



Northern Ireland  
Assembly

## Research and Information Service Bill Paper

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# Hospital Parking Charges Bill

**NIAR 259-21**

This paper has been prepared to inform the consideration of the Hospital Parking Charges Bill. The Bill was introduced as a Private Members Bill in the Northern Ireland Assembly on 18 October 2021. Its main policy objective is to abolish hospital car parking charges across public Health and Social Care hospital sites in Northern Ireland for patients, staff and visitors.



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## Key Points

- Research indicates that 12 out of 35 public hospital sites in Northern Ireland charge for car parking. These charges differ across Health and Social Care (HSC) Trusts.
- The effective management of car parking at hospital sites also affects wider issues concerning traffic management, the environment, health and wellbeing, and sustainability.
- Several hospitals sites in Northern Ireland do not have the capacity for all staff nor patients and visitors to park on site - especially at peak times, or, in larger, more specialised hospitals. This can result in stress for patients, visitors and staff alike. It can also result in patients missing or arriving late to appointments; thus impacting their health, leading to poor patient experience, and costs for the health service.
- Current Department of Health policy enables each of the five HSC Trusts to determine their own car parking tariffs. Any surplus monies, if accrued, can be reinvested in patient services.
- Data from 2018/19 shows that the income generated from car parking charges was £7.5m but the cost of operating them was £8.8m - a deficit of £1.3m. This deficit was charged to the various HSC Trusts; monies which would otherwise have gone directly on patient care or services.
- Car parking provision is hampered by a limited capital budget, planning conditions and the restricted space to expand or develop new parking - particularly in urban sites. Likewise, there are many initiatives underway that encourage both staff and the public to take alternative forms of transport to hospital, where appropriate.
- Charging for car parking has a number of pros and cons. One of the key advantages is that it creates “churn” or turnover of spaces, so that people do not use spaces inappropriately and in doing so, provides a means to control the finite capacity to facilitate public access to healthcare facilities. A main drawback is the financial implications this has on staff, patients, and visitors.
- Patients and visitors pay a parking tariff based on set time parameters. A number of exemptions are also in place for certain patient treatments. Discretion is also applied for patients/relatives who are required to attend hospital for a variety of other reasons. Travel costs can also be reimbursed for patients on low incomes who are eligible through the Hospital Travel Costs Scheme.
- Some hospital also require staff to pay for parking. Those staff who are eligible can apply for staff car parking permits, where they are charged a fee which is deducted from their salary. However, these fees can vary. For example, in the Belfast HSC Trust, car parking charges at the Royal Victoria Hospital range from £10.34 to £19.65 per month for full time staff, depending on the hours worked and the car park that they use. Full time staff at Belfast City Hospital pay £6.50 per month.

- Due to high demand, not all staff who apply for a parking permit will receive one. Those who do not can be placed on a waiting list. In the interim, they may need to source alternative parking – such as hospital car parks for patients and visitors, free to use off-site staff parking areas or on nearby streets; or indeed, seek another means of getting to work, like public transport, car sharing schemes, cycling and so forth.
- Staff who are unable to park in staff allocated spaces (for whatever reason) and who choose to park in main hospital car parks for the duration of their shift are charged the same rates as patients/visitors. This can result in mounting costs and can also inadvertently reduce space for patients and visitors.
- During the pandemic, the Minister for Health temporarily ceased car parking charges for staff in recognition of their contribution to the health service during extremely difficult circumstances. Free public transport was also in place for HSC staff. When hospital car parking charges resumed for staff in September 2021, the rationale was linked to patient and visitors not being able to access onsite parking, thus missing or being delayed for their appointments.
- Elsewhere in the UK, car parking charges have been abolished in Wales and Scotland. Like NI, charges are still in place in England. Alternative parking management solutions are also being implemented in other jurisdictions, such as Automatic Number Plate Recognition. However, there is limited information about how effective these have been at controlling the management of spaces, congestion and the cost implications (such as any capital investment required).
- The Hospital Parking Charges Bill proposes that car parking charges should be abolished for patients, staff and visitors at public hospital sites in Northern Ireland. An online consultation on the Bill's proposals in 2021 received over 800 respondents, with indications that many were from staff union or patient groups. Most were in favour of abolishing charges.
- If enacted, the Bill raises several questions. What alternative will be used to manage car parking to ensure there is adequate churn of spaces, and what are the likely costs to do so? From an environmental and healthy lifestyle perspective, does this encourage rather than detract people from using their car and possibly increase congestion and parking problems, especially in high demand sites? Without charges or some sort of controlled parking, who will pay for the upkeep (maintenance of surface, security, lighting etc) of hospital car parks and fund the free to use off-site staff parking locations? Revenue raised from charges offset much of these costs in the past. In addition, car parking running costs that were not met had to be paid for from HSC Trusts' own budgets which would have otherwise gone on patient care. It is not known if any new potential solution, should charges be abolished, also come from HSC budgets or elsewhere.

