Friday
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HOUSE OF COMMONS
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PARLIAMENTARY DEBATES

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Friday 30 October 2015

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House of Commons

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The House met at half-past Nine o'clock

PRAYERS

[Mr Speaker *in the Chair*]

Mr David Nuttall (Bury North) (Con): I beg to move, That the House sit in private.

Question put forthwith (Standing Order No. 163)

The House divided: Ayes 2, Noes 47.

Division No. 103] [9.34 am

AYES

Chope, Mr Christopher
Rees-Mogg, Mr Jacob

Tellers for the Ayes:
Philip Davies and
Mr David Nuttall

NOES

Bacon, Mr Richard
Barclay, Stephen
Bingham, Andrew
Brennan, Kevin
Brokenshire, rh James
Burt, rh Alistair
Cairns, Alun
Chapman, Jenny
Coffey, Dr Thérèse
Cooper, Julie
Crouch, Tracey
Elphicke, Charlie
Field, rh Frank
Gardiner, Barry
Greenwood, Margaret
Gyimah, Mr Sam
Hinds, Damian
Hollobone, Mr Philip
Huq, Dr Rupa
Jones, Andrew
Keeley, Barbara
Knight, Julian
Leadsom, Andrea
Mahmood, Mr Khalid
Malhotra, Seema
McInnes, Liz
Mordaunt, Penny
Offord, Dr Matthew
Onn, Melanie
Pennycook, Matthew
Penrose, John
Pursglove, Tom
Raab, Mr Dominic
Smith, Julian
Smith, Nick
Smith, Owen
Spellar, rh Mr John
Stewart, Rory
Stride, Mel
Swayne, rh Mr Desmond
Swire, rh Mr Hugo
Timms, rh Stephen
Tomlinson, Justin
Umunna, Mr Chuka
Watkinson, Dame Angela
Wharton, James
Winterton, rh Ms Rosie

Tellers for the Noes:
Helen Hayes and
Grahame M. Morris

Question accordingly negatived.

Hospital Parking Charges (Exemption for Carers) Bill

Second Reading

9.46 am

Julie Cooper (Burnley) (Lab): I beg to move, That the Bill be now read a Second time.

I am pleased to have the opportunity to introduce the Bill and facilitate this debate in the House. I thank Members who have given up their valuable Friday constituency time to take part.

This is an important subject and it is essential at the outset to outline the context. The Bill raises, not for the first time in this place, the controversial subject of hospital car parking charges. Other hon. Members have made the case for free hospital car parking. In 2012, the hon. Member for Kingswood (Chris Skidmore) ran a prominent campaign against hospital car parking charges. In 2014, the right hon. Member for Harlow (Robert Halfon) ran a high-profile campaign on free hospital car parking, arguing that charges represent a "postcode lottery stealth tax". The hon. Member for Wellingborough (Mr Bone) then chose the abolition of hospital car parking charges as the subject of his private Member's Bill. I am grateful to them all for their work, which has provided a valuable foundation for my "park the charges" campaign.

No one likes to pay to park, full stop. To pay to park at a hospital, when sickness is involved, seems to add insult to injury. The majority of people in Scotland and Wales enjoy free parking when visiting hospitals and other medical facilities. During the course of my research for the Bill, many people contacted me to express the view that all hospital users in England should enjoy the same privileges as their Scottish and Welsh counterparts and be able to park for free when attending hospitals. That may well be desirable, but it goes beyond the scope of the Bill, which focuses on providing support for carers.

The Bill makes provision for carers who are entitled to carer's allowance to park free of charge in hospital car parks in England. The duties in the Bill would also apply to walk-in centres, GP practices and private hospitals. The Bill, if passed, will require health authorities to put in place a strategy to exempt a broader range of carers from paying parking charges within one year of the Act coming into force.

I chose this subject for my Bill because about 18 months ago, I had a taste of what it is like to be a carer. My mother was seriously ill in hospital. So serious was her condition that we were not sure what the outcome would be. It was a distressing time. I was, by and large, the only visitor and I visited every day for nine weeks, often staying for long periods to provide comfort and support. I spent a lot of time sitting in hospital corridors, waiting to speak to medical staff; I had read every notice on the walls. Each night when I left, tired and distressed, I queued up to pay for my parking. It was costing me £40 a week, and on one of those days, driving out of the car park, it occurred to me that I was lucky, because I could afford to pay that charge. I reflected on the matter and wondered about those people who could not afford to pay—not those who would rather not pay to park, but those who could not afford to. I was distressed and worried about my mum, but I

[Julie Cooper]

thought how much more distressing it must be for those in financial hardship that is made worse by hospital car parking charges.

There are currently 5.5 million carers in England providing unpaid care for people who have specific support needs. More than 700,000 of them receive carer's allowance at a rate of £62.10 a week. A further 400,000 are entitled to the benefit. Those are the carers who will benefit if the Bill is successful.

Mr Christopher Chope (Christchurch) (Con): The hon. Lady makes a compelling case, but do hospitals not have discretion to respond in the way that she wants them to, without the need for the Bill?

Julie Cooper: I am grateful to the hon. Gentleman for raising that point, and I will come to it later in my comments, if he will bear with me.

Mr Chuka Umunna (Streatham) (Lab): I congratulate my hon. Friend on bringing forward the Bill. To answer the point made by the hon. Member for Christchurch (Mr Chope), for a carer visiting one of my local hospitals for a couple of hours twice a week to take a relative for treatment, parking costs about £40 a month at St George's hospital, about £20 a month at King's hospital and about £48 at Guy's and St Thomas's. That is the reality of the situation, and that illustrates how discretion is not being used to help people in the situation we are discussing.

Julie Cooper: I am grateful to my hon. Friend for making that important point.

We all need to understand that carer's allowance is not dished out willy-nilly. To qualify, a person has to devote at least 35 hours a week to caring for a person with substantial care needs, and many carers provide far more hours than that. To fulfil their caring role, they often have no option but to work reduced hours, and some are forced to give up work altogether. They often face a steep drop in income if they have to leave work or reduce their hours in order to care, and there is sometimes a double loss of salary if they are caring for a partner who also has to give up work as a result of their illness or disability. Some 2.3 million people have given up work to care, and that loss of income is often coupled with a steep rise in expenditure as a result of the additional costs of caring and disability, including travel and parking costs as they support the person they care for to attend medical appointments or continue to provide care during stays in hospital.

One carer, Jackie, shared her story with me. She cares full time for her husband David, who has secondary progressive multiple sclerosis and hairy cell leukaemia. She said:

"As David's wife and sole carer, I was at the hospital every day from 9.30 am until 7 pm. We live 22 miles from the hospital and rely on benefits as our sole income—so the expense of travelling to and from hospital every day and paying the parking charges was huge. We exhausted the little savings we had. Weekly parking tickets were available and cheaper than daily charges, but I never knew how long my husband would be in hospital for. The last thing I needed was to be worrying about car parking charges when I was anxious about whether my husband was going to make it or not. Carers are at such a disadvantage already, car parking charges are one extra penalty they do not need."

For carers, fulfilling their caring role often involves parking at hospitals for hours on end day after day, week after week. Hospital parking charges place an unfair financial burden on those caring for disabled, seriously ill or older friends or family members. NHS hospital trusts and foundation trusts are responsible for setting their own charging policies and are not currently required under law to provide any exemptions. Some hospitals in England already provide free car parking, and others offer some concessions, although these are few and far between and invariably poorly advertised.

Julian Knight (Solihull) (Con): I congratulate the hon. Lady on bringing forward this interesting Bill. She has just said that some hospitals in England do not charge for parking; surely that shows that there is discretion in the system.

Julie Cooper: The fact is that the current system is very hit and miss. Some hospitals provide small concessions, but that is not widespread.

There are no specific exemptions for carers, and hospital car parking charges are particularly onerous for carers who spend long hours on hospital visits on a regular basis. Research by Carers UK found that 48% of carers are struggling to make ends meet, and 45% said that financial worries were affecting their health. The average cost of parking in England is £39 per week, and in London that rises to £130. For those on low or no incomes—as is the case with many carers—charges at any level are a burden they could do without. Dozens of carers have shared their experiences with me over the past few months, and many have said that their entire carer's allowance is taken up with the cost of hospital car parking and petrol. Many have been forced to get into debt to meet their day-to-day living costs.

I am grateful for the support of Members from across the House, and I know that the Minister shares many of my concerns. In response to some of the issues I have raised, he intends to publish revised guidelines to hospital trusts on parking charges that

"will explicitly include carers in the groups who are eligible for concessions."

That is new and I welcome it, but it does not go far enough because most hospitals choose to ignore the guidelines. In the past 12 months, more than 100 hospital trusts have increased their car parking charges—recently, the Medway Maritime hospital increased its charges by a staggering 60%—and the trend is not to support the vulnerable. Indeed, Mid Yorkshire Hospitals NHS Trust has gone a step further and introduced charges for disabled parking. The direction of travel is wrong, and more action is needed if we are to effect real change.

It is also important to consider the emotional pressure facing carers, because when someone who has spent hours at the bedside of person they care about comes out of a hospital, the last thing they want to do is join a queue to pay for parking. They should not need to worry whether the machine is working or whether they have the right change. They are often distressed, and invariably in a hurry. Often they are on their way to pick up clean clothes and supplies, and they are already planning their return journey, which in many cases is on the same day. Some hospitals require payment on entry, which brings its own pressures. Carers who are on limited budgets need to estimate how long each hospital

visit will last, and they often have to leave the ward or treatment room to run out and replenish the ever-hungry parking metre.

In the last few months I have encountered many apparently rational arguments against my proposal, and I shall consider them each in turn. The British Parking Association argues that the removal of charges elsewhere has been unhelpful, and that abuses of that have led to a shortage of parking at medical sites. That is easy to deal with, because my proposal does not ask for free car parking for all, but focuses on a specific group of hospital users, each of whom would display a carer's charge exemption badge in their car, ensuring that only those genuinely entitled would benefit.

Other critics have pointed out that in many areas carers are able to make use of hospital shuttle buses, which are often provided free of charge. They have said that travelling to hospital in a car is in itself a luxury, but they clearly do not understand the issues. Often, carers cannot access services for a variety of reasons, such as other commitments or dependants, which means that they need their own transport. Sometimes hospital transport requires multiple bus changes, and rural communities often have no bus service at all. Sometimes a patient's condition means that any form of transport is unsuitable. I have spoken to people who are suffering from cancer and who rely on their carer for transport and for support through the regular chemotherapy and radiotherapy sessions. These patients often have impaired immunity, so exposing them to infection on public transport is surely not an option for them.

The main criticism of the proposals in the Bill relate to the perceived loss of income to the NHS. I would make the following points. It is estimated that the contribution made by carers saves the NHS more than £100 billion each year by virtue of the time they spend supporting people in hospital. Sick children, people suffering with mental illness or Alzheimer's disease, or those with physical and mental disabilities have special needs. They need special care when they are at home and those special needs do not go away when they are admitted to hospital. In fact, they often need more help to cope in an unfamiliar environment.

If carers and parents did not visit and support each day, hospitals would not be able to cope. I spoke to one lady who gave up work three years ago to look after her husband who had developed Alzheimer's. Her husband had a fall, broke his hip and was admitted to hospital. For three years she had been feeding, dressing and calming her husband, and she continues to perform this role in hospital. The nursing staff already have enough to do attending to the medical needs of all the patients on the ward. They simply do not have the time to provide such intensive caring. Similarly with stroke patients, I have met many carers who go the hospital each day and sit patiently feeding their loved one, leaving nurses free to perform their duties as qualified medical practitioners. Many families are struggling in poverty because their child has an ongoing medical condition. A parent or carer's presence at the hospital often provides many hours of valuable support that would otherwise have to be provided by the nursing staff—at what cost?

During the preparation for the Bill, I have met parents who have more than one child with multiple health needs, both of whom are constantly in and out of hospital, necessitating multiple journeys to and from hospital. This means, if any, time for the parents to go to work as they are performing a big support role on the ward, but suffering significant financial hardship. And we want to charge them to park! Torbay and South Devon NHS Foundation Trust proves the point. It has successfully implemented a free parking scheme for carers. It acknowledges that the financial impact has been minimal by comparison with the benefits received. For example, nurses at the hospital report that the scheme means they have more free time, as carers are able to spend longer visiting their loved ones. Carers who use the scheme say they feel valued, that the scheme saves them money and that it removes one of the many stresses in having to visit hospital.

In addition, there is evidence that patients make a faster recovery when they have the continuous support of a known and trusted carer, and are often discharged from hospital earlier, with obvious financial savings to the NHS. Hospital car park charges are a financial punishment for carers for looking after a friend or family member. Without carers, many people would never be able to access the healthcare they need to help them to manage their illness or disability. Carers have so much to cope with, why do we give them one more financial burden?

As a former member of Lancashire's health and wellbeing board, I know that one of the ways that the Government seek to make savings in the NHS is by reducing the number of hospital stays. Where carers are willing and able to provide ongoing care at home, many patients can now be discharged at an earlier stage than in the past, thus freeing up much needed beds. They go on to return routinely as out-patients, with transportation invariably provided by their carer. The saving to the hospital in those instances is far more than is ever collected in car parking charges. Carers enable people to continue to live in their own home, saving the expense of care homes.

The Minister rightly recognises that if we want to keep people out of hospital we must improve out-of-hospital care. He has also acknowledged that

"Carers do a magnificent job"

and that

"they do not always get the thanks or support that they need."

I am singling out carers for special attention because they are vulnerable and going through a difficult time, and because they matter and they need our support.

I ask hon. Members to support the Bill to provide free car parking at hospitals for qualifying carers and in the future to consider supporting eligible carers. It will not solve all their problems by any means, but it will help, and just as importantly, it will send a signal to carers around the country that we value their contribution. The Bill would support carers and send a message that Britain cares about carers. Carers are crucial to the future of Britain's health and wellbeing. Surely the least we can do is allow them to park for free.

10.5 am

Philip Davies (Shipley) (Con): First, I congratulate the hon. Member for Burnley (Julie Cooper)on being elected to the House and, in such short order, introducing this Bill. It has clearly been brought forward with a great deal of worthy sentiment with which it is very difficult to disagree. I should perhaps also congratulate

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her on the expert doughnut she appears to have arranged for herself. She has not long been in the House, but even long-standing Members would be proud of that doughnut. It masks the fact that there is literally nobody else on the Opposition Benches. She deserves particular praise for that, and she will clearly make an expert Member. I wish her very well in her time here.

As you will know, Mr Speaker, when I was first elected to Parliament 10 years ago, my mentor was the late, great Eric Forth, and one of the things he taught me was the importance of private Members' Bills. He taught me early on that many of them had a worthy sentiment behind them, but that we should not just pass legislation on the whim of a worthy sentiment, because it can have lots of unintended consequences that affect people's lives and livelihoods. It strikes me that this is one of those Bills. It is based on a worthy sentiment with which people would find it difficult to disagree, but the consequences would be sometimes impractical, sometimes unnecessary and sometimes very negative.

I have mentioned before that when a politician is given a problem, their solution always incorporates two ingredients. The first is that they have to be seen to be doing something. It is the bane of my life. I detest the fact that politicians always have to look as if they are doing something. I long for the day when a Minister stands up at the Dispatch Box—I have high hopes that the Minister today will do so—and say, "Well, that's got nothing to do with me. It is for people to sort out themselves. It is not for the Government to do something about this." That is seldom said in the House though. Everyone always wants to be seen to be doing something.

The second ingredient is that the proposal does not offend anybody. If a politician can be given a solution that makes it look like they are doing something without offending anybody, they will go for it every single day of the week. It does not matter whether it makes any difference or whether it is a good thing. As long as it meets those criteria, most politicians will go for it, and the Bill is a perfect example. Clearly, the hon. Lady has quickly acquainted herself with this way of dealing with things in the House.

The hon. Lady believes that carers, who might have to visit hospital very often, are charged unfairly for car parking. I can certainly sympathise with that sentiment. I say from the outset that hospital car parking charges are often very costly, but her proposed solution, which does not offend anybody and makes it look like she is doing something, is simply to make car parking free for carers. I do not think the solution is that simple, which is why I oppose the Bill, despite sympathising with the sentiment.

Before anybody misconstrues my comments, let me say I do not oppose the Bill because I am not concerned about carers. I do not believe there is a single Member in the House who has anything but praise for carers. Carers do a very difficult and very demanding job, and it comes with a great amount of emotional problems for themselves and those they are caring for. Caring is essential. I should point out, too, that the work of caring on behalf of other people in many respects saves the taxpayer a considerable amount of money each year. We should not underestimate that contribution, or indeed the wider contribution they are making to society and their families, which is almost immeasurable.

I do not believe anybody present is arguing against the Bill because they have no sympathy or regard for carers. I oppose the Bill fundamentally because in many respects it is completely unnecessary; what the hon. Lady proposes can already be done. There is no legislation that forces carers to be charged for their car parking, so we do not need legislation to force them not to pay for their car parking. These things can already be done at a local level, if it is decided that that would be the best course of action in the local area.

Melanie Onn (Great Grimsby) (Lab): In that case, would the hon. Gentleman be prepared to lobby his local hospital to exempt from these charges carers in the Shipley constituency?

Philip Davies: I do not want to get distracted so early in my speech, but I will come to my local hospital during the course of my remarks, so I hope the hon. Lady can be patient. Of course, if I fail to deal with that point, she can always come back and chastise me for not having done so.

Let us look at the origin of the Bill. On 4 July, the hon. Member for Burnley explained it on her website blog—I am a keen reader of it, as I am sure are many others both here and in Burnley; indeed, I am sure that the Minister has a great regard for the hon. Lady's blog. This is what she wrote:

> "Having read through over 100 suggestions, and after much deliberation, I have finally chosen the subject for my Private Member's bill: I intend to try to help carers by making provision for them to be exempt from hospital parking charges. During recent years, I have met with carers from across the constituency from different backgrounds, all of whom had different stories to tell but all with one thing in common: their willingness to support a sick person, whether it be a child with cancer, an elderly person with complex needs or a person attending hospital for regular treatments such as chemotherapy. All of these carers often have reason to be parked at hospitals for long periods and can incur charges which they can often ill afford. It seems to me that it is time we put an end to this 'tax on illness'."

Ten days later, however, the hon. Lady said something else in her blog; there was a subtle difference on which I would like to focus. She said:

> "Many of you may know that I am trying, through the bill, to obtain free hospital parking for carers. Support for this is growing but, if I am to be successful, I really do need your help. I know from my conversations with so many of you, that hospital car park charges are a problem for many carers, who often spend a lot of time hospital visiting. If you are a carer, and this is a problem for you, please get in touch and share your problem with me. Sometimes it is more than the charge (though these are quite hefty and can mount up) because I understand that visiting, particularly for extended hospital stays during winter months, can be quite stressful and distressing, and queueing for parking can sometimes feel like the last straw. If I am to get this bill through government, I need plenty of evidence."

In my experience, people usually get the evidence of a problem first, and then bring forward a Bill to tackle it. On this occasion, we seem to have had a more novel approach to legislation, which is to bring forward a Bill and then ask people for the evidence to support it. Personally, I view that as a novel approach, but I commend the hon. Lady for starting a trend that we may see more of in the months to come.

It strikes me from the hon. Lady's blog that the Bill has been brought forward only on the basis of a worthy sentiment, from which very few people would dissent,

because she was still collecting evidence to show the need for the Bill after she had announced she was going to introduce it. She did not look at the reality of situation, find a problem and then try to find a solution.

Barbara Keeley (Worsley and Eccles South) (Lab): I have to wonder whether the hon. Gentleman listened to the beginning of my hon. Friend's speech. She said that she had based the Bill on her own experience. She had been a carer, and she had had to pay the charges. I myself have asked constituents to get in touch with me about the issue. As all Members of Parliament should know, carers are busy, stressed people, who do not have the same time that everyone else has. All of us undoubtedly hear more about issues such as football governance than about caring, but there are 6 million carers in the country, and this is an issue for them.

Philip Davies: I entirely agree with everything that the hon. Lady has said. I do not think anyone would disagree with anything that she said about carers. She said that there were 6 million in the country, and that is a point to which I shall return. If we are talking about free hospital car parking, the number of people with whom we are dealing is clearly a factor, to which the hon. Lady has helpfully drawn attention.

Barbara Keeley: The hon. Gentleman really should have been listening. My hon. Friend's Bill applies to carers who receive carer's allowance, of whom there are 700,000. As I said a moment ago, there are 6 million carers, and at various times this will be an issue for them, but my hon. Friend has restricted her Bill to the 700,000 who do the most for caring and for society.

Philip Davies: We are already slightly all over the place with this Bill, and now the hon. Lady has drawn attention—probably not intentionally—to what a dog's dinner it is. We are already arguing about how many carers there actually are, but in fact the Bill will apply to only a few of them, and the hon. Lady has just suggested that the vast majority will not even benefit from it. The hon. Member for Burnley has said in the past—and I may say more about this later—that the Bill is just a starting point, and that she intends to extend it further and further, so we have no idea where we may end up.

Julian Knight: The Bill does not apply only to those who receive carer's allowance. It also applies to those with an underlying entitlement to carer's allowance, which brings a great many more people into the net.

Philip Davies: My hon. Friend has made a perfectly valid point. How the hospitals are likely to know who has an underlying claim to carer's allowance is something that we may explore at greater length as the debate continues.

Julie Cooper: May I clarify a point? The only dog's dinner is the current practice. Some hospitals have a hotch-potch of concessions, while others have none at all. The Bill specifies a clearly defined number of people. As the hon. Gentleman says, it will apply to 700,000 carers and to a further 400,000, so a total of 1.1 million stand to benefit. That is very easy for everyone to understand.

Philip Davies: I agree that that part of the Bill is clear, but as the hon. Member for Worsley and Eccles South (Barbara Keeley) has just said that there are 6 million carers but only 1 million will gain any benefit from the Bill, some people may consider that there is an unfairness there.

Mr David Nuttall (Bury North) (Con): These exchanges have completely overlooked clauses 4, 5 and 6. Those clauses refer to eligible carers, who are defined in clause 5. I shall not go into the definition now, but it could bring in millions more carers, rather than just the 1.1 million who we have just been told are covered in the Bill.

Philip Davies: My hon. Friend has made a very good point, and I hope that he will expand on it in his own speech. I do not want to steal his thunder.

Dr Rupa Huq (Ealing Central and Acton) (Lab): Did the hon. Gentleman not hear the compelling cost-benefits analysis presented by my hon. Friend the Member for Burnley (Julie Cooper)? It is the Conservatives who go on about a long-term economic plan. The proposed exemption for the carers who prop up the NHS in so many ways will save the NHS billions upon billions of pounds, so it will be good value in the long term.

Philip Davies: I was prepared to hear lots of arguments in favour of this Bill and some of them I was going to find quite compelling. The idea that this provision is going to save the NHS millions of pounds is an argument I was not prepared for, I must admit, because it is quite clearly a load of old nonsense. If that really is the economic thinking of the Opposition that we can look forward to over the next five years, then Lord help the lot of us, because the Opposition clearly have no economic credibility whatever if that is the case the hon. Lady is making. This clearly incurs a cost—

Dr Huq *rose—*

Philip Davies: I will let the hon. Lady have another go.

Dr Huq: The briefing all MPs were sent based on research by Leeds University and Carers UK puts the figure at £119 billion, because these are people who take stress off the NHS. As my hon. Friend the Member for Burnley clearly described in her speech, they are people who change incontinence pads and do the feeding; they keep people out of hospital in the long run. This proposal will cost less than bed-blocking in the NHS. Furthermore, of all the representations all of us on both sides of the House have received, it is only the parking industry that wants to keep things as they are.

Philip Davies: The hon. Lady is approaching this Bill as if nobody at the moment does any caring and if we have this Bill everyone will start caring and save the NHS billions of pounds. The point is the people—

Liz McInnes (Heywood and Middleton) (Lab): Will the hon. Gentleman give way?

Philip Davies: I will deal with the first intervention first, then I will give way to the hon. Lady; there is plenty of time.

[Philip Davies]

On those people who are saving the NHS millions of pounds—I think I made very clear at the start of my remarks how much we all rely on carers—they are already saving the NHS that money. This Bill does not come with any savings to the NHS. This Bill only comes with a cost to the NHS. If the hon. Member for Ealing Central and Acton (Dr Huq) cannot see that, she really needs to go and look at the Bill again, because that is clear to everyone. She may well want to argue that it is a worthwhile cost to the NHS, and I am perfectly prepared for her to make that case, but people should not be claiming that this is a cost-saving Bill for the NHS because it is anything but.

