nipsa

January 2024

Response to the Consultation on the "Re-introduction of Hospital Parking Charges"

Introduction

1. NIPSA is the largest Trade Union in Northern Ireland representing over 43,000 members, employed across the whole of the public service, in organisations such as the Northern Ireland Civil Service and its Agencies, Local Government, Education, Health and Social Care, the Northern Ireland Housing Executive as well as a host of Non-Departmental Public Bodies (NDBPs). NIPSA also represents a significant number of members in the community and voluntary sector.

2. In September 2023 Chris Heaton-Harris, the Secretary of State for Northern Ireland wrote to NI Departments' Permanent Secretaries to "launch public consultations on measures to support budget sustainability and raise additional revenue, under his powers in the NI Interim Arrangements Act consultations."[1] Simultaneously, the Department of Finance provided an accompanying document on the "Financial context for revenue raising consultations."[2]

3. This document is interesting as it shows both the framework for this particular series of consultations but also the conventional and limited way in which economics are debated in relation to public finances. For example, and we will explore this further below, certain "givens" are stated - that the public sector needs to "think differently about how it works and consider new ways to respond to increasing demand, deliver public services and provide better outcomes."[3] In addition, the overall traditional financial framework (the Barnett formula, the rating system etc.) are also outlined before new revenue raising consultations are proposed. The real question that is begged, however, is how much "different" thinking is actually happening when, in a "funding crisis", it is needed most? Where, for example, preceding this process, from those driving the consultation process, not the consultees, is the *deepest* examination far beyond the possibility of mirroring the "funding floor for Wales"[4] of such a Barnett adjustment for a post-conflict society? Where is the wider exploration of the

[1] https://www.gov.uk/government/news/secretary-of-state-writes-to-northern-ireland-civil-service-on-sustainable-public-finances 20/9/23.
[2] https://www.finance-ni.gov.uk/sites/default/files/consultations/dfp/Financial%20context%20for%20revenue%20raising%20consultations%20-%20approved-published.pdf p.2, 11/10/23.
[3] Op. Cit. p.2
[4] https://www.bbc.co.uk/news/uk-northern-ireland-67577172? 11/12/23

economic thinking that has led us to this situation in the first place? Where is the examination of the appropriateness of reading across from English social policy comparators without exploring what outcomes, over four decades these over-charging, under-performing models have delivered in that jurisdiction?

4. Another crucial element in this process is whether the economic picture that is presented to us is an accurate one or framed in a manner that deliberately limits our economic choices. In other words, are we being pushed to react to a supposedly immovable economic framework that Governments, when it suits them, can alter at the stroke of a pen. For example – the economic weather forecast that shapes this consultative process where "Governments must spend less or increase the money coming in"[5] precedes the Treasury's early November 2023 forecasts wherein it was stated that "stickier-than-expected inflation is leading to higher tax receipts and lower borrowing that will increase the Chancellor's fiscal headroom to around £13 billion in his Autumn Statement".[6] Within a fortnight this "fiscal headroom" expanded so that this Statement,[7] informed by the political expediency of the Conservative Party shaping its pitch to the Electorate in England/Scotland/Wales for a 2024 election, could, among other measures cut the National Insurance rate and present the "space" for tax cuts worth £19bn.[8] Similarly, within the talks to restore devolution the administration shaping the "there is no alternative/money" agenda and delivering the "punishment budgets" for Northern Ireland could "find" an initial figure of £2.5bn[9] for a restored Executive, yet in its absence, the future vision of additional charges across the public sector (such as within this consultation) persists.