# 1 Introduction

The Hospital Parking Charges Bill<sup>1</sup> is a Private Members Bill. It was introduced by Fra McCann, MLA. Following the Member's recent retirement, the Bills sponsorship was transferred to Aisling Reilly, MLA.

The Bill has a single policy objective: to prohibit the Health and Social Care (HSC) sector from charging for car parking at public hospital sites in Northern Ireland (NI). If enacted, this would enable free parking for staff, patients and visitors. However, it also raises important questions such as what alternative arrangements would be put in place to manage and control spaces in hospitals car parks, should such charges be abolished. In addition, there are issues around what costs any alternatives would be to manage the sites, where this money would come from; and the potential to adversely impact behaviour away from more active or sustainable forms of transport.

## 2 Background

In Northern Ireland, charging for car parking at hospital sites is currently permitted under the income generation initiative of Article 3(2) of the Health and Medicines (NI) Order 1988.<sup>1</sup>

### 2.1 What costs are associated with car parking on hospital sites?

The costs associated with providing car parking facilities at hospital sites include but are not limited to: lighting, cameras, barriers, ticketing machines, additional staffing, administration, enforcement for clamping and charge notices, security (CCTV or patrols), as well as management, upkeep and maintenance – such as road surfaces and signs.

### 2.2 Policy and Guidance

Following a regional review, the Department of Health (NI) published guidance in 2008<sup>2</sup> and subsequent policy in 2012<sup>3</sup> on hospital car parking provision and management across NI.

The policy permits each of the five HSC Trusts to determine their own car parking regulations, reflecting their individual circumstances at each hospital facility.<sup>4</sup> It also suggests that:

- Charging should be on a full cost recovery basis, so that any expenses for providing car parking can be recouped.

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<sup>1</sup> <https://www.legislation.gov.uk/nisi/1988/2249/article/3>

<sup>2</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/covering-letter-hsc-car-parking-provision-and-management-guidance.pdf>

<sup>3</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/car-parking-provision.pdf>

<sup>4</sup> See for example <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-car-parking-provision-and-management-guidance.pdf>

- In the event of any surplus income generated from charges, this should be reinvested in patient services.
- Parking supply and demand varies across hospital sites in NI, depending on location. At several sites there has been insufficient patient parking spaces to meet current patient and visiting capacity.
- Health Estates have had to make the best use of the sites available. This is hampered by a limited capital budget and the restricted space to expand or develop new parking in some sites.
- Trusts should ensure a reasonable allocation of spaces for staff, whilst balancing the needs of patients and visitors. Charges for staff should be standardised across Trusts if possible.<sup>5</sup>
- Action plans should be developed in relation to Healthy Transport Plans to manage demand for parking spaces more effectively. This must be an integral part of wider travel planning requirements.

Since the policy was published, several initiatives are in place to encourage patients, visitors and staff (where appropriate) to use alternative ways to travel to the hospital if possible - in order to help reduce spaces such as on foot, by public transport, taxis, Translink's Park and Ride, and other schemes like car-pool sharing and cycle to work schemes for staff.

### 3 How many hospitals charge for parking in Northern Ireland?

Research indicates that of the 34 public hospital sites in Northern Ireland, 12 (35%) had a fee for accessing parking.<sup>6</sup> However, different pricing structures for hospital car parking facilities are in place across HSC Trusts, and sometimes within Trusts – like the Belfast HSC Trust. Charges are also broken down into different time limits, which are also not standardised across HSC Trusts. According to NHS England, implementing hourly tariffs is likely to result in a higher turnover of parking spaces;<sup>7</sup> yet in Northern Ireland, some hospitals use various ranges such as 1- 4 hours, 2-4 hours, 6-8 hours, and so forth.