Liz McInnes: The hon. Gentleman seems to know the price of everything and the value of nothing. Did he not hear my hon. Friend the Member for Burnley (Julie Cooper) talk about Torbay hospital and the benefits that it has found the scheme brought to the hospital in terms of patient care and wellbeing, which is surely what hospitals are about? They are not about charging people to park.

Philip Davies: If I might be able to make some progress, which I am always keen to do on these occasions, I will come later to the situation at Torbay, because it is very interesting and does not make the case for this Bill as the hon. Lady seems to think.

It has also been interesting to learn from these exchanges that whereas not that long ago during the passage of a different Bill the Labour party claimed it very much supported the principle of localism—that it was the champion of localism and devolution and it wanted to jump on that agenda—today, early on in this Parliament, when we actually have localism in action, where local hospitals can make decisions which they think are in the best interests of their local residents and local patients, the Labour party goes back to type and wants to centralise everything.

Julian Knight: My hon. Friend is making an important point about how this ties in with the devolution agenda. We are going headlong towards a combined authority in Greater Manchester, which will be in charge of the NHS in the area. Presumably that will mean that it will be in charge of hospital parking charges, and will be able to do many things, including giving discounts to carers, if it deems that necessary.

Philip Davies: My hon. Friend is right, and my understanding was that the Labour party in Manchester was in favour of devolution and it had agreed to the devolution package the Chancellor had proposed. I suspect it could not ever have got off the ground if the Labour party in Manchester had not been supportive of it. The whole purpose of devolution is to allow local decision making on things such as the NHS, and presumably as part of that car parking charges within the NHS, yet it seems that at the first step the Labour party wants to take the whole devolution agenda from under the feet of the locally elected people before it has even started.

Liz McInnes: Is the hon. Gentleman not aware that, although car parking charging decisions are made locally by individual hospital trusts, they follow the Government's guidelines?

Philip Davies: That is the point I was making. If I did not make it, I apologise for not being clear. For the avoidance of doubt, those decisions are made locally and I support that fact. Labour Members clearly do not believe that they should be made locally. They believe that the rules should be set nationally. In a nutshell, that is where we have a difference of opinion. I believe the decisions should be made locally; the hon. Member for Burnley clearly believes they should be made centrally. That is a perfectly respectable position to hold, but it happens to be one that I do not agree with. That is the nub of the point on localism.

Mr Chope: In Scotland within the past week there has been enormous criticism of the quality of healthcare being delivered by the Scottish Government. Is not that an example of a place that has free hospital car parking but does not necessarily have a better quality of health service?

Philip Davies: My hon. Friend is absolutely right. I will say more about Scotland and Wales in due course, because we have seen the impact of this policy in those countries. There is not a never-ending supply of money, and if more is spent on free car parking in the NHS, less will inevitably be spent in other areas. Labour Members seem to think that money grows on trees and that there is a never-ending supply of it, but back in the real world, we have a certain amount of money and we choose how to spend it. If we choose to spend it on one thing, we inevitably have to take it away from somewhere else. The hon. Member for Burnley did not mention the need to make that choice, but it is important that we face that fact.

The hon. Lady has clearly had difficulty in finding evidence to support her Bill, so I thought I would help her out a bit. She has clearly spoken to lots of carers groups, and she has set up the Park the Charges campaign with Carers UK, for which I commend her. For the sake of balance, however, we should not just listen to the views of carers, important though they are. We should also seek the position of the hospitals on this matter, because they would ultimately be the most affected by the proposed changes.

I am not sure what discussions the hon. Lady had with the hospitals, given that her Bill would force them to change their car parking policies. I contacted the East Lancashire Hospitals NHS Trust, which I believe is the hospital trust that covers her constituency. I asked the trust what consultations she had had with it on this policy. I put in a freedom of information request to ask what communication Burnley general hospital had received from the hon. Lady on the issue of carers and hospital car parking charges. I received a response on 25 September, which stated:

"I can now confirm that we have not had an enquiry of this nature from Ms Cooper".

Julie Cooper: For the purpose of clarification, I should like to point out that the majority of people in my constituency who require a hospital stay normally go to Blackburn hospital. It is also part of the East Lancashire Hospitals NHS Trust, and I have discussed these proposals extensively with the chief executive there.

Philip Davies: I am pleased to hear that. I am sure that it will be a matter of great reassurance to the East Lancashire Hospitals NHS Trust that the hon. Lady

was not interested in its opinion, even though Burnley happens to be her local hospital. I was surprised to find, given that she is trying to make such a fundamental change to hospitals, that the one in her own constituency—Burnley general hospital—had not received a request from her to discuss the impact of her proposals. I would have thought that, as the MP for Burnley, she would have taken an interest in that. I personally believe that the people who tend to know best about things are the people who deal with them every single day of their lives, be they nurses, teachers or checkout operators in supermarkets. When assessing the impact of her Bill on hospitals, I would have thought that Burnley general hospital would have been a good place to start.

We have already discussed who currently decides hospital car parking charges. The hon. Lady is right that such matters are decided locally. We should also note that there are guidelines around hospital car parking charges. NHS services are responsible locally for their own car parking policies for patients, visitors and staff. Back in August 2014, the Government published new guidelines on NHS patient, visitor and staff car parking principles—I hope the Minister will expand on this matter when he responds to the debate. They are guidelines only; they are not mandatory. The car parking guidelines recommend the provision of concessions to groups that need them, such as disabled people—both people with blue badges and people who are temporarily disabled—frequent outpatient attenders and visitors with relatives who are gravely ill. The Government guidelines on car parking charges say:

"Concessions, including free or reduced charges or caps, should be available for the following groups: people with disabilities…frequent outpatient attendees…visitors with relatives who are gravely ill…visitors to relatives who have an extended stay in hospital…staff working shifts that mean public transport cannot be used…Other concessions, e.g. for volunteers or staff who car-share, should be considered locally."

It was also reiterated in the previous Parliament that relatives of people who are gravely ill or who require a long stay in hospital should also be exempt from car parking charges. The then Health Minister made that clear in an answer to a parliamentary question, in which he set out the people who should be exempt as far as the Government were concerned.

Barbara Keeley: What the hon. Gentleman is showing is the fact that we have a postcode lottery on this matter now. I want to give him a recent example that was given to me of relatives of somebody who was gravely ill and who then died on the 13th day that she had been in hospital. They were helpfully told, "If you had been coming here one more day, you would have got free car parking." That was said to a distressed family on the day that their relative died. Does he really think that that is a suitable way for hospitals to go on?

Philip Davies: Everyone will have a massive amount of sympathy for the relatives in that example. However, I must point out to the hon. Lady that this Bill will not end terrible situations such as the one she has just described. Even if this Bill is introduced, there will be very many other similar cases, for which we can all feel sympathy. I am not entirely sure why she thinks that this Bill will eliminate any other terrible situation involving someone paying car parking charges; it will not.

Barbara Keeley: No one on the Labour Benches is suggesting that the Bill will eliminate the issue; it will ameliorate it and send an important signal to carers, who repeatedly find themselves in this situation. The example I gave was to show how badly some hospitals behave.

Philip Davies: If I had a pound for every time somebody brought forward a private Member's Bill, or supported a private Member's Bill, on the basis that it would send a signal, I would be a very wealthy person. Unfortunately, the problem is that we do not pass legislation to send signals. We pass legislation to bring something into the law of the land. The hon. Lady has sent a signal by making that point in this debate. If the whole purpose of this was to send a signal to show how important carers are to the country and how important it is that hospitals show some compassion for carers when they come to visit hospitals, the hon. Lady has achieved that by making that intervention. Perhaps therefore she may feel satisfied that we can leave the matter at that. We have all sent a signal about how important carers are, and I now want to move on to the Bill that is being proposed, which goes way beyond sending a signal.

We already have Government guidelines that set out a range of people who they think should be exempt, all things being equal. When hospital car parking charges were debated back in September 2014, the Minister stated that

"40% of hospitals that provide car parking do not charge and of those that do, 88% provide concessions to patients. However, I am aware that there are 40 hospital sites—which is 3.6% of hospitals in acute and mental health trusts—that have charges and do not allow concessions to patients who need to access services. As a Government, we want to see greater clarity and consistency for patients and their friends and relatives about which groups of patients and members of staff should receive concessions and get a fairer deal when it comes to car parking."—[*Official Report*, 1 September 2014; Vol. 585, c. 89.]

Furthermore, in his latest position on the Bill, Lord Prior said that NHS organisations must have autonomy to make decisions that best suit their local circumstances and community interests, and that although the principles provide clear direction and leadership, a one-size-fits-all policy is not appropriate for car parking.

Although the Government have given strong guidance on where concessions should be made for hospital car parking they have, rightly in my opinion, left the final decision to be made by the hospital implementing the policy. Therefore, importantly, each hospital sets its own parking policies and is not required under law to make any exemptions. The Bill today will be the first time that Parliament has intervened to demand that hospitals give free car parking to a particular group of people.

The Government have set out guidelines about the people who, in their opinion, should be exempt from parking charges, or should receive concessions. They are people with disabilities, all frequent out-patient attenders, visitors with relatives who are gravely ill, staff working shifts who cannot use public transport and visitors to relatives who have an extended stay in hospital. Why does the hon. Member for Burnley not believe that those people should have the same benefit as regards hospital car parking charges as the people she includes in the Bill? Is she saying today that the people in the list I have just given are not as important as the people she

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wants the Bill to cover? Does she think that people with disabilities are not as important as carers? Is she saying that their needs are not as great? Is she saying that staff who cannot get there by public transport are not as important as the carers to whom she refers? Why are the carers so much more important? We all agree that they are important, but why are they so much more important than all the other vulnerable groups who she has spectacularly not included in her Bill while the Government are saying to hospitals that they should make some provision for those people? There is a great unfairness in her proposals.

Mr Khalid Mahmood (Birmingham, Perry Barr) (Lab): If the hon. Gentleman believes in what he has just said—I agree that most of the people he has listed should be included—will he not propose an amendment or another Bill to say that all those people are important and that we should help everyone we can who has an issue with these horrendous charges?

Philip Davies: I would have more sympathy with the principle of the Bill if it wanted to make the Government's guidance mandatory, because there would be some logic to that. Clearly, a whole range of people struggle, but just to pick out one group at random seems iniquitous.

Julian Knight: My hon. Friend is making an interesting case about other groups and how the Bill picks out carers individually. Many people do not travel to hospital by car but by public transport or by using subsidised bus services. The Bill does not cover them in their time of need, so will my hon. Friend reflect on the fact that the Bill is purely for car owners who are generally in the higher income groups?

Philip Davies: My hon. Friend makes a good point. The Bill applies only to car parking charges, and many carers cannot afford a car, let alone car parking charges. They travel faithfully on a probably more tortuous journey to hospital by public transport. If the Bill were to be passed, people who could afford a car would get their parking charges reimbursed but those who cannot afford a car and have to travel by public transport would not get their public transport costs reimbursed. Clearly, there is something not quite right about that. My hon. Friend makes a good point. While we are on that subject—I may come back to this as well—I should have thought that we were trying to deter people from using a car. Some people have to use a car, as he said, and nobody argues with that, but it would be perverse to give people an incentive to use a car rather than using public transport if they could. My hon. Friend has made a good point as to why the Bill would give people a perverse incentive to use a car rather than public transport.

Mr Jacob Rees-Mogg (North East Somerset) (Con): I am rather surprised by my hon. Friend's burst of socialism and that he should be discouraging the use of the motor car, which should be encouraged in a free society.

Philip Davies: I have been accused of many things in my time. A burst of socialism is a first, even for me. I may try and put that out to my left-wing constituents to show them that there is hope for me yet. If I did come out with a burst of socialism, I apologise profusely, not least to my hon. Friend, who always keeps me on the straight and narrow. I apologise for a burst of socialism; it was not intended to be such. I feel chastised.

We should consider why hospital car parks are not already free. There is an argument, I guess, that instead of picking out parking for carers, all hospital car parking should be free. In its 2009 report, "Fair for all, not free-for-all—Principles for sustainable hospital car parking", the NHS Confederation stated:

> "Charging for car parking is often necessary, but needs to be fair – and to be seen to be fair."

It is important for Opposition Members to recognise that the country and the NHS do not have millions of pounds to spend on covering the cost of parking for a certain section of the population. The Labour Government left this country in a huge financial black hole which we are still struggling to recover from. Policies such as this could severely affect local NHS hospitals and services and their budgets.

There is an analogy that I always give in such situations, which I first heard Lord Tebbit use. I hope that goes some way to restoring my hon. Friend's faith in me after my earlier lapse. The analogy in this context, which is not necessarily the context in which Lord Tebbit used it, is this: if somebody asked, "Do you think we should have free hospital car parking?", the chances are that virtually everybody who was asked would say yes. If they were asked, "Should we have free hospital car parking? By the way, that will mean having to get rid of lots of doctors, nurses and essential staff", people may give a different answer. In the analogy that Lord Tebbit used, the question was, "Would you like a free Rolls-Royce?", and he suspected that the vast majority of people would say yes. If they were asked, "Would you like a free Rolls-Royce? You'll have to live in a tent for the rest of your life to pay for it", people may come up with a different answer.

Of course, in principle, people would love to have free hospital car parking, but we have to think what the consequences would be and whether people would want to face those consequences. When it comes to the crunch, I suspect the answer may be different. If the Government had an additional £180 million to spend, which would be the cost of free hospital car parking, I am sure there would be many other pressures to spend that £180 million on in some part of the NHS. For example, it may pay for another 2,500 doctors or 8,000 nurses for the NHS. If we had a vote on what is the most important thing that we should do with that money, I suspect that the additional doctors and nurses would carry quite a weight of support, not just in this House, but across the country as a whole. It is not just a free-for-all. The harsh reality is that there are consequences of doing these things.

Mr Chope: Is not one of the other points that we are talking not just about free car parking, but about car parking? Too many hospitals do not have adequate car parking. That is one of the great complaints that so many patients have—that they cannot find anywhere to park when they go to hospital.

Philip Davies: My hon. Friend makes a very good point. The hon. Member for Worsley and Eccles South made the point that people find it very stressful to have

to pay after they have been to visit a relative in hospital, but as my hon. Friend rightly points out, it is probably even more stressful if they cannot find a car parking space at all. We need to bear that in mind.

Julian Knight: In my constituency, one of the reasons hospital parking charges were introduced in the first place was that the car park of the hospital, which is very close to the town centre, was being used at weekends by shoppers leaving their cars, and so patients, carers and those with urgent medical needs were unable to get into it. Will my hon. Friend reflect on that point?

Philip Davies: I was about to come on to that point, and my hon. Friend makes it very well. One of the essential reasons for hospitals charging is that, particularly near town centres, people use the free parking and then go and spend all day at work. That does not help any carer who is trying to find a parking space. That is why it is so important that hospitals have to be able to use charges in a way that suits their particular local circumstances to ensure that visitor and staff parking is always available when it is needed. Without their being able to make some restrictions on a local basis, there will be nothing to prevent people from using the site as a free car parking area.

I have no idea—perhaps the hon. Member for Burnley could tell me—whether parking would be free for carers only when they are coming to the hospital as a carer or free for them all the time because they are a carer. That is not clear in the Bill. I am looking for assistance from some of my more learned colleagues, but it appears that nobody knows the answer to that question, including the promoter of the Bill, so I will leave it there as something that does not seem to have been thought through.

This does not apply only to hospitals close to town centres, as mentioned by my hon. Friend the Member for Solihull (Julian Knight), but to those that are close to railway stations, where there is also a large demand for parking. My hon. Friend the Member for Christchurch (Mr Chope) mentioned Scotland earlier. This issue has arisen at hospitals in Wales and Scotland since they scrapped car parking charges. The NHS Confederation said:

"The NHS Confederation represents 99 per cent of NHS trusts in England. On behalf of our members we support the right for NHS trusts to determine their own car parking and transport arrangements within current regulations and good practice".

That is what is under threat today. A response from the House of Commons Library states:

"There is nothing specifically stopping hospitals from giving concessions or free parking to carers or other groups—although all public bodies need to operate within the framework of the Equalities Act—i.e. avoid discrimination against protected groups. Decisions on hospital car parking charges are a matter for the NHS body running the car park."

Hospitals clearly have the flexibility to offer a free parking policy for carers—as the hon. Member for Burnley said, some have already done so—but it is not right that we as a House should force them to do so. Hospitals that do not already have a free car parking policy for carers have clearly assessed the situation and chosen not to, for whatever reasons. There may well be good reasons that we are better not second guessing. If she feels so strongly about this issue, perhaps her time would be better spent lobbying her own hospital trust in Burnley to persuade it of the argument for giving carers free parking, as opposed to coming along here and trying to impose it everywhere else when she has not even persuaded her own hospital in Burnley to do it.

Hospital parking charges are a key part of income generation. Hospitals may choose not to give free parking because car parking on healthcare sites is an income generation scheme under the income generation powers that enable NHS bodies to raise additional income for their health services. NHS bodies are allowed to charge for car parking, and to raise revenue from it as an income generating activity, as long as certain rules are followed. Income generation activities must not interfere to a significant degree with the provision of NHS core services. It is also crucial to note that these income generation schemes must be profitable, because it would be unacceptable for moneys provided for the benefit of NHS patients to be used to support other commercial activities. It has to be the other way round; the commercial activity has to support the core NHS services. The profit made by income generation schemes has to be used to improve health services. That is absolutely crucial. The money has to go towards that particular purpose.

The Department of Health's "National Health Service Income Generation—Best Practice: Revised Guidance on Income Generation in the NHS", which was published in February 2006, clearly sets out that income generation must be profitable. Paragraph 30.10 states:

"For a scheme to be classed as an Income Generation scheme, the following conditions need to be met: the scheme must be profitable and provide a level of income that exceeds total costs."

It then goes on at great length, but that is the key part, so I will not bore everybody by reading the whole paragraph. The document goes on to say that

"the profit made from the scheme, which the NHS body would keep, must be used for improving the health services",

and

"the goods or services must be marketed outside the NHS. Those being provided for statutory or public policy reasons are not income generation."

Therefore, if exemptions are made for other people, that must be taken into consideration when calculating the estimated annual revenue and whether it will make a profit or a loss.

I fear that if the hon. Lady's Bill is successful, the consequence will be not just exemptions for carers—worthy sentiment though that may be—but, I suspect, higher car parking charges for everybody else who visits the hospital so that it can protect its revenue stream. The hon. Lady did not mention that and she has not been open about it, but the chances are that that will be the consequence of the Bill. Everyone else will have to pay more in order to meet the NHS's criteria for income generation. That means that all of the people the Government think should get a concession from car parking charges, including people with disabilities and those who visit hospital regularly, will not be exempt, but will have to pay more as a consequence of this Bill. Does the hon. Lady really want to tell all disabled patients who go to hospital that, in order to pay for her Bill, they are going to have to pay more to park at their local hospital? If that is the message she wants to send, I think she is rather brave. I would not want to tell my disabled constituents that they are going to have to pay more. It seems to me that that would be an inevitable consequence of the Bill. That is why we cannot pass

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legislation based on a worthy sentiment; we have to think through the consequences. *[Interruption.]* If the hon. Member for Birmingham, Perry Barr (Mr Mahmood) wants to intervene, I would be very happy to give way to him.

Mr Khalid Mahmood (Birmingham, Perry Barr) (Lab): I do not want to intervene.

Philip Davies: The hon. Gentleman was chuntering—I misinterpreted him. I thought he had something worthwhile to say, but clearly not.

Given the guidelines, I would be interested to know what information the hon. Member for Burnley has obtained to determine an impact assessment for the scheme in question to be rolled out nationally. Indeed, during my research on the Bill, the House of Commons Library—which, as ever, I praise for its fantastic work—confirmed to me that

"no central data is collected on NHS hospital car parking charges or concessions".

It therefore seems to me that the hon. Lady could not possibly have done an impact assessment, because no assessment has been made of the current impact.

Where is the money made from car parking charges spent? Obviously, the provision of car parking incurs overheads, including for the running of it and for maintenance costs. If no charges were imposed, the maintenance costs would have to be sourced from elsewhere, at the risk of diverting funds from patient services. There is also the cost of monitoring the car park, to make sure it is being used for its intended purpose. That money has to be recouped, and it is recouped through car parking charges.

Julian Knight: The contracts for hospital parking maintenance costs in my constituency are signed by the Heart of England NHS Foundation Trust, and some of those costs, such as those for drawing lines and for preparing machines and barriers, are very high indeed. If this Bill comes to pass, would that not mean that that money would potentially have to come directly from healthcare budgets, because no profit would be being made?

Philip Davies: My hon. Friend is right. There is a considerable cost involved in maintaining car parks, including setting them up in the first place and drawing the lines. The Bill would have a number of potential consequences. The maintenance money would have to come from patient care and there would be less provision for car parking spaces. Maintenance would not be carried out and the spaces would not be monitored, so there would be no point in carers being exempt. Everyone may as well be exempt, because no one would be checking whether they had paid to park their car. There would be a number of potential consequences, all of which would be adverse.

Given that foundation trusts are independent bodies, they are not covered by the Department of Health guidance on income generation. Their 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 concretely how new revenue from sources outside the NHS will support the principle purpose of a foundation trust, which is to provide goods and services for the NHS.

The hon. Member for Great Grimsby (Melanie Onn) has not stayed to hear me talk about my local NHS trusts, despite encouraging me to do so. Back in August, one of my local NHS trusts, Bradford Teaching Hospitals NHS Foundation Trust, said:

"We are determined to keep car parking charges as low as possible, this is the first time in 11 years that rising costs and growing pressure to create extra parking has forced us to increase them.

Our car parks are self-funding, ensuring we do not have to divert money away from frontline services and patient care. Demand for 24 hour parking is low and it is normally used under exceptional circumstances. We will review 24 hour parking if it becomes problematic for our visitors. Reduced parking rates will continue for people frequently attending outpatient clinics and those visiting relatives who are gravely ill or having an extended stay in hospital. Parking for people with disabilities will remain free of charge".

That strikes me as a perfectly reasonable policy.

The whole point of the governance of foundation trusts is that it is not some NHS baron who decides these things. Foundation trust governors are drawn from NHS patients, the public, staff and local stakeholders. They are the best people to determine their local hospital's car parking policy. Members of Parliament and Ministers should not dictate to them what is best for them. That is why I am very happy with what my local NHS trusts are doing. I am sure they would like to go further if they could, but there is always a balance to be struck.

During my discussions about this Bill with my local hospital—I did contact my local hospital—it said:

"It must be acknowledged that there is a cost of operating and maintaining the Foundation Trust's car parks. If car parking income is reduced because of the introduction of the new legislation then the balance would have to be met from elsewhere. Ultimately, this could mean higher charges for other car park users or funding diverted from budgets that could potentially impact on patient services."

That is a very serious concern. A one-size-fits-all central policy is simply not appropriate for regulating hospital car parking charges and it could have those severe unintended consequences.

I congratulate the hon. Member for Burnley on being a clear champion for the NHS and I praise and support her for it. Time and again she is quoted as being extremely worried about staffing and patient care in the NHS, particularly in her local area, but it is ironic that her Bill could have serious implications for staffing and patient care in local hospitals.

How would the Bill be enforced? That is one of the key practicalities involved. One of the main concerns of many local trusts will be how on earth it will be implemented. I must say that the hon. Lady was quite light on that.

The nearest comparison to a group of individuals being given free parking is the free parking scheme for people with disabilities. The scheme is monitored by ensuring that people using a disabled parking space have a blue badge. That in itself is not as easy as it might seem. I speak as somebody who, in my many years working for Asda, was responsible for our facilities for disabled customers. I also had to ensure we had a system to protect the parking bays for use only by disabled customers. That is one of the biggest problems.

I suspect that if hon. Members ask car parks what their biggest problem is, they would all say that it is trying to protect the spaces for disabled blue badge holders to make sure that they can use them when they need them and that the spaces are not abused by other people who want to get nearest to the entrance or whatever. I know that from my own experience.

That scheme uses the blue badge, but it is not all that easy. People go on holiday, break their leg, get themselves crutches and then they are—albeit temporarily—disabled, but do retailers have to tell them, "Actually, you're not disabled, even though you're on crutches"? Some discretion must be allowed, otherwise the whole thing becomes a farce and the staff who have to monitor the scheme can be put in very difficult situations, including dealing with conflict. We should always bear in mind that, ultimately, somebody has to enforce such policies. If policies are not very clear, or always have exemptions and shades of grey, somebody somewhere will be in the line of fire. They have to implement the policy, and we must make it as clear and as fair as possible for them, and allow them sufficient discretion. We need discretion in any car parking policy or any policy that involves dealing with customers.

