



Meeting notes: Healthcare SIG meeting

Held on: 4th February 2015

At: Leeds General Infirmary, Leeds

| Item | Notes |
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| 1. | Welcome, members, guests and sponsor introductions |
| | <p>BPA Healthcare SIG chair Bob Bilton (BB) (Leeds Teaching Hospitals NHS Trust) introduced the meeting and welcomed all attendees.</p> <p>BB introduced Tony Jones (TJ) and Ewan Miller (EM) of DESIGNA UK Ltd., and thanked DESIGNA for sponsoring the meeting.</p> <p>BB also thanked Chris Farrah (CF) and Liz Jones (LJ) of the Department of Health for attending, as well as other guests, including David Gibson (DG) and Romain Hapi (RH) of the Health Estates Facilities Management Association (HEFMA) and Bradford District Care Trust, and Paul Lloyd (PL) of the Healthcare Facilities Consortium (HFC).</p> <p>Graham Footer at Disabled Motoring UK sent his apologies.</p> |
| 2. | Presentation from the sponsor |
| | <p>Tony Jones (TJ) of DESIGNA UK Ltd., which sponsored the meeting, delivered a presentation about staff-parking solutions.</p> <p>After mentioning DESIGNA's company structure, its 60-plus years of history, its worldwide scope and the fact that two new DESIGNA systems are installed almost every working day of the year, TJ described:</p> <ul style="list-style-type: none">• the company's Magnetic Stripe Season Parker Cards;• its new 'MiFare' Contactless Proximity Season Parker Cards;• its ANPR + Magnetic Stripe Season Parker Cards (which remove the need for motorists to wind down the car window);• a Stored Value Card that can be topped up over the internet and also used to pay for food at participating canteens; and• the Season Parker App and web integration, which can handle contracts, corporate billing and back-office automation. <p>To download the presentation slides, click here.</p> |
| 3. | A Parking Healthcheck |

Kelvin Reynolds (KR), Director of Policy and Public Affairs at the BPA, began the session with a presentation. Firstly, KR highlighted the BPA's mission statement ('Promoting and Sustaining Excellence in Parking for All') and its relevance to the future of healthcare parking across the UK. KR described the BPA's efforts to work with and advise the Department of Health (DoH) on the development of the DoH's new Healthcare Technical Guidance document for NHS trusts in England, which is due to be published in March 2015. KR also mentioned the parallel work currently being undertaken to re-develop the BPA's Healthcare Parking Charter for the purpose of the BPA's new Professionalism in Parking Award (PiPA).

KR then provided an overview of the history of the BPA's specific efforts to promote high standards in healthcare parking. In the summer of 2010, the BPA published its first Healthcare Parking Charter, which was then followed by an updated version in 2012. In August 2014, the BPA was pleased to note that the Department of Health published its parking principles for England. This was followed by the BPA's Annual Conference in October 2014, which enabled discussion about the Healthcare Parking Charter and its suitability as a vehicle for delivering the BPA's new Professionalism in Parking Award (PiPA), which is currently under development. Then, the BPA submitted its feedback to the Department of Health on the first draft of its new Healthcare Technical Guidance document, following consultation with the BPA's working group during the autumn and winter of 2014/15. Once the final version of the DoH's guidance has been published in March 2015, it will inform the re-development of the BPA's Healthcare Parking Charter alongside PiPA.

To download the presentation slides, click [here](#).

The Department of Health's presentation on the new Healthcare Technical Guidance document

KR handed over to Chris Farrah (CF) of the Department of Health (DoH), who delivered a presentation on the DoH's new Healthcare Technical Guidance document for NHS trusts in England.

CF noted that the DoH's original guidance for healthcare parking provision was published in 2002, and is now out-of-date. In August 2014, the DoH published its 'NHS patient, visitor and staff car parking principles' for England, which are accessible online [here](#). In October 2014, the DoH released an open-tender for applications to help develop the Healthcare Technical Guidance document that would accompany these principles.