The following tables illustrate the charges in place for car parking for the general public across several HSC Trusts.<sup>8</sup>

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<sup>5</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/car-parking-provision.pdf> p7.

<sup>6</sup> Denny, S. (2020) NI Assembly Research Paper. Abolition of hospital car parking charges NIAR-372-2020 (unpublished).

<sup>7</sup> <https://www.england.nhs.uk/wp-content/uploads/2021/05/HTM0703NovemberUpdated.pdf> p8.

<sup>8</sup> Please note, staff can also incur these charges if they park on these hospital sites and do not - or can not avail of staff parking

**Belfast HSC Trust – car parking charges**

Royal Victoria Hospital <sup>9</sup>	Belfast City Hospital <sup>10</sup>	Mater Hospital <sup>11</sup>
One hour: £1.60 Four hours: £2.50 Six to 24 hours: £5	1 Hour £1.10 2 Hours £1.70 3 Hours £2.30 4 Hours £2.80 5 Hours £5 6 Hours £8.30 24 Hours £11	£1 per day

**South Eastern HSC Trust - car parking charges**

Ulster Hospital <sup>12</sup>	Ards Community Hospital <sup>13</sup>
1-4 Hours £1.80 4-6 hours £2.50 6-8 hours £3.50 8-24 hours £4.50 Lost Ticket £6.00	First 30 minutes – no charge Up to 1 hour £1 1-4 hours £1.80 4-6 hours £2.50 6-8 hours £3.50 £8-24 hours £4.50 Lost ticket £6.00

**Western HSC Trust: for example, Altnagelvin and SWAH<sup>14</sup> – car parking charges**

1 hour £1 2 hours £1.80 3 hours £2.60 4 hours £3.40 5 hours £4.00 6 hours £4.80 Up to 8 hours £5.60 Over 8 hours £6.40 Lost tickets charged a full daily rate
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**Northern HSC Trust: Antrim and Causeway<sup>15</sup> – car parking charges**

Free 15 minute drop off/pick up 1 hour £1.30 1-2 hours £1.90 2-3 hours £2.30 3-4 hours £2.50 4-5 hours £3.00 5-6 hours £3.50 6-8 hours £4.00
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<sup>9</sup> <https://www.irishtimes.com/life-and-style/health-family/what-does-it-cost-to-use-your-local-hospital-car-park-1.4186802>

<sup>10</sup> Belfast City hospital has a 'planning restriction' in place to discourage extended/all day parking which is why its rates are higher than the other two Belfast hospitals sites listed. <https://www.parkme.com/en-gb/lot/211713/belfast-health-and-social-care-trust-belfast-16-uk>

<sup>11</sup> <https://www.belfasttelegraph.co.uk/news/health/northern-ireland-hospital-parking-raises-155m-including-28m-from-nhs-staff-38908775.html>

<sup>12</sup> <https://setrust.hscni.net/our-hospitals/ulsterhospital/car-parking/>

<sup>13</sup> <https://setrust.hscni.net/our-hospitals/ards-community-hospital/00>

<sup>14</sup> <https://westerntrust.hscni.net/hospitals/car-parking/>

<sup>15</sup> <http://www.northerntrust.hscni.net/hospitals/causeway-hospital/car-parking/>



### Southern HSC Trust: Craigavon and Daisy Hill<sup>16</sup> – car parking charges

Up to 70 minutes	£0.40
70 mins - 2 hours	£2.00
2-4 hours	£2.60
4-6 hours	£3.00
6-8 hours	£4.20
8-24 hours	£5.40
Lost ticket	£6.00

Staff with parking permits are charged different rates than those for patients or visitors (see section 3.3 for further information).

It is also noteworthy that staff who do not have a staff parking permit, or who are unable to park in staff spaces (for whatever reason) and who choose to park in the main car parks, will also incur the same charges that apply for patients and visitors. This can also inadvertently mean that patient spaces are being filled up early by staff vehicles in some hospital sites.