I do not know what the hon. Member for Burnley envisages. Does she expect all carers entitled to free car parking to be issued with a badge for a similar purpose? If so, I am not entirely sure what the cost would be of developing, creating and distributing the new badge, or how everyone to be issued with a badge would be identified. Perhaps she does not envisage having such a system. Perhaps she thinks that car parks could be fitted with automatic number plate recognition technology to ensure that when a car goes into the car park, the number plate is recognised and no charge is therefore allocated. That can of course be successful. We tried such a scheme at Asda to protect disabled parking bays. The problem is that it is extremely expensive to introduce. Another problem is that when a carer goes into a car park for the first time and has not registered, they get clobbered like everybody else. They have be go to the hospital to register, so although it is all right for subsequent visits, they fall foul of the rules on their first visit.

Julian Knight: I have discussed with my local hospital trust aspects of free parking and what we can do to help people. One point mentioned to me is that such a scheme might take people off front-line care services, or at least off front-line administration services, when they are asked to step in and help with the parking or to administer a parking scheme such as the one proposed in the Bill?

Philip Davies: My hon. Friend is right. There will, as an inevitable consequence of the Bill, be issues about preserving the integrity of the spaces.

I am not sure, but perhaps the hon. Member for Burnley intends to ask hospitals to provide designated spaces for carers to use, in the same way that there are designated spaces in car parks for people with disabilities or for parents with toddlers. If so, how many spaces should the hospital provide? There are rules and guidance on how many spaces there should be for disabled customers. From my memory of working at Asda, I think the rule is that 4% of all the spaces in a car park plus four should be set aside for disabled customers. That was certainly the situation when I was at Asda. Does she envisage a similar system—a number of designated spaces for carers, but when they are full they are full?

Does the hon. Lady expect someone to police the car park at all times to ensure that carers use the right spaces and that no one is charged unfairly? I do not know what system she wants. Perhaps she envisages a system of reimbursement, with carers paying for parking normally, just like everybody else, and then going into the hospital to demonstrate that they are a carer and have their costs reimbursed. That may require 24-hour-a-day, constantly manned reimbursement desks to be open at the hospital. Does she envisage that?

Mr Rees-Mogg: I am following my hon. Friend's speech very closely. Is the heart of what he is saying that the scheme proposed in the Bill would prove so complex to administer that it would in effect be the end of all car parking charges, because to continue to have any charges would make the whole system collapse?

Philip Davies: Yes. That is absolutely my fear. Once we start down this route of having a centrally imposed system that has not been worked out locally, there will be all sorts of consequences. Ultimately, hospitals will be forced to turn a blind eye to this person or to that person, because their situation justifies having free parking just as much as a carer's situation. It would be terrible for someone in the hospital car park to say, "Yes, you are a carer so you can have the free parking," but, "You have a disability, so no, you can't have free parking." I do not see how we can allow hospitals to get into such a situation, because that would be grossly unfair.

From time to time, there will inevitably be disputes about whether somebody is a carer. If the system uses badges, somebody may forget to take their badge. As a carer, they would be entitled to free car parking, but if they had forgotten their badge, the hospital would not have to grant it. I am not entirely sure how such disputes would be policed. Would somebody be on site to adjudicate, or would the hospital do so? What training and qualifications would such people be given? Is this something for the Parliamentary and Health Service Ombudsman to adjudicate on? Is the hon. Member for Burnley suggesting that a new adjudicating body should be created to settle hospital car parking disputes? Those are all practical matters that need to be considered. This is not an easy yes/no question. There will be disputes from time to time, so who will sort them out, how will it be paid for and who will organise it and set it up? Will the hospital be judge and jury on its system of parking charges, or will that be monitored by an independent board?

Mr Rees-Mogg: To follow on from that, will the public or the private appeals system for parking offences be used? The two are completely different and have different statutory backings.

Philip Davies: My hon. Friend makes a good point. I do not know. The Bill covers not only NHS hospitals but private hospitals, which is another factor that needs to be considered. The hon. Member for Burnley did not say anything about how this would work in practice. In effect, we are being encouraged to vote for a pig in a poke.

[Philip Davies]

The Bill will have unintended consequences. Hospitals may or may not be able to cope with the number of carers who use their car parks. The shadow Minister talked about the figures. According to the Department for Work and Pensions, just short of 721,000 people were claiming carer's allowance in February, and a further 408,000 were estimated to be entitled to it. In England, 613,000 people actually claim it, and a further 331,000 are entitled to it. The number of people entitled to it varies quite widely from region to region.

I do not know whether this is why the hon. Member for Burnley has introduced the Bill, but she may be interested to know—this will certainly be of interest to my hon. Friend the Member for Bury North (Mr Nuttall)—that the north-west has a very high proportion of people entitled to carer's allowance and a very high number who receive it compared with any other region in the country. I am not entirely sure of the reasons for that, but that is the fact of the matter, according to the figures from the Department for Work and Pensions. If, just under such a narrow definition, nearly 1 million people are suddenly automatically entitled to free parking in hospitals, how will hospitals cope with any potential increase in demand for car park places? Hospital car parks are bursting at the seams and unable to meet the current demand for car parking.

The principle of supply and demand is obvious in this regard. If the price of something is put up, the demand for it goes down, and vice versa. If we exempt people from car parking charges, an inevitable consequence will be a surge in demand. We all know that, much to the delight of my hon. Friend the Member for North East Somerset (Mr Rees-Mogg), car use is increasing in the UK. Presumably, the demand for hospital car parking places will get more acute as time goes on—something that he will no doubt welcome regally.

Mr Rees-Mogg: I do indeed. The more the motor car is used, the better. My hon. Friend is getting to the nub of the matter. One can ration either by price or by queue. There is no other way of determining how supply and demand meet.

Philip Davies: I am glad that we have got back to a situation where I am in agreement with my hon. Friend.

The Cumberland infirmary in Carlisle has outlined its concern over its four car parks on its website:

"We are currently experiencing unprecedented levels of cars requiring parking spaces at the Cumberland Infirmary."

It is already having that problem. How on earth is it expected to find the additional car parking spaces for carers to park free of charge?

In the north-west alone, 102,000 people are receiving carer's allowance and a further 60,000 people are entitled to it. That is 162,000 people just in the north-west who would be entitled to free car parking under this regime. Where on earth will they all go?

In the 2015 edition of the Department of Health's health technical memorandum entitled "NHS car-parking management: environment and sustainability"—they always have catchy titles at the Department of Health—Leeds Teaching Hospitals NHS Trust was quoted as saying:

"The car-park occupancy levels often reach and surpass 100%."

It is not as though there are lots of car parking spaces available to allocate to worthy groups of people who might need to use them.

Mr Rees-Mogg: I am momentarily puzzled about how the usage of a car park can exceed 100%. Are the cars crashing into each other or parked on top of each other? Can my hon. Friend explain?

Philip Davies: I suspect it means that people are parking in places where they should not be parking within the car park because there are not enough spaces, so they park somewhere where there is not a space.

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. I do not think we need to worry too much about going over the capacity of 100%. We need to concentrate on the Bill and worry about carers' parking.

Philip Davies: I very much agree, Mr Deputy Speaker. I will move on. I will discuss how it might work with my hon. Friend in the Tea Room afterwards.

Mr Chope: If there is increased demand for car parking spaces at hospitals and it is desirable that those hospitals provide extra provision, that has to be paid for. How will it be paid for?

Mr Deputy Speaker: I do not think that is our worry for today.

Philip Davies: Whether it is or it isn't, Mr Deputy Speaker, I will move on.

I asked my local hospital how many carers already use its car parking spaces, which very much is our concern today. It replied:

"The Foundation Trust is currently unable to determine how many carers use the designated hospital car parks. It would therefore be difficult to assess the potential impact on car parking revenue".

That goes some way towards answering the question my hon. Friend the Member for Christchurch asked. The honest answer is that we do not know what the impact will be on any particular hospital. My local hospital certainly does not know.

Julian Knight: My hon. Friend is making the important point that his foundation trust does not know how many carers park at the hospital. I have asked similar questions and have not received any answers. That shows that we do not know how much the Bill would cost the country if it were put in statute.

Mr Deputy Speaker: In fairness, we have had an hour of explaining that we do not know the cost of this. I am sure that we do not want to rerun that.

Philip Davies: Absolutely, Mr Deputy Speaker.

Although there are no official statistics on this matter, in the NHS car parking impact assessment for 2009, the Department of Health provided an estimate of the revenue raised from hospital car parking charges as a whole, which was in the range of £140 million to

£180 million. University Hospitals Birmingham NHS Foundation Trust raised £1.5 million from car parking in 2004-05. This measure would clearly leave a substantial hole in NHS hospital budgets.

As I have made clear, one consequence of the Bill would be increased car parking charges for people who do not apply for the free parking. One of my concerns is that we have already seen considerable increases in car parking charges at hospitals. Wye Valley NHS Trust has increased its average hourly rate from 33p in 2013-14 to £3.50 in 2014-15. I would be loth to put any additional cost on people who are using that car park. The Whittington health trust in London doubled its average hourly rate from £1.50 to £3, and Medway Maritime hospital in Gillingham increased its price for a five-hour stay from £5 to £8. Given that we are already seeing such huge increases in parking fees, I would not want to pass a Bill that would see people paying even more.

That point was highlighted by the British Parking Association in 2009, following the scrapping of hospital car parking charges in Scotland. It said:

> "Car parks need to be physically maintained, somebody somewhere has to pay. Charges were not introduced to generate income but rather to ensure that key staff, bona fide patients and visitors are able to park at the hospital. Without income to support car park maintenance…funds which should be dedicated to healthcare have to be used instead."

Barbara Keeley: On a point of order, Mr Deputy Speaker. The hon. Gentleman has been speaking for an hour and nine minutes, and we are now getting a lot of repetition. Many other people want to speak.

Mr Deputy Speaker (Mr Lindsay Hoyle): In fairness, it is for me to decide whether there is repetition. I certainly do not need any advice. You should not be questioning the Chair's ability to hold the speaker to account. I am sure that Mr Davies is well aware that many people wish to speak and that he wants to hear those other voices. He is in order, but I am worried that we will get into repetition. I certainly do not want to get bogged down in the maintenance of Scottish car parks. I am sure that he will move on quickly.

Philip Davies: I am grateful for that guidance, Mr Deputy Speaker. The hon. Lady has intervened on me more often than anybody else, which has held me up in making my remarks. My advice is that if she wants me to crack on, she should not keep intervening on me so that I have the opportunity to do so.

A big geographical inequality would result from the Bill because car parking charges vary wildly from one part of the country to another—from £4.26 in the north-east to £11.85—

Mr Deputy Speaker: Order. The hon. Gentleman has given a great number of examples. I do welcome examples, but there is a limit to how many we need. I think that people can get a flavour of the arguments from the examples he has used. Hopefully he will bring something new to the Chamber. If not, I am sure that he would like to hear somebody else. I am sure that some of his colleagues are desperate to speak.

Philip Davies: I am very grateful, Mr Deputy Speaker.

I will turn to the example that the hon. Member for Burnley used in her remarks, which she encouraged me to reflect on. As she said, at the end of last year, Torbay and South Devon NHS Foundation Trust announced that it would offer free parking to registered carers at Torbay hospital. I should point out that that scheme, unlike the Bill, is offered specifically to unpaid carers, rather than people who receive carer's allowance. That is not what the Bill proposes, despite the impression the hon. Lady wanted to give. The interim chief executive of Torbay hospital, Dr John Lowes, said in December 2014:

> "Family members and friends who provide unpaid care to our patients at home are invaluable, so we wanted to do something to make their hospital visits a little less stressful, and to demonstrate that we really do value what they do."

He explained that the system was being implemented with the involvement of the established local care providers and that

> "if someone is registered with either Devon or Torbay Carers Services, they just need to display their Carers Card on the car dashboard whilst they are parked in the public pay and display areas, and they will not be charged for parking."

There are two points to make about that. First, the hon. Lady argued that what happens in Torbay shows why we can happily roll out the scheme across the country, but my view is that it is a perfect illustration of why we do not need legislation. Torbay has managed to do it without any legislation in a way that suits its local requirements, which is what I want to see.

Secondly, I know from my own experience that there is a problem with having a card displayed on a dashboard in a pay and display area, which is effectively what happens with blue badges. Anybody who has been involved in that area knows that people hand their badge to someone else to use—a member of their family, or whoever. It is not right—it is a terrible thing—but it happens, and we cannot ignore the fact that it would happen under the system proposed in the Bill.

Mr Rees-Mogg: I just want to say that I am sure things like that do not happen in Somerset.

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. And I am sure that it is not part of the debate for today.

Philip Davies: Thank you, Mr Deputy Speaker. Again, I will move on.

As the Torbay scheme is the nearest to the one that the hon. Member for Burnley proposes, I asked some questions through freedom of information requests about the impact and take-up of the scheme. I asked how many people had used the scheme since it was introduced, and the reply from Torbay was:

> "We are unable to provide you with the information requested as it is not held electronically or in a central location. We do not record the details of carers, only a verification that they are on the register."

We do not even know how many people take up the scheme that has been introduced.

Mr Chope: Surely that is a good thing, because it shows that there is a light-touch approach without too much bureaucracy and administration.

Philip Davies: I very much agree, which is why I think the Bill is unnecessary. This can be done much better locally than by central Government diktat.

Gloucestershire Hospitals NHS Foundation Trust has also set up a scheme for carers, aiming to support their needs when they visit hospitals. It asks that carers make hospital staff aware of their caring responsibilities, and it also mentions that they may be entitled to a carer's badge that they can use during a hospital stay. That entitles the carer to exemption from parking fees, but also to reduced meal costs in the hospital restaurants, free drinks on the ward and the use of toilet and washing facilities in the ward area. When we allow local hospitals the freedom to do their own thing, they can give carers an enhanced service that is much better than what the hon. Member for Burnley proposes. I fear that if there were a central Government diktat that was bureaucratic and difficult to implement, areas such as Gloucestershire would scale back the other benefits that they gave carers and instead just meet the requirements of the law.

It is perfectly clear that the Torbay and Gloucestershire schemes have completely different ways of working and of identifying eligible carers. If it works at local level, all is well and good, but that would not be possible under the Bill.

Mr Rees-Mogg: Is my hon. Friend saying that carers who currently receive the benefit of free parking would have to be removed from the Torbay scheme if the Bill were brought into law, because they would not qualify and Torbay would have to change the scheme?

Philip Davies: That is my reading of the situation. Because the definition of carers in the Bill is different from that used by Torbay—

Mr Deputy Speaker: Order. May I just say that we have covered Torbay? The hon. Gentleman has moved on, but unfortunately the hon. Member for North East Somerset (Mr Rees-Mogg) keeps wanting to drag him back to what he has already covered. I know that he does not want to go back to that.

Philip Davies: I am pleased that you have acknowledged that I am being led astray, Mr Deputy Speaker.

Mr Deputy Speaker: But a little bit too easily.

Philip Davies: In which case we must look at the Bill itself, Mr Deputy Speaker, if that is what you are urging me to do.

The Bill is called the Hospital Parking Charges (Exemptions for Carers) Bill, but it would actually apply to all health service providers, both public and private, and not just hospitals. I do not think many people appreciate its true scope. Clause 1 states that bodies that provide healthcare must

"make arrangements to exempt qualifying carers"

from car parking charges. That applies to

"any National Health Service hospital, walk-in centre, GP practice or other health care facility to which patients are admitted, or which they attend, for diagnosis, testing, treatment or other appointment relating to their health",

so we are not just talking about hospital car parking charges. It also extends to private hospitals, so not only are we dictating what should happen in the NHS, but we are telling private hospitals what they should do. Many people might argue that those who can afford private healthcare treatment can also pay for car parking. Whether that is a legitimate use of resources is a different matter.

Mr Rees-Mogg: I wonder whether the Bill's proponents have considered the human rights implications of taking a revenue source away from a private company without compensation. The Bill makes no provision for compensation.

Philip Davies: That is a very good question, and I do not know about that. My understanding is that Bills have to be certified to say that they fulfil obligations under the Human Rights Act and all of that stuff, but I do not know whether that applies to private Members' Bills. My hon. Friend raises an interesting point, and I am not sure what the answer is.

Clause 2 is an attempt to define who would qualify. It states:

"A qualifying carer under section 1(1) is a person who…receives the Carer's Allowance, or…has an underlying entitlement to the Carer's Allowance."

I have no idea where to begin with that. To claim carer's allowance, a person must provide at least 35 hours a week of care for a severely disabled person receiving one of the following benefits: the middle or highest rate of disability living allowance; attendance allowance; the daily living component of personal independence payment; constant attendance allowance at or above the normal maximum rate with an industrial injuries disablement benefit, or at the basic rate with a war disablement pension; or armed forces independence payment. The person applying must be at least 16 years old, meet residence and presence conditions, not be subject to immigration control and not be in full-time education or gainfully employed. Anyone entitled to carer's allowance would automatically receive free parking at hospitals under the Bill, whether they frequently visited hospital or not.

The hon. Member for Burnley has specifically identified that the members of the caring community who should be entitled to free parking are not only those who receive carer's allowance but those who have an underlying entitlement to that allowance. I do not understand how on earth a hospital is supposed to know whether somebody has an underlying entitlement. The benefits system in this country is incredibly complex, and I would prefer our NHS hospitals to concentrate on the complicated process of providing the appropriate treatment to the right patients rather than have to be bogged down in Department for Work and Pensions rules on who is eligible for a particular benefit. That is what the hon. Lady is asking them to do in clause 2—to understand who is eligible for the benefit, not just who receives it.

As the hon. Member for Worsley and Eccles South made clear in an intervention, many people in this country care for people but are neither recipients of carer's allowance nor eligible for it, because of the restrictive entitlement definitions. Why would we want to exempt some carers from parking charges but not others? That seems very unfair. I tried to get some information about what defines a carer, and it is not necessarily the same as what qualifies somebody for carer's allowance. We need some flexibility on that.

I want to move on, because other Members want to speak. Clause 3 sets out provision for the Secretary of State to issue guidance and regulations through statutory instruments about the implementation of the duty to exempt carers from car parking charges. It is an important part of the Bill. It is something that we often see in private Members' Bills: whether the Bill has merit or not—I am trying to flag up some serious concerns about that—the Member in charge includes a provision that would allow Ministers to extend the Bill's requirements with the stroke of a pen and with barely a breath being taken. Clause 3 is a dangerous part of the Bill, because a Secretary of State or Minister could come along and say, "Actually, I've decided that we're going to extend this left, right and centre", and the hospitals will just have to implement it. That is very worrying.

Clause 4 would introduce a

"Duty to establish a scheme for exempting eligible carers from hospital car park charges."

I think I have sufficiently covered who that would apply to and why it is a dangerous path to go down. Clause 5 states that a person would be eligible for free hospital car parking if they are assessed by a local authority under section 10(5) of the Care Act 2014, and it would change the provisions of that Act. It therefore seems to me—perhaps the hon. Lady will correct me—that under clause 5 eligibility could be granted on an intention to provide care, rather than someone actually being a carer. I am not sure how well that has been thought through.

Mr Rees-Mogg: Can my hon. Friend explain whether under clauses 2 and 5 somebody can quality for this allowance but not be eligible, or be eligible but not qualify?

Mr Deputy Speaker: If the Bill goes to Committee, such points can be teased out and straightened out there, rather than on the Floor of the House today.

Philip Davies: My hon. Friend makes an interesting suggestion. I contend that the Bill is so flawed that it cannot be rescued in Committee, or that rescuing it would involve filleting it to such an extent that it would come out barely recognisable, which would be a pointless exercise. I appreciate that such issues could be considered in Committee—as ever, Mr Deputy Speaker, you are perfectly right.

Clause 7 says that the Act must come into force

"12 months after the day on which this Act receives Royal Assent."

There are two pertinent points about that. If it is so unjust for carers to pay hospital car parking charges, how can the hon. Lady justify requiring them to pay charges for another year? Why not introduce the change much sooner? I think I know the answer to that question, and it reinforces my argument. I think the hon. Lady realises that the provisions in the Bill would be a logistical nightmare to implement, for some of the reasons that I have already mentioned—I am sure there are also many others. She probably realises that to make anything of the Bill it would require at least a year to come up with anything that makes any sense. It is interesting that such a measure is part of the Bill, and it justifies my concerns. The hon. Lady said that she would like the measures in her Bill to be extended in future to cover other people. She made the point that this is a good start—

Mr Deputy Speaker: Order. That is speculation for another day. We are dealing with the Bill before the House, not what might be before us in future. I know that the hon. Gentleman is desperate to hear the views of other hon. Members, and I am sure his colleagues are desperate to speak.

Philip Davies: I agree. This is hard work, Mr Deputy Speaker, and you are right—I am anxious to press on.

Mr Chope: Before my hon. Friend concludes, will he address clause 7(2) which states that the Act extends to England only? Does he think that, as with free school meals, there will be Barnett consequentials?

Mr Deputy Speaker: I reassure the hon. Gentleman that we are not going to open that can of worms today. Philip Davies, I know that you want to get beyond clause 7 and to your conclusion.

Philip Davies: I knew it was a mistake giving way to my hon. Friend, and that he would try to lead me astray once again. I will leave him to consider Barnett consequentials in his remarks—I am desperately trying to reach a conclusion.

I appreciate that the hon. Lady genuinely wants to help carers, and if the principle behind her Bill is to support carers, I will happily support that principle. However, of all the worthwhile issues and campaigns championed by different carers organisations and charities, it seems that she has picked the one dud. I would have been happy to support many other campaigns for carers had she raised them. For example, parent carers could be offered an assessment rather than having to request one for their children, and we could introduce measures such as:

"Clear recognition in law that parent carer assessments and services must have the promotion of their well-being at the heart of what they do.

Consolidation of legislation on parent carers from three different Acts".

I would have been prepared to support such worthwhile campaigns to help carers, but I fear that the hon. Lady has picked the wrong campaign. For future reference I urge her to consider some of the other campaigns that carers organisations would like to be raised. I think she would get a lot of support from across the House and—I hope—from the Government.

In conclusion, the Bill is ill-thought through and many areas are far too vague. It will be a logistical nightmare to enforce and implement, and it would cost NHS trusts up and down the country millions of pounds, forcing higher charges on other visitors, or risking patient services. It would exempt a lot of people who are just as worthy recipients of parking concessions—I think that the Government's guidance on hospital car parking is far more sensible than the provisions in the Bill, and they encompass more people who deserve to be considered. Hospitals already have power to implement the policy suggested by the hon. Lady if they wish, and perhaps on reflection she should go away and come back at some point in future with a different Bill. I have not mentioned the money resolution consequences of this Bill, but I hope that others will consider that issue. I have not seen any money resolution proposals.

[Philip Davies]

Finally—very finally—I have people visiting Parliament today, so I apologise in advance if I cannot be here for the entire debate. I will try to stay for as much as possible because it is an interesting discussion.

Mr Deputy Speaker: Don't let us disturb you. I think your guests are waiting for you.

Philip Davies: Perhaps they are, perhaps they are not—I do not know. I genuinely wish the hon. Lady well in her time in the House, and I do not doubt the worthy sentiment in this Bill. We all support what carers do in this country, but I think the Bill is misguided.

11.38 am

Mr Khalid Mahmood (Birmingham, Perry Barr) (Lab): I congratulate my hon. Friend the Member for Burnley (Julie Cooper) on this important and hugely needed Bill. Unfortunately, owing to the assassins on the Government Benches—one of them has just left the Chamber—more than two hours of time has, bizarrely, been taken up, and I do not think that I will be able to go into all the important issues that I wished to raise. People are concerned about this procedure. A lot of people, including my constituents, are looking forward to the consequences of what happens today, so I will certainly not take up as much time as that taken by the hon. Member for Shipley (Philip Davies).

This is an important issue, as I know from my experiences over the past six years or so. Having suffered from renal failure and been in hospital on dialysis, I saw a lot of other people like me. On average, a person on dialysis spends at least five hours in hospital, and they mostly need some sort of support, including from carers who incur huge costs. That is three times a week on a regular basis. On top of that, those on dialysis have to come to hospital for the other procedures—blood tests and so on—that are required. That is just one group of people who need the service on a regular basis, but many other patients with long-term conditions need hospital appointments and procedures to bring them back to good health.

