



**Cancer
Council**
Victoria

Investigation of parking at Victorian cancer treatment centres

February 2016

This report is owned by Cancer Council Victoria



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EXECUTIVE SUMMARY

Parking at Victorian cancer treatment centres has been identified as a significant issue for cancer patients due to the number and frequency of appointments required for most treatment pathways. This exposes patients to high cumulative costs. Despite this, specific parking provisions at treatment centres have not previously been systematically explored and compared. Cancer Council Victoria undertook a comprehensive study of parking at Victorian cancer treatment centres between March and May 2015 to determine:

- (1) the nature and extent of parking provisions at or near all cancer treatment centres;
- (2) the cost of parking at or near cancer treatment centres;
- (3) the availability of subsidies or reimbursements for people with cancer; and
- (4) the information provided about car parking – what is provided, when and by who.

High staff engagement resulted in 53 treatment centres participating in this study with 83% of centre staff surveyed identifying parking as a known problem. The most frequently reported patient parking problems were cost (57%), insufficient spaces (43%), and time-limited, metered street parking (41%).

Parking at a metropolitan centre for an uncomplicated patient with breast cancer was estimated at over \$1100 for one year. Any additional appointments, changes to treatment pathway, parking fines or additional costs incurred in private independent car parks saw the true cost of parking soar well above this figure.

Availability of parking was a significant issue even at centres that did not charge for parking, with many car parks full for the majority of the day. Lack of available spaces was a clear source of frustration and stress for patients and carers and had the ability to impact on clinical appointments and disruption to treatment. Provision of free or dedicated parking bays for cancer patients, or even large car parks did not equate to available parking for patients.

There were inconsistencies across cancer treatment centres and within centres in how and what information was provided about parking. Only 1 in 5 centres provided patients with information about parking schemes prior the start of treatment. The variance in communication about parking was apparent with no centre providing comprehensive information consistently and routinely to patients.

Parking issues were found to have a clear impact on health professionals and to disrupt treatment through cancelled, delayed or contracted appointments. This is in addition to advocacy and administration work for parking fines, and on occasion, staff physically feeding parking meters or moving cars on behalf of anxious patients.

Establishment of clear and accessible guidelines and processes to inform patients about all car parking options available at or near a cancer centre are recommended. This could include a map, information on types and cost of parking, any subsidies available and eligibility criteria applied, proximity to treatment, travel times to the centre and nearby parking options when centre car parks are full. Specific responsibility for informing patients about parking should be assigned within treatment centres and this information should be provided to patients before their first visit to a centre. Communication style should account for differences in health literacy of patients and methods of accessing information.

Addressing car parking issues has the potential to lessen the psychosocial and financial stress for patients and their families. In addition, it could lead to greater efficiency for centre staff by reducing cancellations and the added workload addressing parking issues creates and freeing up more time for clinical work.

Recommendations for Cancer Council Victoria:

- Raise the awareness of centres and government to parking as a key issue for cancer patients.
- Provide and make accessible to all cancer treatment centres examples of parking information and subsidy schemes already being effectively used in Victorian centres.
- Consider further research into the opportunity cost to cancer treatment centres from staff undertaking administration and advocacy work on car parking.
- Work with government and private providers to advocate for parking policies that lessen the burden on people affected by cancer.
- Monitor the extent to which Victorian cancer treatment centres respond to the government's directive of developing and publicising formal parking policies, pricing and concessions.

Recommendations for cancer treatment centres:

- Consider different levels of health literacy in the preparation of information about car parking.
- Before treatment commences, provide patients with a guide to all car parking options available at or near the cancer centre, which includes a map and information on types and cost of parking as well as proximity to relevant clinical areas and indicative travel times to the centre.
- Identify the point in care and the staff responsible for providing information to patients and carers about parking information and costs.

- Establish clear eligibility criteria and processes for discounts and subsidy schemes and routinely communicate these to all cancer patients.
- Consider implementing new and improved initiatives to support a patient-centred experience with regards to hospital transport. Mechanisms may include allowing carers to drop patients off near the centre without incurring a fee, providing a shuttle service from a nearby car park, patrolling dedicated spaces to make sure they are being used by the patients they are intended for, or developing subsidy schemes for cancer patients.
- Consider reduction of logistical problems of parking where possible, such as providing access to parking in close proximity to treatment facilities (e.g. a dedicated parking bay for cancer patients receiving treatment which is coordinated by a booking system).

Feedback from clinicians and general public to the release of the draft report showed support for, and agreement, with recommendations.

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BACKGROUND

Accessible and affordable car parking at cancer treatment centres is a significant issue for people affected by cancer, who often can't use alternatives such as public transport due to health reasons and side-effects of cancer treatment. The duration and frequency of appointments required over substantial periods of time contributes to high cumulative costs, which are often not well forecasted or communicated to patients.

The cost of hospital car parking is consistently listed as one of the top unmet needs for patients and carers (Aranda et al, 2005; Davoren & Lawson 2014; Cordes-Holland et al, 2015) and contributes to stress and anxiety (Wilkes et al, 2006; Jackson et al, 2007; Davoren & Lawson 2014). A 2013 report found that for 67% of patients undergoing cancer treatment, parking was the second highest non-medical cost incurred, after loss of income (Davoren & Lawson 2014). Time-limited parking options around hospitals and fines for overstaying time-limited parks while undergoing treatment were also significant issues (Davoren & Lawson 2014).

