

# Car Parking

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**for cancer patients  
in New South Wales**

A survey of patients' access to car  
parking at cancer treatment centres



**Staff reported that insufficient spaces was the parking issue most frequently reported to them by patients.**

# Summary

## A survey of patients' access to car parking at cancer treatment centres

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Parking is a problem for many people attending hospital. However, it poses an extra challenge for cancer patients because they typically need to attend appointments up to five days per week for six or eight weeks at a time. The cost accumulates over the course of treatment, and the side effects of chemotherapy and radiotherapy may leave patients feeling tired and nauseous, making long walks to car parking burdensome.

One of the priorities of Cancer Council NSW is to ensure no one faces a cancer diagnosis alone. We undertook a study of car parking for cancer patients following reports that parking at some hospitals is so difficult that carers are forced to leave patients on their own at the entrance to the treatment centre

while they drive some distance to find a space. This is unsafe for patients who are physically and emotionally vulnerable, and extremely stressful for both patient and driver.

The aim of our study was to find out how much of an issue parking is for cancer patients, and what kinds of parking provisions exist at hospitals and cancer centres. We included data from 565 cancer patients from across NSW, collected as part of the *Cancer Survival Study* by researchers at the University of Newcastle. We also conducted a telephone survey of 122 staff members from 44 different cancer centres.

“I took my mum to her appointments every day for three months. She was 77 and could hardly walk. We had a disabled sticker but the disabled spots were always full. We needed to get to the hospital an hour before her appointment because it took so long to get a park. If I couldn't find one I'd have to put her on a chair at the front door of the hospital while I went miles away to park on the street. There was no-one to look after her while she was waiting – the cancer centre was a long way inside the hospital. By the time I got back she'd have been on her own for 15 or 20 minutes, and she'd be beside herself because I'd had to go so far. Her actual treatment took about 40 minutes, and then she'd have to wait again while I went to get the car. All up her treatment took three hours a day for three months. I took carer's leave from my job as a bank manager. I'd do it all again to have my mum back, but I don't think people like her should have to go through that.”

Leanne, Western Sydney



## Main findings

The patient survey showed that car parking was the biggest unmet practical need among patients: it was higher than the need for counselling, child-minding, respite care for carers, home nursing, home cleaning and gardening. One in six patients reported a moderate or high level of unmet need for access to easy car parking at the hospital or clinic during the year following their cancer diagnosis. Patients living in urban and regional areas had similar levels of unmet need for easy access to car parking.

The staff survey showed that parking arrangements varied greatly across hospitals and cancer centres. Most had some kind of parking provisions for patients, with 62% providing dedicated patient parking and 70% providing free patient parking. All 19 centres in regional areas provided free parking.

However, fewer than half (49%) of the treatment centres surveyed provided dedicated parking for cancer patients, and hospital staff noted that where these existed, they were often full. Staff reported that insufficient spaces was the parking issue most frequently reported to them by patients. An additional issue was the distance and difficulty of the route between parking spots and the treatment centre. Cancer centre staff confirmed that in some cases, the distances were so great that carers were required to drop patients at the entrance while they parked.

Where dedicated or subsidised parking was available, this was not always well communicated to patients. Among centres that provided dedicated parking for cancer patients, one in three staff said they did not

tell patients about it – they assumed patients would “just know”. Half the respondents from these centres informed patients verbally. Only 13% of staff from centres with dedicated parking provided written information, for example as part of a patient information pack.

Among the 61% of centres that provided subsidised parking for cancer patients, 86% of staff respondents said patients were not informed about it.

Centres with paid parking reported charges of up to \$11 for the first hour. Cancer patients would generally require more than an hour to attend an appointment, and chemotherapy may take several hours.

“I was disgusted with the parking facilities. When you are going through your cancer journey, you need the easiest road. It was not easy for me to ask a family member or friend to take time off work to drive me to my radiation appointments five days per week for six weeks. I had a two-year-old at the time also. Parking miles away from the centre, when you are feeling very tired and sick, middle of winter, with no hair and a two-year-old – makes the daily trek very hard to take.”

Chris, Western Sydney

## Conclusion

The findings of this report suggest parking provisions at cancer treatment centres need to be improved. At some centres, the need is urgent.

