



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Hospital Parking Charges Bill: Miss Aisling
Reilly MLA

16 November 2021

NORTHERN IRELAND ASSEMBLY

Committee for Health

Hospital Parking Charges Bill: Miss Aisling Reilly MLA

16 November 2021

Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Mr Alan Chambers
Mrs Deborah Erskine
Ms Órlaithí Flynn
Ms Carál Ní Chuilín

Witnesses:

Miss Reilly	MLA - West Belfast
Ms Catherine Kelly	Sinn Féin

The Chairperson (Mr Gildernew): Aisling Reilly MLA, the Bill sponsor, will brief the Committee on the principles of the Hospital Parking Charges Bill. The Bill was introduced in the Assembly on 18 October, and Second Stage is scheduled for 22 November. A copy of the Bill and the accompanying explanatory and financial memorandum is at tab 2 of the pack.

I welcome Aisling Reilly MLA. Aisling, you are very welcome. Aisling is joined by Catherine Kelly, who has worked with Aisling and, previously, with Fra McCann on the development of the Bill. I invite you to brief the Committee.

Miss Aisling Reilly (Northern Ireland Assembly): First, thank you all. I welcome you all to the briefing on my private Member's Bill (PMB), which is about abolishing hospital car parking charges.

Since I took over as the sponsor of the Bill, I have been engaging with people and unions who have expressed support for the Bill, and I have had several comments on the difference that it would make financially to workers, patients and families.

As we all know, our health workers are overworked and underpaid and are faced with the unfair additional tax of car parking charges. Some workers are paying £60 plus a week in hospital car parking charges. That is simply unacceptable. Having to decide whether to pay the bills, provide heat, put food on the table or go to work should never be a decision that any worker has to make.

When we talk about valuing our healthcare workers, let us show that by putting that money back into their pockets. Patients and their families who are already stressed because they are sick should be focused on their health and recovery as a priority and not be further burdened with hefty hospital car parking charges.

The policy objective of the Bill is to abolish hospital car parking charges and to provide free car parking for workers, patients and their families at all public hospitals in each of the five health and social care trusts.

Free parking at hospitals will reduce the burden on patients and visitors who are already physically, psychologically and financially impacted by the experience of ill health. Additionally, it will reduce the financial burden on Health and Social Care (HSC) hospital workers, many of whom are underpaid for their work in the health service.

Abolishing hospital car parking charges will promote equality of access for rural patients and workers. Car parking charges disproportionately impact those from our rural constituencies who are largely reliant on a car for transport. For many rural dwellers, public transport connectivity to hospitals is simply not sufficient as a means of getting to work for certain shifts or accessing treatment at specific appointment times. Similarly, the option of active travel to work, such as walking or cycling, is not practical, given the longer distances to travel in most cases.

In summary, free hospital car parking provides a fairer, more consistent approach to car parking policy.

We actioned a consultation on free hospital car parking. It ran for eight weeks from 8 January 2021 to 8 March 2021. There were 842 responses in total. All responses were submitted through the SurveyMonkey site. The consultation shows that a clear majority of respondents agree that hospital car parking should be free for all users. Out of 677 who responded on free parking for all, only 16 respondents answered no, meaning that over 97% of respondents think that hospital car parking should be free for all users.

Our research has shown inconsistencies in car parking charges across hospitals and trusts. There are differences in hospital car parking charges across the trusts, but there are also differences within trusts, which are, in themselves, creating inequality and pay parity issues for workers, patients and their families.

Let me just highlight some of those differences for you. For example, the Royal Victoria Hospital has an all-day fee of £5. The Mater Hospital costs £1 per day. Belfast City Hospital costs £11 per day, and Omagh Hospital and Primary Care Complex charges £1 for up to an hour. The disparity of those charges reveals that nurses in one trust are paying more than nurses in other trusts but also that nurses within the same trusts are charged differently.

Scotland abolished hospital car parking charges in 2008, and finally settled all PFI schemes in 2021. In Wales, parking at all NHS hospitals is now free.

So far, we have engaged with unions, health groups and rural networks. Macmillan has called for the end of hospital car parking charges; it called them morally wrong and unfair for those who must attend hospital for treatment, especially time-sensitive treatments. Macmillan also reported that four out of every five cancer patients whom it surveyed were worse off because of the charges. Some reported spending up to £500 monthly. Whether you are visiting someone who is unwell, or you are working flat out to care for patients, free car parking would mean one less thing for you to worry about. It would ease an unnecessary financial burden.

