

7 March 2006

Miss Anne McCormill  
Equality Monitoring Manager  
Equality Monitoring Unit  
Bush House  
Bush Road  
ANTRIM  
BT41 2QB

Dear Miss McCormill

**Policy on Pay Car Parking at Antrim Area Hospital**

I refer to the consultation on the above.

This was considered by NHSSC at its March meeting and I have been asked to respond to the Trust outlining the issues and concerns raised.

Pay Car Parking has been introduced at a number of other hospitals. The examples quoted are Belfast based and the Council is not aware of any other main hospitals outside Belfast which charge patients or visitors to park. In urban areas there is appropriate alternative means of public transport which offers a choice. In the case of the Royal a hospital bus service is provided. Those travelling to Antrim Hospital come from a widespread rural catchment area where there is a lack of frequent and affordable public transport. This means that for the majority there is a heavy reliance on private cars.

The document mentions the provision of extra spaces and the additional services which will eventually be located on the Antrim site. Already the car parks fill up early and at peak times there is overspill onto the access routes. It is suggested that with the provision of new M2 slip roads from the hospital that there is the possibility of some public abuse if the current system remains. My understanding is that there is possibly some abuse presently by staff of the hospital who use the public car parks in preference to the staff car parks at the rear. Obviously any abuse of this nature congests the public parks for long periods e.g. during shifts or all day and should be addressed with an appropriate penalty.

Judging by the numbers of car thefts and attempted thefts and associated vandalism the present security measures are inadequate. The Trust makes the case that charging would enable it to improve security both outside and within the hospital. In this context the

Council understands that all proposed income after costs will remain within the Trust and be used to improve patient care.

Some Council members referred to the new practice of people attending hospital having their tests completed and being seen on the same day. While this is preferable from the patient's perspective it will necessitate longer stays which will incur more charges. One member quoted regular treatment attendances which last in the region of 2<sup>1</sup>/<sub>2</sub> hours at a time.

You will note that if given the preference most (if not all) would opt for free parking but most accept that some form of charging is inevitable and I will now deal with the specific proposals.

The increased security, both outside and inside the hospital, are seen as benefiting patients and visitors. Regular attenders to renal and chemotherapy being exempt is supported. Those on low incomes not being charged is also supported although there were some issues around stigmatising and how proof of this will be addressed. The waiving of charges in exceptional circumstances needs further clarification both for patients and visitors and for senior staff on duty and this needs communicated clearly.

The charges proposed are based on local DoE rates. It has been suggested and supported by members that the 'Free period' of 15 minutes be extended to 1 hour free parking beyond which the charging bands apply. The feeling here was that 15 minutes was not enough to 'drop off' patients who may need accompanied to the ward with their personal belongings and to go through the admissions procedure.

I trust the above comments are helpful and the Council would ask to be kept informed of developments.

Yours sincerely

**NOEL GRAHAM**  
**CHIEF OFFICER**