In 2013, a survey of Chronic Illness Alliance members found that participants had missed appointments and changed doctors or hospitals due to parking issues (Chronic Illness Alliance, 2013). The parking costs were so high that participants reported resorting to skipping meals and not keeping medical appointments (Chronic Illness Alliance, 2014; Chronic Illness Alliance, 2013).

Although cost is important, it is not the only consideration. Lack of information, or information that is unclear, inconsistent or not provided in advance, can also lead to stress and anxiety. Even in centres that don't charge for parking, cancer patients need information on the location of parking, likely wait time to find a park, potential subsidies, distance to treatment and alternative nearby options if parks are unavailable; all preferably before their first appointment at that centre.

This study builds on similar work conducted by Cancer Council NSW that resulted in the 2012 report, *Car parking for cancer patients in New South Wales*. The purpose of this study is to provide a comprehensive picture of car parking in Victoria by systematically exploring and comparing parking provisions from the perspective of hospital staff at all cancer treatment centres in Victoria. The aims of the study were to determine:

- (1) the nature and extent of parking provisions at or near all cancer treatment centres;
- (2) the cost of parking at or near cancer treatment centres;
- (3) the availability of subsidies or reimbursements for people with cancer; and
- (4) the information provided about car parking – what is provided, when and by who.

METHOD

Cancer Council Victoria support services and behavioural research staff developed a semi-structured questionnaire to determine the cost and availability of car parking, parking subsidies and information provision on parking. Between March and May 2015, staff members from 53 Victorian cancer treatment centres that provide chemotherapy and/or radiotherapy were invited to complete a telephone interview.

Participants

All participants were employed at one of the 53 cancer treatment centres (hereafter referred to as 'centres') in Victoria. Appropriate staff were identified through purposive sampling methods. Promotion of the project to staff through existing Cancer Council Victoria networks (email of project information and invitation to nurses and social workers) netted 38% of staff recruited. Snowball sampling of these contacts provided a further 15% of staff and telephoning centres directly through their main reception and requesting the most appropriate person to speak to parking costs and information provided the remaining 47% of contacts. Only one participant was interviewed per centre.

Measures

The questionnaire consisted of a mix of 20 fixed and open-ended questions and are summarised at Appendix 1. Fixed multiple choice items included: availability of on-site parking; availability of alternative off-site parking; dedicated spaces for cancer patients; parking cost; provision of free and/or discounted parking schemes; mechanisms of informing patients and providing access to schemes; distance of available parking options to treatment location; and common parking issues reported by patients. Open-ended questions asked participants to describe: available schemes; access to schemes; the nature and extent of parking information provided to patients when attending for treatment and when and how information is provided. The characteristics of each centre were recorded, including location, whether they were public or private and cancer treatments offered.

Prior to commencement, the survey and methodology were reviewed by the Cancer Council Institutional Research Review Committee and considered to have negligible risk for participants.

Data collection and analysis

Responses were recorded for each questionnaire and summaries of responses were verified with the participant at the time of survey to ensure accuracy of recorded data. All data was exported to Microsoft Excel for cleaning, consolidation and coding for descriptive statistics. Open-ended questions were analysed for themes. Cost data was confirmed through public

channels such as a website, hospital directory, photograph of parking prices or telephone call directly to the car park.

RESULTS

Sample

Survey data was recorded from all 53 centres approached to participate in this study (100% response rate). Of the 53 staff interviewed, the majority were nurses (Nurse Unit Managers, Care Coordinators and Clinical Nurse Specialists), followed by Social Workers, administrative staff (Ward Clerk, Receptionist, Administrative Assistant), Allied Health staff (Family Care Coordinator, Head of Radiation Services) and one Director of Support Services (Table 1).

Role	n	(%)
Administration staff	3	(6)
Nursing	30	(57)
Social Work	17	(32)
Allied Health	2	(4)
Other (Management)	1	(2)

General Parking Provisions

On-site car parking was provided at 48 (91%) centres but spaces were not always available. Of these, 35 (73%) charged for car parking. Twenty seven sites (56%) had car parks operated or managed by an external company or contractor (independent car parks) and 18 sites had car parks that were hospital owned. Of the five (9%) centres without on-site car parks, two had independent car parks adjacent or very close to the hospital and three did not offer car parking.

Dedicated spaces

Of the 48 centres with on-site car parks, 11 (23%) staff reported that dedicated parking spaces were offered for cancer patients, either exclusively or shared with a dialysis service. The average number of designated spaces offered across all 11 centres was 6 (range 3-15). Generally, the dedicated spaces were located within close proximity to a centre's outpatient unit, where patients would have the shortest distance to walk. Dedicated spaces were more commonly found at public centres ($n=9$, 26%) compared to private centres ($n=2$, 10%) and in metropolitan Melbourne ($n=8$, 28%). There was only a minor difference in number of

dedicated spaces for cancer patients between centres that managed their own on-site car park and those that were externally managed.

Public transport and pick up and set down facilities

Fifty centres (94%) reported that they were serviced by public transport and 50 (94%) centres reported other off-site parking options, such as street parking or nearby independent car park. Forty-seven (89%) centres had a designated waiting area for patients to utilise whilst waiting to be picked up by a private mode of transport, such as a front reception area or transport lounge with seating and cover.

General parking issues for patients and impact on hospital staff

Parking was reported as a known problem for patients by 44 of the 53 centre staff surveyed (83%). Parking was more frequently reported as a problem at metropolitan centres (93%) compared to rural centres (71%); and more frequently reported as a problem at public hospitals (85%) compared to private hospitals (79%).