### 3.1 Patient and visitor exemptions

There are also number of exemptions set out in departmental policy that facilitate free hospital parking for patients (and in some cases their relatives). This includes patients requiring certain types of treatments or with specific conditions.<sup>17</sup> Trusts are also able to exercise their discretion where the duration or frequency of visits would create significant or burdensome charges.

For illustrative purposes, one of the most frequently used and high demand hospital sites is the Royal Victoria Hospital in the Belfast HSC Trust. Their website has published the following exemptions for car parking charges as follows:

*Patients with specific acute conditions who are required to attend the hospital on a regular basis will be entitled to free parking on site during their period of treatment. Those who think they are eligible are asked to contact the ward sister / nurse in charge.<sup>18</sup> Free car parking will be provided to those who meet the following eligibility criteria:*

<sup>16</sup> <https://southerntrust.hscni.net/our-hospitals/daisy-hill-hospital/parking-at-daisy-hill/>

<sup>17</sup> See for example Belfast HST Trust <https://belfasttrust.hscni.net/hospitals/rvh/getting-there/>

<sup>18</sup> Patients will be issued with a swipe card to park in an assigned car park, but must pay their original ticket in the visitors' car park before leaving or moving their vehicle. This swipe card can be used in the car park for the duration of the patient's stay in hospital.

	Patient	Next of kin / partner	Relative	Visitor
<b>Radiotherapy or chemotherapy</b>	Yes	Yes, if transporting patient	Yes, if transporting patient	No
<b>Renal dialysis</b>	Yes	Yes, if transporting patient	Yes, if transporting patient	No
<b>Critical care / high dependency</b>	Not applicable	Yes	Discretionary	Discretionary

The Royal Victoria Hospital website also states that staff discretion will be used to apply the eligibility criteria in other situations where significant charges could be incurred, such as:

- A patient who has a number of outpatient appointments over an extended period
- A patient who may benefit from lengthy or frequent visits from relatives or friends to help adjust to a new environment
- A patient outside the prescribed treatment categories who makes lengthy and/or frequent visits for treatment
- Relatives who are spending a lot of time with a very sick or dying relative
- Parents or guardians who are staying with their sick child or baby
- Husbands or partners of women in labour.<sup>19</sup>

### 3.2 Additional financial support for those on low incomes

Additional financial help may also be available from the Hospital Travel Costs Scheme<sup>20</sup> for people who are on a low income.<sup>21</sup> The scheme covers patients who travel by public transport or by car. Those who can claim include those in receipt of:

- Income Support
- Jobseeker's Allowance (income-based)
- Employment and Support Allowance (income-related)
- Guarantee Pension Credit
- Universal Credit

People may also qualify for help, depending on their income level, if they are in receipt of either:

- Child Tax Credit (with or without Working Tax Credit)
- Working Tax Credit with the disability element or severe disability element.

<sup>19</sup> <https://belfasttrust.hscni.net/hospitals/rvh/getting-there/>

<sup>20</sup> <https://www.nidirect.gov.uk/articles/hospital-travel-costs-scheme>

<sup>21</sup> <https://belfasttrust.hscni.net/hospitals/rvh/getting-there/>

Travel claims can be backdated for up to three months after the date of travel. Likewise, if an adult or a dependent child has to travel with a patient for medical reasons, their travel costs can also be reimbursed.<sup>22</sup>

### 3.3 Charges for Staff

Several hospital sites also charge their staff a tariff for car parking. In those cases, staff can apply for a parking permit. If granted, the fee for parking will be deducted from the staff member's salary. Charges are set at a local level by Trusts and these charges are lower than those levied on the public. Of note is that staff are having part of their mode of travel by car subsidized, and this is not available to staff who perhaps cannot afford a car, or those who travel by more sustainable ways.

However, not all staff who need a permit will have access to one, and those who do not are placed on a (sometimes lengthy) waiting list. This can mean that staff have to find an alternative means of parking or traveling to work. Alternative parking whereby staff use other car parks such as those in use for patients and visitors are charged at public rates which can incur larger costs for staff employees over time.

There are fees associated with staff car parking permits. For example, in the Belfast HSC Trust at the Royal Victoria Hospital, the car parking charges for full time staff range from £10.34 to £19.65 per month - depending on the hours worked and the car park that they use. In Belfast City Hospital, full time staff pay £6.50 per month and staff who work less than 30 hours pay £3.25 per month.

