

**Director-General Brief for Approval**

RM folder reference No:	C-ECTF-17/3668
Division/HHS:	SPP
File Ref No:	ISP-0065

Requested by:

 Department       Minister's office

**SUBJECT: Final Approval to publish the revised Hospital Car Parking Provisions - Health Service Directive and associated Standard and Guideline**

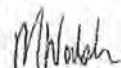
**Recommendations**

It is recommended the Director-General:

- 1. Approve** the revised Hospital Car Parking Provisions - Health Service Directive (Attachment 1) and associated Patient and Carer Concessions Standard (Attachment 2) and *Provision of Staff Parking Guideline* (Attachment 3) effective 1 July 2017.

**APPROVED**

- 2. Sign** the memorandum to notify Health Service Chief Executives that the Hospital Car Parking Provisions - Health Service Directive and associated Standard and Guideline will be effective from 1 July 2017 (Attachment 4).

**APPROVED**


**MICHAEL WALSH**  
Director-General

Date: 29/6/2017

Ministerial Brief for Approval required 

Director-General's comment

Ministerial Brief for Noting required **Issues**

1. This brief is urgent. The Hospital Car Parking Provisions - Health Service Directive and associated Patient and Carer Concessions Standard and Provision of Staff Parking Guideline need to be approved and effective by 1 July 2017 as the previous Health Service Directive lapses on 30 June 2017.
2. Final approval is sought to publish the revised Hospital Car Parking Provisions - Health Service Directive (HSD) and its associated Standard and Guideline to ensure a consistent approach to car parking at Queensland's public hospitals.
3. The Hospital Car Parking Provisions - Health Service Directive (QH-HSD-042:2014) has been revised to include a new Patient and Carer Car Parking Concessions Standard (QH-HSDSTD-042-2:2017) (the Standard) as well a revised Provision of Staff Parking Guideline (QH-HSDGDL-042-1:2014) (the Guideline).
4. In accordance with section 48 of the *Health and Hospital Boards Act 2011* a consultation process was undertaken with all Hospital and Health Services (HHSs) to develop the revised HSD and its associated Standard and Guideline.
5. The new statewide Standard will improve access and affordability of car parking spaces to eligible patients and their carers in a transparent manner. Hospitals with paid parking will be required to implement a local Car Parking Concessions Policy and supporting Procedure by 1 October 2017.
6. The revised Guideline replaces the previous guideline with minor changes to improve clarity and ensure the guideline specifically addresses staff car parking considerations. Hospitals will be required to implement a local Staff Parking Policy by 31 December 2017.

RM folder reference No:	C-ECTF-17/3668
Division/HHS:	SPP
File Ref No:	ISP-0065

## Vision

- The review of the current HSD and associated guideline aligns with Direction two set out in the 10 year vision: *My health, Queensland's future: Advancing health 2026*, by enabling the delivery of healthcare by providing patients, visitors and staff with safe and affordable access to parking.

## Results of Consultation

- Consultation with HHSs occurred between 17 February 2017 and 10 May 2017, with ongoing collaboration with the HHS Advisory Group continuing until 8 June 2017. The Final HSD, Standard and Guideline incorporates HHS feedback. These documents were endorsed by HHS representatives at the Hospital Car Parking Advisory Group Meeting on 8 June 2017 and noted by HHS Chief Executives at the System Leadership Forum 13 June 2107. Changes requested by the Chief Executives have been made.
- Initial consultation with the Union Secretaries body on the statewide approach to car parking was held on 7 April 2017. Consultation on the HSD for Hospital Car Parking Provisions and the associated Guideline commenced on 18 May 2017 with a presentation to the Reform Consultative Group and closed on 30 May 2017 with no issues raised.
- The Queensland Nurses and Midwives Union provided feedback on 5 June 2017. In response, the Guideline was updated to include a requirement for HHSs to consult with employee representatives when developing local staff parking policies. In addition the policy statement wording was changed to include reference to fair and affordable cost and other wording was changed to ensure consideration of recalled staff, and staff who need to access a car park multiple times to support clinical service delivery.
- Health Consumers Queensland provided feedback on patient and carer concessions on 27 April 2017. No significant issues were raised, however, Health Consumers Queensland did request a requirement for a car parking strategy, and consultation with consumers and families when developing local policies. This is a mandatory requirement under the HSD.

## Resource Implications (including Financial)

- The Standard and Guideline will replace the existing HSD and will be implemented by HHSs with existing funds.
- HHSs that have existing car parks with paid facilities will be requested to work towards negotiated car parking concession outcomes in the interest of patient care (subject to legal contractual obligations).

## Background

- On 3 November 2016, the Cabinet Budget Review Committee approved the development of a statewide approach to address these challenges. This included policy principles to establish public hospital car parking as social infrastructure and ensure affordability and service need would inform car parking decisions going forward.
- On 23 December 2016, all HHS Chief Executives were advised that a statewide approach for new car parks was being considered. Each HHS nominated a representative to contribute to this work including development of a statewide concessions policy approach.
- On 14 February 2017, the Director-General presented at the Strategic Leadership Forum, advising HHS Chief Executives of the revised Health Service Directive, associated statewide Car Parking Framework and the consultation process.

RM folder reference No:	C-ECTF-17/3668
Division/HHS:	SPP
File Ref No:	ISP-0065

### Attachments

17. Attachment 1: Hospital Car Parking Provisions Health Service Directive final draft  
Attachment 2: Patient and Carer Car Parking Concessions Standard final draft  
Attachment 3: Provision of Staff Parking Guideline final draft  
Attachment 4: Memo for HSCEs

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Sandy Smith	Bron Nardi	Paul McGuire
Principal Project Officer	Executive Director	Acting Deputy Director-General
Infrastructure Strategy and Planning Branch	Infrastructure Strategy and Planning Branch	Strategy, Policy and Planning Division
s.73	s.73	s.73
21 June 2107	21 June 2017	23 June 2017

# Health Service Directive

Directive #QH-HSD-042:2014  
Effective Date: 1 July 2017  
Review Date: 1 July 2020  
Supersedes: Version 1

## Hospital Car Parking Provisions

### Purpose

The purpose of this Health Service Directive (this Directive) is to provide safe, accessible and affordable car parking at Queensland's public hospitals for patients, their carers, visitors and hospital staff.

### Scope

This Directive applies to all Hospital and Health Services (HHSs).

### Principles

This Directive is guided by the following principles:

- Hospital car parks provide necessary support infrastructure for the provision of health services.
- Car parking supply is to be aligned with the efficient and safe operation of the hospital, considering access needs for patients, their carers and visitors, and hospital staff.
- Proposals for new hospital car park infrastructure should be supported through strategic planning and asset management planning.
- Car parking should be affordable and accessible for all patients, their carers and visitors.
- Car park operations are appropriately managed using robust financial processes and are self-sustaining to ensure public funds continue to be directed towards clinical services.

### Outcomes

This Directive requires:

- HHSs to develop a local Hospital Car Park Strategy (the Strategy) that seeks to achieve affordable and accessible car parking for patients, their carers, visitors, and hospital staff. The Strategy is to include a geographic car park plan and a local approach to patient, carer and visitor accessibility, staff parking locations, user safety, and any tariffs and concessions. The Strategy should also align with any HHS hospital master planning and service plans, considering both the short and long term car parking needs of the hospital.



In order to support the implementation of the Strategy each HHS must also develop the following for each hospital it administers:

- A local Car Parking Concessions Policy and supporting local Car Parking Concessions Procedure for eligible patients and their carers
- A local Staff Car Parking Policy that addresses car parking for staff where their safety is at an escalated risk (shifts completing or commencing between 6.00pm and 6.00am) and on-call staff where ready workplace access is required for emergency needs. The provision of general staff car parking is to consider the operational needs of the hospital and the clinical needs of patients and their carers and visitors.

### Mandatory requirements

In order to meet the Outcomes stated in this Directive:

- all hospitals are to have a local Strategy in place, which will assist the HHS and Department of Health in determining the need for new car park infrastructure;
- the local Car Parking Concessions Policy and supporting Car Parking Concessions Procedure is to be developed in adherence with the Health Service Directive Standard *Hospital Car Parking – Patient and Carer Car Parking Concessions* by 1 October 2017;
- the local Staff Car Parking Policy is generally aligned with the Health Service Directive Guideline *Hospital Car Parking – Provision of Staff Parking* by 31 December 2017;
- the HHS must appropriately consult with relevant hospital employees, consumer groups and patients during the development of its local Strategy, Policies and Procedures; and
- the HHS must appropriately communicate the local Strategy, Policies and Procedure/s to patients, their carers, visitors and hospital staff to ensure information relating to hospital car parking is available to all users.

### Related or governing legislation, policy and agreements

*Hospital and Health Boards Act 2011*

### Supporting documents

Health Service Directive Standard – *Hospital Car Parking – Patient and Carer Car Parking Concessions Standard # QH-HSDSTD-042-2:2017*

Health Service Directive Guideline – *Hospital Car Parking – Provision of Staff Parking Guideline # QH-HSDGDL-042-1:2014*

### Business area contact

Infrastructure Strategy and Planning Branch,  
Strategy, Policy and Planning Division



Department of Health

## Review

This Health Service Directive will be reviewed at least every three years.

Date of last review: N/A

Supersedes: Hospital Car Parking Provision #QH-HSD-042:2014

## Approval and Implementation

### Directive Custodian

Executive Director,  
Infrastructure Strategy and Planning Branch

### Approval by Chief Executive

Director-General, Department of Health

Approval date: xxx

Issued under Section 47 of the *Hospital and Health Boards Act 2011*

## Definitions of terms used in this directive

Term	Definition / Explanation / Details	Source
Carers	A person providing unpaid care and support to family members and friends (who have a disability, mental illness, chronic condition, terminal illness, an alcohol or other drug issue or who are frail aged) who are patients.	<a href="http://www.carersaustralia.com.au/">http://www.carersaustralia.com.au/</a>
Existing car parking infrastructure	A hospital car park that is in operation at the date this Health Service Directive takes effect.	N/A
Hospital	Includes any premises providing medical or surgical treatment, and nursing care, for ill or injured persons	<i>Hospital and Health Boards Act 2011 (Qld)</i>
New car parking infrastructure	Any multi-storey hospital car park infrastructure that is not Existing	N/A



	Car Park Infrastructure. This includes any major upgrade or modification to an existing car park (such as additional car parking levels or converting an at grade park to a multi-storey car park facility or transitioning a free car park to a paid parking regime). It does not include any proposal to develop or modify an at grade car park.	
Patients	Any person accessing a hospital for clinical services.	N/A
Staff	Any person employed at the hospital.	N/A
Visitors	Any person visiting the hospital who is not a Patient, Carer or Staff.	N/A

### Version Control

Version	Date	Prepared by	Comments
0.01	24/04/2014	Regulatory Instruments Unit	New Document
0.02	15/06/2017	Infrastructure Strategy and Planning Branch	Reviewed document includes new Patient and Carer Concessions Standard.



DRAFT ONLY – NOT GOVERNMENT POLICY

# Standard

Health Service Directive

Standard # QH-HSDSTD-042-2:2017

Effective Date: 1 July 2017

Review Date: 1 July 2020

Supersedes: New Document

Hospital Car Parking Health Service Directive

## Hospital Car Parking – Patient and Carer Car Parking Concessions

### Policy Statement

The provision of car parking concessions at Queensland Health hospital facilities is intended to improve access and affordability of car parking spaces to eligible patients and their carers in a transparent manner.

### Purpose

Hospital and Health Services (HHSs) must adhere to this Standard when developing and reviewing its local Hospital Car Park Strategy (the Strategy) for each hospital it administers.

HHSs must adhere to this Standard when developing and reviewing its local Car Parking Concessions Policy and supporting Car Parking Concessions Procedure for each hospital it administers.

### Scope

This Standard applies to all HHSs.

Compliance with this Standard is mandatory.

### Objectives

The local Strategy and Car Parking Concessions Policy and Procedure are to be consistent with, and advance, the following objectives:

1. Car parking concessions will be available at all existing and new hospitals with paid parking\* to ensure eligible patients and their carers have equitable access to clinical services.
2. Car parking concessions will be available to eligible patients and their carers.
3. Car parking concessions will be applied to a range of patients and their carers on the basis of need, and in a user-friendly and transparent manner.

*\*Where the car park is commercially operated, subject to contract and legal obligations, requirements and negotiations.*





**Department of Health: Hospital Car Parking – Car Parking Concessions**

4. The car parking concession arrangements will be provided to meet the local service and patient needs at each hospital.
5. Car parking concessions will provide both free and discounted hospital car parking.

**Requirements****Eligibility**

At minimum, car parking concessions are to be made available to eligible patients and their carers in the following categories:

1. Patients and carers experiencing financial hardship (which may include government concession card holders);
2. Patients and carers who need to attend hospital for an extended period of time;
3. Patients and carers who are required to attend hospital frequently; and
4. Patients and carers with special needs who require assistance.

**Patient Care**

The local Hospital Car Park Strategy and local Car Parking Concessions Policy and local Car Parking Concessions Procedure should consider the following factors when allocating car parking spaces for patients with special needs:

- Convenient and wheelchair friendly access from a car parking space to the hospital or specialist ward's main entrance;
- Disabled car parking space size requirements (as determined by Australian Standards); and
- Railings, footpaths, pedestrian crossings, lighting and other measures to support patient safety and mobility.

**New Hospital Car Parks**

Where a new hospital car park is proposed, hospital car park proposals must:

1. Ensure car parks are planned and designed to provide a suitable quantity of concession spaces;
2. Provide concession car parking spaces at appropriate locations within the hospital campus in a manner that is safe, convenient and supportive of patient care and patient need outcomes; and
3. Consider car parking concession allocation/quantities as part of planning.

**Department of Health: Hospital Car Parking – Car Parking Concessions****Application**

This Standard applies to:

- All hospital car parking facilities\*;
- All proposals for new car parking infrastructure, including upgrades or modifications to existing car parking infrastructure; and
- The transition of commercial hospital car parks at the cessation of current contracts.

*\*Where an existing commercial hospital car park is operated by an entity other than the HHS (for example by a hospital foundation or, other charity or private enterprise), the HHS is encouraged to negotiate, subject to legal and contractual obligations, car parking concession arrangements in the interests of hospital patients and their carers.*

**Administrative Requirements**

Each HHS must:

1. Develop a local Hospital Car Parking Concessions Policy for each hospital it administers. The local Hospital Car Parking Concessions Policy is to be consistent with this Standard, and at minimum must:
  - Define eligible patients and/or outline eligibility criteria;
  - Outline the types of concession passes and spaces available; and
  - Clearly state car parking concession rates (if any) for the hospital.
2. Develop a local Hospital Car Parking Concessions Procedure for each hospital it administers. The local Hospital Car Parking Concessions Procedure must outline how a patient or carer can access car parking concessions, including the application process, application timeframes, contact information and any standard forms required to enable a patient or their carer to apply for car parking concessions.

In developing the above, the HHS must appropriately consult with relevant consumer groups, patients and carers.

Both the local Hospital Car Parking Concessions Policy and local Hospital Car Parking Concessions Procedure must be available on the HHS's website. Summarised information such as pamphlets, flyers, or signs regarding car parking concessions are to be available at appropriate locations throughout the hospital in a free and easily available manner. This may include at hospital reception and information desks, hospital or ward foyers, at car park entrances, payment stations, and any other relevant clinical and communal areas within the hospital.

The HHS must implement a single administrative point to provide oversight and central reporting of all car park concessions issued across hospitals and service areas. Car



**Department of Health: Hospital Car Parking – Car Parking Concessions**

parking concessions may be approved or issued by specialist areas in the hospital. However, when car parking concessions are issued by specialist areas, the HHS must have appropriate internal administrative processes that advise the single administrative point.

The HHS must report annually, as part of its Annual Report, on the number of car parking concession passes issued and the cost of these concessions.

**Supporting and related documents**

Authorising Health Service Directive: *Hospital Car Parking Provisions #QH-HSD-042:2014*

Health Service Directive Guideline – *Hospital Car Parking – Provision of Staff Parking Guideline # QH-HSDGDL-042-1:2014*

**Definitions of terms used in this Standard**

Refer to the Hospital Car Parking Provisions Health Service Directive for details.

**Approval and Implementation****Guideline Custodian**

Executive Director,  
Infrastructure Strategy and Planning Branch

**Approval by Chief Executive**

Director-General, Department of Health

Approval date: xxx

Effective from: 1 July 2017

Issued under section 47 of the *Hospital and Health Boards Act 2011*

**Version Control**

Version	Date	Prepared by	Comments
0.01	15/06/2017	Infrastructure Strategy and Planning Branch	New Document

# Guideline

Health Service Directive

Guideline # QH-HSDGDL-042-1:2014  
 Effective Date: 1 July 2017  
 Review 1 July 2020  
 Supersedes: Version 1

Hospital Car Parking Health Service Directive

## Hospital Car Parking - Provision of Staff Parking

### Policy Statement

Queensland Health is committed to offering, where possible, equitable access to car parking for the convenience of staff. Where car parking fees apply, consideration should be given to providing staff fair and affordable car parking fees in Queensland Health owned car park infrastructure.

### Purpose

Hospital and Health Services (HHSs) should follow this Guideline when developing and reviewing its local Hospital Car Park Strategy for each hospital it administers.

Hospital and Health Services should follow this Guideline when developing and reviewing its local Staff Car Parking Policy for each hospital it administers.

### Scope

This Guideline applies to all HHSs

### Objectives

Local hospital staff car parking arrangements are to be consistent with, and advance the following objectives:

- As a priority, car parking is provided to staff where their safety is at an escalated risk. For example, providing access to appropriately lit and located car parking for staff completing or commencing shifts between 6.00pm and 6.00am (i.e. evening and night shifts);
- Staff car parking is provided to meet operational requirements such as provision of car parking for on-call and recalled staff where ready workplace access is required for emergency needs;
- General staff car parking manages the operational needs of the hospital and the clinical needs of patients, their carers and visitors.



**Department of Health: Hospital Car Parking – Provision for staff**

- Operational protocols and fee structures are set at each hospital to ensure that car parking is financially self-sustaining\*, with all new car parks considering the staff requirements listed above.

*\*Where commercially operated, subject to contract and legal obligations, requirements and negotiations.*

**Requirements**

The local Hospital Car Park Strategy and local Staff Car Parking Policy should consider the following factors to effectively respond to local requirements at each hospital, its patient needs, and the surrounding community:

- Access to public transport, cycling facilities and other alternative methods of transport and opportunities to improve access to these;
- Carpooling options and other arrangements to reduce car parking demand;
- Opportunities to change hospital operational arrangements that impact on car parking demand such as staggered shift change over times and scheduling of outpatient appointments;
- Arrangements for staff who require multiple same day access to parking to support clinical service delivery (e.g. staff using personal vehicles for home visits);
- The local environment surrounding the facility, including safety considerations for patients, their carers, visitors, and staff;
- Security arrangements available (e.g. security escorts, alarm systems, lighting and proximity to hospital and ward entrances/exits);
- Opportunities to implement parking arrangements in surrounding streets in conjunction with the local council to support hospital car parking arrangements (e.g. provision of shuttle bus services); and
- Staff recruitment, retention and satisfaction.

**New Hospital Car Parks**

Where a new hospital car park is proposed, hospital car park proposals should:

1. Consider staff requirements in line with the objectives outlined in this guideline; and
2. Where relevant, set fair and affordable maximum tariffs for staff as part of the funding and financial modelling during the planning phases for the new car park.

**Application**

This Guideline applies to:

- All hospital car parking facilities\*; and
- All proposals for new car parking infrastructure, including upgrades or modifications to existing car parking infrastructure.

**Department of Health: Hospital Car Parking – Provision for staff****Administrative Requirements**

Each HHS should:

1. Develop a local Staff Parking Policy for each hospital it administers. The local Staff Car Parking Policy should be consistent with the intent of this Guideline.

In developing the above, the HHS should appropriately consult with hospital employees and/or employee representatives, for example, through the local Hospital and Health Service Consultative Forum.

The Staff Parking Policy and any associated procedures should be available on the HHS's intranet.

Where hospitals operate paid parking facilities The Staff Parking Policy and/or any procedures should consider:

- Mechanisms for staff car park payments, which may be through salary deductions for passes which are charged irrespective of use, or alternatively on a pay per entry mechanism. Where a staff pass scheme is implemented, Hospital and Health Services should develop guidelines which include:
  - An explanation of the process under which the Hospital and Health Service will allocate and issue staff passes. This should address initial distribution (allocation for at risk staff, ballot, prioritisation based on role, etc.); ongoing allocation as passes become available; and regular reviews of allocations to ensure consistency with the principles for allocation;
- Provisions for free, subsidised or discounted car parking for certain staff cohorts such as:
  - staff where their safety is at an escalated risk;
  - fleet vehicles;
  - maintenance contractors, vehicles using the loading dock, ambulances and other emergency services vehicles;
- Frequency and mechanism for amendments to car parking fees e.g. annual CPI review, or enable more frequent changes to improve car park operation management; and
- Impact of any change on current car park operator contractual arrangements in place.

**Supporting and related documents**

Authorising Health Service Directive: *Hospital Car Parking Provisions*

## Department of Health: Hospital Car Parking – Provision for staff

**Definitions of terms used in this Guideline**

Refer to the Hospital Car Parking Provisions Health Service Directive for details.

**Approval and Implementation****Guideline Custodian**

Chief Health Infrastructure Officer,  
Infrastructure Strategy and Planning Branch

**Approval by Chief Executive**

Director-General, Department of Health

Approval date: xxx

Effective from 1 July 2017

Issued under section 47 of the *Hospital and Health Boards Act 2011*

**Version Control**

Version	Date	Prepared by	Comments
0.01	24/04/2014	Regulatory Instruments Unit	New Document
0.02	15/06/2017	Infrastructure Strategy and Planning Branch	Review has included clearly separating staff parking provisions from patient and carer concession considerations



Department of Health



## MEMORANDUM

**To:** Chief Executives, Hospital and Health Services

**Copies to:** Deputy Director General – Strategy, Policy and Planning Division  
 Deputy Director General – Corporate Services Division  
 Deputy Director General – Clinical Excellence Division  
 Deputy Director General – Healthcare Purchasing and System Performance Division  
 Deputy Director General – Prevention Division  
 Chief Financial Officer – Hospital and Health Services  
 Chief Financial Officer – Department of Health

**From:** Michael Walsh  
 Director-General  
 Queensland Health

**Contact:** 3234 1171

**Subject:** Hospital Car Parking Provisions - Health Service Directive (QH-HSD-042:2014)

**File Ref:** C-ECTF-17/3668

Please see attached a copy of the Hospital Car Parking Provisions - Health Service Directive (QH-HSD-042:2014), which I have today endorsed and issued. I would like to take this opportunity to thank your representatives for participating in the consultation process leading to the finalisation of this Health Service Directive (HSD).

This HSD replaces the previous version and has been updated to support a new Statewide Patient and Carer Concessions Standard (QH-HSDSTD-042-2:2017) as well as a revised Staff Car Parking Guideline (QH-HSDGDL-042-1:2014).

The Directive and its supporting documents have been developed to ensure a consistent approach to the provision of safe, accessible, and affordable car parking at Queensland's public hospitals for patients, their carers, visitors and hospital staff.

The new Statewide Patient and Carer Concessions Standard intends to improve access and affordability of car parking spaces to eligible patients and their carers in a transparent manner. Hospitals with paid parking will be required to implement a local Car Parking Concessions Policy and supporting Procedure by 1 October 2017.

The Staff Car Parking Guideline has been revised with minor changes to improve clarity and ensure the guideline specifically addresses staff car parking considerations.



All hospitals will be required to implement a local Staff Parking Policy by 31 December 2017.

The attached HSD, Standard and Guideline will be published on the Queensland Health Policy and Health Service Directives website at [www.health.qld.gov.au/directives/html/a](http://www.health.qld.gov.au/directives/html/a).

Should you require clarification on implementation of the Directive, please do not hesitate to contact Ms Bronwyn Nardi, Executive Director Infrastructure Strategy and Planning Branch, on telephone [s.73](tel:s.73)



Michael Walsh  
**Director-General**  
29 June 2017

# Media Statements

## Minister for Health and Minister for Ambulance Services The Honourable Cameron Dick

Sunday, July 23, 2017

### **\$7.5 million to improve hospital car parking access for patients, carers and families**

The State Government will invest up to \$7.5 million over the next four years to make an extra 100,000 free and discounted car parking spaces available at public hospitals each year, as part of a four-point plan to improve hospital car parking access across Queensland.

"I know the cost of car parking is a real concern for many patients, carers and their families," Health Minister Cameron Dick said today.

"That's why the State Government has developed a four-point plan to help improve access to car parking at public hospitals in Queensland."