The development is challenging for two reasons: firstly, it is demanding in terms of the technical knowledge that is required; secondly, the development time-scale (October 2014 – March 2015) is a challenge. The schedule is set by two principal considerations: the need to complete the development by the end of the current financial year, and the need to publish the guidance before a freeze on new civil service policy documents is implemented in the run-up to the General Election in May.

The first draft of the new Healthcare Technical Guidance was submitted to consultation before Christmas 2014, and it generated a large response, including a very useful and welcome response from the BPA. In all, the DoH received 200 responses comprising 52 pages of comments. In tandem with this development, the DoH has also circulated a questionnaire to 200 NHS trusts, receiving 45 responses so far. Feedback through this questionnaire is still welcome. A questionnaire has also been sent to patient groups, and the DoH has received around 30 responses from patients, who have highlighted a number of issues. In addition, the DoH has consulted with Healthwatch England and local Healthwatch networks. All of this information will inform the continued development of the new guidance and will help to ensure that the final document is accessible from a patient perspective, so that understanding it does not require in-

depth technical knowledge.

CF was keen to stress that the draft Healthcare Technical Guidance document will change in light of the feedback received. The final digital publishing deadline for the document is 20th March 2015.

An attendee noted that patient groups in England want free parking and asked whether the new guidance document could be used as a tool to educate the public about the need for parking charges at healthcare sites (it was noted that NHS trusts in Wales and Scotland have experienced difficulties as a result of free parking, and a similar policy in England would lead to fewer available spaces and higher management costs). The DoH responded that, due to the level of variation in conditions across England, it would be difficult for the DoH to advocate a particular approach to parking charges across the entire country; instead, this was perhaps an issue that could be addressed through media-engagement and education by NHS trusts at the local level. CF noted that best-practice case-studies could be useful in this respect.

CF requested that any further comments be sent to him.

Professionalism in Parking Award (PiPA)

Nick Teasdale (NT), BPA Membership Communications Officer and Project Manager for the development of the BPA's new Professionalism in Parking Award (PiPA), delivered a presentation on the development of PiPA and the corresponding re-development of the BPA's Healthcare Parking Charter. NT began by offering an overview of PiPA, describing it as innovative and potentially ground-breaking. As far as we are aware, no other parking association in the world offers a system of accreditation that comprises high-level, overarching principles covering all sectors of the parking profession, which are then translated into tailored commitments for individual sectors through the use of unique, audited charters that are designed for each sector (such as healthcare parking). This, as far as we know, is new in the world of parking.

Healthcare parking will be an ideal pilot for PiPA for a number of reasons. Firstly, we already have a Healthcare parking charter, which is ripe for re-development and renewal. More importantly, healthcare parking has a real impact on people's lives, as it revolves around healthcare, and so healthcare parking clearly makes a real difference. Successes in healthcare parking should be celebrated through an accredited standard. An accredited standard would help to reassure patients, visitors and staff, and it would help them to recognise good practice in parking services; it would also improve customer services and help to raise satisfaction levels. For NHS trusts, an accredited standard would boost their reputation and assist with minimising bad publicity; it would also potentially allow NHS trusts to become role models for other organisations seeking PiPA accreditation.

The charter and PiPA development process needs to be undertaken carefully, thoughtfully and with consideration for as wide a range of perspectives as possible. However, once the accredited standard has been developed, it should not be difficult for NHS trusts to achieve. Healthcare parking is already ahead of the game, and the NHS as a whole has an ethos that emphasises high standards and excellence. The NHS is committed to service principles, such as clinical leadership and world-class research, as well as high-standards of customer care. Meanwhile, the NHS is committed to the highest standards of service delivery, whether through compliance in England with the DoH's parking principles or with the existing Healthcare parking charter and, in future, PiPA. Trusts are already achieving great things both managerially and operationally. This begs the question: why not prove it, get accredited and tell the world?