The most frequently reported parking problems for patients when attending treatment were cost (57%), insufficient spaces (43%), and time-limited parking, usually at metered street parking (41%). See Table 2 for other related parking issues.

Of the 48 centres with on-site car parks, staff reported that designated parking for patients was not available at all times of the day; 13 centres (27%) reported that car parks were not usually available for patients at any time. Parking fines as a result of overstaying street parking were commonly reported as a problem in metropolitan centres.

Four centres reported that oncology appointments had been delayed, disrupted or contracted due to parking problems faced by patients or carers.

Table 2: Patient parking issues reported

	n	(%)
Cost	25	(57)
Insufficient spaces	19	(43)
Time-limited parking	18	(41)
Waiting time to find a space	15	(34)
Distance from treatment	14	(32)
Other	8	(18)

Cost of parking

Of the 35 (73%) on-site car parks that charged a fee for parking, detailed data on costs was available from 32 centres (91%). All of these centres provided free parking up to a specified time limit (e.g. up to 30 mins). The average daily maximum cost to park was \$19.88 (range: \$3.00 - \$50.00) and was usually reached after 5-6 hours. Table 3 provides details of the average, median and range of on-site parking costs.

Table 3: Reported parking costs at Victorian cancer treatment centres

	Average cost	Median	Range
Minimum fare	\$7.00	\$7.50	\$1.50 – \$14.00
2 hours	\$10.53	\$11.00	\$2.00 – \$20.00
4 hours	\$16.45	\$17.00	\$5.00 – \$35.00
6 hours	\$19.22	\$17.00	\$5.00 – \$35.00
Maximum daily fare	\$19.88	\$17.00	\$3.00 – \$50.00

Free, discounted and subsidised parking for patients

Of the 48 centres in Victoria that offered on-site parking for patients, 12 (25%) offered parking free of charge to everyone (subject to availability). Of the 35 centres that reported charging a fee for parking, 6 (17%) offered free parking (if available) to all cancer patients and a further 8 (23%) centres to some cancer patients, based on eligibility criteria.

Of the 35 centres that charged for on-site parking, 29 (83%) provided detailed data on discounts and subsidies. Eighteen of these centres reported providing discounted parking for some or all cancer patients. Eleven centres (38%) did not offer any subsidies or discounts to cancer patients.

Eligibility criteria to access free and subsidised parking differed between centres and included patients receiving radiotherapy ($n=1$), chemotherapy ($n=3$), patients attending regular appointments ($n=2$), and patients requiring financial assistance ($n=3$). In four centres, free parking was reported to be offered ad hoc or at the discretion of a centre staff member or if patients inquired about free parking themselves. Assessment from a hospital staff member (typically a social worker) was a reported eligibility requirement for patients to receive a discounted rate for parking.

Information for patients

Only one centre that did not charge for parking provided any information to patients about parking. Only ten centres (19%) reported providing patients with information about parking schemes prior to the start of their cancer treatment. Respondents from 15 centres (28%)

reported that patients usually receive parking information at their initial consultation; staff from four centres (8%) reported there was no particular time at which patients were provided with parking information. Five centres (9%) reported that the method by which patients were informed about parking provision depended on factors such as the staff the patient happened to interact with on the day of treatment, the unit the patient was attending, and whether access to car parking required a medical assessment or endorsement (Table 4).

Table 4: Timing of information provided about parking

(Multiple responses provided by some participants)

	n	(%)
Diagnosis	3	(6)
Initial consultation	15	(28)
Prior to commencement of treatment	10	(19)
At commencement of treatment	2	(4)
During treatment	1	(2)
Upon request	2	(4)
Not at one particular time	4	(8)
Other (ad hoc, staff dependant)	5	(9)
No information provided	17	(32)

The most commonly identified staff roles with responsibility for informing patients about parking provisions were nursing, reception or social work staff (Table 5).

Table 5: Staff responsible for informing patients about parking

	n	(%)
Reception	7	(33)
Social Worker	3	(14)
Nurse	10	(48)
Medical	0	(0)
Other	1	(5)

Information about subsidy schemes was advertised via posters and signs at ticket machines inside car parks at 22% of centres with these schemes in place. No centres reported signs or posters at ticket machines advertising free parking.

DISCUSSION

The most pressing unmet car parking needs in cancer treatments centres across Victoria are (1) cost of parking, (2) lack of available car spaces and (3) lack of consistent, reliable information on parking for patients.

These issues contribute to a financial and psychosocial burden for cancer patients and their families and friends, and are a distraction for cancer clinicians that redirect their time away from clinical responsibilities to deal with administrative and emotional aspects of parking for patients.

The real cost of car parking

When data on parking fees provided by a metropolitan cancer centre was extrapolated to a 'typical' number of visits for cancer treatment appointments for a patient with an uncomplicated treatment journey, the costs were estimated at \$1,128 for the first year of treatment (Appendix 2). These costs are likely to be increased significantly if there are unanticipated appointments or the treatment becomes more complicated. True costs could also be much higher when patients are unable to access car park spaces in on-site car parks (even when some provision for patients is made). In this scenario, patients are often forced into private car parks or overstay street parking resulting in parking fines. One private car park near a major cancer centre has a minimum fee of \$20 and a maximum charge of \$75.00/day but was often the only available parking option for patients attending that centre.

Uptake of parking subsidy schemes by patients was reported by treatment staff to be limited due to poor accessibility and a lack of clarity of information, inconsistently applied eligibility criteria and patient stigma associated with self-identifying as either financially disadvantaged or disabled. This suggests that information is not being provided for patients with low health literacy and this may act as a barrier to participation in such schemes.