The State Government will take the following actions as part of its Public Hospital Car Parking Action Plan:

1. Car parking concessions policies will be developed for all Hospital and Health Services where paid parking applies.
2. The number of concessional car parking spaces available at Queensland public hospitals will be increased.
3. The Government will continue to be involved in the development of future public hospital car parks.
4. New car parking options will be considered for the Lady Cilento Children's Hospital.

#### ***Car parking concessions policies to be developed across Queensland***

Mr Dick said while increasing the number of concessional car parks was a significant component of a planned approach to managing car parking at Queensland hospitals, the approach included rolling out a new patient and carer car parking concessions policy across the state.

As the first step of the action plan all Hospital and Health Services (HHSs) have been directed to develop a series of policies, specific to each hospital with paid parking, to address car parking costs.

The directive requires Hospital and Health Services to:

- develop a local Hospital Car Parking Concessions Policy for each hospital it administers
- define eligible patients and/or outline eligibility criteria
- outline the types of concession passes and spaces available, and
- clearly state car parking concession rates for the hospital.

All Hospital and Health Services will be required to develop and publish their local hospital car parking concessions policy by 1 October this year, and report on them annually.

The development timeframe for the new hospital car parking concessions policies will allow Hospital and Health Services to consult on their new local policies, including with the private parking providers who operate car parks.

As a minimum, car parking concessions will be made available by each Hospital and Health Service to eligible patients and their carers in the following categories:

- Patients and carers experiencing financial hardship (which may include government concession card holders)
- Patients and carers who need to attend hospital for an extended period of time
- Patients and carers who are required to attend hospital frequently, and
- Patients and carers with special needs who require assistance.

“At present, car parking concessions are provided by individual Hospital and Health Services in a number of different ways, best suited to meeting local needs and circumstances,” Mr Dick said.

“It might involve, for example, providing discounted parking one day a week over a specific period, or a free one-off park, cheaper parking over the course of a week, or a combination of measures.

“I want to ensure we provide greater consistency in how we deliver car parking concessions across Queensland, particularly how we communicate the availability of those concessions to patients, their family members and carers,” Mr Dick said.

#### ***Number of concessional car parking spaces to be increased***

The State Government will commit up to \$7.5 million over the next four years to make available a further 100,000 free and discounted car parking spaces each year at Queensland public hospitals.

“Increasing the number of concessional car parking spaces means that many more people and families in need will have access to accessible and affordable car parking,” Mr Dick said.

“This will mean a little less stress for patients and their families, especially those who find themselves burdened financially by the costs of car parking.”

Mr Dick said the additional discounted car parking spaces would be available from 1 October once the car parking concessions policies had been developed across Queensland.

“We will work closely with Hospital and Health Services to make sure the additional funding is distributed fairly.

“I want to ensure more concessions are available for those patients and carers who are either experiencing financial hardship, attending hospital for an extended period of time, need to attend hospital frequently or have special needs and require assistance – no matter where they live in Queensland,” Mr Dick said

“All of our work in developing consistent policies and increasing the availability of concessional car parking spaces requires a balancing act.

“We need to spend as much of our budget as we can on delivering frontline healthcare, particularly as demand for public health services continues to grow, but I’m mindful that these car parking costs can have a real impact on some families.

“We want to make sure as many eligible patients and their carers receive some form of concession.”

***State Government to continue to be involved in developing car parking infrastructure***

“Since our election in 2015, the top priority of the Palaszczuk Labor Government has been the restoration of front-line services,” Mr Dick said.

“But that hasn’t stopped us from working to expand access to parking at Queensland Health facilities,” he said.

At Logan and Caboolture hospitals, the Government has funded temporary ground-level car parking solutions.

At Logan Hospital, the Government is delivering an additional 500 car parks while at Caboolture Hospital work has commenced on providing up to 300 car parks.

In both cases, these solutions will also help with the future expansion of both hospitals.

At Rockhampton Hospital, Queensland Health has awarded a contract for the design and construction of the nearly 600 space multi-storey carpark. The Rockhampton Hospital carpark will be owned and operated by the Central Queensland Hospital and Health Service.

The \$1.1 billion Herston Quarter redevelopment provides for expanded car parking capacity to serve the hospital and future occupants at that site.

The Government is also considering options to expand car park availability at The Prince Charles Hospital, including a proposal from the current operator under the Queensland Treasury’s Market-Led Proposals program.

“We are overseeing the successful expansion car parking at public hospitals during our term in government,” Mr Dick said.

“And we will continue to be involved in facilitating the development of future car parks at public hospitals,” he said.

Our preferred approach for new multi-storey hospital carparks is to develop a Government Portfolio Model, financed by the Queensland Treasury Corporation.

“However, private public partnerships will be retained as an option for circumstances where it can deliver a better outcome, for example, when we are developing a large ‘greenfield’ hospital site,” Mr Dick said.

“Whether they are subject to public private partnership arrangements or are part of a Government-owned portfolio, all future carpark proposals will be required to factor in the provision of concessional parking as part of their business planning,” he said.

### ***New car parking options to be considered for Lady Cilento Children’s Hospital***

Mr Dick also announced an immediate start to business case planning for possible options to develop new car parks to help service Lady Cilento Children’s Hospital.

Mr Dick said Queensland Health had begun initial work investigating options for improved accessibility, including more car parking, at Lady Cilento Children’s Hospital in South Brisbane. This work will take up to 12 months.

“This will be very challenging work, as there are no easy or immediate answers to increasing car parking at the Lady Cilento Children’s Hospital precinct or in the immediate vicinity of the hospital,” Mr Dick said.

“The area around the hospital is heavily and extensively developed. Potential infrastructure options could be prohibitively expensive, but I have asked Queensland Health to work with the Lady Cilento Children’s Hospital on potential options to see what can be achieved.”

Health Consumers Queensland Chief Executive Melissa Fox has welcomed the Government’s announcement.

“We are pleased that the directive requires each hospital to consult with consumer groups, patients and carers in creating a local Hospital Car Parking Concessions Policy aimed at ensuring that those in need can easily access discounted or free parking,” Ms Fox said.

“Costs of parking for health consumers can be a significant and unexpected out-of-pocket expense for health consumers and their families.

“This is particularly the case where the need to visit a hospital is frequent and for several hours at a time.

“Anything that makes concessions to patients and visitors more available can only ease that burden at what can be an emotionally difficult time for any family,” Ms Fox said

## Ministerial Brief for Noting

RM Reference No:	C-ECTF-17/6801
Division/HHS:	SPPD
File Ref No:	ISP-0347

**SUBJECT: Implementation of car parking concessions at Queensland public hospitals on 1 October 2017**

### Recommendation

It is recommended the Minister:

1. **Note** the progress update on the implementation of additional car parking concessions at Queensland public hospitals car parks.

**NOTED**

**PLEASE DISCUSS**

**Cameron Dick MP**  
**Minister for Health and Minister for Ambulance Services**

**Date:** / /

### Ministerial Office comments


### Issue/s

1. This urgent update is provided regarding the implementation of car parking concessions on 1 October 2017.
2. Hospital and Health Services (HHSs) have developed local policies and procedures to implement car parking concessions at Queensland public hospitals (Attachment 1). It is expected that all policies and procedures will be approved by HHS Executives or Boards by 29 September 2017 for implementation from 1 October 2017.
3. Using the initial funding allocation set out in the Ministerial Brief 17/4581 (Attachment 2) as a guide, negotiation with HHSs has resulted in a final funding allocation for the period 1 October 2017-30 June 2018 that maximises the likelihood of delivering an additional 100 000 concessions per annum. For the period 1 October 2017-18 to 30 June 2018, a total of \$X has been allocated in the expectation that Y additional concessions will be delivered (Attachment 2).
4. It is anticipated that some HHSs will be able to deliver a higher level of concessions for the funding allocated. Some HHSs have indicated their intention to monitor and actively adjust concessions regularly in response to their experience operating the policy.
5. To ensure the target of 100 000 additional concessions per annum is achieved, a contingency of \$125 000 per annum is being held centrally and will be allocated in late 2017/early 2018 once the new policy impact is understood. In addition \$125,000 per annum will be available to support additional concessions.

### Agreements with private operators

6. Several HHSs have needed to negotiate amendments to existing agreements with private car park operators to ensure that concessions are provided to eligible patients and carers from 1 October 2017.
7. Contractual implementation risks exist at Metro North and Metro South HHSs, where it is understood that International Parking Group (IPG) has provided verbal assurances that car

RM Reference No:	C-ECTF-17/6801
Division/HHS:	SPPD
File Ref No:	ISP-0347

parking concessions will be in place, but has not executed a written agreements to confirm their position.

8. Metro North HHS is expecting a concessions side deed to be executed in the week of 2 October 2017 to provide per-ticket compensation. In substance, this will provide guaranteed concessions for a 25% discount off the full tariff for a rolling two month period only. Workarounds may be required including that all concessional car parks are provided in the Herston Rd car park.
9. Metro South HHS had previously been informed by IPG that they would be able to buy up to 2,000 prepaid tickets per month for \$15.30 per ticket, reviewable after three to six months. However, it is understood, that now only 500 tickets per month will be provided to concession holders at a 50% discount, subject to review after two months.
10. A cap on additional concessions provided at the IPG multi-storey car park of 500 per month is likely to result in concessional demand not being met. Subject to the final outcome that can be achieved between MSHHS and IPG, alternative approaches may need to be formulated.

### **Variation of policies and procedures across sites**

11. HHSs have developed their own policies and procedures based on site-specific requirements and availability of funding.
12. Queensland Health worked closely with the HHSs to ensure consistency where possible, for instance in relation to the interpretation and application of the Health Service Directive: Hospital Car Parking Provisions.
13. However, policies and procedures at each site do vary in relation to eligibility, level of discount and dollar quantum of the discount.

### **Background**

14. On 23 July 2017, the Minister announced an extra 100,000 free and discounted concessional car parking spaces to be made available at public hospitals to assist patients, carers and their families.
15. Under the Health Service Directive, car parking concessions will be available for eligible patients and carers at all Queensland public hospitals with paid parking from 1 October 2017.
16. In order to ensure that the concessions approach is successfully implemented, the Department of Health has been working with Hospital and Health Services (HHSs) on the operationalisation of the Health Service Directive.
17. Some HHSs have needed to negotiate amendments to existing agreements with private car park operators to ensure that concessions are provided to eligible patients and carers from 1 October 2017.

### **Vision**

18. This brief aligns all of the four directions set out in the 10 year vision *My health, Queensland's future: Advancing health 2026*: Promoting wellbeing, Delivering healthcare, Connecting healthcare, and Pursuing innovation.

### **Sensitivities**

19. The concession rates differ from site to site but will be consistently applied at each site.
20. Ongoing community consultation processes will occur on a site by site basis post 1 October 2017.

RM Reference No:	C-ECTF-17/6801
Division/HHS:	SPPD
File Ref No:	ISP-0347

21. No funding has been allocated for Mater Public; however it is anticipated that Mater Public may request funding for concessions in the future.

### Results of Consultation

22. HHSs with paid car parking have been consulted on the contents of this brief.

### Resource Implications (including Financial)

23. Funding allocations will be reviewed in early 2018, following an initial assessment of the impact of policies across affected sites.

### Attachments

- Attachment 1: Summary concessional car parking policies and procedures (Draft only. Not for public release. Subject to confirmation from HHSs).
- Attachment 2: Car Parking Concessions Policy - Funding and Concessional Spaces
- Attachment 3: Ministerial Brief C-ECTF-17/4581: Introduction of car parking concession scheme

### Department Contact Officer

Ms Bronwyn Nardi, Executive Director Infrastructure Strategy and Planning Branch, Strategy, Policy and Planning Division, on telephone s.73, or mobile s.73

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Laine Simpson	Bron Nardi	Kathleen Forrester
Consultant	Executive Director	Deputy Director-General
Infrastructure Strategy and Planning Branch	Infrastructure Strategy and Planning Branch	Strategy, Policy and Planning Division
s.73	s.73	s.73
s.73	s.73	s.73
26 September 2017	26 September 2017	26 September 2017



HHS	Summary – Policy and Eligibility	Concession discounts available <sup>1</sup>	Maximum Daily Concessional Rate
<b>Metro North</b>	<p><b>Frequent attendees</b> Patient attends for 2 or more visits per week for more than a 3 week period</p> <p><b>Extended stay</b> Patient admitted for 30 days or longer</p> <p><b>Financial Hardship/Special Needs</b> Where a patient or primary carer is not eligible for concessional car parking under the extended stay or frequent attendees criteria they may be able to apply for special circumstances</p>	<ul style="list-style-type: none"> <li>▪ 25% off full tariff</li> <li>▪ Free</li> </ul>	<p><b>RBWH:</b> \$28.50 (\$20.25 between 2-7 hours)</p> <p><b>TPCH:</b> \$15.00 (after 2 hours)</p>
<b>Metro South</b>	<p><b>Financial Hardship</b> Patients over the age of 65 with a valid Pensioner Concession Card</p> <p><b>Recurrent or Frequent Visits to the Hospital</b> Patient will be required to pay 50% of the cost of the parking ticket</p> <p>Primary carers will be eligible to receive concession if they have a valid concession card for carer payment.</p> <p>Visitors will be able to receive their 3<sup>rd</sup> visit at 50% concession in a 7-day period, if they are able to produce 2 full paid metro car park tickets.</p> <p><b>Consecutive and Non-Consecutive Hospital Visits</b> Patient, primary carer or family member that visit the hospital on consecutive days (within 5 days) or on non-consecutive days (over a 6 month period) may be eligible to receive</p>	<ul style="list-style-type: none"> <li>▪ 50% off full tariff</li> <li>▪ Free</li> </ul>	<p><b>PA:</b> \$13.00 (limited to 500 additional concessions per month)</p> <p>s.73</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

<sup>1</sup> Free parking is generally applied to long stay outpatients such as renal, radiation oncology, etc

HHS	Summary – Policy and Eligibility	Concession discounts available <sup>1</sup>	Maximum Daily Concessional Rate
	concession parking. The eligibility criteria to receive this category of concession will be assessed by a Social Worker		
<b>Gold Coast</b>	<ul style="list-style-type: none"> <li>• Holders of Australian Government Concession Cards including a current Pensioner Concession Card, Senior Health Care Card or Low Income Health Care Card</li> <li>• Attendance at the hospital for two or more times per week for specialist treatment, accessible after seven days from the first attendance</li> <li>• Extended hospital admissions, accessible after the first seven days: <ul style="list-style-type: none"> <li>▪ Palliative Care (end stage)</li> <li>▪ Coronary care unit</li> <li>▪ Intensive care unit</li> <li>▪ Rehabilitation support persons</li> </ul> </li> <li>• Newborn Care Unit and ongoing Cancer, Haematology and Renal Dialysis treatment patients</li> </ul>	<p><b>GCUH:</b></p> <ul style="list-style-type: none"> <li>▪ 30% - 55% off full tariff</li> <li>▪ Free</li> </ul> <p><b>Robina:</b></p> <ul style="list-style-type: none"> <li>▪ 40% off full tariff</li> <li>▪ Free</li> </ul>	<p><b>GCUH:</b></p> <p>\$11.50</p> <p><b>Robina:</b></p> <p>\$3.00</p>
<b>Sunshine Coast</b>	<p><b>Financial Hardship</b></p> <p>Clinical staff may refer a patient or carer to the Social Worker attached to that work unit if their payment for parking is becoming a financial impediment to attending either SCUH or NGH.</p> <p><b>Patients and carers who need to attend hospital for an extended period of time</b></p> <p>Discounted parking may be offered to patients or primary carers attending either SCUH or NGH for extended periods.</p> <p>A 50% discount will be offered to primary carers attending the hospital to support a</p>	<ul style="list-style-type: none"> <li>▪ 20% off full tariff</li> <li>▪ 50% off full tariff</li> <li>▪ Free</li> </ul>	<p><b>SCUH:</b></p> <p>\$11.90</p> <p><b>Nambour:</b></p> <p>\$11.50</p>

HHS	Summary – Policy and Eligibility	Concession discounts available <sup>1</sup>	Maximum Daily Concessional Rate
	<p>patient admitted for an extended period. The concession will be offered on the fourth day of attendance.</p> <p><b>Patients and carers who are required to attend hospital frequently</b></p> <p>A 50% discount will be offered to patients and carers on the fourth and subsequent day of attendance in a 7 day period.</p> <p>Patients and carers falling under this category may also apply under the financial hardship provisions for fully subsidised parking.</p> <p><b>Patients and carers with special needs who require assistance</b></p> <p>Discounted parking may be offered to patients or primary carers attending either SCUH or NGH and are identified as requiring assistance due to their unique circumstances.</p> <p><b>Patients and carers with certain government concession cards</b></p> <p>Patients and carers holding a Health Care Card or a Disability Card Permit (Disability Pension Card) are eligible.</p>		
<b>Children’s Health</b>	<p>Eligibility to concessional car parking is assessed in a holistic manner that aligns with family centred care principles and takes into consideration the financial and social circumstances of each patient and family.</p> <p>The following criteria are used as a decision making guide by the Department of Social Work and Welfare’s Allied Health Assistant and Welfare Workers when determining eligibility for discounted car parking:</p> <ul style="list-style-type: none"> <li>▪ The patient’s family’s financial circumstances has been impacted as a result of the patient’s hospital admission/appointments; and</li> <li>▪ The patient, parent or carer is a government concession card holder or is eligible for</li> </ul>	<ul style="list-style-type: none"> <li>▪ Up to 57% off full tariff</li> <li>▪ Free</li> </ul>	<b>LCCH:</b> \$12.00

HHS	Summary – Policy and Eligibility	Concession discounts available <sup>1</sup>	Maximum Daily Concessional Rate
	<p>Centrelink payments.</p> <p>If the patient or carer meets either of the below criteria, they may also be deemed eligible for a concessional parking ticket.</p> <ul style="list-style-type: none"> <li>▪ The carer is a single income household and/or has a low income;</li> <li>▪ The expected length of the inpatient stay is 5 days or more;</li> <li>▪ The parent, patient or carer is required to frequently attend outpatient appointments (eg. twice weekly or more);</li> <li>▪ The parent or carer has additional financial stressors (i.e. more than one child who is an inpatient);</li> </ul>		
<b>Darling Downs</b>	<p>Concessions for car parking on-campus will be determined considering the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Government Card holders of Pension Card or Healthcare Card;</li> <li>▪ Patient's length of stay;</li> </ul> <p>The following patients are eligible for concessional parking and the issuance of free on campus parking:</p> <ol style="list-style-type: none"> <li>a. Holders of a Disabled Parking Permit</li> <li>b. Ongoing cancer treatment patients</li> <li>c. Ongoing dialysis patients</li> <li>d. Patients and patient carers attending more frequently than three times weekly</li> <li>e. Geriatric Adult Rehabilitation and Stroke Service (GARSS) &amp; Rehabilitation attendees</li> <li>f. Patients with a long term hospitalisation and/or treatment needs</li> </ol> <p>The following areas have a THF parking book to enable them to offer concessional parking and issue free on campus parking for patients/carers on a case-by-case basis:</p>	<ul style="list-style-type: none"> <li>▪ 57% off full tariff</li> <li>▪ Free</li> </ul>	<p><b>Toowoomba:</b> \$5.00</p>

HHS	Summary – Policy and Eligibility	Concession discounts available <sup>1</sup>	Maximum Daily Concessional Rate
	a. Allied Health, Cossart House b. Mental Health - Acute Mental Health Unit (AMHU), Yannanda, Community Mental Health and Alcohol and Other Drugs (AODS) c. Special Care Nursery (SCN) d. Oral Health e. Pulmonary Rehabilitation f. Heart Care		
<b>West Moreton</b>	<ul style="list-style-type: none"> <li>• Pre-existing Government Concession Card Holder</li> <li>• Patients and carer who need to attend hospital for an extended period of time</li> <li>• Patients and carers who are required to attend hospital frequently</li> <li>• Patients and carers with special needs who require assistance</li> <li>• Patients and carers experiencing financial hardship</li> </ul>	<ul style="list-style-type: none"> <li>▪ 76% off full tariff</li> <li>▪ Free</li> </ul>	<b>Ipswich:</b> \$5.00
<b>Townsville</b>	<p><b>Patients and carers experiencing financial hardship</b>            Managed, on a case by case basis, through extant Department of Social Work process for assessment of genuine financial hardship</p> <p><b>Patients admitted to the TTH for an extended period of time</b>            Patient treatment/care in the following circumstances:</p> <ul style="list-style-type: none"> <li>▪ NICU and SCN after 7 days.</li> <li>▪ ICU and PICU after 7 days.</li> <li>▪ Palliative Care Centre after 7 days.</li> <li>▪ Rehabilitation Ward after 7 days.</li> <li>▪ Any other inpatient admission with a single episode of care greater than 14 days.</li> </ul> <p><b>Patients and carers who attend TTH frequently</b>            Patient treatment/care in the following circumstances</p> <ul style="list-style-type: none"> <li>▪ The conduct of haemodialysis more than twice a week.</li> <li>▪ Daily or weekly chemotherapy for a period greater than two weeks.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Free</li> </ul>	Free

HHS	Summary – Policy and Eligibility	Concession discounts available <sup>1</sup>	Maximum Daily Concessional Rate
	<ul style="list-style-type: none"> <li>▪ Patients who are under the care of a Nurse Navigator for a period greater than 6 months.</li> <li>▪ Patients who are required to attend TTH more than twice a month for a period greater than 6 months.</li> </ul> <p><b>Patients and carers with special needs who require assistance</b></p> <p>Managed, on a case by case basis, as an assessment of genuine special needs through extant Department of Social Work process or TTH Campus Operations assessment.</p> <p><b>Australian Red Cross Blood Service donor</b></p>		
Cairns	<p><b>Free parking</b> – provided to patients (or their carers) receiving long-term treatment (3 sessions or more per week) in Renal Dialysis or Oncology units</p> <p><b>Concession rate</b> – eligible patients (or their carers) will receive a discounted rate of 55% of the standard applicable rate. Concession parking rates are available to patients/carers if they are able to meet the following criteria:</p> <ul style="list-style-type: none"> <li>•Holder of a Pensioner Concession Card</li> <li>•Holder of a Health Care Card</li> <li>•Holder of a Gold Veterans Affairs Card</li> <li>•Patient is receiving an ongoing course of treatment with at least 1 appointment per week for a minimum of 4 weeks</li> <li>•Patient is admitted to hospital for one week or more</li> <li>•Patient is required to attend hospital more than 2 times per week</li> </ul>	<ul style="list-style-type: none"> <li>▪ 45% off the full tariff</li> <li>▪ Free</li> </ul>	\$3.60 (TBC)

	Proportion of 100,000 Passes (adjusted)	Estimated Annual Cost (75% discount)	Additional Concessions pro rata from 1 Oct 2017	Estimated Annual Cost pro rata from 1 Oct 2017 - 75% discount	Administration Funding per annum	Pro rata admin for 2017-18	Start-up Funding	Pro rata 1 Oct 2017-18
<b>Royal Brisbane &amp; Women's Hospital</b>	16,000	\$456,000	12,000	\$342,000	\$40,000	\$30,000	\$8,754	\$372,000
<b>The Prince Charles Hospital</b>	8,500	\$127,500	6,375	\$95,625	\$40,000	\$30,000	\$8,683	\$125,625
<b>Princess Alexandra Hospital</b>	15,000	\$281,250	11,250	\$210,938	\$40,000	\$30,000	\$0	\$240,938
<b>Gold Coast University Hospital</b>	12,500	\$154,688	9,375	\$116,016	\$40,000	\$30,000	\$7,190	\$146,016
<b>Lady Cilento Children's</b>	10,000	\$225,000	7,500	\$168,750	\$40,000	\$30,000	\$0	\$198,750

PRELIMINARY DRAFT IN CONFIDENCE – NOT FOR RELIANCE

\*\*Mater Public Hospital not included in the initial concessions policy – 2,000 concession passes kept as contingency in case it is included in the future\*\*

	Proportion of 100,000 Passes (adjusted)	Estimated Annual Cost (75% discount)	Additional Concessions pro rata from 1 Oct 2017	Estimated Annual Cost pro rata from 1 Oct 2017 - 75% discount	Administration Funding per annum	Pro rata admin for 2017-18	Start-up Funding	Pro rata 1 Oct 2017-18
<b>Hospital</b>								
<b>Sunshine Coast University Hospital</b>	9,000	\$97,875	6,750	\$73,406	\$40,000	\$30,000	\$0	\$103,406
<b>Ipswich Hospital</b>	5,000	\$78,750	3,750	\$59,063	\$0	\$0	\$0	\$59,063
<b>Nambour Hospital</b>	1,000	\$10,500	750	\$7,875	\$0	\$0	\$7,604	\$7,875
<b>Robina Hospital</b>	5,000	\$18,750	3,750	\$14,063	\$0	\$0	\$2,535	\$14,063
<b>Toowoomba Hospital</b>	6,000	\$63,000	4,500	\$47,250	\$0	\$0	\$0	\$47,250
<b>Townsville</b>	5,000	\$18,750	3,750	\$14,063	\$0	\$0	\$0	\$14,063

PRELIMINARY DRAFT IN CONFIDENCE – NOT FOR RELIANCE

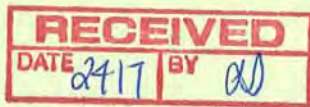
\*\*Mater Public Hospital not included in the initial concessions policy – 2,000 concession passes kept as contingency in case it is included in the future\*\*



	Proportion of 100,000 Passes (adjusted)	Estimated Annual Cost (75% discount)	Additional Concessions pro rata from 1 Oct 2017	Estimated Annual Cost pro rata from 1 Oct 2017 - 75% discount	Administration Funding per annum	Pro rata admin for 2017-18	Start-up Funding	Pro rata 1 Oct 2017-18
<b>Hospital</b>								
<b>Cairns Hospital</b>	5,000	\$21,750	3,750	\$16,313	\$0	\$0	\$8,366	\$16,313
<b>TOTAL</b>	<b>98,000</b>	<b>\$1,553,813</b>	<b>73,500</b>	<b>\$1,165,359</b>	<b>\$240,000</b>	<b>\$180,000</b>	<b>\$43,131</b>	<b>\$1,345,359</b>

PRELIMINARY DRAFT IN CONFIDENCE – NOT FOR RELIANCE

\*\*Mater Public Hospital not included in the initial concessions policy – 2,000 concession passes kept as contingency in case it is included in the future\*\*



# Ministerial Brief for Approval

RM folder reference No:	C-ECTF-17/4581
Division/HHS:	SPP
File Ref No:	

**SUBJECT: Introduction of a Car Parking Concessions Scheme to deliver an additional 101,000 concessions annually at public hospitals**

### Recommendations

It is recommended the Minister:

- Approve** the introduction of a Car Parking Concessions Scheme to deliver an additional 100,000 concessions annually at public hospitals costing approximately \$1.8 million per annum.

