



## BRIEFING PAPER

Number 8912, 11 February 2021

# NHS hospital car parking policies in the UK

By Philip Loft, Elizabeth Parkin

### Contents:

1. Coronavirus and parking charges
2. Current policy (England)
3. Demand for parking spaces
4. How much is charged, and where?
5. Commentary
6. Northern Ireland
7. Scotland & Wales



# Contents

<b>Summary</b>	<b>3</b>
<b>1. Coronavirus and parking charges</b>	<b>4</b>
<b>2. Current policy (England)</b>	<b>6</b>
2.1 NHS income generation rules	6
2.2 Hospital car parking guidance	6
2.3 Plans for reform	7
2.4 NHS Long Term Plan	8
2.5 Recent UK Parliament debates and Bills	8
2.6 Costs for abolishing charges	9
2.7 Help with charges	9
<b>3. Demand for parking spaces</b>	<b>10</b>
<b>4. How much is charged, and where?</b>	<b>13</b>
<b>5. Commentary</b>	<b>16</b>
<b>6. Northern Ireland</b>	<b>19</b>
<b>7. Scotland &amp; Wales</b>	<b>21</b>

## Summary

This Library Briefing sets out policies on NHS hospital parking charges in the UK. Hospitals may charge for car parking in all NHS hospitals in England and Northern Ireland. Most hospital car parking charges were abolished in Wales in 2008 and Scotland in 2009.

Section 1 details the temporary suspension of parking charges due to the **Coronavirus outbreak** across the UK. Devolved policies are set out in sections 6 and 7.

### England

The [Health and Medicines Act 1988](#) allows the Department of Health and Social Care (DHSC) to provide, and charge for, various services for the purpose of income generation for the NHS. The Department of Health's guidance on [Income generation in the NHS](#) (2006) provides that income generation activities— of which charging for car parking is one— must be profitable and cannot use NHS funding to subsidise their costs.

NHS England has issued non-mandatory [guidance on NHS patient, visitor and staff car parking management](#) (updated October 2015). This suggests concessions for the following groups:

- Disabled people
- People who attend frequent outpatient appointments
- Visitors with relatives who are gravely ill
- Visitors to (and carers of) people who have an extended stay in hospital
- Carers of people in the above groups
- Staff working shifts when no public transport is available

The guidance was updated in 2015 to add carers to the above list of concessions, following a Private Members' Bill on [Hospital Parking Charges \(Exemption for Carers\)](#), which did not progress past second reading.

The Conservative Party in its [2019 Manifesto](#) said that it intended to abolish parking charges “for those in greatest need, including disabled people, frequent outpatient attenders, parents of sick children staying overnight and staff working night shifts.” In December 2019, the Government [said](#) it intended that from April 2020 blue badge holders and frequent outpatients with long-term conditions would be offered free parking all day, and parents of sick children staying in hospital overnight and staff working night shifts, would be offered free parking at specific times.

Implementation was delayed due to the coronavirus pandemic. In September 2020, the [Government said](#) “free parking for disabled people, frequent outpatient attenders, parents of children staying overnight and staff working night shifts” will become mandatory from January 2021. [Speaking in December 2020](#), the Health Minister, Edward Argar, said this requirement will contain some flexibility, as Trusts will still be required to provide free parking to all staff for the duration of the Coronavirus pandemic.

The [NHS Long Term Plan](#) committed NHS England to reducing mileage and air pollution from rapid response vehicles, patient transport and staff journeys by a fifth by 2024.

[NHS England Estates data](#) for 2019/20 suggests that around 78% of all NHS parking spaces, and almost all acute hospital car parking spaces, are located at sites that charge for visitor parking.

# 1. Coronavirus and parking charges

## England

### Initial announcement of free parking for staff, March 2020

In March 2020, the [UK Government announced](#) financial support for all NHS England Trusts to provide free car parking to NHS staff for the duration of the coronavirus pandemic. The Secretary of State for Health and Social Care, Matt Hancock, “urg[ed] all Trusts to immediately make use of Government funding”.<sup>1</sup>

Additionally, the Secretary of State for Communities and Local Government said that [local councils will offer free car parking to all NHS workers, social care staff and Local Government Association key workers](#) during the outbreak. Free car parking on council owned on-street spaces and car parks, including pay and display, will also be available to NHS volunteers. The Government said local authorities should introduce arrangements to allow relevant workers to display suitable evidence in windscreens to avoid parking tickets.

Councils offer a Coronavirus parking pass, which entitles on-duty NHS staff, health or social care workers, or NHS Volunteer Responders, “to free parking in local authority-owned off-street car parks and on-street bays in England”.<sup>2</sup>

### Re-iteration of policy, Summer-Winter 2020/21

The Prime Minister confirmed in July 2020 that hospital car parking remained free for NHS staff during the pandemic,<sup>3</sup> and NHS England’s [People Plan](#) stated in August that “NHS organisations should continue to give their people free car parking at their place of work for the duration of the pandemic.”<sup>4</sup> In answer to a [July 2020 Parliamentary Question](#), the Department of Health and Social Care (DHSC) said that parking remained free for NHS staff at NHS Trust sites, but that such support could not “continue indefinitely”.<sup>5</sup>

There have been reports that some Trusts reintroduced parking charges for staff during the Summer and Autumn of 2020.<sup>6</sup> The Health Minister, Edward Argar, said during a [Westminster Hall Debate](#) in December 2020 that whilst parking policies are determined at Trust level, the Government’s policy remained that set out in July, of “providing free car parking for NHS staff during the pandemic”. The Minister said that Trusts continue to receive specific funding to enable this.<sup>7</sup>

The Department also noted that some Trusts have “struggled to provide parking capacity for all their staff” as demand for car parking space has risen during 2020.<sup>8</sup>

The Government’s intention remains the implementation of its Manifesto commitment to provide free hospital car parking to key patient and staff groups, the implementation of which was put on hold in 2020 due to the Coronavirus pandemic (see Section 2.3).

### Vaccine centres and parking charges

In response to Parliamentary Questions on whether the DHSC plans to suspend parking charges at sites administering the coronavirus vaccination programme, the Department

---

<sup>1</sup> DHSC, [Government to provide free car parking for NHS and social care staff](#), 25 March 2020

<sup>2</sup> PQ 99710 [[Hospitals: Parking](#)], 6 October 2020

<sup>3</sup> [HC Deb, 8 July 2020, c966](#)

<sup>4</sup> NHS England, [“We are the NHS: People Plan for 2020/21: Support during COVID-19 so far”](#), accessed 24 August 2020

<sup>5</sup> [PO 61539 \[NHS and Social Services: Parking\]](#), 3 July 2020

<sup>6</sup> For example, HC Deb, [Covid-19 Hospital Parking Charges: NHS staff](#), 1 December 2020, c106WH

<sup>7</sup> HC Deb, [Covid-19 Hospital Parking Charges: NHS staff](#), 1 December 2020, c112WH

<sup>8</sup> HC Deb, [NHS parking charges](#), 2 November 2020, c 4P

has said that decisions on charging remain with local NHS organisations.<sup>9</sup> [NHS guidance](#) for vaccine centres states that organisations should ensure centres are accessible and take reasonable steps to reduce potential inequalities for people eligible to receive vaccines:

Providers should ensure that their vaccination centres are accessible to all members of their community and take reasonable steps to improve access and reduce potential inequalities for people eligible to receive vaccinations. This includes having access to translation and interpretation services as required to support consent, mental capacity and clinical assessments.<sup>10</sup>

Examples of inequalities and inclusion the guidance cites includes older people, people living in deprived areas, BAME groups and those with long-term health conditions.<sup>11</sup>

## Northern Ireland

The Northern Ireland Health Minister, Robin Swann, [announced](#) that the Department of Health would reimburse car parking charges for staff from April to June 2020. Eligible staff will receive a letter outlining the details of the scheme.<sup>12</sup> In October, the Department said free parking would be reintroduced from 29 October 2020 to 31 March 2021.<sup>13</sup>

## Scotland

Whilst most parking charges were abolished in NHS Scotland hospitals in 2009, three sites continue to levy charges until contracts with private companies expire.

