

**Lancashire Teaching Hospitals NHS Foundation Trust  
Impact Assessment Screening**

**Service/Service Development Title: Introduction of car-parking charges for drivers with Blue Badges.**

Blue badge holders who previously did not pay for parking will be required to do so.

**Service Manager: Russell James**

1.	Does the service/service development affect one group more or less favourably than another on the basis of:	Yes/No	Evidence in support of either positive or negative impacts, including references to research and national documents must be provided for the sections below
	1. Race	No	The decision to introduce car-parking charges for disabled drivers has no direct bearing on the race or ethnicity of the drivers.
	2. Disability	Yes	<ol style="list-style-type: none"> <li>1. Car-parking for disabled drivers has hitherto been free. The current system for managing car parks is based on barriers controlling both entry and exit with “pay and display” machines. Expanding this to include people with disability, particularly for those with mobility problems, will extend their physical distance of travel to reach a machine, purchase a ticket and then return to their car to display it prior to then attending their appointment. The number of pay and display machines currently available is too few for this additional travel distance to be considered reasonable. The requirement for disabled people to use specially adapted cars and their need to park near to their destination because of mobility difficulties was further considered</li> <li>2. Research indicates that disabled people are more likely to live below the relative poverty line. Some research indicates that 30% of disabled people live below the line compared to 16% of non-disabled people. It is estimated that up to 50% of disabled people are not in employment. The Blue Badge Scheme is principally based on access and not the ability to pay. However and given the higher likelihood of disabled people living below the relative poverty line, there is a need to consider the associative impact.</li> <li>3. All drivers are entitled currently to the first 30 minutes free parking. Implementing charges for disabled parking must recognise the additional time it may take for a blue badge driver to get to and from their vehicle.</li> <li>4. British Standard 8300 sets out the requirements of disabled people accessing public buildings either as residents, visitors, spectators or employees. The standard’s recommendations include parking areas, setting-down points and access routes to and around all buildings, as well as entrances and interiors. It also covers the relevant routes to all the facilities that are associated with these buildings. The Trust car parks are not currently compliant with BS8300 mainly in respect of the size of car parking spaces.</li> <li>5. It is acknowledged that individuals who have a disability may be more likely to access hospital services and on a more frequent basis than their non-disabled counterparts.</li> </ol>

			6. The ability of the deaf community to access support at car parking barriers is limited given that the barriers rely on buzzers and intercoms to alert car parking staff that support is required.
	7. Gender	Yes	Women were more likely to have a disability than men given their greater life expectancy.
	8. Sexual Orientation	No	There is no correlation between the incidence of disability and sexual orientation.
	9. Religion or Belief	No	There is no correlation between the incidence of disability and religion or belief.
	10. Age	Yes	There is some correlation between disability and age but the two are not synonymous. Persons with a disability tend to be older than persons with no disability, reflecting the increased incidence of disability with age. In 2016, 47% of persons with a disability were age 65 and over, compared with 15% of those with no disability.
	11. Marriage and Civil Partnership	No	There is no correlation between the incidence of disability and marriage and civil partnership.
	12. Gender reassignment	No	There is no correlation between the incidence of disability and gender reassignment.
	13. Pregnancy and Maternity	No	There is no correlation between the incidence of disability and pregnancy and maternity.
2.	Is there any evidence some groups will be affected differently?	Yes	See above in respect of disability, gender and age.
3.	If potential discrimination has been identified is this justifiable (you must explain why)?	Yes	<p>The introduction of car parking charges for people with disabilities does not constitute less favourable treatment as a result of their disability. The reasonable adjustments put in place as described below are in line with the requirements of the Equality Act.</p> <p>There is no requirement as to the provision of parking in the Equality Act 2010. However, public bodies must not, in the exercise of their functions, “do anything that constitutes discrimination, harassment or victimisation” (section 29(6)). The public sector equality duty, set out in the Equality Act 2010, explicitly recognises that disabled people's needs may be different from those of non-disabled people and says public bodies must “take account of disabled people's impairments when making decisions about policies or services”. Again a number of reasonable adjustments will be made alongside the introduction of this change.</p> <p>The Trust has a car parking policy which enables regular users of the service who qualify under its concessionary policy to be reimbursed up to a certain amount. This is currently under review.</p>
4.	What methods of engagement have you used and with whom please describe?		<p>A Consultation/Engagement meeting was held on 20<sup>th</sup> July 2017 to which all the Disabled representative groups listed on the Lancashire County Council’s website were invited as well as the Trust’s Public Governors. Trust Governors and representatives of disability groups attended.</p> <p>An Equality Impact Assessment Questionnaire was developed and issued to various local disability groups. The groups contacted included, East Lancashire Deaf Society, Age Concern, Galloways Society for the Blind, Specialist Mobility Rehabilitation Centre, Royal Preston Hospital Outpatients Department and Chorley and South Ribble Hospital Outpatients Department. The main concerns from the Questionnaire highlighted the need for:</p> <ul style="list-style-type: none"> <li>• more parking spaces for patient and visitors</li> <li>• more disabled designated and wider disabled spaces</li> </ul>