The re-introduction of hospital parking charges

5. This consultation proposes that the Hospital Charges Act 2022 that "abolishes hospital car parking charges across Health & Social Care hospital sites in Northern Ireland for staff, patients and visitors…should be repealed and the current charging policy re-

[5] Ibid.
[6] https://www.resolutionfoundation.org/press-releases/higher-inflation-will-improve-outlook-for-chancellor-but-extra-headroom-is-a-fiscal-illusion-founded-on-implausible-spending-plans/ 6/11/23.
[7] https://www.bbc.co.uk/news/uk-politics-67505926 23/11/23.
[8] https://www.civilserviceworld.com/professions/article/obr-autumn-statement-measures-will-cause-19bn-fall-in-public-spending-power 22/11/23
[9] https://www.bbc.co.uk/news/uk-northern-ireland-67672502 11/12/23.

introduced."[10] This is a democratic affront. Firstly, where does the democratic will of the Northern Ireland Assembly sit in this context given it revokes legislation (before it has even been implemented) that was agreed by the Assembly? Instead a politician (the Secretary of State for Northern Ireland) for whom not a single vote was cast in Northern Ireland reverses this democratic decision. Secondly, the same politician does not even feel the obligation to fulfil the required timescale for such a consultation in that, while he forecast to the Northern Ireland Affairs Committee on the 25th of October 2023[11] that there would be "12-week consultation periods" in relation to the revenue raising debate, less than 3 weeks later this consultation[12] was launched as an 8 week consultation.

Limited budgets

6. The consultation sets out the parameters of current health spending outlining how:

> The cost of delivering health and social services is increasing more rapidly than the resources available. Continuing with the same pattern of spend with the same level of funding is simply unsustainable as the gap between these continues to grow. The Resource budget allocated in 2023-24 has resulted in Health facing a significant funding gap and required the implementation of significant cost reduction measures. These actions have already been counter-strategic to the long-term running of the service, and have still left us in a position where it has not been possible to fund a pay increase for Health and Social Care staff. The prospects of achieving financial break even remain challenging.[13]

7. This "matter-of fact" framing therefore starts with the inadequacy of funding as "fact" rather than the direct result of political choices. A few years ago the possibility of a Programme for Government shaped by Outcomes Based Accountability was presented as the future, now we are expected to merely concentrate on how best we can find "work-arounds" for a set of clearly "counter-strategic" policies including what is proposed in this consultation.
8. Worse than the "what can we do?" fatalism is the framing of the "savings" (£10million) on re-introducing parking charges as potentially enabling "around 20,000 assessments, diagnostic tests or procedures to take place for patients with cancer or time critical conditions."[14] The question that is begged is: can it be honestly be suggested that with

[10] Ibid.
[11] https://committees.parliament.uk/oralevidence/13725/pdf/ 25 October 2023.
[12] Consultation Paper - Hospital Parking (health-ni.gov.uk) 14/11/23.
[13] Op. cit. p.2.
[14] Ibid.

this "windfall" this Departmental shopping list *could* be fulfilled i.e. with what staff? using what already depleted bed capacity?

9. This projection presents every penny saved from *continuing to charge* being reinvested in patient services when the reality of such a "saving" as admitted elsewhere in the consultation merely represents a "surplus over running costs" i.e. only *this* could be reinvested in patient services."[15] Previous evidence to the Assembly's Health Committee on this issue from the Northern Ireland Committee of the Irish Congress of Trade Union's[16] highlighted how "£15m had been collected by parking charges from NI's health trusts in a 3-year period; revenue raised had doubled from 2016/17 to 2018/19 and £15,673,977 has been raised by all 5 NI health trusts with over £2.8m of this income related to 3 trusts for staff parking."[17] If reversing the abolition of charging is being spun as a direct patient outcome as it is suggested by this consultation – what did this previous revenue *specifically* deliver for patients?
10. Overall, therefore, it is disingenuous to present those arguing for the fulfilment of, rather than reversal of, the legislation to be the ones having an adverse impact on potential patient resources. Worse still is the highly offensive implication that abolishing parking charges – an attempt to assist the core providers and recipients of healthcare – will lead to ***a potential detriment to general*** patient care by removing funding from its pot. This narrative that "the Department of Health is seeking views on a range of measures which will involve citizens being asked to make a greater financial contribution to the services they are accessing"[18] continues to ignore the wholly disproportionate, regressive weight being borne by the broad mass of the population because of current economic policies. In other words, how many times are we all expected to pay? For the mass of the population who have a life of National Insurance payments, who pay as they earn and don't avoid/evade tax, endure decades of unfulfilled pay increases, endure deliberately depleted public services, suffer broken promises on pensions etc. – what is at the end of this lifelong contribution – more charges?
11. This document states "continuing without change is simply not sustainable but there are always alternative approaches to meet the problems that exist." We agree, however,