Cancer Council NSW recognises the value of existing parking provisions and acknowledges that increasing parking capacity and reducing costs may be difficult. We also acknowledge that both patients and clinicians place the quality of cancer treatment at the top of their list of concerns. Patients may be reluctant to ask treatment centre staff about dedicated, free or subsidised parking, for fear of bothering clinicians or being seen to complain.

However, car parking is not a trivial issue. For patients and carers attending centres where parking is difficult, the daily scramble to find a space and meet their appointment time is a major stressor on top of the physical, emotional and financial burden of cancer treatment. Improving access to easy parking could provide immediate benefits for the quality of life of cancer patients.

# Recommendations

## Cancer Council NSW recommends that:

1. All Local Health Districts develop a car parking policy that ensures easy access for cancer patients to designated free spaces close to treatment facilities for the duration of their course of treatment, renewable as needed. Where designated spaces cannot be provided close to treatment facilities within existing infrastructure, solutions to ease access may include a transit lounge, shuttle or valet parking services, and/or special provisions for children and frail patients.
2. Cancer treatment centres provide a simple, streamlined process for accessing dedicated parking, without means testing or financial assessment. All patients needing to attend treatment frequently (e.g. weekly or more) should be eligible, in recognition of the many additional costs and loss of income experienced by cancer patients. A dashboard pass or other system can be used to identify cancer patients eligible to use dedicated parking spaces. The system should be enforced to ensure compliance.
3. Cancer treatment centres implement a process to routinely inform new and returning patients about available parking provisions, both verbally (when the initial appointment is made) and in writing (in an orientation pack), with written information translated into languages other than English as the patient population requires. The process should identify who is responsible for informing patients about parking provisions, and be integrated with administrative and booking procedures.
4. Cancer treatment centres implement a process to routinely inform new staff about available parking provisions and the process to inform patients of parking provisions.
5. Hospital managers evaluate patient and carer satisfaction with existing parking provisions, and address any concerns that arise.
6. Health infrastructure planners and managers undertake comprehensive consumer consultation and planning for accessible, affordable parking for cancer patients at new and redeveloped facilities.
7. Health infrastructure planners and managers ensure that future contract negotiations with private car park operators provide for accessible, affordable parking for cancer patients, taking into account the frequency of use by cancer patients.
8. Cancer Institute NSW provides more detailed information about the cost and availability of patient parking at each treatment centre on the Canrefer directory.

“I’ve been through it four times – twice with my mum and twice with my dad. Parking was just a nightmare. The appointments don’t go to time, and if it took too long, my parents would stress about the cost or about me getting a ticket. Then sometimes I’d have to leave Dad on his own, even when it was raining and miserable, while I went a distance to find a park. A couple of times, when I couldn’t take the day off work, we organised community transport to pick him up, but the bus didn’t come until all the patients were finished their treatment – he’d have to wait there for a couple of hours after his appointment. He’d be exhausted.”

Koula, Sydney



## What can cancer centres do?

- Provide a dedicated parking area for cancer patients with enough spaces. Use a boomgate and/or a permit system to make sure only eligible patients can park there, and enforce it.
- Use a permit system such as windscreen stickers, swipe cards or dashboard passes, with expiry dates or colour coding to show patients with current appointments.
- Provide a drop-off zone directly outside a staffed waiting area so carers can walk the patient into the waiting area, park the car and come back knowing the patient has medical help if required.
- Establish a volunteer or work training program to provide a valet parking service for cancer patients, and/or a shuttle service between the treatment centre, car parking areas and public transport.
- Provide written information about available parking provisions (translated into languages other than English if needed) to all patients at or before their first appointment.
- Inform all new staff about available patient parking provisions during orientation.
- Work with local transport providers to ensure cancer patients using these services have block bookings, so they don't need to wait long periods after treatment for transport.
- Work with your local Council to provide special access to parking in nearby areas, with time limits long enough for cancer treatment, and to plan for better parking in the future.
- Work with your local Cancer Council office to develop local solutions.

“My daughter was two when she was diagnosed. She had five or six hospital stays, and chemotherapy for six months. My son was a baby at the time. When we were first admitted, the social worker asked if we wanted to buy a book of discounted parking tickets – a mix of day passes, three-day passes and five-day passes that was subsidised by a donation. Otherwise parking would have cost us a fortune. It meant we could just focus on looking after the kids. We could come and go as we needed to, without worrying about the cost of parking. It's just one of those little things that helps you feel taken care of.”

