

Hospital Parking Survey
Report

December 2014

your
voice
counts

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Introduction

Healthwatch Cumbria (HWC) received intelligence from the public relating to concerns about car parking at both Cumberland Infirmary Carlisle (CIC) and West Cumberland Hospital (WCH). To further investigate this issue HWC established a Task and Finish Group comprising of individuals from North and West Cumbria, and included user group representation. Task and Finish group have met on six occasions to identify key issues. Meetings were held in Carlisle office and the May was held at the West Cumberland Hospital, so that all could see at first-hand the layout of the hospital parking. Two meetings were held with senior Trust staff where it was established that they were fully aware of the concerns.

By September the Task and Finish Group noted that very few of their questions regarding patient flow statistics could be answered by the Trust. In November Healthwatch Cumbria designed a short survey which would examine both the logistical and resultant emotional impacts on visitors to the hospitals to provide some 'snap shot' data of the current situation at both CIC and WCH in the absence of Trust data.

Recommendations are given throughout this report with further evidence given in the form of individual case studies.

A full list of comments from those completing the survey can be found on HWC website.

Note: Where 'visitors' are referred to in this report this includes patients at the hospital, visitors to those patients and those transporting patients to and from hospital sites.

Methodology

An 11-question survey was designed to examine both the practical experience of parking at the CIC and WCH, and the perceived levels of stress and anxiousness by the individual (both prior to their journey and once they had arrived at the hospital). 803 people completed the survey online.

The survey was made available online using the Survey Monkey website. The link to the survey was then publicised through:

- The HWC website
- The People First website
- Circulated to existing HWC contacts by email
- Posted on social media (Twitter and Facebook)
- Postcards with the web address were handed out to the public during three site visits

Site Visits

HWC undertook visits to the car parks at the CIC and WCH where visitors were given the chance to complete the survey on site. This added value to the survey results, offering a “real-time” view on visitor’s experiences of parking, it also gave HWC staff the opportunity to further discuss these experiences outside of the prescribed survey questions.

The first visit took place at WCH between 8am to 11am, and it was quickly ascertained that the majority of individuals arriving before 9am were staff. Therefore it was decided that HWC would return to WCH on another day between the times of 9am and 11.30am, this would firstly avoid the main arrival of staff and secondly increase the sample size from WCH. The CIC was visited between 9am and 12noon. HWC staff placed themselves in a variety of locations including the car parks, the main entrance areas and some reception areas for specific units.

HWC staff also counted how many visible staff permits were on display, this information will also be presented in this report. See Survey Section

Background Research by the Task Group also found:

1) **NHS Confederation** published a “Fair for all, not free-for-all” set of principles for sustainable hospital parking. This suggests five principles for fair car parking policy:

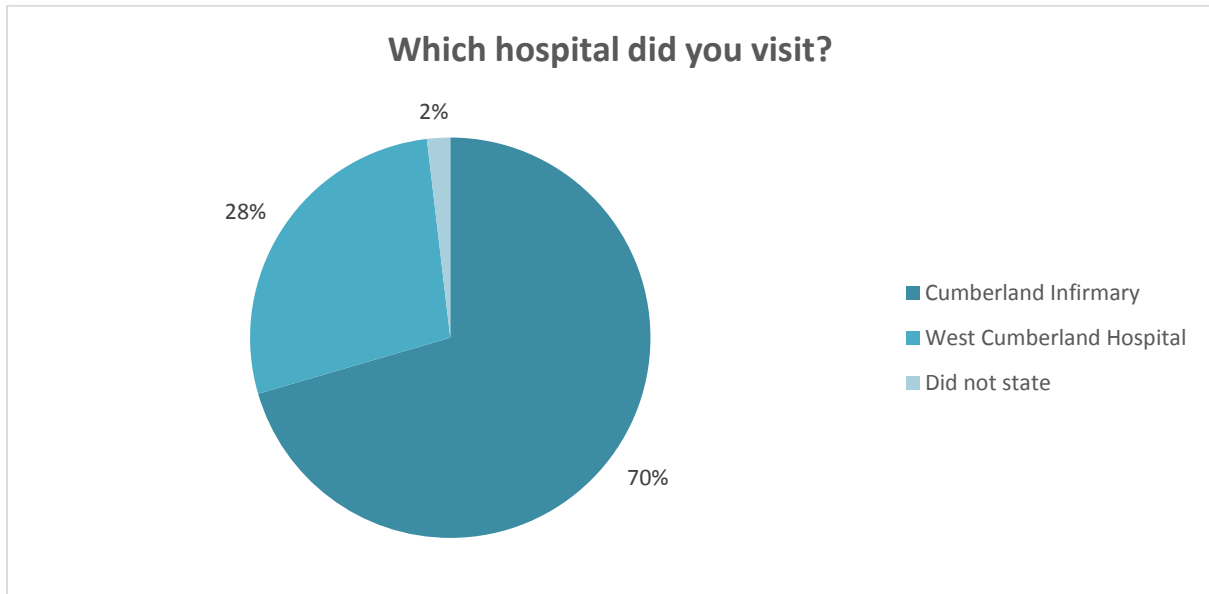
- To have a travel plan for users of all types of transport.
- To control parking fairly, with concessions for those whose health conditions or work commitments mean they have to park frequently or at anti-social hours.
- To show car park and transport costs and how charges are invested.
- To think about the environment and how transport can reduce the NHS’s impact.
- To be open and involve patients and the public.

2) The Department for Health had published new Guidelines in August on Hospital Parking

Survey Results

Which hospital did you visit?