The Scottish Government announced that parking charges are to be suspended from 30 March for three months at these hospitals, at an estimated cost of £950,000.<sup>14</sup> This was subsequently extended to March 2021.<sup>15</sup>

## Wales

There are no NHS hospital car parking charges in Wales.

---

<sup>9</sup> PQ 143859 [[Coronavirus: Vaccination](#)], 26 January 2021

<sup>10</sup> NHS, [Covid-19 Vaccination Centres: Operating framework](#), 8 January 2021, pp4-5.

<sup>11</sup> [Ibid.](#), Appendix A, p22

<sup>12</sup> NI Direct, [Coronavirus \(COVID-19\): Information on health services](#), accessed 30 April 2020

<sup>13</sup> Department of Health, [Free car parking to HSC staff](#), 29 October 2020; Official Report, AQO 682/17-22, [Hospital Car-parking charges: Healthcare staff](#), 21 September 2200

<sup>14</sup> [Scottish Government foots £1m bill for free parking at Edinburgh](#), Edinburgh Evening News, 28 March 2020

<sup>15</sup> [No deal on permanent free hospital parking for NHS hospital staff](#), The Scotsman, 8 July 2020; [Free parking scheme extended at three Scottish hospitals](#), BBC News, 25 September 2020; Scottish Government, [Coronavirus \(COVID-19\) update: Health Secretary speech- Friday 18 December 2020](#)

## 2. Current policy (England)

### 2.1 NHS income generation rules

Section 7 of the [Health and Medicines Act 1988](#) allows the DHSC to provide services for the purpose of income generation for the NHS. Charging for car parking on healthcare sites is a common example of an income generation scheme. Section 7(8) of the 1988 Act prohibits any income generation scheme that significantly interferes with the provision of NHS services.

The Department of Health's guidance on [Income generation in the NHS](#) (2006) provides that income generation activities must be profitable and cannot use NHS funding to subsidise their costs:

The scheme must be profitable and provide a level of income that exceeds total costs. If the scheme ran at a loss it would mean that commercial activities were being subsidised from NHS funds, thereby diverting funds away from NHS patient care. However, each case will need to be assessed individually. For example, if a scheme is making a substantial loss then it should be stopped immediately.<sup>16</sup>

As income generation schemes must be profitable, any parking concessions that are provided for certain groups —such as disabled patients or frequent visitors— must be considered when calculating the estimated annual revenue. As the guidance above explains, NHS funds cannot be diverted from patient care to subsidise loss-making schemes.

The [NHS Confederation](#) also states that:

The income generation rules should not be seen as a requirement to maximise profit, however. NHS principles and Government policy are clear that healthcare is funded through taxation, not through patient charges. Surpluses from parking charges should only be a by-product of covering costs and managing space fairly. In practice, NHS trusts can plan minimal surpluses or break even.<sup>17</sup>

Profits after maintenance costs have been paid for must be used to improve local health services.<sup>18</sup> If no charges are imposed, maintenance costs must be sourced from elsewhere.<sup>19</sup>

Foundation trusts (FTs) are not covered by the Department of Health guidance on income generation, as they have a greater degree of operational independence. For FTs, non-NHS income is governed by a Board of Governors who are drawn from NHS patients, the public, staff and stakeholders. Non-NHS income streams need to demonstrate how revenue from sources outside the NHS will support the principal purpose of an FT, which is to provide goods and services for the NHS. Governors can, for example, reject increasing parking charges in order to better serve NHS patients.<sup>20</sup>

### 2.2 Hospital car parking guidance

The Department of Health introduced non-mandatory guidance as [NHS patient, visitor and staff car parking principles](#) in 2014. The then-Secretary of State for Health, Jeremy Hunt, said on their publication that “these clear ground rules set out our expectations, and will

---

<sup>16</sup> Department of Health, [Revised guidance on income generation in the NHS](#), February 2006.

<sup>17</sup> NHS Confederation, [Fair for all, not free-for-all: Principles for sustainable hospital car parking](#), 2009, p14

<sup>18</sup> [Ibid](#), p7

<sup>19</sup> Department of Health, [Income generation: Car parking charges – Best practice for implementation](#), December 2006, p7

<sup>20</sup> Foundation Trust Network, [How NHS providers use non-NHS income to improve patient services](#), August 2014; [Explanatory notes to Health and Social Care Act 2012](#), Part 4, Section 164

help the public hold the NHS to account for unfair charges or practices".<sup>21</sup> The principles include suggestions of groups to receive charging concessions:

- disabled people
- frequent outpatient attenders
- visitors with relatives who are gravely ill, or carers of such people
- visitors to relatives who have an extended stay in hospital, or carers of such people
- carers of people in the above groups where appropriate
- staff working shifts that mean public transport cannot be used

The guidance states that other concessions, including volunteers or staff who car-share, should be considered locally.

The guidance also notes that since 2010 national planning policy no longer recommends the use of car parking charges as a demand management measure to discourage car use.<sup>22</sup>

To help NHS organisations deliver the [NHS patient, visitor and staff car parking principles](#), in 2015 the Government published [NHS Car parking management: Environment and sustainability](#). This advises Trusts on the development of travel plans, the collection of appropriate data and consideration of sustainable transport measures.

## 2.3 Plans for reform

The Conservative Party Manifesto in December 2019 included a commitment to end "unfair hospital car parking charges" on certain groups by:

Making parking free for those in greatest need, including disabled people, frequent outpatient attenders, parents of sick children staying overnight and staff working night shifts. This will eliminate costs for those in need, while making sure there are enough spaces for everyone.<sup>23</sup>

In December 2019, the Health and Social Care Secretary, Matt Hancock, announced that from April 2020 all 206 hospital trusts in England will be "expected to provide free car parking to groups who may be frequent visitors, or who are disproportionality impacted by daily or hourly charges for parking".<sup>24</sup> These groups include:

- Blue badge holders
- Frequent outpatients who have to attend regular appointments to manage long-term conditions

The announcement also said free parking would be offered at specific times of day to:

- Parents of sick children staying in hospital overnight
- Staff working night shifts.<sup>25</sup>

In April 2020, the DHSC said that when the coronavirus "pandemic starts to abate", the NHS will move towards meeting the Government's commitment to offer free hospital car parking to key patient and staff groups:

---

<sup>21</sup> ["Hospital car parking guidance to reduce some charges"](#), BBC News, 23 August 2014

<sup>22</sup> [Ibid](#)

<sup>23</sup> [Conservative Party Manifesto](#) (December 2019), p11

<sup>24</sup> DHSC, ['Free hospital car parking for thousands of patients, staff and carers'](#), 27 December 2019.