Parking costs can contribute significantly to out-of-pocket expenses more generally. In a recent survey of patients looking at informed (including financial) consent prior to treatment, estimated out of pocket expenses for cancer patients ranged from \$200 to \$30,000 with 34% reporting out of pockets costs greater than \$5000 and 17% greater than \$10,000 (Cordes-Holland et al, 2015). In 2013, a survey of Chronic Illness Alliance members found that nearly 50% of respondents had skipped meals to pay for car parking while attending Melbourne hospitals and 9% had gone without medicine to pay for car parking (Chronic Illness Alliance, 2013).

The problem of availability

Even in centres with on-site patient parking and dedicated spaces, lack of availability remained a major problem and was heavily dependent on the time of day. During the peak hours for parking at a metropolitan hospital, staff reported that drivers could be circling or queuing for up to 20 minutes trying to find a parking space only to eventually resort to street parking options. Staff also reported that dedicated parking spaces were often not enforced and that other visitors to the hospital often occupy these spaces inappropriately.

Public transport is often not an appropriate option for cancer patients due to mobility and health issues, meaning there are limited alternative options to car parking. Side effects of cancer treatment can leave patients feeling tired and unwell, making long walks to a car park potentially unsafe. Lack of available car park spaces can force carers to drop off patients near the centre. Drop off conditions and waiting areas at centres vary and is another source of stress for both patients and carers, especially if unexpected. Patients being dropped off may be left to enter hospital grounds alone, the carer may miss significant portions of the consultation, which is then a barrier to joint problem solving and participation in care decisions. This in turn extends the total time spent at a hospital, if the carer has to walk back to the car and return to collect the patient waiting at the hospital.

Lack of comprehensive information

There was no evidence that any of the centres routinely and consistently informed patients about parking availability before their first appointment. Although almost 20% of centres reported that information is given to patients about parking before commencement of treatment, this is usually after several visits to the centre for diagnostic tests, diagnostic appointments and possibly staging appointments. It was also clear that this information is not routinely supplied to every patient. Some centres do contain information about parking on their websites; however this is usually generic and doesn't list subsidies or provide advice for when dedicated spaces and general spaces are not available in the on-site car park.

At a majority of centres it was unclear which staff member was responsible for informing patients of available parking schemes and when this would occur. Parking provisions were often "just assumed." For example, in 16 of the 17 (94%) centres that had on-site car parking free of charge, no information at all was provided to patients about the location of the car park, availability of spaces, whether they would need to wait for a park, distance to treatment, time limits or what to do if all parking spaces were taken. There is an assumption that cost is the only issue that requires information provision. In some centres, information was only shared if a patient asked, or was identified by a staff member such as a Social Worker through an assessment. In other centres, the responsibility for providing information

was not defined to one group or role, leading to the potential for overlap for some patients and no information for others.

Increased burden on health professionals

The questionnaire response rate ($n=53$; 100%) suggests high staff engagement with the issue of parking for cancer patients and that this is impacting staff at centres as well as patients. Staff reported that patients and carers become stressed, worried and distracted about parking meters or incurring fines. Some clinical staff reported taking on non-clinical tasks to help alleviate patient parking issues, such as feeding parking meters away from the hospital building on behalf of a patient they were caring for and advocating for patients with inspectors and local councils. Social Workers reported writing letters, completing forms and making telephone calls to challenge fines and revoke traffic infringements. One nurse reported moving a patient's car on their behalf when treatment unexpectedly ran over time. Time spent on parking administration and advocacy for patients detracts from the time available for clinical responsibilities.

Clinical appointments between medical staff and patients were on occasion being cut short due to the risk for the patient or carer of receiving a parking fine. This is supported by the recent survey of the Chronic Illness Alliance which found that 23% of participants had missed an appointment due to inability to find a car park in time, 11% had not kept an appointment because of the anticipated parking cost and 10% had changed doctors or hospital due to parking issues (Chronic Illness Alliance, 2013).

The results suggest that it would be a more efficient use of staff time and resources, and lead to greater clarity for patients, if the ownership of patient transportation policies, procedures and information was clearly assigned to a department within a treatment centre. This would mean the responsibility for providing parking information is placed on defined positions within the hospital's staffing.

Improving the patient treatment experience

Provision of clear parking information taking into account health literacy levels and provided in advance of appointments could allow patients to more effectively plan to avoid their key stress points, whether they are cost, walking distance, or running late to appointments. It could also reduce unnecessary costs to patients who would be eligible for subsidies or discounts if they were able to access and understand the information.

Parking subsidies can make a significant difference to the overall costs that patients and carers incur over the duration of treatment. Many centres had successful subsidy schemes in place, including validated tickets, discounted rates for concession card holders and

stickers indicating eligibility for a lower flat rate. Generalised examples are included in Appendices 3 and 4.

Including parking costs within the Victorian Patients Transport Assistance Scheme (VPTAS) would provide tangible benefits to the subset of patients who are eligible. Currently, travel and accommodation expenses are subsidised for eligible patients living in rural and regional Victoria who need to travel large distance for treatment. A description of the VPTAS scheme and eligibility criteria are detailed in the following link:

<http://health.vic.gov.au/ruralhealth/patient-transport-assistance.htm>. Including parking would recognise the significant financial impact this can have for patients undergoing regular or lengthy treatment cycles.