The Royal College of Nursing is fully supportive. It agrees that valuing workers is a priority and that the charges are causing real financial hardship for some of its members. The Rural Women's Network is also fully supportive of the Bill. It agrees that rural workers, patients and families are disproportionately affected by hospital car parking charges. The main theme throughout our meetings was that the charges are causing real financial hardship for many of its members.

There are existing exemptions from hospital car parking charges for patients, and families of patients, who are receiving radiotherapy, chemotherapy and renal dialysis. Partners and relatives can also avail themselves of free parking if they are transporting a patient who is receiving one of those treatments. However, the exemptions do not cover all areas of treatment. For example, according to Macmillan, going for associated blood work does not entitle one to free parking, so, again, the issue of inconsistencies and inequality arises. It also means that, if members of the same household travel separately to visit or attend appointments, they will have to pay for car parking. Therefore, the household is not benefiting from free car parking.

A chairde, that concludes my briefing on my private Member's Bill to abolish hospital car parking charges. I will pass back to the Chair for any comments or questions.

The Chairperson (Mr Gildernew): Thank you for that, Aisling. This is an issue that has come up at Committee before. I pointed out recently to the Minister the inconsistency around asking front-line workers to come back in off their leave at weekends and in to a situation where they have to not only interrupt and sacrifice their leave but pay for the privilege of working. It is an issue of genuine concern for front-line workers. We have all committed to doing everything that we can to support and assist them. We are very keenly aware of the issue of the retention and recruitment of healthcare staff.

How will your Bill address the inconsistency across different trusts and different cohorts of people?

Miss Reilly: That is something that I will note and take away. Some will ask who is going to cover the cost. It is not for the workers to pay additional tax to go to work. Nor is it for patients who are ill, receiving treatment or in the process of a diagnosis. It is certainly not for families to pay to visit their loved one, just to be with them. The Executive have been prioritising Health in their Budget. A budget should be set aside for that, as happens in Scotland and Wales; they have seen the importance of free hospital car parking for all.

Ms Ní Chuilín: Thank you, Aisling and Catherine, for coming to the Committee. We do not pay for parking up here; it is free for MLAs and anybody working in the Building. There are big differences in some of the salaries in the area of health. For example, most of the people who work in health and social care, particularly in our hospitals, are women, and the majority are fairly low paid. This will make a big difference. I noted from briefings that we received from the Royal College of Surgeons and the Royal College of Physicians that, refreshingly, they are completely supportive of nurses and health and social care staff. I hope that this will be welcomed right across the health and social care piece.

You gave an outline of the differences in the Belfast Health and Social Care Trust alone. If someone goes to the City Hospital for anything other than chemotherapy or radiotherapy, they are likely to pay £11 for just themselves. If they go for two days of treatment per week for a period of maybe four to six weeks, that adds up to an awful lot, even for the patients.

You qualified that there is support from the RCN. What about the other unions? Were they equally supportive? What did they have to say about the difference that it would make?

Miss Reilly: We have spoken to several unions and will be speaking to another few unions.

Ms Ní Chuilín: OK.

Miss Reilly: One particular union that we will speak to is Unite. I mentioned the organisations that we have engaged with so far, and they were largely supportive. Macmillan was supportive of removing those charges. It mentioned a particular family in Fermanagh who had to travel from Fermanagh to Belfast, filling the car up with diesel. In that case, you have to take into account the wear and tear on the car. That was to travel for cancer treatment consistently for four or five days. Those inconsistencies are definitely there. That family was going from Fermanagh to the Royal in Belfast, which costs £5 per day for parking. If they were to go to the City Hospital, they would incur more than double those charges. That is over five or six days, weekly, which adds up significantly.

Ms Ní Chuilín: There is obviously a need for some small infrastructure to be put into car parks to make sure that people go into the car park and get their ticket and are exempt from paying, but that that system is not abused. That is one of the concerns. The Mater Hospital costs £1 a day and is close to the city centre. Anybody using the Mater car park uses it for health and social care purposes and not for anything else. It is never abused. It is actually too small.

What infrastructure, albeit small, would be needed for each of the trusts to make sure that this is not misused or abused?

Miss Reilly: Car parking charges have been stopped in the North a few times throughout the pandemic. It has been done. It has been shown to be doable.

I refer back to Scotland and Wales. Parking in Scotland and Wales is regulated through the use of automated number plate recognition technology. That helps with the avoidance of abuse, but it is not the only answer. It would be up to the Department of Health to look at that and make a decision.