<sup>25</sup> [Ibid](#)

## 8 NHS hospital car parking policies in the UK

When the pandemic begins to abate, the NHS will move from providing free parking to all its staff, to the Government's commitment to offering free hospital car parking to key patient groups and NHS staff in certain circumstances. Our plans include:

free parking for certain groups of people, following the Government's commitment that disabled people, frequent outpatient attenders, parents of sick children staying overnight and staff working night shifts will no longer have to pay; and consideration of parking capacity across the country and how improved technology can reduce the administrative burden on hospitals.<sup>26</sup>

In response to a petition in September 2020, the Department said that free parking for "disabled people, frequent outpatient attenders, parents of children staying overnight and staff working night shifts" will become mandatory in England from January 2021.<sup>27</sup>

[Speaking](#) in December 2020, the Health Minister, Edward Argar, stated that the mandate will include some flexibility in order to allow providers to respond to the pandemic and maintain the commitment to allow all NHS staff to park free for the pandemic's duration:

The commitment will ensure that, in the course of this Parliament, disabled blue badge holders, frequent outpatient attendees, parents of children staying overnight, as well as night shift NHS staff, will be given free parking at hospitals. This will be the first time that hospital car parking has been completely free in this country for those groups who need it most. It will be mandated by NHS England and NHS Improvement on trusts from 1 January 2021. That mandating process, which takes considerable time, is the only lever by which trusts can be compelled to do this. That is why I say that the decision rests with trusts.

However, we recognise that in the midst of a second wave, flexibility is required. To have both policies [the free parking commitment to NHS staff and commitment to the groups outlined in the December 2019 Manifesto] operating at the same time will be a challenge for some sites, particularly in urban areas where capacity is limited. As we face this second wave, trusts' clear focus is on operationally tackling the pandemic and responding to it. I am sure that all reasonable people will recognise the need for roll-out flexibility in the context of the mandating, and given the focus of our NHS on their responsibilities in tackling the pandemic.<sup>28</sup>

### 2.4 NHS Long Term Plan

The NHS Long Term Plan (January 2019) committed NHS England to reduce mileage and air pollution from rapid response vehicles and patient and staff journeys by a fifth by 2024.<sup>29</sup>

NHS England also intends to increase the number of virtual appointments to reduce the need for travel. This is intended to remove "the need for up to a third of face-to-face outpatient visits, reducing outpatient visits by 30 million a year nationally".<sup>30</sup>

### 2.5 Recent UK Parliament debates and Bills

The House of Commons has held several debates into hospital parking charges. These include [Covid-19: Hospital parking charges for NHS staff](#) (1 December 2020), [Hospital car parking charges](#) (1 February 2018), [Hospital Car Parking Charges \(Abolition\) Bill](#) (14 November 2017) and [Hospital Parking Charges \(Exemption for Carers\) Bill 2015](#) (30 October 2015).

---

<sup>26</sup> PQ 33547 [[Hospitals: Parking](#)], 28 April 2020

<sup>27</sup> [Petition 307909 Make parking for all NHS staff free all of the time: Government response](#), 24 September 2020

<sup>28</sup> HC Deb, [Covid-19: Hospital Parking Charges for NHS staff](#), 1 December 2020, c112WH

<sup>29</sup> NHS England, [The NHS Long Term Plan](#), January 2019, para 2.21

<sup>30</sup> NHS England, [NHS Long Term Plan implementation framework](#), June 2019, para 2.25. "Outpatients" are patients who attend a hospital for treatment without staying overnight.

In response to the bill proposed by Julie Cooper MP, the Government in October 2015 added carers as a suggested concession in the non-mandatory guidance on [NHS patient, visitor and staff car parking principles](#). The bill itself did not progress past second reading.

The Library produced a briefing on the 2018 debate: [Hospital car parking charges](#) and a [briefing](#) on the 2015 Bill.

Further Private Members Bill include:

- [Hospital \(Parking Charges and Business Rates\) Bill 2019-21](#) (second reading due 8 January 2021)
- [Hospital Car Parking Charges \(Abolition\) Bill 2017-19](#)
- [Hospital \(Parking Charges and Business Rates\) Bill 2017-19](#)
- [Hospital Car Parking Charges \(Abolition\) Bill 2014-15](#).

## 2.6 Costs for abolishing charges

In March 2017, the Government estimated it “would result in £200 million per year being taken from clinical care budgets to make up the shortfall” if parking charges were abolished in England.<sup>31</sup>

As in the case of Scotland and Wales, some car parks may be let to private parties under PFI or other contracts, requiring a contract to expire or be brought out before charges can be abolished. The Government stated in September 2019 that it did not hold data centrally on the number of private providers that operate NHS England car parks.<sup>32</sup>

It was reported in February 2020 that in deciding to no longer run a car park as a “commercial” enterprise, NHS Trusts would be liable for VAT on any refurbishment and maintenance works.<sup>33</sup>

## 2.7 Help with charges

Help with transport costs and parking charges may be applied for under the [NHS England low income scheme](#) or the [NHS healthcare travel cost scheme](#), if a patient meets the published eligibility criteria.

---

<sup>31</sup> PQ 66653 [[Hospitals: Fees and charges](#)], 14 March 2017

<sup>32</sup> PQ 287445 [[Hospitals: Parking](#)], 9 September 2019

<sup>33</sup> [Hospitals face free parking VAT shock](#), The Sunday Times, 23 February 2020