Kylie, Sydney

Note: This scheme is no longer available at the hospital in question, but some hospital car parks do offer concessional rates for eligible patients and carers, e.g. people receiving Centrelink payments.

## What can consumers do?

- Talk to your cancer centre and let them know about your concerns.
- Work with your cancer centre to establish a volunteer program to help patients with parking.
- Work with your local Cancer Council office to develop local solutions.
- Contact the Cancer Council Helpline (13 11 20 for the cost of a local call) for more information on services and support.
- Go to [www.canceraction.com.au](http://www.canceraction.com.au) to find out more.

# Report

A survey of patients' access to car parking at cancer treatment centres

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Among centres that provided dedicated parking for cancer patients, one in three staff said they did not tell patients about it – they assumed patients would “just know”.





## Background

Psychosocial research has found patients are concerned about practical issues affecting their access to treatment.<sup>(1; 2)</sup> Cancer patients report that access to parking and the cost of parking at treatment centres are sources of anxiety. A survey of women in NSW diagnosed with breast cancer found that 32% reported a moderate to high unmet need for 'easy access to car parking at the hospital or clinic'.<sup>(3)</sup> A study of breast cancer patients in Victoria reported similar findings, with 33% of patients reporting an unmet need in accessing car parking.<sup>(4)</sup>

In this study, Cancer Council NSW sought to assess: (1) the extent to which patients diagnosed with the eight most common cancers in NSW reported unmet needs for access to easy car parking; (2) parking provisions at cancer treatment centres and staff knowledge of these provisions; and (3) whether factors such as the location of the treatment centre, public or private operation, and patient clinical characteristics were associated with unmet car parking needs and provision of affordable parking.

## Methods

This report draws on two sources of data: (1) a survey of patients conducted by the University of Newcastle; and (2) a survey of cancer treatment centre staff conducted by Cancer Council NSW.

### Study 1: Survey of cancer patients

#### Participants and procedures

Data were collected as part of the registry-based longitudinal *Cancer Survival Study*. To be eligible to participate, patients were required to be: diagnosed with a new diagnosis of one of the eight most incident cancers in Australia; aged 18–80 years at diagnosis; considered physically and mentally capable of participating by their clinician; aware of their cancer diagnosis; and able to understand English. Eligible patients were approached by the Cancer Registry requesting permission to provide their contact details to the researchers. Interested survivors were mailed a self-report scannable survey at approximately six months post diagnosis (T1) and 12 months post diagnosis (T2).

Although the study participants were recruited from two states, the data presented in this report include only those study participants living in NSW. Of the 565 cancer patients in NSW who consented to participate in the study, 532 completed a T1 questionnaire and 495 completed a T2 questionnaire. Participants were diagnosed with bowel cancer ( $n=168$ ), prostate cancer ( $n=108$ ), breast cancer ( $n=106$ ), melanoma ( $n=62$ ), lung cancer ( $n=46$ ), non-Hodgkin's lymphoma ( $n=27$ ), head and neck cancer ( $n=24$ ) and leukaemia ( $n=24$ ).

#### Measures

Patients' level of unmet need for easy access to car parking at the hospital or clinic was assessed by a single item from the Supportive Care Needs Survey (SCNS) Access to Services Module.<sup>(5)</sup> The Access to Services module assesses unmet need for services such as counselling, child-minding, respite care for carers, home nursing, home cleaning and gardening, as well as car parking.

Demographic and clinical characteristics of survey participants, including age, sex, cancer type, spread of disease and geographical location, were obtained from the NSW Central Cancer Registry. Self-report survey items assessed the type of treatments ever received and the type of treatments received in the previous month.

### Study 2: Survey of cancer treatment centre staff

#### Participants and procedures

Key chemotherapy and radiotherapy treatment centres in NSW were identified by expert consensus. Criteria for inclusion were that the centre employed at least one full-time oncologist and was a principal point for radiotherapy or chemotherapy treatment in the area. This resulted in a list of 45 facilities.

Staff from each of the 45 treatment centres were approached to complete a structured telephone survey. The survey asked questions about parking provisions for hospital patients generally and for cancer patients specifically. To improve reliability of the results, attempts were made to contact three staff members from each treatment centre, one from each of three staff categories. The staff categories and their respective participation rates were: (1) administration, reception, parking and security staff (96%); (2) oncologists, oncology nurses and nurse unit managers (98%); (3) oncology social workers and psycho-oncology staff (78%). Seven treatment centres did not have any staff in category 3, which lowered the participation rate in this category. Overall, 98% of centres ( $n=44$ ) participated with at least one staff member completing a survey, and 90% of staff ( $n=122$ ) approached completed a questionnaire.