Chart 1



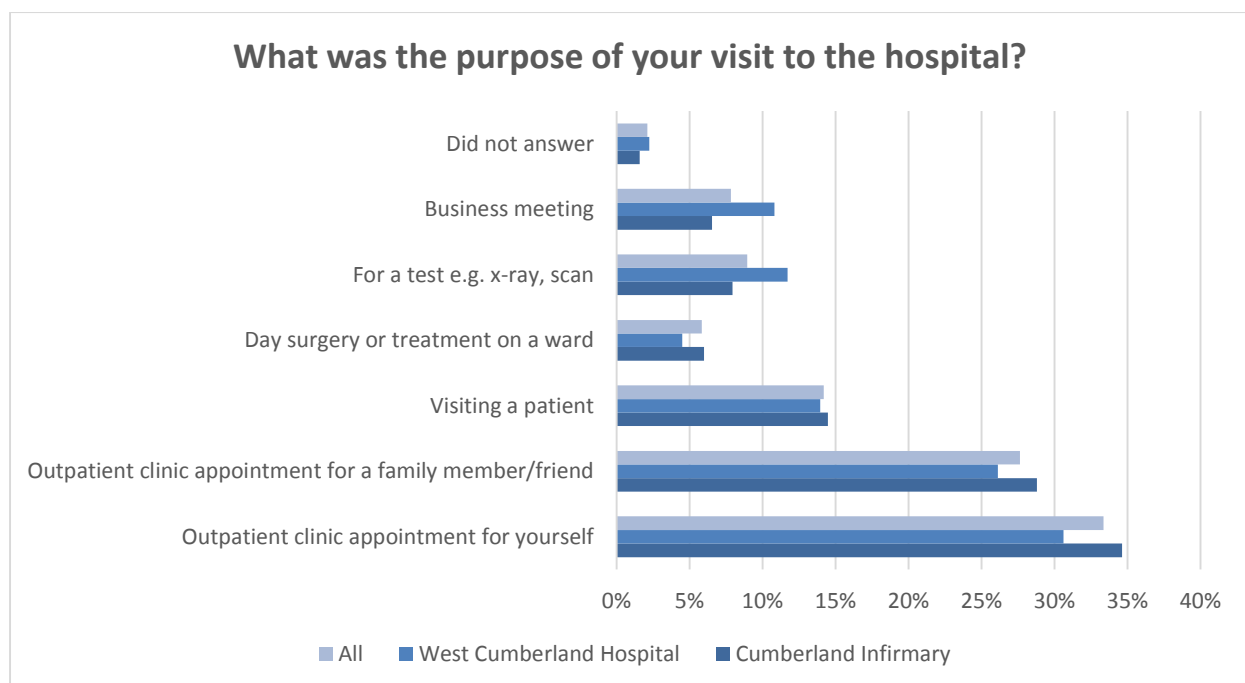
In total there were 803 respondents to the survey. Of these, 566 concerned the CIC, 222 concerned the WCH and 15 did not state which hospital their experience related to (see chart 1).

What was the purpose of your visit to the hospital?

As shown in Chart 2, across both sites (CI and WCH) the majority of those responding to the survey reported that they were visiting the hospital for an outpatient appointment for themselves (33%) or with a family member/friend (28%).

It should be noted that in some cases where staff were asked to complete the survey they stated the purpose of their visit as 'business meeting'. This reflects the slightly larger proportion of respondents choosing 'business meeting' at the WCH where, as previously stated, the earlier start time of the first visit (8am) meant that large numbers of staff were arriving for work.

Chart 2

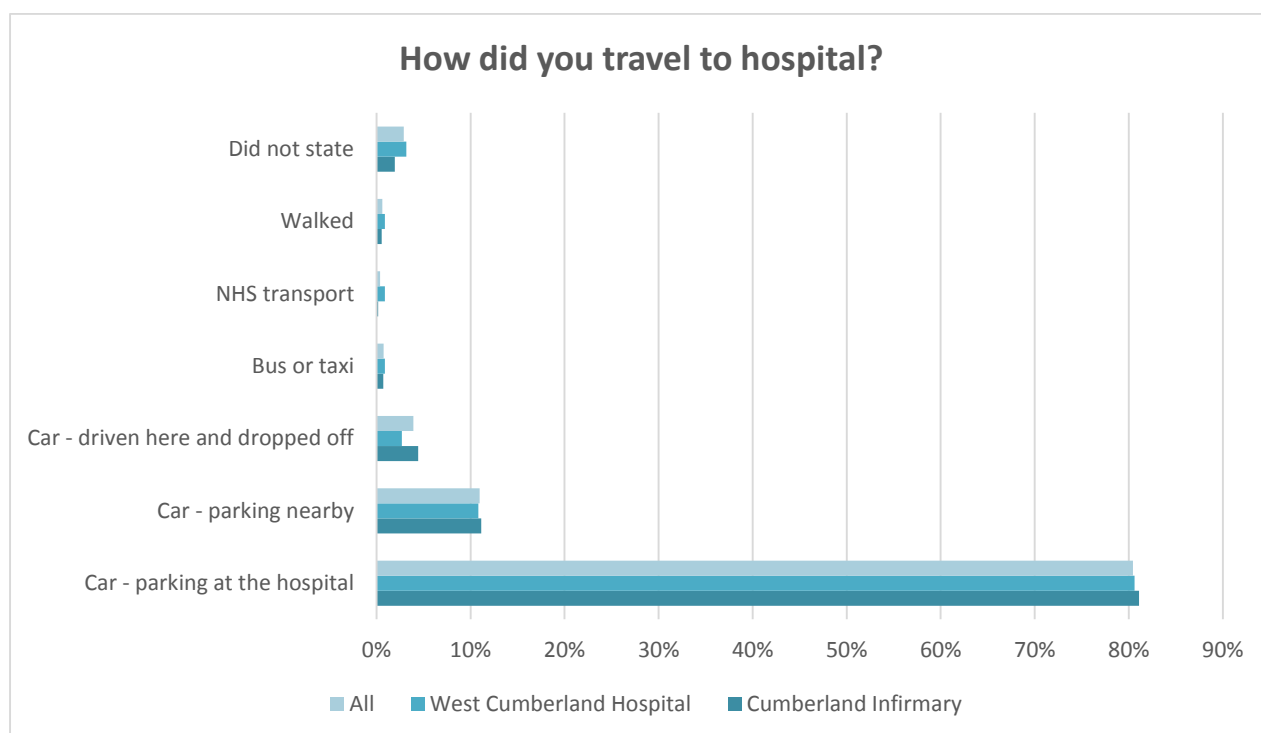


How did you travel to the hospital?

Chart 3 shows the very high proportion of respondents who travelled to hospital by car. Of those travelling by car the vast majority park at the hospital, this finding applies to both sites surveyed.

1% of respondents had travelled to hospital by bus or taxi, reflected across both sites. Site surveys did not however meet with visitors at the Hospital Bus stops.

Chart 3



These findings highlight the strong reliance visitors have on using their own vehicles (or family or friends) to attend appointments at hospital. Although public transport does serve the hospital sites, the lack of respondents choosing to use this form of transport could be further investigated to assess what barriers are affecting the take up of the service. If public transport could be seen as a more convenient way to get to the hospital the demand on car parking spaces could be reduced.