You mentioned infrastructure. People go to hospital because they have to. Patients go because they are ill, and workers go because they have to work. Our rural patients have no other options. Infrastructure should be improved. There should be an option for people who are capable and able to attend hospital via public transport or by walking and cycling. They should be encouraged to do that. We cannot, however, penalise workers and patients who do not have any option other than travelling by car.

Ms Ní Chuilín: Thank you.

Ms Flynn: Carál touched on one of the issues that I was going to raise. Well, Aisling touched on it in her answer. It was around the consideration of the impact on the environment and whether you would create more congestion by taking away the car parking charges. I am not sure whether you have looked at or considered that.

I want to commend and congratulate you on the fact that you have taken on this PMB from Fra McCann, Aisling, when you have been in post for only a number of weeks.

Miss Reilly: Thank you.

Ms Flynn: It is amazing. There is probably no better time to try to introduce legislation on this. We have just come from the Chamber, where we heard about all the stresses and strains that the health service and its workforce are under. At this time, because of the severe pressure that the health service is under, we could be looking at losing workers and at having an issue with trying to retain and recruit workers. Hopefully, if it is successful, this Bill will give NHS workers a wee bit of hope that there are people who are trying to help and support them.

In your opening remarks, you mentioned that the Bill deals not only with financial burdens but with the mental burden of having to pay those charges — worrying about money, about going to work and about where you will park your car. Thank you for sponsoring the Bill and for your presentation.

You touched on this slightly with Carál: has there been much conversation or feedback about the environmental aspect of the Bill?

Miss Reilly: I go back to what I said. People only go to the hospital because they have to. They have been diagnosed, and they are ill. People will not go to a hospital for any other reason. I touched on the rural aspect before, particularly the example of the family in Fermanagh whom we were told about. They had no other option, and there was nowhere else to get the care that was needed, so they had to travel from Fermanagh to Belfast.

When you go into hospital, you hope that you will be in for a couple of hours, but you could be in for up to a week or two. When you come out and are hit with the charge, it is an additional charge that you did not foresee. It can add up, particularly if you are in the City Hospital. You are 100% right that we are in a workforce crisis, and we could lose workers owing to exorbitant charges for going to work. The Bill would incentivise recruitment and retention of those workers instead of penalising them. Car parking charges are penny wise and pound foolish, because retaining staff would save the Department of Health a considerable amount of money. I am sure that you all saw the social media post by one of the trusts at the weekend that asked:

"Any staff available this evening to work please contact patient flow team".

We cannot ask our health and social care workers to give up their free time, their holidays and time with their families in order to come to work, and then hit them with a car parking charge at the end of it.

Mrs Cameron: Thank you for your attendance at Committee and for raising the subject with us. It is certainly worthy of debate. No one should face excessive car parking charges. I have great sympathy for those who are undergoing treatments and end up paying charges that they would not normally expect to pay, and also for staff members. We know that, during the pandemic, for example, much service happened on a regional basis, and many ICU nurses travelled great distances to facilitate that and to work in the Nightingale. The daily cost of travel, especially with the rise in fuel costs, can be

burdensome and, often, either there are no car parking spaces or staff cannot afford to pay the charges that are levied, and they are forced to travel by bus or to walk to residential areas after long, stressful shifts. I appreciate where you are coming from with this.

I have some concerns about the idea of the Bill, however, and I wonder how you would look at potential abuse, possibly by commuters, that may arise from a free parking system. I think of an example from many years ago, when I was on Antrim Borough Council and the car parking charges were introduced at Antrim Area Hospital. One of the trust's reasons for charging was that the car parking spaces were being taken up by people sharing cars and commuting in order to avoid charges for parking at their place of work in Belfast and that type of thing.

How would your Bill deal with that kind of scenario and ensure that the car parking spaces are available to those who need them most? I also think about people who are disabled or ill and need good access to hospital facilities. How could you ensure that there would be accessible car parking available to them if the car parks were free, effectively, to all?

Miss Reilly: I touched on it before. When you look at parking in Scotland and Wales, you see that it is regulated through the use of automatic number plate recognition technology, which would help to avoid some of that, but it would be for the Department of Health to look into that. You are right: there are staff who may have to look outside the hospital and have to walk through the night to get to work, but it is for the Department of Health to look at that and to see what other provisions, such as additional car parks, it could bring in.

Mrs Cameron: What consideration was given to targeting the Bill at certain hotspots or sites where the impact of car parking charges is more acute? Would that present better value for money?