Providing short term drop off areas near treatment with seating, cover, and within observation of staff would provide carers with the option to drop-off a patient to treatment in a safe location without incurring a fee.

CONCLUSION

Staff members at cancer treatment centres were engaged and responsive to parking issues and often went to considerable lengths to help patients with parking issues through advocacy and administration efforts. Many centres had successful subsidy schemes in place or had come up with innovative solutions to help address the problem; however there is still much scope for improvement.

Establishment of a consistent and accessible approach to car parking with clear eligibility criteria for subsidies may reduce the impact of parking on cancer patients. Information about parking at and near each treatment centre needs to be provided to all patients, at the appropriate time point and written with health literacy in mind. One method of achieving this may be to assign responsibility for informing patients about parking to a specific person or role within the hospital team, ensuring patients will get the information they need prior to their first appointment.

Inconvenience and cost of parking are particularly significant for cancer patients due to the number and frequency of appointments required for most treatment pathways. These costs are often uncertain and unexpected, preventing patients from planning ahead for either the cost or time requirements. Addressing car parking issues, by uptake of the following recommendations, has the potential to decrease the psychosocial and financial stress for

patients and their families. In addition, this would reduce the added workload it creates for centre staff, freeing up more time for clinical work and healthcare.

A draft report of our findings was open to a public consultation period and received commentary from clinicians and general public (see Appendix 5 for methodology and outcomes of the consultation process). There was overall support for, and agreement, with the recommendations and some of the feedback received was used to inform the final recommendations in this report.

Recommendations for Cancer Council Victoria:

- Raise the awareness of centres and government to parking as a key issue for cancer patients.
- Provide and make accessible to all cancer treatment centres examples of parking information and subsidy schemes already being effectively used in Victorian centres.
- Consider further research into the opportunity cost to cancer treatment centres from staff undertaking administration and advocacy work on car parking.
- Work with government and private providers to advocate for parking policies that lessen the burden on people affected by cancer.
- Monitor the extent to which Victorian cancer treatment centres respond to the government's directive of developing and publicising formal parking policies , pricing and concessions.

Recommendations for cancer treatment centres:

- Consider different levels of health literacy in the preparation of information about car parking.
- Before treatment commences, provide patients with a guide to all car parking options available at or near the cancer centre, which includes a map and information on types and cost of parking as well as proximity to relevant clinical areas and indicative travel times to the centre.
- Identify the point in care and the staff responsible for providing information to patients and carers about parking information and costs.
- Establish clear eligibility criteria and processes for discounts and subsidy schemes and routinely communicate these to all cancer patients.
- Consider implementing new and improved initiatives to support a patient-centred experience with regards to hospital transport. Mechanisms may include allowing carers to drop patients off near the centre without incurring a fee, providing a shuttle service from a nearby car park, patrolling dedicated spaces to make sure they are

being used by the patients they are intended for, or developing subsidy schemes for cancer patients.

- Consider reduction of logistical problems of parking where possible, such as providing access to parking in close proximity to treatment facilities (e.g. a dedicated parking bay for cancer patients receiving treatment which is coordinated by a booking system).

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APPENDIX 1: Parking questionnaire

SECTION 1 – General Information

This section seeks information about the treatment centre.

1. What is the name of the treatment centre?
2. What post code is the treatment centre located in?
3. Does the treatment centre provide chemotherapy?
4. Does the treatment centre provide radiotherapy?

SECTION 2 – Treatment Centre Parking

This section seeks information about the treatment centre hospital parking in general.

5. Is the treatment centre served by public transport?
6. Please describe how useful this is for patients (e.g. frequency of transport, distance of stop from hospital, suitability for sick/elderly people).
7. Does the cancer treatment centre have on-site parking for patients?
8. Is the car park managed by an external company or contractor?
9. Is there a charge for on-site parking?
10. Could you provide a photo of the pricing or provide a link to where pricing is listed on a website?
11. What is the minimum fare your treatment centre charges for parking?
12. What is the hourly rate for onsite parking?
13. Is there a daily cap/maximum parking charge for parking at the treatment centre?
14. Are the parking details of your treatment centre accessible online to the public?
15. Does your treatment centre hospital provide dedicated parking spaces for cancer patients?
16. How many designated spaces are available for cancer treatment patients?
17. How long does it take to walk from dedicated parking spaces to where patients receive treatment (approximate minutes)?
18. Where are the parking spaces located in relation to chemotherapy/radiotherapy treatment centres (e.g. are spots near the hospital entrance, close to lifts)?
19. Is there a designated area at the treatment centre hospital where patients can wait to be picked-up and dropped off (e.g. under cover, shelter)?
20. Please describe the designated area (e.g. seating areas, areas with staff or volunteer supervision).
21. Are there typically parking spots available for patients?
22. Please describe the capacity of the car park (e.g. How often do patients have to queue, how long do people queue for)?

SECTION 3 – Off-site Parking

This section seeks information about off-site parking options near the treatment centre (e.g. street parking, alternative car parks).

23. Is off-site street parking available near the treatment centre (e.g. within 10 minutes walking)?
24. Is it time limited?
25. What is the maximum number of hours allowed to park?
26. If Yes, is it metered?
27. Is alternative paid car parking available near the treatment centre (e.g. commercial car parking lots, other organisation parking spaces such as a church or university)?
28. How long does it take to walk from the alternate paid parking site to the treatment centre?
29. What is the approximate cost?