Recommendation 1:

NCUHT should further explore why public transport is not being used by visitors and staff. This activity could also include, or lead to, the promotion of public transport as a viable option for both visitors and staff to the hospital sites.

Bus access at WCH should be onto the site to the new front entrance from 2018, to fully enable and encourage public transport use.

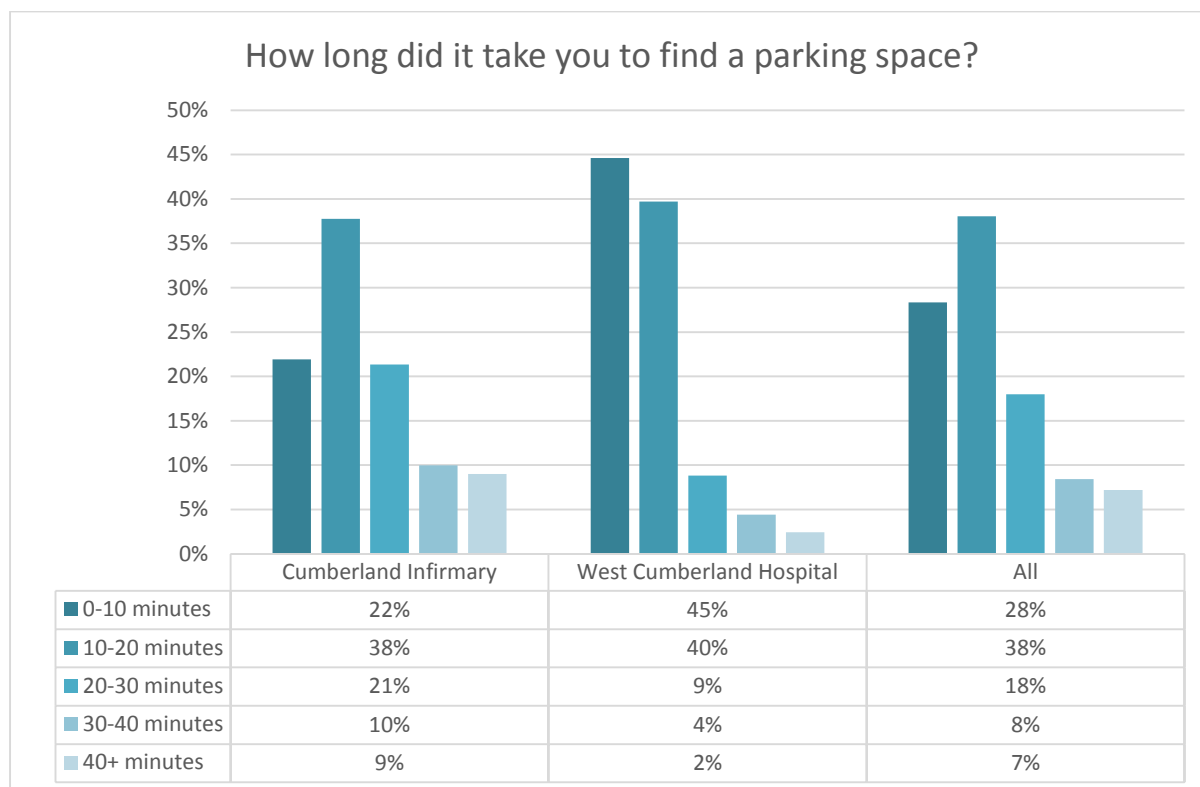
Recommendation 2:

Park and ride could be explored further by both the Trust and local councils. In Carlisle the Devonshire Walk car park could be utilised for a park and ride service to the hospital.

How long did it take you to find a parking space?

Chart 4 shows the reported time it took respondents to find a parking space at both hospitals along with the average proportions across both sites.

Chart 4



When taking an average from both hospitals 38% of respondents took 10 to 20 minutes to find a parking space, however this figure varied considerably at each site.

The respondents from the WCH appeared to find parking spaces relatively quicker than those at the CIC. At the WCH 85% (172 people) of respondents found a space in 0 to 20 minutes, 9% (18 people) took 20 to 30 minutes, and 6% (14 people) took over 30 minutes.

The respondents from the CIC took longer to find a parking space. At the CIC 60% (305 people) found a space in 0 to 20 minutes, 21% (109 people) took 20 to 30 minutes, and 19% (97 people) took over 30 minutes to find a space. Of those 97 people who took over 30 minutes, 46 people reported it took over 40 minutes to find a space.

Case Study

“I found it moderately stressful because previous visits have shown that it can be very stressful indeed if you have an appointment to keep and you only leave 30 minutes to find a parking space, an amount of time which should be eminently sufficient to attend an appointment. Unfortunately this is a very stressful experience at both sites which I have used in the last six months.”

When speaking to visitors during the site visits, many people explained that they were aware of the parking difficulties at the hospitals and so set off earlier than they might otherwise do so to allow themselves extra time to find a space.

Case Study

One member of staff advised that they would arrive at the hospital an hour before their shift started solely to find a parking space to ensure they were not late for work, this member of staff reported that they were aware of other members of staff who also did this.

How stressful did you find parking for your appointment?

Chart 5 shows the reported level of stress experienced by visitors while trying to park at the hospitals.

Chart 5



There is a clear difference between the CIC and the WCH in how stressful visitors found parking.

In the previous question it appeared that visitors to WCH found a parking space in a relatively shorter space of time than those visiting CIC, the results shown in chart 5 echo this findings. The majority of visitors (60%) to the CIC found parking ‘very’ stressful, in comparison to 39% at the WCH where visitors also found parking spaces more quickly.

In general the reported stress levels of visitors to the WCH was lower than those visiting the CIC.

It was clear from HWC site visits to both hospitals that many visitors do find the challenge of finding a parking space stressful. Several visitors approached HWC staff in agitated states asking if they were aware of any other parking areas.

Case Study

One visitor to the CIC was encountered twice over the course of 30 minutes in different parking areas, she had a young child in her car and was distressed as she was late for her child's appointment as she could not find a parking space. The visitor explained that she could not find anywhere to park but did not want to risk getting a fine or causing an obstruction by not parking her car in a designated parking space.

Case Study - WCH

One gentleman advised that "people were continually cruising to find a parking space and dangerous manoeuvres were being made by drivers to get out of car parking spaces because of the restricted road widths caused by inappropriate parking on the verges etc.