The questionnaire (Appendix 1) was administered by telephone by experienced Cancer Council NSW volunteers and respondents' results were managed using the online survey tool Zoomerang. The survey was conducted in October and November 2010.

## Measures

Parking facilities at the treatment centre were assessed by a series of items including: availability of on-site parking; provision of dedicated spaces (for patients generally and for cancer patients specifically); hourly charge; provision of free and subsidised parking (for patients generally and for cancer patients specifically); how patients are informed about and given access to free or subsidised parking provisions; availability of alternative parking near the treatment centre; and the distance from primary parking location to treatment centre. Open-ended questions also asked treatment centre staff if they were aware of patients reporting car parking issues, and if so, what issues patients had reported. Cancer treatment centre characteristics were recorded, including the location of the treatment centre (urban or regional) and public or private status.

Raw data were exported from Zoomerang to Microsoft Excel for cleaning, consolidation and coding. Responses were cross-

checked with the interview log sheet. Responses to open-ended questions were categorised, coded, and checked by multiple reviewers for consistency. In the case of a disagreement between different staff members interviewed from the same treatment centre (e.g. two respondents said yes and one said no), the majority response carried. In cases where there was a disagreement with no majority (i.e. equal numbers of yes and no) a 'conflict' was recorded and these data were treated as missing data for that item only during analysis. In some cases, staff members from the same treatment centre provided different answers about the cost of parking. In these cases, the average of the responses was used to estimate the cost. As a result, the parking costs reported are approximate.

Cleaned and coded data were analysed using the SPSS statistical package. The chi-square test and Fisher's exact test were used to analyse differences between urban and regional centres and between public and private centres in the proportion of centres providing dedicated parking and free parking.

## Results

### Study 1: Survey of cancer patients

Of the survey participants with valid responses, 16% ( $n=90$ ) reported moderate or high level need for access to car parking at the hospital or clinic during the year following their cancer diagnosis. The need for car parking was the highest of all practical services surveyed, which also included counselling, child-minding, respite care for carers, home nursing, home cleaning and gardening.

The proportion of patients who experienced a moderate or high level need for access to car parking was slightly higher at six months (13%,  $n=69$ ) than at 12 months (10%,  $n=49$ ) post diagnosis. Patients who had received active treatment (surgery, chemotherapy or radiotherapy) during the previous month were more likely to report unmet car parking needs than patients who had received passive treatment (hormone treatment, bone marrow/stem cell transplant or immunotherapy) or no treatment (Table 1). There was no difference between urban and regional areas.

**Table 1: Patients reporting moderate or high level need for hospital or clinic car parking access, by treatment status**

Treatment received in the past month	Moderate/high unmet need			
	6 months post diagnosis		12 months post diagnosis	
	Number	(%)	Number	(%)
Active <sup>a</sup>	35	(21%)	8	(21%)
Passive <sup>b</sup>	3	(6%)	11	(14%)
None	26	(10%)	29	(8%)

<sup>a</sup> Surgery, chemotherapy, or radiotherapy.

<sup>b</sup> Hormone treatment, bone marrow/stem cell transplant or immunotherapy.

**Fewer than half of the treatment centres surveyed provided dedicated parking for cancer patients.**



## Study 2: Survey of cancer treatment centre staff

### Parking issues reported by patients to staff

Staff respondents reported that patients raised five recurring issues related to parking (Table 2). The issue most frequently reported was insufficient spaces, followed by access issues (i.e. long or difficult route from the treatment centre to parking). Access issues were reported more frequently in regional areas (where patients used on-street parking far from the treatment centre) than in urban areas. Multiple respondents noted carer/support issues: due to the difficulty of obtaining a parking spot, carers were forced to drop off patients whilst they obtained parking. This is particularly problematic if the patient is a child or frail. Administration issues reported by patients included the complexity of accessing provisions for free or subsidised parking.

**Table 2: Parking issues reported by patients to staff**

Issues	Percentage of respondents (n=116) <sup>a</sup>
Insufficient spaces	34%
Access (distance/topography)	22%
Price	14%
Carer/support issues	13%
Administration	9%
Other	8%

<sup>a</sup> Six invalid responses were excluded.