[15] Op. Cit. p.3.
[16] NIC-ICTU Health unions car parking charges response | ICTU NIC 27/1/22.
[17] Ibid.
[18] Consultation Paper - Hospital Parking (health-ni.gov.uk) p.3.

this will never happen within the prison of neo-liberal economics shaped by Westminster and operated by remote control by the NIO.[19] This is far from the benign implication that more charging across the public sphere would contribute "to these services [as] a way of ensuring they are sustained and improved for the greater good."[20] This is merely the spin that accompanies the extractive economy's profit seeking demands - that the needs of the finance, insurance and real estate industries are serviced.

Impact on public finances and budget sustainability

12. While discussion of the "Impact on public finances and budget sustainability" states that as "we are already in a situation where demand is outstripping capacity and the provision of free car parking from May 2024 will further reduce the Department's ability to fund health and social care services" this says more about the general fragility of local health service's funding – that it is rendered fragile by a potential loss of £10 million - than it does about the issue of car parking charges per se.
13. While part of the consultation on re-introducing charges also suggests some health/treatments exemptions to it as mitigation,[21] this seems to simultaneously accept the necessary, humane purpose that drove the original policy and then dilutes it to a point of near meaninglessness just to find as easy budgetary "cut". When this was previously debated prior to the 2022 Act the variety of where exemptions did or did not apply was highlighted. At the RVH in Belfast, for example, exemptions ***did not*** apply to those with chronic respiratory diseases or advanced neurological conditions. At the time it also detailed how this might be "discretionary" and that "waivers" for charging did not include those in receipt of Personal Independence Payments. Yet again, because of the ideological economic framework we are trapped in, we are caught in in the perpetual loop of being invited to "rob Peter to pay Paul" - descending even further as a society to

[19] See the Resolution Foundation's December 2023 report. "Ending Stagnation: A new Economic Strategy for Britain" https://economy2030.resolutionfoundation.org/reports/ending-stagnation/ 4/12/23. The report highlights that "having surged during the 1980s, and remained consistently high ever since, income inequality in the UK is higher than any other large European country."

[20] Consultation Paper - Hospital Parking (health-ni.gov.uk) p. 3.

[21] "Exceptions for persons with a diagnosis of a terminal illness and relatives of in-patients who are terminally ill and/or receiving end of life care. Enhancing exceptions for patients with mental health disabilities and those accessing addiction services as parking charges may act as a barrier to access treatment. Providing 30 minutes of parking free across all chargeable sites which will help staff and public set down and collect persons /items. Providing free staff parking to permitted pass holders. Modernised payment systems" p. 6.

the point of debating *how chronic* a condition has to be before the potential experience within our healthcare is not *worsened* by being charged for treatment within it.

Adverse impact

14. In terms of "equality/rural screening" the Department "acknowledges that the re-introduction of parking charges has the potential to have an impact on people who live in rural areas due to the accessibility of public transport in the first place. While the charges will be the same for everyone, people from rural areas are more likely to need to use their cars."[22] This fails to capture that, firstly, people have to have access to such private transport in the first place or, where they don't, to acknowledge *again* in this ever-decreasing circle of competing cutbacks how public transport itself, already far from comprehensive in Northern Ireland, continues to be under severe funding pressure.
15. When this issue was discussed at the NI Assembly Health Committee[23] testimony from end-of-life charity Marie Curie, citing evidence from Macmillan Cancer Support pointed out that car parking for outpatient appointments in Northern Ireland was costing people with cancer £37 a month on average (around £450 a year). These are charges that are "inescapable"[24] and *"represent an extra cost imposed on dying people and their loved ones when many can least afford it."*[25] As the location of such visits is and will likely to be in a hospital setting a charging regime also re-introduces **the postcode lottery** of being charged in some locations and not others with the potential inequity across Northern Ireland.