The people who support patients have a huge amount of responsibility and they provide a service to all of us who support the NHS and to hospital nursing staff. They do a huge amount of work with hardly any compensation and the Bill would allow us to support them. These are excessive charges. Some sit here and argue the point, but some of the people and friends alongside me for treatment were in very difficult circumstances. When they finished dialysis, they were hardly in a position to walk out on their own. A large number of people required support, and they were just those on dialysis for renal failure.

Margaret Greenwood (Wirral West) (Lab): Does my hon. Friend agree that carers provide an invaluable service to the people they care for, doing day-to-day tasks such as washing and feeding, and providing friendship and social interaction? All the things they do behind the scenes they do out of love, but in doing so they are working very hard for wider society. As that society, we should, in turn, support them.

Mr Mahmood: I wholly agree with my hon. Friend. The services that carers provide are really beyond the call of duty and any compensation they might receive would not account for that. They provide huge support to nursing staff pressed by the shortages that currently exist in our hospitals. The huge amount of support and love they provide comes at great financial cost, and that is why I support the Bill. They are making a huge contribution to society, as well as to the people they support.

The hon. Member for Shipley went around the issue of parking about 25 times and back again, but the questions he asked were not substantive. As Mr Deputy Speaker helpfully pointed out, if he and his colleagues are really interested in this subject, they can sit down in Committee and raise the issues there rather than breaking down the issues in the Bill at this stage, which is their intent. Carers in their constituencies should take note of that and hold them to account.

Parking charges are excessive. This is not the first time I have raised this issue. I have raised it a number of times in Birmingham, because it affects the people who are least able to pay. The biggest issue is how to have some sort of discount. Offers are available, but they are hardly ever advertised and people are not aware of them. Many hospitals employ private contractors and it has been claimed that it is very easy to negotiate with them, but it can be very difficult to go through the bureaucracy to get that discount. The hon. Member for North East Somerset (Mr Rees-Mogg), who is no longer in his place, talked about human rights. It is interesting to hear a Conservative Member talk about human rights, but what did he do? He talked about the human rights of the car parking contractors. These are the people who drive around in Porsches with special number plates. That is what Conservatives believe in. The real issue is support for carers. They are the ones who need support.

Comments have been made about the technicalities of sorting out carers parking. That is not the problem. Who comes in and who goes out can be verified, and that currently happens. The hon. Member for Solihull (Julian Knight), who is also not in his place, mentioned problems associated with city centre hospitals. There are procedures that deal with that quite easily. The Bill would not make parking free for everybody. Tickets would be validated only within the hospital. People could not park and then go off to the city centre to go shopping. A huge number of red herrings have been raised by those Government Benches. The intention of the Bill is clearly to give very vulnerable people more of the support they need. Carers in the north-west are not paid a huge amount. They do the job because they want to support the people they are caring for. That is the main issue. That is the problem.

Contractors make a huge profits. There has been a national campaign in the newspapers and we should back it. I see the hon. Member for North East Somerset is back in his place. He wants the human rights of parking contractors to be considered over the human rights and liberties of carers.

Mr Rees-Mogg: Will the hon. Gentleman give way?

Mr Mahmood: I am not going to give way to anybody on the Government Benches. They have wasted enough time, so I will not indulge them.

We have to support this important Bill, because it would provide support to the people who pay in a huge amount to society. I was glad to hear Conservative Members talking about using public transport. The problem with public transport is that services do not run as well as they should. They do not run late, so somebody receiving dialysis in the evening may not be able to manage and carers may not be able to get a bus at that time. If no buses are running they will have to pay for a taxi, which is a lot more expensive. People use their own cars because of the equipment they might sometimes need to carry or if they have to drive their children. Some carers bring their children into the unit—the children can sit and do some work while the dialysis take place—because there is no one else to provide childcare.

These are all very significant and important issues and concerns. The Bill is a small measure. People say the NHS will go bankrupt, but the money generated does not go back to the NHS; it is paid to private contractors who hold the car park licences and make a huge amount of money, as has been pointed out in the newspapers and by the national campaign. That is the real issue and we need to deal with it. We need a lot more action, rather than the huge amount of jaw that has, and will, be expended by other Members. We should have a vote and show our support for carers. They care for the most vulnerable and they are sometimes the most vulnerable themselves.

11.48 am

Mr David Nuttall (Bury North) (Con): It is a pleasure to follow the hon. Member for Birmingham, Perry Barr (Mr Mahmood), who gave us his take on the Bill, although I feel the matter is a little more complicated than he would have the House believe.

I congratulate the hon. Member for Burnley (Julie Cooper) on coming fourth in the ballot for the right to bring in a private Member's Bill—as a new Member entering the ballot for the first time, she has done very well indeed—and on choosing such an important topic. I do not know if she does the national lottery, but if she does—

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. Obviously, congratulating the hon. Lady is a good way of taking up time, but actually I did the draw, so if the hon. Gentleman is going to congratulate anybody, I think it should be me. However, I do not want us to get bogged down in that, because I know he wants to get straight into the Bill, on which I would welcome his comments. I know he would rather talk about the Bill.

Mr Nuttall: Of course, you were there, too, Mr Deputy Speaker, doing the draw, and very well you did it as well. As you know, however, because it is done in reverse, coming first actually means coming 20th.

Mr Deputy Speaker: Order. Let us leave it there for today.

Mr Nuttall: I will move on.

This is the first Bill to come before the House for its Second Reading since the new Standing Orders were introduced last week on what generally is referred to as "English votes for English laws" but what I prefer to call, more accurately, "English vetoes for English laws". The new Standing Orders make it clear that the new procedures do not apply to private Member's Bills, but it is worth noting—

Mr Deputy Speaker: Order. They do not apply to private Members' Bills, so we do not need to discuss them. Seriously, a lot of Members still wish to speak, and I do not want any filibustering. I know that people are interested in the Bill and want to concentrate on it.

Mr Nuttall: I am grateful for the work carers do in my own constituency, particularly at the carers centre I visited recently, which provides a wide range of activities and support for those who undertake the often unsung job of caring for a loved on. I also pay tribute to the work that Carers UK does, as the principal national charity for carers. Of course, it very much supports the Bill, in this its golden jubilee year.

The aim of the hon. Lady's Park the Charge campaign, which has resulted in the Bill, is to improve the financial position of carers who have to use hospital car parks by exempting them from car parking charges. Without doubt, the Bill is well intentioned, and no one from across the House would disagree with the proposition that helping those who selflessly care for others is a worthy aim. The first difficulty, however, facing anyone determining the size and nature of a group is that of definition, and that applies to carers as much as to any other. Carers UK says there are 6.5 million carers in the UK, with 5.4 million of them living in England. As I tried to mention earlier, the Bill only applies to England so that is the relevant figure.

Carers UK goes on to state that these people are providing unpaid care for their loved ones, saving the economy an enormous £119 billion each year, yet its research found that 48% of carers were struggling to make ends meet, and 45% said that financial worries were affecting their own health. It is no surprise, therefore, that Carers UK and the Bill seek to alleviate one of the financial pressures on carers—hospital car parking charges. However, I have several concerns, ranging from the Bill's drafting to its financial implications and potential impact on other groups.

It is not clear to me how we can objectively determine who should and should not be expected to pay for car parking, as we would be doing if we started centrally exempting one particular group as being more deserving than another group. It would seem preferable to allow individual NHS trusts to continue making such decisions locally. Otherwise, on the face of it, we seem to have here a fair and reasonable proposal. Indeed, my initial thought was that it sounded like a good thing to do, and I suspect that most people's instinct would be to support the Bill simply because of the title.

I know that the hon. Lady has campaigned on this issue with the best intentions, but I want to deal precisely with the exemptions she seeks to introduce. The Bill would exempt two groups of carers. The first is defined in clauses 1 to 3. Clause 2 states that beneficiaries of an exemption would either be in receipt of carer's allowance or have an underlying entitlement to it. Carer's allowance is a taxable benefit currently set at £62.10 a week to help a carer look after someone with substantial caring needs, and it is paid to the carer, not the recipient of the care. To qualify, the applicant must be over 16, spend at

[Mr Nuttall]

least 35 hours a week caring for someone, have been in England, Scotland or Wales for at least two of the last three years and not be in full-time education or studying for 21 hours a week or more. The person in receipt of care must receive qualifying benefits, such as the daily living component of the personal independence payment, the middle or highest care rate of the disability living allowance, attendance allowance or the armed forces independence payment.

That is the first group to which we can start to put a number. According to Department for Work and Pensions figures, as of February, 721,000 people were receiving carer's allowance, so these people would be the first group that would clearly qualify under the criteria. However, the Bill would go further, by also including within the first group all those who have what is referred to as an underlying entitlement to carer's allowance. The term "underlying entitlement" refers to the fact that a claimant cannot usually receive two income-replacement benefits together—for example, carer's allowance and the state pension. This is called the overlapping benefit rule. If a person is not entitled to be paid carer's allowance because of this rule, they are said to have an underlying entitlement to carer's allowance instead. This might mean they could get the carer's premium in jobseeker's allowance and income support, the extra amount for carers in pension credit or the carer's allowance element of universal credit. The importance of including those people is that the Bill would otherwise exclude carers in receipt of other benefits, such as the state pension, bereavement allowance, contribution-based employment and support allowance, contribution-based jobseeker's allowance, incapacity benefit, industrial death benefit, maternity allowance, severe disablement allowance, universal credit, war widow's or widower's pension or widow's pension.

Not surprisingly, the inclusion of these people significantly increases the number of those eligible under the Bill. DWP figures, as of February, estimate this group to number 409,000. Taken together, therefore, clauses 1 to 3 could exempt approximately 1.13 million people. These people are either receiving carer's allowance or have an underlying entitlement to it. As the hon. Lady will be aware, in the north-west, where both our constituencies are located, there are 163,000 such people. To give some idea of the massive increase in the number of carers in recent years, I should add that the figure of 1.13 million is up from 451,000 in February 2000.

If, however, the definition of entitlement is applied in strict accordance with clause 2, the Bill would exclude, a university student caring for a disabled parent, for example. I suspect that the second group of potential beneficiaries was defined for people in such a position. The Bill therefore draws a distinction between a "qualifying carer"—someone caught by clause 2—and an "eligible carer", as defined in clauses 4 to 6. My hon. Friend the Member for Shipley (Philip Davies) touched on this, and I pointed out in an intervention that the figure of 1.13 million—the figure quoted by Opposition Members as being the total number involved—seemed to ignore completely those included under clauses 4 to 6.

Clause 5(1)(a) defines the eligible carer as someone who

"has been assessed for free hospital parking"

by virtue of an amendment to the Care Act 2014, which this Bill would insert. The Bill proposes to amend section 10 of the 2014 Act, which deals with carer's assessments. A carer's assessment is made by a trained person either from the council or another organisation that the council works with. The Bill will make it a mandatory requirement for the assessor to assess

"whether the carer should be eligible for free hospital…parking".

This is in addition to assessing, as outlined in the rest of section 10—

"(a) whether the carer is able, and is likely to continue to be able, to provide care for the adult needing care,

(b) whether the carer is willing, and is likely to continue to be willing, to do so,

(c) the impact of the carer's needs for support on the matters specified in section 1(2),

(d) the outcomes that the carer wishes to achieve in day-to-day life, and

(e) whether, and if so to what extent, the provision of support could contribute to the achievement of those outcomes."

It is not clear at all on what basis the assessor is expected to make this decision. If only eligibility or underlying eligibility to carer's allowance is going to be checked, this provision is superfluous, as such people would be covered in the first group. If some other criteria are to be applied, there is nothing in the Bill or in any guidance notes—no such notes have been issued—to suggest what that might be.

Returning to my example of the student who is caring for a parent but cannot get carer's allowance because of their studies, clause 5(1)(b) perhaps comes to the rescue. It says an "eligible carer" is a person who

"provides or intends to provide substantial care on a regular basis, other than by virtue of a contract or as voluntary work and has been certified as such by an appropriate clinician."

I believe that the meaning is ambiguous. What does "intend to provide" mean? How far into the future is it expected that the care will be delivered—within the next week, the next month, the next year, or what? The Bill does not say. Or is a fixed timescale not required; is consideration of caring enough. What constitutes "substantial care" in this provision? Is it the 35 hours a week required to be eligible for the carer's allowance, or is it fewer than 35 hours a week? We need to know, because the Bill is asking an assessor to be the ultimate arbiter of whether someone is entitled to free hospital parking charges.

Suddenly, the number of people who might benefit from free hospital parking becomes a lot less certain. The first group gave us 1.13 million people. How many more of the 5.4 million carers estimated by Carers UK to be living in England would be included in the second group? We simply do not know.

Mr Rees-Mogg: Does my hon. Friend agree with the further point that clause 5(1)(b) might provide an incentive to increase the total number of carers because people would have a strong need to say that they were carers or had the intention to be carers—even if the reality were completely different, which would mean falsely inflating the figures?

Mr Nuttall: There is always a danger with any scheme, as with the blue badge scheme, that some people will try to use it for their own ends. I hope it would be only a minority, but that danger exists. The assessors would

need to be aware of that; they would need to be constantly on the lookout for people who were not genuine cases. That is what I think my hon. Friend is getting at—that some people might "try it on" to their own advantage.

Given that there are no explanatory notes and no impact assessment for the Bill, it is worth considering what has been done in the past. Fortunately, under the last Labour Government, an impact assessment was done—the NHS car parking impact assessment, which was published in December 2009. It estimated that there were 46 million in-patient visitors a day. We do not know how many of them are carers, but as we shall see, car parking charges vary significantly around the country. Regardless of the precise number, it is inevitable that one consequence of the Bill would be to divert part of the healthcare budget that could otherwise be used for front-line national health services—potentially life-saving services—to cover car parking maintenance and all the associated costs ranging from maintenance to administration and dispute management.

The Bill places Members here in the unenviable position of being asked to single out one particular group of people as being more deserving of financial assistance than any other. Without an exact number of those eligible for exemption, it is difficult to know how much money we are talking about in each area that the Bill would take out of the healthcare budget.

At the Bill's heart is the principle of whether it is right to charge for parking at a hospital or other healthcare facility and, if so, which if any group should be exempt from those charges. I appreciate that some of the public—perhaps virtually all the public—take the view that charging to park a car at a hospital is simply an attempt to make a profit for greedy hospitals or, worse still, for nefarious parking companies. If that were the case, I suspect there would be universal condemnation of such a practice, but of course it is not the case.

Hospital car parking charges in our national health service are what are called "an income generation scheme". They are not just an extra-revenue scheme for hospital managers to provide comfier chairs or profit for private parking company executives to fund their jollies to the Seychelles. In 2006, the Department of Health issued guidance called "Income Generation: car parking charges —best practice for implementation", which was subsequently revised in the same year. This guidance clearly states that to qualify as an income generation scheme, 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."

If a scheme such as car parking charges at an NHS hospital ran at a loss, it would not be acceptable. The Department of Health's guidance goes on to state that

> "the profit made from the scheme, which the NHS body would keep, must be used for improving the health services".

The current guidance therefore prevents public money that should be used for patient care from being used to subsidise a loss-making scheme.

Clearly, if the Bill became law, it would inevitably affect the amount of income that a scheme would generate, meaning either that there would be knock-on effects for other users of the car park who are paying for it or that the health authority would be faced with the question of whether to start to subsidise it. It cannot do so because of the guidance, thus raising the question of whether the guidance would need to be revised in the regulations anticipated in the Bill. It is a principle that the Bill could reverse or it could open a door to making such a change.

Julian Knight: My hon. Friend is providing a forensic discussion of the Bill and all its parts. Does he agree that we could end up with hospital trusts seeing staff members taken off the front line in order to administer these schemes, or even with administration staff, who would be better deployed in the hospital, being brought in to ensure that the right people get the free hospital parking.

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. I think we have heard this question before. Mr Davies was asked whether staff would be taken from the front line. We are going over ground that has already been covered. This is about a Bill, about car parking, and about the benefit of carers. What I do not want to do is become involved in speculation. We are not here to speculate about the future.

Mr Nuttall: I was about to say exactly the same thing, Mr Deputy Speaker, but I do not think that my hon. Friend the Member for Solihull (Julian Knight) was in the Chamber when someone made what I agree was a very similar point. I will merely say that, undoubtedly—I think that Members in all parts of the House will agree with this—the scheme will have to be administered somehow. It is not going to run itself. Someone, somewhere, will be required to run it, either someone new who has been brought in or someone who is currently doing another job in the hospital.

I do not know whether, as part of her preparation for the Bill, the hon. Member for Burnley ascertained how many national health service trusts in England might have to alter their price structures—that is, increase their parking charges to avoid falling foul of the income generation principle—if the number of exempted carers were to be as significant as it appears. I do not know whether she proposes to scrap the principle of not running a scheme at a loss, as required by the 2006 guidance from the Department of Health. The NHS Confederation, which is the membership body for some 500 organisations that plan, commission and provide NHS services, says:

> "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."

Most trusts make it clear that the income they receive from car parking charges goes towards covering the maintenance of the car park: for instance, the security, facilities and staff. To be specific, we are talking about the ongoing costs of anything from lighting to CCTV, footpath and cycle path maintenance, car park surfacing, and the employment of enforcement and security staff. If there is any money left over—and some trusts have no surplus from their car parking—it must, in accordance with the guidance, be used to improve local health services.

[Mr Nuttall]

The Government have already been active in ensuring that information about parking is made very clear to members of the public, and I think it perfectly fair and reasonable to require trusts to ensure that that information is clearly visible on websites and in patient information in, for instance, letters. Patients are entitled to the reassurance of knowing that the purpose of the car park charge is not to provide the NHS with an additional, excessive income stream, but to provide for the car park in the first place. Charges, therefore, are used primarily to cover the running costs of the car park, and if there is a surplus, it cannot be used for other pet projects.

I referred earlier to the 2009 NHS car parking impact assessment. The then Labour Government commissioned the detailed, 61-page assessment of the costs of introducing free car parking. It concluded:

"On the available evidence there is scope for this policy to have both a positive and negative impact, both for older people and the disabled."

Despite that rather mixed finding, Labour's 2010 manifesto pledged to scrap hospital car parking charges. Five years later, however, at the time of this year's May general election, Labour appeared to reverse its view, and to decide that the policy was now unworkable. I look forward to hearing from the shadow Minister later whether that is still the position of the official Opposition. In fact, the Bill runs contrary to the principle that individual trusts feel that it is right to set parking charges according to their own financial situations. Only yesterday it was reported that the Oxford Health NHS Foundation Trust was consulting on the introduction of parking charges at its community hospitals.

What are hospital car parking charges actually paying for? That is a perfectly legitimate question for people to ask. It is reasonable to say that visitors and patients do not generally have a great deal of choice when it comes to parking at a hospital. There is usually just one car park operator, and patients, staff and visitors are therefore a captive audience. In some town centres, one might be fortunate enough to have the choice of a cheaper place in which to park, but for hospitals there is no market incentive to keep costs under control.

In December 2010, the British Parking Association, which is the largest professional association in Europe representing parking and traffic management organisations, released a charter of best practice for parking in hospital car parks. Understandably, given the large number of disabled users, it set high standards. The Charter for Hospital Parking stated that hospital parking operators should provide

"good lighting, high standards of maintenance for structures and surfaces, payment systems and equipment that are easy to use and understand, signs that are clear and easy to understand"

and

"clearly marked parking bays."

Patients and visitors will understandably want a safe and secure environment in which to park when they go to their local hospital, or, potentially, a hospital that is out of their immediate area if they are receiving specialist treatment. As Carers UK points out, attending hospital can be a stressful experience for patients and visitors. The last thing they want is to have their car broken into, or to spend 20 minutes driving round in circles because entrances and exits are not marked properly, or to be stuck facing a ticket machine that does not work with the threat of an unfair penalty charge looming. Patients, and their carers, visitors and staff, will quite reasonably expect a properly maintained car park with proper lighting and adequate security, along the lines of what is set out in the charter, whether the purpose is to guide a daytime visitor with proper and effective signage or to protect the doctor or nurse who gets into the car at 3 am in the dark after a long shift.

The charter also states:

"Parking charges can help to pay for maintenance and management services, and prevent these from becoming a drain on healthcare budgets. Therefore, we encourage NHS Trusts and car park operators who manage hospital car parks to sign up to this charter and to abide by its letter and spirit."

So far, 24 hospital trusts have signed up to the charter.

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. This is very worthy, and it is great to acquire this extra knowledge, but it is not really anything to do with carers. The hon. Gentleman has got on to nurses and lighting, and I understand all that, but, worthy as it is, it is not in the spirit of what we are meant to be discussing.

Mr Nuttall: Parking places are finite, Mr Deputy Speaker. If the Bill encouraged more carers to visit hospitals, which is what I think would happen, it would make it easier for them to gain access to car parks, and one consequence of that might be a knock-on effect on the income that would—

Mr Deputy Speaker: Order. I understand the point that the hon. Gentleman is trying to make, but it has already been well thumbed. As the hon. Gentleman knows, it was covered very thoroughly by Mr Davies, and I do not want him to repeat everything that Mr Davies covered. I think that, in his hour and a half, Mr Davies did not leave a lot of scope, but this is one point that he made sure we were well aware of.

Philip Davies: It is worth repeating.

Mr Deputy Speaker: Only in your opinion.

Mr Nuttall: The problem with selecting a group to exempt from parking charges is the necessity of considering other groups, and deciding which groups it is fair to charge and which groups should be exempt. Is it fair to exempt a particular visitor, albeit a carer, but to charge a clinical support worker who parks at the hospital every day? It could be someone with children or other dependants, working and acting as a carer but not in receipt of carer's allowance.

Fairfield general hospital in my constituency comes under the Pennine Acute Hospitals NHS Trust. According to figures from the northern commissioning region for the latest available year, I understand it is one of the trusts that charges on average 11p per hour for staff to park. I have to say that the trust sets out very clearly what its charges are for hospital car parking, and it provides a range of concessions. I take note of your stricture, Mr Deputy Speaker, so I will not read them out, but it is fair to say that it has obviously looked at this question and considered the various groups that should be entitled to a concession. For example, it has picked out blue badge holders, patients and visitors

who need to attend on a frequent or regular basis and those who need to visit because they have suffered the bereavement of a loved one.

Such a scheme would be put in danger, and the trust would have to revisit it, which would undoubtedly have an effect on the viability of that scheme. Is it fair to charge a spouse or partner of a cancer patient who is still working and does not get carer's allowance if they are too busy to get certified as eligible for hospital parking charge exemption, as required under clause 5 of this Bill? The Bill would require them to be approved in advance, and there will be many other deserving cases not covered by the Bill. The Bill does not seek to exempt people because of their low incomes, which is one a weakness. Some of the carers may well be in straitened circumstances, but there may be others who would be able to pay the charge, whereas some members of other groups would not be in that position.

The conclusion may well be that the fairest answer is not to exempt any groups but to make car parking free for everyone, as has happened in Scotland and Wales. Aligning us with those countries would be a popular idea with many people, but we must not forget that it would mean taking hundreds of millions of pounds out of the healthcare budget. The 2009 impact assessment suggested that the cost then would be between £140 million and £180 million. In six years' time, it is reasonable to assume that cost would have increased enough to pay for 13,000 band 1 clinical support workers or 9,000 band 5 nurses. We have to ask what we think it is right to spend the healthcare budget on: patient care or free or reduced car parking.

Mr Rees-Mogg: Perhaps my hon. Friend intends to mention it, but he is ignoring the reduction in the availability of spaces that would come about without charges—people would be able to park all day, and there would be much less control. It is not going to make it easier for carers to park if all the spaces are taken and they are blocked.

Mr Nuttall: My hon. Friend is right. The fact is that in September 2014 the then Health Minister, my hon. Friend the Member for Central Suffolk and North Ipswich (Dr Poulter), noted in a debate that 40% of hospitals now do not charge for hospital car parking. They are likely to be in rural areas where there is less demand for parking—where it is easier to provide parking and there is less pressure on it. I suspect the reality is that a hospital with a car park in a central location in a busy town or a major city centre has no choice but to have a car parking charge. That is the reality of life. If it were be free, there would just be chaos; essentially, it would mean that those who really needed to get close to the hospital would not be able to do so. There has to be some system in place to protect the spaces that are close to the hospital for those who need them. Whatever system we have, there is no simple answer to that.

