

This guidance replaces the 'NHS car parking guidance 2021 for NHS trusts and NHS foundation trusts' that was originally published in 2021.

Mandatory elements

Free car parking for those with greatest need

The current NHS Standard Contract [Service Condition 17.10] requires that NHS trusts and NHS foundation trusts:

- must comply, where applicable, with NHS car parking guidance
- in particular, must ensure that any car parking facilities at the provider's premises for service users, visitors and staff are available free of charge to those groups and at those times identified in, and otherwise in accordance with, that guidance

The definitions of these groups are as follows.

Disabled people

A disabled person is a holder of a valid Blue Badge attending hospital as a patient or visitor or is a disabled person employed by the hospital trust.

Disabled patients and visitors receive free parking for the duration of their attendance at, or visit to, the hospital. Disabled employees receive free parking while at the hospital for purposes relating to their employment.

Frequent outpatient attenders

Parking will be provided free to all outpatients who attend hospital for an appointment at least 3 times within a month and for an overall period of at least 3 months. A 'month' is defined as a period of 30 days.

Parents of sick children staying overnight

The parent of a child in hospital overnight is a parent or guardian of a child or young person, under 18 years of age, who is admitted as an inpatient at hospital overnight.

They receive free parking between the hours of 7.30pm and 8.00am while visiting the child. This would apply to a maximum of 2 vehicles.

Staff working night shifts

Staff working night shifts are members of staff with a shift starting after 7.30pm and ending before 8.00am. They receive free parking for the duration of their shift.

Voluntary elements

The following actions from the 2015 principles remain voluntary but all trusts should implement them wherever possible.

NHS organisations should continue to work with their patients and staff, local authorities and public transport providers to make sure that users can get to the site (and park if necessary) as safely, conveniently and economically as possible. [\[footnote 1\]](#)

Charges, where they exist, should be reasonable for the area.

Concessions, including free or reduced charges or caps, should be available for the following groups:

- visitors with relatives who are gravely ill, or carers [\[footnote 2\]](#) 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

Other concessions, for example for volunteers or staff who car-share, should be considered locally.

Trusts should consider installing ‘pay on exit’ or similar schemes so that drivers pay only for the time that they have used. Additional charges should only be imposed where reasonable [\[footnote 3\]](#) and should be waived when overstaying is beyond the driver’s control (such as when treatment takes longer than planned, or when staff are required to work beyond their scheduled shift).

Details of charges, concessions and additional charges should be well publicised including at car park entrances, wherever payment is made and inside the hospital. They should also be included on the hospital website and on patient letters and forms, where appropriate.

NHS trusts should publish:

- their parking policy
- their implementation of the NHS car parking principles including implementation of free car parking for those with greatest need
- financial information relating to their car parking
- summarised complaint information on car parking and actions taken in response

Contracted-out car parking

NHS organisations are responsible for the actions of private contractors who run car parks on their behalf.

NHS organisations should act against rogue contractors in line with the relevant codes of practice^[footnote 4] where applicable.

Contracts should not be let on any basis that incentivises additional charges, for example ‘income from parking charge notices only’.

The [2015 Health Technical Memorandum 07-03: NHS car-parking management: environment and sustainability](#) provides further advice on providing parking in the NHS.

1. Each site is different and very few will be able to provide spaces for everyone who needs one. Since 2010, national planning policy no longer imposes maximum parking standards on development, and no longer recommends the use of car parking charges as a demand management measure to discourage car use. [↩](#)
2. Carers are those as identified in the:
 - Care Act 2014 section 10(3)
 - Children and Families Act 2014 section 96
 - Children and Families Act 2014 section 97
 - Carers (Recognition and Services) Act 1995[↩](#)
3. ‘Reasonable’ implementation of additional charges practice might include additional charges for people who do not have legitimate reasons for parking (for example, commuters), or who persistently flout parking regulations (for example, blocking entrances). A period of grace should normally be applied before a parking charge notice is issued. [↩](#)
4. There are 2 trade associations: the British Parking Association and the Independent Parking Committee. If the car park operator is a member of either, their relevant code applies, and an appeals service is available to motorists. NHS organisations should consider imposing a requirement for contractors to be members of such an association. The government has published a [Private Parking Code of Practice](#) which organisations are expected to follow, and will come into full force, replacing the current arrangements above, in 2024. [↩](#)