Proposals for a new pricing model based on a points system for staff who require permit parking is currently under development at the Belfast HSC Trust.

### 3.4 The Covid-19 pandemic and staff car parking

In March 2020, the Minister for Health, Robin Swann, announced that charges for staff hospital car parking would temporarily cease in recognition of the contribution staff were making in very difficult circumstances in the Covid-19 pandemic.<sup>23</sup> Also in March 2020, the Minister for Infrastructure, Nicola Mallon, took the decision to make public transport free for all health and social care workers in recognition of the tireless and vital work they were undertaking. This expired at the end of August 2021.<sup>24</sup>

Three periods of free parking were provided for staff in relation to car parking. The first was between April-June 2020; then between October 2020-March 2021, and finally April 2021-August 2021.<sup>25</sup> The total cost of waiving the tariff for staff car parking during

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<sup>22</sup> <https://www.nidirect.gov.uk/articles/hospital-travel-costs-scheme>

<sup>23</sup> <https://www.bbc.com/news/uk-northern-ireland-58570838>

<sup>24</sup> <https://www.northernireland.gov.uk/news/minister-confirms-extension-free-public-transport-healthcare-workers-scheme-31-august-2021>

<sup>25</sup> <https://www.health-ni.gov.uk/news/hsc-staff-car-parking-resume-normal-service>

those times was £6.5m. The Department of Health advised that this money was provided from specific HSC Covid funding resources.<sup>26</sup>

When hospital care parking charges resumed for staff, the rationale was linked to patient and visitors not being able to access car parking, thus missing or getting delayed for their appointments, because spaces were being filled up with staff vehicles. As stated by the Department of Health:

*“Car parking is at a premium on several hospital sites across Northern Ireland, causing accessibility issues for patients and visitors. This is impacting on patient appointments and visiting sessions because of the lengthy queues forming to gain access to our hospitals. It will therefore be necessary to return to the normal charging regime to preserve parking spaces for patients.”<sup>27</sup>*

However, staff representative groups such as UNISON who have called on staff charges to be abolished, were disappointed by the outcome and felt that it was an unfair charge on staff working throughout the pandemic.<sup>28</sup>

### 3.5 Income generated from the charges and possible impact if charging is stopped

In response to an Assembly Question<sup>29</sup> the Minister for Health stated that during 2018-2019, hospital car parks generated £7.5m from charges, but that the cost of operating the car parks was £8.8m - a deficit of £1.3m.<sup>30</sup> As costs were not fully recovered, no surplus monies were generated for reinvestment in patient services. Instead, the deficit of £1.3m was charged to the various HSC Trusts.

During 2019-2020, a slightly higher figure of £7.9 million in fees were raised for car parking charges.<sup>31</sup> It is not known if those costs were fully recovered.

In response to another Assembly Question on whether the Minister for Health was likely to review hospital car parking charges, the response stated:<sup>32</sup>

*“Whilst I accept that the implementation of car parking arrangements continues to involve difficult choices and decisions, if charging were to stop, the revenue raised to meet the cost of the provision and maintenance of car parking would similarly cease, ultimately reducing the amount of money I would have available to fund patient care. Charging for car parking on some hospital sites where space is limited is also be an effective mechanism to creating churn in the utilisations of spaces, which helps to ensure that spaces are available for patients and visitors. I therefore have no plans to review my Department’s policy on car parking charges at this time.”*

<sup>26</sup> Ibid

<sup>27</sup> Ibid

<sup>28</sup> <https://www.unison-ni.org.uk/free-public-transport-healthcare-workers-ending-31082021>

<sup>29</sup> Northern Ireland Assembly, AQW 217/17-22 [Car parking], 25 February 2020

<sup>30</sup> <https://www.bbc.com/news/uk-northern-ireland-58570838>

<sup>31</sup> Northern Ireland Assembly, AQW 5106/17-22 [Car parking], 1 July 2020

<http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=303233>

<sup>32</sup> <http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=293377>

## 4 Advantages and disadvantages of car parking charges

There are several potential benefits and limitations from the administration of car parking charges, and this is often a controversial issue. Some of the benefits of charging cited in the literature include:

- Charging enables the HSC Trusts to control on-site vehicle activity to help facilitate those invited to attend an appointment to access a space.
- Charging and setting time limits also enables the “churn” or turnover of parking spaces - especially in congested sites where demand for parking is high. Charging is also a way to reduce or deter people from abusing or using the car park for other purposes (such as for commuting), or parking inappropriately – e.g. in disabled spaces. Hospital sites in densely populated areas such as Belfast, where often patients across Northern Ireland will travel for specialist or regional care, would have high demand and limited parking spaces both for staff and patients. This could inevitably be exacerbated if spaces were free and people felt they could stay longer. This could have the effect of:
  - Forcing patients to park precariously for example on grass verges or on streets nearby, thus impacting on local residential areas. Walking to hospital may not be ideal or possible for patients with certain conditions or disabilities.
  - Patients missing appointments/not attending - leading to costs or wasted resources for hospitals, and stress and possible implications for patient health if treatment is delayed, especially for those urgent care needs or time critical appointments.
- Managing car parking also brings a security presence which can make people feel safer and reduce potential car related crime.
- Charging also nudges behaviour to encourage people to use more environmentally friendly and possibly healthier alternatives like public transport or walking – especially in congested urban sites.
- Exemptions and reimbursements are in place to facilitate a fairer charging system.
- It facilitates employment for those managing the services and acts as a way to pay for re-investing in car parking infrastructure. If charges were removed- where does the money come from for car park to control spaces - for example upkeep, administering penalties for cars that park when there are no spaces, or enforcement of those who park in disabled spaces?

Hence, managing car parks through charging processes could also be seen as adding to a better service experience for patients, even if there is a fee.

Some of the disadvantages of having car parking charges cited include:

- Costs for parking for staff, patients and visitors, especially for those who are on lower incomes.
- Impact on staff wages – seen as a reduction in pay, and possible implications for staff retention or employment.
- Added stress that also can lead to fines if patients or staff cannot access adequate spaces.
- Impact on those in rural areas who may not have the same access to public transport.
- Inconsistencies in charges – higher in some areas than others.

## 5 What is happening in the rest of the UK?

Most hospital car parking charges were abolished in Wales and Scotland in 2008 – with the last few hospitals that were using Private Finance Initiatives (PFI) in Scotland being set to end<sup>33</sup> (please note, few if any PFIs currently exist in NI). The new Scottish Government has also pledged to end hospital parking charges permanently at the PFI hospital sites in Scotland during its first 100 days. Like NI, England still charges for hospital parking, and further details can be found in the literature elsewhere.<sup>34</sup>

Although charges have been abolished in Wales and Scotland, hospitals are still having to manage for example, churn and abuse of spaces (for example, by issuing fines for users who park for more than 4 hours),<sup>35</sup> maintenance, and security.

Some hospitals are also investing in more advanced technology to manage car parking. For example, the King George Hospital in England is operated by automatic number plate recognition (ANPR).<sup>36</sup> This technology “reads” vehicle registration plates.<sup>37</sup> There are no entrance or exit barriers and no paper ticket is collected. Instead, installed cameras record the registration plate of each car entering and exiting. Before leaving the hospital, the person must enter their vehicle registration at the payment machine, which will then indicate the amount to be paid. If a person leaves without paying, a penalty charge will be issued.

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<sup>33</sup> PFIs are private companies that manage the car parking site via a contract See <https://www.gov.scot/news/hospital-pfi-car-parks-in-glasgow-and-dundee-bought-out/>

<sup>34</sup> <https://commonslibrary.parliament.uk/research-briefings/cbp-8912/>

<sup>35</sup> See for example <https://www.nhsggc.org.uk/patients-and-visitors/transport-travel-and-parking/parking/frequently-asked-questions/>

<sup>36</sup> See <https://www.bhrhospitals.nhs.uk/king-george-hospital/>

<sup>37</sup> <https://www.smartparking.com/smartpark-system/anpr>

## 6 Hospital Parking Charges Bill

The next section of this paper focuses on the Hospital Parking Charges Bill.