SECTION 4 – Free Parking

*The following questions relate to **free** car parking for cancer patients.*

30. Does the treatment centre provide **free** parking to some or all cancer patients?
31. If **some** cancer patients qualify for free parking, please indicate which patients do qualify.
 - Radiotherapy patients
 - Chemotherapy patients
 - Patients who require regular appointments
 - Patients who require financial assistance
 - Other groups of cancer patients (please specify)
32. If **some**, how do cancer patients claim free parking under the hospital's current scheme? (i.e. How does the scheme operate?)
 - Obtain a ticket at reception
 - Refund at cashier desk
 - Dedicated parking area
 - Other (please specify)
33. If **some**, are patients informed of the free parking scheme?
 - First appointment letter
 - At the first appointment
 - Posters within the treatment centre hospital
 - Signs at the car park/ticket machines
 - Unofficial word of mouth
 - Other (please specify)

34. If **some**, describe any details of how the scheme operates (e.g. do patients have to apply for it?)

SECTION 5 – Subsidies/Discounts

This section asks about subsidies/discounts available to cancer patients.

35. Do some or all of the cancer treatment patients qualify for **subsidised/discounted** parking or **exemptions**?
36. If **some** cancer patients qualify for subsidised parking at your treatment centre hospital, please indicate which patients do qualify.
37. If **all**, how do cancer patients claim subsidised parking under the hospital's current scheme (e.g. How does the scheme operate)?
- Obtain a ticket at reception
 - Refund at cashier desk
 - Dedicated parking area
 - Other (please specify)
38. If **some/all**, how are patients informed of the subsidised parking scheme?
- First appointment letter
 - At the first appointment
 - Posters within the treatment centre hospital
 - Signs at the car park/ticket machines
 - Unofficial word of mouth
 - Other (please specify)
39. If **some/all**, describe any details of how the scheme operates (e.g. do patients have to apply for it).

SECTION 6 – Access to parking schemes

This section is about how the patient and/or their carer are informed about the free and/or discounted parking schemes. Select all that apply to cancer patients.

40. At what stage is a patient informed and given access to available parking provisions?
- Diagnosis
 - Initial consultation
 - Prior to the commencement of treatment
 - At the commencement of treatment
 - During treatment
 - Upon request
 - Not at one particular time (i.e. at the discretion of staff)
 - Not applicable

Other (please specify)

41. Does a specific professional group or agency have responsibility for informing patients about hospital parking schemes?
42. Who is responsible for telling patients about the available parking schemes? (e.g. Social workers, Nurses, Administration, Receptionist/Administrator, Medical (e.g doctor), Other (please specify), Unsure
43. If **No**, who generally tells patients about the available parking schemes? ? (e.g. Social workers, Nurses, Administration, Receptionist/Administrator, Medical (e.g doctor), Other (please specify), Unsure

SECTION 7 – Carers who park

This section is about parking provisions for carers for cancer patients (e.g a carer/person supporting a patient in treatment).

44. Do carers of cancer patients qualify for free or discounted parking?
45. Please describe which carers qualify for free or discounted parking (e.g. carers who drive or accompany patients, carers for patients with multiple treatments, carers of particularly frail patients, volunteer drivers
46. How do carers claim the free or discounted parking scheme?
47. Are you aware of patients reporting parking as an issue?
48. Which parking issues are most commonly identified?
- Cost of parking
 - Distance from treatment centres
 - Waiting to find parking
 - Time-limited parking
 - Other (please specify)
49. Do you have any tips for parking?

APPENDIX 2: Example of parking costs at a metropolitan cancer treatment centre

Case Scenario – Estimated parking costs (conservative) for a ‘typical’ breast cancer patient (i.e. uncomplicated management) within the first year of treatment from diagnosis at a metropolitan public hospital.

Example of costs incurred at a metropolitan public hospital for a standard breast cancer patient in Victoria

Appointment type	Assumptions	Total duration x cycles	Cost/ appointment	Total cost	Concession applied
From diagnosis to the start of treatment	Includes some surgery and assumes a 2 month period 6 x hospital visits; 2h each	2.5h x 6 = 15h	\$18.00 for 2-3h parking	\$108.00	\$60.00
Radiotherapy	30 visits at 2h each over 6 weeks	2.5h x 30 = 75h	\$18.00 for 2-3h parking	\$540.00	\$300.00
Chemotherapy (and associated appointments)	12 visits to receive chemotherapy at 4h/visit + 12 associated appointments on the same day at 2h/visit (6 month period)	6.5h x 12 = 78h	\$30.00 for 5h+ parking	\$360.00	\$120.00
Allied Health appointments	6 appointments at 1.5h/per appointment (throughout year 1)	2.0h x 6 = 12h	\$14.00 for up to 2h parking	\$84.00	\$60.00
Follow up appointments at the end of treatment	Separate appointments 2 x visits at 2h each (last 1.5 months)	2.5h x 2 = 5h	\$18.00 for up to 2h parking	\$36.00	\$20.00
Total	68 appointments	185h		\$1128.00	\$560.00

h = hours

APPENDIX 3: Parking and subsidy schemes

Four examples of successful schemes are provided below. Many treatment centres had ticketing or pass systems in place that were generally similar, although they offered different discounts and had different eligibility requirements. The list below is a summary, pulling out the key elements of successful schemes rather than representing each scheme at each centre.

