

NHS patient, visitor and staff car parking principles

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- NHS organisations should work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible.¹
- Charges should be reasonable for the area.
- Concessions, including free or reduced charges or caps, should be available for the following groups:
 - people with disabilities²
 - frequent outpatient attenders
 - visitors with relatives who are gravely ill
 - visitors to relatives who have an extended stay in hospital
 - staff working shifts that mean public transport cannot be used

Other concessions, eg for volunteers or staff who car-share, should be considered locally.

- Priority for staff parking should be based on need, eg staff whose daily duties require them to travel by car.³
- Trusts should consider installing ‘pay on exit’ or similar schemes so that drivers pay only for the time that they have used. Fines should only be imposed where reasonable⁴ and should be waived when overstaying is beyond the driver’s control (eg when treatment takes longer than planned, or when staff are required to work beyond their scheduled shift).
- Details of charges, concessions and penalties should be well publicised including at car park entrances, wherever payment is made and inside the hospital. They should also be included on the hospital website and on patient letters and forms, where appropriate.
- NHS trusts should publish:
 - their parking policy
 - their implementation of the NHS car parking principles
 - financial information relating to their car parking
 - summarised complaint information on car parking and actions taken in response.

Contracted-out car parking

- NHS organisations are responsible for the actions of private contractors who run car parks on their behalf.

- NHS organisations should act against rogue contractors in line with the relevant codes of practice⁵ where applicable.
 - Contracts should not be let on any basis that incentivises fines, eg ‘income from penalties only’.
1. Each site is different and very few will be able to provide spaces for everyone who needs one. Since 2010, national planning policy no longer imposes maximum parking standards on development, and no longer recommends the use of car parking charges as a demand management measure to discourage car use. ↵
 2. Consideration should be given to the needs of people with temporary disabilities as well as Blue Badge holders. ↵
 3. Such staff might include nurses or therapists who visit patients at home. Routine travel between hospital sites might more sensibly be managed by providing internal transport. ↵
 4. ‘Reasonable’ fining practice might include fines for people who do not have legitimate reasons for parking (eg commuters), or who persistently flout parking regulations (eg blocking entrances). A period of grace should normally be applied before a fine is issued. ↵
 5. There are two trade associations – the British Parking Association and the Independent Parking Committee. If the car park operator is a member of either, their relevant code applies and an appeals service is available to motorists. NHS organisations should consider imposing a requirement for contractors to be members of such an associat