**APPROVED**

NOT-APPROVED

PLEASE DISCUSS

Cameron Dick MP  
 Minister for Health and Minister for Ambulance Services

Date: 24/07/17

### Ministerial Office comments


### Issues

- This brief is urgent as the Minister is announcing this on Sunday, 23 July 2017.

#### Current Situation

- There are currently 12 public hospitals in Queensland with paid car parking.
- In 2015-16, it is estimated that approximately 101,000 parking concessions in Queensland public hospitals. The concessional arrangements involve a mix of free car parks and discounted concession passes.
- Works to upgrade or build new car parking infrastructure is being prioritised across the State to ensure a focus on the areas that need it the most, but this is a longer term solution and does not address an immediate solution for hospital car parking.
- It is proposed that the government introduce a Car Parking Concessions Scheme to provide funding to support an additional 100,000 car parking concessions to provide immediate relief for eligible patients, and their families or carers.
- LCCH is receiving ongoing media attention around car parking with limited solutions immediately available. A process to engage a consultancy to undertake a Detailed Access Analysis at LCCH is progressing.

Michael Walsh  
 Director-General  
 24/7/2016

RM folder reference No:	C-ECTF-17/4581
Division/HHS:	SPP
File Ref No:	

### Proposed Car Parking Concessions Scheme

7. Funding of \$1.55 million per annum will be made available to support an access to an additional 100,000 concessional car parks per annum. This estimate assumes a mix of free and discounted spaces will be made available so that on average the cost of each concession is 75 per cent of the full daily rate. An additional \$250,000 per annum will be made available to the HHSs to assist with the increased administration associated with the additional concessions.
8. An indicative allocation of the additional 100,000 discounted patient passes and estimated cost by hospital is provided below. The actual allocation will be determined in consultation with the relevant HHSs prior to 1 October 2017 when new local car parking concessions policies commence.

Hospital	Est additional concession passes <sup>1</sup>	Current Car park fee	Estimated annual cost – 75% discount
RBWH	16,000	\$37	\$444,000
PAH	15,000	\$25	\$281,250
LCCH	13,000 <sup>2</sup>	\$30	\$292,500
GCUH	12,500	\$17	\$154,688
TPCH	8,500	\$20	\$127,500
SCUH	9,000	\$15	\$97,875
Toowoomba Hospital	6,000	\$14	\$63,000
Ipswich Hospital	5,000	\$5	\$18,750
Robina Hospital	5,000	\$5	\$18,750
Townsville Hospital	5,000	\$5	\$18,750
Cairns Hospital	5,000	\$6	\$21,750
Nambour Hospital	1,000	\$14	\$10,500
<b>Total</b>	<b>101,000</b>		<b>\$1,549,313</b>
<b>Administration of scheme</b>			<b>\$250,000</b>
<b>Total</b>			<b>\$1,799,313</b>

<sup>1</sup> Broadly allocated to match the number of patient days across the 12 hospitals in April 2017. Patients days = episodes of inpatient care X average length of stay E.g. RBWH is 15.6% of patient days for this group = 15.6% of 101000 = 16,000 passes.

<sup>2</sup> In 2015-16, LCCH provided approx. 13,000 concession passes and it is proposed that funding for an additional 13,000 be provided to address ongoing concerns from patients and visitors. LCCH's quantum has not been calculated using patient days.

### Implementation approach

9. The Health Service Directive on Hospital Car Parking Provisions, issued on 1 July 2017, requires:

“hospitals with paid parking are to have a local Car Parking Concessions Policy and supporting Car Parking Concessions Procedure developed in adherence with the *Health Service Directive Standard Hospital Car Parking – Patient and Carer Car Parking Concessions* by 1 October 2017”.

10. In negotiating arrangements with HHSs, conditions would include:

- 10.1 The minimum number of additional discounted patient passes to be provided, but allow the specific amount of the discount and mix of options to be determined locally, for example, TPCH car parking concession trial provides free parking, discounted daily and weekly passes and monthly passes at half price.

RM folder reference No:	C-ECTF-17/4581
Division/HHS:	SPP
File Ref No:	

10.2 Discounted patient passes are provided in accordance with the eligibility criteria issued in the Health Service Directive on Hospital Car Parking Provisions – Implementation Standard: Patient and Carer Car Parking Concessions.

10.2.1 At a minimum, car parking concessions are to be made available to eligible patients and their carers in the following categories:

10.2.1.1 Patients and carers experiencing financial hardship (which may include government concession card holders);

10.2.1.2 Patients;

10.2.1.3 Patients and carers who need to attend hospital for an extended period of time;

10.2.1.4 Patients and carers who are required to attend hospital frequently; and

10.2.1.5 Patients and carers with special needs who require assistance.

10.3 Hospitals will be asked to provide the department with an annual report regarding the application of this funding, including the number and type of concessions provided to patients and visitors. Lessons learned across hospitals could be shared.

## Vision

11. The proposed Car Parking Concessions Scheme is aligned with the 10 year vision *My health, Queensland's future: Advancing health 2026*, particularly Delivering healthcare.

## Results of Consultation

12. HHSs have not been consulted on the proposed funding arrangements, but were consulted extensively in the development of the Health Service Directive on Hospital Car Parking Provisions. Anecdotal feedback from large hospitals suggests that additional administrative support is required to manage car parking concessions.

## Resource Implications (including Financial)

13. \$1.8 million recurrent will be allocated from Centrally Managed Budget to the additional car parking.

14. All facilities introducing paid car parking will be required to develop a concession strategy as per the Health Service Directive.

## Background

15. From 1 July 2017, the Director-General issued a revised Health Service Directive on Hospital Car Parking Provisions to ensure a consistent approach to car parking at Queensland's public hospitals.

16. The Directive establishes a new Standard for patient and carer car parking concessions that will improve access and affordability of car parking spaces to eligible patients and their carers in a transparent manner.

17. All hospitals with paid parking must comply with the new Standard and develop a local, hospital specific, Car Parking Concessions Policy and Procedure by 1 October 2017.

18. Metro North HHS's trial of offering additional discounted concession parking has seen a significant increase in the number of patients receiving concessions. The previous cap was 15 per month (180 per year). This is now reported to be approx. 160 per month (1,920 per year).

RM folder reference No:	C-ECTF-17/4581
Division/HHS:	SPP
File Ref No:	

19. The Department is currently progressing initiatives to address the demand and affordability of car parking at major sites in the longer term.
20. Any new car parks would also expect to be supported with a funding contribution to enable discounted patient passes to be provided. The Rockhampton car park is expected to be completed in 2019 and will be required to develop a Car Parking Concessions Policy and Procedure as per the Health Service Directive, as will all priority car parking sites as they progress to paid car parking.

#### Sensitivities

21. Nil

#### Attachments

22. Nil

#### Department Contact Officer

Ms Bronwyn Nardi, Executive Director, Infrastructure Strategy and Planning Branch, Strategic Policy and Planning Division, on telephone s.73

RM folder reference No:	C-ECTF-17/4581
Division/HHS:	SPP
File Ref No:	

Author Chantal Casey	Cleared by: (SD/Dir) Bronwyn Nardi	Content verified by: (CEO/DDG/Div Head) Kathleen Forrester
Program Executive Director	Executive Director	Deputy Director-General
Infrastructure Strategy and Planning Branch	Infrastructure Strategy and Planning Branch	Strategy, Policy and Planning Division
s.73	s.73	s.73
19 July 2017	19 July 2017	21 July 2017

RTI RELEASE

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

**Name of hospital** [Click here to enter text.](#)

Information provided by

Name	Tracey Cortesi
Title	Planning Manager
Phone	s.73
Email	Tracey.Cortesi@health.qld.gov.au

## Questions

### Transport options

1. What transport options are available to users of your hospital?

- Train  
 Bus  
 Community transport  
 Taxi  
 Private care transport (e.g. residential aged care facility provides transport)  
 Other Renal patient transfers from indigenous communities, Cancer Care transportation through hospital foundation (COUCH)

2. Are public transport options satisfactory?

Transport option	comment
Bus	There is a bus stop directly outside of Cairns Hospital. Would need to check with each of the regional facilities, but assume that there is a strong reliance on private vehicles outside of Cairns.

### Hospitals with free parking

3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity     At capacity     Able to meet demand

4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
Cairns Hospital – multi-story carpark	disability parking	24
	Levels 1-6 Patient, staff and visitor parking	530



	Level 7 – QH fleet parking	113
--	----------------------------	-----

\*If there is no paid parking at your hospitals go to question 18 after filling in above table

### Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity     At capacity     Able to meet demand – current occupancy is approx. 80%

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

There is also on street parking and some Council provided carparking. These tend to be utilised as the first 2 hours are free.

### Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

- YES                       NO

8. What concession fee arrangements are in place for patients and visitors?

- Discounted             Free                       Mixture of both

What do you think they should be? This would require consultation and more detailed analysis.

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
Hospital volunteers		free	FNQ Hospital Foundation
Authorised patients	Renal / oncology	free	FNQ Hospital Foundation
Pastoral Care		free	FNQ Hospital Foundation
Doctors	As included in their remuneration package	free	FNQ Hospital Foundation

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

- 1     2     3     4     5     6     7     8     9     10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

Requires further analysis / consultation to answer question.

11. What is working well with your hospital's concession arrangements?

Patient concessions available at no charge to patients requiring ongoing care.

12. What could be improved with your hospital's concession arrangements?

Review eligible concession groups, widen to include other vulnerable patients

13. How are your hospital's concession tariffs funded? *Tick as many as appropriate*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

FNQ Hospital Foundation runs multi-story carpark at Cairns Hospital as part of the redevelopment.

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail)

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

14. Are concession numbers capped at the hospital?

YES       NO

If yes how is the wait list managed? [Click here to enter text.](#)

Unsure – will require further analysis

15. Should concessions be capped or should they be given to anyone who is eligible?

Capped       Provided to all eligible

16. Is there a sufficient number of concessional car parking spaces available at your hospital?

YES       NO

Would need further analysis

**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

- YES       NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces

**Location and design**

**18. Do you think hospital car parks should designate particular areas for concession car parks?**

- YES       NO

**19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?**

- YES       NO

**20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?**

- Wheelchair friendly
- Next to pedestrian path
- Easy access to lifts
- Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology
- Other (please specify)
- Nil – should park anywhere with concession rate managed at point of pay only

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

**Name of hospital** [Click here to enter text.](#)

Information provided by

Name	Rob McHugh
Title	Snr Project Officer
Phone	s.73
Email	rob.mchugh@health.qld.gov.au

## Questions

### Transport options

1. What transport options are available to users of your hospital?

- Train  
 Bus  
 Community transport  
 Taxi  
 Private care transport (e.g. residential aged care facility provides transport)  
 Other Own vehicle, bicycle

2. Are public transport options satisfactory?

Transport option	comment
Bus	Some ½ hourly services all other hourly services. However only 2 routes stop at Toowoomba Hospital and do not cover each suburb in Toowoomba. Therefore bus services are limited to the hospital.
Private owned vehicle	Various drop off options as well as free council street parking up to 2, 3 and 4 hours. Additionally there is designated street parking managed by Toowoomba City Council for a fee for all day parking

### Hospitals with free parking

3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity  
  At capacity  
  Able to meet demand

Baillie Campus and all other hospitals have free parking and can meet all demands both staff and public.

4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
Please enter as many lines as required	e.g. disability parking , dialysis patients , cancer patients	

Toowoomba	Disability parking available in multi-storey and on-campus	15
	Renal	5
	Oncology	4
	Geriatric & Stroke	5
	Rehabilitation	4

*\*If there is no paid parking at your hospitals go to question 18 after filling in above table*

### Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity    At capacity    Able to meet demand

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

Insufficient public parking as well as on-campus staff parking. Note: A lot of staff currently use the share undercover staff/public car park and we are currently encouraging staff to move out of the undercover staff/public car park by moving them into dedicated on-campus staff car parks thus creating sufficient undercover parking for the general public.

However existing on-campus staff parking is almost at capacity and we are investigating options to increase the number of on-campus staff parking.

### Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES    NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted    Free    Mixture of both

What do you think they should be? As above.

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
Private Patients	Health fund pays for hospital stay	5 days free parking	Financial Operations
5 Day Visitor Pass	Hospital stay for 5 Days or longer	40% off day rate	Car Park manager – Metro Parking

<i>Oncology patients Some Community Service patients who need to park close to service up the back of the hospital</i>	<i>Have appointment letters and a one day pass is provided on presentation at reception</i>	<i>free</i>	<i>Service units</i>
<i>Staff parking</i>	<i>Employee</i>	<i>Various concessions</i>	<i>Depends on time of day</i>
Financial hardship	Case by case	Free to discounted rate	Bed Manager, Hospital Foundation and Hospital Security.
Geriatric & Stroke	Patient of unit	Free	Parking permit issued by Unit.
Oncology	Patient of unit	Free	Parking permit issued by Unit.
Rehabilitation	Patient of unit	Free	Parking permit issued by Unit.

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1    2    3    4    5    6    7    8    9    10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

11. What is working well with your hospital's concession arrangements?

Encourages private patients to use their health fund whilst in hospital.

5 Day visitor passes provide financial relief for longer term patients.

12. What could be improved with your hospital's concession arrangements?

A more streamlined process for those patients and visitors in need.

13. How are your hospital's concession tariffs funded? *Tick as many as appropriate*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail) Free passes handed out by the service group and/or Hospital Foundation that manages undercover parking

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

**14. Are concession numbers capped at the hospital?**

YES  NO

If yes how is the wait list managed? Not capped for visitors but is capped for staff. Wait list managed by the hospital

**15. Should concessions be capped or should they be given to anyone who is eligible?**

Capped  Provided to all eligible

**16. Is there a sufficient number of concessional car parking spaces available at your hospital?**

YES  NO

**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

YES  NO – can park anywhere and managed at point of payment only

If yes, how many? Yes and no.

Location	Number of spaces
Community Service	34 spaces held outside service point
Endoscopy	4 as above
Renal	6 as above
Mental Health 5	5 as above
Disability parking	15 various locations

**Location and design**

**18. Do you think hospital car parks should designate particular areas for concession car parks?**

YES  NO

**19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?**

YES  NO

20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?

- Wheelchair friendly
- Next to pedestrian path
- Easy access to lifts
- Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology
- Other (please specify)
- Nil – should park anywhere with concession rate managed at point of pay only



# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

## Name of hospital **Townsville Hospital**

Information provided by

Name	Mike Gagg
Title	TTH Campus Manager
Phone	s.73
Email	Michael.Gagg@health.qld.gov.au

## Questions

### Transport options

**1. What transport options are available to users of your hospital?**

- Train
- Bus
- Community transport
- Taxi
- Private care transport (e.g. residential aged care facility provides transport)
- Other Townsville HHS operates a patient bus to take patients without transport from DDU to their home between 9am-5pm daily

**2. Are public transport options satisfactory?**

Transport option	comment
Bus	Bus services to Townsville Hospital are inadequate. Patient and public travelling from outer suburbs incur unnecessary travel time by having to catch interconnecting buses.
Community Transport	Community transport is not facilitated by Townsville Hospital and therefore cannot guarantee that patients receive a satisfactory transport service

### Hospitals with free parking

**3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?**

- Over capacity    At capacity    Able to meet demand

**4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?**

Hospital	Patient user group	No of spaces
Townsville	Disability Parking	44
Townsville	Cancer Patients	54

Townsville	Palliative Care visitors	8
Townsville	Birth Centre visitors	4
Townsville	Sub Acute Care Unit	70

\*If there is no paid parking at your hospitals go to question 18 after filling in above table

### Hospitals with parking tariffs

**5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?**

Over capacity  At capacity  Able to meet demand

**6. What are some of the car parking pressures at the hospital?** For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

Staff parking at capacity – Townsville Hospital currently has 1820 parking bays dedicated to staff parking. These parking bays reach capacity each day. The Hospital currently uses unsealed overflow areas to park approximately 100 staff vehicles each day. Peak days are Tuesday, Wednesday, Thursday. Note that staff parking does not attract a tariff. The Townsville Hospital is currently undertaking civil works to expand capacity to 2140 parking bays.

Patient parking at capacity – Townsville Hospital currently has 627 public parking bays. These bays reach 90-95% capacity between 10am-11am, once to twice a week.

### Parking Concessions

**7. Does your hospital provide car parking concessions for patients and visitors?**

YES  NO

**8. What concession fee arrangements are in place for patients and visitors?**

Discounted  Free  Mixture of both

What do you think they should be? All users, regardless of demographic, currently have access to the same concession system. The Townsville Hospital believes this should be maintained as giving different concessions to different demographic groups would be too costly to administer.

**9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.**

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
All users		\$5 per day	TTH Campus Manager
All users		\$10 per week	TTH Campus Manager
All users		\$30 per month	TTH Campus Manager
All users		First 60mins free	TTH Campus Manager
Financial hardship	Case by case basis	Free	TTH Campus Manager in consultation with Patient Liaison Service

<i>Extended stay patients (NICU, PICU etc)</i>	<i>Case by case</i>	<i>Free</i>	<i>TTH Campus Manager in consultation with Patient Liaison Service</i>
<i>Clinical trials</i>	<i>Case by case</i>	<i>Free</i>	<i>Paid for by clinical trial sponsor</i>

**10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?**

1   2   3   4   5   6   7   8   9   10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

**11. What is working well with your hospital's concession arrangements?**

All demographic groups have access to the same concessional arrangements thereby limiting the costs associated with administering a concessional system

'The Foundation' (Townsville HHS volunteer service) operate a service whereby patients and public with impaired mobility are transported to and from the car parks in a motorised buggy. This is a free service.

PWD bays are positioned in the car parks closest to the main entrance to the Hospital.

**12. What could be improved with your hospital's concession arrangements?**

All users have access to concessional parking rates. The Townsville HHS does not intend to further reduce the tariff for specific demographic groups.

**13. How are your hospital's concession tariffs funded? Tick as many as appropriate**

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail)

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

**14. Are concession numbers capped at the hospital?**

YES    NO

If yes how is the wait list managed? Click here to enter text.

**15. Should concessions be capped or should they be given to anyone who is eligible?**

- Capped       Provided to all eligible

**16. Is there a sufficient number of concessional car parking spaces available at your hospital?**

- YES       NO

**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

- YES       NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces
Main car park	27 spaces held for PWD
Main entrance	3 spaces held for PWD
Cancer Centre car park	54 spaces held for cancer patients (inc 6 spaces held for PWD)
Palliative care car park	8 spaces held for Palliative Care visitors (inc 4 PWD)
Birth Centre	4 spaces held for Birth Centre patients/visitors
Sub Acute Care Unit	70 spaces held for patients and visitors (inc 4 PWD)

**Location and design**

**18. Do you think hospital car parks should designate particular areas for concession car parks?**

- YES       NO

**19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?**

- YES       NO

**20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?**

- Wheelchair friendly  
 Next to pedestrian path

- Easy access to lifts
- Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology
- Other (please specify)
- Nil – should park anywhere with concession rate managed at point of pay only

RTI RELEASE

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

## Name of hospital [Click here to enter text.](#)

Information provided by

Name	Paul Amerena
Title	Project manager
Phone	s.73
Email	Paul.Amerena@health.qld.gov.au

## Questions

### Transport options

#### 1. What transport options are available to users of your hospital?

- Train  
 Bus  
 Community transport  
 Taxi  
 Private care transport (e.g. residential aged care facility provides transport)  
 Other Taxi and Bicycle end of trip facilities

#### 2. Are public transport options satisfactory?

Transport option	comment
Bus	Two new bus routes created for SCUH with a state of the art bus terminal at the hospital. Very satisfactory

### Hospitals with free parking

#### 3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity    At capacity    Able to meet demand

#### 4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
----------	--------------------	--------------

SCUH	e.g. disability parking , dialysis patients , cancer care patients, birthing mothers, mortuary viewings, Rehab training in own vehicle	Disability (192 spaces) Dialysis (15 spaces) Cancer care (20 spaces) Birthing mothers (3 spaces) Deceased Viewings(3 spaces) Rehab (5 spaces)

\*If there is no paid parking at your hospitals go to question 18 after filling in above table

### Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity  At capacity  Able to meet demand

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

We expect the car park to not have any significant problems in the foreseeable future

### Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES  NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted  Free  Mixture of both

What do you think they should be? We are currently in the process of developing policies & procedures for concessional parking at SCUH

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
Cancer care, Renal, birthing Mothers, deceased viewings	Expected frequency of visits	free	Managed by Business unit and social workers

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1   2   3   4   5   6   7   8   9   10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

11. What is working well with your hospital's concession arrangements?

We are still yet to open so it is hard to say as yet

12. What could be improved with your hospital's concession arrangements?

We will review after 3 months & then 6 months & 12 months

13. How are your hospital's concession tariffs funded? *Tick as many as appropriate*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail)

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

14. Are concession numbers capped at the hospital?

YES    NO

If yes how is the wait list managed? Managed by individual business units

15. Should concessions be capped or should they be given to anyone who is eligible?

Capped    Provided to all eligible

16. Is there a sufficient number of concessional car parking spaces available at your hospital?

YES    NO



**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

YES       NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces
Frazer lane car park for cancer care , Renal, birthing mothers, deceased viewing	42 spaces free of charge with allocation managed by the individual business departments

**Location and design****18. Do you think hospital car parks should designate particular areas for concession car parks?**

YES       NO

**19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?**

YES       NO

**20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?**

- Wheelchair friendly
- Next to pedestrian path
- Easy access to lifts
- Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology
- Other (please specify)
- Nil – should park anywhere with concession rate managed at point of pay only

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

**Name of hospital: Lady Cilento Children's Hospital (LCCH)**

Information provided by

Name	Alan Fletcher
Title	A/ CFO
Phone	s.73
Email	Alan.fletcher@health.qld.gov.au

## Questions

### Transport options

1. What transport options are available to users of your hospital?

- Train  
 Bus  
 Community transport  
 Taxi  
 Private care transport (e.g. residential aged care facility provides transport)  
 Other Click here to enter text.

2. Are public transport options satisfactory?

Transport option	comment
Bus Station	Mater Hill Bus Station is opposite LCCH
Train Station	South Bank Train Station is about 500 metres from LCCH
Taxi Ranks	Taxi ranks located at LCCH and Mater Hospital

### Hospitals with free parking

3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity     At capacity     Able to meet demand

4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
Please enter as many lines as required	e.g. disability parking , dialysis patients , cancer patients	

\*If there is no paid parking at your hospitals go to question 18 after filling in above table

## Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity    At capacity    Able to meet demand

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

Insufficient parking capacity for staff, families and visitors, particularly during the week

## Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES    NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted    Free    Mixture of both

What do you think they should be? Welfare assessed parents with significant financial stress should have access to free parking where deemed necessary. Parents of long stay patients and chronic conditions requiring frequent ambulatory service appointments should have access to significantly reduced rates (not free).