What we do know is that the present system of having local decision making is working. Fairfield hospital allows 30 minutes of free parking for everyone; then it costs just £1 for up to one hour. In the constituency of the hon. Member for Burnley, by contrast, people would pay £1.90 for up to three hours' parking. There is a huge disparity across the country. We heard earlier—in an intervention from the hon. Member for Streatham (Mr Umunna), I think—about the costs in central London, which are understandably very much higher than in the provinces.

While the Bill does explain the generality of what is required, it does not explain how the system would work in practice. In the opening remarks of the hon. Member for Burnley, she mentioned that the system would work by way of having a badge in the car window. I am happy to be corrected if I misheard. That is the first time I had heard that. It would perhaps have helped all of us if that had been in an explanatory note saying this was how the scheme would work. She also mentioned that in some hospitals people have to pay on entry—I think the hon. Lady is nodding from a sedentary position. That is all very well, but I am not quite sure how simply having a voucher in the car window would help in that scenario. It must be more complex than that, and some sort of token would be needed in order to get through the barrier.

Mr Deputy Speaker (Mr Lindsay Hoyle): Order. The question is not how people get into a car park; it is whether there is free concessionary parking for carers. We are dealing with that, not the detail of how we get there. Obviously if the Bill were to go into Committee, these would be the areas that Members would want to cover there. I want to concentrate on where we are now and how we keep to where we want to be within the Bill.

Mr Nuttall: I will move on from that detail. I accept it is a detail, but it is an important detail.

Mr Deputy Speaker: Order. I agree, but we have heard about all the different scenarios previously and in detail. That is what worries me. We can get bogged down in repeating details, and I know the hon. Gentleman does not want to do that.

Mr Nuttall: I want to move on to the devolution of healthcare. It was only very briefly touched on earlier, but it is of particular significance to my constituency, because, as Members will be aware, it is proposed to devolve healthcare to Greater Manchester. From April next year, it will be the first English region to get full control of its health spending. The situation in this regard is not at all clear. The Bill states that it will apply to the whole of England, but if healthcare is devolved, will Greater Manchester be exempt on the same basis that Scotland and Wales are exempt? Healthcare spending has been devolved to those countries and they are then excluded from this Bill.

Julian Knight: It is very interesting that my hon. Friend mentions devolution in this context. Should there be devolution from next April in the Greater Manchester area and if this legislation were introduced soon afterwards, could the numbers that devolution has been predicated on no longer be correct? Could we have to go back to the drawing-board in terms of Manchester devolution and how the finances are worked out for in respect of hospital parking charges?

Mr Nuttall: I will not go down that road, Mr Deputy Speaker, although my hon. Friend has made a good point. His area could well be affected by any future devolution.

Philip Davies: I did not get a chance to talk about this earlier. Does my hon. Friend know whether, under the Bill, the Government would reimburse the hospitals for the lost revenue, or whether the hospitals' balance sheets would have to take a hit?

Mr Nuttall: The Bill is silent on that point. It might well be that, in the mind of the hon. Member for Burnley, some mechanism would be put in place to reimburse the trusts, depending on the number of carers registered with them. Or perhaps she would simply say to them, "Sorry, if you've got a lot of carers in your area, you'll just have to suffer the consequences." It is not clear what would happen.

I want to turn to a drafting matter that has not been touched on. Clause 1 is entitled "Duty to exempt qualifying carers from hospital car parking charges", and subsection (1) states:

"Health Care providing bodies shall make arrangements to exempt qualifying carers engaged in any of the qualifying activities listed in section 2(2) from charges for parking their cars".

The question that arises is how wide the scope of healthcare facilities actually is. Clause 1(2)(b) states that the duty in that previous subsection is the responsibility of "any private hospital". I personally believe it would be a step too far if we were to legislate on what private companies were allowed to charge for and to whom they should give exemptions.

Clause 1 provides for "arrangements" to be made for "qualifying carers", while clause 4 provides for a "scheme" for "eligible carers". Why does there have to be a difference? Why does one set of carers get arrangements while another get a scheme? It appears that schemes are more complicated than arrangements. Clause 1(4) requires the arrangements for qualifying carers to be in place within 12 months, whereas in the case of eligible carers, 12 months are allowed for a scheme to be submitted to the Secretary of State, and it does not have to be implemented until a year and a half after the Bill becomes law. If the matter is so urgent, why will it take a year and a half for carers to become entitled to the exemption?

It is a pleasure to welcome you to the Chair, Madam Deputy Speaker. I think there has been an error in the printed version of the Bill. In the printed copy that I have, clause 4(1) states:

"Health Care providing bodies shall establish schemes to exempt eligible carers engaged in any of the qualifying activities listed in section 2(1)(b) from hospital car park charges and submit such schemes to the Secretary of State within 12 months of this Act coming into force."

However, clause 2(1)(b) states:

"A qualifying carer under section 1(1) is a person who…has an underlying entitlement to the Carer's Allowance."

The provision in clause 4(1) has been amended online to refer to section 2(2), which is the correct subsection. Section 2(2) is indeed the subsection that sets out what a qualifying activity is. It states:

"A qualifying activity under section 1(1) is transporting, visiting or otherwise accompanying or facilitating"—

Madam Deputy Speaker (Mrs Eleanor Laing): Order. As the hon. Gentleman has drawn my attention to a matter concerning the activities of the House—namely, the printing of the Bill—I will for the sake of clarity make it clear that the Bill that I have, and that I assume other people have, clearly refers to section 2(2) and not section 2(1). I am happy to clarify that point as the hon. Gentleman made his point directly to me.

Mr Nuttall *rose*—

Mr Chope: Will my hon. Friend give way?

Mr Nuttall: Certainly.

Mr Chope: Further to what you have just said, Madam Deputy Speaker. At the top of the Bill of which you and I have a copy, it states:

"This is a corrected copy and is being issued free of charge to all known recipients of the original publication."

Mr Nuttall: Madam Deputy Speaker, I think we have a solution. It does not say that on my copy. I must have a first edition, and it might be more valuable! It is priced at £3, but now we have discovered that it is a rare first edition, it might be worth a lot more. I am willing to raffle it and donate the proceeds to Carers UK. I am glad that the matter has been corrected, Madam Deputy Speaker, and I am sorry if I inadvertently addressed my comments to you personally. I was not trying to suggest that you had had any involvement in the preparation of the Bill.

Madam Deputy Speaker: For clarification, the hon. Gentleman has done nothing wrong. The printing of material such as this is a matter for the House and a matter for the Chair.

Mr Nuttall: I shall bring my comments to a conclusion. Given the real likelihood that the effect of the Bill will be to reduce the income from car parking, it must be a possibility that the legislation would increase the cost of the NHS to the public purse. In the first year of the abolition of parking charges in Scotland, the sum of £1.4 million was given to Scottish health boards by the Scottish Government, so I wonder whether the Bill might require a money resolution in due course, as my hon. Friend the Member for Shipley has suggested.

It is a worthy aim to try to help carers with their hospital car parking charges. In reality, however, there are a number of problems. Fundamentally, we are faced with this question: what should £200 million be spent on—healthcare or free parking? The answer might be to say that we will exempt only one group, but if we exempt carers, should we not exempt staff, for example, or armed forces personnel? The list soon expands. However well-intentioned the Bill is, we have to look at the problem in the round. No one likes paying parking charges, but the fact is that, alongside general taxation, income from car parking ultimately supports front-line services.

I commend the hon. Member for Burnley for her work on the Bill but, for the reasons I have outlined, I cannot support it today.

12.38 pm

Liz McInnes (Heywood and Middleton) (Lab): I should like to declare my support for the Bill, and I congratulate my hon. Friend the Member for Burnley (Julie Cooper) on bringing it to the House today. We have had an interesting debate. It has been enlightening for me; I am not often here on Fridays, and I have been intrigued by the way in which the discussions have gone on.

My hon. Friend made a good point about the amount of money that carers save the NHS as a result of the unpaid voluntary work they do, attending hospitals, caring for friends, relatives and loved ones and relieving the pressure and stress that our support workers, nurses and doctors are under. When we talk about money resolutions and finance, we need to remember that not everything has a financial cost. We cannot put a price on everything, and the amount that carers save our NHS is priceless. It is not something we can quantify. However, I certainly agree with my hon. Friend that the amount of money that carers save our NHS is far over and above what they might bring in in car parking fees.

I am speaking from the point of view of a former NHS worker. I used to work at North Manchester general hospital, which is now part of Pennine Acute Hospitals Trust to which the hon. Member for Bury North (Mr Nuttall) referred. He spoke about the trust as something of an exemplar in the way that it advertised car parking to patients and visitors. Having worked there for a long time, my experience is that its policies caused a lot of confusion. Frequently, when I turned up to work, visitors asked me whether they should pay, whether I had any change for the parking machines, and whether I could help them with where they were going. Not wanting to be too critical of my ex-employer, I have to say that I do not think that Pennine Acute is a shining light when it comes to dealing with car parking for patients and visitors.

Mr Nuttall: I do not know when the hon. Lady left the employ of that particular trust, but it seems from its website that it has tried to simplify things by having different coloured signs for different groups—green signs for patients, blue signs for blue badge holders and pink signs for staff. It seems that it is making an effort. I am sure that the hon. Lady knows more than me whether its system is working in practice.

Liz McInnes: What the hon. Gentleman said was very telling. He said that he had looked at the website. Not every patient or visitor has access to the website, however. I agree that the system is clear on the website, but it is not clear in reality. When someone turns up with a sick relative or a distressed patient, they do not have time to go through the colour coding. Pennine Acute could improve its signage, but that is not why we are here, or why we are talking about this Bill.

The hon. Gentleman asked how long I had worked at the hospital. I started at North Manchester general in 1987, and I was there when hospital car parking charges were first introduced. I remember the disquiet that was caused to staff, who have always had to pay those charges. Many people do not realise that staff have to pay car parking charges at hospitals.

Mr Nuttall: I mentioned it.

Liz McInnes: I appreciate that, but it always comes as a surprise to the wider public to hear that staff have to pay to park at their own place of work. I am sure that there would be an uproar if such charges were introduced for our exclusive car park facilities in this place. I know that the staff's objections to having to pay to park at their place of work have been ignored. We have been protesting about it for many, many years. However, I am not here to talk about staff; I just wanted to make people aware that that practice still goes on. I have always seen it as a tax on coming to work.

We are here to talk about carers. I want to use Pennine Acute as an example. Most recently, it has engaged a private parking company, the income of which comes solely from administering fines to people who have parked incorrectly or who have not paid the right amount of money. The business of this private parking company depends on people contravening parking regulations; it actually wants people to contravene parking regulations, because that is the only way that it gets any income.

When I worked at the hospital, I was a workplace rep for Unite the union. I dealt with a lot of staff who were very, very distressed about the letters they had received from this company, demanding a fine that had to be paid by a certain day, and if they did not pay it by that day, the fine would go up. They were given the opportunity to appeal. If the appeal was not successful, some people found that they had to pay an inflated fine because they had had the temerity to appeal.

With regard to my hon. Friend's private Member's Bill, my main concern is about carers. What would happen to them if they were to get one of those bills? At least members of staff, if they are in a trade union, can go to a rep and get some help to deal with the situation. I worry about private parking contractors, because they exist solely to make money out of people. Exempting carers from car parking charges would bring much needed clarity to the matter. It would stop these exploitative companies from making money out of them.

Julian Knight: Could the hon. Lady's local hospital trust not write such a policy into its contract? It would then have discretion over the fines. It would not need to fine carers in a particular situation. That would give them some flexibility, whereas in this scenario, there is no flexibility at all.

Liz McInnes: I thank the hon. Gentleman for his intervention, but I am not clear what his point is. He said that the trust could put it into a contract that carers would not be charged—*[Interruption.]* He means in the contracts of the parking contractor.

Julian Knight *indicated assent.*

Liz McInnes: That would bring us to the issue of how we identify carers, which we have already talked about at length. If we introduce this Bill, it would be clear that carers were exempt. They could approach the hospital trust with evidence that they are in receipt of carer's allowance. Their registration number would be taken and a badge would be produced with that registration number on, so that there would be no possibility of people transferring permits. They would be valid for only one vehicle. It would take a lot of the stress and worry out of parking at hospital for carers. There has been a lot of talk about how difficult it would be to administer the schemes, but actually it would be fairly simple.

Much is wrong with hospital car parking charges. I applaud the Scottish and Welsh health services for removing the charges. The imposition of car parking charges in England means that staff and others are

[Liz McInnes]

being treated as a cash cow. While the rate that those charges are put up every single year is way above inflation, hospital staff are suffering from either a pay freeze, or a 1% below-inflation pay rise, which they get only if the Secretary of State deigns to bestow it on them. We really need to look at the whole situation with car parking charges in English hospitals, but at the moment we are considering parking for carers.

At Pennine Acute, there were informal arrangements, to which the hon. Member for Bury North has already referred. Frequent visitors who were in the know could approach the ward manager or departmental manager to ask for help and an exemption from car parking charges if that was available. People need to know that these exemptions exist; that is the problem. This Bill would not cost the NHS a great deal of money, because those in the know are aware that they can ask for exemptions. This Bill is about clarity, so that the exemptions are available to everybody and nobody is kept in the dark about them. That is why we need this Bill.

I fully support the Bill. Points have been made about hospitals introducing car parking fees, but unless a hospital is near a major shopping centre or bang in the middle of a town centre, people will park at a hospital only to visit, attend as a patient or carer or work there, and people should not be penalised for doing any of those things.

I am grateful to my hon. Friend the Member for Burnley for introducing this Bill, and I hope that she is successful in removing charges for carers and bringing much needed clarity to what is a very confused situation. Legislation is long overdue. Hopefully, following the introduction of this Bill, we will look at charges for others—patients, visitors and staff. If it is good enough for Scotland and Wales, it is good enough for England. The policy would be very well received in Heywood and Middleton as well as across the country.

12.50 pm

Julian Knight (Solihull) (Con): I also congratulate the hon. Member for Burnley (Julie Cooper) on securing the debate and drawing up the Bill. It seems many hours since you spoke, but I remember that you spoke powerfully and are clearly a strong advocate for carers and for your local NHS. I also think that Government Members will be grateful for the fact that you also paid tribute to the actions of—

Madam Deputy Speaker (Mrs Eleanor Laing): Order. I always let Members get away with this mistake once, and sometimes twice, but the hon. Gentleman has used the word "you" three times. "You" refers to the Chair, and the hon. Lady is the hon. Lady. I am having to say this every day and it is a long time since the general election, so people really ought to be able to take it on board by now. The hon. Gentleman is not the only person making this mistake, so he should not feel bad about it.

Julian Knight: Thank you, Madam Deputy Speaker. I will now address only the Chair using that particular word.

I congratulate the hon. Member for Burnley, but unfortunately I cannot support the Bill. However, like my hon. Friend the Member for Shipley (Philip Davies) and many other Members who have spoken, I support the fairer hospital parking that she is trying to achieve. I want to share my experience in Solihull as a campaigner for fairer hospital parking, as it has direct relevance to how we approach the issue as a country and to the Bill.

Many hon. Members have mentioned their hospitals and the experience they had when parking charges were introduced. For my constituents in Solihull, parking charges were introduced not only to bring extra revenue into the NHS and front-line services but to ensure that hospital car parks were free for the use for which they are intended. We have had many difficulties in Solihull because the hospital is located near the town centre and, as that is a popular area, people have used the car park all day while they have been shopping. Many people who needed to use the facility at the hospital were therefore unable to do so and might have parked illegally, receiving fines at a later date. Hospital parking charges, although very unpleasant, are in many cases necessary, particularly at sites close to town centres. As we live in a very densely populated country, there are not many hospitals that are so far from town centres that it would be an easy win not to have any charges whatsoever. The car parks might still be misused in the way that I have explained.

Over time, hospital parking charges have grown exponentially. At the moment, in the three hospitals that make up the Heart of England NHS Foundation Trust—Solihull, Good Hope and the Heartlands—charges can be up to £5.75, but for just one hour they can be £2.75. Again, people have to guess how long they will stay, which is unfortunate. I have looked at the contracts that our local hospitals have signed and in my view there is an excessive charge on the provider from the private companies involved. I am not happy with many aspects of these contracts.

Mr Nuttall: My hon. Friend says that he has looked at these contracts. Has he noticed how long they were for? I am rather concerned that if the Bill is introduced, it would affect the viability of those contracts.

Julian Knight: My hon. Friend makes a good point. There are often penalty charges which would mean unintended consequences if the Bill came into law and a real hit to the bottom line for our hospitals.

I have questioned some of the charges for our local hospital trust. Repairing white lines, barriers and machines is very expensive and I feel that a Bill that changes the parameters on which these contracts are based could have unintended consequences for the foundation of much of our funding in the NHS. The problem is probably to do with historical management issues regarding the signing of particular contracts, and many hon. Members might wish to question their hospital trusts, as I have.

For me, the final straw that led to my campaign, which has now run for 18 months, was the fact that I was told that those receiving cancer treatment had had certain exemptions withdrawn. As many hon. Members will be aware, chemotherapy treatment can often require 20 or 30 visits for the patient, those caring for them and their visiting friends. I thought that withdrawing the exemption went too far and it made me much more interested in campaigning for more fairness.

Mr Nuttall: Does my hon. Friend not fear that the Bill might make things worse for members of the group?

Julian Knight: My hon. Friend makes a good point. The wording of the Bill and the fact that it covers just one narrow group could mean that charges go up for other groups that are not covered by it. That is an unfortunate and unintended consequence.

I have helped to lead the way with the campaign in Solihull, but it has been about individual engagement with the hospital trust rather than introducing national legislation and a one-size-fits-all policy. As we have explored in our discussions, hospitals have a great deal of discretion in the charges they can put in place. The August 2014 NHS patient, visitor and staff parking principles are much broader than the Bill in allowing people from different groups to have free or reduced hospital parking. As I see it, individual engagement is the way to go.

In Solihull, we have had many achievements through discussion and through highlighting particular issues. For example, earlier in the debate we discussed advertising and websites and it was pointed out that many people did not know what monthly or weekly concessions there are. I have urged my local hospital trust to improve the provision of that information and they have put the concessions up front and centre on their website, so it is now easy to see that information.

Mr Nuttall: The hon. Member for Heywood and Middleton (Liz McInnes) made the point that not everybody has access to the internet, particularly many elderly people. Does my hon. Friend agree that we should perhaps consider ensuring that information about car parking charges is included in every letter sent out offering an appointment at a hospital?

Julian Knight: My hon. Friend makes a good point and I have urged my hospital trust to make the information available not only online, which always seems to be the catch-all approach of any organisation, but in the hospital, so that patients and visitors do not have to come into the hospital and take up the time of staff and administration staff to clarify something that could easily be set out in a leaflet, a letter or a small poster by a desk.

In Solihull, a reduction in the price of monthly tickets and concessions was the direct response to the lobbying done by me and local councillors. We have also seen a doubling of the free parking time at Solihull hospital from 15 minutes to 30 minutes. At the hospital it can often take up to 15 minutes just to find a space, so I urged the trust to increase this time, and the Heart of England NHS Foundation Trust kindly saw fit to double the time. These are small wins, but they are an example of what can be achieved through individual engagement, by putting our case and understanding that there is not an endless supply of money and that we have to be sensitive to the bottom line—the finances of the NHS—because if we are not careful, we may end up depriving the NHS of vital cash.

My own Heart of England NHS Foundation Trust has a deficit—this is in the public domain—of £29 million for the first five months of the financial year. So seriously is this viewed that the management of the University Hospitals Birmingham has been brought in to help close the black hole in the finances. I welcome that move, but it shows that this is no time to destabilise NHS finances or those of individual hospital trusts in our areas.

Mr Peter Bone (Wellingborough) (Con): My hon. Friend has been generous in giving way. I have listened to the arguments and the one problem I have is this: should we be using car parking charges to fund the NHS? Should we not fund the NHS properly? I am slightly uncomfortable with that.

Julian Knight: I understand entirely where my hon. Friend is coming from and in an ideal world I would agree. I would like to see free hospital parking. However, I recognise that there are pressures on our car parks, and that car parking charges at a hospital have to reflect the car parking charges in the local area; otherwise we will have the problem that we encountered in Solihull prior to the introduction of charges, when people were parking at the hospital and then shopping. It is a fine balancing act and it should be dealt with by individual areas on a case-by-case basis.

Mr Chope: Does my hon. Friend not think it reasonable that the costs of hospital car parks should be met by the users of those car parks, rather than by eating into money that would otherwise be available for clinical care?

Julian Knight: My hon. Friend makes a good point. During my election campaign in the course of canvassing and door-knocking, we mentioned the hospital parking campaign and the response was mainly positive. Obviously, as soon as people are asked whether they want free hospital parking, they say, "Yes, absolutely", but the other question was what this means for nurses and doctors and for the bottom line of our local hospital's finances.

Dr Huq: Is not the point that the Bill does not propose a free-for-all for everyone, but free hospital parking just for those on carer's allowance, which is a paltry £62 a week? These are not carers who come through an agency and indirectly through the local authority and who add to the mounting social care bill. These people keep the social care bill down. We pay them carer's allowance, and if all their money goes on parking charges, they will be deterred from coming into hospital to do the job that they do.

Julian Knight: I agree that we must value carers. However, the Bill is very narrow in its focus, whereas a much greater number of people could be covered by the guidelines and the NHS patient, visitor and staff car parking principles. There are opportunities to engage in our localities with our local hospitals and local hospital trusts in order to encourage them to expand existing provision. There is the possibility of working on a case-by-case basis, rather than by means of a rather blunt instrument. I take the hon. Lady's point, but we should look at hospital car parking charges in the round, not just as they affect carers. *[Interruption.]* The Bill is about carers. The subject matter, though, is a much greater variety of people who use hospital car parks, including many vulnerable people, as we know.

I suggest that other hon. Members follow what has been done by my right hon. Friend the Member for Harlow (Robert Halfon), the Minister without Portfolio,

[Julian Knight]

and my hon. Friend the Member for Wellingborough (Mr Bone) and engage with the local hospital trust, put pressure on the trust and get it to reduce the complexity of charges and to ensure that when it puts charges in place, they reflect the local area. For example, I made a case to my hospital trust that we have three hours' free parking at council car parks in Solihull, so why do people have to pay £2.75 for just one hour at the local hospital? Why is that not in tune with the local economy and the local environment?

More widely, on the people who are not covered by the Bill, I have mentioned those who may be covered by the NHS patient, visitor and staff car parking principles, but what about people who do not have a car? What about carers who travel by public transport? I was involved in a campaign in Solihull to help save the No. 73 bus service, which was a lifeline to Heartlands hospital. If it had been cancelled, people in Shirley in the west of my constituency would have had to travel by three buses in order to attend hospital appointments. If there is any extra money, surely it would be better for it to be directed at them as they are more likely to be on a lower income and potentially in a more vulnerable position than those driving and using the car park.

In conclusion, I welcome the sentiments of the Bill and I applaud the hon. Member for Burnley for introducing it. We have had a vigorous debate. There is a patchwork of provision and it is up to us as individual Members of Parliament, as well as local councils and bodies such as chambers of commerce, to come together in order to try and get the best possible deal for our area. That, in some instances, may include many more people than are the subject of the Bill.

Mr Nuttall: My hon. Friend touches on a key point, which I mentioned briefly—that is, there are competing pressures in different parts of the country, depending on whether a Member represents a rural area or an inner-city area.

Julian Knight: My hon. Friend makes a valuable point. In his speech he also touched on devolution. In my area we have the West Midlands combined authority coming to the fore. Although it does not currently have responsibility for NHS provision, that may come down the track towards us, as in the case of Manchester, which takes charge of its NHS in April 2016. The concern is that although these devolution packages are very tightly costed, if we suddenly add an extra expense in the form of NHS provision and take away a valuable income stream, that may damage the devolution project and other services may end up being cut.

I support the intention of the Bill and the heartfelt efforts of the hon. Member for Burnley, but it does not take account of an approach that I prefer—local engagement and following the guidelines, which are much more wide ranging than those in the Bill.

1.9 pm

Dr Rupa Huq (Ealing Central and Acton) (Lab): I congratulate my hon. Friend the Member for Burnley (Julie Cooper) on her important private Member's Bill from which, thanks to Conservative Members' contributions, a somewhat epic debate has ensued. I am pleased to speak in favour of the Bill. I have broken my usual rule of Fridays in Ealing Action and Bedford Park to be here since 9.30 am. The Bill is an important piece of legislation, which we need. I shall be brief.

It is important to point out that we are talking about carers who are in receipt of carer's allowance of £62.10 a week. To receive this, they have to do at least 35 hours of caring for an older or disabled person, and they are not allowed any extra income above £110 a week. The state is paying these people in recognition of their caring duties, which take a burden off the health service. If all that is going on car parking fees, then it is a false economy. Waiving their car parking fees alone would pay dividends for the future.