### Dedicated patient parking and free patient parking

Of the treatment centres with valid survey responses, 49% provided dedicated parking spaces for cancer patients and 62% provided general patient parking. Cancer patients could receive free parking at 74% of treatment centres, while general patients were eligible for free parking at 70% of centres. It should be noted that 52% of treatment centres provided free parking to everyone, including non-patients. All 19 treatment centres located in regional areas provided free parking (Table 3).

Thirteen centres provided no dedicated parking for any patients. Eight centres (all urban) provided no free parking for any patients. Of these, four provided subsidised parking, two did not provide subsidised parking, and two reported a conflict on this question.

**Table 3: Summary of parking provisions for patients**

Dedicated or free parking availability	Treatment centres	
	Number	(%)
Dedicated parking for cancer patients (n=41 centres)	20	(49%)
Dedicated parking for any patients (n=42 centres)	26	(62%)
Free parking for cancer patients (n=43 centres)	32	(74%)
Free parking for any patients (n=43 centres)	30	(70%)

Note: Treatment centres reporting conflicts on these items were excluded.

### Cost of parking

Of the 21 centres that charged for parking, nine charged less than \$5 for the first hour of parking, 10 charged between \$5 and \$10 and the remaining two centres charged more than \$10 for the first hour of parking. Cancer patients would generally require at least one hour for each appointment, so the hourly rate would represent the minimum parking fee. Chemotherapy may take several hours.

Beyond the first hour, arrangements varied between charging by the hour, tapered rates and flat fees.

### How patients are informed about parking provisions

As shown in Table 4, many treatment centres did not systematically inform patients about available parking provisions. Among treatment centres that provided free parking to patients, 69% of respondents said patients were not informed. However, this figure includes facilities in regional areas that did not charge anyone for parking (and thus would not need to inform patients that free parking was available).

Among treatment centres that provided dedicated parking specifically for cancer patients, half (50%) of respondents reported that patients were informed verbally, and 13% said patients were informed in writing. However, 33% said patients were not informed and 3% said patients were only informed upon request. In the 61% of treatment centres that reported providing subsidised parking for cancer patients, 86% of respondents said patients were not informed about these provisions, and an additional 4% said patients were only informed if they asked about it.

**Table 4: Information provision about parking**

Parking provisions and communication methods	Percentage of respondents <sup>a</sup> (n=120)
<b>Free parking for any patients</b>	
Not informed	69%
Informed verbally	14%
Informed upon request only	12%
Informed in writing	6%
<b>Subsidised parking for any patients</b>	
Informed upon request only	42%
Informed verbally	18%
Informed in writing	15%
Not informed	15%
Other	9%
<b>Dedicated parking for cancer patients</b>	
Informed verbally	50%
Not informed	33%
Informed in writing	13%
Informed upon request only	3%
<b>Subsidised parking for cancer patients</b>	
Not informed	86%
Informed verbally	11%
Informed upon request only	4%

<sup>a</sup> Total may not add to 100% due to rounding.

### Comparison of public and private centres

Tables 5 and 6 show the proportions of public and private treatment centres providing dedicated parking and free parking. There is no evidence of a difference between public and private treatment centres. A higher proportion of public centres than private centres provided dedicated parking for cancer patients (52% compared to 38%), but the difference was not statistically significant ( $p=0.7$ ). Among public centres, 62% provided dedicated parking for patients compared to 63% of private centres ( $p=1.0$ ).

No significant differences were found in the provision of free parking for cancer patients (79% of public centres compared to 56% of private centres,  $p=0.2$ ) and free parking for general patients (76% of public centres compared to 44% of private centres,  $p=0.1$ ).

**Table 5: Dedicated patient parking, public versus private centres**

Dedicated parking availability	Treatment centres		p <sup>a</sup>
	Public	Private	
Dedicated parking for cancer patients (n=41 centres, of which public=33, private=8) <sup>b</sup>	17 (52%)	3 (38%)	0.70
Dedicated parking for any patients (n=42 centres, of which public=32, private=8) <sup>b</sup>	21 (62%)	5 (63%)	1.00

<sup>a</sup> Fisher's exact test.

<sup>b</sup> Treatment centres reporting conflicts on these items were excluded from this analysis.