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/user group	Eligibility criteria	Rate	Managed/administered by
Financial hardship	<i>Patients who need to attend hospital for an appointment or for an extended period and meet criteria set by Welfare</i>	<ul style="list-style-type: none"> <li>• <i>Patients assessed as being eligible under financial hardship receive discount parking pass \$15 per day</i></li> <li>• <i>Patients assessed as eligible under extreme financial hardship will be provided with a free exit pass</i></li> <li>• <i>Long term families who are required to attend appointments daily and are assessed under financial hardship are offered monthly discounted parking passes at \$100/month</i></li> <li>• <i>Long term families who are required to attend appointments daily and are assessed under extreme financial hardship are offered free monthly parking passes</i></li> </ul>	<i>Social worker assessed each request on a case by case basis and parking pass provided to families by the Social Work Department</i>
<p><i>NOTE: In 2016, 12,289 concessional parking tickets, 598 free parking vouchers, and 42 free monthly passes to families of children receiving long-term treatment have been provided.</i></p>			

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1   2   3   4   5   6   7   8   9   10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

11. What is working well with your hospital's concession arrangements?

The Social Work and Welfare (SW) team at the LCCH manage the requests for concessional parking rates. Being a small team, there is a consistent approach in assessing a request for concessional parking rates for patients.

12. What could be improved with your hospital's concession arrangements?

Unfortunately, there is a lack of consistency between concession rates for patients who attend the LCCH (\$15/day) and the rates which are offered to patients who attend the Mater Health Services (\$12/day). The difference in concessional rates can affect families who seek medical treatment between the two facilities.

13. How are your hospital's concession tariffs funded? *Tick as many as appropriate*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail) Hospital Foundation provide funds for hardship parents

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

14. Are concession numbers capped at the hospital?

YES    NO

If yes how is the wait list managed? [Click here to enter text.](#)

15. Should concessions be capped or should they be given to anyone who is eligible?

Capped    Provided to all eligible

16. Is there a sufficient number of concessional car parking spaces available at your hospital?

YES       NO

**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

YES       NO – can park anywhere and managed at point of payment only

If yes, how many?

Location	Number of spaces
B4 gated area, LCCH Basement Car Park	15 Social Work/Welfare car parks

**Location and design**

**18. Do you think hospital car parks should designate particular areas for concession car parks?**

YES       NO

**19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?**

YES       NO

**20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?**

- Wheelchair friendly
- Next to pedestrian path
- Easy access to lifts
- Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology
- Other (please specify)
- Nil – should park anywhere with concession rate managed at point of pay only

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

## Name of hospital GCUH,

Information provided by

Name	Nigel Hoy
Title	Senior Director Operational Support Services Gold Coast Health Service
Phone	s.73
Email	Nigel.hoy@health.qld.gov.au

## Questions

### Transport options

#### 1. What transport options are available to users of your hospital?

- Train  
 Bus  
 Community transport  
 Taxi  
 Private care transport (e.g. residential aged care facility provides transport)  
 Other Click here to enter text.

#### 2. Are public transport options satisfactory?

Transport option	comment
e.g. Train	e.g. Train station within easy walking distance and plenty of services
	In addition to bus, community transport, light rail network immediate proximity to the Gold Coast University Hospital

### Hospitals with free parking

#### 3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity  
  At capacity  
  Able to meet demand

#### 4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
GCUH	<i>Some dedicated parking for cancer patients and patient transit lounge are. This area is over capacity.</i>	60

\*If there is no paid parking at your hospitals go to question 18 after filling in above table

### Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity  At capacity  Able to meet demand

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

GCUH delivered via BOOT including contractual obligations for parking availability

### Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES  NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted  Free  Mixture of both

What do you think they should be? Volunteers and chaplain provided with limited free parking, dedicated area available for free parking managed by social work team NIICU, ICU and long term patient's carers

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
<i>financial hardship</i>	<i>Patients who need to attend hospital for an extended period and meet criteria set by Hospital</i>	<i>No fee applied, limited availability</i>	<i>Social worker assessed and parking pass provided by Social Work Department.</i>

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1  2  3  4  5  6  7  8  9  10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

11. What is working well with your hospital's concession arrangements?

Entitled parking presents significant cost in the BOOT environment. Contract terms limit flexibility

**12. What could be improved with your hospital's concession arrangements?**

Clear policy on entitled parking (doctors) considerable angst that doctors get this and nursing & other health care professionals do not get entitled parking

**13. How are your hospital's concession tariffs funded? Tick as many as appropriate**

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis Hospital subsidises financial hardship parking?

Other

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

**14. Are concession numbers capped at the hospital?**

YES  NO

If yes how is the wait list managed? Space dependent

**15. Should concessions be capped or should they be given to anyone who is eligible?**

Capped  Provided to all eligible

**16. Is there a sufficient number of concessional car parking spaces available at your hospital?**

YES  NO

**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

YES  NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces
GCUH transit lounge entrance	60 spaces




### Location and design

18. Do you think hospital car parks should designate particular areas for concession car parks?

YES     NO

19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?

YES     NO

20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?

Wheelchair friendly

Next to pedestrian path

Easy access to lifts

Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology

Other (please specify) ground level and include disabled spaces with in footprint

Nil – should park anywhere with concession rate managed at point of pay only

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

## Name of hospital Robina Hospital

Information provided by

Name	Nigel Hoy
Title	Senior Director Operational Support Services Gold Coast Health Service
Phone	s.73
Email	Nigel.hoy@health.qld.gov.au

## Questions

### Transport options

#### 1. What transport options are available to users of your hospital?

- Train  
 Bus  
 Community transport  
 Taxi  
 Private care transport (e.g. residential aged care facility provides transport)  
 Other Click here to enter text.

#### 2. Are public transport options satisfactory?

Transport option	comment
e.g. Train	e.g. Train station within easy walking distance and plenty of services

### Hospitals with free parking

#### 3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity    At capacity    Able to meet demand

#### 4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
	<i>Renal parking dedicated space</i>	12

*\*If there is no paid parking at your hospitals go to question 18 after filling in above table*

### Hospitals with parking tariffs

#### 5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?



Over capacity  At capacity  Able to meet demand

**6. What are some of the car parking pressures at the hospital?**

Robina Hospital not at capacity however, commuter parking being utilised by health employees opposite hospital (approx. 250 per day spaces within HHS paid parking available)

**Parking Concessions**

**7. Does your hospital provide car parking concessions for patients and visitors?**

YES  NO

**8. What concession fee arrangements are in place for patients and visitors?**

Discounted  Free  Mixture of both

What do you think they should be? Volunteers and chaplain provided with limited free parking, dedicated area available for free parking

**9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.**

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
<i>financial hardship</i>			
<i>e.g. renal patients</i>	<i>e.g. Patients assessed as high acuity or with financial hardship</i>	<i>Specific spaces available at SHP &amp; Robina Dialysis only</i>	<i>Parking permit issued by Renal Unit and parking office at Robina Hospital</i>

**10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?**

1  2  3  4  5  6  7  8  9  10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

**11. What is working well with your hospital's concession arrangements?**

Robina Hospital very effective as we have control and able to modify parking strategies depending on demand and flow. Direct clinical engagement.

12. What could be improved with your hospital's concession arrangements?

Clear policy on entitled parking (doctors) considerable angst that doctors get this and nursing & other health care professionals do not get entitled parking

13. How are your hospital's concession tariffs funded? Tick as many as appropriate

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail)

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

14. Are concession numbers capped at the hospital?

YES  NO

If yes how is the wait list managed? Space dependent

15. Should concessions be capped or should they be given to anyone who is eligible?

Capped  Provided to all eligible

16. Is there a sufficient number of concessional car parking spaces available at your hospital?

YES  NO

17. Does the hospital have dedicated/delineated car parking spaces for concession holders?

YES  NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces

Robina Hospital	Managed at point of payment

### Location and design

18. Do you think hospital car parks should designate particular areas for concession car parks?

YES     NO

19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?

YES     NO

20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?

Wheelchair friendly

Next to pedestrian path

Easy access to lifts

Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology

Other (please specify) ground level and include disabled spaces with in footprint

Nil – should park anywhere with concession rate managed at point of pay only

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

## Name of hospital TPCH

Information provided by

Name	Amarney Gould
Title	A/Facility Services Director
Phone	s.73
Email	Amarney_gould@health.qld.gov.au

## Questions

### Transport options

#### 1. What transport options are available to users of your hospital?

- Train  
 Bus  
 Community transport  
 Taxi  
 Private care transport (e.g. residential aged care facility provides transport)  
 Other Click here to enter text.

#### 2. Are public transport options satisfactory?

Transport option	comment
Train	Train station – closest is Zillmere Station – not satisfactory
Bus	Multiple points of entry and bus services, Webster, Rode and Hamilton Road bus access
Taxi	Appropriate access for Taxi services
Pedestrian and Cycle	Well serviced pedestrian paths bordering the entire site, cycle provision is predominantly on the road

### Hospitals with free parking

#### 3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity     At capacity     Able to meet demand

#### 4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
TPCH	Cancer Patient - Palliative Care Unit Visitors have a designated parking area outside palliative care + Disabled	8 all marked disabled
TPCH	Disabled visitors - Bus Stop - Main Acute Building – Disabled car parking bays	2

\*If there is no paid parking at your hospitals go to question 18 after filling in above table

### Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity    At capacity    Able to meet demand

6. What are some of the car parking pressures at the hospital?

- Insufficient Staff Car Parking – especially for day and afternoon shifts
- Majority of on grade parking is assigned to staff parking and demand is outweighing availability
- Colocation of Holy Spirit Northside – additional demand as they grow and expand
- Parking overflow obstructions in unsealed areas
- Staff overflow to surrounding off site street parking
- Redevelopment – new buildings on on grade parking
- Adolescent Mental Health Centre – loss of on grade parking during construction

### Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES    NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted    Free    Mixture of both

What do you think they should be? Opportunity for provision of further concession cards

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
Patients and Visitors	See Below	20 x 1 month passes per month @ \$363.60 each	Provided by the car park operator to hospital Social Work Department

<i>Visitor of</i> <ul style="list-style-type: none"> <li>• <i>critically ill patient with unclear trajectory</i></li> <li>• <i>chance of extensive stay</i></li> <li>• <i>Financial hardship</i></li> <li>• <i>Frail and elderly</i></li> </ul>	<i>Psychosocial Assessment (Criteria) to determine social situation – financially disadvantaged, longevity of care and treatment, distance from home, Family situation – number of children, pregnant, elderly and frail</i>	<i>As part of the above number</i>	<i>Director of Social Work maintains register of issued passes – issuing of passes is at the discretion of the Director once Assessment has been completed.</i>
<i>Patients and Visitors</i>	<i>Nil</i>	<i>Can purchase reduced rate passes</i>	<i>Provided by the car park operator – brochures are provided and placed in visitor areas and provided by Social Workers when required</i>
<i>Front end deductible process for private patients</i>	<i>Elected to use Private Health Insurance</i>	<i>As required @ \$15</i>	<i>POLO</i>

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1   2   3   4   5   6   7   8   9   10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

11. What is working well with your hospital's concession arrangements?

Ability to provide assistance for high level social needs to the extended family of patients.

12. What could be improved with your hospital's concession arrangements?

Increase the number of concessions available to consumers.

Improve the management of monthly passes, negotiate with Car Parking Provider to provide Daily, Weekly and or monthly passes – currently there is inefficient use of the passes.

13. How are your hospital's concession tariffs funded? *Tick as many as appropriate*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis



Other (please provide detail)

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

**14. Are concession numbers capped at the hospital?**

YES       NO

If yes how is the wait list managed? See Question 9 – there is no waitlist

**15. Should concessions be capped or should they be given to anyone who is eligible?**

Capped       Provided to all eligible

**16. Is there a sufficient number of concessional car parking spaces available at your hospital?**

YES       NO

**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

YES       NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces

**Location and design**

**18. Do you think hospital car parks should designate particular areas for concession car parks?**

YES       NO

**19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?**

YES       NO

**20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?**

Wheelchair friendly

- Next to pedestrian path
- Easy access to lifts
- Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology
- Other (please specify)
- Nil – should park anywhere with concession rate managed at point of pay only

RTI RELEASE

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

**Name of hospital: Princess Alexandra Hospital**

Information provided by

Name	Praneel Kumar
Title	A/Senior Director – PAH Corporate Services
Phone	5 73 2000
Email	Praneel.Kumar@health.qld.gov.au

## Questions

### Transport options

1. What transport options are available to users of your hospital?

- Train
- Bus
- Community transport
- Taxi
- Private care transport (e.g. residential aged care facility provides transport)
- Other: Active travel (biking, walking and other forms), Helipad

2. Are public transport options satisfactory?

Transport option	comment
Train	Public transport options are not satisfactory. While Dutton Park Train Station is nearby, many services do not stop at the PA but instead stop at Park Road Station. It is too far a distance for ill patients to walk, and it is not well signed to guide users to the PA. The buses from Boggo Rd Bus Station are not reliable to PA Bus Station, and this is confusing for many of our elderly and non-English patients. The trains are very crowded and full during peak hours, which make it difficult for ill persons and their families to travel. Southeast QLD public transport is among the most expensive in the world, meaning many users cannot afford to travel using this method. The recent fare changes have made very little to no impact on affordability of public transport. It is a cheaper and easier option for most people to drive their cars.
Bus	The bus stations are well placed. However, many users report not being able to catch a bus as they drive past designated stops due to them being full. When users do get on the bus they are very full, which is difficult for ill patients and families. As above, public transport is expensive for many users.

### Hospitals with free parking

3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?



Over capacity    At capacity    Able to meet demand

4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
See spreadsheet		

*\*If there is no paid parking at your hospitals go to question 18 after filling in above table*

### Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity    At capacity    Able to meet demand

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

Insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times

### Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES    NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted    Free    Mixture of both

What do you think they should be? This question requires a needs assessment to be able to provide an informed and accurate response based upon needs and the ability of PAH to provide those needs.

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
Please see attached spreadsheet			


10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1   2   3   4   5   6   7   8   9   10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

11. What is working well with your hospital's concession arrangements?

The hospital currently offers free parking to patients on chemotherapy and haemodialysis as well as adhoc patients who are acutely ill to travel long distances. This is working very well.

12. What could be improved with your hospital's concession arrangements?

Further concessions are limited as PAH's ability to provide those are dependent on additional parking being available.

13. How are your hospital's concession tariffs funded? *Tick as many as appropriate*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail) Where concession parks are available, this is at 100% rate and PAH completely absorbs these costs.

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

14. Are concession numbers capped at the hospital?

YES   NO

If yes how is the wait list managed? The clinical divisions where the patients receive treatment manage the allocation of the concession carparks.

15. Should concessions be capped or should they be given to anyone who is eligible?

Capped       Provided to all eligible

16. Is there a sufficient number of concessional car parking spaces available at your hospital?

YES       NO

17. Does the hospital have dedicated/delineated car parking spaces for concession holders?

YES       NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces
Please see spreadsheet	

#### Location and design

18. Do you think hospital car parks should designate particular areas for concession car parks?

YES       NO

19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?

YES       NO

20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?

Wheelchair friendly

Next to pedestrian path

Easy access to lifts

Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology

Other (please specify)

Nil – should park anywhere with concession rate managed at point of pay only

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

## Name of hospital Royal Brisbane & Women's Hospital

Information provided by

Name	Gavin Hanscomb
Title	Facility Services Director RBWH
Phone	s.73
Email	Rbwh-cs@health.qld.gov.au

## Questions

### Transport options

#### 1. What transport options are available to users of your hospital?

- Train
- Bus
- Community transport
- Taxi
- Private care transport (e.g. residential aged care facility provides transport)
- Other

#### 2. Are public transport options satisfactory?

Transport option	comment
Train	At least 15 minutes brisk walk away (Bowen Hills & Fortitude Valley stations)
Bus	Bus station located 5 minutes normal walking pace from Level 1 of main buildings
Community transport	Easy access to front entrance of facility
Taxi	Taxi rank at front entrance of facility
Private car transport	Access to main entrance of facility via main drive

### Hospitals with free parking

#### 3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity    At capacity    Able to meet demand

#### 4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
RBWH	Cancer care services	4

\*If there is no paid parking at your hospitals go to question 18 after filling in above table



## Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity  At capacity  Able to meet demand

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

There is insufficient car parking for staff which in turn creates repercussions for patients and visitors being able to find close by parking. Free onsite parking and close by parking (lanoma, Ira Burk), by permit, is extremely limited. Staff are parking up to a 20 minute walk off site and are parking in all surrounding streets in addition to paid parking in Metro, Cornerstone, Bramston Terrace, the RNA and metered parking. An almost constant complaint with regards to paid parking is the cost to patients and visitors who are here for long periods.

## Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES  NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted  Free  Mixture of both

What do you think they should be? At present only social work within Cancer Care Services has access to reduced rate car parking and dedicated parks. They only have this for four car parks. There should be a greater number of reduced cost options for the visitors and patients in car parks, i.e. week passes, three day passes. This may also have an impact on the number of staff parks allocated. Perhaps an option could be that staff are allocated a number of parks, e.g. 100, and they are restricted to parking on the top two levels of the car park. This would require an additional boom gate for entry and exit to these levels. If staff scan in at the main entrance and then don't scan in at the roof boom gate they should be required to explain why they parked outside the permitted area and following an agreed number of warnings they should be fined.

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
unknown			

RBWH have no concrete evidence that there are concessional rates or car parks available. However,

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1  2  3  4  5  6  7  8  9  10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective



11. What is working well with your hospital's concession arrangements?

12. What could be improved with your hospital's concession arrangements?

Communication between RBWH and parking providers needs to be regular. There needs to be an awareness of what is available. This also needs to be controlled centrally within RBWH, not by separate service lines.

13. How are your hospital's concession tariffs funded? *Tick as many as appropriate*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail)

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

14. Are concession numbers capped at the hospital?

YES  NO

If yes how is the wait list managed?

15. Should concessions be capped or should they be given to anyone who is eligible?

Capped  Provided to all eligible

16. Is there a sufficient number of concessional car parking spaces available at your hospital?

YES  NO

17. Does the hospital have dedicated/delineated car parking spaces for concession holders?

YES  NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces

### Location and design

18. Do you think hospital car parks should designate particular areas for concession car parks?

YES     NO

19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?

YES     NO

20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?

Wheelchair friendly

Next to pedestrian path

Easy access to lifts

Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology

Other (please specify)

Nil – should park anywhere with concession rate managed at point of pay only

# Hospital Car Parking Concessions Questionnaire

The information collected through this questionnaire will assist development of a Statewide approach to concessional parking at Queensland public hospitals. Thank you for your participation

## Name of hospital Ipswich Hospital

Information provided by

Name	Richard Katt
Title	Director Service Support
Phone	s.73
Email	Richard.Katt@health.qld.gov.au

## Questions

### Transport options

1. What transport options are available to users of your hospital?

- Train
- Bus
- Community transport
- Taxi
- Private care transport (e.g. residential aged care facility provides transport)
- Other - The Ipswich Hospital Foundation provides a free bus transfer service to staff and hospital visitors. This service connects and provides free transport between Ipswich Health Plaza, Ipswich Hospital and free parking (available at Limestone Park),

2. Are public transport options satisfactory?

Transport option	comment
Train	Ipswich Hospital is approx. 800m distance from train station.
Bus service	The Ipswich City Council operates bus service from Chelmsford Avenue Hospital entrance.

### Hospitals with free parking

3. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

- Over capacity    At capacity    Able to meet demand

4. Does the hospital have dedicated areas/spaces for particular patient groups to ensure those most in need of a car park have accessible parking (i.e. close to main entrance of hospital) readily available to them?

Hospital	Patient user group	No of spaces
<i>Please enter as many lines as required</i>	<i>e.g. disability parking , dialysis patients , cancer patients</i>	
Ipswich Hospital – Chelmsford Avenue Entrance	Limited patient/visitor drop off zone	No parking

Ipswich Hospital – East Street Entrance	Limited patient/visitor drop off zone	No parking
Ipswich Hospital – Renal Facility	Limited parking provided for patients visiting the hospital's renal facility. Drop off facility	4 parking spaces

*\*If there is no paid parking at your hospitals go to question 18 after filling in above table*

### Hospitals with parking tariffs

5. Is the hospital currently well serviced by car parking spaces? Or are car parking facilities at or over capacity?

Over capacity    At capacity    Able to meet demand

6. What are some of the car parking pressures at the hospital? For example insufficient staff parking, insufficient patient /visitor parking, insufficient parking at peak times?

Insufficient parking at peak times

### Parking Concessions

7. Does your hospital provide car parking concessions for patients and visitors?

YES    NO

8. What concession fee arrangements are in place for patients and visitors?

Discounted    Free    Mixture of both

What do you think they should be? Currently the discounted rate is a permanent rate open to any staff or visitors to the hospital. Recommend request and approval process should exist to secure discount for patients and visitors.

9. What are your hospital's current concessional parking arrangements for patients and visitors? Please outline in the table below (examples provided). Please add or delete lines as necessary.

Patient/ user group	Eligibility criteria	Rate	Managed/administered by
Casual visitor to the hospital	none	\$3 per hour (from 1 – 5 hrs) eg – 5hrs is \$15. Max \$21 per day	Managed by car park operator direct (Ipswich Hospital Foundation).
All patients and users (incl. staff)	none	\$5 per day	Any user can register online for permanent discounted rate. Managed by car park operator direct (Ipswich Hospital Foundation).
renal patients	Patients visiting the renal facility have access to 4 parking spaces	\$0	Per limited availability

10. On a scale of 1-10 how would you rate the overall effectiveness of your hospital's concession arrangements?

1   2   3   4   5   6   7   8   9   10

Not Effective > Barely Effective > Somewhat Effective > Mostly Effective > Very Effective

11. What is working well with your hospital's concession arrangements?

Provides staff and patients options to park onsite or on the street (paid and free street parking per availability)

12. What could be improved with your hospital's concession arrangements?

Recommend approval process and audit for permanent visitor parks (currently discounted tariffs not funded)

13. How are your hospital's concession tariffs funded? *Not applicable (discounted tariffs not funded)*

Hospital or HHS operates car park and receives revenue making allowance for concessional parking

Car park operator receiving /sharing revenue is compensated as follows:

Specific rate and/or number of spaces for patients/visitors predetermined and negotiated in contract

Specific rate and/or number of spaces for staff predetermined and negotiated in contract

Hospital or HHS provides funds to the car park operator for following eligible patients/visitors on a case by case basis

Other (please provide detail)

Patients eligible for rebates (e.g. DVA or Workcover) pay car park operator but given advice on how to obtain rebate

14. Are concession numbers capped at the hospital?

YES   NO

If yes how is the wait list managed? Click here to enter text.

15. Should concessions be capped or should they be given to anyone who is eligible?

Capped   Provided to all eligible

16. Is there a sufficient number of concessional car parking spaces available at your hospital?

YES   NO

**17. Does the hospital have dedicated/delineated car parking spaces for concession holders?**

- YES       NO – can park anywhere and managed at point of payment only

If yes, how many? And where are they located

Location	Number of spaces
Patients visiting Renal facility	4 spaces per availability
Disabled paid parking	6 disabled parks within paid facility (per availability)

**Location and design****18. Do you think hospital car parks should designate particular areas for concession car parks?**

- YES       NO

**19. If concession car parking spaces are designated, does the HHS have specific location and design requirements for these spaces?**

- YES       NO

**20. What do you think would be the appropriate locations and design requirements if car parking spaces for concession holders were to be designated?**

- Wheelchair friendly
- Next to pedestrian path
- Easy access to lifts
- Proximity to particular ward/ clinical area e.g. Children's Ward, Renal Unit, Oncology
- Other (please specify)
- Nil – should park anywhere with concession rate managed at point of pay only

# Car Parking Concessions

Strategy, Policy and Planning  
Division

**DATE:** 21 March 2018

**FROM:** Infrastructure Strategy and Planning Branch (ISPB)

**RE:** **2017-18 expenditure for car parking concessions at Queensland public hospitals**

**Request:** The Deputy Director-General Strategy, Policy and Planning Division requested an advice note on the 2017-18 expenditure for car parking concessions at Queensland public hospitals with paid car parking.

## Summary of Advice

### Reporting

Hospital and Health Services (HHSs) with paid car parking received \$517,938 to provide 33,333 additional car parking concessions from 01 October 2017 to 31 January 2018.

HHSs have provided reporting on a monthly basis to ISPB since implementation. As at 31 January 2018, HHSs have reported the provision of 28,644 paid car parking concessions and 32,740 free car parking making a total of 61,384 concessions provided from 1 October 2017 to 31 January 2018. (Attachment 1) For this period approximately 66,666 concessions should have been provided, 33,000 previously provided by facilities plus the 33,000 new additional funded concessions announced in 2017.

A consultant group, Destravis, on 9 March 2018 provided an independent review (Attachment 3) into the early implementation of the additional concessional funding program. Destravis have provided 13 recommendations which are currently being considered. A meeting of the Carpark Advisory Committee Meeting is being held on 22 March 2018 to discuss the review and determine ways to increase concession uptake across sites.