I have elderly parents; in fact, I lost my father a year ago.

Mr Nuttall: Will the hon. Lady give way?

Dr Huq: I need to do a TV interview that I am late for, so I wish to make progress; I will not be giving way.

My parents have had all sorts of ailments. We lost my dad a year ago last September so I have been in and out of Ealing hospital as a visitor, and I have grumbled that it seems to cost no less than £4 for an in-and-out visit. But people on carer's allowance can be there for days on end, or hours on end, and the cost for them can rack up into the hundreds. This is even more punitive given that they are on £62.10 a week and bear a heavy burden as it is.

For these carers, the stress of parking is at best, the last thing they need, as my hon. Friend the Member for Burnley said, and at worst, on a more generous interpretation, bordering on a slap in the face. They are people who negotiate difficult situations. My own mother has dementia, and people with such conditions can fly off the handle and be quite erratic. If someone is negotiating that, or, say, dealing with someone's incontinence pads, they do not want to be fumbling about for the correct change, as my hon. Friend so graphically described. This is the least we can do, as a decent society, in recognition of the enormous contribution that carers make. They are almost the social glue of the NHS; it would fall apart without them.

Yesterday in this Chamber we discussed benefit changes and how the safety net is tightening. It is important to consider these parking charges, which are sky-high in any case. In 2008, my hon. Friend the Member for Ealing, Southall (Mr Sharma) said to the local press that they are a stealth tax on the poor. They are already steep, but disproportionately so for carers. We heard research quoted earlier. Leeds University and Carers UK have estimated that £119 billion a year is saved on the adult social care bill through having these unpaid carers who just receive an allowance.

Conservative Members have said that it is fine to exercise discretion. At Ealing hospital, that amounts to a handful of spaces, and there are quite strict criteria. Often, a situation that would result in an unpaid carer taking the person they care for into hospital would arise from sudden things that cannot be predicted, and the four spaces, or whatever, that some London North West Healthcare NHS Trust hospitals reserve as part of their discretionary allocation may be gone.

Members on both sides of the House are lobbied all the time from powerful groups with identical emails that clog up our in-boxes, but this is about people who

are the unsung heroes of our system. It should not be those who shout the loudest—the powerful lobby groups—who get their way. According to the figure I got from the House of Commons Library last night, there are 944,000 of these unsung heroes, but I have heard different figures here today. Anyway, on the basis of a cost-benefit analysis, a substantial number of people are saving the NHS money in this way. It is a matter of respect that as a country we should be saying thank you to these carers and we should appreciate their vital contribution. We have the power to change all this today and to deal with the fact that they are being penalised.

We would not want carers to be put off going to hospital because of these charges. That is the logical extension of the 81% rise in NHS West London CCG's car parking charges. When I lobbied it and said that this is a constant issue in my postbag and my in-box, I was told, "It's the commercial car parking providers you should take this up with." Does the House want to be seen to be siding with commercial car parking providers or with carers in our society?

Campaign groups such as Contact a Family, the Alzheimer's Society and the Multiple Sclerosis Society are all supporting this Bill. Even *The Sun*, which is not usually a newspaper that supports Labour, is backing the Park the Charges campaign.

Mr Nuttall: It has supported Labour.

Dr Huq: Not in recent times. It has not supported the Labour party in any recent general election. Historically, Rupert Murdoch's politics are not aligned with ours.

I urge Members in all parts of this House to do the decent thing and support this Bill in the strongest possible terms. I congratulate my hon. Friend the Member for Burnley on leading this extraordinary debate. I suppose I should also congratulate some Conservative Members on the show of stamina to which they have subjected us.

1.15 pm

Mr Christopher Chope (Christchurch) (Con): It is a great pleasure to serve under your chairmanship, Madam Deputy Speaker.

It is a pleasure to follow the hon. Member for Ealing Central and Acton (Dr Huq). Like many speakers, she made some good points, but I am not sure that the conclusions she drew from her analysis were the correct ones. We are all full of admiration for the people who do the caring—the carers—across our country, some 6 million of them. If we want to help them more than we already do, we should do it in a general way rather than by supplying free benefits in kind in specific areas, because that inevitably creates a distortion in the marketplace. The hon. Lady says that some carers in her constituency are being put off going to hospital by these charges, and her solution is to provide them with free parking, but what about the carers who do not have cars and go to hospital using other forms of transport? What are we going to do to help them? As soon as one introduces some sort of exemption, it creates a distortion in the marketplace.

In this debate, we have heard, if nothing else, how complex this issue is. One of the great benefits of Friday debates is that we are able to get down to the nitty-gritty of proposals like this, which, on the face of it, seem ever so attractive. I would not wish to criticise *The Sun* in any way, but sometimes it does not get down into enough of the detail and just goes for the broad-brush approach without looking at, in particular, the unintended consequences flowing from this sort of legislation.

The hon. Lady said that there is stress in parking in difficult situations, and so there is, but there is even greater stress if one cannot find anywhere to park at all. Many of my constituents have for years complained of a lack of parking facilities at Royal Bournemouth hospital. The hospital has been trying to increase its parking facilities but has encountered difficulties from the local council, which takes the view that creating more car parking spaces generates more traffic and therefore more congestion on the roads. The trust itself has invested a lot in improved car parking, and if the proposals to consolidate healthcare provision on the Royal Bournemouth site in Dorset go ahead, it will need a heck of a lot more car parking provision. It is by no means clear how that would be affordable unless the hospital itself is able to put in place funding arrangements so that the capital provision can be paid off through the income generated from charges. The hon. Lady's speech raised some real issues that underline the Bill's weakness.

I want to pick up on some of the points that have not been addressed. Clause 1 would provide a duty to exempt qualifying carers from hospital car parking charges, and clause 2(2) sets out the qualifying activities, including

> "transporting, visiting or otherwise accompanying or facilitating a person to whom the care…is provided and who has been admitted to, or is attending, a health care facility for diagnosis, testing, treatment or other appointment relating to their health."

It is very difficult to police such things. If somebody who was entitled to an exemption parked in the Royal Bournemouth car park and then, for part of their stay, went over to the Crown court, which is within easy walking distance and has a similar parking problem, how would that be policed? It would be policed only by having more personnel, who cost money, and that, as often happens, could result in confrontational situations. It is incumbent on the Bill's promoter, the hon. Member for Burnley (Julie Cooper), to explain how that will be dealt with.

Mr Nuttall: Does my hon. Friend agree that it would have been helpful if we had been given an explanation of the costs of administering the proposed scheme? We could then have based this debate on some actual figures.

Mr Chope: The costs may vary from one hospital to another, but it is clear from the debate that the hon. Member for Burnley does not have the first clue about what the costs would be. We have established that they would be significant, but we have not established who would pay them. Would they be borne by the taxpayer through subventions to hospitals? The Scottish health boards were given £1.4 million to implement a similar policy.

If the money does not come from the taxpayer, would it come from increasing the charges of those who will continue to pay them? My hon. Friend the Member for Shipley (Philip Davies) made some really good points about that. According to the Government's guidance, they believe that concessions should be dispersed more widely than just to carers. The perverse and unintended consequence of the Bill—this would be inevitable, in my

[Mr Chope]

view—would be that higher charges would be borne by people who are worse-off. To take a topical example, a working family on tax credits may be a lot worse-off financially than a carer affected by this Bill, but they would have to pay higher charges to use the hospital car park. That is an example of the perversity of the Bill.

Barbara Keeley: If I ever get the chance to make my speech I will come to this, but it is not just families who are on tax credits. A lot of working carers on the carer's allowance will be hit by tax credit cuts, too.

Mr Chope: I hear what the hon. Lady says. I will not go down that route, Madam Deputy Speaker, because we have had enough debate about tax credits and I do not think you want time taken up on them. My point is that many people less well-off than the carers exempted under the Bill will actually pay for the cost of such exemptions. Interestingly, the hon. Lady did not disagree with that point in her intervention, but that is one of the Bill's perverse consequences.

There is another problem. Clause 1(1) states:

"providing bodies shall make arrangements to exempt…carers engaged in…the qualifying activities…from charges for parking their cars in spaces provided for service users at hospitals".

It does not state by whom the spaces are provided.

Mr Nuttall: I apologise that I did not cover that point in more detail earlier. My hon. Friend is absolutely right. The implication of the clause is surely that other car park providers may be affected, not just NHS hospitals that provide car parks.

Mr Chope: Exactly. Public bodies increasingly decide to delegate non-specialist responsibilities to other specialists; for example, they delegate to car parking companies the supply and building of car parking facilities close to a hospital. It is unclear from the clause to what extent the people providing the spaces—the spaces may not be provided directly by the hospital, but are designed to be used by those visiting it—will be caught by the provision. Their investment and their business plan may therefore be compromised by the Bill. The hon. Member for Burnley did not make that clear.

Perhaps that matter could be dealt with by amendments in Committee. Many other amendments have been suggested in this debate, particularly during the hon. Lady's speech. She said that such matters could be dealt with by amendments, but a lot of them would not actually be within the scope of the Bill. That problem arises because the Bill is very narrow in scope. It proposes to exempt carers from hospital car parking charges and is for connected purposes, which seem to be centred around facilities similar to hospital car parks. It is very worrying that, even during this debate, the sponsor of the Bill has suggested that it is far from perfect and said that she would like to amend it. In fact, some of the amendments she has in mind would go beyond the Bill's scope.

Clause 1(2) extends much further than national health service hospitals. There has not been much discussion of the other facilities mentioned in paragraph (a), such as a

"walk-in centre, GP practice or other health care facility to which patients are admitted, or which they attend, for diagnosis, testing, treatment or other appointment".

Without exception, GP practices in my constituency provide free car parking for everybody. The last thing a GP practice wants is not to have the flexibility to respond to an increase in demand by introducing charges or restrictions. It is inherent in the clause that a qualifying carer who parks beyond the limit would be exempt. However, at a motorway service area, for example, if people stay for longer than two hours, they can no longer park for free and are subject to a charge. If GP surgeries, walk-in centres or other facilities are subjected to a lot of illegal parking—people taking advantage of their car parks but not using the facilities or using them for only a short time—they might choose to impose charges on people who are there for more than two hours. To what extent would people be exempt from those charges under the Bill? How difficult or easy would it be to enforce against them?

Mr Nuttall: My hon. Friend is touching on an important point that has not been covered this morning. We have blithely said that about 40% of hospitals do not charge at all. Given what he has just said, does he agree that the Bill would be likely to result in some of those hospitals being required to introduce charging or some other restriction?

Mr Chope: My hon. Friend is absolutely right. That brings home the point that this Bill has not really been thought through. To what extent has it been discussed with GP practices? I doubt whether it has been discussed with them at all.

If one wanted to bring forward a Bill under the private Members' procedure and give it a good chance of success, I would have thought that one would ensure that it was very narrowly focused, specific and precise. If the hon. Member for Burnley had discussed her Bill with me before she presented it, I would have given her the same advice that I have given to many other hon. Members from both sides of the House who have aspired to make progress with their Bills: it is better to have a small, modest measure that is carefully thought through than something that is general and easily open to different interpretations, which makes it unlikely to make progress.

On that theme, the inclusion in clause 1(2)(b) of private hospitals is completely absurd. Why do we want to drag private hospitals into the issue of whether to impose car parking charges on carers? I am happy to give way to the promoter of the Bill so that she can explain why she wanted to bring private hospitals into the Bill. Most of the discussion has been about NHS provision. Why does she want to interfere in the private sector? In my experience, most private hospitals do not have any charges for parking.

Julie Cooper: To clarify that point, NHS patients have the opportunity to use private hospital services. The carers who transport them there may well still need access to free car parking.

Mr Chope: So the hon. Lady is saying that this provision would apply to private hospitals when they were treating NHS patients and that it would only affect the carers of NHS patients, rather than the carers of private patients.

Julie Cooper *indicated assent.*

Mr Chope: Of course, it does not say that in the Bill. That is a point of detail that I am sure was just overlooked in the drafting. I am grateful to the hon. Lady for making that clearer.

The provision applies to

"car parking spaces provided directly or indirectly, including under contract, by or on behalf of a health care provider…for patients and other users to whom car parking charges would otherwise apply."

Again, my submission is that that goes far too wide because it drags in contractual provisions in the private sector and could impose directly on hospitals that have contracted out by agreement to private providers. They might have said, "Please build this car park and provide spaces for our patients, and in return we will allow you to charge patients," and a business plan will have been drawn up accordingly. Clause 1(3) would effectively drive a coach and horses through that contractual arrangement. It could result in a compensation bill being payable by the hospital concerned to the private provider because of a breach of contract. That is another example of why clause 1 is far too wide.

On clause 2, which is about qualification for the parking charge exemption, I am indebted to my hon. Friend the Member for Bury North (Mr Nuttall) for explaining the number of people who have an underlying entitlement to carer's allowance. In my constituency, where there are a large number of pensioners, a significant number would be subject to the overlapping benefit rule and would therefore be included as carers under the Bill by reason of having an underlying entitlement.

The bigger problem is that the Bill would not help unpaid carers. The vast majority of the 6 million carers in this country do it voluntarily and do not get any help from the state or the taxpayer, yet the Bill would not help them at all. Indeed, it could perversely make them worse off.

Mr Nuttall: One point that we have not covered is that for some reason, under clause 5(1)(b), people who are caring as part of their voluntary work are specifically excluded.

Mr Chope: That is a very good observation by my hon. Friend, who always looks assiduously at the details. Perhaps the hon. Member for Burnley would like to intervene again to explain why those engaged in voluntary work are specifically excluded under clause 5(1). That problem shows that the hon. Lady needs to reconsider the Bill.

As you know, Madam Deputy Speaker, the first stab at getting a private Member's Bill on the statute book often fails, but there is then an iterative process whereby somebody else is successful in the ballot and brings forward a revised Bill for the House to consider. I believe that Lord Steel's Abortion Bill, which got the House's approval, was the sixth iteration of that Bill. I wish the hon. Lady luck in improving her Bill, having considered the points that have been made, and perhaps bringing forward one in the next Session that meets the concerns that have been expressed today.

I have always been concerned about new bureaucratic burdens being placed on organisations, so I am particularly concerned about the job that local authorities would have to do under clause 5(1) and (2), which provide that there would have to be an assessment of

"whether a carer should be eligible for free hospital car parking."

No criteria are set out for the basis on which such a decision would be made, and there is nothing about how long that process might take. People often need quick decisions, but there is nothing about that. Would there be an appeals system if an applicant believed that the wrong decision had been taken? That would add to the bureaucracy and administration, and the time taken to deal with cases. It would cut across the discretion that hospitals and other organisations have to decide on their own parking charges.

Let me refer briefly to what happens at a few hospitals in my locality, because it shows that current discretionary arrangements are full of common sense and enable individual hospitals and hospital trusts to meet the needs of their communities by using available local expertise and experience.

In Royal Bournemouth hospital, all blue badge holders pay to park, and the only exemption is for disabled blue badge holders with tax-exempt vehicles. That is in line with neighbouring hospitals and other local authorities, and reflects the fact that the Christchurch and Bournemouth area has a large number of blue badge holders. If they were all able to avoid paying to park, relatively few people would have to pay, but they would have to pay a lot more. Sensibly, the Royal Bournemouth hospital offers exemptions for certain visitors and patients, and can arrange exemption certificates for specific patients and their visitors. Surely that is sensible.

Poole hospital has a similar arrangement, and a seven-day parking permit costs £16—a reasonable charge considering that parking normally costs £9 a day. Hospital governors recognise that if those with a long-term need to use hospital car parks have to pay £40 or £50 a week—those are the sorts of figures we have heard—that is not reasonable. Poole hospital chooses to exercise the discretion available to it, which is sensible.

Southampton General hospital is further away, but it is used by my constituents who have severe heart conditions and need surgery that often involves a long spell in hospital. It has a system of free parking or transport for patients who receive certain benefits, and concessionary parking for patients who are receiving certain treatments. A patient can be eligible for free parking or transport if they receive income support, hold an NHS tax credit exemption card, or an HC2 or HC3 certificate, which is a low income support scheme that covers prescription, dental and healthcare travel costs.

Such sensible arrangements rely on the principle of localism and the idea that the best people to decide on such matters are the local community. Much hospital provision in this country, and too much of the NHS, is far too centralised, and the Bill would further centralise and remove discretion from individual hospitals and healthcare providers. I know that the Bill sounds good and is superficially attractive, but when one looks below the surface one finds that it does not stand up to detailed scrutiny.

I hope that when he responds the Minister will clarify whether—this is on a par with the issue of free school meals—the Bill, if enacted, would have Barnett consequentials. Barnett consequentials are a cost to the taxpayer. There is already free provision in Scotland,

[Mr Chope]

and my constituents are already subsidising the Scots to the extent of £1,600 a head, but if my reading of the Barnett consequentials is correct, another hidden cost would be that Scotland would have to be paid more money from the national Exchequer to compensate for the fact that the Bill does not apply to Scotland. That is another example of why proposed legislation can often turn out to be a lot more complex than it might appear on the surface. I hope my right hon. Friend the Minister will be able to help on that point when he responds to the debate.

Mr Nuttall: Does my hon. Friend think the Bill requires a money resolution?

Mr Chope: That is obviously a matter for the House authorities, but the Bill is bound to cost taxpayers money and would therefore need a money resolution to proceed. It is possible to bring forward legislation which, although prima facie it makes exemptions that impose costs on the taxpayer, contains compensating provisions to ensure that those costs are borne not by the taxpayer but by somebody else. It may be that the promoter of the Bill thinks we do not need to seek a money resolution because the costs arising from it will actually be borne by a lot of other people who do not yet know they will have to pay that cost.

I am not sure, however, who would meet the costs of the Barnett consequentials. I do not think there is any provision yet in statute to enable Barnett consequentials to be passed on in the form of higher car parking charges for users of hospital car parks. I am sure that that can be addressed in due course. I am sorry there is nobody here from Scotland today. I am a member of the Scottish Affairs Committee, which enables me to be briefed on issues relating to Barnett consequentials. I know hon. Members from Scotland are always keen for us to pass legislation in this House that would give them more money through the Barnett consequentials. I imagine that if they were here today and voting on this private Member's Bill—although it extends only to England—they would be rather enthusiastic about it, because it might deliver some more money for them through the Barnett consequentials.

We all think that carers do a great job, but I am not sure that it is only the paid carers we need to think about. We need to think about the unpaid carers, and the Bill does nothing at all for them. It extends a lot of bureaucracy and interference to our already over-regulated hospitals and healthcare sector. It would inevitably impose additional costs on those who are not exempted under its provisions and add additional bureaucracy and administrative burdens.

In summation, the Bill contains elements that may well make progress in this House, but I would not be keen for it to make progress today. There is so much work that needs to be done on the Bill in its present form that the Committee stage would be far too prolonged. I congratulate the hon. Member for Burnley on introducing the Bill. She is a new Member and I am sure that in the coming years she will be able to perfect the Bill, so we can get something on the statute book that meets some of the concerns she has expressed in this debate.

1.49 pm

Barbara Keeley (Worsley and Eccles South) (Lab): I warmly congratulate my hon. Friend the Member for Burnley (Julie Cooper) on securing fourth place in the ballot for private Members' Bills and choosing this important topic. I commend her on her excellent work. She deserves our thanks for raising awareness of this issue. The Bill and this debate enable us to shine a spotlight on the increasing challenges that many unpaid family carers face.

I want to talk specifically about carers and their finances, but first I want to add my perception of an unpaid carer to the comments we have just heard from the hon. Member for Christchurch (Mr Chope). Almost everybody in the sector counts carers who receive carer's allowance, which is only £62 a week, as unpaid carers. I do not think many of us would think of £62 a week as payment. The term "paid carers" tends to refer to care workers. Apart from my hon. Friend the Member for Ealing Central and Acton (Dr Huq), we have not touched enough on carers' finances and how they manage, but it is important that we do so. If a Bill, such as this one, would defray costs for a group, it is essential that we understand whether they need that help, and I will argue that they do need it.

The Bill has the full support of the Labour Opposition, and despite the many negative comments I hope that it receives the backing it deserves from both sides of the House. We have heard some rather curmudgeonly comments about the Bill, but much of it deserves our backing, and I hope it will get it. It would exempt carers who receive carer's allowance from paying hospital parking charges in England. This is an important issue for those unpaid family carers, many of whom make regular trips to hospital with those they care for. The right hon. Member for Harlow (Robert Halfon) carried out research in 2014 and found that people are having to pay anywhere between £11 and £131 a week in hospital parking charges. As I mentioned, these carers get a carer's allowance of £62, so clearly any week in which they clock up £131 in hospital car parking charges would be a rather frightening time.

One of my constituents, Patricia, tells me:

> "My husband is disabled and I am his carer, we can sometimes have two appointments in a day at Salford Royal Hospital that can take up to five hours. The fact that disabled people have to pay car parking charges is disgraceful. Hopefully sometime in the not too distant future the people who have decided on these charges will see the error of their ways."

When she spends six to eight hours at hospital, she pays £6 to park.

Carers Trust also cites the example of Rachel, who was a carer for her husband, who had Alzheimer's, Parkinson's and type 2 diabetes. The combination of his conditions meant regular trips to hospital so that her husband could receive the healthcare he needed. Owing to his dementia, Rachel stayed with him on the ward to feed and clothe him and calm him when he became anxious, and nurses and doctors were grateful for her support and the insights into her husband's condition she could provide. Over the final five weeks that her husband was in hospital, she paid out £120 in car parking charges. To Rachel, having to check every day that she had put enough money in the meter seemed like a cruel punishment for providing care for her husband in the NHS.

Rachel's experience is not uncommon. As many Members have said, there are over 6 million unpaid carers in the UK, and the thing to focus on is that they take a great deal of pressure off our healthcare services, but despite this great contribution, many carers are now deeply concerned about extra charges for care and about losing the support on which they rely because of Government budget cuts. Caring for someone else can be overwhelming and demanding, and can have a significant impact on the carer's own health, on their finances and on their work and career. We know that carers can find that their incomes fall dramatically if they have to work fewer hours or leave work to care. According to the Carers UK "State of Caring" survey, almost half of the carers who responded said they were struggling to make ends meet. Of those, four out of 10 said they were cutting back on essentials, such as food and heating; almost four in 10 said they were using up their savings; and one in four said they had to borrow money from family and friends.

We are talking about carers struggling financially and now finding themselves cutting back on food, dipping into their savings or even borrowing money, and then they find they have to pay these hospital parking charges. Charging carers to park at hospitals adds stress to their lives and takes money out of their purses and pockets. It is no way to reward those unpaid family carers for the vital contribution they make to the NHS.

In a speech to the Local Government Association annual conference in July, the Health Secretary talked about the role of carers and about people taking more responsibility for their family members. He talked about developing a new carers strategy that examines what more we can do to support existing carers and the new carers we will need. This measure is one of those things that we could be doing.

If Health Ministers want to increase the number of family carers, which will be essential, they must consider the impact that caring has on a carer's income and their future financial security. They should be arguing for carers to be exempt from some charges. The 2010 Government report, "A Vision for Adult Social Care" acknowledges that carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of support become necessary.

Carers need to be properly identified and supported. Indeed, failure to identify and support carers has serious implications both for the NHS and social care services, but there are many indications that cuts to services have caused, and are causing, mounting pressure on carers. The Minister and I have stood across the Dispatch Box from each other only once before today, but he recently told the House in answer to Health questions:

> "I do not think that carers' invaluable contribution to society has ever been better recognised."—[*Official Report*, 13 October 2015; Vol. 600, c. 156.]

I was surprised to hear that comment, and I am sure that many carers and many carers organisations were surprised, too. I feel that the reality is very different from the picture the Minister sought to convey. I can tell him that many carers actually feel unsupported, unrecognised and singled out by the Government's austerity measures. With cuts of over £4.6 billion to local authority budgets, adult social care support has been reduced or removed in many areas, with many people now paying higher charges and depending on unpaid family carers to cover the shortfall in care.

Financially, unpaid carers have been hit by Government cuts and austerity measures in ways that I feel they should not have been. Around 5,000 carers have been hit by the benefit cap, and at least 60,000 have been hit by the bedroom tax. I brought forward a Bill to exempt carers from the bedroom tax, but the Government and some Conservative Members who are present opposed that sensible proposal.