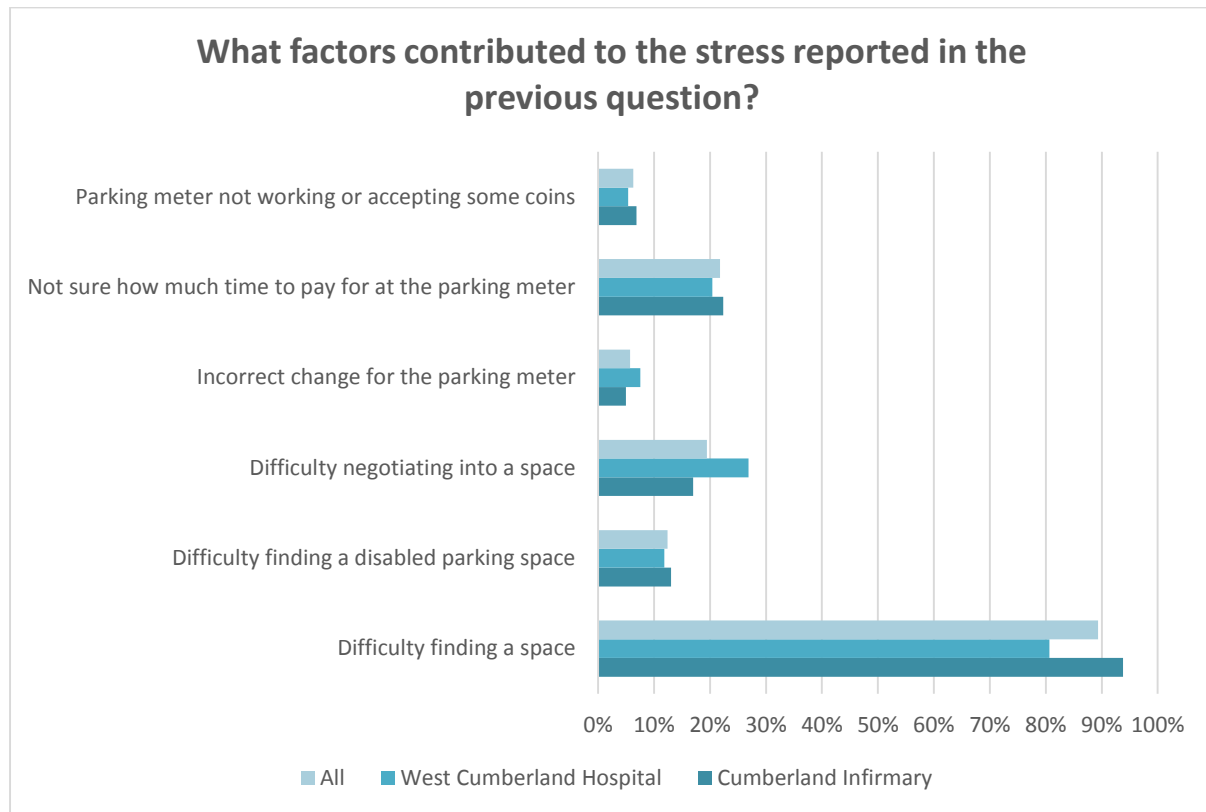
Case Study - WCH

A member of staff informed me that "the difficulty caused by people looking for spaces is that they drive into one of the levels of parking, and if there isn't a space, they then have to reverse back out, into the path of someone that has either come into the area behind them to look for a space themselves or have been forced into the area as they would cause a block on the road down by the three levels of parking. Twice now I have been stuck at the bottom, trying to move out of the way of cars trying to get round me, unable to go up as you can see cars turning on to the road down".

What factors contributed to the stress reported in the previous question?

Chart 6 shows the factors contributing to the respondents reported stress level. Respondents to this question could choose multiple factors.

Chart 6



It is clear that the factor contributing most to respondents stress levels is 'difficulty finding a space'. At the CIC, 94% of all respondents to this question chose this factor, this figure was marginally lower at the WCH (81%). Once again this may reflect the results of question 4, with visitors to WCH finding a space in a shorter time than at CIC.

At the WCH the second most chosen factor was 'difficulty negotiating into a space', 27% of respondents chose this compared to 17% at the CIC. Many respondents cited other vehicles parked outside of designated parking bays as a cause of obstruction to them.

Case Study:

"Lots of cars parked on the roadside makes moving round the car park difficult."

"Obstructed by a van driver parking where there was no space, common to have cars outside spaces."

"Cars parked outside spaces making moving round the car park extremely difficult, to the point where I accidentally knocked someone else's bumper trying to get round a corner."

At the CIC the second most chosen factor was 'not sure how much time to pay for at the parking meter', with 22% of respondents choosing this. This factor was the third most chosen factor at WCH with 20% of respondents choosing it. This highlights the current payment system at both hospitals where payment is given on arrival rather than departure.

Case Study

"[I had]...concern at being late for appointment. Followed by concern that the appointment went on for over 2 hours and I had only paid for an hour as I only expected the appointment to be for 30mins"

This finding follows guidance published by the Department of Health (August 2014), which states:

'Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used.'

During the HWC site visit it was noted that many visitors did not pay at all for parking. Some visitors who spoke to HWC explained that they did not pay for parking for various reasons including: they felt the parking availability was so poor they should not have to pay, they thought that parking regulations were not enforceable, they had never seen a parking inspector so did not feel they would be at risk without a ticket, they had not parked in a designated space.

Whilst the HWC team were surveying at CIC they observed Interserve personnel placing photocopied notices onto the windscreens of cars which had been left in non-parking areas. The notices advised car owners to park in designated areas only. Due to the lack of parking spaces cars had been abandoned wherever spaces were available i.e. Grass verges, double red-line areas, drop off point at main entrance.

Recommendation 3:

A 'Pay on exit' scheme should be investigated. Although this would incur an initial outlay the long term benefits would include assured income from car parking and eliminate visitors doubt over how much time to pay for when they are unsure of the length of their visit.

Recommendation 4:

More parking spaces should be made available at CIC approximately 250-350 spaces. This could be a collaborative effort between the Trust and Interserve. More spaces will be needed at WCH before full completion of the Project in 2018.

Recommendation 5:

Parking enforcement should in place at a minimum of peak times.

