday 06 <input type="radio"/> Sunday 07	<input type="radio"/> Yes 01 <input type="radio"/> No 02
5 Do you have a disability which affects your travel arrangements?	10 Do you have any comments about your journey to the hospital?
<input type="radio"/> Yes 01 <input type="radio"/> No 02	THANK YOU FOR COMPLETING OUR SURVEY
6 Please could you give your home postcode?	

References

Acts and regulations

[Care Quality Commission \(Registration\) Regulations 2009.](#)

See Note after paragraph 1.9.

[Health and Social Care Act 2012.](#)

[Health and Social Care Act 2008 \(Regulated Activities\) 2010. SI 2010 No. 781. HMSO, 2010.](#)

DH guidance

DH (2005). [Wayfinding.](#)

DH (2010). [\(The\) Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.](#)

DH (2014). [NHS patient, visitor and staff car parking principles.](#)

DH (2015). [Health Technical Memorandum 07-02. EnCode.](#)

[\(The\) NHS Constitution. The NHS belongs to us all.](#)

[NHS Premises Assurance Model \(NHS PAM\).](#)

Care Quality Commission guidance

[Guidance about compliance: essential standards of quality and safety.](#) 2015