Destravis identified that 16,507 ticketed concessions have been dispensed from 1 October 2017 to 31 January 2018. It should be noted some tickets hold multiple concession days, thus the totals cannot be compared to the Hospital and Health Services reporting provided above. The preliminary analysis in this report noted the expended amount of \$156,027 for the additional concessions to 31 January 2018, noting a potential underspend of \$361,911 from the budgeted amount of \$517,938 for that period.

To address this the report proposes ensuring standardised and quarterly reporting through a new template, to be endorsed through the Hospital Car Parking Advisory Group, to capture both the existing hospital concessional parking subsidies as well as the additional funded concessions announced in 2017.

The report also noted that the key reason for not fully expending the allocated funding is that costs were allocated at 75% of the full ticket price, and many hospitals have implemented different ticket types with various levels of concession reductions (from 20% to free). This has resulted in the actual cost for each concession ticket varying significantly between hospitals, and on average being cheaper than the funding provided to HHSs.

The funding allocations were estimated prior to HHSs developing their car parking concessions policies for 1 October 2017, with the Department of Health allocating adequate funding for substantial car parking concessions. In effect, an additional \$176,243 funding was provided to HHSs over and above their costs if all 33,333 concessions had been provided.

Recent advice from the larger car parks notes that the concessional takeup seems to be increasing in February and March, reflecting perhaps a slow take up in the first months of implementation (October) and in line with reduced hospital activity (December/January).

### **Review and Strategies**

The Hospital Car Parking Advisory Group includes senior HHS representatives and will meet on 22 March 2018 to consider the strategies in the Destravis recommendations, particularly those to increase car parking concessions for the remainder of 2017-18. This includes processes for the underspent 2017-18 funding being returned to the Department of Health for reallocation.

The Hospital Car Parking Advisory Group will also consider other recommendations from Destravis' report and the funding allocation methodology for 2018-19 to 2020-21. The other recommendations include improved data capture and reporting, changes to eligibility criteria, and improved marketing and communication activities through workshops and sharing amongst HHSs. It is likely that most of those will be implemented.

There does seem to be a threshold point for consumer behaviour and uptake emerging, where the experience at a number of facilities (including Cairns, Townsville, Robina and Ipswich) is that patients and visitors seem unwilling to make the effort to apply for a concession if the value to them of that concession is \$5 or less.

It should be noted that the facilities with contractual arrangements in place have limited room to negotiate with commercial providers at short notice, with legal advice required to implement change.

Attachment 2 outlines the current data and proposed changes to concessions strategies provided by each facility. These will be updated following the analysis of the Destravis recommendations and Car Parking Advisory Committee meeting on Thursday 22 March 2018.

It is expected that all hospitals will implement their changes by mid-April 2018..

The concessions program is still in the implementation phase as each HHS trials strategies to ascertain where their demand falls and what strategies are effective and of value for their patient cohort. The learnings from this initial period will inform the allocations and final concession policies in place for the following three years.

ISPB is currently transitioning concession management into business as usual, with the HHSs reporting monthly on Concessions numbers and quarterly on financial spend, through the Service Agreement from the 2018/19 period.

### **Lady Cilento Children's Hospital**

A report into the options for improved carparking access at LCCH is due at the end of March. The options being explored show potential for a number of activities which could be implemented to improve car park accessibility in the short and medium term at LCCH and potentially at other facilities.

A trial of Translink Goevent cards has commenced at LCCH this week.

LCCH have been provided an additional 2000 funded concession for this year, and have communicated their ability to allocate further concessions in the current year.

### **Attachments**

Attach 1: Car parking Concessions Media Release

Attach 2: Car Parking Concessions Progress Update



Attach 3. Destravis Concession Parking Review

Comments from DDG, SPPD


Author: Jane Hedger  
Director  
Infrastructure Strategy and Planning Branch  
s.73  
20 March 2018

Cleared by: Bronwyn Nardi  
Executive Director  
Infrastructure Strategy and Planning Branch  
s.73  
20 March 2018

### Car Parking Concessions Progress Update

	Concession Target from 1 Oct 2017 to 21 Jan 2018	HHS Reported Concessions Processed from 1 Oct 2017 to 31 Jan 2018	Initial Concession Criteria	Initial Concession Discounts	Proposed strategies to be implemented to improve concessions uptake
Royal Brisbane & Women's Hospital	5,573	1,290	<p><b>Frequent attendees</b> Patient attends for 2 or more visits per week for more than a 3 week period</p> <p><b>Extended stay</b> Patient admitted for 30 days or longer</p> <p><b>Financial Hardship/Special Needs</b> Where a patient or primary carer is not eligible for concessional car parking under the extended stay or frequent attendees criteria they may be able to apply for special circumstances</p>	25% of full tariff rate OR Free	<ul style="list-style-type: none"> <li>Currently reviewing the criteria for "extended stay" patient and proposing changing it from 30 days admittance to 14 days.</li> <li>Currently reviewing frequent attendance criteria.</li> <li>s.73 [REDACTED]</li> <li>Expand and improve the communication and advertising of this policy.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>
The Prince Charles Hospital	2,893	1,188	<p><b>Frequent attendees</b> Patient attends for 2 or more visits per week for more than a 3 week period</p> <p><b>Extended stay</b> Patient admitted for 30 days or longer</p> <p><b>Financial Hardship/Special Needs</b> Where a patient or primary carer is not eligible for concessional car parking under the extended stay or frequent attendees criteria they may be able to apply for special circumstances</p>	25% of full tariff rate OR Free	<ul style="list-style-type: none"> <li>Currently reviewing the criteria for "extended stay" patient and proposing changing it from 30 days admittance to 14 days.</li> <li>Currently reviewing frequent attendance criteria.</li> <li>s.73 [REDACTED]</li> <li>Expanding the communication and advertising of this policy.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>

<p><b>Princess Alexandra Hospital</b></p>	<p>20,267</p>	<p>16,466</p>	<p><b>Financial Hardship</b> Patients over the age of 65 with a valid Pensioner Concession Card</p> <p><b>Recurrent or Frequent Visits to the Hospital</b> Patient will be required to pay 50% of the cost of the parking ticket</p> <p>Primary carers will be eligible to receive the 3rd and 4th visits at 50% concession</p> <p><b>Consecutive and Non-Consecutive Hospital Visits</b> Patient, primary carer or family member that visit the hospital on consecutive days (within 5 days) or on non-consecutive days (over a 6 month period) may be eligible to receive concession parking. The eligibility criteria to receive this category of concession will be assessed by a Social Worker</p>	<p>50% of full tariff rate</p> <p>OR</p> <p>Free</p>	<ul style="list-style-type: none"> <li>Expand and improve the communication and advertising of this policy.</li> <li>Making available a further 8 car park spaces for radiation and oncology patients which will be provided free of charge.</li> <li>Making available a further 2 car park spaces for patients being treated by the spinal injuries unit which will be provided free of charge.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>
<p><b>Gold Coast University Hospital</b></p>	<p>8,966</p>	<p>9,466</p>	<ul style="list-style-type: none"> <li>Holders of Australian Government Concession Cards including a current Pensioner Concession Card, Senior Health Care Card or Low Income Health Care Card</li> <li>Attendance at the hospital for two or more times per week for specialist treatment, accessible after seven days from the first attendance</li> <li>Extended hospital admissions, accessible after the first seven days:                         <ul style="list-style-type: none"> <li>Palliative Care (end stage)</li> <li>Coronary care unit</li> <li>Intensive care unit</li> <li>Rehabilitation support persons</li> </ul> </li> <li>Newborn Care Unit and ongoing Cancer, Haematology and Renal Dialysis treatment patients</li> </ul>	<p>Tiered concession</p> <ul style="list-style-type: none"> <li>30% off daily rate</li> <li>Shorter stays up to 55% off</li> </ul> <p>OR</p> <p>Free</p>	<ul style="list-style-type: none"> <li>Increase their minimum concession amount to 50% of the ticket cost.</li> </ul> <p><b>Changes Subject to Board Approval and commercial negotiations</b></p>
<p><b>Lady Cilento Children's Hospital</b></p>	<p>7,000</p>	<p>15,247</p>	<p>Eligibility to concessional car parking is assessed in a holistic manner that aligns with family centred care principles and takes into consideration the financial and social circumstances of each patient and family.</p> <p>The following criteria are used as a decision making guide by the Department of Social Work and Welfare's Allied Health Assistant and Welfare Workers when determining eligibility for discounted car parking:</p> <ul style="list-style-type: none"> <li>The patient's family's financial circumstances has been impacted as a result of the patient's hospital admission/appointments; and</li> <li>The patient, parent or carer is a government concession card holder or is eligible for Centrelink payments.</li> </ul> <p>If the patient or carer meets either of the below criteria, they may also be deemed eligible for a concessional parking ticket.</p> <ul style="list-style-type: none"> <li>The carer is a single income household and/or has a low income;</li> <li>The expected length of the inpatient stay is 5 days or more;</li> <li>The parent, patient or carer is required to frequently attend outpatient</li> </ul>	<p>60% off full tariff</p> <p>OR</p> <p>Free</p>	<ul style="list-style-type: none"> <li>The Department have allocated the remaining 2,000 concessions in 2017-18 to LCCH in order to meet the demand for concessions at the hospital.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>

			<p>appointments (e.g. twice weekly or more); The parent or carer has additional financial stressors (i.e. more than one child who is an inpatient)</p>		
<b>Sunshine Coast University Hospital</b>	14,200	13,662	<p><b>Financial Hardship</b></p> <p>Clinical staff may refer a patient or carer to the Social Worker attached to that work unit if their payment for parking is becoming a financial impediment to attending either SCUH or NGH.</p> <p><b>Patients and carers who need to attend hospital for an extended period of time</b></p> <p>Discounted parking may be offered to patients or primary carers attending either SCUH or NGH for extended periods.</p> <p>A 50% discount will be offered to primary carers attending the hospital to support a patient admitted for an extended period. The concession will be offered on the fourth day of attendance.</p> <p><b>Patients and carers who are required to attend hospital frequently</b></p> <p>A 50% discount will be offered to patients and carers on the fourth and subsequent day of attendance in a 7 day period.</p>	<p>Multi-visit weekly concession</p> <ul style="list-style-type: none"> <li>• 20% off first 3 visits</li> <li>• 50% of subsequent visits that week</li> </ul> <p>OR</p> <p>Free</p>	<ul style="list-style-type: none"> <li>• On track to meet the concessions which have been allocated to this hospital. Nil strategies.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>
<b>Ipswich Hospital</b>	1,987	376	<ul style="list-style-type: none"> <li>• Pre-existing Government Concession Card Holder</li> <li>• Patients and carer who need to attend hospital for an extended period of time</li> <li>• Patients and carers who are required to attend hospital frequently</li> <li>• Patients and carers with special needs who require assistance</li> <li>• Patients and carers experiencing financial hardship</li> </ul>	<p>76% off full tariff</p> <p>OR</p> <p>Free</p>	<ul style="list-style-type: none"> <li>• Provide a greater number of free concession passes to augment the already low online parking fee of \$5 per day from mid-April 2018 onwards.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>
<b>Nambour Hospital</b>	332	17	<p><b>Financial Hardship</b></p> <p>Clinical staff may refer a patient or carer to the Social Worker attached to that work unit if their payment for parking is becoming a financial impediment to attending either SCUH or NGH.</p> <p><b>Patients and carers who need to attend hospital for an extended period of time</b></p> <p>Discounted parking may be offered to patients or primary carers attending either SCUH or NGH for extended periods.</p> <p>A 50% discount will be offered to primary carers attending the hospital to support a patient admitted for an extended period. The concession will be offered on the fourth day of attendance.</p> <p><b>Patients and carers who are required to attend hospital frequently</b></p> <p>A 50% discount will be offered to patients and carers on the fourth and subsequent</p>	<p>Multi-visit weekly concession</p> <ul style="list-style-type: none"> <li>• 20% off first 3 visits</li> <li>• 50% of subsequent visits that week</li> </ul> <p>OR</p> <p>Free</p>	<ul style="list-style-type: none"> <li>• Provide a greater number of free concession passes to augment the already low cost of tickets effective from mid-April 2018 onwards.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>

<p><b>Robina Hospital</b></p>	<p>1,666</p>	<p>328</p>	<p>day of attendance in a 7 day period.</p> <ul style="list-style-type: none"> <li>• Holders of Australian Government Concession Cards including a current Pensioner Concession Card, Senior Health Care Card or Low Income Health Care Card</li> <li>• Attendance at the hospital for two or more times per week for specialist treatment, accessible after seven days from the first attendance</li> <li>• Extended hospital admissions, accessible after the first seven days:                         <ul style="list-style-type: none"> <li>▪ Palliative Care (end stage)</li> <li>▪ Coronary care unit</li> <li>▪ Intensive care unit</li> <li>▪ Rehabilitation support persons</li> </ul> </li> <li>• Newborn Care Unit and ongoing Cancer, Haematology and Renal Dialysis treatment patients</li> </ul>	<p>40% off full tariff OR Free</p>	<ul style="list-style-type: none"> <li>• Provide more free concession tickets to augment the already low cost of parking effective from mid-April 2018 onwards.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>
<p><b>Toowoomba Hospital</b></p>	<p>3,267</p>	<p>3,063</p>	<p>Concessions for car parking on-campus will be determined considering the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Government Card holders of Pension Card or Healthcare Card;</li> <li>▪ Patient's length of stay;</li> </ul> <p>The following patients are eligible for concessional parking and the issuance of free on campus parking:</p> <ol style="list-style-type: none"> <li>a. Holders of a Disabled Parking Permit</li> <li>b. Ongoing cancer treatment patients</li> <li>c. Ongoing dialysis patients</li> <li>d. Patients and patient carers attending more frequently than three times weekly</li> <li>e. Geriatric Adult Rehabilitation and Stroke Service (GARSS) &amp; Rehabilitation attendees</li> <li>f. Patients with a long term hospitalisation and/or treatment needs</li> </ol> <p>The following areas have a THF parking book to enable them to offer concessional parking and issue free on campus parking for patients/carers on a case-by-case basis:</p> <ol style="list-style-type: none"> <li>a. Allied Health, Cossart House</li> <li>b. Mental Health - Acute Mental Health Unit (AMHU), Yannanda, Community Mental Health and Alcohol and Other Drugs (AODS)</li> <li>c. Special Care Nursery (SCN)</li> <li>d. Oral Health</li> <li>e. Pulmonary Rehabilitation</li> <li>f. Heart Care</li> </ol>	<p>43% off full tariff OR Free</p>	<ul style="list-style-type: none"> <li>• Increase the proportion of daily tickets dispensed as good volumes of monthly passes are already being processed. This will be effective from mid-April 2018 onwards.</li> </ul> <p><b>Changes Subject to Board Approval</b></p>
<p><b>Townsville Hospital</b></p>	<p>843</p>	<p>175</p>	<p><b>Patients and carers experiencing financial hardship</b> Managed, on a case by case basis, through extant Department of Social Work process for assessment of genuine financial hardship</p> <p><b>Patients admitted to the TTH for an extended period of time</b> Patient treatment/care in the following circumstances:</p>	<p>Free</p>	<ul style="list-style-type: none"> <li>• Increase the proportion of daily tickets dispensed as good volumes of monthly passes are already being processed. This will be effective from mid-April 2018 onwards.</li> </ul>

			<ul style="list-style-type: none"> <li>▪ NICU and SCN after 7 days.</li> <li>▪ ICU and PICU after 7 days.</li> <li>▪ Palliative Care Centre after 7 days.</li> <li>▪ Rehabilitation Ward after 7 days.</li> <li>▪ Any other inpatient admission with a single episode of care greater than 14 days.</li> </ul> <p><b>Patients and carers who attend TTH frequently</b> Patient treatment/care in the following circumstances</p> <ul style="list-style-type: none"> <li>▪ The conduct of haemodialysis more than twice a week.</li> <li>▪ Daily or weekly chemotherapy for a period greater than two weeks.</li> <li>▪ Patients who are under the care of a Nurse Navigator for a period greater than 6 months.</li> <li>▪ Patients who are required to attend TTH more than twice a month for a period greater than 6 months.</li> </ul> <p><b>Patients and carers with special needs who require assistance</b></p> <p>Managed, on a case by case basis, as an assessment of genuine special needs through extant Department of Social Work process or TTH Campus Operations assessment.</p> <p><b>Australian Red Cross Blood Service donor</b></p>		<b>Changes Subject to Board Approval</b>
<b>Cairns Hospital</b>	1,691	106	<p><b>Free parking</b> – provided to patients (or their carers) receiving long-term treatment (3 sessions or more per week) in Renal Dialysis or Oncology units</p> <p><b>Concession rate</b> – eligible patients (or their carers) will receive a discounted rate of 45% of the standard applicable rate. Concession parking rates are available to patients/carers if they are able to meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Holder of a Pensioner Concession Card</li> <li>• Holder of a Health Care Card</li> <li>• Holder of a Gold Veterans Affairs Card</li> <li>• Patient is receiving an ongoing course of treatment with at least 1 appointment per week for a minimum of 4 weeks</li> <li>• Patient is admitted to hospital for one week or more</li> <li>• Patient is required to attend hospital more than 2 times per week</li> </ul>	45% off the full tariff  OR  Free	<ul style="list-style-type: none"> <li>• Relocate the ticket validation machine to an area with higher volumes of foot traffic in order to improve concession uptake. This will be effective from mid-April 2018 onwards.</li> </ul>

A total of **61,384** concessions were provided between 1 October 2017 and 31 January 2018. This is comprised of **28,644** concessions and **32,740** free car parking spaces.

RTI RELEASE

RM folder reference No:	C-ECTF-18/2610
Division/HHS:	SPPD
File Ref No:	ISP-0707

## Director-General Brief for Noting

Requested by: Deputy Director-General, Strategy,  
Policy and Planning Division

Department

**SUBJECT: Statewide Hospital Car Parking Framework: Concession Parking Review Report**

NOTED	
MICHAEL WALSH Director-General	Date: / /
Director-General's comment	Ministerial Brief for Approval required <input type="checkbox"/>
	Ministerial Brief for Noting required <input type="checkbox"/>

### Issues

1. Car parking concessional arrangements at 12 hospitals across nine Hospital and Health Services (HHSs) were independently reviewed for the period 1 October 2017 to 31 January 2018 in the Concession parking review report – March 2018 (the report).
2. The report demonstrates that HHSs have complied with car parking policy and consultation requirements but that differing approaches to eligibility criteria, discount rate and communications have contributed to a varied result in concession distribution.
3. Of note, the report highlights positive benefits including improved patient satisfaction, reduced stress levels and reduction in complaints, particularly at sites where staff were positively engaged and could proactively assist with concession program referral.
4. HHSs with paid car parking received \$517,938 to provide 33,333 additional car parking concession tickets from 01 October 2017 to 31 January 2018.
5. HHSs have reported monthly on concession arrangements since implementation and appear to be generally on track to deliver concession ticket volumes. 28,644 additional paid car parking concession tickets were reported the period 1 October 2017 to 31 January 2018.
6. The report notes the expended amount of \$156,027 to 31 January 2018, with a potential underspend of \$361,911 from the budget of \$517,938 for that period.
7. The report identifies the cause of lower than expected funding expenditure as the difference between the actual average cost of the concession tickets provided, and the original funding based on 75% of a full day ticket.
8. The report makes 13 recommendations to improve concession uptake and program performance, which were reviewed by the Hospital Car Park Advisory Group meeting on 22 March. 11 of the 13 recommendations will be or have been implemented (Attachment 1).
9. Actions aligned with the recommendations to increase concession uptake and minimise the potential underspend of concessional funding allocations, in 2017-18 and out-years, include:



RM folder reference No:	C-ECTF-18/2610
Division/HHS:	SPPD
File Ref No:	ISP-0707

- 9.1. HHSs are reviewing concession eligibility criteria and uptake, with the intent to progress changes by mid-April 2018. HHSs have agreed to a reallocation of funding within and across HHSs where there is demand for concessions and available car parking supply.
- 9.2. improved reporting from April 2018: an updated template to support monthly activity reporting and quarterly financial reporting, capturing the existing hospital concessional parking subsidies and additional funded concessions announced in 2017.


## Vision

10. The provision of funding for concessions aligns with Direction 2 set out in the 10 year vision; My health, Queensland's future: Advancing health 2026, by enabling the delivery of healthcare by providing patients visitors and staff with access to onsite parking.

## Background

11. Queensland Health implemented hospital car parking concession policies at hospitals with paid car parking on 1 October 2017 in line with the Health Service Directive for Hospital Car Parking Provisions and Patient and Carer Car Parking Concessions Standard of 1 July 2017.
12. On 23 July 2017, \$7.5 million was committed over the next four years for an extra 100,000 concessional car parking spaces at Queensland public hospitals.
13. In February 2018, Destravis Pty Ltd was commissioned to undertake an independent review of the allocation and impact of concessional arrangements using the financial reporting available for the period of 1 October 2017 to 31 January 2018.

## Results of Consultation

14. The Hospital Car Parking Advisory Group, consisting of HHS representatives, meets monthly to inform concession policy development and share experiences of implementation.
15. s.73 
16. A threshold point for consumer behaviour and uptake is emerging. The experience at Robina and Ipswich Hospitals suggests that patients and visitors seem unwilling to make the effort to apply for a concession if the value to them of that concession is \$5 or less.
17. Lady Cilento Children's Hospital has been provided an additional 2000 funded concession tickets for this year, and has the ability to allocate further concessions in 2017/18.

## Resource Implications (including financial)

18. The implementation of HHS strategies by mid-April will allow ISPB to finalise the 2017/18 reallocation of concession funding including recalculation and potential clawback of any unused funding for redistribution to fund alternative access solutions or meet any shortfalls.
19. Allocations for the 2018-19 program will be reviewed in May 2018 following receipt of April data, noting HHSs' anecdotal reports of increased take-up through March 2018.

## Attachments

20. Attachment 1: Summary of Report recommendations and response (22 March 2018).

RM folder reference No:	C-ECTF-18/2610
Division/HHS:	SPPD
File Ref No:	ISP-0707

Author	Cleared by: (SD/Dir)	Content verified by: (CEO/DDG/Div Head)
Serena Mullins	Bronwyn Nardi	Kathleen Forrester
Manager, Governance and Strategy	Executive Director	Deputy Director-General
Infrastructure Strategy and Planning Branch	Infrastructure Strategy and Planning Branch	Strategy, Policy and Planning Division
Phone: s.73	Mob Phone: s.73	Phone s.73
Date: 22 March 2018	Date:	Date
Updated 28 March 2018		

**Attachment 1: Concession parking review report (March 2018) recommendations and actions agreed at the Hospital Car Parking Advisory Group meeting on 22 March 2018.**

Rec #	Key points	Concession parking review report (Destravis) recommendations in detail	Hospital Car Park Advisory Group outcomes (22 March 2018)
1.	A standard reporting template	<b>Based on feedback from the HHS's, streamline data reporting through implementing a standard reporting template (excel) for all hospitals to input data on concessions tickets issued by type, value of tickets distributed and no. of public parking tickets issued.</b>	AGREED: An updated reporting template will be implemented in April 2018.
2.	Annual target of 85% distribution to retain funding	Consider introducing a minimum yearly <b>ticket dispensing target for the HHS's of 85% of tickets or funds to retain funding in the following financial year.</b>	NOTED: For further consideration to implement in 2018-19 allocations.
3.	Quarterly HHS reporting in eligibility and expenses	Consider introducing HHS reporting and management of eligibility criteria and expenses on a quarterly basis to ensure yearly allocations are amended on a quarterly needs basis.	AGREED: HHSs will provide monthly reports on concession activity and quarterly reports on financial data.
4.	Statewide minimum criteria for eligibility including definitions for financial hardship, extended stay, frequent visits and special needs.	Consider the implementation of a consistent state-wide equitable approach to concession tickets eligibility.* This may include: <ul style="list-style-type: none"> <li>a. A state-wide minimum criteria clearly defining financial hardship. This may include: <ul style="list-style-type: none"> <li>i. through Social Worker review;</li> <li>ii. following presentation of a health care card, pension card or gold veteran card;</li> <li>iii. person receiving a carer payment; and</li> <li>iv. <b>Person's receiving Centrelink payments as their only form of income</b></li> </ul> </li> <li>b. A state-wide minimum clearly criteria defining an extended stay. This may include: <ul style="list-style-type: none"> <li>i. a stay greater than 5 consecutive days to receive concessional parking relief; and</li> <li>ii. a stay greater than 14 days to receive free parking.</li> </ul> </li> <li>c. A state-wide minimum criteria that clearly defines 'frequent visits'. This may include 2 times / week or more and once per week for a month or longer.</li> <li>d. A state-wide minimum criteria that clearly defines Special Needs. This may include persons who hold a disability parking permit as eligible for concessional parking tickets.</li> </ul>	NOTED: The intent is to allow each facility to respond to local requirements.
5.	Statewide approach to concession ticket pricing*	Consider two alternative options for a state-wide equitable approach to concession ticket pricing.* The first option may include: <ul style="list-style-type: none"> <li>a. A flat rate per concession ticket / day mutually agreed between the DoH and all HHSs subject to the concession ticket program.</li> <li>b. As an alternative to (a), utilising the average cost per ticket dispensed for each HHS to identify the financial allocation to each HHS for future years.</li> </ul>	NOT ACCEPTED: A range of factors impact on the ability to achieve consistent statewide pricing, not the least the commercial arrangement in place with private operators. May be considered for review at a later point in time.
6.	Interim 2017-18 measures to reallocate amongst current HHSs	Consider as an interim measure while recommendations 1 - 5 are being implemented, the following ticket allocation changes to each hospital: <ul style="list-style-type: none"> <li>a. RBWH: Maintain allocation while allowing for expansion of eligibility and potential increases in concession amount.</li> </ul>	AGREED with revision, noting a key principle to allow reallocation across sites within an HHS on the first instance to meet the overall concessional ticket target for each HHS.