### 3. Demand for parking spaces

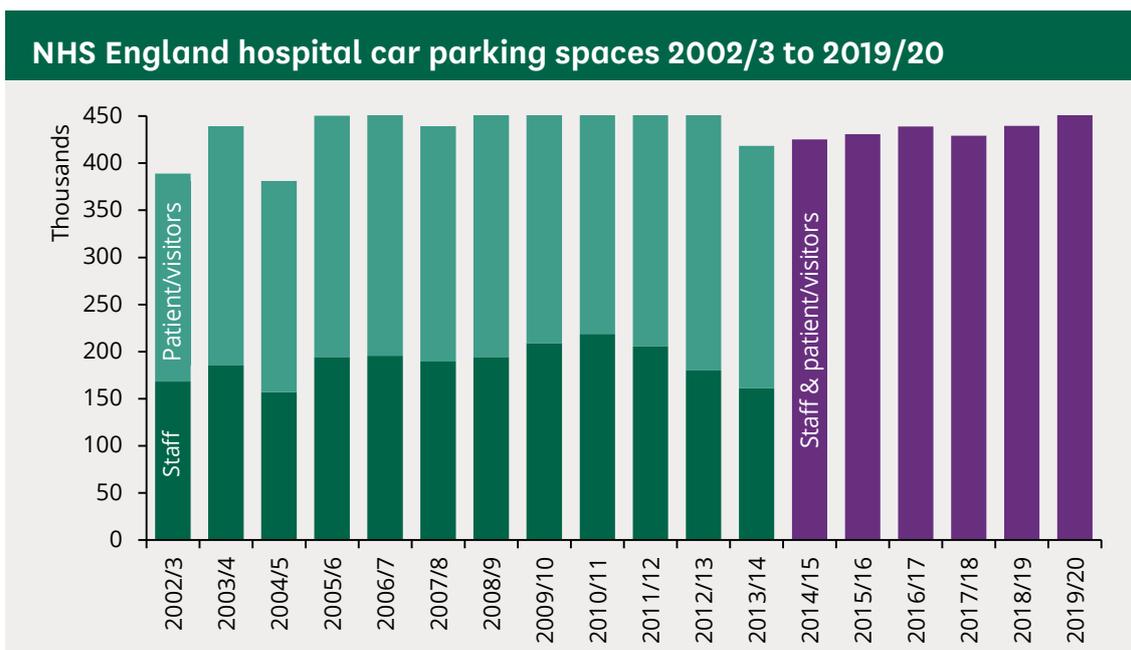
Demand for hospital parking spaces originates through patient and staff use, the number of hospital sites accessible by car, and the need to access specialised services.

#### Staff and patient demand

The Sustainable Development Unit, part of NHS England, estimated that NHS staff commuted some 1.7 billion miles in 2017 (around 17% of all the total mileage relating to NHS business) and patients and visitors travelled 6.7 billion miles (both these figures involve all land-based travel, not only car traffic). Health and social care road transport is estimated to be responsible for up to 5% of all road travel in England each year.<sup>34</sup>

#### Parking availability

From 2002/3 to 2013/14, the number of parking spaces at NHS England hospital sites for staff and patients/visitors increased, though not continuously, to a peak in 2010/11 of around 219,000 patient/visitor spaces and 311,500 staff places. From 2014/15 to 2019/20, the number of spaces available increased slightly, averaging around 436,900. Figures pre- and post- 2014/15 should not be compared directly.



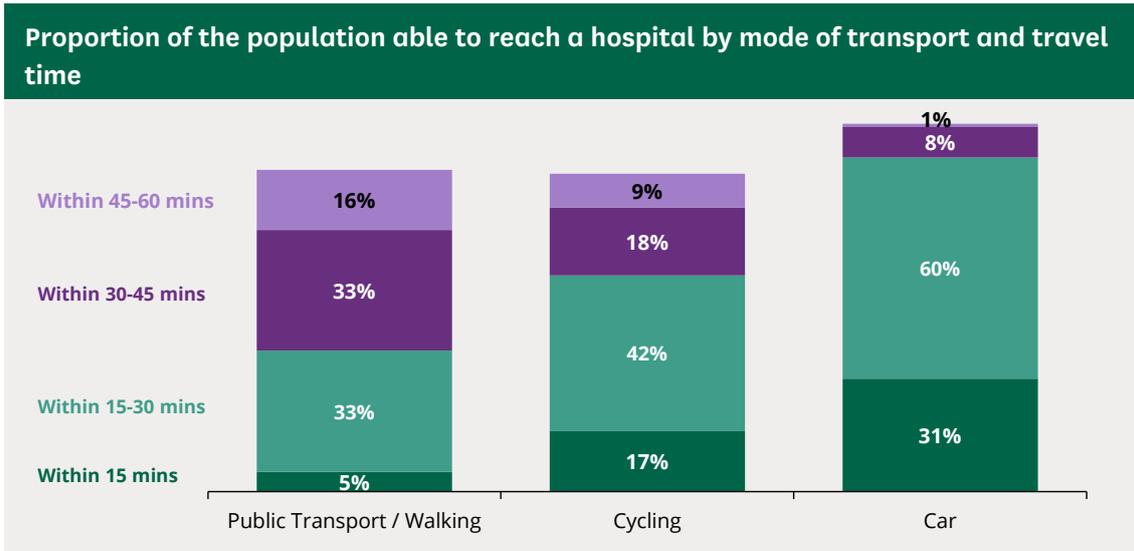
Note: The Estates Returns Information Collection (ERIC) counted staff and patient/visitor parking separately prior to 2013/14; post-2014/15 only the total number of parking spaces are reported.

Source: NHS England, ERIC [1999-2000 to 2013-14](#); [2014/15-2018/19](#) and [2019/20 \(site data\)](#)

#### Cars offer generally faster travel times to acute hospitals

Modelled journey times from residential neighbourhoods to acute hospitals show that they are quicker for most of the population to reach by car than public transport, cycling or walking. In 2017, an estimated 99.7% of the population could access an acute hospital by car within 60 minutes, compared to 86.2% of cyclists and 87.2% of people walking or travelling by public transport.

<sup>34</sup> Sustainable Development Unit, [Reducing the use of natural resources in health and social care: 2018 report](#), September 2018, pp4, 17



Note: List of hospitals taken from the Care Quality Commission’s list of active locations and a criterion drawn up with the DHSC to “capture only the key hospital sites”. These excluded non-NHS providers, sites not associated with acute services and sites associated with specialist trusts, leaving a list of 278 hospitals in 2017 run by Acute (non-specialist) Trusts, covering all General Hospitals and some with a largely or acutely community or rehabilitation role.

Source: Department for Transport (DfT), [Journey time statistics: 2017 \(revised\)](#), 19 December 2019, table 0201; [Journey time statistics: Notes and definitions](#), 15 December 2019, p13

## More hospitals are accessible by car in urban and rural areas

The Department for Environment, Food and Rural Affairs (DEFRA)’s [Statistical digest of rural England](#) (2020) suggests that driving offers greater access in both rural and urban circumstances: an individual driving for up to 60 minutes can reach an average of 9 hospitals if their journey begins in an urban area, compared to 7 from a rural start point.

Transport type	Travel time	Average number of hospitals available		% users with access to hospital	
		Urban	Rural	Urban	Rural
<b>Public Transport/Walking</b>	0-15 minutes	0	0	6%	1%
	15-30 minutes	1	0	44%	10%
	30-45 minutes	2	0	79%	32%
	45-60 minutes	3	1	94%	57%
<b>Cycling</b>	0-15 minutes	0	0	20%	1%
	15-30 minutes	1	0	68%	12%
	30-45 minutes	2	0	86%	33%
	45-60 minutes	3	1	93%	55%
<b>Car</b>	0-15 minutes	0	0	36%	7%
	15-30 minutes	2	1	95%	71%
	30-45 minutes	6	4	100%	97%
	45-60 minutes	9	7	100%	99%

Notes: Technical information on [journey time statistics from the DfT](#); urban rural defined under [LSOA classification 2011](#). Figures rounded to nearest percentage.

Source: DEFRA, [Statistical digest of rural England](#), December 2020, pp113, 116.