The BPA can draw upon a wealth of experience for the purpose of PiPA and healthcare charter development. We have over 40 years of experience of raising standards and have already introduced two forms of accreditation: the Park Mark® award for safer parking and the Approved Operator Scheme for parking on private land. Both of our existing charters refer to these two accreditations and it is logical that we should now develop a universal PiPA accreditation based on

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| | <p>auditable charters unique to each sector.</p> <p>It is worth bearing in mind, though, that BPA staff members are not healthcare parking experts; the healthcare parking experts are to be found in the Healthcare SIG. We therefore need the help of healthcare parking experts to develop an auditable healthcare parking charter. Crucially, we need to know how we might improve it and how we might increase its value, both from the perspective of signatories and from the perspective of patients, visitors and staff. We also need to learn how we might audit the charter commitments and test the new assessment methodology, once it has been developed.</p> <p>To this end, we would like to set up a charter development group, which will be contacted periodically by email with additional questions and will also probably meet again to discuss other questions. We would also like volunteers to beta-test the new assessment methodology. Testing the assessment methodology will be of particular importance as it will enable us to iron-out any difficulties and ensure that it really is tailored to the particular requirements of healthcare parking. We hope that NHS trusts will aspire to achieve PiPA; helping us with the development of an auditable charter will be the first important step towards this.</p> <p>To download the presentation slides, click here (begins on slide six).</p> <p>NT then set up break-out group sessions, which saw four groups each take a quarter of the existing healthcare parking charter for the purpose of discussing how provisions might be audited (and whether evidence-gathering would take place at the level of a trust or a hospital site). After lunch, feedback was delivered from each of the four groups, and answer sheets were collected.</p> <p>Due to time-constraints, it was agreed that the order of the remaining agenda items would now change.</p> | |
| 4. | <p>Technology focus – What is the best way to control hospital parking?</p> | |
| | <p>Grahame Rose (GR) of CP Plus Limited delivered a presentation on using technology to control hospital parking.</p> <p>This presentation will be available here in due course.</p> | |
| 5. | <p>Edge-protection for multi-storey car parks</p> | |
| | <p>David Smith (DS) of Hill Smith delivered a presentation on barriers, with a focus on edge-protection for multi-storey car parks.</p> <p>DS distinguished between highway barriers and off-highway barriers. Highway barriers are designed to fail: they are supposed to slow down the crashed vehicle and keep it in the general area of the collision. Off-highway barriers are designed for a lower-speed impact, and are not designed to fail.</p> <p>In multi-storey car parks, barriers are needed on ramps to guard pedestrians. Barriers can also help to prevent suicides from the top of multi-storey car parks.</p> <p>DS distinguished between rigid and flexible barrier mounting-posts. Rigid posts do not move. Flexible posts feature rubber shock-absorbers around the foot area. This does not provide total flexibility.</p> <p>This presentation will be available here in due course.</p> | |

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| 6. | BPA update | |
| | <p>Due to time-constraints, Bob Bilton (BB) ran through the BPA update headings and offered to email full details to attendees.</p> <p>To download the presentation slides, click here.</p> | |
| 7. | The future structure of healthcare meetings | |
| | <p>Due to time-constraints, Bob Bilton (BB) suggested that he email attendees a request for suggestions relating to:</p> <ul style="list-style-type: none"> a) subjects that should be covered at Healthcare SIG meetings; b) whether meetings shared with other sectors of the parking profession would be of use; and c) suitable venues (e.g., whether meetings should be held in hospitals, commercial venues, in Scotland, Wales or Northern Ireland, in either the north or south of England etc.). <p>An initial, brief discussion suggested that meetings at hospitals need to be booked very early in order to secure a suitably-sized room. Meeting rooms tend to become unavailable 9-10 months in advance.</p> <p>One attendee suggested that the Midlands, Birmingham, Derby or Worcester were all suitable locations.</p> <p>Attendees tended to agree that greater NHS trust meeting attendance could be achieved by avoiding the winter months (when the NHS is generally very busy) and by including update presentations from NHS trusts themselves, as well as presentations from patient representative groups.</p> | |
| 8. | AOB | |
| | There was no other business. | |
| | Meeting close: 4pm | |