**Table 6: Free patient parking, public versus private centres**

Free parking availability	Treatment centres		p <sup>a</sup>
	Public	Private	
Free parking for cancer patients (n=43 centres, of which public=34, private=9)	27 (79%)	5 (56%)	0.20
Free parking for any patients (n=43 centres, of which public=34, private=9)	26 (76%)	4 (44%)	0.10

<sup>a</sup> Fisher's exact test.

<sup>b</sup> One treatment centre reporting a conflict on both items was excluded from these analyses.

### Comparison of urban and regional centres

Tables 7 and 8 show the proportions of urban and regional treatment centres providing dedicated parking and free parking. There is no evidence of a difference between urban and regional centres in the provision of dedicated parking for cancer patients, or for patients generally ( $p=0.90$  and  $p=0.85$  respectively).

Regional centres were significantly more likely than urban centres to provide free patient parking. All regional centres provided free parking for patients, compared to 54% of urban centres ( $p=0.001$ ). A higher proportion of regional centres than urban centres also provided free parking specifically for cancer patients (88% compared to 65%), but the difference was not statistically significant ( $p=0.15$ ).



**Table 7: Dedicated patient parking, urban versus regional centres**

Dedicated parking availability	Treatment centres		p
	Urban	Regional	
Dedicated parking for cancer patients (n=41 centres, of which urban=25, regional=16) <sup>a</sup>	12 (48%)	8 (50%)	0.90 <sup>c</sup>
Dedicated parking for any patients (n=42 centres, of which urban=27, regional=15) <sup>a</sup>	17 (63%)	9 (60%)	0.85 <sup>b</sup>

<sup>a</sup> Treatment centres reporting conflicts on this item were excluded from this analysis.

<sup>b</sup> Chi-square=0.04

<sup>c</sup> Chi-square=0.02

**Table 8: Free patient parking, urban versus regional centres**

Free parking availability	Treatment centres		p <sup>b</sup>
	Urban	Regional	
Free parking for cancer patients (n=43 centres, of which urban=26, regional=17) <sup>a</sup>	17 (65%)	15 (88%)	0.15
Free parking for any patients (n=43 centres, of which urban=26, regional=17) <sup>a</sup>	14 (54%)	17 (100%)	0.001 <sup>c</sup>

<sup>a</sup> One treatment centre reporting a conflict on both items was excluded from these analyses.

<sup>b</sup> Fisher's exact test.

<sup>c</sup> Statistically significant difference.

## Discussion

The survey of cancer patients assessed the unmet need for easy access to car parking within the context of need for other practical services and supportive care. The level of unmet need for car parking was higher than the need for other services included in the Access to Services Module of the Supportive Care Needs Survey, including child-minding, home nursing and respite care. It was lower, however, than the level of unmet need for help with other supportive care needs such as pain, fatigue, anxiety and depression.

The majority of cancer treatment centres surveyed had some kind of parking provisions for patients, with 62% providing dedicated patient parking and 70% providing free patient parking. Fewer than half (49%) provided dedicated parking for cancer patients. Regional treatment centres were significantly more likely to provide free parking than urban centres. However, patients residing in rural areas were as likely as urban patients to report unmet need for access to easy car parking.

Staff respondents to the treatment centre survey indicated that insufficient parking spaces was an issue in both urban and regional centres, and was the issue most frequently reported to them by patients. Multiple respondents commented that even if there were dedicated parking spaces near the entrance to the treatment centre, these were often full. An additional issue, particularly in regional centres, was the distance and difficulty of the route between parking spots and the treatment centre. In some cases, the distances were so great that carers were required to drop patients at the entrance while they parked.

It is clearly inappropriate for carers to be in a situation where they need to drop off patients who are young, frail or require close emotional support. Staff respondents mentioned situations where parents of children with cancer, desperate to ensure their

child attended an appointment on time, knowingly parked in an inappropriate spot and attracted a fine in the process. However, parking fines are rarely waived in such cases: one staff member noted the fee had been waived only once in the several years she had worked at her treatment centre.

Several respondents also mentioned that finding transport to treatment for patients in remote areas was a significant problem.