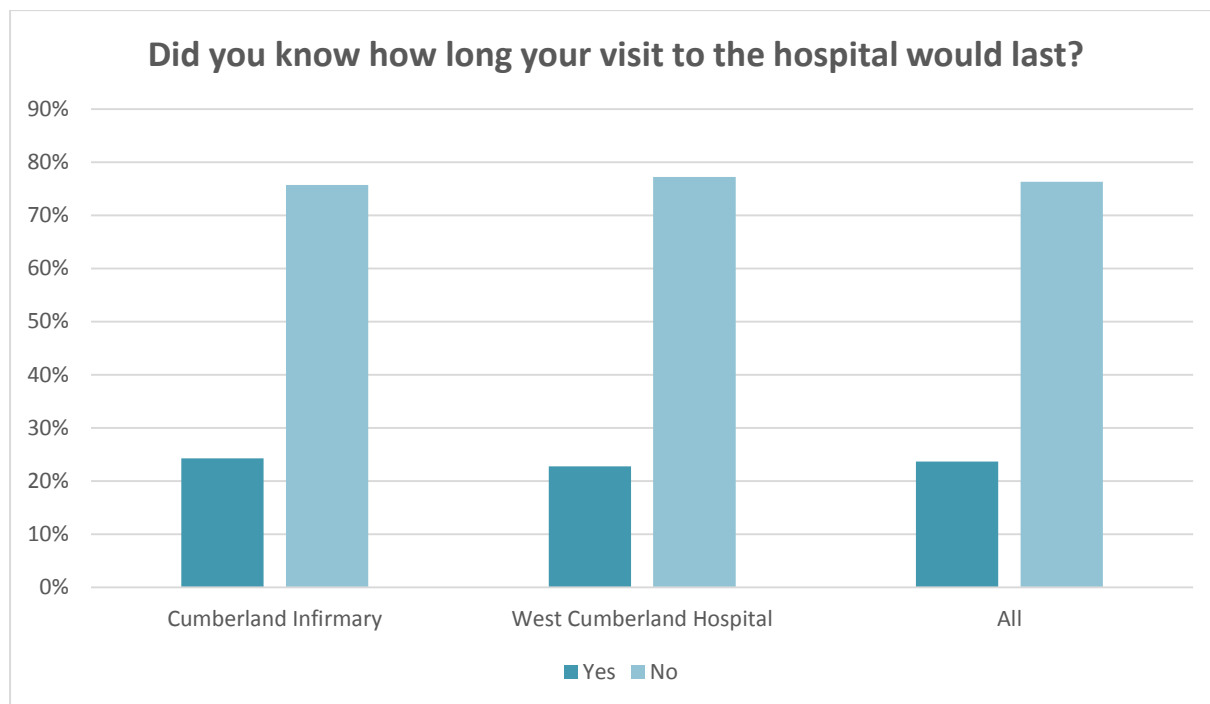
Recommendation 6:

A car parking policy should be put in place, publicised and enforced.

Did you know how long your visit to the hospital would last?

Following the finding that 22% of people at the CIC and 20% of people at the WCH attributed their stress to not knowing how much time to pay for at the parking meter, chart 7 shows what proportion of people knew how long their visit to the hospital would last.

Chart 7



Across both sites the majority of people did not know how long their visit would last, 76% at the CIC and 77% at the WCH.

For the large proportion of visitors who do not know how long their visit will last they have to estimate how long they think they may be there and pay accordingly. However these visitors then have some anxiety that their pre-paid time limit will run out, exacerbating the worry of what could already be an upsetting and unsettling appointment or visit.

Additionally 11% of visitors (see question 3) stated that they parked nearby. The majority of the streets surrounding the CIC are disc zones limited to two hours, therefore this option also presents a dilemma and subsequent worry for any visitors unsure of the length of their visit. The streets surrounding the WCH either have double yellow lines or are residential areas with limited parking.

Case Study:

“I knew it would be short appointment so parked in the 1 hour disc area in the streets nearby.”

“There were no spaces on site so I had to park on the nearby street with a disc, worried re time available.”

Additionally it should be noted that for any visitors parking nearby the hospital it can present problems for local residents who live in these streets, therefore the impact of over-full car parks can be felt beyond the immediate hospital grounds.

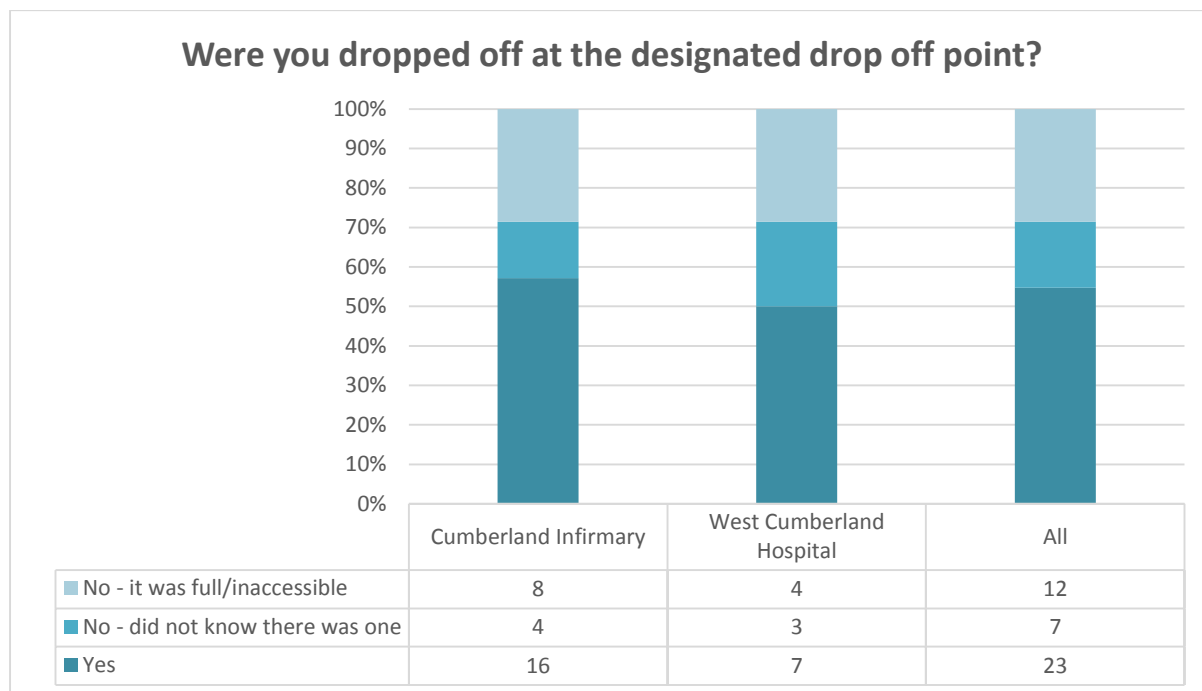
Recommendation 7:

The impact of poor parking arrangements, particularly at CIC and also at WCH, has a direct impact on local residents. Work should be undertaken to understand the scale and impact of this problem.