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			<ul style="list-style-type: none"> <li>more car parking attendants to assist and provide directions.</li> </ul> <p>There was limited feedback from the questionnaire on the actual introduction of charges, most feedback related to access.</p> <p>The results of the questionnaire are attached as an appendix.</p>
5(a)	Is the impact identified likely to have a negative impact on the Service/Service Development?	No	
5(b)	Can the impact be avoided?	N/A	
5(c)	Are there alternative ways of achieving the aims of the Service/Service Development to remove the impact?	N/A	
5(d)	Can measures be put in place to reduce the impact?	N/A	
<b>Comments</b>			<p><b>Action to be taken (or not applicable)</b></p> <ol style="list-style-type: none"> <li>An additional twelve payment machines will be purchased and positioned “step-free” and at an appropriate height for wheelchair users. At the engagement meeting held on 20<sup>th</sup> July a representative from Disability Equality (North West) (who herself is a wheelchair user) indicated 30-50m would be a reasonable distance to reach a payment machine. Consideration was also given to the fact that disabled people may be more dependent on their cars and either experience difficulties in using, or are totally unable to use public transport. The additional payment machines are a reasonable adjustment to offset the potential difficulties of access for some members of the disabled community.</li> <li>Ability to pay is supported by the Healthcare Travel Costs Scheme. Benefits such as Disability Living Allowance, Attendance Allowance and Mobility Allowance all have mobility components to assist with travel and transport costs such as taxi and parking costs. Patients in receipt of certain benefits are also eligible to reclaim any parking costs through the Healthcare Travel Costs Scheme where claims are recharged to Clinical Commissioning Groups. The pathway for accessing such claims is acknowledged as being difficult to navigate and in order to mitigate the associative discrimination identified, the Trust will put in place a signposting service through general office to provide additional support for the community to access refunds.</li> <li>Blue badge holders will have free parking for the first 60 minutes versus non-disabled drivers who have a 30 minute entitlement.</li> <li>The Trust has made the commitment to make sure blue badge holders still have priority car parking for ease of access to entrances etc. across all its sites. Part of the overall on-site car parking strategy and will also include the provision of additional disabled parking spaces, wider space and better facilities for deaf drivers who currently cannot communicate via the barrier intercoms. This will in part be funded from increased car parking charges for all users including disabled drivers.</li> </ol>

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	<p>5. The Trust has a car parking policy which enables regular users of the service who qualify under its concessionary policy to be reimbursed up to a certain amount. This is currently under review.</p> <p>6. A review of the car parking barrier arrangements is currently underway to consider the use of ANPR.</p> <p>A clear communication plan will be put in place to ensure all members of the disabled community are aware of the changes.</p>
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Name and designation of person completing this form.....Russell James..... Date 4<sup>th</sup> October 2017

(If anyone reading this form identifies any potential discriminatory impact that has not been identified on this form, please contact the Service Manager named above, along with suggestions how the impact can be eliminated or reduced.)

Completed forms should be returned to Stephanie Iaconianni Equality and Involvement Lead electronically [Stephanie.iaconianni@lthtr.nhs.uk](mailto:Stephanie.iaconianni@lthtr.nhs.uk)

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