The hon. Member for Christchurch raised the issue of tax credit cuts. It is becoming clearer that hundreds of thousands of carers in receipt of carer's allowance and working tax credits could be hit by the Government's proposed cuts to tax credits, yet many working carers rely on them. Carers UK gives the example of Michelle, who is a lone parent who cares for her son, Jake, who has cerebral palsy. Jake receives disability living allowance and, as his carer, Michelle claims carer's allowance. She also works three short shifts at a local supermarket each week and is paid just over the national minimum wage. As she works 16 hours and is on a low income, she is also entitled to working tax credit alongside some child tax credit.

Michelle, in common with many carers in her situation—even some Conservative Members seemed concerned about parent carers such as Michelle—finds it very difficult to get the right specialist support for Jake outside school hours, so she cannot increase her hours of work. Jake often has hospital appointments, which also means she cannot take on any more work. If the tax credit changes due in April 2016 were in place now, Michelle's income would be reduced by over £1,400 per year. As well as losing that £1,400, Michelle would have to continue to pay hospital car parking charges when her son has hospital appointments. That goes to the heart of the point raised by the hon. Member for Christchurch.

Is the Minister content to see a working family carer have her income reduced by £1,400? Carers on carer's allowance are already caring for 35 hours a week or more, and they cannot be expected to take on more hours to try to make up the loss. I hope the Minister is fighting on behalf of those working family carers and making sure that the Chancellor considers them when he is looking at measures that might mitigate the tax credit cuts. If there is no protection or exemption from charges for carers, they might feel that the Government are turning their backs on them and taking for granted the support they provide and the benefit they bring to the economy.

Age UK's report, "Briefing: The Health and Care of Older People in England 2015" paints a very clear picture of the current climate in health and social care. Since 2010, 400,000 fewer people are getting the care they need, so the reliance on unpaid family carers will be ever greater. An estimated 1.6 million people currently provide care for 50 hours plus per week, which is an increase of 33% since 2001. Over the next five years, around 10 million people will become carers, so support for carers and help for them to manage their finances will remain big issues.

Carers UK says:

> "The growing cost of providing good quality care and support to an ageing population with more complex care needs means that putting in place the right support for carers is both a way of limiting the rise in care costs and a way of supporting carers to have a good life balance",

to which legislation states they are entitled. As more of us are living longer, one in five of us will become a carer

[Barbara Keeley]

to a family member or a friend in the future, and that care role needs to be supported, financially, socially and in the workplace.

During the long hours I have been sitting here, a number of carers have commented on the debate via social media. One described some of the remarks that have been made today as

"a disgraceful and childish reaction to a very sensible Bill".

Another said that the remarks were "shameful" and "insulting to carers". Others said

"I'm glad this is being discussed",

but that it was

"such a shame this issue is being degraded",

and that the debate had brought the House into disrepute.

Carers also made very specific comments about Conservative Members, saying that they are "out of touch" and should be reminded that carers allowance is only £3,229 a year. One spoke of spending "a fortune" on parking

"for my son's medical appointments both routine and emergency".

Many observed that there seemed to be a suggestion that carers would abuse the free parking, which was deeply resented.

Carers' lives can be made easier by relatively small changes. Ministers have so far turned down the case to exempt them from the bedroom tax. Exempting them from car parking costs is a simple but effective measure, which would show them that we understand the social, financial and emotional difficulties that are associated with caring. It is a small gesture that would show carers that we value their contribution to society. I commend my hon. Friend's Bill to the House, and I hope that the Minister and all other Members will give it their support.

2.1 pm

The Minister for Community and Social Care (Alistair Burt): It is a pleasure to respond to the debate. I want to make some general comments before I go into the details of the Bill and before time beats us, but let me first congratulate the hon. Member for Burnley (Julie Cooper) on her success in the ballot, and on using it to present this Bill. I am very grateful to her for discussing it with me in advance—we have met twice—and for prompting others to take an interest in it.

I think I have made it clear to the hon. Lady from the outset that the Government cannot support the Bill, for reasons that have been mentioned by my hon. Friends in connection with the discretion that we need to give to hospitals. I shall say more about that shortly. I think that I also made it clear to the hon. Lady—and she was very generous in remarking on this—that we were willing to change our guidance principles, which I shall read out later in order to show where the changes have been made. Those changes are amendments, and as far as I am concerned, they are the "Julie Cooper amendments", because if the hon. Lady had not presented them to us, we would not have had them. Although I cannot support a change in the legislation, a material change will be made, and I hope that trusts and hospital authorities will take advantage of it when they feel that that is in their interests and also the right thing to do.

Let me now say a few words about carers. The hon. Member for Worsley and Eccles South (Barbara Keeley) knows a great deal about the subject, having spent considerable time dealing with carers' issues over the years in her previous role as consultant to the Princess Royal Trust for Carers and on the local council. She understands the carer's world very well, and I pay tribute to her for that.

Although I will say a little bit about carers, I do want to say something about the car parking aspects of the Bill as well. There is no dispute between anyone in this House about the value associated with carers. I felt it was reasonable for me to mention the support I believed carers had from the Government at present. I did that not only because of what we say about valuing what carers do but because of our recognition that the system could not exist without them. However, the system could not exist if it had to compensate carers for every particular cost; that just cannot be done.

The 2011 census identified 5.4 million carers in England. To put that in context, the state spends £16 billion each year on adult social care. The total market is estimated to be worth £22 billion. The Office for National Statistics has valued informal care at about £61.7 billion. Whatever the actual figure may be, it is immense and this could not be done without the voluntary contribution of carers.

Philip Davies: If it is the case, as the shadow Minister seems to be indicating, that the only way one can show recognition towards what carers do is to support this Bill on hospital car parking charges, does the Minister agree that the shadow Minister ought to explain why in 13 years of a Labour Government they never passed legislation to exempt carers from hospital car parking charges?

Alistair Burt: My hon. Friend, who made a strong contribution to this debate, makes a fair point. The difficulties of life are such that, no matter that we have a string of things we would like to do, the finances do not enable us to do them. It is amazing that when we are in opposition we find things we were unable to do when we were in government.

One or two colleagues also made the point about the basic economics of this. It is tempting to add up a cost and say that because the value given by carers to the national economy is as it is, therefore everything can be netted off against it and it is a benefit. The economics just do not work that way. As hospitals would have to find the money to maintain their car parks and everything else, it is not netted off by the benefit to carers. So tempting though it is, and an understandable argument though it may be, it does not actually work. It only works when we do the difficult things that some of my colleagues have pointed out today, which seem to be very tough. After all, who would not give free car parking to carers? Indeed, who would not give free car parking at hospitals to everyone, which the hon. Member for Heywood and Middleton (Liz McInnes) went down the road of saying? That ignores the fact that it was not done when her Government had a chance to do it, and it ignores the fact that trying to find something like a quarter of a billion pounds when the NHS is stretched is going to be very difficult. These things are lovely to talk about, but they cannot always be done. It is much better to concentrate on what we can do.

Barbara Keeley: This is about more than just sending a message. We are increasingly not exempting carers who are on this very low basic income of carer's allowance—only £3,229 plus whatever extra benefits they might qualify for. They are not exempt from the bedroom tax because the Government have not made them so, they are not exempt from the benefit cap, and now they are not exempt from car parking charges. Some hospitals can do this: Torbay can make concessions, and Scotland and Wales can do it, so clearly it is not impossible.

Alistair Burt: No, it is not impossible, but the whole point of what we are talking about is to provide discretion, and I will come back to one or two of the elements related to carers.

As I have discussed with the hon. Member for Burnley, we are looking at the strategy for carers in the round, and I have got the responsibility of doing that. We will look at all sorts of things for the future. The economics will come into it—I take that point—and I think it is best to look at this as an overall strategy. I have offered to involve the hon. Lady, who has agreed; indeed, I would like one or two Back-Bench colleagues from all parties to assist me when that consideration of strategy gets up and going because of their particular interest in the subject. The overall impact on carers of all sorts of things that are happening at present can be taken into account. There will still be finite financial limits, which I will come to soon, but where life can be made easier, we obviously are looking to do that.

The hon. Member for Worsley and Eccles South mentioned the bedroom tax. The relevant rules already take account of the needs of carers. For example, non-spouse resident carers plus others who need to stay overnight are allowed an extra bedroom—*[Interruption.]* Well, if that is not true, perhaps the hon. Lady would like to intervene on me, but that is what the law says. Discretions are also offered by local authorities, and that too provides an opportunity to take account of what carers might need.

Barbara Keeley: The figure of 60,000 carers who are having to pay the bedroom tax comes from the Department for Work and Pensions. There are at least 60,000 of them who have to pay.

Alistair Burt: As I have said, the opportunities for discretion exist, but perhaps the way in which discretion is exercised is something that the carers strategy can look at.

It was this Government who passed the Care Act 2014. For the first time, carers—as well as those they were caring for—were given the right to be assessed by a local authority. We gave an extra £400 million for respite care, to be used by those who needed it during the last Parliament. It is therefore reasonable, given the availability of the carer's allowance and the other measures I have mentioned, for the Government to indicate that carers are valued in ways that they have not been in the past. There has been an incremental increase in support for and recognition of the carer's role over the years.

I stand four-square behind what my colleagues have done. The Secretary of State's determination to devise a new carer strategy, on top of what is already there, is a recognition of the fact that more might well need to be done, but it also recognises the value of carers. Nothing we have heard today on either side of the House, including some graphic examples, has suggested that we do not value carers.

Before I respond to the points on car parking charges, I should like to mention the speeches that have been made today. The hon. Member for Burnley set out her case extremely well, and I shall come back to that in a moment. My hon. Friend the Member for Shipley (Philip Davies) is a necessary piece of grit in the oyster of the workings of Parliament. Mrs Thatcher said that every Government needed a Willy, but in addition, every Parliament needs either an Eric Forth or a Philip Davies. They remind us that, at the end of the day, this is not a game. If we pass a piece of legislation, it has consequences and, accordingly, it has to be right. Occasionally, my hon. Friend will say things that people find uncomfortable, but he is just doing his job.

The process of a private Member's Bill is not easy. Indeed, as I go on talking for a while this afternoon, there will be plenty who say that these processes should be handled differently, but they are not. This is the way in which some things are examined. My hon. Friend made a good speech. Above all, he talked about the problems of economics that I referred to earlier. There are many things that we would all love to do, but often we cannot. We have to make choices. When the Government of the hon. Member for Worsley and Eccles South were in office, they had to make choices, and so do we.

The hon. Member for Birmingham, Perry Barr (Mr Mahmood) made a strong personal plea for the Bill. He mentioned patients on dialysis, and I would like to reassure him that those patients are already covered in our principles as frequent out-patient attenders. The amendment that we have just made to our provisions will ensure that carers of patients on dialysis will be covered by the guidance.

My hon. Friend the Member for Bury North—God bless it!—(Mr Nuttall) went into forensic detail about the Bill. I ask him to convey my good wishes to all at Fairfield hospital, which I remember very well. Both my children were born there, and my wife still has a plaque up on the wall from when she opened a piece of equipment there. My hon. Friend also went into forensic detail when he described the difficulties that would be created by the Bill. He gave it a necessary examination.

The hon. Member for Heywood and Middleton (Liz McInnes), whom we should thank for her services to the NHS over many years, made it clear how passionate she felt about this issue. In a perfect world, everything would be wonderful, and she finished by saying that it would be great if everyone could park for free at hospitals. They cannot do so, however, because the money would have to be found from somewhere. I will come back to that point in a little while.

My hon. Friend the Member for Solihull (Julian Knight) detailed his own personal campaigning for fairer charges in his constituency. He is a perfect example of how an MP of any party can take up an issue and how, when something is wrong that can be worked through, it can be done in a local capacity. He provided a series of perfect examples of what to do as a local Member.

The hon. Member for Ealing Central and Acton (Dr Huq) made a passionate plea for change. My hon. Friend the Member for Christchurch (Mr Chope) examined the Bill in depth, especially in relation to clause 1.

[Alistair Burt]

He gave examples of where the present discretionary arrangements could work to people's advantage, and we will come back to those later. If there was no example anywhere of guidance and of opportunity for discretion being used, then the strictures of the hon. Member for Burnley would be much stronger. The fact is that discretion is used in some areas. Various figures were quoted: some 63% of hospitals do not charge, and some 86% or 87% offer discretion. That allows local areas to take notice of the principles and make their own decisions about what is necessary.

May I just add a word about the phrase "postcode lottery", which is a favourite of mine? A postcode lottery implies a situation in which there is no chance to do anything about it. Many of the things in modern political life that we term postcode lotteries are not postcode lotteries at all, because they all contain the opportunity for people to make a difference, or to change things. The point of local discretion and of transparency in the delivery of services is precisely that it enables people who represent an area to say, "Why isn't it as good here as it is next door? What is it they are doing that we are not?" They can then apply pressure locally to get something done. They should not always run to Government to say, "It is your fault. You must standardise everything." Neither should they throw their hands up in the air and say that there is nothing they can do about it. Therefore, I reject the term postcode lottery on most of the times that it is used. This is an example of where, if discretion is used in some areas, why is it not used in others, and what will people do locally to encourage it? Clearly, it happens in some, but not all, places, and it is not always the responsibility of Government.

My hon. Friend the Member for Shipley said that he longed for the day when Ministers could stand up at the Dispatch Box and say, "It is nothing to do with me." Actually, local discretion is nothing to do with me. All too often people come running towards Government and demand that something is done, when, actually, the answer lies in their own hands, their own constituents' hands, their own local decision-makers' hands and, in this particular case, the hands of those who are making decisions about hospital charges. It is fair that responsibility is very widely spread.

Let me move on and say a little bit about the car parking matter. I will do my best to be quick. Everything that the NHS does is on an epic scale, and that is true even in relation to car parking. At hospitals alone, there are around half a million car parking spaces to finance, manage and maintain, and every day, millions of users need to be seen safely on and off the sites. Parking is an amenity that the NHS has to provide if the service is to function properly—or indeed to function at all. Problems are particularly thorny in large acute hospitals, but they also exist in others. Our aim is always to see that parking provision is sufficient, efficient and fair.

The level of car parking provision required is a reflection of massively increased car ownership. When I was a boy and used to go with my father, a GP, to visit our local hospital, there were no car parking charges and the car park was half empty. I was born and brought up in the late '50s and early '60s, and life was very different. The more people who use our hospitals, the more car parking spaces we will need. Very recently, I went to the Lister hospital, a local hospital used by my constituents, and saw its new car parking facilities, which make a huge difference, but they have to be paid for.

Car parking, like any other service, is provided at a cost. Owning land costs money, so hospitals have to meet finance costs as well as maintenance, lighting, security and so on. Across the NHS, we now see better and better facilities. It is inevitable that some form of charge needs to be levied to cover those very real costs. From this perspective, it is perhaps remarkable that the average cost of parking across the NHS is only £1.15 an hour—and has fallen slightly this year. Once we accept that there is a real and unavoidable cost associated with parking we have to ask ourselves, "If hospital parking costs are not paid for by drivers, who are they paid by?" Again, that was a hard question asked by Members on the Government Benches.

Julie Cooper: I just want to clarify that the Bill is not asking for free car parking for all; it is asking to protect a vulnerable group who suffer great financial hardship from car parking charges. Despite the figure he has just mentioned, I am sure that the Minister will agree that the average car parking cost is £39 a week and significantly higher in some areas. Should the most vulnerable—those on the lowest incomes, who are already providing invaluable support to the NHS—be made to carry that burden?

Alistair Burt: As the hon. Lady knows, we have adjusted our principles to ask trusts to consider carers as a particularly special category. I do not think the Bill will work because of the technical issues that colleagues have mentioned and the difficulty of defining carers. I know how the hon. Lady wants to do it, but others would want to stretch it further. There is also the question of whether it is right to pick out particular groups in legislation and not others, a case that has been made very strongly. I entirely accept that she is not asking for free car parking for everyone, although some are, but the question remains that if this group is advantaged in this way, what might others work towards?

The principle remains the same. I do not think that anyone disagrees that if local hospital authorities can provide carers with free car parking within their budget without affecting any of their other costs, that is good and we would like to see it. However, that is not the view that we believe is held by all and, accordingly, we think that it is a matter for local discretion.

Let me briefly mention a couple of issues relating to the provision of car parking. I said that we had changed the principles. The principles, which my hon. Friend the Member for Shipley also mentioned, are delivered by the Government to the NHS and used to read:

> "Concessions, including free or reduced charges or caps, should be available for the following groups…disabled people…frequent outpatient attendees…visitors with relatives who are gravely ill…visitors to relatives who have an extended stay in hospital…staff working shifts that mean public transport cannot be used".

The "Julie Cooper amendments" mean that the reference to visitors with relatives who are gravely ill will now include the words

> "or carers of such people".

Where the principles refer to visitors who have an extended stay in hospital, the words

> "or carers of such people"

will be added, and a new line has been inserted reading "carers of people in the above groups where appropriate". The word "carers" has been inserted in the principles for the first time, and that is due to the hon. Member for Burnley. I hope that the examples we have heard of where discretion has been exercised might be used by others.

It is reasonable to suggest that if the NHS as a whole had to find costs upwards of £180 million, perhaps even towards £250 million, they would have to come from somewhere. It is therefore reasonable to ask who else would pay for them and whether that would be done through higher charges for others or at the expense of other parts of the NHS. I think that that is a matter for local discretion.

We heard about Scotland and Wales, and the devolved Administrations have decided what works for them. I also understand, however, that their free car parking policy has brought its own problems. Since charges were abolished at Edinburgh's Western general hospital, the car park has been constantly full and staff have resorted to parking in nearby residential streets. In the first three months of free car parking on the Western general site, 70 complaints were received whereas before there were no complaints at all. In some areas, residents were complaining that people were parked in front of their driveways and Lothian health board has already had to employ wardens to police the overcrowded car park and is now paying for new car parks to be built.

The question of where car parks are sited was also raised, and the majority of hospital car parks where there are charges are in city centres. It is fanciful to believe that if free car parking was available in a city centre near a station or shopping centre, it would not be used by people who were not going to the hospital. There would have to be another method of policing it. Although the free car parking in Scotland and Wales sounds wonderful, it has its problems and we need to be clear about that. It is not an option for many hospitals in city centres.

The Bill was examined in relation to who might be eligible and who might not. Carers and those with underlying access to carer's allowance include nearly 1 million people, which raises salient questions about where the costs would be diverted to.

I want to talk a little about the availability of car parking and access to it. A sensible, measured approach to car park charges can dramatically increase the availability of spaces. This matters to people who are looking for a car park space in a busy place at a busy time. It is in no one's interest for a very small number of people to be able to park for free if everyone else, including, potentially, large numbers of carers, are then denied the chance to park at all. Quite reasonably, people who have cars expect to be able to use them to carry out their daily routine, but the available land for parking is limited and we cannot make it grow at the rate we wish. More people driving means more people competing for space, and hospitals have to find a way to make sure that as many people as possible can have access.

Without fair charges, car parks become congested and there is no turnover of spaces. Patients who arrive at 8.30 am may find that they can park, but those whose appointments are for later in the day are likely to be faced with a long and ultimately fruitless search for somewhere to leave their car. This cannot be fair. The Government take the view that it is not sensible to impose central requirements in relation to car parking. We cannot possibly know what each local situation requires. In city centres the cost of the land may be too high, if land is available at all. We are all familiar with St Thomas' just across the bridge. It has 900 beds, yet has only 380 parking spaces. Those spaces have to work hard, and to do that they need to be in constant turnover. The situation is repeated again and again across the country. I am sure there is not one of us in the House who has not heard of a friend, colleague or loved one who has struggled to find a place to park at a city-centre hospital.

Hospitals outside the cities might well have more space for parking, but they have increased demand from people who have no viable alternative to driving. My hon. Friend the Member for Solihull, speaking about the importance of local transport provision, again made an important point which will benefit carers, patients and others alike. Some will never be able to travel by public transport—it will not be suitable—but others will, and the car will not always be the most convenient option. NHS organisations must have the autonomy to make their own decisions.

These challenges are not an excuse to ignore the principles which, as I mentioned to the hon. Member for Burnley, now include her amendments. Patients, carers and visitors deserve to have consistent concessions across the NHS. The charges may vary, but we can all agree on the groups of people who should benefit. As I indicated, we have identified five groups for whom we believe concessions can enhance access. By adding carers to those principles, we will have made a valuable contribution, very much as a result of what the hon. Lady has done.

A further area of concern for me is the way that car parks are managed and charges set. One aspect that concerns me is when patients, carers and visitors report unfair charges when appointments overrun, through no fault of their own. A number of colleagues have mentioned the problem faced by people trying to decide how much time they are going to spend at hospital, and the need to make sure that people are not worried about making that decision when they are under stress. That is why our principles support pay-on-exit schemes where drivers pay only for the time that they have used. Too often, patients are forced to guess how long their appointment will take, with the consequence that some of them put too much money in, just to be on the safe side. Others run back and forth between clinic and car park, adding money as their time runs out. How much more reassuring it would be for them to know that the amount to be paid will exactly reflect the time spent at the hospital. Over half of our hospitals currently have pay-on-exit systems and we expect that to increase.

In the time allowed to me, I have tried to indicate our support for the principle of what the hon. Lady has said. That is why we have changed our principles. However, we consider that a national decision is not right. The reason why I am carrying on speaking is that I am not going to leave it to any of my colleagues to do the procedural business of talking the Bill out; that must fall to me. What we have done by changing the principles is to recognise what the hon. Lady has done. I hope that authorities have listened to the examples given by colleagues, showing what their authorities have been able to do, and I hope we see more.

[Alistair Burt]

I am sure that the shadow Minister will play a keen part and take a great interest as we work through the carers strategy. I am sure that we will find a strategy that recognises some of the other issues that she mentioned. I hope that in doing so we will be able to keep a cross-party, cross-House sense of the importance and value that we associate with carers, while recognising that the hard economics of the world mean that we cannot provide everything and so must provide the things that are of most advantage.

2.30 pm

The debate stood adjourned (Standing Order No. 112(2)).

Ordered, That the debate be resumed on Monday 2 November.

Business without Debate

LOCAL GOVERNMENT FINANCE (TENURE INFORMATION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Monday 2 November.

DEPARTMENT OF ENERGY AND CLIMATE CHANGE (ABOLITION) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 22 January 2016.

DEFENCE EXPENDITURE (NATO TARGET) BILL

Motion made, That the Bill be now read a Second time.

Hon. Members: Object.

Bill to be read a Second time on Friday 6 November.

Andy Slaughter (Hammersmith) (Lab): On a point of order, Madam Deputy Speaker. The House will be aware that today Shaker Aamer, the last British resident in Guantanamo Bay, has been released from 13 years' detention without charge or trial and returned to the UK. I acknowledge the efforts made by his family and supporters, and indeed by Members of this House, not least the Prime Minister and the Leader of the Opposition in securing that release. I would welcome your help and guidance on securing a statement from the Government on Shaker's release so that they can explain how they can help his adjustment to normal life in this country and investigate the reasons for his detention and treatment.

Madam Deputy Speaker (Mrs Eleanor Laing): I know that the hon. Gentleman will appreciate that this is not a point of order for the Chair, but a point about when this important matter can be discussed in some form here in this Chamber. I suspect that the hon. Gentleman, rather than wishing me to comment on a matter of order, simply wishes to draw attention, as he very skilfully has done, to the fact that this event has occurred. I am sure that Members on the Treasury Bench will have heard what he has said, and I have every confidence that in due course there will be an opportunity for the matter to be debated and considered here in this Chamber.

Child Abuse Allegations (Police Resources)

Motion made, and Question proposed, That this House do now adjourn.—*(Guy Opperman.)*

2.33 pm

Helen Hayes (Dulwich and West Norwood) (Lab): I am grateful for the opportunity to bring before the House the important issue of the resourcing of police investigations into historical child sexual abuse.

The extent of child sexual abuse that has taken place over many decades in the UK has shocked our country to the core. The facts that have emerged following the death of Jimmy Savile have been on a horrific scale. They speak of a culture in which children's voices were not heard or believed, and in which children's dreadful experiences were not recognised: most significantly, a culture in which fundamental wrongs were occurring on a routine basis in some parts of our society, and in which those who sought to raise the issue were ignored or silenced. It is entirely appropriate that an independent national inquiry has been established under Justice Goddard to investigate the extent to which state and non-state institutions failed in their duty to protect children, to understand exactly what went on, and to enable very deep reflection on how a part of our society was able to depart so radically from anything that we could consider right and proper, and good and true.