- Ticket for dashboard of patient's or carer's car entitling them to pay a base fare (ranged from \$2.20 to \$10) regardless of time spent at the centre. Paperwork was completed by a Social Worker, Nurse Unit Manager or reception staff, depending on treatment centre. One centre reported that since the discounted ticket system was introduced, complaints on parking have decreased. Patients were previously receiving fines because they were held up in treatment.
- Ticket for dashboard of patient's or carer's car entitling them to a designated space close to treatment. These spaces were generally shared and not always available or checked that they were occupied with cars with the relevant ticket.
- Laminated parking pass for free parking that was valid for the length of treatment, i.e. several weeks. The paperwork was signed off by health professional and the pass needed to be returned on completion of treatment.
- Patients obtained a ticket at the parking gate upon entry. Eligible patients were given a second validated ticket (i.e. from the Ward Clerk at the end of treatment) which gave them free or base-rate parking at the ticket machine.

APPENDIX 4: Alternative transport and parking solutions

A variety of solutions were reported to help solve problems of transport and parking problems for patients, which are provided below:

- Multiple treatment centres indicated they had built additional car parks or used separate staff and public car parks to help prioritise parking for patients.
- One treatment centre used a free shuttle service operating every 10-15 minutes from a large low cost car park to other hospital campuses nearby. Patients were informed of this scheme before they attended the hospital.
- Some treatment centres were using volunteer drivers, such as through the Red Cross or the Leukaemia foundation.
- A number of treatment centres used community transport or volunteer driver programs.
- Social workers at one treatment centre developed an app called 'Street Parking' where costs and street parking limits were mapped out, helping patients and carers see where available spaces are and avoid unnecessary circling. Information on the app was provided to patients or carers by Social Workers.
- Most metropolitan city councils have access schemes for people with a disability that allows them to park for double the advertised time in any given council-controlled parking spot. Paperwork to support the patient requires a verified diagnosis must be signed off by a medical practitioner and submitted to the relevant city council.
- One centre had an arrangement for patients attending for chemotherapy that allowed them to double park the car and leave keys with the parking attendant, if the car park was full.

APPENDIX 5: Public consultation on the draft report

SYNOPSIS

Cancer Council Victoria undertook an investigation into parking provision at 53 cancer treatment centres in Victoria and a draft report of the findings, *Investigation of Parking at Victorian Cancer Treatment Centres* was open to stakeholders. A three-stage consultation was undertaken over a four-month period to receive public feedback on the findings and suggested recommendations made to lessen the burden of car parking for people affected by cancer. A survey for responses was open during this period and specifically sought feedback on the scope of the report's recommendations, opportunities and barriers to implementation, and the roles of Cancer Council Victoria, hospitals and government identified in the draft report. At all stages of the consultation, the draft report was accessible on the Cancer Council Victoria website and all broadcasts were directed to the webpage.

A total of 69 responses were received via survey and email and 111 comments were generated on social media.

Three-stage consultation process

The following summarises the modes of communication, components of the consultation stage, stakeholder audiences and response.

Stage 1

Channel: A face-to-face meeting was held with members of Cancer Council Victoria's Clinical Network, Psycho-Oncology committee to present an overview of the parking investigation findings.

Outcomes: Further context regarding the impact of parking on cancer treatment and clinician workload and advice on consultation approach with stakeholders was received.

Stage 2

Channel: An email of the draft report and link to survey was sent to all Cancer Council Victoria's Clinical Network members ($n=680$), Victorian Hospital CEOs ($n=74$) and Managers of Victorian Integrated Cancer Services ($n=9$).

Outcomes: 16 responses were received and feedback was incorporated into the draft consultation report for stage 3 dissemination.

Stage 3

Channel:

- Draft report and survey link posted on Cancer Council Victoria website.

- Email with link to draft report; executive summary and survey sent to 190 stakeholders representing Local Government; not for profit, non-government organisations; hospital facilities managers, quality assurance and clinical governance groups, supportive care employees and cancer support groups.
- Cancer Council Victoria Cancer Information and Support Service e-newsletters distributed to 1,165 cancer consumers and 1,881 health professionals.
- Individual media releases from the Victorian State Government (Minister of Health) and Cancer Council Victoria regarding the impact of parking on patients.

Outcomes:

- 53 responses provided to Cancer Council Victoria. Feedback incorporated into draft consultation report; recommendations ratified.
- Minister for Health, Jill Hennessey, announces a directive for public health services operating fee-based car parking to have formal parking policies in place by February 1, 2016 and to publicise these policies.
- Discussions held between Cancer Council Victoria and Victorian Government representatives regarding the burden of parking related cost and inconvenience to people affected by cancer.
- High general public interest and discourse on Cancer Council Victoria's facebook page and media forums in response to the story of a patient and his wife facing significant out of pocket expenses, inconvenience and bother related to parking near a Melbourne cancer treatment centre.

FEEDBACK FROM THE CONSULTATION

Cancer Council Victoria's Clinical Network and Hospital CEOs

Health professionals reached through the Cancer Council Victoria's Clinical Network and hospital CEOs completed the same survey and their feedback was amalgamated. There were 13 surveys completed and 3 email responses providing feedback. Fourteen of the 16 responses (88%) agreed with the recommendations in the draft report. Of the two people who disagreed with the recommendations, one thought a broad-ranging consultation was unnecessary and the other disagreed with the recommendation to explore the possibility of parking being incorporated into Victorian Patient Transport Assistance Scheme subsidies.

Barriers to treatment centres implementing parking solutions were identified as cost, a perception of favouring cancer patients above other patients, a lack of space for any new parking, and management issues within hospitals. Respondents identified the role of Cancer Council Victoria in advocating for patients and raising awareness of the issue generally, and as a potential point of contact between hospitals and State and Local government.