Were you dropped off at the designated drop off point?

For those respondents who said they were dropped off the hospital (question 3), they were then asked if they used the designated drop off point. Chart 8 displays the responses to this question.

Chart 8



Of those who responded to this question, 50% at the WCH used one of the designated drop off points and 57% used it at the CIC.

At the WCH 21% of respondents did not know that there was a drop off point, in comparison to 14% at the CIC. This suggests that the drop off point at the WCH may benefit from being better signed so visitors are aware of its existence and location.

At both sites 29% of visitors said that they could not use the drop off point as it was full or inaccessible. During the HWC site visits it was clear that the drop off point can become very congested with some cars being parking in a way that blocked other visitors from accessing the drop off point.

Case Study:

“Needed to drop my elderly grandmother off by the front doors before finding a parking space and couldn't get close enough.”

“Great difficulty dropping disabled person off at or near main door. Had to block entrance at main door as no available space in order to unload wheelchair and transfer person from car to wheelchair. Then had to wheel disabled person into main entrance then leave disabled person while attempting to find a car park space which can take ages and be a long walk back to attend to disabled person.”

It was noted that when the drop off point was used the driver often then went to find a parking space which would take a considerable length of time, often resulting in disabled or elderly relatives and friends being left for long periods by themselves in the main entrance of the hospital. At WCH there at least 4 drop-off points, further complicating parking.

Recommendation 8:

The drop-off points at both sites should be reviewed to examine the use and through flow.

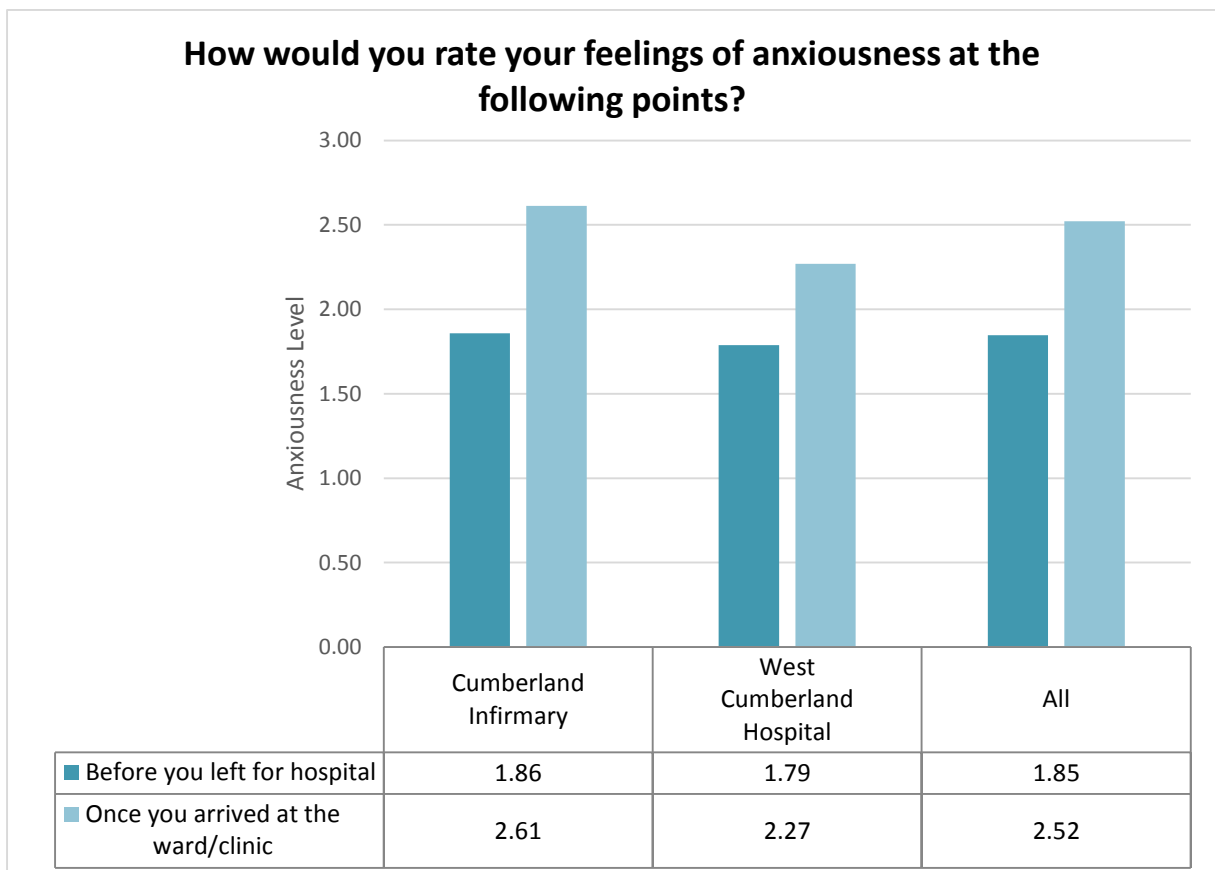
Proper supervision and management of the drop-off points should be implemented to ensure correct usage and to provide assistance for visitors where required.

How would you rate your feelings of anxiousness at the following points? (*Before you left for hospital, once you arrived at the ward/clinic*)

Respondents were asked to rate their feelings of anxiousness at two points on a four point scale: none (0), mild (1), moderate (2) and severe (3).

Chart 9 illustrates the change in anxiousness across the two points.

