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13th October 2021

**Deputy Gino Kenny,
Dáil Éireann
Kildare Street
Dublin 2**

PQ 46897/21: To ask the Minister for Health the estimated cost to the Exchequer of providing free car parking at all public hospitals; and if he will make a statement on the matter.

Dear Deputy Kenny,

I refer to the above Parliamentary Question which the Minister for Health has referred to the Health Service Executive for direct response.

Hospitals introduced car parking charges over the past decade to cover such services' costs without impacting the hospitals' budget for patient services. As demand for car parking at hospitals increases, so too does the associated cost of providing these services, such as the initial capital cost of purchasing or renting parking areas, the cost of developing extra parking spaces, the need to provide and upgrade security systems, provide staffing and general maintenance of the car parks.

In March 2018, the Minister for Health requested the HSE to carry out a review of hospital car parking charges as a foundation for establishing clear national guidance and principles for hospitals in this regard. This review found that the majority of acute hospitals around the country charge for parking, with nine acute hospitals providing free parking.

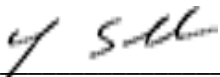
The work of the Review Group involved examining experiences in neighbouring jurisdictions. One of the main findings from this review showed that where car parking charges were eliminated, experience shows that the introduction of free parking led to an increase in demand for car parking spaces resulting in full car parks and further frustration for users. The review found that Hospitals are already operating under significant financial constraints and eliminating car-park charges while continuing to provide car parking would not be feasible, not only due to the resultant overcrowding, but also due to the heavy cost involved. The income from car parking charges in 2019 was €12,026,995.

The overall objective is to reduce the economic costs of hospital attendance for inpatients' visitors and for outpatients, without disproportionately compromising the funding available for patient care as any fall in car park revenue would need to be offset by funding received from elsewhere.

The Review Group determined that the best way forward was to provide overarching principles on the setting of fee structures in each hospital while instructing each hospital to introduce a set maximum daily rate together with the introduction of multi-entry/weekly tickets in every site. Concessions that currently are in place should continue to be provided and discretion be afforded in this regard.

I trust the above information is of assistance to you, however, should you require any further details please do not hesitate to contact me.

Yours sincerely,



Yvonne Goff
National Director
Change and Innovation