Core funding and planning needed

16. The consultation references how "eliminating parking charges may remove a financial burden for some staff, patients and visitors"[26] but this is treated in a throwaway manner given it is swiftly followed by implying the cost of this being borne by its "beneficiaries" – the patients, their families and the health staff – is a price worth paying to enable car park maintenance or wider society's management of vehicle emissions. Again, these wider issues – long unresolved and mismanaged at a central government level will not

[22] Ibid. p.8.
[23] Minutes Of Evidence Report (niassembly.gov.uk) 27/1/22.
[24] Ibid.
[25] Ibid.
[26] Op. Cit. p. 9.

be addressed by the "claw back" this proposed policy represents. In addition, the citing of the British Parking Association's conclusion that that "the most effective way to [achieve these goals] is to charge"[27] is hardly drawing upon a disinterested commentator. That is, while this Association itself may be "not for profit" its members are very much "for profit" – the profit that comes from a charging regime for car-parking.

17. This non-Health Service organisation is cited for the argument that "good quality, well designed and properly maintained parking provision is vital to the success of hospitals and healthcare facilities, and charging for parking needs to be seen in the context of delivering a better, fairer and greener service to users and staff".[28] This begs the question of why such ambitions are not seen as part of central government's social responsibility to provide for its citizens. Furthermore, why is an obvious case not being made by Health/Finance ministers that hospitals/healthcare facilities need staff (including very necessarily mobile health professionals who may have to transport medical supplies/specialist equipment visiting multiple sites) who travel to/from their place of work. Given these sites will always have visitors, the provision of free parking could and should be in-house, **genuinely** not for profit and provided to a high quality standard. This is about provision – not as an add-on to healthcare sites but as essential, foundational parts of them. Suggestions of park-and-ride schemes (as a dilution of the re-introduced charging proposal) also ignores a number of aspects of both the makeup of staff and the service they provide. For example, on the former, even a 9-5 worker attempting to use a park and ride scheme would struggle within our public transport system given its lack of connectivity and/or its very existence at certain times in certain areas. This would be exacerbated for staff whose travel involved the co-ordination of pre-work childcare arrangements and the difficulties of linking this to the public transport system.
18. Without such a system/timetable, private transport is inevitable and therefore the additional cost of parking to carry out employment duties should not occur. If this is a struggle in the best case scenario of 9-5 hours and a regular public transport system – the more likely scenario of anti-social hours and an irregular/absent public transport option is compounded by the safety aspect for staff of park-and ride facilities that may be some distance from the workstation. In addition, park and ride is no solution to the

[27] Ibid.
[28] Op. Cit. p.10.

parking needs of necessarily mobile workers such as social workers, social care and other health professional staff whose appointments during a working day are across a number of locations and for whom the car is therefore essential to carry out their duties.

19. Reference is made to the "abolition of car parking charges in Wales and Scotland" and the "alternative parking management solutions [that] have been implemented in these jurisdictions." While it is acknowledged that there is "limited information about how effective" some aspects of their new practices have been re "controlling the management of spaces, congestion and the cost implications,"[29] the point from these comparators is that their starting point is that car parking charges should not subvert the principle of "free at the point of use" access to healthcare. In addition, whilst we are happy to look at what the other devolved administrations do where they offer a more progressive benchmark, it should not be the case, indeed would be a subversion of the purpose and advantage of devolution, if it is suggested that their practice should be followed slavishly, without the particular needs and perspectives of our society being paramount.
20. The range of parking management decisions, based on best practice, technical fixes such as staff passes or QR codes on appointment letters etc. can be built on this to ensure efficiency – and while it is not for staff to devise such a system, their participation in doing so and the recognition of their needs within it should be overriding. As alluded to above, the wider policies such as a shortage of car parking spaces is the responsibility of other decision makers/policymakers and staff should not have to pay actually or metaphorically from their failure to do so. Furthermore, in terms of shortages of spaces, it is entirely possible and affordable to develop and deliver multi-storey parking.
21. In addition, given that in policy terms there has been much discussion of the template for future healthcare being treatment *outside* of a hospital setting, it is ridiculous as was previously proposed by the Belfast Trust, for example, that car parking charges be extended beyond hospital sites to health and well-being centres.