Respondents identified that the hospitals' role was to review local parking options, work on internal processes, promote patient-centred care and solve local issues and problems for patients.

General public

The survey developed for the general public consultation phase was completed by 49 people and a further 4 responded via email. Email responses did not necessarily answer the questions posed in the feedback survey, but feedback themes were noted. Of the 53 total responses, 52 (98%) agreed with the recommendations in the report, although 3 qualified this as agreeing to most but not all of the recommendations, without further elaboration. From the survey, 26 of 49 respondents (53%) identified barriers to implementation of measures to improve parking at treatment centres. The main barriers identified were willingness of State and local government to affect change; willingness of hospitals and private parking contractors to change policies and charges; and concern about the cost of implementation of increased or improved parking.

The survey, social media and email feedback showed significant engagement with this issue both within hospitals and by the general public. Feedback generated via social media reinforced the extent of cost and time issues for patients and included the sharing of personal stories and experiences, allowing the consumer voice to be heard. A selection of posted comments is provided below:

My dad was in X public hospital for 12 weeks after getting diagnosed with leukaemia. It cost my mum (they are pensioners) a fortune going in everyday to be with him. With assistance from a fantastic social worker, the hospital waived parking for mum during the weekdays. So she only had to pay during the weekends. [posted, November 19, 10:13am]

When my mum was at the [hospital] a couple of years ago, we were spending about \$30 each day on parking. It was really hard, and to get street parking in that area was virtually impossible (unless you walked a fair distance and/or moved your car regularly). It was an extra stress we didn't need. [posted November 19, 10:27am]

It cost a fortune to visit my dad at the hospital when he was dying. People don't seem to put much thought into the infrastructure of parking. [posted, November 19, 10:52am]

SUGGESTED IMPROVEMENTS TO PARKING PROVISIONS

Suggestions, or support for provided recommendations to address parking issues, fell into two main categories: 1) low intervention system improvements without major structural changes, i.e. being smarter with what is available; and 2) suggestions requiring longer term planning or significant changes to hospital infrastructure or policy. Examples are listed below with associated response.

Low intervention system improvements

1. Establishing car pooling or volunteer driver programs with better drop-off and collection points close to the hospital.

The parking at [our hospital] is not only expensive; it's quite far from the front door. My mum needed multiple rest stops on the way to & from her oncology appointments.

2. Improve patient and carer preparedness through enhanced quality, consistency and accessibility of information ahead of first visit to the cancer treatment centre.

The delay in being provided with access to information on cheaper parking was quite disappointing. The cost of parking for my family was exorbitant. We were not provided with the information early in the process that would have saved many dollars. I would be very happy if there was a more proactive approach that ensures patients and families are looked after promptly and without having to ask.

3. Improve subsidy systems and dedicated parking bays for 'regular users' including cancer patients.

A sticker for your car that can then allow you to stay in the park for at least 3 hours without the constant worry of running backwards and forwards to top the meters up.

4. Implement a booking system for car spaces for people travelling from regional areas.
- We travel a 7 hour round trip for appointments, it would make the trip a lot easier if you could reserve a car park the previous day, over the internet or to be able to ring and book the car park, it would save a lot of worry. It could be that 10 car parks at the hospital are reserved for long distance patients/carers. [Anonymous general public respondent]*

5. Extending appointment hours of hospital clinics, for example from 7 am to 8 pm, to disperse patients attending hospital over a greater period of time.

The only sensible thing I can recommend is expand the times of operating hours so the cancer centres are not on a regular 9 - 5 pm basis. This will be highly inconvenient to all parties initially but given the projected increase in cancer rates and types it is one which

should be put on the table. As a guide opening hours can be from say 7.00 am to 11.00 pm. By doing this it will make the centres more accessible. [Anonymous general public respondent]

Infrastructure or policy changes

1. Implement regular shuttle bus routes from a large, low cost car park and the hospital with drop off and collection points near key treatment areas. This could potentially be from an existing car park with capacity at a distance from the hospital.
2. Introduce hospital car parking fees as a tax deductible expense for specific patients, such as cancer patients or those with chronic conditions.
3. Liaise with local government to consider methods to extend street parking hours for patients with chronic conditions on a temporary basis to cover treatment times.
Ask local government to be part of the program to provide allocated free parking in designated car parks around cancer treatment centres. [Anonymous general public respondent]
4. Consider the inclusion of subsidised parking for cancer patients within hospital parking contracts with private providers. Consider greater transparency of approach and consistency of conditions and inclusions with regards to the agreement of parking contracts.

CONCLUSION

The feedback received during this consultation supported and further highlighted that parking at Victorian cancer treatment centres is an ongoing and significant problem. The number and frequency of hospital appointments associated with a cancer diagnosis can result in financial strain. Accessing information about parking options and costs can be difficult. Feedback showed strong support for the recommendations outlined in the report and a willingness to share specific examples of health professionals, hospitals and systems that were providing either satisfactory or unsatisfactory options for patients and carers. The consultation process also provided the opportunity to share experiences and logistical ideas. Overall, there was very strong feedback that raising the issue and keeping it in the public domain was of benefit to people affected by cancer. Of public importance are routine publicising of parking policies; reducing cost and inconvenience for patients and families, preventing parking problems from interfering with clinical care; and seeking advocacy and logistical support for new initiatives from Government, hospitals and consumer organisations.



For information and support
call a cancer nurse on **13 11 20**
For other languages call **13 14 50**
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Visit www.cancervic.org.au