Treatment centre staff reported that centres did not consistently inform patients about any available parking provisions. A substantial proportion of respondents said that "patients just know" about the availability of dedicated or free parking. In regional areas or in centres that specialised in cancer treatment, staff often assumed patients would follow the signs in the parking area or already know where dedicated spaces were located. Placards were used in some parking facilities to designate spaces for cancer patients, but respondents noted it could be difficult to determine whether those parking in dedicated spaces were undergoing treatment.

In some centres, patients were informed about parking provisions only verbally or when they specifically asked about parking. It was not clear which staff member (if any) was responsible for informing them. In some cases, the information was shared during a pre-treatment patient information session.

Access to subsidised rates appeared to be provided inconsistently, and in some cases relied on both a request from the patient and an arbitrary financial assessment by a social worker. An additional issue raised by respondents was the impact of privately provided car parking on treatment centre grounds. Large urban hospitals commonly contract the management of parking facilities to private providers. This survey did not include specific questions about privately operated car parks and was not able to collect systematic

data about this issue. However, a number of oncologists, oncology nurses and nurse unit managers expressed frustration that private providers charged high hourly and daily rates, and required any fee subsidy or waiver to be reimbursed by the hospital or treatment centre. If health services are serious about ensuring equitable access to cancer treatment, they need to understand the impact on patients of contracting parking services to an external provider.

## Limitations

The methods used to survey treatment centre staff raised several challenges. First, the Zoomerang survey tool was less versatile than the authors envisioned. Second, inconsistent responses were garnered from respondents in many cases, suggesting the questions may have been misunderstood or the situation was more complex than the survey instrument could accommodate. If the survey had been pilot-tested it may have been possible to fine-tune the questions in these cases.

## Conclusion

The *Cancer Survival Study* found that 16% of cancer patients in NSW reported a moderate to high unmet need for easy car parking at their cancer treatment centre at six months or 12 months after their diagnosis. This was the highest level of unmet need of all practical services surveyed, which also included counselling, child-minding, respite care for carers, home nursing, home cleaning and gardening. The issue is experienced equally by patients in urban and rural areas, with both groups reporting similar levels of unmet need.

The survey of staff at cancer treatment centres found most treatment centres offered some form of parking provision for cancer patients. However, these provisions were often limited in their scope and availability. Staff reported that insufficient parking spaces was the issue most often raised by patients. All regional centres provided free parking, but in some cases, the route between

parking and treatment facilities was too long or too difficult for patients. In urban centres, the cost of parking was an additional barrier and subsidies, where available, were not always easy to obtain. High costs are associated with paid parking over a course of cancer treatment, particularly in those treatment centres where parking is managed by external operators.

Most treatment centres did not consistently inform patients about available parking provisions, with many staff surveyed assuming that patients “just know” or that signage is adequate. However, conflicting survey responses from different staff at the same treatment centre suggest that even staff do not always know, so it is unlikely that patients are fully aware of available parking provisions. A defined process is needed for letting patients and carers know about parking provisions and communicating with them about parking needs.

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## Appendix 1: Parking access questionnaire

*This section seeks information about the treatment centre. This information can be inputted by the interviewer from known existing information.*

1. What is the name of the treatment centre?  
\_\_\_\_\_
2. What post code is the treatment centre located in?  
\_\_\_\_\_
3. What area health service is the treatment centre located in?  
\_\_\_\_\_
4. Does the treatment centre provide chemotherapy?  
 Yes  No
5. Does the treatment centre provide radiotherapy?  
 Yes  No

*This section seeks information about hospital parking in general. It should be asked of all respondents (administration staff/oncology nurse/social worker/building or parking manager).*

6. Is the treatment centre served by public transport?  
 Yes  No
  - 6.1. If they answered **Yes**, what forms of public transport is it served by?  
 Bus  Train  Ferry  Light Rail
7. Is on-site car parking available for patients at the treatment centre?  
 Yes  No
8. Does the treatment centre provide dedicated parking spaces for patients only?  
 Yes  No
  - 8.1. If they answered **Yes**, what is the approximate distance from the dedicated spots to the treatment centre?  
\_\_\_\_\_
9. What is the hourly charge for onsite parking at the treatment centre?  
\_\_\_\_\_
10. Does the treatment centre provide complimentary (free) parking for patients?  
 Yes  No

- 10.1. If they answered **Yes**, how is a patient informed (letter, brochure etc) and given access to these parking provisions e.g. do they have to apply for it?  
\_\_\_\_\_  
\_\_\_\_\_