## Patient age and access to public transport

The Government Office for Science published an evidence review, [Inequalities in mobility and access in the UK transport system](#), in 2019 which said that “66% (7.8 million) of elderly people cannot reach a hospital within 30 minutes by public transport.” This was the case in both rural and urban areas.<sup>35</sup>

Using data from the English longitudinal study of ageing wave 2012-2013, Age UK’s [The future of transport in an ageing society](#) (2015) argued that “those with longstanding illnesses are the least likely to use public transport.” 8% of older people in the study reported that they did not use public transport due to problems with mobility and 10% reported that their health prevented them from using public transport.<sup>36</sup>

---

<sup>35</sup> Government Office for Science, [Inequalities in mobility and access in the UK transport system](#), March 2019, p7

<sup>36</sup> Age UK, [The future of transport in an ageing society](#), June 2015, p17

## 4. How much is charged, and where?

As shown below, the proportion of NHS sites that charge for car parking varies by site.

Most NHS hospital care is delivered at acute hospital sites, which are far likelier to charge than other NHS sites. In 2017, 95% of inpatient admissions, 81% of inpatient bed days and 88% of outpatient attendances were at acute hospitals.<sup>37</sup>

Annually, patient assessors visit hospitals to assess the quality of the environment as part of the Patient-Led Assessment of the Care Environment (PLACE). This involves questions on car park charging, concessions and payment methods.

PLACE includes independent providers, which provide some services on behalf of the NHS, but which are not NHS sites. It also includes hospices, which receive most of their funding from non-NHS sources. Few independent sites or hospices charge for parking.

If these are included, 366 of 1,050 sites charged for patient and visitor parking (35%) in 2019.<sup>38</sup> This compared to 391 sites (33%) in 2017.<sup>39</sup>

Estates Returns information collection (ERIC)<sup>40</sup> figures for 2019/20 show that around 78% of all NHS parking spaces, and almost all acute hospital car parking spaces, are located at sites that charge for visitor parking. The same data suggests that around 75% of spaces for NHS staff were at sites that had policies to charge staff in 2019/20.

ERIC data also shows that 153 of the 1,086 reporting sites (14%) charge for disabled parking in 2019/20.

### NHS car parking charges: Number of spaces at sites which charge for patient/ visitor parking, 2019/20

Site Type	Number of spaces at sites that charge	Number of spaces at sites that don't charge	% Spaces at sites that charge
Acute hospital	282,386	1,321	99.5%
Specialist hospital (acute only)	20,025	3,224	86.1%
Community hospital (with inpatient beds)	9,833	11,581	45.9%
Mental health (incl. specialist services)	7,334	22,580	24.5%
Mental health and learning disability	1,071	3,156	25.3%
Learning disabilities	-	507	0.0%
Mixed service hospital	5,669	5,239	52.0%
Other inpatient/reportable sites	18,476	50,657	26.7%
<b>Total NHS</b>	<b>344,794</b>	<b>98,265</b>	<b>77.8%</b>

Note: 174 sites reported patient/visitor parking charges as "not applicable". 14,273 spaces in reportable sites were reported as fees "not applicable". "Reportable sites" include all sites not meeting the site reporting criteria over the 150m<sup>2</sup> area threshold. These are excluded from the above table.

Source: [ERIC 2019/20 Report: Site-Level Data](#), January 2021.

<sup>37</sup> House of Commons Library, [Hospital car parking: Who charges?](#), 27 February 2018

<sup>38</sup> NHS Digital, [PLACE England, 2019](#), slide 8 from NHS Digital, [PLACE](#)

<sup>39</sup> House of Commons Library, [Hospital car parking: Who charges?](#), 27 February 2018

<sup>40</sup> [ERIC](#) is a mandatory report for all NHS Trusts, including ambulance trust. ERIC data does not include hospices and independent sector providers.

**NHS car parking charges: Number of spaces at sites which charge for staff parking, 2019/20**

Site Type	Number of spaces at sites that charge	Number of spaces at sites that don't charge	% Spaces at sites that charge
Acute hospital	276,473	7,234	97.5%
Specialist hospital (acute only)	19,395	3,854	83.4%
Community hospital (with inpatient beds)	7,263	14,151	33.9%
Mental health (incl. specialist services)	6,176	23,738	20.6%
Mental health and learning disability	675	3,552	16.0%
Learning disabilities	-	507	0.0%
Mixed service hospital	5,585	5,323	51.2%
Other inpatient/reportable sites	14,473	54,660	20.9%
<b>Total NHS</b>	<b>330,040</b>	<b>113,019</b>	<b>74.5%</b>

Note: 14,012 spaces in "reportable sites" were reported with fees "not applicable". "Reportable sites" include all sites not meeting the site reporting criteria over the 150m<sup>2</sup> area threshold. These are excluded from the above table, as are ambulance sites.

Source: [ERIC 2019/20 Report: Site-Level Data](#), January 2021.

**How much is charged?**

[ERIC data](#) provides information on the average hourly fee charged. This data does not include hospices and independent sector providers. Of the hospitals that charge, the average fee charged per hour in 2019/20 for patients and visitor parking was £1.35 and for staff, £0.19.<sup>41</sup>

The London Commissioning region had the highest average fees charged per hour for patient and visitor parking amongst sites that applied such charges, at £1.76. This was followed by the South West (£1.49) and East of England (£1.46).

**NHS Commissioning Region average fee per hour at sites that charge, 2019/20**

Commissioning Region	Patients/Visitors	Staff
East of England	£1.46	£0.24
London	£1.76	£0.34
Midlands	£1.26	£0.12
North East And Yorkshire	£1.24	£0.13
North West	£1.16	£0.15
South East	£1.28	£0.21
South West	£1.49	£0.17
<b>England average</b>	<b>£1.35</b>	<b>£0.19</b>

Notes:

- 1 "Other reportable sites" include all sites not meeting the individual site reporting criteria over the 150m<sup>2</sup> area threshold are reported under this.
- 2 Charges reported were averaged over three-hour period, and may have been rounded to £0.00
- 3 Sites were asked to only declare the highest cost of parking—sites may have partial free parking, which was excluded from data collection

Source: [ERIC 2019/20 Report: Site-Level Data](#), January 2021

<sup>41</sup> NHS England, [ERIC 2019/20 Report: Site-Level Data](#), January 2021

## How much is raised?

ERIC provides details of income from parking charges collected by NHS Trusts but this dataset is not complete. In 2018/19, ERIC data reports £271.8 million was made from car park charges—£185.6 million from patients/visitors and £86.2 million from staff. However, 9 NHS Trusts of the total of 227 did not provide data. In 2017/18, an income of £226.4 million was reported in ERIC, but 10 Trusts did not report data.<sup>42</sup>