Rec #	Key points	Concession parking review report (Destravis) recommendations in detail	Hospital Car Park Advisory Group outcomes (22 March 2018)
		<p>b. TPCH: Reduce allocation from 8,500 to 3000 tickets. Due to free tickets being provided by the TPCH foundation, while allowing for expansion of eligibility and potential increases in concession amount.</p> <p>c. PAH: Reduce allocation from 15,000 to 12,500 tickets. Due to use of weekly tickets &amp; potential to expand eligibility.</p> <p>d. Ipswich: Reduce allocation from 5,000 to 4,000 tickets. Due to low cost of parking creating low demand and allowing for potential free concessions.</p> <p>e. LCCH: Increase allocation from 11,000 to 20,000 tickets. Due to high take up.</p> <p>f. GCUH: Increase allocation from 12,500 to 15,000 tickets. Due to high take up.</p> <p>g. Robina: Reduce allocation from 5,000 to 4,000 tickets. Due to low cost of parking creating low demand and allowing for potential free concessions.</p> <p>h. SCUH: Increase allocation from 9,000 to 12,000 tickets. Due to good take up and potential to expand eligibility &amp; potential increases in concession amount.</p> <p>i. Nambour: Reduce allocation from 1,000 to 500 tickets. Due to low need, while allowing for expansion of eligibility and potential increases in concession amount.</p> <p>j. Toowoomba: Reduce allocation from 6000 to 4,500 tickets. Due to needs being met &amp; use of weekly tickets.</p> <p>k. Townsville: Reduce allocation from 5,000 to 1,000 tickets. Due to needs being met &amp; use of weekly and monthly tickets.</p> <p>l. Cairns: Reduce allocation from 5,000 to 1,000 tickets. Due to low need from free on street parking provision &amp; potential to provide free concessions.</p> <p>m. Total new tickets: 93,500. Projected Value: \$1,022,000 using average price for tickets dispensed. This figure would increase if concession amounts were increased.</p>	<ul style="list-style-type: none"> <li>• RBWH and TPCH: Note low rate of takeup to date, however a number of initiatives to be progressed to Executive in next few days. Leave as is with a total of 24,500 to allocate across both sites.</li> <li>• PAH: Activity is increasing and expected to meet target. Leave as is with 12,500.</li> <li>• Ipswich: Potential for reduction from 5000 to 2000. To be confirmed with WMHHS.</li> <li>• LCCH: Additional 2000 provided in March 2018. Can accommodate an additional volume, subject to confirmation of reallocation from other sites.</li> <li>• GCUH and Robina: Agree to redistribute ticket allocation from Robina to GCUH within the HHS. Maintain volume at 17,500 for HHS.</li> <li>• SCUH and Nambour: Additional tickets not required at Nambour can be accommodated at SCUH. Maintain volume at 10,000 for HHS.</li> <li>• Toowoomba: Disagree – keep existing allocation of 6000.</li> <li>• Townsville: Potential for reduction from 5000 to 1000. To be confirmed following further modelling.</li> <li>• Cairns: Agree to reduce from 5000 to 1000.</li> </ul>
7.	Dedicated AO3 administrative support officer in HHS with large volumes	<p>Increase administrative funding to an AO3 FTE position / year (\$70,600 2017/18). This will <b>allow the HHS's to better manage the distribution, management and reporting of the concession program</b> with a dedicated officer. Yearly cost would be approximately \$355,000, an increase of \$115,000 from the original allocation. Based of feedback and ticket allocations, the following HHSs should receive this increased funding:</p> <ol style="list-style-type: none"> <li>a. Metro North HHS;</li> <li>b. Metro South HHS;</li> <li>c. CHQ HHS;</li> <li>d. Gold Coast HHS; and</li> <li>e. Sunshine Coast HHS.</li> </ol>	NOT AGREED: Executive Director, ISPB confirms there is no appetite to provide additional administrative funding.
8.	Finalise all policies	Metro North HHS and Cairns and Hinterland HHS formalise their draft policy/procedures into final versions, providing these to the DoH.	AGREED: Metro North HHS will complete policy update by mid-April. Noted Cairns and Hinterland HHS have finalised this during the review period.

Rec #	Key points	Concession parking review report (Destravis) recommendations in detail	Hospital Car Park Advisory Group outcomes (22 March 2018)
9.	Publish all policies	The DoH Consider whether the following HHSs should publish their policy and procedure on their externally facing website or whether existing online information is sufficient: a. Townsville HHS; and b. Cairns and Hinterland HHS.	COMPLETED: Policy updates and consumer feedback completed during review period.
10.	Finalise consumer input	Townsville HHS gains consumer group feedback on its policy & procedure & incorporates any meaningful feedback into these documents and the implementation of the program at Townsville Hospital.	
11.	Quarterly forum/meeting with HHS stakeholders	For the remainder of 2018, undertake a quarterly concession ticket forum / meeting with all <b>HHS's to share ticket uptake, communication strategies, learnings and success factors to ensure all HHS's can continually improve and align</b> their policies and implementation strategies.	AGREED: Monthly meetings with HHSs will continue. Future meetings to be structured to focus on both business outcomes and shared operational learnings.
12.	Share communication and marketing learnings	Share learnings on successful communication and marketing strategies by hospital, such as staff proactively offering and assisting patients and visitors to gain concession tickets. This will assist each hospital in implementing effective communication and ticket assessment/validation strategies for their hospital, ensuring patients and visitors are able to easily identify whether they could be eligible for and gain a concessional parking ticket.	
13.	Social medial communication strategies	Provide social media communications strategies to all HHSs. This may assist in awareness of the concession program improving at all HHSs, in line with the successes and learnings of those HHSs who have implemented social media communications.	

*\* Note: Those Hospitals who do not own their car parks will require negotiations with car park operators to enact such a scheme. It is noted that car park operators may not be supportive of low flat fees based on feedback that their assumption is it would reduce turnover and therefore reduce income for their car park operations.*

# SDLO REQUEST

Strategy, Policy and Planning  
Division

DATE: 2 May 2018

SPPD Ref: 18-1015

SUBJECT: Car parking concessions – update

*The Minister's Office has requested an update on the car parking concessions. Could you please provide advice on:*

- *How each HHS is going in terms of delivering car-parking concessions (against their targets)*
- *If possible what their current criteria for concessions are (and if they are individual criteria : to get a concession you have to have 1 or 2 or 3 or multi-criteria – to get a concession you have to have 1 and 2 and 3).*
- *How consumers were involved in developing the criteria.*

*Could you please provide this advice back to SDLO by **COB Thursday 3 May 2018**.*

## RESPONSE

### 1. HHSs' progress on delivery of car parking concessions against targets

HHSs have reported the provision of 79,486 paid car parking concessions and 51,338 free car parks making a total of 130,842 concessions provided for the six-month period from 1 October 2017 to 31 March 2018. This exceeds the target for the period, which was 105,300 concessions. Attachment 1 provides the details of concessions activity for each HHS with paid parking as at 31 March 2018.

Concessions activity is provided monthly by HHSs, with the next update due on 14 May 2018.

### 2. HHS concession criteria

From 1 October 2017, each HHS with paid parking implemented the principles of the Health Service Directive: Hospital Car Parking Provisions (QH-HSD-042:2014) and Patient and Carer Car Parking Concessions Standard (QH-HSDSTD-042-2:2017). HHSs with paid parking published their local concessions policies and procedures, which at a minimum make concessions available to eligible patients and carers in the following categories:

1. Patients and carers experiencing financial hardship (which may include government concession card holders)
2. Patients and carers who need to attend hospital for an extended period of time
3. Patients and carers who are required to attend hospital frequently
4. Patients and carers with special needs who require assistance.

HHSs' concessions policies and procedures identify their local application of the minimum eligibility criteria, including the level of concession available (e.g. free, 25% discount, 50% discount) and application process (refer to Attachment 2). Concession policies and procedures vary across HHSs due to hospital-specific needs, prices and public versus private ownership of car parks.

HHSs require only one eligibility criteria to be met.

Most HHSs have reviewed their local application of the minimum eligibility criteria since implementation on 1 October 2017. Metro North HHS have recently relaxed their criteria to make concessions available to more patients and carers.

### 3. Consumer involvement

A review in March 2018 of the implementation of concessional arrangements confirmed that HHSs have consulted with consumers in development of their concessional policies and criteria, in compliance with the Health Service Directive and Standard. HHSs engaged with consumers through a range of local consumer engagement groups, consultative groups and family advisory groups on their local concession policies and procedures, criteria and communication materials/methods. Consumer involvement is an ongoing requirement of the policy cycle.

Attachment 1: Concessions Summary Table

Attachment 2: Hospital and Health Service Car Parking Concessions Criteria

#### Comments from DDG, SPPD


Author: Serena Mullins  
 Manager  
 Infrastructure Strategy and Planning Branch  
 s.73  
 30 April 2018

Cleared by: Bronwyn Nardi  
 (Senior Director) Executive Director  
 Infrastructure Strategy and Planning Branch  
 s.73  
 2 May 2018

Cleared by: Kathleen Forrester  
 (DDG) Deputy Director-General  
 Strategy, Policy and Planning  
 s.73  
 3 May 2018

## Attachment 1 - Concessions Summary Table

## Car Parking Concessions Summary as at 13 April 2018

	Previous Concessions offered per annum	Additional concessions per annum (New Funding 2017-18)	Full day parking cost	Total number of concessions to be provided per annum	2017-18 pro rata^ concessions projection	Concessions processed from 1 October 2017 to 31 March 2018	RAG Status	Notes
<b>Royal Brisbane &amp; Women's Hospital</b>	720	16,000 (\$342,000 + \$30,000 in Admin Funding)	\$38.00	16,720	12,540	<b>Total 1,711</b> concessions processed Target to date <b>(8,360)</b>	<b>Red</b>	MNHHS implemented expanded eligibility criteria on 16 April. This is expected to make a further 44,000 patients eligible for concession. If demand is not sufficient, the criteria will be further relaxed. s.73
<b>The Prince Charles Hospital</b>	180	8,500 (\$95,625 + \$30,000 in Admin Funding)	\$20.00	8,680	6,510	<b>Total 4,457</b> concessions processed Target to date <b>(4,340)</b>	<b>Green</b>	TPCH are now providing multi-day passes from the Foundation which are funded by the TPCH concessions allocation and this has seen a significant uptake in concessions.
<b>Princess Alexandra Hospital</b>	2,600 + 43,200 free parks (90 spaces*)	15,000 (\$210,938 + \$30,000 in Admin Funding)	\$25.00	60,800	45,600	24,370 concessions processed + 21,600 (90 free spaces*) <b>Total 45,970</b> Target to date <b>(30,400)</b>	<b>Green</b>	PAH have had a high uptake of concessions.
<b>Gold Coast University Hospital</b>	0 concessions + 14,400 free parks (30 spaces*)	12,500 (\$116,016 + \$30,000 in Admin Funding)	\$16.50	26,900	20,175	6972 concessions processed + 7,200 (30 free spaces*) <b>Total 14,172</b> Target to date <b>(13,450)</b>	<b>Green</b>	GCUH have had high uptake of concessions and have agreed to increase their concessions target for the subsequent three years.
<b>Robina Hospital</b>	0	5,000 (\$14,063)	\$5.00	5,000	3,750	<b>Total 878</b> concessions processed Target to date <b>(2,500)</b>	<b>Amber</b>	Robina has low cost parking and have had low uptake due to the low value of the concession benefit. They have agreed to a lower allocation in subsequent years.
<b>Lady Cilento Children's Hospital</b>	11,000	12,000 (\$168,750 + \$30,000 in Admin Funding)	\$30.00	21,000	15,750	<b>Total 12,415</b> concessions processed Target to date <b>(11,500)</b>	<b>Green</b>	LCCH have had high uptake of concessions and have been allocated a further 2,000 concessions. This will be increased by an additional 3,000 in the 2018-19 year.



# Attachment 1 - Concessions Summary Table

<b>Sunshine Coast University Hospital</b>	0 concessions + 33,600 free parks (70 spaces*)	9,000 (\$73,406 + \$30,000 in Admin Funding)	\$14.50	42,600	31,950	3819 Concessions processed + 16,800 (70 free spaces*) <b>Total 20,619</b> Target to date <b>(21,300)</b>	Amber	SCUH are tracking well to have full uptake within the next quarter.
<b>Nambour Hospital</b>	0	1,000 (\$7,875)	\$14.00	1,000	750	<b>Total 20</b> concessions processed Target to date <b>(500)</b>	Amber	Nambour have experienced low uptake with patients not seeking concessions despite wide availability and communications, they have agreed to a lower allocation for 2018-2019.
<b>Ipswich Hospital</b>	0 concessions + 960 free parks (2 spaces*)	5,000 (\$59,063)	\$21.00	5,960	4,470	66 concessions processed + 480 (2 free spaces*) <b>Total 546</b> Target to date <b>(2,980)</b>	Amber	Ipswich Hospital Foundation provides discounted online parking of \$5 per day which is significantly impacting concessions uptake. Ipswich Hospital have agreed to a reduced allocation of 1,000 concessions for the following three years.
<b>Toowoomba Hospital</b>	3,800	6,000 (\$47,250)	\$14.00	9,800	7,350	6291 discounted concessions processed + 5258 free concessions <b>Total 11,549</b> concessions processed Target to date <b>(4,900)</b>	Green	Toowoomba Hospital is outperforming their target. This is mainly due to the large number of 5-day concession passes they issue.
<b>Townsville Hospital</b>	60	5,000 (\$14,063)	\$5.00	5,060	3,795	<b>Total 15,506</b> concessions processed Target to date <b>(2530)</b>	Green	Townsville is performing well. Most of their concessions are long term patients who receive a pass for 30-day concessions. THHS has agreed to changes to their funding calculations to reflect the real price of their concessions for subsequent years.
<b>Cairns Hospital</b>	75	5,000 (\$16,313)	\$5.80	5,075	3,806	<b>Total 149</b> concessions provided Target to date <b>(2,537)</b>	Amber	Cairns's car park is currently at capacity (many patients therefore unable to access a paid park) and the recent provision of 250 free council parks at the front of the hospital has meant that very few patients are applying for concessional parking. Cairns have agreed to a reduced allocation of 1,000 concessions for the following three years.

\*Free spaces are calculated as providing on average 2 free parks per day, per space, Monday – Friday (240 days per year)

^ Pro rata refers to period commencing 1 October 2017 to 30 June 2018

## Attachment 2 - Concession criteria update

## Hospital and Health Service Car Parking Concessions Criteria

as at 16 April 2018

Site	Concession Criteria	Concession Discounts
Royal Brisbane & Women's Hospital	<p><b>Frequent attendees</b> From 16 April 2018, the eligibility criteria for patients attending for 2 or more visits per week was relaxed from a 3 week waiting period to a one week waiting period.</p> <p><b>Extended stay</b> From 16 April 2018, the eligibility criteria for patients (and carers) with an extended stay was relaxed from 30 days to 14 days or longer.</p> <p><b>Financial Hardship/Special Needs</b> Where a patient or primary carer is not eligible for concessional car parking under the extended stay or frequent attendees criteria they may be able to apply for special circumstances.</p>	<p>25% discount to full tariff rate OR Free</p> <p>s.73</p>
The Prince Charles Hospital	<p><b>Frequent attendees</b> From 16 April 2018, the eligibility criteria for patients attending for 2 or more visits per week was relaxed from a 3 week waiting period to a one week waiting period.</p> <p><b>Extended stay</b> From 16 April 2018, the eligibility criteria for patients (and carers) with an extended stay was relaxed from 30 days to 14 days or longer.</p> <p><b>Financial Hardship/Special Needs</b> Where a patient or primary carer is not eligible for concessional car parking under the extended stay or frequent attendees criteria they may be able to apply for special circumstances</p>	<p>25% discount to full tariff rate OR Free</p>
Princess Alexandra Hospital	<p><b>Financial Hardship</b> Patients over the age of 65 with a valid Pensioner Concession Card</p> <p><b>Recurrent or Frequent Visits to the Hospital</b> Patient will be required to pay 50% of the cost of the parking ticket Primary carers will be eligible to receive the 3rd and 4th visits at 50% concession</p> <p><b>Consecutive and Non-Consecutive Hospital Visits</b> Patient, primary carer or family member that visit the hospital on consecutive days (within 5 days) or on non-consecutive days (over a 6 month period) may be eligible to receive concession parking. The eligibility criteria to receive this category of concession will be assessed by a Social Worker.</p>	<p>50% discount to full tariff rate OR Free</p>
Gold Coast University Hospital	<ul style="list-style-type: none"> <li>• Holders of Australian Government Concession Cards including a current Pensioner Concession Card, Senior Health Care Card or Low Income Health Care Card</li> <li>• Attendance at the hospital for two or more times per week for specialist treatment, accessible after seven days from the first attendance</li> </ul>	<p>Tiered concession</p> <ul style="list-style-type: none"> <li>• 30% off daily rate</li> <li>• Shorter stays up to 55% off</li> </ul> <p>OR</p>

## Attachment 2 - Concession criteria update

Site	Concession Criteria	Concession Discounts
	<ul style="list-style-type: none"> <li>• Extended hospital admissions, accessible after the first seven days:               <ul style="list-style-type: none"> <li>▪ Palliative Care (end stage)</li> <li>▪ Coronary care unit</li> <li>▪ Intensive care unit</li> <li>▪ Rehabilitation support persons</li> </ul> </li> <li>• Newborn Care Unit and ongoing Cancer, Haematology and Renal Dialysis treatment patients</li> </ul>	Free
Lady Cilento Children's Hospital	<p>Eligibility to concessional car parking is assessed in a holistic manner that aligns with family centred care principles and takes into consideration the financial and social circumstances of each patient and family.</p> <p>The following criteria are used as a decision making guide by the Department of Social Work and Welfare's Allied Health Assistant and Welfare Workers when determining eligibility for discounted car parking:</p> <ul style="list-style-type: none"> <li>▪ The patient's family's financial circumstances has been impacted as a result of the patient's hospital admission/appointments; and</li> <li>▪ The patient, parent or carer is a government concession card holder or is eligible for Centrelink payments.</li> </ul> <p>If the patient or carer meets either of the below criteria, they may also be deemed eligible for a concessional parking ticket:</p> <ul style="list-style-type: none"> <li>▪ The carer is a single income household and/or has a low income;</li> <li>▪ The expected length of the inpatient stay is 5 days or more;</li> <li>▪ The parent, patient or carer is required to frequently attend outpatient appointments (e.g. twice weekly or more);</li> <li>▪ The parent or carer has additional financial stressors (i.e. more than one child who is an inpatient).</li> </ul>	60% discount to daily tariff rate OR Free
Sunshine Coast University Hospital	<p><b>Financial Hardship</b> Clinical staff may refer a patient or carer to the Social Worker attached to that work unit if their payment for parking is becoming a financial impediment to attending either SCUH or NGH.</p> <p><b>Patients and carers who need to attend hospital for an extended period of time</b> Discounted parking may be offered to patients or primary carers attending either SCUH or NGH for extended periods.</p> <p>A 50% discount will be offered to primary carers attending the hospital to support a patient admitted for an extended period. The concession will be offered on the fourth day of attendance.</p> <p><b>Patients and carers who are required to attend hospital frequently</b> A 50% discount will be offered to patients and carers on the fourth and subsequent day of attendance in a 7 day period.</p>	Multi-visit weekly concession <ul style="list-style-type: none"> <li>▪ 20% off first 3 visits</li> <li>▪ 50% off subsequent visits that week</li> </ul> OR Free

## Attachment 2 - Concession criteria update

Site	Concession Criteria	Concession Discounts
Ipswich Hospital	<ul style="list-style-type: none"> <li>• Pre-existing Government Concession Card Holder</li> <li>• Patients and carer who need to attend hospital for an extended period of time</li> <li>• Patients and carers who are required to attend hospital frequently</li> <li>• Patients and carers with special needs who require assistance</li> <li>• Patients and carers experiencing financial hardship.</li> </ul>	76% off full tariff OR Free
Nambour Hospital	<p><b>Financial Hardship</b> Clinical staff may refer a patient or carer to the Social Worker attached to that work unit if their payment for parking is becoming a financial impediment to attending either SCUH or NGH.</p> <p><b>Patients and carers who need to attend hospital for an extended period of time</b> Discounted parking may be offered to patients or primary carers attending either SCUH or NGH for extended periods.</p> <p>A 50% discount will be offered to primary carers attending the hospital to support a patient admitted for an extended period. The concession will be offered on the fourth day of attendance.</p> <p><b>Patients and carers who are required to attend hospital frequently</b> A 50% discount will be offered to patients and carers on the fourth and subsequent day of attendance in a 7 day period.</p>	Multi-visit weekly concession <ul style="list-style-type: none"> <li>• 20% off first 3 visits</li> <li>• 50% off subsequent visits that week</li> </ul> OR  Free
Robina Hospital	<ul style="list-style-type: none"> <li>• Holders of Australian Government Concession Cards including a current Pensioner Concession Card, Senior Health Care Card or Low Income Health Care Card</li> <li>• Attendance at the hospital for two or more times per week for specialist treatment, accessible after seven days from the first attendance</li> <li>• Extended hospital admissions, accessible after the first seven days:               <ul style="list-style-type: none"> <li>▪ Palliative Care (end stage)</li> <li>▪ Coronary care unit</li> <li>▪ Intensive care unit</li> <li>▪ Rehabilitation support persons</li> </ul> </li> <li>• Newborn Care Unit and ongoing Cancer, Haematology and Renal Dialysis treatment patients</li> </ul>	40% off full tariff OR Free
Toowoomba Hospital	<p>Concessions for car parking on-campus will be determined considering the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Government Card holders of Pension Card or Healthcare Card;</li> <li>▪ Patient's length of stay;</li> </ul> <p>The following patients are eligible for concessional parking and the issuance of free on campus parking:</p> <ol style="list-style-type: none"> <li>a. Holders of a Disabled Parking Permit</li> <li>b. Ongoing cancer treatment patients</li> <li>c. Ongoing dialysis patients</li> </ol>	43% off full tariff  OR  Free

Site	Concession Criteria	Concession Discounts
	<p>d. Patients and patient carers attending more frequently than three times weekly                      e. Geriatric Adult Rehabilitation and Stroke Service (GARSS) &amp; Rehabilitation attendees                      f. Patients with a long term hospitalisation and/or treatment needs.</p> <p>The following areas have a Toowoomba Hospital Foundation parking book to enable them to offer concessional parking and issue free on campus parking for patients/carers on a case-by-case basis:</p> <p>a. Allied Health, Cossart House                      b. Mental Health – Acute Mental Health Unit (AMHU), Yannanda, Community Mental Health and Alcohol and Other Drugs (AODS)                      c. Special Care Nursery (SCN)                      d. Oral Health                      e. Pulmonary Rehabilitation                      f. Heart Care.</p>	
<p><b>Townsville Hospital</b></p>	<p><b>Patients and carers experiencing financial hardship</b>                      Managed, on a case by case basis, through extant Department of Social Work process for assessment of genuine financial hardship.</p> <p><b>Patients admitted to the TTH for an extended period of time</b>                      Patient treatment/care in the following circumstances:</p> <ul style="list-style-type: none"> <li>▪ NICU and SCN after 7 days.</li> <li>▪ ICU and PICU after 7 days.</li> <li>▪ Palliative Care Centre after 7 days.</li> <li>▪ Rehabilitation Ward after 7 days.</li> <li>▪ Any other inpatient admission with a single episode of care greater than 14 days.</li> </ul> <p><b>Patients and carers who attend TTH frequently</b>                      Patient treatment/care in the following circumstances</p> <ul style="list-style-type: none"> <li>▪ The conduct of haemodialysis more than twice a week.</li> <li>▪ Daily or weekly chemotherapy for a period greater than two weeks.</li> <li>▪ Patients who are under the care of a Nurse Navigator for a period greater than 6 months.</li> <li>▪ Patients who are required to attend TTH more than twice a month for a period greater than 6 months.</li> </ul> <p><b>Patients and carers with special needs who require assistance</b>                      Managed, on a case by case basis, as an assessment of genuine special needs through extant Department of Social Work process or TTH Campus Operations assessment.</p> <p><b>Australian Red Cross Blood Service donor.</b></p>	<p>Free</p>
<p><b>Cairns Hospital</b></p>	<p><b>Free parking</b> – provided to patients (or their carers) receiving long-term treatment (3 sessions or more per week) in Renal Dialysis or Oncology units.</p> <p><b>Concession rate</b> – eligible patients (or their carers) will receive a discounted rate of 45% of the standard</p>	<p>45% off the full tariff</p> <p>OR</p>

## Attachment 2 - Concession criteria update

Site	Concession Criteria	Concession Discounts
	<p>applicable rate.</p> <p>Concession parking rates are available to patients/carers if they are able to meet the following criteria:</p> <ul style="list-style-type: none"> <li>•Holder of a Pensioner Concession Card</li> <li>•Holder of a Health Care Card</li> <li>•Holder of a Gold Veterans Affairs Card</li> <li>•Patient is receiving an ongoing course of treatment with at least 1 appointment per week for a minimum of 4 weeks</li> <li>•Patient is admitted to hospital for one week or more</li> <li>•Patient is required to attend hospital more than 2 times per week.</li> </ul>	Free

RTI RELEASED

# Minister / DG Meeting Car Parking Concessions

Current as at  
15 May 2018

## Topic – Public Hospital Car Parking Concessions Implementation

- On 23 July 2017, \$7.5 million in funding was committed over the next four years for an extra 100,000 free and discounted concessional car parking spaces each year at Queensland public hospitals.
- Queensland Health implemented hospital car parking concession policies at twelve hospitals with paid car parking on 1 October 2017 in line with the Health Service Directive for Hospital Car Parking Provisions and Patient and Carer Car Parking Concessions Standard issued on 1 July 2017.