We talk about historical abuse in order to distinguish it from abuse that is occurring now, but for survivors there is nothing historical about it. They live every single day with the consequences of the torture inflicted on them by their abusers. They also live with the consequences of psychological abuse, having been told that they do not matter, that they would not be believed and that the consequences of speaking out would be worse than living privately with the pain they carry.

My hon. Friend the Member for Streatham (Mr Umunna) and I have met the Shirley Oaks Survivors Association. Shirley Oaks was a children's home run by Lambeth Council. It was the largest children's home in Europe. It is known that organised child abuse occurred at Shirley Oaks over many years, and there have been three successful prosecutions of abusers who operated there.

The Shirley Oaks Survivors Association has been established over the past 18 months, and it is striking that more than 200 people have come forward in that time to seek support and to bear witness to their experiences in local authority care. I pay tribute to the Shirley Oaks Survivors Association for its courage in speaking out, the support it is providing to a large number of survivors, and the painstaking investigatory work it is doing to uncover what happened at Shirley Oaks. I have listened first hand to some of the testimonies of former Shirley Oaks residents. It is both heartbreaking and sickening that vulnerable children—who were in the care of the state because they had already been let down in a multitude of other ways—were subjected to such devastating and damaging experiences.

The fact that the full and shocking scale of the trauma experienced by many residents of Shirley Oaks and of other children's homes remained untold for so long is in itself a scandal, but it is clear that the wider acknowledgement of the prevalence of child sexual abuse is giving new confidence to survivors to come forward. It takes courage to disclose and speak out, and that process involves additional trauma. Reliving events that took place a long time ago can open the scars and make them raw wounds once again.

When a survivor has the courage to come forward to disclose painful past events and to make an allegation of abuse, it is vital that people have the resources and expertise, as well as the necessary time, to investigate with skill and care. That means giving time to police officers to travel to meet survivors in a place of their choosing. Many people who were abused at Shirley Oaks and at other children's homes no longer live in the local area. People need the skills to engage sensitively and compassionately with survivors, to give them confidence that they will be listened to and taken seriously and that they will be believed. People also need the skills and the time to investigate historical events, to trawl through records and to investigate suspects rigorously and appropriately.

Mr Chuka Umunna (Streatham) (Lab): I congratulate my hon. Friend on securing this very important debate, particularly on behalf of the London borough of Lambeth, which we both represent. The police have admitted to me formally that investigations carried out in the past were "of their time". Does my hon. Friend agree that that indicates that they did not meet the standards we would expect of police investigations today, and that that is why it is all the more important that the investigations carried out now are properly funded?

Helen Hayes: My hon. Friend makes a very important point about the need for police investigations to be resourced properly. The survivor needs proper support and, in cases where the public sector has played a role, local authority resources should be made available so that they can go through archive records to find all the available evidence and, as my hon. Friend suggests, to investigate with modern eyes the wrongs that were perpetrated in the past.

My hon. Friend and I recently met senior police officers who are responsible for Operation Trinity—the investigation into historical abuse in Lambeth—and the wider police investigations on historical abuse. We were particularly concerned to hear about the resources available to the police. Operation Trinity has only a handful of officers working on it in a dedicated way, and there are 200 survivors of Shirley Oaks alone. As a consequence of the Goddard inquiry, tens of thousands of new allegations of abuse are expected across the country. That inquiry is already under way, and the first truth pilot—the inquiry work stream that enables survivors to give their evidence—started last week.

Senior Met officers told me that they are recruiting additional police officers to Operation Trinity. At the time we met, however, the resourcing plan had not been signed off, and it was not clear to me which parts of the Metropolitan police they would be drawn from or what additional specialist training they would receive.

This is at a time when the police are facing unprecedented cuts. Across the country as a whole, 17,000 police officers have been cut since 2010, and it is estimated that between 22,000 and 30,000 more will be cut following the comprehensive spending review. In London, we are set to lose all our police community support officers and between 5,000 and 8,000 police officers. These are not small cuts that can be accommodated through efficiency savings; they will have a fundamental impact

[Helen Hayes]

on policing. I am very concerned that, at a time when the police are facing such significant cuts and a process is under way that will prompt many more survivors to come forward, opening up their pain and trauma as they do so, there is not currently a credible plan for resourcing the police investigations.

A further concern is that, although much of the resource for investigations into abuse that took place in the past has focused on London, it is clearly a national issue. Links have been drawn between abuse in children's homes in Lambeth and locations in Wales and elsewhere. Understanding these connections also presents resourcing challenges. The police do not currently have fit-for-purpose IT infrastructure to enable them fully to evaluate all the information that is gathered and to join up investigations in different parts of the country.

The abuse of children that took place in the past is a national scandal—a national issue—and it demands a national response. It is not sufficient for the police and councils, both of which are experiencing among the greatest cuts of any part of the public sector, to have to find the resources from their mainstream funding to investigate allegations and support survivors. That is simply not a good enough response. The recent consultation on police funding arrangements made no suggestion that the need to investigate historical incidents should be a factor in considering the basis on which funding is allocated, and nor should it be. The need to investigate historical abuse is unique and extraordinary, and it should be treated as such. I am therefore asking the Home Secretary to recognise historical abuse as an extraordinary national issue that demands proper resources on a national scale so that we can understand what happened in full and provide the compassion, understanding and, ultimately, justice for survivors of this shameful period in our history.

The resource to investigate historical abuse should be a separate line in the comprehensive spending review, over and above the resources for individual police forces and, indeed, local authorities. It should include provision for specialist training, in relation to both survivors and investigating past events. It should provide for the co-ordination of investigations and fit-for-purpose IT facilities so that links can be drawn among the abuses that occurred in different areas of the country. I hope that the Home Secretary and the Minister will agree with me that we owe it to the survivors of child abuse to ensure that the investigation into the dreadful crimes committed against them is properly resourced.

2.43 pm

The Minister for Immigration (James Brokenshire): I thank the hon. Member for Dulwich and West Norwood (Helen Hayes) for securing this debate and for raising this important matter. I appreciate the way in which she highlighted the work of the Shirley Oaks Survivors Association, which is clearly doing very good work in her constituency. The hon. Member for Streatham (Mr Umunna) has also taken a close interest in that issue. I pay tribute to them for what they are doing, as well as for highlighting the work of Operation Trinity.

I want to echo some of the basic themes of the hon. Lady's speech. It is important to acknowledge, first and foremost, that no case of child sexual abuse is historical for the victims and survivors of this abhorrent crime. They must live with the consequences of the abuse they have suffered each and every day of their lives. It is absolutely right that the victims and survivors of abuse, wherever or whenever it took place, should feel able to come forward to report abuse to the police and get the support they need. Let me be clear: tackling child sexual abuse is a priority for the Government. We have stated consistently that when an allegation of child sexual abuse is made, whether it has occurred recently or in the past, it should be thoroughly investigated by the police so that the facts can be established.

As Chief Constable Simon Bailey, the national policing lead for child protection and abuse investigations, has said, we are at a watershed moment in facing up to the scale of child sexual abuse. Victims and survivors of abuse are, more than ever, feeling confident to report their experiences. This is encouraging, but also an immense challenge for the police and other agencies.

Mr Umunna: I completely agree with the Minister about the way in which we describe these things. We may refer to it as historical abuse, but the victims and survivors live with it forever. Obviously many survivors are watching this debate. He is the Minister for Immigration. In his Department, there is also a Minister for policing, crime and criminal justice and victims and a Minister for preventing abuse and exploitation. If survivors wish to correspond with or contact the Department, which Minister would it be most appropriate for them to deal with? Who has the pen on this issue in the Department?

James Brokenshire: The Under-Secretary of State for the Home Department, my hon. Friend the Member for Staffordshire Moorlands (Karen Bradley), is leading the work on exploitation. She is clearly a key person, but she is working alongside the Minister for Policing, Crime and Criminal Justice because there are policing aspects in which he takes a keen interest. Obviously, the Home Secretary is personally engaged in this issue, has committed her time to it and has given it the priority that it has. She is overseeing all this work and providing leadership within the Department. No doubt we will come on to the Goddard inquiry and the need for engagement with that. Victims and others must feel that they can come forward to the inquiry and share their experiences directly. It is important to underline that.

The central issue that the hon. Member for Dulwich and West Norwood raised related to police resources. There is no question but that the police still have the resources to do their important work. As a recent report by Her Majesty's inspectorate of constabulary reinforced, forces are successfully meeting the challenge of balancing their books while protecting the frontline, delivering reductions in crime and maintaining public satisfaction with the police.

The Government are determined that forces should do everything they can to bring perpetrators of child sexual abuse to justice. Child sexual abuse now has the status of a national threat in the strategic policing requirement. That means that forces are empowered to maximise specialist skills and expertise to prevent offending and investigate allegations. Police forces, police and crime commissioners and, in London, the Mayor's office for policing and crime must have in place the capabilities they need to protect children from sexual abuse. However,

it is not for Ministers or the Home Office to direct forces on how to deploy their officers and staff to meet that requirement.

As the hon. Lady will be aware, the allocation of resources on day-to-day investigations into cases of abuse, including abuse that took place in the past, is an operational matter for the relevant chief officers and police and crime commissioners, who are much better placed to make local assessments of need and risk. It is then for the PCC or the Mayor's office for policing and crime, in consultation with the chief officer, to take decisions about deployment. It is absolutely right that those decisions are made by those closest to the situation, rather than by central Government.

Of course, police forces should include in their policing and budget plans reasonable contingencies for unexpected events within their areas. If, as happens from time to time, the police face significant or exceptional events, we stand ready to offer support where we can. There is an established process by which police and crime commissioners can apply for special grant funding to help with those costs.

The Government's commitment to tackling child sexual abuse extends beyond the work of individual forces. More widely, we have made available £1.7 million to fund Operation Hydrant, which is the national policing response that oversees and co-ordinates the handling of multiple non-recent child sexual abuse investigations. Those investigations specifically concern persons of public prominence or offences that have taken place in institutional settings. Operation Hydrant is overseen by the national policing lead, Simon Bailey, and plays a crucial role in co-ordinating information on police forces' investigations that fall within the scope of its terms of reference.

That is not all. As I said at the beginning of my speech, it is vital that victims and survivors report the abuse that they have suffered, so that it can be investigated and the truth can be established. The Government are determined that no stone shall be left unturned in pursuit of that aim.

Helen Hayes: Would the Minister not accept that the existence of Operation Hydrant, which co-ordinates the response across all police forces, is recognition of the national scale of the challenge, and that it therefore makes sense to resource the response at national level with a separate line in the comprehensive spending review?

James Brokenshire: I was going to go on to highlight the additional £10 million that has been given to the National Crime Agency for the creation of more specialist teams to tackle this type of abuse. The need for such a response is also why the Home Secretary has established an independent statutory inquiry into child sexual abuse. The inquiry will challenge institutions and individuals without fear or favour, and will get to the truth in determining whether state and non-state institutions in England and Wales, including the police, have taken seriously their duty of care to protect children from sexual abuse. Justice Goddard is leading the inquiry's important work and grasping this once-in-a-generation opportunity to expose what has gone wrong in the past and learn lessons for the future. The inquiry will, where necessary, refer any specific allegations to the police for consideration for criminal investigation.

The hon. Lady highlighted the important work on training and the response that can be expected of police officers, as did the hon. Member for Streatham. The College of Policing and the national policing lead have set the requirement for all forces to train all new and existing police staff, including call handlers, police community support officers, police officers, detectives and specialist investigators, to respond to child sexual abuse. The College of Policing has developed, and will keep under review, a comprehensive training programme to raise the standard of the police response to this crime, including by addressing police behaviours and attitudes, support for victims and the importance of partnership working and information sharing. In addition, the setting up of a new national centre of expertise will help with the understanding of national data and evidence, which will draw out factors causing and affecting child sexual exploitation and the front-line practice and integrated working models that work best.

We are taking immediate action to ensure that the mistakes of the past are never repeated. All chief constables have committed to a national policing child sexual exploitation action plan, which is aimed at raising standards in tackling this type of crime so that the police provide a consistently strong approach to protecting vulnerable young people.

Forces are being supported by Government to ensure that they deliver on that national plan. The national policing lead, Simon Bailey, has put in place regional co-ordinators and analysts, paid for by £1.5 million of Government funding in 2015-16, to ensure that forces are tackling child sexual exploitation properly. Through those co-ordinators and analysts we will build a picture of the threat of child sexual exploitation in each region and map out the detail of the police response to the threat. That will ensure that forces are improving their response to this type of crime in line with the national policing action plan.

I should also highlight Professor Jay's report on the abuse in Rotherham, which, like other reports, made it clear that some forces have previously failed in their duty to safeguard children and, perhaps most shockingly, failed in how they treated victims of the most terrible abuse. The Government have been consistently clear that that culture of denial within forces must end. That is why, as I described, the College of Policing and the national policing lead have set the requirement for all forces to train all new and existing policing staff to respond to child sexual abuse. The College of Policing will keep that under review, which is important in terms of support to victims, as well as the importance of partnership working, information sharing, and police behaviour.

In response to increasing demand for the police to investigate online child sexual exploitation, the Prime Minister announced that an additional £10 million would be given to the National Crime Agency for the creation of more specialist teams to tackle such threats. We must not forget those at the heart of all this work, whose plight has instigated our determination to drive this action forward: the victims and survivors. We are providing an additional £7 million for services supporting survivors of sexual violence this and last financial year, and £2.15 million of that has already been provided as an uplift in funding for 84 existing rape support centres.

Mr Umunna: Given the trauma that survivors are dealing with and have lived through, does the Minister agree how extraordinary it is that they are carrying out a lot of the work that we would usually expect the police to do? The Shirley Oaks Survivors Association has a huge unit to investigate and collate evidence about what happened there so that people can get redress, and ultimately justice.

James Brokenshire: I congratulate that association on its work. This is about giving people confidence to come forward and about the manner in which that evidence can be collated, but—as I have indicated—we need to do more work. I think there is growing confidence that people can come forward to the police, and I am sure that other organisations, foundations and charities have a role to play, working alongside the police. It is important that people feel able to come forward with a sense that their complaints will be investigated thoroughly and properly, as I have described this afternoon.

The broad range of activity that I have outlined shows that the Government take all allegations of child sexual abuse extremely seriously, no matter where or when it occurs. Again, I thank the hon. Lady for the way that she brought this matter to the House. Clearly, work is taking place in her borough and constituency to raise awareness, give confidence, and underline the fact that people can come forward and have their allegations properly investigated. We will continue the urgent work of overhauling the way that our police, social services and other agencies work together to protect vulnerable children. I thank the hon. Lady for highlighting this matter, and I assure her of the priority that is given to this issue by the Government. We will continue to keep the House updated.

Question put and agreed to,

2.58 pm

House adjourned.

Written Statements

Friday 30 October 2015

HEALTH

Health Informal Council

The Parliamentary Under-Secretary of State for Health (Jane Ellison): An informal health Council meeting was held in Luxembourg on 24-25 September 2015 as part of the Employment, Social Policy, Health and Consumer Affairs (EPSCO) Council formation. The UK was represented by a senior official.

Among the issues discussed were prevention, removing stigma, early diagnosis and investment in research. The UK's work on dementia was recognised and there was agreement on the need for further work following the World Health Organisation (WHO) conference that was held earlier in the year in March.

Trans Fatty Acids (TFAs)

A variety of views were expressed about whether regulation or a voluntary approach should be taken towards trans fatty acids (TFAs). Most member states would await an upcoming Commission report on TFAs before taking a firm view. The UK outlined its national voluntary action to reduce TFAs and the importance of an evidence based approach. The Commissioner said that they were in the process of finalising the report and that it would be presented in December.

Migration

The UK outlined work it is undertaking with Syrian refugees in countries bordering Syria, called for a comprehensive approach to the crisis, and referred to the work of the Health Security Committee. The Commission called for solidarity and outlined the extra funding that had been allocated as well as a letter that had been sent to all Ministers on this issue.

European semester

A vast majority of member states argued strongly against the involvement of the European semester in healthcare. The UK welcomed the recent narrower focus of the semester and called for it to concentrate on sustainability and cost effectiveness. The UK also called for Health Ministers to be more involved in the Social Protection Committee process on matters relating to healthcare.

Cross Border Directive

Most member states were positive about progress that has been made on the cross-border directive, with a number suggesting that patients should be better informed about their rights. The UK welcomed the Commission's report on the operation of the directive but added that, whilst the principles of the directive are sound, more needs to be done at EU level to clarify and simplify the interaction of this new legislation with existing patient mobility rules (the EU social security co-ordination regulations).

[HCWS280]

INTERNATIONAL DEVELOPMENT

Foreign Affairs Council for Development

The Secretary of State for International Development (Justine Greening): On 26 October, I attended the Foreign Affairs Council for Development in Luxembourg. The meeting was chaired by the High Representative of the European Union for Foreign Affairs and Security Policy Federica Mogherini. She also hosted a joint lunch with Environment Minister to discuss the implementation of the agenda for Sustainable Development 2030. A provisional report of the meeting and conclusions adopted will be deposited in the Library of the House for the convenience of Members.

Humanitarian Affairs

The Council discussed how the EU could play a leading role at the forthcoming world humanitarian summit. A notable common thread was on the need for a new approach to funding; more genuine partnerships with affected governments, the private sector, civil society and diaspora; and the need for innovation. I led calls for better enforcement of international humanitarian law to protect civilians; a reformed approach to finance, blending public and private approaches and moving beyond initial emergency response to focus on education and livelihoods; and a bold approach to gender equality in humanitarian action, including a global co-ordinated approach to prevent and respond to gender-based violence. In addition to the exchange of views, Commission Vice President Georgieva presented the work of the UN high-level panel on humanitarian financing.

Migration, refugees and development

The Council discussion focused largely on preparation for the forthcoming Valletta summit, and in particular the emergency trust fund which was intended to be a key deliverable for the summit. I emphasized the UK's view that the summit needs to demonstrate Europe's credibility, leadership, and commitment to respond quickly to the serious problems posed by migrants crossing the Mediterranean. The UK has taken a leading role in pressing for a substantive discussion on tackling the root causes of migration, a mutual challenge faced by Europe and Africa—a lack of growth, jobs, opportunity in African countries—and the concrete actions needed to turn the situation around. I emphasised the need to review the Commission's existing financial instruments to ensure they are flexible and fit for purpose for a rapid response to ongoing crises. I also pressed other member states to step up their own financial commitments to address the Syria crisis, alongside UK leadership.

Gender Action Plan

The Council adopted conclusions on the new gender action plan (2015-2020) (GAP), which the UK has been a key actor in shaping. I welcomed the new GAP as a landmark opportunity for the EU to take significant steps forward in delivering tangible results for women and girls across the world and pressed for its full implementation.

EU-Africa, Caribbean and Pacific (ACP) relationship ("post-Cotonou")

The Council also discussed the future of the EU's relationship with the ACP (African, Caribbean and Pacific group of states), with the expiry of the existing

Cotonou partnership agreement set for 2020. This is an important opportunity for the EU to modernise its relationship with the ACP, so that it is relevant, forward-looking and consistent with agenda 2030. I called for the Commission to have a broad review, base policy decisions on the evidence of Cotonou's impact and actively seek a wide range of views during the consultation period.

Implementation of the Agenda 2030

During lunch, in a joint session with Environment Ministers, we discussed the implementation of the recently-agreed 2030 agenda on sustainable development (the post-2015 development framework). I emphasized the importance of looking at the implementation of the agenda 2030 alongside the other major processes—including the mid-term reviews of the financial instruments and the Cotonou agreement—occurring over the next five years.

Any other business

The Council adopted several sets of Council conclusions, including on Afghanistan; the Horn of Africa action plan: and the 2015 report on policy coherence for development. In addition, the decision to open consultation with Burundi on restrictive measures under the EU-ACP (Africa, Caribbean, Pacific) partnership agreement was also approved. Details of these Council conclusions will also be placed in the Library of the House.

[HCWS279]

Petition

Friday 30 October 2015

OBSERVATIONS

HOME DEPARTMENT

Refugee crisis

The petition of residents of Kingston upon Hull,

Declares that there is a global refugee crisis; notes that the UK is not offering proportional asylum in comparison with European counterparts; further declares that the petitioners believe that the UK should not allow refugees who have risked their lives to escape horrendous conflict and violence to be left living in dire, unsafe and inhumane conditions in Europe; and that Britain must do its fair share to help.

The petitioners therefore request that the House of Commons calls on the Government urgently to increase its support for asylum seekers and refugees in Europe.

And the petitioners remain, etc.—*[Presented by Diana Johnson, Official Report,* 09 September 2015; Vol. 599, c. 510.]

[P001542]

Observations from The Minister for Immigration (James Brokenshire):

The Government accept they have a moral responsibility to assist those who are suffering as a result of conflict in the world. We are proud of the UK's tradition of providing protection to genuine refugees but it is also important that we maintain a clear distinction between asylum and illegal migration for economic reasons.

The Government's priorities are to continue to provide humanitarian aid to those most in need in crisis regions and to actively seek an end to conflicts that displace people from their homes. We believe this approach is the best way to ensure that the UK's help has the greatest impact for the majority of refugees who remain in the region and for the countries that are hosting them.

The UK has already committed over £1 billion in humanitarian aid to the Syrian crisis—more than any other country in the world except the United States. Furthermore, we are one of only a few EU countries to fulfil a commitment to provide 0.7 per cent of Gross National Income (GNI) to international aid.

By the end of June 2015, UK support had delivered over 20 million food rations, each of which feeds one person for one month, shelter for over 416,000 people, relief items for 4.6 million people, resulted in over 7.2 million instances when people benefited from sanitation and hygiene activities, provided access to clean water for 1.6 million people in Syria and over 980,000 people in neighbouring countries (peak month), and over 2.5 million medical consultations in Syria and the region.

The Government support the EU's proposals for sustainable protection in North and East Africa under EU Regional Development and Protection Programmes (RDPPs). RDPPs aim to improve the conditions for refugees seeking protection in their region of origin until they are able to return to their homes, and to help support their host communities. The UK is already participating in the Middle East RDPP, which is supporting a sustainable approach to protection for those who have fled to neighbouring countries to escape the Syrian crisis, and we have pledged €500,000 to that programme. We support the proposals for new RDPPs in North Africa and the Horn of Africa. The Government believe enhanced, safer and more sustainable regional protection is key to protecting those in genuine need of refuge, and preventing dangerous journeys to Europe.

The Government believe resettlement of refugees to countries like the UK can make a real difference to the lives of those who can benefit from it. Through the Syrian Vulnerable Persons Relocation (VPR) scheme, the UK is helping some of the most vulnerable refugees who cannot be supported effectively in the region by offering them protection in the UK. The scheme prioritises women and children at risk, survivors of torture and violence and people in severe need of medical care. The scheme has been operating since early 2014.

The Prime Minister announced on 7 September the Government will now expand the Syrian VPR scheme to resettle up to 20,000 Syrians in need of protection during this Parliament. This is in addition to the thousands who receive protection in the UK under normal asylum procedures. Since the crisis began in 2011 the UK has granted asylum to nearly 5,000 Syrian nationals and their dependants through normal asylum procedures.

In addition to the VPR scheme, the UK operates two other resettlement programmes, Gateway and Mandate. Gateway is one of the largest and oldest resettlement programmes in the EU, and has resettled over 6,300 refugees since it was established in 2004. It resettles 750 UNHCR-recognised refugees each year in protracted refugee situations, where there is little prospect of being able to return home, from a number of targeted locations internationally. Mandate resettles individual refugees from anywhere in the world who are recognised as refugees and judged to be in need of resettlement by UNHCR, and have a close family member in the UK who is willing to accommodate them. Overall, the UK is among those EU member states offering the highest numbers of resettlement places, resettling around 1,000 people a year, even before the announcement to take 20,000 Syrians.

The Government, however, have made it very clear that resettlement schemes are best decided at a national level and it will not sign up to a compulsory EU quota. We believe that we can make the greatest contribution by focusing assistance on the most vulnerable people, rather than subscribing to a quota scheme. The Government view of the relocation of refugees within the EU has also been clear—it is the wrong response and risks exacerbating the problem by encouraging migrants to make dangerous journeys to reach Europe.

The Government will instead continue to work with,EU partners to solve the immediate issues, and to implement the wider plan. This includes providing assistance in affected crisis regions and providing practical assistance to member states facing particular pressures. We have already provided more resource to European Asylum Support Office (EASO) co-ordinated support missions to countries such as Italy and Greece than any other member state and stand ready to provide more.

WRITTEN STATEMENTS

Friday 30 October 2015

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Friday 30 October 2015

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