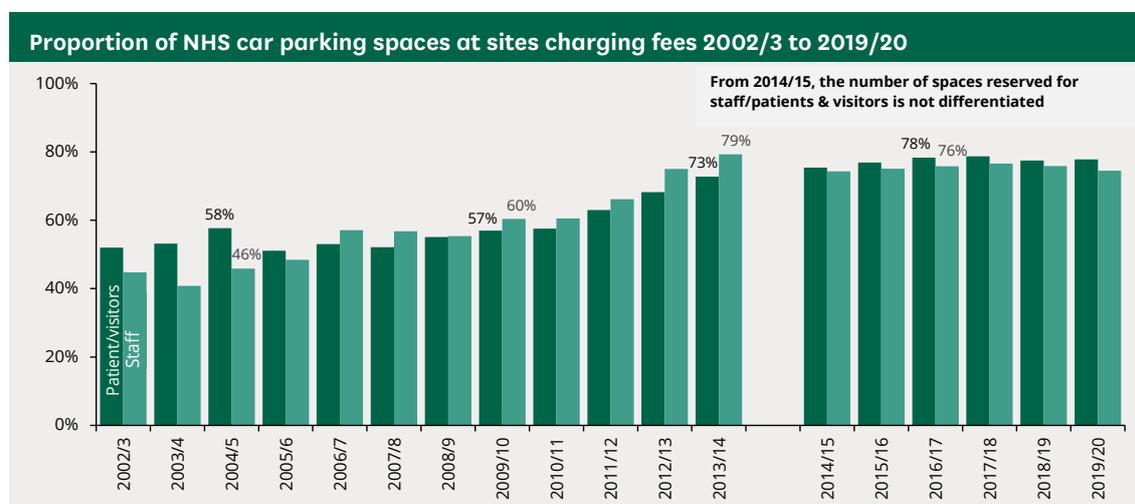
Figures for 2019/20 should not be compared with previous years: ERIC estimates gross income generated from car parking “contributed to costs” around £199.2 million for patients and visitors and £90.1 million for staff.<sup>43</sup>

Parking fee income is often used to offset maintenance costs, finance alternative transport (such as park and ride), fund patient care, and cover costs claimed by private contractors.

The NHS Confederation said in 2009 that total gross income from car park charges was equal to around 0.1% of the NHS budget.<sup>44</sup> In some hospitals, fees from parking can generate a larger proportion of their income. John Mohan, a University of Southampton academic, estimated in 2006 that of 203 surveyed hospital trusts, in 15 cases income from parking accounted for more than 0.5% of their annual expenditure.<sup>45</sup>

## How has charging changed over time?

The below chart shows that in 2002/3, 52% of spaces for patients/visitors and 45% for staff, charged a fee. This rose to 57% and 60%, respectively, in 2009/10, and to 73% and 79% in 2013/14. It has remained in the 74-78% range to 2019/20.



### Notes:

- 1 Sites were asked to only declare the highest cost of parking—sites may have partial free parking, which was excluded from data collection
- 2 Charges reported were averaged over three-hour period, and may have been rounded to £0.00
- 3 Yearly variation should be treated with caution: a varying number of sites reported data in each year
- 4 Sites reporting no data or reporting fees were not applicable have been excluded.

Source: NHS England, ERIC, [1999-2000 to 2013-14](#) and [2014/15-2018/19](#); [ERIC 2019/20 Report: Site-Level Data](#), January 2021

<sup>42</sup> NHS England, [ERIC, 2018/19, Report v4, Table 4b](#)

<sup>43</sup> NHS England, [ERIC, 2019/20, Report, Table 4b and Introduction](#). All 224 trusts returned information. “Contribution to costs” is defined as the amount received or collected from patients, visitors, staff, service level agreements, fines and permits.

<sup>44</sup> NHS Confederation, [Fair for all, not free for all](#), 2009, p6

<sup>45</sup> Health Select Committee, [NHS Charges- Written Evidence](#), volume 3, CP 45, May 2006, para 15

## 5. Commentary

### **NHS Providers, 2020**

NHS Providers published a [briefing](#) for the December 2020 Westminster Hall Debate on Hospital Parking Charges.

The providers said they “support the measures to provide free car parking to staff”, but stated sufficient funding was required to “avoid any resources being taken from frontline services”, citing in particular the potential need for new technology (e.g. Automatic Number Plate Recognition) to implement the policy of free parking. The briefing also noted that “demand for hospital car parking space has increased significantly during the pandemic, particularly given the public is currently less inclined to use public transport”.<sup>46</sup>

### **Age UK/Kidney Care UK/Healthwatch, 2019**

The joint report, [There and back](#) (October 2019) was based on HealthWatch analysis of transport to hospital sites and conversations with those travelling to NHS appointments. The report noted issues in the availability of parking, the difficulties in gauging how long patients needed to buy a parking ticket for, the number and location of disabled parking bays, and the lack of direct routes on public transport.<sup>47</sup> The report recommended:

- Local NHS leaders to work with those responsible for car parking to improve the way systems work for people.  
This should include putting in place policies to waive fines for people who get parking tickets due to NHS delays
- NHS services to explore working in partnership with technology and transport companies to make more intelligent use of patient data.  
For example, this could include services matching up records on address, patient preferences regarding transport and data from local public transport timetables and using this to support smart scheduling when offering patients appointment slots.<sup>48</sup>

The report built on Age UK’s [Painful journeys](#) (2017), examining journeys to hospital. In response to the 2019 report, NHS England launched a review into non-emergency patient transport. The review will consider service access, sustainability, the environmental impacts of patient services and the economic resilience of providers.<sup>49</sup>

### **CLIC Sargent, 2018**

CLIC Sargent, a charity supporting young people with cancer, published [Are we nearly there yet? The financial impact of travel on young cancer patients and their families](#) in September 2018.

The report noted that “government guidance states hospitals should offer free or reduced parking to cancer patients” but its 2016 Cancer costs survey found that in England parents and young people paid on average £44 and £37 a month respectively on hospital parking during treatment. The survey also found that 30% of parents said they had not

---

<sup>46</sup> NHS Providers, [Westminster Hall Debate. Parking Charges for NHS staff at hospitals during the Covid-19 outbreak, 1 December 2020](#), 30 November 2020, pp2, 3

<sup>47</sup> Age UK, Kidney Care UK and Healthwatch, [There and back](#), October 2019, pp8-9, 10

<sup>48</sup> [Ibid](#), pp25, 26

<sup>49</sup> NHS England, [NHS Non-emergency patient transport services \(NEPTS\) review](#), accessed 5 May 2020

been offered any parking concessions by the hospital.<sup>50</sup> The charity recommended the creation of a Young cancer patient travel fund.<sup>51</sup>

### **APPG on Children, Teenagers & Young Adults with cancer, July 2018**

The All Party Parliamentary Group's (APPG) [Listen up! What matters to young cancer patients](#) (July 2018) called upon the DHSC to ensure Trusts provide designated parking spaces for families of children and young people undergoing treatment, or alternative arrangements, if this was not possible.

The enquiry heard that guidance on car parking was not promoted and that patients experienced challenges in finding parking spaces in hospitals. The provision of spaces near hospital entrances for children and young people was "viewed as a possible solution".<sup>52</sup>

### **Patients Association, 2018**

The Association released a [policy position statement](#) in June 2018:

Charges for car parking at hospitals are a charge on people who are unwell, levied on them because they are unwell. We believe that patients should not be effectively charged for being ill.

Parking at hospitals for patients, carers and visitors should be provided free of charge. Practical arrangements to prevent car parks being used by other motorists can and should be installed[...]