### Concession numbers

- As at 30 April 2018, HHSs have reported the provision of 91,333 paid car parking concessions and 59,407 free car parks making a total of 150,740 concessions provided for the seven month period from 1 October 2017 to 30 April 2018 (**Attachment 1**). For this period approximately 121,680 concessions should have been provided: 63,347 provided by facilities as part of historic activity plus the 58,333 additional funded concessions announced in 2017, thus **activity has well exceeded the targets for the period**.
- The scheme continues to have a positive impact on patient and visitor experience with hospitals anecdotally reporting less patient complaints regarding car parking costs, and positive feedback on concession availability. HHSs advise activity is expected to significantly increase in the winter months
- The Hospital Carpark Advisory Group agreed to a revised allocation for 2018-19 on 12 April 2018. Further work is underway to analyse financial expenditure to date and confirm funding provision to support the program in 2018-19.

### Maximising uptake

- Hospital and health Services continue to undertake review and adjustment to eligibility criteria to support uptake of the program.
- Robina Hospital is now providing concession passes free of charge to palliative care patients or carers.
- Metro North HHS is continuing activities to promote the program and the changes to eligibility criteria in two areas:
  - eligibility for long stay patients has reduced from 30 days to 14 days. This will increase the number of patients eligible for concession by an additional 37,000 annually.
  - eligibility for frequent patients has reduced from a 3 week waiting period – to a 1 week waiting period. This will increase the number of patients eligible for concession by an additional 7,000 annually.
  - The expanded criteria took effect on 16 April 2018. There has not yet been a significant effect on activity in the initial two weeks of implementation.

• s.73

- Ipswich, Cairns, Robina, and Nambour continue to experience low uptake - a threshold point for consumer behaviour and uptake is emerging, suggesting that patients and visitors seem unwilling to make the effort to apply for a concession if the value to them of that concession is \$5 or less. Uptake has not been significant and their allocations have been significantly reduced in 2018-19 to reflect this.

### Transition to business-as-usual

- Infrastructure Strategy and Planning Branch is planning the transition of management and reporting functions of program oversight to other corporate locations consistent with a movement to a business-as-usual function. This will occur after the adjusted funding is agreed for 2018-19 and out-years. It is

expected that the concessions program will continue to require minor adjustments as it responds to the operational needs of all hospitals involved.

- Discussions have been held with Metro North, West Moreton and Sunshine Coast Hospital and Health Services to roll over unused 2017-18 HHS concessions funding as "revenue in advance" to contribute to 2018-19 concession funding.

**Next update due: Monthly – 14 June 2018 (consider after end of fin year?)**

#### Attachments

Attachment 1: Car Parking Concessions Dispensed 1 October 2017 to 30 April 2018

Attachment 2: Car Parking Concessions Table – at 14 May 2018

#### Attachment 1:

Car Parking Concessions Dispensed 01/10/17 – 31/03/18		
Facility	Concessional	Free
RBWH	2,015	
TPCH	4,464 <sup>^</sup>	
PAH	28,804	25,200
GCUH	8,029	8,400
Robina	1,069	
LCCH	14,777 <sup>*</sup>	
SCUH	4,550	19,600
Nambour	37	
Ipswich	158	560
Toowoomba	7,439	5,647
Townsville	19,820	
Cairns	171	
<b>Sub totals</b>	<b>91,333</b>	<b>59,407</b>
<b>Total Concession Days</b>	<b>150,740</b>	
<b>Total Target</b>	<b>121,680</b>	

<sup>\*</sup>Includes adjustment to previous month's data for LCCH.

<sup>^</sup>Does not include TPCH Foundation concession activity for April.



## Attachment 2 - Concessions Summary Table

## Car Parking Concessions Summary as at 15 May 2018

\*Free spaces are calculated as providing on average 2 free parks per day, per space, Monday – Friday (240 days per year)

Hospital with paid car parking	Full day parking cost	Previous Concessions offered per annum	Additional concessions per annum (New funding 2017-18)	Total concessions per annum (12 months)	2017-18 concessions target (pro rata/9 months)	Concessions processed year to date (from 1 October 2017 to 30 April 2018)	RAG Status	Notes
<b>Royal Brisbane &amp; Women's Hospital</b>	\$38.00	720	16,000 (\$342,000 + \$30,000 in Admin Funding)	16,720	12,540	<b>Total 2,015</b> concessions processed (Target year to date = <b>9,753</b> )	<b>Red</b>	MNHHS implemented expanded eligibility criteria on 16 April. This is expected to make a further 44,000 patients eligible for concession. If demand is not sufficient, the criteria will be further relaxed. s.73
<b>The Prince Charles Hospital</b>	\$20.00	180	8,500 (\$95,625 + \$30,000 in Admin Funding)	8,680	6,510	<b>Total 4,464</b> concessions processed (Target year to date = <b>5,063</b> )	<b>Amber</b>	TPCH are now providing multi-day passes from the Foundation, which are funded by the TPCH concessions allocation and this has seen a significant uptake in concessions. Foundation data not available for April 2018.
<b>Princess Alexandra Hospital</b>	\$25.00	2,600 + 43,200 free parks (90 spaces*)	15,000 (\$210,938 + \$30,000 in Admin Funding)	60,800	45,600	28,804 concessions processed + 25,200 (90 free spaces*) <b>Total 53,984</b> (Target year to date = <b>35,467</b> )	<b>Green</b>	PAH has had a high uptake of concessions.
<b>Gold Coast University Hospital</b>	\$16.50	0 concessions + 14,400 free parks (30 spaces*)	12,500 (\$116,016 + \$30,000 in Admin Funding)	26,900	20,175	8,029 concessions processed + 8,400 (30 free spaces*) <b>Total 16,429</b> (Target year to date = <b>15,692</b> )	<b>Green</b>	GCUH has had high uptake of concessions and have agreed to increase their concessions target for the subsequent three years.
<b>Robina Hospital</b>	\$5.00	0	5,000 (\$14,063)	5,000	3,750	<b>Total 1069</b> concessions processed (Target year to date = <b>2,917</b> )	<b>Amber</b>	Robina has low cost parking and have had low uptake due to the low value of the concession benefit. They have agreed to a lower allocation in subsequent years.
<b>Lady Cilento Children's Hospital</b>	\$30.00	11,000	12,000 (\$168,750 + \$30,000 in Admin Funding)	21,000	15,750	<b>Total 14,777</b> concessions processed (Target year to date = <b>12,250</b> )	<b>Green</b>	LCCH have had high uptake of concessions and have been allocated a further 2,000 concessions. This will be increased by an additional 3,000 in the 2018-19 year.

## Attachment 2 - Concessions Summary Table

Hospital with paid car parking	Full day parking cost	Previous Concessions offered per annum	Additional concessions per annum (New Funding 2017-18)	Total concessions per annum (12 months)	2017-18 concessions target (pro rata/9 months)	Concessions processed year to date (from 1 October 2017 to 30 April 2018)	RAG Status	Notes
<b>Sunshine Coast University Hospital</b>	\$14.50	0 concessions + 33,600 free parks (70 spaces*)	9,000 (\$73,406 + \$30,000 in Admin Funding)	42,600	31,950	4550 Concessions processed + 19,600 (70 free spaces*) <b>Total 24,150</b> (Target year to date = <b>24,850</b> )	<b>Green</b>	SCUH are tracking well to have full uptake within the next quarter.
<b>Nambour Hospital</b>	\$14.00	0	1,000 (\$7,875)	1,000	750	<b>Total 37</b> concessions processed (Target year to date = <b>581</b> )	<b>Amber</b>	Nambour has experienced low uptake with patients not seeking concessions despite wide availability and communications. They have agreed to a lower allocation for 2018-19.
<b>Ipswich Hospital</b>	\$21.00	0 concessions + 960 free parks (2 spaces*)	5,000 (\$59,063)	5,960	4,470	158 concessions processed + 560 (2 free spaces*) <b>Total 718</b> (Target year to date = <b>3477</b> )	<b>Amber</b>	Ipswich Hospital Foundation provides discounted online parking of \$5 per day which is significantly impacting concessions uptake. Ipswich Hospital have agreed to a reduced allocation of 1,000 concessions for the following three years.
<b>Toowoomba Hospital</b>	\$14.00	3,800	6,000 (\$47,250)	9,800	7,350	7439 discounted concessions processed + 5647 free concessions <b>Total 13,086</b> concessions processed (Target year to date = <b>5,717</b> )	<b>Green</b>	Toowoomba is outperforming their target. This is mainly due to the large number of five-day concession passes they issue.
<b>Townsville Hospital</b>	\$5.00	60	5,000 (\$14,063)	5,060	3,795	<b>Total 19,820</b> concessions processed (Target year to date = <b>2,952</b> )	<b>Green</b>	Townsville is performing well. Most of their concessions are long term patients who receive a pass for 30-day concessions. THHS has agreed to changes to their funding calculations to reflect the real price of their concessions for subsequent years.
<b>Cairns Hospital</b>	\$5.80	75	5,000 (\$16,313)	5,075	3,806	<b>Total 171</b> concessions provided (Target year to date = <b>2,920</b> )	<b>Amber</b>	Cairns' car park is currently at capacity (many patients therefore unable to access a paid park) and the recent provision of 250 free council parks at the front of the hospital has meant that very few patients are applying for concessional parking. Cairns have agreed to a reduced allocation of 1,000 concessions for the following three years.

# Minister / DG Meeting Car Parking

Current as at  
13 June 2018

## Topic – Public Hospital Car Parking Action Plan

### BACKGROUND

- Strategy, Policy and Planning Division is implementing the Government's Public Hospital Car Parking Action Plan as outlined in Attachment 1 (Statewide Hospital Car Parking Framework – Draft Implementation Plan and Briefing Strategy).

### **Action 1. Car parking concessions policies will be developed for all Hospital and Health Services where paid parking applies**

COMPLETED

### **Action 2. The number of concessional car parking spaces available at Queensland public hospitals will be increased**

Concessions are being separately reported.

### **Action 3. The Government will continue to be involved in the development of future public hospital car parks**

- COMPLETED

### **Action 4. New car parking options will be considered for the Lady Cilento Children's Hospital (LCCH)**

- The final business case report was delivered on 30 March 2018 and the data and recommendations have been validated with LCCH and key stakeholders. A DG brief is currently being progressed to move forward on the recommendations.
- COMPLETED

Given the Minister for Health and Minister for Ambulance Services recently announced that all future public hospital car parks will first be considered for suitability for construction under a Government Portfolio Model, the requirement for ongoing involvement of government in the development of future car parks has been implemented. All future reporting of hospital car park development will be included in capital planning and delivery reporting, as part of the transition to business-as-usual in Capital and Asset Services Branch, Corporate Services Division.

Attachment 1 (Statewide Hospital Car Parking Framework – Draft Implementation Plan and Briefing Strategy).

**The Statewide Hospital Car Parking Framework will be delivered through the following four step plan:**

1. HHSs will develop and consult on locally appropriate hospital car park strategies, policies and procedures.
2. The number of car parking concessions available at Queensland public hospitals will be increased.
3. The Department of Health will implement the Government Portfolio Model for new car parks.
4. Parking solutions will be identified for approved priority sites.

- Legend:**
- MN – Ministerial brief
  - DG – Director-General brief
  - CONSULT - Consultation
  - DDG – Deputy Director-General brief
  - ED – Executive Director ISPB brief
  - MO – Media option

Concessions		Government Portfolio Model		Parking solutions	
<b>Key activities</b>					
<b>August 2017</b>					
<ul style="list-style-type: none"> <li>✓ CONSULT QH consultation with HHSs on implementation of concessions, operational requirements and legal/contractual matters</li> </ul>	<ul style="list-style-type: none"> <li>✓ CONSULT QH consultation with union secretaries on GPM and Framework on 9 August 2017 – supported in principle</li> <li>✓ DG brief DG approval on key aspects of funding and financial arrangements</li> </ul>	<ul style="list-style-type: none"> <li>✓ CONSULT QH consultation with HHSs on RFQs for LCCH, Logan and Redcliffe Hospital car parking business cases</li> <li>✓ MN brief QH provides update on Framework, RFQs and TPCH MLP on 7 August 2017</li> </ul>			
<b>September 2017</b>					
<ul style="list-style-type: none"> <li>✓ CONSULT HHS consultation with local consumer groups, patients, carers and car park operators on Hospital Car Parking Concessions Policies and Procedures</li> <li>✓ CONSULT QH consultation with HHSs and HCQ on implementation of Hospital Car Parking Concessions Policies and Procedures</li> <li>✓ Consult Consultation with HCQ and QNMU occurred on 28 and 29 September with further consultation with QNMU on 3 October</li> </ul>	<ul style="list-style-type: none"> <li>✓ CONSULT QH consultation with HCQ and QNMU on GPM and Framework</li> <li>✓ CONSULT QH consultation with Qld Treasury on funding arrangements (e.g. Rockhampton Hospital) and financial modelling tool for business cases</li> </ul>	<ul style="list-style-type: none"> <li>✓ Request for Proposal for Redcliffe Hospital multi-storey car park business case was released to market on 8 September</li> <li>✓ On 11 September 2017, a consultant was approached to undertake the Logan Hospital multi-storey car park business case. The consultant is expected to be appointed by the end of September 2017.</li> <li>✓ ED brief ED ISPB approval of project commencement for LCCH, Logan and Redcliffe Hospital business cases</li> <li>✓ Min/Treasurer Meeting Meeting between Minister and Treasurer re TPCH MLP scheduled 27 September 2017</li> </ul>			
<b>October 2017</b>					
<ul style="list-style-type: none"> <li>✓ MO Ministerial media statements on concessions implementation 1 October 2017</li> <li>✓ DDG brief DDG approval for 2017-18 Service Agreement W2 amendments for additional concessions funding to HHSs (W2 opens 6 October 2017)</li> </ul>	<ul style="list-style-type: none"> <li>✓ MN Brief letter to Treasurer (TPCH MLP meeting outcome)</li> <li>✓ DG/MN Brief for approval for Caboolture multistorey car park to progress to RFO</li> <li>✓ CONSULT QH consultation with LCCH, Logan and Redcliffe Hospitals on car parking business cases</li> </ul>				



November 2017		
<ul style="list-style-type: none"> <li>✓ CONSULT QH consultation with HHSs on local Staff Car Parking Policies and Procedures</li> </ul>		<ul style="list-style-type: none"> <li>✓ CONSULT QH consultation with LCCH, Logan and Redcliffe Hospitals on car parking business cases</li> </ul>
December 2017		
<ul style="list-style-type: none"> <li>✓ MO Update on staff car parking strategies 31 December 2017</li> </ul>	<ul style="list-style-type: none"> <li>✓ MN brief Ministerial approval of funding and financial arrangements for Rockhampton Hospital car park</li> <li>✓ MN brief Ministerial approval of progression of procurement for Caboolture Hospital car park DBC</li> </ul>	<ul style="list-style-type: none"> <li>✓ DG/MN brief consideration of TPCH MLP final proposal</li> </ul>
January – April 2018		
<ul style="list-style-type: none"> <li>✓ MO Update on concessions uptake Oct – Jan</li> <li>✓ CONSULT QH review and consultation with HHSs on actual concessions granted October – Jan</li> <li>✓ DDG brief – DDG approval of 2018-2021 funding allocations for additional concessions</li> </ul>	<ul style="list-style-type: none"> <li>✓ CONSULT QH consultation with HHSs on GPM funding and financial arrangements</li> <li>✓ CONSULT QH consultation with union secretaries and HCQ on GPM funding and financial arrangements</li> <li>✓ MN brief Ministerial approval of consultation outcomes on GPM and Framework for Treasurer</li> </ul>	<ul style="list-style-type: none"> <li>✓ MN CONSULT QH consultation with LCCH, Logan and Redcliffe Hospitals on car parking business cases</li> <li>✓ Redcliffe Hospital multi-storey car park business case endorsed by IRC 28 February</li> <li>✓ MN approval of Redcliffe Hospital car parking business case for CBRC consideration</li> <li>✓ LCCH detailed access options study completed on 30 March 2018</li> </ul>
<p><i>The Ministerial Brief and letter to Treasurer closing out consultation and briefing is now in the briefing process, as is the DDG Approval brief for the concession funding allocations for subsequent program years.</i></p> <p><i>This completes the Statewide Car Parking Framework Implementation and Briefing Plan</i></p>		

# Minister / DG Meeting Car Parking Concessions

Current as at  
18 June 2018

## Topic – Public Hospital Car Parking Concessions Implementation

- On 23 July 2017, \$7.5 million in funding was committed over the next four years for an extra 100,000 free and discounted concessional car parking spaces each year at Queensland public hospitals.
- Queensland Health implemented hospital car parking concession policies at twelve hospitals with paid car parking on 1 October 2017 in line with the Health Service Directive for Hospital Car Parking Provisions and Patient and Carer Car Parking Concessions Standard issued on 1 July 2017.

### Concession numbers

- As at 31 May 2018, Hospital and Health Services have reported the provision of 106,996 paid car parking concessions and 67,422 free car parks making a total of 174,418 concessions provided for the eight-month period from 1 October 2017 to 31 May 2018 (**Table 1**). For this period approximately 139,063 concessions should have been provided: 72,397 provided by facilities as part of historic activity plus the 66,666 additional funded concessions announced in 2017, thus activity has well exceeded the targets for the period.
- The scheme continues to have a positive impact on patient and visitor experience with hospitals anecdotally reporting less patient complaints regarding car parking costs, and positive feedback on concession availability. HHSs advise activity is expected to significantly increase in the winter months
- The Hospital Car parking Advisory Group agreed to a revised allocation for 2018-19 on 12 April 2018. Further work is underway to analyse financial expenditure to date and confirm funding provision to support the program in 2018-19.

### Maximising uptake

- HHS continue to undertake review and adjustment to eligibility criteria to support uptake of the program.
- Robina Hospital is now providing concession passes free of charge to palliative care patients or carers.
- Metro North HHS is continuing activities to promote the program and the changes to eligibility criteria in two areas:
  - eligibility for long stay patients has reduced from 30 days to 14 days. This will increase the number of patients eligible for concession by an additional 37,000 annually.
  - eligibility for frequent patients has reduced from a 3-week waiting period to a 1 week waiting period. This will increase the number of patients eligible for concession by an additional 7,000 annually.
  - The expanded criteria took effect on 16 April 2018. There has not yet been a significant effect on activity in the 4 weeks post-implementation.
  - TPCH are now providing multi-day passes from the foundation that are funded by the concessions allocation. This has seen a significant rise in the uptake of concessions.
- s.73
- Ipswich, Cairns, Robina, and Nambour continue to experience low uptake - a threshold point for consumer behaviour and uptake is emerging, suggesting that patients and visitors seem unwilling to make the effort to apply for a concession if the value to them of that concession is \$5 or less. Uptake has not been significant and their allocations have been significantly reduced in 2018-19 to reflect this.

### Transition to business-as-usual

- Infrastructure Strategy and Planning Branch is planning the transition of management and reporting functions of program oversight to other corporate locations consistent with a movement to a business-as-usual function. This will occur after the adjusted funding is agreed for 2018-19 and out-years. It is expected that the concessions program will continue to require minor adjustments as it responds to

operational needs of all hospitals involved. It is anticipated that a full activity and financial reconciliation will be undertaken in July 2018 once all June 2018 data has been reported.

- Discussions have been held with Children's Health Queensland, Metro North, West Moreton, Cairns and Sunshine Coast HHSs to roll over unused 2017-18 HHS concessions funding as "revenue in advance" to contribute to 2018-19 concession funding.

**Next update due: Monthly – 14 July 2018**

#### Attachments

Attachment 1: Car Parking Concessions Summary Table – at 31 May 2018

**Table 1:**

<b>Car Parking Concessions Dispensed 01/10/17 – 31/05/18</b>		
<b>Facility</b>	<b>Concessional</b>	<b>Free</b>
RBWH	2,444	
TPCH*	6,075	
PAH	33,367	28,800
GCUH	9,472	9,600
Robina	1,383	
LCCH	17,047	
SCUH	5,276	22,400
Nambour	43	
Ipswich	236	640
Toowoomba	8,517	5,982
Townsville	22,937	
Cairns	199	
<b>Sub totals</b>	<b>106,996</b>	<b>67,422</b>
<b>Total Concession Days</b>	<b>174,418</b>	
<b>Total Target</b>	<b>139,063</b>	

\*Amended to include previous month's activity reported through TPCH Foundation.

## Attachment 1 - Concessions Summary Table

## Car Parking Concessions Summary as at 31 May 2018

\*Free spaces are calculated as providing on average 2 free parks per day, per space, Monday – Friday (240 days per year)

Hospital with paid car parking	Full day parking cost	Previous Concessions offered per annum	Additional concessions per annum (New funding 2017-18)	Total concessions per annum (12 months)	2017-18 concessions target (pro rata/9 months)	Concessions processed year to date (from 1 October 2017 to 31 May 2018)	RAG <sup>^</sup> Status	Notes
Royal Brisbane & Women's Hospital	\$38.00	720	16,000 (\$342,000 + \$30,000 in Admin Funding)	16,720	12,540	Total 2,444 concessions processed (Target year to date = 11,147)	Red	MNHHS implemented expanded eligibility criteria on 16 April 2018. This is expected to make a further 44,000 patients eligible for concession. If demand is not sufficient, the criteria will be further relaxed. s.73
The Prince Charles Hospital	\$20.00	180	8,500 (\$95,625 + \$30,000 in Admin Funding)	8,680	6,510	Total 6,075 concessions processed (Target year to date = 5,787)	Green	TPCH is providing multi-day passes from the Foundation, which are funded by the TPCH concessions allocation and this has seen a significant uptake in concessions.
Princess Alexandra Hospital	\$25.00	2,600 + 43,200 free parks (90 spaces*)	15,000 (\$210,938 + \$30,000 in Admin Funding)	60,800	45,600	33,367 concessions processed + 28,800 (90 free spaces*)  Total 62,167 (Target year to date = 40,533)	Green	PAH has had a high uptake of concessions.
Gold Coast University Hospital	\$16.50	0 concessions + 14,400 free parks (30 spaces*)	12,500 (\$116,016 + \$30,000 in Admin Funding)	26,900	20,175	9,472 concessions processed + 9,600 (30 free spaces*)  Total 19,072 (Target year to date = 17,933)	Green	GCUH has had high uptake of concessions and have agreed to increase their concessions target for the subsequent three years.
Robina Hospital	\$5.00	0	5,000 (\$14,063)	5,000	3,750	Total 1383 concessions processed (Target year to date = 3,333)	Amber	Robina has low cost parking and has had low uptake due to the low value of the concession benefit. They have agreed to a lower allocation in subsequent years.
Lady Cilento Children's Hospital	\$30.00	11,000	12,000 (\$168,750 + \$30,000 in Admin Funding)	21,000	15,750	Total 17,047 concessions processed (Target year to date = 14,000)	Green	LCCH has had high uptake of concessions and have been allocated a further 2,000 concessions. This will be increased by an additional 3,000 in the 2018-19 year.