- 10.2. If they answered **Yes**, who is responsible for informing the patient?  
 Doctor  Nurse  Social Worker  
 Admin  Other  Not Applicable

- 10.3. If they answered **Yes**, at what stage is a patient informed and given access to these provisions?  
 Diagnosis  Initial consultation  
 Prior to Commencement of Treatment  
 Commencement of Treatment  
 During Treatment  Upon request  
 Other: \_\_\_\_\_

11. Does the treatment centre provide subsidised parking for patients?  
 Yes  No

- 11.1. If they answered **Yes**, what details can they provide about the programme?  
\_\_\_\_\_  
\_\_\_\_\_

- 11.2. If they answered **Yes**, what is the subsidised rate per hour/OR percentage discount?  
\_\_\_\_\_

- 11.3. If they answered **Yes**, how is a patient informed (letter, brochure etc) and given access to these parking provisions e.g. do they have to apply for it?  
\_\_\_\_\_  
\_\_\_\_\_

- 11.4. If they answered **Yes**, who is responsible for informing the patient?  
 Doctor  Nurse  Social Worker  
 Admin  Other  Not applicable

- 11.5. If they answered **Yes**, at what stage is a patient informed and given access to these provisions?  
 Diagnosis  Initial consultation  
 Prior to Commencement of Treatment  
 Commencement of Treatment  
 During Treatment  Upon request  
 Other: \_\_\_\_\_

*This section seeks information about hospital parking specifically for cancer patients. It should be asked of all respondents (administration staff/oncology nurse/social worker/building or parking manager).*

Does the treatment centre provide dedicated parking spaces specifically for cancer patients?  Yes  No

**11.6.** If they answered **Yes**, how is a patient informed (letter, brochure etc) and given access to these parking provisions?

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**11.7.** If they answered **Yes**, who is responsible for informing the patient?

- Doctor  Nurse  Social Worker  
 Admin  Other  Not applicable

**11.8.** If they answered **Yes**, at what stage is a patient informed and given access to these provisions?

- Diagnosis  Initial consultation  
 Prior to Commencement of Treatment  
 Commencement of Treatment  
 During Treatment  Upon request

Other: \_\_\_\_\_

**12.** Does the treatment centre provide complimentary (free) parking specifically for cancer patients?

- Yes  No

**12.1.** If they answered **Yes**, how is a patient informed (letter, brochure etc) and given access to these parking provisions e.g. do they have to apply for it?

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**12.2.** If they answered **Yes**, who is responsible for informing the patient?

- Doctor  Nurse  Social Worker  
 Admin  Other  Not applicable

**12.3.** If they answered **Yes**, at what stage is a patient informed and given access to these provisions?

- Diagnosis  Initial consultation  
 Prior to Commencement of Treatment  
 Commencement of Treatment  
 During Treatment  Upon request

Other: \_\_\_\_\_

**13.** Does the treatment centre provide a subsidised parking scheme specifically for cancer patients?

- Yes  No

**13.1.** If they answered **Yes**, how is a patient informed (letter, brochure etc) and given access to these parking provisions e.g. do they have to apply for it?

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**13.2.** If they answered **Yes**, what is the subsidised rate?

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**13.3.** If they answered **Yes**, who is responsible for informing the patient?

- Doctor  Nurse  Social Worker  
 Admin  Other  Not applicable

**13.4.** If they answered **Yes**, at what stage is a patient informed and given access to these provisions?

- Diagnosis  Initial consultation  
 Prior to Commencement of Treatment  
 Commencement of Treatment  
 During Treatment  Upon request

Other: \_\_\_\_\_

**14.** Are you aware of patients reporting car parking as an issue?

- Yes  No

**14.1.** If they answered **Yes**, what issues have they reported?

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*This section seeks information about off-site parking options near the treatment centre. It should be asked of all respondents (administration staff/oncology nurse/social worker/building or parking manager).*

**15.** Is off-site (on street) car parking available near the treatment centre?

- Yes  No

**15.1.** If they answered **Yes**, is it time limited?

- Yes  No

**15.2.** If they answered **Yes**, is it metered?

- Yes  No

**16.** Is alternative paid car parking (e.g. commercial parking building) available near the treatment centre?

- Yes  No

**16.1.** If they answered **Yes**, what is the approximate distance from the alternate paid car parking to the treatment centre?

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**Cancer Council NSW**

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