However, it went onto say that "at a time when their [hospital] finances are under immense pressure...the top priority for any new NHS funding should be patient care".<sup>53</sup>

### **Bliss, 2014 & 2016**

Bliss, a charity for babies born prematurely or sick found in its report [It's not a game](#) (2014) that for those paying parking fees to visit their child, spending worked out as an average of £32 a week.<sup>54</sup>

The report, [Families kept apart](#) (2016) said its analysis of 2013 and 2016 parking data suggested that "nearly half (62/126) of Trusts increased either their hourly or all-day parking rate over this period". The data was based on responses of 151 of 154 neonatal units in 2013 and 150 of 160 neonatal units in 2016, comparing directly costs and concession policies amongst specific Trusts.<sup>55</sup>

Bliss called upon the Government to provide "free parking, help with travel and meal costs, and free overnight accommodation" for affected parents.<sup>56</sup>

### **Macmillan Cancer Support, 2013**

Macmillan's [Out of order: The hidden cost of hospital car parking](#) (2013) said that the "most common additional costs facing people living with cancer are travelling to and from hospital". The report argued that 2010 guidance on hospital parking had not been fully implemented across NHS England trusts.<sup>57</sup> As noted in Section 2.2 of this briefing, new guidance was issued in 2014 and 2015.

---

<sup>50</sup> CLIC Sargent, [Are we nearly there yet? The financial impact of travel on young cancer patients and their families](#), September 2018, p8

<sup>51</sup> [Ibid](#), p7

<sup>52</sup> APPG on Children, Teenagers, and Young Adults with Cancer, [Listen up! What matters to young cancer patients](#), July 2018, p26

<sup>53</sup> Patients Association, [Position statement on car parking charges at hospitals](#), June 2018

<sup>54</sup> Bliss, [It's not a game: The very real costs of having a premature or sick baby](#), 2014, p15

<sup>55</sup> [Ibid](#), p24

<sup>56</sup> Bliss, [Financial costs facing families](#), accessed 1 May 2020.

<sup>57</sup> Macmillan, [Out of order: The hidden cost of hospital car parking](#), July 2013, p3

The report recommended that:

- free or discounted parking should be made available to relatives and primary carers who are regularly visiting or accompanying the patient;
- car-parks should use a permit or pay on exit system;
- patients should be informed of parking exceptions in their first appointment letter;
- a specific staff member should be responsible for informing cancer patients about their rights;
- individual contracts managed by private operators should be reviewed and free parking for cancer patients introduced.<sup>58</sup>

## 6. Northern Ireland

The Northern Ireland Assembly Research and Information Service published a briefing on [Car parking charges in the health and social care sector](#) in November 2011.

Article (3)(2) of the [Health and Medicines \(NI\) Order 1988](#) allows hospitals to charge for parking.

Guidance issued as [HSC Hospital car parking provision and management](#) (2008) and [Policy for car parking provision and management in the health & social care sector](#) (2012) allow Trusts to set car-park charges if they “reflects a reasonable balance between the perceived needs of legitimate car park users and the costs of providing and maintaining car-parking facilities”. Guidance allows for any surplus generated to contribute to the cost of other patient services.<sup>59</sup> It also states Trusts should ensure “a reasonable allocation of spaces is made available for staff”. Hospitals should also develop healthy transport plans to manage demands for roads and parking spaces and reduce environmental pollution.<sup>60</sup>

### How much is raised?

The amount of revenue raised from hospital parking charges have been published in answers to three Assembly Questions. Note figures for 2016/17 were not requested, and figures for 2019/20 are at Trust-level.

The Minister of Health, Robin Swann, said in 2018/19 NHS hospital car parks raised around £7.5 million from charges and incurred running costs of £8.8 million.<sup>61</sup> The Minister has also said that “the aim of my Department’s policy on car parking is to recover the cost of providing car parks across the Health Estate”.<sup>62</sup> Around £7.9 million in fees were raised in 2019/20.<sup>63</sup>

Revenue generated from car parking charges at each site (£m) (Trust-level only in 2019/20)											
Trust	Hospital Site	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Belfast	Royal Victoria	0.05	0.13	0.14	0.18	0.20	n.d	-	0.70	1.74	
	Belfast City	0.83	0.79	0.85	0.73	0.78	n.d	0.64	0.64	0.68	3.2
	Mater	0.17	0.18	0.18	0.14	0.15	n.d	0.10	0.10	0.10	
	Non-identifiable	n/a	n/a	n/a	n/a	n/a	n.d	0.42	0.50	0.70	
Northern	Antrim	-	0.15	0.13	0.14	0.16	n.d	0.72	0.75	0.84	1.2
	Causeway	-	0.01	0.01	0.01	0.01	n.d	0.33	0.34	0.38	
South	Ulster	1.09	1.11	1.11	1.25	1.32	n.d	1.47	1.58	1.68	2.1
Eastern	Ards	-	-	-	-	-	n.d	-	-	0.12	
Southern	Craigavon	0.34	0.40	0.42	0.49	0.47	n.d	0.45	0.43	0.45	0.7
	Daisy Hill	0.10	0.13	0.14	0.13	0.13	n.d	0.16	0.15	0.17	
Western	Altnagelvin	0.12	0.20	0.25	0.23	0.25	n.d	0.28	0.40	0.47	
	South West Acute	-	-	0.01	0.04	0.06	n.d	0.10	0.17	0.17	0.7
	Omagh	-	-	-	-	-	n.d	-	0.02	0.03	
<b>Total</b>		<b>2.70</b>	<b>3.09</b>	<b>3.23</b>	<b>3.35</b>	<b>3.54</b>	<b>n.d</b>	<b>4.67</b>	<b>5.78</b>	<b>7.53</b>	<b>7.9</b>

Note: “Non-identifiable” figure relates to staff car parking across the Belfast Hospital sites that are not separately identifiable for the 2016/17 to 2018/19 period. Trust-level only data for 2019/20.

Sources: 2010/11 to 2014/15 data from Northern Ireland Assembly, [AQW 51252/11-16 \[how much money each hospital has generated in each of the last 5 years\]](#), 2 February 2016; 2016/17 to 2018/19 data from Northern Ireland Assembly, [AQW 2899/17-22 \[how much revenue each hospital site has generated from car parking charges\]](#), 16 March 2020; 2019/20 data from AQW 5106/17-22 [\[Revenue each Trust raised from car parking charges\]](#), 1 July 2020

<sup>59</sup> Department of Health, Social Services & Public Safety, [Policy for car parking provision and management in the health & social care sector](#), 2012, paras 2.2, 2.4.

<sup>60</sup> [Ibid](#), para 2.5, p8

<sup>61</sup> Northern Ireland Assembly, [AQW 217/17-22 \[Car parking\]](#), 25 February 2020

<sup>62</sup> Northern Ireland Assembly, [AQW 2034/17-22, \[Free or subsidised parking for personnel\]](#), 28 February 2020

<sup>63</sup> Northern Ireland Assembly, [AQW 5106/17-22 \[Car parking\]](#), 1 July 2020

The table above shows that seven of twelve hospitals charged in 2010/11 and all but one in 2017/18, raising around £2.70 million in 2011/11 and £5.78 million in 2017/18.