Chart 9



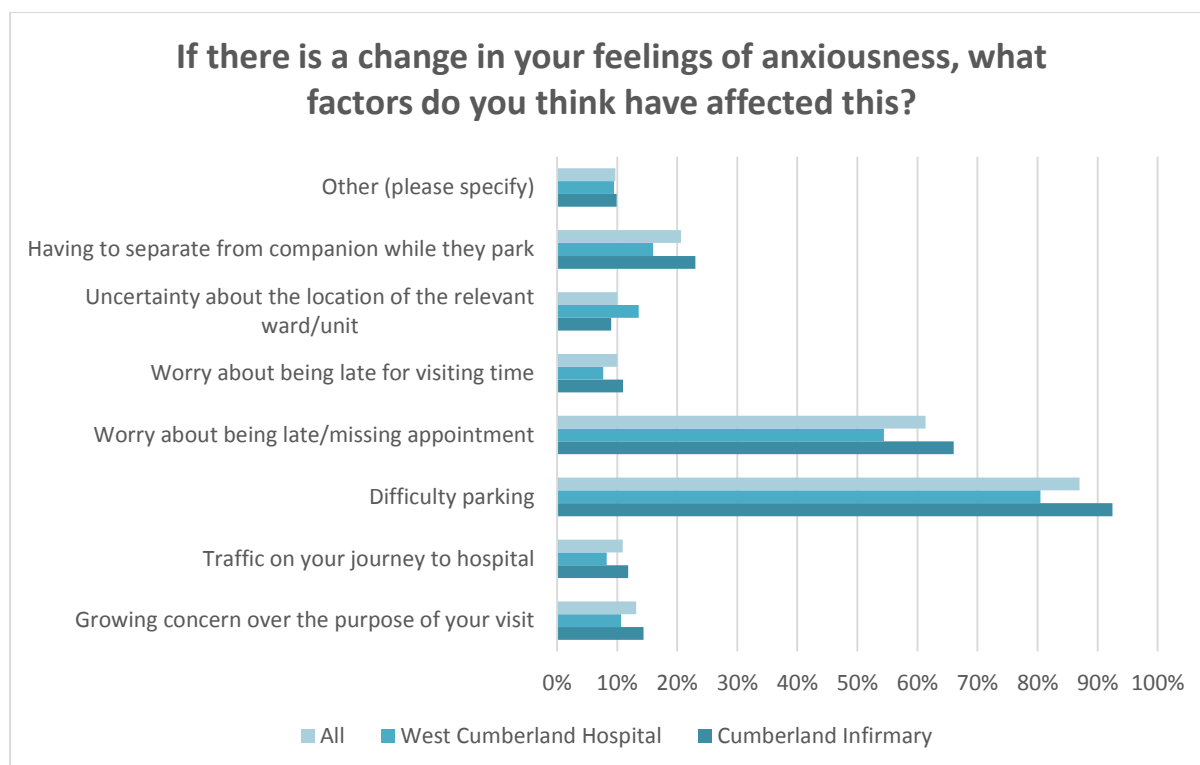
Generally, there was an increase in the reported feelings of anxiety from before respondents left for hospital (average of 1.85) to when they arrived at the ward or clinic (average of 2.52), an increase of 0.67 points.

This increase was slightly more marked at the CIC with an increase of 0.75 points, compared to an increase of 0.48 at the WCH.

If there is a change in your feelings of anxiousness, before you left and once you arrived, what factors do you think have affected this?

Following the previous question respondents were asked to choose what factors they thought had affected any reported change in their feelings of anxiousness. Chart 10 shows the proportion of factors chosen, respondents could choose more than one factor.

Chart 10



At both sites the majority of people attributed their changing feelings of anxiousness to ‘difficulty parking’, 92% chose this at the CIC and 80% at the WCH.

A high proportion of respondents chose ‘worry about being late/missing appointment’, 66% at the CIC and 54% at the WCH.

Case Study:

“Worrying about holding back staff in very busy clinic by being late for appointment.”

“Pressure of possibly being late for the appointment.”

These results suggest that difficulty parking and the resultant concern over being late or missing their appointment contributes to a feeling of anxiety by visitors.

Recommendation 9:

Appointment and visiting times could be investigated with a view to staggering times which may avoid the peaks of high demand, therefore allowing a spread of demand through the day.

Interestingly the third most common factor picked was 'having to separate from companion while they park'. 23% of respondents chose this at the CIC, and 16% at the WCH. During HWC site visits some visitors explained that they had dropped off, in some cases, elderly or infirm relatives and friends at the entrance, they then worried about the time it would take to find a parking space and return to the relative/friend.

Case Study:

"I could not find an actual parking space at all - in the end I parked on the verge as I had gone round and round all the various car parks in the grounds and I needed to check on the person I had dropped off for her appointment."

During the visit to the CIC it was observed that two visitors required the use of a wheelchair. A wheelchair was found for the female and she was then taken to her appointment, a porter then went to find a second wheelchair for the gentleman however the gentleman was waiting for around 15 minutes for the porter to return with an available wheelchair.

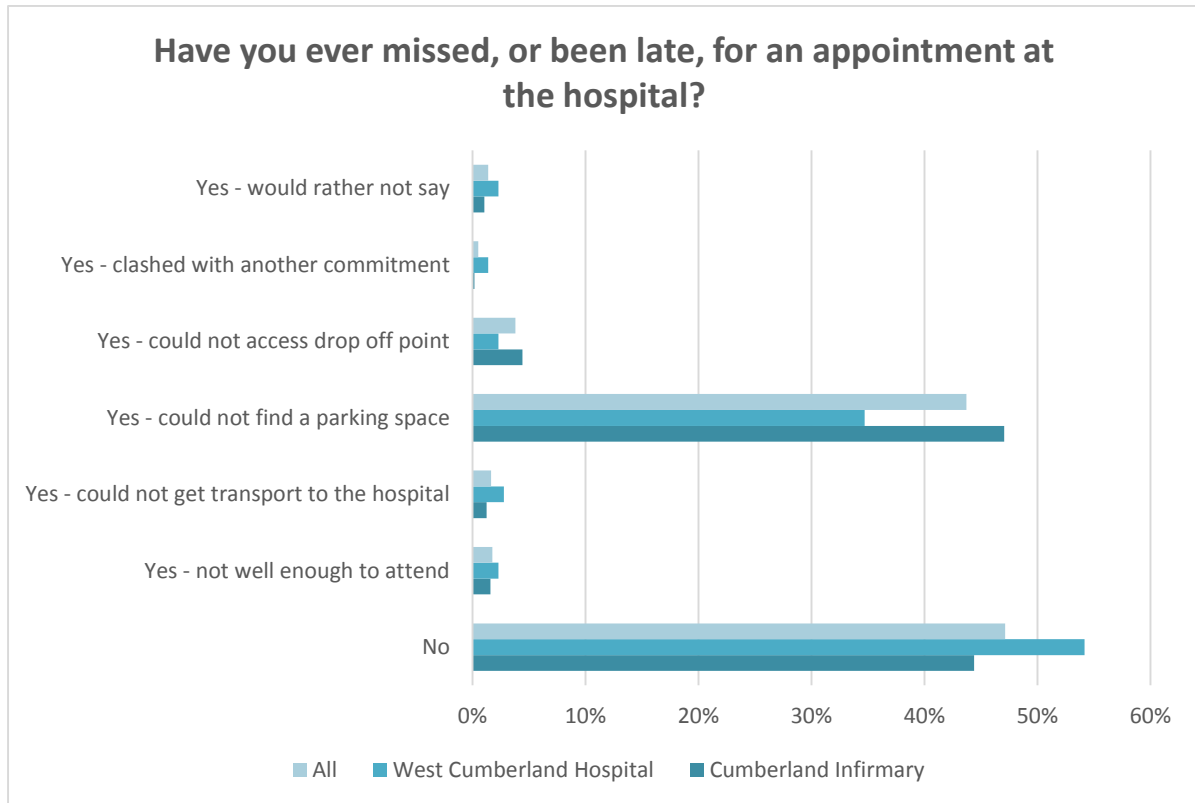
Recommendation 10:

It is noted that at CIC the help desk is a considerable distance from the main entrance doors making it difficult for some visitors to request help when needed. Some visitors will require extra help when setting down a visitor at the drop-off point. Help should be readily available at the entrance by Trust staff, or by volunteers. The availability of wheelchairs should also be closely monitored at all times.

Have you ever missed, or been late for, an appointment at the hospital?

As shown in chart 11, 44% of respondents at the CIC and 54% at the WCH have never been late or missed a hospital appointment.

Chart 11



For the respondents who reported that they had missed or been late for an appointment the vast majority attributed this to not being able to find a parking space.

Case Study:

“Unable to find space after 20 min search, parked 10 min walk away from hospital on side street, late for appointment.”

As previously mentioned, during the HWC site visits some visitors explained that they factored in a large portion of time for finding a parking space into their total journey time.

Recommendation 11:

The Task and Finish Group were advised that the Trust currently has no data on the numbers of visitors to its sites, nor does it have data on peak and off peak times. Furthermore the Trust is currently proposing reconfiguration of its services at WCH and CIC. Current baseline data on car parking demand should be generated by the Trust which can then be used in conjunction with projections for the proposed reconfiguration and incorporated into the planning process.

Staff Parking

During the HWC site visits a count was undertaken of all cars displaying a staff permit in the designated public parking areas.

Table 1 shows the number of cars displaying staff permits at each site:

| Site | Vehicles with staff permits |
|--------------------------|-----------------------------|
| Cumberland Infirmary | 390 |
| West Cumberland Hospital | 200 |

At the CIC, 25 of these were in a 'visitors only' area.

One member of staff who had parked their car in the 'visitors only' area at the CIC spoke to HWC and explained that they knew it was meant to be visitors only but they could not find any other spaces and were worried about being late for their shift.

Case Study:

"[I have]...irritation at paying for parking through my salary deductions and still not finding a space, plus being late for engagements."

HWC staff also noted a number of cars with no official staff permit, they instead displayed hand written notes either advising that they were waiting for their staff permit, had lost it, had forgotten to bring it or that they did not have a permit but were staff.

Clearly it is vital that staff can find a parking space to ensure that they are not late for work and it appears that staff encounter just as many difficulties finding a space as visitors to the hospital. Furthermore it is understood that staff pay for their staff permits, however spaces are not always ensured for staff.

Recommendation 12:

The staff parking permit scheme should be reviewed and enforced.

Further recommendations

Recommendation 13:

The clinical options proposals and clinical strategy should be fully integrated with a clear Transport and Parking policy for all movements of Patients and visitors

Recommendation 14:

*The Trust should adopt the NHS Guidelines on hospital car parking and publish:

- Their parking policy
 - Their implementation of the NHS car parking principles
 - Financial information relating to their car parking such as charges, concessions and penalties
 - summarized complaint information on car parking and actions taken in response
- (*Some measures will take time to implement and have cost implications, other measures can be implemented immediately and a start be made on reducing stress levels and the costs faced by users).

Recommendation 15:

More information about car parking at CIC and WCH should be provided by the Trust, for example appointment letters could include guidance on how long to allow in order to find a parking space and local public transport links.

Recommendation 18:

Car park signing at both sites should be reviewed to ensure that the most appropriate areas are allocated to patient needs and especially those requiring disabled spaces - and that they are clearly signed as 'NON-STAFF' or 'Patient & Visitor' places.

Recommendation 20:

New health centres in Cleator Moor and Cockermouth are now operational, and there are also community hospitals throughout West and North Cumbria. These could take on new clinics rather than all clinics being provided at General Hospitals

Recommendation 21:

NCUHT should initiate routine meetings with all concerned to develop and monitor all travel needs associated across all service provision, wider stakeholder involvement should be included.

Conclusions

The main conclusions drawn from both the Survey and the Task Group is that the Parking at both Hospitals is not 'fit-for-purpose'. Unacceptable stress, anxiety and costs are being caused by current neglect of the needs of the public and of the NHS staff. Such stress undermines the well-being of those travelling for treatment, tests or clinics.

NCUHT should take steps to minimise the associated stresses and in particular take account of the full costs and needs of those attending for regular treatments (e.g. cancer patients) and that appropriate concessions should be available, easily accessed and well publicised.

During this piece of work the NHS Guidelines for parking were published. Although these guidelines are not mandatory, they do reflect HWC's recommendations to the Trust.

Healthwatch Cumbria Task and Finish Group has established that the car parking practices at the two hospitals are dissimilar:

- At CIC supervision and management of the site is vested by contract to Interserve Plc. Patients and visitors have designated parking areas under "Pay and Display" system. It is understood that the contract provides for an annual payment to the NHS Trust with the remaining income going to the operating company. The Task and Finish Group were unable to identify the contracted delivery expectations - the information seemingly protected as being commercially sensitive. Permits are provided to staff along with access to designated staff parking areas.
- At WCH supervision of the site is by the Trust. Patients and visitors have designated parking areas under "Pay and Display" system with income going to the Trust. Staff Permits are provided with access to designated staff parking areas.

Acknowledgements

Healthwatch Cumbria would like to acknowledge the support of the HW Parking Task and finish Group members who gave their experience, knowledge and time freely in the research, investigation and preparation of supporting materials for this report.

We would like to thank each of the 803 survey respondents for sharing their experiences and views with us.

Finally, we would like to thank North Cumbria University Hospital Trust staff for their cooperation and for accommodating the HWC team during on-site surveys.

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<https://www.gov.uk/government/publications/nhs-patient-visitor-and-staff-car-parking-principles/nhs-patient-visitor-and-staff-car-parking-principles>