Miss Reilly: We did not look at that, but I will certainly take note of it and get back to you in writing.

Mrs Erskine: Thank you, Aisling, for coming to the Committee. We are newbies. I look forward to working with you, and I welcome you to the Assembly.

I agree with some of the things that you said in relation to staff. Coming from a rural area, as I do, I know how important this is for people who have to travel for appointments, for instance, and, particularly, for staff. However, I have reservations about some of the financial aspects of the Bill for trusts. We see that there were £7.5 million of charges in 2018-19, and that the Department of Health is still picking up the difference of £1.3 million. If we were to take on another £7 million, what would it mean for our Health Department and budgets? Where would that £7 million to deal with the charges come from?

Miss Reilly: I touched on it earlier. It would be for the Department of Health to look at that, to budget for it and to set money aside. It is not for the workers to pick up that additional tax. It is not for the patients to pay to go to hospital, nor is it for their families to pick up that tab when visiting them. The Executive have been prioritising Health in their Budget, and, as I said, a budget should be set aside, as has been done in Scotland and Wales. They have seen the importance of free hospital car parking and of how it touches on the workforce. Parking charges are a lost income for many hard-pressed workers. We have to create better working conditions for the workers and to show them that they are valued. That should be a priority for all of us. Applause for our health workers is not enough; putting that money back into their pockets should be. It would be for the Department of Health to look into that and to set aside a budget for the car parking charges.

Mrs Erskine: Thank you. Would a review of available concessions, for instance, and the potential for capping charges be a more reasonable way forward? That would allow receipts to continue to support critical health services.

Miss Reilly: As I said, there are some concessionary charges for cancer patients, but it seems to be just for them. There are others with long-term illnesses who might not be able to use the infrastructure or public transport to get to the hospital. Sorry, will you repeat your question?

Mrs Erskine: Should we look at widening out the concessions for cancer patients, for instance, that you mentioned, to others who have to go for regular blood tests, and things like that, rather than have a blanket approach? It follows on from my previous question about how much money we are looking at.

Miss Reilly: I will take note of that, take it back, and look at concessions for other illnesses. However, the Bill aims to make car parking free for workers, patients and families. I am not aware of any other concessionary rates, but I can take note, look at it and let you know in writing if there are.

Mrs Erskine: OK. May I ask another question?

The Chairperson (Mr Gildernew): Go ahead.

Mrs Erskine: You talked about retention and recruitment of staff, which is obviously really important, because, if we keep our staff and help them, ultimately, that will help our health service. Do we know whether parking charges are a real barrier to recruitment and retention, particularly when you look at the geographical spread of the charges that you mentioned? Are nurses or healthcare staff saying that that is preventing them from working in one particular trust when compared with another?

Ms Catherine Kelly (Sinn Féin): Macmillan informed us that it was aware of workers who had left their employment and gone into other fields because of bills at the end of the month. I assume that their car parking charges were part of that consideration.

Miss Reilly: The Royal College of Nursing also said that the charges were really impacting on their members.

Mrs Erskine: OK. Thank you.

Mr Chambers: I have total sympathy with the predicament of staff in having to pay for parking. I can see how the logistics could be managed to facilitate staff to have free parking, but I have a couple of questions about a free-for-all, as it were.

Carál mentioned the potential abuse by commuters deciding that somewhere like the Royal Victoria Hospital suits them to walk on down into the city centre to their work and avoid having to pay for parking in the city centre. My experience of hospital car parks is probably restricted to the Royal Victoria Hospital and the Ulster Hospital, where you routinely expect to sit in a queue in the morning. It can be 30 minutes before you get into the car park, and you are willing cars to come out, because you know that, if one comes out, one can go in, and you are that bit closer to getting into the car park. If there was abuse of the car parks, what logistics could be put in place to ensure that only those who are entitled to use the hospital car park would use it?

The other thing about free car parking is to do with turnaround. With town centres that have car parking charges, the idea is to facilitate a turnaround so that nobody will park for three or four hours and take up a valuable car parking space. If hospital car parks were free in a large complex like the Royal, there would be no incentive for a couple of family members attending an outpatients clinic to leave the hospital grounds quickly. They might go and have a cup of coffee or have lunch or something in the hospital cafeteria rather than thinking, "We better get out to our car here because our hour is running out". You need to create that turnaround to create spaces. What would you do to encourage that timely turnaround to get people off the site?