In establishing the Bills scope, a consultation exercise was undertaken by the initial Bill Sponsor which ran from January to March 2021. The Bill received more than 800 responses. Details of the responses are not publicly available.<sup>38</sup>

At a recent meeting of the Committee for Health, the new Bill sponsor informed Members that the majority of respondents were in favour of the removal of hospital car parking charges.<sup>39</sup> Evidence from the meeting would suggest that individuals, patient representative bodies, charities and staff unions were amongst many of the respondents. The member also noted that:

*“...workers are overworked and underpaid and face an additional tax with car parking charges...some workers are paying £60 plus a week in hospital car parking charges<sup>40</sup>...patients who are sick should not be further burdened with car parking charges.”*

When asked how to ensure that car parking sites would still be effectively managed, and where would the money come from, the Member stated that that would be for the Department of Health to look into further, and to set money aside and budget for.<sup>41</sup>

The objectives of the Bill are that:

- Free parking at hospitals will reduce the burden on patients and visitors who are already impacted by the experience of ill health.
- There will be a reduction in the financial burden on healthcare hospital workers, many of whom the Member notes are underpaid.
- Abolishing charges will promote equality of access for rural patients and workers who may not have the same access to public transport.

### 6.1 Clauses

The Bill has 3 clauses and no schedules. Each clause is as follows:

Clause 1 inserts a new article (Article 3A) into the Health and Medicines (Northern Ireland) Order 1988. Article 3A prevents the Department, a Health and Social Care Trust, and other health service bodies from imposing charges for car parking by workers, patients and visitors to hospitals. Health services must still provide parking

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<sup>38</sup> Personal correspondence with author and Bill Office.

<sup>39</sup> NI Assembly Committee for Health 16 November 2021 <https://niassembly.tv/committee-for-health-meeting-tuesday-16-november-2021/>

<sup>40</sup> Please note, this is not for staff with a parking permit, rather staff that use spaces in the main hospital car park that the public use, or meter parking elsewhere.

<sup>41</sup> NI Assembly Committee for Health 16 November 2021 <https://niassembly.tv/committee-for-health-meeting-tuesday-16-november-2021/>

facilities at hospitals to the extent they would otherwise consider necessary or appropriate.

Clause 2 Commencement: this clause provides for the Bill to come into force six months after Royal Assent.

Clause 3 contains the short title of the Bill.

## 6.2 Financial Implications

As previously highlighted in this paper, data in the Explanatory and Financial Memorandum (EFM) for the Bill notes the costs generated for car parking charges in 2018-19 of £7.5m, but that a £1.3m deficit existed in order for costs to be recovered.<sup>42</sup>

The EFM also acknowledges the Department of Health will have some potential longer-term costs to consider:

*The Department will therefore have to take account of this in the event of the Bill's passing. The period of six months before commencement of its provisions is designed to provide adequate notice to prepare for this. The Member believes that the arrangements for sustainable public travel, staff car parking and systems to manage demand will contain potential costs in the longer term. The Member believes that it is not anticipated that the Bill will give rise to any significant additional expenditure outside of this direct cost.*

However, there is no analysis of the cost implications for alternative solutions should the charges be abolished for free parking/free controlled parking. Indeed, there would still need to be some sort of management service or oversight to ensure appropriate use of spaces. There would also still be maintenance fees for the upkeep of car parks which is currently generated through charging. It is also of note that if charges were abolished, would HSC monies designed for patient care need to be redirected for this?

## 7. Conclusion

This paper has considered the Hospital Parking Charges Bill in the context of the current charges for patients, visitors, and staff. Charging for parking at hospital sites is an important issue that impacts not only on health policy, but other policy areas, such as the environment and infrastructure. A key aspect of this paper concerns the control of car parking spaces to ensure patients get access to hospital when they need it. However, many hospitals do not have enough car parking capacity, which can lead to congestion, missed appointments, and costs to the health service. Moreover, it remains a challenge to balance fairness to both patients and staff, whilst crucially, making sure that facilities are managed effectively, and that spaces are available. This must also be considered within the constrained resources of the healthcare system, and the impact

<sup>42</sup> <http://www.niassembly.gov.uk/assembly-business/legislation/2017-2022-mandate/non-executive-bill-proposals/hospital-parking-charges-bill/efm--as-introduced/>



that abolishing charges may potentially have on encouraging, rather than reducing people from travelling by car. What is evident is that further research is needed as to what is working, or not working in nearby jurisdictions which have abolished charges - in terms of the alternative approaches taken and the potential costs that could be incurred.