<sup>^</sup> RAG Amber status reflects lower than expected uptake due to low demand, low cost parking and/or low concession benefit. Future allocations will be adjusted to reflect these demand trends.



# Attachment 1 - Concessions Summary Table

Hospital with paid car parking	Full day parking cost	Previous Concessions offered per annum	Additional concessions per annum (New Funding 2017-18)	Total concessions per annum (12 months)	2017-18 concessions target (pro rata/9 months)	Concessions processed year to date (from 1 October 2017 to 30 April 2018)	RAG <sup>^</sup> Status	Notes
Sunshine Coast University Hospital	\$14.50	0 concessions + 33,600 free parks (70 spaces*)	9,000 (\$73,406 + \$30,000 in Admin Funding)	42,600	31,950	5276 Concessions processed + 22,400 (70 free spaces*) <b>Total 27,676</b> (Target year to date = 28,400)	Green	SCUH is tracking well to have full uptake within the next quarter.
Nambour Hospital	\$14.00	0	1,000 (\$7,875)	1,000	750	<b>Total 43</b> concessions processed (Target year to date = 667)	Amber	Nambour has experienced low uptake with patients not seeking concessions despite wide availability and communications. They have agreed to a lower allocation for 2018-19.
Ipswich Hospital	\$21.00	0 concessions + 960 free parks (2 spaces*)	5,000 (\$59,063)	5,960	4,470	236 concessions processed + 640 (2 free spaces*) <b>Total 876</b> (Target year to date = 3973)	Amber	Ipswich Hospital Foundation provides discounted online parking of \$5 per day which is significantly impacting concessions uptake. Ipswich Hospital have agreed to a reduced allocation of 1,000 concessions for the following three years.
Toowoomba Hospital	\$14.00	3,800	6,000 (\$47,250)	9,800	7,350	8517 discounted concessions processed + 5982 free concessions <b>Total 14,499</b> concessions processed (Target year to date = 6,533)	Green	Toowoomba is outperforming their target. This is mainly due to the large number of five-day concession passes they issue.
Townsville Hospital	\$5.00	60	5,000 (\$14,063)	5,060	3,795	<b>Total 22,937</b> concessions processed (Target year to date = 3,373)	Green	Townsville is performing well. Most of their concessions are long term patients who receive a pass for 30-day concessions. THHS has agreed to changes to their funding calculations to reflect the real price of their concessions for subsequent years.
Cairns Hospital	\$5.80	75	5,000 (\$16,313)	5,075	3,806	<b>Total 199</b> concessions provided (Target year to date = 3,383)	Amber	Cairns' car park is currently at capacity (many patients therefore unable to access a paid park) and the recent provision of 250 free council parks at the front of the hospital has meant that very few patients are applying for concessional parking. Cairns has agreed to a reduced allocation of 1,000 concessions for the following three years and no additional funding in 2018-19.

<sup>^</sup> RAG Amber status reflects lower than expected uptake due to low demand, low cost parking and/or low concession benefit. Future allocations will be adjusted to reflect these demand trends.

**Minister/DG meeting**Information current as at  
13 July 2018**Agenda item: Car parking concessions****Lead Business Area: Corporate Services Division****Request**

On 9 July 2018, CSD was requested to prepare a paper outlining an update of the car parking concessions policy at the Royal Brisbane and Women's Hospital (RBWH) including strategies to increase uptake.

**Response**

There are three paid car parks on the RBWH campus: two (Butterfield Street and Bramston Terrace) are owned by IPG Pty Ltd and operated by Metro Parking while the other (Herston Road) is owned by DDH Graham Pty Ltd and operated by Cornerstone.

On 13 July 2018, Metro North Hospital and Health Service (HHS) provided the following information on concessions performance since the implementation of the scheme in October 2017 and future strategies.

	Oct 17	Nov 17	Dec 17	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Total
Butterfield Street & Bramston Terrace	126	225	350	383	327	294	304	429	444	2,882
Herston Road				1	1	4				6
<b>Total</b>	<b>126</b>	<b>225</b>	<b>350</b>	<b>384</b>	<b>328</b>	<b>298</b>	<b>304</b>	<b>429</b>	<b>444</b>	<b>2,888</b>
HHS pro rata target (2017/18)	1,393	1,393	1,393	1,393	1,393	1,393	1,393	1,393	1,393	12,540

Key points to note include:

- Low initial uptake of concessional parking at the Herston Road car park due to the lack of proximity to clinical services.
- Slow initial uptake at Butterfield Street and Bramstone Terrace.
- Metro North HHS responded with greater use of marketing, communications and social media to increase awareness of the availability, eligibility, and the process.
- There has been a slight increase in uptake noted following this focussed marketing effort.
- In April 2018, the eligibility criteria for RBWH under the concessions policy was relaxed with the intent to increase uptake (see following table).

Initial Criteria	Revised Criteria	Discount
2+ visits for more than 3 weeks	2+ visits for more than 2 weeks	25%
Admitted for 30+ days	Admitted for 14+ days	25%
Financial hardship or special considerations	Financial hardship or special considerations	25% (or as determined)

- An increase in uptake of concessional parking has been noted following the introduction of the new criteria and no additional length of stay has been observed by Metro Parking.

#### Future Activities

- s.73
- 
- The Butterfield Street carpark is the location of choice for patients and visitors due to the proximity to the hospital. Due to the subscription of staff parking and growth in hospital services, there is limited capacity during business hours (particularly mid-morning) for patients and visitors, forcing downward pressure on concessions uptake.
- In conjunction with the Herston Quarter Redevelopment Project, Metro North HHS is looking at options to redistribute staff parking across other current and future carpark facilities on the campus to free up capacity for patients and visitors at the Butterfield Street carpark. Metro North HHS intends to progress these discussions with IPG soon.

#### Summary

- Following a slow initial uptake, awareness building and more generous criteria have increased the use of car parking concessions at RBWH in recent months.
- s.73
- The data indicates car park users are sensitive to concessional rates and car parking utility as demonstrated by the greater uptake at the more popular Butterfield Street and Bramston Terrace car parks. This may have implications for pricing and concession rates and application at other facilities.
- Following the transfer of responsibility for car parks to the CAS Branch, ongoing monitoring will be undertaken on the use of concessions across all paid car parks.

Information current as at 13 August 2018

# Minister/DG meeting

Lead Business Area: Corporate Services Division

Item: Implementation of Concessions policy for car parking

- On 23 July 2017, \$7.5 million in funding was committed over the next four years for an extra 100,000 free and discounted concessional car parking spaces each year at Queensland public hospitals.
- Queensland Health implemented hospital car parking concession policies at twelve hospitals with paid car parking on 1 October 2017 in line with the:
  - Health Service Directive for Hospital Car Parking Provisions, and
  - Patient and Carer Car Parking Concession Standard issued 1 July 2017.

## Concession numbers

- As at 13 August 2017, Hospital and Health Services reported the provision of 200,435 concessions through free or discounted car parks for the nine month period from 1 October 2017 to 30 June 2018 (**Attachment 1**). For this period, concession activity of 156, 446 was expected, thus exceeding the target expected.
- A number of sites have been flagged as Amber status, which reflects that although concession take up is low, there is low demand or low benefit to the concession due to the cost of parking. It is proposed to revise the allocations for these sites in 2018-19.

## Royal Brisbane and Women's Hospital

- Royal Brisbane and Women's Hospital experienced low takeup of concessions through 2017-18, with a modest increase in May (429) and June (444).
- Metro North Hospital and Health Service has reported a more significant increase in concession takeup during the month of July 2018 to 547 concessional parks, an increase of 23% over the June activity of 444.
- The increase is likely as a result of the relaxation of concession criteria and recent promotions.

s.73

### Concession funding

- While concessional activity has met targeted activity in the first nine months of the program in 2017-18, the expenditure on concessions from most sites has remained well below the funding provided. Although incomplete financial information is available at this stage, it is anticipated that approximately \$330,000 from the allocated \$1,165,359 that was available has been reported by Hospital and Health Services to be expended on concessions.
- The under-expenditure relates mainly to the high level of subsidy allocated to each concessional pass in the original allocation, where funding was allocated at 75% of a maximum daily ticket where as typically visitor parking is for two hour period.
- A reconciliation and adjustment of activity and funding allocations for 2018-19 will take place as part of the transition of car parking to Capital and Asset Services, which will include a mechanism to review adjustments of funding as part of a quarterly review. This will also correct the incorrect provision of funding on a recurrent basis, noting the program has a four year term.

**Attachment 1:** 2017-18 Car parking concessions summary table (at 13 August 2018).

## Attachment 1 - 2017-18 Car parking concessions summary table

## 2017-18 Car Parking Concessions Summary as at 13 August 2018

\*Free spaces are calculated as providing on average 2 free parks per day, per space, Monday – Friday (240 days per year)

Hospital with paid car parking	Full day parking cost	Previous Concessions offered per annum	Additional concessions per annum (New funding 2017-18)	Total concessions per annum (12 months)	2017-18 concessions target (pro rata/9 months)	2017-18 concessions processed (HHS reported data from 1 October 2017 to 30 June 2018)	RAG Status	Notes
Royal Brisbane & Women's Hospital	\$38.00	720	16,000 (\$342,000 + \$30,000 in Admin Funding)	16,720	12,540	Total 2,888 concessions processed	Red	MNHHS implemented expanded eligibility criteria on 16 April 2018. This is expected to make a further 44,000 patients eligible for concession. If demand is not sufficient, the criteria will be further relaxed. s.73
The Prince Charles Hospital	\$20.00	180	8,500 (\$95,625 + \$30,000 in Admin Funding)	8,680	6,510	Total 6,875 concessions processed	Green	TPCH is providing multi-day passes from the Foundation, which are funded by the TPCH concessions allocation and this has seen a significant uptake in concessions.
Princess Alexandra Hospital	\$25.00	2,600 + 43,200 free parks (90 spaces*)	15,000 (\$210,938 + \$30,000 in Admin Funding)	60,800	45,600	38,262 concessions processed + 28,800 (90 free spaces*) Total 70,662	Green	PAH has had a high uptake of concessions.
Gold Coast University Hospital	\$16.50	0 concessions + 14,400 free parks (30 spaces*)	12,500 (\$116,016 + \$30,000 in Admin Funding)	26,900	20,175	10,761 concessions processed + 9,600 (30 free spaces*) Total 21,561	Green	GCUH has had high uptake of concessions and have agreed to increase their concessions target for the subsequent three years.
Robina Hospital	\$5.00	0	5,000 (\$14,063)	5,000	3,750	Total 1,605 concessions processed	Amber	Robina has low cost parking and has had low uptake due to the low value of the concession benefit. They have agreed to a lower allocation in subsequent years.
Lady Cilento Children's Hospital	\$30.00	11,000	12,000 (\$168,750 + \$30,000 in Admin Funding)	21,000	15,750	Total 19,370 concessions processed	Green	LCCH has had high uptake of concessions and have been allocated a further 2,000 concessions. This will be increased by an additional 3,000 in the 2018-19 year.

## Attachment 1 - 2017-18 Car parking concessions summary table

Hospital with paid car parking	Full day parking cost (2017)	Previous Concessions offered per annum	Additional concessions per annum (New Funding 2017-18)	Total concessions per annum (12 months)	2017-18 concessions target (pro rata/9 months)	2017-18 concessions processed (HHS reported data from 1 October 2017 to 30 June 2018)	RAG Status	Notes
Sunshine Coast University Hospital	\$14.50	0 concessions + 33,600 free parks (70 spaces*)	9,000 (\$73,406 + \$30,000 in Admin Funding)	42,600	31,950	5,954 concessions processed + 22,400 (70 free spaces*) <b>Total 31,950</b>	Green	SCUH is tracking well to have full uptake within the next quarter.
Nambour Hospital	\$14.00	0	1,000 (\$7,875)	1,000	750	<b>Total 46</b> concessions processed	Amber	Nambour has experienced low uptake with patients not seeking concessions despite wide availability and communications. They have agreed to a lower allocation for 2018-19.
Ipswich Hospital	\$21.00	0 concessions + 960 free parks (2 spaces*)	5,000 (\$59,063)	5,960	4,470	312 concessions processed + 640 (2 free spaces*) <b>Total 1032</b>	Amber	Ipswich Hospital Foundation provides discounted online parking of \$5 per day which is significantly impacting concessions uptake. Ipswich Hospital have agreed to a reduced allocation of 1,000 concessions for the following three years.
Toowoomba Hospital	\$14.00	3,800	6,000 (\$47,250)	9,800	7,350	9613 discounted concessions processed + 6310 free concessions <b>Total 15,923</b> concessions processed	Green	Toowoomba is outperforming their target. This is mainly due to the large number of five-day concession passes they issue.
Townsville Hospital	\$5.00	60	5,000 (\$14,063)	5,060	3,795	<b>Total 29,102</b> concessions processed	Green	Townsville is performing well. Most of their concessions are long term patients who receive a pass for 30-day concessions. THHS has agreed to changes to their funding calculations to reflect the real price of their concessions for subsequent years.
Cairns Hospital	\$5.80	75	5,000 (\$16,313)	5,075	3,806	<b>Total 217</b> concessions provided	Amber	Cairns' car park is currently at capacity (many patients therefore unable to access a paid park) and the recent provision of 250 free council parks at the front of the hospital has meant that very few patients are applying for concessional parking. Cairns has agreed to a reduced allocation of 1,000 concessions for the following three years and no additional funding in 2018-19.
<b>TOTAL</b>				208,595	156,446	200,435		Program exceeded targeted activity in 9 months from 1 October 2017 to 30 June 2018.

^ Amber status reflects lower than expected uptake due to low demand, low cost parking and/or low concession benefit. Future allocation will be adjusted to reflect these demand trends.

**SUBJECT: Statewide Hospital Car Parking Framework: Re-allocation of concessions and funding for 2018-19 to 2020-21**

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Signed (correspondence) <input type="checkbox"/> Further information required (see comments)	Signature..... Date...../...../..... Michael Walsh, Director-General, Queensland Health Comments:
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------

**ACTION REQUIRED BY**

**RECOMMENDATION** It is recommended the Director-General:

- **Approve** the re-allocation of car parking concessions and funding amongst Hospital and Health Services (HHSs) for the period 2018-19 to 2020-21 (Attachment 1) to maximise the uptake of concessions at sites experiencing greatest demand.
- **Approve** the retention of 10,000 concessions and \$179,375 by the Department of Health to give flexibility to support HHS that may exceed targets.
- **Note** the car parking concessions program budget is now expected to cost \$6.093 million to provide at least 100,000 additional concessions per annum over the four-year program.
- **Note** business rules are under development to support program administration and enable end of year adjustments and will be communicated through a letter to Chief Executives from the Deputy Director-General, Corporate Services Division.

**ISSUES**

1. In 2017-18, HHSs with paid car parking received \$1,164,359 to provide 75,000 additional car parking concessions for nine months from 1 October 2017 to 30 June 2018. Six HHSs received a share of \$180,000 to administer the program.
2. At 30 June 2018, HHSs reported provision of 200,435 concession car parking spaces and an expenditure of \$430,606, against a total target of 156,446 free and discounted concessions for the nine month period.
3. During early 2018, HHSs have proactively reviewed car parking concession uptake and adjusted concession eligibility criteria with increased activity over recent months, but there was minimal impact on the underspend.
4. The 2017-18 funding, based on a 75 per cent discount to a full day's parking ticket, may have been overly generous given the majority of visitor parking is for shorter periods (e.g. two hours).
5. In addition, the quantum of allocated funds and the low uptake at the Royal Brisbane and Women's Hospital (RBWH) has contributed a significant portion of the underspend (\$323,915 of the total \$743,753).
6. Based on the outcomes of the first nine months and the recommendations from a March 2018 program review, adjustments are proposed across 12 hospitals in the remaining three years of the program (Attachment 1), based on the following:
  - 6.1. Funding will reflect the non-recurrent commitment of four years indicated in the Minister's announcement (Attachment 2), adjusting the initial interpretation of recurrent funding in original disbursement (Attachment 3).
  - 6.2. Funding allocations have been recalculated using 50 per cent of the 2017 full day ticket price at each site, reflecting the larger volumes of shorter parking stays.
  - 6.3. Agreed activity targets have been adjusted to recognise local car parking capacity and demand, eligibility criteria and sites with more multi-day pass activity.
  - 6.4. Annual escalation of 2.5 per cent is applied to adjust for the increase in ticket prices since 2017.
  - 6.5. Administration funding for sites with higher volumes of concession activity will include a portion of \$180,000 per annum.
  - 6.6. The Department of Health will retain 9000 concessions and budget of \$179,375 to increase funding at sites experiencing higher than expected demand. This flexibility will address HHSs' concerns of concession demand exceeding their funding allocation and will support further relaxation of eligibility criteria where required.
  - 6.7. A minimum of \$10,000 is provided to each site in recognition of reporting and administrative requirements, and to reflect the minimum threshold of amendment window transfers.
7. Significant unexpended 2017-18 funding was identified in late June 2018 but as the funding had been provided recurrently it was not possible to recognise this as 'revenue received in advance'. HHSs that recognised a surplus may be able to continue to direct this funding to concessional parking in 2018-19 with Board approval.



- Business rules for the program are under development to support mid program review and adjustment of funding through Adjustment Window 4 period.

### BACKGROUND

- The Hospital Car Parking Provisions – Health Service Directive (HSD) with its associated Standard and Guideline came into effect on 1 July 2017 to ensure a consistent approach to car parking in Queensland public hospitals.
- In March 2018, Destravis Pty Ltd completed a review of compliance with the HSD and concessional ticket arrangements at the 12 hospitals in nine HHSs that currently operate paid parking. The recommendations have informed the program re-allocations and management.

### RESULTS OF CONSULTATION

- s.73
- The reallocation was discussed with the Hospital Car Parking Advisory Group members in mid 2018 as an outcome of the Destravis report and was broadly agreed to. Further consultation will occur to refine the business rules and processes to undertake the re-allocation of funding within the current year where sites are not expending funds or have unmet demand.

### RESOURCE/FINANCIAL IMPLICATIONS

- On 23 July 2017, \$7.5 million was committed over four years (2017-18 to 2020-21) for an extra 100,000 concessional car parking spaces per year at Queensland public hospitals.
- It is now forecast that the concessions program will expend \$6.093 million over four years. This recognises the part year implementation (i.e. nine months activity) in 2017-18, a lower provision for administration support at \$180,000 per annum and the proposed funding adjustments for 2018-19.
- Funding has been provided through a centrally managed budget.
- New car parks, such as Redcliffe Hospital car park, developed in the Government Portfolio Model, will be 'self-sustaining' from a concessions perspective and should not require access to this funding source. A viable business case will include modelling of concessional parking with predicted activity volume at reduced tariff rates for eligible patients and carers.

### SENSITIVITIES/RISKS

- There is no commitment to funding the concessions program beyond 2020-21. A sustainable funding source has not been identified.

### ATTACHMENTS

- Attachment 1: Hospital car parking concessions allocation for 2018-19 to 2020-21.  
Attachment 2: Media statement Minister for Health 23 July 2017  
Attachment 3: C-ECTF 17/451 MIN BA Introduction of a Car Parking Concessions Scheme to deliver an additional 101,000 concessions annually at public hospitals.

<b>Author</b> Name: Serena Mullins Position: Manager Unit: Assets and Facility Services Tel No: s.73 Date Drafted: 29 August 2018	<b>Cleared by (Dir/Snr Dir)</b> Name: Andrew Tout Position: Senior Director Branch: Capital and Assets Services Branch Tel No: s.73 Date Cleared: Insert text <i>*Note clearance contact is also key contact for brief queries*</i>	<b>Content verified by (DDG/CE)</b> Name: Barbara Phillips Position: Deputy Director-General Division: Corporate Services Tel No: s.73 Date Verified: Insert text
--------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## Attachment 1: Hospital car parking concession allocation for 2018-19 to 2020-21

Table 1: Hospital Car Parking Concessions allocation for 2018-19 to 2019-21

Site	Full day ticket price (\$2017)	2017-18 funding allocation* (75% ticket price)	2017-18 administration funding (\$)	2017-18 concession allocation/activity target	2017-18 reported concession activity	2017-18 reported concession expenditure (\$)	2017-18 residual funding (potential carry over) \$	2018-19 adjusted concessions allocations^^	2018-19 to 2020-21 administration funding^	2018-19 concession funding (50% ticket price and 2.5% escalation)	2018-19 concession funding allocation** including administration^	2019-20 funding allocation** including administration^	2019-20 funding allocation** including administration^	TOTAL PROGRAM FUNDING 2017-18 to 2020-21
RBWH***	\$ 38.00	\$ 342,000	\$ 30,000	16,000	2,888	\$ 18,085	\$ 323,915	14,000	\$ 30,000	\$ 272,650	\$ 302,650	\$ 340,216	\$ 347,972	\$ 1,362,838
TPCH***	\$ 20.00	\$ 95,625	\$ 30,000	8,500	6,875	\$ 34,147	\$ 61,478	5,000	\$ -	\$ 51,250	\$ 51,250	\$ 52,531	\$ 53,845	\$ 283,251
PAH	\$ 25.00	\$ 210,938	\$ 30,000	15,000	70,662	\$ 25,057	\$ 185,881	15,000	\$ 30,000	\$ 192,188	\$ 222,188	\$ 257,742	\$ 263,436	\$ 984,303
Ipswich	\$ 21.00	\$ 59,063		5,000	1,032	\$ 12,998	\$ 46,065	1,000		\$ 10,763	\$ 10,763	\$ 11,032	\$ 11,307	\$ 92,164
LCCH	\$ 30.00	\$ 168,750	\$ 30,000	10,000	19,370	\$ 77,024	\$ 91,726	15,000	\$ 30,000	\$ 230,625	\$ 260,625	\$ 297,141	\$ 303,819	\$ 1,060,335
GCUH	\$ 16.50	\$ 116,016	\$ 30,000	12,500	21,561	\$ 53,805	\$ 62,211	15,500	\$ 30,000	\$ 131,072	\$ 161,072	\$ 195,099	\$ 199,226	\$ 701,412
Robina^^	\$ 5.00	\$ 14,063		5,000	1,605	\$ 3,210	\$ 10,853	1,000		\$ 2,563	\$ 10,000	\$ 10,250	\$ 10,506	\$ 44,819
SCUH	\$ 14.50	\$ 73,406	\$ 30,000	9,000	31,154	\$ 53,509	\$ 19,897	9,500	\$ 30,000	\$ 70,597	\$ 100,597	\$ 133,112	\$ 135,690	\$ 472,805
Nambour^^	\$ 14.00	\$ 7,875		1,000	46	\$ 265	\$ 7,610	250		\$ 1,794	\$ 10,000	\$ 10,250	\$ 10,506	\$ 38,631
Toowoomba	\$ 14.00	\$ 47,250		6,000	15,923	\$ 136,925	\$ 89,675	6,000	\$ 15,000	\$ 43,050	\$ 58,050	\$ 74,501	\$ 75,989	\$ 255,790
Townsville****	\$ 10.00	\$ 14,063		5,000	29,102	\$ 14,865	\$ 803	7,500	\$ 15,000	\$ 38,438	\$ 53,438	\$ 69,773	\$ 71,143	\$ 208,416
Cairns^^ ****	\$ 5.80	\$ 16,313		5,000	217	\$ 716	\$ 15,597	250		\$ 743	\$ -	\$ 10,000	\$ 10,250	\$ 36,563
DOH retention	\$ 35.00			2,000				10,000		\$ 179,375	\$ 179,375	\$ 183,859	\$ 188,456	\$ 551,690
<b>Total</b>		\$ 1,165,359	\$ 180,000	\$ 100,000	200,435	\$ 430,606	\$ 734,753	100,000	\$ 180,000	\$ 1,225,106	\$ 1,420,006	\$ 1,645,506	\$ 1,682,144	\$ 6,093,016
		<b>2017-18 total</b>	\$ 1,345,359										Original program budget	\$ 7,412,230.68
														\$ 1,319,215

\*Pro rata amounts are from 1 October 2017 to 30 June 2018

\*\*Funding includes annual escalation of 2.5% (in lieu of ticket price adjustment) and adjusted to reflect 50% of full day ticket price.

\*\*\*\*Cairns HHS has requested no additional funds for 2018-19. Townsville HHS ticket price adjusted to reflect multi-day average.

\*\*\*Metro North HHS funding and activity reduced due to underspend however will be monitored closely for impact of eligibility changes

^Administration support is allocated at \$30K per HHS where activity exceeds 20,000 concessions and \$15K where activity exceeds 10,000 concessions

^^All sites are provided a minimum \$10,000 to provide concessions support, reflecting the reporting and administrative support and the minimum threshold for budget adjustment.