If car parking was free, and there was a slight amount of abuse or a great amount of abuse, along with that scenario that I talked about of people not leaving the hospital in as timely a fashion as they could, do you think that it could have an adverse effect on the routine of outpatient clinics and that people would routinely turn up late for appointments and disrupt the routine of that department? I have lost count of the number of times that I have had to apologise to staff in the outpatient clinic for being 10 or 15 minutes late for an appointment because I have not been able to get parked. Do you feel that there could be a knock-on impact from that?

Deborah mentioned the loss of income. I think that the figure was £7 million. Obviously, the Health Department would have to pick that up. It does put a little pressure on the Department of Health's budget, but it is not a major impact in the grand scheme of things. I am sure that it could be overcome.

As I said, I am sympathetic to the staff. However, I have some reservations and concerns about a free-for-all system.

Miss Reilly: First, I think that your main question was about the abuse of car parking. As I mentioned a couple of times, there is the automatic number plate recognition technology. I am sure that it is not

the only system that can be used. We could certainly look at what Scotland and Wales are doing to regulate that. Glasgow, Edinburgh and Cardiff are much bigger cities than ours, and they are coping fine.

Mr Chambers: Do we know how they cope with it?

Miss Reilly: It is through the number plate recognition technology.

Ms Kelly: The Scottish and Welsh report very low levels of parking abuse. It may be worth looking at how they are managing that.

Mr Chambers: How does that number plate recognition technology work? Do you have to forewarn the hospital that you are coming and give your vehicle registration number, say, the day before your appointment or you visit a patient?

Miss Reilly: We can certainly look into exactly how that works. It could be a four-hour or six-hour turnaround. We can certainly look into the mechanisms that they have in place at the minute in those bigger cities; much bigger cities than Belfast. We are not just talking about Belfast — we are talking about areas across the five trusts — but you referred to Belfast, particularly. We can certainly go back and see whether it is two or three hours, and how exactly they regulate that. I will take note of that, and we will have a look at it.

You mentioned the £7 million. At the minute, the car parks in Belfast are run by PFI schemes. That was the case in Scotland and Wales, and they were able to buy them out or to let them run out naturally. The private companies are actually regulating the car parks. They are the ones that are taking in the money. It would really be for the Department of Health to set aside the budget. Ultimately, if it is £7 million, when you think about retention of your workforce and, potentially, big recruitment drives, £7 million is a fairly small price.

Mr Chambers: How would you encourage people to leave the hospital complex in a timely fashion when they finish their formal business in the hospital? If there were free car parking, even with number plate recognition, what would stop people saying, "Look, let's go down to the shops. Sure we're parked here, and it's free. We'll come back to our car in two hours. Nobody will notice. Let's go down to the local supermarket"? How could that be managed?

Miss Reilly: That will tie back in with looking at what is being done in those bigger cities in Scotland and Wales, and how they are regulating that. It could be the case that the number plate recognition has a turnaround of four hours. We will go back and look at that to see exactly how it is being regulated in the bigger cities. Hopefully, we can adopt it here in Belfast and across the five trusts throughout the North.

Mr Chambers: Thanks, Aisling.

Mrs Cameron: I have another quick question for you. I want to check whether the scope of the Bill would extend beyond hospitals to other services.

Miss Reilly: The Bill's intent is entirely to abolish hospital car parking charges.

Mrs Cameron: Will that scope be fairly tight and could not extend to other services?

Miss Reilly: No. It is specifically for hospital car parking charges.

The Chairperson (Mr Gildernew): I am not sure whether you will have an answer to this question, Aisling, and it is perfectly fine to come back on it: are there any PFI implications? You mentioned in your introduction that Scotland, I think, brought PFI schemes to an end. Do we have some of those in place here?

Miss Reilly: Yes, we do. Most of our hospitals are PFI-regulated. I mentioned that it was the same in Scotland and Wales. Scotland abolished car parking charges in 2008, but the PFI schemes just finished in 2021, so parking is now completely free from 2021. They looked at buying out those PFI schemes or letting them run out naturally, which then would have no further cost.

The Chairperson (Mr Gildernew): OK. Thank you. I do not see any other indications from members. I think that, for now, those are all the members' questions on the principles of the Bill. We will continue to scrutinise it as it makes its way through the various stages. Do you or Catherine want to make any closing remarks?

Miss Reilly: No. I think that I have covered everything. Thank you very much for your questions. I will certainly go back and look at the ones that were raised. I will get back to you on them. Thank you very much.

Ms Ní Chuilín: Thanks, Catherine and Aisling.

The Chairperson (Mr Gildernew): Thank you for attending the Committee and providing us with that information.