## Exemptions and help with costs

Under 2008 guidance, [HSC Hospital car parking provision and management](#), patients undergoing radiotherapy, chemotherapy, renal dialysis or in critical care/high dependency care are eligible for free parking.

Next of kin/partners are eligible for free parking if they are transporting a patient to undergo radiotherapy, chemotherapy, renal dialysis, and in any circumstance if their partner/next of kin is in critical care or high dependency care. Blood donors or a member of the Volunteer Driver Service are also eligible.<sup>64</sup>

Trusts were also “expected to exercise discretion to apply the eligibility criteria” in other situations where the duration of frequency of visits would lead to significant charges. The guidance provided as examples patients who:

- May have a number of outpatient appointments over an extended period
- May benefit from lengthy or frequent visits from relatives or friends to help with adjustment to a new environment
- Are outside the prescribed treatment categories who has to make lengthy and/or frequent visits for treatment.<sup>65</sup>

Patients who meet certain low-income criteria can have parking costs covered under the [Hospital travel costs scheme](#) if they need health treatment at a hospital, health service centre or private clinic and have been under the care of a consultant. If an adult or dependent child must also travel to an individual’s treatment, their costs can also be claimed. The [NI Direct Scheme page](#) sets details on eligibility.

If a person is on low income but does not receive any of the benefits or allowances qualifying for the hospital travel costs scheme, travel costs may potentially be claimed under the [Health Service Low Income Support Scheme](#).

---

<sup>64</sup> [Northern Ireland] Health Estates, [Guidance: HSC Hospital car parking provision and management](#), June 2008, para 4.17

<sup>65</sup> [Ibid](#), para 4.14

## 7. Scotland & Wales

### Scotland

In September 2008, the Scottish Government announced that car park charges would be abolished at NHS hospitals in Scotland on 31 December 2008. Three PFI-built hospitals are still able to charge.<sup>66</sup>

The Scottish Government in 2015 said removing most car parking charges at NHS hospitals had saved patients and NHS staff £25 million over the previous 7 years.<sup>67</sup>

It cost the Scottish Government £950,000 for three months to allow free parking for staff, patients and visitors at the three hospitals during the Coronavirus outbreak.<sup>68</sup>

The Scottish Government has said that it is the responsibility of NHS boards to effectively manage their hospital car parking spaces:

It is important that hospital car parks are managed to ensure they are not misused by commuters or shoppers.

Health boards all have car park management plans to ensure the needs of patients, visitors and staff are balanced. These include measures such as time limits, swipe cards or tokens for staff or staff-only areas.

We expect all NHS boards to have travel plans in place and to work with local authorities and transport providers to ensure that health services are supported by good public transport links.<sup>69</sup>

The Scottish Government issued [CEL 1 \(2008\) Revised guidance on hospital car park charging](#) as guidance on hospital access and parking. This is no longer available on its website. The guidance required NHS Boards to ensure hospitals have a “reasonable” allocation of spaces for patients, carers and staff and to offer a “package of practical measures” to improve accessibility and influence transport to hospital sites. This includes developing Travel Plans in partnership with local authorities and regional transport partnerships.<sup>70</sup>

### Wales

As part of the One Wales Plan 2007-2011, an agreement between the Labour Welsh Government and Plaid Cymru, the Welsh Government committed to remove charges for hospital parking.<sup>71</sup>

In March 2008, the then-Health Minister Edwina Hart said that from 1 April 2008:

Car parking on all NHS Trust sites is to be provided free of charge for patients, staff and visitors, unless external contracts are in place. For car parks where there are commercial contracts in place and trusts are legally bound to honour the terms of these contracts, I am requiring NHS Trusts to introduce from 1 June 2008 schemes to reduce costs for patients, staff and visitors. These schemes will remain in place until the end of their contractual commitments.<sup>72</sup>

---

<sup>66</sup> Scottish Government, [Hospital parking charges](#), 2 September 2008

<sup>67</sup> Scottish Government, [Free parking saves patients over £25 million](#), 11 October 2015

<sup>68</sup> [Scottish Government foots £1m bill for free parking at Edinburgh](#), Edinburgh Evening News, 28 March 2020

<sup>69</sup> [Does free hospital parking work?](#), BBC News, 16 October 2009

<sup>70</sup> Scottish Government [Circular CEL 1 \(2008\)](#), paras 2.4-2.6, 9, 14

<sup>71</sup> Labour and Plaid Cymru Groups in the Welsh Assembly, [One Wales: A progressive agenda for the government of Wales](#), 2007, p11

<sup>72</sup> Minister for Health and Social Services, [Reform of car parking charges in the NHS in Wales](#), 3 March 2008

## 22 NHS hospital car parking policies in the UK

The Minister also said that all Welsh NHS Trusts were to provide the Welsh Government with a car parking plan by 1 May 2008 to show how they would meet the costs of the abolition of charges, encourage green transport and manage demand.<sup>73</sup>

In 2006/7, it was reported by NHS Wales that nearly £5.4 million had been collected by NHS Trusts in Wales from hospital parking charges. At the time of the announcement, half of NHS hospital Trust parking spaces in Wales were provided free of charge.<sup>74</sup>

The Welsh Government issued updated [Car parking management— guidance for NHS Wales](#) in 2018.<sup>75</sup> Its key principles were that local management should:

- Protect disabled parking spaces and access for emergency vehicles;
- Encourage people to use alternative means of travel;
- Encourage the development of sustainable transport hubs; and
- Encourage people to only park on hospital sites for hospital business.

Regarding enforcement charges, the guidance states that these should be no more than charges levied by local authorities within the Health Board/Trust area and be based on the Welsh Penalty processing partnership's [Civil parking enforcement procedures](#).<sup>76</sup>

Health Boards and NHS Trusts are also responsible for developing sustainable travel plans. These plans must make provision to improve the accessibility of NHS sites for all users, promote sustainable alternatives to car-travel and the health benefits of active travel. These plans should also address how Trusts and Boards would meet ongoing funding on the costs of security, lighting, CCTV and maintenance of car parks.<sup>77</sup>

The Minister for Health and Social Services, Vaughan Gething, said in 2019 that charging those using hospital park and ride services to access hospitals would “be against the spirit of the free car parking policy”.<sup>78</sup>

---

<sup>73</sup> [Ibid](#)

<sup>74</sup> NHS Wales, [Reform of hospital parking charges announced](#), 3 March 2008

<sup>75</sup> Welsh Health Circular, [Car parking management- guidance for NHS Wales](#), WHC (2018) 010, 5 April 2018

<sup>76</sup> [Ibid](#), p4

<sup>77</sup> Welsh Health Circular, [Sustainable travel plans in NHS Wales \(Site specific\) to include car parking plans](#), WHC (2008) 058, 14 July 2008

<sup>78</sup> The Senedd Cymru/Welsh Parliament, QAQ78503(e) [\[Hospital park and ride\]](#), 2 July 2019

### About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publicly available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email [papers@parliament.uk](mailto:papers@parliament.uk). Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email [hcenquiries@parliament.uk](mailto:hcenquiries@parliament.uk).

### Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).