Real support for healthcare staff

22. The consultation during the prelude to the introduction of the Hospital Charges Act 2022, involved evidence sessions with the Health and Social Care staff most affected by the existing charging regime. The power and justice of the case they made then has not

[29] Ibid.

diminished. These staff – the heroes whose commitment held the line of societal protection - while we were all endangered, as confirmed by the ongoing Covid enquiry, by the sociopathic incompetence from Downing Street shaped by the "Mayor from Jaws"[30] Prime Minister in No. 10 and the leader of the "Death Squad"[31] Chancellor in the Treasury. These staff wanted and deserved more than a "clap for carers" but instead beyond that token gesture continue to live with the exploitative failure to deliver a fair pay settlement to them. They now face the prospect of another attack, an ***additional tax*** on what it costs them to fulfil their vocation in the form of car parking charges. Again, how can the NHS ***truly*** be free at the point of use if, for staff and patients – who use it or work in it, it involves such a cost? In addition, the charging of staff and patients should never be used to compensate for the consistent under-funding of our NHS.

23. Even if those at the top of Government or its Departments/Agencies who employ such staff continue to display callous indifference on a human level to the patient aspect of this issue, they might at least be expected to pay attention to the evidence from staff exit interviews that have confirmed car park charges (including its variety across Trusts) has a negative impact on the recruitment and retention of NHS staff. How does it make sense to ignore this fact for a (illusory) "saving" of £10m?
24. It is not for patients or staff to pay the price for the general failure to deliver a properly subsidised, connected public transport system and even if it did exist it is the duty of care for employers to ensure for the latter that staff are safe going to and from their work at whatever time of day or night as they fulfil their duties. Everything, therefore, should be done to support them in the context of removing impediments in terms of where they park (sufficient parking space provision) and when they park (because of the anti-social hours of a 24/7 healthcare) to fulfil their duties. This should be free.
25. The abolition of car parking charges was a signal that this was at least being recognised to some extent and was important "for workers across trusts…at a practical level, a financial level and a symbolic level."[32] The possibility of its reversal is again adding insult to injury of how healthcare staff continue to be taken for granted.

[30] https://www.bbc.co.uk/news/uk-67275967 31/10/23.
[31] https://www.theguardian.com/uk-news/2023/nov/06/boris-johnson-called-treasury-pro-death-squad-during-pandemic-inquiry-told 6/11/23.
[32] Minutes Of Evidence Report (niassembly.gov.uk) 27/1/22.

Conclusion

26. Any proposal for change within the NHS has to start with it being measured against the foundational principle that "the essence of a satisfactory health service is that the rich and the poor are treated alike, that poverty is not a disability, and wealth is not advantaged"[33]. This should apply to NHS patients and its staff, therefore by this measure alone we oppose the proposal to re-introduce car parking charges. More than this however, we regard the potential reversal of the Assembly legislation as anti-democratic, and reject the bogus economic blackmail of "disaster capitalism" that presents what was once the benchmark of a decent society in terms of a "cradle to the grave" social security as "unaffordable". It is from these deliberate, political choices that the "punishment budgets", the current revenue raising consultations and the threat to re-introduce hospital parking charges flow.

[33] https://www.wcml.org.uk/our-collections/object-of-the-month/objects-of-the-month-2018/happy-70th-birthday-nhs/